

Enterprise P&T Meeting Committee
April 27, 2026

Voting Members Present

Robert Clifford, MD	Tracey Davis, PharmD	Rogers Elebra, PharmD	Fury Fecondo, PharmD
LouAnne Giangreco, MD	Emily Kryger, PharmD	Kelly Martin, PharmD	Eric Peters, PharmD
Andrew Peterson, PharmD	David Petkash, MD	Alishia Richie, MD	Christy Skibicki, MD
Wayne Weart, PharmD			

Excused Voting Members

Loretta Dumontet, MD	Yavar Moghimi, MD	Michelle Murphy, PharmD	Jena Quinn, PharmD
Manni Sethi, MD	Rani Whitfield, MD		

Invited Guests Present

Bethany Baird, CPhT	Linda Carreras, CPhT	Kathleen Clement	Patrick DeHoratius, PharmD
Rajneel Farley, PharmD	Seema Gupta, MD	Katherine Harris, PharmD	Amanda Hunter, PharmD
Jeffrey Kreitman, PharmD	Bridget McGonigle, PharmD	Natasha McGowan	John Mease, MD
Lauren Megargell, PharmD	Patty Oaster	Christine Payne, PharmD	Michael Pelyhes, PharmD
Jeanine Plante, PharmD	Luke Stadler, PharmD	Lance Vinci, PharmD	Arlene Wiseman, PharmD
Kurt Wojak, PharmD			

200 Stevens Drive, Philadelphia, PA 19113

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Issue	Discussion	Conclusion/Results	Action/ Person Responsible
1. Call to order	The meeting was called to order at 6:05 PM EST	Informational Only	John Maese
2. Conflict of Interest Disclosures	No conflicts announced	Informational Only	Jeffrey Kreitman
■ [REDACTED]		[REDACTED]	[REDACTED]
4. Review and approval of February P&T Minutes		Committee Approved as recommended: Motion: Yavar Moghimi Second: David Petkash	Jeffrey Kreitman *Will remove Robert Hockmuth from the minutes

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

200 Stevens Drive, Philadelphia, PA 19113

■ [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]
6. New Business			
■ [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]		
B. Aqvesme PA Criteria	PerformRx makes the following recommendation: █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] CHC: • Approve the Aqvesme prior authorization criteria as new criteria. █ [REDACTED] █ [REDACTED] █ [REDACTED]	Committee Approved as recommended: Motion: Wayne Weart Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
E. Hypertrophic Cardiomyopathy PA Criteria	PerformRx makes the following recommendation: [REDACTED]	Committee Approved as recommended: Motion: Wayne Weart Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

	█ [REDACTED] [REDACTED] [REDACTED] [REDACTED] █ CHC: • Update the name of the policy to Hypertrophic Cardiomyopathy. • Add the newly approved product Myqorzo to the drug list. • Update the peak left ventricular outflow tract gradient to be greater than or equal 30 mmHg in accordance with the Myqorzo trial. • Update the CYP interactions initial authorization clinical point to only apply to Camzyos. • Update the re-authorization criteria for left ventricular ejection fraction to mirror the boxed warning for Camzyos and Myqorzo. █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]		
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F. Itivisma PA Criteria Updates	PerformRx makes the following recommendation: I [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] I [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Wayne Weart Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

	a. Update the exclusion criteria due to the approval of Itvisma. [REDACTED] i. [REDACTED] [REDACTED] [REDACTED] ii. [REDACTED] [REDACTED] [REDACTED] iii. [REDACTED] [REDACTED] [REDACTED] iv. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] v. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
G. Roctavian Discontinuation	PerformRx makes the following recommendation: [REDACTED]	Committee Approved as recommended: Motion: Wayne Weart Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

	I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED].CHC: Retire the Roctavian prior authorization criteria and remove the product from formulary. [REDACTED] I [REDACTED] [REDACTED] [REDACTED]		
H. Synagis Discontinuation	PerformRx makes the following recommendation: [REDACTED]	Committee Approved as recommended: Motion: Wayne Weart Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

	█ [REDACTED] [REDACTED] [REDACTED] [REDACTED] █ [REDACTED] [REDACTED] [REDACTED] [REDACTED] █ [REDACTED] [REDACTED] [REDACTED] [REDACTED] █ [REDACTED] [REDACTED] [REDACTED] [REDACTED] █ CHC: Retire the Synagis prior authorization criteria and remove from formularies where applicable due to the discontinuation. █		
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	■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED]		
J. Somatostatin Analog PA Criteria Update	PerformRx makes the following recommendation: ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED]	Committee Approved as recommended: Motion: Wayne Weart Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

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	satisfied appropriate trial and failure requirements.		

