

.....

Maryland Pharmacy Program PDL P&T Meeting

.....

Minutes from May 4, 2017

UMBC Research and Technology Park



Maryland Pharmacy Program PDL P&T Meeting

Minutes- May 4, 2017

Attendees:

P&T Committee

Zakiya Chambers (Chairperson); Jenel Steele Wyatt (Vice Chairperson); Esther Alabi; Sharon Baucom; Kim Leah Bright; Damean Freas; Amol Joshi; Evelyn White Lloyd; Marie Mackowick; Devang Patel; Emily Pherson; Karen Vleck

Department of Health and Mental Hygiene (DHMH)

Athos Alexandrou (Maryland Medicaid Pharmacy Program Director); Dixit Shah (Maryland Medicaid Pharmacy Program Deputy Director); Mangesh Y. Joglekar (Chief, Clinical Services); Lisa Burgess (Chief Medical Officer); Malika Closson (Maryland Pharmacy Program Child Psychiatrist); Michael Bouyea (Esquire, Attorney General's Office); Paul Holly (Consultant Pharmacist to Maryland Pharmacy Program); Dennis Klein (Maryland Pharmacy Program Pharmacist); Seema Kazmi (Maryland Pharmacy Program Pharmacist); Shannon McMahon (Deputy Secretary, Health Care Financing)

Xerox Government Solutions

John LaFranchise, Sr., RPh,

Provider Synergy/Magellan Medicaid Administration (MMA)

Nina Bandali, PharmD

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Chairperson, Dr. Chambers, at 9:00 a.m. The meeting began with brief introductions of all the representatives including the P&T Committee members, DHMH, and MMA staff. The Committee then approved the minutes from the previous P&T Committee meeting held on November 3, 2016.

Dr. Chambers then called upon Ms. McMahon for opening remarks. Ms. McMahon expressed her appreciation and thanks to the Committee members for volunteering and contributing their expertise to the Medicaid program. Ms. McMahon also conveyed the same sentiments by Secretary, Dennis Schrader, who was previously briefed about the Committee's advisory role and the critical nature of the advice given by the Committee. Ms. McMahon stated, on December 22nd, the Medicaid program got the first five-year extension of their HealthChoice demonstration waiver. This is a tremendous

accomplishment for the program. Regarding the opioid crisis, Ms. McMahon stated Maryland Medicaid is actively engaged from the front-end perspective of prescribing guidelines and having a very robust conversation with their drug utilization colleagues at the managed care organizations to improve upon aligning prescribing policies for opioids.

Furthermore, Ms. McMahon elaborated that part of the 1115 waiver renewal includes Medicaid payment for inpatient psychiatric services on the level 3 services. These services are delivered through institutions of mental disease, so more community-based detoxification services will be available starting in July through Maryland Medicaid. Ms. McMahon announced that Maryland is the third state in the country that will be able to have Medicaid pay for such services. The last initiative that was presented to the federal government for consideration of the waiver was presumptive eligibility for the corrections community. Dr. Baucom and her colleagues at the Department of Corrections have been very engaged with the DHMH and the eligibility team in working with the local health departments and departments of social services to allow individuals leaving the prison system to connect to services such as Medicaid, mental health substance use services, or local delivery systems as they re-enter the community. Ms. McMahon concluded by thanking the members for their service, and stated she is looking forward to continued collaboration and listening to deliberations.

Dr. Chambers then called upon Mr. Alexandrou to provide a status update on the Medicaid Pharmacy Program. Mr. Alexandrou stated that this meeting marks the beginning of the 14th year of Maryland's Preferred Drug List. The Medicaid program has saved over \$100 million in its expenditures for prescription drugs due to the Preferred Drug List. These savings have allowed Maryland to manage costs without reducing covered services for Medicaid participants and provide safe, clinically sound, and cost-effective medications to Medicaid participants. Mr. Alexandrou announced that the Maryland Medicaid Pharmacy Program hired Mangesh Y. Joglekar in January to replace Renee Hilliard, as the Chief of the Clinical Services Division. Mr. Joglekar has been involved with the pharmacy and pharmaceutical profession for close to 19 years. Most recently, he worked with CVS Health as a clinical pharmacist in their Medicare Coverage Determinations & Appeals Unit at their corporate office in Pittsburgh. Mr. Alexandrou also announced that Dr. Harpalani is no longer the Magellan Account Manager for the Maryland Preferred Drug List. Magellan is currently recruiting for a replacement for that position.

