

**Enterprise P&T Meeting
Committee Meeting Minutes
February 5, 2024**

Voting Members Present

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| Christopher Antypas, PharmD | David Batluck, DO | Floyd (John) Brinley, MD | Kirt Caton, MD | Donald Cooper, PharmD |
| Tracey Davis, PharmD | Fury Fecondo, PharmD | Robert Hockmuth, MD | Emily Kryger, PharmD | Lenaye Lawyer, MD |
| Kelly Martin, PharmD | Michelle Murphy, PharmD | Eric Peters, PharmD | Andrew Peterson, PharmD | David Petkash, MD |
| Christy Skibicki, MD | Loretta Sonnier, MD | Rani Whitfield, MD | | |

Excused Voting Members

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| Michael Baer, MD | Donald Beam, MD | Rogers Elebra, PharmD | Kendra Michael, MD | Yavar Moghimi, MD |
| Kirby Smith, MD | Wayne Weart, PharmD | | | |

Invited Guests Present

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| Christian Andreaggi, PharmD | Bethany Baird, CPhT | Linda Carreras, CPhT | Sheena Cherian, PharmD | Kathleen Clement |
| Mike Colvin, PharmD | Natalie Dick, CPhT | Rajneel Farley, PharmD | Amanda Hunter, PharmD | Toks Kassim, PharmD |
| Lisa Kazakis | Jeffrey Kreitman, PharmD | Lauren Megargell, PharmD | Melissa Megrdochian, PharmD | Christopher Meny, PharmD |
| Patty Oaster | Sarah Pawlak, PharmD | Victoria Pinkovsky | Jeanine Plante, PharmD | Ally Seitz, PharmD |
| Ruth Smith, PharmD | Luke Stadler, PharmD | Mali Thomas, CPhT | Erich Weiss, PharmD | Arlene Wiseman, PharmD |

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| | <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 newly developed Pompe Disease Agents prior authorization criteria. <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] | | |
| Qlosi – Presbyopia Agents | <p>PerformRx makes the following recommendations:</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] ■ [REDACTED] ■ [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] <p>[REDACTED]</p> | <p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Robert Hockmuth</p> | <p>PerformRx will update the criteria and formulary/PDL with any changes</p> |

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| | <ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] | | |
| [REDACTED] | <ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] | <ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] | <ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] |
| 7. Drug Reviews | | | |
| A. Therapeutic Class | | | |
| First Generation Antihistamines | <p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] | <p>Committee approved as recommended:</p> <p>Motion: Kirt Caton Second: Donald Cooper</p> | <p>PerformRx will update the criteria and formulary/PDL with any changes</p> |

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KF/AHC [REDACTED]:

- Remove Diphenhydramine (Diphen®) 12.5 mg/5 mL oral elixir due too little to no utilization and availability of various cost-effective alternatives on the formulary.
- Remove Diphenhydramine (Alka-Seltzer Plus Allergy, Compoz, NightTime Sleep Aid, Nytol®, Rest Simply, Simply Sleep, Sleep Aid, Sleep II, Sleep Tablet, Sleep-Tabs, Sominex®) 25 mg oral tablet, gel cap, caplet due to little utilization and availability of the same strength on formulary.
- Remove Chlorpheniramine (Allergy Relief, Chlor-Trimeton Allergy, Chlorphen SR) 12 mg oral tablet due to no utilization and availability of

various cost-effective alternatives on the formulary.

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| | <p>[REDACTED]</p> | | |
| Antitussives/Expectorants | <p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED] <ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED][REDACTED] | <p>Committee approved as recommended:</p> <p>Motion: Kirt Caton Second: Donald Cooper</p> | <p>PerformRx will update the criteria and formulary/PDL with any changes</p> |

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| | <p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED] <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none">Remove pseudoephedrine-codeine-guaifenesin (Tusnel C) oral syrup 30-10-100 mg/5 ml from formulary due to little to no utilization and availability of various cost-effective alternatives on the formulary.Update the quantity limit for Guaifenesin-codeine (Cheratussin AC) oral solution 100-10 mg/5 ml to 120mL per 30 days. <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> <ul style="list-style-type: none">[REDACTED] | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p>[REDACTED]</p> |

