

**Enterprise P&T Meeting Committee
October 27, 2025**

Voting Members Present

Christopher Antypas, PharmD	Fury Fecondo, PharmD	Jena Quinn, PharmD
David Batluck, DO	Emily Kryger, PharmD	Alishia Richie, MD (proxy)
Robert Clifford, MD	Kelly Martin, PharmD	Christy Skibicki, MD
Tracey Davis, PharmD	Eric Peters, PharmD	Wayne Weart, PharmD
Rogers Elebra, PharmD	David Petkash, MD	Rani Whitfield, MD

Excused Voting Members

Michael Baer, MD	Robert Hockmuth, MD	Andrew Peterson, PharmD
Donald Beam, MD	Lenaye Lawyer, MD	Manni Sethi, MD
Kirt Caton , MD	Yavar Moghimi, MD	
Loretta Dumontet, MD	Michelle Murphy, PharmD	

Invited Guests Present

Bethany Baird, CPhT	Katherine Harris, PharmD	Patty Oaster
Linda Carreras, CPhT	Sheireen Huang, PharmD	Michael Pelyhes, PharmD
Stephanie Dauer	Amanda Hunter, PharmD	Jeanine Plante, PharmD
Patrick DeHoratius, PharmD	Jeffrey Kreitman, PharmD	Ruth Smith, PharmD
Rajneel Farley, PharmD	Geraldine Marks, PharmD	Luke Stadler, PharmD
LouAnne Giangreco, MD	Lauren Megargell, PharmD	Lance Vinci, PharmD

200 Stevens Drive, Philadelphia, PA 19113

Issue	Discussion	Conclusion/Results	Action/ Person Responsible
1. Call to order	The meeting was called to order at 6:06 PM EST	Informational Only	Jeffrey Kreitman
2. Conflict of Interest Disclosures	No conflicts announced	Informational Only	Jeffrey Kreitman
3. Charter	Informational Only	Committee approved as recommended: Motion: David Batluck Second: Rani Whitfiel	Jeffrey Kreitman
■ [REDACTED]		[REDACTED]	[REDACTED]
5. Review and approval of July P&T Minutes		Committee approved as recommended: Motion: David Petkash Second: Robert Clifford	Jeffrey Kreitman

6. Old Business			
7. New Business			
	PerformRx makes the following recommendation:	Committee approved as recommended:	PerformRx will update the criteria and formulary/PDL with any changes

Imcivree	PerformRx makes the following recommendation: [REDACTED] [REDACTED] KF.AHC [REDACTED]: Approve the Imcivree (setmelanotide) 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]		
Nitisinone Products PA Criteria	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED]	Committee approved as recommended: Motion: David Batluck Second: Christopher Antypas	PerformRx will update the criteria and formulary/PDL with any changes

	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] KF.AHC [REDACTED] • Approve the Nitisinone Products prior authorization criteria as new criteria. █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]		
█ [REDACTED] █ [REDACTED]	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]	█ [REDACTED] █ [REDACTED]

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8. Drug Review			
A. Therapeutic Class:			
Multivitamins	PerformRx makes the following recommendation: ██ ██ ██ ██ ██ KF.AHC████████████████ • Make no formulary changes.	Committee approved as recommended: Motion: Robert Clifford Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

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B. Single Products			
Sephience	PerformRx makes the following recommendation: ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

	KF.AHC [REDACTED]: • Add Sephience to formulary T4 with a prior authorization requirement. • Update the Kuvan (new name Phenylalanine Hydroxylase Activators) prior authorization criteria. • Update the title from Kuvan to Phenylalanine Hydroxylase Activators to include both Sephience and Kuvan in the same policy. • Add the new product Sephience to the drug list • Update the reauthorization criteria within the coverage duration section to allow Sephience to be approved for a duration of 1 month for patients who require a dose increase from their previous dose (up to a max dose of 60 mg/kg/day) due to non-responsiveness. • Update the initial coverage section to include a trial and failure, intolerance, or contraindication to sapropterin in combination with Phe-restricted diet prior to the approval of Sephience		
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	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Brinsupri	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [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

	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] KF.AHC [REDACTED]: • Add Brinsupri to formulary T4 with a prior authorization requirement. • Approve the newly developed Brinsupri prior authorization criteria. • Approve the newly developed Brinsupri prior authorization criteria		
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Zevaskyn	PerformRx makes the following recommendation: █ █ █ █ █ █ █ █ █ █ █ █ █ █ █	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

