

**Enterprise P&T Meeting  
Committee Meeting Minutes  
April 24, 2023**

**Voting Members Present**

Batluck, David, DO	Feconda, Fury, PharmD	Meny, Christopher, PharmD (Donald Beam proxy)	Petkash, David, MD
Brinley, Floyd (John), MD	Hockmuth, Robert, MD		Murphy, Michelle, PharmD
Cooper, Donald, PharmD	Kryger, Emily, PharmD	Orr, Lavdena, MD	Weart, Wayne, PharmD
Davis, Tracey, PharmD	Lawyer, Lenaye, MD	Peters, Eric, PharmD	Whitfield, Rani, MD
Elebra, Rogers, PharmD	Martin, Kelly, PharmD	Peterson, Andrew, PharmD	

**Excused Voting Members**

Antypas, Christopher, PharmD	Muller, Kendra, MD		
Beam, Donald, MD	Smith, Kirby, MD		
Caton, Kirt, MD	Wise, Rodney, MD		
Higgins, Lily, MD			
Michael, Kendra, MD			

**Invited Guests Present**

Abad, Melissa, CPhT	Kassim, Toks, PharmD	Smith, Bryan, MD	Wiseman, Arlene, PharmD
Baird, Bethany, CPhT	Megargell, Lauren, PharmD	Stadler, Luke, PharmD	Richardson, Shonita, CPhT
Cheely, George, MD	Oaster, Patty	Verret, Philip, PharmD	Pawlak, Sarah, PharmD
Cherian, Sheena, PharmD	Plante, Jeanine, PharmD	Vodoor, Calla, PharmD	
Dick, Natalie, CPhT	Seitz, Ally, PharmD	Weiss, Erich, PharmD	

Issue	Discussion	Conclusion/Results	Action/ Person Responsible
1. Call to Order	The meeting was called to order at 6:03 PM EST Welcomed all external and internal participants.	Informational Only	Lenaye Lawyer
2. Conflict of Interest Disclosures	No conflicts announced	Informational Only	Sheena Cherian
3. [REDACTED]		[REDACTED]	[REDACTED]
4. Review and approval of January P&T Minutes		Informational Only <b>Motion:</b> Robert Hockmuth <b>Second:</b> Donald Cooper	Sheena Cherian
5. Old Business			PerformRx
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	<p>[REDACTED]</p>	<p>[REDACTED]</p>	
<p>[REDACTED] CHC – Glycerin Suppository Addition</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"> <li>To ensure appropriate coverage for pediatric patients PerformRx glycerin pediatric 1-gram suppositories were added to the supplemental formulary at Tier 3.</li> </ul>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart  <b>Second:</b> Lavdena Orr</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><b>6. New Business</b></p>			

<p>██████ CHC – Midodrine</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>██████ CHC</p> <ul style="list-style-type: none"><li>○ Add Midodrine oral tablets to formulary without utilization management edits due to its relatively low cost and high non-formulary prior authorization approval rate.</li></ul>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Lavdena Orr <b>Second:</b> Donald Cooper</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
<p>Imcivree</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>██████</p> <p>██████ CHC</p> <ul style="list-style-type: none"><li>○ Approve Imcivree prior authorization criteria with no changes.</li></ul>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Lavdena Orr <b>Second:</b> Donald Cooper</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
<p>Topical mTOR Inhibitors</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>██████ CHC</p> <ul style="list-style-type: none"><li>○ Approve the Topical mTOR Kinase Inhibitors prior authorization criteria with the following changes:<ol style="list-style-type: none"><li>1. Include a neurologist as an approvable prescriber.</li></ol></li></ul> <p>██████</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Lavdena Orr <b>Second:</b> Donald Cooper</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	█	█ █	
Blincyto	<p style="text-align: center;"><b>PerformRx makes the following recommendation:</b></p> <p>█ <b>CHC</b></p> <ul style="list-style-type: none"><li>• Approve the Blincyto prior authorization criteria with no clinical changes, until the previously approved retirement of the policy can occur once requests for oncology indications are reviewed for clinical appropriateness by Evicore.</li></ul> <p>█</p> <p>█</p> <p>█</p>	<p style="text-align: center;"><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Kelly Martin <b>Second:</b> Andrew Peterson</p>	<p style="text-align: center;">PerformRx will update the criteria and formulary/PDL with any changes</p>

