

DRUG PRIOR AUTHORIZATION COMMITTEE MEETING
December 19, 2019
MO Coalition for Community Behavioral Healthcare
221 Metro Drive
Jefferson City, MO

Committee Members Present

Conrad Balcer, DO
 Jennifer Kemp-Oestreich, Pharm D
 Laura Kingsley, Pharm D
 Pat Bryant, Pharm D
 Angeline Stanislaus, DMH
 Matthew Stinson

MO HealthNet Staff Present:

Josh Moore, Director of Pharmacy
 Mark Roaseau, R.Ph, Clinical Pharmacist
 Elizabeth Sissom, RN, Clinical Management
 Angela Wilson, Pharmacy Operations Manager
 Carmen Burton, Administrative Assistant
 Dr. Timothy Kling, MD, Assistant Medical Director
 Lisa E. Smith, Program Development Specialist
 Jackie Hickman, Drug Rebate Unit Supervisor
 Keri Ballew, Drug Rebate Medicaid Specialist
 Connie Sutter, Fiscal Manager
 Elizabeth Short, Program Specialist
 Desiree Vitalie, Special Council
 Drug PA Committee Meeting – December 19, 2019

Contractors in Attendance:

Luke Boehmer, Conduent
 Jennifer Colozza, Conduent
 Megan Fast, Conduent
 Olivia Push, Conduent
 Janelle Sheen, Conduent
 Valerie Schmitz, Wipro
 Geri Roling, Wipro
 Chelsea Pendleton, Wipro
 Valerie Schmitz, Wipro

Others Attending:

Michael Lafend, Abbvie
 Laura Hill, Abbvie
 Kyle Poe, Abbbie
 Audrey Rattan, Alkermes
 Shelly Thompson, Alkermes
 Jeff Martin, Amgen
 Bryon Goeckre, AstraZeneca
 Brenda Nunnally, AstraZeneca
 Julie Long, AstraZeneca
 Scott Jones, AstraZeneca
 Robert Kilo, Biogen
 Karen Floeder, Biohaven
 Leisa Blanchard, Advocate for Diabetic patients

Alicia Jenkins, DHSS - ADAP
 Penny Williams, DHSS-DHSH
 Kim Moore, GLO
 Brent Young, GBT
 Garth Wright, Genentech
 Brian Strickland, Gilead
 Michele Shiney, Indivior
 Will Mullen, Indivior
 Erin Hohman, Janssen
 Akesha Coleman, Janssen
 Mary Stewart Nelson, J & J
 Tom Geyer, Lilly
 John Schiff, Lundbach
 Meghan Kerrigan, Merck
 Gena Terlizzi, NAMI Missouri
 Kevin Aholt, Neurelis
 Rick Kegglur, Otsuka
 Rob Hanson, Pfizer
 Jim Baumann, Pfizer
 Savrati Niyomchai, Promo
 Luke Weedin, Sage Therapeutics
 Jonell Lanta, Takeda
 Donna Osterland, Sanoti Genzene
 Michael Holmes, Sunovion
 Glenn Willis, Xspire
 Kent Long, WraSer

Welcome, Introductions and Opening Remarks	Conrad Balcer, Chair, called the meeting to order. Josh Moore introduced himself and started the introductions and opening remarks.
Minutes Approval	Minutes of the September 2019 Drug PA meeting were reviewed and approved. Pat Bryant made the motion and Laura Kingsley seconded the motion.
Pharmacy Program/Budget Update	Elizabeth Short presented a brief power point. The presentation contained graphs representing demographic information about MHD participants, drug expenditures by participant groups, drug class, and program. Information was also provided on selected drug expenditures and initiatives MHD is tracking. Information was also provided on Pipeline Medication agents and what the approximate list prices.
Old Business Implementation Schedule	<p>An updated copy of the Proposed Implementation Schedule for Edits, including PDL classes was included in the Members' meeting packet and provided as a handout to all attending. The Schedule included the annual updates and it goes through May 2020. There is a PDL renewal the first week of January. Clinical Edits will be scheduled through January and February. In April the edits that were reviewed during December 19 meeting will go into effect and then the clinical edits will go into effect in May. ADHD Methylphenidate Long Acting PDL edit, Aptensio XR was moved to Non-Preferred will go into effect on January 10, 2020 when the renewal is done. The board voted to approve this. Schedules may be found on the MHD web page at https://dss.mo.gov/mhd/cs/pharmacy/pdf/impsched.pdf</p> <ul style="list-style-type: none"> ● Decision – The Committee voted to accept this PDL Edit as presented. (See Roll Call Vote)
New Business	
New Drug Review	<p>Josh Moore reviewed the new products identified for the quarter June 2019 and the recommended status within the clinical program.</p> <ul style="list-style-type: none"> ● Discussion – A listing of products recommended for open access, clinical edit, preferred drug list (PDL) product, or continued prior authorization was provided in the Members' meeting packet for discussion and action. This listing was also provided as a handout to all attending. ● Public Hearing – Laura Hill with Abbvie spoke on Rinvoq. ● Decision – The Committee voted to accept the new product recommendations as presented. (See Roll Call Vote)
Clinical Edits	
15 Day Supply- Oral Oncology Fiscal Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria on oral oncology by controlling expenditures on expensive drug therapies therefore setting a 15 day supply limit for the initial fill so patients could determine if the medication would be tolerated. ● Public Hearing – No Public Comment.

