ALASKA MEDICAID
PHARMACY AND THERAPEUTICS COMMITTEE
(TELECONFERENCE MEETING)

Location of Meeting
Teleconference, Anchorage, Alaska

MINUTES OF MEETING
January 15, 2021
8:00 a.m.

Committee Members Present:
Robert Carlson, MD
Diane Liljegren, R.Ph.
Vincent Greear, R.Ph.
Charles Ryan, MD
Claudia Phillips, MD
John Riley, PA

Committee Members Absent:
Sara Doran-Atchison, PharmD
Jonathan Harrison, PharmD
Trish White, R.Ph.

Others Present:
Erin Narus, PharmD, R.Ph., State of Alaska
Charles Semling, PharmD, R.Ph.
Ryan Ruggles, PharmD, Acting Chair
Umang Patel, Pharm D, R.Ph., Magellan Medical Administration
Sarah Martinez, Magellan Medical Administration
Betty Caudle, Kron Associates

1. Call to Order – Chair

Dr. Liljegren called the meeting to order at 8:00 a.m.

2. Roll Call

The roll call was taken, and a quorum was present.

3. Public Comments - Local Public/Health Practitioners

There were no public comments.

4. Class Review, Discussion & Vote

4-A. Respiratory: COPD Agents (Red); Glucocorticoids, Inhaled, Single Entity (Green); Glucocorticoids, Inhaled, Combination (Blue); Beta Agonists Bronchodilators, Long (Green)

Public Comments for Respiratory: COPD Agents (Red)

There were no public comments.

Dr. Ruggles gave the Magellan presentation on Respiratory: COPD Agents. Chronic obstructive pulmonary disease (COPD) is a disease state characterized by the presence of airflow obstruction due to chronic bronchitis or emphysema. The airflow obstruction is generally progressive, may be accompanied by airway hyperreactivity, and may be partially reversible. This progressive persistent obstruction or limitation of airflow is associated with an enhanced chronic inflammatory response in both the airways and the lung to noxious particles or gases. Exacerbations and comorbidities contribute to the overall severity in individuals patients. COPD continues to be a leading cause of chronic morbidity and mortality worldwide carrying with it significant economic and social burden. It is projected by the World Health Organization to become the third leading cause by 2030. In their 2017 National Health Interview Survey, the CDC reported that the percent of adults who were diagnosed with chronic bronchitis in the past year was 3.5% and those who have never been diagnosed with emphysema was 1.4%. However, the United States Preventive Services Task Force recommends against routine screening in asymptomatic adults. Although the precise distinctions between chronic bronchitis and emphysema are a subject of debate, common belief holds that chronic bronchitis is responsible for 85% of COPD. Patients with chronic bronchitis experience intermittent airway inflammation and excessive mucus production that leads to frequent, prolonged episodes of productive cough. In contrast, 15% of patients with COPD suffer primarily from emphysema, in which destruction of the infrastructure of alveoli and distal airspaces that provide gas exchange and elastic recoil occurs. Both chronic bronchitis and emphysema predispose patients to a common collection of symptoms and impairments in respiratory function, such as reductions in forced expiratory volume in one second (FEV_1), forced vital capacity (FVC), FEV_1/FVC ratio, and forced expiratory flow.

Guidelines from the Global Initiative for Chronic Obstructive Lung Disease, the American Thoracic Society, and the American Board of Internal Medicine were reviewed.

Breztri Aerosphere, a combination of budesonide, formoterol fumarate, and glycopyrrolate, was approved by the FDA in July 2020. It is a combination drug indicated for the maintenance treatment of patients with COPD. It is not indicated for the relief of acute bronchospasm or for the treatment of asthma. LABA increases the risk of serious asthma-related events. Do not initiate in acutely deteriorating asthma or to treat acute symptoms. Dosing recommendations were reviewed. It is available as an inhalation aerosol.

The utilization report was reviewed and 99.4% of prescriptions were for preferred products. At the last review, a motion of therapeutic alternatives to include at least one product from each subclass passed unanimously.

In response to Dr. Ryan, Dr. Ruggles said Breztri Aerosphere was a new combination drug, not a new subclass. Dr. Ryan said the way the class was presented, there did not appear to be any subclasses.

MR. GREEAR MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. RYAN. THE MOTION PASSED UNANIMOUSLY.

Respiratory: Glucocorticoids, Inhaled, Single Entity (Green Class)

Dr. Ruggles gave the Magellan presentation on Respiratory: Glucocorticoids, Inhaled, Single Entity. In 2018, total asthma prevalence was estimated to be 7.5% of the population or approximately 26.7 million Americans. Health Statistics Report shows that asthma appears to disproportionately affect minority groups, females, children, and individuals of low socioeconomic status, which can place significant pressure on public health systems. The National Asthma Education and Prevention Program defined asthma as a chronic inflammatory disorder of the airways in which many cells and cellular elements play a role. In susceptible individuals, inflammation may cause recurrent episodes of wheezing, breathlessness, chest tightness, and coughing. These episodes are usually associated with airflow obstruction that is often reversible either spontaneously or with treatment. The inflammation also causes an increase in bronchial hyper-responsiveness to a variety of stimuli. Studies have demonstrated the efficacy of inhaled corticosteroids in improving lung function, reducing symptoms, reducing frequency and severity of exacerbations, and improving the quality of life of patients with asthma. The 2007, the National Heart, Lung, and Blood Institute stated that inhaled glucocorticoids are currently the most effective anti-inflammatory medications for the treatment of persistent asthma. In 2019, GINA's full report advised that all patients with asthma should receive ICS-containing controller treatment to reduce risk of serious exacerbations and control symptoms.

The utilization report was reviewed. For Glucocorticoids, Inhaled, Single Entity, 81.3% of the prescriptions were for preferred products. At the last review, a motion of class effect to include one high-potency product, one low-to-medium-potency product, and a budesonide product passed unanimously.

MR. RILEY MOVED A CLASS EFFECT TO INCLUDE ONE HIGH-POTENCY PRODUCT, ONE LOW-TO-MEDIUM-POTENCY PRODUCT, AND A BUDESONIDE PRODUCT. SECONDED BY DR. RYAN. THE MOTION PASSED UNANIMOUSLY.

