Enterprise P&T Meeting
Committee
April 28, 2025

Voting Members Present

Andrew Peterson, PharmD	Eric Peters, PharmD	Lenaye Lawyer, MD	Rogers Elebra, PharmD
Christy Skibicki, MD	Floyd (John) Brinley, MD	Michael Baer, MD	Tracey Davis, PharmD
David Batluck, DO	Fury Fecondo, PharmD	Michelle Murphy, PharmD	Wayne Weart, PharmD
David Petkash, MD	Jena Quinn, PharmD	Robert Clifford, MD	
Emily Kryger, PharmD	Kelly Martin, PharmD	Robert Hockmuth, MD	

Excused Voting Members

Christopher Antypas, PharmD	Kirt Caton, MD	Rani Whitfield, MD
Donald Beam, MD	Loretta Dumontet, MD	Yavar Moghimi, MD

Invited Guests Present

Alishia Richie, MD	Jeanine Plante, PharmD	Luke Stadler, PharmD	Sarah Pawlak, PharmD
Arlene Wiseman, PharmD	Jeffrey Kreitman, PharmD	Patrick DeHoratius, PharmD	Seema Gupta, MD
Bethany Baird, CPhT	Kathleen Clement	Patty Oaster	Sheireen Huang, PharmD
Christian Andreaggi, PharmD	Lance Vinci, PharmD	Ruth Smith, PharmD	Stephanie Dauer
Geraldine Marks, PharmD	Linda Carreras, CPhT	Ryan Moreau	

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Issue	Discussion	Conclusion/Results	Action/ Person Responsible
• Call to order	The meeting was called to order at 6:02 PM EST	Informational Only	Lenaye Lawyer
• Conflict of Interest Disclosures	No conflicts announced	Informational Only	Jeffrey Kreitman
• BCC Positive Change		Informational Only	Geraldine Marks
• Review and approval of February P&T Minutes		Committee approved as recommended: Motion: Andrew Peterson Second: Wayne Weart	Jeffrey Kreitman
• Old Business			
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

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	[redacted]		
• **New Business**			
Santyl	**PerformRx makes the following recommendation:** [redacted] [redacted]**CHC:**	**Committee approved as recommended:** **Motion: Wayne Weart** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	• **Approve the newly developed Santyl (collagenase) prior authorization criteria.**		
[redacted]**CHC Vaccines**	**PerformRx makes the following recommendation:** [redacted]**CHC:** **Add the following vaccines to the supplemental formulary (T3) with the indicated utilization management ends:** • **Trumenba Intramuscular Suspension Prefilled Syringe QL (1.5 ML per 999 days) AL (min 19 years, max 25 years).** • **Bexsero Intramuscular Suspension Prefilled Syringe QL (1.5 ML per 999 days) AL (min 19 years, max 25 years).** • **Tetanus-Diphtheria Toxoids Td IntramuscularSuspension 2-2 LF/0.5ML QL (0.5 ML per 28 days) AL (min 19 years and older).**	**Committee approved as recommended:** **Motion: Wayne Weart** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	• **TDVax Intramuscular Suspension 2-2 LF/0.5ML QL (0.5 ML per 28 days) AL (min 19 years and older).** • **Tenivac Intramuscular Injectable 5-2 LFU QL (0.5 ML per 60 days) AL (min 19 years and older) IPOL Poliovirus Vaccine, IPV Injectable QL (1.5 ML per 999 days) AL (min 19 years and older).** • **Gardasil 9 Intramuscular Suspension QL (1.5 ML per 999 days) AL (min 19 years, max 45 years) Gardasil 9 Intramuscular Suspension Prefilled Syringe QL (1.5 ML per 999 days) AL (min 19 years, max 45 years).** • **Jynneos Subcutaneous Suspension 0.5 ML QL (1.0 ML per 999 days) AL (min 19 years and older).** • **Varivax Injection Suspension Reconstituted 1350 PFU/0.5ML QL (1.0 ML**		

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	per 999 days) AL (min 19 years and older). • **Priorix Subcutaneous Suspension Reconstituted QL (1.0 ML per 999 days) AL (min 19 years and older).** • **M-M-R II Injection Solution Reconstituted QL (1.0 ML per 999 days) AL (min 19 years and older).** • **Menactra Intramuscular Solution QL (1.0 ML per 999 days) AL (min 19 years, max 55 years).** • **MenQuadfi Intramuscular Solution QL (0.5 ML per 999 days) AL (min 19 years and older).** • **Menveo Intramuscular Solution QL (1.0 ML per 999 days) AL (min 19 years, max 55 years).** • **Menveo Intramuscular Solution Reconstituted QL (2.0 ML per 999 days) AL (min 19 years, max 55 years).**		

