



MISSISSIPPI DIVISION OF
MEDICAID

**MISSISSIPPI DIVISION OF MEDICAID
Pharmacy & Therapeutics Committee Meeting
WebEx Virtual Meeting**

**October 27, 2020
9:00am to 5:00pm**

MINUTES

Committee Members Present:

Logan Davis, PharmD, MBA
Clyde E. Glenn, MD
D. Stanley Hartness, MD
Karen Maltby, MD
Deborah Minor, PharmD, Co-Chair
Kim Rodgers, RPh
Spencer Sullivan, MD
Wilma Wilbanks, RPh, Chair
S. Caleb Williamson, PharmD
Mack Woo, MD
James Benjamin Brock, MD

Committee Members Not Present:

Gerri Lee Weiland, MD

Division of Medicaid Staff Present:

Terri Kirby RPh, CPM, Pharmacy Director
Gail McCorkle, RPh, Pharmacist III
Dennis Smith, RPh, Pharmacist III
Chris A. Yount, MA, PMP, Staff Officer III

CHC Staff Present:

Jeff Barkin, MD
Sarah Boydston, PharmD
Paige Clayton, PharmD
Robert Dinwiddie, PharmD
James "Rusty" Hailey, PharmD, DPh,
MBA, FAMCP
Shannon Hardwick, RPh
Cherieann Harrison
Steve Liles, PharmD

Mississippi Pharmacy & Therapeutics Committee Meeting Minutes
October 27, 2020

Attendance Chart:

Committee Member	AUG 2020	OCT 2020	FEB 2021	MAY 2021
Brock		x		
Davis	x	x		
Glenn	x	x		
Hartness	x	x		
Maltby	x	x		
Minor	x	x		
Rodgers	x	x		
Sullivan		x		
Weiland				
Wilbanks	x	x		
Williamson	x	x		
Woo	x	x		

I. Call to Order

Mrs. Wilbanks, chair, called the meeting to order at 9:00am.

II. Welcome and Introductions

Ms. Terri Kirby, Mississippi Division of Medicaid (DOM) Pharmacy Director, welcomed the Pharmacy & Therapeutics (P&T) Committee and all guests in the audience.

III. Administrative Matters

Ms. Kirby stated due to the virtual format of the meeting the typical administrative remarks could be omitted in an effort to maximize time.

IV. Approval of August 11, 2020 Meeting Minutes

Mrs. Wilbanks asked for additions or corrections to the minutes from the August 11, 2020 meeting. There were no further additions or corrections. The minutes stand approved.

V. PDL Compliance/Generic Percent Report Updates

Dr. Clayton provided an explanation of the PDL Compliance and Generic Percent reports.

A. Dr. Clayton reviewed the PDL Compliance Report; overall compliance for Q3 2020 was 96.8%.

B. Dr. Clayton reviewed the Generic Percent Report; overall generic utilization for Q3 2020 was 89.2%.

VI. Drug Class Announcements

Dr. Clayton reviewed the meeting format. Dr. Clayton also stated that Change Healthcare would like to add two extractions for the First Round:

- Glucocorticoids, Inhaled
- Hypoglycemics, Incretin Mimetics/Enhancers

VII. First Round Extractions Announced

Change Healthcare recommended that the following classes be extracted:

- Anticonvulsants
- Antimigraine Agents, CGRPs
- Bronchodilators, Beta Agonists
- Cytokine & Cam Antagonists
- Miscellaneous Brand/Generic
- Muscular Dystrophy Agents
- Stimulants & Related Agents

