Enterprise P&T Meeting
Committee Meeting Minutes
July 27, 2020

Voting Members Present

Antypas, Christopher, PharmD	Caton, Kirt, MD	Davis, Tracey, PharmD	Martin, Kelly, PharmD	Orr, Lavenda, MD	Whitfield, Rani, MD
Batluck, David, DO		Fecundo, Fury, PharmD	McAllister, Susan MD	Peters, Eric, MD	Wide, Rodney, MD
Brinley, John, MD	Cherian, Sheena, MD	Higgins, Lily, MD	Michael, Kendra, MD	Peterson, Andrew, PharmD	
Burnham, William MD		Hockmuth, Robert, MD	Muller, Betty, MD	Petkash, David, MD	
Caton, Cathryn MD	Cooper, Don, Rph	Kryger, Emily, PharmD	Murphy, Michelle PharmD	Weart, Wayne, PharmD	

Excused Voting Members

Beam, Donald, MD		
Elebra, Rogers, MD		

Invited Guests Present

Albandoz, Linda	Hunter, Amanda, PharmD	Plante, Jeanine, PharmD	Westover, Scott
Cheely, George, MD	Megargell, Lauren PharmD	Seitz, Allison, PharmD	Wiseman, Arlene, PharmD
DeHoratius, Patrick, PharmD	Abad, Melissa, CPht	Trumbower, Devon, PharmD	
Guerriero, Monica	Meny, Chris, Rph	Vodoor, Calla, PharmD	
Holley, April	Oaster, Patty	Weiss, Erich, PharmD	

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
1. Call to Order	The meeting was called to order at 6:01 PM EST. Welcomed all external and internal participants.	Informational Only		Dr. William Burnham
2. Conflict of Interest Disclosure	No conflicts announced	Informational Only		Dr. William Burnham
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4. Review and approval of May P&T and March proxy minutes		Committee approved as recommended		Dr. William Burnham

		Motion: Kurt Katon Second: Wayne Weart		
5. Old Business				
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6. New Business				
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Oxbryta	**PerformRx makes the following recommendation:** **KF/AHC/AHNE[redacted]:** • Authorize prescribing by a sickle cell specialist [redacted]	Committee approved as recommended Motion: Wayne Weart		PerformRx will update the criteria and formulary/PDL with any changes

	[redacted]	[redacted]		
Adakveo	**PerformRx makes the following recommendation:** **KF/AHC/AHNE[redacted]:** • Authorize prescribing by a sickle cell specialist [redacted]	Committee approved as recommended Motion: Wayne Weart Second: David Batluck		PerformRx will update the criteria and formulary/PDL with any changes

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Anti-FGF23 Monoclonal Antibodies	**PerformRx makes the following recommendation:** **KF/AHC/AHNE[redacted]:** • Add appropriate requirements, age restriction, and prescriber restriction for newly approved indication of tumor-induced osteomalacia. [redacted]	Committee approved as recommended Motion: Wayne Weart Second: David Batluck		PerformRx will update the criteria and formulary/PDL with any changes

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Heparins	**PerformRx makes the following recommendation:** **KF/AHC/AHNE[redacted]:** • Add the currently available heparin lock flushes to the formulary for additional member availability [redacted]	**Tabled**		No Changes
Injectable Steroids	**PerformRx makes the following recommendation:** **KF/AHC/AHNE[redacted]:** • Add the following products to the formulary, as these are cost effective products which will increase access for members: **a.** Betamethasone acetate and sodium phosphate (PF) 6 mg/ml injection suspension	**Tabled**		No Changes