Mr. Alexandrou continued that the State of Maryland is experiencing an opioid addiction and overdose epidemic. As part of the State's comprehensive approach to combating this epidemic, the Department has been working with the eight Medicaid managed care organizations in Maryland to implement minimum standards that will be applied by both the fee-for-service program and the managed care organizations, this July. These standards will include coverage of non-opioids to be considered first-line treatment for chronic pain and prior authorizations for all long-acting opioids, fentanyl, methadone for pain and any opioid prescription that results in a patient exceeding 90 morphine milligram equivalents (MME) per day. Also, the standard 30-day quantity limit for all opioids will be set at or below 90 MME per day. To inform and educate prescribers, the Department and the managed care organizations engaged in an extensive outreach

campaign. In February and March of this year, the Department sent letters to providers, informing them of the changes related to the minimum standards. Mr. Alexandrou also stated that the Department conducted approximately 12 webinars for providers in the last few months with additional webinars scheduled throughout the month of May. Furthermore, a dedicated website was created with information about the opioid epidemic landscape in Maryland. This website includes resources for providers and managed care organizations for improving the opioid prescribing process in efforts to reduce opioid misuse, dependence, overdose, and death.

Mr. Alexandrou further remarked that over the last two and half years, the Department has been working on changing the pharmacy reimbursement methodology to utilize National Average Drug Acquisition Cost, commonly referred to as NADAC. The NADAC was developed by the Centers for Medicare and Medicaid (CMS) and was designed to create a national benchmark that is representative to the prices paid by retail community pharmacies to acquire covered prescription and some over-the-counter medications. In January of 2016, CMS published the final rule which implements provisions of the Affordable Care Act, pertaining to Medicaid reimbursement for covered outpatient drugs. State Medicaid agencies must ensure that their reimbursement methodologies, as they relate to ingredient costs and professional dispensing fees, are in line with the final rule. Mr. Alexandrou said that the team selected a vendor to help in implementing an actual acquisition cost methodology utilizing NADAC as the primary price benchmark, as well as a State-calculated actual acquisition cost or SAAC, for drugs without a NADAC. Mr. Alexandrou stated that he can proudly say that the new reimbursement methodology was successfully implemented on April 1st which was the date mandated by CMS.

In addition, Mr. Alexandrou reminded everyone that the prior authorization process is quick, simple and significantly less cumbersome than many other prior authorization processes. When compared to other states and the private sector, the Maryland Medicaid Preferred Drug List stands out, in that, Maryland Medicaid provides more options for preferred drugs. Last quarter, prescribers achieved a 92.9% compliance rate with the Preferred Drug List. Please note that the Preferred Drug List remains accessible on the Maryland Medicaid Pharmacy Program's website and also through Epocrates. Mr. Alexandrou updated everyone that in August of last year, notification was received that the contract with Epocrates would not be renewed and that sometime later in 2017, the company will stop publishing the Preferred Drug List. Other viable online formulary solutions were reviewed, and it was determined that Formulary Navigator is a comparable alternative. A timeline is being put together to transition from Epocrates to Formulary Navigator. Mr. Alexandrou advised to stay tuned for additional information at the next P&T meeting. He stated that the pharmacy hotline remains active, answering close to 2,000 calls each month, of which, approximately 5.9% of the calls pertain to the Preferred Drug List. In closing, Mr. Alexandrou sincerely thanked all the Committee members for dedicating their time to participate on the Committee.

Dr. Chambers thanked Mr. Alexandrou for his update and acknowledged that it was time for the public presentation period to begin. As customary, pre-selected speakers have 5 minutes and there is no question and answer period or demonstrations. there was no

question/answer period or demonstrations for public testimony; and pre-selected speakers were given a total of 5 minutes with a timer.

