

**Enterprise P&T Meeting
Committee Meeting Minutes
April 25, 2016**

Voting Members Present

Michael Baer, MD	William Burnham, MD	Fred Hill, MD	David Petkash, MD
Greg Barabell, MD	Don Cooper, RPh	Jeffrey Kreitman, PharmD	Kirby Smith, MD
David Batluck, DO	Rogers Elebra, PharmD	Markus Kruesi, MD	Wayne Weart, PharmD
Donald Beam, MD	Glenn Hamilton, MD	Jay Messeroff, RPh	Rodney Wise, MD
John Floyd Brinley, MD	Lily Higgins, MD	Andrew Peterson, PharmD	

Excused Voting Members

John Draganescu, MD	Stuart Hamilton, MD	Monir Shalaby, MD
Joel Fruge, PharmD	Lavdena Orr, MD	Larry Warner, MD
Jason Gallagher, PharmD	Lynda Roberts, MD	Arthur Williams, MD

Invited Guests Present

Linda Albandoz, NCPHT - PRx	Jamila Jorden, PharmD - PRx	Peeples Herbert, PharmD
Mayank, Dalal, MD PerformCare	James King, CPhT - Reg 1	Chris Meny, RPh - BCC
Patrick DeHoratius, PharmD - PRx	Kelly Martin, PharmD - Reg 1	Jeanine Plante, PharmD - ACLA
Rebecca Engelman, Market President	Paul Larry, DMD	Raina Sanjak - BCC
Stacey Hannigan, RPh - PRx	Paul Knecht, PharmD - LA DHH	Amanda Williams, PharmD

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Call to Order	The meeting was called to order at 6:08PM EST	Informational Only		Dr. William Burnham
Conflict of Interest Disclosures	Dr. Burnham asked if anyone has a conflict of interest to disclose that would recuse them from voting on any agenda item.	No conflicts were disclosed		Dr. William Burnham
Welcome Remarks	Dr. Burnham welcomed committee members and guests.	Informational Only		Dr. William Burnham
BCC Consensus Formulary Update	Chris Meny provided an update on BCC Consensus Formulary that will go into effect June 1, 2016.	Informational Only		Chris Meny, RPh
Additional Information	<p>Kelly Martin provided additional information regarding:</p> <ul style="list-style-type: none"> • BCC will refrain from any formulary changes at this time. • All the recommendations for ACLA were vetted to ensure that it will not impact the Louisiana common PDL. • Descovy and Odefsey have been released to the market and added to ACLA formulary. 	Informational Only		Kelly Martin, PharmD

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Review of last P&T Minutes	Kelly Martin asked if there were any corrections or updates to the minutes from February 1, 2016.	Committee approved set of minutes as presented	19-0	Approved minutes to be signed by P&T Meeting Chairman (Dr. Hamilton).
Proxy Vote Minutes	Kelly Martin asked if there were any corrections or updates to the Proxy Vote from March 2, 2016.	Informational Only		
Inhaled Anticholinergic	<p>PerformRx recommends:</p> <ul style="list-style-type: none"> • Adding Incruse Ellipta and Anoro Ellipta to the formulary for all clients. • The formulary status for all other products will remain unchanged. 	Informational Only		None Necessary
Inhaled Corticosteroid	<p>PerformRx recommends:</p> <ul style="list-style-type: none"> • Adding Breo Ellipta to the formulary for all clients. • Removing Symbicort from the formulary for all clients. • We recommend allowing no grandfathering of current members on Symbicort and converting members to a formulary alternative within that class (i.e. Dulera or Breo Ellipta). • The formulary status for all other products will remain unchanged. 	Informational Only		None Necessary

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Old Business:	N/A			None necessary
New Business				
Therapeutic Class (includes PA Criteria if applicable)				
Anaphylaxis Agents	<p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> • Remove generic epinephrine from the formularies of KF/AHC/AHNE, AHDC, SHSC and ACLA to block any non-preferred products (i.e. generic epinephrine pens) from processing at the point of sale. Members on a non-preferred product will not be grandfathered on their current treatment and will be converted to either EpiPen or EpiPen Jr. • No changes will be made to the formulary status of the other products included within this class. 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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<p>Angiotensin II Receptor Blocking (ARBs) Agents</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Removing Amturnide from the prior authorization criteria for KF/AHC, AHNE and AHDC and Teveten HCT from the prior authorization criteria for all lines of business. • Adding Entresto to the prior authorization criteria for all clients (please see below) as non-preferred with a prior authorization requirement. • Making the following formulary changes: <ul style="list-style-type: none"> ○ Removing Atacand and Atacand® HCT from the formularies of KF/AHC, AHNE and AHDC. Allow members to continue their current therapy through the grandfathering logic. ○ Removing Exforge and Exforge HCT from the formularies of KF/AHC, AHNE, AHDC and ACLA. Allow members to continue their current therapy through the grandfathering logic. 	<p>Committee approved as recommended.</p>	<p>19-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

