

**Enterprise P&T Meeting
Committee Meeting Minutes
October 26, 2020**

Voting Members Present

Antypas, Christopher, PharmD	Cheely, George, MD	Jordan, Karen, MD	Orr, Lavenda, MD	Muller, Betty
Batluck, David, DO	Cooper, Don, RPh	Kryger, Emily, PharmD	Peterson, Andrew, PharmD	Whitfield, Rani
Burnham, William, MD	David, Tracey, PharmD	Martin, Kelly, PharmD	Petkash, David, MD	
Caton, Cathryn, MD	Higgins, Lily MD	McAllister, Susan, MD	Smith, Bryan, MD	
Caton, Kirt, MD	Hunter, Amanda, PharmD	Murphy, Michelle, PharmD	Weart, Wayne, PharmD	Elebra, Rogers, MD

Excused Voting Members

Brinley, Floyd (John) MD		
Beam, Donald, MD		

Invited Guests Present

Abad, Melissa, CPhT	McMahon, Courtney	Plante, Jeanine, PharmD
Cherian, Sheena, PharmD	Linda Albandoz	
Colvin, Mike, PharmD	Megargell, Lauren, PharmD	Seitz, Ally, PharmD
DeHoratius, Patrick PharmD	Meny, Chris, RPh	Trumbower, Devon, PharmD
Guerriero, Monica	Oaster, Patty	Vodoor, Calla, PharmD
Holley, April	O'Meara, Brian	Weiss, Erich, PharmD

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
1. Call to Order	<p>The meeting was called to order at 6:00 PM EST.</p> <p>Welcomed all external and internal participants.</p>	<p>Informational Only</p>		<p>Dr. William Burnham</p>
2. Conflict of Interest Disclosure	<p>No conflicts announced</p>	<p>Informational Only</p>		<p>Sheena Cherian</p>
<p>[REDACTED]</p>	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] 	<p>[REDACTED]</p>		<p>[REDACTED]</p>

<p>4. 2020 DTM Program Description</p>	<p>Informational Only</p>	<p>Committee approved as recommended Motion: Don Cooper Second: Kirt Caton</p>		<p>Courtney McMahon</p>
<p>5. Review and approval of July and September P&T minutes</p>		<p>Committee approved as recommended Motion: Kirt Caton Second: Kelly Martin</p>		<p>Sheena Cherian</p>
<p>6. Old Business</p>				
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>



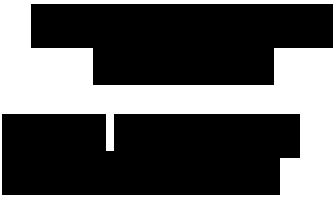






<p>Oncology PA Criteria</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none">• Language changes for clarity• Update drugs to include oral oncology medications as there are non-PDL oral oncology drugs.	<p>Committee approved as recommended</p> <p>Motion: Lavdena Orr Second: Robert Hockmuth</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
<p>Reblozyl PA Criteria</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Lavdena Orr Second: Robert Hockmuth</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</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>			
--	---	--	--	--

KF/AHC/AHNE [REDACTED] :




- Remove hemoglobin requirement as it was only an inclusion criteria in myelodysplastic syndrome trials
- Remove “score less than 3” as very low, low, or intermediate risk equate to a score of 4.5 or less
- Add language to allow for approval in members with contraindication to ESA
- Add condition for approval in patients where trial of ESA is not necessary via NCCN guidelines

[REDACTED]

				
Synagis	<p>PerformRx makes the following recommendation:</p>    KF/AHC/AHNE  : <ul style="list-style-type: none">• Update coverage duration to prevent claims outside of RSV season. 	<p>Committee approved as recommended</p> <p>Motion: David Petkash Second: Kelly Martin</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<ul style="list-style-type: none">[REDACTED]			
7. New Business				
<ul style="list-style-type: none">[REDACTED]	<ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED][REDACTED]	<ul style="list-style-type: none">[REDACTED][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>
-------------------	---	-------------------------------------	--	-------------------

	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
8. Drug Reviews:				
A. Therapeutic Class:				
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

	<ul style="list-style-type: none">■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [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>
-------------------	---	-------------------------------------	--	-------------------

				
Rho(D) Immune Globulins	<p>PerformRx makes the following recommendation:</p>     <p>KF/AHC/AHNE :</p> <ul style="list-style-type: none">Remove the prior authorization for RhoGAM Ultra-Filtered PLUS (Rho[d] immune globulin [human]).	<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>

	<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>

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
Multiple Sclerosis Agents with PA Criteria	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Kirt Caton Second: Kelly Martin</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

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

[Redacted]

KF/AHC/AHNE [Redacted]:

- Approve the Acthar prior authorization criteria with no clinical changes.

