



AHCCCS Pharmacy and Therapeutics Committee  
Meeting Minutes  
October 15, 2024



**Members Present:**

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

**AHCCCS Staff:**

Suzi Berman  
Lauren Prole  
Robin Davis  
Susan Kennard

**Magellan Medicaid Admin:**

Umang Patel  
Amber Small

**Members Absent:**

Sofie Dietrich  
Otto Uhrik



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

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1. Suzi Berman called the meeting to order at 12:14 and welcomed committee members, staff and public attendees.
2. The meeting minutes from the June 18, 2024 meeting were reviewed.
  - a. Motion to accept:
    - i. Raul Romero
    - ii. Andrew Thatcher

**NON-SUPPLEMENTAL REBATE CLASS REVIEWS: UMANG PATEL, PHARMD, PRIME THERAPEUTICS**

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1. **Anticonvulsants**
  - a. Oral Public Testimony: None
  - b. Written Public Testimony: None
2. **Antifungals - Oral**
  - a. Oral Public Testimony: None
  - b. Written Public Testimony: None
3. **Antifungals - Topicals**
  - a. Oral Public Testimony: None
  - b. Written Public Testimony: None
4. **Antimigraine Agents - Triptans**
  - a. Oral Public Testimony: None
  - b. Written Public Testimony: None
5. **Beta Blockers**
  - a. Oral Public Testimony: None
  - b. Written Public Testimony: None
6. **BPH Treatments**
  - a. Oral Public Testimony: None
  - b. Written Public Testimony: None
7. **Calcium Channel Blockers**
  - a. Oral Public Testimony: None

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- b. Written Public Testimony: None

**8. Contraceptives**

- a. Oral Public Testimony: None
- b. Written Public Testimony: None

**9. Hereditary Angioedema Agents**

- a. Oral Public Testimony: None
- b. Written Public Testimony: None

**10. HIV-AIDs**

- a. Oral Public Testimony:
  - i. Natalie Rose
- b. Written Public Testimony:
  - i. Kaitlin Nguyen

**11. Leukotriene Modifiers**

- a. Oral Public Testimony: None
- b. Written Public Testimony: None

**12. Movement Disorder Agents**

- a. Oral Public Testimony:
  - i. Kirk Latibeaudiere
- b. Written Public Testimony: None

**13. Phosphate Binders**

- a. Oral Public Testimony: None
- b. Written Public Testimony: None

**14. Sedative Hypnotics**

- a. Oral Public Testimony:
  - i. Keith Powell
- b. Written Public Testimony: None

**15. Topical Steroids by Potency - Low, Medium, High, & Very High Potency**

- a. Oral Public Testimony: None
- b. Written Public Testimony: None

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**New Drug Reviews UMANG PATEL , PHARMD, MAGELLAN**

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1. **Agamree - Vamorolone**
2. **Fabhalta - Iptacopan**
3. **Litfulo - Ritlecitinib**
4. **Rezdiffra - Resmetiron**
  - a. Oral Public Testimony:
    - i. William Lam
5. **Rivfloza - Nedosiran**
6. **Spevigo - Spesolimab**
7. **Voydeya - Danicopan**
8. **Wainua - Eplontersen**
9. **Zilbrysq - Zilucoplan**
  - a. Oral Public Testimony:
    - i. Paul Bromann

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**Executive Session – Closed to the Public**

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**Public Therapeutic Class Votes:**

1. **Anticonvulsants**
  - a. Preferred Products
    - i. BANZEL SUSPENSION (ORAL)\*
    - ii. BANZEL TABLET (ORAL)\*
    - iii. CARBAMAZEPINE CHEWABLE TABLET (ORAL)\*
    - iv. CARBAMAZEPINE ER (CARBATROL) (ORAL)\*
    - v. CARBAMAZEPINE SUSPENSION (ORAL)\*
    - vi. CARBAMAZEPINE TABLET (ORAL)\*
    - vii. CARBAMAZEPINE XR (AG) (ORAL)\*
    - viii. CARBAMAZEPINE XR (ORAL)\*
    - ix. CARBATROL (ORAL)\*
    - x. CELONTIN (ORAL)
    - xi. CLOBAZAM SUSPENSION (ORAL)\*

