

**Enterprise P&T Meeting Committee
October 27, 2025**

Voting Members Present

Christopher Antypas, PharmD	Fury Fecondo, PharmD	Jena Quinn, PharmD
David Batluck, DO	Emily Kryger, PharmD	Alishia Richie, MD (proxy)
Robert Clifford, MD	Kelly Martin, PharmD	Christy Skibicki, MD
Tracey Davis, PharmD	Eric Peters, PharmD	Wayne Weart, PharmD
Rogers Elebra, PharmD	David Petkash, MD	Rani Whitfield, MD

Excused Voting Members

Michael Baer, MD	Robert Hockmuth, MD	Andrew Peterson, PharmD
Donald Beam, MD	Lenaye Lawyer, MD	Manni Sethi, MD
Kirt Caton, MD	Yavar Moghimi, MD	
Loretta Dumontet, MD	Michelle Murphy, PharmD	

Invited Guests Present

Bethany Baird, CPhT	Katherine Harris, PharmD	Patty Oaster
Linda Carreras, CPhT	Sheireen Huang, PharmD	Michael Pelyhes, PharmD
Stephanie Dauer	Amanda Hunter, PharmD	Jeanine Plante, PharmD
Patrick DeHoratius, PharmD	Jeffrey Kreitman, PharmD	Ruth Smith, PharmD
Rajneel Farley, PharmD	Geraldine Marks, PharmD	Luke Stadler, PharmD
LouAnne Giangreco, MD	Lauren Megargell, PharmD	Lance Vinci, PharmD

200 Stevens Drive, Philadelphia, PA 19113

Issue	Discussion	Conclusion/Results	Action/ Person Responsible
1. Call to order	The meeting was called to order at 6:06 PM EST	Informational Only	Jeffrey Kreitman
2. Conflict of Interest Disclosures	No conflicts announced	Informational Only	Jeffrey Kreitman
3. Charter	Informational Only	Committee approved as recommended: Motion: David Batluck Second: Rani Whitfiel	Jeffrey Kreitman
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5. Review and approval of July P&T Minutes		Committee approved as recommended: Motion: David Petkash Second: Robert Clifford	Jeffrey Kreitman

<p>Imcivree</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> [REDACTED] <p>KF.AHC [REDACTED]:</p> <ul style="list-style-type: none"> Approve the Imcivree (setmelanotide) prior authorization criteria with no clinical changes. <p>[REDACTED]</p> <ul style="list-style-type: none"> [REDACTED] 		
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> [REDACTED] 	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>

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

	<ul style="list-style-type: none">■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">■ [REDACTED] <p>KF.AHC [REDACTED]</p> <ul style="list-style-type: none">• Approve the Nitisinone Products prior authorization criteria as new criteria. <p>[REDACTED]</p> <ul style="list-style-type: none">■ [REDACTED]		
<p>[REDACTED]</p>	<p>[REDACTED]</p> <ul style="list-style-type: none">■ [REDACTED]	<p>[REDACTED]</p>	<p>[REDACTED]</p>