Public Comments for Glucocorticoids, Inhaled, Combination (Blue Class)

Technical difficulties prevented Craig Sexton from testifying at this time and was asked to call back in.

Dr. Ruggles gave the Magellan presentation on Respiratory: Glucocorticoids, Inhaled, Combination. In September 2020, the FDA expanded the indication for Trelegy Ellipta for the maintenance treatment of asthma in patients 18 years of age and older. It was previously indicated only for the maintenance treatment of patients with COPD. It is not indicated for relief of acute bronchospasm.

The utilization report was reviewed and 65.3% of prescriptions were for preferred products. At the last review, a motion for class effect to include one high-potency product and one low-to-medium-potency product passed unanimously.

DR. RYAN MOVED A CLASS EFFECT TO INCLUDE ONE HIGH-POTENCY PRODUCT AND ONE LOW-TO-MEDIUM-POTENCY PRODUCT. SECONDED BY MR. RILEY. THE MOTION PASSED UNANIMOUSLY.

Respiratory: Beta Agonists Bronchodilators, Long (Green)

Dr. Ruggles gave the Magellan presentation on Respiratory: Beta Agonists Bronchodilators, Long. The utilization report was reviewed and 60% of prescriptions were for preferred products. At the last review, a motion for class effect to include both an inhaler and a nebulized product passed unanimously.

Dr. Liljegren expressed concern about this class because these medications were not supposed to be used on their own.

Dr. Semling said this was mainly to review the class in case there were changes. This allows us to prefer or non-prefer any new medications entering the market based on their efficacy.

MR. RILEY MOVED A CLASS EFFECT TO INCLUDE BOTH AN INHALER AND A NEBULIZED PRODUCT. SECONDED BY DR. RYAN. THE MOTION PASSED UNANIMOUSLY.

Respiratory: Beta Agonists Bronchodilators, Short (Green)

Dr. Ruggles gave the Magellan presentation on Respiratory: Beta Agonists Bronchodilators, Short. The utilization report was reviewed and 60.2% of prescriptions were for preferred products. At the last review, a motion for class effect to include at least one albuterol inhaled product and a nebulized solution passed unanimously.

MR. GREEAR MOVED A CLASS EFFECT TO INCLUDE AT LEAST ONE ALBUTEROL INHALED PRODUCT AND A NEBULIZED SOLUTION. SECONDED BY DR. RYAN. THE MOTION PASSED UNANIMOUSLY.

4-B. Allergy: Epinephrine, Self-Injected (Blue); Intranasal Rhinitis Agents (Green); Leukotriene Modifiers (Green); Antihistamines, Minimally-Sedating (Green)

Public Comments for Allergy: Epinephrine, Self-Injected (Blue Class)

There were no public comments.

Dr. Ruggles gave the Magellan presentation on Allergy: Epinephrine, Self-Injected. Anaphylaxis is an acute, life-threatening medical emergency with many potential triggers. It may occur as a result of exposure to specific agents like food, medication, or insect bites/stings. According to the 2015 anaphylaxis practice parameter, anaphylaxis is currently defined as one of three scenarios based on the National Institute of Allergy and Infectious Diseases (NIAID) and Food Allergy and Anaphylaxis Network (FAAN) criteria. The acute onset of a reaction (minutes to several hours) with involvement of the skin, mucosal tissue, respiratory tract, and/or reduced blood pressure: rapid onset of a reaction after exposure to a likely allergen that involves two organ systems including the skin/mucosal tissue,

respiratory tract, reduced blood pressure, and/or persistent gastrointestinal symptoms; and reduced blood pressure after exposure to a known allergen. Anaphylaxis may be fatal and requires prompt recognition and immediate management. It has a rapid onset with multiple organ-system involvement and is primarily seen in sensitized individuals after exposure to specific antigens. Reactions typically follow a uniphasic pattern; however, about 20% of reactions are biphasic in nature. The second phase usually occurs after an asymptomatic period of one to eight hours with as much as a 24-hour delay.

In March 2020, the FDA issued a MedWatch regarding Epipen, Epipen Jr., and their respective authorized generics due to the potential for delayed or improper injection due to: (1) device failure due to spontaneous activation from sideways force removing blue safety release, (2) device failure from inadvertent/spontaneous activation due to a raised blue safety release, (3) difficulty removing device from the carrier tube, and (4) user error. Healthcare practitioners should train users upon treatment initiation and periodically to ensure proper use. In June 2020, the FDA alerted patients, caregivers, and healthcare providers to immediately inspect certain lots of Amneal and Impax epinephrine auto-injector 0.3 milligram to ensure the yellow "stop collar" in the device is present. If missing, the device could deliver a double dose of epinephrine. Affected lots were distributed after December 18, 2018. Patients and healthcare providers should contact Amneal Drug Safety Dept to arrange for return of affected products.

Drug shortages were reviewed. For Epipen, Epipen Jr., and Auvi-Q, in March 2020 the FDA continued to report manufacturing constrains from Pfizer/Meridian Medical regarding Epipen and the authorized generic version (Mylan Specialty is a distributor for this product). As a result, supplied may vary by pharmacy. For epinephrine, in May 2020 the FDA reported sporadic supply interruptions through June 2020 for Teva's epinephrine 0.15 milligram and 0.3 milligram auto-injectors. In May 2020, the FDA approved the first generic to Par's Adrenalin 30 milligram/30 milliliter multi-dose vial to International Medication Systems/Amphastar. Launch was planned for two to three months from May 2020.

The utilization report was reviewed and 92.2% of prescriptions were for preferred products. At the last review, a motion for class effect to include at least one 0.15 milligram and one 0.3 milligram auto-injecting product passed unanimously.

DR. RYAN MOVED A CLASS EFFECT TO INCLUDE AT LEASE ONE 0.15 MILLIGRAM AND ONE 0.3 MILLIGRAM AUTO-INJECTING PRODUCT. SECONDED BY MR. RILEY. THE MOTION PASSED UNANIMOUSLY.

Public Comments for Glucocorticoids, Inhaled, Combination (Blue Class) (continued)

Due to technical difficulties, public comments were unable to be made earlier in the meeting.