	<ul style="list-style-type: none"> ● Decision – The Committee voted to accept this Fiscal Edit as presented. (See Roll Call Vote)
15 Day Supply Fiscal Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria to where the patients would try the 15 day supply. If, after the initial fill, they need more they can get a 30 day supply. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this Fiscal Edit as presented. (See Roll Call Vote)
Acetaminophen Cumulative Dose Clinical Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria to limit 4 grams of Tylenol per day. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this Fiscal Edit as presented. (See Roll Call Vote)
Biosimilar Fiscal Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the new edit. The Biological product is very similar to an FDA approved reference biologic there are no clinically meaningful differences in terms of safety, purity and potency. This edit will be utilized to select the lowest net cost products when the biologic is not already in a PDL. ● Public Hearing – No public comment. ● Decision – The Committee voted to accept this Fiscal Edit as presented. (See Roll Call Vote)
Corlanor Clinical Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the new criteria and proposed to make edit changes to this class for 6 months and older and also clinical criteria. ● Public Hearing – Jeff Martin with Amgen spoke on Corlanor. ● Decision – The Committee voted to accept this Clinical Edit as presented. (See Roll Call Vote)
Cystic Fibrosis Clinical Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the new criteria and Trikafta agent is the new drug being included. Trikafta is being seen as a significant improvement in the patients. MO Medicaid is giving 12 month approval on it. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this Clinical Edit as presented. (See Roll Call Vote)
Diabetic Supply Quantity Limit Fiscal Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the new criteria. After feedback from the community and several providers, MO Medicaid updated what the maximum quantity is based on the age, if the patient is pregnant and if the patient is insulin dependent or not. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this Fiscal Edit as presented. (See Roll Call Vote)
Entresto Clinical Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the new criteria. The only edit they are requesting is age criteria of age 1 year and older. No other recommendations they are making for this edit at this time. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this Clinical Edit as presented. (See Roll Call Vote)
High Cost Medication Kits Fiscal Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the new edit. Proposing a new edit and wanting to look at it a little closer due to the individual agents are fine and more cost effective. As the High Cost Kits come out they will be added to the list throughout the year.

	<ul style="list-style-type: none"> ● Public Hearing –No Public Comment. ● Decision – The Committee voted to accept this Fiscal Edit as presented. (See Roll Call Vote)
MME Accumulation Clinical Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and recommended no changes to be made at this time. ● Public Hearing –No Public Comment. ● Decision – The Committee voted to accept this Clinical Edit as presented. (See Roll Call Vote)
Non-Oral Contraceptive Clinical Fiscal Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the new criteria and added non-oral contraceptives to the list. ● Public Hearing –No Public Comment. ● Decision – The Committee voted to accept this Fiscal Edit as presented. (See Roll Call Vote)
PrEP Fiscal Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the new edit. PrEP only indication for these treatments- Truvada will be used for PrEP and if patients have HIV then they will be able to get Truvada or Descovy. ● Public Hearing –No Public Comment. ● Decision – The Committee voted to accept this Fiscal Edit as presented. (See Roll Call Vote)
Short-Acting Opioid Combinations Clinical Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the new criteria. No changes made to the clinical criteria edit. Removed agents that are no longer in the class and there were some new agents added to the class. ● Public Hearing –No Public Comment. ● Decision – The Committee voted to accept this Clinical Edit as presented. (See Roll Call Vote)
Short-Acting Opioid Single Agents Clinical Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the new criteria. Suggesting no changes to the clinical criteria. The only changes is adding additional agents and removing the ones that are no longer manufactured. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this Clinical Edit as presented. (See Roll Call Vote)
TIRF Clinical Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the new criteria. The only change is the documented diagnosis or inferred diagnosis of cancer in the past 3 months. ● Public Hearing - No Public Comment. ● Decision – The Committee voted to accept this Clinical Edit as presented. (See Roll Call Vote)
Typical (1st Generation) Antipsychotic Clinical Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria for the new clinical edit for the SUPPORT Act. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this Clinical Edit as presented. (See Roll Call Vote)
Zulresso Clinical Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the new criteria. Treatment of postpartum depression from moderate to severe. Centers that will be administering this will have to go through the manufacture to get certified. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this Clinical Edit as presented. (See Roll Call Vote)
Preferred Drug List (PDL)	

