**AHCCCS**

**Pharmacy and Therapeutics Committee Meeting Minutes**

October 25, 2023

12:00PM- 5:00 PM

Teleconference

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| **Members Present:**Andrew ThatcherAimee SchwartzAida AmadoYvonne JohnsonJonathan EnchintonKelly FlanniganStephen BorodkinMaria ColeRaul Romero | **AHCCCS Staff:** Suzi BermanLauren ProleRobin Davis**Magellan Medicaid Admin:**Hind DouikiKristen Haloski |
| **Members Absent:**Sandra BrownsteinOtto UhrikCharles Goldstein |  |

**Welcome and Introductions: SUZI BERMAN, RPH, AHCCCS PHARMACY DIRECTOR**

1. Suzi Berman called the meeting to order at 12:07 and welcomed committee members, staff and public attendees.
2. The meeting minutes from the January 25, 2023 meeting were reviewed.
	1. Motion to accept:
		1. Aimee Schwartz
		2. Andrew Thatcher

**NOn- Supplemental rebate class reviews: HIND DOUIKI, pharmd, Magellan**

1. **Anticonvulsants**
	1. Public Testimony: None
2. **Antimigraine - Triptans**
	1. Public Testimony: None
3. **Leukotriene Modifiers**
	1. Public Testimony: None
4. **Phosphate Binders**
	1. Oral Public Testimony: None
5. **Sedative Hypnotics**
	1. Oral Public Testimony:
		1. Kevin Pham
6. **Topical Steroids – Low, Medium, High & Very High Potency**
	1. Oral Public Testimony: None
7. **Antifungals - Oral**
	1. Public Testimony: None
8. **Antifungals - Topical**
	1. Oral Public Testimony: None
9. **Beta Blockers**
	1. Public Testimony: None
10. **BPH Treatments**
	1. Oral Public Testimony: None
11. **Calcium Channel Blockers**
	1. Public Testimony: None
12. **Movement Disorder Agents**
	1. Oral Public Testimony:
		1. Mandeep Sohal
13. **Multiple Sclerosis**
	1. Public Testimony: None
14. **HIV / AIDS**
	1. Oral Public Testimony:
		1. Kaitlin Nguyen – 2 drugs
		2. Natalie Rose –
	2. Written Public Testimony
		* 1. Katlin Nguyen

**Supplemental rebate class reviews: HIND DOUIKI, pharmd, Magellan**

1. **Hereditary Angioedema Agents**
	1. Written Public Testimony: Anthony J Castaldo
2. **Immunologic Agents**

**New Drug Reviews: Hind douki , pharmd, Magellan**

1. **Vowst - Fecal Microbiota**
2. **Sogroya - Somapactian**
3. **Zavzpret – Zavegepant**
4. **Inpefa - Sotagliflozin**
5. **Miebo - Perfluorohexyloctane**
6. **Veozah - Fezolinetant**

