

**Enterprise P&T Meeting
Committee Meeting Minutes
July 25.2016**

Voting Members Present

Michael Baer, MD	Don Cooper, RPh	Markus Kruesi, MD	Wayne Weart, PharmD
Greg Barabell, MD	Rogers Elebra, PharmD	Jay Messeroff, RPh	Arthur Williams, MD
David Batluck, DO	Jason Gallagher, PharmD	Parul Mistry, MD	Rodney Wise, MD
Donald Beam, MD	Glenn Hamilton, MD	Lavdena Orr, MD	
John Floyd Brinley, MD	Fred Hill, MD	Eric Peters, PharmD	
William Burnham, MD	Jeffrey Kreitman, PharmD	Kirby Smith, MD	

Excused Voting Members

John Draganescu, MD	David Petkash, MD	Larry Warner, MD
Lily Higgins, MD	Lynda Roberts, MD	
Andrew Peterson, PharmD	Monir Shalaby, MD	

Invited Guests Present

Linda Albandoz, NCPHt - PRx	Jamila Jorden, PharmD - PRx	Paul Knecht, PharmD - LA DHH	Calla Vodoor, PharmD PRx
Christine Carter, PharmD - PRx	James King, CPhT - Reg 1	Chris Meny, RPh - BCC	Melywyn Wendt, PharmD
Mayank, Dalal, MD - PerformCare	Kelly Martin, PharmD - Reg 1	Jeanine Plante, PharmD - ACLA	Rusty Perkins, Lundbeck
Patrick DeHoratius, PharmD - PRx	Holly Moreau, Prestige	Janis Powers, ICM Director	Tim Hambacher, Otsuka
Robert Gailey, Compliance	Betty Muller, MD	Natashia, Sanders, Account Manager	Lee Hennigan, Novartis
Stacey Hannigan, RPh - PRx	Paul Larry, DMD	Raina Sanjak - BCC	Stuart McConkie, Allergan

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
1. Call to Order	The meeting was called to order at 6:07 PM EST	Informational Only		Dr. Glenn Hamilton
1.A Welcome Remarks	Dr. Hamilton welcomed committee members and guests.	Informational Only		Dr. Glenn Hamilton
2. Conflict of Interest Disclosures	Dr. Hamilton 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. Glenn Hamilton
Additional Information	Kelly Martin provided additional information regarding: <ul style="list-style-type: none"> • BCC Consensus Formulary went into effect June 1, 2016. • 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 • Diclegis will be tabled until the next P&T meeting awaiting further information of the prior authorization status of this drug. 	Informational Only		Kelly Martin

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<p>3. Review of last P&T Minutes</p>	<p>Kelly Martin asked if there were any corrections or updates to the minutes from April 25, 2016.</p>	<p>Committee approved set of minutes as presented</p>	<p>21-0</p>	<p>Approved minutes to be signed by P&T Meeting Chairman (Dr. Hamilton).</p>
<p>4. Old Business:</p>				
<p>Opioid Dependence Treatment Agents PA Criteria (AHDC)</p>	<p>For AHDC, the District of Columbia mandated specific changes to the Opioid Dependence Agents PA Criteria. These are the following changes which have already been implemented:</p> <ul style="list-style-type: none"> • Approval duration has been increased to 12 months • Adherence to counseling will no longer be required for initial or reauthorization • Drug screening will no longer be required for reauthorization • No restriction for lifetime access to Methadone, Buphenorphine products and Naltrexone 	<p>Informational Only</p>		<p>None Necessary</p>

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
<p>Opioid Dependence Treatment Agents PA Criteria (KF/AHC/ANE, SHSC and ACLA)</p>	<p>PerformRx makes the following recommendation: Approve the update Opioid Dependence Treatment Agents PA criteria for KF, AHC, AHNE, SH and ACLA. These are the following changes:</p> <ul style="list-style-type: none"> • Generic Buphenorphine/Naloxone will be the preferred product within this class • Initial request will be approved for 1 month • Reauthorization will be approved for 3 months • Physician must be a participating provider or a participating provider with the Behavioral Health MCO. • Member cannot be on alcohol or a benzodiazepine agent. • Required documentation of mental health screening and initial evaluation by a licensed Drug & Alcohol provider • Required documentation of the patient's treatment contract must be submitted • The specific requirements for drug screening and counseling required for reauthorization has been updated. 	<p>Committee approved as recommended</p>	<p>21-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

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Narcan	On the April 25, 2016 Enterprise P&T meeting the committee voted and approved the PerformRx recommendation of a quantity limit for Narcan to be 2 x 2 (4 spray containers) per month for all LOB's. However the state of Pennsylvania rejected the recommendation.	Informational Only		None Necessary
Acthar	<p>PerformRx makes the following recommendation:</p> <p>For KF/AHC/AHN, AHDC, SHSC and ACLA to remove the requirement that the patient must have a trial with Sabril (vigabartin) for the diagnosis of infantile spasms (West Syndrome) due to the risk of permanent vision loss.</p>	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes.

