AHCCCS
Pharmacy and Therapeutics Committee Meeting Minutes
January 26, 2021
12:00PM- 5:00 PM
Teleconference

Members Present:
Yvonne Johnson
Andrew Thatcher
Maria Cole
Aida Amado
Aimee Schwartz
Craig Sparazza
Kendra Gray
Raul Romero
Charles Goldstein
Kelly Flannigan
Stephen Borodkin

AHCCCS Staff:
Suzi Berman
Lauren Prole
Robin Davis

Magellan Medicaid Admin:
Hind Douiki
Chris Andrews

Members Absent:
Loann Nguy
Sandy Brownstein
WELCOME AND INTRODUCTIONS: SARA SALEK, MD, AHCCCS CHIEF MEDICAL OFFICER

1. Dr. Sara Salek called the meeting to order at 12:05 PM and welcomed committee members, staff and public attendees.
2. The meeting minutes from the October 14, 2020 meeting were reviewed and approved with no changes.

SUPPLEMENTAL REBATE CLASS REVIEW: HIND DOUIKI, PHARMD, MAGELLAN

1. Hypoglycemics, Incretin Mimetics
   a. Public Testimony: None

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

1. Androgenic Agents
   a. Public Testimony: None
2. Antidepressants, Other
   a. Public Testimony: None
3. Antidepressants, SSRIs
   a. Public Testimony: None
4. Antivirals, Topical
   a. Public Testimony: None
5. Bone Resorption Suppression and Related Agents
   a. Public Testimony: None
6. Bronchodilators, Beta Agonists
   a. Public Testimony: None
7. Colony Stimulating Factors
   a. Public Testimony: None
8. Enzyme Replacement, Gaucher Disease
   a. Public Testimony: None
9. Erythropoiesis Stimulating Proteins
   a. Public Testimony: None
10. Hypoglycemics, Alpha-Glucosidase Inhibitors
    a. Public Testimony: None
11. Hypoglycemics, Metformins
    a. Public Testimony: None
12. Hypoglycemics, SGLT2s
    a. Public Testimony: None
13. Immune Globulins
    a. Public Testimony: None
    a. Public Testimony: None
15. Ophthalmics, Anti-inflammatory/Immunomodulators
    a. Public Testimony: None
16. Otic Antibiotics  
   a. Public Testimony: None  

17. Pulmonary Atrial Hypertension (PAH) Agents  
   a. Public Testimony: None  

18. Thrombopoiesis Stimulating Agents  
   a. Public Testimony: None  

19. Ulcerative Colitis Agents  
   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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<tr>
<td>1. Ongentys</td>
<td>opicapone</td>
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<td>2. Enspryng</td>
<td>satralizumab-mwge</td>
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<td>3. Bafiertam</td>
<td>monomethyl fumarate</td>
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<td>4. Lampit</td>
<td>nifurtimox</td>
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<tr>
<td>5. Xywav</td>
<td>calcium, magnesium, potassium &amp; sodium oxybates</td>
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<td>6. Zeposia</td>
<td>ozanimod</td>
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Review of Submitted Studies Comparing HIV Single Tablet Regimens to Multiple Tablet Regimens: HIND DOUIKI, PHARMD, MAGELLAN

Public Testimony

- Kevin Carmichael  
- David Costlow  
- David Martinez III  
- Pratichee Shukla

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: (Supplemental and Non-Supplemental)

1. Androgenic Agents
   a. Preferred products
      i. Androgel Gel Pump (Transderm) *New
      ii. Androderm (Transderm) *New
      iii. Androgel Gel Packet (Transderm.) *New
   b. Non-Preferred
      i. Fortesta (Transdrm)
      ii. Testim (Transdrm.)
      iii. Testosterone Gel (Fortesta) (Transdrm) and AG
      iv. Testosterone Gel Packet (Androgel) (Transderm) and AG
      v. Testosterone Gel Packet (Vogelxo) (Transderm) and AG
      vi. Testosterone Gel Pump (Androgel) (Transderm)
      vii. Testosterone Gel (Vogelxo) (Transderm) and AG
      viii. Testosterone Gel Pump (AG) (Vogelxo) (Transderm)
      ix. Testosterone Pump (Axiron) (Transderm)
      x. Vogelxo Gel Pump (Transderm)
   c. The committee voted on the above recommendations
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

2. Antidepressants, Other
   a. Preferred products
      i. Bupropion (Oral)
      ii. Bupropion SR (Oral)
      iii. Bupropion XL (Oral)
      iv. Mirtazapine Tablet (Oral)
      v. Mirtazapine ODT (Oral)
      vi. Trazodone (Oral)
      vii. Venlafaxine ER Capsules (Oral)
      viii. Venlafaxine (Oral)
   b. The committee voted on the above recommendations
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

3. Antidepressants, SSRIs
   a. Preferred products
      i. Citalopram Solution (Oral)
      ii. Citalopram Tablet (Oral)
iii. Escitalopram Tablet (Oral)
iv. Fluoxetine Capsule (Oral)
v. Fluoxetine Solution (Oral)
vi. Fluvoxamine (Oral)
vii. Paroxetine Tablet (Oral)
viii. Sertraline Conc (Oral)
ix. Sertraline tablet (Oral)
b. The committee voted on the above recommendations
   i. All 11 present committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.

