AHCCCS
Pharmacy and Therapeutics Committee Meeting Minutes
October 14, 2020
12:00PM- 5:00 PM
Teleconference

Members Present:
Yvonne Johnson
Stephen Borodkin
Andrew Thatcher
Angela Balascak
Charles Goldstein
Kelly Flannigan
Raul Romero
Aida Amado
Aimee Schwartz
Sandy Brownstein

AHCCCS Staff:
Suzi Berman
Susan Junck
Lauren Prole
Robin Davis

Magellan Medicaid Admin:
Chris Andrews
Justin Johnson

Members Absent:
Loann Nguy
Craig Sparazzo
Kendra Gray
WELCOME AND INTRODUCTIONS: SUZI BERMAN, RPH, DIRECTOR OF PHARMACY, AHCCCS

1. Suzi Berman called the meeting to order at 12:11 PM and welcomed committee members, staff and public attendees.
2. The meeting minutes from the May 2020 meeting were reviewed and approved with no changes.

NON-SUPPLEMENTAL REBATE CLASS REVIEW: JUSTIN JOHNSON, PHARMD, MAGELLAN

1. Antimigraine Agents - Triptans
   a. Public Testimony: None

2. Leukotriene Modifiers Oral Agents
   a. Public Testimony: None

3. Phosphate Binders
   a. Public Testimony: None

4. Sedative Hypnotics
   a. Public Testimony: None

5. Antifungals – Oral Agents
   a. Public Testimony: None

6. Antifungals - Topicals
   a. Public Testimony: None

7. Beta Blockers
   a. Public Testimony: None

8. BPH Treatments
   a. Public Testimony: None

9. Calcium Channel Blockers
   a. Public Testimony: None

10. Contraceptives – Oral Agents
    a. Public Testimony: None

11. Contraceptives - Other
12. Bladder Relaxant Preparations
   a. Public Testimony: None

13. Antiparkinson Agents
   a. Public Testimony: None

14. Lipotropics - Statins
   a. Public Testimony: None

15. Lipotropics - Other
   a. Public Testimony: None

16. Proton Pump Inhibitors
   a. Public Testimony: None

17. Acne Agents - Topicals
   a. Public Testimony: None

New Drug Reviews: JUSTIN JOHNSON, PHARMD, MAGELLAN

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<td>1. Oriahnn</td>
<td>elagolix/estradiol/norethindrone</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. **Antimigraine Agents, Triptans**
   a. **Preferred Products**
      i. NARATRIPTAN (ORAL)
      ii. RIZATRIPTAN ODT (ORAL)
      iii. RIZATRIPTAN TABLET (ORAL)
      iv. SUMATRIPTAN KIT (SUBCUTANE.)
      v. SUMATRIPTAN KIT (SUN) (SUBCUTANE.)
      vi. SUMATRIPTAN (ORAL)
      vii. SUMATRIPTAN VIAL (SUBCUTANE.)
      viii. ZOLMITRIPTAN ODT (AG) (ORAL)
      ix. ZOLMITRIPTAN ODT (ORAL)
      x. ZOLMITRIPTAN TABLET (AG) (ORAL)
      xi. ZOLMITRIPTAN TABLET (ORAL)
      xii. ZOMIG (NASAL) (step therapy applies- must try Imitrex nasal spray first)

   b. **Grandparenting:** Applies for Zomig Nasal spray
   c. The committee voted on the above recommendations
      i. All committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

2. **Leukotriene Modifiers**
   a. **Preferred Products – Note: PA is not required for children less than 4 years old**
      i. MONTELUKAST TABLET (ORAL)
      ii. MONTELUKAST CHEWABLE TABLET (ORAL)
      iii. MONTELUKAST GRANULES (ORAL)

   b. **Grandparenting:** No
   c. The committee voted on the above recommendations
      i. All committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

3. **Phosphate Binders**
   a. **Preferred Products**
      i. CALCIUM ACETATE CAPSULE (ORAL)
      ii. CALCIUM ACETATE TABLET (ORAL)
iii. SEVELAMER CARBONATE TABLET (AG) (ORAL)
iv. SEVELAMER CARBONATE TABLET (ORAL)

b. Grandparenting: No
c. The committee voted on the above recommendations
   i. All committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.

4. Sedative Hypnotics
   a. Preferred Products-
      i. ESZOPICLONE (ORAL)
   ii. ROZEREM (ORAL) – Step therapy required - must try 2 other preferred products
   iii. TEMAZEPAM (ORAL) – 15 mg and 30 mg capsules
   iv. ZOLPIDEM (ORAL)

b. Non Preferred
   i. DAYVIGO (ORAL)

c. Grandparenting: No

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

5. Antifungals, Oral
   a. Preferred Products – Prior authorization requirements listed on the AHCCCS Drug List are to be continued.
      i. Oral Agents
         1. CLOTRIMAZOLE (MUCOUS MEM)
         2. FLUCONAZOLE SUSPENSION (ORAL)
         3. FLUCONAZOLE TABLET (ORAL)
         4. GRISEOFULVIN SUSPENSION (ORAL)
         5. GRISEOFULVIN TABLETS (ORAL)
         6. NYSTATIN SUSPENSION (ORAL)
         7. NYSTATIN TABLET (ORAL)
         8. TERBINAFINE (ORAL)