	<ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] 		
8. Drug Review			
A. Therapeutic Class:			
Multivitamins	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] <p>KF.AHC [REDACTED]</p> <ul style="list-style-type: none"> • Make no formulary changes. 	<p>Committee approved as recommended:</p> <p>Motion: Robert Clifford Second: Wayne Weart</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] 		
B. Single Products			
Sepience	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED] [REDACTED] [REDACTED] [REDACTED]</p> <p>KF.AHC [REDACTED]:</p> <ul style="list-style-type: none"> • Add Sephience to formulary T4 with a prior authorization requirement. • Update the Kuvan (new name Phenylalanine Hydroxylase Activators) prior authorization criteria. • Update the title from Kuvan to Phenylalanine Hydroxylase Activators to include both Sephience and Kuvan in the same policy. • Add the new product Sephience to the drug list • Update the reauthorization criteria within the coverage duration section to allow Sephience to be approved for a duration of 1 month for patients who require a dose increase from their previous dose (up to a max dose of 60 mg/kg/day) due to non-responsiveness. • Update the initial coverage section to include a trial and failure, intolerance, or contraindication to sapropterin in combination with Phe-restricted diet prior to the approval of Sephience 		
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	<ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] 		
<p>Brinsupri</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<ul style="list-style-type: none">■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">■ [REDACTED] <ul style="list-style-type: none">■ [REDACTED] <ul style="list-style-type: none">■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none">■ [REDACTED] <p>KF.AHC [REDACTED]:</p> <ul style="list-style-type: none">• Add Brinsupri to formulary T4 with a prior authorization requirement.• Approve the newly developed Brinsupri prior authorization criteria.• Approve the newly developed Brinsupri prior authorization criteria		
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	<p>█</p> <ul style="list-style-type: none"> █ █ █ 		
<p>Zevaskyn</p>	<p>PerformRx makes the following recommendation:</p> <p>█</p> <ul style="list-style-type: none"> █ █ █ █ <p>█</p> <ul style="list-style-type: none"> █ <p>█</p> <ul style="list-style-type: none"> █ █ █ █ 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>KF.AHC [REDACTED]:</p> <ul style="list-style-type: none"> • Add Zevaskyn to formulary T4 with a prior authorization requirement. • Approve the newly developed Zevaskyn prior authorization criteria. • Approve the newly developed Zevaskyn prior authorization criteria. <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] 		
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>

	<p>Add to Specialty Tier 4 with PA for KF/AHC/█:</p> <ul style="list-style-type: none">• Avgemsi• Egrifta WR• Remodulin• Tepadina• Zelvysia <p>Add Specialty Tier 4 with with drug specific PA for KF/AHC/█:</p> <ul style="list-style-type: none">• Harliku• Leqembi Iqlik <p>█</p> <p>█</p> <ul style="list-style-type: none">█ <p>█</p> <ul style="list-style-type: none">███ <p>█</p> <p>█</p> <ul style="list-style-type: none">██	<p>Motion: David Batluck Second: Robert Clifford</p>	
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	<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>Add to the supplemental Tier 3 for KF/AHC [REDACTED]</p> <ul style="list-style-type: none">• Dicyclomine• TNKase <p>[REDACTED]</p> <p>[REDACTED]</p> <p>█ [REDACTED]</p> <p>Add to the supplemental Tier 3 with age limits and quantity limits for KF/AHC/[REDACTED]:</p> <ul style="list-style-type: none">• Penmenvy <p>[REDACTED]</p> <p>[REDACTED]</p> <p>█ [REDACTED]</p> <p>[REDACTED]</p>		
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	<p>Remain nonformulary/non-preferred for KF/AHC [REDACTED] [REDACTED]:</p> <ul style="list-style-type: none"> • Papzimeos <p>Remain non-formulary/non-preferred for KF/AHC [REDACTED] [REDACTED]:</p> <ul style="list-style-type: none"> • Aerochamber2 GO • Analpram HC • Butalbital-APAP Caffeine • Fibryga • Fluorouracil • Inlexzo • Jobevne • Kerendia • Kyxata • Lynozylfic • MODDI • Oxytocin+RFID • Pen Needle • Pro Comfort Pen Needles • Quick Touch • Rocuronium Bromide +RFID • Succinylcholine CI +RFID • Tyfast Flu A/B Covid-19 Multip In Vitro Kit • Unloxcyt • Vizz <p>[REDACTED]</p> <p>[REDACTED]</p>		
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<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] 	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>Immune Globulins</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> ■ [REDACTED] <ul style="list-style-type: none"> ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p data-bbox="533 435 548 461">■</p> <p data-bbox="583 375 1010 578">[REDACTED]</p> <p data-bbox="489 613 655 639">KF.AHC [REDACTED]:</p> <ul data-bbox="537 651 1062 1341" style="list-style-type: none"><li data-bbox="537 651 1062 781">• Update the drug list section by Remove Gamastan IM since its indications are not addressed in this policy.<li data-bbox="537 792 1062 922">• Update the primary immunodeficiency section to also allow for a documented specific antibody deficiency.<li data-bbox="537 933 1062 1162">• Update the multifocal motor neuropathy section by increasing the max dose to 2.4 g/kg/month to align with the dosing for Gammagard 10% and extending the approval duration to 6 months since this disease requires chronic treatment.<li data-bbox="537 1174 1062 1341">• Update the chronic inflammatory demyelinating polyneuropathy section by Remove the approval duration restriction to not overly restrict maintenance dosing. <p data-bbox="489 1385 562 1411">[REDACTED]</p>		
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	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF.AHC [REDACTED]:</p> <ul style="list-style-type: none">• Update the exceptions sections in the initial criteria to include Ultomiris to align with the Step 3 agents of the drug list.• Update the initial criteria regarding vaccination to verify members complies with most current Advisory Committee on Immunization Practices (ACIP) recommended vaccine against encapsulated bacteria. <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		
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	<ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] <p>KF.AHC [REDACTED]:</p> <ul style="list-style-type: none"> • Remove patients with thyroid disease from exclusion criteria section as there is a larger body of study evidence where they did not exclude this patient group. • Update the prescriber restriction section to include endocrinologist as an acceptable prescriber. • Remove the initial criteria regarding NAS score of 4 as it is only used during a biopsy and the policy allows for non-invasive testing. <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] 		
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Zoryve Foam	PerformRx makes the following recommendation:	Committee approved as recommended:	PerformRx will update the criteria and formulary/PDL with any changes
	<p>█ █</p> <p>█ █ █ █ █ █ █</p> <p>█ █</p> <p>█ █ █ █ █ █</p>	<p>Motion: Kelly Martin Second: Wayne Weart</p>	

