

**Enterprise P&T Meeting
Committee
November 4, 2024**

Voting Members Present

Michael Baer, MD	Rogers Elebra, PharmD	Michelle Murphy, PharmD	Christy Skibicki, MD
David Batluck, DO	Fury Fecondo, PharmD	Eric Peters, PharmD	Wayne Weart, PharmD
Robert Clifford, MD	Robert Hockmuth, MD	Andrew Peterson, PharmD	Rani Whitfield, MD
Donald Cooper, PharmD	Emily Kryger, PharmD	David Petkash, MD	
Tracey Davis, PharmD	Kelly Martin, PharmD	Jena Quinn, PharmD	

Excused Voting Members

Christopher Antypas, PharmD	Lenaye Lawyer, MD		
Donald Beam, MD	Yavar Moghimi, MD		
Floyd (John) Brinley, MD			
Kirt Caton, MD			
Loretta Dumontet, MD			

Invited Guests Present

Christian Andreaggi, PharmD	Sheireen Huang, PharmD	Sarah Pawlak, PharmD	Lance Vinci, Pharmacy
Bethany Baird, CPhT	Amanda Hunter, PharmD	Jeanine Plante, PharmD	Lauren Washington, CPhT
Linda Carreras, CPhT	Toks Kassim, PharmD	Alishia Richie, MD	Arlene Wiseman, PharmD
Sheena Cherian, PharmD	Jeffrey Kreitman, PharmD	Ally Seitz, PharmD	
Kathleen Clement	Geraldine Marks, PharmD	Ruth Smith, PharmD	
Rajneel Farley, PharmD	Lauren Megargell, PharmD	Luke Stadler, PharmD	

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
1. Call to Order	The meeting was called to order at 6:03 PM EST. Welcomed all external and internal participants.	Informational Only		Jeffrey Kreitman
2. Conflict of Interest Disclosure	No conflicts announced	Informational Only		Jeffrey Kreitman
3. Charter (p. 5)		Committee approved as recommended: Motion: Robert Clifford Second: Andrew Peterson		Jeffrey Kreitman
██████████		██████████		██████████
5. Review and approval of July P&T Minutes		Committee approved as recommended: Motion: Don Cooper Second: David Batluck		Jeffrey Kreitman
6. Old Business				

	<ul style="list-style-type: none">█ [REDACTED]			
[REDACTED]	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
[REDACTED]	<p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
KF/AHC/[REDACTED] Metronidazole and Azelaic Acid	PerformRx makes the following recommendation: KF/AHC/[REDACTED]	Committee approved as recommended: Motion: Wayne Weart Second: Robert Hockmuth		PerformRx will update the criteria and formulary/PDL with any changes

	<ul style="list-style-type: none"> • [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] <p>KF/AHC/ [REDACTED]</p> <ul style="list-style-type: none"> • Approve the newly developed Agents for Primary Biliary Cholangitis prior authorization criteria. <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] 			
<p>Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) Agents</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Andrew Peterson</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[REDACTED]
[REDACTED]

[REDACTED]

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

KF/AHC/ [REDACTED]

- Approve the Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) Agents prior authorization criteria as new criteria.

[REDACTED]

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

	<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>			
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Peanut Allergy Immunotherapy	<p>PerformRx makes the following recommendation:</p> <p>[Redacted]</p> <ul style="list-style-type: none">[Redacted][Redacted] <p>[Redacted]</p> <ul style="list-style-type: none">[Redacted][Redacted]	<p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Andrew Peterson</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
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[REDACTED]

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[REDACTED]
[REDACTED]

[REDACTED]

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[REDACTED]
[REDACTED]
[REDACTED]

KF/AHC/ [REDACTED]

- Update the age restriction section as Palforzia is now approved down to age 1.
- In reauthorization criteria, streamline language as the new age ranges follow a different dose titration schedule.

[REDACTED]

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

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

	<p>KF/AHC/ [REDACTED]</p> <ul style="list-style-type: none"> • Add Zoryve topical foam to Tier 3 with a prior authorization requirement. • Approve the newly developed Zoryve topical foam prior authorization policy. 			
<p>KF/AHC/[REDACTED] – Chlorhexidine</p>	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC [REDACTED]</p> <ul style="list-style-type: none"> • Add a quantity limit of 1,000 mLs per 30 days to chlorhexidine gluconate oral rinse. 	<p>Committee approved as recommended:</p> <p>Motion: David Bathuck Second: Andrew Peterson</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>

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█	<ul style="list-style-type: none">████████	<ul style="list-style-type: none">██		█
B. Single Products				
█	<ul style="list-style-type: none">██████	<ul style="list-style-type: none">████		<ul style="list-style-type: none">████

	<ul style="list-style-type: none">■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">■ [REDACTED]■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">■ [REDACTED]■ [REDACTED]			
Tecilra	<p>PerformRx makes the following recommendation:</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>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Don Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <p>KF/AHC/[REDACTED]:</p> <ul style="list-style-type: none"> • Add Tecelra to Tier 4 with a prior authorization requirement. • Approve the newly developed Tecelra prior authorization criteria. <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] 			
Piasky	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Don Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

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

KF/AHC/ [REDACTED]:

- Add PiaSky to Tier 4 with a prior authorization requirement.
- Approve the newly developed Complement Inhibitors prior authorization criteria with the following changes:
 4. Update the drug list section to include PiaSky.
 5. Update the coverage duration section to include PiaSky.
 6. Include body weight in the other criteria dosing section due to PiaSky's 40 kg body weight requirement per the package insert.

