

**Enterprise P&T Meeting
Committee
February 3, 2025**

Voting Members Present

Christopher Antypas, PharmD	Tracey Davis, PharmD	Lenaye Lawyer, MD	David Petkash, MD
Michael Baer, MD Rogers	Rogers Elebra, PharmD	Kelly Martin, PharmD	Jena Quinn, PharmD
David Batluck, DO	Fury Fecondo, PharmD	Michelle Murphy, PharmD	Christy Skibicki, MD
Floyd (John) Brinley, MD	Robert Hockmuth, MD	Eric Peters, PharmD	Wayne Weart, PharmD
Robert Clifford, MD	Emily Kryger, PharmD	Andrew Peterson, PharmD	Rani Whitfield, MD

Excused Voting Members

Donald Beam, MD	Loretta Dumontet, MD		
Kirt Caton, MD	Yavar Moghimi, MD		

Invited Guests Present

Christian Andreaggi, PharmD	Sheireen Huang, PharmD	Melissa Megrdichian, PharmD	Ruth Smith, PharmD
Linda Carreras, CPhT	Amanda Hunter, PharmD	Sarah Pawlak, PharmD	Luke Stadler, PharmD
Kathleen Clement	Jeffrey Kreitman, PharmD	Jeanine Plante, PharmD	Mali Thomas, CPhT

Patrick DeHoratius, PharmD	Natasha McGowan	Alishia Richie, MD	Lance Vinci, PharmD
Rajneel Farley, PharmD	Lauren Megargell, PharmD	Ally Seitz, PharmD	Arlene Wiseman, PharmD

Issue	Discussion	Conclusion/Results	Action/Person Responsible
1. Call to order	The meeting was called to order at 6:01 PM EST	Informational Only	Lenaye Lawyer
2. Conflicts of Interest Disclosure (COI)		Informational Only	Jeffrey Kreitman
3. [REDACTED]		[REDACTED]	[REDACTED]
4. Review and approval of November P&T Minutes (p.7)		Committee approved as recommended: Motion: Robert Hockmuth Second: Wayne Weart	Jeffrey Kreitman
5. Old Business			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	<ul style="list-style-type: none"> [REDACTED] [REDACTED] 		
HIF-PH Inhibitors for CKD Anemia	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Kevin Wheeler</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <ul style="list-style-type: none"> - [REDACTED] - [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> - [REDACTED] - [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> - [REDACTED] - [REDACTED] 		
InPen	PerformRx makes the following recommendation:	Committee approved as recommended:	PerformRx will update the criteria and formulary/PDL with any changes




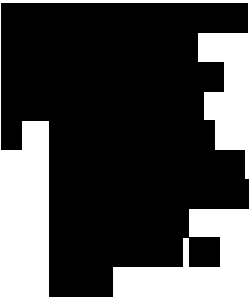




	<p>█████ █ ██████████</p> <p>█████ █ ██████████</p> <p>█████ █ ██████████</p> <p>█████ CHC:</p> <ul style="list-style-type: none"> • Approve the newly developed InPen prior authorization criteria with no clinical changes. 	<p>Motion: Robert Clifford Second: Kevin Wheeler</p>	
Niemann-Pick Disease Type C	<p>PerformRx makes the following recommendation:</p> <p>█████ █ ██████████</p>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Kevin Wheeler</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> • [REDACTED] <p>[REDACTED]</p> <p>[REDACTED] CHC:</p> <ul style="list-style-type: none"> • Approve the Niemann-Pick Disease Type C prior authorization criteria as new criteria. • Add Miplyffa (arimoclomol) and Aqneursa (levacetylleucine) T4 with prior authorization requirement. <p>[REDACTED]</p> <p>[REDACTED]</p>		
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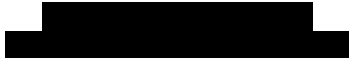


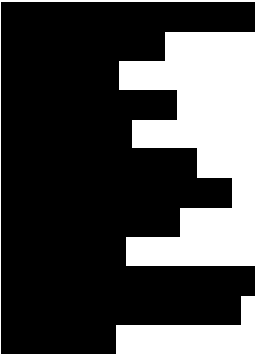



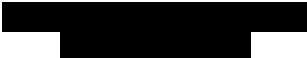
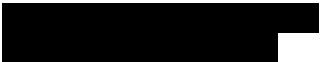
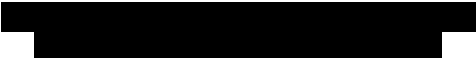

