

**Enterprise P&T Meeting
Committee Meeting Minutes
May 3, 2021**

Voting Members Present


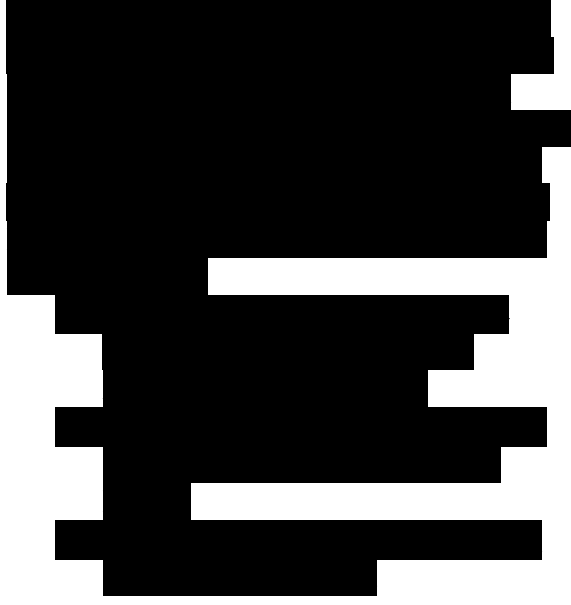


Antypas, Christopher, PharmD	Cooper, Don, RPh	Himmelstein, Bruce, MD	Murphy, Michelle, PharmD	Smith, Kirby, MD
Batluck, David, DO	Davis, Tracey, PharmD	Kryger, Emily, PharmD	Orr, Lavdena, MD	Weart, Wayne, PharmD
Beam, Donald, MD	Elebra, Rogers, PharmD	Martin, Kelly, PharmD	Peters, Eric, PharmD	Whitfield, Rani, MD
Brinley Floyd, MD	Fecondo, Fury, MD	Michael, Kendra, MD	Peterson, Andrew, PharmD	Wise, Rodney, MD
Caton, Kirt, MD	Higgins, Lily, MD	Muller, Betty, MD	Petkash, David, MD	Wiseman, Arlene, PharmD

Excused Voting Members

Jordan, Karen, MD	McAllister, Susan, MD	
McNally, Donald, MD	Muller, Betty, MD	

Invited Guests Present

Albandoz, Linda	Gailey, Kathyn	Oaster, Patty	Trumbower, Devon, PharmD
Andreagg, Christian	Guerrero, Monica	O'Meara, Brian	Vodoor, Calla, PharmD
Cherian, Sheena, PharmD	Kassim, Toks, PharmD	Patel, Davish	Weiss, Erich, PharmD
Clement, Kathleen	Megargell, Lauren, PharmD	Plante, Jeanine, PharmD	Wendt, Melwyn
Colvin, Mike, PharmD	Meny, Chris, PharmD	Seitz, Ally, PharmD	

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
1. Call to Order	<p>The meeting was called to order at 6:01 PM EST.</p> <p>Welcomed all external and internal participants.</p>	<p>Informational Only</p>		<p>Bruce Himmelstein</p>
2. Conflict of Interest Disclosure	<p>No conflicts announced</p>	<p>Informational Only</p>		<p>Sheena Cherian</p>
				
4. Review and approval of February P&T minutes		<p>Committee approved as recommended</p> <p>Motion: Kirt Caton Second: Donald Cooper</p>		<p>Sheena Cherian</p>

5. Old Business

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

Complement Inhibitors PA
Criteria

**PerformRx makes the following
recommendation:**

[REDACTED]

KF/AHC [REDACTED]:

- Require antimicrobial prophylaxis for only two weeks if vaccination against meningococcal disease occurs less than two weeks before starting Ultomiris/Soliris rather than the entire duration of therapy

