

AHCCCS Pharmacy and Therapeutics Committee

Meeting Minutes

May 19, 2026

Members Present:

Aimee Schwartz
Andrew Thatcher
Jonathan Enchinton
Kelly Flannigan
Steven Borodkin
Steven Brown
Yvonne Johnson
Julie DiTucci-Reiter
Raul Romero
Aida Amado

AHCCCS Staff:

Suzi Berman
Lauren Prole
Robin Davis
Cynthia Burr
Eliezer Shinnar

Prime Therapeutics Medicaid Admin:

Hind Douiki

Members Absent:

Sandy Brownstein
Alana Podwika

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

1. Suzi Berman called the meeting to order at 11:03 and welcomed committee members, staff, and public attendees.

SMART THERAPY: DR CHRISTINA KWONG & DR. ROY JEDEIKIN

Rationale for a Standardized Asthma Approach Utilizing Evidence-Based Contemporary Guidelines
Slides for the presentation are included in the P&T clinical presentation slides that are available on the AHCCCS website under the pharmacy section.

MINUTES REVIEW & VOTE- JANUARY 13, 2026 P&T MEETING: SUZANNE BERMAN, RPH

1. The minutes from January 2026 meeting were reviewed.
 - a. Motion to accept:
 - i. Andrew Thatcher
 - ii. Raul Romero

Supplemental Rebate Class Review, HIND DOUIKI PHARMD, PRIME THERAPEUTICS

Supplemental Rebate Drug Class Review: Clinical review by Hind Douiki, PharmD, Prime Therapeutics

- 1. Antibiotics, Inhaled**
 - a. Public Testimony: None
- 2. Antimigraine Agents, Other**
 - a. Public Testimony: None
- 3. Antipsychotics, Atypical Long-Acting Injectable**
 - a. Public Testimony:
 - i. Stefan Luft – Oral
 - ii. Kristina Sabetta – Oral
- 4. Antipsychotics, Oral Atypical (2nd Gen Only)**
 - a. Public Testimony:
 - i. Asha-Lee Cadogan – Oral
 - ii. Melanie Oglesby – Oral
 - iii. Garrick Wong – Oral
 - iv. David Delawder – Written
 - v. Miguel Tosado – Written
- 5. Colony Stimulating Factors**
 - a. Public Testimony: None
- 6. COPD Agents /***
 - a. Public Testimony: None
- 7. GI Motility, Chronic**
 - a. Public Testimony: None
- 8. Cytokine and CAM Antagonists**

- a. Public Testimony: None
- 9. Glucagon Agents**
 - a. Public Testimony: None
- 10. Growth Hormone**
 - a. Public Testimony:
 - i. Kaysen Bala – Oral
 - ii. Sejal Patel Upadhyaya – Oral
 - iii. Amy Eby – Written
- 11. Hepatitis C Agents**
 - a. Public Testimony: None
- 12. Hypoglycemics, Incretin Mimetics/Enhancers**
 - a. Public Testimony: None
- 13. Immunologics (Immunomodulators, Atopic Dermatitis and Immunomodulators, Asthma)**
 - a. Public Testimony:
 - i. Sam Brantman – Oral
 - ii. Steven McFadden – Oral
 - iii. Carla McSpadden – Oral
 - iv. Valerie Ng – Oral
 - v. Jeffery Baldwin – Written
 - vi. Sierra Wolter – Written
- 14. Movement Disorders**
 - a. Public Testimony: None
- 15. Multiple Sclerosis Agents**
 - a. Public Testimony:
 - i. Payal Tejani – Oral
- 16. Opioid Dependence Treatments**
 - a. Public Testimony:
 - i. John Landis – Oral
 - ii. Rupa Shah – Oral
- 17. Pancreatic Enzymes**
 - a. Public Testimony: None
- 18. Uterine Disorder Treatments**
 - a. Public Testimony: None

New Drug Reviews HIND DOUIKI PHARMD, PRIME THERAPEUTICS

- 1. Lynkuet**
- 2. Redemplo**
- 3. Voyxact**
 - a. Public Testimony:
 - i. Steven McFadden – Oral
- 4. Cardamyst**
- 5. Myqorzo**
 - a. Public Testimony:

Executive Session – Closed to the Public

Public Therapeutic Class Votes:

NOTE: Products currently included on the AHCCCS approved drug list are noted with an asterisk (*)

1) Antibiotics, Inhaled

a) PDL Recommendations (preferred products):

- i) BETHKIS (INHALATION)*
- ii) KITABIS PAK (INHALATION)*
- b) Grandfathering does not apply

2) Antimigraine Agents, Other

a) PDL Recommendations (preferred products):

- i) AIMOVIG (SUBCUTANEOUS)*
- ii) AJOVY (SUBCUTANEOUS)* (new)
- iii) AJOVY AUTOINJECTOR (SUBCUTANEOUS)* (new)
- iv) AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)* (new)
- v) DIHYDROERGOTAMINE MESYLATE (NASAL)
- vi) EMGALITY PEN (SUBCUTANEOUS)*
- vii) EMGALITY SYRINGE 120 MG (SUBCUTANEOUS)*
- viii) UBRELVY (ORAL)*
- b) Grandfathering does not apply

3) Antipsychotics, Atypical Long-Acting Injectable

a) PDL Recommendations (preferred products):

- i) ABILIFY ASIMTUFII (INTRAMUSC)
- ii) ABILIFY MAINTENA (INTRAMUSC.)*
- iii) ARISTADA (INTRAMUSC)*
- iv) ARISTADA INITIO (INTRAMUSC)*
- v) INVEGA HAFYERA (INTRAMUSC)*
- vi) INVEGA SUSTENNA (INTRAMUSC)*
- vii) INVEGA TRINZA (INTRAMUSC)*
- viii) RISPERDAL CONSTA (INTRAMUSC)*
- ix) UZEDY (SUBCUTANEOUS)
- b) **PDL Recommendations (products moving to nonpreferred):**
 - i) **PERSERIS (SUBCUTANEOUS) Product has been discontinued.**
- c) Grandfathering applies to this class

4) Antipsychotics, Oral Atypical (2nd Gen Only)

a) PDL Recommendations (preferred products):

- i) ARIPIPRAZOLE SOLUTION (ORAL)*
- ii) ARIPIPRAZOLE TABLET (ORAL)*
- iii) CLOZAPINE ODT (ORAL)*
- iv) CLOZAPINE (ORAL)*
- v) LURASIDONE (ORAL)*
- vi) OLANZAPINE ODT (ORAL)*
- vii) OLANZAPINE TABLET (ORAL)*
- viii) PALIPERIDONE (ORAL)* (new)
- ix) QUETIAPINE TABLET (ORAL)*
- x) RISPERIDONE ODT (ORAL)*
- xi) RISPERIDONE SOLUTION (ORAL)*
- xii) RISPERIDONE TABLET (ORAL)*
- xiii) VRAYLAR (ORAL) (new)
- xiv) ZIPRASIDONE CAPSULE (ORAL)*

b) Grandfathering applies to this class

5) Colony Stimulating Factors

a) PDL Recommendations (preferred products):

- i) FULPHILA (SUBCUTANEOUS)
- ii) FYLNETRA (SUBCUTANEOUS)*
- iii) NIVESTYM SYRINGE (SUBCUTANEOUS)*
- iv) NIVESTYM VIAL (INJECTION)*
- v) RELEUKO SYRINGE (SUBCUTANEOUS)

b) Grandfathering does not apply to this class

6) COPD Agents

a) PDL Recommendations (preferred products):

- i) **Antimuscarinics - Short-Acting**
 - (1) ATROVENT HFA (INHALATION)*
 - (2) IPRATROPIUM NEBULIZER (INHALATION)*
- ii) **Antimuscarinics - Long-Acting**
 - (1) INCRUSE ELLIPTA (INHALATION) (new)
 - (2) TIOTROPIUM (INHALATION)*
 - (3) SPIRIVA RESPIMAT (INHALATION)*
- iii) **Beta Agonist/Antimuscarinic Combination - Short-Acting**
 - (1) IPRATROPIUM / ALBUTEROL (INHALATION)*
 - (2) COMBIVENT RESPIMAT (INHALATION)*
- iv) **Beta Agonist/Antimuscarinic Combination - Long-Acting**
 - (1) ANORO ELLIPTA (INHALATION)*
 - (2) STIOLTO RESPIMAT (INHALATION)

b) PDL Recommendations (products moving to nonpreferred):