Jennifer Shear, a representative of Teva Pharmaceuticals, discussed the AirDuo Digihaler, a combination of fluticasone propionate and salmeterol. AirDuo contains a corticosteroid and a long-acting beta$_2$-adrenergic agonist (LABA) combination therapy for the treatment of asthma in patients 12 years of age and older. It should be used for patients not adequately controlled on a long-term asthma control medication such as an inhaled corticosteroid or whose disease warrants initiation of treatment with both corticosteroids and a LABA. It is not indicated for mild or acute bronchospasm. AirDuo Digihaler contains a built-in electronic module that detects, records and stores data on inhaler events for transmission to the mobile app through Bluetooth wireless technology. Use of the app is not

required for the administration of medication to the patient. Adverse reactions included candida albicans, headache, cough, and back pain. Information provided from the AirDuo Digihaler through the app was reviewed and includes details of the events, twice daily reminders to take the medication, inhalation technique notification, refill notification, daily and weekly reports that can be used to support consultants between the patient and the healthcare professional.

Erin Naurus read an email from Craig Sexton, a representative is GSK, advocating for the inclusion of Trelegy on the PDL in the Glucocorticoids, Inhaled, Combination class. Trelegy is now indicated for asthma and includes an additional dosage strength. It is the only combination agent indicated for both COPD and asthma with one inhalation, once a day.

DR. PHILLIPS MOVED NOT TO REVISIT THE MOTION ON GLUCOCORTICOIDS, INHALED, COMBINATION MADE EARLIER IN THE MEETING. SECONDED BY MR. GREEAR. MOTION PASSED UNANIMOUSLY.

Allergy: Intranasal Rhinitis Agents (Green Class)

Dr. Ruggles gave the Magellan presentation on Allergy: Intranasal Rhinitis Agents. The utilization report was reviewed and 98.6% of prescriptions were for preferred products. At the last review, a motion for therapeutic alternatives to include one anticholinergic, one antihistamine, and one corticosteroid passed unanimously.

MR. RILEY MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE ONE ANTICHOLINERGIC, ONE ANTIHISTAMINE, AND ONE CORTICOSTEROID. SECONDED BY DR. RYAN. THE MOTION PASSED UNANIMOUSLY.

Allergy: Leukotriene Modifiers (Green Class)

Dr. Ruggles gave the Magellan presentation on Allergy: Leukotriene Modifiers. The utilization report was reviewed and 99.8% of prescriptions were for preferred products. At the last review, a motion for class effect to exclude Zileuton passed unanimously.

MR. RILEY MOVED A CLASS EFFECT TO EXCLUDE ZILEUTON. SECONDED BY MR. GREEAR. THE MOTION PASSED UNANIMOUSLY.

Allergy: Antihistamines, Minimally-Sedating (Green Class)

Dr. Ruggles gave the Magellan presentation on Allergy: Antihistamines, Minimally-Sedating. The utilization report was reviewed and 96.2% of prescriptions were for preferred products. At the last review, a motion for class effect to include an oral syrup for pediatric dosing or a suspension passed unanimously.

DR. RYAN MOVED A CLASS EFFECT TO INCLUDE AN ORAL SYRUP OR A SUSPENSION FOR PEDIATRIC DOSING. SECONDED BY MR. RILEY. THE MOTION PASSED UNANIMOUSLY.

4-C. Immunological: Cytokine & CAM Antagonists, Non-GI Indications (Red); Immunosuppressants, Oral (Green)

Public Comments for Immunological: Cytokine & CAM Antagonists, Non-GI Indications (Red Class)

MARGARET OLMAN, a representative of Abbvie, discussed their three targeted immunomodulating medications to treat non-GI diseases: Skyrizi, Renvoq, and Humira. Please see the prescribing information at rxabbvie.com for comprehensive safety and efficacy data. Skyrizi is an IL-23 inhibitor indicated for the treatment of moderate to severe plaque psoriasis in adults and is given as a subcutaneous injection at week 0, 4 and every 12 weeks, which means four doses per year for maintenance treatment. Several trials and their outcomes were reviewed. Renvoq is an oral JAK inhibitor indicated for the treatment of adults with moderately to severely active rheumatoid arthritis given as a 15-milligram tablet once daily. Several studies and their outcomes were reviewed. It is the only approved JAK inhibitor to demonstrate inhibition of joint damage in its approved population of Methotrexate IR patients. It is also the only targeted immunomodulator to show clinical superiority to Humira plus Methotrexate. Humira has 10 currently approved indications, seven of them for conditions being reviewed today. With longstanding safety data, 71 clinical trials, 16 years on market experience, and over 1 million patients exposed, Humira has a well-defined published benefit to risk database. We urge the committee to maintain preferred status for Humira on the PDL and to add Skyrizi and Renvoq as available treatments to the Medicaid patients in Alaska.

SHIRLEY QUACH, a representative of Novartis, discussed Cosentyx, the first and only fully human interleukin inhibitor indicated for plaque psoriasis, psoriatic arthritis, ankylosing spondylosis, and nonradiographic axial spondylarthritis, a group of related diseases driven by interluken-17A. Cosentyx provides comprehensive psoriatic care across all domains including skin, peripheral and axial joints in the most challenging areas. It received FDA approval in June 2020 for the treatment of adult patients with active nonradiographic axial spondylarthritis with objective finds of inflammation. Outcomes of several trials and studies were reviewed. We request that Cosentyx remain preferred on the Alaska Medicaid PDL. Please review to our PI for complete information.

Dr. Ruggles gave the Magellan presentation on Immunological: Cytokine & CAM Antagonists, Non-GI Indications. Cytokine and cell-adhesion molecules (CAMs) are chemical mediators involved in inflammatory processes throughout the body. Cytokines are small proteins secreted in response to an immune stimulus for the purpose of mediating and regulating immunity, inflammation, and hematopoiesis. It is derived from monocytes and macrophages and induce gene expression of a number of proteins that contribute to the inflammatory response. The actions of the individual cytokines are widely varied and contribute to fibrosis and tissue degeneration associated with chronic inflammation, primarily by inducing the proliferation of fibroblasts and collagenase. Pro-inflammatory cytokines, tumor necrosis factor (TNF) and interleukin(IL)-1 are involved in tissue destruction in many chronic inflammatory diseases affecting various organs. TNF-alpha also has a role in Crohn's disease in stimulation or inflammation.

