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

Members Present:
Raul Romero
Shawn McMahon
Joanna Kowalik
Otto Uhrik
Kelly Flannigan
Sandy Brownstein
Yvonne Johnson
Stephen Borodkin
Jose Arindaeng
Robert Marotz
Loann Nguy
Dan Lindell
Aida Amado
Mohamad Ramadan

AHCCCS Staff:
Sara Salek
Suzi Berman
Robin Davis
Lauren Prole

Magellan Medicaid Admin:
Rick Pope
Chris Andrews

Members Absent:
Cindy Komar
Charles Goldstein
WELCOME AND INTRODUCTIONS: SARA SALEK, M.D., CHIEF MEDICAL OFFICER, AHCCCS

1. Dr. Sara Salek called the meeting to order at 12:06 PM and welcomed committee members, staff, and guest presenters.
   a. P&T Minutes from April 17, 2018 were reviewed and approved with no changes made.
   b. P&T Purpose and Operational Policy

SUPPLEMENTAL REBATE CLASS REVIEWS: RICHARD L. POPE, RPH, PHARMD

1. Oral Atypical (Second Generation) Antipsychotics
   a. Clinical review: Rick Pope - Magellan
   b. Pharma Testimony:
      i. Abilify MyCite: Kristin Pareja, Otsuka
      ii. Rexulti: Kristin Pareja, Otsuka
      iii. Vraylar: Phillip Jennings, Allergan
   c. Public Testimony:
      i. Erin Callinan
      ii. Austin Kirkbride

2. Long-Acting Injectable Antipsychotics
   a. Clinical review: Rick Pope - Magellan
   b. Pharma Testimony:
      i. Abilify Maintena; Kristin Pareja, Otsuka
      ii. Aristada; Kenneth Berry, Alkermes
      iii. Invega Sustena: Danny McNatty, Janssen
      iv. Trinza: Danny McNatty, Janssen
   c. Public Testimony:
      i. John Sarris, MD
      ii. Carol Olson, DO

3. Stimulants & Related Agents
   a. Clinical review: Rick Pope - Magellan
   b. Pharma Testimony:
      i. Methylphenidate 72mg; Mitch Rice, Vertical Pharmaceuticals
   c. Public Testimony:

4. Pancreatic Enzymes
   a. Clinical review: Rick Pope - Magellan
   b. Pharma Testimony:
   c. Public Testimony: None

5. Anticoagulants
   a. Clinical review: Rick Pope - Rick Pope - Magellan
   b. Pharma Testimony:
      i. 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

   a. Antifungals, Oral
      i. Preferred Products
         1. Clotrimazole troche (addition)
         2. Fluconazole suspension, tablets
         3. Griseofulvin suspension
         4. Griseofulvin tablets microsized
         5. Nystatin suspension (addition), tablets
         6. Terbinafine tablets
      
         ii. Moving to non-preferred
             1. Cresemba
             2. Diflucan suspension, tablets
             3. Flucytosine
             4. Griseofulvin tablets ultramicrosized
             5. Gris-Peg
             6. Itraconazole
             7. Ketoconazole
             8. Lamisil Tablets
             9. Noxafil Suspension, Tablets
             10. Nystatin oral powder
             11. Onmel
             12. Oravig (buccal)
             13. Sporanox Capsule, Suspension
             14. Vfend Suspension
             15. Voriconazole suspension, tablets

   b. Antifungals, Topical
      i. Preferred Products
         1. Ciclopirox cream, suspension
         2. Ciclopirox solution
         3. Clotrimazole cream OTC, cream Rx, solution OTC, solution Rx
         4. Clotrimazole/betamethasone cream
         5. Ketoconazole cream, shampoo
         6. Lotrimin Ultra OTC
         7. Miconazole cream OTC, ointment OTC, powder OTC, spray OTC
         8. Nystatin cream, ointment, powder
         9. Tolnaftate Aero powder OTC, cream OTC, powder OTC, spray OTC
         10. Terbinafine cream OTC
      
         ii. Moving to non-preferred
1. Alevazol OTC
2. Azolen Tincture
3. Bensal HP
4. Ciclopirox gel, kit, shampoo
5. Clotrimazole/betamethasone lotion
6. DermacinRx Therazole Pak
7. Desenex Aero Powder OTC
8. Econazole
9. Ecoza
10. Ertaczo
11. Exelderm Cream, Solution
12. Extina
13. Fungoid Kit OTC
14. Fungoid OTC
15. Jublia
16. Kerydin
17. Ketoconazole foam
18. Lamisil AT Cream OTC, Gel OTC
19. Lamisil Spray OTC
20. Loprox Cream, Kit shampoo, Solution
21. Lotrimin AF Cream OTC
22. Lotrimin AF OTC
23. Lotrisonone Cream
24. Luzu
25. Mentax
26. Naftifine cream, cream (AG)
27. Naftin Cream, Gel
28. Nizoral A-D Shampoo OTC
29. Nizoral Shampoo
30. Nystatin/triamcinolone cream, ointment
31. Oxiconazole cream
32. Oxistat Cream, Lotion
33. Penlac
34. Tolnaftate solution OTC
35. Vusion
36. Xolegel

iii. The committee voted on the above recommendations
   1. All committee members voted in favor of the recommendations
   2. No members voted against the recommendations.
   3. No committee members abstained.