Committee approved as
recommended

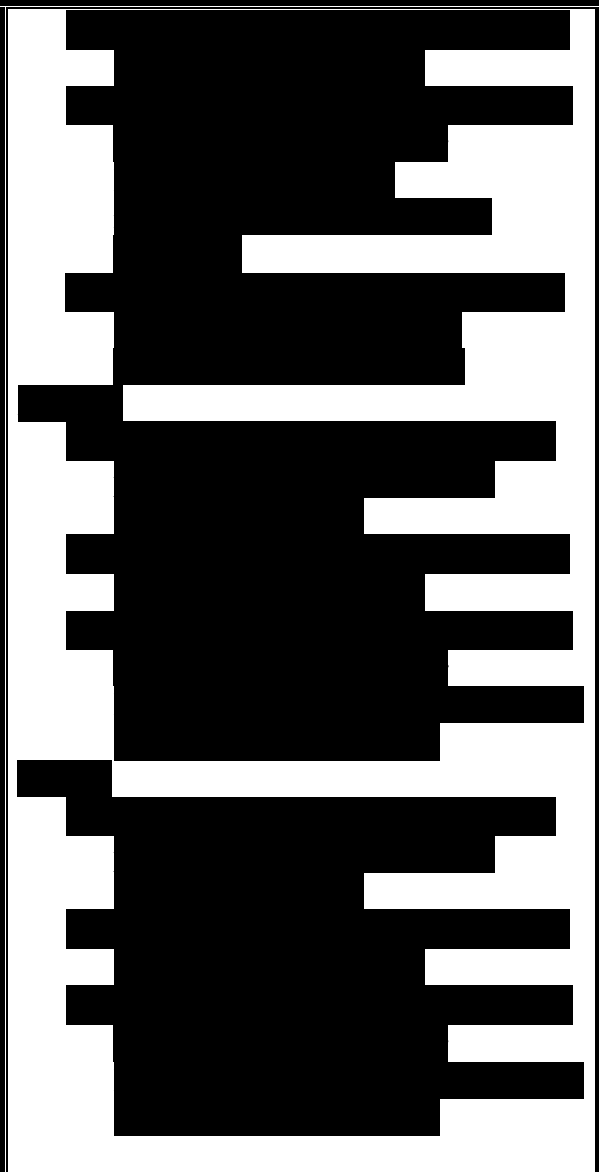
Motion: Wayne Weart
Second: Donald Cooper

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

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>6. New Business</p>				
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

Handwritten text in a stylized, blocky font, possibly representing a name or title. The text is arranged in three lines, with the first line being the most prominent. The characters are thick and black, set against a white background.

	<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>
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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>

Immune Globulins PA Criteria

PerformRx makes the following recommendation:

[REDACTED]

KF/AHC:

- Require member's height and weight so that dosing can be done

Committee approved as recommended

Motion: Kelly Martin
Second: Lavdena Orr

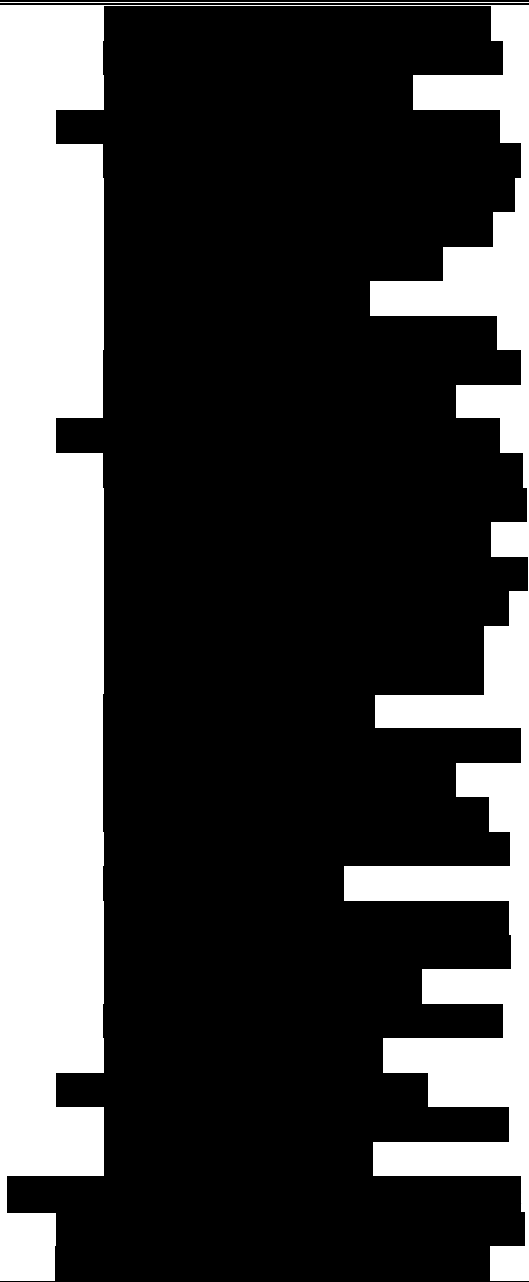
PerformRx will update the criteria and formulary/PDL with any changes