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	• **ActHIB Intramuscular Solution Reconstituted QL (1.5 ML per 999 days) AL (min 19 years and older).** • **Hiberix Injection Solution Reconstituted 10 MCG QL (2.0 ML per 999 days) AL (min 19 years and older).** **Update the age limits on the following vaccines on the supplemental formulary (T3) to encourage use of the Vaccine for Children program:** • **Engerix-B Injection Suspension 20 MCG/ML AL (min 19 years and older).** • **Engerix-B Injection Suspension Prefilled Syringe 10MCG/0.5ML AL (min 19 years and older).** • **Engerix-B Injection Suspension Prefilled Syringe 20MCG/ML AL (min 19 years and older).**		

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	• **Havrix Intramuscular Suspension 720 EL U/0.5ML AL (min 19 years and older).** • **Prevnar 20 Intramuscular Suspension Prefilled Syringe 0.5 ML AL (min 19 years and older).** • **Penbraya Intramuscular Suspension Reconstituted AL (min 19 years and older).** • **Recombivax HB Injection Suspension 5 MCG/0.5ML AL (min 19 years and older).** • **Recombivax HB Injection Suspension Prefilled Syringe 5 MCG/0.5ML AL (min 19 years and older).** • **Twinrix Intramuscular Suspension Prefilled Syringe 720-20 ELU-MCG/ML AL (min 19 years and older).** • **Vaqta Intramuscular Suspension 25 UNIT/0.5ML AL (min 19 years and older).**		

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[redacted]CHC Supplemental Formulary Updates	**PerformRx makes the following recommendation:** [redacted]CHC: • Remove non-rebatable drug products from the supplemental formulary (T3 and T4) per state requirements.	**Committee approved as recommended:** Motion: Wayne Weart Second: Robert Hockmuth	**PerformRx will update the criteria and formulary/PDL with any changes**
Brand - Generic QL Matching	**PerformRx makes the following recommendation:** Add or update the following quantity limits for each plan to ensure that both the brand and generic products have the same quantity limits. 	**Committee approved as recommended:** Motion: Wayne Weart Second: Robert Hockmuth	**PerformRx will update the criteria and formulary/PDL with any changes**

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	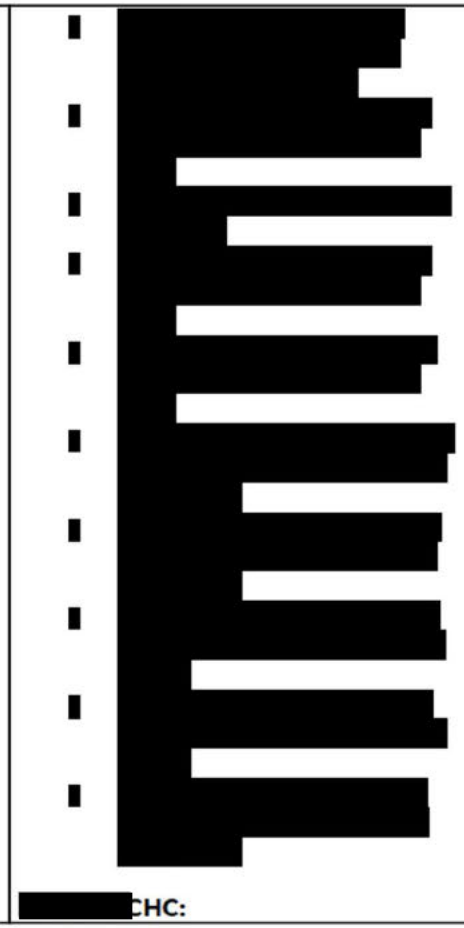 [redacted]CHC:		

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[redacted]	• **Rilutek Oral Tablet 50 MG, T4 – QL (60 tablets per 30 days).** [redacted]	[redacted]	[redacted]

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	[redacted]		
Beqvez Discontinuation	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Wayne Weart** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] **CHC:** • **Approve Gene Therapy for Hemophilia B prior authorization criteria** • **Update the policy to remove reference to Beqvez since it has been discontinued.** • **Remove Beqvez from formulary.** [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