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- xii. CLOBAZAM TABLET (ORAL)\*
- xiii. CLONAZEPAM (ORAL)\*
- xiv. CLONAZEPAM ODT (ORAL)\*
- xv. DIAZEPAM (AG) (RECTAL)\*
- xvi. DIAZEPAM DEVICE (AG) (RECTAL)\*
- xvii. DILANTIN 30 MG CAPSULE (ORAL)\*
- xviii. DIVALPROEX ER (ORAL)\*
- xix. DIVALPROEX SPRINKLE (ORAL)\*
- xx. DIVALPROEX TABLET (ORAL)\*
- xxi. EPIDIOLEX (ORAL) \*
- xxii. ETHOSUXIMIDE CAPSULE (AG) (ORAL)\*
- xxiii. ETHOSUXIMIDE CAPSULE (ORAL)\*
- xxiv. ETHOSUXIMIDE SYRUP (ORAL)\*
- xxv. FELBAMATE SUSPENSION (ORAL)\*
- xxvi. FELBAMATE TABLET (ORAL)\*
- xxvii. FYCOMPA SUSPENSION (ORAL)
- xxviii. FYCOMPA TABLET (ORAL) \*
- xxix. LACOSAMIDE SOLUTION (ORAL)\*
- xxx. LACOSAMIDE TABLET (ORAL)\*
- xxxii. LAMOTRIGINE DISPERSIBLE TABLET (ORAL) \*
- xxxiii. LAMOTRIGINE ODT (ORAL)\*
- xxxiv. LAMOTRIGINE TABLET (ORAL)\*
- xxxv. LAMOTRIGINE XR (ORAL)\*
- xxxvi. LEVETIRACETAM ER (ORAL)\*
- xxxvii. LEVETIRACETAM SOLUTION (ORAL)\*
- xxxviii. LEVETIRACETAM TABLETS (ORAL)\*
- xxxviii. NAYZILAM (NASAL) \*
- xxxix. OXCARBAZEPINE TABLETS (ORAL)\*
  - xl. PHENOBARBITAL ELIXIR (ORAL)\*
  - xli. PHENOBARBITAL TABLET (ORAL)\*
  - xl. PHENYTOIN CAPSULE (ORAL)\*
  - xlii. PHENYTOIN CHEWABLE TABLET (ORAL)\*
  - xliii. PHENYTOIN EXT CAPSULE (GENERIC PHENYTEK) (ORAL)\*
  - xliv. PHENYTOIN SUSPENSION (AG) (ORAL)\*
  - xlv. PHENYTOIN SUSPENSION (ORAL)\*
  - xlvi. PRIMIDONE (ORAL)\*
  - xlvii. RUFINAMIDE TABLET (ORAL)\*
  - xlviii. TIAGABINE (ORAL)\*
    - I. TOPIRAMATE ER (QUDEXY) (AG) (ORAL) \*
    - li. TOPIRAMATE ER (QUDEXY) (ORAL) \*

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- lii. TOPIRAMATE SPRINKLE (ORAL)\*
- liii. TOPIRAMATE TABLETS (ORAL)\*
- liv. TRILEPTAL SUSPENSION (ORAL)\*
- lv. TROKENDI XR (ORAL) \*
- lvi. VALPROIC ACID CAPSULE (ORAL)\*
- lvii. VALPROIC ACID SOLUTION (ORAL)
- lviii. VALTOCO (NASAL) \*
- lix. XCOPRI TABLET (ORAL) \*
- lx. XCOPRI TITRATION PAK (ORAL) \*
- lxi. ZONISAMIDE (ORAL)\*

- b. Moving to Non-Preferred
  - i. DIASTAT (RECTAL)\*
- c. 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. Antifungals - Oral

- a. Preferred Products
  - i. CLOTRIMAZOLE (MUCOUS MEM)\*
  - ii. FLUCONAZOLE SUSPENSION (ORAL)\*
  - iii. FLUCONAZOLE TABLET (ORAL)\*
  - iv. GRISEOFULVIN SUSPENSION (ORAL)\*
  - v. GRISEOFULVIN TABLETS (ORAL)\*
  - vi. NYSTATIN SUSPENSION (ORAL)\*
  - vii. NYSTATIN TABLET (ORAL)\*
  - viii. TERBINAFINE (ORAL)\*
  - ix. VFEND SUSPENSION (ORAL)\*
  - x. VORICONAZOLE TABLETS (ORAL) \* (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.