VIII. Public Comments

1. Aimee Metzner from ViiV Healthcare spoke in favor of Rukobia (fostemsavir) and Dovato (dolutegravir/lamivudine).
2. Brian Wensel from Sunovion Pharmaceuticals Inc. spoke in favor of KYNMOBI.
3. Alice Kelly Morgan from Pfizer spoke in favor of Xeljanz.
4. Katherine Klem from Gilead Sciences yielded time back in favor of Biktarvy, Epclusa slated as preferred.
5. Karl Weddige from IRONSHORE Pharmaceuticals spoke in favor of JORNAY PM.
6. Chelsea Leroue from Biohaven Pharmaceuticals yielded time back in favor of Nurtec ODT slated as preferred.
7. Scott Farris from Amgen spoke in favor of Aimovig clinical updates.
8. Kendra Davies from Greenwich Biosciences spoke in favor of Epidiolex.
9. Jason Swartz from Otsuka Pharmaceutical Development yielded time back in favor of Abilify Maintena slated as preferred.
10. Ryan Norman from TEVA Pharmaceuticals spoke in favor of Ajoyv.
11. Kristin Ivy from Global Blood Therapeutics spoke on favor of Oxbryta.
12. Jim Musick from GlaxoSmithKline (GSK) spoke in favor of Anoro Ellipta, Trelegy Ellipta.
13. Ronald Kaufman from Zogenix, Inc. spoke in favor of FINTEPLA.
14. Susan Steinbis from United Therapeutics spoke in favor of Orenitram.
15. Gibby Rodriguez from Indivior spoke in favor of Sublocade.
16. Julia Compton from Novartis spoke in favor of Cosentyx.
17. Nicholas Zeringo from Deciphera Pharmaceuaticals spoke in favor of Qinlock (ripretinib).
18. Danielle Wiley from Neurocrine Biosciences spoke in favor of Ingrezza.

IX. Second Round Extractions

No Second Round Extractions were made.

X. Motion for All Non-Extracted Categories to be Approved as Proposed

Change Healthcare recommended that the following list of classes be approved without extraction:

- Acne Agents
- Alpha1-Proteinase Inhibitor
- Alzheimer's Agents
- Analgesics, Narcotics- Short Acting
- Analgesics, Narcotics- Long Acting
- Analgesics/Anesthetics (Topical)
- Androgenic Agents
- Angiotensin Modulators
- Antibiotics (GI)
- Antibiotics (Miscellaneous)

- Antibiotics (Topical)
- Antibiotics (Vaginal)
- Anticoagulants
- Antidepressant-Other
- Antidepressants- SSRIs
- Antiemetics
- Antifungals (Oral)
- Antifungals (Topical)
- Antifungals (Vaginal)
- Antihistamines, Minimally Sedating & Combinations
- Antimigraine Agents, Triptans & Related Agents
- Antineoplastics- Selected Systemic Enzyme Inhibitors
- Antiparasitics (Topical)
- Antiparkinson's Agents (Oral)
- Antipsychotics
- Antiretrovirals
- Antivirals (Oral)
- Antivirals (Topical)
- Aromatase Inhibitors
- Atopic Dermatitis
- Beta Blockers, Antianginals & Sinus Node Agents
- Bile Salts
- Bladder Relaxant Preparations
- Bone Resorption Suppression & Related Agents
- BPH Agents
- Bronchodilators & COPD Agents
- Calcium Channel Blockers
- Caloric Agents
- Cephalosporins & Related Antibiotics (Oral)
- Colony Stimulating Factors
- Cystic Fibrosis Agents
- Erythropoiesis Stimulating Proteins
- Factor Deficiency Products
- Fibromyalgia/Neuropathic Pain Agents
- Fluoroquinolones (Oral)
- Gaucher's Disease
- Genital Warts & Actinic Keratosis Agents
- GI Ulcer Therapies
- Growth Hormones
- H. Pylori Combination Treatments
- Hepatitis B Treatments
- Hepatitis C Treatments
- Hereditary Angioedema
- Hyperuricemia & Gout
- Hypoglycemia Treatments, Glucagon
- Hypoglycemics, Biguanides
- Hypoglycemics, DPP4s and Combinations