Alzheimer's Agents	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and recommended no changes to be made at this time. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Antiandrogenic Agents PDL Edit	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria for a new proposing edit. Recommending 3 preferred agents. ● Public Hearing – Rob Hanson with Pfizer spoke on Xtandi. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Antiemetic Agents: 5-HT3, NK1 & Other Agents	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and changes were made to make the generic Aloxi vial preferred agents to ensure a non-oral antiemetic is available as a preferred agent. Additional criteria will be added is Diclegis, Bonjesta, and Zuplenz. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Antiemetic Agents: THC Derivatives	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and recommended no changes to be made at this time. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Anti-Migraine Agents: Serotonin (5-HT1) Receptor Agonists	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and recommended several changes to the edit. Tosymra to non-preferred agents and add criteria for Sumatriptan injection only (excluding Zembrace). ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Anti-Parkinsonism: MAO-B Inhibitor Agents	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and recommended no changes to the edit at this time. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Anti-Parkinsonism: Non-Ergot Dopamine Agonists	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria recommended no changes to the edit at this time. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Calcitonin Gene-Related Peptide (CGRP) Inhibitors	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and the requirements for Aimovig, Emgality 120mg/ml, and Ajoovy for first fill and for the renewal following the first 3 months. For Emgality the therapeutic trial of verapamil and topiramate (60/90 days for each) is required on first fill only. New criteria that is recommended is denial of concurrent therapy of CGRP with botox in the past 90 days. ● Public Hearing – Jeff Martin with Amgen spoke on Aimovig. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)

Cox-II Inhibitor Agents	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and asked that this PDL Edit be retired and add Celecoxib to the NDSAID. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept to retire the PDL Edit and to add Celecoxib to the NSAID PDL edit. (See Roll Call Vote)
Fibromyalgia	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and stated there are a few new entrances into the class and these are non-preferred – Duloxetine and Pregabalin and non-preferred agents – Drizalma, Lyrica, Pregabalin. Approval Criteria – Drizalma was added to the same category as Irenka. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
GI Motility Agents	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and stated the only changes are Motegrity and Zelnorm. There are no other changes or recommendations at this time. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Glucagon Products	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and recommending the preferred agents to be Baqsimi which is intranasal. Recommending trial and failure on 2 of the preferred agents. ● Public Hearing – James Meyer with Xeris spoke on Gvoke. Lisa Blanchard with Medical One Clinic spoke on Gvoke. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Hereditary Angioedema Agents	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and stated there one set of changes – added Icatibant to preferred agents for treating acute attack and Firazyr to non-preferred agents for treating acute attack. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Long-Acting Opioid Agents	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and stated OxyContin needed to be a non-preferred agent at this time and it was moved over to non-preferred. Grandfathering will stay the same with patients who were already on OxyContin. Morphabond was added to the preferred set of drugs. Recommending no other changes at this time. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Neuropathic Pain Agents	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and stated one change has been made to Gabapentin: cumulative daily doses. No other changes recommended. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
NSAIDs	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and will recommend for Celebrex to be added. Name brand would be non-preferred agent. Also added is Daypro, Feldene, Qmiiz and Relafen on the non-preferred agents.

