

**AHCCCS**

**Pharmacy and Therapeutics Committee Meeting Minutes**

May 19, 2020

12:00PM- 5:00 PM

Teleconference

**Members Present:**

Aida Amado  
Aimee Schwartz  
Andrew Thatcher  
Angela Balascak  
Charles Goldstein  
Craig Sparazzo  
Kelly Flannigan  
Kendra Gray  
Loann Nguy  
Raul Romero  
Sandy Brownstein  
Stephen Borodkin  
Yvonne Johnson

**AHCCCS Staff:**

Suzi Berman  
Susan Junck  
Lauren Prole  
Robin Davis

**Magellan Medicaid Admin:**

Chris Andrews  
Hind Douiki  
Justin Johnson

**Members Absent:**

Loann Nguy

**WELCOME AND INTRODUCTIONS: SARA SALEK, MD, CHIEF MEDICAL OFFICER, AHCCCS**

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1. Dr. Salek called the meeting to order at 12:07 PM and welcomed committee members, staff and public attendees.
2. The meeting minutes from the January 2020 meeting were reviewed and approved
  - a. 8 committee members voted to approve the meeting minutes as recorded
  - b. 4 committee members abstained from voting
  - c. No committee members voted against the recommendations

**SUPPLEMENTAL REBATE CLASS REVIEW: HIND DOUIKI, PHARM D, MAGELLAN**

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The following Supplemental Rebate Classes were reviewed:

1. Analgesics
  - a. Public Testimony: None
2. Antibiotics - Inhaled
  - a. Public Testimony: None
3. Anticoagulants
  - a. Public Testimony: None
4. Antimigraine Agents, Other (CGRPs)
  - a. Public Testimony: None
5. Antipsychotics Second Generation Oral Agents
  - a. Public Testimony: None
  - b. Written Testimony – Don Fowls, MD – Arizona Psychiatric Society
6. Antipsychotic Long Acting Injectables
  - a. Public Testimony: None
7. COPD
  - a. Public Testimony: None
8. Cytokine and CAM Antagonists
  - a. Public Testimony: None
9. Epinephrine, Self-Injected
  - a. Public Testimony: None
10. Glucocorticoids, Inhaled
  - a. Public Testimony: None
11. Growth Hormone

- a. Public Testimony: None
- 12. Hepatitis C Agents (Direct Acting Antivirals)
  - a. Public Testimony: None
- 13. Hypoglycemics, Incretin Mimetics/Enhancers
  - a. Public Testimony: None
- 14. Hypoglycemics, Insulin and Related Agents
  - a. Public Testimony: None
- 15. Opioid Dependence Treatments
  - a. Public Testimony: None
- 16. Pancreatic Enzymes
  - a. Public Testimony: None
- 17. Progestational Agents
  - a. Public Testimony: None
- 18. Stimulants and Related Agents
  - a. Public Testimony: None

**New Drug Reviews: Hind Douiki, Pharm D- Magellan**

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<b><u>Brand Name</u></b>	<b><u>Generic Name</u></b>
1. Adakveo	crizanlizumab-tmca
2. Ayvakit	avapritinib
3. Nexletol	bempedoic acid
4. Oxbryta	voxelotor
5. Palforzia	peanut (arachis hypogaea) allergen powder
6. Reyvow	lasmiditan

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**Executive Session – Closed to the Public**

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**Preferred Drug Recommendation to the AHCCCS Drug List and/or the AHCCCS Behavioral Health Drug List for the following classes:**

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1. Analgesics, Long Acting Narcotics
  - a. Preferred Products – Prior authorization required for all products.
    - i. Butrans- **Brand Only**
    - ii. Embeda –(note- Voluntarily stopped sale and distribution in October 2019)
    - iii. Fentanyl transdermal (not including the 37.5mg, 62.5 mg & 87.5 strengths)
    - iv. Morphine ER tablet
    - v. Tramadol ER (generic Ultram ER)
    - vi. Xtampza ER- **Brand Only**
  - b. Grandparenting: NA
  - c. 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 members abstained.
  
2. Antibiotics Inhaled
  - a. Preferred Products
    - i. Bethkis
    - ii. Kitabis Pak
  - b. Grandparenting: NA
  - c. 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 members abstained.
  
3. Anticoagulants
  - a. Preferred Products
    - i. Oral Agents
      1. Eliquis, Eliquis Dose Pack
      2. Pradaxa
      3. Xarelto,
      4. Xarelto Dose Pack
      5. Warfarin
    - ii. Injectable Agents
      1. Enoxaparin syringe,
      2. enoxaparin syringe (AG)
      3. Enoxaparin vial (AG)
  - b. Grandparenting: NA
  - c. 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 members abstained.
  
