**AHCCCS**

**Pharmacy and Therapeutics Committee Meeting Minutes**

May 24, 2022

12:00PM- 5:00 PM

Teleconference

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| **Members Present:**  Andrew Thatcher  Raul Romero  Denise Volkov  Maria Cole  Sandy Brownstein  Aida Amado  Aimee Schwartz  Yvonne Johnson  Charles Goldstein  Kelly Flannigan  Otto Uhrik | **AHCCCS Staff:**  Suzi Berman  Lauren Prole  Robin Davis  Susan Kennard  **Magellan Medicaid Admin:**  Sarah Martinez  Kristen Haloski |
| **Members Absent:**    Stephen Borodkin  Kendra Gray  Craig Sparazza |  |

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

1. Suzi Berman called the meeting to order at 12:04 PM and welcomed committee members, staff and public attendees.
2. The meeting minutes from the January 19, 2022, meeting were reviewed.
   1. Motion to accept:
      1. 1st- Andrew Thatcher
      2. 2nd- Kelly Flannigan

**Supplemental rebate class reviews: sarah martinez, pharmd, Magellan**

1. Analgesics Agents
   1. Public Testimony: None
2. Antibiotics - Inhaled
   1. Public Testimony: None
3. Anticoagulants
   1. Public Testimony: None
4. Antimigraine - CGRPs
   1. Oral Public Testimony:
      1. Erin Miller
      2. Sonya Raiker
      3. Rashimi Singh
      4. Rochelle Yang
   2. Written Public Testimony
      1. Laura Lynn Hill
      2. Ashok Narayan
5. Antipsychotics - Oral Atypicals - 2nd Generation
   1. Oral Public Testimony:
      1. Jazmin Acosta
      2. Kenneth Berry
      3. Nathan Blake
   2. Written Public Testimony
      1. Tracy Kouns
6. Antipsychotics - Atypical Long-Acting Injectables
   1. Oral Public Testimony:
      1. Lindsay Bebout
      2. Kenneth Berry
      3. Bao Nguyen
      4. John Sarris, MD
   2. Written Public Testimony:
      1. Jasleen Chhatwal
      2. Sein Gwon
      3. Kristina Sabetta
      4. Stacy Underwood
7. COPD
   1. Public Testimony: None
8. Cytokine and CAM Antagonists
   1. Oral Public Testimony:
      1. Melissa Sommers
9. Epinephrine - Self-Injected
   1. Public Testimony: None
10. Glucagon
    1. Oral Public Testimony:
       1. Rachel Shubitz
11. Glucocorticoids - Inhaled
    1. Public Testimony: None
12. Growth Hormone
    1. Public Testimony: None
13. Hepatitis C Agents
    1. Oral Public Testimony:
       1. Christopher Abert
       2. Nathan Blake
       3. Natalie Rose
    2. Written Public Testimony:
       1. Lisa Rosch
       2. Adrienne Simmons
14. Hypoglycemics - Incretin Mimetics
    1. Oral Public Testimony:
       1. Sonya Raikar
    2. Written Public Testimony
       1. Matthew Hill
       2. Misty Hull
15. Hypoglycemics - Insulin and Related Agents
    1. Public Testimony: None
16. Opioid Dependence Treatments
    1. Oral Public Testimony:
       1. Lindsey Bebout
       2. Kenneth Berry
       3. Geri-Lynn Utter
       4. Bob James (2 agents)
    2. Written Public Testimony:
       1. Carmen Kosicek
       2. Dr. William Nelson
17. Pancreatic Enzymes
    1. Public Testimony:
18. Progestational Agents
    1. Public Testimony: None
19. Stimulants and Related Agents
    1. Oral Public Testimony:
       1. Patrick Harvey
       2. Lance Lewis