7. Drug Reviews			
A. Therapeutic Class:			
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>

	<ul style="list-style-type: none"><li>█</li><li>█</li><li>█</li></ul>		
Contraceptive Foams and Devices	<p style="text-align: center;"><b>PerformRx makes the following recommendation:</b></p> <p>█ <b>CHC</b></p> <ul style="list-style-type: none"><li>○ No changes.</li></ul> <p>█</p> <p>█</p> <p>█</p> <p>█</p>	<p style="text-align: center;"><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Kelly Martin <b>Second:</b> Wayne Weart</p>	<p style="text-align: center;">PerformRx will update the criteria and formulary/PDL with any changes</p>

<p>Diuretics</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p><b>[REDACTED] CHC</b></p> <ul style="list-style-type: none"> <li>○ No changes to the formulary status of these medications.</li> </ul> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Kelly Martin <b>Second:</b> Wayne Weart</p>	<p>No Changes</p>
<p><b>B. Single Products:</b></p>		<p>:</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>█</p> <p>█</p> <p>█</p> <p>█</p> <p>█</p> <p>█</p> <p>█</p> <p>█</p>		
<p>Rebyota with PA Criteria</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>█ <b>CHC</b></p> <ul style="list-style-type: none"> <li>• Add Rebyota (fecal microbiota, live-jslm) to Tier 4 of the formulary with a PA requirement.</li> </ul>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Robert Hockmuth <b>Second:</b> Donald Cooper</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

- Approve the newly developed Rebyota (fecal microbiota, live-jslm) prior authorization criteria.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

	<p>[REDACTED]</p> <p>[REDACTED]</p>		
Sucraid	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"><li>• No changes to the formulary status of Sucraid (sacrosidase).</li></ul> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Robert Hockmuth <b>Second:</b> Donald Cooper</p>	<p>No Changes</p>

<p>Ridaura</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>██████████ CHC</p> <ul style="list-style-type: none"> <li>• No change to the formulary status of Ridaura (auranofin).</li> </ul> <p>██████████</p> <p>██████████</p> <p>██████████</p> <p>██████████</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Robert Hockmuth <b>Second:</b> Donald Cooper</p>	<p>No Changes</p>
<p>Leqembi with PA Criteria</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>██████████ CHC</p> <ul style="list-style-type: none"> <li>• Add Leqembi (lecanemab) to Tier 4 of the formulary with a PA requirement.</li> <li>• Approve the updated Anti-amyloid Monoclonal Antibodies (mAb) prior authorization criteria.</li> </ul> <p>██████████</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Robert Hockmuth <b>Second:</b> Donald Cooper</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p>		
Filspari with PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"><li>• Add Filspari (sparsentan) to Tier 4 with a PA requirement.</li><li>• Approve the newly developed Filspari (sparsentan) prior authorization criteria.</li></ul> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Robert Hockmuth <b>Second:</b> David Batluck</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p>		
Lamzede with PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"><li>• Add Lamzede (velmanase alfa-tycv) to Tier 4 of the formulary with a PA requirement.</li><li>• Approve the newly developed Lamzede (velmanase alfa-tycv) prior authorization criteria.</li></ul> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Robert Hockmuth <b>Second:</b> David Batluck</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>Jesduvroq with PA Criteria</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"> <li>• Add Jesduvroq (daprodustat) to Tier 4 of the formulary with a PA requirement.</li> </ul>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Robert Hockmuth <b>Second:</b> David Batluck</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

- Approve the newly developed Jesduvroq (daprodustat) prior authorization criteria.