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| | <ul style="list-style-type: none">■ [REDACTED] | | |
| Lyfgenia with PA Criteria | <p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none">■ [REDACTED]■ [REDACTED]■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">■ [REDACTED] | <p>Committee approved as recommended:</p> <p>Motion: Kirt Caton Second: Donald Cooper</p> | <p>PerformRx will update the criteria and formulary/PDL with any changes</p> |

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| | <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]■ [REDACTED] <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none">• Add Lyfgenia to Tier 4 of the formulary with a prior authorization requirement.• Approve the newly developed Gene Therapy for Sickle Cell Disease prior authorization criteria. <p>[REDACTED]</p> <ul style="list-style-type: none">■ [REDACTED]■ [REDACTED] | | |
| <p>[REDACTED]</p> | <p>[REDACTED]</p> | <p>[REDACTED]</p> | <p>[REDACTED]</p> |

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| | <p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED] | | |
| <p>Sohonos with PA Criteria</p> | <p>PerformRx makes the following recommendations:</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] | <p>Committee approved as recommended:</p> <p>Motion: Kirt Caton Second: Donald Cooper</p> | <p>PerformRx will update the criteria and formulary/PDL with any changes</p> |

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| | <p>KF/AHC/ [REDACTED]:</p> <ul style="list-style-type: none"> • Add Sohonos to T4 of the formulary with a prior authorization requirement. • Approve the newly developed Sohonos prior authorization criteria. <p>[REDACTED]</p> <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] | | |
| <p>Rivfloza with PA Criteria</p> | <p>PerformRx makes the following recommendations:</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] • [REDACTED] | <p>Committee approved as recommended:</p> <p>Motion: Kirt Caton Second: Donald Cooper</p> | <p>PerformRx will update the criteria and formulary/PDL with any changes</p> |

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KF/AHC/[REDACTED]:

- Add Rivfloza to Tier 4 of the formulary with a prior authorization requirement.
- Update the Oxlumo (lumasiran) prior authorization criteria to include Rivfloza
 - Update the title from Oxlumo to Primary Hyperoxaluria Agents to account for additional agent.
 - Update the drug list and criteria for the newly approved Rivfloza product.

- [REDACTED]
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- Pombiliti
- Trientine
- Zemaira

Add to the Specialty Tier 4 with PA requirement for KF/AHC/ [REDACTED]:

- Fabhalta
- Kepivance
- Loqtorzi
- Ogsiveo

[REDACTED]

[REDACTED]

- [REDACTED]

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| | <p>Remain non-formulary/non-preferred for KF/AHC/ [REDACTED]</p> <ul style="list-style-type: none"> • Adzynma • Immphentiv • Jylamvo • Meropenem • Pokonza • Rezipres <p>[REDACTED]</p> <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] • [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> • [REDACTED] | | |
| 9. Prior Authorization Criteria Review | | | |
| A. Prior Authorization Annual Criteria | | | |
| KF.AHC [REDACTED] Compound Products | <p>PerformRx makes the following recommendations:</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none"> • Decrease the dollar limit to \$250 for compounded products that need a prior authorization review. | <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] |

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| | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | | |
| <p>Glycopyrrolate</p> | <p>PerformRx makes the following recommendations:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC/[REDACTED]:</p> <ul style="list-style-type: none"> Remove Dartisla ODT from the drug list and criteria as it was discontinued. <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <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>[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> |

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| | <p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED] <p>KF/AHC/[REDACTED]:</p> <ul style="list-style-type: none">Update the example listed for a positive clinical response in relation to re-authorization. <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> <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>[REDACTED]</p> | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> |

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| <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> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] | <p>[REDACTED]</p> | <p>[REDACTED]</p> |
| <p>B. Prior Authorization Criteria Annual Review without Clinical Changes:</p> | | | |
| <p>Adrenal Enzyme Inhibitors for Cushing's Disease (Isturisa)</p> | <p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] | <p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Andrew Peterson</p> | <p>No Changes</p> |

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KF/AHC/[REDACTED]:

- Approve the Adrenal Enzyme Inhibitors for Cushing's Disease prior authorization criteria with no clinical changes.