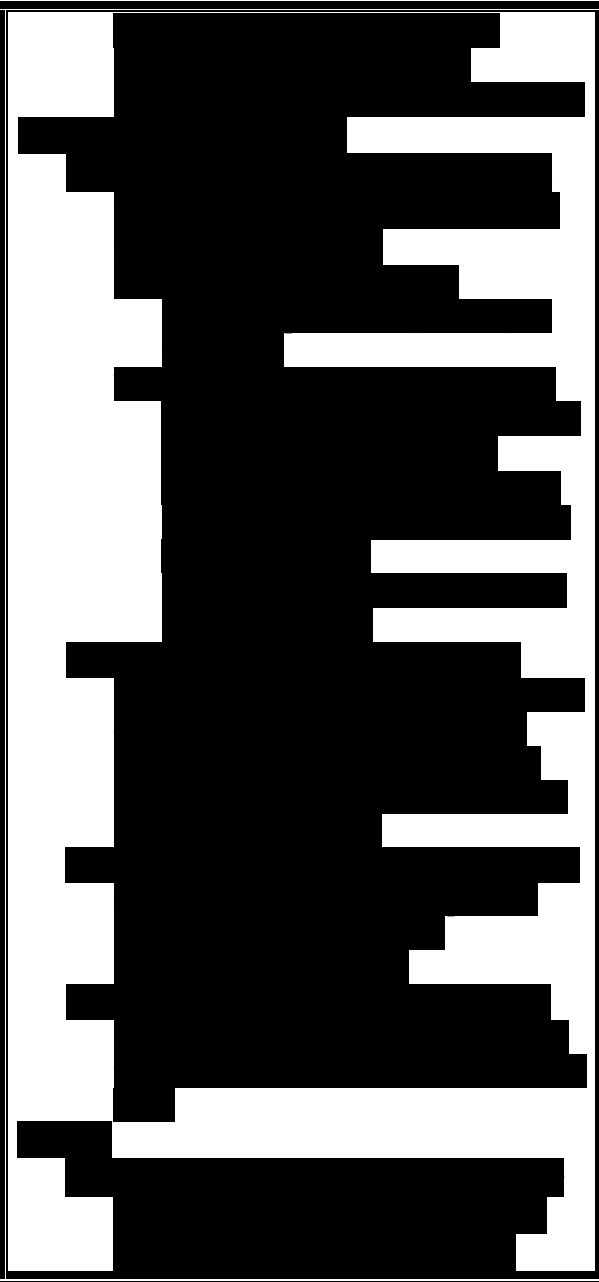
	<p>using ideal body weight or adjusted body weight</p> <ul style="list-style-type: none">• Add new criteria for myasthenia gravis <p>[Redacted]</p>			
<p>[Redacted]</p>	<p>[Redacted]</p>	<p>[Redacted]</p>		<p>[Redacted]</p>

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

	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
Hylavite	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none"> Remove Hylavite from the formulary due to the availability of more cost effective formulary alternatives available for nutritional supplementation 	<p>Committee approved as recommended</p> <p>Motion: Kelly Martin Second: Lavdena Orr</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
7. Drug Reviews:				
A. Therapeutic Class:				

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>
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Anti-CD19 CAR-T
Immunotherapies with PA
Criteria

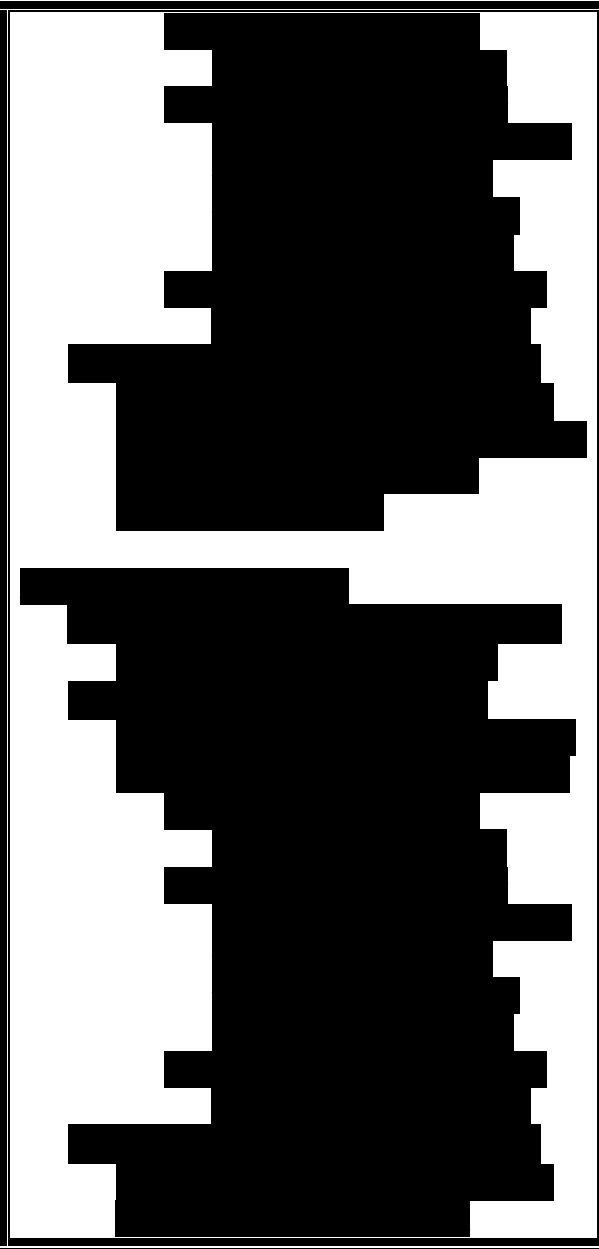
**PerformRx makes the following
recommendation:**

