



# AHCCCS Pharmacy and Therapeutics Committee Recommendations

April 29, 2019



# Committee Recommendations

## *PDL Recommendation Key:*

- Products currently preferred and remaining preferred are listed in **Black**
- Products currently new, not previously reviewed or non-preferred and recommended to be preferred are listed in **Blue**
- Products currently new, not previously reviewed or preferred and recommended to be non- preferred are listed in **Red**
- Products currently included on the AHCCCS approved drug list are noted with an **asterisk (\*)**
- Classes where grandfathering is recommended will have a notation on the preferred recommendations page

# P&T Public Class Vote: *Antidepressants, Other*



# Antidepressants, Other

## *PDL Recommendations (preferred products):*

- TRAZODONE (ORAL)\*
- VENLAFAXINE ER CAPSULES (ORAL)\*
- MIRTAZAPINE TABLET (ORAL)\*
- BUPROPION SR (ORAL)\*
- VENLAFAXINE (ORAL)\*
- BUPROPION (ORAL)\*
- BUPROPION XL (ORAL)\*
- MIRTAZAPINE ODT (ORAL)\*
- DULOXETINE (ORAL)\*

GRANDPARENT: YES

-Exception: Venlafaxine tablets will not be GP unless split tablet dosing is required

*The remaining agents in this class are recommended nonpreferred*

# P&T Public Class Vote: *Antidepressants, SSRIs*



# Antidepressants, SSRIs

## *PDL Recommendations (preferred products):*

- CITALOPRAM TABLET (ORAL)\*
- FLUOXETINE CAPSULE (ORAL)\*
- PAROXETINE TABLET (ORAL)\*
- SERTRALINE TABLET (ORAL)\*
- ESCITALOPRAM TABLET (ORAL)\*
- FLUVOXAMINE (ORAL)\*
- FLUOXETINE SOLUTION (ORAL)\*--PA required for age 12 and older
- CITALOPRAM SOLUTION (ORAL)\*--PA required for age 12 and older
- SERTRALINE CONC (ORAL)\*--PA required for age 12 and older

*The remaining agents in this class are recommended nonpreferred*

*Grandparenting: NO*

# P&T Public Class Vote: *Bone Resorption Suppression and Related Agents*



# Bone Resorption Suppression and Related Agents

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## *PDL Recommendations (preferred products):*

- ALENDRONATE SOLUTION (ORAL)
- ALENDRONATE TABLETS (ORAL)\*
- CALCITONIN SALMON (NASAL)\*
- RALOXIFENE (AG) (ORAL)\*

*GRANDPARENTING: YES*

*The remaining agents in this class are recommended nonpreferred*



# P&T Public Class Vote:

## *Bronchodilators, Beta Agonist*



# Bronchodilators, Beta Agonist

## *PDL Recommendations (preferred products):*

- **Long-Acting Agents**

- SEREVENT (INHALATION)\*

- **Nebulized Agents**

- ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION)\*
- ALBUTEROL NEB SOLN 2.5 MG/3 ML (INHALATION)\*
- ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)\*
- ALBUTEROL NEB SOLN 0.63, 1.25 MG (INHALATION)\*
- LEVALBUTEROL NEB SOLN (INHALATION)

# Bronchodilators, Beta Agonist

## *PDL Recommendations (preferred products):*

- **Oral Agents**
  - ALBUTEROL SYRUP (ORAL)\*
- **Short-Acting Agents**
  - PROVENTIL HFA (INHALATION)\*
  - PROAIR HFA (INHALATION)
  - VENTOLIN HFA (INHALATION)

*GRANDPARENTING: NO except:*

*PERFOROMIST (INHALATION)*

*BROVANA (INHALATION)*

# P&T Public Class Vote: *Colony Stimulating Factors*



# Colony Stimulating Factors

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## ***PDL Recommendations (preferred products):***

- NEUPOGEN VIAL (INJECTION)\*
- NEUPOGEN DISP SYRIN (INJECTION)\*
- FULPHILA (SUBCUTANEOUS)
- UDENYCA (SUBCUTANEOUS)

## ***PDL Recommendations (nonpreferred products):***

- NEULASTA SYRINGE (INJECTION)\*
- NEULASTA KIT (INJECTION)\*

GRANDPARENTING: NO

# P&T Public Class Vote:

## *Enzyme Replacement, Gaucher Disease*



# Enzyme Replacement, Gaucher Disease

## *PDL Recommendations (preferred products):*

- MIGLUSTAT (AG) (ORAL)
- ELELYSO (INTRAVEN)
- VPRIV 400 UNITS (INTRAVEN)
- CERDELGA (ORAL)
- CEREZYME 400 UNITS (INTRAVEN)\*

## *PDL Recommendations (nonpreferred products):*

- ZAVESCA (ORAL)
- MIGLUSTAT (ORAL)

GRANDPARENTING: NO

# P&T Public Class Vote:

## *Erythropoiesis Stimulating Proteins*





# Erythropoiesis Stimulating Proteins

## *PDL Recommendations (preferred products):*

- RETACRIT (INJECTION)