c. **Beta Blockers** -- Grandfathering will apply to this class
   i. Preferred Products
      1. Atenolol
      2. Atenolol/chlorthalidone
      3. Bisoprolol (addition)
4. Bisoprolol/HCTZ (addition)
5. Carvedilol
6. Labetalol
7. Metoprolol
8. Metoprolol/HCTZ (addition)
9. Metoprolol XL
10. Nadolol
11. Nadolol/bendroflumethazide (addition)
12. Propranolol solution, tablets
13. Propranolol ER
14. Propranolol/HCTZ (addition)
15. Sotalol

ii. Moving to non-preferred
1. Acebutolol
2. Betapace, Betapace AF
3. Betaxolol
4. Bystolic
5. Carvedilol ER
6. Coreg
7. Coreg CR
8. Corgard
9. Dutoprol
10. Hemangeol
11. Inderal LA
12. Inderal XL
13. InnoPran XL
14. Levatol
15. Lopressor
16. Metoprolol XL/HCTZ (AG)
17. Pindolol
18. Propranolol ER (AG)
19. Sotylize
20. Tenoretic
21. Tenormin
22. Timolol
23. Toprol XL

iii. The committee voted on the above recommendations.
   1. All committee members voted in favor of the recommendations
   2. No members voted against the recommendations.
   3. No committee members abstained.

\[d\]. BPH Treatments
\[i\]. Preferred Products
   1. Alfuzosin ER (addition)
   2. Doxazosin
   3. Dutasteride (addition)
4. Finasteride
5. Tamsulosin
6. Terazosin

ii. Moving to Non-preferred
1. Avodart
2. Cardura
3. Cardura XL
4. Cialis
5. Dutasteride/tamsulosin
6. Flomax
7. Jalyn
8. Proscar
9. Rapaflo
10. Uroxatral

iii. The committee voted on the above recommendations.
   1. All committee members voted in favor of the recommendations
   2. No members voted against the recommendations.
   3. No committee members abstained.

e. Calcium Channel Blockers – Grandfathering will apply to this class
   i. Preferred Products
      1. Amlodipine
      2. Diltiazem capsule ER
      3. Diltiazem tablet
      4. Felodipine ER
      5. Nifedipine IR
      6. Nifedipine ER
      7. Verapamil capsule ER
      8. Verapamil ER PM
      9. Verapamil tablet
     10. Verapamil tablet ER

   ii. Moving to non-preferred
      1. Adalat CC
      2. Calan SR
      3. Cardizem
      4. Cardizem CDE
      5. Cardizem CD 360
      6. Cardizem LA
      7. Diltiazem LA
      8. Isradipine
      9. Matzim LA
     10. Nicardipine
     11. Nimodipine
     12. Nisoldipine
     13. Norvasc
     14. Nymalize
15. Procardia
16. Procardia XL
17. Tiazac
18. Tiazac 420mg
19. Verapamil 360mg capsule
20. Verelan PM

iii. The committee voted on the above recommendations.
   1. All committee members voted in favor of the recommendations
   2. No members voted against the recommendations.
   3. No committee members abstained.

f. Steroids, Topical
i. Low Potency Topical Steroid Agents
   1. Preferred Products
      a. Hydrocortisone cream, gel (addition), lotion & ointment
      b. Flucinolone .01% oil
   2. Moving to Non-Preferred
      a. Ala-Scalp HP
      b. Alclometasone dipropionate cream, ointment
      c. Aqua Glycolic HC
      d. Capex Shampoo
      e. Derma-Smoothe-FS
      f. Dermasorb HC
      g. Desonate Gel
      h. Desonide lotion, ointment
      i. Hydrocortisone/min oil/pet ointment
      j. MiCort-HC
      k. Texacort
      l. Tridesilon
   3. The committee members voted on the above recommendations
      a. All committee members voted in favor of the recommendations
      b. No members voted against the recommendations.
      c. No committee members abstained.

