# **Enterprise P&T Meeting Committee Meeting Minutes**

July 31, 2023

## **Voting Members Present**

Antypas, Christopher, PharmD	Davis, Tracey, PharmD	Lawyer, Lenaye, MD	Muller, Kendra, MD	Wise, Rodney, MD
Batluck, David, DO	Elebra, Rogers, PharmD	Martin, Kelly, PharmD	Peters, Eric, PharmD	
Brinley, Floyd (John), MD	Feconda, Fury, PharmD	Meny, Christopher, PharmD	Peterson, Andrew, PharmD	
Caton, Kirt, MD	Hockmuth, Robert, MD	(Donald Beam proxy)	Petkash, David, MD	
Cooper, Donald, PharmD	Kryger, Emily, PharmD	Michael, Kendra, MD	Whitfield, Rani, MD	

## **Excused Voting Members**

Beam, Donald, MD	Weart, Wayne, PharmD	
Higgins, Lily, MD		
Murphy, Michelle, PharmD		
Orr, Lavdena, MD		
Smith, Kirby, MD		

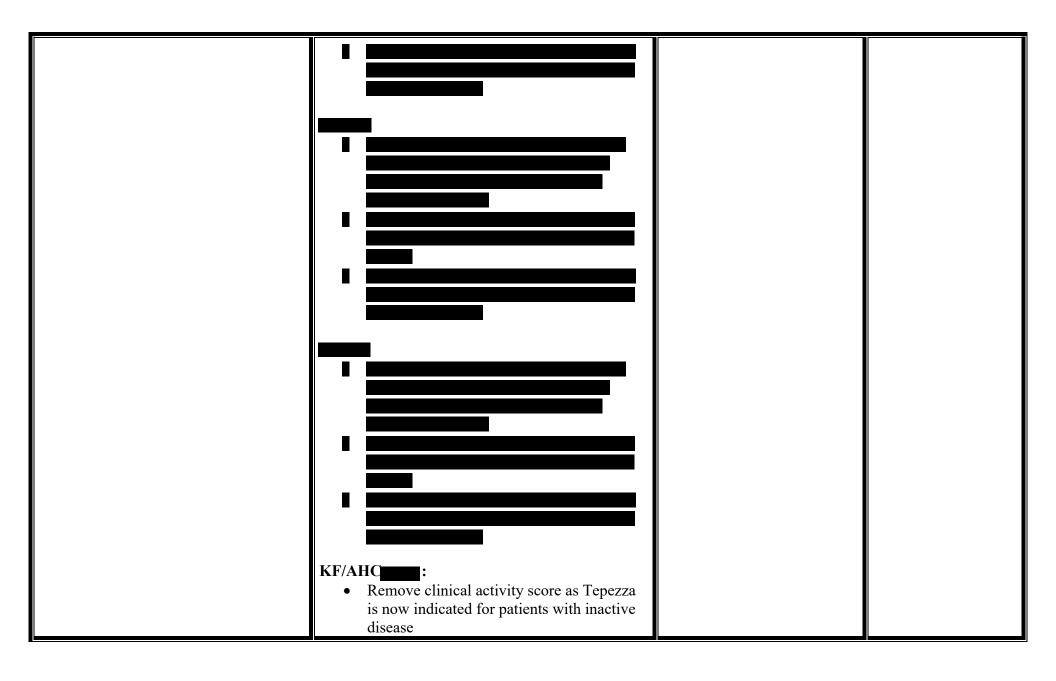
#### **Invited Guests Present**

Baird, Bethany, CPhT	Hunter, Amanda, PharmD	Seitz, Ally, PharmD	Wiseman, Arlene, PharmD
Carreras, Linda, CPhT	Kassim, Toks, PharmD	Stadler, Luke, PharmD	Pawlak, Sarah, PharmD
Clement, Kathleen	Kreitman, Jeffrey, PharmD	Verret, Philip, PharmD	
Colvin, Mike, PharmD	O'Meara, Brian	Vodoor, Calla, PharmD	
DeHoratius, Patrick, PharmD	Plante, Jeanine, PharmD	Weiss, Erich, PharmD	

Issue	Discussion	Conclusion/Results	Action/ Person Responsible
1. Call to Order	The meeting was called to order at 6:02 PM EST. name	Informational Only	Lenaye. Lawyer
	Welcomed all external and internal participants.		
2. Conflict of Interest Disclosure	No conflicts announced	Informational Only	Jeffrey Kreitman
3.			
4. Review and approval of April P&T and June Proxy Minutes		Committee approved as recommended  Motion: David Batluck Second: Robert Hockmuth	Jeffrey Kreitman
5. Old Business			

