

**Enterprise P&T Meeting  
Committee Meeting Minutes  
October 30, 2023**

**Voting Members Present**

Christopher Antypas, PharmD	Tracey Davis, PharmD	Lenaye Lawyer, MD	Kirby Smith, MD
David Batluck, DO	Rogers Elebra, PharmD	Kelly Martin, PharmD	Wayne Weart, PharmD
Floyd (John) Brinley, MD	Fury Feconda, PharmD	Michelle Murphy, PharmD	Rani Whitfield, MD
Kirt Caton, MD	Lily Higgins, MD	Eric Peters, PharmD	
Donald Cooper, PharmD	Emily Kryger, PharmD	David Petkash, MD	

**Excused Voting Members**

Donald Beam, MD	Kendra Michael, MD	Lavdena Orr, MD	Rodney Wise, MD
Robert Hockmuth, MD	Betty Muller, MD	Andrew Peterson, PharmD	

**Invited Guests Present**

Mali Thomas, CPhT	Patrick DeHoratius, PharmD	Patty Oaster	Erich Weiss, PharmD
Linda Carreras, CPhT	Amanda Hunter, PharmD	Jeanine Plante, PharmD	Arlene Wiseman, PharmD
Sheena Cherian, PharmD	Toks Kassim, PharmD	Ally Seitz, PharmD	Sarah Pawlak, PharmD
Kathleen Clement	Jeffrey Kreitman, PharmD	Luke Stadler, PharmD	Iryna Makukh, PharmD
Mike Colvin, PharmD	Christopher Meny, PharmD	Calla Vodoor, PharmD	Jasmine Chang, PharmD
Ruth Smith			

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
1. Call to Order	The meeting was called to order <b>at 6:03 PM</b> EST.  Welcomed all external and internal participants.	Informational Only		Lenaye Lawyer
2. Conflict of Interest Disclosure	No conflicts announced	Informational Only		Jeffrey Kreitman
[REDACTED]		[REDACTED]		[REDACTED]
4. Review and approval of July P&T and September Proxy Minutes		<b>Motion:</b> Kirt Caton <b>Second:</b> Donald Cooper		Jeffrey Kreitman
5. Old Business				
[REDACTED] CHC – Continuous Glucose Monitors	<p><b>PerformRx makes the following recommendation:</b></p> <p><b>[REDACTED] CHC:</b></p> <ul style="list-style-type: none"> <li>Retire the Continuous Glucose Monitors prior authorization criteria for [REDACTED] CHC as it is now a state managed PDL class</li> </ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> David Batluck <b>Second:</b> Donald Cooper</p>		PerformRx will update the criteria and formulary/PDL with any changes



- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

**[REDACTED] CHC:**

- Update title to Myasthenia Gravis  
Agents to include multiple agents used  
for this indication
- Add new agents Rystiggo and Vyvgart  
Hytrulo and existing agents Soliris and  
Ultomiris to the drug list
- Allow MuSK antibodies test for  
Rystiggo to align with FDA-approval



**PerformRx makes the following recommendation:**

Committee approved as recommended:

PerformRx makes the following recommendation:

██████ CHC OTC Review

██████ **CHC OTC:**  
**Cough/Cold/Allergy Combinations**

- Remove Mucinex D Max Strength Oral Tablet Extended Release 12 Hour 120-1200 MG from formulary due to cost effective alternatives available on formulary

**Lactobacillus:**

- Remove
- i. Visbiome Oral Packet
  - ii. VSL#3 DS Oral Packet
  - iii. VSL#3 Oral Packet
- due to cost effective alternatives available on formulary

**Wart Remover**

- Remove
  - i. Salicylic Acid Wart Remover External Liquid 27.5 %
  - ii. CVS Wart Remover External Liquid 17 %
  - iii. GNP Wart Remover External Liquid 17 %
  - iv. Wart Remover Maximum Strength External Liquid 17 %
  - v. GNP Wart Remover External Liquid 17 %
  - vi. Liquid Wart Remover External Liquid 17 %

