PerformRx℠

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			

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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

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5. Old Business			
A. [redacted] CHC Linezolid Additions	**PerformRx makes the following recommendation:** **[redacted] CHC:** • **Add linezolid oral tablet 600 MG and linezolid oral suspension reconstituted 100 MG/5ML to the supplemental formulary (T3) without utilization management edits.**	**Committee Approved as recommended:** **Motion: Kelly Martin** **Second: Andrew Peterson**	**PerformRx will update the criteria and formulary/PDL with any changes**
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[redacted]	[redacted]	[redacted]	[redacted]
6. New Business			
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	▪ [redacted] ▪ [redacted]		
B. Aqvesme PA Criteria	**PerformRx makes the following recommendation:** [redacted] ▪ [redacted] [redacted] ▪ [redacted] [redacted] ▪ [redacted] [redacted] **CHC:** • **Approve the Aqvesme prior authorization criteria as new criteria.** [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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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**

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	[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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	[redacted]		
F. Itvisma PA Criteria Updates	**PerformRx makes the following recommendation:** [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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	[redacted]		

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	[redacted] [redacted] **CHC:** • **Approve the Zolgensma prior authorization criteria with the following clinical changes:** **a. Update the title to Gene Therapies for Spinal Muscular Atrophy.** **b. Add Itvisma to the drug list section.** **c. Update the exclusion criteria, required medical information, and age restriction sections due to the approval of Itvisma.** **d. Update the other criteria section by Add in Itvisma specific clinical requirements.** • **Approve the SMN2 Splicing Modifiers for the Treatment of Spinal Muscular Atrophy (SMA) prior authorization criteria with the following clinical changes:**		

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	a. Update the exclusion criteria due to the approval of Itvisma. [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**

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	[redacted] [redacted] [redacted] [redacted].CHC: • **Retire the Roctavian prior authorization criteria and remove the product from formulary.** [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**

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	[redacted] [redacted] [redacted] [redacted] [redacted] CHC: • **Retire the Synagis prior authorization criteria and remove from formularies where applicable due to the discontinuation.** [redacted]		

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	[redacted]		
[redacted]	**PerformRx makes the following recommendation:** [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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J. Somatostatin Analogs PA Criteria Update	**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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	[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]		

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	[redacted] [redacted] CHC: • Approve the Somatostatin Analogs and Growth Hormone Receptor Antagonists prior authorization criteria with the following clinical changes: a. Update the drug list due to the generic availability of Sandostatin LAR and the newly approved Palsonify. b. Add clinical criteria for Palsonify requiring decreassstrial and		

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	failure of other previously available options [redacted]		
K. Specialty Biologic Agents PA Criteria Update	**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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	satisfied appropriate trial and failure requirements.		
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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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	[redacted] [redacted] CHC: **Update an age limit requirement to 6 years of age and older to the following product listed below:** • **Dextromethorphan-guaiFENesin Oral Syrup 10-100 MG/5ML** • **Diabetic Siltussin-DM Oral Liquid 100-10 MG/5ML** • **guaiFENesin-DM Oral Syrup 100-10 MG/5ML** • **M-End DMX Oral Liquid 20-0.667-10 MG/5ML** • **Promethazine-DM Oral Syrup 6.25-15 MG/5ML**		

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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** [redacted] • [redacted] • [redacted]		

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7. Drug Review			
A. Therapeutic Class:			
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	• [redacted] • [redacted]		
3. Contraceptives	**PerformRx makes the following recommendation:** [redacted] • [redacted] [redacted] • [redacted] [redacted] • [redacted] [redacted] **CHC:** • **Make no formulary changes.** [redacted] • [redacted]	**Committee Approved as recommended:** **Motion: Kelly Martin** **Second: David Petkash**	**No Changes**
[redacted]	[redacted] [redacted] • [redacted] [redacted]	[redacted] [redacted]	[redacted]

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B. Single Products			
1. Zycubo	**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**

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	[redacted] • [redacted] • [redacted] [redacted] • [redacted] • [redacted] [redacted] • [redacted] • [redacted] [redacted] **CHC:** • **Add Zycubo as T4 with a prior authorization requirement** • **Approve the newly developed Zycubo prior authorization criteria** [redacted]		

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	[redacted]		
2. Loargys	**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**

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	[redacted] [redacted] **[redacted] CHC** • **Add Loargys as T4 with a prior authorization requirement** • **Approve the newly developed Loargys prior authorization criteria** [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**

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	- [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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	• **Approve the newly developed Yartemlea prior authorization criteria** [redacted]		
[redacted]	[redacted] [redacted] [redacted] [redacted]	[redacted] [redacted]	[redacted] [redacted] [redacted]

