

**Enterprise P&T Meeting
Committee Meeting Minutes**

July 31, 2023

Voting Members Present

Antypas, Christopher, PharmD	Davis, Tracey, PharmD	Lawyer, Lenaye, MD	Muller, Kendra, MD	Wise, Rodney, MD
Batluck, David, DO	Elebra, Rogers, PharmD	Martin, Kelly, PharmD	Peters, Eric, PharmD	
Brinley, Floyd (John), MD	Feconda, Fury, PharmD	Meny, Christopher, PharmD (Donald Beam proxy)	Peterson, Andrew, PharmD	
Caton, Kirt, MD	Hockmuth, Robert, MD		Petkash, David, MD	
Cooper, Donald, PharmD	Kryger, Emily, PharmD	Michael, Kendra, MD	Whitfield, Rani, MD	

Excused Voting Members

Beam, Donald, MD	Weart, Wayne, PharmD		
Higgins, Lily, MD			
Murphy, Michelle, PharmD			
Orr, Lavdena, MD			
Smith, Kirby, MD			

Invited Guests Present

Baird, Bethany, CPhT	Hunter, Amanda, PharmD	Seitz, Ally, PharmD	Wiseman, Arlene, PharmD
Carreras, Linda, CPhT	Kassim, Toks, PharmD	Stadler, Luke, PharmD	Pawlak, Sarah, PharmD
Clement, Kathleen	Kreitman, Jeffrey, PharmD	Verret, Philip, PharmD	
Colvin, Mike, PharmD	O'Meara, Brian	Vodoor, Calla, PharmD	
DeHoratius, Patrick, PharmD	Plante, Jeanine, PharmD	Weiss, Erich, PharmD	

Issue	Discussion	Conclusion/Results	Action/ Person Responsible
1. Call to Order	The meeting was called to order at 6:02 PM EST. name Welcomed all external and internal participants.	Informational Only	Lenaye. Lawyer
2. Conflict of Interest Disclosure	No conflicts announced	Informational Only	Jeffrey Kreitman
3. [REDACTED]		[REDACTED]	[REDACTED]
4. Review and approval of April P&T and June Proxy Minutes		Committee approved as recommended Motion: David Batluck Second: Robert Hockmuth	Jeffrey Kreitman
5. Old Business			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Lamzede	<p>PerformRx makes the following recommendation:</p> <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>Committee approved as recommended</p> <p>Motion: Kirt Caton Second: Andrew Peterson</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <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]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none"> Remove the requirement that the patient must be able to walk without support as the label does not exclude these patients from treatment <p>[REDACTED]</p> <ul style="list-style-type: none"> [REDACTED] 		
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6. New Business			
Insulin-Like Growth Factor-1 Receptor (Igf-1r) Antagonists for Thyroid Eye Disease	PerformRx makes the following recommendation:	Committee approved as recommended Motion: Don Cooper	PerformRx will update the criteria and formulary/PDL with any changes

█ [REDACTED]
[REDACTED]
[REDACTED]

█ [REDACTED]

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

█ [REDACTED]
[REDACTED]
[REDACTED]

KF/AHC █ :

- Remove clinical activity score as Tepezza is now indicated for patients with inactive disease

	<ul style="list-style-type: none">• For patients with chronic/inactive disease, require previous corrective surgery as this is standard of care <p>[Redacted]</p> <ul style="list-style-type: none">• [Redacted]• [Redacted]• [Redacted]		
<p>[Redacted]</p>	<p>[Redacted]</p> <ul style="list-style-type: none">• [Redacted] <p>[Redacted]</p> <ul style="list-style-type: none">• [Redacted] <p>[Redacted]</p>	<p>[Redacted]</p> <p>[Redacted]</p>	<p>[Redacted]</p> <p>[Redacted]</p>

<p>[REDACTED]</p>	<p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] <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> <p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>Sleep Disorder Therapy</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] 	<p>Committee approved as recommended</p> <p>Motion: Don Cooper Second: Robert Hockmuth</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

█ [REDACTED]
[REDACTED]

[REDACTED]

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

[REDACTED]

█ [REDACTED]
[REDACTED]

KF/AHC [REDACTED] :

- Add new products sodium oxybate solution and Lumryz to the drug lists and criteria
- Require trial with generic sodium oxybate solution prior to use of Xyrem, Xywav, or Lumryz
- Remove duplicative statements in the reauthorization criteria

[REDACTED]

█ [REDACTED]
[REDACTED]