[REDACTED]

Committee approved as
recommended

Motion: Lavdena Orr
Second: Wayne Weart

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

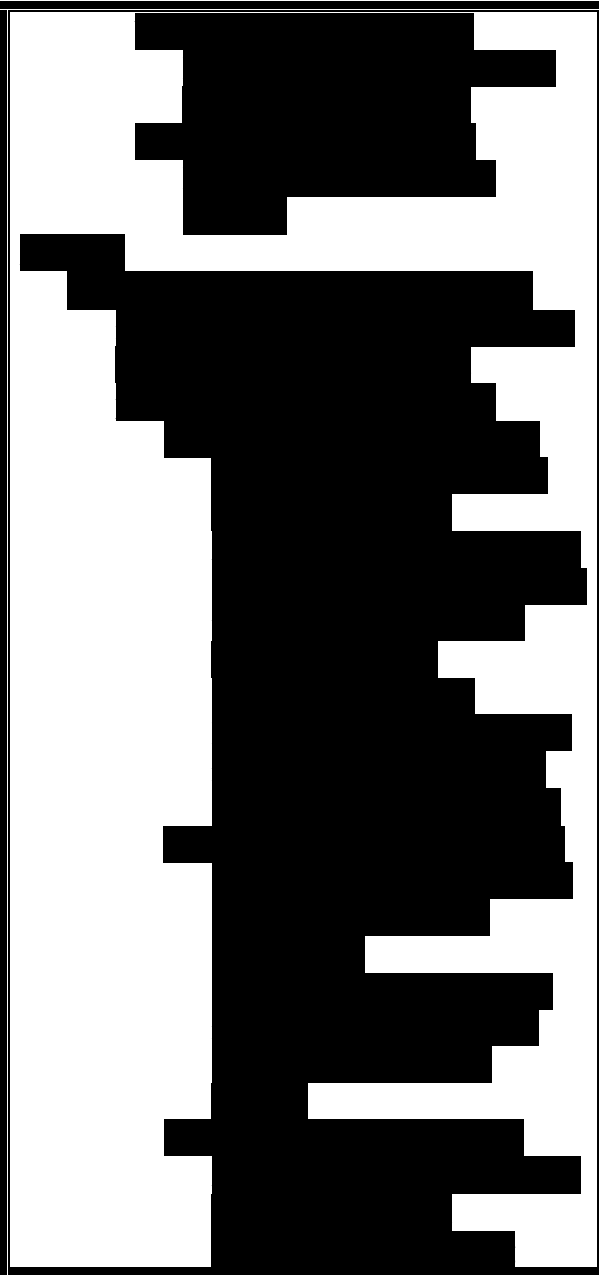
				
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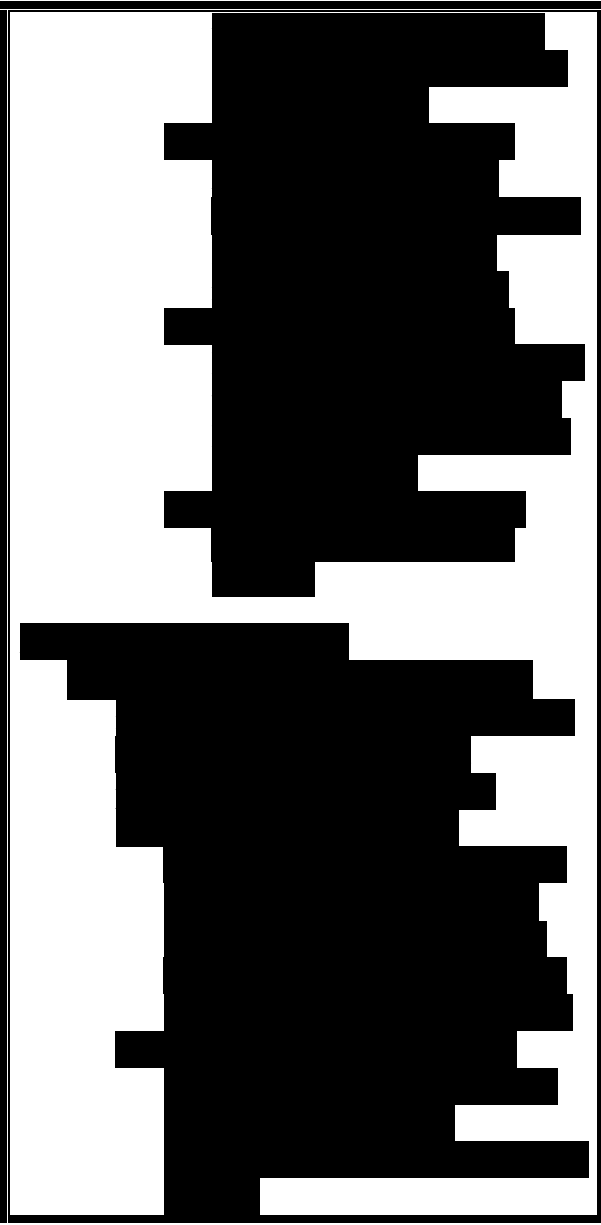
[REDACTED]

