**AHCCCS**

**Pharmacy and Therapeutics Committee Meeting Minutes**

January 19, 2022

12:00PM- 5:00 PM

Teleconference

|  |  |
| --- | --- |
| **Members Present:**  Andrew Thatcher  Kendra Gray  Aida Amado  Aimee Schwartz  Maria Cole  Craig Sparazza  Stephen Borodkin  Yvonne Johnson  Chuck Goldstein  Kelly Flannigan  Raul Romero | **AHCCCS Staff:**  Suzi Berman  Lauren Prole  Robin Davis  Susan Kennard  **Magellan Medicaid Admin:**  Sarah Martinez |
| **Members Absent:**  Sandra Brownstein  Loann Nguy |  |

**Welcome and Introductions: SUZI BERMAN, RPH, AHCCCS PHARMACY DIRECTOR**

1. Suzi Berman called the meeting to order at 12:02 PM and welcomed committee members, staff and public attendees.
2. The meeting minutes from the October 18, 2021 meeting were reviewed.
   1. Motion to accept:
      1. 1st- Andrew Thatcher
      2. 2nd- Kendra Gray

**NOn-Supplemental rebate class review: sarah martinez, pharmd, Magellan**

1. Androgenic Agents
   1. Public Testimony: None
2. Antidepressants, Others
   1. Public Testimony: Written testimony received from
      1. Jasleen Chhatwal MD on behalf of the Arizona Psychiatric Society
      2. Chiranjir Narine MD on behalf of District Medical Group
3. Antidepressants, SSRIs
   1. Public Testimony: None
4. Antivirals - Topical
   1. Public Testimony: None
5. Bone Resorption Suppression Agents
   1. Public Testimony: None
6. Bronchodilators, Beta Agonists
   1. Public Testimony: None
7. Colony Stimulating Factors
   1. Public Testimony: None
8. Enzyme Replacement, Gaucher Disease
   1. Public Testimony: None
9. Erythropoiesis Stimulating Proteins
   1. Public Testimony: None
10. Hypoglycemics, Alpha-Glucosidase Inhibitors
    1. Public Testimony: None
11. Hypoglycemics, Metformins
    1. Public Testimony: None
12. Hypoglycemics, SGLT2s
    1. Public Testimony: None
13. Immune Globulins
    1. Public Testimony: None
14. Oral Oncology, Oral, Hematologic - Brand/Generic
    1. Public Testimony:
       1. Brukinsa written testimony received from Marjan Massoudi on behalf of Beigene
15. Ophthalmics, Anti-Inflammatory Products
    1. Public Testimony: None
16. Otic Antibiotics
    1. Public Testimony: None
17. Pulmonary Atrial Hypertension (PAH) Agents
    1. Public Testimony:
       1. Tyvaso written testimony received from Peter Barrio on behalf of United Therapeutics
18. Thrombopoiesis Stimulating Proteins
    1. Public Testimony: None
19. Ulcerative Colitis Agents
    1. Public Testimony: None

**New Drug Reviews: Sarah Martinez, pharmd, Magellan**

**Brand Name Generic Name** **Drug Class**

1. Azstarys Serdexmethylphenidate Stimulants

& Dexmethylphenidate

1. Bylvay Odevixibat Bile Salts
2. Kerendia Finerenone Diuretics
3. Livmarli Maralixibat Bile Salts
4. Livtencity Maribavir Antivirals, General
5. Lybalvi Olanzapine & Samidorphan Antipsychotics
6. Opzelura Ruxolitinib Immunomodulators, Atopic

Dermatitis

1. Qulipta Atogepant Antimigraine Agents
2. Rezurock Belumosudil Cytokine & CAM Antagonists
3. Skytrofa Lonapegsomatropin Growth Hormone
4. Tavneos Avacopan Complement Inhibitor
5. Tryvaya Spray Verenicline Opthalmics, Anti-