**Motion:** David Batluck  
**Second:** Donald Cooper

- vii. RA Wart Remover Max Strength External Liquid 17 %
- viii. Wart Remover Maximum Strength External Liquid 17 %
- ix. TGT Wart Remover External Liquid 17 %
- x. Wart Remover Maximum Strength External Strip 40 %

**Vitamin D**

- Remove due to cost effective alternatives available on formulary alternatives  
Aqueous Vitamin D Oral Liquid 10MCG/ML
- Add D-Vite Pediatric Oral Liquid 10 MCG/ML and  
Vitamin D Infant Oral Liquid 10 MCG/ML to T3 without utilization management edits as cost-effective alternatives

**Iron**

- Remove BProtected Pedia Iron Oral Solution 75 (15 Fe) MG/ML from formulary due to cost effective alternatives available on formulary

**Antimyasthenic/Cholinergic Agents**

- Remove Mestinon Oral Solution 60 MG/5ML from formulary due to cost effective alternatives available on formulary
-







	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p><b>CHC:</b></p> <ul style="list-style-type: none"> <li>Remove Quintabs Tablet, Hair, Skin And Nails Tablet, and One Daily Tablet from the formulary due to little to no utilization and availability of various cost-effective alternatives on the formulary</li> </ul> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
Ketones	<p><b>PerformRx makes the following recommendation:</b></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><b>Motion:</b> David Batluck <b>Second:</b> Donald Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[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]

**CHC:**



	<p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <ul style="list-style-type: none"><li>[REDACTED]</li></ul>			
Single Products				

Elevidys with PA Criteria

**PerformRx makes the following recommendation:**

[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]

**CHC:**

- Add Elevidys) to T4 of the formulary with a prior authorization requirement

Committee approved as recommended:

**Motion:** Donald Cooper  
**Second:** Kelly Martin

PerformRx will update the criteria and formulary/PDL with any changes

	<ul style="list-style-type: none"><li>• Approve the newly developed Elevidys (delandistrogene moxeparvovec-rokl) prior authorization criteria</li></ul> <p>[Redacted]</p> <ul style="list-style-type: none"><li>■ [Redacted]</li><li>■ [Redacted]</li></ul>			
Izervay with PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <p>[Redacted]</p> <ul style="list-style-type: none"><li>■ [Redacted]</li><li>■ [Redacted]</li><li>■ [Redacted]</li><li>■ [Redacted]</li><li>■ [Redacted]</li><li>■ [Redacted]</li><li>■ [Redacted]</li><li>■ [Redacted]</li><li>■ [Redacted]</li></ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Kelly Martin</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>





	<ul style="list-style-type: none"><li>■ [REDACTED]</li><li>■ [REDACTED]</li><li>■ [REDACTED]</li></ul>			
Roctavian with PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>■ [REDACTED]</li><li>■ [REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>■ [REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>■ [REDACTED]</li><li>■ [REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>■ [REDACTED]</li></ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Kelly Martin</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

**CHC:**

- Keep Roctavian non-formulary with a prior authorization requirement
- Approve the newly developed Roctavian prior authorization criteria

**[Redacted]**

- [Redacted]
- [Redacted]

Lantidra with PA Criteria

**PerformRx makes the following recommendation:**

- [Redacted]
- [Redacted]

**[Redacted]**

- [Redacted]
- [Redacted]

**[Redacted]**

- [Redacted]

Committee approved as recommended:

**Motion:** Donald Cooper  
**Second:** Kelly Martin

PerformRx will update the criteria and formulary/PDL with any changes

	<ul style="list-style-type: none"> <li>■ [REDACTED]</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>■ [REDACTED]</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>■ [REDACTED]</li> <li>■ [REDACTED]</li> </ul> <p>[REDACTED] <b>CHC:</b></p> <ul style="list-style-type: none"> <li>• Add Lantidra (donislecel-jujn) to T4 of the formulary with a prior authorization requirement</li> <li>• Approve the newly developed Lantidra prior authorization criteria</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>■ [REDACTED]</li> <li>■ [REDACTED]</li> </ul>			
<p>Veopoz with PA Criteria</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>■ [REDACTED]</li> </ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Kelly Martin</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

