

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

**Voting Members Present**

Antypas, Christopher, PharmD	Davis, Tracey, PharmD	Hockmuth, Robert, MD	Murphy, Michelle, PharmD	Whitfield, Rani, MD
Batluck, David, DO	Elebra, Rogers, PharmD	Kryger, Emily, PharmD	Peters, Eric, PharmD	Wise, Rodney, MD
Brinley, Floyd (John), MD	Feconda, Fury, PharmD	Martin, Kelly, PharmD	Peterson, Andrew, PharmD	
Caton, Kirt, MD	Higgins, Lily, MD	Michael, Kendra, MD	Petkash, David, MD	
Cooper, Don, MD	Himmelstein, Bruce, MD	Muller, Betty, MD	Weart, Wayne, PharmD	

**Excused Voting Members**

Beam, Donald, MD	Smith, Kirby, MD	
Orr, Lavdena, MD		

**Invited Guests Present**

Abad, Melissa, CPhT	Colvin, Mike, PharmD	Meny, Christopher, PharmD	Seitz, Ally, PharmD
Broussard, Rachel	Dick, Natalie, CPhT	Oaster, Patty	Smith, Bryan, MD
Carreras, Linda	Guerriero, Monica	O'Meara, Brian, PharmD	Vodoor, Calla, PharmD
Cheely, George, MD	Hunter, Amanda, PharmD	Payne, Christine, Pharmacy Resident	Weiss, Erich, PharmD
Cherian, Sheena, PharmD	Kassim, Toks, PharmD	Plante, Jeanine, PharmD	
Clement, Kathleen	Megargell, Lauren, PharmD	Qadir, Hadiyyah CPhT	

Issue	Discussion	Conclusion/Results	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	Bruce Himmelstein
2. Conflict of Interest Disclosure	No conflicts announced	Informational Only	Sheena Cherian
3. Enterprise P&T Charter		<b>Committee approved as recommended</b>  <b>Motion:</b> Wayne Weart <b>Second:</b> Robert Hockmuth	Sheena Cherian
[REDACTED]		[REDACTED]	[REDACTED]
5. Review and approval of October P&T and November Proxy Minutes		<b>Committee approved as recommended</b>  <b>Motion:</b> Don Cooper <b>Second:</b> Rani Whitfield	Sheena Cherian
6. Old Business			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]





	<ul style="list-style-type: none"><li>■ [REDACTED]</li></ul> <p><b>CHC:</b></p> <ul style="list-style-type: none"><li>• Approve the updated Continuous Glucose Monitors prior authorization criteria with the following changes:<ul style="list-style-type: none"><li>○ Add Dexcom G7 as a preferred CGM</li></ul></li><li>• Add Dexcom G7 sensor to the supplemental formulary with a step therapy requirement through insulin and a quantity limit of 3 sensors per 30 days</li><li>• Add Dexcom G7 receiver to the supplemental formulary with a step therapy requirement through insulin and a quantity limit of 1 receiver per year</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>■ [REDACTED]</li><li>■ [REDACTED]</li><li>■ [REDACTED]</li></ul>		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



- [REDACTED]
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[REDACTED] **CHC:**

- Approve the SMN2 Splicing Modifiers for the Treatment of Spinal Muscular Atrophy (SMA) with no changes

[REDACTED]

- [REDACTED]
- [REDACTED]

	<p>[REDACTED]</p>		
Oxlumo	<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> <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></ul>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Andrew Peterson <b>Second:</b> Tracey Davis</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>



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

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- Approving the updated Oxlumo prior authorization criteria with the following changes:
  - Add an additional metabolic testing option allowing for demonstration of increased plasma oxalate level  $\geq 20$   $\mu\text{mol/L}$  to align with its expanded indication to reduce plasma oxalate levels in patients with PH type 1
  - Update reauthorization criteria to allow for demonstration of clinical benefit through reduction in plasma oxalate

