Enterprise P&T Meeting Committee
July 28, 2025

Voting Members Present

Christopher Antypas, PharmD	Fury Fecondo, PharmD	Jena Quinn, PharmD
Michael Baer, MD	Emily Kryger, PharmD	Manni Sethi, MD
David Batluck, DO	Kelly Martin, PharmD	Christy Skibicki, MD
Tracey Davis, PharmD	Andrew Peterson, PharmD	Rani Whitfield, MD
Rogers Elebra, PharmD	David Petkash, MD	

Excused Voting Members

Donald Beam, MD	Robert Clifford, MD	Lenaye Lawyer, MD	Eric Peters, PharmD
Floyd (John) Brinley, MD	Loretta Dumontet, MD	Yavar Moghimi, MD	Wayne Weart, PharmD
Kirt Caton, MD	Robert Hockmuth, MD	Michelle Murphy, PharmD	

Invited Guests Present

Christian Andreaggi, PharmD	Rajneel Farley, PharmD	Geraldine Marks, PharmD	Ruth Smith, PharmD
Bethany Baird, CPhT	Seema Gupta, MD	Lauren Megargell, PharmD	Luke Stadler, PharmD
Linda Carreras, CPhT	Katherine Harris, PharmD	Christopher Meny, RPh	Lance Vinci, PharmD
Kathleen Clement	Sheireen Huang, PharmD	Patty Oaster	Arlene Wiseman, PharmD
Patrick DeHoratius, PharmD	Amanda Hunter, PharmD	Sarah Pawlak, PharmD	

Issue	Discussion	Conclusion/Results	Action/ Person Responsible
• Call to order	The meeting was called to order at 6:01 PM EST	Informational Only	Manni Sethi
• Conflict of Interest Disclosures	No conflicts announced	Informational Only	Christopher Meny
• [redacted]		[redacted]	[redacted]
• Review and approval of April P&T Minutes		Committee approved as recommended: Motion: Andrew Peterson Second: David Batluck	
• Old Business			
mResvia AL update	PerformRx makes the following recommendation: [redacted] [redacted] [redacted] KF.AHC[redacted]: • Update T3- AL (18 years and older.	Committee approved as recommended: Motion: David Petkash Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

6. New Business			
KF.AHC[redacted] Vitamin C ALs	**PerformRx makes the following recommendation:** **KF.AHC[redacted]:** • **Remove the age limit on the Vitamin C Oral Tablet 250 MG.**	**Committee approved as recommended:** **Motion: David Batluck** **Second: Rani Whitfield**	**PerformRx will update the criteria and formulary/PDL with any changes**
KF.AHC[redacted] QL Addition	**PerformRx makes the following recommendation:** **KF.AHC[redacted]:** • **Add Kalydeco 25 mg 60 packets per 30-day supply.** • **Ivabradine 5 mg: 90 tablets per 30-day supply** • **Ivabradine 7.5 mg: 60 tablets per 30-day supply**	**Committee approved as recommended:** **Motion: David Batluck** **Second: Rani Whitfield**	**PerformRx will update the criteria and formulary/PDL with any changes**
Complement Inhibitor PA Criteria	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: David Batluck** **Second: Rani Whitfield**	**PerformRx will update the criteria and formulary/PDL with any changes**

	[redacted] **KF.AHC[redacted]** • **Update the Paroxysmal Nocturnal Hemoglobinuria (PNH) initial authorization criteria to require the presence of a sign or symptom of PNH and to trial the Soliris biosimilar, Epysqli, first.** • **Update the other criteria section to contain a reference to the newly created IgA Nephropathy criteria.** • **Add initial authorization requirements to the new indication of Complement 3 Glomerulopathy (C3G)** [redacted]		

	[redacted]		
Myasthenia Gravis PA Criteria	**PerformRx makes the following recommendation:** [redacted] **KF.AHC.[redacted]:**	**Committee approved as recommended:** **Motion: David Batluck** **Second: Rani Whitfield**	**PerformRx will update the criteria and formulary/PDL with any changes**

