

**Enterprise P&T Meeting
Committee Meeting Minutes
May 10, 2020**

Voting Members Present


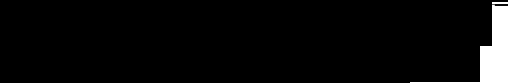
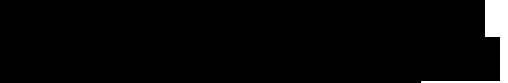
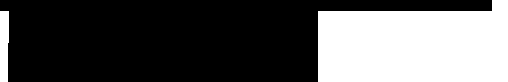



Antypas, Christopher PharmD	Cherian, Sheena PharmD	Jordan, Karen MD	Peters, Eric PharmD
Batluck, David DO	Cooper, Don RPh	Kryger, Emily PharmD	Peterson, Andrew PharmD
Beam, Donald MD	Elebra, Rogers PharmD	Martin, Kelly PharmD	Weart, Wayne PharmD
Brinley, John MD	Feconda, Fury PharmD	Michael, Kendra MD	Whitfield, Rani MD
Burnham, William MD	Higgins, Lily MD	Muller, Betty MD	Wise, Rodney MD
Caton, Cathryn MD	Hockmuth, Robert MD	Orr, Lavdena MD	Wiseman, Arlene MD
Caton, Kirt MD			

Excused Voting Members

McAllister, Susan MD	Petkash, David MD	
Murphy, Michelle PharmD		

Invited Guests Present

Abad, Melissa		Meny, Chris RPh	Trumbower, Devon PharmD
Albandoz, Linda	DeHoratius, Patrick PharmD	Oaster, Patty	Viator, Kyle
Clement, Kathleen	Hunter, Amanda, PharmD	O'Brien, Casey	Vodoor, Calla PharmD
Cheely, George MD	Guerriero, Monica	Okany, Nkemjika	Weiss, Erich PharmD
Colvin, Mike PharmD	Holley, April	Plante, Jeanine PharmD	Wendt, Melwyn
Davis, Tracey, PharmD	Megargell, Lauren PharmD	Seitz, Ally PharmD	Westover, Scott




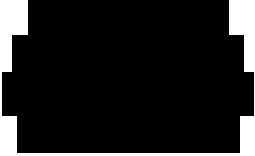
Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
1. Call to Order	<p>The meeting was called to order at 6:07 PM EST.</p> <p>Welcomed all external and internal participants.</p>	<p>Informational Only</p>		<p>Dr. William Burnham</p>
2. Conflict of Interest Disclosure	<p>No conflicts announced</p>	<p>Informational Only</p>		<p>Dr. William Burnham</p>
	<ul style="list-style-type: none"> -  -  -  -  			
4. Review and approval of February P&T and March proxy minutes		<p>Informational Only</p>		<p>Dr. William Burnham</p>
5. Old Business				

[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

6. New Business				

<p>Cabergoline</p>	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none">Keep cabergoline on the formulary, and remove the step therapy edit, as cabergoline is a clinically effective agent, cost effective, and has a favorable side effect profile <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
<p>Compound Products PA Criteria</p>	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none">Approve the newly developed compound products prior authorization criteria to ensure compound products are	<p>Committee approved as recommended</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	reviewed according to appropriate criteria			
7. Drug Reviews				
Therapeutic Class				
				

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

[Redacted]

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[Redacted]

	<p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

	[REDACTED]			
Contraceptives – Foams and Devices	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/ AHNE [REDACTED]:</p> <ul style="list-style-type: none">• Add diaphragms to the formulary with a quantity limit of 1 per 34 days to give members another option for a hormone-free contraceptive.• Add nonoxynol-9 4% gel to the formulary with a quantity limit of 3 boxes (8 grams) per month to give members another product to use for hormone-free contraception.• Add nonoxynol-9 3% jelly to the formulary with a quantity limit of 2 tubes (162 grams) per month to give members another product to use for hormone-free contraception. <p>[REDACTED]</p>	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
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<p>Diuretics</p>	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/ AHNE [REDACTED]:</p> <ul style="list-style-type: none"> • No changes to the formulary status of these agents. <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p>		<p>No changes</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p>

