AHCCCS
Pharmacy and Therapeutics Committee Meeting Minutes
October 18, 2021
12:00PM- 5:00 PM
Teleconference

Members Present:
Andrew Thatcher
Stephen Borodkin
Maria Cole
Raul Romero
Kendra Gray
Yvonne Johnson
Chuck Goldstein
Kelly Flannigan
Sandra Brownstein

AHCCCS Staff:
Suzi Berman
Lauren Prole
Robin Davis
Susan Kennard

Magellan Medicaid Admin:
Hind Douiki

Members Absent:
Aida Amado
Aimee Schwartz
Craig Sparazza
Loann Nguy
WELCOME AND INTRODUCTIONS: SUZI BERMAN, RPH, AHCCCS PHARMACY DIRECTOR

1. Suzi Berman called the meeting to order at 12:08 PM and welcomed committee members, staff and public attendees.

2. The meeting minutes from the January 26, 2021 meeting were reviewed.
   a. Motion to accept:
      i. 1st- Raul Romero
      ii. 2nd- Andrew Thatcher

3. All submitted written testimony will be posted on the AHCCCS website under Pharmacy/Pharmacy & Therapeutics Committee

NON-SUPPLEMENTAL REBATE CLASS REVIEW: HIND DOUIKI, PHARMD, MAGELLAN

1. Antimigraine Agents - Triptans
   a. Public Testimony: None

2. Leukotriene Modifiers
   a. Public Testimony: None

3. Sedative Hypnotics
   a. Public Testimony: None

4. Topical Steroids by Potency (Low, Medium, High, Very High)
   a. Public Testimony: None

5. Antifungals - Oral
   a. Public Testimony: None

6. Antifungals - Topicals
   a. Public Testimony: None

7. Beta Blockers
   a. Public Testimony: None

8. BPH Treatments
   a. Public Testimony: None

9. Calcium Channel Blockers
   a. Public Testimony: None
10. Movement Disorders  
   a. Public Testimony: None

11. HIV-AIDS  
   a. Public Testimony: None

SUPPLEMENTAL REBATE CLASS REVIEW: HIND DOUIKI, PHARMD, MAGELLAN

1. Continuous Glucose Monitors (CGM)  
   a. Public Testimony: None

New Drug Reviews: HIND DOUIKI, PHARMD, MAGELLAN

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<tbody>
<tr>
<td>1. Brexafemme</td>
<td>Ibrexafungerp</td>
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<tr>
<td>2. Kloxxado</td>
<td>Naloxone 8mg/0.1ml</td>
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<td>3. Ponvory</td>
<td>Ponesimod</td>
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<td>4. Qelbree</td>
<td>Viloxazine</td>
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P&T Requests

- Request by Dr. Kevin Chapman to allow Clonazepam ODT without PA for children < 6 years of age  
  o Recommendation is to remove PA on Clonazepam ODT for children <6 years of age  
    ▪ All present committee members voted in favor of the recommendation  
    ▪ No committee members voted against the recommendations.  
    ▪ No committee members abstained.

- Request by Denise Volkov to remove prior authorization requirements for Budesonide inhalation vials  
  o Recommendation is to remove PA on Budesonide for all ages  
    ▪ All present committee members voted in favor of the recommendation  
    ▪ No committee members voted against the recommendations.  
    ▪ No committee members abstained.

Executive Session – Closed to the Public

Public Therapeutic Class Votes:

Non-Supplemental class vote

1. Antimigraine Agents-Triptans  
   a. Preferred Products  
      i. NARATRIPTAN (ORAL)  
      ii. RIZATRIPTAN ODT (ORAL)
iii. RIZATRIPTAN TABLET (ORAL)
iv. SUMATRIPTAN KIT (SUBCUTANE.)
v. SUMATRIPTAN KIT (SUN) (SUBCUTANE.)
vi. SUMATRIPTAN (ORAL)
vii. SUMATRIPTAN VIAL (SUBCUTANE.)
viii. ZOLMITRIPTAN ODT (ORAL)
ix. ZOLMITRIPTAN TABLET (ORAL)

b. Non-Preferred
   i. ZOLMITRIPTAN ODT (AG) (ORAL)
   ii. ZOLMITRIPTAN TABLET (AG) (ORAL)

c. Grandfathering does not apply

d. The committee voted on the above recommendations
   i. All present committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.