	<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]■ [Redacted] <p>[Redacted]</p> <ul style="list-style-type: none">■ [Redacted]■ [Redacted]		
Ileal Bile Acid Transporter Inhibitors	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <p>[Redacted]</p> <ul style="list-style-type: none">■ [Redacted] <p>[Redacted]</p> <ul style="list-style-type: none">■ [Redacted]	<p style="text-align: center;">Committee approved as recommended</p> <p>Motion: Don Cooper Second: Robert Hockmuth</p>	<p style="text-align: center;">PerformRx will update the criteria and formulary/PDL with any changes</p>

[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

KF/AHC [REDACTED]:

- Update the age restriction section to align with prescribing information as Livmarli received expanded approval

[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]
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[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED] [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

KF/AHC [REDACTED] – OTC Review

PerformRx makes the following recommendation:

KF.AHC [REDACTED]:

• **Antihistamines**

Remove the following products from formulary due to cost effective alternatives available on formulary:

- i. Allergy Relief Childrens Oral Liquid 12.5 MG/5ML
- ii. GNP Allergy Antihistamine Oral Liquid 12.5 MG/5ML
- iii. GNP Allergy Oral Capsule 25 MG
- iv. GNP Childrens Allergy Oral Liquid 12.5 MG/5ML
- v. diphenhydrAMINE HCl Oral Elixir 12.5 MG/5ML

• **Antiflatulents:**

Remove the following products from formulary due to cost effective alternatives available on formulary:

- i. Gas-X Extra Strength Oral Capsule 125 MG
- ii. ii. GNP Gas Relief Extra Strength Oral Capsule 125 MG
- iii. iii. GNP Gas Relief Extra Strength Oral Tablet Chewable 125 MG
- iv. iv. Gas-X Extra Strength Oral Tablet Chewable 125 MG

• **Antacids:**

Committee approved as recommended

Motion: Don Cooper

Second: Robert Hockmuth

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

Remove the following products from formulary due to cost effective alternatives available on formulary:

- i. Mag-Al Plus Oral Liquid 200-200-20 MG/5ML from T3
- ii. Antacid Maximum Strength Oral Suspension 400-400-40 MG/5ML
- iii. Antacid Plus Anti-Gas Relief Oral Suspension 400-400-40 MG/5ML
- iv. GNP Antacid & Anti-Gas Oral Suspension 200-200-20 MG/5ML
- v. GNP Antacid Regular Strength Oral Suspension 200-200-20 MG/5ML

• **Laxatives:**

Remove the following products from formulary due to cost effective alternatives available on formulary:

- i. Enemeez Mini Rectal Enema 283 MG/5ML
- ii. Senna Oral Capsule 8.6 MG
- iii. GNP Senna Lax Oral Tablet 8.6 MG
- iv. Senna-Lax Oral Tablet 8.6 MG

Add Fleet Pediatric Rectal Enema 3.5-9.5 GM/59ML to T3 without utilization management edits as a cost-effective alternative

• **Acetaminophen:**

Remove the following products from formulary due to cost effective alternatives available on formulary:

- i. SM Arthritis Pain Relief Oral Tablet Extended Release 650 MG

	<ul style="list-style-type: none"> ii. HM Arthritis Pain Relief Oral Tablet Extended Release 650 MG iii. 8HR Muscle Aches & Pain Oral Tablet Extended Release 650 MG iv. GoodSense Pain & Fever Infants Oral Suspension 160 MG/5ML v. GNP Pain & Fever Childrens Oral Suspension 160 MG/5ML vi. Acetaminophen Infants Oral Suspension 160 MG/5ML vii. Pain Relief Childrens Oral Suspension 160 MG/5ML viii. SM Pain & Fever Infants Oral Suspension 160 MG/5ML ix. Pain & Fever Infants Oral Suspension 160 MG/5ML x. QC Pain Relief Infants Oral Suspension 160 MG/5ML xi. viii. Childrens Acetaminophen Oral Suspension 160 MG/5ML xii. Acetaminophen Oral Tablet Chewable 160 MG 		
<p>7. Drug Reviews</p>			
<p>Therapeutic Class</p>			
<p>Chelating Agents with PA Criteria</p>	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <p>█ █ █</p>	<p style="text-align: center;">Committee approved as recommended</p> <p>Motion: David Batluck Second: Robert Hockmuth</p>	<p style="text-align: center;">PerformRx will update the criteria and formulary/PDL with any changes</p>

- [REDACTED]
- [REDACTED]