	• Update the drug list section to include Imaavy. • Update the initial authorization section to also include references to Imaavy. [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

Immunoglobulin A (IGA) Nephropathy PA Criteria	**PerformRx makes the following recommendation:** 	**Committee approved as recommended:** **Motion: David Batluck** **Second: Rani Whitfield**	**PerformRx will update the criteria and formulary/PDL with any changes**

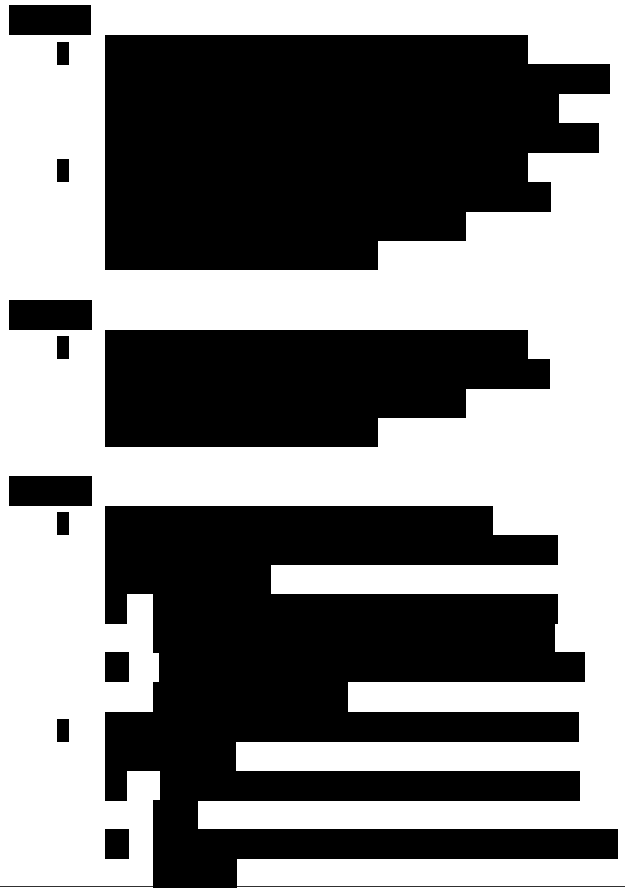
	KF.AHC [redacted] • **Approve the Immunoglobulin A (IgA) Nephropathy Agents prior authorization criteria as new criteria.** • **Retire the Filspari prior authorization criteria it is a part of the new criteria.** [redacted]		
Oncology PA Criteria	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: David Batluck** **Second: Rani Whitfield**	**PerformRx will update the criteria and formulary/PDL with any changes**

	[redacted] **KF.AHC[redacted]:** • **Approve the Oncology Drugs/Therapies prior authorization criteria clinical changes.** • **Add an age restriction to be aligned with the package insert or NCCN guidelines.** • **Update the prescriber restriction to allow a consultation with an oncologist or specialist in the type of cancer being treated.** • **Update the initial authorization section to require the product is being prescribed at a duration that is within FDA approved/NCCN guidelines.** [redacted]		

[redacted]	[redacted]	[redacted]	[redacted]
7. Drug Review			
A. Therapeutic Class:			
Respiratory Aids and Device	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] **KF.AHC[redacted]:** • **Make no changes to this class.** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Kelly Martin**	**No Changes**
Bowel Prep Agents	**PerformRx makes the following recommendation:**	**Committee approved as recommended:**	**PerformRx will update the criteria and formulary/PDL with any changes**

	[redacted] [redacted] [redacted] KF.AHC[redacted]: • Make no changes to this class. [redacted]	Motion: Christopher Antypas Second: Kelly Martin	
[redacted]	[redacted] [redacted] [redacted]	[redacted]	[redacted]

	[redacted]		
Vascular Endothelial Growth Factor (VEGF) Inhibitors	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Kelly Martin**	**PerformRx will update the criteria and formulary/PDL with any changes**

	Ophthalmic Conditions prior authorization criteria. 		