**Executive Session – Closed to the Public**

**Public Therapeutic Class Votes:**

**Non-Supplemental class vote**

1. Anticonvulsants- Previously non-reviewed class
	1. Preferred Products
		1. BANZEL SUSPENSION (ORAL)
		2. BANZEL TABLET (ORAL)
		3. CARBAMAZEPINE CHEWABLE TABLET (ORAL)
		4. CARBAMAZEPINE ER (CARBATROL) (ORAL)
		5. CARBAMAZEPINE SUSPENSION (ORAL)
		6. CARBAMAZEPINE TABLET (ORAL)
		7. CARBAMAZEPINE XR (AG) (ORAL)
		8. CARBAMAZEPINE XR (ORAL)
		9. CARBATROL (ORAL)
		10. CELONTIN (ORAL)
		11. CLOBAZAM SUSPENSION (ORAL)
		12. CLOBAZAM TABLET (ORAL)
		13. CLONAZEPAM (ORAL)
		14. CLONAZEPAM ODT (ORAL)
		15. DIASTAT (RECTAL)
		16. DIASTAT ACUDIAL (RECTAL)
		17. DIAZEPAM (AG) (RECTAL)
		18. DIAZEPAM DEVICE (AG) (RECTAL)
		19. DILANTIN 30 MG CAPSULE (ORAL)
		20. DIVALPROEX ER (ORAL)
		21. DIVALPROEX SPRINKLE (ORAL)
		22. DIVALPROEX TABLET (ORAL)
		23. EPIDIOLEX (ORAL)
		24. ETHOSUXIMIDE CAPSULE (AG) (ORAL)
		25. ETHOSUXIMIDE CAPSULE (ORAL)
		26. ETHOSUXIMIDE SYRUP (ORAL)
		27. FELBAMATE SUSPENSION (ORAL)
		28. FELBAMATE TABLET (ORAL)
		29. FYCOMPA SUSPENSION (ORAL)
		30. FYCOMPA TABLET (ORAL)
		31. LACOSAMIDE SOLUTION (ORAL)
		32. LACOSAMIDE TABLET (ORAL)
		33. LAMOTRIGINE DISPERSIBLE TABLET (ORAL)
		34. LAMOTRIGINE ODT (ORAL)
		35. LAMOTRIGINE TABLET (ORAL)
		36. LAMOTRIGINE XR (ORAL)
		37. LEVETIRACETAM ER (ORAL)
		38. LEVETIRACETAM SOLUTION (ORAL)
		39. LEVETIRACETAM TABLETS (ORAL)
		40. NAYZILAM (NASAL)
		41. OXCARBAZEPINE TABLETS (ORAL)
		42. PHENOBARBITAL ELIXIR (ORAL)
		43. PHENOBARBITAL TABLET (ORAL)
		44. PHENYTOIN CAPSULE (ORAL)
		45. PHENYTOIN CHEWABLE TABLET (ORAL)
		46. PHENYTOIN EXT CAPSULE (GENERIC PHENYTEK) (ORAL)
		47. PHENYTOIN SUSPENSION (AG) (ORAL)
		48. PHENYTOIN SUSPENSION (ORAL)
		49. PRIMIDONE (ORAL)
		50. RUFINAMIDE TABLET (ORAL)
		51. TIAGABINE (ORAL)
		52. TOPIRAMATE ER (QUDEXY) (AG) (ORAL)
		53. TOPIRAMATE ER (QUDEXY) (ORAL)
		54. TOPIRAMATE SPRINKLE (ORAL)
		55. TOPIRAMATE TABLETS (ORAL)
		56. TRILEPTAL SUSPENSION (ORAL)
		57. TROKENDI XR (ORAL)
		58. VALPROIC ACID CAPSULE (ORAL)
		59. VALPROIC ACID SOLUTION (ORAL)
		60. VALTOCO (NASAL)
		61. XCOPRI TABLET (ORAL)
		62. XCOPRI TITRATION PAK (ORAL)
		63. ZONISAMIDE (ORAL)
	2. The remaining agents in this class are recommended Non-Preferred.
	3. Grandfathering will apply to this class.
	4. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
2. Antimigraine Agents, Triptans
	1. Preferred Products
		1. IMITREX (NASAL)
		2. NARATRIPTAN (ORAL)
		3. RIZATRIPTAN ODT (ORAL)
		4. RIZATRIPTAN TABLET (ORAL)
		5. SUMATRIPTAN (ORAL)
		6. SUMATRIPTAN KIT (AG) (SUBCUTANE.)
		7. SUMATRIPTAN KIT (SUBCUTANE.)
		8. SUMATRIPTAN KIT (SUN) (SUBCUTANE.)
		9. SUMATRIPTAN VIAL (SUBCUTANE.)
		10. ZOLMITRIPTAN ODT (ORAL)
		11. ZOLMITRIPTAN TABLET (ORAL)
		12. ZOMIG (NASAL)
	2. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