inflammatory/Immunomodulators

**Executive Session – Closed to the Public**

**Public Therapeutic Class Votes:**

**Non-Supplemental class vote**

1. Androgenic Agents
   1. Preferred Products
      1. ANDROGEL GEL PUMP (TRANSDERM)
      2. ANDRODERM (TRANSDERM)
      3. ANDROGEL GEL PACKET (TRANSDERM.)
   2. Grandfathering-N/A
   3. The committee voted on the above recommendations
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
2. Antidepressants, Others
   1. Preferred Products
      1. BUPROPION (ORAL)
      2. BUPROPION SR (ORAL)
      3. BUPROPION XL (ORAL)
      4. MIRTAZAPINE TABLET (ORAL)
      5. MIRTAZAPINE ODT (ORAL)
      6. SPRAVATO (NASAL)
      7. TRAZODONE (ORAL)
      8. VENLAFAXINE ER CAPSULES (ORAL)
      9. VENLAFAXINE (ORAL)
   2. Grandfathering-N/A
   3. The committee voted on the above recommendations
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
3. Antidepressants, SSRIs
   1. Preferred Products
      1. CITALOPRAM SOLUTION (ORAL)
      2. CITALOPRAM TABLET (ORAL)
      3. ESCITALOPRAM TABLET (ORAL)
      4. FLUOXETINE CAPSULE (ORAL)
      5. FLUOXETINE SOLUTION (ORAL)
      6. FLUVOXAMINE (ORAL)
      7. PAROXETINE TABLET (ORAL)
      8. SERTRALINE CONC (ORAL)
      9. SERTRALINE TABLET (ORAL)
   2. Grandfathering-N/A
   3. The committee voted on the above recommendations
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
4. Antivirals - Topical
   1. Preferred Products
      1. DOCOSANOL OTC (TOPICAL)
      2. ZOVIRAX CREAM (TOPICAL) (New)
      3. ZOVIRAX OINTMENT (TOPICAL) (New)
   2. Non-Preferred
      1. ACYCLOVIR OINTMENT (TOPICAL)
   3. Grandfathering-N/A
   4. The committee voted on the above recommendations
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
5. Bone Resorption Suppression Agents
   1. Preferred Products
      1. ALENDRONATE SOLUTION (ORAL)
      2. ALENDRONATE TABLETS (ORAL)
      3. CALCITONIN SALMON (NASAL)
      4. FORTEO (SUBCUTANE.) with PA
      5. IBANDRONATE TABLETS (ORAL)
      6. PROLIA (SUBCUTANE.) with PA
      7. RALOXIFENE (AG) (ORAL)
   2. Grandfathering-N/A
   3. The committee voted on the above recommendations
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
6. Bronchodilators, Beta Agonists
   1. Preferred Products
      1. Long Acting Agents
         1. SEREVENT (INHALATION)
      2. 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)
      3. Oral Agents
         1. ALBUTEROL SYRUP (ORAL)
      4. Short-Acting Agents
         1. PROAIR HFA (INHALATION)
   2. Grandfathering-N/A
   3. The committee voted on the above recommendations
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
7. Colony Stimulating Factors
   1. Preferred Products
      1. FULPHILA (SUBCUTANEOUS)
      2. NEUPOGEN DISP SYRIN (INJECTION)
      3. NEUPOGEN VIAL (INJECTION)
      4. NIVESTYM SYRINGE (SUBCUTANEOUS)
      5. NYVEPRIA (SUBCUTANEOUS)
      6. UDENYCA (SUBCUTANEOUS)
   2. Grandfathering-N/A
   3. The committee voted on the above recommendations
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
8. Enzyme Replacement, Gaucher Disease
   1. Preferred Products
      1. CERDELGA (ORAL)
      2. CEREZYME 400 UNITS (INTRAVEN)
      3. ELELYSO (INTRAVEN)
      4. MIGLUSTAT (AG) (ORAL)
      5. VPRIV 400 UNITS (INTRAVEN)
   2. Grandfathering-N/A
   3. The committee voted on the above recommendations
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
9. Erythropoiesis Stimulating Proteins
   1. Preferred Products
      1. RETACRIT (INJECTION)
   2. Grandfathering-N/A
   3. The committee voted on the above recommendations
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
10. Hypoglycemics, Alpha-Glucosidase Inhibitors
    1. Preferred Products
       1. ACARBOSE (ORAL)
    2. Grandfathering-N/A
    3. The committee voted on the above recommendations
       1. All present committee members voted in favor of the recommendations
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
11. Hypoglycemics, Metformins
    1. Preferred Products
       1. GLYBURIDE-METFORMIN (ORAL)
       2. METFORMIN (ORAL)
       3. METFORMIN ER (GLUCOPHAGE XR) (ORAL)
    2. Grandfathering-N/A
    3. The committee voted on the above recommendations
       1. All present committee members voted in favor of the recommendations
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
12. Hypoglycemics, SGLT2s
    1. Preferred Products
       1. FARXIGA (ORAL)
       2. INVOKANA (ORAL)
       3. INVOKAMET (ORAL)
       4. JARDIANCE (ORAL)
       5. SYNJARDY (ORAL)
       6. XIGDUO XR (ORAL)
    2. Grandfathering-N/A
    3. The committee voted on the above recommendations
       1. All present committee members voted in favor of the recommendations
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
13. Immune Globulins
    1. Preferred Products
       1. FLEBOGAMMA DIF (INTRAVEN)
       2. GAMMAGARD LIQUID (INJECTION)
       3. GAMMAGARD S-D (INTRAVEN)
       4. GAMMAKED (INTRAVEN)
       5. GAMUNEX-C (INJECTION)
       6. HIZENTRA VIAL (SUBCUT.)
       7. HIZENTRA SYRINGE (SUBCUTANEOUS)
       8. PRIVIGEN (INTRAVEN)
    2. Grandfathering-N/A
    3. The committee voted on the above recommendations
       1. All present committee members voted in favor of the recommendations
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
14. Oral Oncology, Oral, Hematologic - Brand/Generic
    1. Preferred Products
       1. ALKERAN (ORAL)
       2. GLEEVEC (ORAL)
       3. HYDROXYUREA (ORAL)
       4. MATULANE (ORAL)
       5. MERCAPTOPURINE (ORAL)
       6. TRETINOIN (ORAL)
    2. Grandfathering-N/A
    3. The committee voted on the above recommendations
       1. All present committee members voted in favor of the recommendations
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
15. Ophthalmics, Anti-Inflammatory Products
    1. Preferred Products
       1. RESTASIS (OPHTHALMIC)
    2. Grandfathering-N/A
    3. The committee voted on the above recommendations
       1. All present committee members voted in favor of the recommendations
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
16. Otic Antibiotics
    1. Preferred Products
       1. CIPRODEX (OTIC)
       2. CIPROFLOXACIN (OTIC)
       3. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (OTIC)
       4. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP AG (OTIC)
       5. OFLOXACIN (OTIC)
    2. Grandfathering-N/A
    3. The committee voted on the above recommendations
       1. All present committee members voted in favor of the recommendations
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
17. Pulmonary Atrial Hypertension (PAH) Agents
    1. Preferred Products
       1. ADCIRCA (ORAL)
       2. LETAIRIS (ORAL)
       3. REVATIO SUSPENSION (ORAL)
       4. SILDENAFIL TABLET (ORAL)
       5. TRACLEER TABLET (ORAL)
    2. Grandfathering-N/A
    3. The committee voted on the above recommendations
       1. All present committee members voted in favor of the recommendations
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
18. Thrombopoiesis Stimulating Proteins
    1. Preferred Products
       1. NPLATE (SUB-Q)
       2. PROMACTA TABLET (ORAL)
    2. Grandfathering-N/A
    3. The committee voted on the above recommendations
       1. All present committee members voted in favor of the recommendations
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
19. Ulcerative Colitis Agents
    1. Preferred Products
       1. APRISO (ORAL)
       2. ASACOL HD (ORAL) (New)
       3. CANASA (RECTAL)
       4. DELZICOL (ORAL)
       5. LIALDA (ORAL)
       6. PENTASA (ORAL)
       7. SFROWASA (RECTAL)
       8. SULFASALAZINE (AG) (ORAL)
       9. SULFASALAZINE (ORAL)
       10. SULFASALAZINE DR (AG) (ORAL)
    2. Grandfathering-N/A
    3. The committee voted on the above recommendations
       1. All present committee members voted in favor of the recommendations
       2. No committee members voted against the recommendations.
       3. No committee members abstained.