■ [REDACTED]  
[REDACTED]

■ [REDACTED]  
[REDACTED]  
■ [REDACTED]  
[REDACTED]

■ [REDACTED]  
[REDACTED]

■ [REDACTED]  
[REDACTED]  
■ [REDACTED]  
[REDACTED]

■ [REDACTED]  
[REDACTED]  
■ [REDACTED]  
[REDACTED]

- **CHC:**
- Add Veopoz (pozelimab-bbfg) to T4 of the formulary with a prior authorization requirement
  - Approve the newly developed Veopoz prior authorization criteria

■ [REDACTED]

	<ul style="list-style-type: none"><li>■ [REDACTED]</li><li>■ [REDACTED]</li></ul>			
Vyjuvek with PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>■ [REDACTED]</li><li>■ [REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>■ [REDACTED]</li><li>■ [REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>■ [REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>■ [REDACTED]</li><li>■ [REDACTED]</li></ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Kelly Martin</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>██████████</p> <ul style="list-style-type: none"><li>█ ████████████████████████████████</li><li>█ ████████████████████████████████</li><li>██████████</li></ul> <p>██████████ <b>CHC:</b></p> <ul style="list-style-type: none"><li>• Add Vyjuvek (beremagene geperpavec-svdt) to T4 of the formulary with a prior authorization requirement</li><li>• Approve the newly developed Vyjuvek prior authorization criteria</li></ul> <p>██████████</p> <ul style="list-style-type: none"><li>█ ████████████████████████████████</li><li>█ ████████████████████████████████</li><li>█ ████████████████████████████████</li><li>█ ████████████████████████████████</li></ul>			
<p><b>8. New Products</b></p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>██</p> <p>██████████</p> <ul style="list-style-type: none"><li>█ ██████████</li></ul> <p>██</p> <p>██████████</p> <ul style="list-style-type: none"><li>█ ██████████</li></ul> <p>██</p> <p>██</p>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Kelly Martin</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>



- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]

Add to the Specialty Tier with PA requirement for [REDACTED] CHC:

- Aphexda
- Elrexio
- Talvey
- Sohonos

[REDACTED]

[REDACTED]

- █ [REDACTED]
- █ [REDACTED]

[REDACTED]

[REDACTED]

- █ [REDACTED]

Added to the formulary/Tier 3 for [REDACTED] CHC,

[REDACTED]:

- Abrysvo
- Arexvy

[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]

Remain non-formulary/non-preferred for

[REDACTED] CHC, [REDACTED]:

- Balfaxar
- Rezzayo
- Suflave
- Ycanth
- Xdemvy

[REDACTED]

[REDACTED]

- [REDACTED]

	<p>[REDACTED]</p> <ul style="list-style-type: none"> <li>[REDACTED]</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>[REDACTED]</li> </ul>			
<p><b>9. Prior Authorization Criteria Review</b></p>				
<p>Prior Authorization Annual Criteria</p>				
<p>Non-Preferred Prior Authorization Required Medications</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>[REDACTED]</li> </ul> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

**CHC:**

- Add criteria to address brand drugs and reference biologics
- Language updates for clarity
- Add reauthorization criteria to look for clinical benefit and appropriate dose

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Brand Drugs and Non-Specialty  
Reference Biologics

**PerformRx makes the following  
recommendation:**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**CHC:**

- Retire the Brand Drug and Non-Specialty Reference Biologics prior authorization criteria

[REDACTED]

Committee approved as  
recommended:

**Motion:** Donald Cooper  
**Second:** Wayne Weart

PerformRx will  
update the criteria  
and formulary/PDL  
with any changes

	<ul style="list-style-type: none"><li>█ [REDACTED]</li></ul>			
Specialty Drugs	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"><li>█ [REDACTED]</li></ul> <ul style="list-style-type: none"><li>█ [REDACTED]</li></ul> <ul style="list-style-type: none"><li>█ [REDACTED]</li></ul> <ul style="list-style-type: none"><li>█ [REDACTED]</li></ul> <ul style="list-style-type: none"><li>█ [REDACTED]</li></ul> <p>█ <b>CHC:</b></p> <ul style="list-style-type: none"><li>• Retire the Specialty Drugs prior authorization criteria</li></ul> <ul style="list-style-type: none"><li>█ [REDACTED]</li></ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

<p>[Redacted]</p>	<p>[Redacted]</p>	<p>[Redacted]</p>		<p>[Redacted]</p>
<p>Danazol</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p><b>CHC:</b></p> <ul style="list-style-type: none"><li>• Add pregnancy to the exclusion criteria as it is contraindicated with danazol</li></ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

Immune Globulins

**PerformRx makes the following recommendation:**

- █
  - █ [REDACTED]
  - █ [REDACTED]
  - █ [REDACTED]
- █
  - █ [REDACTED]
  - █ [REDACTED]
  - █ [REDACTED]
  - █ [REDACTED]
  - █ [REDACTED]
- █
  - █ [REDACTED]
  - █ [REDACTED]
  - █ [REDACTED]
  - █ [REDACTED]
  - █ [REDACTED]
- █

Committee approved as recommended:

**Motion:** Donald Cooper  
**Second:** Wayne Weart

PerformRx will update the criteria and formulary/PDL with any changes

- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED]

**CHC:**

- Update the dose limit to every 2-4 weeks for pediatric HIV to align with the prescribing information
- Update the Chronic inflammatory demyelinating polyneuropathy (CIDP) section to exclude pure motor CIDP from requiring a trial of corticosteroids to align with current guidelines

[REDACTED]

- [REDACTED]



	<p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li><li>[REDACTED]</li><li>[REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li><li>[REDACTED]</li><li>[REDACTED]</li></ul>			
Sublingual Allergenic Extracts	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li></ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED] **CHC:**

- Update title to Sublingual Allergenic Extracts
- Update the drug list and criteria to include Grastek, Odactra, and Ragwitek
- Add the following products to the supplemental formulary as they were added to the Medicaid Drug Rebate Program:
  1. Grastek
  2. Odactra
  3. Ragwitek

	<p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <p>[REDACTED]</p>			
<p>Weight Loss Medications</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li><li>[REDACTED]</li><li>[REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

**[REDACTED] CHC:**

- Updated the BMI/weight requirement for pediatric patients to align with the package insert instead of specific verbiage
- Update the Imcivree criteria to clarify that benign variants will not be approved since it is not indicated

- [REDACTED]
- [REDACTED]

<p>Oncology Drugs</p>	<p><b>PerformRx makes the following recommendation:</b></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><b>CHC:</b></p> <ul style="list-style-type: none"> <li>Update with generalized language updates to reflect approval of some oncology related gene therapies</li> </ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</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>[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] CHC – Anti-FGF23 Monoclonal Antibodies</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <p><b>CHC:</b></p>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<ul style="list-style-type: none"> <li>Add the criteria for tumor-induced osteomalacia (TIO) until Evicore implementation</li> </ul>	<b>Second:</b> Wayne Weart		
<b>B. Prior Authorization Criteria Annual Review without Clinical Changes:</b>				
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
Anti-CD19 CAR-T Immunotherapies	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul> <p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul> <p>██████████ CHC, ██████████:</p> <ul style="list-style-type: none"><li>Approve the Anti-CD19 CAR-T Immunotherapies prior authorization criteria with no clinical changes</li></ul>			
<p>████████████████████</p>	<p>████████████████████</p> <p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul> <p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul>	<p>████████████████████</p> <p>██████████</p> <p>████████████████████</p> <p>████████████████████</p>		<p>████████████████████</p> <p>████████████████████</p> <p>████████████████████</p> <p>████████████████████</p>
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	<p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>Daraprim (pyrimethamine)</p>	<p><b>PerformRx makes the following Recommendation:</b></p> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>