4. Antimigraine Agents, Other
  - a. Preferred Products-

- i. Ajovy (addition)
    - ii. Emgality Syringe 120mg
    - iii. Emgality Pen
  - b. Non Preferred
    - i. Aimovig
    - ii. Emgality Syringe 100mg
    - iii. Nurtec ODT
    - iv. Reyvow
    - v. Ubrelvy
    - vi. Vyepti
  - c. Grandparenting: No
  - 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 members abstained.
- 5. Antipsychotics, Oral Atypical
  - a. Preferred Products – Prior authorization requirements listed on the AHCCCS Drug List are to be continued.
    - i. Oral Agents
      - 1. Aripiprazole tablet
      - 2. Clozapine ODT
      - 3. Clozapine ODT (AG),
      - 4. Clozapine tablet
      - 5. Latuda
      - 6. Olanzapine ODT,
      - 7. Olanzapine tablet
      - 8. Quetiapine tablet
      - 9. Risperidone ODT
      - 10. Risperidone solution
      - 11. Risperidone tablet
      - 12. Ziprasidone capsule
  - b. Grandparenting: NA
  - c. 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 members abstained.
    - iv.
- 6. Antipsychotics Long Acting Injectable
  - a. Preferred Products - Prior authorization requirements listed on the AHCCCS Drug List are to be continued.
    - i. Abilify Maintena
    - ii. Aristada
    - iii. Aristada Initio
    - iv. Invega Sustenna
    - v. Invega Trinza
    - vi. Risperdal Consta

- b. Grandparenting: NA
- c. 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 members abstained.

7. COPD Agents

- a. Preferred Products
  - i. Antimuscarinics-Short Acting
    - 1. Atrovent
    - 2. Ipratropium nebulizer
  - ii. Antimuscarinics-Long Acting
    - 1. Spiriva HandiHaler
    - 2. Tudorza Pressair
  - iii. Beta Agonist/Antimuscarinic Combination-Short Acting
    - 1. Ipratropium/albuterol nebulizer
    - 2. Combivent Respimat
  - iv. Beta Agonist/Antimuscarinic Combination-Long Acting
    - 1. Bevespi Aerosphere –
    - 2. Stiolto Respimat –
- b. Grandparenting: NA
- c. 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 members abstained.

8. Cytokine and CAM Antagonists

- a. Preferred Products
  - i. Xeljanz -Immediate Release Only - Prior authorization Required
  - ii. Enbrel Kit, Enbrel Syringe, Enbrel Pen, Enbrel Mini Cartridge – Prior Authorization Required
  - iii. Humira Kit, Humira Pen Kit – Prior Authorization Required
  - iv. Otezla – Prior Authorization Required
- b. Grandparenting: NA
- c. 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 members abstained.

9. Epinephrine – Self-Injected

- a. Preferred Products
  - i. Epinephrine 0.15mg (generic EpiPen Jr)
  - ii. Epinephrine 0.30mg (generic EpiPen)
- b. Moving to Non-Preferred
  - i. Symjepi
- c. Grandparenting: No
- 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 members abstained.

**iv.**

10. Glucocorticoids, Inhaled

- a. Preferred Products
  - i. Single Agent Products
    - 1. Asmanex
    - 2. Budesonide 1mg Respules
    - 3. Flovent HFA
    - 4. Flovent Diskus (addition)
    - 5. Pulmicort Flexhaler
    - 6. Budesonide .25 and .5 mg Respules (addition)
  - ii. Combination Products
    - 1. Advair Diskus -**Brand Only** (addition)
    - 2. Advair HFA
    - 3. Dulera
    - 4. Symbicort
- b. Moving to Non-Preferred
  - i. Single Agent Products
    - 1. Pulmicort 0.25, 0.5 Respules
- c. Grandparenting: No
- 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 members abstained.

11. Growth Hormone

- a. Preferred Products
  - i. Genotropin Cartridge, Genotropin Disp. Syringe
  - ii. Norditropin Pen
- b. Grandparenting: NA
- c. 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 members abstained.

12. Hepatitis C Agents

- a. Preferred Products
  - i. Mavyret
  - ii. Sofosbuvir/Velpatasvir (AG)
- b. Grandparenting: NA
- c. 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 members abstained.

13. Hypoglycemics, Incretin Mimetics/Enhancers

- 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
  - iii. Glucagon-Like Peptide-1 Receptor Agonists (GLP 1s)
    - 1. Bydureon Pens
    - 2. Bydureon vials (discontinued)
    - 3. Byetta Pens
    - 4. Victoza
- b. Grandparenting: NA
- c. 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 members abstained.