[REDACTED]

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

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

KF/AHC [REDACTED]

- Add the newly approved Cuvrior to tier 4 with prior authorization
- Approve the new Chelating Agents prior authorization criteria
- Approve the new Chelating Agents prior authorization policy

	<ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED]		
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Spacers and Accessories

PerformRx makes the following recommendation:

[REDACTED]

- [REDACTED]
- [REDACTED]

Committee approved as recommended

Motion: David Batluck
Second: Robert Hockmuth

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

	<ul style="list-style-type: none"> █ [REDACTED] █ [REDACTED] █ [REDACTED] 		
Single Products			
Daybue with PA Criteria	<p style="text-align: center;">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] █ [REDACTED] █ [REDACTED] <p>█ [REDACTED]</p> <ul style="list-style-type: none"> █ [REDACTED] █ [REDACTED] █ [REDACTED] <p>█ [REDACTED]</p> <ul style="list-style-type: none"> █ [REDACTED] <p>KF/AHC █ [REDACTED] :</p>	<p>Committee approved as recommended</p> <p>Motion: Kelly Martin Second: Robert Hockmuth</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

[REDACTED]

KF/AHC/█:

- Add Elfabrio (pegunigalsidase alfa-iwxj) to T4 of the formulary with a prior authorization requirement
- approving the updated Enzyme Replacement Therapies for Fabry Disease prior authorization criteria
- Add Elfabrio to the drug list
- Update title from Fabrazyme to Enzyme Replacement Therapies for Fabry Disease due to the addition of Elfabrio to the criteria
- Update age restriction section to align with package insert due to addition of Elfabrio which is only indicated in adults
- Update required alpha-Gal-A activity level to align with guidelines
- Streamline language

█ [REDACTED]

█ [REDACTED]

[REDACTED]

[REDACTED]

█ [REDACTED]

[REDACTED]

[REDACTED]

█ [REDACTED]

█ [REDACTED]

[REDACTED]

	<ul style="list-style-type: none">█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]		
Joenja with PA Criteria	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <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]█ [REDACTED] <ul style="list-style-type: none">█ [REDACTED]█ [REDACTED]	<p style="text-align: center;">Committee approved as recommended</p> <p>Motion: Kelly Martin Second: Robert Hockmuth</p>	<p style="text-align: center;">PerformRx will update the criteria and formulary/PDL with any changes</p>

█ [REDACTED]
[REDACTED]

KF/AHC [REDACTED]:

- Add Joenja (leniolisib) to T4 of the formulary with a prior authorization requirement
- Approve the newly developed Joenja prior authorization criteria

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

Skyclarys with PA Criteria

PerformRx makes the following recommendation:

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

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

Committee approved as recommended

Motion: Kelly Martin
Second: Robert Hockmuth

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

	<p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none"> • Add Skyclarys (omaveloxolone) to T4 of the formulary with a prior authorization requirement • Approve the newly developed Skyclarys (omaveloxolone) prior authorization criteria <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] 		
<p>Omisirge 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: Kelly Martin Second: Robert Hockmuth</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

■ [REDACTED]
[REDACTED]
[REDACTED]

■ [REDACTED]
■ [REDACTED]
[REDACTED]

■ [REDACTED]
■ [REDACTED]
[REDACTED]
[REDACTED]

■ [REDACTED]
■ [REDACTED]
[REDACTED]
[REDACTED]

■ [REDACTED]
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[REDACTED]
[REDACTED]

■ [REDACTED]
■ [REDACTED]
■ [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

KF/AHC [REDACTED] :

[Redacted]

[Redacted]

[Redacted]

- KF/AHC [Redacted]:**
- Add Qalsody (tofersen) to T4 of the formulary with a prior authorization requirement
 - Approve the newly developed Qalsody (tofersen) prior authorization criteria.