	[redacted] KF.AHC[redacted]: • Make no formulary changes. [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]	[redacted]	
Ophthalmic Antibiotics and Ophthalmic Antibiotics/Steroids	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Kelly Martin**	**PerformRx will update the criteria and formulary/PDL with any changes**

	[redacted] **KF.AHC[redacted]:** • **Make no formulary changes.** [redacted]		
Chelating Agents	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Kelly Martin**	**PerformRx will update the criteria and formulary/PDL with any changes**

	[redacted] KF.AHC[redacted]:		

	• **Make no formulary changes.** • **Approve the Chelating Agents prior authorization criteria with the following clinical changes:** **a. Update the drug list section to remove Bal in Oil as it has been discontinued.** 		
Rho Immune Globulins	**PerformRx makes the following recommendation:**  **KF.AHC[redacted]:** • **Remove the prior authorization for WinRho, Rhophylac, and HyperRHO due**	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Kelly Martin**	**PerformRx will update the criteria and formulary/PDL with any changes**

	to the low utilization and high prior authorization approval rate. **S**[redacted]		
B. Single Products			
Ctexli	**PerformRx makes the following recommendation:** [redacted] **KF/AHC/**[redacted]**:** • **Maintain Ctexli as T4 with a prior authorization requirement.**	**Committee approved as recommended:** **Motion: David Batluck** **Second: Tracey Davis**	**PerformRx will update the criteria and formulary/PDL with any changes**

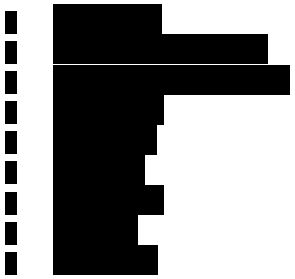
	• **Approve the newly developed Ctexli prior authorization criteria.** 		
Encelto	**PerformRx makes the following recommendation:** 	**Committee approved as recommended:** **Motion: David Batluck** **Second: Tracey Davis** ***Christopher Antypas:** **asked about 2nd authorization approval.** ***Sarah:** **Dosed 1 implant per lifetime.**	**PerformRx will update the criteria and formulary/PDL with any changes**

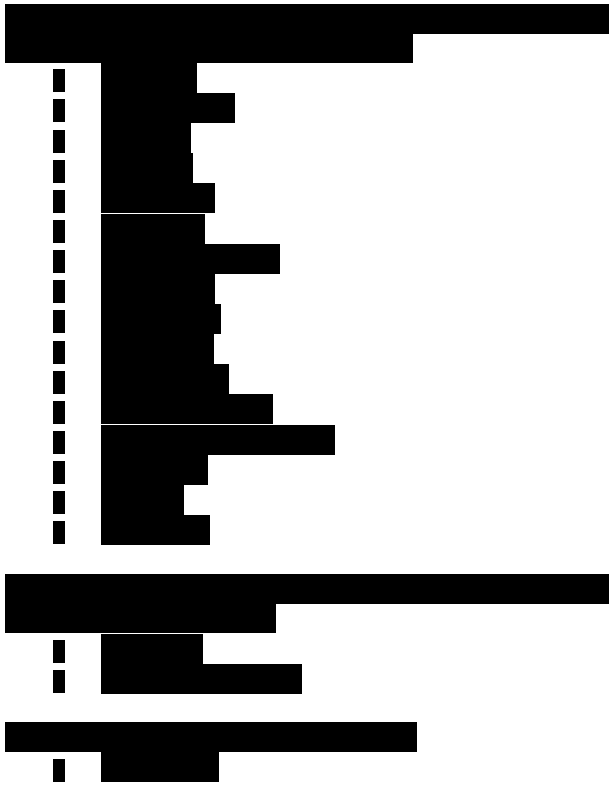
	[redacted] **KF.AHC[redacted]:** • **Maintain Encelto as T4 with a prior authorization requirement.** • **Approve the newly developed Encelto prior authorization criteria.** [redacted]		
Vykat XR	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: David Batluck** **Second: Tracey Davis**	**PerformRx will update the criteria and formulary/PDL with any changes**