3. Leuktotriene Modifiers
	1. Preferred products
		1. MONTELUKAST CHEWABLE TABLET (ORAL)
		2. MONTELUKAST TABLET (ORAL)
		3. MONTELUKAST GRANULES (ORAL) - No PA required for children less than 4 years old
	2. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
4. Phosphate Binders
	1. Preferred Products
		1. CALCIUM ACETATE CAPSULE (ORAL)
		2. CALCIUM ACETATE TABLET (ORAL)
		3. CALCIUM ACETATE TABLET OTC (ORAL)
		4. SEVELAMER CARBONATE TABLET (AG) (ORAL)
		5. SEVELAMER CARBONATE TABLET (ORAL)
	2. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
5. Sedative Hypnotics
	1. Preferred Products
		1. ESZOPICLONE (ORAL)
		2. ROZEREM (ORAL)
		3. TEMAZEPAM (AG) (ORAL) – 15 mg and 30 mg capsules
		4. TEMAZEPAM (ORAL) – 15 mg and 30 mg capsules
		5. ZOLPIDEM (ORAL)
		6. ZOLPIDEM ER (ORAL) (new)
	2. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
6. Steroids, Topical
	1. Low Potency Topical Steroid Agents
		1. Preferred Products
		2. DERMA-SMOOTHE-FS (TOPICAL)
		3. HYDROCORTISONE ACETATE CREAM OTC (TOPICAL)
		4. HYDROCORTISONE ACETATE OINTMENT OTC (TOPICAL)
		5. HYDROCORTISONE CREAM (RECTAL)
		6. HYDROCORTISONE CREAM (TOPICAL)
		7. HYDROCORTISONE CREAM OTC (TOPICAL)
		8. HYDROCORTISONE LOTION (TOPICAL)
		9. HYDROCORTISONE OINTMENT OTC (TOPICAL)
		10. HYDROCORTISONE OINTMENT (TOPICAL)
		11. HYDROCORTISONE-ALOE CREAM OTC (TOPICAL)
	2. Medium Potency Topical Steroid Agents
		1. FLUOCINOLONE ACETONIDE SOLUTION (TOPICAL) (new)
		2. FLUTICASONE PROPIONATE CREAM (TOPICAL)
		3. FLUTICASONE PROPIONATE OINTMENT (TOPICAL)
		4. MOMETASONE FUROATE CREAM (TOPICAL)
		5. MOMETASONE FUROATE OINTMENT (TOPICAL)
		6. MOMETASONE FUROATE SOLUTION (TOPICAL)
		7. ORALONE (DENTAL) (new)
		8. TRIAMCINOLONE PASTE (DENTAL) (new)
	3. High Potency Topical Steroid Agents
		1. BETAMET DIPROP / PROP GLY CREAM (TOPICAL)
		2. BETAMETHASONE DIPROPIONATE CREAM (TOPICAL)
		3. BETAMETHASONE DIPROPIONATE LOTION (TOPICAL)
		4. BETAMETHASONE DIPROPIONATE OINTMENT (TOPICAL) (new)
		5. BETAMETHASONE VALERATE CREAM (TOPICAL)
		6. BETAMETHASONE VALERATE LOTION (TOPICAL)
		7. BETAMETHASONE VALERATE OINTMENT (TOPICAL)
		8. FLUOCINONIDE CREAM (TOPICAL)
		9. FLUOCINONIDE OINTMENT (TOPICAL)
		10. FLUOCINONIDE SOLUTION (TOPICAL)
		11. TRIAMCINOLONE ACETONIDE CREAM (TOPICAL)
		12. TRIAMCINOLONE ACETONIDE LOTION (TOPICAL)
		13. TRIAMCINOLONE ACETONIDE OINTMENT (TOPICAL)
	4. Very High Potency Topical Steroid Agents
		1. CLOBETASOL EMOLLIENT (TOPICAL)
		2. CLOBETASOL PROPIONATE CREAM (TOPICAL)
		3. CLOBETASOL PROPIONATE GEL (TOPICAL)
		4. CLOBETASOL PROPIONATE OINTMENT (TOPICAL)
		5. CLOBETASOL PROPIONATE SOLUTION (TOPICAL)
		6. CLOBETASOL SHAMPOO (TOPICAL)
		7. HALOBETASOL PROPIONATE CREAM (TOPICAL)
		8. HALOBETASOL PROPIONATE OINTMENT (TOPICAL)
	5. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
7. Antifungals, Oral
	1. Preferred products
		1. CLOTRIMAZOLE (MUCOUS MEM)