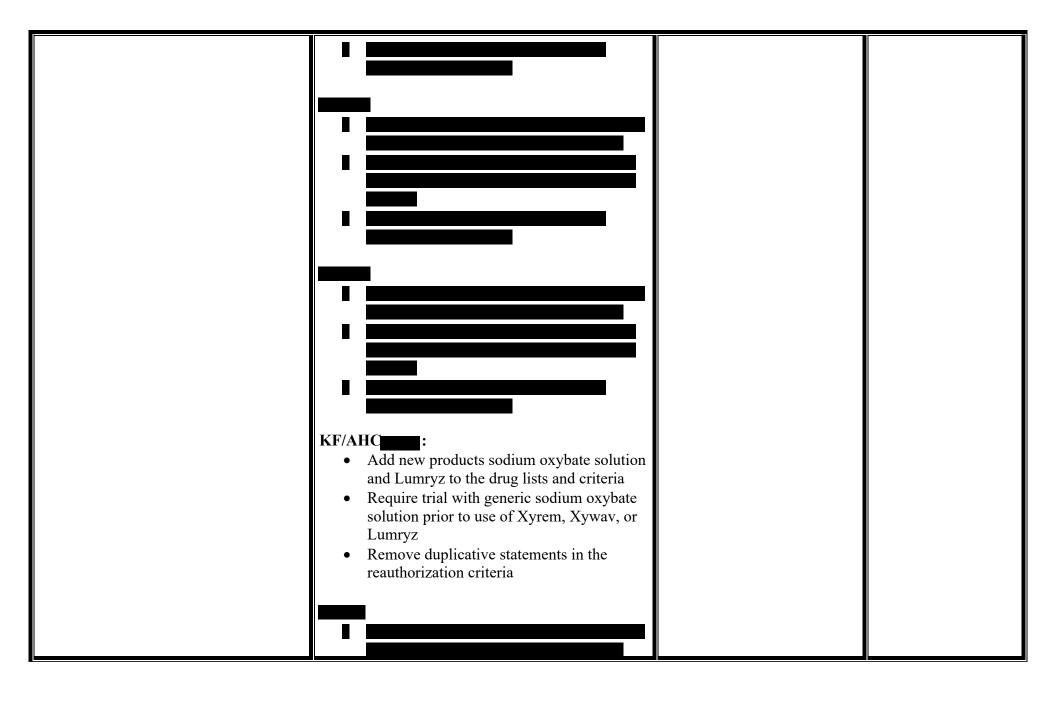
Lamzede	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Kirt Caton Second: Andrew Peterson	PerformRx will update the criteria and formulary/PDL with any changes

6. New Business	KF/AHC:  • Remove the requirement that the patient must be able to walk without support as the label does not exclude these patients from treatment		
Insulin-Like Growth Factor-1 Receptor (Igf-1r) Antagonists for Thyroid Eye Disease	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Don Cooper	PerformRx will update the criteria and formulary/PDL with any changes



For patients with chronic/inactive disease, require previous corrective surgery as this is standard of care	

Sleep Disorder Therapy	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Don Cooper Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes



Ileal Bile Acid Transporter Inhibitors	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Don Cooper Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes

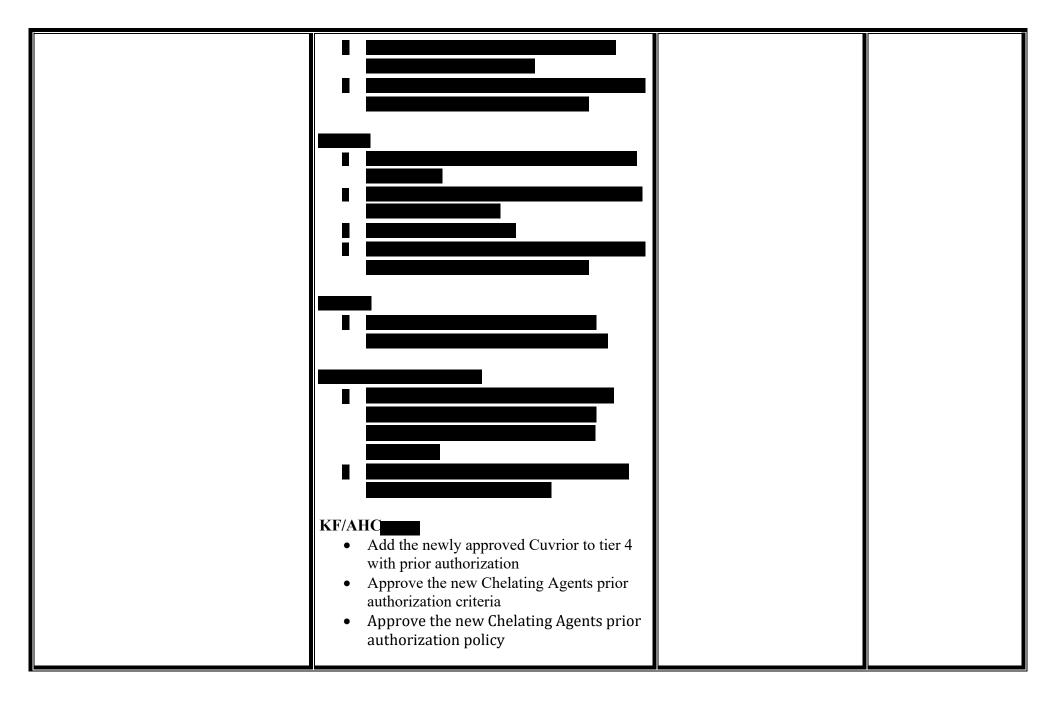
KF/AHC:  • Update the age restriction section to align with prescribing information as Livmarli received expanded approval	