[Redacted]

	<ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] 			
--	--	--	--	--

B. Single Products

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

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

█
█
█
█
█
█

█
█
█
█
█
█

KF/AHC/AHNE █:

- Add Evrysdi (risdiplam) to Tier 4 with drug specific prior authorization criteria
- Approve the newly developed SMN2 Splicing Modifiers for the Treatment of Spinal Muscular

	<p>Atrophy (SMA) prior authorization criteria</p> <ul style="list-style-type: none">• Retire the Spinraza prior authorization criteria <p>[Redacted]</p>			
Enspryng	<p>PerformRx makes the following recommendation:</p> <p>[Redacted]</p>	<p>Committee approved as recommended</p> <p>Motion: Cathryn Caton Second: Kirt Caton</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

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

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

KF/AHC/AHNE █:

- Add Enspryng (satralizumab-mwge) to tier 4 with drug specific prior authorization criteria
- Approve the newly developed Neuromyelitis Optica Spectrum

	<p>Disorder (NMOSD) Agents prior authorization criteria</p> <ul style="list-style-type: none">• Approve the updated Rituximab criteria• Approve the updated Soliris (eculizumab) criteria <p>[REDACTED]</p>			
Uplizna	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Cathryn Caton Second: Kirt Caton</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

KF/AHC/ANHE █:

- Add Uplizna (inebilizumab) to tier 4 with drug specific prior authorization criteria

	<ul style="list-style-type: none">• Approve the newly developed Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents prior authorization criteria• Approve the updated Rituximab criteria• Approve the updated Soliris (eculizumab) criteria <p>[REDACTED]</p>			
Tecartus	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p>	Committee approved as recommended Motion: Cathryn Caton Second: Kirt Caton		PerformRx will update the criteria and formulary/PDL with any changes

█
█

█
█
█
█
█

█
█
█
█
█

KF/AHC/ANHE █ :

	<ul style="list-style-type: none"> • Add Tecartus (brexucabtagene autoleucl) to tier 4 with drug specific prior authorization criteria • Approve the updated Anti-CD19 CAR-T Immunotherapies prior authorization criteria • Add Tecartus to the drug list and criteria where applicable • Add criteria for Mantle Cell Lymphoma <p>[REDACTED]</p>			
Viltepsa	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Cathryn Caton Second: Kirt Caton</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

KF/AHC/ANHE [Redacted]:

- Add Viltepsa (viltolarsen) to tier 4 with drug specific prior authorization criteria
- Approve the newly developed Viltepsa prior authorization criteria