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

**Brand Name Generic Name**

1. Adbry Tralokinumab
2. Ibsrela Tenapanor
3. Leqvio Inclisiran
4. Vijoice Alpelsib

**Executive Session – Closed to the Public**

**Public Therapeutic Class Votes:**

**Supplemental class vote**

1. Analgesics Agents
   1. Preferred Products
      1. Butrans (Brand)
      2. fentanyl transdermal (not including the 37.5mg, 62.5mg & 87.5 strengths)
      3. morphine ER tablet
      4. tramadol ER (generic Ultram ER)
      5. Xtampza ER (Brand)
   2. 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. Antibiotics – Inhaled
   1. Preferred Products
      1. Bethkis
      2. Kitabis Pak
   2. 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. Anticoagulants
   1. Preferred products
      1. Oral Agents
         1. Eliquis, Eliquis Dose Pack
         2. Pradaxa
         3. Xarelto, Xarelto Dose Pack
         4. Warfarin
      2. Injectable agents
         1. enoxaparin syringe, enoxaparin syringe (AG)
         2. enoxaparin vial (AG)
   2. Moving to Non-Preferred
      1. Oral Agents
         1. Xarelto Suspension
   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. Antimigraine - CGRPs
   1. Preferred Products
      1. Aimovig
      2. Ajovy
      3. Cafergot
      4. Emgality Syringe 120mg
      5. Emgality Pen
      6. Ubrelvy
   2. 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. Antipsychotics - Atypical Long-Acting Injectables
   1. Preferred Products
      1. Abilify Maintena
      2. Aristada
      3. Aristada Initio
      4. Invega Hafyera
      5. Invega Sustenna
      6. Invega Trinza
      7. Perseris
      8. Risperdal Consta
   2. 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. Antipsychotics - Oral Atypicals - 2nd Generation
   1. Preferred Products
      1. aripiprazole tablet
      2. clozapine ODT, clozapine ODT (AG), clozapine tablet
      3. Latuda
      4. olanzapine ODT, olanzapine tablet
      5. quetiapine tablet
      6. risperdone ODT, risperidone solution, risperidone tablet
      7. ziprasidone capsule
   2. 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. COPD
   1. Preferred products
      1. Antimuscarinics - Short-Acting
         1. Atrovent
         2. ipratropium nebulizer
      2. Antimuscarinics - Long-Acting
         1. Spiriva HandiHaler
         2. Tudorza Pressair
      3. Beta Agonist/Antimuscarinic Combination - Short-Acting
         1. ipratropium/albuterol nebulizer
         2. Combivent Respimat
      4. Beta Agonist/Antimuscarinic Combination - Long-Acting
         1. Anoro Ellipta
         2. Bevespi Aerosphere
         3. Stiolto Respimat
   2. 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. Cytokine and CAM Antagonists
   1. Preferred Products
      1. Avsola -PA applies
      2. Enbrel Kit, Enbrel Syringe, Enbrel Pen, Enbrel Mini Cartridge, Enbrel Vial (new)-PA applies to all
      3. Humira Kit, Humira Pen Kit- PA applies to all
      4. Orencia Clickject, Orencia Syringe
      5. Inflectra - PA Applies
      6. Otezla -PA applies
      7. Xeljanz (immediate release) -PA Applies
   2. Non-preferred
      1. Cibingo
   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. Epinephrine - Self-Injected
   1. Preferred Products
      1. epinephrine 0.15mg (generic EpiPen Jr.)
      2. epinephrine 0.3mg (generic EpiPen)
   2. 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. Glucagon Agents
    1. Preferred Products
       1. Glucagon Injection -
       2. Glucagon Emergency Kit (by Lilly)
       3. Gvoke Pen (New) (Quantity limit applies)
       4. Proglycem Suspension -
    2. Non-Preferred
       1. Gvoke Vial
    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. Glucocorticoids – Inhaled
    1. Preferred Products
       1. Single Agent Products
          1. Asmanex
          2. budesonide 1 mg respules
          3. Flovent HFA
          4. Pulmicort Flexhaler
          5. budesonide 0.25 and 0.5 mg respules
       2. Combination Products
          1. Advair Diskus-Brand preferred
          2. Advair HFA
          3. Flovent Diskus
          4. Dulera
          5. Symbicort
    2. 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. Growth Hormone
    1. Preferred Products
       1. Genotropin Cartridge, Genotropin Disp Syringe
       2. Norditropin Pen
    2. 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. Hepatitis C Agents (Direct Acting)
    1. Preferred Products
       1. Mavyret
       2. sofosbuvir/velpatasvir (AG)
    2. 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. Hypoglycemics - Incretin Mimetics
    1. Preferred Products
       1. Amylin Analogues
          1. Symlin Pens
       2. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s)
          1. Janumet
          2. Janumet XR
          3. Januvia
          4. Jentadueto
          5. Jentadueto XR
          6. Kazano
          7. Kombiglyze XR
       3. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s) *Cont.*
          1. Nesina
          2. Onglyza
          3. Oseni
          4. Tradjenta
          5. Trijardy XR
       4. Glucagon-Like Peptide-1 Receptor Agonists (GLP-1s)
          1. Bydureon Pens
          2. Byetta Pens
          3. Trulicity
          4. Victoza
    2. Moving to Non-Preferred
       1. Glyxambi
          1. Grandfathering applies
    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. Hypoglycemics - Insulin and Related Agents
    1. Preferred Products
       1. Rapid-Acting Insulins
          1. Humalog Cartridge
          2. Insulin Aspart Cartridge (AG)
          3. Insulin Aspart Pen (AG)
          4. Insulin Aspart Vial (AG)
          5. Insulin Lispro Junior Kwikpen (AG)
          6. Insulin Lispro Pen (AG)
          7. Insulin Lispro Vial (AG)
       2. Regular Insulins
          1. Humulin 500 Pens, Humulin 500 Vials
          2. Novolin Vial OTC
       3. Long-Acting Insulins
          1. Lantus Vial
          2. Lantus Solostar Pen
          3. Levemir Pens, Levemir Vials
       4. Rapid/Intermediate-Acting Combination Insulins
          1. Humalog Mix Vials
          2. Insulin Aspart/Insulin Aspart Protamine Vial (AG)
          3. Insulin Aspart/Insulin Aspart Protamine Insulin Pen (AG)
          4. Insulin Lispro Protamine Mix Kwikpen (AG)
       5. Regular/Intermediate-Acting Combination Insulins
          1. Humulin Pen 70/30 Pen OTC, Humulin 70/30 Vials
          2. Novolin 70/30 Vial OTC
    2. Moving to Non-Preferred
       1. Humulin Vial OTC
    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. Opioid Dependence Treatments
    1. Preferred Products
       1. Buprenorphine/Naloxone Products
          1. buprenorphine/naloxone sublingual tablet
          2. Suboxone Film (brand preferred)
       2. Buprenorphine Products
          1. buprenorphine sublingual tablet –PA required unless member is pregnant
          2. Sublocade subcutaneous – with PA (Statewide PA criteria to be developed)
       3. Naloxone Products
          1. naloxone syringe, naloxone vials
          2. Kloxxado Spray
          3. Narcan Nasal
       4. Naltrexone Products
          1. Naltrexone tablets
          2. Vivitrol
       5. Alpha Agonist Products
          1. clonidine tablet
    2. Moving to Non-Preferred
       * 1. Zimhi
    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. Pancreatic Enzymes
    1. Preferred Products
       1. Creon
       2. Pancreaze (New)
       3. Zenpep
    2. 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. Progestational Agents
    1. Preferred Products
       1. Makena Auto Injector
       2. Medroxyprogesterone Acetate, Medroxyprogesterone Acetate (AG)
       3. Norethindrone acetate
       4. Progesterone Capsule
    2. 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. Stimulants and Related Agents
    1. Preferred Products
       1. Adderall XR (brand preferred)
       2. amphetamine salt combination
       3. atomoxetine, atomoxetine (AG)
       4. clonidine ER
       5. Concerta (brand preferred)
       6. Daytrana
       7. Dexmethylphenidate, dexmethylphenidate (AG)
       8. dextroamphetamine tablet
       9. Focalin XR (brand preferred)
       10. guanfacine ER
       11. Methylin Solution (brand preferred)
       12. methylphenidate
       13. methylphenidate CD, methylphenidate CD (AG)
       14. Ritalin LA 10mg capsule
       15. Vyvanse Capsule
    2. 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**

