

AHCCCS Pharmacy and Therapeutics Committee Meeting Minutes

January 15, 2025

Members Present:

Aida Amado
Aimee Schwartz
Alana Podwika
Andrew Thatcher
Crissy McGann
Jonathan Enchinton
Kelly Flannigan
Maria Cole
Raul Romero
Sophie Dietrich
Steven Borodkin
Yvonne Johnson

Members Absent:

Otto Uhrik
Sandy Brownstein

AHCCCS Staff:

Suzi Berman
Lauren Prole
Robin Davis
Susan Kennard

Magellan Medicaid Admin:

Umang Patel
Amber Small

WELCOME AND INTRODUCTIONS: SUZI BERMAN, RPH, AHCCCS PHARMACY DIRECTOR

1. Suzi Berman called the meeting to order at 12:12 and welcomed committee members, staff and public attendees.
2. The meeting minutes from the June 18, 2024 meeting were reviewed.
 - a. Motion to accept:
 - i. Raul Romero
 - ii. Andrew Thatcher

NON-SUPPLEMENTAL REBATE CLASS REVIEWS: UMANG PATEL, PHARMD, PRIME THERAPEUTICS

Supplemental Rebate Drug Class Review: Clinical review by Umang Patel, PharmD, Magellan/Prime Therapeutics

- 1. Androgenic Agents**
 - a. Public Testimony: None
- 2. Antidepressants, Other**
 - a. Written Testimony:
 - i. Kristina Sabetta
- 3. Antidepressants, SSRIs**
 - a. Public Testimony: None
- 4. Antivirals, Topical**
 - a. Public Testimony: None
- 5. Bone Resorption Suppression and Related Agents**
 - a. Public Testimony: None
- 6. Bronchodilators, Beta Agonists**
 - a. Oral Testimony: Christine Dubé
- 7. Colony Stimulating Factors**
 - a. Public Testimony: None
- 8. Enzyme Replacement Products, Gaucher Disease**
 - a. Public Testimony: None
- 9. Erythropoiesis Stimulating Proteins**
 - a. Public Testimony: None
- 10. Hypoglycemics, Alpha Glucosidase Inhibitors**
 - a. Public Testimony: None
- 11. Hypoglycemics, Metformins**
 - a. Public Testimony: None
- 12. Hypoglycemics, SGLT2s**
 - a. Public Testimony: None
- 13. Immunoglobulins**
 - a. Public Testimony: None

14. Oncology, Oral - Hematologics

- a. Public Testimony: None

15. Ophthalmics, Anti-inflammatory/Immunomodulators

- a. Public Testimony: None

16. Otic Antibiotics

- a. Public Testimony: None

17. Pulmonary Arterial Hypertension Agents

- a. Public Testimony: None

18. Thrombopoiesis Stimulating Agents

- a. Public Testimony: None

19. Ulcerative Colitis

- a. Public Testimony: None

NEW DRUG REVIEWS UMANG PATEL , PHARM.D, MAGELLAN

1. Yorvipath - palopegteriparatide

- a. Oral Testimony: Michele Rayes, Tracey Maravilla

2. Hymvapzi - marstacimab-hncq

3. Livdelzi - seladelpar

- a. Oral Testimony: Natalie Rose

4. Aqneursa - levacetylleucine

- a. Oral Testimony: Beth Zanrucho

5. Miplyffa - arimoclomol

6. Ebglyss - lebrikizumab-lbkz

7. Voranigo - vorasidenib

EXECUTIVE SESSION – CLOSED TO THE PUBLIC

PUBLIC THERAPEUTIC CLASS VOTES

1. Androgenic Agents

- a. Preferred Products
 - i. TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM)*
- b. Moving to Non-Preferred
 - i. TESTOSTERONE GEL PACKET (AG) (VOGELXO) (TRANSDERM)*
- c. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

2. Antidepressants, Other

- a. Preferred Products

- i. BUPROPION (ORAL)*
- ii. BUPROPION SR (ORAL)*
- iii. BUPROPION XL (ORAL)*
- iv. MIRTAZAPINE ODT (ORAL)*
- v. MIRTAZAPINE TABLET (ORAL)*
- vi. SPRAVATO (NASAL) *
- vii. TRAZODONE (ORAL)*
- viii. VENLAFAXINE (ORAL)*
- ix. VENLAFAXINE ER CAPSULES (ORAL)*

b. The committee voted on the above recommendations.

- i. All present committee members voted in favor of the recommendations.
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

3. Antidepressants, SSRIs

a. Preferred Products

- i. CITALOPRAM SOLUTION (ORAL)*
- ii. CITALOPRAM TABLET (ORAL)*
- iii. ESCITALOPRAM TABLET (ORAL)*
- iv. FLUOXETINE CAPSULE (ORAL)*
- v. FLUOXETINE SOLUTION (ORAL)*
- vi. FLUVOXAMINE (ORAL)*
- vii. PAROXETINE TABLET (ORAL)*
- viii. SERTRALINE CONC (ORAL)*
- ix. SERTRALINE TABLET (ORAL)*

b. The committee voted on the above recommendations.