	b. Betamethasone sodium phosphate 6 mg/ml in sterile water injection solution **c.** .Dexamethasone sodium phosphate (PF) 10 mg/ml injection syringe **d.** .Solu-Cortef (hydrocortisone sodium succinate) 100 mg injection solution **e.** Methylprednisolone acetate (PF) 40 mg/ml, 80 mg/ml in sodium chloride injection suspension **f.** .Methyprednisolone acetate (Depo-Medrol) 40 mg/ml, 80 mg/ml injection suspension **g.** Methylprednisolone sodium succinate (Solu-Medrol) 40 mg, 125 mg, 500 mg injection solution **h.** Solu-Medrol (PF) (methylprednisolone sodium succinate) 40 mg/ml, 125 mg/2 ml, 500 mg/4 ml,1,000 mg/8 ml injection solution **i.** Triamcinolone acetonide (Kenalog) 40 mg/ml injection suspension [redacted]			

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7. Drug Reviews				
Therapeutic Class				
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Antitubercular Antibiotics	**PerformRx makes the following recommendation:** **KF/AHC/AHNE[redacted]:**	Committee approved as recommended Motion: Robert Hockmuth Second: Lavdena Orr		PerformRx will update the criteria and formulary/PDL with any changes

	• Remove Isoniazid 50 mg/5 mL oral solution from the formulary due to limited utilization and the availability of more cost effective formulations on the formulary. [redacted] • [redacted] [redacted] • [redacted] [redacted] • [redacted] [redacted] • [redacted] • [redacted] • [redacted]			

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Peak Flow Meter	**PerformRx makes the following recommendation:** **KF/AHC/AHNE[redacted]:** • Remove In-Check Oral Flow meter, In-Check Nasal with Mask, and Clever ChoicePeak Flow Meter from the formulary due to lack of utilization and the availability of more cost effective devices on the formulary [redacted]	Committee approved as recommended Motion: Robert Hockmuth Second: Lavdena Orr		PerformRx will update the criteria and formulary/PDL with any changes

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Single Products				
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Reblozyl	**PerformRx makes the following recommendation:** **KF/AHC/AHNE[redacted]:** • Add Reblozyl (luspatercept) to the specialty tier with prior authorization. • Approve the Reblozyl prior authorization criteria as a new policy. [redacted]	Committee approved as recommended Motion: David Batluck Second: Lavdena Orr		PerformRx will update the criteria and formulary/PDL with any changes

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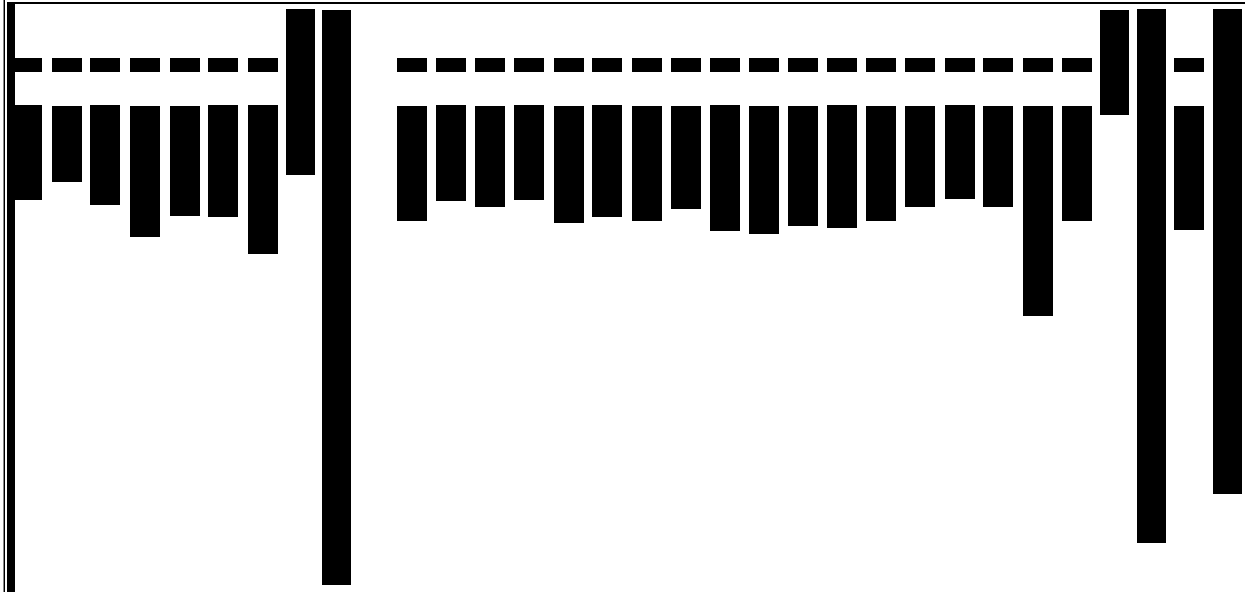
8. New Products				
	PerformRx makes the following recommendation: [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	[redacted] [redacted] [redacted] [redacted]		[redacted] [redacted] [redacted] [redacted]