## 3. Antifungals - Topicals

- a. Preferred Products
  - i. CICLOPIROX CREAM (TOPICAL) \*
  - ii. CICLOPIROX SOLUTION (TOPICAL) \*
  - iii. CLOTRIMAZOLE CREAM OTC (TOPICAL)\*
  - iv. CLOTRIMAZOLE CREAM RX (TOPICAL)\*

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- v. CLOTRIMAZOLE SOLUTION RX (TOPICAL)\*
- vi. CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)\*
- vii. KETOCONAZOLE CREAM (TOPICAL)\*
- viii. KETOCONAZOLE SHAMPOO (TOPICAL)\*
- ix. LOTRIMIN ULTRA OTC (TOPICAL) \*
- x. MICONAZOLE CREAM OTC (TOPICAL)\*
- xi. MICONAZOLE POWDER OTC (TOPICAL)\*
- xii. NYSTATIN CREAM (TOPICAL)\*
- xiii. NYSTATIN OINT (TOPICAL)\*
- xiv. NYSTATIN POWDER (TOPICAL)\*
- xv. TERBINAFINE CREAM OTC (TOPICAL) \*
- xvi. TOLNAFTATE AERO POWDER OTC (TOPICAL) \*
- xvii. TOLNAFTATE CREAM OTC (TOPICAL) \*
- xviii. TOLNAFTATE POWDER OTC (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.

**4. Antimigraine Agents - Triptans**

- a. Preferred Products
  - i. ELETRIPTAN (ORAL)\* (NEW)
  - ii. IMITREX (NASAL)\*
  - iii. NARATRIPTAN (ORAL)\*
  - iv. RIZATRIPTAN ODT (ORAL)\*
  - v. RIZATRIPTAN TABLET (ORAL)\*
  - vi. SUMATRIPTAN (ORAL)\*
  - vii. SUMATRIPTAN KIT (AG) (SUBCUTANE.)\*
  - viii. SUMATRIPTAN KIT (SUBCUTANE.)\*
  - ix. SUMATRIPTAN KIT (SUN) (SUBCUTANE.)\*
  - x. SUMATRIPTAN VIAL (SUBCUTANE.)\*
  - xi. ZOLMITRIPTAN ODT (ORAL)\*
  - xii. ZOLMITRIPTAN TABLET (ORAL)\*
  - xiii. ZOMIG (NASAL)\*
- b. Moving to Non-Preferred
  - i. SUMATRIPTAN KIT (SUBCUTANE.)\*
- c. 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.

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**5. Beta Blockers**

a. Preferred Products

- i. ATENOLOL (ORAL)\*
- ii. ATENOLOL / CHLORTHALIDONE (ORAL)\*
- iii. BISOPROLOL HCTZ (ORAL)
- iv. BISOPROLOL (ORAL)
- v. CARVEDILOL (ORAL)\*
- vi. LABETALOL (ORAL)\*
- vii. METOPROLOL / HCTZ (ORAL)\*
- viii. METOPROLOL (ORAL)\*
- ix. METOPROLOL XL (AG) (ORAL)\*
- x. METOPROLOL XL (ORAL)\*
- xi. NADOLOL (ORAL)\*
- xii. NEBIVOLOL (ORAL)\* (NEW)
- xiii. PROPRANOLOL / HCTZ (ORAL)\*
- xiv. PROPRANOLOL ER (ORAL)\*
- xv. PROPRANOLOL ER (AG) (ORAL)\*
- xvi. PROPRANOLOL SOLUTION (ORAL)\*
- xvii. PROPRANOLOL TABLET (ORAL)\*
- xviii. SOTALOL (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. BPH Treatments**

a. Preferred Products

- i. ALFUZOSIN (ORAL)\*
- ii. DOXAZOSIN (AG) (ORAL)\*
- iii. DOXAZOSIN (ORAL)\*
- iv. DUTASTERIDE (ORAL)\*
- v. FINASTERIDE (ORAL)\*
- vi. TAMSULOSIN (ORAL)\*
- vii. TERAZOSIN (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.