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
Single Products				

<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>
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	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>
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	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>Crysvita</p>	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none">• Add Crysvita (borosuzumab-twza) to Tier 4 with drug specific prior authorization criteria.• Approve the newly developed Anti-FGF23 Monoclonal Antibodies prior authorization criteria. <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>Palforzi</p>	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none"> • Add Palforzia (peanut allergen powder) to Tier 3 with drug specific prior authorization criteria. 	<p>Committee approved as recommended</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

- Approve the newly developed Peanut Allergy Immunotherapy Agents (FDA Approved) prior authorization criteria.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Vyondys 53

PerformRx makes the following recommendation:

KF/AHC/AHNE [REDACTED]:

- Add Vyondys 53 (golodirsen) to Tier 4 with drug specific prior authorization criteria.
- Approve the newly developed Vyondys 53 prior authorization criteria.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Committee approved as recommended

PerformRx will update the criteria and formulary/PDL with any changes

Gamifant

PerformRx makes the following recommendation:

KF/AHC/AHNE [REDACTED]:

- Add Gamifant (emapalumab-lzsg) to Tier 4 with drug specific prior authorization criteria
- Approve the newly developed Primary Hemophagocytic Lymphohistiocytosis (HLH) Agents prior authorization criteria.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Committee approved as recommended

PerformRx will update the criteria and formulary/PDL with any changes

	<p>[REDACTED]</p>			
<p>Tepezza</p>	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none">• Add Tepezza (teprotumumab) to Tier 4 with drug specific prior authorization criteria.• Approve the newly developed Insulin-Like Growth Factor-1 Receptor (Igf-1r) Antagonists For Thyroid Eye Disease prior authorization criteria. <p>[REDACTED]</p>	<p>Committee approved as recommended</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p>			
<p>Sucraid</p>	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none">• Make no changes to the formulary status of Sucraid (sacrosidase). <p>[REDACTED]</p>	<p>Committee approved as recommended</p>		<p>No changes</p>

Ridaura	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none"> • Make no change to the formulary status of Ridaura (auranofin). <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes
8. New Products				
	<p>PerformRx makes the following recommendation:</p> <p>Remain Non-formulary for KF/AHC/AHNE [REDACTED] [REDACTED]:</p> <ul style="list-style-type: none"> • Anjeso • Quzyttir 	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes

Remain Non-formulary for
KE/AHC/AHNE [REDACTED],

[REDACTED]:

- Lipiodol

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Add to Specialty Tier with PA requirement
for [REDACTED] KF/AHC/AHNE [REDACTED]:**

- Ayvakit
- Herzuma
- Procysbi
- Recarbrio
- Sarelisa
- Scenesse
- Trazimera
- Zirabev

	<p>[REDACTED]</p> <p>Add to Specialty Tier with drug specific PA criteria for [REDACTED] KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none"> • Ruxience <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>9. Prior Authorization Criteria Review:</p>				
<p>Prior Authorization Criteria Annual Review:</p>				
<p>Non-Formulary/ Prior Authorization Required</p>	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHN [REDACTED]:</p>	<p>Committee approved as recommended</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<ul style="list-style-type: none">• Approve the Non-Formulary/Prior Authorization Required Medications criteria with no changes. <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>	<p>[Redacted]</p>		
<p>[Redacted]</p>	<p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>	<p>[Redacted]</p>		<p>[Redacted]</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
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	<p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

	<ul style="list-style-type: none">[REDACTED]			
[REDACTED]	<ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	<ul style="list-style-type: none">[REDACTED]	[REDACTED]		[REDACTED]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

	<p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>Mepron</p>	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHN [REDACTED]:</p> <ul style="list-style-type: none">• Update title to reflect generic availability. <p>[REDACTED]</p>	<p>Committee approved as recommended</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p>			
Multaq	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHN [REDACTED]:</p> <ul style="list-style-type: none">Remove requirement of risk factors to be more in line with the package insert. <p>[REDACTED]</p>	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes

Oncology

PerformRx makes the following recommendation:

KF/AHC/AHN [REDACTED]:

- Expand the prescriber restriction to include specialists in addition to oncologists.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Committee approved as recommended

[REDACTED]

