

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

Voting Members Present

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

Excused Voting Members

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

Invited Guests Present

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

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

[REDACTED]

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

[REDACTED] CHC:

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

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| <p>██████ CHC OTC Review</p> | <p>PerformRx makes the following recommendation:</p> <p>██████ CHC OTC: Cough/Cold/Allergy Combinations</p> <ul style="list-style-type: none">Remove Mucinex D Max Strength Oral Tablet Extended Release 12 Hour 120-1200 MG from formulary due to cost effective alternatives available on formulary <p>Lactobacillus: Remove</p> <ol style="list-style-type: none">Visbiome Oral PacketVSL#3 DS Oral PacketVSL#3 Oral Packet <p>due to cost effective alternatives available on formulary</p> <p>Wart Remover</p> <ul style="list-style-type: none">Remove<ol style="list-style-type: none">Salicylic Acid Wart Remover External Liquid 27.5 %CVS Wart Remover External Liquid 17 %GNP Wart Remover External Liquid 17 %Wart Remover Maximum Strength External Liquid 17 %GNP Wart Remover External Liquid 17 %Liquid Wart Remover External Liquid 17 % | <p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Donald Cooper</p> | | <p>PerformRx makes the following recommendation:</p> |
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- vii. RA Wart Remover Max Strength External Liquid 17 %
- viii. Wart Remover Maximum Strength External Liquid 17 %
- ix. TGT Wart Remover External Liquid 17 %
- x. Wart Remover Maximum Strength External Strip 40 %

Vitamin D

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

Iron

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

Antimyasthenic/Cholinergic Agents

- Remove Mestinon Oral Solution 60 MG/5ML from formulary due to cost effective alternatives available on formulary
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| [REDACTED] | [REDACTED] | [REDACTED] | | [REDACTED] |
| Multivitamins | <p>PerformRx makes the following recommendation:</p> [REDACTED] | <p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Donald Cooper</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> <p>[REDACTED]</p> <p>CHC:</p> <ul style="list-style-type: none"> Remove Quintabs Tablet, Hair, Skin And Nails Tablet, and One Daily Tablet from the formulary due to little to no utilization and availability of various cost-effective alternatives on the formulary <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | | | |
| Ketones | <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>[REDACTED]</p> | <p>Committee approved as recommended:</p> <p>Motion: David Batluck Second: Donald Cooper</p> | | <p>PerformRx will update the criteria and formulary/PDL with any changes</p> |

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CHC:

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

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

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

- Aphexda
- Elrexio
- Talvey
- Sohonos

[REDACTED]

[REDACTED]

- █ [REDACTED]
- █ [REDACTED]

[REDACTED]

[REDACTED]

- █ [REDACTED]

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

[REDACTED]:

- Abrysvo
- Arexvy

[REDACTED]

[REDACTED]

[REDACTED]

- █ [REDACTED]
- █ [REDACTED]

[REDACTED]

[REDACTED]

- █ [REDACTED]

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

Remain non-formulary/non-preferred for

[REDACTED] CHC, [REDACTED]:

- Balfaxar
- Rezzayo
- Suflave
- Ycanth
- Xdemvy

[REDACTED]

[REDACTED]

- [REDACTED]

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| | <p>[REDACTED]</p> <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] | | | |
| <p>9. Prior Authorization Criteria Review</p> | | | | |
| <p>Prior Authorization Annual Criteria</p> | | | | |
| <p>Non-Preferred Prior Authorization Required Medications</p> | <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] <p>[REDACTED]</p> | <p>Committee approved as recommended:</p> <p>Motion: Donald Cooper Second: Wayne Weart</p> | | <p>PerformRx will update the criteria and formulary/PDL with any changes</p> |

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

[REDACTED]

CHC:

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

[REDACTED]

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

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

- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED] **CHC:**

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

[REDACTED]

- [REDACTED]

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

[REDACTED]

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[REDACTED]

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• [REDACTED]

[REDACTED]

[REDACTED] CHC:

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

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

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

■ **CHC:**

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

- [REDACTED]
- [REDACTED]

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

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

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

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CHC:

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

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

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

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

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

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

Leray L. Lawry, MD

02/20/2024

Date