**7. Calcium Channel Blockers**



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a. Preferred Products

- i. AMLODIPINE (ORAL)\*
- ii. DILTIAZEM CAPSULE ER (ORAL)\*
- iii. DILTIAZEM TABLET (ORAL)\*
- iv. FELODIPINE ER (ORAL)\*
- v. KATERZIA (ORAL)\*
- vi. NIFEDIPINE IR (ORAL)\*
- vii. NIFEDIPINE ER (ORAL)\*
- viii. VERAPAMIL CAPSULE ER (ORAL)\*
- ix. VERAPAMIL TABLET ER (ORAL)\*
- x. VERAPAMIL 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.

**8. Contraceptives**

a. Preferred Products

i. Combined Pill

1. AFIRMELLE (ORAL)\*
2. AMETHIA (ORAL)\*
3. AMETHYST\*
4. AUBRA (ORAL)\*
5. AZURETTE (ORAL)\*
6. BALZIVA (ORAL)\*
7. CAZIAN (ORAL)\*
8. CRYSELLE (ORAL)\*
9. CYCLAFEM 7/7/7
10. ENPRESSE (ORAL)\*
11. ESTARYLLA (ORAL)\*
12. JUNEL FE (ORAL)\*
13. KAITLIB FE (ORAL)
14. KELNOR 1-35 (ORAL)\*
15. MELODETTA 24 FE (ORAL)\*
16. NECON 10/11-28 (ORAL)\*
17. OCELLA (ORAL)\*
18. ORTHO TRI-CYCLEN (ORAL)\*

ii. Vaginal Contraceptive Ring

1. NUVARING (VAGINAL)\*

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- iii. Copper IUD
  - 1. PARAGARD (INTRAUTERI)\*
  
- iv. Emergency Contraceptives
  - 1. ELLA \*
  - 2. LEVONORGESTREL OTC \*
  - 3. MY CHOICE OTC \*
  - 4. MY WAY OTC \*
  - 5. NEW DAY OTC \*
  - 6. OPTION 2 OTC \*
  
- v. Progestins
  - 1. AYGESTIN\*
  - 2. PROMETRIUM\*
  - 3. PROVERA\*
  
- vi. Progestins-Injectable
  - 1. DEPO-PROVERA CONTRACEPTIVE\*
  
- vii. Progestins Contraceptives- IUD
  - 1. KYLEENA\*
  - 2. LILETTA\*
  - 3. MIRENA\*
  - 4. SKYLA\*
  
- viii. Progestins Contraceptives- Oral
  - 1. CAMILA\*
  - 2. OPILL OTC
  
- ix. Progestins Contraceptives- Transderma
  - 1. XULANE\*

- b. Moving to Non-Preferred
  - i. Combined Pill
    - 1. GEMMILY (ORAL)
    - 2. ICLEVIA (ORAL)
    - 3. LOW-OGESTREL (ORAL)
    - 4. MICROGESTIN 24 FE (ORAL)
    - 5. NYMYO (ORAL)
    - 6. TYBLUME (ORAL)
    - 7. VESTURA (ORAL)

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- ii. Emergency Contraceptives
  - 1. AFTERA OTC\*
  - 2. PLAN B ONE-STEP OTC\*
  - 3. TAKE ACTION OTC \*
  
- iii. Progestins Contraceptives- Transdermal
  - 1. TWIRLA
  - 2. ZAFEMY

- c. 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. Hereditary Angioedema Agents**

- a. Preferred Products
  - i. BERINERT (INTRAVEN)\*
  - ii. CINRYZE (INTRAVEN)\*
  - iii. ICATIBANT (SUB-Q)\*
  - iv. KALBITOR (SUB-Q)\*
  