- i. All present committee members voted in favor of the recommendations.
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

4. Antivirals, Topical

a. Preferred Products

- i. DOCOSANOL OTC (TOPICAL)*
- ii. ZOVIRAX CREAM (TOPICAL)*
- iii. ZOVIRAX OINTMENT (TOPICAL)*

b. The committee voted on the above recommendations.

- i. All present committee members voted in favor of the recommendations.
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

5. Bone Resorption Suppression and Related Agents

a. Preferred Products

- i. ALENDRONATE SOLUTION (ORAL)*
- ii. ALENDRONATE TABLETS (ORAL)*
- iii. CALCITONIN SALMON (NASAL)*

- iv. FORTEO (SUBCUTANE.)* with PA
- v. IBANDRONATE TABLETS (ORAL)*
- vi. PROLIA (SUBCUTANE.)* with PA
- vii. RALOXIFENE (AG) (ORAL)*
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

6. Bronchodilators, Beta Agonists

- a. Preferred Products
 - i. Long Acting Agents
 - 1. ALBUTEROL NEB SOLN 0.63, 1.25 MG (INHALATION)*
 - 2. ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION)*
 - 3. ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)*
 - 4. ALBUTEROL NEB SOLN 2.5 MG/3 ML (INHALATION)*
 - ii. Oral Agents
 - 1. ALBUTEROL SYRUP (ORAL)*
 - iii. Short Acting Agents
 - 1. ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)*
 - 2. ALBUTEROL HFA (PROAIR) (INHALATION)*
 - 3. ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)*
 - 4. ALBUTEROL HFA (PROAIR) (AG) (INHALATION)*
 - 5. ALBUTEROL HFA (PROVENTIL) (INHALATION)*
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

7. Colony Stimulating Factors

- a. Preferred Products
 - i. FULPHILA (SUBCUTANEOUS)* (new)
 - ii. FYLNETRA (SUBCUTANEOUS)*
 - iii. NEUPOGEN DISP SYRIN (INJECTION)*
 - iv. NEUPOGEN VIAL (INJECTION)*
 - v. NIVESTYM SYRINGE (SUBCUTANEOUS)*
 - vi. NIVESTYM VIAL (INJECTION)*
- b. Moving to Non-Preferred
 - i. NYVEPRIA (SUBCUTANEOUS)*
 - ii. UDENYCA AUTOINJECTOR (SUBCUTANEOUS)*
 - iii. ZIEXTENZO SYRINGE (SUBCUTANEOUS)*
- c. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

8. Enzyme Replacement Products, Gaucher Disease

- a. Preferred Products
 - i. ELELYSO (INTRAVEN)*
 - ii. MIGLUSTAT (AG) (ORAL)*
 - iii. MIGLUSTAT (ORAL)*
- b. Moving to Non-Preferred
 - i. CERDELGA (ORAL)*
 - ii. CEREZYME 400 UNITS (INTRAVEN)*
 - iii. VPRIV 400 UNITS (INTRAVEN)*
- c. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

9. Erythropoiesis Stimulating Proteins

- a. Preferred Products
 - i. EPOGEN (INJECTION)
 - ii. RETACRIT (INJECTION)*
 - iii. RETACRIT (VIFOR) (INJECTION)
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

10. Hypoglycemics, Alpha Glucosidase Inhibitors

- a. Preferred Products
 - i. ACARBOSE (ORAL)*
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

11. Hypoglycemics, Metformins

- a. Preferred Products
 - i. GLYBURIDE-METFORMIN (ORAL)*
 - ii. METFORMIN (ORAL)*
 - iii. METFORMIN ER (GLUCOPHAGE XR) (ORAL)*
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

12. Hypoglycemics, SGLT2s

- a. Preferred Products
 - i. FARXIGA (ORAL)*
 - ii. JARDIANCE (ORAL)*
 - iii. SYNJARDY (ORAL)*

- iv. XIGDUO XR (ORAL)*
- b. Moving to Non-Preferred
 - i. INVOKAMET (ORAL)*
 - ii. INVOKANA (ORAL)*
- c. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