Zepbound	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] CHC:</p> <ul style="list-style-type: none"> • Approve the Zepbound for Obstructive Sleep Apnea prior authorization criteria as new criteria. <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Kevin Wheeler Nay: Arlene Wiseman</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p> <p>Tracey Davis asked about clarifying the reauthorization criteria. She stated previous discussion had agreed to a reduction at the weight level vs the BMI. Tracey requests to remove the last bullet – “Patient has achieved and/or maintained a 5 % decrease in weight since baseline.” Other committee members also agreed – Dr. Wheeler and Kelly Martin.</p> <p>A motion and a second to amend the criteria to remove the last bullet referring to the “5% decrease in weight loss.” – Approved by the committee. <u>Action item:</u> Include in the minutes that the last bullet, “<i>Patient has achieved and/or maintained a 5 % decrease in weight since baseline.</i>” should be removed from the criteria</p>

KF/AHC/CHC Humidifiers	<p>PerformRx makes the following recommendation:</p> <p>CHC:</p> <p>a. Remove Humidifiers and Vaporizers from the formulary.</p>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Kevin Wheeler</p>	PerformRx will update the criteria and formulary/PDL with any changes
7. Drug Reviews			
A. Therapeutic Class:			

Direct			
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Immune Globulins	<p>PerformRx makes the following recommendation:</p> <p>   </p> <p>   </p>	<p>Committee approved as recommended:</p> <p>Motion: Andrew Peterson Second: Wayne Weart</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <ul style="list-style-type: none"> [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> [REDACTED] <p>[REDACTED] CHC:</p> <ul style="list-style-type: none"> Update the formulary status of Cutaquig (immune globulin subcutaneous (human) - hipp) 16.5% Vial from NF to T4-PA to reflect the Immune Globulin prior authorization criteria. Approve the Immune Globulins prior authorization 		
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	<p>criteria with no clinical changes.</p> <p>    </p>		
<p>  </p>	<p>  </p> <p>    </p> <p>    </p>	<p>  </p> <p>  </p>	<p>  </p> <p>  </p>

Fluoride Dental Preparations	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] CHC:</p> <ul style="list-style-type: none"> • Make no changes to this class. <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Andrew Peterson Second: Wayne Weart</p>	No changes
B. Single Products			
Methergine	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Robert Hockmuth Second: Kelly Martin</p>	No Changes

[illegible]

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Yorvipath	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> 	<p>Committee approved as recommended:</p> <p>Motion: Robert Hockmuth Second: Kelly Martin</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>█ [REDACTED]</p> <p>█ CHC:</p> <ul style="list-style-type: none"> • Add Yorvipath to Tier 4 with a prior authorization requirement. • Approve the newly developed Yorvipath prior authorization criteria. <p>█ [REDACTED]</p> <p>█ [REDACTED]</p> <p>█ [REDACTED]</p>		
Nemluvio	<p>PerformRx makes the following recommendation:</p> <p>█ [REDACTED]</p> <p>█ [REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Robert Hockmuth Second: Kelly Martin</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>█ [REDACTED]</p>		
8. New Products			
	<p>PerformRx makes the following recommendation:</p> <p>Add to Specialty Tier 4 for [REDACTED] CHC:</p> <ul style="list-style-type: none"> • Ziihera <p>Add to Specialty Tier 4 with drug specific PA for [REDACTED] CHC:</p> <ul style="list-style-type: none"> • Aqneursa • Attruby <p>[REDACTED]</p> <p>█ [REDACTED]</p> <p>[REDACTED]</p> <p>█ [REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Michael Baer</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[illegible]

Tavneos	<p>PerformRx makes the following recommendation:</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>CHC:</p>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford</p> <p>Second: Michael Baer</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<ul style="list-style-type: none"> Update the renewal approval duration from 6 months to 12 months. 		
B. Prior Authorization Criteria Annual Review without Clinical Changes:			
Adrenal Enzyme Inhibitors for Cushing's Disease	<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: Robert Clifford Second: Michael Baer</p>	No Changes

