AHCCCS
Pharmacy and Therapeutics Committee Meeting Minutes
January 22, 2020
12:00PM- 5:00 PM
701 E. Jefferson Phoenix, AZ  85034- Gold Room- 3rd Floor

Members Present:
Shawn McMahon
Charles Goldstein
Aida Amado
Sandy Brownstein
Yvonne Johnson
Loann Nguy
Kelly Flannigan
Stephen Borodkin
Robert Marotz
Angela Balascak
Raul Romero
Aimee Schwartz

AHCCCS Staff:
Suzi Berman
Susan Junck
Lauren Prole
Robin Davis

Magellan Medicaid Admin:
Chris Andrews
Hind Douki

Members Absent:
Otto Uhrik
WELCOME AND INTRODUCTIONS: SUZI BERMAN, AHCCCS PHARMACY DIRECTOR

1. Suzi Berman called the meeting to order at 12:00 and welcomed committee members, staff and public attendees.
2. The meeting minutes from the October 2019 meeting were reviewed and approved
   a. 8 present committee members voted to approve the meeting minutes as recorded
   b. 2 present committee members abstained from voting
   c. No committee members voted against the recommendations

NON-SUPPLEMENTAL REBATE CLASS REVIEW: HIND DOUIKI, PHARM D, MAGELLAN

The following Non-Supplemental Drug Classes were reviewed:

a. Antidepressants
   i. Preferred Products
      1. BUPROPION (ORAL)
      2. BUPROPION SR (ORAL)
      3. BUPROPION XL ORAL
      4. MIRTAZAPINE TABLET (ORAL)
      5. MIRTAZAPINE ODT (ORAL)
      6. TRAZODONE (ORAL)
      7. VENLAFAXINE ER CAPSULES (ORAL)
      8. VENLAFAXINE (ORAL)
   ii. Removed From Drug List:
      1. None
   iii. Grandparenting:
      1. Not applicable
   iv. The committee voted on the above recommendations
      1. 12 committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations
      3. No committee member abstained

b. Antidepressants - SSRIs
   i. Preferred Products
      1. CITALOPRAM SOLUTION (ORAL)
      2. CITALOPRAM TABLET (ORAL)
      3. ESCITALOPRAM TABLET (ORAL)
      4. FLUOXETINE CAPSULE (ORAL)
5. FLUOXETINE SOLUTION (ORAL)
6. FLUVOXAMINE (ORAL)
7. PAROXETINE TABLET (ORAL)
8. SERTRALINE CONC (ORAL)
9. SERTRALINE TABLET (ORAL)

ii. Removed From Drug List:
   1. None

iii. Grandparenting:
   1. Not applicable

iv. The committee voted on the above recommendations
   1. 12 committee members voted in favor of the recommendations
   2. No committee members voted against the recommendations
   3. No committee member abstained

2. Beta Agonist Bronchodilators

3. Long-Acting Agents
   a. Preferred Products
      i. SEREVENT (INHALATION)

4. Nebulized Agents
   a. Preferred Products
      i. ALBUTEROL NEB SOLN 0.63, 1.25 MG (INHALATION)
      ii. ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION)
      iii. ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)
      iv. ALBUTEROL NEB SOLN 2.5 MG/3 ML (INHALATION)
   b. PDL Recommendation (moving to nonpreferred status):
      i. LEVALBUTEROL NEB SOLN (INHALATION)
   c. Removed From Drug List:
      i. None
   d. Grandparenting:
      i. Levalbuterol- applies for members under 4 years of age
   e. The committee voted on the above recommendations
i. 12 committee members voted in favor of the recommendations
ii. No committee members voted against the recommendations
iii. No committee member abstained

5. **Oral Agents**
   a. Preferred Products
      i. ALBUTEROL SYRUP (ORAL)
   b. Removed From Drug List:
      i. None
   c. Grandparenting:
      i. Not applicable
d. The committee voted on the above recommendations
   i. 12 committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations
   iii. No committee member abstained

6. **Short-Acting Agents**
   a. Preferred Product
      i. PROAIR HFA (INHALATION)
   b. Removed From Drug List:
      i. None
   c. Grandparenting:
      i. Not applicable
d. The committee voted on the above recommendations
   i. 12 committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations
   iii. No committee member abstained