[Redacted]

Vowst with PA Criteria

PerformRx makes the following recommendation:

Committee approved as recommended

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

Motion: Kelly Martin
Second: Robert Hockmuth

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

KF/AHC [REDACTED] :

- Add Vowst (fecal microbiota spores, live-brpk) to Tier 4 of the formulary with a prior authorization requirement
- Approve the updated Fecal Microbiota prior authorization criteria
- Add newly approved Vowst (fecal microbiota spores, live-brpk) to the drug list
- Update title from Rebyota to Fecal Microbiota to account for the addition of Vowst to the criteria
- Add requirement that patient will bowel cleanse prior to Vowst treatment to align with label

- [REDACTED]
- [REDACTED]

	<ul style="list-style-type: none">■ [REDACTED]■ [REDACTED]■ [REDACTED]		
New Products	<p>PerformRx makes the following recommendation:</p> <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>Committee approved as recommended</p> <p>Motion: Don Cooper Second: David Batluck</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[REDACTED]
[REDACTED]
[REDACTED]

- [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

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

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

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

Add to the Specialty Tier with a drug specific PA requirement for SHSC and KF/AHC [REDACTED]:

- Lumryz

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

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

[REDACTED]

- █ [REDACTED]

Remain non-formulary for KF/AHC [REDACTED]:

- Miebo 100 % eye drops

[REDACTED]

[REDACTED]

- █ [REDACTED]

[REDACTED]

[REDACTED]

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

[REDACTED]

[REDACTED]

- █ [REDACTED]
- █ [REDACTED]

[REDACTED]

[REDACTED]

- █ [REDACTED]
- [REDACTED]

[REDACTED]

- █ [REDACTED]

	<ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>Remain non-formulary/non-preferred for KF/AHC [REDACTED] :</p> <ul style="list-style-type: none"> • Bigfoot Unity • Iheezo (PF) • Omnipod Go • Veozah <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] 		
10. Prior Authorization Criteria Review			
A. Prior Authorization Criteria Annual Review			

Insulin Pumps

PerformRx makes the following recommendation:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

KF/AHC [Redacted]:

Committee approved as recommended

Motion: Kirt Caton
Second: David Petkash

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

	<ul style="list-style-type: none">Remove reauthorization criteria requiring no new safety signals relating to the insulin pump		
Rituximab	<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>Committee approved as recommended</p> <p>Motion: Kirt Caton Second: David Petkash</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

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

KF/AHC [REDACTED] :

- Allow a medical reason why methotrexate cannot be used in combination with rituximab to treat rheumatoid arthritis to align with guidelines which allow for the use of rituximab monotherapy if treatment with methotrexate is not appropriate.
- Include eosinophilic granulomatosis with polyangiitis (EGPA) as an appropriate diagnosis for rituximab use in the GPA criteria section
- Add language to distinguish between severe and non-severe disease for GPA, EGPA, and MPA to align with treatment algorithms in the guidelines
- Add Riabni (rituximab-arrx) as a co-preferred biosimilar alongside Ruxience (rituximab-pvvr) for rheumatoid arthritis, GPA, EGPA, and MPA indications

	<ul style="list-style-type: none">■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">■ [REDACTED]■ [REDACTED] <ul style="list-style-type: none">■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]		
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Verquvo	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <ul style="list-style-type: none">■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">■ [REDACTED]	<p>Committee approved as recommended</p> <p>Motion: Kirt Caton Second: David Petkash</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
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[Redacted]

KF/AHC [Redacted]:

- Update the trial and failure, intolerance, or contraindication section to require trial of all guidelines recommended treatments for heart failure

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

	<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]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p>		
<p>B-Cell Maturation Antigen (BCMA) Directed Chimeric Antigen Receptor (CAR) T-Cell Therapy</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Kirt Caton Second: David Petkash</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none">• Add the requirement that a member has not previously received a BCMA CAR-T therapy to align with the inclusion criteria of the clinical trials <p>[REDACTED]</p> <ul style="list-style-type: none">• [REDACTED]		
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none">• [REDACTED] <ul style="list-style-type: none">• [REDACTED]	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

	<ul style="list-style-type: none"> █ [REDACTED] █ [REDACTED] 		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
B. Prior Authorization Criteria Annual Review without Clinical Changes			
Anti-FGF23 Monoclonal Antibodies	<p style="text-align: center;">PerformRx makes the following recommendation:</p> [REDACTED]	Committee approved as recommended Motion: David Batluck Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes

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

[REDACTED]

█ [REDACTED]
[REDACTED]
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[REDACTED]

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█ [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

█ [REDACTED]
[REDACTED]
[REDACTED]

KF/AHC [REDACTED]:

- Approve the Anti-FGF23 Monoclonal Antibodies prior authorization criteria with no clinical changes

	<p>[REDACTED]</p>		
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>
Brineura	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Robert Hockmuth</p>	No Changes