	<ul style="list-style-type: none"> ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Opiate Dependence Agents	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and adding Probuphine to preferred agents. ● Public Hearing – Shelley Thompson with Alkermes stated she would save her time for later. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Opiate Emergency Reversal Agents	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria. There are no non-preferred agents as of yet. Josh did state potentially lowering the MME limit in the future but not at this time. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Respiratory Monoclonal Antibodies (RMA)	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and stated the printed PDL document was not correct. Preferred is Cinqair, Fasentra and Xolair. Non-preferred is Dupixent, Nucala- Injector, Syringe and Vial. Significant changes to the class will be added. ● Public Hearing – Scott Jones with AstraZeneca would like to save his time for later. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Sedative Hypnotic Agents	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and moved 2 preferred agents – Midazolam Soln and Ramelteon to the non-preferred agents. More changes were made on quantity and prior approval under approval criteria. Changes were made in the denial criteria for substance misuse. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Skeletal Muscle Relaxants	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and recommended no changes to the PDL edit. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Tramadol-Like Agents	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and recommended no changes to the PDL edit. ● Public Hearing – No Public Comment. ● Decision – The Committee voted to accept this PDL edit with recommended changes. (See Roll Call Vote)
Reference Drug List	

Atypical Antipsychotics	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria. Saphris is an additional oral reference product. One change in clinical criteria atypical change to concurrent antipsychotics (typical or atypical). ● Public Hearing – Gena Terlizzi with National Alliance on Mental Illness spoke on no specific drug name. Gena was pleased with the implementation of the reference list and the ability for participants to continue receiving the medication their provider prescribed. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Antiretrovirals, Treatment	<ul style="list-style-type: none"> ● Discussion – Josh Moore reviewed the criteria and stated the reference products are at the lowest net cost to the program. One change with Descovy use for HIV treatment and PrEP. ● Public Hearing – Savrati Niyomchai with Promo spoke on HIV. ● Decision – The Committee voted to accept this PDL edit as presented. (See Roll Call Vote)
Preferred Drug List Announcement	<p>A handout of therapeutic categories to be reviewed for inclusion on the Preferred Drug List for the next phase and meeting was included in the meeting packet. This handout was also provided to all attendees and will be posted to the Division's web page:</p> <p>http://dss.mo.gov/mhd/cs/pharmacy/pdf/pdla.pdf</p>
Conduent Update	<p>Conduent did present the following items for review. These items were included in the packet for the meeting. Here is the list:</p> <ul style="list-style-type: none"> • Helpdesk Status Report • User Statistics • New Drug Summary • Logging Information
Program Utilization: Top 25 Drugs Summary	<p>The Top 25 Drugs Summary Reports for the 1 quarter of fiscal year 2020 were provided in the packets for review. Two versions were provided: one report ranked drug spend by dollars and the other by utilization/claims.</p>
Adjourn	<p>The meeting was adjourned pursuant to Section 610.021 Subsection (14), (5) RSMo for proceedings required pursuant to a disciplinary order concerning medical, psychiatric, psychological, or alcoholism or drug dependency diagnosis or treatment of specific licensees. (See attached roll call) The next meeting of the Drug Prior Authorization Committee is scheduled for March 19, 2020 at MO HealthNet 2nd Floor, Conference Room 202, 615 Howerton Court, Jefferson City, MO.</p>

ROLL CALL FOR DRUG PA SEPTEMBER 19, 2019

<u>Member</u>	Minutes	ADHD Methylphenidate	New Drugs	15 Day Supply - Oral Oncology Fiscal Edit	15 Day Supply Fiscal Edit	Acetaminophen Cumulative Dose
Conrad Balcer, D.O.	Y	Y	Y	Y	Y	Y
Pat Bryant, Pharm D	MY	MY	SY	Y	Y	MY
Laura Kingsley, Pharm D	SY	Y	MY	Y	Y	SY
Jennifer Kemp- Oestreich, Pharm D	Y	SY	Y	Y	SY	Y
Angeline Stanislaus	Y	Y	Y	SY	Y	Y
Matthew Stinson, MD	Y	Y	Y	MY	MY	Y
Morgan Sperry, Pharm D-Alternate						
<u>Member</u>	Biosimilar Fiscal Edit	Corlanor	Cystic Fibrosis	Diabetic Supply Quantity Limit	Entresto	High Cost Medication Kits
Conrad Balcer, D.O.	Y	Y	Y	Y	Y	Y
Pat Bryant, Pharm D	Y	Y	MY	Y	MY	Y
Laura Kingsley, Pharm D	MY	Y	Y	Y	SY	Y
Jennifer Kemp- Oestreich, Pharm D	Y	SY	Y	Y	Y	Y
Angeline Stanislaus	SY	Y	SY	SY	Y	SY