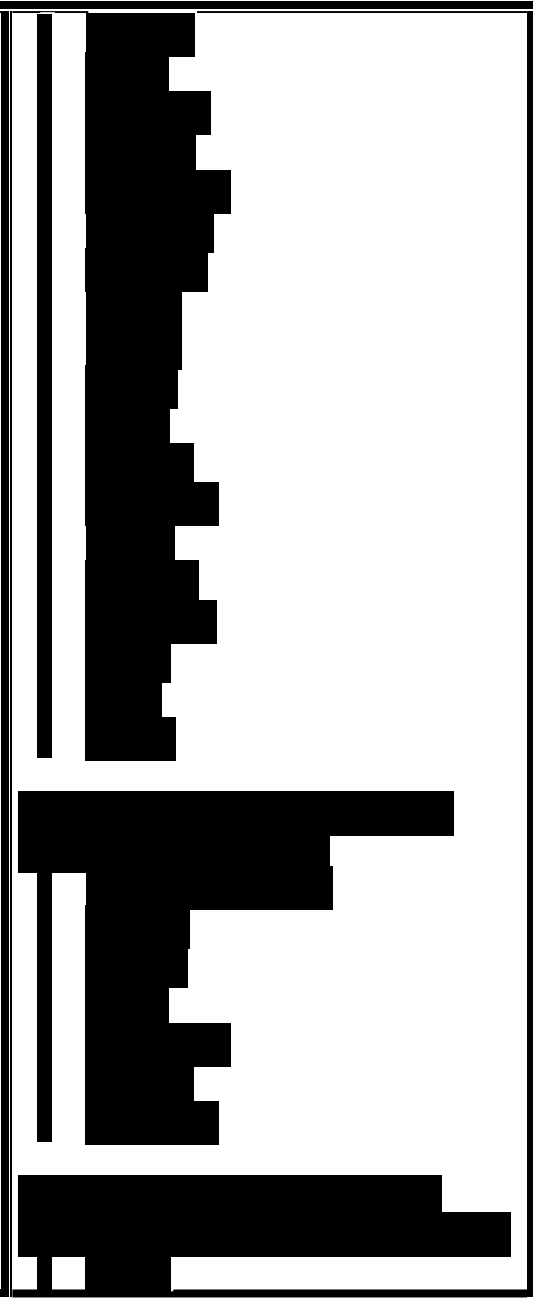
[Redacted]

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

	<p>[REDACTED]</p>			
<p>9. New Products</p>				
	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>Add to Specialty Tier with a drug/class specific PA requirement for KF/AHC/AHN [REDACTED]</p> <ul style="list-style-type: none"> • Xywav <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: David Batluck Second: Andrew Peterson</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

Add to Specialty Tier with a PA requirement for KF/AHC/AHN [REDACTED]:

- Blenrep
- Cystadrops
- Dojolvi
- Monjuvi
- Mycapssa
- Onureg
- Phesgo
- Polivy
- Sirturo
- Tralement

				
--	---	--	--	--

[REDACTED]

[REDACTED]

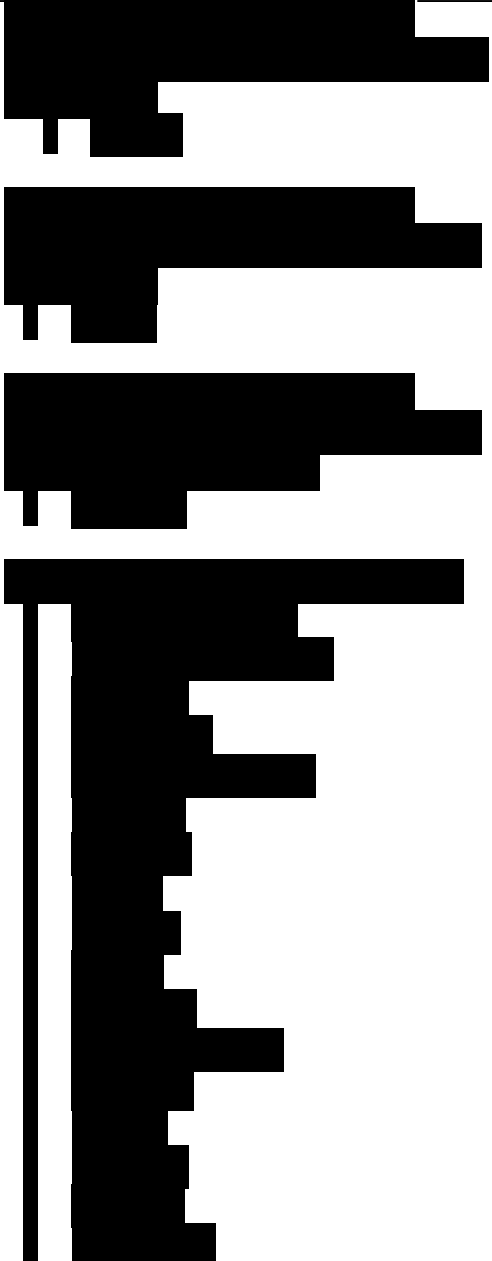
[REDACTED]

[REDACTED]

[REDACTED]