	[redacted] [redacted] **Add to Specialty Tier with a PA requirement for [redacted] KF/AHC/AHNE[redacted]:** • Bynfezia • Darzalex Faspro • Isturisa • Jelmyto • Jynarque • Ontruzant • Trodelvy • Uplizna • Zepzelca [redacted] [redacted] **Add to Specialty Tier with Drug specific PA criteria for [redacted] KF/AHC/AHNE[redacted]:** • Hizentra [redacted] [redacted] [redacted]			



	[redacted] [redacted] [redacted] [redacted] [redacted] **Remain Non-Formulary for KF/AHC/AHNE[redacted]:** • Phexxi • Emerphed [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]			

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9. Prior Authorization Criteria Review				
Prior Authorization Annual Criteria				
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Brineura	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended Motion: Wayne Weart Second: Lavdena Orr		PerformRx will update the criteria and formulary/PDL with any changes

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Exondys 51	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended Motion: Wayne Weart Second: Lavdena Orr		PerformRx will update the criteria and formulary/PDL with any changes

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

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Vimizim	**PerformRx makes the following recommendation:** **KF/AHC/AHN[redacted]:** • Remove the reauthorization requirement for continuous	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes

	improvement in 6 minute walk tests for each renewal request, as this treats a progressive disorder where sustained improvement compared to baseline is the goal. • Add alternative criteria for members new to the plan who may not have done a 6-minute walk test at baseline [redacted] [redacted] [redacted] [redacted]	Motion: David Batluck Second: Don Cooper		

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B. Prior Authorization New Criteria				
Increlex	**PerformRx makes the following recommendation:** **KF/AHC/AHNE[redacted]:** • Approve the newly developed Increlex prior authorization criteria [redacted]	Committee approved as recommended Motion: Wayne Weart Second: Don Cooper		PerformRx will update the criteria and formulary/PDL with any changes

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Mucopolysaccharidosis II (Hunter Syndrome) Agents	**PerformRx makes the following recommendation:** **KF/AHC/AHNE[redacted]:** • Approve the newly developed Mucopolysaccharidosis II (Hunter Syndrome) Agents prior authorization criteria [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	Committee approved as recommended Motion: Wayne Weart Second: Don Cooper		PerformRx will update the criteria and formulary/PDL with any changes

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Remdesivir	**PerformRx makes the following recommendation:** **KF/AHC/AHNE[redacted]:** • Approve the Remdesivir Medical-Pharmacy prior authorization criteria [redacted]	Committee approved as recommended Motion: Wayne Weart Second: Robert Hockmuth ,		PerformRx will update the criteria and formulary/PDL with any changes
10. Recalls	Metformin Extended Releases 500mg and 1.000mg tablets ongoing recall across manufactures.	Informational		Sheena Cherian

11. Adjournment				William Burnham
	The meeting adjourned at 7:32 PM EST	N/A		The next meeting October 26, 2020 from 6:00 PM- 8:00 PM.

William D Burnham MD

10/27/2020
Date