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Soliris Biosimilar Review	**PerformRx makes the following recommendation:**	**Committee approved as recommended:** **Motion: Wayne Weart** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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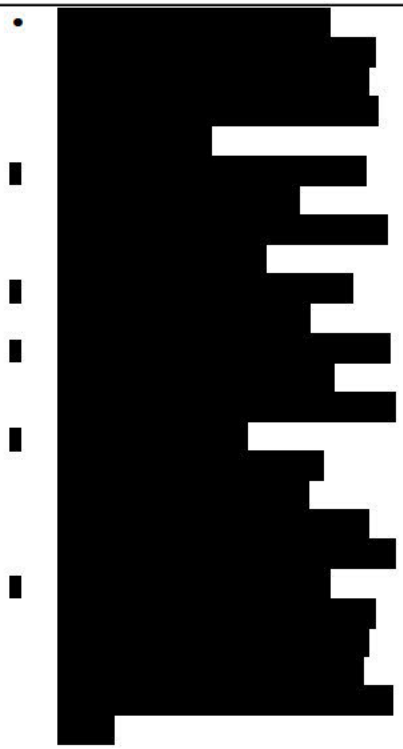
	• [redacted]  [redacted]CHC: • **Approve the Complement Inhibitors prior authorization criteria with clinical changes.** • **Update the drug list for BKEMV and Epysqli.**		

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	• **Update the initial and reauthorization coverage duration section to include BKEMV and Epysqli.** • **Add a trial and failure requirement to the initial authorization section for Soliris and BKEMV to trial Epysqli first.** • **Approve the Myasthenia Gravis Agents prior authorization criteria with clinical changes.** • **Update the drug list for BKEMV and Epysqli** • **Update the age restriction section to account for Soliris's pediatric approval.** • **Separate initial authorization criteria between adults and pediatric patients due to Soliris's pediatric approval.** • **Add a trial and failure requirement to the initial authorization section for adults requesting Soliris and BKEMV to trial Epysqli first.** [redacted]		

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	[redacted]		
• **Drug Review**			
A. Therapeutic Class:			
Contraceptives	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Robert Hockmuth** **Second: Michael Baer**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] changes to this class. [redacted]CHC: • Make no changes to this class. [redacted]		
Alzheimer's Disease	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Robert Hockmuth** **Second: Michael Baer**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted]/CHC:		

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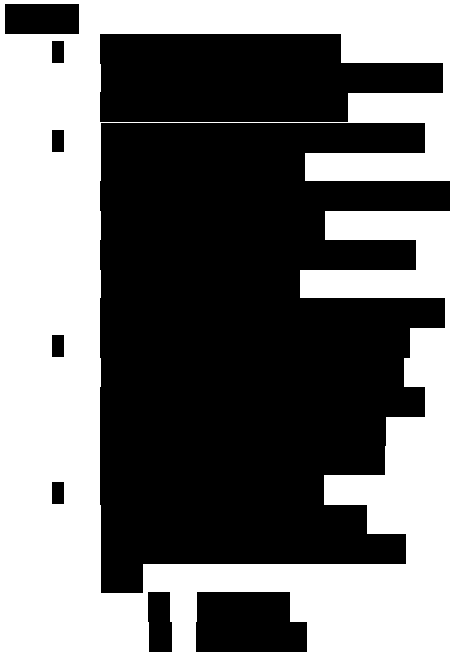
	• **Make no formulary changes.** • **Approve the prior authorization criteria with no clinical changes for:** **a. Kisunla** **b. Leqembi** 		

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	[redacted]		
Anticonvulsants	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Robert Hockmuth** **Second: Michael Baer**	**PerformRx will update the criteria and formulary/PDL with any changes**

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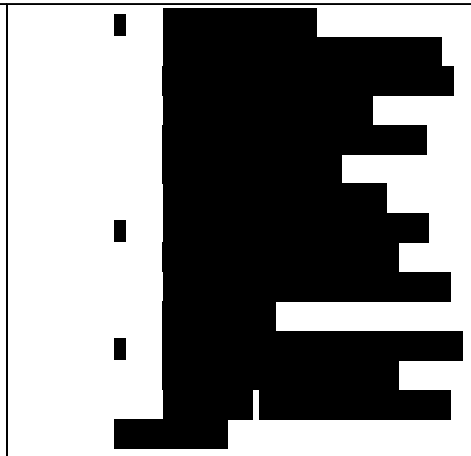
	[redacted]  [redacted] **CHC:** • **Make no formulary changes.** [redacted] 		