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
N. Cough and Cold Age Limits	PerformRx makes the following recommendation: [REDACTED]	Committee Approved as recommended: Motion: Wayne Weart Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

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	• Pseudoeph-Bromphen-DM Oral Syrup 30-2-10 MG/5ML • Robafen DM Cgh/Chest Congest Oral Liquid 10-100 MG/5ML • Tusnel Diabetic Oral Liquid 10-100 MG/5ML • Tussin DM Oral Liquid 100-10 MG/5ML • Tussin DM Oral Syrup 100-10 MG/5ML • Chest Congestion Relief Oral Liquid 100 MG/5ML • ED Bron GP Oral Liquid 5-100 MG/5ML • guaifENesin Oral Liquid 100 MG/5ML • GoodSense Mucus Relief Child Oral Liquid 2.5-5-100 MG/5ML • Robafen Mucus/Chest Congestion Oral Liquid 200 MG/10ML • Tussin Mucus & Chest Congest Oral Liquid 100 MG/5ML • Tussin Mucus+Chest Congestion Oral Liquid 100 MG/5ML • Mucus Relief Multi Symptom Oral Liquid 2.5-5-100 MG/5ML		
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	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
7. Drug Review			
A. Therapeutic Class:			
[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]

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3. Contraceptives	PerformRx makes the following recommendation: ████████ ████████████████████ ████████ ████████████████████ ████████ ████████████████████ ████████ CHC: • Make no formulary changes. ████████ ████████████████████	Committee Approved as recommended: Motion: Kelly Martin Second: David Petkash	No Changes
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B. Single Products			
1. Zycubo	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

	█ [REDACTED] █ [REDACTED] █ [REDACTED]		
2. Loargys	PerformRx makes the following recommendation: █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

	[REDACTED] - I [REDACTED] [REDACTED] [REDACTED] - I [REDACTED] [REDACTED] [REDACTED] - I [REDACTED] [REDACTED] [REDACTED] - I [REDACTED] [REDACTED] [REDACTED] CHC • Add Loargys as T4 with a prior authorization requirement • Approve the newly developed Loargys prior authorization criteria [REDACTED] - I [REDACTED] [REDACTED] - I [REDACTED] [REDACTED]		
3. Yartemlea	PerformRx makes the following recommendation: [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any 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] CHC: - Add Yartemlea as T4 with a prior authorization requirement		
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Deleted: **Tyrngolza**

	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
5. Luxturna	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: Kelly Martin	No Changes

	• [REDACTED] [REDACTED] CHC: • Make no changes to the formulary status of Luxturna. [REDACTED] [REDACTED]		
6. Provenge	PerformRx makes the following recommendation: [REDACTED] • [REDACTED] [REDACTED] • [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

[illegible]

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7. Ridaura	PerformRx makes the following recommendation: █ █ █ █ █ █ CHC: • Make no changes to the formulary status of Ridaura.	Committee Approved as recommended: Motion: Robert Clifford Second: Kelly Martin	No Changes

	I [REDACTED] [REDACTED]		
8. Sucraid	PerformRx makes the following recommendation: [REDACTED] I [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] CHC: • Make no changes to the formulary status of Sucraid. [REDACTED] I [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: Kelly Martin	No Changes

8. New Products			
	PerformRx makes the following recommendation: Add to Specialty Tier 4 with drug specific PA for [REDACTED] CHC: • Aqvesme • Daybue • Kygevvi • Myqorzo • Qivigy • Yuviwel Add to Specialty Tier 4 with PA for [REDACTED] CHC: • Gammagard ERC • Opdivo Quantig • Rybrevant Faspro [REDACTED] I [REDACTED] I [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: David Peterson Second: Robert Clifford	PerformRx will update the criteria and formulary/PDL with any changes

