

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
14. Oral Oncology – Oral - Hematologic
 - 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

<u>Brand Name</u>	<u>Generic Name</u>
1. Ongentys	opicapone
2. Enspryng	satralizumab-mwge
3. Bafiertam	monomethyl fumarate
4. Lampit	nifurtimox
5. Xywav	calcium, magnesium, potassium & sodium oxybates
6. Zeposia	ozanimod

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

- 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.

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 Peptidase-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 Peptid-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. Ciprofloxacin (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