- b. Moving to Non-Preferred
  - i. HAEGARDA (SUB-Q)\*
  
- c. 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. HIV-AIDs**

- a. Preferred Products
  - i. ABACAVIR SOLUTION (ORAL)\*
  - ii. ABACAVIR TABLET (ORAL)\*
  - iii. ABACAVIR/LAMIVUDINE (ORAL)\*
  - iv. ABACAVIR/LAMIVUDINE/ZIDOVUDINE (ORAL)\*
  - v. APTIVUS SOLUTION (ORAL)\*
  - vi. ATAZANAVIR (ORAL)\*
  - vii. BIKTARVY (ORAL)\*
  - viii. COMPLERA (ORAL)\*
  - ix. DELSTRIGO (ORAL)\*
  - x. DESCOVY (ORAL)\*

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- xi. DOVATO (ORAL)\*
- xii. EDURANT (ORAL)\*
- xiii. EFAVIRENZ CAPSULE (ORAL)\*
- xiv. EFAVIRENZ TABLET (ORAL)\*
- xv. EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)\*
- xvi. EMTRICITABINE CAPSULE (ORAL)\*
- xvii. EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)\*
- xviii. EMTRIVA SOLUTION (ORAL)\*
- xix. ETRAVIRINE (ORAL)\*
- xx. EVOTAZ (ORAL)\*
- xxi. FOSAMPRENAVIR TABLET (ORAL)\*
- xxii. FUZEON (SUB-Q)\*
- xxiii. GENVOYA (ORAL)\*
- xxiv. ISENTRESS (ORAL)\*
- xxv. ISENTRESS HD (ORAL)
- xxvi. ISENTRESS POWDER PACK (ORAL)\*
- xxvii. ISENTRESS TAB CHEW (ORAL)\*
- xxviii. JULUCA (ORAL)\*
- xxix. LAMIVUDINE SOLUTION (ORAL)\*
- xxx. LAMIVUDINE TABLET (ORAL)\*
- xxxi. LAMIVUDINE-ZIDOVUDINE (ORAL)\*
- xxxii. LEXIVA SUSPENSION (ORAL)\*
- xxxiii. LOPINAVIR/RITONAVIR SOLUTION (ORAL)\*
- xxxiv. LOPINAVIR/RITONAVIR TABLET (ORAL)\*
- xxxv. MARAVIROC TABLET (ORAL)\* (NEW)
- xxxvi. NEVIRAPINE ER (ORAL)\*
- xxxvii. NEVIRAPINE ORAL SUSP (ORAL)\*
- xxxviii. NEVIRAPINE TABLET (ORAL)\*
- xxxix. NORVIR POWDER PACK (ORAL)\*
  - xl. NORVIR SOLUTION (ORAL)\*
  - xli. ODEFSEY (ORAL)\*
  - xlii. PIFELTRO (ORAL)\*
  - xliii. PREZCOBIX (ORAL)\*
  - xliv. PREZISTA (ORAL)\*
  - xlv. PREZISTA ORAL SUSP (ORAL)\*
  - xlvi. REYATAZ POWDER PACK (ORAL)\*
  - xlvii. RITONAVIR TABLET (ORAL)\*
  - xlviii. SELZENTRY TABLET (ORAL)\*
  - xliv. STRIBILD (ORAL)\*
    - I. SYMFI (ORAL)\*
    - li. SYMFI LO (ORAL)\*
    - lii. SYMTUZA (ORAL)\*

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- liii. TENOFOVIR DISOPROXIL FUMARATE (ORAL)\*
- liv. TIVICAY (ORAL)\*
- lv. TIVICAY PD SUSPENSION (ORAL)\*
- lvi. TRIUMEQ (ORAL)\*
- lvii. TRIUMEQ PD TAB SUSP (ORAL)\*
- lviii. TRUVADA (ORAL)\*
- lix. TYBOST (ORAL)\*
- lx. VIREAD POWDER (ORAL)\*
- lxi. ZIDOVUDINE CAPSULE (ORAL)\*
- lxii. ZIDOVUDINE SYRUP (ORAL)\*
- lxiii. ZIDOVUDINE TABLET (ORAL)\*

- b. Moving to Non-Preferred
  - i. SELZENTRY TABLET (ORAL)\*
  - ii. TRUVADA (ORAL)\*
  - iii. VIREAD POWDER (ORAL)\*
- c. 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. Leukotriene Modifiers**

- a. Preferred Products
  - i. MONTELUKAST CHEWABLE TABLET (ORAL)\*
  - ii. MONTELUKAST TABLET (ORAL)\*
  - iii. MONTELUKAST GRANULES (ORAL)\* - No PA required for children less than 4 years old
- 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. Movement Disorder Agents**

- a. Preferred Products
  - i. AUSTEDO (ORAL)\*
  - ii. AUSTEDO XR (ORAL) \*
  - iii. INGREZZA (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.

