

AHCCCS

Pharmacy and Therapeutics Committee Meeting Minutes

January 24, 2024

12:00PM- 5:00 PM

Teleconference

Members Present:

Andrew Thatcher
Maria Cole
Sandy Brownstein
Raul Romero
Aimee Schwartz
Stephen Borodkin
Yvonne Johnson
Kelly Flannigan
Jonathan Enchinton
Aida Amado

AHCCCS Staff:

Suzi Berman
Lauren Prole
Robin Davis
Susan Kennard

Magellan Medicaid Admin:

Hind Douiki
Kristen Haloski

Members Absent:

Charles Goldstein
Otto Uhrik

WELCOME AND INTRODUCTIONS: SUZI BERMAN, RPH, AHCCCS PHARMACY DIRECTOR

1. Suzi Berman called the meeting to order at 12:02 and welcomed committee members, staff and public attendees.
2. The meeting minutes from the October 25, 2023 meeting were reviewed.
 - a. Motion to accept:
 - i. Raul Romero
 - ii. Andrew Thatcher

NON- SUPPLEMENTAL REBATE CLASS REVIEWS: HIND DOUIKI, PHARMD, MAGELLAN

- 1. Androgenic Agents**
 - a. Public Testimony: None
- 2. Antidepressants, Other**
 - a. Public Testimony: None
- 3. Antidepressants, SSRIs**
 - a. Public Testimony: None
- 4. Antivirals, Topical**
 - a. Public Testimony: None
- 5. Bone Resorption Suppression and Related Agents**
 - a. Public Testimony: None
- 6. Bronchodilators, Beta Agonists**
 - a. Public Testimony: None
- 7. Colony Stimulating Factors**
 - a. Public Testimony: None
- 8. Enzyme Replacement Products, Gaucher Disease**
 - a. Oral Public Testimony: None
 - b. Written Public Testimony:
 - i. Aviva Rosenberg
- 9. Erythropoiesis Stimulating Proteins**
 - a. Public Testimony: None
- 10. Hypoglycemics, Alpha Glucosidase Inhibitors**
 - a. Oral Public Testimony: None

11. Hypoglycemics, Metformins

- a. Public Testimony: None

12. Hypoglycemics, SGLT2s

- a. Public Testimony: None

13. Immunoglobulins

- a. Oral Public Testimony: None
- b. Written Public Testimony:
 - i. Matthew Prentice

14. Oncology, Oral - Hematologics

- a. Public Testimony: None

15. Ophthalmics, Anti-inflammatory/Immunomodulators

- a. Public Testimony: None

16. Oral and Inhaled Pulmonary Arterial Hypertension Agents

- a. Oral Public Testimony:
 - i. Naomi Habib
 - ii. Debby Dunaway

17. Otic Antibiotics

- a. Public Testimony: None

18. Thrombopoiesis Stimulating Agents

- a. Public Testimony: None

19. Ulcerative Colitis

- a. Public Testimony: None

New Drug Reviews: HIND DOUKI , PHARMD, MAGELLAN

1. Bimzelx - Bimekizumab
2. Daybue - Trofinetide
3. Jesduvroq - Daprodustat
4. Omvoh - Mirikizumab
5. Skyclarys - Omaprolozone

- a. Oral Public Testimony:
 - i. Elizabeth Mucklow
 - ii. Michael Wolfson
 - iii. Lynda Finch
- b. Written Public Testimony:
 - i. Jen Farmer
- 6. Velsipity - Etrasimod arginine
- 7. Zurzuvae - Zuranolone
 - a. Oral Public Testimony:
 - i. Lynda Finch
 - b. Written Public Testimony:
 - i. Cindy Lee Herrick
 - ii. Carmen Koiscek

Executive Session – Closed to the Public

Public Therapeutic Class Votes:

1. Androgenic Agents

- a. Preferred Products
 - i. ANDRODERM (TRANSDERM)
 - ii. TESTOSTERONE GEL PACKET (AG) (VOGELXO) (TRANSDERM)
 - iii. TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM) (new)
- b. Moving to Non-Preferred
 - i. ANDROGEL GEL PUMP (TRANSDERM) (Discontinued)
 - ii. ANDROGEL GEL PACKET (TRANSDERM) (Discontinued)
- c. Grandfathering does not apply due to Discontinuation
- d. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

2. Antidepressants, Other

- a. Preferred Products
 - i. BUPROPION (ORAL)
 - ii. BUPROPION SR (ORAL)
 - iii. BUPROPION XL (ORAL)
 - iv. MIRTAZAPINE ODT (ORAL)
 - v. MIRTAZAPINE TABLET (ORAL)