2. Leukotriene Modifiers
   a. Preferred Products
      i. MONTELUKAST TABLET (ORAL)
      ii. MONTELUKAST CHEWABLE TABLET (ORAL)
      iii. MONTELUKAST GRANULES (ORAL)

   b. Grandfathering applies

   c. The committee voted on the above recommendations
      i. All present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

3. Sedative Hypnotics
   a. Preferred Products
      i. ESZOPICLONE (ORAL)
      ii. ROZEREM (ORAL) – Step therapy required- must try 2 other preferred products
      iii. TEMAZEPAM (ORAL) – 15 mg and 30 mg capsules
      iv. ZOLPIDEM (ORAL)

   b. Grandfathering applies

   c. The committee voted on the above recommendations
      i. All present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

4. Topical Steroids by Potency (Low, medium, High, Very High)
   a. Preferred Products
i. Low Potency Topical Steroid Agents
   1. DERMA-SMoothe-FS (TOPICAL)
   2. HYDROCORTISONE ACETATE CREAM OTC (TOPICAL)*
   3. HYDROCORTISONE ACETATE OINTMENT OTC (TOPICAL)*
   4. HYDROCORTISONE-Aloe CREAM OTC (TOPICAL)
   5. HYDROCORTISONE CREAM OTC (TOPICAL)*
   6. HYDROCORTISONE CREAM (TOPICAL)*
   7. HYDROCORTISONE LOTION OTC (TOPICAL)*
   8. HYDROCORTISONE OINTMENT OTC (TOPICAL)*
   9. HYDROCORTISONE OINTMENT (TOPICAL)*

ii. Medium Potency Topical Steroid Agents
   1. FLUTICASONE PROPIONATE CREAM (TOPICAL)*
   2. FLUTICASONE PROPIONATE OINTMENT (TOPICAL)*
   3. MOMETASONE FUROATE CREAM (TOPICAL)*
   4. MOMETASONE FUROATE OINTMENT (TOPICAL)*
   5. MOMETASONE FUROATE SOLUTION (TOPICAL)*

iii. High Potency Topical Steroid Agents
   1. BETAMETHASONE DIPROPIONATE CREAM (TOPICAL)-NEW
   2. BETAMETHASONE DIPROPIONATE LOTION (TOPICAL)
   3. BETAMET DIPROP / PROP GLY CREAM (TOPICAL)*
   4. BETAMETHASONE VALERATE CREAM (TOPICAL)*
   5. BETAMETHASONE VALERATE LOTION (TOPICAL)*
   6. BETAMETHASONE VALERATE OINTMENT (TOPICAL)*
   7. FLUCINONIDE CREAM (TOPICAL)*
   8. FLUCINONIDE OINTMENT (TOPICAL)*
   9. FLUCINONIDE SOLUTION (TOPICAL)*
   10. TRIAMCINOLONE ACETONIDE CREAM (TOPICAL)*
   11. TRIAMCINOLONE ACETONIDE LOTION (TOPICAL)*
   12. TRIAMCINOLONE ACETONIDE OINTMENT (TOPICAL)*

iv. Very High Potency Topical Steroid Agents
   1. CLOBETASOL EMOLLIENT (TOPICAL)
   2. CLOBETASOL PROPIONATE CREAM (TOPICAL)*
   3. CLOBETASOL PROPIONATE GEL (TOPICAL)*
   4. CLOBETASOL PROPIONATE OINTMENT (TOPICAL)*
   5. CLOBETASOL PROPIONATE SOLUTION (TOPICAL)*
   6. CLOBETASOL SHAMPOO (TOPICAL)-NEW
   7. HALOBETASOL PROPIONATE CREAM (TOPICAL)
   8. HALOBETASOL PROPIONATE OINTMENT (TOPICAL)

b. Grandfathering does not apply
c. The committee voted on the above recommendations
   i. All present committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.

5. Antifungals-Oral
   a. Preferred products
      i. CLOTRIMAZOLE (MUCOUS MEM)
      ii. FLUCONAZOLE SUSPENSION (ORAL)*
      iii. FLUCONAZOLE TABLET (ORAL)*
      iv. GRISEOFULVIN SUSPENSION (ORAL)*
      v. GRISEOFULVIN TABLETS (ORAL)*
      vi. NYSTATIN SUSPENSION (ORAL)*
      vii. NYSTATIN TABLET (ORAL)*
      viii. TERBINAFINE (ORAL)*

   b. Grandfathering does not apply

   c. The committee voted on the above recommendations
      i. All present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

