

# AHCCCS Pharmacy and Therapeutics Committee

## Meeting Minutes

January 15, 2025

### **Members Present:**

Aida Amado  
Aimee Schwartz  
Alana Podwika  
Andrew Thatcher  
Crissy McGann  
Jonathan Enchinton  
Kelly Flannigan  
Maria Cole  
Raul Romero  
Sophie Dietrich  
Steven Borodkin  
Yvonne Johnson

### **Members Absent:**

Otto Uhrik  
Sandy Brownstein

### **AHCCCS Staff:**

Suzi Berman  
Lauren Prole  
Robin Davis  
Susan Kennard

### **Magellan Medicaid Admin:**

Umang Patel  
Amber Small

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

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1. Suzi Berman called the meeting to order at 12:12 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, PHARM.D, PRIME THERAPEUTICS**

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**Supplemental Rebate Drug Class Review:** Clinical review by Umang Patel, PharmD, Magellan/Prime Therapeutics

1. **Androgenic Agents**
  - a. Public Testimony: None
2. **Antidepressants, Other**
  - a. Written Testimony:
    - i. Kristina Sabetta
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. Oral Testimony: Christine Dubé
7. **Colony Stimulating Factors**
  - a. Public Testimony: None
8. **Enzyme Replacement Products, Gaucher Disease**
  - a. Public Testimony: None
9. **Erythropoiesis Stimulating Proteins**
  - a. Public Testimony: None
10. **Hypoglycemics, Alpha Glucosidase Inhibitors**
  - a. Public Testimony: None
11. **Hypoglycemics, Metformins**
  - a. Public Testimony: None
12. **Hypoglycemics, SGLT2s**
  - a. Public Testimony: None
13. **Immunoglobulins**
  - a. Public Testimony: None
14. **Oncology, Oral - Hematologics**
  - a. Public Testimony: None
15. **Ophthalmics, Anti-inflammatory/Immunomodulators**
  - a. Public Testimony: None

**16. Otic Antibiotics**

- a. Public Testimony: None

**17. Pulmonary Arterial Hypertension Agents**

- a. Public Testimony: None

**18. Thrombopoiesis Stimulating Agents**

- a. Public Testimony: None

**19. Ulcerative Colitis**

- a. Public Testimony: None

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

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**1. Yorvipath - palopegteriparatide**

- a. Oral Testimony: Michele Rayes, Tracey Maravilla

**2. Hymfavzi - marstacimab-hncq**

**3. Livdelzi - seladelpar**

- a. Oral Testimony: Natalie Rose

**4. Aqneursa - levacetylleucine**

- a. Oral Testimony: Beth Zanrucha

**5. Miplyffa - arimoclomol**

**6. Ebglyss - lebrikizumab-lbkz**

**7. Voranigo - vorasidenib**

**Executive Session – Closed to the Public**

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**Public Therapeutic Class Votes:**

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**1. Androgenic Agents**

- a. Preferred Products

- i. TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM)\*

- b. Moving to Non-Preferred

- i. TESTOSTERONE GEL PACKET (AG) (VOGELXO) (TRANSDERM)\*

- 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.

- d. Grandfathering - No

**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.
- c. Grandfathering - Yes

### **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.
- c. Grandfathering - Yes

### **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. 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)\*
  - ii. Oral Agents
    - 1. ALBUTEROL SYRUP (ORAL)\*
  - iii. 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 - Not Reviewed- Moved to May 2025 Meeting**

**8. Enzyme Replacement Products, Gaucher Disease**

- a. Preferred Products
  - i. ELELYSO (INTRAVEN)\*
  - ii. MIGLUSTAT (AG) (ORAL)\*
  - iii. MIGLUSTAT (ORAL)\*
- b. Moving to Non-Preferred
  - i. CERDELGA (ORAL)\*
  - ii. CEREZYME 400 UNITS (INTRAVEN)\*
  - iii. VPRIV 400 UNITS (INTRAVEN)\*
- 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.
- d. Grandfathering - Yes

**9. Erythropoiesis Stimulating Proteins**

- a. Preferred Products
  - i. EPOGEN (INJECTION)
  - ii. RETACRIT (INJECTION)\*
  - iii. RETACRIT (VIFOR) (INJECTION)
- 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.

