

Enterprise P&T Meeting Committee

February 2, 2026

Voting Members Present

Andrew Peterson, PharmD	Christy Skibicki, MD	David Petkash, MD	Emily Kryger, PharmD
Eric Peters, PharmD	Jena Quinn, PharmD	Kelly Martin, PharmD	Michelle Murphy, PharmD
Rani Whitfield, MD	Robert Clifford, MD	Rogers Elebra, PharmD	Tracey Davis, PharmD
Wayne Weart, PharmD	Alishia Richie, MD	LouAnne Giangreco, MD	

Excused Voting Members

Fury Fecondo, PharmD	Loretta Dumontet, MD	Manni Sethi
Yavar Moghimi, MD	Christopher Antypas, PharmD	

Invited Guests Present

Stephanie Dauer	Amanda Hunter, PharmD	Christian Andreaggi, PharmD	Geraldine Marks, PharmD
Jeanine Plante, PharmD	Jeffrey Kreitman, PharmD	John Mease, MD	Katherine Harris, PharmD
Lance Vinci, PharmD	Lauren Megargell, PharmD	Linda Carreras, CPhT	Seema Gupta, MD
Luke Stadler, PharmD	Mali Thomas, CPhT	Michael Pelyhes, PharmD	Patrick DeHoratius, PharmD
Patty Oaster	Rajneel Farley, PharmD	Sarah Pawlak, PharmD	

200 Stevens Drive, Philadelphia, PA 19113

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Issue	Discussion	Conclusion/Results	Action/ Person Responsible
• Call to order	The meeting was called to order at 6:08 PM EST	Informational Only	John Maese
• Conflict of Interest Disclosures	No conflicts announced	Informational Only	Jeffrey Kreitman
• [REDACTED]		[REDACTED]	[REDACTED]
• Review and approval of October & December P&T Minutes		Committee approved as recommended: Motion: Rani Whitfield Second: Wayne Weart	Jeffrey Kreitman
Old Business			

	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Isturisa Expanded Indication	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

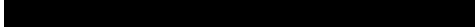
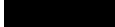
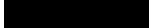
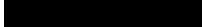
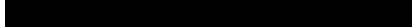
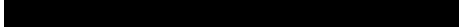
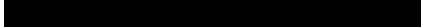
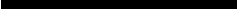
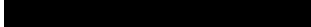
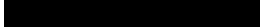
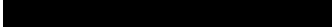
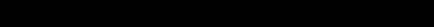
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	• Retire the Adrenal Enzyme Inhibitors for Cushing's Disease prior authorization criteria due to the expanded indication for Isturisa • Update the drug list section to now include Isturisa due to its expanded indication • Update the baseline urinary free cortisol (UFC) test to ≥ 1.3 times to reflect what was used in Isturisa's clinical trial • Update the initial authorization section with the Isturisa criteria that was used in the Adrenal Enzyme Inhibitors for Cushing's Disease prior authorization criteria [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED]		
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Drug Review			
A. Therapeutic Class:			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Cystic Fibrosis	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterso	PerformRx will update the criteria and formulary/PDL with any changes