	I [REDACTED] [REDACTED] [REDACTED] I [REDACTED] I [REDACTED] [REDACTED] [REDACTED] I [REDACTED] I [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] I [REDACTED] I [REDACTED] Add to the supplemental Tier 3 with quantity limits and age limits for [REDACTED] [REDACTED] CHC: • Shingrix [REDACTED] I [REDACTED] I [REDACTED] I [REDACTED] [REDACTED] [REDACTED]		
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	I [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] I [REDACTED] I [REDACTED]		
9. Prior Authorization Criteria Review			
A. Prior Authorization Criteria Annual Review with Clinical Changes			
I [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]

2. Epidermolysis Bullosa Agents	PerformRx makes the following recommendation:	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	PerformRx will update the criteria and formulary/PDL with any changes

	I [REDACTED] [REDACTED] [REDACTED] [REDACTED].CHC: Remove the requirement for a recent episode to allow for easier clinical reviews. [REDACTED] I [REDACTED] [REDACTED] [REDACTED]		
I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]

	I [REDACTED] [REDACTED]		
5. Palynziq	PerformRx makes the following recommendation: [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	PerformRx will update the criteria and formulary/PDL with any changes

	██████████ ██████████ ██████████.CHC: • Add concurrent use with a phenylalanine hydroxylase activator exclusion to prevent duplicate therapy. ██████████ ██████████		
6. Peanut Allergy Immunotherapy Agents	PerformRx makes the following recommendation: ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	PerformRx will update the criteria and formulary/PDL with any changes

	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED].CHC: - Decrease age restriction minimum due to the expanded indication. - Remove the requirement to tolerate the 3mg dose in the reauthorization section to align with the package insert. [REDACTED] [REDACTED]		
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■ [REDACTED]	[REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]
8. Transthyretin-mediated Amyloidosis Agents	PerformRx makes the following recommendation: ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	PerformRx will update the criteria and formulary/PDL with any changes

[illegible]

	[REDACTED] [REDACTED] [REDACTED].CHC: • Remove Vyndaqel (tafamidis meglumine) from drug list and criteria as it has been discontinued • Remove criteria Patient has not undergone a liver or heart transplant as new data has emerged that transplant is not always curative for all forms/phenotypes. [REDACTED] • [REDACTED] • [REDACTED]		
■ [REDACTED]	[REDACTED] [REDACTED] [REDACTED] • [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]

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12. Complement Inhibitors	PerformRx makes the following recommendation: ████████ ████████████████████ ████████████████████ ████████████████████ ████████████████████ ████████████████████ ████████████████████ ████████████████████ ████████████████████ ████████████████████ ████████████████████ ████████ ████████ ████████████████████ ████████ ████████ ████████████████████ ████████████████████ ████████	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	PerformRx will update the criteria and formulary/PDL with any changes

	I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED].CHC: • Approve the Diagnosis Code Requirement prior authorization criteria with no clinical changes. [REDACTED] I [REDACTED] [REDACTED] [REDACTED]		
2. Off-Label Uses Criteria	PerformRx makes the following recommendation: [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	No Changes

	I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED]	Second: David Petkash	
4. Adzynma	PerformRx makes the following recommendation: [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	No Changes

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	I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED]	[REDACTED]	
6. Amtagvi	PerformRx makes the following recommendation: [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	No Changes

Duchenne Muscular Dystrophy	I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] .CHC: • Approve the Antisense Oligonucleotides for Duchenne Muscular Dystrophy prior	Second: David Petkash	
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	I [REDACTED] [REDACTED] [REDACTED] [REDACTED].CHC: • Approve the Atovaquone Suspension prior authorization criteria with no clinical changes. [REDACTED] I [REDACTED] [REDACTED] [REDACTED]		
I [REDACTED]	[REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
10. Blincyto	PerformRx makes the following recommendation: [REDACTED] I [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	No Changes

[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED]
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12. Crenessity	PerformRx makes the following recommendation: █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █.CHC: • Approve the Crenessity prior authorization criteria with no clinical changes. █ █ █ █ █ █ █	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	No Changes

13. Cystic Fibrosis TF Modulators	PerformRx makes the following recommendation: ██████████ I ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ I ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ I ██████████ ██████████ ██████████ ██████████ ██████████ ██████████.CHC: • Approve the Cystic Fibrosis transmembrane conductance regulator (CFTR) Modulators prior authorization criteria with no clinical changes.	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	No Changes
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	1. [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]	
[REDACTED] [REDACTED] [REDACTED]	2. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] 3. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] 4. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]