Cell adhesion molecules (CAMs) are cell surface proteins involved in the binding of cells, usually leukocytes, to each other, endothelial cells, or the extracellular matrix. Specific signals produced in response to wounds and infection control the expression and activation of these molecules. Most of the CAMs characterized fall into three general families of proteins. Immunoglobulin superfamily: the

adhesion molecules that bind to integrins and leukocytes and mediate their flattening onto the blood vessel wall. Integrin family: consistent with an alpha chain that mediates cell-to-cell interactions, such as leukocyte adherence to the vascular endothelium. Selectin family: involved in the adhesion of leukocytes to activated endothelium followed by extravasation through the blood vessel walls into lymphoid tissues and sites of inflammation. Other proteins that are functionally classified as CAMs are involved in strengthening the association of T cells with antigen-presenting cells or target cells, in T cell activation, and in recirculating lymphocytes back to the circulation via the lymphatic system. Different CAMs have been implicated in inflammatory, fibrotic, and autoimmune diseases.

Guidelines for juvenile idiopathic arthritis from the ACR/Arthritis Foundation; and pediatric psoriasis from the American Academy of Dermatology and National Psoriasis Foundation were reviewed.

Axial spondylarthritis is an inflammatory condition generally affecting the spine and can be further subdivided into ankylosing spondylitis and nonradiographic axial spondylarthritis. Guidelines from the American College of Rheumatology/Spondylitis Association of America/Spondylarthritis Research and Treatment Network were reviewed.

Periodic fever syndrome is rare, hereditary syndromes that are characterized by short and recurrent severe localized inflammation and fever attacks that are not otherwise explained by routine childhood or adult infections. It is defined by three or more episodes of unexplained fever in a six-month period, occurring at least seven days apart. These can occur periodically or irregularly and undergo spontaneous remission. Cryopyrin-associated periodic syndromes (CAPS) is a family of syndromes associated with mutations in cryopyrin, now known as nucleotide-binding domain and leucine-rich repeat containing family, pyrin domain-containing. CAPS includes Muckle-Wells syndrome, familial cold autoinflammatory syndromes, and chronic infantile neurologic cutaneous articular syndrome, which is also known as neonatal-onset multisystem inflammatory disease. Kineret, Ilaris, and Arcalyst are approved for the treatment of CAPS in select ages. Kineret is only approved for patients with CAPS associated with NOMID. Arcalyst and Ilaris are approved more generally for patients with CAPS, including FCAS and MWS. Ilaris is also approved tumor necrosis factor receptor associated periodic syndrome (TRAPS), hyperimmunoglobulin D syndrome (HIDS)/mevalonate kinase deficiency (MKD), and familial Mediterranean fever (FMF).

Giant cell arthritis (GCA), or temporal arteritis, is a systemic inflammation vasculitis of known etiology that is classified as a large-vessel vasculitis, but typically also involves small and medium arteries. Most commonly, it affects the occipital, ophthalmic, posterior ciliary, proximal vertebral, and vertebral arteries. While the incidence of GCA ranges from 0.5 to 27 cases per 100,000 people in those 50 years of age and older, the incidence is higher in the northern areas of the United States. It occurs in older persons and can result in a wide variety of neurologic, ophthalmologic, and systemic complications. For treatment is with high-dose corticosteroids, although clinical studies on various dosing protocols are limited. Steroids are generally continued until the resolution of symptoms and then may be tapered slowly to the lowest dose that adequately suppresses symptoms. Actemra is the only non-corticosteroid drug FDA-approved for the treatment of GCA.

Hidradenitis suppurative (HS) is a chronic condition that affects the terminal follicular epithelium in apocrine gland-bearing skin, such as the armpits or perianal area. It typically occurs in adolescents (generally after puberty) and adults, is generally diagnoses clinically, and affects approximately 1-2% of the population in the United States. Select signs and symptoms include erythema, raised bumps or

lesions, painful lesions, and local arthritis or arthralgia. In addition to nonpharmacologic treatments, pharmacologic treatment includes anti-inflammatories, antibiotics, antiandrogens, and biologics such as Remicade. Surgery may also be considered in some patients. Guidelines from the European Dermatology Forum were reviewed.

Non-infectious intermediate and posterior uveitis is inflammation of the intermediate and posterior uvea, while panuveitis is inflammation of the anterior chamber, vitreous humor, and choroid or retina simultaneously. Together, these represent the most severe and highly recurrent forms of uveitis. The incidence of all cases of uveitis is approximately 15 cases per 100,000 patients per year, and anterior uveitis is the most common form of uveitis. Guidelines from the ACR and Arthritis Foundation were reviewed.

Cytokine release syndrome (CRS) can occur following select immunotherapies and can result in a large, rapid release of cytokines into the blood. This can manifest as fever, nausea, headache, rash, tachycardia, hypotension, and dyspnea and can be life-threatening. Actemra is approved for the treatment of chimeric antigen receptor (CAR) T cell-induced severe or life-threatening CRS in adults and pediatric patients 2 years of age and older. The role of biosimilars were reviewed.

Tremfya had a new formulation approved by the FDA in November 2019 as a single-dose One-Press patient-controlled injector. The single-dose prefilled syringe was already approved. In July 2020, the FDA approved a new indication of active psoriatic arthritis for Tremfya. Dosing recommendations were reviewed. It is available as a pre-filled syringe or single-dose OnePress patient-controlled injector.

Avsola was approved by the FDA in December 2019 as a new biosimilar to Remicade. It is indicated for the treatment of Crohn's disease in adults and pediatric patients, ulcerative colitis in adults and pediatric patients, RA in combination of methotrexate, ankylosing spondylitis, psoriatic arthritis, and plaque psoriasis. Live vaccines should not be given with Abrilada. Black box warnings include serious infections and malignancies. For patients who develop a systemic illness on Abrilada, consider empiric antifungal therapy for those who reside or travel to regions where mycoses are endemic. Stop Avsola in cases of jaundice and/or marked liver enzyme elevations. Use with anakinra or abatacept include an increased risk of serious infections. Dosing recommendations were reviewed. It is available as a single-dose vial for intravenous infusion.