Name	Affiliation	Class/Drug of Interest
Dr. Cherie Robertson, PharmD, MSPH	Pfizer	Embeda, Eliquis, Eucrisa
Dr. Thomas Carattini PharmD	Sanofi-Genzyme	Aubagio
Dr. Steve Daviss, MD	Fuse Health Strategies	Opiate Dependence Treatments
Dr. Grayce Kim, PharmD	Novartis	Entresto
Dr. Melanie Shadoan, PhD	United Therapeutics	Orenitram ER
Dr. Tanner Odom, PharmD	Biogen	Tecfidera
Mr. John Rivituso, Respiratory Therapist (RRT-NPS)	Chiesi USA	Pertzye
Dr. Richard Gustin, PhD	Orexo US, Inc.	Zubsolv
Mr. Will Mullen, PA- C, MPH	Indivior Pharmaceuticals	Suboxone Film
Dr. Ahmad Nessar, PharmD	Amgen	Repatha
Dr. Amit Duggal, PharmD MPH	Gilead Sciences	Epclusa, Harvoni
Dr. Tammy Kell, PharmD	Novo Nordisk	Xultophy, Norditropin
Mrs. Marian Currens (consumer)	MATOD	Buprenorphine Products
Dr. Anne DePriest, PharmD, BCPS	Janssen Scientific Affairs	Invokana

Following the presentation by 14 speakers, Mr. John LaFranchise from Xerox Government Solutions, the claims processor, was called upon to present the prior authorization report. He stated that in the first quarter of 2017, there were 9,742 new prior authorizations (PAs). The number one requested PA class was the opiate dependence treatments and this was also the number one requested PA class in the fourth quarter of 2015. The top 10 classes requested for prior authorization are the following from #1 to #10: Opiate Dependence Treatments; Antidepressants, Other; Anticonvulsants; Antipsychotics; Sedative Hypnotics; Stimulants and Related Agents; Antidepressants, SSRIs; Antivirals, Oral; Narcotic Analgesics, and Beta Agonists.

Dr. Alabi then asked for a clinical reason in requesting a prior authorization for the Suboxone sublingual (SL) film rather than the Zubsolv SL tablets. Mr. LaFranchise responded that the reason is unknown, and the prior authorization is approved or denied based on State rules. Mr. Alexandrou added that the State does not require clinical criteria for the Suboxone SL film. If the prescriber calls in or faxes in a prior authorization then Xerox is authorized to approve it. He stated that this is how most of our PDL PAs are done. The PA process is very simple and less cumbersome than others. It is left up to the clinician to determine what's appropriate for their patient.

Dr. Chambers stated that the classes of drugs that were scheduled for review will be discussed next. She stated that these were posted on the Maryland Medicaid Pharmacy Program website and are listed on the meeting agenda. There were 24 classes that had no recommended changes from the existing PDL. Dr. Chambers also stated that Dr. Joshi would recuse himself from voting on the Angiotensin Modulator Combinations; Antibiotics, Inhaled; Lipotropics, Other; Macrolides/Ketolides; Pulmonary Arterial

Hypertension Agents; Pancreatic Enzymes; and Multiple Sclerosis classes of drugs. Dr. Nina Bandali from MMA provided clinical updates on the 24 classes of drugs with no new recommendations.

Dr. Chambers asked if there were any objections to keeping all of the drugs in the classes as they currently are. Since there were no objections, Dr. Chambers stated that the Committee will recommend that these classes remain unchanged.

Class	Voting Result
Acne Agents, Topical	Maintain current preferred agents: generics (benzoyl peroxide OTC, clindamycin, erythromycin, erythromycin/benzoyl peroxide, tretinoin), Azelex, Differin cream, Differin lotion
Analgesics, Narcotics (Short Acting)	Maintain current preferred agents: generics (apap/codeine, butalbital/apap/codeine/caffeine, butalbital/asa/codeine/caffeine, codeine tablets, hydrocodone/apap, hydrocodone/ibuprofen, hydromorphone tablets, morphine sulfate tablets, morphine sulfate solution, oxycodone capsules, oxycodone tablets, oxycodone solution, oxycodone/apap, tramadol, tramadol/apap)
Angiotensin Modulator Combinations	Maintain current preferred agents: generics (amlodipine/benazepril, amlodipine/valsartan, amlodipine/valsartan/HCTZ)
Antibiotics, Inhaled	Maintain current preferred agents: Bethkis, Kitabis Pak, Tobi Podhaler (Step Therapy)
Antibiotics, Topical	Maintain current preferred agents: generics (bacitracin OTC, bacitracin/polymyxin OTC, gentamicin, mupirocin ointment, triple antibiotic OTC)
Antifungals, Oral	Maintain current preferred agents: generics (clotrimazole troches, fluconazole, griseofulvin suspension, ketoconazole, nystatin suspension and tablets, terbinafine)