[REDACTED]

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

	<ul style="list-style-type: none">• Add Kisunla to Tier 4 with a prior authorization requirement.• Approve the newly developed Kinsula prior authorization criteria. <p>[Redacted]</p> <ul style="list-style-type: none">• [Redacted]• [Redacted]• [Redacted]			
Rytelo	<p>PerformRx makes the following recommendation:</p> <p>[Redacted]</p> <ul style="list-style-type: none">• [Redacted]• [Redacted] <p>[Redacted]</p> <ul style="list-style-type: none">• [Redacted] <p>[Redacted]</p> <ul style="list-style-type: none">• [Redacted]• [Redacted] <p>[Redacted]</p>	<p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Don Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</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]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <p>KF/AHC/ [REDACTED]</p> <ul style="list-style-type: none"> • Add Rytelo to Tier 4 with a prior authorization requirement. • Approve the newly developed Rytelo prior authorization criteria. <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p>			
Vafseo	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Don Cooper</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

- [REDACTED]
- [REDACTED]

KF/AHC [REDACTED]

- Add Vafseo to Tier 4 with a prior authorization requirement.
- Approve the updated HIF-PH Inhibitors for CKD Anemia prior authorization criteria.
 - Update title from *Jesduvroq* to *HIF-PH Inhibitors for CKD Anemia* to encompass newly approved Vafseo.
 - Remove exclusion criteria regarding concomitant use of strong CYP2C8 inhibitors since this does not apply to Vafseo and these medications will be prescribed by a specialist.
 - Update language for length of dialysis as Jesduvroq is indicated for adults on dialysis for at least 4 months while Vafseo is for at least 3 months.
 - Update hemoglobin level to align with inclusion criteria in clinical trials.

PerformRx makes the following recommendation:

Add to Specialty Tier 4 with drug specific PA for KF/AHC/ [REDACTED]

- Acthar Gel
- Elfabrio
- Livdelzi
- Livmarli
- Rystiggo

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

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

[REDACTED]

[REDACTED]

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

Committee approved as recommended:

Motion: David Batluck

Second: Don Cooper

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

	<p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED][REDACTED] <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]			
10. Prior Authorization Criteria Review				
A. Prior Authorization Annual Criteria				

	<ul style="list-style-type: none">█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]			
<p>Medications without Drug or Class Specific Criteria</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none">█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]	<p>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<ul style="list-style-type: none">█ [REDACTED] <p>KF/AHC/ [REDACTED]</p> <ul style="list-style-type: none">• Specify that two preferred medications should be trialed. <p>[REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED]			
<p>Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents</p>	<p>PerformRx makes the following recommendation:</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>KF/AHC [REDACTED]</p> <ul style="list-style-type: none">• Add Ultomiris to the drug list and criteria section with Soliris. <p>[REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED]	<p>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p>KF/AHC/[REDACTED]</p> <ul style="list-style-type: none">• Update the prescriber restrictions section to align language with similar Enterprise prior authorization criteria policies. <p>[REDACTED]</p> <ul style="list-style-type: none">• [REDACTED]			
<p>[REDACTED]</p>	<p>[REDACTED]</p> <ul style="list-style-type: none">• [REDACTED]	<p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p> <ul style="list-style-type: none">• [REDACTED]	<p>[REDACTED]</p>		<p>[REDACTED]</p>

	<ul style="list-style-type: none">[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
B. Prior Authorization Criteria Annual Review without Clinical Changes:				
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

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Danazol	PerformRx makes the following recommendation:	Committee approved as recommended:		No Changes

	<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>KF/AHC [REDACTED]</p> <ul style="list-style-type: none"> Approve the Danazol prior authorization criteria with no clinical changes. <p>[REDACTED]</p> <ul style="list-style-type: none"> [REDACTED] 	<p>Motion: Wayne Weart Second: David Batluck</p>		
<p>Daraprim</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> [REDACTED] <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		<p>No Changes</p>

	<ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>KF/AHC/ [REDACTED]</p> <ul style="list-style-type: none"> • Approve the Daraprim prior authorization criteria with no clinical changes. <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] 			
Desmopressin	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <p>KF/AHC/ [REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		No Changes