ii. Medium Potency Topical Steroid Agents
   1. Preferred Products
      a. Fluticasone propionate cream & ointment
      b. Mometasone furoate cream, ointment & solution
   2. Moving to Non-Preferred
      a. Betamethasone valerate foam
      b. Clocortolone cream (AG)
      c. Cloderm
      d. Cordran Tape
e. Cutivate Cream, Lotion  
f. Elocon Crema, Ointment  
g. Flucinolone acetonide cream, ointment, solution  
h. Flurandrenolide cream, lotion, lotion (AG), ointment  
i. Fluticasone propionate lotion  
j. Hydrocortisone butyrate cream, cream (AG), lotion, ointment, ointment (AG), solution, solution (AG)  
k. Hydrocortisone butyrate/emollient, emollient (AG)  
l. Hydrocortisone valerate cream, ointment  
m. Luxiq  
n. Pandel  
o. Prednicarbate cream, ointment  
p. Synalar Cream Kit, Ointment, Ointment Kit, Solution, TS Kit

3. The committee members voted on the above recommendations  
   a. All committee members voted in favor of the recommendations  
   b. No members voted against the recommendations.  
   c. No committee members abstained.

iii. High Potency Topical Steroid Agents  
   1. Preferred Products  
      a. Betamethasone dipropionate lotion (addition)  
      b. Betamethasone dipropionate/propylene glycol cream  
      c. Betamethasone valerate cream, lotion & ointment  
      d. Flucinonide cream, ointment & solution  
      e. Triamcinolone acetonide cream, lotion & ointment  

   2. Moving to Non-Preferred  
      a. Amcinonide cream, lotion  
      b. Betamethasone dipropionate/prop gly lotion, ointment  
      c. Betamethasone dipropionate gel  
      d. DermacinRx Silapak  
      e. DermacinRx Silazone  
      f. Dermasorb TA  
      g. Desoximetasone cream, gel, ointment  
      h. Diflorasone diacetate cream, ointment  
      i. Diprolene Ointment  
      j. Ellzia Pak  
      k. Flucinonide emollient, gel  
      l. Halog Cream, ointment  
      m. Kenalog Aerosol  
      n. Sernivo Spray  
      o. Silazone-II  
      p. Topicort Ointment, Spray  
      q. Triamcinolone acetonide aerosol  
      r. Triamcinolone acetonide/dimethicone  
      s. Trianex Ointment
3. The committee members voted on the above recommendations
   a. All committee members voted in favor of the recommendations
   b. No members voted against the recommendations.
   c. No committee members abstained.

iv. Very High Potency Topical Steroid Agents – Grandfathering will apply
   1. Preferred Products
      a. Clobetasol propionate cream, emollient (addition), gel, ointment & solution
      b. Halobetasol propionate cream (addition) & ointment (addition)

   2. Moving to Non-Preferred
      a. Apexicon E
      b. Clobetasol lotion, shampoo
      c. Clobetasol propionate foam, spray, spray (AG)
      d. Clobex lotion, shampoo, spray
      e. Clodan Kit
      f. Olux
      g. Temovate Cream
      h. Ultravate Lotion
      i. Ultravate X Pac Cream, Lotion

   3. The committee voted on the above recommendations with grandfathering.
      a. All committee members voted in favor of the recommendations
      b. No members voted against the recommendations.
      c. No committee members abstained.

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. Antipsychotics
   a. Oral Agents
      i. Preferred Products
         1. Aripiprazole ODT, solution & tablets
         2. Clozapine ODT, clozapine ODT (AG) & tablets
         3. Latuda
         4. Olanzapine ODT & tablets
         5. Quetiapine tablets
         6. Risperidone ODT, solution & tablets
         7. Saphris
8. Ziprasidone capsules

ii. The committee members voted on the above recommendations
   1. 13 committee members voted in favor of the recommendations
   2. No members voted against the recommendations.
   3. One committee member abstained.

b. Long-Acting Injectable Agents
   i. Preferred Products
      1. Abilify Maintena
      2. Aristada
      3. Aristada Initio- New addition with quantity limit of 2 per year
      4. Invega Sustenna
      5. Invega Trinza
      6. Risperdal Consta

   ii. The committee members voted on the above recommendations
       1. 13 committee members voted in favor of the recommendations
       2. No members voted against the recommendations.
       3. One committee member abstained.

2. Stimulants & Related Agents
   i. Preferred Products
      1. Adderall XR
      2. Amphetamine salt combination
      3. Aptensio XR
      4. Atomoxetine, atomoxetine (AG) (addition)
      5. Concerta (addition)
      6. Daytrana
      7. Dextroamphetamine capsule ER
      8. Dextroamphetamine tablet
      9. Focalin
      10. Focalin XR
      11. Guanfacine ER
      12. Kapvay
      13. Methylin Solution
      14. Methylphenidate
      15. Methylphenidate CD, methylphenidate CD (AG)
      16. Methylphenidate ER (gen. Ritalin LA)
      17. Quillichew ER
      18. Quillivant XR
      19. Ritalin LA 10mg capsule
      20. Vyvanse Capsule, Vyvanse chewable tablet (addition)

   ii. Moving to Non-Preferred
      1. Methylphenidate chewable tablets
      2. Methylphenidate ER (generic Concerta)
      3. Strattera
iii. The committee voted on the above recommendations with grandfathering.
   1. All committee members voted in favor of the recommendations
   2. No members voted against the recommendations.
   3. No committee members abstained.