Beta Blockers	Maintain current preferred agents: generics (atenolol, atenolol/chlorthalidone, bisoprolol/HCTZ, carvedilol, labetalol, metoprolol tartrate, metoprolol succinate XL, pindolol, propranolol, propranolol/HCTZ, propranolol LA, sotalol, sotalol AF)
Bladder Relaxant Preparations	Maintain current preferred agents: generics (oxybutynin, oxybutynin ER), Toviaz
Bone Resorption Suppression and Related Agents	Maintain current preferred agents: generics (alendronate tablets, calcitonin nasal), Fortical
Fluoroquinolones, Oral	Maintain current preferred agents: generics (ciprofloxacin tablets, levofloxacin tablets)
Growth Hormones	Maintain current preferred agents: Genotropin, Norditropin, Nutropin, Nutropin AQ
Hypoglycemics, Incretin Mimetics and Enhancers	Maintain current preferred agents: Bydureon, Byetta, Janumet, Janumet XR, Januvia, Jentadueto, Symlin, Tradjenta
Hypoglycemics, Meglitinides	Maintain current preferred agents: generics (nateglinide, repaglinide)
Hypoglycemics, TZDs	Maintain current preferred agents: generics (pioglitazone)
Lipotropics, Other	Maintain current preferred agents: generics (cholestyramine, colestipol, fenofibrate tablets, fenofibric acid, gemfibrozil, niacin ER), Niacor
Macrolides/Ketolides	Maintain current preferred agents: generics (azithromycin, clarithromycin tablets, erythromycin base capsule DR), E.E.S., EryPed, Ery-Tab, Erythrocin
Multiple Sclerosis Agents	Maintain current preferred agents: Avonex, Betaseron, Copaxone 20mg, Rebif
PAH (Pulmonary Arterial Hypertension) Agents	Maintain current preferred agents: generics (sildenafil), Letairis, Tracleer, Ventavis

Pancreatic Enzymes	Maintain current preferred agents: Creon, Zenpep
Phosphate Binders and Related Agents	Maintain current preferred agents: generics (calcium acetate), Calphron OTC
Platelet Aggregation Inhibitors	Maintain current preferred agents: generics (clopidogrel, dipyridamole, ticlopidine)
Proton Pump Inhibitors	Maintain current preferred agents: generics (lansoprazole, omeprazole, pantoprazole), Nexium suspension, Prevacid Solutab, Protonix suspension
Tetracyclines	Maintain current preferred agents: generics (doxycycline hyclate, doxycycline monohydrate tablets, doxycycline monohydrate 50mg and 100mg capsules, minocycline capsules, tetracycline)
Ulcerative Colitis Agents	Maintain current preferred agents: generics (balsalazide, sulfasalazine, sulfasalazine DR), Apriso, Canasa)

Immediately following were reviews of 25 classes with modified recommendations from the existing PDL and reviews of 7 classes with single drug reviews.

Dr. Chambers indicated that Dr. Joshi will recuse himself from participation in the class reviews due to a potential conflict of interest with the following classes: Angiotensin Modulators; Antiemetic/Antivertigo Agents; Hepatitis B Agents and Hepatitis C Agents. In addition, Dr. Baucom will recuse herself from participation in the class review of the Hepatitis C Agents due to a potential conflict of interest. The following table reflects the voting results for each of the affected therapeutic categories:

Class	Voting Result
Analgesics, Narcotics (Long Acting)	REMOVE: Kadian Other preferred agents: generics (fentanyl patch, morphine sulfate SR), Embeda
Androgenic Agents	ADD: Androderm, Androgel packet, Androgel pump REMOVE: testosterone gel packet (Androgel), testosterone gel pump (Androgel), testosterone gel (Testim)