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

- AzaDrox
- Lampit
- MenQuadfi (PF)
- Precedex
- TissueBlue
- Upneeq
- VistaSeal

	 This section contains four rows of redacted text. Each row consists of a short line of text followed by a long line of text. The first three rows have a short line of approximately 10 characters and a long line of approximately 40 characters. The fourth row has a short line of approximately 10 characters and a long line of approximately 45 characters.			
--	---	--	--	--

	[REDACTED]			
10. Prior Authorization Criteria Review				
A. Prior Authorization Criteria Annual Review:				
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

				
Allergenic Extracts	<p>PerformRx makes the following recommendation:</p>  	<p>Committee approved as recommended</p> <p>Motion: Don Cooper Second: Kirt Caton</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

product due to seasonal

[REDACTED]

[REDACTED]

KF/AHC/AHNE [REDACTED]:

- Require that patients are prescribed injectable epinephrine due to increase. risk of anaphylactic reactions and black box warning for all products

	<ul style="list-style-type: none">Remove requirements as to when treatment can begin therapy due to seasonal variability. <p>[Redacted]</p>			
<p>[Redacted]</p>	<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]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">■ [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] <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>

	[REDACTED]			
[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]		[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> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>

	█			
Danazol	<p>PerformRx makes the following recommendation:</p> <p>█</p> <p>█</p> <p>█</p> <p>█</p> <p>KF/AHC/AHNE █:</p> <ul style="list-style-type: none">• Streamline language.• Add a prescriber restriction for use in hereditary angioedema to ensure appropriate use. <p>█</p>	<p>Committee approved as recommended</p> <p>Motion: Lavenda Orr Second: Kelly Martin</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</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: Lavdena Orr Second: Kelly Martin</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[REDACTED]

KF/AHC/AHNE [REDACTED]:

- Update drug list to reflect the availability of generic pyrimethamine.
- Allowing requests for congenital toxoplasmosis a 12 month authorization period, since treatment for these patients should last 1 year.
- Streamline criteria by removing required CD4 counts and serology results, as the medication will be prescribed by specialists, and these values are not applicable to special populations including pediatrics and pregnant member.
- Remove coverage criteria for malaria, since it is no longer included in the CDC recommendations for the

	<p>prevention or treatment of malaria.</p> <p>[REDACTED]</p>			
Endari	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p> <p>Motion: Lavdena Orr Second: Kelly Martin</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[REDACTED]

[REDACTED]

KF/AHC/AHNE [REDACTED]:

- Allow sickle cell specialists in addition to hematologists to prescribe Endari

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

	<p>[REDACTED]</p>			
--	-------------------	--	--	--

	<ul style="list-style-type: none">■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]■ [REDACTED]			
--	--	--	--	--

	<ul style="list-style-type: none">█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]			
--	--	--	--	--

	<ul style="list-style-type: none">█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]█ [REDACTED]			
--	---	--	--	--

	<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]			
--	--	--	--	--

	<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>ACFC – Safety Edit Exception Criteria</p>	<p>PerformRx makes the following recommendation:</p> <p>[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>

█

█

█

█

KF/AHC/AHNE █:

- Remove statement that member may have tried the maximum tolerated dose and clarify that the

	<p>member needs to have tried the maximum FDA/compendia dose based on patient age and weight/</p> <p>[REDACTED]</p>			
<p>ACFC – Step Therapy Exception Criteria</p>	<p>PerformRx makes the following recommendation:</p> <p>[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>

	<p>[REDACTED]</p> <p>KF/AHC/AHN [REDACTED]:</p> <ul style="list-style-type: none">• Streamline language for clarity <p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>ACFC – Brand Name Medication Criteria</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[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>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none">• Change title and contents of criteria to include and apply to reference biologic drugs included on the supplemental formulary. <p>[REDACTED]</p> <p>[REDACTED]</p>			
ACFC – Prior Authorization Exception Criteria	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p>	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

KF/AHC/AHNE [Redacted]:

- Add language to account for intellectual disability, cultural differences, and language barriers.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

	[REDACTED]			
ACFC – Quantity Limit Exception Criteria	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none">• Approve the Quantity Limit Exception Criteria with no clinical changes. <p>[REDACTED]</p> <p>[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>

Immunoglobulins	<p>PerformRx makes the following recommendation:</p>	<p>Committee approved as recommended</p> <p>Motion: Cathryn Caton Second: Lavdena Orr</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

KF/AHC/AHNE [REDACTED]:

- Update title to Immune Globulins for clarity
- Include Xembify and the statement this criteria applies to newly marketed immune globulin
- Language changes for clarity
- Permit use of immunoglobulins for Kawasaki disease without aspirin when contraindicated.

