AHCCCS
Pharmacy and Therapeutics Committee Meeting Minutes
April 17, 2018
12:00PM- 5:00 PM
701 E. Jefferson Phoenix, AZ  85034- Gold Room- 3rd Floor

Members Present:
Loann Nguy
Yvonne Johnson
Dan Lindell
Robert Marotz
Stephen Borodkin
Charles Goldstein
Kelly Flannigan
Sandy Brownstein
Shawn McMahon
Raul Romero
Otto Uhrik

AHCCCS Staff:
Sara Salek
Suzi Berman
Lauren Prole
Robin Davis
Chaz Longwell
Kathy Bashor

Magellan Medicaid Admin:
Chris Andrews

Members Absent:
Cindy Komar
Jose Arindaeng
Mohammed Ramadan
Joanna Kowalik
WELCOME AND INTRODUCTIONS: SARA SALEK, M.D., CHIEF MEDICAL OFFICER, AHCCCS

1. Dr. Sara Salek called the meeting to order at 12:10 PM and welcomed committee members, staff, and guest presenters.
   a. P&T Minutes from January 16, 2018 were reviewed and approved with no changes made.

AHCCCS and Behavioral Health Drug Lists

SUPPLEMENTAL REBATE CLASS REVIEWS: CHRIS ANDREWS, PHARMD, MAGELLAN

1. Opioid Dependent Treatment
   a. Clinical review: Chris Andrews, PharmD, Magellan
   b. Pharma Testimony:
      i. Sublocade– Valerie Ng- Indivior
      ii. Suboxone Sublingual Film- Valerie Ng- Indivior
      iii. Vivitrol- Kenneth Berry- Alkermes
   c. Public Testimony:
      i. Gerald Barnes Harris, DO
      ii. Nicholas Stavros
      iii. Zaheer Shah

2. Hypoglycemics (Incretin Mimetics / Enhancers)
   a. Clinical review: Chris Andrews, PharmD, Magellan
   b. Pharma Testimony:
      i. Glyxambi - Nana Numapau, Boehringer Ingelheim
   c. Public Testimony: None

3. Hypoglycemics (Insulin & Related Agents)
   a. Clinical review: Chris Andrews, PharmD, Magellan
   b. Pharma Testimony:
      i. Victoza- Thomas Pham, Novo Nordisk
      ii. Tresiba- Thomas Pham, Novo Nordisk
      iii. Xultophy- Thomas Pham, Novo Nordisk
      iv. Ozempic- Thomas Pham, Novo Nordisk
      v. Fiasp- Thomas Pham, Novo Nordisk
   c. Public Testimony: None

4. COPD Agents
   a. Clinical review: Chris Andrews, PharmD, Magellan
   b. Pharma Testimony:
      i. Stiolto Respimat: Nana Numapau, Boehringer Ingelheim
      ii. Utibron Neohaler, Wilson Liu, Sunovian
   c. Public Testimony: None
NON-SUPPLEMENTAL REBATE CLASS REVIEW: CHRIS ANDREWS, PHARM D, MAGELLAN

1. The following drugs were reviewed for the Non-Supplemental Rebate Class
   a. Antimigraine Agents, Other
      i. Preferred Products
         1. Ergotamine tartrate/caffeine
      ii. Removed from Drug List
         1. Ergotamine with caffeine suppository (grandfathering applies)
      iii. The committee voted on the above recommendations
         1. 10 committee members voted in favor of the recommendations
         2. No committee members voted against the recommendations.
         3. One committee member abstained.

   b. Antimigraine Agents, Triptans
      i. Preferred Products
         1. Naratriptan (addition)
         2. Rizatriptan ODT & Tablets
         3. Sumatriptan kit, kit (Sun), nasal, tablets & vials
         4. Zolmitriptan ODT, ODT (AG), tablets & tablets (AG) (addition)
      ii. The committee voted on the above recommendations.
         1. All committee members voted in favor of the recommendations.
         2. No committee members voted against the recommendations.
         3. No committee member abstained.