Angiotensin Modulators	<p>REMOVE: captopril/HCTZ</p> <p>Other preferred agents: generics (benazepril, benazepril/HCTZ, enalapril, enalapril/HCTZ, irbesartan, irbesartan/HCTZ , lisinopril, lisinopril/HCTZ, losartan, losartan/HCTZ, quinapril, quinapril/HCTZ, ramipril, valsartan, valsartan/HCTZ), Entresto</p>
Antibiotics, GI	<p>REMOVE: Alinia tablet</p> <p>Other preferred agents: generics (metronidazole tablets, neomycin, vancomycin), Alinia suspension</p>
Antibiotics, Vaginal	<p>ADD: Clindesse</p> <p>Other preferred agents: generics (clindamycin, metronidazole vaginal), Cleocin ovule</p>
Anticoagulants	<p>ADD: Eliquis</p> <p>Other preferred agents: generics (enoxaparin, warfarin), Fragmin, Xarelto</p>
Antiemetic/Antivertigo Agents	<p>REMOVE: aprepitant capsule and pack, dimenhydrinate injection, prochlorperazine suppositories, Emend pack</p> <p>Other preferred agents: generics (dimenhydrinate OTC, meclizine, meclizine OTC, metoclopramide, ondansetron, ondansetron ODT, prochlorperazine, promethazine) Emend capsules, TransDerm Scop</p>
Antifungals, Topical	<p>REMOVE: clotrimazole/betamethasone lotion, miconazole powder and ointment OTC, miconazole nitrate spray OTC, Desenex aero powder OTC, Fungoid & Fungoid kit OTC, Lamisil AT cream & gel, Lamisil spray</p> <p>Other preferred agents: generics clotrimazole, clotrimazole OTC, clotrimazole/betamethasone, , ketoconazole cream, ketoconazole shampoo, miconazole cream OTC, nystatin, nystatin/triamcinolone, terbinafine cream OTC, tolnaftate OTC</p>

Anti-Migraine Agents, Triptans	<p>REMOVE: sumatriptan kit & vial</p> <p>Maintain current preferred agents: generics (rizatriptan, rizatriptan ODT, sumatriptan tablets, sumatriptan nasal, sumatriptan syringe), Relpax</p>
Antiparasitics, Topical	<p>REMOVE: Ulesfia</p> <p>Maintain current preferred agents: generics (permethrin, permethrin OTC, piperonyl/pyrethrins OTC, piperonyl/pyrethrins/permethrin OTC)</p>
Antivirals, Oral	<p>REMOVE: rimantadine</p> <p>Maintain current preferred agents: generics (acyclovir, valacyclovir)</p>
Antivirals, Topical	<p>REMOVE: Denavir</p> <p>Other preferred agents: Abreva OTC, Zovirax cream</p>
Benign Prostatic Hyperplasia Treatments	<p>ADD: dutasteride</p> <p>Maintain current preferred agents: generics (alfuzosin, doxazosin, finasteride, tamsulosin, terazosin)</p>
Calcium Channel Blockers	<p>REMOVE: verapamil 360mg, verapamil ER capsules</p> <p>Other preferred agents: generics (amlodipine, diltiazem ER capsules, diltiazem tablets, nifedipine, nifedipine ER, nifedipine IR, verapamil, verapamil ER tablets)</p>
Cephalosporin and Related Agents	<p>REMOVE: cefaclor suspension, cefaclor ER</p> <p>Maintain current preferred agents: generics (amoxicillin/clavulanate, cefaclor capsules, cefadroxil capsules, cefdinir, cefixime suspension, cefprozil, cefuroxime, cephalexin), Suprax capsules</p>
Gastrointestinal Motility, Chronic	<p>ADD: Movantik</p> <p>Maintain current preferred agents: Amitiza, Linzess</p>

Hepatitis B Agents	<p>ADD: entecavir, lamivudine HBV</p> <p>REMOVE: Baraclude tablets, Epivir HBV tablets</p> <p>Maintain current preferred agents: Baraclude solution, Epivir HBV solution, Hepsera</p>
Hepatitis C Agents	<p>REMOVE: Daklinza, Sovaldi</p> <p>Other preferred agents: generics (ribavirin), Eplclusa, Harvoni, Pegasys, Peg-Intron, Technivie, Viekira Pak, Viekira XR, Zepatier</p>
Hypoglycemics, Insulins and Related Agents	<p>REMOVE: Humalog mix pen, Humalog pen</p> <p>Other preferred agents: Humalog cartridge, Humalog mix vial, Humalog vial, Humulin 500u/mL vial, Humulin 70/30 vial, Humulin vial, Lantus, Levemir, Novolog cartridge, Novolog mix pen & vial, Novolog pen & vial</p>
Hypoglycemics, Metformins (New Class reviewed for the first time.)	<p>ADD: glipizide/metformin, glyburide-metformin, metformin, metformin ER (Glucophage XR)</p> <p>DO NOT ADD: metformin ER (Fortamet), metformin ER (Glumetza)</p>
Hypoglycemics, SGLT2 inhibitors	<p>ADD: Farxiga</p> <p>REMOVE: Invokamet, Invokamet XR</p> <p>Maintain current preferred agents: Invokana (Step Therapy), Jardiance</p>
Immunosuppressives, Oral	<p>ADD: mycophenolic acid, Cellcept suspension</p> <p>Maintain current preferred agents: generics (azathioprine, cyclosporine, cyclosporine modified, mycophenolate mofetil, sirolimus, tacrolimus), Rapamune solution, Sandimmune solution</p>
Lipotropics, Statins	<p>ADD: rosuvastatin</p> <p>Maintain current preferred agents: generics (atorvastatin, lovastatin, pravastatin, simvastatin)</p>
Opiate Dependence Treatment	<p>ADD: Bunavail, Suboxone Film, Vivitrol</p> <p>Other preferred agents: generics (buprenorphine, naloxone, naltrexone), Narcan Nasal Spray, Zubsolv</p>