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	<ul style="list-style-type: none"> ○ Making generic Avalide and generic Avapro formulary, with step therapy requirements (trial of Hyzaar or Cozaar), for Select Health and ACLA. ○ Making generic Diovan HCT formulary, with step therapy requirements (trial of Hyzaar), for KF/AHC, AHNE and AHDC. ● Approving the updated prior authorization criteria which has been updated with the necessary changes. 			
Contraceptives Devices – Diaphragm/Cervical Caps/Condoms/Foams	PerformRx made the following recommendation: No changes	Committee approved as recommended.	19-0	None Necessary
Inhaled Corticosteroids Agents	PerformRx made the following recommendation: No changes	Committee approved as recommended.	19-0	None Necessary

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Inhaled Anticholinergic Agents	<p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> • Removing Tudorza Pressair and Spiriva HandiHaler from the formularies of KF/AHNE, AHDC, ACLA, and SHSC. Members currently on Tudorza Pressair would be allowed to continue on their existing treatment by way of the grandfathering logic while members on Spiriva HandiHaler would be converted to Spiriva Respimat or another preferred formulary alternative. • Making no change to the formulary status of the other products included within this class. 	Committee approved as recommended	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
GLP-1 Receptor Agonists*	<p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> • Approving the updated Injectable Diabetic Agents: GLP-1 Agonists prior authorization criteria for KF/AHC, AHNE, and AHDC. • Making no change to the formulary status of the other products included within this class. 	Committee approved as recommended.	19-0	PerformRx will update the formulary/PDL with any changes.

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Phosphate Binders	<p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> • Removing Eliphos tablets from the formulary for KF/AHC and AHNE. • Removing Renagel from the formularies of KF/AHC/AHNE, AHDC, ACLA, and SHSC. Will apply grandfathering logic to existing members receiving Renagel. • Making no change to the formulary status of the other products included within this class. 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Sedative Hypnotics	<p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> • Removing Rozerem from the formularies of KF/AHC, AHNE, and AHDC. Members currently on Rozerem would not be grandfathered and would be required to try and fail the formulary alternatives or submitted a prior authorization request detailing their medical necessity. • Adding generic Lunesta to the formulary, with step therapy 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Sedative Hypnotics Con't	<p>requirements (trial of Ambien or Sonata), for KF/AHC/AHNE, AHDC, ACLA and SHSC.</p> <ul style="list-style-type: none"> • Approving the updated prior authorization criteria with the appropriate changes. • Making no change to the formulary status of the other products included within this class. 			
Serotonin Receptor Agonists	<p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> • Approving the Serotonin Receptor Agonists (Tryptans) prior authorization. <ul style="list-style-type: none"> ○ Approve the updated prior authorization criteria with generic Amerge listed as one of the preferred products for ACLA. ○ Approve the prior authorization criteria with no changes for KF/AHC, AHNE, AHDC, and Select Health. • Making no change to the formulary status of the products included within this class 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Smoking Cessation Products	<p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> • Adding generic Nicotine Lozenges to the formulary for Select Health. • Approving the updated Tobacco Cessation Prior Authorization Criteria for Select Health. • Adding prior authorization requirements to Nicotrol NS and Nicotrol Inhaler for all lines of business. • Making no change to the formulary status of the other products included within this class. 	Committee approved as recommended	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Erythropoiesis Stimulators	<p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> • Approving the Erythropoiesis-Stimulating Agents and Epogen prior authorization criteria with no changes for KF/AHC/AHNE, AHDC, ACLA, and SHSC. • Making no change to the formulary status of the other products included within this class. 	Committee approved as recommended	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Gaucher's Disease Treatment Agents	PerformRx makes the following recommendations: <ul style="list-style-type: none"> • Approving the newly developed Agents to Treat Gaucher's Disease prior authorization criteria for all lines of business. In addition, retiring the Cerdelga prior authorization criteria for all lines of business. • Making no changes to the formulary status of the products included in the class. 	Committee approved as recommended	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Single Product Reviews (includes PA Criteria if applicable):				
Narcan Spray	PerformRx makes the following recommendation: <ul style="list-style-type: none"> • Adding Narcan Nasal Spray to KF/AHC/AHNE, AHDC, ACLA, and SHSC. In addition, adding a quantity limit of 2 x 2 packs (4 spray containers) per month for all plans. 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Nucala	PerformRx makes the following recommendation: <ul style="list-style-type: none"> • Making no change to the formulary status of this product. • Approve the Nucala prior authorization criteria for KF/AHC/AHNE, AHDC, ACLA, and SHSC. 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
ACLA Expansion Products – No Copayments	No Copayments <ul style="list-style-type: none"> • Aspirin 81mg: Women ages 12-79/Men ages 45-79 • Folic Acid 0.4 and 0.8mg : Women ages 12-54 • Vitamin D 400 IU: Women and Men ages 65 and older 	Informational Only		PerformRx will update the formulary/PDL with any changes.
New Products Reviews:				
	A review of new drugs was presented with the recommendation to keep them non-formulary at this time except for notations listed. As always, state specific requirements may affect the processing of these agents. Prescribers can request these drugs	Committee approved as recommended.	19-0	PerformRx will update the formulary/PDL with any changes.

