

Requestor Name: Julius Charlie
Requestor Company: Phoenix Neurology and Sleep Medicine
Requestor Address1: 300 E Osborn Rd
Requestor Address2: Ste 200
Requestor City: Phoenix
Requestor State: AZ
Requestor ZipCode: 85012-
Requestor Email Address: Jucharlie@yahoo.com
Requestor Telephone #: 623.535.0050
Requestor Fax #: 623.535.9570
Confirm by Address?
Confirm by E-mail? Yes
Confirm by Fax?
Representing Other? Yes
Representative of: Amgen
Non-affiliated/private? Yes
Statement of No Conflicts:Yes
Disclosures:
Organization1/Role1: /
Organization2/Role2: /
Organization3/Role3: /
Organization4/Role4: /
Summary of Testimony: Aimovig has been very effective and well tolerated with my patients. Please consider adding Aimovig to formulary
Drug/Product: Aimovig
Therapeutic Drug Class: CGRP antagonist

Requestor Name: DAVID C MARZULO
Requestor Company: David Marzulo D.O.
Requestor Address1: 1919 EAST MC KELLIPS ROAD
Requestor Address2: SUITE 102
Requestor City: MESA
Requestor State: AZ
Requestor ZipCode: 85203-
Requestor Email Address: NEURORBUST@AOL.COM
Requestor Telephone #: 480.834.9575
Requestor Fax #: 480.834.4497
Confirm by Address? Yes
Confirm by E-mail?
Confirm by Fax?
Representing Other?
Representative of:
Non-affiliated/private? Yes
Statement of No Conflicts:Yes
Disclosures:
Organization1/Role1: /
Organization2/Role2: /
Organization3/Role3: /
Organization4/Role4: /
Summary of Testimony: I would recommend adding Aimovig to formulary. It is tried and true, and has been very beneficial in decreasing patient headache frequency, intensity, analgesic use, and emergency evaluations.
Drug/Product: Aimovig
Therapeutic Drug Class: CGRP-inhibitors

Requestor Name: Chiranjir Narine MD
Requestor Company: Valleywise Behavioral Health
Requestor Address1: 5102 W Campbell Ave
Requestor Address2:
Requestor City: Phoenix
Requestor State: AZ
Requestor ZipCode: 85031-
Requestor Email Address: chiranjir_narine@dmgaz.org
Requestor Telephone #: 602.655.1000
Requestor Fax #: ..
Confirm by Address?
Confirm by E-mail? Yes
Confirm by Fax?
Representing Other? Yes
Representative of: Arizona Psychiatric Society
Non-affiliated/private?
Statement of No Conflicts:Yes
Disclosures:Yes
Organization1/Role1: Valleywise Behavioral Health - Maryvale / Medical Director
Organization2/Role2: /
Organization3/Role3: /
Organization4/Role4: /
Summary of Testimony: One of our concerns for our patients and AHCCCS members is the placement of limitations on prescribing practices and medications that could potentially result in poor or less than desirable outcomes. We believe in providing the best care for our patients. We also understand that resources are not limitless, and that, as participants in the public sector, we need to work with you and AHCCCS to provide care in financially responsible ways. From this perspective, we encourage as open an access as possible to psychotropic agents that are known to have demonstrated value. These include long acting atypical antipsychotics, oral atypical 2nd generation antipsychotics, stimulants and related agents, and opiate dependence treatments.
Drug/Product: Psychiatric therapeutics before the Committee, including long acting atypical antipsychotics, oral atypical 2nd generation antipsychotics, stimulants and related agents, and opiate dependence treatments.
Therapeutic Drug Class: Psychiatric therapeutics before the Committee, including long acting atypical antipsychotics, oral atypical 2nd generation antipsychotics, stimulants and related agents, and opiate dependence treatments.

Requestor Name: Matthew Moody
Requestor Company: Mental Health America of Arizona
Requestor Address1: 5110 N. 40th St. Suite 107
Requestor Address2:
Requestor City: Phoenix
Requestor State: AZ
Requestor ZipCode: 85018-
Requestor Email Address: mhaazsecretary@gmail.com
Requestor Telephone #: 602.684.5731
Requestor Fax #: ..
Confirm by Address?
Confirm by E-mail? Yes
Confirm by Fax?
Representing Other? Yes
Representative of: Mental Health America of Arizona
Non-affiliated/private? Yes
Statement of No Conflicts:Yes
Disclosures:
Organization1/Role1: /
Organization2/Role2: /
Organization3/Role3: /
Organization4/Role4: /

Summary of Testimony: MHA Arizona supports all actions by this committee that ensure there are no unnecessary barriers to accessing any medication for the treatment of mental illnesses, particularly medications that promote patient adherence to a treatment plan and thus lead to greater health outcomes.