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EviCore	<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> <ul style="list-style-type: none"><li>█ [REDACTED]</li></ul> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Robert Hockmuth <b>Second:</b> Rani Whitfield</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
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- [REDACTED]  
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**[REDACTED] CHC:**

- Update the Brand Drug and Non-Specialty Reference Biologics prior authorization criteria by removing the reference to the Oncology Drugs criteria as requests for drugs when used for Oncology indications will be reviewed for clinical appropriateness by EviCore
- Update the Non-Preferred/Prior Authorization Required Medications prior authorization criteria by removing the reference to the Oncology Drugs criteria as requests for drugs when used for Oncology indications will be reviewed for clinical appropriateness by EviCore
- Update the Specialty Drugs prior authorization criteria by removing the reference to the Oncology Drugs criteria as requests for drugs when used for Oncology indications will be reviewed for clinical appropriateness by EviCore
- Update the Anti-FGF23 Monoclonal Antibodies prior authorization criteria by removing the criteria for tumor induced osteomalacia as requests for drugs when used for Oncology indications will be reviewed for clinical appropriateness by EviCore

- Update Reblozyl (luspatercept-aamt) prior authorization criteria by removing the criteria anemia due to myelodysplastic syndrome as requests for drugs when used for Oncology indications will be reviewed for clinical appropriateness by EviCore
- Update the Rituximab prior authorization criteria by removing criteria for oncology indications as requests for drugs when used for oncology indications will be reviewed for clinical appropriateness by EviCore
- Update the Somatostatin Analogs and Growth Hormone Receptor Antagonists by removing the reference to the Oncology Drugs criteria as requests for drugs when used for Oncology indications will be reviewed for clinical appropriateness by EviCore
- Retire the Oncology Drugs prior authorization criteria requests for drugs when used for Oncology indications will be reviewed for clinical appropriateness by EviCore
- Retire the Anti-CD19 CAR-T Immunotherapies prior authorization criteria requests for drugs when used for Oncology indications will be reviewed for clinical appropriateness by EviCore
- Retire the B-Cell Maturation Antigen (BCMA) Directed Chimeric Antigen Receptor (CAR) T-Cell Therapy prior authorization criteria as requests for drugs when used for Oncology indications will be

reviewed for clinical appropriateness by EviCore

- Retire the Blincyto prior authorization criteria as requests for drugs when used for Oncology indications will be reviewed for clinical appropriateness by EviCore
- Retire the Dendritic Cell Tumor Peptide Immunotherapy prior authorization criteria as requests for drugs when used for Oncology indications will be reviewed for clinical appropriateness by EviCore

[REDACTED]

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- [REDACTED]
- [REDACTED]

	<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></ul>		
<b>8. Drug Reviews:</b>			
[REDACTED]			

	<ul style="list-style-type: none"><li>• [REDACTED]</li><li>• [REDACTED]</li><li>• [REDACTED]</li><li>• [REDACTED]</li><li>• [REDACTED]</li><li>• [REDACTED]</li></ul>		
<b>B. Single Products:</b>		:	
Xenozyme with PA Criteria	<p style="text-align: center;"><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"><li>• [REDACTED]</li><li>• [REDACTED]</li></ul>	<p style="text-align: center;"><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Kelly Martin <b>Second:</b> George Cheely</p>	PerformRx will update the criteria and formulary/PDL with any changes



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█ **CHC:**

- Add Xenpozyme (olipudase alfa-rpcp) to Tier 4 of the supplemental formulary with a prior authorization requirement
- Approve the newly developed Enzyme replacement therapy for acid sphingomyelinase deficiency (ASMD) prior authorization criteria.