	<p>█</p> <p>█ CHC:</p> <ul style="list-style-type: none"> • Approve the Adrenal Enzyme Inhibitors for Cushing's Disease prior authorization criteria with no clinical changes. <p>█</p> <p>█</p>		
Adrenergic, alpha-receptor-blocking agent	<p>PerformRx makes the following recommendation:</p> <p>█</p> <p>█</p>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Michael Baer</p>	No Changes

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] CHC:</p> <ul style="list-style-type: none"> • Approve the Alpha-1 Proteinase Inhibitors (Human) prior authorization criteria with no clinical changes. <p>[REDACTED]</p> <p>[REDACTED]</p>		
	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes

Amifampridine	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] CHC:</p> <ul style="list-style-type: none"> • Approve the Amifampridine prior authorization criteria with no clinical changes. <p>[REDACTED]</p>	<p>Motion: Robert Clifford Second: Michael Baer</p>	
	[REDACTED]	[REDACTED]	[REDACTED]

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<p>Benlysta</p>	<p>PerformRx makes the following recommendation:</p> <div data-bbox="569 1170 892 1378" style="background-color: black; width: 154px; height: 128px;"></div>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Michael Baer</p>	<p>No Changes</p>

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	<ul style="list-style-type: none"> Approve the Corlanor prior authorization criteria with no clinical changes. <div> <div></div> <div></div> </div>		
Cystic Fibrosis TF Modulators	<p>PerformRx makes the following recommendation:</p> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Michael Baer</p>	No Changes

	<ul style="list-style-type: none"> <div style="background-color: black; width: 100px; height: 100px; margin-bottom: 10px;"></div> <p>CHC:</p> <ul style="list-style-type: none"> Approve the Cystic Fibrosis transmembrane conductance regulator (CFTR) Modulators prior authorization criteria with no clinical changes. <div style="background-color: black; width: 100px; height: 100px; margin-top: 10px;"></div>		
Dojolvi	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Robert Clifford	No Changes

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] CHC:</p> <ul style="list-style-type: none"> • Approve the Dojolvi prior authorization criteria with no clinical changes. <p>[REDACTED]</p>	Second: Michael Baer	
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Dose Rounding Limit Exception Criteria	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes
	<div data-bbox="569 423 898 630"> <p>█████</p> <ul style="list-style-type: none"> █ ██████████ </div> <div data-bbox="569 630 898 836"> <p>█████</p> <ul style="list-style-type: none"> █ ██████████ </div> <div data-bbox="569 836 898 1042"> <p>█████</p> <ul style="list-style-type: none"> █ ██████████ </div> <div data-bbox="569 1042 898 1333"> <p>█████ CHC:</p> <ul style="list-style-type: none"> • Approve the Dose Rounding Limit Exception Criteria prior authorization criteria with no clinical changes. </div>	<p>Motion: Robert Clifford Second: Michael Baer</p> <div data-bbox="1037 1357 1339 1419"> <p>████████████████████</p> <p>████████████████</p> </div>	<div data-bbox="1654 1357 1808 1390"> <p>██████████</p> </div>

Enzyme replacement therapy for ASMD	<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>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford</p> <p>Second: Michael Baer</p>	No Changes

[illegible]

	<p>1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] CHC:</p> <ul style="list-style-type: none"> • Approve the Lodoco prior authorization criteria with no clinical changes. <p>[REDACTED]</p> <p>[REDACTED]</p>		
Pompe Disease Agents	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Michael Baer</p>	No Changes

	<div> <div></div> <div></div> <div></div> <div></div> <div> <div></div> <div>CHC:</div> <div> <ul style="list-style-type: none"> Approve the Pompe Disease Agents prior authorization criteria with no clinical changes. </div> </div> <div></div> </div>		
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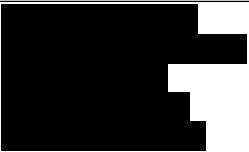







	<p>█ [REDACTED]</p>		
Presbyopia Agents	<p>PerformRx makes the following recommendation:</p> <p>█ [REDACTED]</p> <p>█ [REDACTED]</p> <p>█ [REDACTED]</p> <p>█ CHC:</p> <ul style="list-style-type: none"> • Approve the Presbyopia Agents prior authorization criteria with no clinical changes. <p>█ [REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Michael Baer</p>	<p>No Changes</p>