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>KF.AHC [REDACTED]:</p> <ul style="list-style-type: none"> • Adding criteria for the new indication of plaque psoriasis including diagnosis, trial/failure/intolerance to topical steroid (minimum duration of 4 weeks), and trial/failure/intolerance to topical corticosteroid in combination with a Vitamin D analogs, Tazarotene, or Calcineurin. 		
<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. Prior Authorization Criteria Annual Review without Clinical Changes</p>			
<p>Medications without Drug or Class Specific Criteria</p>	<p>PerformRx makes the following recommendation:</p> <p>Approve the Medications without Drug or Class Specific Criteria prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>No Changes</p>
<p>Prior Authorization Exception</p>	<p>PerformRx makes the following recommendation:</p> <p>Approve the Prior Authorization Exception Criteria prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>No Changes</p>

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

<p>Polyneuropathy (CIDP) Agents</p>	<p>Approve the Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) Agents prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KFAHC [REDACTED] ■ [REDACTED] 	<p>Motion: Kelly Martin Second: Wayne Weart</p>	
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] 	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] 	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>

	<ul style="list-style-type: none"> ■ [REDACTED] 		
Danazol	<p>PerformRx makes the following recommendation:</p> <p>Approve the Danazol prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] † [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	No Changes
Daraprim	<p>PerformRx makes the following recommendation:</p> <p>Approve the Daraprim prior authorization criteria with no clinical changes for</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	No Changes
	<p>PerformRx makes the following recommendation:</p>	<p>Committee approved as recommended:</p>	No Changes

<p>Desmopressin (Stimate)</p>	<p>Approve the Desmopressin nasal spray prior authorization criteria with no clinical changes for</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED] 	<p>Motion: Kelly Martin Second: Wayne Weart</p>	
<p>[REDACTED]</p>	<p>[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED]</p>	<p>[REDACTED] [REDACTED] [REDACTED] [REDACTED]</p>	<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] ■ [REDACTED]</p>	<p>[REDACTED] [REDACTED] [REDACTED] [REDACTED]</p>	<p>[REDACTED]</p>
	<p>[REDACTED] [REDACTED]</p>	<p>[REDACTED] [REDACTED]</p>	<p>[REDACTED]</p>

<p>[REDACTED]</p>	<p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] 	<p>[REDACTED]</p>	
<p>Galafold</p>	<p>PerformRx makes the following recommendation:</p> <p>Approve the Galafold prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>No Changes</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] 	<p>[REDACTED]</p>	<p>[REDACTED]</p>