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<p>Oral Antipsychotics Agents PA Criteria ACLA</p>	<p>PerformRx makes the following recommendation:</p> <p>For ACLA to make the following changes:</p> <ul style="list-style-type: none"> • The removal of Geodon and Clozaril from the criteria. This product will be reviewed by the Atypical Antipsychotic Agents for Members Less than 18 years old. • Addition of the appropriate agents to the criteria. • The appropriate age limits added to the age restriction section. • The requirement of hemoglobin A1c, fasting glucose, added to initial authorization. 	<p>Committee approved with the removal of prescriber restriction requirement.</p>	<p>19-2</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

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<p>Oral Antipsychotics Agents PA Criteria Select Health</p>	<p>PerformRx makes the following recommendation:</p> <p>For Select Health, approving the updated criteria with:</p> <ul style="list-style-type: none"> • The appropriate age limits added to the age restriction section • The requirement of hemoglobin A1c, fasting glucose, and lipids added to the initial authorization. 	<p>Committee approved as recommended</p>	<p>19-2</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p>Long Acting Injectable Antipsychotic Criteria</p>	<p>Recommendation: PerformRx recommends approving this updated prior authorization criteria for KF/AHC/AHN, AHDC, SHSC and ACLA</p>	<p>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</p>		<p>Tabled for next meeting/follow up with a proxy vote</p>

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<p align="center">5. New Business</p>				
<p align="center">MEDWATCH</p>	<p>Providers must complete a MedWatch form for requested brand product if an approved FDA generic is available explaining rationale supporting the requested brand medication. Patient Safety, adverse concerns, as well as cost containment were factors in recommending the approval.</p>	<p align="center">Committee approved as recommended.</p>	<p align="center">21-0</p>	<p align="center">None Necessary</p>
<p align="center">Plan B</p>	<p>Recommend generic products to be added with a prescription and without prior authorization when allowed by state agencies.</p>	<p align="center">Committee approved as recommended.</p>	<p align="center">21-0</p>	<p align="center">PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p>6. Drug Reviews</p> <p>6.A Therapeutic Class</p>				

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<p>GLP-1 Receptor Agonists (with PA criteria)</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Adding Trulicity to the formulary (with ST, t/f metformin) for KF/AHC/AHN, AHDC, SHSC, and ACLA. • Removing Byetta from the formulary for KF/AHC/AHN. • Retiring the GLP-1 Agonist Prior Authorization criteria for KF/AHC/AHN, AHDC and the Diabetic Agents Prior Authorization criteria for SHSC and ACLA. • Making no changes to the formulary status of the other products included within this class. 	<p>Committee approved as recommended.</p>	<p>21-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p>Intranasal Corticosteroids Agents (with PA criteria)</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Retiring the Intranasal Corticosteroids Prior Authorization criteria for KF/AHC/AHN, AHDC, SHSC and ACLA. • Making no changes to the formulary status of the products included within this class. 	<p>Committee approved as recommended.</p>	<p>21-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

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Leukotriene Modifiers	<p>PerformRx makes the following recommendation:</p> <p>Making no changes to the formulary status of the products included within this class.</p>	Committee approved as recommended.	21-0	None Necessary
Short acting Insulin	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Removing the step therapy requirement from Humalog vials and the Humalog 100 u/ml Kwikpen for KF/AHC/AHN and AHDC. • Making no changes to the formulary status of the other products included within this class. 	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes

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<p>Oral 5-HT3 Serotonin Receptor Antagonist</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Retire the PA criteria for Kytril and Anzemet for KF/AHC/AHN, AHDC, SHSC and ACLA. • Removing Anzemet from the formulary for KF/AHC/AHN and AHDC. • Making Kytril formulary, (w/ST, t/f Zofran for KF/AHC/AHN, AHDC, SHSC and ACLA. • Making no change to the formulary status of the other products included within this class. 	<p>Committee approved as recommended.</p>	<p>21-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

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<p style="text-align: center;">Proton Pump Inhibitors (with PA Criteria)</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Removing Prevacid Solutab from the formulary and making Prilosec Suspension formulary with appropriate age limit KF/AHC/AHN, AHDC, SHSC, and ACLA. • Removing Protonix Oral Suspension from the formulary for SHSC and ACLA. • Removing Omperazole Magnesium 20 mg from the formulary for KF/AHC/AHN and AHDC • Adding generic Prevacid 30 mg to the formulary w/ST, (t/f Prilosec or Protonix KF/AHC/AHN and AHDC. • Making all strengths of Nexium 24 Hour formulary w/ST, (t/f Prilosec or Protonix KF/AHC/AHN, AHDC, SHSC, and ACLA. • Ensure that all formulary agents allow only one unit per day to process at the point of sale. • Update the prior authorization criteria for KF/AHC/AHN, AHDC, SHSC, and ACLA to reflect the appropriate changes. • Making no change to the formulary status of the other products included within this class 	<p style="text-align: center;">Committee approved as recommended</p>	<p style="text-align: center;">21-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