**New Drug Recommendations and Vote**

1. Azstarys
   1. Recommendation is Non-Preferred
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
2. Bylvay
   1. Recommendation is Non-Preferred
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
3. Kerendia
   1. Recommendation is Pending
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
4. Livmarli
   1. Recommendation is Non-Preferred
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
5. Livtencity
   1. Recommendation is Preferred with PA required
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
6. Lybalvi
   1. Recommendation is Non-Preferred/Class Review in May
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
7. Opzelura-
   1. Recommendation is Non-Preferred/Class Review in May
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
8. Qulipta
   1. Recommendation is Non-Preferred
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
9. Rezurock
   1. Recommendation is Preferred with PA Required
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
10. Skytrofa
    1. Recommendation is Non-Preferred/Class Review in May
       1. All present committee members voted in favor of the recommendations
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
11. Tavneos
    1. Recommendation is Non-Preferred.
       1. All present committee members voted in favor of the recommendations
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
12. Tyrvaya
    1. Recommendation is Non-Preferred
       1. All present committee members voted in favor of the recommendations
       2. No committee members voted against the recommendations.
       3. No committee members abstained.

**Future meeting dates: May 24, 2022**

**Adjournment**

The meeting adjourned at 4:19 PM

Minutes recorded by Robin Davis

Suzanne Berman\_ Date: May 24, 2022

Suzi Berman, RPh

Director of Pharmacy Services