	<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>		
<p><b>Methergine</b></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> <ul style="list-style-type: none"><li>█ [REDACTED]</li></ul> <p>█ [REDACTED] <b>CHC:</b></p> <ul style="list-style-type: none"><li>• Recommends no changes</li></ul> <p>█ [REDACTED]</p> <ul style="list-style-type: none"><li>█ [REDACTED]</li></ul>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Kelly Martin <b>Second:</b> George Cheely</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

<p>Hemgenix 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>[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> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <p>[REDACTED] <b>CHC:</b></p> <ul style="list-style-type: none"><li>• Add Hemgenix (etranacogene dezaparvovec-drlb) to tier 4 of the formulary with a prior authorization requirement</li><li>• Approve the newly developed Gene Therapy for Hemophilia prior authorization criteria</li></ul> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Kelly Martin <b>Second:</b> George Cheely</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>		
Tzielid with PA Criteria	<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> <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>█ [REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Kelly Martin <b>Second:</b> George Cheely</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> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>■ [REDACTED]</li> </ul> <p>[REDACTED]</p> <p><b>[REDACTED] CHC:</b></p> <ul style="list-style-type: none"> <li>• Add Tzielid (teplizumab-mzww) to tier 4 of the formulary with a prior authorization requirement</li> <li>• Approve the newly developed Tzielid (teplizumab-mzww) prior authorization criteria</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>■ [REDACTED]</li> <li>■ [REDACTED]</li> </ul>		
<p><b>9. New Products</b></p>			
	<p><b>PerformRx makes the following recommendation:</b></p>	<p><b>Committee approved as recommended</b></p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[REDACTED]  
[REDACTED]

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[REDACTED]  
[REDACTED]

• [REDACTED]

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

- Bortezomib
- Elahere
- Imjudo
- Lunsumio

**Motion:** Andrew Peterson

**Second:** Don Cooper

- Rebyota
- Tecvayli
- Terlivaz

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	<p>█ █ █ █</p>		
Amifampridine	<p><b>PerformRx makes the following recommendation:</b></p> <p>█ █ █ █</p> <p>█ █ █ █</p> <p>█ █ █ █</p> <p>█ █ █ █</p> <p>█ <b>CHC:</b></p> <ul style="list-style-type: none"><li>• Update the age restriction down to 6 years and older to align with new pediatric indication</li></ul> <p>█</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Kelly Martin <b>Second:</b> David Batluck</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> <ul style="list-style-type: none"><li>█ [REDACTED]</li><li>█ [REDACTED]</li><li>█ [REDACTED]</li></ul>		
Dojolvi	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"><li>█ [REDACTED]</li><li>█ [REDACTED]</li><li>█ [REDACTED]</li></ul> <ul style="list-style-type: none"><li>█ [REDACTED]</li><li>█ [REDACTED]</li></ul> <ul style="list-style-type: none"><li>█ [REDACTED]</li><li>█ [REDACTED]</li></ul> <ul style="list-style-type: none"><li>█ [REDACTED]</li><li>█ [REDACTED]</li></ul> <ul style="list-style-type: none"><li>█ [REDACTED]</li><li>█ [REDACTED]</li></ul> <p>█ <b>CHC:</b></p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Kelly Martin <b>Second:</b> David Batluck</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<ul style="list-style-type: none"><li>• Simplify prescriber restriction</li><li>• Minor language changes for clarity</li></ul> <p>█</p> <ul style="list-style-type: none"><li>█</li><li>█</li></ul>		
Glycopyrrolate	<p style="text-align: center;"><b>PerformRx makes the following recommendation:</b></p> <p>█</p> <ul style="list-style-type: none"><li>█</li><li>█</li><li>█</li><li>█</li><li>█</li><li>█</li></ul> <p>█</p> <ul style="list-style-type: none"><li>█</li><li>█</li><li>█</li><li>█</li><li>█</li><li>█</li></ul> <p>█</p> <ul style="list-style-type: none"><li>█</li><li>█</li><li>█</li></ul>	<p style="text-align: center;"><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Kelly Martin <b>Second:</b> David Batluck</p>	<p style="text-align: center;">PerformRx will update the criteria and formulary/PDL with any changes</p>