Drug/Product: All relevant medications

Therapeutic Drug Class: Psychotropic Medications

Requestor Name: Monica Benavidez

Requestor Company: Terros Health

Requestor Address1: 8804 N 23 ave ste A1

Requestor Address2:

Requestor City: Phoenix

Requestor State: AZ

Requestor ZipCode: 85021-

Requestor Email Address: monica.Benavidez@terros.org

Requestor Telephone #: 602.216.7000

Requestor Fax #: ..

Confirm by Address? Yes

Confirm by E-mail? Yes

Confirm by Fax?

Representing Other?

Representative of:

Non-affiliated/private?

Statement of No Conflicts:Yes

Disclosures:

Organization1/Role1: /

Organization2/Role2: /

Organization3/Role3: /

Organization4/Role4: /

Summary of Testimony: Preseris is a good option to have for my patients. LAI are preferred for my members who have long histories of non adherence with treatment. I prefer a monthly over a 2 week. Many times member will not come in every 2 weeks and or will not come to get there 2nd loading injections. I like the option to start a medication that allows my pt to get one injection without coming in a week later and getting them therapeutic with one injection. This would be a great addition to the formulary without the PA that slows down the start of treatment. Pts have done well on this and tolerate it very well.

Drug/Product: Perseris LAI

Therapeutic Drug Class: schizophrenia

Requestor Name: Shawn Gallagher

Requestor Company: No company

Requestor Address1: 2587 North Beverly Place

Requestor Address2:

Requestor City: Buckeye

Requestor State: AZ

Requestor ZipCode: 85396-

Requestor Email Address: spg575@gmail.com

Requestor Telephone #: 210.380.2107

Requestor Fax #: ..

Confirm by Address?

Confirm by E-mail? Yes

Confirm by Fax?

Representing Other?

Representative of:

Non-affiliated/private? Yes

Statement of No Conflicts:Yes

Disclosures:

Organization1/Role1: /

Organization2/Role2: /

Organization3/Role3: /

Organization4/Role4: /

Summary of Testimony: As a PMHNP, open access to all current and upcoming meds in psychiatry is needed. If a prior authorization is needed, we need to know the requirement demands.

Drug/Product: No specific product

Therapeutic Drug Class: Psychotropic medication

Requestor Name: Michelle Coplin
Requestor Company: PMHNP Student
Requestor Address1: 14815 N 85th Dr.
Requestor Address2:
Requestor City: Peoria
Requestor State: AZ
Requestor ZipCode: 85381-
Requestor Email Address: Mishc45@gmail.com
Requestor Telephone #: 360.921.2620
Requestor Fax #: ..
Confirm by Address? Yes
Confirm by E-mail? Yes
Confirm by Fax?
Representing Other?
Representative of:
Non-affiliated/private?
Statement of No Conflicts:Yes
Disclosures:
Organization1/Role1: /
Organization2/Role2: /
Organization3/Role3: /
Organization4/Role4: /
Summary of Testimony: I wish for ALL psych meds to be equal tier status so the PAs are gone.
Drug/Product: All psych medications.
Therapeutic Drug Class: Antipsychotics.

Requestor Name: Vickie Anderson
Requestor Company: Alay Psychiatry
Requestor Address1: 1846 E Innovation Park Dr
Requestor Address2:
Requestor City: Oro Valley
Requestor State: AZ
Requestor ZipCode: 85755-
Requestor Email Address: Vickieanderson0508@gmail.com
Requestor Telephone #: 520.777.1615
Requestor Fax #: ..
Confirm by Address?
Confirm by E-mail? Yes
Confirm by Fax?
Representing Other?
Representative of:
Non-affiliated/private?
Statement of No Conflicts:Yes
Disclosures:
Organization1/Role1: /
Organization2/Role2: /
Organization3/Role3: /
Organization4/Role4: /
Summary of Testimony: Making the latest psychiatric drugs available for PMHNPs to prescribe
Drug/Product: Caplyta, Vraylar
Therapeutic Drug Class: Antipsychotics