	<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>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none">• Approve the Brineura prior authorization criteria with no changes <p>█ [REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED]		
<p>█ [REDACTED]</p> <p>█ [REDACTED]</p> <p>█ [REDACTED]</p>	<p>█ [REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED] <p>█ [REDACTED]</p> <ul style="list-style-type: none">█ [REDACTED]	<p>█ [REDACTED]</p> <p>█ [REDACTED]</p> <p>█ [REDACTED]</p> <p>█ [REDACTED]</p>	<p>█ [REDACTED]</p> <p>█ [REDACTED]</p> <p>█ [REDACTED]</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] 		
<p>Camzyos</p>	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p>	<p style="text-align: center;">Committee approved as recommended</p> <p>Motion: David Batluck Second: Robert Hockmuth</p>	<p style="text-align: center;">PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>█ [REDACTED] [REDACTED]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none">• Approve the Camzyos prior authorization criteria with no clinical changes <p>[REDACTED]</p> <p>█ [REDACTED] [REDACTED]</p>		
Corticotropin	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>█ [REDACTED] [REDACTED] [REDACTED]</p> <p>[REDACTED]</p> <p>█ [REDACTED] [REDACTED] [REDACTED]</p> <p>[REDACTED]</p> <p>█ [REDACTED] [REDACTED] [REDACTED]</p> <p>KF/AHC [REDACTED]:</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Robert Hockmuth</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<ul style="list-style-type: none">• Approve the Corticotropin prior authorization criteria with no clinical changes <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] <p>[Redacted]</p> <ul style="list-style-type: none">• [Redacted] <p>[Redacted]</p> <ul style="list-style-type: none">• [Redacted]	<p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>	<p>[Redacted]</p>
Increlex	<p>PerformRx makes the following recommendation:</p> <p>[Redacted]</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Robert Hockmuth</p>	<p>No Changes</p>

	<p>█ [REDACTED] [REDACTED]</p> <p>█ [REDACTED] [REDACTED]</p> <p>█ [REDACTED] [REDACTED]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none">• Approve the Increlex prior authorization criteria with no clinical changes <p>█ [REDACTED] █ [REDACTED] [REDACTED]</p>		
<p>Mucopolysaccharidosis II (Hunter Syndrome) Agents</p>	<p>PerformRx makes the following recommendation:</p> <p>█ [REDACTED] █ [REDACTED] [REDACTED] [REDACTED]</p> <p>█ [REDACTED] █ [REDACTED] [REDACTED] [REDACTED]</p> <p>█ [REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Robert Hockmuth</p>	<p>No Changes</p>

	<ul style="list-style-type: none"> █ [REDACTED] <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none"> • Approve the Mucopolysaccharidosis II (Hunter Syndrome) Agents prior authorization criteria with no changes <p>█ [REDACTED]</p> <ul style="list-style-type: none"> █ [REDACTED] 		
<p>█ [REDACTED]</p>	<p>█ [REDACTED]</p> <p>█ [REDACTED]</p> <ul style="list-style-type: none"> █ [REDACTED] <p>█ [REDACTED]</p> <ul style="list-style-type: none"> █ [REDACTED] 	<p>█ [REDACTED]</p> <p>█ [REDACTED]</p> <p>█ [REDACTED] █ [REDACTED] █ [REDACTED]</p>	<p>█ [REDACTED]</p>
<p>Pyruvate Kinase Activators</p>	<p>PerformRx makes the following recommendation:</p> <p>█ [REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Robert Hockmuth</p>	<p>No Changes</p>

	<p>█ [REDACTED] [REDACTED] [REDACTED]</p> <p>[REDACTED]</p> <p>█ [REDACTED] [REDACTED] [REDACTED]</p> <p>[REDACTED]</p> <p>█ [REDACTED] [REDACTED] [REDACTED]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none">• Approve the Pyruvate Kinase Activators prior authorization criteria with no clinical changes <p>[REDACTED]</p> <p>█ [REDACTED] [REDACTED] [REDACTED]</p>		
<p>[REDACTED]</p>	<p>[REDACTED] [REDACTED]</p> <p>[REDACTED]</p> <p>█ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED] [REDACTED]</p> <p>[REDACTED] [REDACTED]</p>	<p>[REDACTED]</p>

<p>Specialty Drugs</p>	<p>PerformRx makes the following recommendation:</p> <p>█ █ █</p> <p>█ █ █</p> <p>█ █ █</p> <p>█ █ █</p> <p>KF/AHC █:</p> <ul style="list-style-type: none"> • Approve the Specialty Drugs prior authorization criteria with no changes <p>█ █ █</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Robert Hockmuth</p>	<p>No Changes</p>
<p>Synagis</p>	<p>PerformRx makes the following recommendation:</p> <p>█ █ █</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Robert Hockmuth</p>	<p>No Changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none">• Approve the updated Synagis prior authorization criteria with no changes <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] [REDACTED] [REDACTED]</p>	<p>[REDACTED]</p>