17. Hydroxyprogesterone caproate	PerformRx makes the following recommendation: █ █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ █ [REDACTED] █ [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	No Changes

	[REDACTED] [REDACTED] [REDACTED].CHC: • Approve the Hydroxyprogesterone caproate (generic Delalutin) prior authorization criteria with no clinical changes. [REDACTED] I [REDACTED] [REDACTED] [REDACTED]		
[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]

	I [REDACTED] [REDACTED] [REDACTED] [REDACTED].CHC: • Approve the Lamzede prior authorization criteria with no clinical changes. [REDACTED] I [REDACTED] [REDACTED] [REDACTED]		
[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]

[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
24. Natriuretic Peptides for Achondroplasia	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	No Changes

	I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED].CHC: • Approve the Natriuretic Peptides for Achondroplasia prior authorization criteria with no clinical changes. [REDACTED] I [REDACTED] [REDACTED] [REDACTED]		
[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] I [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] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]

	I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED]		
28. Primary HLH Agents	PerformRx makes the following recommendation: [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	No Changes

[illegible]

	I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
30. Radicava	PerformRx makes the following recommendation: [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	No Changes

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██████████	██████████ ██████████ ██████████	██████████ ██████████ ██████████	██████████

	I [REDACTED] [REDACTED] [REDACTED]	[REDACTED]	
32. Spravato	PerformRx makes the following recommendation: [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED].CHC:	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	No Changes

34. Topical mTOR Kinase Inhibitors	PerformRx makes the following recommendation: █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █.CHC: • Approve the Topical mTOR Kinase Inhibitors prior authorization criteria with no clinical changes.	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	No Changes
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36. Treatments for Plasminogen Deficiency Type 1	PerformRx makes the following recommendation:	Committee Approved as recommended:	No Changes
		Motion: Robert Clifford Second: David Petkash	

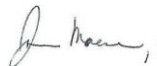
	[REDACTED] [REDACTED] [REDACTED].CHC: • Approve the Treatments for Plasminogen Deficiency Type 1 (PLD1) prior authorization criteria with no clinical changes. [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [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] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]

42. [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
43. Myasthenia Gravis Agents	PerformRx makes the following recommendation: [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Committee Approved as recommended: Motion: Robert Clifford Second: David Petkash	PerformRx will update the criteria and formulary/PDL with any changes

	I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED] [REDACTED].CHC: • Approve the Myasthenia Gravis prior authorization criteria with no clinical changes. [REDACTED] I [REDACTED] [REDACTED] [REDACTED]		
[REDACTED]	[REDACTED] [REDACTED] [REDACTED] I [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] changes

10. Recalls	1/22/2026 – 4/15/2026 Class 1 or 2 recalls impacting all lots for medications listed within Medispan:		
	Date	Manufacturer	Product Name
	3/5/2026	Wizcure Pharmaa	Vista Tears Polyethylene Glycol 400 0.4% w/v, Propylene Glycol 0.3% w/v Eye Drops, Dry Eye Relief, Lubricant Drops, Sterile 10 ml (1/3 fl. oz.)
	3/5/2026	Wizcure Pharmaa	Vista Gel Hypromellose USP 0.3% w/v, Eye Drops Dry Eye Relief Lubricating Gel, 10 ml. (1/3 fl. oz)
	3/5/2026	Wizcure Pharmaa	Vista Meibo Tears Propylene Glycol 0.6% w/v Eye Drops Advanced Dry Eye Relief Revitalizing Formula, 10 ml (1/3 fl.oz.)
	3/5/2026	Wizcure Pharmaa	Vista Gonio Eye Lubricant, Hypromellose Ophthalmic Solution USP (Sterile Drops. Dry Eye Relief, 15 ml. (1/2 fl. oz.)
	3/5/2026	Wizcure Pharmaa	CHNaO Fluorescein Sodium Ophthalmic Strips, USP 1mg
	3/5/2026	Wizcure Pharmaa	Bio Glo Fluorescein Sodium Ophthalmic Strips USP
	3/5/2026	Slate Run Pharmaceuticals	Eptifibatide Injection, 75 mg/100 mL vial
11. Adjourn	The meeting adjourned at 7:04 PM EST Motion: Wayne Weart Second: Robert Clifford		
	Next P&T Meeting July 27th 6:00pm- 8:00pm EST		

 MD, MACP.

Signed: _____

Date: 08/07/26

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