4. Antivirals, Topical
   a. Preferred products
      i. Docosanol OTC (Topical) *New
      ii. Acyclovir Ointment (Topical) *New
   b. Non-Preferred
      i. Acyclovir Cream (Topical)
      ii. Denavir (Topical)
      iii. Xerese (Topical)
      iv. Zovirax Cream (Topical) and AG
      v. Zovirax Ointment (Topical)
c. The committee voted on the above recommendations
   i. All 11 present committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.

5. Bone Resorption Suppression and Related Agents
   a. Preferred products
      i. Alendronate Solution (Oral)
      ii. Alendronate Tablets (Oral)
      iii. Calcitonin Salmon (Nasal)
      iv. Forteo (Subcutaneous) with PA
      v. Ibandronate Tablets (Oral)
      vi. Prolia (Subcutaneous) with PA
      vii. Raloxifene (AG) (Oral)
b. The committee voted on the above recommendations
   i. All 11 present committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.

6. Bronchodilators, Beta Agonists
   a. Preferred products
i. Long-acting Agents
   1. Serevent (Inhalation)

ii. Nebulized Agents
   1. Albuterol Neb Soln. 0.63, 1.25 mg (Inhalation)
   2. Albuterol Neb Soln. 100mg/20ml (Inhalation)
   3. Albuterol Neb Soln. 2.5mg/.5ml (Inhalation)
   4. Albuterol Neb Soln. 2.5mg/3ml (Inhalation)

iii. Oral Agents
   1. Albuterol Syrup (Oral)

iv. Short Acting Agents
   1. ProAir HFA (Inhalation)

b. The committee voted on the above recommendations
   i. All 11 present committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.

7. Colony Stimulating Factors
   a. Preferred products
      i. Fulphila (subcutaneous)
      ii. Neupogen Disp. Syringe (Injection)
      iii. Neupogen Vial (Injection)
      iv. Nivestym Syringe (Subcutaneous) *New
      v. Nyvepria (Subcutaneous) *New
      vi. Udenyca (Subcutaneous)
   b. The committee voted on the above recommendations
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

8. Enzyme Replacement, Gaucher Disease
   a. Preferred products
      i. Cerdelga (Oral)
      ii. Cerezyme 400 Unites (Intravenous)
      iii. Elelyso (Intravenous)
      iv. Miglustat (AG) (Oral)
      v. Vpriv 400 Unites (Intravenous)
   b. The committee voted on the above recommendations
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

9. Erythropoiesis Stimulating Proteins
   a. Preferred products
      i. Retacrit (Injection)
   b. The committee voted on the above recommendations
10. Hypoglycemics, Alpha-Glucosidase Inhibitors
   a. Preferred products
      i. Acarbose (Oral)
   b. The committee voted on the above recommendations
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

11. Hypoglycemics, Incretin Mimetics (NOTE- Supplemental Rebate class)
   a. Preferred products
      i. Amylin Analogues
         1. Symlin Pens
      ii. Dipeptidyl Pepidase-4 Enzyme Inhibitors (DPP-4s)
         1. Glyxambi
         2. Janumet
         3. Janumet XR
         4. Januvia
         5. Jentadueto
         6. Kombiglyze XR
         7. Onglyza
         8. Tradjenta
         9. Trijardy XR  *New
      iii. Glucagon-Like Peptied-1 Receptor Agonists (GLP-1s)
         1. Bydureon Pens
         2. Bydureon Vials (discontinued)
         3. Byetta Pens
         4. Trulicity *New
         5. Victoza*
   b. The committee voted on the above recommendations
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

12. Hypoglycemics, Metformins
   a. Preferred products
      i. Glyburide-Metformin (Oral)
      ii. Metformin (Oral)
      iii. Metformin ER (Glucophage XR) (Oral)
   b. The committee voted on the above recommendations
i. All 11 present committee members voted in favor of the recommendations
ii. No committee members voted against the recommendations.
iii. No committee members abstained.