3. Pancreatic Enzymes
   i. Preferred Products
      1. Creon
      2. Zenpep
   ii. The committee voted on the above recommendations with grandfathering.
      1. All committee members voted in favor of the recommendations
      2. No members voted against the recommendations.
      3. No committee members abstained.

4. Anticoagulants
   i. Preferred Products
      1. Oral Agents
         a. Eliquis, Eliquis Dose Pack
         b. Pradaxa
         c. Xarelto, Xarelto Dose Pack
         d. Warfarin
      2. Injectable Agents
         a. Enoxaparin syringe, enoxaparin syringe (AG)
         b. Enoxaparin Vial (AG)
   ii. The committee voted on the above recommendations with grandfathering.
      1. All committee members voted in favor of the recommendations
      2. No members voted against the recommendations.
      3. No committee members abstained

AHCCCS DRUG LISTS- SARA SALEK, MD, CMO, AHCCCS

1. WE currently have a separate AHCCCS Drug list and Behavioral Health Drug list
2. Starting 10/1/18- With the implementation of ACC (AHCCCS complete care) AHCCCS is moving to combine the drug lists for simplification.
3. The major impacts related to BH
   a. Primary Care Providers are currently allowed to prescribe in their scope of practice.
   b. With the combining of the list a decision will need to be made on how to manage atypical antipsychotics.
      i. Suggested options
         1. Allow open access to PCP and other specialists
         2. Credentialing- Work with health plans on the process

PREP-TRUVADA

1. AHCCCS Drug lists currently lists Truvada with PA
a. Motion made to remove PA requirement on Truvada
   i. 13 committee members voted in favor of removing the PA on Truvada.
   ii. No committee members voted against the recommendation.
   iii. One committee member abstained

BIKTARVY-JULIE DITUCCI REITER

1. Provided feedback on requests received by Steward Healthcare Network for coverage of Biktarvy prior to July 1, 2018.
2. AHCCCS added Biktarvy to the drug list with no PA required as of July 1, 2018
3. Steward Healthcare Network reviewed 40 prior authorization requests prior to July 1. 28 members met criteria and 12 did not.
   a. Denial reasons:
      i. Not virologically suppressed per FDA indication
      ii. Not stable on therapy for 3 months
      iii. Mutations and/or resistance present to Biktarvy components
      iv. History of nonadherence to AID/HIV regimen
   b. Provider Justifications:
      i. Once a day better adherence; costs less
      ii. Can be used with mutations
      iii. Decreased potential for side effects and future resistant development

Recommendations from Committee: None

BIOSIMILAR UPDATE:

1. Retacrit: epoetin alfa-epbx – Epogen/Procrit
   a. The net cost of Procrit and Epogen are less costly to the State. Contractors shall not transition to Retacrit and continue to cover Procrit and Epogen as the preferred epoetin products.

2. Fulphilia: pegfilgrastim – Neulasta
   a. AHCCCS is evaluating the costs of both drugs and will communicate which pegfilgrastim will be the preferred product in the Contractor P&T Memo.
   b. The Contractor P&T Memo will also be posted on the AHCCCS website.

3. Glatopa: glatiramer acetate – Copaxone
   a. The net cost of Copaxone 20mg is must less costly to the State. Contractors shall continue to utilize and/or transition to Copaxone as the preferred glatiramer acetate 20mg.
   b. The net cost of Glatopa 40mg is less costly to the State. Contractors shall transition to Glatopa 40mg as the preferred glatiramer acetate 40mg product.

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. Steglatro, Segluromet, Steglujan – ertugliflozin, ertugliflozin/metformin, ertugliflozin/sitagliptin
   i. Recommendation is to not add this drug to the AHCCCS Drug list but will be available via prior authorization.
      1. All committee members voted in favor of the recommendation.
      2. No committee members voted against the recommendation.
      3. No committee member abstained

b. Zypitamag – pitavastatin magnesium
   i. Recommendation is to not add this drug to the AHCCCS Drug list but will be available via prior authorization.
      1. All committee members voted in favor of the recommendation.
      2. No committee members voted against the recommendation.
      3. No committee member abstained.

ADJOURNMENT

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

Suzanne Berman

Suzi Berman, RPh Date: April 29, 2019
Director of Pharmacy Services