- i) TUDORZA PRESSAIR (INHALATION)
- c) Grandfathering does not apply to this class

7) GI Motility, Chronic (NEW CLASS)

- a) PDL Recommendations (preferred products):
 - i) LINZESS (ORAL) (new)
 - ii) LUBIPROSTONE (AG) (ORAL) (new)
 - iii) LUBIPROSTONE (ORAL) (new)
 - iv) PRUCALOPRIDE TABLET (ORAL) (new)
- b) The remaining products in this class are recommended nonpreferred
- c) Grandfathering applies only to branded agents that have no generic product available.

8) Cytokine and CAM Antagonists

- a) PDL Recommendations (preferred products):
 - i) ADALIMUMAB-FKJP KIT (INJECTION) (CF) 50 MG/ML
 - ii) ADALIMUMAB-FKJP PEN KIT (INJECTION) (CF) 50 MG/ML
 - iii) ENBREL MINI CARTRIDGE (SUBCUTANE.)*
 - iv) ENBREL PEN (INJECTION)*
 - v) ENBREL SYRINGE (INJECTION)*
 - vi) ENBREL VIAL (SUBCUTANE.)*
 - vii) HADLIMA KIT (INJECTION) (CF) 100 MG/ML*
 - viii) HADLIMA KIT (INJECTION) 50 MG/ML*
 - ix) HADLIMA PEN KIT (INJECTION) (CF) 100 MG/ML*
 - x) HADLIMA PEN KIT (INJECTION) 50 MG/ML*
 - xi) INFlixIMAB (INJECTION)*
 - xii) ORENCIA CLICKJECT (SUBCUTANE.)*
 - xiii) ORENCIA SYRINGE (SUBCUTANE.)*
 - xiv) OTEZLA (ORAL)*
 - xv) OTEZLA XR INITIATION PAK (ORAL)*
 - xvi) OTEZLA XR TABLET (ORAL)*
 - xvii) STARJEMZA SYRINGE (SUBCUTANE.) (new)
 - xviii) STARJEMZA VIAL (INTRAVENOUS) (new)
 - xix) STARJEMZA VIAL (SUBCUTANE.) (new)
 - xx) TYENNE AUTOINJECTOR (SUBCUTANE.)
 - xxi) TYENNE SYRINGE (SUBCUTANE.)
 - xxii) TYENNE VIAL (INTRAVENOUS)
 - xxiii) XELJANZ (ORAL)*
 - xxiv) XELJANZ XR (ORAL)*
- b) PDL Recommendations (products moving to nonpreferred):
 - i) YESINTEK SYRINGE (SUBCUTANE.)
 - ii) YESINTEK VIAL (INTRAVENOUS)
 - iii) YESINTEK VIAL (SUBCUTANE.)
- c) Grandfathering does not apply to this class

9) Glucagon Agents

a) PDL Recommendations (preferred products):

- i) BAQSIMI (NASAL)*
- ii) GLUCAGON (INJECTION)*
- iii) GLUCAGON EMERGENCY KIT (AMPHASTAR) (INJECTION)*
- iv) GLUCAGON EMERGENCY KIT (LUPIN) (INJECTION)* (new)
- v) GLUCAGON EMERGENCY KIT (MYLAN) (INJECTION)* (new)
- vi) PROGLYCEM SUSPENSION (ORAL)*
- vii) ZEGALOGUE AUTOINJECTOR (SUBCUTANEOUS)*
- viii) ZEGALOGUE SYRINGE (SUBCUTANEOUS)*

b) Grandfathering does not apply to this class

10) Growth Hormone

a) PDL Recommendations (preferred products):

- i) GENOTROPIN CARTRIDGE (INJECTION)*
- ii) GENOTROPIN DISP SYRIN (INJECTION)*
- iii) NORDITROPIN PEN (INJECTION)*
- iv) SOGROYA (SUBCUTANEOUS) (new)

b) Grandfathering does not apply to this class

11) Hepatitis C Agents

a) PDL Recommendations (preferred products):