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| <p>Adrenergic, alpha-receptor-blocking agent</p> | <p>PerformRx makes the following recommendations:</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>KF/AHC/[REDACTED]:</p> <ul style="list-style-type: none"> • Approve the Adrenergic, alpha-receptor-blocking agent 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>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Andrew Peterson</p> | <p>No Changes</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> <p>[REDACTED]</p> | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p>[REDACTED]</p> |

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| | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC/[REDACTED]:</p> <ul style="list-style-type: none">• Approve the Amifampridine prior authorization criteria with no clinical changes. <p>[REDACTED]</p> | | |
| <p>Benlysta</p> | <p>PerformRx makes the following recommendations:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Andrew Peterson</p> | <p>No Changes</p> |

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

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| Corlanor | <p>PerformRx makes the following recommendations:</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>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Andrew Peterson</p> | <p>No Changes</p> |

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| | <ul style="list-style-type: none">█ [REDACTED] <p>KF/AHC/ [REDACTED]</p> <ul style="list-style-type: none">• Approve the Corlanor prior authorization criteria with no clinical changes. <p>█ [REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED] | | |
| Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) Modulators | <p>PerformRx makes the following recommendations:</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>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Andrew Peterson</p> | <p>No Changes</p> |

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| | <p>KF/AHC/ [REDACTED]:</p> <ul style="list-style-type: none">• Approve the Cystic Fibrosis transmembrane conductance regulator (CFTR) Modulators prior authorization criteria with no clinical changes. <p>[REDACTED]</p> <ul style="list-style-type: none">• [REDACTED] <p>[REDACTED]</p> | | |
| Dojolvi | <p>PerformRx makes the following recommendations:</p> <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> <ul style="list-style-type: none">• [REDACTED] <p>[REDACTED]</p> | <p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Andrew Peterson</p> | <p>No Changes</p> |

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| | <ul style="list-style-type: none">█ [REDACTED] <p>KF/AHC/█:</p> <ul style="list-style-type: none">• Approve the Dojolvi prior authorization criteria with no clinical changes. <p>█</p> <ul style="list-style-type: none">█ [REDACTED] | | |
| <p>█</p> <p>█</p> <p>█</p> | <p>█</p> <ul style="list-style-type: none">█ [REDACTED] <p>█</p> <ul style="list-style-type: none">█ [REDACTED] <p>█</p> <ul style="list-style-type: none">█ [REDACTED] | <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>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC/[REDACTED]:</p> <ul style="list-style-type: none">• Approve the Enzyme replacement therapy for acid sphingomyelinase deficiency (ASMD) 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> |

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| | <ul style="list-style-type: none">█ [REDACTED] | | |
| <p>Mucopolysaccharidosis IV (Maroteaux-Lamy Syndrome) Agents - Naglazyme</p> | <p>PerformRx makes the following recommendations:</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]</p> <ul style="list-style-type: none">█ [REDACTED] <p>KF/AHC/█:</p> <ul style="list-style-type: none">• Approve the Mucopolysaccharidosis VI (Maroteaux-Lamy Syndrome) Agents | <p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Andrew Peterson</p> | <p>No Changes</p> |

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| <p>Skysona</p> | <p>PerformRx makes the following recommendations:</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 Skysona (elivaldogene autotemcel) prior authorization criteria with no clinical changes. <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Andrew Peterson</p> | <p>No Changes</p> |
| <p>SMN2 Splicing Modifiers for the Treatment of Spinal Muscular Atrophy (SMA)</p> | <p>PerformRx makes the following recommendations:</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: David Batluck Second: Andrew Peterson</p> | <p>No Changes</p> |

| | | | |
|---------|--|--|-------------------|
| | <p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED] | | |
| Tavneos | <p>PerformRx makes the following recommendations:</p> <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> <ul style="list-style-type: none">[REDACTED] <p>[REDACTED]</p> <p>KF/AHC/[REDACTED]:</p> <ul style="list-style-type: none">• Approve the Tavneos (avacopan) prior authorization criteria with no clinical changes. <p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED] | <p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Andrew Peterson</p> | <p>No Changes</p> |

| | | | |
|------------|---|------------|------------|
| | <ul style="list-style-type: none">• Approve the Tzield (teplizumab-mzwv) 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] |