PerformRx will update the criteria and formulary/PDL with any changes

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>Diagnosis Code Requirement</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p>	<p>Committee approved as recommended for</p> <p>[REDACTED]</p> <p>F/AHC/AHN</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p>KF/AHC/AHN</p> <ul style="list-style-type: none"> • Approve the Diagnosis Code Requirement prior authorization criteria as new. <p>[REDACTED]</p>	<p>[REDACTED]</p>		
<p>Acthar</p>	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHN [REDACTED]:</p> <ul style="list-style-type: none"> • Update policy layout <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
<p>Amyotrophic lateral sclerosis (ALS agents)</p>	<p>PerformRx makes the following recommendation:</p>			

	<p>KF/AHC/AHN [REDACTED]</p> <ul style="list-style-type: none">• Approve the Amyotrophic Lateral Sclerosis (ALS agents) prior authorization criteria with no clinical changes <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes
Kuvan	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHN [REDACTED]:</p> <ul style="list-style-type: none">• Approve the Kuvan prior authorization criteria with minor formatting changes. <p>[REDACTED]</p> <p>[REDACTED]</p>	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>Palynziq</p>	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHN [REDACTED]:</p> <ul style="list-style-type: none">• Approve the Palynziq authorization criteria with no clinical changes. <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

Rituxan

PerformRx makes the following recommendation:

[REDACTED]

Committee approved as recommended.

Pennsylvania will modify criteria with any specific PDL language requirements needed.

PerformRx will update the criteria and formulary/PDL with any changes

approval for reauthorizations for all

[Redacted]

[Redacted]

[Redacted]

KF/AHC/AHNE [REDACTED] :

- Include biosimilar products into policy and relevant criteria.
- Require trial and failure of one conventional DMARD and then all available preferred biologic DMARDs
- Use consistent 1 month approval duration for initial approvals and 1 year approval for reauthorizations for all indications except Oncology and Non-FDA approved indications.

	<ul style="list-style-type: none">• Combine separate Rituxan and Rituxan Hycela criteria into a single Oncology Indications section.• Prefer Ruxience for Oncology, Non-FDA approved indications, and GPA and MPA in adults.• Prefer Truxima for Rheumatoid Arthritis. <p>█ █</p>			
<p>█</p>	<p>█</p> <p>█</p> <p>█</p> <p>█</p> <p>█</p> <p>█</p>	<p>█</p>		<p>█</p>

Soliris

PerformRx makes the following recommendation:

KF/AHC/AHNE [REDACTED]

- Add the new indication Neuromyelitis Optica Spectrum Disorder and relevant criteria.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Committee approved as recommended

PerformRx will update the criteria and formulary/PDL with any changes

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

	<p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

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[Redacted]

[Redacted]

[Redacted]

	<p>[REDACTED]</p>			
<p>Zyvox</p>	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHN [REDACTED]:</p> <ul style="list-style-type: none"> • Remove specific diagnosis requirement due to low cost and various guideline supported uses. • Require trial and failure of linezolid oral tablets prior to approval of linezolid oral suspension. <p>[REDACTED]</p>	<p>Committee approved as recommended</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

		<p>[REDACTED]</p>			
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	<p>[REDACTED]</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

<p>[REDACTED]</p>	<p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED][REDACTED][REDACTED]	<p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED][REDACTED]	<p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p> <ul style="list-style-type: none">[REDACTED]	<p>[REDACTED]</p>		<p>[REDACTED]</p>

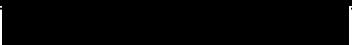
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED] ges</p>
<p>BCC – Siklos</p>	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <p>KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none"> • Approve the new Siklos criteria. 	<p>Committee approved as recommended</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>		<p>[REDACTED]</p>

[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
Prior Authorization New Criteria				
Ketamine	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHNE [REDACTED]:</p> <ul style="list-style-type: none"> • Approve the newly developed Ketamine prior authorization criteria <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes
[REDACTED]	[REDACTED]			

10. Recalls	FDA requested the withdrawal of all Ranitidine products (Zantac) from the Market.	Informational Only		Sheena Cherian
11. Adjournment				William Burnham
	The meeting adjourned at 8:00 PM EST	N/A		The next meeting July 27, 2020 from 6:00 PM – 8:00 PM

William D. Burnham MD

Dr. William Burnham

8/5/2020

Date