b. Grandparenting: No
c. The committee voted on the above recommendations
   i. All committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.
6. Antifungals, Topical
   a. Preferred Products -
      i. CICLOPIROX CREAM (TOPICAL)
      ii. CICLOPIROX SOLUTION (TOPICAL)
      iii. CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)
      iv. CLOTRIMAZOLE CREAM OTC (TOPICAL)
      v. CLOTRIMAZOLE CREAM RX (TOPICAL)
      vi. CLOTRIMAZOLE SOLUTION OTC (TOPICAL)
      vii. KETOCONAZOLE CREAM (TOPICAL)
      viii. KETOCONAZOLE SHAMPOO (TOPICAL)
      ix. LOTRIMIN ULTRA OTC (TOPICAL)
      x. MICONAZOLE CREAM OTC (TOPICAL)
      xi. MICONAZOLE POWDER OTC (TOPICAL)
      xii. NYSTATIN CREAM (TOPICAL)
      xiii. NYSTATIN OINT (TOPICAL)
      xiv. NYSTATIN POWDER (TOPICAL)
      xv. TERBINAFINE CREAM OTC (TOPICAL)
      xvi. TOLNAFTATE CREAM OTC (TOPICAL)
      xvii. TOLNAFTATE POWDER OTC (TOPICAL)
      xviii. TOLNAFTATE AERO POWDER OTC (TOPICAL)
   b. Non-Preferred
      i. MICONAZOLE OINT OTC (TOPICAL)
      ii. MICONAZOLE SPRAY OTC (TOPICAL)
      iii. TOLNAFTATE SPRAY OTC (TOPICAL)
   c. AHCCCS will review these products internally for final determination as recommended by the committee
      i. CICLOPIROX SUSPENSION (TOPICAL)
      ii. CLOTRIMAZOLE SOLUTION RX (TOPICAL)
   d. Grandparenting: No
   e. The committee voted on the above recommendations
      i. All committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.
7. Beta Blockers
   a. Preferred Products
      i. ATENOLOL (ORAL)
      ii. ATENOLOL / CHLORTHALIDONE (ORAL)
      iii. BISOPROLOL HCTZ (ORAL)
      iv. BISOPROLOL (ORAL)
      v. CARVEDILOL (ORAL)
      vi. LABETALOL (ORAL)
      vii. METOPROLOL / HCTZ (ORAL)
      viii. METOPROLOL (ORAL)
     ix. NADOLOL (ORAL)- Available without PA for children and adolescents under the age of 19
     x. METOPROLOL XL (ORAL)
    xi. PROPRANOLOL ER (ORAL)
   xii. PROPRANOLOL ER (AG) (ORAL)
    xiii. PROPRANOLOL / HCTZ (ORAL)
    xiv. PROPRANOLOL SOLUTION (ORAL)
     xv. PROPRANOLOL TABLET (ORAL)
    xvi. SOTALOL (ORAL)
   b. Grandparenting: Yes
   c. The committee voted on the above recommendations
      i. All committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

8. BPH Treatments
   a. Preferred Products
      i. ALFUZOSIN (ORAL)
      ii. DOXAZOSIN (ORAL)
      iii. DUTASTERIDE (ORAL)
      iv. FINASTERIDE (ORAL)
      v. TAMSULOSIN (ORAL)
      vi. TERAZOSIN (ORAL)
   b. Grandparenting: No
   c. The committee voted on the above recommendations
      i. All committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
iii. No committee members abstained.

9. Calcium Channel Blockers
   a. Preferred Products
      i. AMLODIPINE (ORAL)
      ii. DILTIAZEM CAPSULE ER (ORAL)
      iii. DILTIAZEM TABLET (ORAL)
      iv. FELODIPINE ER (ORAL)
      v. NIFEDIPINE IR (ORAL)
      vi. NIFEDIPINE ER (ORAL)
      vii. VERAPAMIL CAPSULE ER (ORAL)
      viii. VERAPAMIL TABLET ER (ORAL)
      ix. VERAPAMIL TABLET (ORAL)

   b. Non-Preferred
      i. VERAPAMIL ER PM (ORAL)