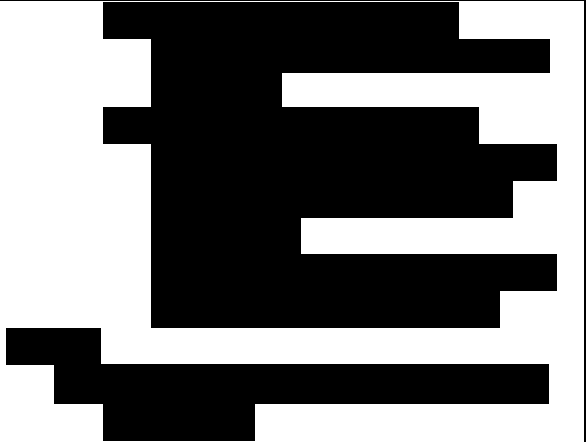

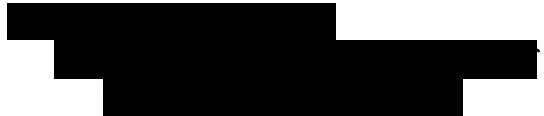
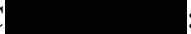

KF/AHC [REDACTED]:

- Add Tecartus, Breyanzi, and Abecma to Tier 4 with drug specific prior authorization criteria due to the medications high cost, use in complex conditions, and uniqueness of preparation and administration
 - Approve the updated CAR-T immunotherapy Prior Authorization Criteria with the following changes
 - Add newly approved Breyanzi to the criteria
 - Consolidate criteria for specific DLBCL indications to ALL criteria due to varying indications and acceptable off label use
 - Add additional criteria for additional forms of NHL
 - Approve the newly developed B-Cell Maturation Antigen (BCMA) Directed Chimeric Antigen Receptor (CAR) T-Cell Therapy prior authorization criteria
- [REDACTED]

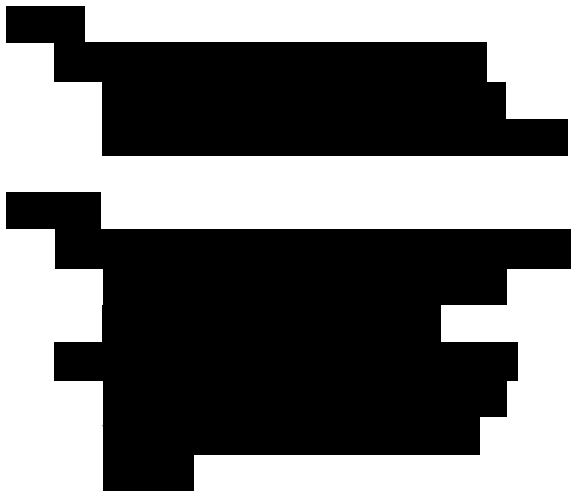
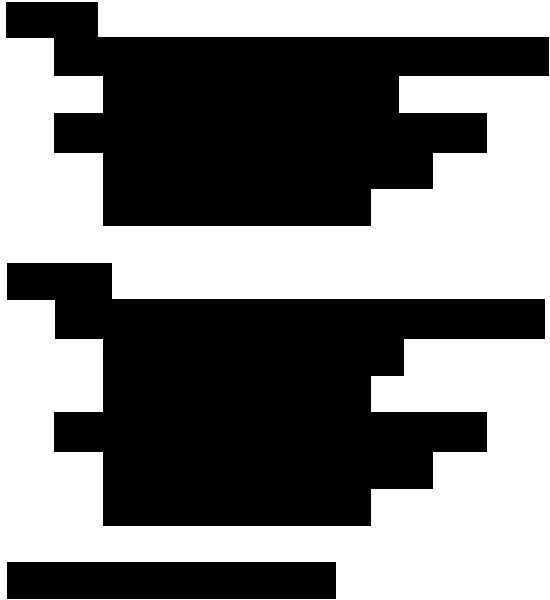
				