	SL Tablets
Skeletal Muscle Relaxants	REMOVE: dantrolene Other preferred agents: generics (baclofen, chlorzoxazone, cyclobenzaprine, methocarbamol, orphenadrine, tizanidine tablets)
Single Drug Reviews	Voting Result
Alzheimer’s Agents	DO NOT ADD: Namzaric dose pack
Cytokine and CAM Antagonists	DO NOT ADD: Inflectra vial
Immunomodulators, Atopic Dermatitis	DO NOT ADD: Eucrisa
Intranasal Rhinitis Agents	DO NOT ADD: Flonase OTC
Ophthalmics, Anti-Inflammatories	DO NOT ADD: Bromsite
Ophthalmics, Anti-Inflammatory/Immunomodulator	DO NOT ADD: Restasis Multidose
Stimulants and Related Agents	ADD: Vyvanse chewable tablet

~ The State will continue to monitor the pricing of generic drug products (both new and existing) and continues to maintain autonomy to modify or adjust the PDL status of multi-source brands and/or generic drugs that may become necessary as a result of fluctuations in market conditions (e.g. changes in Federal rebates, supplemental rebates, etc.).

During the review of the Antivirals, Oral, Dr. Pherson asked the rationale for not having Tamiflu (oseltamivir) as preferred. Mr. Alexandrou clarified that, during the flu season, the Department monitors CDC guidelines, and the minute the status changes, for example, if there is an epidemic, then the Department authorizes the claims processor to remove the edit and switch it to preferred.

During the review of the Hypoglycemics, Insulins and Related Agents, Dr. Pherson asked the rationale for the recommendations and if it was related to cost. Dr. Bandali confirmed that it was cost, but, also, other alternatives being available. In this case, she stated that the Novolog option is available.

For the Opiate Dependence Treatments, Dr. Bandali asked for the Committee’s input on the current situation or one of three other models. She also mentioned that in all of the

models that are being presented, the recommendation is to make Vivitrol preferred. The first model showed the addition of the Suboxone SL film and moving Zubsolv SL tablets to nonpreferred status. The second model presented showed the addition of Suboxone SL film tablets and maintaining Zubsolv SL as preferred. The last model showed the addition of both Suboxone SL film and Bunavail buccal film as well as maintaining Zubsolv SL tablets as preferred. Dr. Bandali asked the Committee to review the savings for each model. Dr. Chambers stated that Magellan did not provide recommendations, but presented to the Committee the current model with no changes in addition to 3 different models for this class. She asked the Committee to determine which model should be recommended. After much discussion led by the members, there were 2 motions. A motion was made for model 3 with Bunavail buccal film, Suboxone SL film, and Zubsolv SL tablets as preferred, and this motion was seconded, after voting, the recommendation was approved.

The next item of business was the selection of the P&T Committee Chair and Vice Chair. Dr. Chambers stated that according to the standard operation procedures of the Committee, members shall select a Chairperson and a Vice Chairperson every two years from the community membership. In subsequent elections, the positions should alternate between physician and pharmacist. Votes were taken on ballots and tallied. The Chair and Vice Chair elected were Dr. Patel and Dr. Alabi respectively.

Dr. Chambers informed that the next meeting is scheduled for November 2nd 2017 at 9am at a site to be determined. Updated information on the meeting location will be available on the Maryland Medicaid Pharmacy Program website. Dr. Chambers asked if there was any further business to come before the Committee. None appearing – the meeting was adjourned at 11.58 a.m.