Matthew Stinson, MD	Y	MY	Y	MY	Y	MY
Morgan Sperry, Pharm D-Alternate						
<u>Member</u>	MME Accumulation	Non-Oral Contraceptive	PrEP	Short -Acting Opioid Combinations	Short-Acting Opioid Single Agents	TIRF
Conrad Balcer, D.O.	Y	Y	Y	Y	Y	Y
Pat Bryant, Pharm D	MY	SY	Y	Y	SY	SY
Laura Kingsley, Pharm D	Y	Y	Y	SY	Y	MY
Jennifer Kemp-Oestreich, Pharm D	Y	MY	MY	Y	MY	Y
Angeline Stanislaus	SY	Y	Y	Y	Y	Y
Matthew Stinson, MD	Y	Y	SY	MY	Y	Y
Morgan Sperry, Pharm D-Alternate						
<u>Member</u>	Typical Antipsychotic	Zulresso	Alzheimer's Agents	Antiandrogenic Agents PDL Edit	Antiemetic Agents: 5-HT3, NK1 & Other Agents	Antiemetic Agents: THC Derivatives
Conrad Balcer, D.O.	Y	Y	Y	Y	Y	Y
Pat Bryant, Pharm D	Y	Y	MY	Y	MY	SY
Laura Kingsley, Pharm D	Y	SY	Y	Y	Y	Y
Jennifer Kemp-Oestreich, Pharm D	MY	Y	Y	Y	Y	Y
Angeline Stanislaus	SY	MY	SY	MY	SY	MY
Matthew Stinson, MD	Y	Y	Y	SY	Y	Y

Morgan Sperry, Pharm D-Alternate						
<u>Member</u>	Anti-Migraine Agents: Serotonin (5-HT1) Receptor Agonists	Anti-Parkinsonism: MAO-B Inhibitor Agents	Anti-Parkinsonism: Non-Ergot Dopamine Agonists	Calcitonin Gene-Related Peptide (CGRP) Inhibitors	Cox-II Inhibitor Agents	Fibromyalgia
Conrad Balcer, D.O.	Y	Y	Y	Y	Y	Y
Pat Bryant, Pharm D	Y	Y	SY	Y	MY	SY
Laura Kingsley, Pharm D	SY	SY	Y	SY	Y	Y
Jennifer Kemp-Oestreich, Pharm D	Y	Y	Y	Y	Y	Y
Angeline Stanislaus	Y	MY	MY	MY	SY	Y
Matthew Stinson, MD	MY	Y	Y	Y	Y	MY
Morgan Sperry, Pharm D-Alternate						
<u>Member</u>	GI Motility Agents	Glucagon Products	Heredity Angioedema Agents	Long-Acting Opioid Agents	Neuropathic Pain Agents	NSAIDs
Conrad Balcer, D.O.	Y	Y	Y	Y	Y	Y
Pat Bryant, Pharm D	Y	MY	SY	Y	Y	MY
Laura Kingsley, Pharm D	SY	Y	Y	Y	Y	Y
Jennifer Kemp-Oestreich, Pharm D	Y	Y	Y	Y	Y	Y
Angeline Stanislaus	MY	SY	MY	MY	SY	SY
Matthew Stinson, MD	Y	Y	Y	SY	MY	Y
Morgan Sperry, Pharm D-Alternate						

<u>Member</u>	Opiate Dependence Agents	Opiate Emergency Reversal Agents	Rispiratory Monoclonal Antibodies (RMA)	Sedative Hypnotic Agents	Skeletal Muscle Relaxants	Tramadol-Like Agents
Conrad Balcer, D.O.	Y	Y	Y	Y	Y	Y
Pat Bryant, Pharm D	SY	Y	SY	Y	Y	MY
Laura Kingsley, Pharm D	Y	MY	Y	Y	Y	Y
Jennifer Kemp-Oestreich, Pharm D	Y	Y	Y	SY	SY	SY
Angeline Stanislaus	Y	SY	MY	MY	MY	Y
Matthew Stinson, MD	MY	Y	Y	Y	Y	Y
Morgan Sperry, Pharm D-Alternate						
<u>Member</u>	Atypical Antipsychotics	Antiretrovirals, Treatment	Motion To Close	Meeting Adjourned		
Conrad Balcer, DO	Y	Y	Y	Y		
Pat Bryant, Pharm D	Y	Y	MY	MY		
Laura Kingsley, Pharm D	SY	MY	Y	Y		
Jennifer Kemp-Oestreich, Pharm D	MY	Y	Y	Y		
Angeline Stanislaus	Y	SY	Y	SY		
Matthew Stinson, MD	Y	Y	SY	Y		
Morgan Sperry, Pharm D-Alternate						

Roll Call Abbreviations:

A-Absent

AL-Alternate

R-Ratify

M-Motion

S-Second

Y-Yes to the vote

DRAFT