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	• [redacted]		
Potassium RemoveAgents	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Robert Hockmuth** **Second: Michael Baer**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted]**CHC:** • **Add quantity limits to SPS® (sodium polystyrene sulfonate) with sorbitol 15 gm/60 mL oral suspension - 7200 ML/30** [redacted]		

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	[redacted]		
Potassium Replacement	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Robert Hockmuth** **Second: Michael Baer**	**PerformRx will update the criteria and formulary/PDL with any changes**

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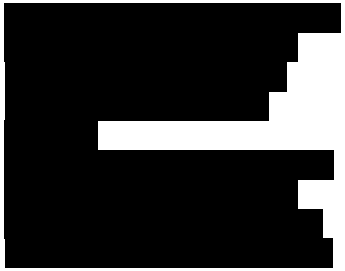
	[redacted] [redacted]**CHC:** • **Add Potassium chloride 8 mEq ER capsules to the supplemental formulary (T3) as an additional cost-effective product.** • **Add a quantity limit of 300 packets per 30 days for Pokonza™ (potassium chloride) 10 mEq oral packe** • **Add a quantity limit of 150 packets per 30 days for Potassium chloride (Klor-Con®) 20 mEq oral packet.** [redacted] 		

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B. Single Products			
Alyftrek	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted]CHC: • Maintain Alyftrek as T4 with a prior authorization requirement. • Approve the updated Cystic Fibrosis transmembrane conductance regulator (CFTR) Modulators prior authorization criteria. [redacted] [redacted] authorization criteria.		
Kebilidi	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] CHC:		

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	• **Maintain Kebilidi as T4 with a prior authorization requirement.** • **Approve the newly developed Kebilidi prior authorization criteria.** [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

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Ridaura	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] [redacted]**CHC:** • **Make no change to the formulary status of Ridaura (auranofin).** [redacted]	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**
Aucatzyl	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] **[redacted]CHC:** • **Add Aucatzyl as T4 with a prior authorization requirement** • **Approve the updated Anti-CD19 CAR-T**		

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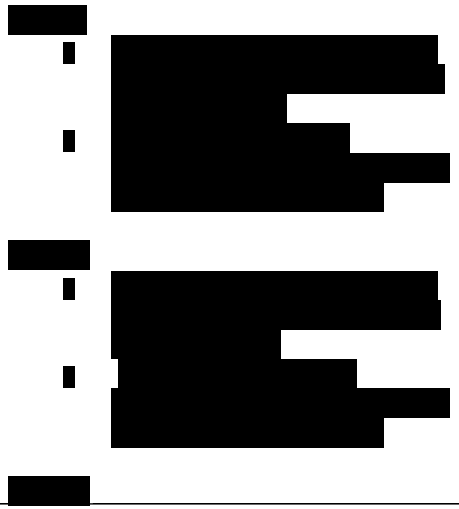
	Immunotherapies prior authorization criteria 		
Crenessity	**PerformRx makes the following recommendation:** 	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted] [redacted] [redacted] [redacted] **CHC:** • **maintaining Crenessity as T4 with a prior authorization requirement.** • **Approve the newly developed Crenessity prior authorization criteria.** [redacted] [redacted] [redacted] [redacted] [redacted]		
[redacted]	[redacted] [redacted] [redacted] [redacted]	[redacted] [redacted]	[redacted] [redacted]

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Provenge	**PerformRx makes the following recommendation:**	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted]CHC: a. Make no changes to the formulary status of Provenge® (sipuleucel-T). b. Update the Dendritic Cell Tumor Peptide Immunotherapy prior authorization criteria. [redacted]		
Sucraid	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted] [redacted]/CHC: • Make no changes to the formulary status of Sucraid (sacrosidase) [redacted]		
• New Products			
	PerformRx makes the following recommendation: [redacted] Add to Specialty Tier 4 with drug specific PA for [redacted]CHC: • Evrysdi	Committee approved as recommended: Motion: David Petkash Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