	PerformRx makes the following	Committee approved as	PerformRx will
KF/AHC — OTC Review	recommendation:	recommended	-
KF/AHC — OTC Review	recommendation:  KF.AHC:  • Antihistamines  Remove the following products from formulary due to cost effective alternatives available on formulary:  i. Allergy Relief Childrens Oral Liquid 12.5 MG/5ML  ii. GNP Allergy Antihistamine Oral Liquid 12.5 MG/5ML  iii. GNP Allergy Oral Capsule 25 MG  iv. GNP Childrens Allergy Oral Liquid 12.5 MG/5ML  v. diphenhydrAMINE HCl Oral Elixir 12.5 MG/5ML  • Antiflatulents:  Remove the following products from formulary due to cost effective alternatives	Motion: Don Cooper Second: Robert Hockmuth	update the criteria and formulary/PDL with any changes
	<ul> <li>available on formulary:</li> <li>i. Gas-X Extra Strength Oral Capsule 125 MG</li> <li>ii. ii. GNP Gas Relief Extra Strength Oral Capsule 125 MG</li> <li>iii. iii. GNP Gas Relief Extra Strength Oral Tablet Chewable 125 MG</li> <li>iv. iv. Gas-X Extra Strength Oral Tablet Chewable 125 MG</li> <li>• Antacids:</li> </ul>		

Remove the following products from formulary due to cost effective alternatives available on formulary: Mag-Al Plus Oral Liquid 200-200-20 MG/5ML from T3 Antacid Maximum Strength Oral Suspension 400-400-40 MG/5ML iii. Antacid Plus Anti-Gas Relief Oral Suspension 400-400-40 MG/5ML iv. GNP Antacid & Anti-Gas Oral Suspension 200-200-20 MG/5ML GNP Antacid Regular Strength Oral Suspension 200-200-20 MG/5ML Laxatives: Remove the following products from formulary due to cost effective alternatives available on formulary: Enemeez Mini Rectal Enema 283 i. MG/5ML ii. Senna Oral Capsule 8.6 MG iii. GNP Senna Lax Oral Tablet 8.6 MG Senna-Lax Oral Tablet 8.6 MG iv. Add Fleet Pediatric Rectal Enema 3.5-9.5 GM/59ML toT3 without utilization management edits as a cost-effective alternative • Acetaminophen: Remove the following products from formulary due to cost effective alternatives available on formulary: SM Arthritis Pain Relief Oral Tablet

Extended Release 650 MG

7. Drug Reviews	<ul> <li>iii. 8HR Muscle Aches &amp; Pain Oral Tablet Extended Release 650 MG</li> <li>iv. GoodSense Pain &amp; Fever Infants Oral Suspension 160 MG/5ML</li> <li>v. GNP Pain &amp; Fever Childrens Oral Suspension 160 MG/5ML</li> <li>vi. Acetaminophen Infants Oral Suspension 160 MG/5ML</li> <li>vii. Pain Relief Childrens Oral Suspension 160 MG/5ML</li> <li>viii. SM Pain &amp; Fever Infants Oral Suspension 160 MG/5ML</li> <li>ix. Pain &amp; Fever Infants Oral Suspension 160 MG/5ML</li> <li>x. QC Pain Relief Infants Oral Suspension 160 MG/5ML</li> <li>xi. viii. Childrens Acetaminophen Oral Suspension 160 MG/5ML</li> <li>xii. Acetaminophen Oral Tablet Chewable 160 MG</li> </ul>		
Therapeutic Class			
Chelating Agents with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: David Batluck Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes



Bowel Prep	PerformRx makes the following recommendation:  KF/AHC:  Recommends no changes	Committee approved as recommended  Motion: David Batluck Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes

Spacers and Accessories	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: David Batluck Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes

# KF/AHC • Remove Pro Comfort Spacer-Adult Mask and Pro Comfort Spacer-Child Maskrom the formulary due to the availability of more cost-effective spacer and mask products Add the following products to the supplemental formulary with a quantity limit of 2 per 365 days to provide members with additional cost-effective spacer products: a. Space Chamber b. Space Chamber with Large Mask c. Space Chamber with Medium Mask d. Space Chamber with Small Mask

Single Products			
Daybue with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Kelly Martin Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes

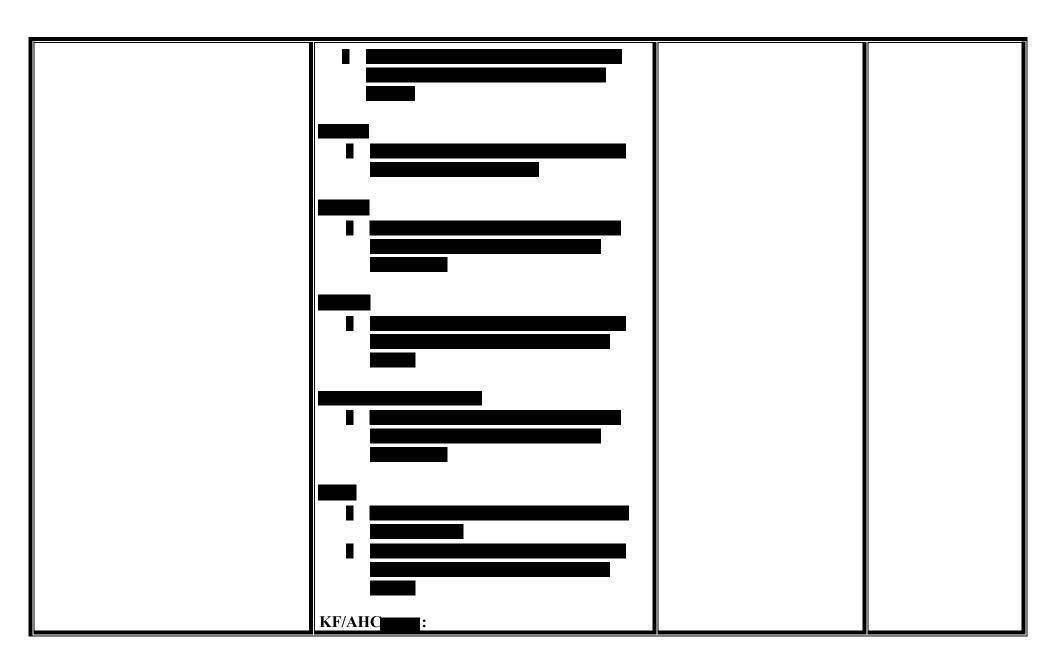
	<ul> <li>Add Daybue (trofinetide) to T4 of the formulary with a prior authorization requirement</li> <li>Approve the newly developed Daybue prior authorization criteria</li> </ul>		
Elfabrio with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Kelly Martin Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes

## KF/AHC/ • Add Elfabrio (pegunigalsidase alfa-iwxj) to T4 of the formulary with a prior authorization requirement approving the updated Enzyme Replacement Therapies for Fabry Disease prior authorization criteria Add Elfabrio to the drug list • Update title from Fabrazyme to Enzyme Replacement Therapies for Fabry Disease due to the addition of Elfabrio to the criteria • Update age restriction section to align with package insert due to addition of Elfabrio which is only indicated in adults Update required alpha-Gal-A activity level to align with guidelines Streamline language

Joenja with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Kelly Martin Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes

	<ul> <li>KF/AHC</li> <li>Add Joenja (leniolisib) to T4 of the formulary with a prior authorization requirement</li> <li>Approve the newly developed Joenja prior authorization criteria</li> </ul>		
Skyclarys with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Kelly Martin Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes

	KF/AHC  • Add Skyclarys (omaveloxolone) to T4 of the formulary with a prior authorization requirement  • Approve the newly developed Skyclarys (omaveloxolone) prior authorization criteria		
Omisirge with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Kelly Martin Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes

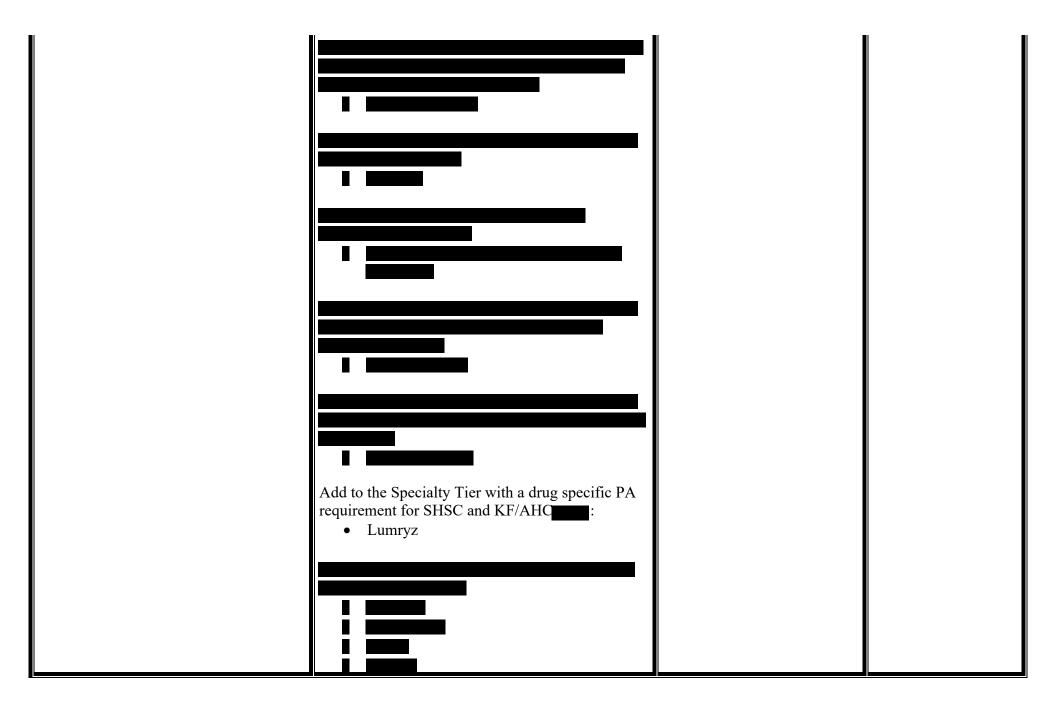