		2. FLUCONAZOLE SUSPENSION (ORAL)
		3. FLUCONAZOLE TABLET (ORAL)
		4. GRISEOFULVIN SUSPENSION (ORAL)
		5. GRISEOFULVIN TABLETS (ORAL)
		6. NYSTATIN SUSPENSION (ORAL)
		7. NYSTATIN TABLET (ORAL)
		8. TERBINAFINE (ORAL)
		9. VFEND SUSPENSION (ORAL)
	2. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
8. Antifungals, Topical
	1. Preferred Products
		1. Enbrel Kit, Enbrel Syringe, Enbrel Pen, Enbrel Mini Cartridge, Enbrel Vial -PA CICLOPIROX CREAM (TOPICAL)
		2. CICLOPIROX SOLUTION (TOPICAL)
		3. CLOTRIMAZOLE CREAM OTC (TOPICAL)
		4. CLOTRIMAZOLE CREAM RX (TOPICAL)
		5. CLOTRIMAZOLE SOLUTION RX (TOPICAL) (new)
		6. CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)
		7. KETOCONAZOLE CREAM (TOPICAL)
		8. KETOCONAZOLE SHAMPOO (TOPICAL)
		9. LOTRIMIN ULTRA OTC (TOPICAL)
		10. MICONAZOLE CREAM OTC (TOPICAL)
		11. MICONAZOLE POWDER OTC (TOPICAL)
		12. NYSTATIN CREAM (TOPICAL)
		13. NYSTATIN OINT (TOPICAL)
		14. NYSTATIN POWDER (TOPICAL)
		15. TERBINAFINE CREAM OTC (TOPICAL)
		16. TOLNAFTATE AERO POWDER OTC (TOPICAL)
		17. TOLNAFTATE CREAM OTC (TOPICAL)
		18. TOLNAFTATE POWDER OTC (TOPICAL)
	2. Non-preferred
		1. CLOTRIMAZOLE SOLUTION OTC (TOPICAL)
		2. KETODAN FOAM (TOPICAL)
		3. KETODAN FOAM KIT (TOPICAL)
		4. VOTRIZA-AL LOTION OTC (TOPICAL)
	3. Grandfathering does not apply to this class.
	4. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
9. Beta Blockers
	1. Preferred Products
		1. ATENOLOL (ORAL)
		2. ATENOLOL / CHLORTHALIDONE (ORAL)
		3. BISOPROLOL HCTZ (ORAL)
		4. BISOPROLOL (ORAL)
		5. CARVEDILOL (ORAL)
		6. LABETALOL (ORAL)
		7. METOPROLOL / HCTZ (ORAL)
		8. METOPROLOL (ORAL)
		9. METOPROLOL XL (AG) (ORAL)
		10. METOPROLOL XL (ORAL)
		11. NADOLOL (ORAL)
		12. PROPRANOLOL / HCTZ (ORAL)
		13. PROPRANOLOL ER (ORAL)
		14. PROPRANOLOL ER (AG) (ORAL)
		15. PROPRANOLOL SOLUTION (ORAL)
		16. PROPRANOLOL TABLET (ORAL)
		17. SOTALOL (ORAL)
	2. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
10. BPH Treatments
	1. Preferred Products
		1. ALFUZOSIN (ORAL)
		2. DOXAZOSIN (AG) (ORAL)
		3. DOXAZOSIN (ORAL)
		4. DUTASTERIDE (ORAL)
		5. FINASTERIDE (ORAL)
		6. TAMSULOSIN (ORAL)
		7. TERAZOSIN (ORAL)
	2. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
11. Calcium Channel Blockers
	1. Preferred Products
		1. AMLODIPINE (ORAL)
		2. DILTIAZEM CAPSULE ER (ORAL)
		3. DILTIAZEM TABLET (ORAL)
		4. FELODIPINE ER (ORAL)
		5. KATERZIA (ORAL)
		6. NIFEDIPINE IR (ORAL)
		7. NIFEDIPINE ER (ORAL)
		8. VERAPAMIL CAPSULE ER (ORAL)
		9. VERAPAMIL TABLET ER (ORAL)
		10. VERAPAMIL TABLET (ORAL)
	2. Moving to Non-Preferred
		1. NORLIQVA (ORAL)
	3. Grandfathering will not apply.
	4. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
12. Movement Disorder Agents
	1. Preferred Products
		1. AUSTEDO (ORAL)
		2. AUSTEDO XR (ORAL) (new)
		3. AUSTEDO XR TITRATION PACK (ORAL) (new)
		4. INGREZZA (ORAL)