   c. Grandparenting: No

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

10. Contraceptives, Oral
    a. Combination Pills
       i. Preferred
          1. AFIRMELLE (ORAL)
          2. ALTAVERA (ORAL)
          3. ALYACEN MONOPHASIC (ORAL)
          4. ALYACEN TRIPHASIC (ORAL)
          5. AMETHIA (ORAL)
          6. APRI (ORAL)
          7. ARANELLE (ORAL)
          8. AUBRA (ORAL)
          9. AUBRA EQ (ORAL)
          10. AUROVELA (ORAL)
          11. AUROVELA 24 FE (ORAL)
          12. AUROVELA FE (ORAL)
          13. AVIANE (ORAL)
          14. AYUNA (ORAL)
          15. AZURETTE (ORAL)
          16. BALZIVA (ORAL)
          17. BEKYREE (ORAL)
18. BLISOVI 24 FE (ORAL)
19. BLISOVI FE (ORAL)
20. BRIELLYN (ORAL)
21. CHATEAL (ORAL)
22. CHATEAL EQ (ORAL)
23. CRYSELLE (ORAL)
24. CYCLAFEM TRIPHASIC (ORAL)
25. CYRED (ORAL)
26. DASETTA MONOPHASIC (ORAL)
27. DASETTA TRIPHASIC (ORAL)
28. DESOGESTREL/ETHINYL ESTRADIOL (ORAL)
29. ELINEST (ORAL)
30. ENPRESSE (ORAL)
31. ENSKYCE (ORAL)
32. ESTARYLLA (ORAL)
33. ETHINYL ESTRADIOL/DROSPIRENONE (ORAL)
34. ETHYNODIOL D-ETHINYL ESTRADIOL (ORAL)
35. ETHYNODIOL/ETHINYL ESTRADIOL (ORAL)
36. FALMINA (ORAL)
37. FEMYNOR (ORAL)
38. GIANVI (ORAL)
39. HAILEY 24 FE (ORAL)
40. HAILEY FE (ORAL)
41. HAILEY TABLET (ORAL)
42. ISIBLOOM (ORAL)
43. JASMIEL (ORAL)
44. JULEBER (ORAL)
45. JUNEL (ORAL)
46. JUNEL FE (ORAL)
47. JUNEL FE 24 (ORAL)
48. KAITLIB FE (ORAL)
49. KARIVA (ORAL)
50. KELNOR 1-35 (ORAL)
51. KELNOR 1-50 (ORAL)
52. KURVELO (ORAL)
53. LARIN (ORAL)
54. LARIN 24 FE (ORAL)
55. LARIN FE (ORAL)
56. LARISSIA (ORAL)
57. LESSINA (ORAL)
58. LEVONEST (ORAL)
59. LEVONORGESTREL/ETHINYL ESTRADIOL MONOPHASIC (LUPIN) (ORAL)
60. LEVONORGESTREL/ETHINYL ESTRADIOL TRIPHASIC (ORAL)
61. LEVORA (ORAL)
62. LILLOW (ORAL)
63. LORYNA (ORAL)
64. LOW-OGESTREL (ORAL)
65. LO-ZUMANDIMINE (ORAL)
66. LUTERA (ORAL)
67. MARLISSA (ORAL)
68. MELODETTA 24 FE (ORAL)
69. MICROGESTIN (ORAL)
70. MICROGESTIN FE (ORAL)
71. MILI (ORAL)
72. NECON MONOPHASIC (ORAL)
73. NIKKI (ORAL)
74. NORETHINDRONE/ETHINYL ESTRADIOL (ORAL)
75. NORETHINDRONE/ETHINYL ESTRADIOL FE (ORAL)
76. NORETHINDRONE/ETHINYL ESTRADIOL FE MONOPHASIC (FEMCON FE) (ORAL)
77. NORETHINDRONE/ETHINYL ESTRADIOL FE MONOPHASIC (GENERESS FE) (ORAL)
78. NORGESTIMATE/ETHINYL ESTRADIOL MONOPHASIC (ORAL)
79. NORGESTIMATE/ETHINYL ESTRADIOL TRIPHASIC (ORAL)
80. NORTREL MONOPHASIC (ORAL)
81. NORTREL TRIPHASIC (ORAL)
82. ORSYTHIA (ORAL)
83. ORTHO TRI-CYCLEN (ORAL)
84. ORTHO-NOVUM TRIPHASIC (ORAL)
85. PHILITH (ORAL)
86. PIMTREA (ORAL)
87. PIRMELLA (ORAL)
88. PIRMELLA (ORAL)
89. PORTIA (ORAL)
90. RECLIPSEN (ORAL)
91. SIMLIYA (ORAL)
92. SPRINTEC (ORAL)
93. SRONYX (ORAL)
94. SYEDA (ORAL)
95. TARINA 24 FE (ORAL)
96. TARINA FE (ORAL)
97. TARINA FE 1-20 EQ (ORAL)
98. TRI FEMYNOR (ORAL)
99. TRI-ESTARYLLA (ORAL)
100. TRI-LEGEST FE (ORAL)
101. TRI-LO-ESTARYLLA (ORAL)
102. TRI-LO-MARZIA (ORAL)
103. TRI-LO-MILI (ORAL)
104. TRI-LO-SPRINTEC (ORAL)
105. TRI-MILI (ORAL)
106. TRI-PREVIFEM (ORAL)
107. TRI-SPRINTEC (ORAL)
108. TRIVORA (ORAL)
109. TRI-VYLIBRA (ORAL)
110. TRI-VYLIBRA LO (ORAL)
111. VELIVET (ORAL)
112. VIENVA (ORAL)
113. VIORELE (ORAL)
114. VOLNEA (ORAL)
115. VYFEMLA (ORAL)
116. VYLIBRA (ORAL)
117. WERA (ORAL)
118. ZARAH (ORAL)
119. ZOVIA (ORAL)
120. ZUMANDIMINE (ORAL)