<p>Vioice</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none">• Approve the updated Vioice prior authorization criteria with no changes <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Robert Hockmuth</p>	<p>No Changes</p>
<p>Vimizim</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: David Batluck Second: Robert Hockmuth</p>	<p>No Changes</p>

	<p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED] <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none">• Approve the Vimizim prior authorization criteria with no changes <p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED]		
<p>[REDACTED]</p>	<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]</p> <ul style="list-style-type: none">[REDACTED]	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>

<p>Vuity</p>	<p>PerformRx makes the following recommendation:</p> <p>█ █ █</p> <p>█ █ █</p> <p>KF/AHC █:</p> <ul style="list-style-type: none"> • Approve the Vuity prior authorization criteria with no changes <p>█ █ █</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Robert Hockmuth</p>	<p>No Changes</p>
<p>█</p>	<p>█ █ █</p> <p>█ █ █</p> <p>█ █ █</p> <p>█ █ █</p>	<p>█ █ █</p> <p>█ █ █</p>	<p>█</p>

	<ul style="list-style-type: none">█ [REDACTED]		
<p>Dendritic Cell Tumor Peptide Immunotherapy</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none">█ [REDACTED] <p>KF/AHC [REDACTED]:</p> <ul style="list-style-type: none">• Approve the Dendritic Cell Tumor Peptide Immunotherapy prior authorization criteria	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Robert Hockmuth</p>	<p>No 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>11. Additional Items</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>

	<ul style="list-style-type: none">■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]		
Anti-amyloid Monoclonal Antibodies	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none">■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]	Committee approved as recommended Motion: David Batluck Second: Andrew Peterson	PerformRx will update the criteria and formulary/PDL with any changes

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
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[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

KF/AHC [REDACTED]:

- Retire the Anti-amyloid Monoclonal Antibodies (mAb) prior authorization criteria
- Approve the Aduhelm (aducanumab) prior authorization criteria

	<ul style="list-style-type: none"> • Approve the Leqembi (lecanemab-irmb) prior authorization criteria <p>██████████</p> <ul style="list-style-type: none"> • ████████████████████████████████████ • ████████████████████████████████████ • ████████████████████████████████████ • ████████████████████████████████████ • ████████████████████████████████████ 		
<p>12. Recalls</p>	<p style="text-align: center;">Recalls: 4/17/2023 – 7/24/2023</p> <p>Date: 5/22/2023 Manufacturer: Astral SteriTech Private Ltd. Drugs Products:</p> <ul style="list-style-type: none"> • Ampicillin for Injection, USP 250 mg per vial • Ampicillin for Injection, USP 500 mg per vial • Ampicillin for Injection, USP 1g per vial • Ampicillin for Injection, USP 2g per vial • Ampicillin for Injection, USP 10 g per Pharmacy Bulk Package • Ampicillin and Sulbactam for Injection, USP 1.5 grams per vial • Ampicillin and Sulbactam for Injection, USP 3 grams per vial • Ampicillin and Sulbactam for Injection, USP 15 grams per vial 	<p>Informational</p>	<p>PerformRx</p>

	<ul style="list-style-type: none"> • Cefepime for Injection, USP 1 gram per vial • Cefepime for Injection, USP 2 grams per vial • Ceftriaxone for Injection, USP 250 mg per vial • Ceftriaxone for Injection, USP 500 mg per vial • Ceftriaxone for Injection, USP 1 gram per vial • Ceftriaxone for Injection, USP 2 grams per vial • Ceftriaxone for Injection, USP 10 grams per vial • Piperacillin and Tazobactam for Injection, USP 2.25 grams per vial • Piperacillin and Tazobactam for Injection, USP 3.375 grams per vial • Piperacillin and Tazobactam for Injection, USP 4.5 grams per vial <p>Reason for Recall:</p> <ul style="list-style-type: none"> • Lack of Assurance of Sterility 		
13. Adjourn			Lenaye Lawyer
	The meeting adjourned at 7:27 PM EST	N/A	The next meeting October 30, 2023, from 6:00 PM- 8:00 PM.

Lenaye L Lawyer, MD

Lenaye Lawyer, MD

November 13, 2023

Date