	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes
Primary Hyperoxaluria Agents	<div data-bbox="569 423 926 634"> <div data-bbox="569 423 648 456">[REDACTED]</div> <div data-bbox="617 464 630 480">I</div> <div data-bbox="663 456 926 634">[REDACTED]</div> </div> <div data-bbox="569 659 926 870"> <div data-bbox="569 659 648 691">[REDACTED]</div> <div data-bbox="617 699 630 716">I</div> <div data-bbox="663 691 926 870">[REDACTED]</div> </div> <div data-bbox="569 894 926 1105"> <div data-bbox="569 894 648 927">[REDACTED]</div> <div data-bbox="617 935 630 951">I</div> <div data-bbox="663 927 926 1105">[REDACTED]</div> </div> <div data-bbox="569 1130 926 1341"> <div data-bbox="569 1130 648 1162">[REDACTED]</div> <div data-bbox="617 1170 630 1187">I</div> <div data-bbox="663 1162 926 1341">[REDACTED]</div> </div> <div data-bbox="569 1357 743 1390">[REDACTED] CHC:</div>	<div data-bbox="953 418 1241 475"> <p>Motion: Robert Clifford Second: Michael Baer</p> </div>	

	<ul style="list-style-type: none"> Approve the Primary Hyperoxaluria Agents prior authorization criteria with no clinical changes. <div> <div></div> <div></div> </div>		
<p>Skysona</p>	<p>PerformRx makes the following recommendation:</p> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Michael Baer</p>	<p>No Changes</p>

	<p>[REDACTED]</p> <p>CHC:</p> <ul style="list-style-type: none"> Approve the Skysona prior authorization criteria with no clinical changes. <p>[REDACTED]</p> <p>[REDACTED]</p>		
SMN2 Splicing Modifiers for the Treatment of SMA	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Michael Baer</p>	No Changes

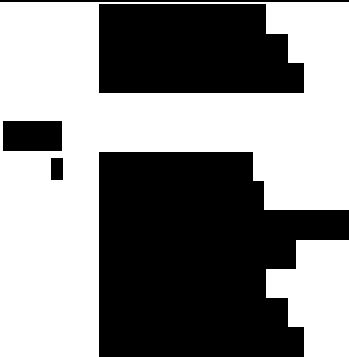
	<div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED] CHC:<ul style="list-style-type: none">• Approve the SMN2 Splicing Modifiers for the Treatment of Spinal Muscular Atrophy (SMA) prior authorization criteria with no clinical changes.</div> <div>[REDACTED]</div>		
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Sohonos	<p>PerformRx makes the following recommendation:</p> <p> </p> <p> </p> <p> </p> <p> CHC:</p> <ul style="list-style-type: none"> • Approve the Sohonos prior authorization criteria with no clinical changes. 	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Michael Baer</p>	No Changes

	<p>[REDACTED]</p>		
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>
Tziel	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford</p> <p>Second: Michael Baer</p>	<p>No Changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>CHC:</p> <ul style="list-style-type: none"> Approve the Tziel prior authorization criteria with no clinical changes. <p>[REDACTED]</p>		
IV [REDACTED]	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>

KF/AHC/CHC Compound Products	<p>PerformRx makes the following recommendation:</p> <p>CHC:</p> <ul style="list-style-type: none"> Approve the Compound Products prior authorization criteria with no clinical changes. 	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Michael Baer</p>	No Changes

			
10. Recalls	<p>10/29/2024 – 1/27/2025</p> <p>Class 1 or 2 recalls impacting all lots for medications listed within Medispan:</p> <p>Date: 12/23/2024 Product Name: Adrenalin® Chloride Solution (EPINEPHrine Nasal Solution, USP) for topical application 30mg/30mL (1mg/mL)</p> <p>Reasons: Potential for Administration Errors</p>	Informational	PerformRx
11. Adjourn	The meeting adjourned at 7:28 PM EST		Lenaye Lawyer
	The next meeting		

	April 28th, 2025 6:00 PM- 8:00 PM EST		
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Signature required Leray L. Lauer, MD