7. **Bone Resorption Suppression and Related Agents**
   a. PDL Recommendations (preferred products):
      i. ALENDRONATE SOLUTION (ORAL)
ii. ALENDRONATE TABLETS (ORAL)
iii. CALCITONIN SALMON (NASAL)
iv. FORTEO (SUBCUTANE.) (new) (PA required)
v. IBANDRONATE TABLETS (ORAL) (new)
vi. PROLIA (SUBCUTANE.) (new) (PA required)
vii. RALOXIFENE (AG) (ORAL)

b. removed From Drug List:
   i. None

c. Grandparenting:
   i. Not applicable

d. The committee voted on the above recommendations
   i. 12 committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations
   iii. No committee member abstained

8. Colony Stimulating Factors
   a. PDL Recommendations (preferred products):
      i. FULPHILA (SUBCUTANEOUS)
      ii. NEUPOGEN DISP SYRIN (INJECTION)
      iii. NEUPOGEN VIAL (INJECTION)*
      iv. UDENYCA (SUBCUTANEOUS)
   b. removed From Drug List:
      i. None
   c. Grandparenting:
      i. Not applicable
   d. The committee voted on the above recommendations
      i. 12 committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations
      iii. No committee member abstained

9. Enzyme Replacement – Gaucher Disease
   a. PDL Recommendations (preferred products):
      i. CERDELGA (ORAL)
ii. CEREZYME 400 UNITS (INTRAVEN)

iii. ELELYSO (INTRAVEN)

iv. MIGLUSTAT (AG) (ORAL)

v. VPRIV 400 UNITS (INTRAVEN)

b. removed From Drug List:
   i. None

c. Grandparenting:
   i. Not applicable

d. The committee voted on the above recommendations
   i. 12 committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations
   iii. No committee member abstained

10. Erythropoiesis Stimulating Proteins
    a. PDL Recommendations (preferred products):
       i. RETACRIT (INJECTION)

b. removed From Drug List:
   i. None

c. Grandparenting:
   i. Not applicable

d. The committee voted on the above recommendations
   i. 12 committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations
   iii. No committee member abstained

11. Hypoglycemics – Alpha-Glucosidase Inhibitors
    a. PDL Recommendations (preferred products):
       i. ACARBOSE (ORAL)

b. removed From Drug List:
   i. None

c. Grandparenting:
   i. Not applicable

d. The committee voted on the above recommendations
i. 12 committee members voted in favor of the recommendations
ii. No committee members voted against the recommendations
iii. No committee member abstained

12. Hypoglycemics - Metformins
   a. PDL Recommendations (preferred products):
      i. GLYBURIDE-METFORMIN (ORAL)
      ii. METFORMIN (ORAL)
      iii. METFORMIN ER (GLUCOPHAGE XR) (ORAL)
   b. removed From Drug List:
      i. None
   c. Grandparenting:
      i. Not applicable
   d. The committee voted on the above recommendations
      i. 12 committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations
      iii. No committee member abstained

13. Hypoglycemics – SGLT2s
   a. PDL Recommendations (preferred products):
      i. FARXIGA (ORAL)
      ii. INVOKANA (ORAL)
      iii. JARDIANCE (ORAL)
   b. removed From Drug List:
      i. None
   c. Grandparenting:
      i. Not applicable
   d. The committee voted on the above recommendations
      i. 12 committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations
      iii. No committee member abstained
14. Immune Globulins
   a. PDL Recommendations (preferred products):
      i. FLEBOGAMMA DIF (INTRAVEN)
      ii. GAMASTAN S-D VIAL (INTRAMUSC)
      iii. GAMMAGARD LIQUID (INJECTION)
      iv. GAMMAGARD S-D (INTRAVEN)
      v. GAMUNEX-C (INJECTION)
      vi. HIZENTRA (SUBCUT.)
   b. removed From Drug List:
      i. None
   c. Grandparenting:
      i. Not applicable
   d. The committee voted on the above recommendations
      i. 12 committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations
      iii. No committee member abstained

15. Oncology – Oral – Hematologic
   a. PDL Recommendations (preferred products):
      i. IMATINIB (ORAL) (new)
      ii. MERCAPTOPURINE (ORAL)
   b. PDL Recommendations (moving to non-preferred status):
      i. GLEEVEC (ORAL)
   c. removed From Drug List:
      i. None
   d. Grandparenting:
      i. No
   e. The committee voted on the above recommendations
      i. 12 committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations
iii. No committee member abstained

16. Ophthalmics – Anti-inflammatory/Immunomodulators
   a. PDL Recommendations (preferred products):
      i. RESTASIS (OPHTHALMIC)
   b. removed From Drug List:
      i. None
   c. Grandparenting:
      i. Not applicable
   d. The committee voted on the above recommendations
      i. 12 committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations
      iii. No committee member abstained