- vi. SPRAVATO (NASAL)
- vii. TRAZODONE (ORAL)
- viii. VENLAFAXINE (ORAL)
- ix. VENLAFAXINE ER CAPSULES (ORAL)
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

3. Antidepressants, SSRIs

- a. Preferred Products
 - i. CITALOPRAM SOLUTION (ORAL)
 - ii. CITALOPRAM TABLET (ORAL)
 - iii. ESCITALOPRAM TABLET (ORAL)
 - iv. FLUOXETINE CAPSULE (ORAL)
 - v. FLUOXETINE SOLUTION (ORAL)
 - vi. FLUVOXAMINE (ORAL)
 - vii. PAROXETINE TABLET (ORAL)
 - viii. SERTRALINE CONC (ORAL)
 - ix. SERTRALINE TABLET (ORAL)
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

4. Antivirals, Topical

- a. Preferred Products
 - i. DOCOSANOL OTC (TOPICAL)
 - ii. ZOVIRAX CREAM (TOPICAL)
 - iii. ZOVIRAX OINTMENT (TOPICAL)
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

5. Bone Resorption Suppression and Related Agents

- a. Preferred Products
 - i. ALENDRONATE SOLUTION (ORAL)
 - ii. ALENDRONATE TABLETS (ORAL)
 - iii. CALCITONIN SALMON (NASAL)
 - iv. FORTEO (SUBCUTANE.) with PA

- v. IBANDRONATE TABLETS (ORAL)
- vi. PROLIA (SUBCUTANE.) with PA
- vii. RALOXIFENE (AG) (ORAL)
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

6. Bronchodilators, Beta Agonists

- a. Preferred Products
 - i. Long-Acting Agents
 - 1. SEREVENT (INHALATION)
 - ii. Nebulized Agents
 - 1. ALBUTEROL NEB SOLN 0.63, 1.25 MG (INHALATION)
 - 2. ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION)
 - 3. ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)
 - 4. ALBUTEROL NEB SOLN 2.5 MG/3 ML (INHALATION)
 - iii. Oral Agents
 - 1. ALBUTEROL SYRUP (ORAL)
 - iv. Short-Acting Agents
 - 1. ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)
 - 2. ALBUTEROL HFA (PROAIR) (INHALATION)
 - 3. ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)
 - 4. ALBUTEROL HFA (PROAIR) (AG) (INHALATION)
 - 5. ALBUTEROL HFA (PROVENTIL) (INHALATION)
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

7. Colony Stimulating Factors

- a. Preferred Products
 - i. FYLNETRA (SUBCUTANEOUS)
 - ii. NEUPOGEN DISP SYRIN (INJECTION) (new)
 - iii. NEUPOGEN VIAL (INJECTION) (new)
 - iv. NIVESTYM SYRINGE (SUBCUTANEOUS)
 - v. NIVESTYM VIAL (INJECTION)
 - vi. NYVEPRIA (SUBCUTANEOUS) (new)
 - vii. UDENYCA AUTOINJECTOR (SUBCUTANEOUS) (new)
 - viii. ZIEXTENZO SYRINGE (SUBCUTANEOUS)

- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

8. Enzyme Replacement Products, Gaucher Disease

- a. Preferred Products
 - i. CERDELGA (ORAL)
 - ii. CEREZYME 400 UNITS (INTRAVEN)
 - iii. ELELYSO (INTRAVEN)
 - iv. MIGLUSTAT (AG) (ORAL)
 - v. MIGLUSTAT (ORAL)
 - vi. VPRIV 400 UNITS (INTRAVEN)
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

9. Erythropoiesis Stimulating Proteins

- a. Preferred Products
 - i. EPOGEN (INJECTION)
 - ii. RETACRIT (INJECTION)
 - iii. RETACRIT (VIFOR) (INJECTION)
- b. Moving to Non-Preferred
 - i. ARANESP DISP SYRIN (INJECTION)
- c. Grandfathering applies to Aranesp.
- d. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

10. Hypoglycemics, Alpha Glucosidase Inhibitors

- a. Preferred Products
 - i. ACARBOSE (ORAL)
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

11. Hypoglycemics, Metformins

- a. Preferred Products
 - i. GLYBURIDE-METFORMIN (ORAL)
 - ii. METFORMIN (ORAL)
 - iii. METFORMIN ER (GLUCOPHAGE XR) (ORAL)
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

12. Hypoglycemics, SGLT2s

- a. Preferred Products
 - i. FARXIGA (ORAL)
 - ii. INVOKAMET (ORAL)
 - iii. INVOKANA (ORAL)
 - iv. JARDIANCE (ORAL)
 - v. SYNJARDY (ORAL)
 - vi. XIGDUO XR (ORAL)
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

13. Immunoglobulins

- a. Preferred Products
 - i. BIVIGAM (INTRAVEN)*
 - ii. FLEBOGAMMA DIF (INTRAVEN)*
 - iii. GAMMAGARD LIQUID (INJECTION)*
 - iv. GAMMAGARD S-D (INTRAVEN)*
 - v. GAMMAKED (INTRAVEN)*
 - vi. GAMUNEX-C (INJECTION)*
 - vii. HIZENTRA SYRINGE (SUBCUTANEOUS)*
 - viii. HIZENTRA VIAL (SUBCUT.)*
 - ix. OCTAGAM (INTRAVEN)
 - x. PRIVIGEN (INTRAVEN) *
 - xi. XEMBIFY (SUBCUTANEOUS)
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.