Natpara

**PerformRx makes the following recommendation:**

[Redacted]

- [Redacted]

[Redacted]

- [Redacted]

[Redacted]

- [Redacted]

[Redacted]

- [Redacted]

**Committee approved as recommended**

**Motion:** Robert Hockmuth  
**Second:** Wayne Weart

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

[REDACTED]

**CHC:**

- Retire the Natpara prior authorization criteriaas Natpara was recalled in 2019 due to manufacturing issues. Since then, Natpara has only been available directly from the manufacturer through a special use program. Manufacturing of Natpara will be discontinued at the end of 2024.

[REDACTED]

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[REDACTED]

	<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><li>[REDACTED]</li></ul>		
<p>Transthyretin-mediated Amyloidosis Agents</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><li>[REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>■ [REDACTED]</li><li>[REDACTED]</li><li>■ [REDACTED]</li><li>[REDACTED]</li></ul>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Kelly Martin <b>Second:</b> David Petkash</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p> <p><b>Recusal of Andrew Peterson on Transthyretin Mediated Amyloidosis agents</b></p>

[REDACTED]

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

[REDACTED]

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**[REDACTED] CHC:**

- Lower acceptable baseline polyneuropathy impairment score to 5 to align with clinical trials which led to the approval of Onpatro and Amvuttra



<p>[REDACTED]</p>	<p>[REDACTED]</p> <ul style="list-style-type: none"> <li>■ [REDACTED]</li> <li>■ [REDACTED]</li> </ul>	<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><b>PerformRx makes the following recommendation:</b></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> </ul> <p>[REDACTED]</p> <p><b>CHC:</b></p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> David Batluck <b>Second:</b> Don Cooper</p>	<p>No Clinical Changes</p>

	<ul style="list-style-type: none"><li>• Approve the Adrenal Enzyme Inhibitors for Cushing's Disease prior authorization criteria with no changes</li></ul> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>		
Alpha-1 Proteinase Inhibitors (Human)	<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>[Redacted]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> David Batluck <b>Second:</b> Don Cooper</p>	No Clinical Changes

	<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></ul> <p>█ <b>CHC:</b></p> <ul style="list-style-type: none"><li>• Approve the Alpha-1 Proteinase Inhibitors (Human) prior authorization criteria with no clinical changes</li></ul> <p>█ [REDACTED]<ul style="list-style-type: none"><li>█ [REDACTED] [REDACTED] [REDACTED]</li></ul></p>		
<p>█ [REDACTED] [REDACTED]</p>	<p>█ [REDACTED] [REDACTED]</p> <p>█ [REDACTED]<ul style="list-style-type: none"><li>█ [REDACTED] [REDACTED] [REDACTED]</li></ul></p> <p>█ [REDACTED]<ul style="list-style-type: none"><li>█ [REDACTED] [REDACTED] [REDACTED]</li></ul></p> <p>█ [REDACTED]</p>	<p>█ [REDACTED] [REDACTED]</p> <p>█ [REDACTED] [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>		
Benlysta	<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> <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></ul> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> David Batluck <b>Second:</b> Don Cooper</p>	No Clinical Changes

	<ul style="list-style-type: none"><li>• [REDACTED] [REDACTED] for [REDACTED] [REDACTED]</li></ul> <p><b>[REDACTED] CHC:</b></p> <ul style="list-style-type: none"><li>• Update the Benlysta prior authorization criteria change for minor language changes for clarity</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>• [REDACTED] [REDACTED] [REDACTED]</li></ul>		
<p>[REDACTED]</p>	<p>[REDACTED]</p> <ul style="list-style-type: none"><li>• [REDACTED] [REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>• [REDACTED] [REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>• [REDACTED] [REDACTED]</li></ul>	<p>[REDACTED] [REDACTED]</p> <p>[REDACTED] [REDACTED]</p>	<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED] [REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED] [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> <ul style="list-style-type: none"><li>█ [REDACTED]</li></ul> <p>█ [REDACTED]</p> <ul style="list-style-type: none"><li>█ [REDACTED]</li></ul>	█ [REDACTED]	
Corlanor	<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> <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] <b>CHC:</b></p> <ul style="list-style-type: none"><li>• Approve the Corlanor prior authorization criteria with no clinical changes</li></ul>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> David Batluck <b>Second:</b> Don Cooper</p>	No Clinical Changes