	[redacted] KF.AHC[redacted] • **Maintain Vykat XR as T4 with a prior authorization requirement.** • **Approve the newly developed Vykat XR prior authorization criteria.** [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
8. New Products			
	PerformRx makes the following recommendation: **Add to Specialty Tier 4 with drug specific PA for KF/AHC/[redacted]** • **Crenessity** • **Glassia** • **Imaavy** • **Livmarli** • **Vanrafia** • **Vyvgart Hytrulo**	**Committee approved as recommended:** **Motion: Tracey Davis** **Second: David Batluck**	**PerformRx will update the criteria and formulary/PDL with any changes**

	[redacted] [redacted] [redacted] **Add to the supplemental Tier 3 for KF/AHC/[redacted]:** • **Midazolam-Sodium Chloride** [redacted] [redacted] **Add to the supplemental Tier 3 with a quantity limit for KF/AHC[redacted]:** • **Paxlovid** • **Promethazine** [redacted] [redacted]		

	 **Remain non-formulary/non-preferred for KF/AHC/[redacted]:** • **Enflonsia** • **Zevaskyn** **Remain non-formulary/non-preferred for KF/AHC/[redacted]:** • **Adrenalin** • **Combogesic** • **COVID-19 Flu A+B Antigen Test In Vitro Kit** • **Emblaveo** • **Emrelis** • **EPINEPHrine Bitartrate-NaCl** • **Gonal-f RFF** • **Insupen32G Extr3me** • **Marcaine** • **Tepylute** • **Vyloy** • **Zelsuvmi** • **Zevtera** • **Zusduri**		

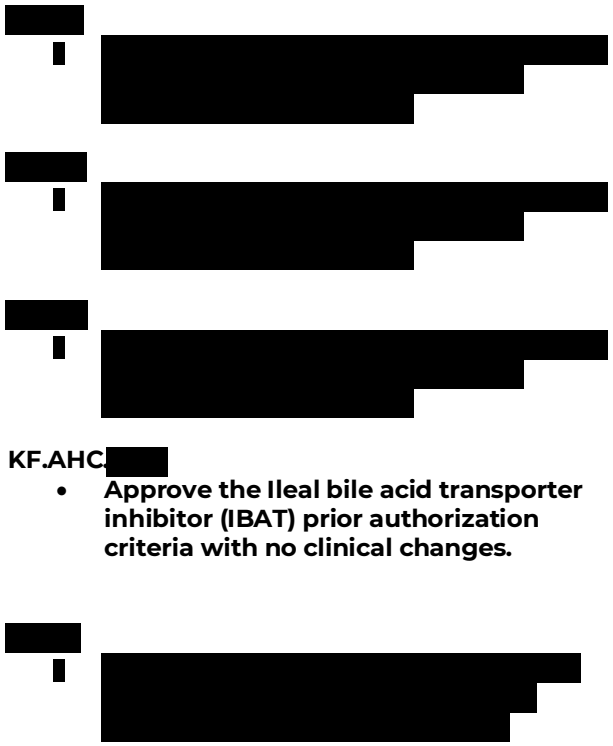
			
9. Prior Authorization Criteria Review			

A. Prior Authorization Criteria Annual Review with Clinical Changes			
[redacted]	[redacted]	[redacted]	[redacted]
Brineura	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**PerformRx will update the criteria and formulary/PDL with any changes**

	[redacted]  [redacted]  **KF.AHC.[redacted]:** • **Remove the late infantile descriptor in the initial authorization section to reflect the listed package insert indication.** • **Update the age restriction to according to the package insert due to Brineura's expanded patient population.** [redacted] 		

Camzyos	**PerformRx makes the following recommendation:** [redacted] **KF.AHC[redacted]** • **Update the initial authorization section to reflect the updated contraindications section of the Camzyos package insert** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson** **:**	**PerformRx will update the criteria and formulary/PDL with any changes**
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
Daybue	**PerformRx makes the following recommendation:** [redacted] **KF.AHC[redacted]** • **Update the prescriber restriction to also include a geneticist.** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**PerformRx will update the criteria and formulary/PDL with any changes**