Taltz received an expanded indication from the FDA in August 2019 for the treatment of adults with active ankylosing spondylitis. In March 2020, the FDA approved Taltz for use in patients ages 6 years and older with moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy. Previously, it was approved for adults only. In June 2020, the FDA approved a new indication for the treatment of adults with active nonradiographic axial spondylarthritis with objective signs of inflammation. Dosing recommendations were reviewed. It is available as prefilled autoinjector or a single-dose prefilled syringe.

Erelzi was approved by the FDA in June 2020 for use in patients 4 to 17 years of age with chronic moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy. Previously, it was approved for use only in adults. Dosing recommendations were reviewed.

Cosentyx received approval for a new dosing remine from the FDA in January 2020 for patients with ankylosing spondylitis of 300 milligrams every four weeks, which can be considered if the patient continues to be symptomatic on the already approved dosage of 150 milligrams every four weeks following the dose titration. In June 2020, the FDA approved Cosentyx for the treatment of adults with active nonradiographic axial spondylarthritis with objective signs of inflammation. Dosing recommendations were reviewed. It is available as a pen, a syringe, and a vial for reconstitution for healthcare professional use only.

Hulio, a biosimilar to Humira, was approved by the FDA in July 2020. It is a TNF antagonist approved for the treatment of adults with moderately to severely active RA, JIA in patients 4 years of age and older, PsA in adults, active AS in adults, moderately to severely active UC, moderately to severely active CD, and moderate to severe plaque psoriasis. Dosing recommendations were reviewed. It is available as a pen or a syringe.

Stelara received an expanded indication by the FDA in July 2020 for patients with moderate to severe plaque psoriasis who are 6 years of age and older. Previously, it was indicated for patients 12 years of age and older. Dosing recommendations were reviewed. It is available as a subcutaneous injection or intravenous infusion.

Enspryng was approved by the FDA in August 2020. It is an interleukin-6 receptor antagonist for the treatment of neuromyelitis optica spectrum disorder in adult patients who are anti-aquaporin-4 antibody position. Dosing recommendation were reviewed. It is available as a prefilled syringe.

Ilaris was approved by the FDA in September 2020 for active Still's disease, including adult-onset Still's disease and systemic juvenile idiopathic arthritis in patients 2 years of age and older. Dosing recommendations were reviewed. It is available as a single-dose vial.

In September 2020, the FDA approved Xaljanz 1 milligram/1 milliliter oral solution and Xeljanz tablets for the treatment of polyarticular course juvenile idiopathic arthritis in patients 2 years of age and older. Dosing recommendations were reviewed. It is available as a tablet or oral solution.

In October 2020, the FDA approved Somponi Aria for the treatment of active polyarticular juvenile idiopathic arthritis in patients 2 years of age and older. In October 2020, the FDA expanded its indication for use in PsA to include children 2 years of age. Previously, it was only approved for use in adults. Dosing recommendations were reviewed. It is available as a single-dose vial.

Abbvie reported to the FDA plans to discontinue the 10 milligram/0.2 milliliter and 20 milligram/0.4 milliliter prefilled syringe presentations based on market assessment and product demand.

The utilization report was reviewed and 76.9% of prescriptions were for preferred products. At the last review, a motion for therapeutic alternatives to include at least one formulation for pediatrics, one for arthritis, and one for psoriasis, with a grandfathering clause for patients who have previously responded to other agents, passed unanimously.

The committee discussed the utilization report. Dr. Phillips asked why there were no preferred oral preparations on the PDL. Dr. Semling said that was being considered and you could always use the medically necessary clause. Dr. Phillips felt that the utilization report would have been better if an oral

preparation had been on the PDL. Dr. Carlson said there were so many disease states and medications that it was impossible to make a single simple statement, so they have to be therapeutic alternatives.

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST ONE ORAL PREPARATION, ONE FORMULATION FOR PEDIATRICS, ONE FOR ARTHRITIS, ONE FOR PSORIASIS, AND A GRANDFATHER CLAUSE FOR PATIENTS WHO PREVIOUSLY RESPONDED TO OTHER AGENTS. SECONDED BY MR. GREEAR. THE MOTION PASSED UNANIMOUSLY.

Dr. Umang Patel, Magellan, arrived at the meeting.

Immunological: Immunosuppressants, Oral (Green Class)

Dr. Umang Patel gave the Magellan presentation on Immunosuppressants, Oral. The utilization report was reviewed and 70.2% of prescriptions were for preferred products. At the last review, a motion for class effect passed unanimously.

MR. RILEY MOVED A CLASS EFFECT. SECONDED BY DR. RYAN. THE MOTION PASSED UNANIMOUSLY.

4-D. Dermatological: Antipsoriatics Topical (Blue); Immunomodulators, Atopic Dermatitis (Blue); Topical Steroids Low Potency (Green); Topical Steroids Medium Potency (Blue), Topical Steroids High Potency (Green), Topical Steroids Very High Potency (Blue), Acne, Topical (Red)

Public Comments for Dermatological: Antipsoriatic Topical (Blue Class)

There were no public comments.

Dr. Umang Patel gave the Magellan presentation on Dermatological: Antipsoriatics Topical. Psoriasis is a common chronic, inflammatory, multisystem condition with predominantly skin and joint manifestations. It is characterized by erythematous plaques and plaques with silvery scales which negatively impacts quality of life. It is estimated that over 8 million people in the United States have psoriasis: 2% African Americans, 1.6% of Hispanics, and 3.6% Caucasians. It usually presents between the ages of 15 to 35, but it can develop at any age. There are five types of psoriasis: plaque, guttate, inverse, pustular, and erythrodermic. The most common type is plaque psoriasis in which patches or lesions of skin become inflamed and is covered by a silvery white scale. It frequently occurs on the skin of the elbows and knees but can affect any area including the scalp. Mild to moderate psoriasis is generally treated with topical agents. Phototherapy is used when the disease is widespread or unresponsive to topical agents. Systemic agents, including biologic drugs, are usually reserved for patients with moderate to severe disease or those with psoriatic arthritis. Moderate to severe psoriasis is defined as involvement of more than 5-10% of the body surface area or the face, palm or sole, or disease that is otherwise disabling. Patients with moderate to severe disease are generally candidates for systemic therapy. Options for system therapy include methotrexate, cyclosporine, retinoids (acitretin), biologics, and methoxsalen plus ultraviolet A (UVA) radiation.