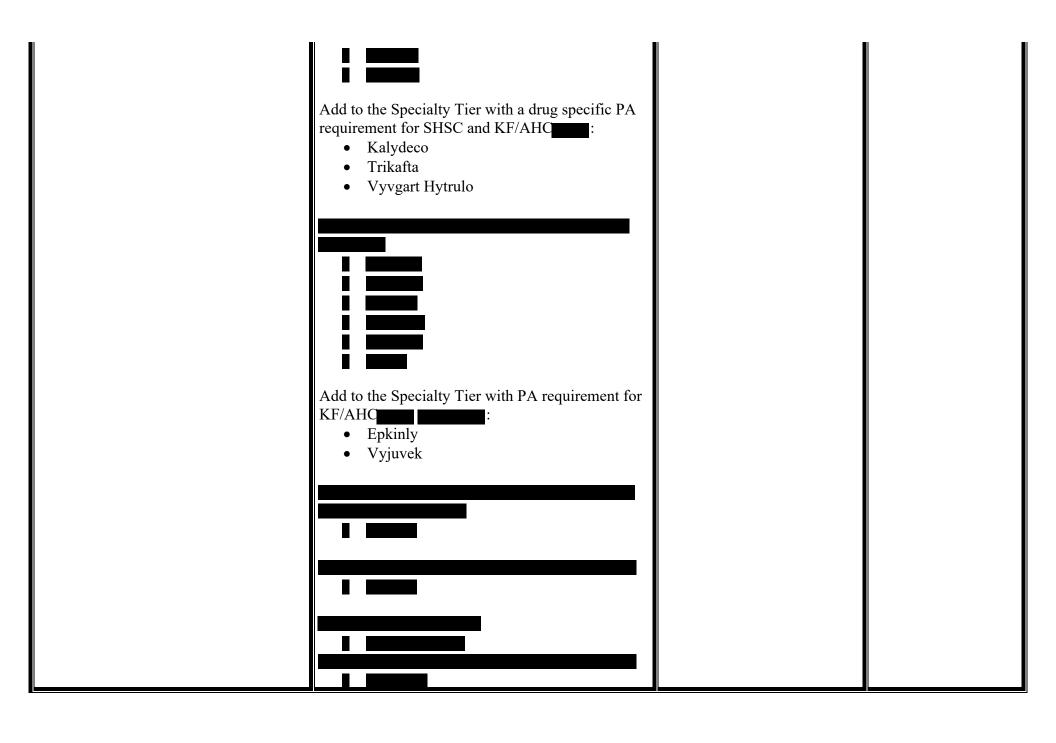
	<ul> <li>Add Omisirge (omidubicel-only) to T4 of the formulary with a prior authorization requirement</li> <li>Approve the newly developed Omisirge (omidubicel-only) prior authorization criteria.</li> </ul>		
Qalsody with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Kelly Martin Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes

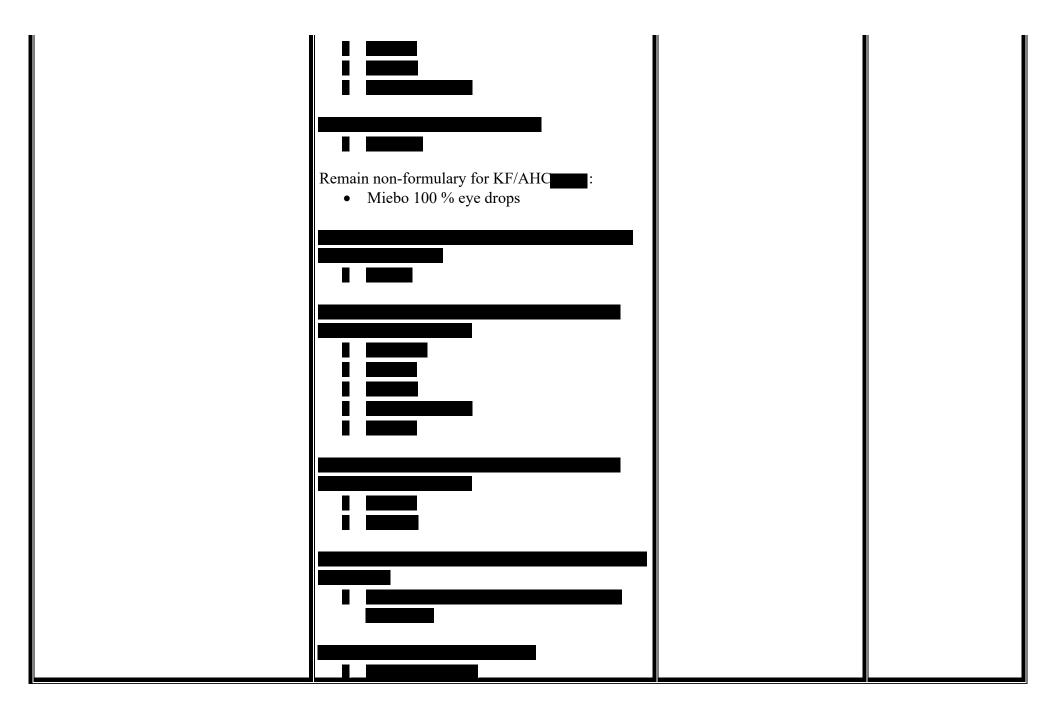
	KF/AHC  • Add Qalsody (tofersen) to T4 of the formulary with a prior authorization requirement  • Approve the newly developed Qalsody (tofersen) prior authorization criteria.		
Vowst with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Kelly Martin Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes

<ul> <li>KF/AHC</li> <li>Add Vowst (fecal microbiota spores, livebrpk) to Tier 4 of the formulary with a prior authorization requirement</li> <li>Approve the updated Fecal Microbiota prior authorization criteria</li> <li>Add newly approved Vowst (fecal microbiota spores, live-brpk) to the drug list</li> <li>Update title from Rebyota to Fecal Microbiota to account for the addition of Vowst to the criteria</li> <li>Add requirement that patient will bowel cleanse prior to Vowst treatment to align with label</li> </ul>	

New Products	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Don Cooper Second: David Batluck	PerformRx will update the criteria and formulary/PDL with any changes