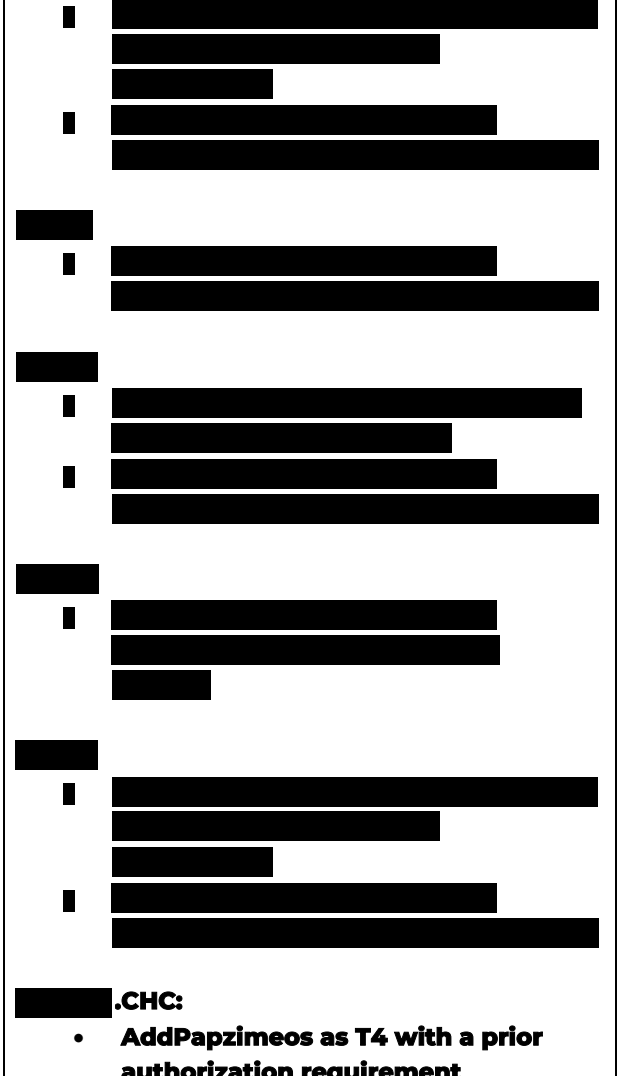
[illegible]

	• Approve the Cystic Fibrosis transmembrane conductance regulator (CFTR) Modulators prior authorization criteria with no clinical changes		
	             		
	              	   	 

First Generation Antihistamines	PerformRx makes the following recommendation: █ █ █ █ █ █ █ █ █ █.CHC: • Make no formulary changes █ █ █	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	No Changes
Fluoride Dental Preparations	PerformRx makes the following recommendation: █ █ █ █ █ █ █ █ █	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	No Changes

[illegible]

	- [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]		
B. Single Products			
	PerformRx makes the following recommendation: [REDACTED]	Committee approved as recommended: Motion: Robert Clifford Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

Papzimeos	 .CHC: • AddPapzimeos as T4 with a prior authorization requirement		
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[illegible]

	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Forzinity	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Committee approved as recommended: Motion: Robert Clifford Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

	[REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED].CHC: • AddForzinity as T4 formulary with a prior authorization requirement • Approve the newly developed Forzinity prior authorization criteria [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED]		
	PerformRx makes the following recommendation: [REDACTED]	Committee approved as recommended: Motion: Robert Clifford	PerformRx will update the criteria and formulary/PDL with any changes

[illegible]

	• Approve the newly developed Rhapsido prior authorization criteria		
Voyxact	PerformRx makes the following recommendation: • [REDACTED] [REDACTED] [REDACTED] • [REDACTED] [REDACTED] [REDACTED] • [REDACTED] [REDACTED] [REDACTED]	Committee approved as recommended: Motion: Robert Clifford Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

	█ [REDACTED] █ [REDACTED] █ [REDACTED] █.CHC: • Add Voyxact as T4 with a prior authorization requirement • Approve the Update Immunoglobulin A (IgA) Nephropathy Agents prior authorization criteria █ █ [REDACTED] █ [REDACTED] █ [REDACTED]		
█	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]	█ [REDACTED] █ [REDACTED]

Methergine	PerformRx makes the following recommendation: .CHC: Make no formulary changes	Committee approved as recommended: Motion: Robert Clifford Second: Wayne Weart	No Changes
8. New Products			
	PerformRx makes the following recommendation:	Committee approved as recommended:	PerformRx will update the criteria and formulary/PDL with any changes