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| 1. Adbry    1. Recommendation is Non-Preferred       1. Ten present committee members voted in favor of the recommendations       2. No committee members voted against the recommendations.       3. One committee member abstained. |
| 1. Ibsrela    1. Recommendation is Non-Preferred       1. Ten present committee members voted in favor of the recommendations       2. No committee members voted against the recommendations.       3. One committee member abstained. |
| 1. Leqvio    1. Recommendation is Non-Preferred       1. Ten present committee members voted in favor of the recommendations       2. No committee members voted against the recommendations.       3. One committee member abstained. 2. Vijoice    1. Recommendation is Non-Preferred       1. Ten present committee members voted in favor of the recommendations       2. No committee members voted against the recommendations.       3. One committee member abstained.   **Biosimilar Update**  **The AHCCCS Medical Policy Manual Policy 310-V Section III B. 4. states the following:**   * **The Contractor shall not transition to a Biosimilar drug until AHCCCS has made the determination that the Biosimilar drug is overall more cost-effective to the state that the continued use of the brand name drug.**  1. Effective 8/1/22, Herceptin will be non-preferred and the Biosimilars listed below will be preferred. Grandfathering does not apply.    1. Herzuma    2. Kanjinti    3. Ogivri    4. Trazimera 2. Effective 8/1/22, Avastin will be non-preferred and the Biosimilars listed below will be preferred. Grandfathering does not apply.    1. Mvasi    2. Zirabev 3. Effective 8/1/22, Rituxan will be non-preferred and the Biosimilars listed below will be preferred. Grandfathering does not apply.    1. Riabni    2. Ruxience    3. Truxima |

**Future meeting date: October 19, 2022**

**Adjournment**

The meeting adjourned at 4:54 PM

Minutes recorded by Robin Davis

Suzi Berman October 19, 2022

Suzi Berman, RPh Date Director of Pharmacy Services