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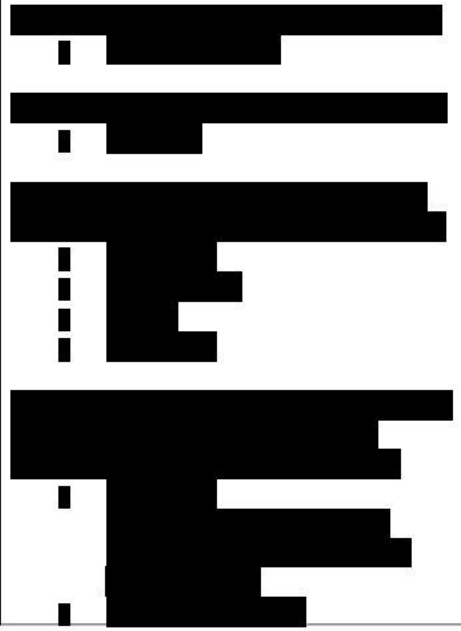
	• **Purified Cortrophin Gel** **Add to Specialty Tier 4 with drug specific PA for [redacted]CHC:** • **Bizengri** • **BKEMV** • **Datroway** • **Epysqli** • **Octreotide** • **Opdivo Qvantig** 		

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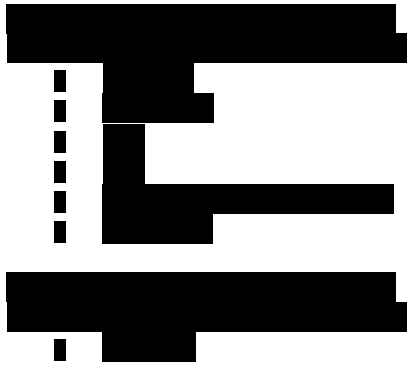
	[redacted] **Add to the supplemental tier 3 for [redacted] CHC:** • **cefazolin sodium-dextrose** • **Ivermectin** 		

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	[redacted] **Remain non-formulary/non-preferred for [redacted] CHC:** • **Lidocaine HCl external gel 2 %** **Remain non-formulary/non-preferred for [redacted]/CHC [redacted]:** • **Encelto** **Remain non-formulary/non-preferred for [redacted]/CHC, [redacted]:** • **Frindovyx** • **Grafapex** • **Halcinonide** • **Ivra** • **Journavx** • **Onapgo** • **Rapiblyk** • **Vimkunya** [redacted]		

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	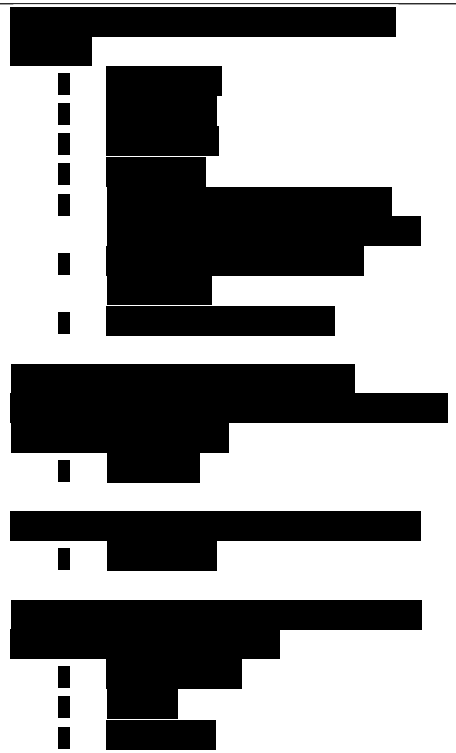		
• **Prior Authorization Criteria Review**			

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A. Prior Authorization Criteria Annual Review with Clinical Changes			
[redacted]	[redacted]	[redacted]	[redacted]