	██████████ ██████████ ██ ██████████ ██ ██ ██████████ ██ KF.AHC██████████: • Add Zevaskyn to formulary T4 with a prior authorization requirement. • Approve the newly developed Zevaskyn prior authorization criteria. • Approve the newly developed Zevaskyn prior authorization criteria. ██████████ ██████████ ██ ██████████ ██ ██		
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	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]	
8. New Products			
	PerformRx makes the following recommendation:	Committee approved as recommended:	PerformRx will update the criteria and formulary/PDL with any changes

	Add to Specialty Tier 4 with PA for KF/AHC/█: • Avgemsi • Egrifta WR • Remodulin • Tepadina • Zelvysia Add Specialty Tier 4 with with drug specific PA for KF/AHC/█: • Harliku • Legembi Iqlik █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █ █	Motion: David Batluck Second: Robert Clifford	
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	■ [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] Add to the supplemental Tier 3 for KF/AHC [REDACTED] • Dicyclomine • TNKase [REDACTED] [REDACTED] ■ [REDACTED] Add to the supplemental Tier 3 with age limits and quantity limits for KF/AHC/[REDACTED]: • Penmenvy [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED]		
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	Remain nonformulary/non-preferred for KF/AHC [REDACTED]: • Papzimeos Remain non-formulary/non-preferred for KF/AHC [REDACTED]: • Aerochamber2 GO • Analpram HC • Butalbital-APAP Caffeine • Fibryga • Fluorouracil • Inlexzo • Jobevne • Kerendia • Kyxata • Lynozylfic • MODDI • Oxytocin+RFID • Pen Needle • Pro Comfort Pen Needles • Quick Touch • Rocuronium Bromide +RFID • Succinylcholine CI +RFID • Tyfast Flu A/B Covid-19 Multip In Vitro Kit • Unloxcyt • Vizz [REDACTED] [REDACTED]		
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A. Prior Authorization Criteria Annual Review with Clinical Changes			
Quantity Limit Exception	PerformRx makes the following recommendation: I I I	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

[illegible]

[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]
Immune Globulins	PerformRx makes the following recommendation: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [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

	KF.AHC [REDACTED]: • Update the drug list section by Remove Gamastan IM since its indications are not addressed in this policy. • Update the primary immunodeficiency section to also allow for a documented specific antibody deficiency. • Update the multifocal motor neuropathy section by increasing the max dose to 2.4 g/kg/month to align with the dosing for Gammagard 10% and extending the approval duration to 6 months since this disease requires chronic treatment. • Update the chronic inflammatory demyelinating polyneuropathy section by Remove the approval duration restriction to not overly restrict maintenance dosing.		
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	■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents	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

	[REDACTED] [REDACTED] [REDACTED] [REDACTED] KF.AHC [REDACTED]: • Update the exceptions sections in the initial criteria to include Ultomiris to align with the Step 3 agents of the drug list. • Update the initial criteria regarding vaccination to verify members complies with most current Advisory Committee on Immunization Practices (ACIP) recommended vaccine against encapsulated bacteria. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
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	[REDACTED]	[REDACTED]	
Rezdiffra	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: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

	█ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED] KF.AHC [REDACTED]: • Remove patients with thyroid disease from exclusion criteria section as there is a larger body of study evidence where they did not exclude this patient group. • Update the prescriber restriction section to include endocrinologist as an acceptable prescriber. • Remove the initial criteria regarding NAS score of 4 as it is only used during a biopsy and the policy allows for non-invasive testing. █ [REDACTED] █ [REDACTED] █ [REDACTED] █ [REDACTED]		
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	PerformRx makes the following recommendation: Committee approved as recommended: PerformRx will update the criteria and formulary/PDL with any changes		
Sleep Disorder Therapy	PerformRx makes the following recommendation: Committee approved as recommended: PerformRx will update the criteria and formulary/PDL with any changes	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

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

	[REDACTED] KF.AHC [REDACTED]: Adding criteria for the new indication of plaque psoriasis including diagnosis, trial/failure/intolerance to topical steroid (minimum duration of 4 weeks), and trial/failure/intolerance to topical corticosteroid in combination with a Vitamin D analogs, Tazarotene, or Calcineurin.		
[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]

B. Prior Authorization Criteria Annual Review without Clinical Changes			
Medications without Drug or Class Specific Criteria	PerformRx makes the following recommendation: Approve the Medications without Drug or Class Specific Criteria prior authorization criteria with no clinical changes for: ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes
Prior Authorization Exception	PerformRx makes the following recommendation: Approve the Prior Authorization Exception Criteria prior authorization criteria with no clinical changes for: ■ [REDACTED] ■ [REDACTED] ■ [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes

	• KF.AHC		
Safety Edit Exception	PerformRx makes the following recommendation: Approve the Safety Edit Exception Criteria prior authorization criteria with no clinical changes for: • KF.AHC	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes
Step Therapy Exception	PerformRx makes the following recommendation: Approve the Step Therapy Exception Criteria prior authorization criteria with no clinical changes for	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes

	■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KFAHC [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]

Polyneuropathy (CIDP) Agents	Approve the Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) Agents prior authorization criteria with no clinical changes for: ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED]	Motion: Kelly Martin Second: Wayne Weart	
[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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Danazol	PerformRx makes the following recommendation: Approve the Danazol prior authorization criteria with no clinical changes for: █ █ █ █ █ █ • KF.AHC █ † █	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes
Daraprim	PerformRx makes the following recommendation: Approve the Daraprim prior authorization criteria with no clinical changes for █ █ █ █ █ █ • KF.AHC █ █ █	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes
	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes

Desmopressin (Stimate)	Approve the Desmopressin nasal spray prior authorization criteria with no clinical changes for ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED]	Motion: Kelly Martin Second: Wayne Weart	
[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] - I [REDACTED] - I [REDACTED]	[REDACTED] [REDACTED]	
GalaFold	PerformRx makes the following recommendation: Approve the GalaFold prior authorization criteria with no clinical changes for: - I [REDACTED] - I [REDACTED] - I [REDACTED] • KF.AHC [REDACTED] - I [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes
[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] - I [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]
HIF-PH Inhibitors for CKD Anemia	• PerformRx makes the following recommendation: Approve the HIF-PH Inhibitors for CKD Anemia prior authorization criteria with no clinical changes for: ■ [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes

	■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KFAHC [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] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
Kisunla	PerformRx makes the following recommendation: Approve the Kisunla prior authorization criteria with no clinical changes for: [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes

	• KF.AHC [REDACTED] • [REDACTED]		
Mucopolysaccharidosis VI (Maroteaux-Lamy Syndrome) Agents (Naglazyme)	PerformRx makes the following recommendation: Approve the Mucopolysaccharidosis VI (Maroteaux-Lamy Syndrome) Agents prior authorization criteria with no clinical changes for: • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • KF.AHC [REDACTED] • [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes
Oxervate	PerformRx makes the following recommendation: Approve the Oxervate prior authorization criteria with no clinical changes for: • [REDACTED] • [REDACTED] • [REDACTED] • KF.AHC [REDACTED] • [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No 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] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
Reblozyl	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Kelly Martin	No Changes

	Approve the Reblozyl prior authorization criteria with no clinical changes for: ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED]	Second: Wayne Weart	
Retinoids	[REDACTED] [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
Rytelo	• PerformRx makes the following recommendation: Approve the Rytelo prior authorization criteria with no clinical changes for: ■ [REDACTED] ■ [REDACTED] ■ [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes

	■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KFAHC [REDACTED] † [REDACTED]		
[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] ■ [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
Sublingual Allergenic Extracts	PerformRx makes the following recommendation: Approve the Sublingual Allergenic Extracts prior authorization criteria with no clinical changes for: ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KFAHC [REDACTED] ■ [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes

[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
Type I Interferon (IFN) Receptor Antagonist (Saphnelo)	PerformRx makes the following recommendation: Approve the Type I Interferon (IFN) Receptor Antagonist prior authorization criteria with no clinical changes ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes
Veopoz	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes

	Approve the Veopoz prior authorization criteria with no clinical changes for: ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED]	Motion: Kelly Martin Second: Wayne Weart	
[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
Tecelra	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Kelly Martin	No Changes

	Approve the Tecelra prior authorization criteria with no clinical changes for: ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED]	Second: Wayne Weart	
Roctavian	PerformRx makes the following recommendation: Approve the Roctavian prior authorization criteria with no clinical changes for: ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes
Zolgensma	PerformRx makes the following recommendation: Approve the Zolgensma prior authorization criteria with no clinical changes for: ■ [REDACTED] ■ [REDACTED]	Committee approved as recommended: Motion: Kelly Martin Second: Wayne Weart	No Changes

	• KF.AHC		

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10. Recalls	Date: 8/29/2025 Manufacturer: DermaRite Industries Product Name: Hand Sanitizers, Cleansers, Skin Protectants, Deodorant Reason: Device & Drug Safety – Potential Burkholderia cepacia contamination		
11. Adjourn	The meeting adjourned at (7:18) PM EST Motion: David Batluck Second: Alishia Richie		

	Next P&T Meeting 6:00pm- 8:00pm EST	

Required Signature: 

Date: 2/6/2026