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

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

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

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<tbody>
<tr>
<td>1. Adakveo</td>
<td>crizanlizumab-tmca</td>
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<tr>
<td>2. Ayvakit</td>
<td>avapritinib</td>
</tr>
<tr>
<td>3. Nexletol</td>
<td>bempedoic acid</td>
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<tr>
<td>4. Oxbryta</td>
<td>voxelotor</td>
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<tr>
<td>5. Palforzia</td>
<td>peanut (arachis hypogaea) allergen powder</td>
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<tr>
<td>6. Reyvow</td>
<td>lasmiditan</td>
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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:

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.

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.

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. Dextmethylphenidate
      ix. Dextmethylphenidate (AG)
      x. Dextroamphetamine tablet
      xi. Focalin XR – Brand only
      xii. Guanfacine ER
      xiii. Metylin 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

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:

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

- October 14, 2020

2021 MEETING DATES

- January 26, 2021
- May 19, 2021

ADJOURNMENT

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