Ileal bile acid transporter inhibitor (IBAT)	**PerformRx makes the following recommendation:**  **KF.AHC.[redacted]** • **Approve the Ileal bile acid transporter inhibitor (IBAT) prior authorization criteria with no clinical changes.**	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**PerformRx will update the criteria and formulary/PDL with any changes**
Pyruvate Kinase Activators	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas**	**PerformRx will update the criteria and formulary/PDL with any changes**

	[redacted] [redacted] [redacted] **KF.AHC.** [redacted] • **Update criteria to include label update regarding monitoring liver function monthly for the first 6 months of treatment.** [redacted]	**Second: Andrew Peterson**	
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
	PerformRx makes the following recommendation:	**Committee approved as recommended:**	**PerformRx will update the criteria and formulary/PDL with any changes**

Lenmeldy	[redacted] KF.AHC.[redacted] • **Add hematologist/oncologist as a prescriber option to the criteria.** [redacted]	**Motion: Christopher Antypas** **Second: Andrew Peterson**	
[redacted]	[redacted]	[redacted]	[redacted]

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

	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
Anti-FGF23 Monoclonal Antibodies	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	[redacted] **KF.AHC.[redacted]:** • **Approve the Anti-FGF23 Monoclonal Antibodies prior authorization criteria with no clinical changes.** [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
B-Cell Maturation Antigen (BCMA) Directed Chimeric Antigen Receptor (CAR) T-Cell Therapy	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	[redacted] [redacted] [redacted] **KF.AHC.**[redacted] • **Approve the B-Cell Maturation Antigen (BCMA) Directed Chimeric Antigen Receptor (CAR) T-Cell Therapy prior authorization criteria with no clinical changes.** [redacted]		

[redacted]	[redacted]	[redacted]	[redacted]
Corticotropin	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	[redacted] **KF.AHC.[redacted]:** • **Approve the Corticotropin prior authorization criteria with no clinical changes.** [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
Duvyzat	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	[redacted] **KF.AHC[redacted]:** • **Approve the Duvyzat prior authorization criteria with no clinical changes.** [redacted]		
Elevidys	**PerformRx makes the following recommendation:** [redacted] [redacted] **KF.AHC[redacted]** • **Approve the Elevidys prior authorization criteria with no clinical changes.** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson** ***Manni Sethi & Christopher Antypas: spoke regarding the fatality.** ***Will keep up with future updates.**	**No Changes**
	PerformRx makes the following recommendation:	**Committee approved as recommended:**	**No Changes**

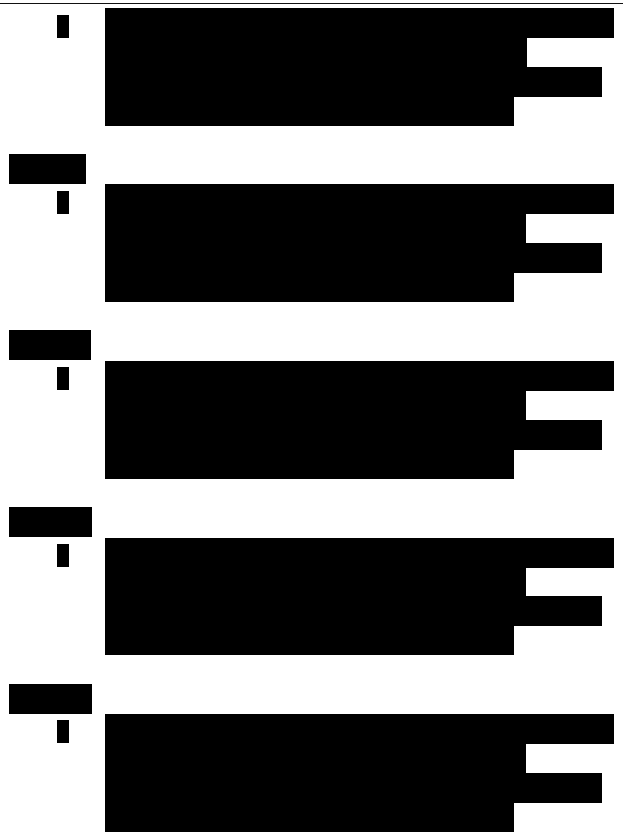
Enzyme Replacement Therapies for Fabry Disease	[redacted] [redacted] [redacted] [redacted] [redacted] **KF.AHC.[redacted]:**	**Motion: Christopher Antypas** **Second: Andrew Peterson**	