	<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>		
[REDACTED]	<p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>█ [REDACTED]</li><li>█ [REDACTED]</li><li>█ [REDACTED]</li></ul> <ul style="list-style-type: none"><li>█ [REDACTED]</li><li>█ [REDACTED]</li></ul>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	[REDACTED]
Mucopolysaccharidosis IV (Maroteaux-Lamy Syndrome) Agents - Naglazyme	<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><li>█ [REDACTED]</li><li>█ [REDACTED]</li></ul> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> David Batluck <b>Second:</b> Don Cooper</p>	No Clinical 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 Mucopolysaccharidosis VI (Maroteaux-Lamy Syndrome) Agents prior authorization criteria with no changes</li></ul> <p>█</p> <ul style="list-style-type: none"><li>█ [REDACTED]</li></ul>		
█	<p>█ [REDACTED]</p> <p>█ [REDACTED]</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>█ [REDACTED]</p> <p>█ [REDACTED]</p> <p>█ [REDACTED]</p> <p>█ [REDACTED]</p>	█ [REDACTED]

	<p>[REDACTED]</p> <p>[REDACTED]</p>		
<p>Adrenergic, alpha-receptor-blocking agent (Phenoxybenzamine)</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>[REDACTED]</p> <p>[REDACTED]</p> <p><b>CHC:</b></p> <ul style="list-style-type: none"> <li>• Approve the Adrenergic, alpha-receptor-blocking agent prior authorization criteria for with no clinical changes</li> </ul> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> David Batluck <b>Second:</b> Don Cooper</p>	<p>No Clinical 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> <ul style="list-style-type: none"> <li>[REDACTED]</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>[REDACTED]</li> </ul>		
Tavneos.	<p style="text-align: center;"><b>PerformRx makes the following recommendation:</b></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> <ul style="list-style-type: none"> <li>[REDACTED]</li> </ul> <p>[REDACTED] <b>CHC:</b></p> <ul style="list-style-type: none"> <li>Approve the Tavneos prior authorization criteria with no clinical changes</li> </ul> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>[REDACTED]</li> </ul>	<p style="text-align: center;"><b>Committee approved as recommended</b></p> <p><b>Motion:</b> David Batluck <b>Second:</b> Don Cooper</p>	<p style="text-align: center;">No Clinical Changes</p>
	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>

[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED] CHC – Compound Products	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] CHC:</p> <ul style="list-style-type: none"><li>• Approve the Compound Products prior authorization criteria with no changes</li></ul>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> David Batluck <b>Second:</b> Don Cooper</p>	No Clinical Changes
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



<p>Relyvrio</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] <b>CHC:</b></p> <ul style="list-style-type: none"><li>• Approve the newly developed Relyvrio prior authorization criteria</li></ul> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Kelly Martin <b>Second:</b> George Cheely</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>

<b>11. Recalls</b>	<p align="center"><b>Recalls*</b>  <b>10/13/2022 – 1/17/2023</b>  There were no Class 1 or 2 recalls impacting all lots medications listed within FDB or Medispan</p>	Informational	PerformRx
<b>12. Adjourn</b>	<b>The meeting adjourned at 7:40pm</b>	N/A	Bruce Himmelstein
	<b>The next meeting April 24, 2023 6:00pm – 8:00pm</b>		



5/17/2023

Date