

**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**

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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. 1<sup>st</sup>- Raul Romero
    - ii. 2<sup>nd</sup>- 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**

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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**

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

**New Drug Reviews: HIND DOUIKI, PHARMD, MAGELLAN**

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<u>Brand Name</u>	<u>Generic Name</u>
1. Brexafemme	Ibexafungerp
2. Kloxxado	Naloxone 8mg/0.1ml
3. Ponvory	Ponesimod
4. Qelbree	Viloxazine

**P&T Requests**

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- Request by Dr. Kevin Chapman to allow Clonazepam ODT without PA for children < 6 years of age
  - 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
  - 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**

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**Public Therapeutic Class Votes:**

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**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-SMOOTH-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. FLUOCINONIDE CREAM (TOPICAL)\*
  - 8. FLUOCINONIDE OINTMENT (TOPICAL)\*
  - 9. FLUOCINONIDE 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. VERAPAMIL TABLET (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. FOSAMPRENAVIR 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)\*
  - xliv. PREZCOBIX (ORAL)\*
  - xlv. PREZISTA (ORAL)\*
  - xlvi. PREZISTA ORAL SUSP (ORAL)\*
  - xlvii. REYATAZ POWDER PACK (ORAL)- NEW
  - xlviii. RITONAVIR TABLET (ORAL)\*
  - xliv. SELZENTRY TABLET (ORAL)\*
    - I. STAVUDINE CAPSULE (ORAL)\*
    - li. STRIBILD (ORAL)\*
    - lii. SYMTUZA (ORAL) - NEW
    - liii. TENOFOVIR DISOPROXIL FUMARATE (ORAL)\*
    - liv. TIVICAY (ORAL)\*
    - lv. TIVICAY PD SUSPENSION (ORAL)-NEW
    - lvi. TRIUMEQ (ORAL)\*
    - lvii. TRUVADA (ORAL)\*
    - lviii. TYBOST (ORAL)\*
    - lix. 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.

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**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**

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- 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.

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**FUTURE MEETING DATES: JANUARY 19, 2022**

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### **ADJOURNMENT**

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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