13. Immunoglobulins

- a. Preferred Products
 - i. BIVIGAM (INTRAVEN)*
 - ii. FLEBOGAMMA DIF (INTRAVEN)*
 - iii. GAMMAGARD LIQUID (INJECTION)*
 - iv. GAMMAGARD S-D (INTRAVEN)*
 - v. GAMMAKED (INTRAVEN)*
 - vi. GAMUNEX-C (INJECTION)*
 - vii. HIZENTRA SYRINGE (SUBCUTANEOUS)*
 - viii. HIZENTRA VIAL (SUBCUT.)*
 - ix. OCTAGAM (INTRAVEN)*
 - x. PRIVIGEN (INTRAVEN) *
 - xi. XEMBIFY (SUBCUTANEOUS)*
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

14. Oncology, Oral - Hematologics

- a. Preferred Products
 - i. HYDROXYUREA (ORAL)*
 - ii. IMATINIB (ORAL)*
 - iii. LENALIDOMIDE (ORAL)*
 - iv. MATULANE (ORAL)*
 - v. MERCAPTOPYRINE (ORAL)*
 - vi. SPRYCEL (ORAL)*
 - vii. TRETINOIN (ORAL)*
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

15. Ophthalmics, Anti-inflammatory/Immunomodulators

- a. Preferred Products
 - i. RESTASIS (OPHTHALMIC)*
 - ii. XIIDRA (OPHTHALMIC)*
- b. The committee voted on the above recommendations.

- i. All present committee members voted in favor of the recommendations.
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

16. Otic Antibiotics

- a. Preferred Products
 - i. CIPRO HC (OTIC)*
 - ii. CIPROFLOXACIN (OTIC)*
 - iii. CIPROFLOXACIN/DEXAMETHASONE (AG) (OTIC)
 - iv. CIPROFLOXACIN/DEXAMETHASONE (OTIC)
 - v. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP AG (OTIC)*
 - vi. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (OTIC)*
 - vii. OFLOXACIN (OTIC)*
- b. Moving to Non-Preferred
 - i. CIPRODEX (OTIC)*
- c. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

17. Pulmonary Arterial Hypertension Agents

- a. Preferred Products
 - i. AMBRISENTAN (ORAL)*
 - ii. LIQREV SUSPENSION (ORAL)
 - iii. ORENITRAM ER (ORAL)
 - iv. ORENITRAM TITRATION KIT (ORAL)
 - v. SILDENAFIL TABLET (ORAL)*
 - vi. TADALAFIL (ADCIRCA) (ORAL)
 - vii. TRACLEER SUSPENSION (ORAL)* (NEW)
- b. Moving to Non-Preferred
 - i. BOSENTAN TABLET (ORAL)*
 - 1. No Grandfathering
 - ii. EPOPROSTENOL SODIUM (INTRAVENOUS)
 - iii. FLOLAN (INTRAVENOUS)
 - iv. REMODULIN (INJECTION)
 - v. SILDENAFIL (INTRAVENOUS)
 - vi. TREPROSTINIL (INJECTION)
 - vii. UPTRAVI (INTRAVENOUS)
 - viii. VELETRI (INTRAVENOUS)
 - ix. WINREVAIR KIT (SUBCUTANEOUS)
- c. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

18. Thrombopoiesis Stimulating Agents

- a. Preferred Products
 - i. NPLATE (SUB-Q)*
 - ii. PROMACTA TABLET (ORAL)*
- b. The committee voted on the above recommendations.
 - i. All present committee members voted in favor of the recommendations.
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

19. Ulcerative Colitis

- a. Preferred Products
 - i. APRISO (ORAL)*
 - ii. DELZICOL (ORAL)*
 - iii. MESALAMINE (LIALDA) (AG) (ORAL)*
 - iv. MESALAMINE (CANASA) (ORAL)* (NEW)
 - v. MESALAMINE (CANASA) (AG) (ORAL)* (NEW)
 - vi. PENTASA (ORAL)*
 - vii. SFROWASA (RECTAL)*
 - viii. SULFASALAZINE (AG) (ORAL)*
 - ix. SULFASALAZINE (ORAL)*
 - x. SULFASALAZINE DR (AG) (ORAL)*
- b. Moving to Non-Preferred
 - i. CANASA (RECTAL)*
 - ii. MESALAMINE (ASACOL HD) (ORAL)*
- c. The committee voted on the above recommendations.
 - i. All present 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. Yorvipath - palopegteriparatide**
- 2. Livdelzi - seladelpar**
- 3. Aqneursa - levacetylleucine**
- 4. Miplyffa - arimoclomol**
- 5. Ebglyss - lebrikizumab-lbkz**
- 6. Voranigo - vorasidenib**

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

AHCCCS Pharmacy and Therapeutics Committee
Meeting Minutes
January 15, 2025

FUTURE MEETING DATES

May 20, 2025
October 22, 2025

ADJOURNMENT

The meeting adjourned at 3:30 PM

Minutes recorded by Robin Davis

Suzi Berman

Suzi Berman, RPh
Director of Pharmacy Services

05/21/2025

Date