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Sodium-Glucose Co-Transporter-2 (SGLT-2) Inhibitors	<p>PerformRx makes the following recommendation: Making no change to the formulary status of the other products included within this class</p>	Committee approved as recommended	21-0	None Necessary
Chelating Agents	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the Chelating Agents prior authorization criteria with no changes for KF/AHC/AHN, AHDC, SHSC and ACLA. • Making no changes to the formulary status of the other products included within this class. 	Committee approved as recommended.	21-0	PerformRx will update the formulary/PDL with any changes.
White Blood Cell (with PA Criteria)	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approving the White Blood Cell Stimulators prior authorization criteria with no changes for KF/AHC/AHN, AHDC, SHSC and ACLA. • Making no change to the formulary status of the other products included within this class 	Committee approved as recommended.	21-0	PerformRx will update the PA criteria with any changes.

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6.B Single Product Reviews:				
Prezcobix	<p>PerformRx makes the following recommendation: Adding Prezcobix to the formulary for KF/AHC/AHN and SHSC.</p>	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
6.C Gender Edits/Medication for Gender Dysphoria	<p>PerformRx makes the following recommendation: Remove the gender specific edits applied to the following classes below for KF/AHC/AHN:</p> <ul style="list-style-type: none"> • STC G1A (estrogenic agents) • STC G1B (estrogen/androgen combinations) • STC G1D (estrogen & progestin with antiminerlocorticoid combinations) • STC G1G (estrogen & selective estrogen receptor combinations) • STC Q4K (vaginal estrogen preparations). • Approve the Agents for Gender Dyshoria prior authorization criteria. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes. In addition, PerformRx to look at the Agents for Gender Dysphoria PA Criteria for possible use for DC, SC, LA and BCC.

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<p>6.D Zika Mosquito Repellent Coverage</p>	<p>Discussion on state agency direction regarding coverage of mosquito repellent</p>	<p>Informational Only</p>	<p>N/A</p>	<p>None Necessary</p>
<p>6.E New Products Reviews:</p>	<p>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 through the prior authorization process:</p> <ul style="list-style-type: none"> • Taltz Autoinjector –do not add • Defitelio- do not add • Descovy - Add to ACLA formulary and remain non formulary for all other LOBS • Cinqair - do not add • Aczone - do not add • Venclexta - do not add • Impavido - do not add • Onzetra Xsail - do not add • Cabometyx - do not add • Xtampza ER- do not add • Nuplazid - do not add • Mirvaso - do not add • Briviact - do not add 	<p>Committee approved as recommended.</p>	<p>21-0</p>	<p>PerformRx will update the formulary/PDL with any changes.</p>

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
<p>New Products Review Con't</p>	<ul style="list-style-type: none"> • Tecentriq - do not add • Daklinza - do not ad • Truvada - Add to the formulary for all LOBs EXCEPT AHDC and BCC • Cetylev- do not add • Orfadin - do not add • Akovaz - do not add • Hyqvia - do not add • Ocaliva - do not add • Probuphine - do not add • Lenvima - do not add • Lazanda - do not add • Fycompa - do not add • Tivicay - Added to the formulary for KF/AHC and ACLA for all other LOBs to remain non-formulary 			
<p>7.A Prior Authorization Criteria Review</p>				
<p>Specialty annual review:</p>				
<p>Hepatitis C</p>	<p>PerformRx makes the following recommendation: Approve the updated prior authorization criteria for all Pennsylvania LOB's, ACLA and AHDC making Zepatier the only preferred product within the class</p>	<p>Committee approved as recommended.</p>	<p>21-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

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Idiopathic Pulmonary Fibrosis Agents	<p>PerformRx makes the following recommendations: Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes.</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
Injectable 5-Hydroxytryptamine-3(5HT3)	<p>PerformRx makes the following changes: Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes.</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
Injectable/Infusible Osteoporosis Agents	<p>PerformRx makes the following changes: Approve the updated criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with the following changes:</p> <ul style="list-style-type: none"> • Updated format-streamlined • Updated approval duration to 1 year • Added “or any newly marketed agent” so criteria would immediately apply to newly approved agents • For Forteo requests-added caveat for severe osteoporosis • Removed reauthorization criteria 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes.