- iii. No committee members abstained.

14. Oncology, Oral - Hematologics

- a. Preferred Products
 - i. HYDROXYUREA (ORAL) –
 - ii. IMATINIB (ORAL) (new)
 - iii. LENALIDOMIDE (ORAL) (new)
 - iv. MATULANE (ORAL)
 - v. MERCAPTOPYRINE (ORAL)
 - vi. TRETINOIN (ORAL)
- b. Moving to Non-Preferred
 - i. GLEEVEC (ORAL)
 - ii. REVLIMID (ORAL)
- c. Grandfathering does not apply
- d. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

15. Ophthalmics, Anti-inflammatory/Immunomodulators

- a. Preferred Products
 - i. RESTASIS (OPHTHALMIC)
 - ii. XIIDRA (OPHTHALMIC) (new)
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

16. Otic Antibiotics

- a. Preferred Products
 - i. CIPRO HC (OTIC)
 - ii. CIPRODEX (OTIC)
 - iii. CIPROFLOXACIN (OTIC)
 - iv. CIPROFLOXACIN/DEXAMETHASONE (AG) (OTIC)
 - v. CIPROFLOXACIN/DEXAMETHASONE (OTIC)
 - vi. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP AG (OTIC)
 - vii. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (OTIC)
 - viii. OFLOXACIN (OTIC)
- b. The committee voted on the above recommendations.

- i. All present committee members voted in favor of the recommendations.
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

17. Oral and Inhaled Pulmonary Arterial Hypertension Agents

- a. Preferred Products
 - i. AMBRISANTAN (ORAL)
 - ii. BOSENTAN TABLET (ORAL)
 - iii. LIQREV SUSPENSION (ORAL) (new)
 - iv. ORENITRAM ER (ORAL) (new)
 - v. ORENITRAM TITRATION KIT (ORAL) (new)
 - vi. SILDENAFIL TABLET (ORAL)
 - vii. TADALAFIL (ADCIRCA) (ORAL) (new)
- b. Moving to Non-Preferred
 - i. REVATIO SUSPENSION (ORAL)
 - ii. ADCIRCA (ORAL)
 - iii. SILDENAFIL SUSPENSION (ORAL)
- c. Grandfathering Does not apply
- d. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

18. Thrombopoiesis Stimulating Agents

- a. Preferred Products
 - i. NPLATE (SUB-Q)
 - ii. PROMACTA TABLET (ORAL)
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

19. Ulcerative Colitis

- a. Preferred Products
 - i. APRISO (ORAL)
 - ii. CANASA (RECTAL)
 - iii. DELZICOL (ORAL)

- iv. MESALAMINE (LIALDA) (AG) (ORAL) (new) – Correction: Mesalamine Generic, the AG for Lialda has been discontinued.
- v. PENTASA (ORAL)
- vi. SFROWASA (RECTAL)
- vii. SULFASALAZINE (AG) (ORAL)
- viii. SULFASALAZINE (ORAL)
- ix. SULFASALAZINE DR (AG) (ORAL)
- b. Moving to Non-Preferred
 - i. LIALDA (ORAL)
 - ii. ASACOL HD (ORAL) (Discontinued)
- c. Grandfathering does not apply
- d. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

New Drug Recommendations and Vote

- 1. Bimzelx
 - a. Recommendation is Non-Preferred
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
- 2. Daybue
 - a. Recommendation is Non-Preferred
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
- 3. Jesduvroq
 - a. Recommendation is Non-Preferred
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
- 4. Omvoh
 - a. Recommendation is Non-Preferred

- i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
- 5. Skyclarys
 - a. Recommendation is Preferred with PA required
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
- 6. Velsipity
 - a. Recommendation is Non-Preferred
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
- 7. Zurzuvae
 - a. Recommendation is Preferred with PA required
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

FUTURE MEETING DATES:

May 21, 2024
October 15, 2024
January 29, 2025

ADJOURNMENT

The meeting adjourned at 4:27 PM

Minutes recorded by Robin Davis

S

Suzi Berman, RPh
Director of Pharmacy Services

Date