Enterprise P&T Meeting Committee Meeting Minutes Email Proxy Vote March 5, 2020

Committee Member	Approved	Reject	Excused	Committee Member	Approved	Reject	Excused
Christopher Antypas, PharmD	\boxtimes			Emily Kryger, PharmD*	\boxtimes	\boxtimes	
David Batluck, DO	\boxtimes			Kelly Martin, PharmD	\boxtimes		
Donald Beam, MD	\boxtimes			Susan McAllister, MD			\boxtimes
Floyd (John) Brinley, MD			\boxtimes	Kendra Michael, MD			\boxtimes
William Burnham, MD				Betty Muller, MD	\boxtimes		
Cathryn Caton, MD			\boxtimes	Michelle Murphy, PharmD	\boxtimes		
Kirton Caton, MD	\boxtimes			Lavdena Orr, MD	\boxtimes		
Don Cooper, RPh			\boxtimes	Eric Peters, PharmD			\boxtimes
Tracey Davis, PharmD	\boxtimes			Andrew Peterson, PharmD	\boxtimes		
Rogers Elebra, PharmD	\boxtimes			David Petkash, MD	\boxtimes		
Fury Fecondo, PharmD	\boxtimes			Kirby Smith, MD			\boxtimes
Gus Geraci, MD			\boxtimes	Wayne Weart, PharmD	\boxtimes		
Lily Higgins, MD	\boxtimes			Rani Whitfield, MD	\boxtimes		
Robert Hockmuth, MD	\boxtimes			Rodney Wise, MD			\boxtimes
Karen Jordan, MD	\boxtimes						

*Rejection of Adakveo PA criteria

Item	Recommendations	Vote Results	Action/ Person Responsible
Criteria Recommendation: Plan specific coverage and prior authorization criteria update for Oxbryta	 PerformRx recommends approving the attached prior authorization criteria for the applicable lines of business. Formulary status change recommended by LOB: a. KF/AHC/AHNE/ – add Oxbryta to Tier 4 with PA 	Total Sent – 29 Total Responses – 19 Approved – 19 Rejected – 0 Excused – 10 End: 03/16/2020	PerformRx will implement the criteria per the outcome of the committee vote. The vote has been approved with 19 approvals and no rejections received.
Criteria Recommendation: Plan specific coverage and prior authorization criteria update for Adakveo	 PerformRx recommends approving the attached prior authorization criteria for the applicable lines of business. Formulary status change recommended by LOB: a. KF/AHC/AHNE/ – add Adakveo to Tier 4 with PA 	Total Sent – 29 Total Responses – 19 Approved – 18 Rejected – 1 Excused – 10 End: 03/16/2020	PerformRx will implement the criteria per the outcome of the committee vote. The vote has been approved with 18 approvals and 1 rejection received. The rejection was based on the PA criteria requirement of 2 or more pain crises in the last 12 months instead of 1.
Formulary Addition: Melatonin	 Add all single agent melatonin products to T3 supplemental formulary for Pennsylvania. 	Total Sent – 29 Total Responses – 19 Approved – 19 Rejected – 0	PerformRx will implement the criteria per the outcome of the committee vote.

	Excused – 10	
		The vote has been
	End: 03/16/2020	approved with 19
		approvals and no
		rejections received.

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3/17/2020

William Burnham, MD, FAAFP, CPE - Chair

Date