b. Combined Pill
   i. Non Preferred
      1. BALCOLTRA (ORAL)
      2. BEYAZ (ORAL)
      3. CAZIANT (ORAL)
      4. CHARLOTTE 24 FE (ORAL)
      5. CYCLAFEM MONOPHASIC (ORAL)
      6. CYRED EQ (ORAL)
      7. DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE (ORAL)
      8. EMOQUETTE (ORAL)
      9. ESTROSTEP FE (ORAL)
     10. GENERESS FE (ORAL)
     11. KALLIGA (ORAL)
     12. LAYOLIS FE (ORAL)
     13. LEENA (ORAL)
     14. LO LOESTRIN FE (ORAL)
     15. LOESTRIN (ORAL)
     16. LOESTRIN FE (ORAL)
     17. MIBELAS 24 FE (ORAL)
     18. MINASTRIN 24 FE (ORAL)
     19. MIRCETTE (ORAL)
     20. MONO-LINYAH (ORAL)
     21. NATAZIA (ORAL)
     22. OCELLA (ORAL)
     23. OGESTREL (ORAL)
     24. PREVIFEM (ORAL)
     25. SAFYRAL (ORAL)
     26. TAYTULLA (ORAL)
     27. TILIA FE (ORAL)
     28. TRI-LINYAH (ORAL)
     29. TRINESSA (ORAL)
     30. TYDEMY (ORAL)
     31. WYMZYA FE (ORAL)
     32. YASMIN (ORAL)
     33. YAZ (ORAL)

c. Emergency Contraceptives
   i. Preferred
      1. AFTERA OTC (ORAL)
      2. LEVONORGESTREL OTC (ORAL)
3. MY CHOICE OTC (ORAL)
4. MY WAY OTC (ORAL)
5. NEW DAY OTC (ORAL)
6. OPTION 2 OTC (ORAL)
7. PLAN B ONE-STEP OTC (ORAL)
8. TAKE ACTION OTC (ORAL)

ii. Non-Preferred
1. ECONTRA EZ OTC (ORAL)
2. ECONTRA OTC (ORAL)
3. ELLA (ORAL)
4. OPCICON ONE-STEP OTC (ORAL)

d. Extended Continuous Use Combined Pill
i. Preferred Products
1. AMETHIA LO (ORAL)
2. AMETHYST (ORAL)
3. CAMRESE (ORAL)
4. CAMRESE LO (ORAL)
5. INTROVALE (ORAL)
6. JAIMIESS (ORAL)
7. LEVONORGESTREL/ETHINYL ESTRADIOL (LYBREL) (ORAL)
8. LEVONORGESTREL/ETHINYL ESTRADIOL EXTENDED CYCLE (ORAL)
9. SETLAKIN (ORAL)
10. SIMPESSE (ORAL)

ii. Non-Preferred Products
1. ASHLYNA (ORAL)
2. DAYSEE (ORAL)
3. FAYOSIM (ORAL)
4. JOLESSA (ORAL)
5. LEVONORGESTREL/ETHINYL ESTRADIOL (SEASONIQUE) (ORAL)
6. LEVONORGESTREL/ETHINYL ESTRADIOL LO (ORAL)
7. LEVONORGESTREL/ETHINYL ESTRADIOL (ORAL)
8. LOJAIMIESS (ORAL)
9. LOSEASONIQUE (ORAL)
10. QUARTETTE (ORAL)
11. RIVELSA (ORAL)
12. SEASONIQUE (ORAL)

e. Progestin Only
i. Preferred Products
1. CAMILA (ORAL)
2. DEBLITANE (ORAL)
3. ERRIN (ORAL)
4. HEATHER (ORAL)
5. JENCYCLA (ORAL)
6. NORETHINDRONE (ORAL)
ii. Non-Preferred Products
   1. INCASSIA (ORAL)
   2. LYZA (ORAL)
   3. NORA-BE (ORAL)
   4. SLYND (ORAL)
   5. TULANA (ORAL)

f. Contraceptives, Other
   i. Preferred Products
      1. Implantable Rod – Available via buy and bill
         a. NEXPLANON (SUBCUTANEOUS)
   ii. Preferred Products
      1. Copper IUD - Available via buy and bill
         a. PARAGARD T 380-A (INTRAUTERI)
   iii. Preferred Products
      1. Progestin IUD - Available via buy and bill
         a. KYLEENA (INTRAUTERI)
         b. LILETTA (INTRAUTERI)
         c. MIRENA (INTRAUTERI)
         d. SKYLA (INTRAUTERI)
   iv. Patch
      1. Preferred Products
         a. XULANE (TRANSDERM)
   v. Shot/Injection
      1. Preferred
         a. MEDROXYPROGESTERONE ACETATE DISP SYRINGE (INTRAMUSC)
         b. MEDROXYPROGESTERONE ACETATE VIAL (INTRAMUSC)
      2. Non-Preferred
         a. DEPO-PROVERA DISP SYRIN (INTRAMUSC)
         b. DEPO-PROVERA VIAL (INTRAMUSC)
         c. DEPO-SUBQ PROVERA 104 (SUB-Q)
   vi. Spermicide alone
      1. Non-Preferred
         a. PHEXXI (VAGINAL)
   vii. Vaginal Contraceptive Ring
      1. Preferred
         a. NUVARING (VAGINAL)
2. Non-Preferred
   a. ANNOVERA (VAGINAL)
   b. ETONOGESTREL/ETHINYL ESTRADIOL RING (AG) (VAGINAL)
   c. ETONOGESTREL/ETHINYL ESTRADIOL RING (VAGINAL)