[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><b>8. New Products</b></p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> David Batluck <b>Second:</b> Robert Hockmuth</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Add to the Specialty Tier with a PA requirement for [REDACTED] CHC:**

- Zolgensma



[REDACTED]


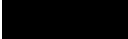
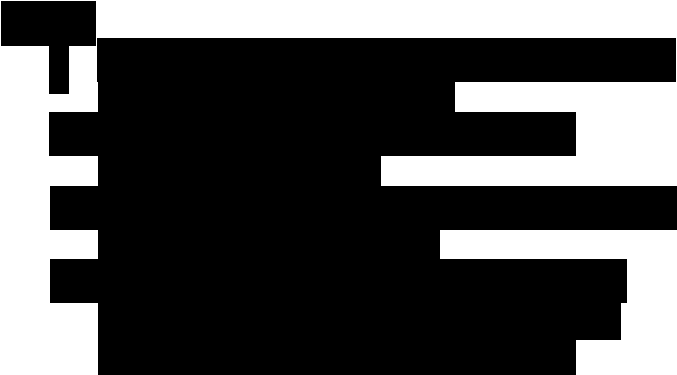

[REDACTED]

**Remain non-formulary/non-preferred for**

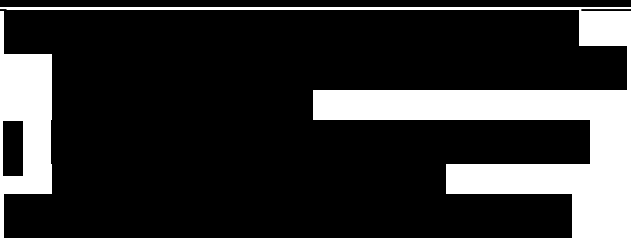







**[REDACTED] CHC:**

- Vegzelma
  - Daybue
  - Skyclarys
  - Zynyz
  - Joenja
  - Sezaby
  - NexoBrid
  - Citric acid-sod cit,phos-dextrose 0.327 gram-  
2.63 gram/100 mL solution
  - Rotarix
  - Clenpiq
  - Emerphed
  - Ervebo
- [REDACTED]

			
<b>9. Prior Authorization Criteria Review</b>			
<b>A. Prior Authorization Criteria Annual Review</b>			
Amyotrophic Lateral Sclerosis (ALS agents)	<p style="text-align: center;"><b>PerformRx makes the following recommendation:</b></p> <p><b>CHC</b></p> <ul style="list-style-type: none"> <li>○ Update the Amyotrophic lateral sclerosis (ALS) agents' prior authorization criteria with the following changes: <ol style="list-style-type: none"> <li>1. Update the title to Radicava as another ALS agent, Relyvrio, has criteria outlined in a separate policy.</li> <li>2. Add newly approved Radicava ORS to the drug list.</li> </ol> </li> </ul> 	<p style="text-align: center;"><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Andrew Peterson  <b>Second:</b> Wayne Weart</p>	<p style="text-align: center;">PerformRx will update the criteria and formulary/PDL with any changes</p>

			
Kuvan	<p style="text-align: center;"><b>PerformRx makes the following recommendation:</b></p> <p> <b>CHC</b></p> <ul style="list-style-type: none"><li>○ Update the Kuvan prior authorization criteria with the following changes:<ol style="list-style-type: none"><li>1. Increasing the length of reauthorization coverage to 6 months.</li><li>2. Allow for prescriber attestation that patient is using a Phe-restricted diet.</li><li>3. For reauthorizations, require one updated blood Phe level instead of two, to reduce burden of additional labs once stable.</li></ol></li></ul> <p></p> <p></p>	<p style="text-align: center;"><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Andrew Peterson <b>Second:</b> Wayne Weart</p>	<p style="text-align: center;">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>		
<p>Somatostatin Analogs and Growth Hormone Receptor Agonists</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"> <li>○ Update the Somatostatin Analogs and Growth Hormone Receptor Antagonists prior authorization criteria with the following changes: <ol style="list-style-type: none"> <li>1. Update drug listing to reflect brand/generic availability.</li> <li>2. Require a trial and failure of more cost-effective treatment options Octreotide or Lanreotide prior to Signifor LAR for a diagnosis of acromegaly.</li> </ol> </li> </ul> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Andrew Peterson  <b>Second:</b> Wayne Weart</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