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<p align="center">New Products Review Con't</p>	<p>through the prior authorization process:</p> <ul style="list-style-type: none"> • Empliciti – do not add • Kanuma – do not add • Upravi – do not add • OB Complete Gold – do not add • Pradaxa 110mg Capsule (new strength) – add to formulary • Enstilar – do not add • Dyanavel XR – do not add • QuilliChew ER – do not add • DS Prep Pak – do not add • Xuriden – do not add • Ticanase – do not add • Xeomin – do not add • Zepatier – do not add • Allzital – do not add • Otiprio – do not add • Vraylar – do not add • Vistogard – do not add • Adzenys XR –ODT – do not add • Zembrace Symtouch – do not add 			

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Prior Authorization Criteria Review				
Specialty annual review:				
Long-Acting Injectable Antipsychotics	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approving the prior authorization criteria for KF/AHC/AHNE, AHDC, ACLA and SHSC with the following changes: <ul style="list-style-type: none"> ○ Adding Aristada to the criteria. ○ Making Risperdal Consta, Invega Sustenna and Invega Trinza the preferred products for this class. ○ Updating initial and re-authorization approval requirements and the coverage duration 	This criteria was tabled for additional clarification on what happens if the member is on an oral product that is not the corresponding preferred injectable product		Tabled for next meeting
Hepatitis C	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Add Zepatier as a preferred agent • Approving this updated prior 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Hepatitis C Con't	<p>authorization criteria for the following LOB's - KF/AHC/AHNE, ACLA and AHDC. In addition, the AHDC criteria will include the District's mandatory statement "approved for one course of treatment per lifetime".</p>			
Acthar HP	<p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> • Approving the updated prior authorization criteria for KF/AHC/AHNE, AHDC, ACLA and SHSC. 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Rituxan	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> • Updated prior authorization criteria for KF/AHC/AHNE, AHDC, ACLA and SHSC with the following changes: streamlining the criteria for content, added Class Ia or IIa recommendation for medically accepted indications. 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Ibrance	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> • Approving the updated prior authorization criteria for KF/AHC/AHNE, AHDC, ACLA and SHSC with the following changes: updated criteria to reflect new FDA indications in combination with Faslodex. 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Uptravi/Pulmonary Hypertension	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approving the prior authorization criteria for KF/AHC/AHNE, AHDC, ACLA and SHSC with: <ul style="list-style-type: none"> ○ Approval information for Uptravi. ○ Updated the initial and re-authorization approval requirements and the coverage duration. 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Ampyra	PerformRx makes the following changes: <ul style="list-style-type: none"> • Approving the prior authorization criteria for KF/AHC/AHNE, AHDC, ACLA and SHSC with: <ul style="list-style-type: none"> ○ Updated initial and re-authorization approval requirements. 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Oral oncology without specific criteria	PerformRx makes the following recommendation: <ul style="list-style-type: none"> • Approve the new prior authorization criteria for KF/AHC/AHNE, AHDC, ACLA and SHSC. 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
PCKS-9 Inhibitors	PerformRx makes the following recommendation: <ul style="list-style-type: none"> • Add Repatha as the preferred agent. • Approving the updated prior authorization criteria for KF/AHC/AHNE, ACLA, AHDC and SH with some exceptions for KF/AHC and AHNE. 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Juxtapid/Kynamro	PerformRx makes the following recommendation: <ul style="list-style-type: none"> • Approving the updated prior authorization criteria for KF/AHC/AHNE, ACLA, AHDC and SH with some exceptions for KF/AHC and AHNE. 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Non-specialty annual review:				
Avinza	PerformRx makes the following recommendation: Maintain the current criteria for KF/AHC/AHNE, AHDC, ACLA and SHSC with no changes.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Celebrex	PerformRx makes the following recommendation: Maintain the current criteria for KF/AHC/AHNE, AHDC, ACLA and SH.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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CNS Stimulants Age Limit	PerformRx makes the following recommendation: Maintain the current criteria for SH and ACLA with no changes.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
CNS Stimulants/Amphetamines	PerformRx makes the following recommendation: Maintain the current criteria for SH and ACLA with no changes.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Effient	PerformRx makes the following recommendation: Maintain the current criteria for SH and ACLA with no changes.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Kapvay	PerformRx makes the following recommendation: Maintain the current criteria for SH and ACLA with the addition of the age limit and the new approval duration of 12 months.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Long-Acting Attention Deficit/Hyperactivity Disorder Medications	PerformRx makes the following recommend: Maintain the current criteria for SH with no changes.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Lyrica	PerformRx makes the following recommendation: Maintain the current criteria for SH and ACLA with no changes.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Mepron	PerformRx makes the following changes: Maintain the current criteria for KF/AHC/AHNE, AHDC, ACLA and SH.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Multaq	PerformRx makes the following recommendation: Maintain the current criteria for KF/AHC/AHNE, AHDC, ACLA and SH.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Niaspan	PerformRx makes the following recommendation: Maintaining the current criteria for SH and ACLA with no changes	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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<p>Non-Formulary Medication For Use in ADHD Treatment For Members Over 21</p>	<p>PerformRx makes the following recommendation:</p> <p>Maintain the current criteria for KF/AHC and AHNE with no changes.</p>	<p>Committee approved as recommended.</p>	<p>19-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p>Oral Antipsychotics Agents</p>	<p>PerformRx makes the following recommendation:</p> <p>Maintain the current criteria for KF/AHC and AHNE.</p>	<p>Committee approved as recommended.</p> <p>Will revisit in next P&T and determine the feasibility of requiring hemoglobin A1C testing, fasting glucose and lipid testing</p>	<p>19-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p>Atypical Antipsychotics Agents for Members less than 18 years old</p>	<p>PerformRx makes the following recommendation:</p> <p>Maintain the current criteria for ACLA.</p>	<p>Committee approved as recommended.</p> <p>Will revisit at next P&T and determine the feasibility of requiring hemoglobin A1C testing, fasting glucose and lipid testing</p>	<p>19-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