6. Antifungals-Topicals
   a. Preferred Products
      i. CICLOPIROX CREAM (TOPICAL)
      ii. CICLOPIROX SOLUTION (TOPICAL)
      iii. CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)*
      iv. CLOTRIMAZOLE CREAM OTC (TOPICAL)*
      v. CLOTRIMAZOLE CREAM RX (TOPICAL)*
      vi. CLOTRIMAZOLE SOLUTION OTC (TOPICAL)*
      vii. KETOCONAZOLE CREAM (TOPICAL)*
      viii. KETOCONAZOLE SHAMPOO (TOPICAL)*
      ix. LOTRIMIN ULTRA OTC (TOPICAL)
      x. MICONAZOLE CREAM OTC (TOPICAL)*
      xi. MICONAZOLE POWDER OTC (TOPICAL)*
      xii. NYSTATIN CREAM (TOPICAL)*
      xiii. NYSTATIN OINT (TOPICAL)*
      xiv. NYSTATIN POWDER (TOPICAL)*
      xv. TERBINAFINE CREAM OTC (TOPICAL)
      xvi. TOLNAFTATE CREAM OTC (TOPICAL)
      xvii. TOLNAFTATE POWDER OTC (TOPICAL)
      xviii. TOLNAFTATE AERO POWDER OTC (TOPICAL)
b. Grandfathering does not apply

c. The committee voted on the above recommendations
   i. All present committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.

7. Beta Blockers
   a. Preferred Products
      i. ATENOLOL (ORAL)*
      ii. ATENOLOL / CHLORTHALIDONE (ORAL)*
      iii. BISOPROLOL HCTZ (ORAL)
      iv. BISOPROLOL (ORAL)
      v. CARVEDILOL (ORAL)*
      vi. LABETALOL (ORAL)*
      vii. METOPROLOL / HCTZ (ORAL)
      viii. METOPROLOL (ORAL)*
      ix. METOPROLOL XL (ORAL)*
      x. NADOLOL (ORAL)*
      xi. PROPRANOLOL ER (ORAL)*
      xii. PROPRANOLOL ER (AG) (ORAL)
      xiii. PROPRANOLOL / HCTZ (ORAL)
      xiv. PROPRANOLOL SOLUTION (ORAL)*
      xv. PROPRANOLOL TABLET (ORAL)*
      xvi. SOTALOL (ORAL)*

b. Grandfathering applies

c. The committee voted on the above recommendations
   i. All present committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.

8. BPH Treatments
   a. Preferred Products
      i. ALFUZOSIN (ORAL)*
      ii. DOXAZOSIN (ORAL)*
      iii. DUTASTERIDE (ORAL)*
      iv. FINASTERIDE (ORAL)*
      v. TAMSULOSIN (ORAL)*
      vi. TERAZOSIN (ORAL)*

b. Grandfathering applies

c. The committee voted on the above recommendations
i. All present committee members voted in favor of the recommendations
ii. No committee members voted against the recommendations.
iii. No committee members abstained.

9. Calcium Channel Blockers
   a. Preferred Products
      i. AMLODIPINE (ORAL)*
      ii. DILTIAZEM CAPSULE ER (ORAL)*
      iii. DILTIAZEM TABLET (ORAL)*
      iv. FELODIPINE ER (ORAL)*
      v. NIFEDIPINE IR (ORAL)*
      vi. NIFEDIPINE ER (ORAL)*
      vii. VERAPAMIL CAPSULE ER (ORAL)*
      viii. VERAPAMIL TABLET ER (ORAL)*
      ix. VERAPAMILTABLET (ORAL)*
   
   b. Grandfathering applies
   
   c. The committee voted on the above recommendations
      i. All present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