	<ul style="list-style-type: none">• Approve the Desmopressin nasal spray prior authorization criteria with no clinical changes. <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]</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>

	<ul style="list-style-type: none">█ [REDACTED]█ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED]█ [REDACTED]			
[REDACTED]	<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> <p>[REDACTED]</p>		[REDACTED]
Erythropoiesis Stimulating Agents	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none">█ [REDACTED]█ [REDACTED] <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		No Changes

	<ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] <p>KF/AHC/ [REDACTED]</p> <ul style="list-style-type: none"> • Approve the Erythropoiesis-Stimulating Agents (ESAs) prior authorization criteria with no clinical changes. 			
Galafold	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		No Changes

	<ul style="list-style-type: none">█ [REDACTED] [REDACTED] [REDACTED] <p>█ [REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED] [REDACTED] [REDACTED] <p>KF/AHC/█</p> <ul style="list-style-type: none">• Approve the Galafold prior authorization criteria with no clinical changes. <p>█ [REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED] [REDACTED] [REDACTED]			
<p>[REDACTED] [REDACTED]</p>	<p>[REDACTED] [REDACTED]</p> <p>█ [REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED] [REDACTED] [REDACTED] [REDACTED] <p>█ [REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED] [REDACTED] [REDACTED] [REDACTED]	<p>[REDACTED] [REDACTED]</p> <p>[REDACTED] [REDACTED]</p>		<p>[REDACTED]</p>

	<ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] <p>KF/AHC/[REDACTED]</p> <ul style="list-style-type: none"> • Approve the Mucopolysaccharidosis VI (Maroteaux-Lamy Syndrome) Agents prior authorization criteria with no clinical changes. <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] 			
Oncology Drugs	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		No Changes

	<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]</p> <ul style="list-style-type: none">[REDACTED] <p>KF/AHC/ [REDACTED]</p> <ul style="list-style-type: none">• Approve the Oncology Drugs/Therapies criteria with no clinical changes <p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED]			
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

	<ul style="list-style-type: none">█ [REDACTED]	█ █ █		
Prior Authorization Exception	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none">█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED] <p>KF/AHC/ █</p> <ul style="list-style-type: none">• Approve the Prior Authorization Exception Criteria with no clinical changes.	<p>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		No Changes

	<ul style="list-style-type: none">[REDACTED]			
Quantity Limit Exception	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED] <p>KF/AHC/ [REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		No Changes

	<p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>			
Roctavian	<p>PerformRx makes the following recommendation:</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>KF/AHC [Redacted]</p> <ul style="list-style-type: none">• Approve the Roctavian prior authorization criteria with no changes. <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>	<p>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		<p>No Changes</p>

Safety Edit Exception

PerformRx makes the following recommendation:

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KF/AHC/█

- Approve the Safety Edit Exception Criteria prior authorization criteria with no changes.

Committee approved as recommended:

Motion: Wayne Weart
Second: David Batluck

No Changes

	<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]</p> <ul style="list-style-type: none">■ [REDACTED] <p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>Step Therapy Exception</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none">■ [REDACTED] <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		<p>No Changes</p>

	<ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] <p>KF/AHC/ [REDACTED]</p> <ul style="list-style-type: none"> • Approve the Step Therapy Exception Criteria prior authorization criteria with no clinical changes. 			
Sublingual Allergenic Extracts	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] <p>[REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		No Changes

	<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>KF/AHC/ [REDACTED]</p> <ul style="list-style-type: none">• Approve the Sublingual Allergenic Extracts prior authorization criteria with no clinical changes. <p>█ [REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED]			
<p>█ [REDACTED]</p>	<p>█ [REDACTED]</p> <p>█ [REDACTED]</p> <p>█ [REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED] <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>Type I Interferon (IFN) Receptor Antagonist (Saphnelo)</p>	<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>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		<p>No Changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC [REDACTED]</p> <ul style="list-style-type: none">• Approve the Type I Interferon (IFN) Receptor Antagonist prior authorization criteria with no clinical changes. <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]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</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]			
Zolgensma	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none">█ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED] <p>[REDACTED]</p> <p>KF/AHC/ [REDACTED]</p>	<p>Committee approved as recommended:</p> <p>Motion: Wayne Weart Second: David Batluck</p>		No Changes

	<ul style="list-style-type: none">• Approve the Zolgensma (onasemnogene abeparvovec-xioi) prior authorization criteria with no clinical changes.			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
10. Recalls	<p align="center">7/18/2024 – 10/28/2024</p> <p align="center">There were no Class 1 or 2 recalls impacting all lots for medications listed within Medispan</p>	Informational		PerformRx
11. Adjournment	The meeting adjourned at 7:08 PM EST	Motion: Michael Bauer Second: David Petkash		Jeffrey Kreitman
	The next meeting February 3rd, 2025 6:00 PM- 8:00			

Jeffrey Kreitman Ph.D.

2/12/2025
Date