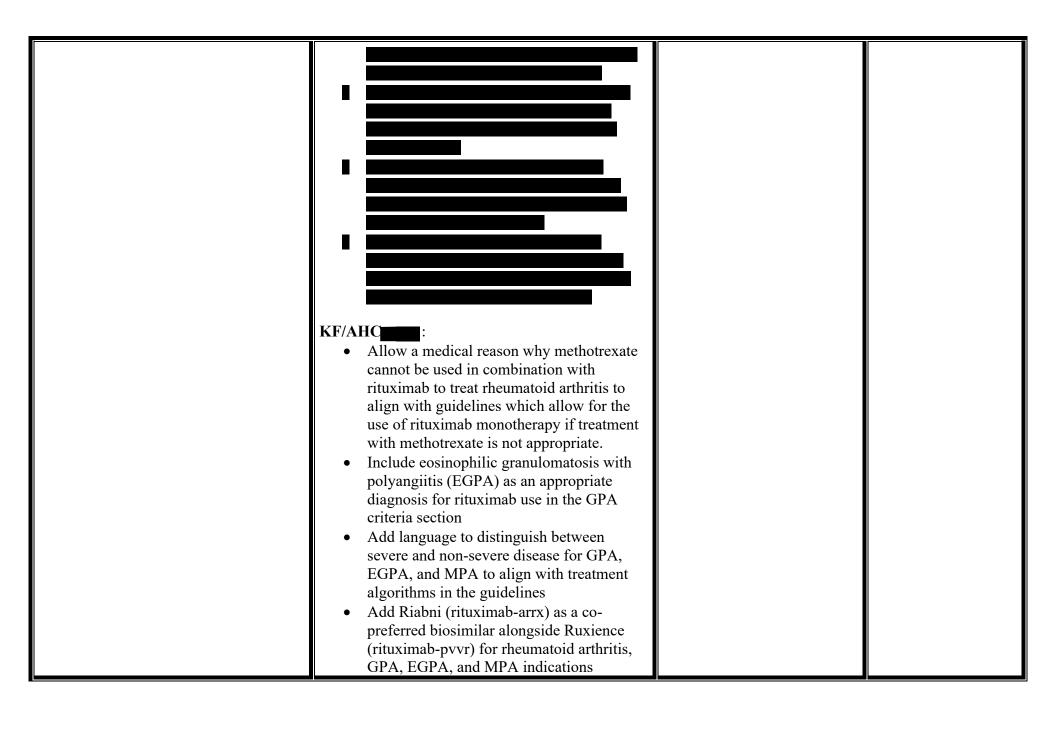




	Remain non-formulary/non-preferred for KF/AHC  Bigfoot Unity Iheezo (PF) Omnipod Go Veozah	
10. Prior Authorization Criteria Review  A. Prior Authorization Criteria Annual Review		

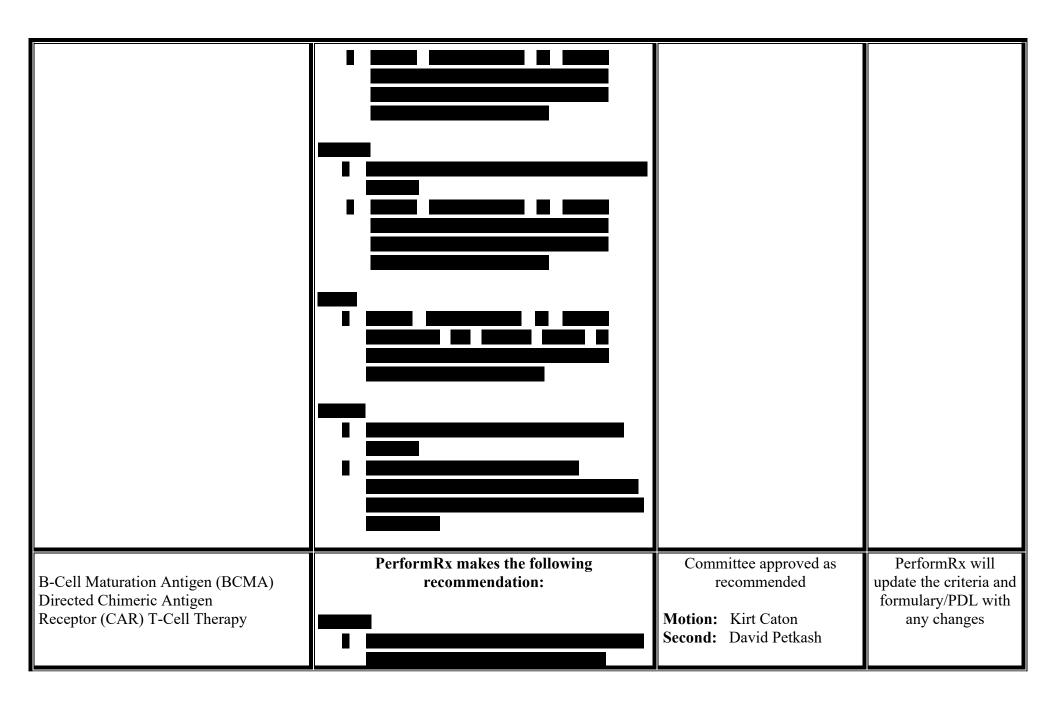
	DoufoumDy makes the following	Committee emmeyed as	Dourforman Day xxxi11
Insulin Pumps	PerformRx makes the following recommendation:	Committee approved as recommended	PerformRx will update the criteria and
insuin Pumps	recommendation:	recommended	formulary/PDL with
		Motion: Kirt Caton	any changes
		Second: David Petkash	any changes
	· <del></del>	Second. Bavia i cikusii	
	VE/AHO		
	KF/AHC:		