Deleted: **Tyrngolza**

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

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	• [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]	**Committee Approved as recommended:** **Motion: Robert Clifford** **Second: Kelly Martin**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	▪ [redacted] ▪ [redacted] [redacted] ▪ [redacted] [redacted] ▪ [redacted] ▪ [redacted] [redacted] **CHC:** • **Make no changes to the formulary status of Provenge® (sipuleucel-T).** • **Update the Dendritic Cell Tumor Peptide Immunotherapy prior authorization criteria.** [redacted]		

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

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

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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 Qvantig** • **Rybrevant Faspro** [redacted] • [redacted] • [redacted] [redacted] • [redacted] [redacted]	**Committee Approved as recommended:** **Motion: David Peterson** **Second: Robert Clifford**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	▪ [redacted] [redacted] ▪ [redacted] ▪ [redacted] [redacted] ▪ [redacted] ▪ [redacted] [redacted] ▪ [redacted] [redacted] ▪ [redacted] ▪ [redacted] **Add to the supplemental Tier 3 with quantity limits and age limits for [redacted] CHC:** • **Shingrix** [redacted] ▪ [redacted] ▪ [redacted] ▪ [redacted] [redacted]		

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	[redacted] [redacted] [redacted] [redacted] **Remain non-formulary/ non-preferred for [redacted]/CHC[redacted]** • **Pokonza** [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]		

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	Remain non-formulary/non-preferred for [redacted] /CHC [redacted] • **Diskets** **Remain non-formulary/non-preferred for [redacted] /CHC [redacted]** • **Corphena** • **Desmoda** • **Dexmedetom-idine HCl in NaCl** • **Edex** • **Lunsumio Velo** • **Magnesium Sulfate** • **Orudis** • **Pralatrexate** • **Rocuronium** • **Vybrique** • **Vykoura** • **Yuvezzi** [redacted] • [redacted] • [redacted] • [redacted] • [redacted] • [redacted] • [redacted] • [redacted] • [redacted] • [redacted]		

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9. Prior Authorization Criteria Review			
A. Prior Authorization Criteria Annual Review with Clinical Changes			
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2. Epidermolysis Bullosa Agents	**PerformRx makes the following recommendation:** [redacted]	**Committee Approved as recommended:** **Motion: Robert Clifford** **Second: David Petkash**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted].CHC: • **Update the exclusion criteria to prevent concurrent use of Vyjuvek, Filsuvez, or Zevaskyn.** [redacted] [redacted]		
3. Multaq	**PerformRx makes the following recommendation:** [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**

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	[redacted] [redacted] [redacted] [redacted].CHC: • **Remove the requirement for a recent episode to allow for easier clinical reviews.** [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]

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5. Palynziq	**PerformRx makes the following recommendation:** [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**

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	[redacted] • [redacted] [redacted].CHC: • **Add concurrent use with a phenylalanine hydroxylase activator exclusion to prevent duplicate therapy.** [redacted] • [redacted]		
6. Peanut Allergy Immunotherapy Agents	**PerformRx makes the following recommendation:** [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**

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	[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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8. Transthyretin-mediated Amyloidosis Agents	**PerformRx makes the following recommendation:** [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**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[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]		

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	[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] [redacted] [redacted]	[redacted] [redacted] [redacted] [redacted]	[redacted] [redacted] [redacted]

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	[redacted] [redacted] [redacted]		
10. Anti-CD19 CAR-T Immunotherapies	**PerformRx makes the following recommendation:** [redacted]	**Committee Approved as recommended:** **Motion: Robert Clifford** **Second: David Petkash**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] - [redacted] - [redacted] [redacted] - [redacted] - [redacted] [redacted] - [redacted] - [redacted] [redacted].CHC:		

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	• **Update the exclusion criteria to specifically apply to Kymriah a.d Breyanzi per the package insert** • **Update the initial authorization section for the new Breyanzi indication for Marginal Zone Lymphoma.** [redacted] [redacted]		
[redacted]	[redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	[redacted] [redacted] [redacted]	[redacted] [redacted] [redacted]

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

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	[redacted] • [redacted] [redacted] • [redacted] [redacted] [redacted].CHC: • **Add improvement in UPCR as an additional example of clinical response to therapy.** [redacted] • [redacted]		
B. Prior Authorization Criteria Annual Review without Clinical Changes			
1. Diagnosis Code Requirement	**PerformRx makes the following recommendation:** [redacted]	**Committee Approved as recommended:** **Motion: Robert Clifford** **Second: David Petkash**	**No Changes**

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

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	[redacted] • [redacted] [redacted] • [redacted] [redacted] • [redacted] [redacted].CHC: • **Approve the Off-Label Uses Criteria prior authorization criteria with no clinical changes.** [redacted] • [redacted]		
[redacted]	[redacted] [redacted]	[redacted] [redacted]	[redacted]

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

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	[redacted] ▪ [redacted] [redacted] ▪ [redacted] [redacted] ▪ [redacted] [redacted].CHC: • **Approve the Adzynma prior authorization criteria with no clinical changes.** [redacted] ▪ [redacted]		
▪ [redacted]	[redacted]	[redacted]	[redacted]