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	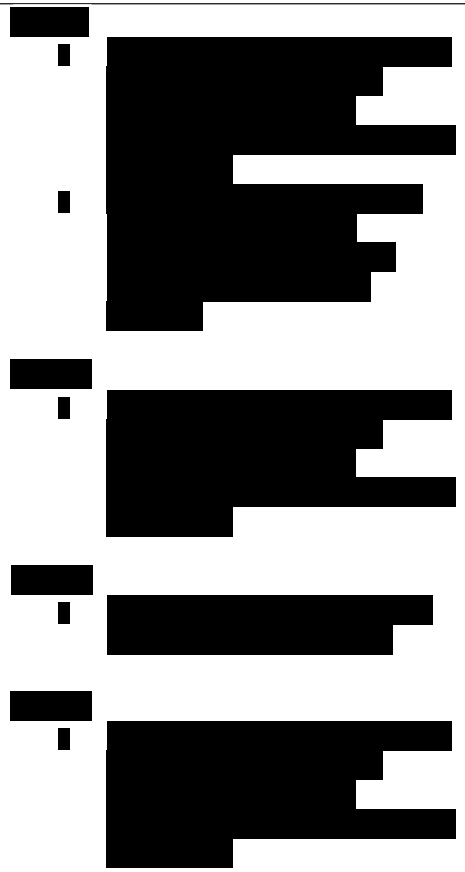	[redacted]	
Blincyto	**PerformRx makes the following recommendation:**	**Committee approved as recommended:**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	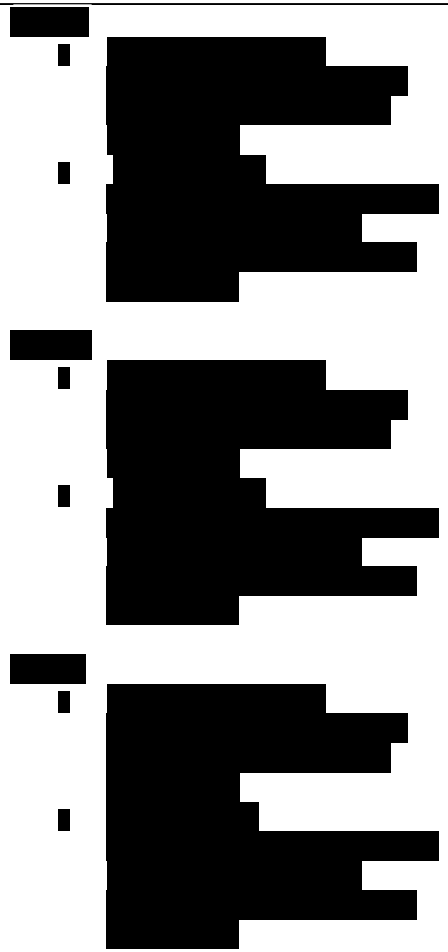	**Motion: Kelly Martin** **Second: Robert Hockmuth**	

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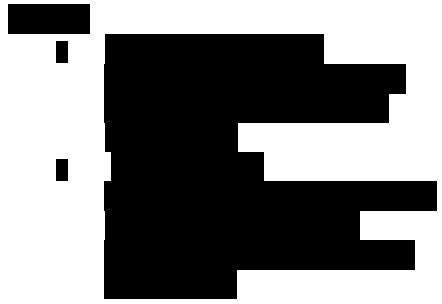
	[redacted] [redacted]  [redacted]**CHC:** • **Update the initial authorization section to include Blincyto's new indication.** • **Remove the reauthorization restriction to allow for multiple treatment courses when necessary.**		

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	[redacted]		
Epidermolysis Bullosa Agents	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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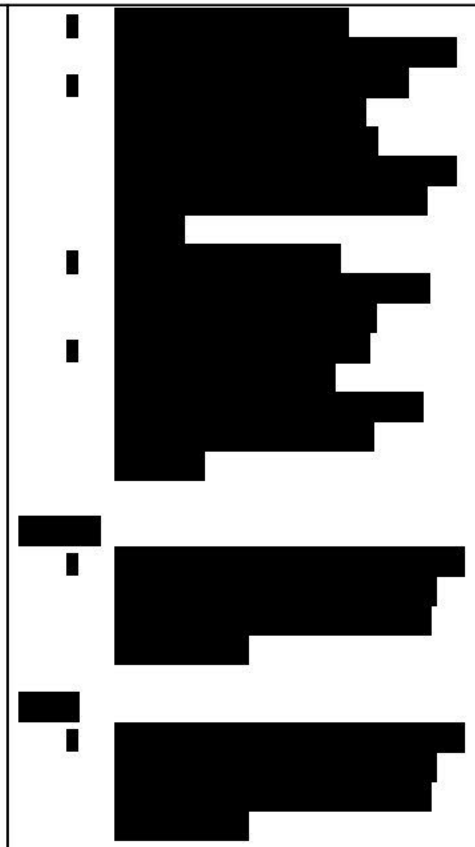
	[redacted]  [redacted]CHC: • Update to allow for Filsuvez tube dose rounding since		

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	each tube is intended for single use. [redacted]		
Filspari	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted] [redacted]CHC: • Update the initial coverage duration from 9 months to 12 months since Filspari is no longer approved under an accelerated approval. [redacted] [redacted]		
[redacted]	[redacted] [redacted] [redacted] [redacted]	[redacted]	[redacted]