			
Palynziq	<p style="text-align: center;"><b>PerformRx makes the following recommendation:</b></p> <p> <b>CHC</b></p> <ul style="list-style-type: none"><li>○ Approve the Palynziq prior authorization criteria with the following change:<ol style="list-style-type: none"><li>1. Allow for prescriber attestation that patient is using a Phe-restricted diet.</li></ol></li></ul> <p> </p> <p> </p> <p> </p>	<p style="text-align: center;"><b>Committee approved as recommended</b></p> <p><b>Motion:</b> David Petkash <b>Second:</b> Robert Hockmuth</p>	<p style="text-align: center;">PerformRx will update the criteria and formulary/PDL with any changes</p>

<b>B. Prior Authorization Criteria Annual Review without Clinical Changes</b>			
<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>Adrenal Enzyme Inhibitors for Cushing's Syndrome (Recorlev)</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"> <li>○ Approve the Adrenal Enzyme Inhibitors for Cushing's Syndrome prior authorization criteria with no changes.</li> </ul> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart <b>Second:</b> David Batluck</p>	<p>No Clinical Changes</p>



	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		
<p>Antisense Oligonucleotides for Duchenne Muscular Dystrophy</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart <b>Second:</b> David Batluck</p>	<p>No Clinical Changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"> <li>○ Approve the Antisense Oligonucleotides for Duchenne Muscular Dystrophy prior authorization criteria with no changes.</li> </ul>		
<p>Atovaquone Suspension (Mepron)</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"> <li>○ Approve the Atovaquone Suspension prior authorization criteria with no clinical changes.</li> </ul> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart <b>Second:</b> David Batluck</p>	<p>No Clinical Changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		
Diagnosis Code Requirement	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"><li>○ Approve the Diagnosis Code Requirement prior authorization criteria with no changes.</li></ul>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart <b>Second:</b> David Batluck</p>	No Clinical Changes

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		
<p>Insulin-Like Growth Factor-1 Receptor (Igf-1r) Antagonists for Thyroid Eye Disease</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"><li>○ Approve the Insulin-Like Growth Factor-1 Receptor (Igf-1r) Antagonists for Thyroid Eye Disease prior authorization criteria with no changes.</li></ul> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart <b>Second:</b> David Batluck</p>	<p>No Clinical 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>Ketamine</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"> <li>○ Approve the Ketamine prior authorization criteria with no changes.</li> </ul> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart <b>Second:</b> David Batluck</p>	<p>No Clinical Changes</p>

<p>linezolid (Zyvox)</p>	<p style="text-align: center;"><b>PerformRx makes the following recommendation:</b></p> <p>██████████ <b>CHC</b></p> <ul style="list-style-type: none"> <li>○ Approve the linezolid (Zyvox) prior authorization criteria with no clinical changes.</li> </ul> <p>██████████</p> <p>██████████</p> <p>██████████</p>	<p style="text-align: center;"><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart <b>Second:</b> David Batluck</p>	<p style="text-align: center;">No Clinical Changes</p>
<p>██████████</p>	<p>██████████</p> <p>██████████</p> <p>██████████</p>	<p>██████████</p> <p>██████████</p>	<p>██████████</p>

	<p>[REDACTED]</p>		
Multaq	<p><b>PerformRx makes the following recommendation:</b></p> <p><b>[REDACTED] CHC</b></p> <ul style="list-style-type: none"><li>○ Approve the Multaq prior authorization criteria with no clinical changes.</li></ul> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart <b>Second:</b> David Batluck</p>	<p>No Clinical Changes</p>

Natriuretic Peptides for  
Achondroplasia

**PerformRx makes the following  
recommendation:**

- ██████████ **CHC**
  - Approve the Natriuretic Peptides for Achondroplasia prior authorization criteria with no clinical changes.