10. HIV-AIDS
   a. Preferred Products
      i. ABACAVIR/LAMIVUDINE (ORAL)*
      ii. ABACAVIR/LAMIVUDINE/ZIDOVUDINE (ORAL)*
      iii. ABACAVIR SOLUTION (ORAL)*
      iv. ABACAVIR TABLET (ORAL)*
      v. APTIVUS CAPSULE (ORAL)*
      vi. ATAZANAVIR (ORAL)*
      vii. ATRIPLA (ORAL)*
      viii. BIKTARVY (ORAL)*
      ix. COMPLERA (ORAL)*
      x. CRIXIVAN (ORAL)*
      xi. DELSTRIGO (ORAL) - NEW
      xii. DESCOVY (ORAL)*
      xiii. DIDANOSINE CAPSULE DR (ORAL)*
      xiv. DOVATO (ORAL) - NEW
      xv. EFAVIRENZ CAPSULE (ORAL)*
      xvi. EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL) - NEW
      xvii. EFAVIRENZ TABLET (ORAL)*
      xviii. EMTRICITABINE CAPSULE (ORAL)*
      xix. EMTRIVA SOLUTION (ORAL)*
xx. ETRAVIRINE (ORAL)*
xxi. EVOTAZ (ORAL)*
xxii. FOSAMPRÉNAVIR TABLET (ORAL)*
xxiii. FUZEON (SUB-Q)*
xxiv. GENVOYA (ORAL)*
xxv. ISENTRESS (ORAL)*
xxvi. ISENTRESS HD (ORAL) - NEW
xxvii. ISENTRESS POWDER PACK (ORAL)*
xxviii. ISENTRESS TAB CHEW (ORAL)*
xxix. INVIRASE TABLET (ORAL)*
xxx. JULUCA (ORAL) - NEW
xxxi. LAMIVUDINE SOLUTION (ORAL)*
xxxii. LAMIVUDINE TABLET (ORAL)*
xxxiii. LAMIVUDINE-ZIDOVUDINE (ORAL)*
xxxiv. LEXIVA SUSPENSION (ORAL)*
xxxv. LOPINAVIR/RITONAVIR SOLUTION (ORAL)*
xxxvi. LOPINAVIR/RITONAVIR TABLET (ORAL)*
xxxvii. NEVIRAPINE ER (ORAL)*
xxxviii. NEVIRAPINE ORAL SUSP (ORAL)*
xxxix. NEVIRAPINE TABLET (ORAL)*
xl. NORVIR POWDER PACK (ORAL) - NEW
xli. NORVIR SOLUTION (ORAL)*
xlii. ODEFSEY (ORAL)*
xliii. PIFELTRO (ORAL)*
lxiv. PREZCOBIX (ORAL)*
lxv. PREZISTA (ORAL)*
lxvi. PREZISTA ORAL SUSP (ORAL)*
lxvii. REYATAZ POWDER PACK (ORAL) - NEW
lxviii. RITONAVIR TABLET (ORAL)*
lxix. SELZENTRY TABLET (ORAL)*

  l. STAVUDINE CAPSULE (ORAL)*
  li. STRIBILD (ORAL)*
  lii. SYMTUZA (ORAL) - NEW
  liii. TENOFOVIR DISOPROXIL FUMARATE (ORAL)*
  lv. TIVICAY (ORAL)*
  lv. TIVICAY PD SUSPENSION (ORAL) - NEW
  lvi. TRIUMEQ (ORAL)*
  lvii. TRUVADA (ORAL)*

lviii. TYBOST (ORAL)*
lxix. VIRACEPT (ORAL)*
lx. VIREAD POWDER (ORAL)*
lxi. ZIDOVUDINE CAPSULE (ORAL)*
lxii. ZIDOVUDINE SYRUP (ORAL)*
lxiii. ZIDOVUDINE TABLET (ORAL)
b. Moving to Non-Preferred
   i. Edurant (Oral)

c. Grandfathering applies

d. This class will be monitored each quarter for cost and utilization

e. The committee voted on the above recommendations
   i. All present committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.

11. Movement Disorders
   a. Preferred Products
      i. AUSTEDO (ORAL) - New
      ii. INGREZZA (ORAL)-New

   b. The remaining products in this class are recommended as non-preferred

c. Grandfathering applies

d. The committee voted on the above recommendations
   i. All present committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.

Supplemental Rebate Class Vote
1. Continuous Glucose Monitors (CGM)-
   a. Preferred Products-
      i. Diabetes Meters, Continuous
         1. DEXCOM G6 CGM SYSTEM (NEW)
            a. Ages 2 years old to less than 4 years old
         2. FREESTYLE LIBRE SYSTEM (NEW)
            a. Ages 14 and up
         3. FREESTYLE LIBRE 2 SYSTEM (NEW)
            a. Ages 4 years old and up

   b. The remaining products in this class are recommended non-preferred

c. Grandfathering for Guardian products only
d. The committee voted on the above recommendations
   i. All present committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.

New Drug Recommendations and Vote

1. Brexafemme-
   a. Recommendation is Non-Preferred
      i. All present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

2. Kloxxado
   a. Recommendation is Preferred
      i. All present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

3. Ponvory
   a. Recommendation is Non-Preferred
      i. All present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

4. Qelbree
   a. Recommendation is Non-Preferred
      i. All present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

FUTURE MEETING DATES: JANUARY 19, 2022

ADJOURNMENT

The meeting adjourned at 3:52 PM
Minutes recorded by Robin Davis

Suzi Berman
Suzi Berman, RPh
Director of Pharmacy Services

Date: January 19, 2022