Guidelines from the American Academy of Dermatology (ADA) and National Psoriasis Foundation (NPF) were reviewed.

In May 2020, the FDA approved 505b2 NDA for Impeklo for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients 18 years of age and older. Warnings and precautions were reviewed. Clobetasol propionate is a highly potent topical corticosteroid that has been shown to suppress the hypothalamic-pituitary-adrenal axis at the lowest doses tested. Cushing's syndrome, hyperglycemia, and unmasking of latent diabetes mellitus can also result from systemic absorption of topical corticosteroids. Dosing recommendations were reviewed. It is available as a lotion.

In June 2020, the FDA approved 505(b)(2) NDA for Wynzora for the topical treatment of plaque psoriasis in patients 18 years of age and older. Hypercalcemia and hypercalciuria have been observed with use of topical calcipotriene. If either occurs, discontinue until parameters of calcium metabolism normalize. It can also cause reversible hypothalamic pituitary-adrenal axis suppression with the potential for glucocorticosteriod insufficiency during and after withdrawal of treatment. Modify use should HPA axis suppression develop. Dosing recommendations were reviewed. It is available as a cream.

In May 2020, the FDA approved the first generic for Taclonex topical suspension for Tolmar. The AG from Prasco has already launched.

The utilization report was reviewed and 75.3% of prescriptions were for preferred products. At the last review, a motion for therapeutic alternatives passed unanimously.

MR. RILEY MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. RYAN. THE MOTION PASSED UNANIMOUSLY.

Public Comments for Dermatological: Immunomodulators, Atopic Dermatitis (Blue Class)

There were no public comments.

Dr. Umang Patel gave the Magellan presentation on Dermatological: Immunomodulators, Atopic Dermatitis. Atopic dermatitis is a chronic, non-contagious, inflammatory disease of the skin resulting from a combination of generic and environmental factors. Approximately 70% of patients diagnosed with AD have a positive family history of atopic disease. The odds of developing AD are two to three times higher in children with one atopic parent and increase to three to five times higher if both parents are atopic. Often referred to as "eczema," it affects about 17.8 million Americans and accounts for 10-20% of all visits to a dermatologist. Although symptoms can develop at any age, it has been estimated that 60% of patients develop symptoms in the first year of life, while 90% develop symptoms before 5.5 years of age. AD is characterized by extremely dry, itchy skin on the inside of the elbows, behind the knees, and on the face, hands, and feet. In response to the intense itching, patients may scratch or rub the affected area, which leads to further irritation and inflammation. As the skin loses moisture from the epidermal layer, it becomes increasingly dry and may begin to crack, weep, crust, and scale. The damage to the integrity of the skin renders it less protective and more prone to infection. Despite the chronic nature of this condition, there may be periods of the disease when skin improves or

worsens. Irritants such as detergents, fumes, tobacco smoke, and alcohol-containing skin products, and allergens like dust mites, pollen, and animal dander can exacerbate AD and cause flare ups.

In March 2020, the FDA approved an expanded indication for Eucrisa for the topical treatment of mild to moderate atopic dermatitis in patients 3 months of age and older. Previously, it was only approved in patients 2 years of age and older. Dosing recommendations were reviewed. It is available as an ointment.

In June 2020, Dupixent's atopic dermatitis indication was expanded to include the treatment of patients 6 years of age and older with moderate to severe atopic dermatitis whose disease was not adequately controlled with topical prescription therapies or when those therapies were not advisable. It can be used with or without topical corticosteroids. Previously, it was only indicated for use in this patient population 12 years and older. Dosing recommendations were reviewed. It is available as a prefilled syringe and prefilled pen.

The utilization report was reviewed and 44.5% of prescriptions were for preferred products. At the last review, a motion for therapeutic alternatives passed unanimously.

The committee discussed the utilization report. Dr. Liljegren asked about the low utilization of preferred products. Dr. Semling said Dupixent, which is not a preferred agent, had 190 claims. However, it has multiple indications including dermatitis, asthma, nasal polyps.

DR. LILJEGREN MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST ONE PEDIATRIC APPROVED PREPARATION. SECONDED BY MR. RILEY. THE MOTION PASSED UNANIMOUSLY.

Dermatological: Topical Steroids Low Potency (Green Class)
Public Comments for Dermatological: Topical Steroids Medium Potency (Blue Class)
Dermatological: Topical Steroids High Potency (Green Class)
Dermatological: Topical Steroids Very High Potency (Blue Class)

There were no public comments.

Dr. Umang Patel gave the Magellan presentation on Dermatological: Topical Steroids Low Potency, Topical Steroids Medium Potency, and Topical Steroids High Potency.

For topical steroids, low potency, the utilization report was reviewed and 91.2% of prescriptions were for preferred products.

For topical steroids, medium potency, the FDA approved the first generic for EPI Health's Cloderm from Taro in April 2020. The utilization report was reviewed and 80.3% of prescriptions were for preferred products.

For topical steroids, high potency, the utilization report was reviewed and 96.8% of prescriptions were for preferred products.

For topical steroids, very high potency, the FDA approved an expanded indication for Ultravate for the topical treatment of plaque psoriasis to pediatric patients 12 years of age and older. Previously, it was indicated for the topical treatment of plaque psoriasis in patients 18 years of age and older. In June 2020, the FDA approved a first-time generic by Perrigo for Ultravate topical lotion. The utilization report was reviewed and 90.1% of the prescriptions were for preferred products.

At the last review, a single motion for class effect within each potency group and to include at least one ointment and one cream from each potency group passed unanimously.

MR. RILEY MOVED A CLASS EFFECT WITHIN EACH POTENCY GROUP AND TO INCLUDE AT LEAST ONE OINTMENT AND ONE CREAM FROM EACH POTENCY GROUP.