	• **Approve the Enzyme Replacement Therapies for Fabry Disease prior authorization criteria with no clinical changes.** [redacted]		
Fecal Microbiota	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	[redacted] KF.AHC [redacted] • **Approve the Fecal Microbiota prior authorization criteria with no clinical changes.** [redacted]		
Gene Therapy for Hemophilia B	**PerformRx makes the following recommendation:** [redacted] KF.AHC [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	• **Approve the Gene Therapy for Hemophilia B prior authorization criteria with no clinical changes.**		

	[redacted]		
Increlex	**PerformRx makes the following recommendation:** [redacted] **KF.AHC [redacted]** • **Approve the Increlex prior authorization criteria with no clinical changes.**	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**
Insulin-Like Growth Factor-1 Receptor Antagonists for Thyroid Eye Disease	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	 **KF.AHC.[redacted]:** • **Approve the Insulin-Like Growth Factor-1 Receptor (Igf-1r) Antagonists for**		

	Thyroid Eye Disease prior authorization criteria with no clinical changes. [redacted]		
Joenja	**PerformRx makes the following recommendation:** [redacted] **KF.AHC.[redacted]:** • **Approve the Joenja prior authorization criteria with no clinical changes.** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	[redacted]		
Leqembi	**PerformRx makes the following recommendation:** [redacted] **KF.AHC.[redacted]:**	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	• **Approve the Leqembi prior authorization criteria with no clinical changes.** [redacted]		
Mucopolysaccharidosis II Agents (Elaprase)	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	[redacted] **KF.AHC[redacted]:** • **Approve the Mucopolysaccharidosis II (Hunter Syndrome) Agents prior authorization criteria with no clinical changes.** [redacted]		
Omisirge	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	[redacted] **KF.AHC[redacted]:** • **Approve the Omisirge prior authorization criteria with no clinical changes.** [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
Rituximab	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	[redacted] [redacted] **KF.AHC.[redacted]:** • **Approve the Rituximab prior authorization criteria with no clinical changes.** [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
Skyclarys	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	[redacted] KF.AHC.C[redacted] • Approve the Skyclarys prior authorization criteria with no clinical changes. [redacted]		
Synagis	PerformRx makes the following recommendation: [redacted]	Committee approved as recommended: Motion: Christopher Antypas Second: Andrew Peterson	No Changes

	[redacted] **KF.AHC[redacted]:** • **Approve the Synagis prior authorization criteria with no clinical changes.** [redacted]		
Urea Cycle Disorder Agents	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

Verquvo	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] **KF.AHC[redacted]:** • **Approve the Verquvo prior authorization criteria with no clinical changes.** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**
Vijoice	**PerformRx makes the following recommendation:** [redacted] [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	[redacted] **KF.AHC[redacted]** • **Approve the Vijoice prior authorization criteria with no clinical changes.** [redacted]		
Vimizim	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Christopher Antypas** **Second: Andrew Peterson**	**No Changes**

	KF.AHC[redacted]: • **Approve the Vimizim prior authorization criteria with no clinical changes.** [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted] KF.AHC [redacted] • **Approve the Xolremdi prior authorization criteria with no clinical changes.** [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
10. Recalls	**Date: 7/15/2025** **Manufacturer: Nostrum Laboratories, Inc.** **Product Name: Sucralfate Tablets USP 1 Gram** **Reason: Company closure and discontinuation of quality activities.**		
11. Adjourn	**The meeting adjourned at 7:07 PM EST** **Motion: Kelly Martin** **Second: Rani Whitfield**		**Manni Sethi**
	Next P&T Meeting **October 27th, 2025** **6:00pm- 8:00pm EST**		

Signed:  Date: 10/27/2025