- Hypoglycemics, Insulins & Related Agents
- Hypoglycemics, Meglitinides
- Hypoglycemics, Sodium Glucose Cotransporter-2 Inhibitors
- Hypoglycemics, TZDs
- Idiopathic Pulmonary Fibrosis
- Immune Globulins
- Immunologic Therapies for Asthma
- Immunosuppressive (Oral)
- Intranasal Rhinitis Agents
- Iron Chelating Agents
- IBS/SBS Agents/Selected GI Agents
- Leukotriene Modifiers
- Lipotropics, Other (Non-Statins)
- Lipotropics, Statins
- Movement Disorder Agents
- Multiple Sclerosis Agents
- NSAIDs
- Ophthalmic Antibiotics
- Ophthalmic Anti-Inflammatories
- Ophthalmics for Allergic Conjunctivitis
- Ophthalmics for Dry Eye Agents
- Ophthalmics, Glaucoma Agents
- Opiate Dependence Treatments
- Otic Antibiotics
- Pancreatic Enzymes
- Parathyroid Agents
- Phosphate Binders
- Platelet Aggregation Inhibitors
- Platelet Stimulating Agents
- Prenatal Vitamins
- Pseudobulbar Affect Agents
- Pulmonary Antihypertensives
- Rosacea Treatments
- Sedative Hypnotics
- Select Contraceptive Products
- Sickle Cell Treatments
- Skeletal Muscle Relaxants
- Smoking Deterrents
- Steroids (Topical)
- Tetracyclines
- Ulcerative Colitis & Crohn's Agent

Dr. Williamson moved to accept the recommendations. Dr. Hartness seconded. Votes were taken and the motions was adopted.

XI. Extracted Therapeutic Class Reviews
a. Anticonvulsants

Change Healthcare recommended that the following list be approved. A robust clinical discussion followed. Dr. Clayton reviewed the Epidiolex supplemental rebate offer, noting that the step criteria in the offer was very similar to the electronic criteria currently in place. The Committee was not moved to amend the recommendation. Dr. Sullivan moved to accept the recommendation as presented. Dr. Minor seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
ADJUVANTS	
carbamazepine carbamazepine suspension carbamazepine ER DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex) DIACOMIT (stiripentol) EPIDIOLEX (cannabidiol) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FINTEPLA (fenfluramine) FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine ER/XR lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) QUDEXY XR (topiramate) ROWEEPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TEGRETOL SUSPENSION (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) Step Edit TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin XCOPRI (cenobamate)
SELECTED BENZODIAZEPINES	
clobazam diazepam rectal gel NAYZILAM (midazolam) VALTOCO (diazepam)	DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam) ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam)
HYDANTOINS	
DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)
SUCCINIMIDES	
ethosuximide	CELONTIN (methsuximide)

b. Antimigraine Agents, CGRPs

Change Healthcare recommended that the following list be approved. A robust clinical discussion followed. Dr. Minor moved to accept the recommendation with grandfathering. Mr. Rodgers seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
NURTEC ODT (rimegepant)**	UBRELVY (ubrogepant)
INJECTABLES	
AIMOVIG AUTOINJECTOR (erenumab-aooe) AJOVY AUTOINJECTOR (fremanezumab-vfrm) AJOVY SYRINGE (fremanezumab-vfrm)	EMGALITY PEN (galcanezumab-gnlm) EMGALITY SYRINGE (galcanezumab-gnlm) VYEPTI (eptinezumab-ijmr)

c. Bronchodilators, Beta Agonists

Change Healthcare recommended that the following list be approved. A financial discussion followed. Dr. Minor moved to accept the recommendation. Dr. Davis seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

BRONCHODILATORS, BETA AGONIST	
INHALERS, SHORT-ACTING	
PROAIR HFA (albuterol) PROAIR RESPICLICK (albuterol) VENTOLIN HFA (albuterol)	albuterol HFA levalbuterol HFA PROAIR DIGIHALER (albuterol) PROVENTIL HFA (albuterol) XOPENEX HFA (levalbuterol) SmartPA
INHALERS, LONG ACTING SmartPA	
SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)
INHALATION SOLUTION SmartPA	
albuterol	BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)
ORAL	
albuterol ER albuterol IR metaproterenol terbutaline	VOSPIRE ER (albuterol)

d. Cytokine & Cam Antagonists

Change Healthcare recommended that the following list be approved. A robust clinical discussion followed. Dr. Williamson, Davis and Mr. Rodgers pointed out the limited