DR. LILJEGREN MOVED TO AMEND THE MOTION TO A CLASS EFFECT WITHIN EACH POTENCY GROUP AND TO INCLUDE AT LEAST ONE OINTMENT, ONE CREAM, AND ONE PEDIATRIC FORMULATION FROM EACH POTENCY GROUP. SECONDED BY DR. RYAN. THE MOTION PASSED UNANIMOUSLY.

Break from 9:49 a.m. to 10: 01 a.m.

Public Comments for Dermatological: Acne, Topical (Red Class)

There were no public comments.

Dr. Umang Patel gave the Magellan presentation on Dermatological: Acne, Topical. Acne vulgaris is the most common cutaneous condition in the United States. It is a disorder that affects primarily teenagers and young adults, but it can sometimes persist beyond young adulthood. In adolescence, sebaceous glands increase sebum release after puberty. Small cysts called comedones form in hair follicles due to blockage of the pore from accumulated sebum and keratinous material. Bacteria, most often Propionibacterium acnes, releases free fatty acids from the sebum within the comedones, which causes inflammation to form a cyst. Results in rupture of the cyst wall and subsequent inflammatory reaction due to extrusion of oily and keratinous debris from the cyst. There are three categories of the severity of acne and include either acne occurring on the face or the trunk of the body. These categories are graded as mild, moderate, or severe depending on the presence and number of lesions, which consist of comedones, papules, pustules, and/or cysts. Mild acne is defined by the presence of fewer than 20 comedones, fewer than 15 inflamed papules, or fewer than 30 lesions consisting of the combination comedones and papules. Moderate acne is defined by the presence of 15-50 papules and pustules in addition to comedones and rare cysts, and the total number of lesions on the face can range from 30-125. Severe acne is defined by the presence of mostly inflamed nodules and cysts and include more than 125 lesions consisting of comedones, papules, and pustules.

In December 2019, the FDA approved Arazlo for the topical treatment of acne vulgaris in patients 9 years of age and older. It may cause fetal harm when administered during pregnancy. Patients of childbearing potential should have a negative pregnancy test within two weeks prior to initiating treatment and use effective contraception during treatment. Pain, dryness, exfoliation, erythema, and pruritus may occur with use of Arazlo. Avoid application to eczematous or sunburned skin. Minimize exposure to sunlight and sunlamps. Use sunscreen and protective clothing when sun exposure cannot

be avoided. Administer with caution if the patient is also taking drugs known to be photosensitizers. Dosing recommendations were reviewed. It is available as a lotion.

In August 2020, the FDA approved Winlevi, an androgen receptor inhibitor indicated for the topical treatment of acne vulgaris in patients 12 years of age and older. Hypothalamic-pituitary-adrenal axis suppression may occur during or after treatment with Winlevi. Attempt to withdraw use if HPA axis suppression develops. Pediatric patients may be more susceptible to systemic toxicity. Elevated potassium levels were observed in some subjects during clinical trials. Pruritus, burning, skin redness or peeling may be experienced with Winlevi cream. If these effects occur, discontinue or reduce the frequency of application. Dosing recommendations were reviewed. It is available as a cream.

The utilization report was reviewed and 80.6% of prescriptions were for preferred products. At the last review, a motion for therapeutic alternatives to include at least one drug from each subclass and at least one combination benzoyl peroxide and antibiotic passed unanimously.

DR. RYAN MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST ONE DRUG FROM EACH SUBCLASS AND AT LEAST ONE COMBINATION BENZOYL PEROXIDE AND ANTIBIOTIC. SECONDED BY MR. RILEY. THE MOTION PASSED UNANIMOUSLY.

4-E. Ophthalmics: Ophthalmic, Allergic Conjunctivitis (Blue); Ophthalmic, Antibiotics (Green); Ophthalmic, Antibiotics-Steroid Combination (Green); Ophthalmic, Anti-Inflammatory (Green); Ophthalmic, Glaucoma Agents (Green); Ophthalmic, Immunomodulators (Blue)

Public Comments on Ophthalmics: Allergic Conjunctivitis (Blue Class)

There were no public comments.

Dr. Umang Patel gave the Magellan presentation on Ophthalmics: Allergic Conjunctivitis. Conjunctivitis is inflammation of the conjunctiva and may occur secondary to infectious or non-infectious stimuli. Seasonal, vernal, atopic, and giant papillary conjunctivitis are non-infectious types of conjunctivitis. Infectious types include viral and bacterial. Estimated prevalence of seasonal allergic conjunctivitis is 15%. The condition occurs in both adults and children and is one of the most common reasons for patient self-referral. Signs and symptoms of the disorder may cause extreme discomfort. Seasonal allergic conjunctivitis usually presents bilaterally and occurs during seasonal exposure to allergens such as ragweed. Perennial allergic conjunctivitis has a similar initial presentation; however, symptoms do not have seasonal variation. The range of symptoms varies from itching and redness to swelling, excessive lacrimation, and mucous discharge. As with allergic rhinitis, avoidance of identified allergens is a part of comprehensive therapy for allergic conjunctivitis.

Vernal keratoconjunctivitis (VKC) is an unusually severe chronic condition with exacerbations during spring and summer months. It is more common in children and young adults and is more prevalent in hot, dry climates. Patients present with severe eye itching, discharge, and photophobia. Eyelid thickening, ptosis, corneal ulcerations, and injection can occur. If left untreated and severe, VKC can lead to permanent vision loss. Common therapies include topical antihistamines and topical mast-call stabilizers. Topical corticosteroids are usually needed to reduce inflammation. Topical cyclosporine

0.05% to 2% or tacrolimus 0.1% can be added to reduce the required dose of corticosteroid, particularly in severe cases.

In February 2020, the FDA approved 2 prescriptions to OTC formulations of Pataday: Pataday Twice Daily Relief (0.1%; former Patanol Rx version) and Pataday Once Daily Relief (0.2%; former Pataday Rx version). Pataday Twice Daily Relief is approved as a 5-milliliter bottle for patients 2 years of age and older. It is dosed as one drop into the affected eye every 6 to 8 hours. Pataday Once Daily Relief is approved as a 2.5-milliliter bottle for patients 2 years of age and older. It is dosed as one drop into the affected eye once daily.