14. Hypoglycemics, Insulin and Related Agents

- a. Preferred Products
  - i. Rapid Acting Insulins
    - 1. Humalog Cartridge (addition)
    - 2. Humalog Pens
    - 3. Humalog Junior Kwikpen (addition)
    - 4. Humalog Vials
    - 5. Novolog Cartridge
    - 6. Novolog Pens
    - 7. Novolog Vials
  - ii. Regular Insulins
    - 1. Humulin R
    - 2. Humulin Pen OTC (addition)
    - 3. Humulin 500 Pens
    - 4. Humulin 500 Vials
  - iii. Intermediate Acting Insulins
    - 1. Humulin N
  - iv. Long-Acting Insulins
    - 1. Lantus Vial
    - 2. Lantus Solostar Pen
    - 3. Levemir Pen
    - 4. Levemir Vials
  - v. Rapid/Intermediate-Acting Combination Insulins



1. Humalog Mix Pens
2. Humalog Mix vials
3. Novolog Mix Pens
4. Novolog Mix vials
- vi. Regular/Intermediate-Acting Combination Insulins
  1. Humulin Pen 70/30 Pen OTC (addition)
  2. Humulin 70/30 Vials
- b. Non-Preferred Products
  - i. Lispro Junior Kwikpen
  - ii. Lispro Protamine Mix Kwikpen
  - iii. Novolin 70/30 Vial OTC
- c. Grandparenting: No
- d. The committee voted on the above recommendations
  - i. 11 committee members voted in favor of the recommendations
  - ii. No committee members voted against the recommendations.
  - iii. One committee member abstained.

15. Opioid Dependence Treatments

- a. Preferred Products
  - i. Buprenorphine/Naloxone Products
    1. Buprenorphine/naloxone sublingual tablet
    2. Suboxone Film – **Brand only**
  - ii. Buprenorphine Products
    1. Buprenorphine sublingual tablet
      - a. Prior authorization is not required for pregnant and postpartum women.
    2. Sublocade subcutaneous- PA Required (Statewide PA criteria to be developed)
  - iii. Naloxone Products
    1. Naloxone syringes
    2. Naloxone vials
    3. Narcan Nasal Spray
  - iv. Naltrexone Products
    1. Naltrexone tablets
    2. Vivitrol
  - v. Alpha Agonist Products
    1. Clonidine tablet
- b. Grandparenting: NA
- c. The committee voted on the above recommendations
  - i. 11 committee members voted in favor of the recommendations
  - ii. No committee members voted against the recommendations.
  - iii. One committee member abstained.

16. Pancreatic Enzymes

- a. Preferred Products
  - i. Creon
  - ii. Zenpep
- b. Grandparenting: NA

- c. 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 members abstained.

17. Progestational Agents

- a. Preferred Products
  - i. Makena Auto Injector
  - ii. Makena MDV - **Brand Only**
  - iii. Makena SDV – **Brand Only**
- b. Grandparenting: NA
- c. 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 members abstained.

18. Stimulants and Related Agents

- a. Preferred Products
  - i. Adderall XR - **Brand Only**
  - ii. amphetamine salt combination
  - iii. Aptensio XR
  - iv. atomoxetine, atomoxetine (AG)
  - v. clonidine ER
  - vi. Concerta – **Brand Only**
  - vii. Daytrana -
  - viii. Dexmethylphenidate
  - ix. Dexmethylphenidate (AG)
  - x. Dextroamphetamine tablet
  - xi. Focalin XR – **Brand only**
  - xii. Guanfacine ER
  - xiii. Methylin Solution – **Brand Only**
  - xiv. Methylphenidate
  - xv. Methylphenidate CD, methylphenidate CD (AG)
  - xvi. Methylphenidate ER (generic Ritalin LA)
  - xvii. Ritalin LA 10mg capsule
  - xviii. Vyvanse Capsule – **Brand Only**
  - xix. Vyvanse Chewable Tablet
- b. Moving to Non-Preferred
  - i. Dynavel XR
  - ii. Quillichew ER
  - iii. Quillivant XR
- c. Grandparenting: No
- 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 members abstained.

## New Drug Recommendations and Vote

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1. Adakveo
  - a. Recommendation is Non-Preferred
    - i. 11 committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
2. Ayvakit
  - a. Recommendation is Non-Preferred
    - i. 11 committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
3. Nexletol
  - a. Recommendation is Non-Preferred
    - i. 11 committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
4. Oxybryta
  - a. Recommendation is Non-Preferred
    - i. 11 committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
5. Palforzia
  - a. Recommendation is Non-Preferred
    - i. 11 committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
6. Reyvow
  - a. Recommendation is Non-Preferred
    - i. 11 committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members 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. Remicade
  - a. Renflexis
  - b. Inflectra
  - c. Avsola
2. Humira
  - a. Hadlima
  - b. Abrilada
3. Enbrel
  - a. Erelzi

**2020 MEETING DATES**

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- **October 14, 2020**

**2021 MEETING DATES**

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- **January 26, 2021**
- **May 19, 2021**

**ADJOURNMENT**

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The meeting adjourned at 4:52 PM  
Minutes recorded by Robin Davis

Suzanne Berman

Suzanne Berman, RPh  
Director of Pharmacy Services

October 14, 2020

Date