	Remove reauthorization criteria requiring no new safety signals relating to the insulin pump		
Rituximab	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Kirt Caton Second: David Petkash	PerformRx will update the criteria and formulary/PDL with any changes



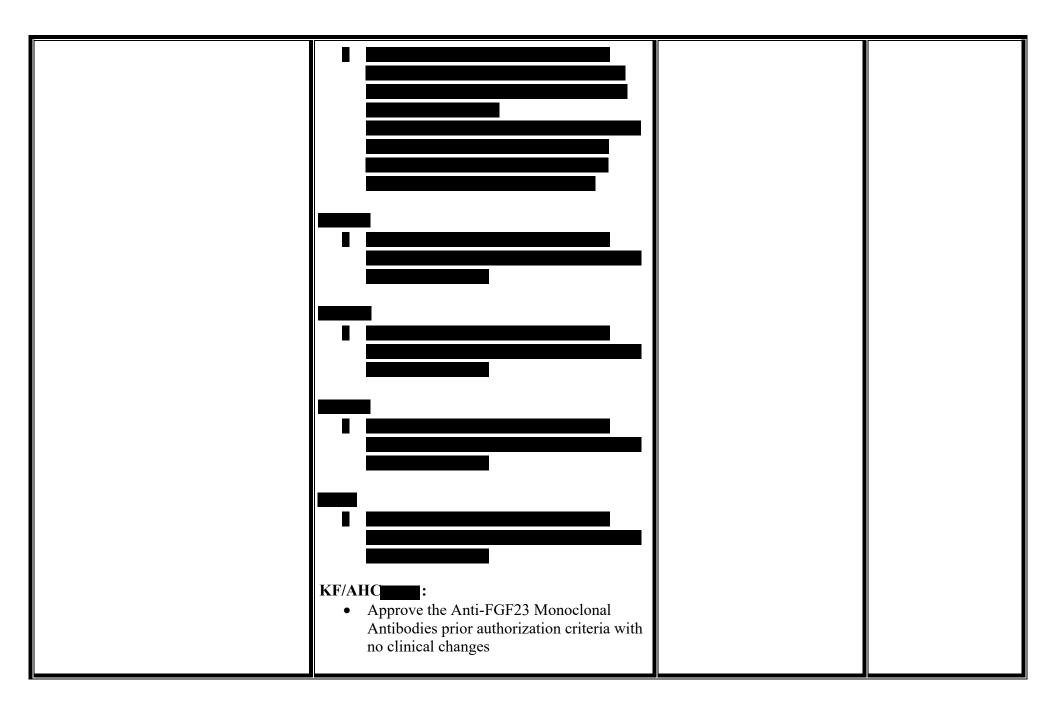
Verquvo	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: Kirt Caton Second: David Petkash	PerformRx will update the criteria and formulary/PDL with any changes

KF/AHC:  • Update the trial and failure, intolerance, or contraindication section to require trial of all guidelines recommended treatments for heart failure	



KF/AHC  • Add the requirement that a member has not previously received a BCMA CAR-T therapy to align with the inclusion criteria of the clinical trials	

B. Prior Authorization Criteria Annual Review without Clinical Changes			
Anti-FGF23 Monoclonal Antibodies	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: David Batluck Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes



Brineura	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: David Batluck Second: Robert Hockmuth	No Changes

KF/AHC:  • Approve the Brineura prior authorization criteria with no changes	

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

	KF/AHC:  • Approve the Camzyos prior authorization criteria with no clinical changes		
Corticotropin	PerformRx makes the following recommendation:  KF/AHC:	Committee approved as recommended  Motion: David Batluck Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes

	Approve the Corticotropin prior authorization criteria with no clinical changes		
Increlex	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: David Batluck Second: Robert Hockmuth	No Changes

	KF/AHC:  • Approve the Increlex prior authorization criteria with no clinical changes		
Mucopolysaccharidosis II (Hunter Syndrome) Agents	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: David Batluck Second: Robert Hockmuth	No Changes

	KF/AHC  • Approve the Mucopolysaccharidosis II (Hunter Syndrome) Agents prior authorization criteria with no changes		
Pyruvate Kinase Activators	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: David Batluck Second: Robert Hockmuth	No Changes

KF/AHC:  • Approve the Pyruvate Kinase Activators prior authorization criteria with no clinical changes	

Specialty Drugs	PerformRx makes the following recommendation:	Committee approved as recommended	No Changes
	KF/AHC:  • Approve the Specialty Drugs prior authorization criteria with no changes	Motion: David Batluck Second: Robert Hockmuth	
Synagis	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: David Batluck Second: Robert Hockmuth	No Changes

KF/AHC:  • Approve the updated Synagis prior authorization criteria with no changes	

Vijoice	PerformRx makes the following recommendation:	Committee approved as recommended	No Changes
	KF/AHC:  • Approve the updated Vijoice prior authorization criteria with no changes	Motion: David Batluck Second: Robert Hockmuth	
Vimizim	PerformRx makes the following Recommendation:	Committee approved as recommended  Motion: David Batluck Second: Robert Hockmuth	No Changes