				

				
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Contraceptives	<p>PerformRx makes the following recommendation:</p>   KF/AHC  : <ul style="list-style-type: none">• No changes to formulary status of the medications in this class 	<p>Committee approved as recommended</p> <p>Motion: Donald Cooper Second: Kirt Caton</p>		No changes

B. Single Products				

				
Oxlumo	<p>PerformRx makes the following recommendation:</p> 	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Lavdena Orr</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>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none"> • Add Oxlumo (lumasiran) to Tier 4 with drug specific prior authorization criteria • Approve the newly developed Oxlumo (lumasiran) prior authorization criteria <p>[REDACTED]</p> <p>[REDACTED]</p>			
Ridaura	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p>	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none"> • No change to the formulary status of Ridaura (auranofin) <p>[REDACTED]</p>	<p>Motion: David Batluck Second: Lavdena Orr</p>		
<p>8. New Products</p>				
	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Kelly Martin Second: David Batluck</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

Add to Specialty Tier with a drug/class specific PA requirement for KF/AHC [REDACTED]:

- Gamifant
- Margenza
- Pepaxto
- Trazimera



Add to Specialty Tier with a drug/class specific PA requirement for [REDACTED] KF/AHC [REDACTED]:

- Amondys-45

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

- Nulibry

[REDACTED]

[REDACTED]

[REDACTED]

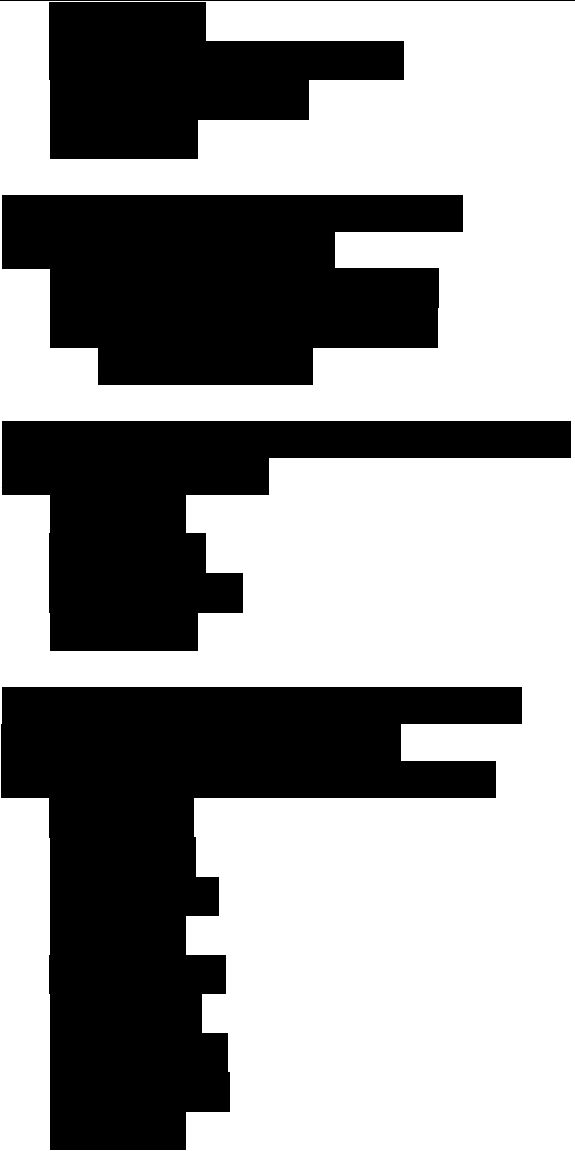
[REDACTED]

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

- Foscavir
- Glyrx-PF
- Klisyri

Verquvo

[REDACTED]

	 The second column of the table contains four rows of text that have been completely redacted with black boxes. Each row consists of a short line of text followed by a longer line of text, all obscured by solid black rectangles.			
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Remain non-formulary/non-preferred
with a drug/class specific PA
requirement for KF/AHC [REDACTED]

[REDACTED]:

- Bronchitol

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

	[REDACTED]			
9. Prior Authorization Criteria Review				
A. Prior Authorization Criteria Annual Review:				
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
Amyotrophic Lateral Sclerosis (ALS agents)	PerformRx makes the following recommendation:	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes

Motion: Kelly Martin
Second: Kirby Smith

[REDACTED]

KF/AHC [REDACTED]:

- Correct drug name for generic availability
- Remove requirement patient is not ventilator dependent in initial authorization as an FVC \geq 80% would indicate the member is not ventilator dependent
- Include example tool for determining clinical stabilization of symptoms

[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>

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

				
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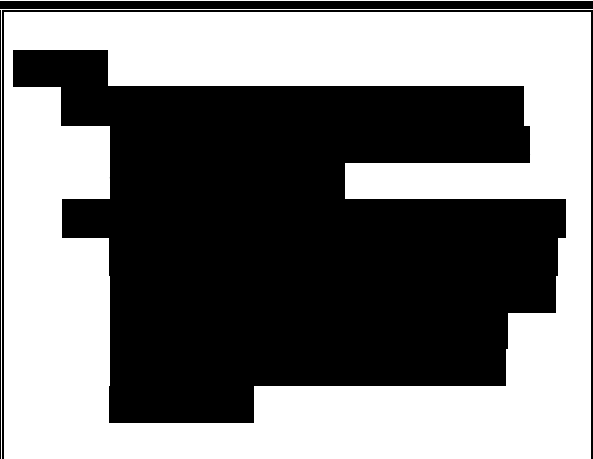

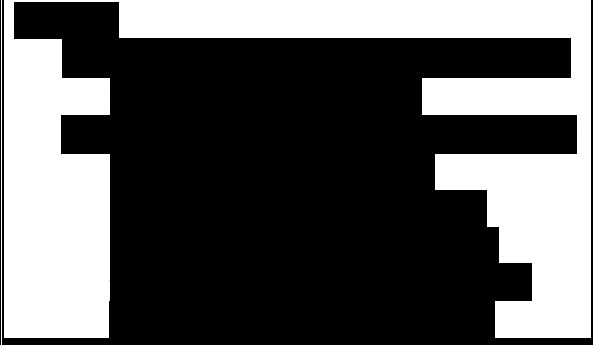
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

				
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	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[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>

				
Multaq	<p>PerformRx makes the following recommendation:</p>  	<p>Committee approved as recommended</p> <p>Motion: Kelly Martin Second: Andrew Peterson</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>








[REDACTED]

[REDACTED]

KF/AHC [REDACTED]:

- Clarify that a patient can be in sinus rhythm currently for use
- Require attestation of counseling for female patients regarding appropriate contraceptive use instead of requiring a negative pregnancy test within the past 30 days to reduce barriers to care

[REDACTED]

				
Non-preferred/Prior Authorization Required Medications Criteria	<p>PerformRx makes the following recommendation:</p>     <p>KF/AHC :</p> <ul style="list-style-type: none">Align number of prerequisites required with Enterprise plans 	<p>Committee approved as recommended</p> <p>Motion: Kelly Martin Second: Andrew Peterson</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

Palynziq	<p>PerformRx makes the following recommendation:</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>Committee approved as recommended</p> <p>Motion: Kelly Martin Second: Andrew Peterson</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[REDACTED]


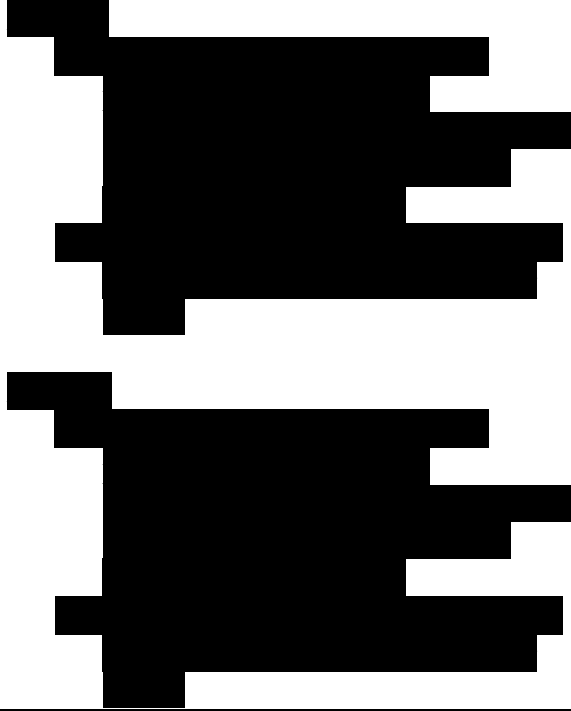
[REDACTED]

KF/AHC [REDACTED]:

- Streamline coverage duration language
- Show generic availability of Kuvan
- Update the max daily dose to 60 mg and dose titration regimen to reflect label expansion
- Remove specific blood phe targetsto accommodate more or less aggressive provider management

[REDACTED]

				
<p>Primary Hemophagocytic Lymphohistiocytosis (HLH) Agents</p>	<p>PerformRx makes the following recommendation:</p> 	<p>Committee approved as recommended</p> <p>Motion: Kelly Martin Second: Andrew Peterson</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[REDACTED]

[REDACTED]

KF/AHC [REDACTED]:

- Require pre-medications to be prescribed with the initial authorization, as Gamifant should be given with these medication per prescribing information
- Move statement regarding HSCT to top of “Other Criteria” section for clarity

[REDACTED]

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

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

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

Diagnosis Code Requirement	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none">• Approve the Diagnosis Code Requirement prior authorization with no changes <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Kelly Martin Second: Kirt Caton</p>		<p>PerformRx will update the criteria and formulary/PDL with</p> <p>No changes</p> <p>[REDACTED]</p>

Insulin-Like Growth Factor-1 Receptor (Igf-1r) Antagonists For Thyroid Eye Disease

PerformRx makes the following recommendation:

[REDACTED]

[REDACTED]

KF/AHC [REDACTED]:

- Approve the Insulin-Like Growth Factor-1 Receptor (Igf-1r) Antagonists for Thyroid Eye Disease prior authorization criteria
- Allow for prescribing by an endocrinologist or specialist in the treatment of thyroid eye disease

[REDACTED]

Committee approved as recommended

Motion: Kelly Martin
Second: Kirt Caton

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

	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
Ketamine	<p>PerformRx makes the following recommendation:</p> [REDACTED]	<p>Committee approved as recommended</p> <p>Motion: Kelly Martin Second: Kirt Caton</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

KF/AHC [REDACTED]:

- Approve the Ketamine prior authorization criteria with no changes.

[REDACTED]

Kuvan

PerformRx makes the following recommendation:

[REDACTED]

[REDACTED]

[REDACTED]

KF/AHC [REDACTED]:

- Show availability of generic medication

[REDACTED]

Committee approved as recommended

Motion: Kelly Martin
Second: Kirt Caton

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

<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>linezolid (Zyvox)</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Kelly Martin Second: Kirt Caton</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p> <p>No changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none"> • Approve the Linezolid (Zyvox) prior authorization criteria with no changes <p>[REDACTED]</p>			
<p>Atovaquone Suspension (Mepron)</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none"> • Streamline language 	<p>Committee approved as recommended</p> <p>Motion: Kelly Martin Second: Kirt Caton</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p>			
<p>Peanut Allergy Immunotherapy Agents (FDA Approved)</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none"> • Peanut Allergy Immunotherapy Agents prior authorization criteria with no changes <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Kelly Martin Second: Kirt Caton</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p> <p>No 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>
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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>

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

	[REDACTED]			
C. New Prior Authorization Criteria:				
Somatostatin Analogues	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC [REDACTED]:</p>	<p>Committee approved as recommended</p> <p>Motion: Kirt Caton Second: Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<ul style="list-style-type: none"> • Approve the newly developed Somatostatin Analogues prior authorization criteria <p>[REDACTED]</p>			
Off-Label Uses PA Criteria	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none"> • Approve the Off-Label Uses Criteria as new criteria 	<p>Committee approved as recommended</p> <p>Motion: Kirt Caton Second: Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
Insulin Pumps	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p>	<p>Tabled</p>		<p>PerformRx to confirm requirement on compatible CGM and bring back for vote/approval</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none"> • Approve the newly developed Insulin Pumps prior authorization criteria <p>[REDACTED]</p>			
<p>Antisense Oligonucleotides for Duchenne Muscular Dystrophy</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Kirt Caton Second: Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>


[REDACTED]

[REDACTED]


[REDACTED]

KF/AHC [REDACTED]:

- Approve the Antisense Oligonucleotides for Duchenne Muscular Dystrophy prior

	<p>authorization criteria as a new policy</p> <ul style="list-style-type: none"> • Retire the Exondys 51, Viltepso, and Vyondys 53 prior authorization criteria 			
<p>C. Recalls</p>	<p>02/01/2021- 1/31/2021</p> <p>There were no Class 1 and 2 recalls impacting all lots for medications listed within FDB or Medispan</p>	<p>Informational</p>		<p>PerformRx</p>

D. Adjournment		Motion: Kelly Martin Second: David Petkash		Bruce Himmelstein
	The meeting adjourned at 7:30 PM	N/A		The next meeting July 26, 2021 from 6:00 PM- 8:00 PM.



Chair Signature _____

Date _____

July 27, 2021