   g. Grandparenting- AHCCCS will review internally for final determination as recommended by the committee for oral products. Grandparenting will not apply for all other products.

   h. The committee voted on the above recommendations
      i. All committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

11. Bladder Relaxant Preparations
   a. Preferred Products
      i. DETROL (ORAL) – Brand only
      ii. DETROL LA (ORAL) – Brand only
      iii. OXYBUTYNYLER (ORAL)
      iv. OXYBUTYNYL SYRUP (ORAL)
      v. OXYBUTYNYL TABLET (ORAL)
      vi. TOVIAZ (ORAL)

   b. Non-Preferred
      i. DARIFENACIN ER (AG) (ORAL)
      ii. DARIFENACIN ER (ORAL)
      iii. DITROPAN XL (ORAL)
      iv. ENABLEX (ORAL)
      v. FLAVOXATE (ORAL)
      vi. GELNIQUE (TRANSDERM.)
      vii. MYRBETRIQ (ORAL)
      viii. OXYTROL (TRANSDERM.)
      ix. OXYTROL FOR WOMEN OTC (TRANSDERMAL)
      x. SOLIFENACIN (ORAL)
      xi. TOLTERODINE (ORAL)
      xii. TOLTERODINE ER (AG) (ORAL)
      xiii. TOLTERODINE ER (ORAL)
      xiv. TROPIUM (ORAL)
      xv. TROPIUM ER (ORAL)
      xvi. VESICARE (ORAL)

   c. Grandparenting: Myrbetriq only

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

12. Antiparkinson’s Agents
   a. Preferred Products
      i. AMANTADINE CAPSULE (ORAL)
      ii. AMANTADINE SYRUP (ORAL)
      iii. BENZTROPINE (ORAL)
      iv. BROMOCRIPTINE (ORAL)
      v. CARBIDOPA / LEVODOPA (ORAL)
      vi. CARBIDOPA / LEVODOPA ER (ORAL)
      vii. ENTACAPONE (ORAL)
      viii. PRAMIPEXOLE (ORAL)
      ix. ROPINIROLE (ORAL)
      x. TRIHEXYPHENIDYL ELIXIR (ORAL)
      xi. TRIHEXYPHENIDYL TABLET (ORAL)
   b. Non-Preferred Products
      i. AMANTADINE TABLET (ORAL) a
      ii. APOKYN (SUBCUTANEOUS)
      iii. AZILECT (ORAL)
      iv. CARBIDOPA (ORAL)
      v. CARBIDOPA / LEVODOPA ODT (ORAL)
      vi. CARBIDOPA/LEVODOPA/ENTACAPONE (ORAL)
      vii. COMTAN (ORAL)
      viii. DUOPA (MISCELL)
      ix. GOCOVRI (ORAL)
      x. INBRIJA (INHALATION)
      xi. KYNMOBI (SUBLINGUAL)
      xii. LODOSYN (ORAL)
      xiii. MIRAPEX ER (ORAL)
      xiv. NEUPRO (TRANSDERM)
      xv. NOURIANZ (ORAL)
      xvi. OSMOLEX ER (ORAL)
      xvii. PRAMIPEXOLE ER (ORAL)
      xviii. RASAGILINE (ORAL)
      xix. REQUIP XL (ORAL)
      xx. ROPINIROLE ER (ORAL)
      xxi. RYTARY (ORAL)
      xxii. SELEGILINE CAPSULE (ORAL)
      xxiii. SELEGILINE TABLET (ORAL)
      xxiv. STALEVO (ORAL)
      xxv. TOLCAPONE (ORAL)
      xxvi. XADAGO (ORAL)
      xxvii. ZELAPAR (ORAL)
   c. Grandparenting: No
   d. The committee voted on the above recommendations
      i. All committee members voted in favor of the recommendations
ii. No committee members voted against the recommendations.

iii. No committee members abstained.