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Oral Atypical Antipsychotics	PerformRx makes the following recommendation: Maintain the current criteria SH and ACLA with no changes.	Will add the drug specific age limit per the package insert to the products included in the criteria. For SHSC and ACLA baseline testing requiring hemoglobin A1C testing, fasting glucose and lipid testing will be added to the criteria.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Ponstel	PerformRx makes the following recommendation: Maintain the current criteria for SH and ACLA with no changes.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Quaaluan	PerformRx makes the following recommendation: Maintain the current criteria for SH with the excluded indications information moved to the “exclusion criteria” section	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Ranexa	PerformRx makes the following recommendation: Maintain the current criteria for SH with no changes.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Sporanox	PerformRx makes the following recommendation: Maintain the current criteria for SH and ACLA	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Skeletal Muscle Relaxants	PerformRx makes the following recommendation: Maintain the current criteria for SH and ACLA with no changes.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Stadol	PerformRx makes the following recommendation: Maintain the current criteria for KF/ADC/AHNE, AHDC, ACLA and SH with no changes.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Vicoprofen	PerformRx makes the following recommendation: Maintain the current criteria for KF/ADC/AHNE, AHDC, ACLA and SH with no changes.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Xifaxan	PerformRx makes the following recommendation: Maintain the current criteria for KF/ADC/AHNE, AHDC, ACLA and SH with no changes.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Zyvox	PerformRx makes the following recommendation: Maintain the current criteria for KF/ADC/AHNE, AHDC, ACLA and SH with no changes.	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Prior Authorization Criteria Removal:				
	PerformRx recommended the removal of the following criteria: <ul style="list-style-type: none"> • Afinitor (for Select Health and ACLA) • Diastat (for Select Health) • Gleevec (ACLA) • Tarceva (ACLA) • Tykerb (ACLA) 	Committee approved as recommended.		PerformRx will update the criteria and formulary/PDL with any changes

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Drug Therapy Management Program Review		Informational Only		Amanda Williams
Recalls	No recalls	Informational Only		James King
Adjournment	The meeting adjourned at 7:58 PM EST	n/a		The next meeting is July 25, 2016 from 6:00 PM- 8:00 PM.

Dr. William Burnham, MD - Chair

Date