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<p>Prior Authorization Process for Injectable/Specialty Medications with No Specific Prior Authorization Protocol</p>	<p>PerformRx makes the following changes:</p> <p>Approve the updated criteria for KF/AHC/AHN, AHDC, SHSC and ACLA. with the following changes:</p> <ul style="list-style-type: none"> • Streamlined to remove duplication • Added documentation that a separate policy exists for oncology medications 	<p>Committee approved as recommended.</p>	<p>21-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p>Serostim</p>	<p>PerformRx makes the following recommendation:</p> <p>Approve the updated criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with the following changes:</p> <ul style="list-style-type: none"> • Addition of specialist requirement • Remove dosing and indications • Updated agents for trial and failure agents • Updated documentation of BMI/LBM 	<p>Committee approved as recommended.</p>	<p>21-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

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Soliris	<p>PerformRx makes the following changes: Update the criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with the following changes:</p> <ul style="list-style-type: none"> • Added indication of Atypical Hemolytic Uremic Syndrome to the criteria • Updated the clinical requirements to meet standard of care guidelines 	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
Xolair	<p>PerformRx makes the following recommendation: Approve the updated criteria for KF/AHC/AHN, AHDC, SHSC, and ACLA with the following changes:</p> <ul style="list-style-type: none"> • Updated the age requirement for the treatment of asthma to be approvable for members ≥ 6 years old. • Updated the medication requirement for the trial and failure for treatment of urticaria 	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Vivitrol	<p>PerformRx makes the following recommendation:</p> <p>Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with the following changes:</p> <ul style="list-style-type: none"> • Requirement of actual monthly drug screens • <i>Information in Italics applies only to KF/AHC/AHN LOBs</i>. • Addition of pregnancy testing 	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
7.B Non-specialty annual review:				
Crinone	<p>PerformRx makes the following recommendation:</p> <p>Maintain the current criteria for KF/AHC/AHN, AHDC, and SHSC</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria with the new review date.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Daliresp	<p>PerformRx makes the following recommendation:</p> <p>Maintain the current criteria for SHSC and ACLA with no changes</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria with the new review date.
Entocort EC	<p>PerformRx makes the following recommendation:</p> <p>Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes.</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria with the new review date.
Non-Formulary Medications/Prior Authorization Required Medications Prior Authorization Criteria	<p>PerformRx makes the following recommendation:</p> <p>Main the current criteria for KF/AHC/AHN, AHDC and ACLA with an increase to the approval duration to up to 12 months</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
Non-Preferred Medications/Prior Authorization Required Medications Prior Authorization Criteria	<p>PerformRx makes the following recommendation:</p> <p>Maintain the current criteria for SHSC with an increase to the approval duration to up to 12 months.</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Ophthalmic Antihistamines	<p>PerformRx makes the following recommendation:</p> <p>Main the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with an increase to the approval duration to up to 12 months.</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
Pediculicides	<p>PerformRx makes the following recommend:</p> <p>Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC, and ACLA with the removal of any mention of Ulesfia from the criteria which is no longer a Medicaid covered outpatient drug.</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
Pulmicort Respules	<p>PerformRx makes the following recommendation:</p> <p>Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC, and ACLA with no changes.</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria with new review date.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Restasis	<p>PerformRx makes the following changes:</p> <p>Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC, and ACLA with the approvable prescriber types move to the “prescriber restriction” section.</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria with all changes.
Transderm-Scopolamine Patch	<p>PerformRx makes the following recommendation:</p> <p>Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC, and ACLA with no changes.</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria with the new review date.
Weight Loss Medications	<p>PerformRx makes the following recommendation:</p> <p>Maintain the current criteria SHSC and ACLA with the addition of Saxenda to the note section.</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria all changes.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Vancocin	<p>PerformRx makes the following recommendation:</p> <p>Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes.</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
Vfend	<p>PerformRx makes the following recommendation:</p> <p>Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes.</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
7.C Prior Authorization Criteria Removal:				
	<p>PerformRx recommended the removal of the following criteria:</p> <ul style="list-style-type: none"> • Tazorac (Select Health and ACLA) • Toradol (Select Health and ACLA) • Xopenex (Select Health) 	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes

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<p>8. Recalls</p>	<p>Diocto Liquid (docusate sodium) 50 mg/5 ml manufactured by Rugby was recalled due to product contamination. Impacted member for:</p> <ul style="list-style-type: none"> • ACLA – 0 • BCC – 6 • SCHC – 4 • KMHP -7 • AHC – 1 • Iowa – 1 • AHDC – 0 	<p>Informational Only</p>		<p>James King Jeffrey Kreitman</p>
<p>9. Adjournment</p>	<p>The meeting adjourned at 7:31 PM EST</p>	<p>N/A</p>	<p>N/A</p>	<p>The next meeting is October 24th, 2016 from 6:00 PM- 8:00 PM.</p>

Dr. Glenn Hamilton, MD - Chair

Date