	<ul style="list-style-type: none"> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> </ul> <p>[REDACTED] <b>CHC:</b></p> <ul style="list-style-type: none"> <li>• Approve the Daraprim prior authorization criteria with no clinical changes</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> </ul>			
Desmopressin Nasal Spray	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> </ul> <p>[REDACTED] <b>CHC:</b></p> <ul style="list-style-type: none"> <li>• Approve the Desmopressin nasal spray prior authorization criteria with no clinical changes</li> </ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper  <b>Second:</b> Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

<p>Galafold (migalastat)</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>█  █ █  █  █</p> <p>█  █ █  █  █</p> <p>█  █ █  █  █</p> <p>█ <b>CHC:</b></p> <ul style="list-style-type: none"> <li>• Approve the Galafold prior authorization criteria with no clinical changes</li> </ul> <p>█  █ █  █  █</p>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper  <b>Second:</b> Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
<p>Gene Therapy for Regular Red Blood Cell (RBC) Transfusion Dependent Beta-Thalassemia</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>█</p>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper  <b>Second:</b> Wayne Weart</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

█ [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]

█ [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]

**CHC:**

- Approve the Gene Therapy for Regular Red Blood Cell (RBC) Transfusion Dependent Beta-Thalassemia prior authorization criteria with no clinical changes

[REDACTED]

█ [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

	•			
Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents	<p><b>PerformRx makes the following recommendation:</b></p> <p>█</p> <ul style="list-style-type: none"><li>█ [Redacted]</li></ul> <p>█</p> <ul style="list-style-type: none"><li>█ [Redacted]</li></ul> <p>█</p> <ul style="list-style-type: none"><li>█ [Redacted]</li></ul> <p>█</p> <ul style="list-style-type: none"><li>█ [Redacted]</li></ul> <p>█ <b>CHC:</b></p> <ul style="list-style-type: none"><li>• Approve the Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents prior authorization criteria with no clinical changes</li></ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		No Changes

	<p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li></ul>			
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li></ul>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>Prior Authorization Exception Criteria</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart :</p>		<p>No Changes</p>

	<ul style="list-style-type: none"> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> </ul> <p>[REDACTED] <b>CHC:</b></p> <ul style="list-style-type: none"> <li>• Approve the Prior Authorization Exception Criteria with no clinical changes</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> </ul>			
Quantity Limit Exception Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>█ [REDACTED]</li> <li>█ [REDACTED]</li> </ul> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		No Changes

	<p>█ [REDACTED] [REDACTED]</p> <p>█ [REDACTED] [REDACTED]</p> <p>█ [REDACTED] [REDACTED] [REDACTED]</p> <p>█ <b>CHC:</b></p> <ul style="list-style-type: none"><li>• Approve the Quantity Limit Exception Criteria with no changes</li></ul> <p>█ [REDACTED] [REDACTED]</p> <p>█ [REDACTED] [REDACTED]</p>			
<p>█ [REDACTED]</p>	<p>█ [REDACTED] [REDACTED]</p> <p>█ [REDACTED] [REDACTED] [REDACTED]</p> <p>█ [REDACTED] [REDACTED]</p>	<p>█ [REDACTED] [REDACTED]</p> <p>█ [REDACTED] [REDACTED]</p>		<p>█ [REDACTED]</p>

	<ul style="list-style-type: none"><li>█ [REDACTED] █ [REDACTED] █ [REDACTED]</li><li>█ [REDACTED]<ul style="list-style-type: none"><li>█ [REDACTED] █ [REDACTED] █ [REDACTED]</li></ul></li><li>█ [REDACTED]<ul style="list-style-type: none"><li>█ [REDACTED] █ [REDACTED] █ [REDACTED]</li></ul></li></ul>			
Safety Edit Exception Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"><li>█ [REDACTED]<ul style="list-style-type: none"><li>█ [REDACTED] █ [REDACTED]</li></ul></li><li>█ [REDACTED]<ul style="list-style-type: none"><li>█ [REDACTED] █ [REDACTED]</li></ul></li><li>█ [REDACTED]<ul style="list-style-type: none"><li>█ [REDACTED] █ [REDACTED]</li></ul></li><li>█ [REDACTED]<ul style="list-style-type: none"><li>█ [REDACTED] █ [REDACTED]</li></ul></li></ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		No Changes