17. Otic Antibiotics
   a. PDL Recommendations (preferred products):
      i. CIPRODEX (OTIC)*
      ii. CIPROFLOXACIN (OTIC)
      iii. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (OTIC)
   b. removed From Drug List:
      i. None
   c. Grandparenting:
      i. Not applicable
   d. The committee voted on the above recommendations
      i. 12 committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations
      iii. No committee member abstained

18. PAH Agents – Oral and Inhaled
a. PDL Recommendations (preferred products):
   i. ADCIRCA (ORAL)
   ii. LETAIRIS (ORAL)
   iii. REVATIO SUSPENSION (ORAL)
   iv. SILDENAFIL TABLET (ORAL)
   v. TRACLEER TABLET (ORAL)

b. removed From Drug List:
   i. None

c. Grandparenting:
   i. Not applicable

d. The committee voted on the above recommendations
   i. 12 committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations
   iii. No committee member abstained

19. Thrombopoiesis Stimulating Agents
   a. PDL Recommendations (preferred products):
      i. NPLATE (SUB-Q)
      ii. PROMACTA TABLET (ORAL)
   
   b. removed From Drug List:
      i. None

   c. Grandparenting:
      i. Not applicable

   d. The committee voted on the above recommendations
      i. 12 committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations
      iii. No committee member abstained
NEW DRUG REVIEWS:

1. Recommendations:
   a. Nourianz (istradefylline)
      i. Non Preferred
   b. Wakix (pitolisant)
      i. Non Preferred
   c. Aklief (trifarotene)
      i. Non Preferred
   d. Trikafta (elexacaftor/tezacaftor/ivacaftor)
      i. Non Preferred
   e. Vumerity (diroximel fumarate)
      i. Non Preferred
   f. Pretomanid (nitroimadazole)
      i. Non Preferred
   g. Reblozyl (luspatercept-aamt)
      i. Non Preferred
   h. Spravato (Esketamine) - Presenter-Benet Press, MD
      i. This medication will be added to the drug list as preferred. The addition is pending PA development. Expected Date To Be Determined.

2. The committee voted on the above recommendations
   a. 12 committee members voted in favor of the recommendations
   b. No committee members voted against the recommendations
   c. No committee member abstained

__________________________________________________________
Executive Session – Closed to the Public
__________________________________________________________
Sublocade Criteria

The following change was made to the Sublocade Prior Authorization criteria:

1. Old verbiage: Patient has co-occurring serious mental illness and has a demonstrated history of non-adherence to oral medications.
   a. New Verbiage: Patient has severe opioid use disorder (OUD) as defined by DSM-5 OUD Diagnostic Tool and has a demonstrated history of non-adherence to oral medications
      i. The committee voted on the above changes
         1. 12 committee members voted in favor of the recommendations
         2. No committee members voted against the recommendations
         3. No committee member abstained

Prior Authorization for Children Under the Age of 18 for Antipsychotics – Suzi Berman

1. The committee will further discuss in May after the Health plans review utilization for member’s under 18.

Requests for Care1st – Angela Balascak

1. Prior Authorization for Children Under the Age of 18 for Sedative Hypnotics
   o No changes made to current process
2. Valacyclovir PA Removal and Quantity Limit
   o Motion made to remove PA
      ▪ Ten committee members voted in favor of the recommendations
      ▪ One committee members voted against the recommendations
      ▪ One committee member abstained
BIOSIMILAR UPDATE:
As a reminder – per AHCCCS Policy 310-V: AHCCCS Contractors shall not transition to a biosimilar drug until AHCCCS has determined that the biosimilar drug is overall more cost-effective to the state than the continued use of the brand name drug

1. Rituxan-
   a. Ruxience
   b. Truxima

2. Humira
   a. Abrilada
   b. Hadlima
   c. Hyrimoz
   d. Amjevita

3. Neulasta
   a. Ziextenzo
   b. Udenyca
   c. Fulphila

4. Remicade
   a. Avsola
   b. Ixifi
   c. Renflexis
   d. Inflectra

2020 MEETING DATES

2020 Meeting Dates
- May 19, 2020
- October 14, 2020

ADJOURNMENT

The meeting adjourned at 4: 17 PM
Minutes recorded by Robin Davis

Suzanne Berman, RPh
Director of Pharmacy Services

May 19, 2020