In July 2020, the FDA approved a prescription to OTC switch-OTC formulation of Pazeo (olopatadine hydrochloride) 0.7% ophthalmic solution to Pataday Once Daily Review Extra Strength 0.7%. It is approved as a 2.5-milliliter bottle for adults and children 2 years of age and older for the temporary relief of itchy eyes due to pollen, ragweed, grass, animal hair and dander. It is dosed as one drop into the affect eye once daily. Launch is expected online in early September 2020 and national retail availability as of February 2021.

The FDA approved a new over-the-counter generic to the recently Rx-to-OTC switch product, Pataday Once Daily Relief, from Gland.

In October 2020, the FDA approved a new formulation of Alaway ophthalmic solution 0.035%, an OTC preservative-free antihistamine for the temporary relief of itchy eyes due to pollen, ragweed, grass, animal hair, and dander in patients 3 years of age and older. Alaway was already available as an OTC in a formulation that contains the preservative benzalkonium chloride. Launch is anticipated in spring 2021.

In March 2020, the FDA approved a new package size, a carton of 30 single-use containers, for Zerviate. Previously, it was only approved as a 5 milliliter fill in a 7.5-milliliter bottle and a 7.5-milliliter fill in a 10-milliliter bottle.

The utilization report was reviewed and 96.2% of prescriptions were for preferred products. At the last review, a motion of therapeutic alternatives passed unanimously.

Dr. Liljegren asked is over-the-counter medications were covered by Medicaid if they were prescribed.

In response to Dr. Liljegren, Dr. Semling said some over-the-counter medication were covered by Medicaid as long as they met the definition of a cover outpatient drug, which means they had a rebate and were prescribed.

DR. RYAN MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY MR. RILEY. THE MOTION PASSED UNANIMOUSLY.

Ophthalmics: Antibiotics (Green Class)
Ophthalmics: Antibiotics-Steroid Combinations (Green Class)

Dr. Umang Patel gave the Magellan presentation on Ophthalmics: Antibiotics and Ophthalmics: Antibiotics-Steroid Combinations. The utilization report for Antibiotics was reviewed and 98.1% of

prescriptions were for preferred products. The utilization report for Antibiotics-Steroid Combinations was reviewed and 83.7% were for preferred products. At the last review, a motion for class effect for each subclass of the Ophthalmic Antibiotics; and that the drugs in the Ophthalmic, Antibiotics-Steroid Combinations were therapeutic alternatives passed unanimously.

DR. RYAN MOVED A CLASS EFFECT FOR EACH SUBCLASS OF OPHTHALMIC ANTIBIOTICS; AND THAT THE DRUGS IN THE OPHTHALMIC, ANTIBIOTICS-STEROID COMBINATIONS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY MR. RILEY. THE MOTION PASSED UNANIMOUSLY.

Ophthalmics: Anti-inflammatory (Green Class)

Dr. Umang Patel gave the Magellan presentation on Ophthalmics: Anti-inflammatory. The utilization report was reviewed and 91.9% of the prescriptions were for preferred products. At the last review, a motion for therapeutic alternatives to include one drug from each subgroup passed unanimously.

DR. RYAN MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE ONE DRUG FROM EACH SUBCLASS. SECONDED BY MR. RILEY. THE MOTION PASSED UNANIMOUSLY.

Ophthalmics: Glaucoma Agents (Green Class)

Dr. Umang Patel gave the Magellan presentation on Ophthalmics: Glaucoma Agents. The utilization report was reviewed and 82.9% of prescriptions were for preferred products. At the last review, a motion for therapeutic alternative to include at least one drug from each subclass passed unanimously.

DR. RYAN MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST ONE DRUG FROM EACH SUBCLASS. SECONDED BY MR. RYAN. THE MOTION PASSED UNANIMOUSLY.

Public Comments on Ophthalmics: Immunomodulators (Blue Class)

There were no public comments.

Dr. Umang Patel gave the Magellan presentation on Ophthalmics: Immunomodulators. Keratoconjunctivitis sicca (KCS) is defined as dry eye disease (DED) related to either decreased tear volume or rapid evaporative loss due to poor tear quality. Both of these conditions may be present in dry eye syndrome. The terms dry eye syndrome, dry eye disease, keratoconjunctivitis sicca, and keratitis sicca are often used interchangeably with the term keratoconjunctivitis sicca being the older term. There is considerable overlap with other ophthalmic conditions such as meibomian gland dysfunction. DES/KCS affects approximately 10-30% of the U.S. population and occurs more commonly in patients 50 years of age and older, with approximately twice as many women as men affected. However, due to increased use of soft contact lenses and frequent smartphone and computer usage, the prevalence is increasing among young adults ages 18 to 34. Patients with KCS may have the following complaints: sensations of ocular dryness, grittiness, a foreign body, or irritation; hyperemia; mucoid discharge; excessive tearing; photophobia; and blurry vision.

In October 2020, the FDA approved Eysuvis, a corticosteroid indicated for the short-term treatment of the signs and symptoms of dry eye disease. It is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis, vaccina, and varicella, and also in mycobacterial infection of the eye and fungal diseases of ocular structures. The initial prescription and each renewal of the medication order should be made by a physician only after examination of the patient with the aid of magnification, such as slit lamp biomicroscopy, and where appropriate, fluorescein straining. Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. Renewal of the medication order should be made by a physician only after examination of the patient and evaluation of the IOP. Dosing recommendations were reviewed. It is available as a suspension.

The utilization report was reviewed and 82.5% of prescriptions were for preferred products. At the last review, a motion of therapeutic alternatives passed unanimously.

DR. RYAN MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY MR. GREEAR. THE MOTION PASSED UNANIMOUSLY.

5. Break as Needed - 15 Minutes

The meeting moved into closed session. Public telephone lines were disconnected.

6. Review Minutes from November 2020

The meeting minutes of November 2020 were reviewed. No changes were made.

DR. RYAN MOVED TO APPROVE THE NOVEMBER 2020 MEETING MINUTES. SECONDED BY MR. RILEY. THE MOTION PASSED UNANIMOUSLY.

7. Comments from Committee Members or Chair

Dr. Liljegren noted the next meeting was scheduled for April 16, 2021.

8. Adjourn

The meeting adjourned at 10:25 a.m.