   c. Bronchodilators, Beta Agonist
      i. Preferred Products
         1. Serevent Diskus
         2. Albuterol neb soln 0.63mg & 1.25mg, 2.5mg/0.5ml, 2.5mg/3ml & 100mg/20ml
         3. Levalbuterol neb soln 0.31mg, 0.63mg & 1.25mg/3ml (PA required for members 4 years
            of age and older) (addition)
         4. Albuterol syrup
         5. ProAir HFA
         6. Proventil HFA
         7. Ventolin HFA The committee voted on the above recommendations.
      ii. The committee voted on the above recommendations.
         1. All committee members voted in favor of the recommendations.
         2. No committee members voted against the recommendations.
         3. No committee member abstained.
d. Leukotriene Modifiers
   i. Preferred Products
      1. Montelukast chewable tablets
      2. Montelukast granules (PA required for > than 4 years old) (addition)
      3. Montelukast tablets
   ii. Removed from the Drug List
      1. Zafirlukast
   iii. The committee voted on the above recommendations with grandfathering.
        1. All committee members voted in favor of the recommendations.
        2. No committee members voted against the recommendations.
        3. No committee member abstained.

e. Phosphate Binders
   i. Preferred Products
      1. Calcium acetate capsules & tablets
      2. Renagel
      3. Renvela tablets (Brand only)
   ii. Removed from the Drug List
      1. Phoslo
      2. Phoslyra
      3. Eliphos
      4. Fosrenol
   iii. The committee voted on the above recommendations with no grandfathering.
        1. All committee members voted in favor of the recommendations.
        2. No committee members voted against the recommendations.
        3. No committee member abstained.

f. Sedative Hypnotics
   i. Benzodiazepine Agents
      1. Preferred Products
         a. Temazepam 15mg & 30mg capsules
      2. Removed from Drug List
         a. Estazolam
         b. Flurazepam
         c. Triazolam
   ii. Non-Benzodiazepine Agents
      1. Preferred Products
         a. Rozerem (remove PA and add step through temazepam & zolpidem required)
         b. Zolpidem tablets
      2. Removed from Drug List
         a. Silenor
         b. Lunesta
         c. Meprobamate
         d. Zaleplon
   iii. The committee voted on the above recommendations with grandfathering.
1. Ten committee members voted in favor of the recommendations.
2. One committee members voted against the recommendations.
3. No committee member abstained.

g. Steroids, Topical
   i. Tabled to July meeting

---

Executive Session – Closed to the Public

---

Preferred Drug Recommendation to the AHCCCS Drug List and/or the AHCCCS Behavioral Health Drug List for the following classes:

1. Opioid Dependent Treatment
   a. The committee members voted unanimously on the below recommendations for preferred products. No committee members opposed or abstained.
      i. Buprenorphine/Naloxone Products
         1. Suboxone Film
      ii. Naloxone Products
         1. Narcan Nasal
         2. Naloxone syringe & vials
      iii. Naltrexone Products
         1. Naltrexone tablets
         2. Vivitrol
      iv. Buprenorphine-only product (non-preferred)
         1. Remove PA requirement for pregnant members

2. Hypoglycemic, Incretin Mimetics/Enhancers
   a. The committee members voted unanimously on the below recommendations for preferred products. No committee members opposed or abstained.
      i. Amylin Analogues
         1. Symlin Pens
      ii. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4’s)
         1. Glyxambi (addition)
         2. Janumet
         3. Janumet XR
         4. Januvia
         5. Jentadueto
         6. Kombiglyze XR
         7. Onglyza
         8. Tradjenta
iii. Glucagon-Like Peptide-1 Receptor Agonists (GLP-1’s)
   1. Byetta Pens
   2. Bydureon Pens & Vials
   3. Victoza