	Remain non-formulary/non-preferred for ██████/CHC ██████ • Itvisma Remain non-formulary/non-preferred for ██████/CHC, ██████: • Anticholium • Auranofin • Beizray • Blenrep • Enbumyst • Epioxa HD/ Epioxa • Famotidine • Heparin • Inlexzo • Keytruda Qlex • Lymphir • Lynkuet • Midazolam • Midazolam-Sodium Chloride • Palsonify • Piperacillin-Tazobactam-NaCl • Pokonza • Potassium Chloride • Ranitidine# • Rybrevant Faspro • Tyzavan		
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	Remain non-formulary/non-preferred for [REDACTED] /CHC: MiloPhene [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
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	█ [REDACTED] █ [REDACTED] █ [REDACTED]		
9. Prior Authorization Criteria Review			
A. Prior Authorization Criteria Annual Review with Clinical Changes			
[REDACTED]	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]	█ [REDACTED] █ [REDACTED]
Corlanor	PerformRx makes the following recommendation: █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	PerformRx will update the criteria and formulary/PDL with any changes

	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED].CHC: • Update the title and drug list section of the criteria to reflect the generic availability of Corlanor █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]		
Dose Rounding Limit Exception Criteria	PerformRx makes the following recommendation: █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	PerformRx will update the criteria and formulary/PDL with any changes

	      CHC: Update the drug list section for additional bevacizumab products Avzivi and Jobvene		
 	                 	   	 

	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]
Presbyopia Agents	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED] [REDACTED].CHC: • Add new product, Vizz, to the policy [REDACTED] [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	PerformRx will update the criteria and formulary/PDL with any changes

	PerformRx makes the following recommendation:	Committee approved as recommended:	PerformRx will update the criteria and formulary/PDL with any changes
Primary Hyperoxaluria Agents	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	Motion: Kelly Martin Second: Andrew Peterson	
	[REDACTED] [REDACTED] [REDACTED] [REDACTED]		
	[REDACTED] [REDACTED] [REDACTED] [REDACTED]		
	[REDACTED] [REDACTED] [REDACTED] [REDACTED]		
	[REDACTED] [REDACTED] [REDACTED] [REDACTED]		
	[REDACTED] CHC:		

	Update the list of examples showing clinical benefit in the reauthorization section		
[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]

	[REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Skysona	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] CHC: • Update the clinical criteria point on HLA-matched donors for HSCT to match the Skysona package insert [REDACTED] [REDACTED] [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson :	PerformRx will update the criteria and formulary/PDL with any changes

	█ [REDACTED] █ [REDACTED] █ [REDACTED] █.CHC: • Provide additional examples of baseline motor function or motor milestone achievements █ █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]		
█ [REDACTED]	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]	█ [REDACTED] █ [REDACTED]
	PerformRx makes the following recommendation: █ [REDACTED]	Committee approved as recommended: Motion: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

Sohonos	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] CHC: Update the duration of coverage to 12 months based on the length of the trial [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Second: Andrew Peterson	
Tavneos	PerformRx makes the following recommendation: [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	PerformRx will update the criteria and formulary/PDL with any changes

	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ CHC: • Update the combination therapy requirement based on the 2024 KDIGO guideline		
B. Prior Authorization Criteria Annual Review without Clinical Changes			
Adrenergic, alpha-receptor-blocking agent (Phenoxybenzamine)	PerformRx makes the following recommendation: █ [REDACTED] █ [REDACTED] █ [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	No Changes

	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED].CHC: • Approve the Adrenergic, alpha-receptor-blocking agent 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]		
Alpha 1 Proteinase Inhibitors (Human)	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	No Changes

	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █.CHC: • Approve the Alpha-1 Proteinase Inhibitors (Human) prior authorization criteria with no clinical changes █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]		
Amifampridine	PerformRx makes the following recommendation: █ [REDACTED] █ [REDACTED] █ [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	No Changes

	██████████ ██████████ ██████████ ██████████ ██████████.CHC: ██████████ Approve the Amifampridine prior authorization criteria with no clinical changes ██████████ ██████████		
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	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes
Benlysta	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	Motion: Kelly Martin Second: Andrew Peterson	
	[REDACTED] [REDACTED] [REDACTED] [REDACTED]		
	[REDACTED] [REDACTED] [REDACTED] [REDACTED]		
	[REDACTED] [REDACTED] [REDACTED] [REDACTED]		
	[REDACTED] [REDACTED] [REDACTED] [REDACTED]		
	[REDACTED].CHC:		