13. Hypoglycemics, SGLT2s
   a. Preferred products
      i. Farxiga (Oral)
      ii. Invokana (Oral)
      iii. Invokamet (Oral)
      iv. Jardiance (Oral)
      v. Synjardy (Oral)
      vi. Xigduo (Oral)
   b. The committee voted on the above recommendations
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

14. Immune Globulins
   a. Preferred products
      i. Flebogamma Dif (Intravenous)
      ii. Gammagard Liquid (Injection)
      iii. Gammagard S-D (Intravenous)
      iv. Gammaked (Intravenous)
      v. Gamunex-C (Injection)
      vi. Hizentra Vial (Subcutaneous)
      vii. Hizentra Syringe (Subcutaneous)
      viii. Privigen (Intravenous)
   b. Non-Preferred
      i. Gamastan S-D Vial (Intramuscular)
   c. The committee voted on the above recommendations
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

15. Oral Oncology – Oral - Hematologic
   a. Preferred products
      i. Alkeran (Oral)
      Gleevec (Oral)
      ii. Mercaptopuine (Oral)
   b. Non-Preferred
      i. Imatinib (Oral)
      ii. Melphalan (Oral)
   c. The committee voted on the above recommendations
      i. All 11 present committee members voted in favor of the recommendations
ii. No committee members voted against the recommendations.
iii. No committee members abstained.

16. Ophthalmics, Anti-inflammatory/Immunomodulators
   a. Preferred products
      i. Restasis (Ophthalmic)
   b. The committee voted on the above recommendations
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

17. Otic Antibiotics
   a. Preferred products
      i. Ciprodex (Otic)
      ii. Cidprofloxacin (Otic)
      iii. Neomycin/Polymyxin/HC Soln/Susp (Otic)
      iv. Ofloxacin (Otic)
   b. The committee voted on the above recommendations
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

18. Pulmonary Atrial Hypertension (PAH) Agents
   a. Preferred products
      i. Adcirca (Oral)
      ii. Letairis (Oral)
      iii. Revatio Suspension (Oral)
      iv. Sildenafil Tablet (Oral)
      v. Tracleer Tablet (Oral)
   b. The committee voted on the above recommendations
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

19. Thrombopoiesis Stimulating Agents
   a. Preferred products
      i. Nplate (Subcutaneous)
      ii. Promacta Tablet (Oral)
   b. The committee voted on the above recommendations
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.
20. Ulcerative Colitis Agents
   a. Preferred products
      i. Apriso (Oral)
      ii. Canasa (Rectal)
      iii. Delzicol (Oral)
      iv. Lialda (Oral)
      v. Pentasa (Oral)
      vi. Sfrowasa (Rectal)
      vii. Sulfasalazine (AG) (Oral)
      viii. Sulfasalazine (Oral)
      ix. Sulfasalazine DR (AG) (Oral)
   b. Non-Preferred
      i. Asacol HD (Oral)
      ii. Azulfidine Tablet (Oral)
      iii. Azulfidine Tablet DR (Oral)
      iv. Balsalazide (Oral)
      v. Budesonide DR (Oral) and AG
      vi. Dipentum (Oral)
      vii. Mesalamine (Asacol HD) (Oral)
      viii. Mesalamine (Canasa) (Rectal) and AG
      ix. Mesalamine (Delzicol) (Oral) and AG
      x. Mesalamine (Lialda) (Oral) and AG
      xi. Mesalamine ER (Apriso) (Oral) and AG
      xii. Mesalamine Kit (Rowasa) (Rectal)
      xiii. Mesalamine (Sfrowasa) (Rectal)
      xiv. Rowasa (Rectal)
      xv. Uceris (Oral)
      xvi. Uceris (Rectal)
   c. The committee voted on the above recommendations
      i. All 11 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. Ongentys
   a. Recommendation is Non-Preferred
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

2. Enspryng
   a. Recommendation is Non-Preferred
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

3. Bafiertam
   a. Recommendation is Non-Preferred
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

4. Lampit
   a. Recommendation is Non-Preferred
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

5. Xywav
   a. Recommendation is Non-Preferred
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

6. Zeposia
   a. Recommendation is Non-Preferred
      i. All 11 present committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.
Recommendations and Vote: Review of Submitted Studies Comparing HIV Single Tablet Regimens to Multiple Tablet Regimens

1. Recommendation made and seconded to table the vote pending further review by the committee.
   a. 9 committee members voted in favor of the recommendation
   b. 2 committee members voted against the recommendations
   c. No committee members abstained.

2021 MEETING DATES

- May 19, 2021
- October 18, 2021

ADJOURNMENT

The meeting adjourned at 5:13 PM
Minutes recorded by Robin Davis

Suzi Berman
Suzi Berman, RPh
Director of Pharmacy Services

May 19, 2021
Date