	2. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
13. Multiple Sclerosis
	1. Preferred Products
		1. AVONEX (INTRAMUSC.) (new)
		2. AVONEX PEN (INTRAMUSC.) (new)
		3. COPAXONE 20 MG/ML (SUBCUTANE.)
		4. COPAXONE 40 MG/ML (SUBCUTANE.) (new)
		5. DALFAMPRIDINE ER (ORAL) (new)
		6. DIMETHYL FUMARATE DR (AG) (ORAL) (new)
		7. DIMETHYL FUMARATE DR (ORAL) (new)
		8. FINGOLIMOD (ORAL) (new)
		9. KESIMPTA (SUBCUTANE.) (new)
		10. OCREVUS (INTRAVEN.) (new)
		11. REBIF (SUBCUTANE.) (new)
		12. REBIF REBIDOSE PEN INJCTR (SUBCUTANE.) (new)
		13. TERIFLUNOMIDE TABLET (ORAL) (new)
		14. TYSABRI (INTRAVEN.) (new)
	2. The remaining agents in this class are recommended nonpreferred.
	3. Grandfathering will apply to this class.
	4. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
14. HIV-AIDS
	1. Preferred Products
		1. AABACAVIR SOLUTION (ORAL)
		2. ABACAVIR TABLET (ORAL)
		3. ABACAVIR/LAMIVUDINE (ORAL)
		4. ABACAVIR/LAMIVUDINE/ZIDOVUDINE (ORAL)
		5. APTIVUS SOLUTION (ORAL)
		6. ATAZANAVIR (ORAL)
		7. BIKTARVY (ORAL)
		8. COMPLERA (ORAL)
		9. DELSTRIGO (ORAL)
		10. DESCOVY (ORAL)
		11. DOVATO (ORAL)
		12. EDURANT (ORAL) (new)
		13. EFAVIRENZ CAPSULE (ORAL)
		14. EFAVIRENZ TABLET (ORAL)
		15. EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)
		16. EMTRICITABINE CAPSULE (ORAL)
		17. EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL) (new)
		18. EMTRIVA SOLUTION (ORAL)
		19. ETRAVIRINE (ORAL)
		20. EVOTAZ (ORAL)
		21. FOSAMPRENAVIR TABLET (ORAL)
		22. FUZEON (SUB-Q)
		23. GENVOYA (ORAL)
		24. ISENTRESS (ORAL)
		25. ISENTRESS HD (ORAL)
		26. ISENTRESS POWDER PACK (ORAL)
		27. ISENTRESS TAB CHEW (ORAL)
		28. JULUCA (ORAL)
		29. LAMIVUDINE SOLUTION (ORAL)
		30. LAMIVUDINE TABLET (ORAL)
		31. LAMIVUDINE-ZIDOVUDINE (ORAL)
		32. LEXIVA SUSPENSION (ORAL)
		33. LOPINAVIR/RITONAVIR SOLUTION (ORAL)
		34. LOPINAVIR/RITONAVIR TABLET (ORAL)
		35. NEVIRAPINE ER (ORAL)
		36. NEVIRAPINE ORAL SUSP (ORAL)
		37. NEVIRAPINE TABLET (ORAL)
		38. NORVIR POWDER PACK (ORAL)
		39. NORVIR SOLUTION (ORAL)
		40. ODEFSEY (ORAL)
		41. PIFELTRO (ORAL)
		42. PREZCOBIX (ORAL)
		43. PREZISTA (ORAL)
		44. PREZISTA ORAL SUSP (ORAL)
		45. REYATAZ POWDER PACK (ORAL)
		46. RITONAVIR TABLET (ORAL)
		47. SELZENTRY TABLET (ORAL)
		48. STRIBILD (ORAL)
		49. SYMFI (ORAL)
		50. SYMFI LO (ORAL)
		51. SYMTUZA (ORAL)
		52. TENOFOVIR DISOPROXIL FUMARATE (ORAL)
		53. TIVICAY (ORAL)
		54. TIVICAY PD SUSPENSION (ORAL)
		55. TRIUMEQ (ORAL)
		56. TRIUMEQ PD TAB SUSP (ORAL)
		57. TRUVADA (ORAL)
		58. TYBOST (ORAL)
		59. VIREAD POWDER (ORAL)
		60. ZIDOVUDINE CAPSULE (ORAL)
		61. ZIDOVUDINE SYRUP (ORAL)
		62. ZIDOVUDINE TABLET (ORAL)
	2. Moving to Non-Preferred
		1. APTIVUS CAPSULE (ORAL)
		2. ATRIPLA (ORAL)
		3. DIDANOSINE CAPSULE DR (ORAL)
	3. Grandfathering does not apply to this class.
	4. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.