	• Approve the Benlysta (belimumab) prior authorization criteria with no clinical changes		

	█ [REDACTED] [REDACTED] [REDACTED] █ [REDACTED] [REDACTED] [REDACTED]	Second: Andrew Peterson	
Compound Products	PerformRx makes the following recommendation: CHC: • Approve the Compound Products prior authorization criteria with no clinical changes	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	No Changes
[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED]

Dojolvi	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	No Changes

	[REDACTED].CHC: Approve the Dojolvi 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] [REDACTED] [REDACTED]	[REDACTED]

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	PerformRx makes the following recommendation: ██████████	Committee approved as recommended: Motion: Kelly Martin	No Changes

Enzyme replacement therapy for ASMD (Xenpozyme)		Second: Andrew Peterson	
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	█ [REDACTED] [REDACTED] [REDACTED] [REDACTED] █.CHC: • Approve the Enzyme Replacement Therapy for Acid Sphingomyelinase Deficiency (ASMD) 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]	[REDACTED]

	[REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Glycopyrrolate	PerformRx makes the following recommendation: [REDACTED] - I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] CHC: • Approve the Glycopyrrolate (oral) prior authorization criteria with no clinical changes	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	No Changes

	█ [REDACTED] [REDACTED] [REDACTED] [REDACTED] █ [REDACTED] [REDACTED] [REDACTED] [REDACTED] █ [REDACTED]		
HIF-PH Inhibitors for CKD Anemia	PerformRx makes the following recommendation: █ [REDACTED] [REDACTED] [REDACTED] █ [REDACTED] [REDACTED] [REDACTED] █ [REDACTED] [REDACTED] [REDACTED] █ [REDACTED] [REDACTED] [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	No Changes

[illegible]

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	CHC: Approve the InPen prior authorization criteria with no clinical changes		
IV	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
Lodoco	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	No Changes

	█ [REDACTED] [REDACTED] [REDACTED] █ [REDACTED] [REDACTED] [REDACTED] █ [REDACTED] [REDACTED] [REDACTED] █ CHC: • Approve the Lodoco prior authorization criteria with no clinical changes █ [REDACTED] [REDACTED] [REDACTED]		
	PerformRx makes the following recommendation: █ [REDACTED] [REDACTED] [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	No Changes

	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED].CHC: • Approve the Niemann-Pick Disease Type C 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]

Pompe Disease Agents	PerformRx makes the following recommendation: (b) (4) (b) (4) (b) (4) (b) (4) (b) (4)	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	No Changes

	CHC: Approve the Pompe Disease Agents 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] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]

Tziold	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes
	[REDACTED] I [REDACTED]	Motion: Kelly Martin Second: Andrew Peterson	
	[REDACTED] I [REDACTED]		
	[REDACTED] I [REDACTED]		
	[REDACTED] I [REDACTED]		
	[REDACTED] I [REDACTED]		
	[REDACTED] CHC:		

	• Approve the Tziel prior authorization criteria with no clinical changes		
Yorvipath	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] CHC: • Approve the Yorvipath prior authorization criteria with no clinical changes	Committee approved as recommended: Motion: Kelly Martin Second: Andrew Peterson	No Changes

10. Recalls	Date: 1/14/2026 Manufacturer: Medinatura New Mexico, inc Product Name: • ReBoost Breathe Easy, Homeopathic, 0.68 fl. oz. (20 m • ClearLife Allergy Nasal Spray, Extra Strength, Homeopathic, 0.68 fl. oz. (20 mL) Reason: Microbial Contamination of Non-Sterile Products		
II. Adjourn	<i>The meeting adjourned at 6:55 PM EST</i>		
	Next P&T Meeting April 27th, 2026 6:00pm- 8:00pm EST		

Signed:  MD, MACP.

Date: 05/15/26

John Maese, MD, MACP, FACEP, FHISS, CHCQM
 VP of Medical Affairs, Committee Chair

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