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

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	[redacted] • [redacted] [redacted] • [redacted] [redacted] • [redacted] [redacted]**.CHC:** • **Approve the Amtagvi (lifileucel) prior authorization criteria with no clinical changes.** [redacted] • [redacted]		
7. Antisense Oligonucloetides for	**PerformRx makes the following recommendation:** [redacted]	**Committee Approved as recommended:** **Motion: Robert Clifford**	**No Changes**

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Duchenne Muscular Dystrophy	• [redacted] [redacted] • [redacted] [redacted] • [redacted] [redacted] • [redacted] [redacted]**.CHC:** • **Approve the Antisense Oligonucleotides for Duchenne Muscular Dystrophy prior**	**Second: David Petkash**	

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	authorization criteria with no clinical changes. • **Add initial criteria for the length members need to be on a stable dose of corticosteroids based on clinical trials for each drug.** [redacted] • [redacted]		
8. Atovaquone suspension	**PerformRx makes the following recommendation:** [redacted] • [redacted] [redacted] • [redacted] [redacted]	**Committee Approved as recommended:** **Motion: Robert Clifford** **Second: David Petkash**	**No Changes**

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	[redacted] [redacted] [redacted] [redacted].CHC: • **Approve the Atovaquone Suspension prior authorization criteria with no clinical changes.** [redacted] [redacted] [redacted] [redacted]		
[redacted]	[redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	[redacted] [redacted] [redacted] [redacted]	[redacted]
10. Blincyto	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] [redacted]	**Committee Approved as recommended:** **Motion: Robert Clifford** **Second: David Petkash**	**No Changes**

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	[redacted] • [redacted] [redacted] • [redacted] [redacted] • [redacted] [redacted] • [redacted] [redacted].CHC: • **Approve the Blincyto prior authorization criteria with no clinical changes.** [redacted] • [redacted]		

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[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	[redacted]	

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

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13. Cystic Fibrosis TF Modulators	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]**.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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	[redacted]		
[redacted]	[redacted] [redacted] [redacted] [redacted] [redacted]	[redacted] [redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

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	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]

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

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

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	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

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	[redacted]		
20. Ketamine	**PerformRx makes the following recommendation:** [redacted]	**Committee Approved as recommended:** **Motion: Robert Clifford** **Second: David Petkash**	**No Changes**

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	[redacted].CHC: • **Approve the Ketamine prior authorization criteria with no clinical changes.**		
21. Lamzede	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	**Committee Approved as recommended:** **Motion: Robert Clifford** **Second: David Petkash**	**No Changes**

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	[redacted] [redacted] [redacted] [redacted].CHC: • **Approve the Lamzede 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]

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

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

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	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

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

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	[redacted] [redacted] [redacted] • [redacted] [redacted] • [redacted] [redacted] • [redacted] [redacted]**.CHC:** • **Approve the Primary Hemophagocytic Lymphohistiocytosis (HLH) Agents prior authorization criteria with no clinical changes.**		

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	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

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

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	[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted].CHC: • **Approve the Radicava prior authorization criteria with no clinical changes** [redacted] [redacted]		
[redacted]	[redacted] [redacted] [redacted]	[redacted] [redacted] [redacted]	[redacted]

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

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	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

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34. Topical mTOR Kinase Inhibitors	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]**.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**
	[redacted] [redacted]	[redacted] [redacted]	[redacted]

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[redacted]	[redacted]	[redacted]	

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36. Treatments for Plasminogen Deficiency Type 1	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] [redacted] [redacted]	**Committee Approved as recommended:** **Motion: Robert Clifford** **Second: David Petkash**	**No Changes**

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	[redacted] [redacted] [redacted].CHC: • **Approve the Treatments for Plasminogen Deficiency Type 1 (PLD1) 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]

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	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

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[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

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

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

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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	Reason
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.)	Lack of Assurance of Sterility
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)	Lack of Assurance of Sterility
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.)	Lack of Assurance of Sterility
3/5/2026	Wizcure Pharmaa	Vista Gonio Eye Lubricant, Hypromellose Ophthalmic Solution USP (Sterile Drops. Dry Eye Relief, 15 ml. (1/2 fl. oz.)	Lack of Assurance of Sterility
3/5/2026	Wizcure Pharmaa	CHNaO Fluorescein Sodium Ophthalmic Strips, USP 1mg	Lack of Assurance of Sterility
3/5/2026	Wizcure Pharmaa	Bio Glo Fluorescein Sodium Ophthalmic Strips USP	Lack of Assurance of Sterility
3/5/2026	Slate Run Pharmaceuticals	Eptifibatide Injection, 75 mg/100 mL vial	Labeling

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

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PERFORMRx℠

Signed: _____ **Date:** 08/07/26

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

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