13. Lipotropics, Statins
   a. Preferred Products
      i. ATORVASTATIN (ORAL)
      ii. LOVASTATIN (ORAL)
      iii. PRAVASTATIN (ORAL)
      iv. ROSUVASTATIN (ORAL)
      v. SIMVASTATIN TABLET (ORAL)
   
   b. Non-Preferred Products
      i. ALTOPREV (ORAL)
      ii. AMLODIPINE-ATORVASTATIN (ORAL)
      iii. CADUET (ORAL)
      iv. CRESTOR (ORAL)
      v. EZALLOR SPRINKLE (ORAL)
      vi. EZETIMIBE-SIMVASTATIN (ORAL)
      vii. FLUVASTATIN (ORAL)
      viii. FLUVASTATIN ER (AG) (ORAL)
      ix. FLUVASTATIN ER (ORAL)
      x. LESCOL XL (ORAL)
      xi. LIPITOR (ORAL)
      xii. LIVALO (ORAL)
      xiii. PRAVACHOL (ORAL)
      xiv. VYTORIN (ORAL)
      xv. ZOCOR (ORAL)
      xvi. ZYPITAMAG (ORAL)

   c. Grandparenting: No

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

14. Lipotropics, Other
   a. Preferred Products
      i. CHOLESTYRAMINE/ASPARTAME (ORAL)
      ii. CHOLESTYRAMINE/SUCROSE (ORAL)
      iii. COLESTIPOL TABLET (ORAL)
      iv. EZETIMIBE (ORAL)
      v. FENOFIBRATE CAPSULE (LOFIBRA) (ORAL)
      vi. FENOFIBRATE TABLET (AG) (TRICOR) (ORAL)
      vii. FENOFIBRATE TABLET (LOFIBRA) (ORAL)
      viii. FENOFIBRATE TABLET (TRICOR) (ORAL)
ix. GEMFIBROZIL (ORAL)
x. NIACIN CAPSULE ER OTC (ORAL)
xi. NIACIN TABLET ER OTC (ORAL)
xii. OMEGA-3 OTC (ORAL)

b. Non-Preferred Products
   i. ANTARA (ORAL)
   ii. COLESEVELAM (AG) (ORAL)
   iii. COLESEVELAM (ORAL)
   iv. COLESEVELAM POWDER PACK (AG) (ORAL)
   v. COLESEVELAM POWDER PACK (ORAL)
   vi. COLESTID GRANULES (ORAL)
   vii. COLESTID TABLET (ORAL)
   viii. COLESTIPOL GRANULES (ORAL)
   ix. FENOFIBRATE (ANTARA) (ORAL)
   x. FENOFIBRATE (FENOGLIDE) (AG) (ORAL)
   xi. FENOFIBRATE (FENOGLIDE) (ORAL)
   xii. FENOFIBRATE CAPSULE (LIPOFEN) (ORAL)
   xiii. FENOFIBRIC ACID (FIBRICOR) (ORAL)
   xiv. FENOFIBRIC ACID (TRILIPIX) (AG) (ORAL)
   xv. FENOFIBRIC ACID (TRILIPIX) (ORAL)
   xvi. FENOGLIDE (ORAL)
   xvii. JUXTAPID (ORAL)
   xviii. LIPOFEN (ORAL)
   xix. LOPID (ORAL)
   xx. LOVAZA (ORAL)
   xxi. NEXLETOL (ORAL)
   xxii. NEXLIZET (ORAL)
   xxiii. NIACIN ER (ORAL)
   xxiv. NIACIN TABLET OTC (ORAL)
   xxv. NIASPAN (ORAL)
   xxvi. OMEGA-3 ACID ETHYL ESTERS (ORAL)
   xxvii. PRALUENT PEN (SUBCUTANEOUS)
   xxviii. REPATHA PUSHTRONEX (SUBCUTANEOUS)
   xxix. REPATHA SURECLICK (SUBCUTANEOUS)
   xxx. REPATHA SYRINGE (SUBCUTANEOUS)
   xxxi. TRICOR (ORAL)
   xxxii. TRILIPIX (ORAL)
   xxxiii. VASCEPA (ORAL)
   xxxiv. WELCHOL POWDER PACK (ORAL)
   xxxv. WELCHOL TABLET (ORAL)
   xxxvi. ZETIA (ORAL)

c. Grandparenting: No
d. The committee voted on the above recommendations
   i. All committee members voted in favor of the recommendations
   ii. No committee members voted against the recommendations.
   iii. No committee members abstained.
15. Proton Pump Inhibitors  
   a. Preferred Products  
      i. ESOMEPRAZOLE CAPSULES (AG) (ORAL)  
      ii. ESOMEPRAZOLE SUSPENSION (ORAL)- Available without PA for children and adolescents under the age of 19  
      iii. Lansoprazole Capsules (ORAL)  
      iv. Lansoprazole Solutab (ORAL)- Available without PA for children and adolescents under the age of 19  
      v. OMEPRAZOLE (ORAL)  
      vi. Pantoprazole (ORAL)  
      vii. PROTONIX SUSPENSION (ORAL)- Available without PA for children and adolescents under the age of 19  
   b. Non-Preferred Products  
      i. ACIPHEX SPRINKLE (ORAL)  
      ii. ACIPHEX TABLETS (ORAL)  
      iii. DEXILANT (ORAL)  
      iv. ESOMEPRAZOLE CAPSULES (ORAL)  
      v. Lansoprazole Capsules OTC (ORAL)  
      vi. NEXIUM (ORAL)  
      vii. NEXIUM SUSPENSION (ORAL)  
      viii. OMEPRAZOLE / SODIUM BICARBONATE (ORAL)  
      ix. OMEPRAZOLE MAGNESIUM OTC (ORAL)  
      x. OMEPRAZOLE OTC (ORAL)  
      xi. PREVACID CAPSULES (ORAL)  
      xii. PREVACID SOLUTAB (ORAL)  
      xiii. PRILOSEC SUSPENSION (ORAL)  
      xiv. PROTONIX (ORAL)  
      xv. RABEPRAZOLE TABLETS (ORAL)  
      xvi. ZEGERID (ORAL)  
   c. Grandparenting: No  
   d. The committee voted on the above recommendations  
      i. All committee members voted in favor of the recommendations.  
      ii. No committee members voted against the recommendations.  
      iii. No committee members abstained.