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	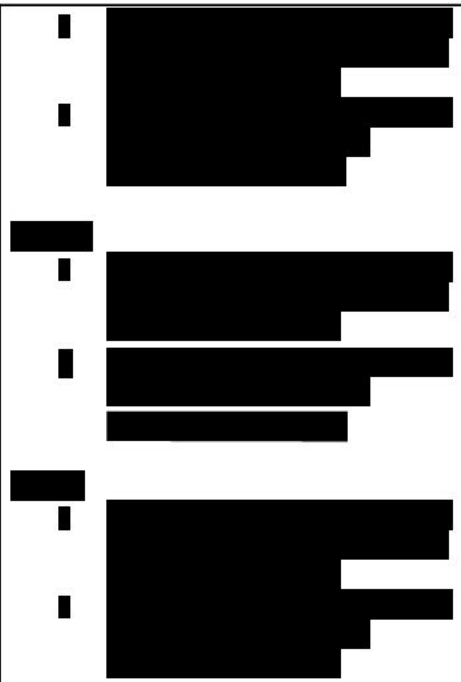		
linezolid (Zyvox)	**PerformRx makes the following recommendation:** 	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted] [redacted] [redacted] [redacted] **CHC:** • **Retire the linezolid (Zyvox) prior authorization criteria.**		
[redacted]	[redacted] [redacted] [redacted] [redacted] [redacted]	[redacted]	[redacted]
[redacted]	[redacted] [redacted]	[redacted]	[redacted]

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[redacted]	[redacted]		
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Rezdiffra	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted] [redacted] [redacted]/CHC: • Approve the Rezdiffra prior authorization criteria with no clinical changes. [redacted]		
Somatostatin Analogs	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted]**CHC:** • **Update the drug list to reflect the generic availability of lanreotide (Somatuline Depot).** [redacted]		
Transthyretin-mediated Amyloidosis Agents	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	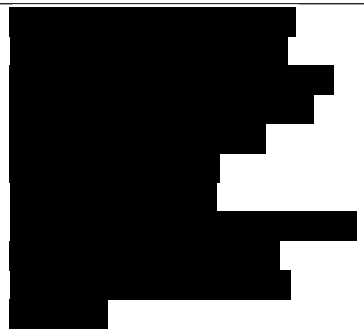 [redacted]**CHC:** • **Remove Tegsedi from the drug list as it has been removed from formulary.** • **Add Attruby to the drug list for the cardiomyopathy type as preferred.** • **Add Amvuttra to the drug list for the cardiomyopathy type as non-preferred- patient has contraindication to/or previous trial and failure or continued clinical progression with use of Vyndaqel, Vyndamax or Attruby.** • **Remove the criteria regarding concurrent use of products and added language for approval**		

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	multiple agents (different mechanism of action) in this policy for mixed polyneuropathy-cardiomyopathy phenotypes when a patient meets clinical criteria requirements for each section.		
[redacted]	[redacted]	[redacted]	[redacted]

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[redacted]	[redacted]	[redacted]	[redacted]
B. Prior Authorization Criteria Annual Review without Clinical Changes			
[redacted]	[redacted]	[redacted]	[redacted]

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	[redacted]		
Adrenal Enzyme Inhibitors for Cushing's Syndrome (Recorlev) ...	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted] [redacted] [redacted] [redacted] **CHC:** • **Approve the Adrenal Enzyme Inhibitors for Cushing's Syndrome prior authorization criteria with no clinical changes.** [redacted] [redacted]		
Adzynma	**PerformRx makes the following recommendation:** [redacted] [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**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] **CHC:** • **Approve the Adzynma prior authorization criteria with no clinical changes.** [redacted]		

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	[redacted]		
Amtagvi	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted]CHC: • Approve the Amtagvi (lifileucel) prior authorization criteria with no clinical changes. [redacted]		
Antisense Oligonucloetides for Duchenne Muscular Dystrophy	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] **CHC:** • **Add initial criteria for the length members need to be a stable dose of corticosteroids based on clinical trials for each drug.** [redacted] [redacted]		

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	[redacted]		
Atovaquone suspension (Mepron)	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] [redacted] **CHC:** • **Approve the Atovaquone Suspension prior authorization criteria with no clinical changes.** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
Diagnosis Code Requirement	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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

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	[redacted]		
Hydroxyprogesterone caproate (generic Delalutin)	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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

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	[redacted]		
Ketamine	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] [redacted] [redacted] **CHC:** • **Approve the Ketamine prior authorization criteria with no clinical changes.**	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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Kuvan	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] [redacted]**CHC:** • **Approve the Kuvan prior authorization criteria with no clinical changes.** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**
Lamzede	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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