Requestor Name: Daniel Saunders
Requestor Company: Metro foot and ankle
Requestor Address1: 3231 S Country club way
Requestor Address2: 108
Requestor City: Tempe
Requestor State: AZ
Requestor ZipCode: 85282-
Requestor Email Address: Saunders.dms@gmail.com
Requestor Telephone #: 480.831.0700
Requestor Fax #: 480.831.0748
Confirm by Address? Yes
Confirm by E-mail? Yes
Confirm by Fax?
Representing Other? Yes
Representative of:
Non-affiliated/private? Yes
Statement of No Conflicts:Yes
Disclosures:
Organization1/Role1: /
Organization2/Role2: /
Organization3/Role3: /
Organization4/Role4: /
Summary of Testimony: See note. I recommend adding epifix to mirror Medicare for formulary of allograft
fir diabetic ulcerations
Drug/Product: Epifix.
Therapeutic Drug Class: Allograft wound care

Requestor Name: Katie Artz
Requestor Company: Southwestern surgery associates
Requestor Address1: 1951 n Wilmot rd
Requestor Address2: Building 2
Requestor City: Tucson
Requestor State: AZ
Requestor ZipCode: 85711-
Requestor Email Address: Ksartz@yahoo.com
Requestor Telephone #: 520.795.5845
Requestor Fax #: ..
Confirm by Address? Yes
Confirm by E-mail?
Confirm by Fax?
Representing Other?
Representative of:
Non-affiliated/private? Yes
Statement of No Conflicts:Yes
Disclosures:
Organization1/Role1: /
Organization2/Role2: /
Organization3/Role3: /
Organization4/Role4: /
Summary of Testimony: I would like epifix covered by Medicaid in Arizona.
Drug/Product: Epifix
Therapeutic Drug Class: Skin substitutes

Requestor Name: Megan Aronson
Requestor Company: N/A
Requestor Address1: 5745 East Sunset Point Drive
Requestor Address2:
Requestor City: Cornville
Requestor State: AZ
Requestor ZipCode: 86325-
Requestor Email Address: megan.aronson23@gmail.com
Requestor Telephone #: 928.202.8193
Requestor Fax #: ..
Confirm by Address? Yes
Confirm by E-mail? Yes
Confirm by Fax?
Representing Other?
Representative of:
Non-affiliated/private?
Statement of No Conflicts:Yes
Disclosures:
Organization1/Role1: /
Organization2/Role2: /
Organization3/Role3: /
Organization4/Role4: /
Summary of Testimony: My husband became addicted to opioids after injuring his back helping his grandmother with a home repair. After ten years of failed interventions, his addiction was so severe he was injecting 1000 mg of liquified oxycodone into his body per day. After he finally entered a 30-day treatment facility in Chandler, AZ, he was giving suboxone for 9 days to ease the severity of his withdrawal symptoms which ranged from severe insomnia to nonstop vomiting. His withdrawals were the worst the facility had ever seen. After vomiting for 12 days straight and visiting the E.R. several times, he finally made it through withdrawals. He is now 8 years sober and a successful businessman, husband and father of four. We believe the addition of Lucemyra to the ACCHS formulary can and will save the lives of those who face the monumental task of opioid withdrawals in seeking sobriety. As a National Mental Health & Recovery Advocate on the Advocates for Recovery Survivor's Council serving under Newt Gingrich, Patrick Kennedy and Van Jones, I know that many who suffer from a substance abuse disorder (SUD) do not complete treatment because of the severity of their withdrawals. Only 10% of Americans suffering from a SUD will obtain treatment - for the small percentage who actually make the difficult choice to get sober, let's give them every bit of support we can through these pharmaceuticals. At the time of my husband's treatment, we were receiving ACCHS and a drug like this could have helped him immensely.
Drug/Product: Lucemyra
Therapeutic Drug Class: Opioid withdrawals(?)/Unsure

Requestor Name: Erika Huston
Requestor Company: Mountain Medical Management
Requestor Address1: 1888 North Country Club R
Requestor Address2:
Requestor City: Tucson
Requestor State: AZ
Requestor ZipCode: 85716-
Requestor Email Address: erika.tc.huston@gmail.com
Requestor Telephone #: 520.327.6367
Requestor Fax #: ..
Confirm by Address?
Confirm by E-mail? Yes
Confirm by Fax?
Representing Other?
Representative of:
Non-affiliated/private? Yes
Statement of No Conflicts:Yes
Disclosures:
Organization1/Role1: /

Organization2/Role2: /

Organization3/Role3: /

Organization4/Role4: /

Summary of Testimony: I am requesting that AZ Medicaid cover Epifix synthetic skin substitute for the treatment of chronic wounds to aid in healing in order to prevent limb loss.