3. Hypoglycemics, Insulin and Related Agents
   a. The committee members voted unanimously on the below recommendations for preferred products. No committee members opposed or abstained.
      i. Rapid-Acting Insulins
         1. Humalog Pens & Vials
         2. Novolog Cartridge, Pens & Vials
      ii. Regular Insulins
         1. Humulin R
         2. Humulin 500 Vials
         3. Humulin 500 pens
      iii. Intermediate Insulins
         1. Humulin N
      iv. Long Acting Insulins
         1. Lantus Pens
         2. Lantus Solostar & Vials
         3. Levemir Pens & Vials
      v. Rapid/Intermediate-Acting Combination Insulins
         1. Humalog Mix Pens & Vials
         2. Novolog Mix Pens & Vials
      vi. Regular/Intermediate-Acting Combination Insulins
         1. Humulin 70/30 Vials

4. COPD Agents
   a. The committee members voted unanimously on the below recommendations for preferred products. No committee members opposed or abstained.
      i. Antimuscarinics- Short Acting
         1. Atrovent HFA
         2. Ipratropium nebulizer
      ii. Antimuscarinics- Long Acting
         1. Spiriva HandiHaler
      iii. Beta Agonist/Antimuscarinic Combination-Short-Acting
         1. Albuterol/ipratropium nebulizer
         2. Combivent Respimat
      iv. Beta Agonist/Antimuscarinic Combination- Long-Acting
         1. Bevespi Aerosphere (addition)
         2. Stiolto Respimat (addition)
BIOSIMILAR UPDATE: NONE

COUGH & COLD PREPARATIONS IN THE PEDIATRIC POPULATION- CHRIS ANDREWS, PHARMD, MAGELLAN

- FDA requires warning safety labeling to cough and cold products for children.
- FDA action limits the use of prescription opioid cough and cold products to adults ages 18 and older and reduces exposure of these products to children.
- Safety information highlighting risks of opioid misuse, addiction, overdose, death and slowed or difficult breathing will be added to the boxed warning on labels of these medications.
- As the result of recent FDA Advisories on the use of cough and cold products containing opioids in the pediatric population, a number of State’s have begun placing clinical edits on this population.
- The age restrictions vary by State ranging from 12 to 19 years of age.
- The edits vary to some extent as well ranging from soft edits that may be overridden at the pharmacy to ‘hard’ prior authorization edits that require the prescribing physician acknowledge awareness of the contraindications and agrees to accept the risks.
- Some states do allow exceptions to the edits/prior authorization requirements in cases such as pediatric cancer, sickle cell disease, or other diagnosis driven considerations.

1. Recommendation made to add prior authorization to Cough and Cold products containing opioids in the pediatric population.
   a. Ten committee members voted in favor of the recommendation.
   b. One committee members voted against the recommendation.
   c. No committee member abstained.

NEW DRUG REVIEWS: NON-SUPPLEMENTAL REBATE CLASS: CHRIS ANDREWS, PHARM D, MAGELLAN

1. The following new drugs were reviewed for the Non-Supplemental Rebate Class
   a. Abilify MyCite- aripiprazole with sensor
      i. Recommendation is to not add this drug to the AHCCCS Drug list. Abilify MyCite is available through Prior authorization based on medical necessity.
         1. All committee members voted in favor of the recommendation.
         2. No committee members voted against the recommendation.
         3. No committee member abstained.

   b. Biktarvy- bictegravir/emtricitabine/tenofovir alafenamide
      i. Recommendation is add this drug to the AHCCCS Drug list without prior authorization.
         1. Ten committee members voted in favor of the recommendation.
         2. No committee members voted against the recommendation.
         3. One committee member abstained.

   c. Juluca- dolutegravir/rilpivirine
i. Recommendation from the committee is to add this drug to the AHCCCS Drug list.
   1. Six committee members voted in favor of the recommendation.
   2. No committee members voted against the recommendation.
   3. Five committee members abstained.

NEXT MEETING DATES

2018 Meeting Dates:
July 17, 2018
October 22, 2018

ADJOURNMENT

The meeting adjourned at 4:47 PM
Minutes recorded by Robin Davis

Suzi Berman, RPh

Date: July 17, 2018

Director of Pharmacy Services