16. Acne Agents, Topical  
   a. Preferred Products  
      i. BENZOYL PEROXIDE 10% WASH OTC (TOPICAL)  
      ii. BENZOYL PEROXIDE 5% WASH OTC (TOPICAL)  
      iii. BENZOYL PEROXIDE 6% CLEANSER OTC (TOPICAL)  
      iv. BENZOYL PEROXIDE GEL OTC (TOPICAL)  
      v. BENZOYL PEROXIDE LOTION OTC (TOPICAL)  
      vi. CLINDAMYCIN / BENZOYL PEROXIDE (DUAC) (TOPICAL)
vii. CLINDAMYCIN PHOSPHATE GEL (TOPICAL)  
viii. CLINDAMYCIN PHOSPHATE LOTION (TOPICAL)  
ix. CLINDAMYCIN PHOSPHATE MED. SWAB (TOPICAL)  
x. CLINDAMYCIN PHOSPHATE SOLUTION (TOPICAL)  
xii. ERYTHROMYCIN SOLUTION (TOPICAL)  
x xi. RETIN-A CREAM (TOPICAL)  
xxii. RETIN-A GEL (TOPICAL)  

b. Non-Preferred Products  
i. ACANYA W/PUMP (TOPICAL)  
ii. ACNE CLEARING SYSTEM OTC (TOPICAL)  
iii. ACNE MEDICATION GEL OTC (TOPICAL)  
iv. ACNEFREE SEVERE KIT OTC (TOPICAL)  
v. ACZONE GEL (TOPICAL)  
vi. ACZONE GEL W/PUMP (TOPICAL)  
vii. AKLIEF (TOPICAL)  
viii. ALTRENO (TOPICAL)  
ix. AMZEEQ (TOPICAL)  
x. ARAZLO (TOPICAL)  
xi. ATRALIN (TOPICAL)  
xii. AVAR CLEANSER (TOPICAL)  
xiii. AVAR FOAM (TOPICAL)  
xiv. AVAR LS MEDICATED PAD (TOPICAL)  
xv. AVAR MEDICATED PAD (TOPICAL)  
xvi. AVAR-E (TOPICAL)  
xvii. AVITA CREAM (TOPICAL)  
xviii. AZELEX (TOPICAL)  
xix. BENZACLIN (TOPICAL)  
xx. BENZACLIN W/PUMP (TOPICAL)  
xxi. BENZAMYCIN (TOPICAL)  
xxii. BENZOYL PEROXIDE TOWELETTE OTC (TOPICAL)  
xxiii. BP 10-1 (TOPICAL)  
xxiv. CLEOCIN T GEL (TOPICAL)  
xxv. CLEOCIN T LOTION (TOPICAL)  
xxvi. CLINDACIN PAC KIT (TOPICAL)  
xxvii. CLINDAGEL (TOPICAL)  
xxviii. CLINDAMYCIN / BENZOYL PEROXIDE (ACANYA) W/PUMP (TOPICAL)  
xxix. CLINDAMYCIN / BENZOYL PEROXIDE (BENZAACLIN) (TOPICAL)  
xxx. CLINDAMYCIN / BENZOYL PEROXIDE (BENZAACLIN) W/PUMP (TOPICAL)  
xxxi. CLINDAMYCIN / TRETINOIN (AG) (TOPICAL)  
xxxii. CLINDAMYCIN / TRETINOIN (TOPICAL)  
xxxiii. CLINDAMYCIN PHOSPHATE FOAM (TOPICAL)  
xxxiv. CLINDAMYCIN PHOSPHATE GEL (CLINDAGEL) (AG) (TOPICAL)  
xxxv. DAPSONE GEL (AG) (TOPICAL)  
xxxvi. DAPSONE GEL (TOPICAL)  
xxxvii. DIFFERIN CREAM (TOPICAL)  
xxxviii. DIFFERIN GEL OTC (TOPICAL)  
xxxix. DIFFERIN GEL PUMP (TOPICAL)
xl. DIFFERIN LOTION (TOPICAL)
xli. EPIDUO (TOPICAL)
xlii. EPIDUO FORTE GEL W/PUMP (TOPICAL)
xliii. ERYTHROMYCIN GEL (AG) (TOPICAL)
xliv. ERYTHROMYCIN GEL (TOPICAL)
xlv. ERYTHROMYCIN MED. SWAB (TOPICAL)
xlvi. ERYTHROMYCIN-BENZOYL PEROXIDE (TOPICAL)
xlvii. EVOCLIN (TOPICAL)
xlviii. FABIOR (TOPICAL)
xlix. NEUAC (TOPICAL)
   l. NEUAC KIT (TOPICAL)
   li. ONEXTON W/PUMP (TOPICAL)
   lii. OVACE PLUS CREAM ER (TOPICAL)
   liii. OVACE PLUS FOAM (TOPICAL)
   liv. OVACE PLUS LOTION (TOPICAL)
   lv. OVACE PLUS WASH (TOPICAL)
   lvi. OVACE WASH (TOPICAL)
   lvii. PANOXYL 10 OTC (TOPICAL)
   lviii. RETIN-A MICRO 0.04%, 0.1% (TOPICAL)