distribution of Taltz seemed unnecessary, but agreed that Medicaid had no control over how the manufacturer distributes the product. Initially no motion was made. Mrs. Wilbanks asked the State for clarification as to what happens should the Committee fail to make a motion. Ms. Kirby stated in this situation the recommendation would be presented to the Executive Director, Drew Snyder, for final decision. Dr. Minor made the motion to accept the recommendation and asked the minutes to reflect the dissatisfaction with Taltz being in a limited distribution network. Dr. Davis seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
ENBREL (etanercept) HUMIRA (adalimumab) methotrexate TALTZ (ixekizumab) XELJANZ IR (tofacitinib)	ACTEMRA (tocilizumab) ARCALYST (rilonacept) AVSOLA (infliximab) CIMZIA (certolizumab) COSENTYX (secukinumab) SmartPA ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinib) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RHEUMATREX (methotrexate) RINVOQ (upadacitinib) SILIQ (brodalumab) SIMPONI (golimumab) SKYRIZI (risankizumab) STELARA (ustekinumab) TREMFYA (guselkumab) TREXALL (methotrexate) XELJANZ XR (tofacitinib)

e. Miscellaneous Brand/Generic

Change Healthcare recommended that the following list be approved. Dr. Barkin gave a clinical discussion on the new drug Evrysdi. A robust clinical and financial discussion followed. Dr. Sullivan moved to accept the recommendation. Dr. Williamson seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
CLONIDINE	
clonidine patches clonidine tablets	CATAPRES (clonidine) CATAPRES-TTS (clonidine)
EPINEPHRINE	
epinephrine autoinject pens (labeler 49502) SYMJEPI (epinephrine)	ADRENALICK (epinephrine) AUVI-Q (epinephrine) EPINEPHRINE SNAP EMS KIT (epinephrine) EPIPEN (epinephrine) EPIPEN JR (epinephrine)
MISCELLANEOUS	
alprazolam hydroxyzine hcl syrup hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL	alprazolam ER EVRYSDI (risdiplam) hydroxyprogesterone caproate hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate)
ALLERGEN EXTRACT IMMUNOTHERAPY	
	GRASTEK ORALAIR PALFORZIA RAGWITEK
SUBLINGUAL NITROGLYCERIN	
nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)

f. Muscular Dystrophy Agents

Change Healthcare recommended that the following list be approved. Dr. Barkin gave a clinical presentation on the new drug Viltepsa. A robust clinical discussion followed. Dr. Sullivan moved to accept the recommendation. Mr. Rodgers seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
CLONIDINE	
	EMFLAZA (deflazacort) EXONDYS 51 (eteplirsen) VILTEPSO (viltolarsen) VYONDYS 53 (golodirsen)

g. Stimulants and Related Agents

Change Healthcare recommended that Vyvanse, Vyvanse Chewable, Quillivant XR and Aptensio XR move to non-preferred and Dynavel XR and methylphenidate LA move to preferred. The financial discussion prompted this category to be divided into two votes: methylphenidate and amphetamine.

Dr. Williamson moved to accept the recommendation to move Dynavel XR to preferred in addition to the preferred Vyvanse/Vyvanse Chewable in the amphetamine subcategory. Mr. Rodgers seconded. Votes were taken, and the motion was adopted 10-1. Dr. Sullivan voted no.