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[redacted]	[redacted]	[redacted]	[redacted]
Multaq	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted] [redacted] [redacted] **CHC:** • **Approve the Multaq prior authorization criteria with no clinical changes.** [redacted]		
Natriuretic Peptides for Achondoplasia (Voxzogo	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	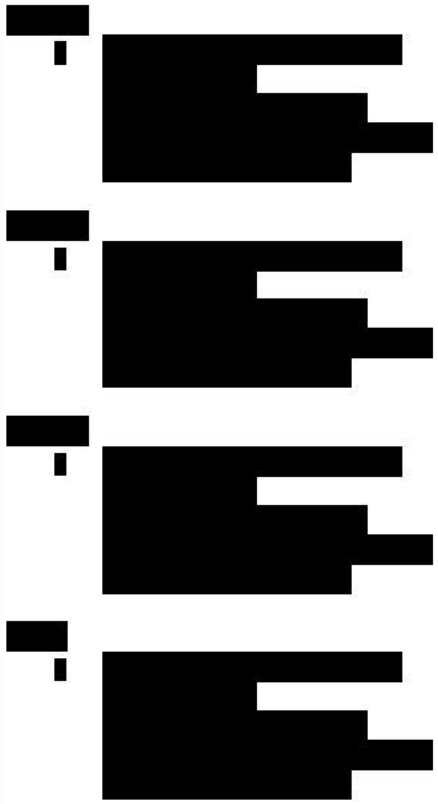 [redacted]/CHC: • Approve the Natriuretic Peptides for Achondroplasia prior		

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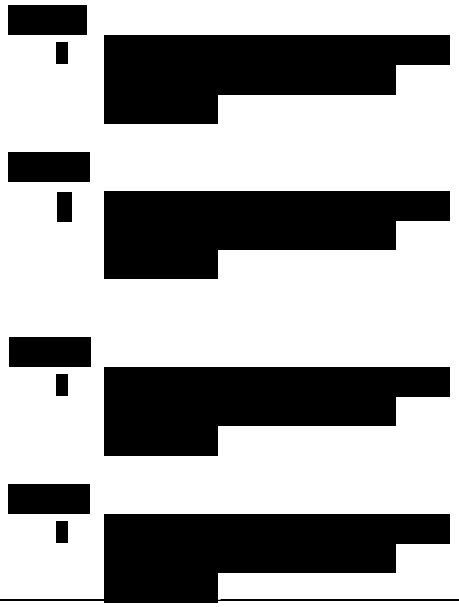
	authorization criteria with no clinical changes. 		
Off-Label Uses Criteria	**PerformRx makes the following recommendation:** 	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted] **CHC:** • **Approve the Off-Label Uses Criteria with no clinical changes.** [redacted]		
Palynziq	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted]		
	[redacted] CHC: • Approve the Palynziq prior authorization criteria with no clinical changes. [redacted]		
Peanut Allergy Immunotherapy Agents	PerformRx makes the following recommendation: [redacted]	Committee approved as recommended: Motion: Kelly Martin Second: Robert Hockmuth	PerformRx will update the criteria and formulary/PDL with any changes

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	[redacted] [redacted] [redacted] [redacted] [redacted] **[redacted] CHC:** • **Approve the Peanut Allergy Immunotherapy Agents (FDA Approved) prior authorization criteria with no clinical changes.** [redacted] [redacted]		

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Primary HLH Agents	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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

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	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
Radicava	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**

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	[redacted] [redacted] [redacted] [redacted] [redacted] CHC: • Update the drug list to reflect the generic availability of edaravone (Radicava). [redacted]		

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Topical mTOR Kinase Inhibitors	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] **CHC:** • **Approve the Topical mTOR Kinase Inhibitors authorization criteria with no clinical changes.**	**Committee approved as recommended:** **Motion: Kelly Martin** **Second: Robert Hockmuth**	**PerformRx will update the criteria and formulary/PDL with any changes**
[redacted]	[redacted]	[redacted]	[redacted]

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	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
11. Adjourn	**The meeting adjourned at 7:07 PM EST**		**Lenaye Lawyer**
***Closing comments from Jeff – Be on the lookout for the annual compliance training for committee members.**	**Next P&T Meeting July 28th, 2025 6:00pm- 8:00pm EST**		

Required Signature: Sheena A Chorian

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