c. Grandfathering - No

#### **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. JARDIANCE (ORAL)\*
  - iii. SYNJARDY (ORAL)\*
  - iv. XIGDUO XR (ORAL)\*
- b. Moving to Non-Preferred
  - i. INVOKAMET (ORAL)\*
  - ii. INVOKANA (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.
- d. Grandfathering - No

#### **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.
- c. Grandfathering - Yes

#### **14. Oncology, Oral - Hematologics**

- a. Preferred Products
  - i. HYDROXYUREA (ORAL)\*
  - ii. IMATINIB (ORAL)\*
  - iii. LENALIDOMIDE (ORAL)\*
  - iv. MATULANE (ORAL)\*
  - v. MERCAPTOPYRINE (ORAL)\*
  - vi. SPRYCEL (ORAL)\*
  - vii. TRETINOIN (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. Ophthalmics, Anti-inflammatory/Immunomodulators**

- a. Preferred Products
  - i. RESTASIS (OPHTHALMIC)\*
  - ii. XIIDRA (OPHTHALMIC)\*
- 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. CIPROFLOXACIN (OTIC)\*
  - iii. CIPROFLOXACIN/DEXAMETHASONE (AG) (OTIC)
  - iv. CIPROFLOXACIN/DEXAMETHASONE (OTIC)
  - v. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP AG (OTIC)\*
  - vi. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (OTIC)\*
  - vii. OFLOXACIN (OTIC)\*
- b. Moving to Non-Preferred
  - i. CIPRODEX (OTIC)\*
- 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.
- d. Grandfathering - No

## 17. Pulmonary Arterial Hypertension Agents

### a. Preferred Products

- i. AMBRISENTAN (ORAL)\*
- ii. LIQREV SUSPENSION (ORAL)
- iii. ORENITRAM ER (ORAL)
- iv. ORENITRAM TITRATION KIT (ORAL)
- v. SILDENAFIL TABLET (ORAL)\*
- vi. TADALAFIL (ADCIRCA) (ORAL)
- vii. TRACLEER SUSPENSION (ORAL)\* (NEW)

### b. Moving to Non-Preferred

- i. BOSENTAN TABLET (ORAL)\*
  - 1. No Grandfathering
- ii. EPOPROSTENOL SODIUM (INTRAVENOUS)
- iii. FLOLAN (INTRAVENOUS)
- iv. REMODULIN (INJECTION)
- v. SILDENAFIL (INTRAVENOUS)
- vi. TREPROSTINIL (INJECTION)
- vii. UPTRAVI (INTRAVENOUS)
- viii. VELETRI (INTRAVENOUS)
- ix. WINREVAIR KIT (SUBCUTANEOUS)
- x. PAH Injectable/IV products are available through the prior authorization process.

### 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.

### d. Grandfathering - Yes

## 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.

### c. Grandfathering - Yes

## 19. Ulcerative Colitis

### a. Preferred Products

- i. APRISO (ORAL)\*
- ii. DELZICOL (ORAL)\*
- iii. MESALAMINE (LIALDA) (AG) (ORAL)\*
- iv. MESALAMINE (CANASA) (ORAL)\* (NEW)
- v. MESALAMINE (CANASA) (AG) (ORAL)\* (NEW)
- vi. PENTASA (ORAL)\*
- vii. SFROWASA (RECTAL)\*
- viii. SULFASALAZINE (AG) (ORAL)\*



- ix. SULFASALAZINE (ORAL)\*
- x. SULFASALAZINE DR (AG) (ORAL)\*
- b. Moving to Non-Preferred
  - i. CANASA (RECTAL)\*
  - ii. MESALAMINE (ASACOL HD) (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.
- d. Grandfathering – No

### New Drug Recommendations and Vote

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1. Yorvipath - palopegteriparatide
2. Livdelzi - seladelpar
3. Aqneursa - levacetylleucine
4. Miplyffa - arimoclomol
5. Ebglyss - lebrikizumab-lbkz
6. Voranigo - vorasidenib
  - 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.
  - b. All CMS covered outpatient drugs not listed on the AHCCCS drug list may be eligible through the prior authorization process based on medical necessity.

### FUTURE MEETING DATES:

May 21, 2025  
October 22, 2025

### ADJOURNMENT

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The meeting adjourned at 3:30 PM

Minutes recorded by Robin Davis

*Suzi Berman, RPh*

Suzi Berman, RPh  
Director of Pharmacy Services

Date: May 21, 2025