	<ul style="list-style-type: none"> █ █ █ 		
█	<p>█</p> <p>█</p> <ul style="list-style-type: none"> █ █ 	<p>█</p> <p>█</p> <p>█</p> <p>█</p>	█
█	<p>█</p> <p>█</p> <p>█</p> <p>█</p> <p>█</p> <ul style="list-style-type: none"> █ █ █ 	<p>█</p> <p>█</p> <p>█</p> <p>█</p>	█
<p>HIF-PH Inhibitors for CKD Anemia</p>	<ul style="list-style-type: none"> <p>PerformRx makes the following recommendation:</p> <p>Approve the HIF-PH Inhibitors for CKD Anemia prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> █ 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>No Changes</p>

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

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] 	<p>[REDACTED]</p> <p>[REDACTED]</p>	
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] 	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>Kisunla</p>	<p>PerformRx makes the following recommendation:</p> <p>Approve the Kisunla prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>No Changes</p>

	<ul style="list-style-type: none"> • KF.AHC [REDACTED] ■ [REDACTED] 		
<p>Mucopolysaccharidosis VI (Maroteaux-Lamy Syndrome) Agents (Naglazyme)</p>	<p>PerformRx makes the following recommendation:</p> <p>Approve the Mucopolysaccharidosis VI (Maroteaux-Lamy Syndrome) Agents prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>No Changes</p>
<p>Oxervate</p>	<p>PerformRx makes the following recommendation:</p> <p>Approve the Oxervate prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>No Changes</p>

<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] 	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] 	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>Reblozyl</p>	<p>PerformRx makes the following recommendation:</p>	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin</p>	<p>No Changes</p>

	<p>Approve the Reblozyl prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] 	<p>Second: Wayne Weart</p>	
<p>Retinoids</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] 	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>Rytelo</p>	<ul style="list-style-type: none"> • PerformRx makes the following recommendation: <p>Approve the Rytelo prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>No Changes</p>

	<ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KFAHC [REDACTED] † [REDACTED] 		
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] 	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>Sublingual Allergenic Extracts</p>	<p>PerformRx makes the following recommendation:</p> <p>Approve the Sublingual Allergenic Extracts prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KFAHC [REDACTED] ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>No Changes</p>

<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] 	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>Type I Interferon (IFN) Receptor Antagonist (Saphnelo)</p>	<p>PerformRx makes the following recommendation:</p> <p>Approve the Type I Interferon (IFN) Receptor Antagonist prior authorization criteria with no clinical changes</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	<p>No Changes</p>
<p>Veopoz</p>	<p>PerformRx makes the following recommendation:</p>	<p>Committee approved as recommended:</p>	<p>No Changes</p>

	<p>Approve the Veopoz prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED] 	<p>Motion: Kelly Martin Second: Wayne Weart</p>	
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] 	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>Tecelra</p>	<p>PerformRx makes the following recommendation:</p>	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin</p>	<p>No Changes</p>

	<p>Approve the Tecelra prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED] 	<p>Second: Wayne Weart</p>	
Roctavian	<p>PerformRx makes the following recommendation:</p> <p>Approve the Roctavian prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • KF.AHC [REDACTED] ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	No Changes
Zolgensma	<p>PerformRx makes the following recommendation:</p> <p>Approve the Zolgensma prior authorization criteria with no clinical changes for:</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] 	<p>Committee approved as recommended:</p> <p>Motion: Kelly Martin Second: Wayne Weart</p>	No Changes

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

	<ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] 		
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] 	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>10. Recalls</p>	<p>Date: 8/29/2025 Manufacturer: DermaRite Industries Product Name: Hand Sanitizers, Cleansers, Skin Protectants, Deodorant Reason: Device & Drug Safety – Potential Burkholderia cepacian contamination</p>		
<p>11. Adjourn</p>	<p style="text-align: center;">The meeting adjourned at (7:18) PM EST</p> <p>Motion: David Batluck Second: Alishia Richie</p>		

	Next P&T Meeting 6:00pm- 8:00pm EST	

Required Signature: Jeffrey Patrick Pham

Date: 2/6/2026