

**AHCCCS**

**Pharmacy and Therapeutics Committee Meeting Minutes**

January 22, 2020

12:00PM- 5:00 PM

701 E. Jefferson Phoenix, AZ 85034- Gold Room- 3<sup>rd</sup> Floor

**Members Present:**

Shawn McMahan  
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**

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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**

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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. moved 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. MERCAPTOPYRINE (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:**

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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 (nitroimidazole)
    - 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

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**Executive Session – Closed to the Public**

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### **Sublocade Criteria**

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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**

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

### **Requests for Care1st – Angela Balascak**

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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:**

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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**

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**2020 Meeting Dates**

- **May 19, 2020**
- **October 14, 2020**

**ADJOURNMENT**

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

Suzanne Berman, RPh  
Suzanne Berman, RPh  
Director of Pharmacy Services

May 19, 2020  
Date