Dr. Sullivan moved to accept the recommendation to prefer methylphenidate LA and non-prefer Quilivant XR and Aptensio XR in the methylphenidate subcategory. Mr. Rodgers seconded. Votes were taken, and the motion was adopted unanimously. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
SHORT ACTING	
amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR methylphenidate IR methylphenidate solution PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) amphetamine sulfate (generic EVEKO) DESOXYN (methamphetamine) dextroamphetamine solution EVEKEO (amphetamine) EVEKEO ODT (amphetamine) FOCALIN (dexamethylphenidate) methamphetamine METHYLIN solution (methylphenidate) methylphenidate chewable RITALIN (methylphenidate) ZENZEDI (dextroamphetamine)
LONG ACTING	
amphetamine salt combination ER DYNAVEL XR (amphetamine) FOCALIN XR (dexamethylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) methylphenidate ER Tabs (generic Ritalin SR) methylphenidate LA QUILLICHEW (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE (lisdexamfetamine)	ADDERALL XR (amphetamine salt combination) ADHANSIA XR (methylphenidate) ADZENYS XR ODT (amphetamine) ADZENYS ER SUSPENSION (amphetamine) amphetamine susp 24 hr (generic ADZENYS ER) APTENSIO XR (methylphenidate) CONCERTA (methylphenidate) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) dexamethylphenidate ER dextroamphetamine ER JORNAY PM (methylphenidate) methylphenidate ER caps (generic Aptensio XR) methylphenidate ER caps (generic Ritalin LA) methylphenidate ER (generic Relexxi) MYDAYIS (amphetamine salt combination) QUILLIVANT XR (methylphenidate) RELEXXI (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)
NARCOLEPSY	
armodafinil modafinil	NUVIGIL (armodafinil) PROVIGIL (modafinil) SUNOSI (solriamfetol) WAKIX (pitolisant) XYREM (sodium oxybate)
NON-STIMULANTS	
atomoxetine guanfacine ER Step Edit	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release) STRATTERA (atomoxetine)

h. Glucocorticoids, Inhaled

Change Healthcare recommended that the following list be approved. A financial discussion followed. Dr. Hartness moved to accept the recommendation. Dr. Williamson seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

GLUCOCORTICIDS (Inhaled)^{SmartPA}

GLUCOCORTICIDS	
ASMANEX TWISTHALER (mometasone) budesonide 0.25mg and 0.5mg FLOVENT DISKUS(fluticasone) FLOVENT HFA (fluticasone) PULMICORT FLEXHALER (budesonide) QVAR REDHALER (beclomethasone dipropionate)	ALVESCO (ciclesonide) ARMONAIR DIGIHALER(fluticasone) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide 1mg PULMICORT (budesonide) Respules
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS	
ADVAIR DISKUS (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) fluticasone/salmeterol (generic AIRDUO) SYMBICORT (budesonide/formoterol)	AIRDUO Digihaler (fluticasone/salmeterol) AIRDUO Respiclick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol) budesonide/formoterol fluticasone/salmeterol(generic ADVAIR DISKUS) WIXELA INHUB (fluticasone/salmeterol)

i. Hypoglycemics, Incretin Mimetics/Enhancers

Change Healthcare informed the committee that Bydureon is exiting the market in 2021. A clinical and financial discussion followed. Two different models were presented to the Committee. Model 1 moved Bydureon to non-preferred. Model 2 moved Bydureon and Byetta to non-preferred and Ozempic and Trulicity to preferred. Dr. Minor moved to accept the Model 1 recommendation. Dr. Williamson seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS^{SmartPA}

BYETTA (exenatide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYDUREON (exenatide) BYDUREON BCISE (exenatide) OZEMPIC (semaglutide) RYBELSUS (semaglutide) SOLIQUA (insulin glargine/lixisenatide) SYMLIN (pramlintide) TRULICITY (dulaglutide) XULTOPHY (insulin degludec/ liraglutide)
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XII. Other Business

No other business.

XIII. Division of Medicaid Update

Mrs. Kirby thanked the Committee for their time and willingness to serve. She stated that Drs. Minor, Sullivan and Williamson have accepted reappointments. She announced that Dr. Logan Davis' term expires at the end of the year and thanked him for his service.

Mrs. Kirby welcomed Dennis Smith, RPh to the Division of Medicaid Pharmacy Bureau. Mr. Smith is replacing Dr. Cindy Noble as the DUR Coordinator.

Mrs. Kirby offered an update of the Vaccine SPA. The SPA was submitted to CMS on September 30, 2020. The State is hopeful it will be approved by the end of the year.

Mrs. Kirby notified the Committee of a DUR Board initiative on Proton Pump Inhibitor use as early as Spring 2021. This initiative will limit the duration of therapy in patients lacking a chronic diagnosis.

XIV. Tentative 2021 Meeting Dates

- a. Tuesday, February 16th, 2021
- b. Tuesday May 11th, 2021
- c. Tuesday August 10th, 2021
- d. Tuesday, October 26th, 2021

XV. Adjournment

The meeting adjourned at 12:23pm.