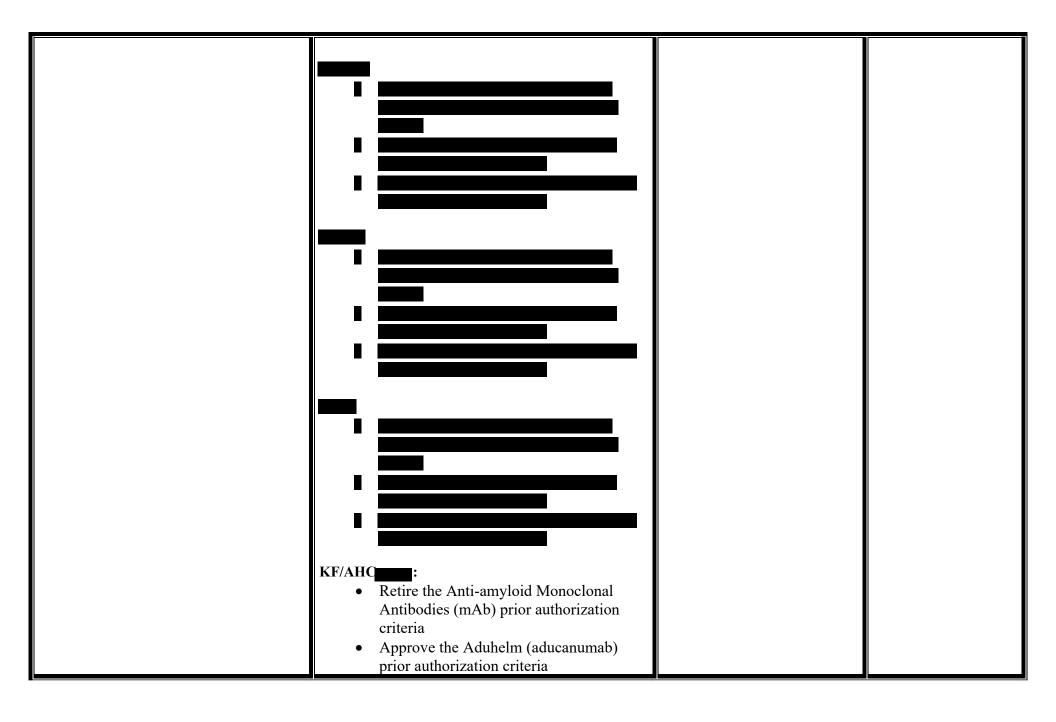
KF/AHC:  • Approve the Vimizim prior authorization criteria with no changes	

Vuity	PerformRx makes the following recommendation:	Committee approved as recommended	No Changes
	KF/AHC:  • Approve the Vuity prior authorization criteria with no changes	Motion: David Batluck Second: Robert Hockmuth	

Dendritic Cell Tumor Peptide Immunotherapy	PerformRx makes the following recommendation:  KF/AHC:  Approve the Dendritic Cell Tumor Peptide Immunotherapy prior authorization criteria	Committee approved as recommended  Motion: David Batluck Second: Robert Hockmuth	No Changes

11. Additional Items		

Anti-amyloid Monoclonal Antibodies	PerformRx makes the following recommendation:	Committee approved as recommended  Motion: David Batluck Second: Andrew Peterson	PerformRx will update the criteria and formulary/PDL with any changes



	Approve the Leqembi (lecanemab-irmb) prior authorization criteria		
12. Recalls	Recalls: 4/17/2023 - 7/24/2023  Date: 5/22/2023  Manufacturer: Astral SteriTech Private Ltd. Drugs Products:  • Ampicillin for Injection, USP 250 mg per vial  • Ampicillin for Injection, USP 500 mg per vial  • Ampicillin for Injection, USP 1g per vial  • Ampicillin for Injection, USP 2g per vial  • Ampicillin for Injection, USP 10 g per Pharmacy Bulk Package  • Ampicillin and Sulbactam for Injection, USP 1.5 grams per vial  • Ampicillin and Sulbactam for Injection, USP 3 grams per vial  • Ampicillin and Sulbactam for Injection, USP 15 grams per vial	Informational	PerformRx

	<ul> <li>Cefepime for Injection, USP 1 gram per vial</li> <li>Cefepime for Injection, USP 2 grams per vial</li> <li>Ceftriaxone for Injection, USP 250 mg per vial</li> <li>Ceftriaxone for Injection, USP 500 mg per vial</li> <li>Ceftriaxone for Injection, USP 1 gram per vial</li> <li>Ceftriaxone for Injection, USP 2 grams per vial</li> <li>Ceftriaxone for Injection, USP 2 grams per vial</li> <li>Piperacillin and Tazobactam for Injection, USP 2.25 grams per vial</li> <li>Piperacillin and Tazobactam for Injection, USP 3.375 grams per vial</li> <li>Piperacillin and Tazobactam for Injection, USP 4.5 grams per vial</li> <li>Reason for Recall:</li> <li>Lack of Assurance of Sterility</li> </ul>		
13. Adjourn			Lenaye Lawyer
	The meeting adjourned at 7:27 PM EST	N/A	The next meeting October 30, 2023, from 6:00 PM- 8:00 PM.

Leneye L Lawyh, MD

November 13, 2023

Date