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**Committee approved as  
recommended**

**Motion:** Wayne Weart  
**Second:** David Batluck

No Clinical Changes



	[REDACTED]		
Non-preferred/Prior Authorization Required Medications Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"><li>○ Approve the Non-Formulary/Prior Authorization Required Medications (Non-Statewide PDL drugs/classes) prior authorization criteria with no clinical changes.</li></ul> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart <b>Second:</b> David Batluck</p>	No Clinical Changes

	[REDACTED]		
Off Label Uses	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"><li>○ Approve the Off-Label Uses prior authorization criteria with no clinical changes.</li></ul> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart <b>Second:</b> David Batluck</p>	No Clinical Changes

	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Peanut Allergy Immunotherapy Agents (FDA Approved)	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"><li>○ Approve the Peanut Allergy Immunotherapy Agents (FDA Approved) prior authorization criteria with no changes.</li></ul> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart <b>Second:</b> David Batluck</p>	No Clinical Changes

	<p>[REDACTED]</p>		
<p>Primary Hemophagocytic Lymphohistiocytosis (HLH) Agents</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p>[REDACTED] <b>CHC</b></p> <ul style="list-style-type: none"><li>○ Approve the Primary Hemophagocytic Lymphohistiocytosis (HLH) Agents prior authorization criteria with no changes.</li></ul> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart <b>Second:</b> David Batluck</p>	<p>No Clinical 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>	<p>[REDACTED]</p>
	<p><b>PerformRx makes the following recommendation:</b></p>	<p><b>Committee approved as recommended</b></p>	<p>No Clinical Changes</p>

Treatments for Plasminogen Deficiency Type 1

██████████ CHC

- Approve the Treatments for Plasminogen Deficiency Type 1 (PLD1) prior authorization criteria with no clinical changes.

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**Motion:** Wayne Weart  
**Second:** David Batluck

	<p>[REDACTED]</p>		
<p>Vyvgart</p>	<p><b>PerformRx makes the following recommendation:</b></p> <p><b>[REDACTED] CHC</b></p> <ul style="list-style-type: none"> <li>○ Approve the Vyvgart prior authorization criteria with no clinical changes.</li> </ul> <p><b>[REDACTED]</b></p> <p><b>[REDACTED]</b></p> <p><b>[REDACTED]</b></p> <p><b>[REDACTED]</b></p> <p><b>[REDACTED]</b></p> <p><b>[REDACTED]</b></p>	<p><b>Committee approved as recommended</b></p> <p><b>Motion:</b> Wayne Weart  <b>Second:</b> David Batluck</p>	<p>No Clinical Changes</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p><b>[REDACTED]</b></p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>

<b>10.Recalls</b>	<p align="center"><b>Recalls*</b>  <b>1/18/2023-4/13/2023</b>  <b>Date:</b> 2/2/23  <b>Manufacturer:</b> Global Pharma Healthcare  <b>Product Name:</b> Artificial Tears Lubricant Eye Drops.  <b>Reason:</b> Potential Microbial Contamination</p>	Informational	PerformRx
<b>11.Adjourn</b>	<b>The meeting adjourned at 7:21pm</b>	N/A	Lenaye Lawyer
	<b>The next meeting July 31, 2023 6:00pm – 8:00pm</b>		



*Lenaye L. Lawyer, MD*

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Lenaye Lawyer, MD

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05/17/2023

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Date