Drug/Product: Mimedx Epifix

Therapeutic Drug Class: synthetic skin substitutes / biologics

Requestor Name: Thomas J Nelson

Requestor Company: Horizon Health and Wellness

Requestor Address1: 22711 S ELLSWORTH RD

Requestor Address2: STE 105

Requestor City: QUEEN CREEK

Requestor State: AZ

Requestor ZipCode: 85142-

Requestor Email Address: thomas.nelson@hhwaz.org

Requestor Telephone #: 480.474.5670

Requestor Fax #: ..

Confirm by Address?

Confirm by E-mail? Yes

Confirm by Fax?

Representing Other?

Representative of:

Non-affiliated/private? Yes

Statement of No Conflicts: Yes

Disclosures:

Organization1/Role1: /

Organization2/Role2: /

Organization3/Role3: /

Organization4/Role4: /

Summary of Testimony: As a provider for a large population of Serious Mental Illness (SMI) patients, I feel that Perseris would be a valuable asset to have in my toolbox for treating patients with Schizophrenia.

The largest benefit is due to the fact that there is no need for loading doses when starting out or when patient has missed a dose. SMI patients are more likely to be homeless or have difficulty making or keeping appointments, which leads to a disruption in their medication management. With a drug like Perseris available to them, they could receive the treatment whenever they DO show up and start having therapeutic response the same day. I also see a huge benefit for patients starting on this while receiving inpatient care for uncontrolled psychosis. the injection is given or started in hospital and if they do not make it to their appointment, or like many practices, appointment availability prevents them from receiving the typical 2nd dose of long acting injectables on time. This would not be an issue or concern if Perseris was made available to this patient population. I am advocating on behalf of my AHCCCS population, this has the potential to benefit both patient and providers alike.

Drug/Product: Perseris (risperidone)

Therapeutic Drug Class: antipsychotic

Requestor Name: Jason Charles Harrill

Requestor Company: Desert Foot & Ankle PC

Requestor Address1: 1520 So. Dobson

Requestor Address2: 307

Requestor City: Mesa

Requestor State: AZ

Requestor ZipCode: 85202-

Requestor Email Address: JCHARRILL@YAHOO.COM

Requestor Telephone #: 480.844.8218

Requestor Fax #: 480.844.9950

Confirm by Address? Yes

Confirm by E-mail? Yes

Confirm by Fax? Yes

Representing Other? Yes

Representative of: Desert Foot & Ankle, PC

Non-affiliated/private? Yes

Statement of No Conflicts: Yes

Disclosures:

Organization1/Role1: /

Organization2/Role2: /

Organization3/Role3: /

Organization4/Role4: /

Summary of Testimony: Desert Foot and Ankle PC 1520 S. Dobson, #307 Mesa, AZ 85202 480-844-8218 www.desertfootandankle.com April 29, 2021 To Whom It May Concern: I have been a podiatrist in the Phoenix metro area for over 20 years doing wound care. I participate in hospital call and consultations treating very difficult, high acuity diabetic and other types of foot and lower extremity wounds. I feel it would be advantageous to have epi-fix skin substitute graft available in AHCCCS patients as I can see a significant difference in the expedited rate of wound closures. Evidence-based medicine shows that epi-fix is proven to improve outcomes on wound healing and it is the most studied amniotic membrane product available on the market. I believe in using evidence-based medicine in my practice. Epi-fix has been used within our practice since it first became available. It makes sense to me because it was one of the first products of this nature to be available in multiple different sizes and has a very long shelf life. It is very easy to handle compared to the very onerous preparation as some of the competitive cryo-preserved products. It has been shown to be a very safe and more cost effective. Because of the clinical studies available, multiple insurance companies cover epi-fix. This includes Aetna, Anthem, Cigna, Blue Cross Blue Shield of Arizona, Humana, United Healthcare and Noridian. It is with these reasons that I request that epi-fix be available for Medicaid patients. If you have any questions or concerns, please do not hesitate to contact my office. Sincerely, Jason Harrill, D.P.M., FAFAS, FCPM, FRCPS (Glasgow)

Drug/Product: Epifix

Therapeutic Drug Class: skin / wound healing

Requestor Name: Jude DiMeglio Trang

Requestor Company: n/a

Requestor Address1: 2546 E Ave De Maria

Requestor Address2:

Requestor City: Tuscon

Requestor State: AZ

Requestor ZipCode: 85718-

Requestor Email Address: dimeglio.trang@gmail.com

Requestor Telephone #: 520.360.4282

Requestor Fax #: ..