- Allow for authorization of only one time dose of 2g/kg in Kawasaki disease due to enhanced efficacy when compared to 400 mg/kg dosed for 4 to 5 days.
- Remove IgG level requirement for a diagnosis of Chronic B-cell lymphocytic leukemia
- Remove requirement bone marrow transplant must have occurred in the previous 100 days as it can be administered before treatment and after 100 days.
- Add dose limit for use in bone marrow transplant 100 days after transplant
- Update dosing and approval duration for Guillian-Barre syndrome to align with appropriate dosing.

[REDACTED]

	<ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED][REDACTED][REDACTED][REDACTED]			
[REDACTED]	<ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED]	[REDACTED]		[REDACTED]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[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>	<p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>

	<ul style="list-style-type: none">[REDACTED]			
[REDACTED]	<ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED]	<ul style="list-style-type: none">[REDACTED][REDACTED]		<ul style="list-style-type: none">[REDACTED]

Sleep Disorder Therapy

PerformRx makes the following recommendation:





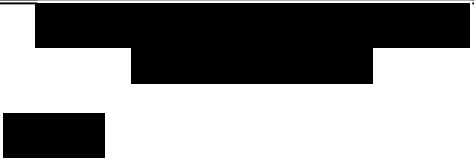
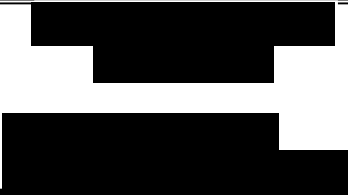

[Redacted]

Committee approved as recommended

Motion: Cathryn Caton
Second: Lavdena Orr
:

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

				
--	---	--	--	--

				
Stimate	<p>PerformRx makes the following recommendation:</p>  <p>KF/AHC/AHNE [Redacted]:</p> <ul style="list-style-type: none">• Approve the Stimate prior authorization criteria with no clinical changes. 	<p>Committee approved as recommended</p> <p>Motion: Don Copper Second: Robert Hockmuth</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
				

	<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]

	<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>

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Blank area]

[Redacted text]

[Blank area]

[Blank area]

[Blank area]

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

Zulresso

PerformRx makes the following recommendation:

[REDACTED]

[REDACTED]

KF/AHC/AHNE [REDACTED]:

- Approve prior authorization criteria with no changes

[REDACTED]

Committee approved as recommended

Motion: Don Copper
Second: Robert Hockmuth

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

	<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]
B. Prior Authorization New Criteria				
Fabrazyme	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] <p>KF/AHC/AHNE [REDACTED]:</p>	<p>Committee approved as recommended</p> <p>Motion: Cathryn Caton Second: Kelly Martin</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<ul style="list-style-type: none">• Approve the newly developed prior authorization criteria. <p>[REDACTED]</p>			
Galafold	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none">• Approve the newly developed prior authorization criteria. <p>[REDACTED]</p>	Committee approved as recommended Motion: Cathryn Caton Second: Kelly Martin		PerformRx will update the criteria and formulary/PDL with any 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]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>

Veklury (remdesivir)

PerformRx makes the following recommendation:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]


[REDACTED]

KF/AHC/AHNE [REDACTED]:

Committee approved as recommended

Motion: Don Copper
Second: David Batluck

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

	<ul style="list-style-type: none"> Approve the updated criteria in order to align with the FDA-approved indication for COVID-19. 			
11. Recalls	No recall notifications	Informational		Sheena Cherian
12. Adjournment				William Burnham
	The meeting adjourned at 8:00 PM	N/A		The next meeting February 1, 2021 from 6:00 PM- 8:00 PM.

William D. Burnham MD

Signed _____

2/3/2021

Date _____