- | | | | |
|--|---|--|--|
| | <ul style="list-style-type: none">• Multi-Action Relief Drops 15ml• Lubricating Gel Drops 10ml• Lubricant Eye Drops 10ml (Twin Pack)• Lubricant Gel Drops 15 ML• Lubricant Eye Drops 15ml (Twin Pack)• Eye Irritation Relief 15 ml• Dry Eye Relief 10 ml• Dry Eye Relief 15 ml• Lubricant Eye Drops 15 ML (Single Pack)• Lubricant Eye Drops 15 ML (Twin Pack)• Lubricant Eye Drops 10ml• Lubricant Eye Drop 10ml (Triple Pack)• Lubricant Eye Drops 15ML (Single Pack)• Lubricant Eye Drops 15 ML (Twin Pack)• Lubricant Gel Drops 15 ml (Single Pack)• Lubricant Gel Drops 15 ml (Twin Pack)• Multi Action Relief Drops 15ml• Mild Moderate Lubricating Eye Drops 15ml• Lubricant Gel Drops 10ml• Lubricant Eye Drops 10ml (Single Pack)• Lubricant Eye Drops 10ml (Twin Pack)• Dry Eye Relief 15ml (Twin Pack)• Equate Hydration Pf Lubricant Eye Drops 10ml | | |
|--|---|--|--|

The Harvard Drug Group LLC dba Major
Pharmaceuticals and Rugby Laboratories
Date: 11/29/2023

Reason:

Non-Sterility: FDA found insanitary
conditions and positive bacterial test results
from environmental sampling at the
manufacturing facility.

- Polyvinyl Alcohol 1.4% Lubricating
Eye Drops
- Lubricating Tears Eye Drops
(Dextran/Hypromellose)

Cardinal Health Inc
Date: 11/29/2023

Reason:

Non-Sterility: FDA found insanitary
conditions and positive bacterial test results
from environmental sampling at the
manufacturing facility.

- LEADER brand Eye Irritation Relief
(Polyvinyl alcohol 0.5%, Povidone
0.6%, Tetrahydrozoline Hydrochloride
0.05%)
- LEADER brand Dry Eye Relief
(Carboxymethylcellulose Sodium, 1%)
- LEADER brand Lubricant Eye Drops
(Carboxymethylcellulose Sodium,
0.5%)
- LEADER brand Lubricant Eye Drops
(Carboxymethylcellulose Sodium,
0.5%)

| | | | |
|-----------------|---|--|---------------|
| | <ul style="list-style-type: none"> • LEADER brand Dry Eye Relief (Polyethylene Glycol 400, 0.4% Propylene Glycol, 0.3%) • LEADER brand Lubricant Eye Drops (Propylene Glycol, 0.6%) | | |
| 11. Adjournment | The meeting adjourned at 7:07 PM EST | | Lenaye Lawyer |
| | The next meeting April 29th, 2024 6:00 PM- 8:00 | | |

Jeffrey Phillip Pham

Date

5/23/24

| Item | Recommendation | Vote Results | Action/ Person Responsible |
|--|---|--|---|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| COVID-19 Tests QL | <ul style="list-style-type: none"> Lowering the QL from 8 down to 4 per month | Total Sent – 25 Total Responses – 18 Approved – 18 Rejected – 0 Excused – 7 End: 4/2/2024 | PerformRx will implement per the outcome of the committee vote. The vote has been approved with 14 approvals and no rejections received. |
| Dose Rounding Limit Exception Criteria | <ul style="list-style-type: none"> Language updates for clarity | Total Sent – 25 Total Responses – 18 Approved – 18 Rejected – 0 Excused – 7 End: 4/2/2024 | PerformRx will implement per the outcome of the committee vote. The vote has been approved with 14 approvals and no rejections received. |
| KF/AHC [REDACTED] Mifepristone | <ul style="list-style-type: none"> Adding to the formulary for Pennsylvania per state requirements | Total Sent – 25 Total Responses – 18 Approved – 17 | PerformRx will implement per the outcome of the committee vote. |

| Item | Recommendation | Vote Results | Action/ Person Responsible |
|------|----------------|--|--|
| | | Rejected – 1 Excused – 7 End: 4/2/2024 | The vote has been approved with 14 approvals and 1 rejection received. |



Jeff Kreitman, Chair

4/2/2024

Date