Confirm by Address?

Confirm by E-mail? Yes

Confirm by Fax?

Representing Other?

Representative of:

Non-affiliated/private?

Statement of No Conflicts: Yes

Disclosures:

Organization1/Role1: /

Organization2/Role2: /

Organization3/Role3: /

Organization4/Role4: /

Summary of Testimony: My son passed away as a result of his addiction. Over the course of 10 years we watched helplessly as our son when through the physical rigors of withdrawal. There was nothing the doctors or we could do. I want to testify to the severity of what it is like to go through opioid withdrawal and affirm that I believe medication that eases that process will encourage more successful recoveries .

Drug/Product: Luceyrma

Therapeutic Drug Class: Luceryma for opioid use withdrawal symptoms

Requestor Name: Scott Mayersohn
Requestor Company: Genoa Healthcare
Requestor Address1: 4891 E Grant Rd
Requestor Address2: Ste P
Requestor City: Tucson
Requestor State: AZ
Requestor ZipCode: 85712-
Requestor Email Address: smayersohn@genoahealthcare.com
Requestor Telephone #: 520.428.7277
Requestor Fax #: 520.729.3264
Confirm by Address?
Confirm by E-mail? Yes
Confirm by Fax?
Representing Other?
Representative of:
Non-affiliated/private?
Statement of No Conflicts:Yes
Disclosures:
Organization1/Role1: /
Organization2/Role2: /
Organization3/Role3: /
Organization4/Role4: /
Summary of Testimony: I have had communications with multiple patients who are doing very well on Perseris. Their oral medications weren't helping as much and compliance was low.
Drug/Product: Perseris 120 mg per injection
Therapeutic Drug Class: LAI

Requestor Name: Scott Mayersohn
Requestor Company: Genoa Healthcare
Requestor Address1: 4891 E Grant Rd
Requestor Address2: Ste P
Requestor City: Tucson
Requestor State: AZ
Requestor ZipCode: 85712-
Requestor Email Address: smayersohn@genoahealthcare.com
Requestor Telephone #: 520.428.7277
Requestor Fax #: 520.729.3264
Confirm by Address?
Confirm by E-mail? Yes
Confirm by Fax?
Representing Other?
Representative of:
Non-affiliated/private?
Statement of No Conflicts:Yes
Disclosures:
Organization1/Role1: /
Organization2/Role2: /
Organization3/Role3: /
Organization4/Role4: /
Summary of Testimony: I have had communications with multiple patients who are doing very well on Perseris. Their oral medications weren't helping as much and compliance was low.
Drug/Product: Perseris 120 mg per injection
Therapeutic Drug Class: LAI

Requestor Name: Benitho Louissaint
Requestor Company: Samaria Behavioral Health Center
Requestor Address1: 201 W Guadalupe Rd
Requestor Address2:
Requestor City: Gilbert
Requestor State: AZ
Requestor ZipCode: 85233-
Requestor Email Address: b.louissaint@samariabehavioral.com
Requestor Telephone #: 480.912.1061
Requestor Fax #: ..
Confirm by Address? Yes
Confirm by E-mail? Yes
Confirm by Fax?
Representing Other?
Representative of:
Non-affiliated/private? Yes
Statement of No Conflicts:Yes
Disclosures:
Organization1/Role1: /
Organization2/Role2: /
Organization3/Role3: /
Organization4/Role4: /
Summary of Testimony: Long-acting injectable helps the patient be compliant with the medication regimen, decrease relapse, and prevent frequent hospitalizations. Perseris is the first and only once-monthly Risperidone injection that provides unique clinical benefits for patients.
Drug/Product: Adding Perseris to the formulary will provide a broader range of options for the provider to care for schizophrenic patients.
Therapeutic Drug Class: Antipsychotic