## *PDL Recommendations (nonpreferred products):*

- EPOGEN (INJECTION)\*
- ARANESP VIAL (INJECTION)
- PROCRIT (INJECTION)
- ARANESP DISP SYRIN (INJECTION)
- MIRCERA (INJECTION)

GRANDPARENTING: NO

# P&T Public Class Vote:

## *Hypoglycemics, Alpha-Glucosidase Inhibitors*



# Hypoglycemics, Alpha-Glucosidase Inhibitors

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## *PDL Recommendations (preferred products):*

- ACARBOSE (ORAL)\*

## *PDL Recommendations (nonpreferred products):*

- GLYSET (ORAL)
- MIGLITOL (ORAL)

GRANDPARENTING: NO

# P&T Public Class Vote:

## *Hypoglycemics, Metformins*



# Hypoglycemics, Metformins

## *PDL Recommendations (preferred products):*

- METFORMIN (ORAL)\*
- METFORMIN ER (GLUCOPHAGE XR) (ORAL)\*
- GLYBURIDE-METFORMIN (ORAL)\*

GRANDPARENTING: GLIPIZIDE-METFORMIN

*The remaining agents in this class are recommended nonpreferred*

# P&T Public Class Vote:

## *Hypoglycemics, SGLT2*



# Hypoglycemics, SGLT2

## *PDL Recommendations (preferred products):*

- INVOKANA (ORAL)
- FARXIGA (ORAL)
- JARDIANCE (ORAL)

GRANDPARENT: NO

*The remaining agents in this class are recommended nonpreferred*

# P&T Public Class Vote:

## *Immune Globulins*





# Immune Globulins

## *PDL Recommendations (preferred products):*

- BIVIGAM (INTRAVEN)
- GAMASTAN S-D VIAL (INTRAMUSC)
- FLEBOGAMMA DIF (INTRAVEN)
- CARIMUNE NF NANOFILTERED (INTRAVEN)
- GAMMAGARD S-D (INTRAVEN)
- GAMUNEX-C (INJECTION)
- GAMMAGARD LIQUID (INJECTION)
- HIZENTRA (SUBCUT.)

GRANDPARENTING: NO

*The remaining agents in this class are recommended nonpreferred*

# P&T Public Class Vote:

## *Oncology, Oral - Hematologic*



# Oncology, Oral - Hematologic

## *PDL Recommendations (preferred products):*

- MERCAPTOPURINE (ORAL)\*
- GLEEVEC (ORAL)\*

## *PDL Recommendations (nonpreferred products):*

- IMATINIB (ORAL)
- PURIXAN (ORAL)

GRANDPARENT: YES--ALL OTHER DRUGS WITH THE EXCEPTION OF IMATINIB AND PURIXAN

# P&T Public Class Vote:

## *Ophthalmics, Anti-Inflammatory/Immunomodulator*



# Ophthalmics, Anti-Inflammatory/Immunomodulator

## *PDL Recommendations (preferred products):*

- RESTASIS (OPHTHALMIC)\* WITH PA

## *PDL Recommendations (nonpreferred products):*

- XIIDRA (OPHTHALMIC)
- RESTASIS MULTIDOSE (OPHTHALMIC)\*
- CEQUA (OPHTHALMIC)

*GRANDPARENT: YES FOR XIIDRA*

# P&T Public Class Vote:

## *Otic Antibiotics*



# Otic Antibiotics

## *PDL Recommendations (preferred products):*

- NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (OTIC)\*
- CIPRODEX (OTIC)\*
- CIPROFLOXACIN (OTIC)

## *PDL Recommendations (nonpreferred products):*

- CIPRO HC (OTIC)\*
- COLY-MYCIN S (OTIC)
- OFLOXACIN (OTIC)\*
- OTOVEL (OTIC)
- OTIPRIO (OTIC)

**GRANDPARENT: NO**

# P&T Public Class Vote:

## *PAH Agents, Oral and Inhaled*





# PAH Agents, Oral and Inhaled

## *PDL Recommendations (preferred products):*

- TRACLEER TABLET (ORAL)\* PA
- LETAIRIS (ORAL)\* PA
- ADCIRCA (ORAL)\* PA
- SILDENAFIL (ORAL)\* PA
- *REVATIO SUSPENSION (ORAL) PA-AGE LIMIT TO BE DETERMINED*

*GRANDPARENT: YES*

*The remaining agents in this class are recommended nonpreferred*

# P&T Public Class Vote:

## *THROMBOPOIESIS STIMULATING PROTEINS*



# THROMBOPOIESIS STIMULATING PROTEINS

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## *PDL Recommendations (preferred products):*

- NPLATE (SUB-Q) PA
- PROMACTA TABLET (ORAL)\* PA

## *PDL Recommendations (nonpreferred products):*

- PROMACTA SUSPENSION (ORAL)
- MULPLETA (ORAL)
- TAVALISSE (ORAL)
- DOPTELET (ORAL)

*GRANDPARENT: YES-TAVALISSE*