   lix. RETIN-A MICRO 0.04%, 0.1% PUMP (TOPICAL)
   lx. RETIN-A MICRO 0.06% PUMP (TOPICAL)
   lxi. RETIN-A MICRO 0.08% PUMP (TOPICAL)
   lxii. SSS 10-5 FOAM (TOPICAL)
   lxiii. SULFACETAMIDE / SULFUR / UREA CLEANSER (TOPICAL)
   lxiv. SULFACETAMIDE / SULFUR CLEANSER (TOPICAL)
   lxv. SULFACETAMIDE / SULFUR LOTION (TOPICAL)
   lxvi. SULFACETAMIDE / SULFUR MED. PAD (TOPICAL)
   lxvii. SULFACETAMIDE / SULFUR SUSPENSION (TOPICAL)
   lxviii. SULFACETAMIDE CLEANSER (TOPICAL)
   lxix. SULFACETAMIDE SHAMPOO (TOPICAL)
   lxx. SULFACETAMIDE SODIUM CLEANSER ER (TOPICAL)
   lxxi. SULFACETAMIDE SODIUM/SULFUR (TOPICAL)
   lxxii. SULFACETAMIDE SODIUM/SULFUR CREAM (TOPICAL)
   lxxiii. SULFACETAMIDE SUSPENSION (TOPICAL)
   lxxiv. SULFACETAMIDE/SULFUR/CLEANSER KIT (TOPICAL)
   lxxv. SUMADAN WASH (TOPICAL)
   lxxvi. SUMAXIN CP KIT (TOPICAL)
   lxxvii. TAZAROTENE CREAM (AG) (TOPICAL)
   lxxviii. TAZAROTENE CREAM (TOPICAL)
   lxxix. TAZORAC CREAM (TOPICAL)
   lxxx. TAZORAC GEL (TOPICAL)
   lxxxi. TRETINOIN CREAM (TOPICAL)
   lxxxii. TRETINOIN GEL (ATRALIN) (TOPICAL)
   lxxxiii. TRETINOIN GEL (AVITA, RETIN-A) (AG) (TOPICAL)
   lxxxiv. TRETINOIN GEL (AVITA, RETIN-A) (TOPICAL)
   lxxv. TRETINOIN GEL (AVITA, RETIN-A) (AG) (TOPICAL)
   lxxvi. TRETINOIN MICROSPHERES GEL 0.04%, 0.1% (AG) (TOPICAL)
   lxxvii. TRETINOIN MICROSPHERES GEL 0.04%, 0.1% PUMP (AG) (TOPICAL)
lxxxviii. TRETIN-X (TOPICAL)
lxxxix. TRETIN-X COMBO PACK (TOPICAL)
xc. ZIANA (TOPICAL)

c. AHCCCS will review these products internally for final determination as recommended by the committee
   i. ADAPALENE / BENZOYL PEROXIDE (EPIDUO) (TOPICAL)
   ii. ADAPALENE CREAM (TOPICAL)
   iii. ADAPALENE GEL (AG) (TOPICAL)
   iv. ADAPALENE GEL (TOPICAL)
   v. ADAPALENE GEL OTC (TOPICAL)
   vi. ADAPALENE GEL PUMP (AG) (TOPICAL)
   vii. ADAPALENE GEL PUMP (TOPICAL)
   viii. ADAPALENE SOLUTION (TOPICAL)

d. Grandparenting: No
e. The committee voted on the above recommendations
   i. All 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. Oriahnn
   a. Recommendation is Non-Preferred
      i. All committee members voted in favor of the recommendations
      ii. No committee members voted against the recommendations.
      iii. No committee members abstained.

**BIOSIMILAR UPDATE: JUSTIN JOHNSON, PHARMD, MAGELLAN**

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. Herceptin
   a. Herzuma
   b. Ontruzant
      i. Recommendation
         1. Herceptin will remain the preferred agents for AHCCCS and its Contractors
2021 MEETING DATES

- January 26, 2021
- May 19, 2021

ADJOURNMENT

The meeting adjourned at 4:12 PM
Minutes recorded by Robin Davis

Suzanne Berman, RPh

Suzanne Berman, RPh
Director of Pharmacy Services

January 26, 2021