**Supplemental class vote**

1. HAE Treatments
	1. Preferred Products
		1. BERINERT (INTRAVEN)
		2. CINRYZE (INTRAVEN)
		3. HAEGARDA (Sub-Q) (new)
		4. ICATIBANT (SUB-Q) (new)
		5. KALBITOR (SUB-Q)
	2. Moving to Non-Preferred
		1. ORLADEYO (ORAL)
		2. FIRAZYR (SUB-Q)
	3. Grandfathering will apply to this class.
	4. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
2. Immunomodulators, Atopic Dermatitis
	1. Preferred Products
		1. ADBRY (SUBCUTANEOUS) (new)
		2. DUPIXENT PEN (SUBCUTANEOUS)
		3. DUPIXENT SYRINGE (SUBCUTANEOUS)
		4. PIMECROLIMUS (AG) (TOPICAL)
		5. PIMECROLIMUS (TOPICAL)
		6. TACROLIMUS (AG) (TOPICAL)
		7. TACROLIMUS (TOPICAL)
		8. EUCRISA (TOPICAL)
	2. The committee voted on the above recommendations.
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.

**Biosimilar Update: Suzi Berman**

1. Humira

**New Drug Recommendations and Vote**

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| 1. Vowst
	1. Recommendation is Non-Preferred
		1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
2. Sogroya
	* 1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
3. Zavapret
	* 1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
4. Inpefa
	* 1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
5. Miebo
	* 1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
6. Veozah
	* 1. All present committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
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|  |

**Future meeting dates:**

January 24, 2024

May 22, 2024

**Adjournment**

The meeting adjourned at

Minutes recorded by Robin Davis

Suzi Berman January 24, 2024

Suzi Berman, RPh Date

Director of Pharmacy Services