

**Enterprise P&T Meeting  
Committee Meeting Minutes  
February 1, 2021**

**Voting Members Present**


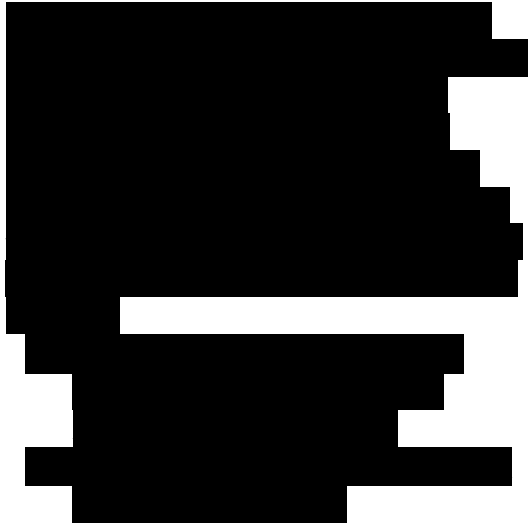


Antypas, Christopher, PharmD	Cooper, Don, RPh	Himelstein, Bruce, MD	McAllister, Susan, MD	Weart, Wayne, PharmD
Batluck, David, DO	Davis, Tracey, PharmD	Hockmuth, Robert, MD	Murphy, Michelle, PharmD	Wise, Rodney, MD
Beam, Don, MD	Elebra, Rogers, PharmD	Jordan, Karen, MD	Orr, Lavdena, MD	
Brinley, John, MD	Feconda, Fury, PharmD	Kryger, Emily, PharmD	Peterson, Andrew, PharmD	
Cheely, George, MD	Higgins, Lily, MD	Martin, Kelly, PharmD	Smith, Bryan, MD	
Cherian, Sheena, PharmD				

**Excused Voting Members**

Burnham, William, MD	Muller, Betty, MD	Smith, Kirby, MD
Caton, Kirt, MD	Peters, Eric, PharmD	Whitfield, Rani, MD
Michael, Kendra, MD	Petkash, David, MD	

**Invited Guests Present**

Abad, Melissa, CPhT	Hunter, Amanda, PharmD	Seitz, Ally, PharmD
Albandoz, Linda	Megargell, Lauren, PharmD	Trumbower, Devon, PharmD
Clement, Kathleen	Meny, Chris, PharmD	Vodoor, Calla, PharmD
Colvin, Mike, PharmD	Oaster, Patty	Weiss, Erich, PharmD
DeHoratius, Patrick, PharmD	O'Meara, Brian	Wiseman, Arlene, PharmD

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
<b>1. Call to Order</b>	The meeting was called to order at 6:03 PM EST.  Welcomed all external and internal participants.	Informational Only		Bruce Himmelstein
<b>2. Conflict of Interest Disclosure</b>	No conflicts announced	Informational Only		Sheena Cherian
<b>3. Enterprise P&amp;T Charter and Conflict of Interest Training</b>		Committee approved as recommended  Motion: Robert Hockmuth Second: Donald Cooper		Sheena Cherian
				

<p><b>5. Review and approval of October and December P&amp;T minutes</b></p>		<p>Committee approved as recommended</p> <p>Motion: Lavenda Orr Second: Wayne Weart</p>		<p>Sheena Cherian</p>
<p><b>6. Old Business</b></p>				
<p>[Redacted]</p>	<p>[Redacted]</p>	<p>[Redacted]</p>		<p>[Redacted]</p>


<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>7. New Business</p>				
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
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Complement Inhibitors	<b>PerformRx makes the following recommendation:</b> [REDACTED]	Committee approved as recommended Motion: Andrew Peterson Second: Robert Hockmuth :		PerformRx will update the criteria and formulary/PDL with any changes
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[REDACTED]

**KF/AHC [REDACTED]:**

- Update title to reflect class of medications.
- Include Ultomiris in criteria.
- Require documentation of previous vaccination against meningitis and continued prophylaxis against meningitis as recommended by the CDC.
- Remove required submission of lab values as they are not applicable to all indications.
- Include approval and reauthorization criteria for atypical hemolytic uremic syndrome/complement mediated HUS.

[REDACTED]



	<p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
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<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>
<p><b>8. Drug Reviews:</b></p>				
<p><b>A. Therapeutic Class:</b></p>				
<p>Platelet Aggregation Inhibitors</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Wayne Weart Second: Robert Hockmuth</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p><b>KF/AHC [REDACTED]:</b></p> <ul style="list-style-type: none"><li>• No changes for the medications in this class.</li></ul> <p>[REDACTED]</p>			
<p>Pulmonary Arterial Hypertension with PA Criteria</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Wayne Weart Second: Robert Hockmuth</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p>			
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[REDACTED]

**KF/AHC [REDACTED]:**

- No changes to the formulary status of these medications.

[REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
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	<p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>



	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>

	[REDACTED]			
<b>B. Single Products</b>				
Methergine	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p><b>KF/AHC/AHNE [REDACTED]:</b></p> <ul style="list-style-type: none"> <li>• No changes</li> </ul> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Robert Hockmuth Second: Kelly Martin</p>		No Changes
Isturisa (osilodrostat)	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Robert Hockmuth Second: Kelly Martin</p>		PerformRx will update the criteria and formulary/PDL with any changes

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

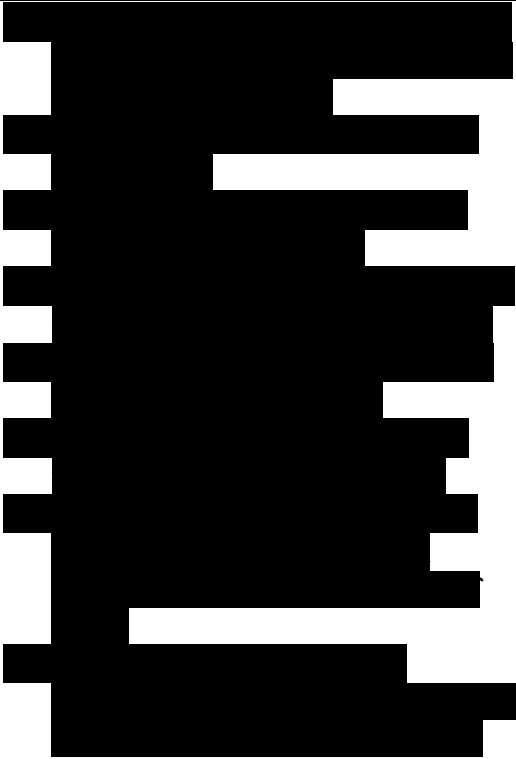
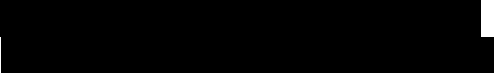

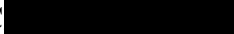
**KF/AHC/AHNE [REDACTED]:**

- Add Isturisa (osilodrostat) to Tier 4 with drug specific prior authorization criteria
- Approve the newly developed Adrenal Enzyme Inhibitors for

	<p>Cushing's Disease prior authorization criteria</p> <p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

				
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<b>9. New Products</b>	  <b>Add to Specialty Tier with a drug/class specific PA requirement for KF/AHC </b> <ul style="list-style-type: none"><li>• Riabni</li></ul>	Committee approved as recommended  Motion: Andrew Peterson Second: David Batluck		PerformRx will update the criteria and formulary/PDL with any changes

- Ultomiris

[REDACTED]

[REDACTED]

**Add to Specialty Tier with a PA requirement for KF/AHC [REDACTED]**

**[REDACTED]:**

- CeriannaClinimix
- Clinimix E
- Danyelza
- Orgovyx
- Oxlumo
- Xaracoll
- Xerava
- Zokinvy

[REDACTED]



**Add to Specialty Tier with PA requirement for KF/AHC [REDACTED]:**

- Olinvyk oliceridine fumarate 1 mg/mL, 2 mg/mL IV solution, vial
- Olinvyk oliceridine fumarate 30 mg/30 mL IV solution, PCA

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Remain non-formulary for  
KF/AHC [REDACTED]:**

- Imcivree
- Sutab
- Vixelis (PF)
- VistaSeal-Fibrin Sealant
- Winlevi

[REDACTED]

	 The second column contains four rows of text that have been completely redacted with black boxes. The redactions cover the entire content of each row in this column.			

<b>10. Prior Authorization Criteria Review</b>				
<b>A. Prior Authorization Criteria Annual Review:</b>				
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

Alpha-1 Proteinase Inhibitors  
(Human)

**PerformRx makes the following  
recommendation:**

[REDACTED]

[REDACTED]

[REDACTED]


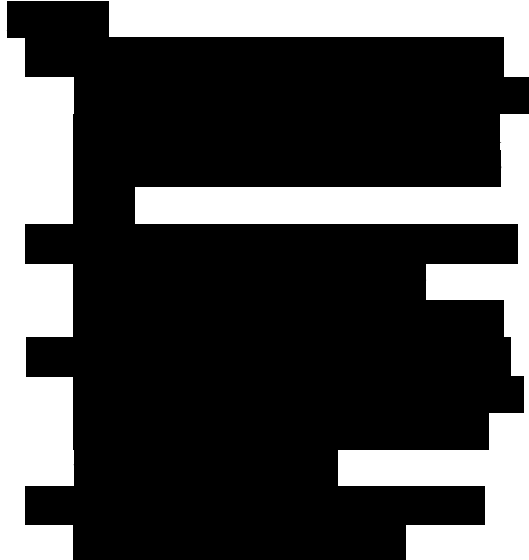
[REDACTED]

KF/AHC [REDACTED]:

Committee approved as  
recommended

Motion Robert Hockmuth  
Second: Donald Cooper

PerformRx will update the  
criteria and formulary/PDL  
with any changes

	<ul style="list-style-type: none"><li>• Allow prescriber to consult with a pulmonologist or specialist</li><li>• Add true plasma serum concentration level in to reauthorization criteria for consistency</li></ul> 			
Benlysta	<p><b>PerformRx makes the following recommendation:</b></p> 	<p>Committee approved as recommended</p> <p>Motion Robert Hockmuth Second: Donald Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
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[REDACTED]

[REDACTED]

**KF/AHC [REDACTED]:**

- Moving excluded use, severe active CNS lupus, to Exclusion section; in



this setting Benlysta has not been studied and not recommender per label

- Updating age restriction since the IV formulation is approved for pediatric patients down to 5 years
- Remove requirement to have tried systemic glucocorticoids in SLE as guidelines advise they should be used short-term only
- Add criteria for newly approved indication, lupus nephritis
- Allow concomitant therapy with cyclophosphamide, as both agents were studied together in the trials for active lupus nephritis

[REDACTED]

- [REDACTED]

	[REDACTED]			
[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]		[REDACTED]

<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>
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	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

	<p>[REDACTED]</p> <p>[REDACTED]</p>			
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	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]



	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
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	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
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	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
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	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
<b>B. Prior Authorization New Criteria</b>				
Amifampridine	<b>PerformRx makes the following recommendation:</b> [REDACTED]	Committee approved as recommended  Motion: David Batluck Second: Donald Cooper		PerformRx will update the criteria and formulary/PDL with any changes

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p><b>KF/AHC</b> [REDACTED]</p> <ul style="list-style-type: none"> <li>• Approve the Amifampridine prior authorization criteria with no changes.</li> </ul> <p>[REDACTED]</p>			
Blincyto	<ul style="list-style-type: none"> <li>• <b>PerformRx makes the following recommendation:</b></li> </ul> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Donald Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p><b>KF/AHC</b> [REDACTED]</p> <ul style="list-style-type: none"> <li>• Approve the Blincyto prior authorization criteria with no changes.</li> </ul> <p>[REDACTED]</p>			
<p>Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) Modulators</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Donald Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p><b>KF/AHC</b> [REDACTED]</p> <ul style="list-style-type: none"> <li>Approve the Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) Modulators prior authorization criteria with no changes</li> </ul> <p>[REDACTED]</p>			
<p>Dendritic Cell Tumor Peptide Immunotherapy (Provenge)</p>	<ul style="list-style-type: none"> <li><b>PerformRx makes the following recommendation:</b></li> </ul> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Donald Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**KF/AHC** [REDACTED]

- Approve the Dendritic Cell Tumor Peptide Immunotherapy prior authorization criteria with no changes.

[REDACTED]

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>Glycopyrrolate</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Donald Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[REDACTED]

**KF/AHC [REDACTED]:**

- Clarify in the title that this policy is for the oral products only
- Streamline wording of age restriction

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]









	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
Natpara	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Donald Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p><b>KF/AHC [REDACTED]:</b></p> <ul style="list-style-type: none"><li>• Approve the Natpara prior authorization criteria with no changes.</li></ul> <p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>

	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

				
Transthyretin-mediated Amyloidosis Agents	<p><b>PerformRx makes the following recommendation:</b></p>     <p><b>KF/AHC</b> :</p> <ul style="list-style-type: none"><li>• Approve the Transthyretin-mediated Amyloidosis Agents criteria with no changes.</li></ul>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Donald Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

KF – Compound Products	<p><b>PerformRx makes the following recommendation:</b></p> <p><b>KF/AHC</b></p> <ul style="list-style-type: none"> <li>Approve the Compound Products criteria with no changes</li> </ul>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Donald Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
<b>C. New Prior Authorization Criteria:</b>				
Mucopolysaccharidosis VI (Maroteaux-Lamy Syndrome) Agents	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Robert Hockmuth Second: David Batluck</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p><b>KF/AHC [REDACTED]:</b></p> <ul style="list-style-type: none"><li>• Approve the new developed Mucopolysaccharidosis VI (Maroteaux-Lamy Syndrome) Agents prior authorization criteria</li></ul> <p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>



<b>11. Recalls</b>	<p align="center"><b>11/01/2020 – 1/21/2021</b></p> <p><b>January 5, 2021:</b>  Precision Dose, Inc. Issues Voluntary  Nationwide Recall of Paroex  Chlorhexidine Gluconate Oral Rinse  USP, 0.12%, 15mL Due to Microbial  Contamination</p>	<p align="center">Informational</p>		<p align="center">PerformRx</p>
<b>12. Adjournment</b>		<p>Motion: Wayne Weart  Second: Donald Cooper</p>		<p align="center">Bruce Himmelstein</p>
	<p align="center"><b>The meeting adjourned at 7:12 PM</b></p>	<p align="center">N/A</p>		<p align="center">The next meeting May 3, 2021  from 6:00 PM- 8:00 PM.</p>



\_\_\_\_\_  
Signature

5/5/2021

\_\_\_\_\_  
Date