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- iii. No committee members abstained.

**13. Phosphate Binders**

- a. Preferred Products
  - i. CALCIUM ACETATE CAPSULE (ORAL)\*
  - ii. CALCIUM ACETATE TABLET (ORAL)\*
  - iii. CALCIUM ACETATE TABLET OTC (ORAL)
  - iv. SEVELAMER CARBONATE TABLET (AG) (ORAL)\*
  - v. SEVELAMER CARBONATE 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.

**14. Sedative Hypnotics**

- a. Preferred Products
  - i. ESZOPICLONE (ORAL)\*
  - ii. ROZEREM (ORAL)\*
  - iii. TEMAZEPAM (AG) (ORAL) – 15 mg and 30 mg capsules\*
  - iv. TEMAZEPAM (ORAL) – 15 mg and 30 mg capsules\*
  - v. ZOLPIDEM (ORAL)\*
  - vi. ZOLPIDEM ER (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.

**15. Topical Steroids by Potency - Low, Medium, High, & Very High Potency**

- a. Preferred Products
  - i. Low Potency
    - 1. DERMA-SMOOTH-FS (TOPICAL)\*
    - 2. HYDROCORTISONE ACETATE CREAM OTC (TOPICAL)\*
    - 3. HYDROCORTISONE ACETATE OINTMENT OTC (TOPICAL)\*
    - 4. HYDROCORTISONE CREAM (RECTAL)\*
    - 5. HYDROCORTISONE CREAM (TOPICAL)\*
    - 6. HYDROCORTISONE CREAM OTC (TOPICAL)\*
    - 7. HYDROCORTISONE LOTION (TOPICAL)\*
    - 8. HYDROCORTISONE OINTMENT OTC (TOPICAL)\*
    - 9. HYDROCORTISONE OINTMENT (TOPICAL)\*
    - 10. HYDROCORTISONE-ALOE CREAM OTC (TOPICAL)
  - ii. Medium Potency

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1. FLUOCINOLONE ACETONIDE SOLUTION (TOPICAL) \*
  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)\*
  8. TRIAMCINOLONE PASTE (DENTAL)\*
- iii. High Potency
1. BETAMET DIPROP / PROP GLY CREAM (TOPICAL)\*
  2. BETAMETHASONE DIPROPIONATE CREAM (TOPICAL)\*
  3. BETAMETHASONE DIPROPIONATE LOTION (TOPICAL)\*
  4. BETAMETHASONE DIPROPIONATE OINTMENT (TOPICAL) \*
  5. BETAMETHASONE VALERATE CREAM (TOPICAL)\*
  6. BETAMETHASONE VALERATE LOTION (TOPICAL)\*
  7. BET AMETHASONE 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)\*
- iv. Very High Potency
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)\*
- 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.

AHCCCS Pharmacy and Therapeutics Committee  
Meeting Minutes  
October 15, 2024



**New Drug Recommendations and Vote**

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1. Agamree (vamorolone) – Recommended Nonpreferred
  2. Fabhalta (iptacopan) – Recommended Nonpreferred
  3. Litfulo (ritlecitinib) – Excluded from coverage
  4. Rezdifra (Resmetirom) – Recommended Nonpreferred
  5. Rivfloza (Nedosiran) – Recommended Nonpreferred
  6. Spevigo (Spesolimab) – Recommended Nonpreferred
  7. Voydeya (danicopan) – Recommended Nonpreferred
  8. Wainua (Eplintersen) – Recommended Nonpreferred
  9. Zilbrysq (Zilucoplan) – Recommended Nonpreferred
- a. 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.

**FUTURE MEETING DATES:**

January 29, 2025

**ADJOURNMENT**

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The meeting adjourned at 3:30 PM

Minutes recorded by Robin Davis

*Suzi Berman*

Suzi Berman, RPh  
Director of Pharmacy Services

Date: October 15, 2024