	<ul style="list-style-type: none"> <li>█ [REDACTED]</li> </ul> <p>█ <b>CHC:</b></p> <ul style="list-style-type: none"> <li>• Approve the Safety Edit Exception Criteria with no clinical changes</li> </ul> <p>█</p> <ul style="list-style-type: none"> <li>█ [REDACTED]</li> </ul>			
<p>Sleep Disorder Therapy</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>█</p> <ul style="list-style-type: none"> <li>█ [REDACTED]</li> </ul> <p>█</p> <ul style="list-style-type: none"> <li>█ [REDACTED]</li> </ul> <p>█</p> <ul style="list-style-type: none"> <li>█ [REDACTED]</li> </ul> <p>█</p> <ul style="list-style-type: none"> <li>█ [REDACTED]</li> </ul> <p>█ <b>CHC:</b></p> <ul style="list-style-type: none"> <li>• Approve the Sleep Disorder Therapy prior authorization criteria with no changes</li> </ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		<p>No Changes</p>

Step Therapy Exception Criteria	<b>PerformRx makes the following recommendation:</b>	Committee approved as recommended:		No Changes
[REDACTED]	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] <b>CHC:</b></p> <ul style="list-style-type: none"><li>• Approve the Step Therapy Exception Criteria with no clinical changes</li></ul> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		[REDACTED]

	<p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul>			
Type I Interferon (IFN) Receptor Antagonist	<p><b>PerformRx makes the following recommendation:</b></p> <p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul> <p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul> <p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul> <p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul> <p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		No Changes



<p>Zolgensma</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>█  █ █  █</p> <p>█  █ █  █</p> <p>█ <b>CHC:</b></p> <ul style="list-style-type: none"> <li>• Approve the Zolgensma prior authorization with no clinical changes</li> </ul> <p>█  █ █  █</p>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper  <b>Second:</b> Wayne Weart</p>		<p>No Changes</p>
<p>Zulresso</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>█  █ █  █ █  █</p> <p>█  █ █  █ █  █</p>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper  <b>Second:</b> Wayne Weart</p>		<p>No Changes</p>

	<p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul> <p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul> <p>██████████ <b>CHC:</b></p> <ul style="list-style-type: none"><li>• Approve the Zulresso prior authorization criteria with no clinical changes</li></ul> <p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul>			
<p>██████████</p> <p>██████████</p> <p>██████████</p> <p>██████████</p> <p>██████████</p>	<p>██████████</p> <p>██████████</p> <p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul> <p>██████████</p> <ul style="list-style-type: none"><li>██████████</li></ul>	<p>██████████</p> <p>██████████</p> <p>██████████</p> <p>██████████</p>		<p>██████████</p> <p>██████████</p> <p>██████████</p> <p>██████████</p>

<p>██████ CHC – Reblozyl</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>██████ CHC:</p> <ul style="list-style-type: none"> <li>Approve the Reblozyl (luspatercept-aamt) prior authorization criteria with no clinical changes</li> </ul>	<p>Committee approved as recommended:</p> <p><b>Motion:</b> Donald Cooper <b>Second:</b> Wayne Weart</p>		<p>No Changes</p>
<p><b>10. Recalls</b></p>	<p>No Recalls</p>	<p>Informational</p>		<p>PerformRx</p>
<p><b>11. Adjournment</b></p>	<p>The meeting adjourned at 7:07 PM EST</p>			<p>Jeffrey Kreitman</p>
	<p>The next meeting February 5, 2024, from 6:00 PM- 8:00</p>			

*Leray L. Lawry, MD*

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02/20/2024

Date

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