- i) PEGASYS SYRINGE (SUB-Q)
- ii) PEGASYS VIAL (SUBCUTANE.)
- iii) RIBAVIRIN CAPSULE (ORAL)
- iv) RIBAVIRIN TABLET (ORAL)

b) Grandfathering does not apply to this class

c) Grandfathering Not Applicable to this class

12) Hepatitis C Agents – Direct Acting

a) PDL Recommendations (preferred products):

- i) MAVYRET (ORAL) (8 WEEKS)*
- ii) MAVYRET PELLET PACK (ORAL)*
- iii) SOFOSBUVIR/VELPATASVIR (AG) (ORAL)*

b) Grandfathering applies to this class

13) Hypoglycemics, Incretin Mimetics/Enhancers

a) PDL Recommendations (preferred products):

- i) **Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s)**
 - (1) ALOGLIPTIN (AG) (ORAL)*
 - (2) ALOGLIPTIN/METFORMIN (AG) (ORAL)*
 - (3) ALOGLIPTIN/PIOGLITAZONE (AG) (ORAL)*
 - (4) JANUMET (ORAL)*
 - (5) JANUMET XR (ORAL)*
 - (6) JANUVIA (ORAL)*

- (7) JENTADUETO (ORAL)*
- (8) KAZANO (ORAL)
- (9) TRADJENTA (ORAL)
- (10) TRIJARDY XR (ORAL)

ii) **Glucagon-Like Peptide-1 Receptor Agonists (GLP-1s)**

- (1) BYETTA PENS (SUBCUTANE.)*
- (2) LIRAGLUTIDE (AG) (SUBCUTANE.)*
- (3) LIRAGLUTIDE (SUBCUTANE.)*
- (4) MOUNJARO (SUBCUTANE.) (new)
- (5) TRULICITY (SUBCUTANE.)*
- (6) VICTOZA (SUBCUTANE.)*

b) **PDL Recommendations (products moving to nonpreferred):**

- i) EXENATIDE PEN (SUBCUTANE.)
- c) Grandfathering does not apply to this class

14) Immunologics (Immunomodulators, Atopic Dermatitis and Immunomodulators, Asthma)

a) **PDL Recommendations (preferred products):**

- i) ADBRY AUTOINJECTOR (SUBCUTANEOUS)*
- ii) ADBRY SYRINGE (SUBCUTANEOUS)*
- iii) ELIDEL (TOPICAL)*
- iv) EUCRISA (TOPICAL)*
- v) FASENRA SYRINGE (SUBCUTANEOUS)*
- vi) OPZELURA (TOPICAL)*
- vii) PIMECROLIMUS (TOPICAL)*
- viii) XOLAIR SYRINGE/AUTOINJ (SUB-Q)*
- ix) XOLAIR VIAL (SUB-Q)*
- x) TACROLIMUS (AG) (TOPICAL)*
- xi) TACROLIMUS (TOPICAL)*
- xii) VTAMA (TOPICAL)
- xiii) ZORYVE 0.05% CREAM (TOPICAL)

b) **PDL Recommendations (products moving to nonpreferred):**

- i) PIMECROLIMUS (AG) (TOPICAL)*
- c) Grandfathering to be determined

15) Movement Disorders

a) **PDL Recommendations (preferred products):**

- i) AUSTEDO (ORAL)*
- ii) AUSTEDO XR (ORAL) *
- iii) AUSTEDO XR TITRATION KIT (ORAL)*
- iv) INGREZZA (ORAL)*
- v) INGREZZA INITIATION PACK (ORAL)*
- vi) INGREZZA SPRINKLE (ORAL)*
- vii) TETRABENAZINE (ORAL) (new)

- b) Grandfathering not applicable to this class

16) Multiple Sclerosis Agents

a) PDL Recommendations (preferred products):

- i) AVONEX (INTRAMUSC.)*
- ii) AVONEX PEN (INTRAMUSC.)*
- iii) BRIUMVI (INTRAV.)
- iv) DALFAMPRIDINE ER (ORAL)*
- v) DIMETHYL FUMARATE DR (ORAL)*
- vi) FINGOLIMOD (ORAL)*
- vii) GLATIRAMER 20 MG/ML (SUBCUTANE.) (new)
- viii) GLATIRAMER 40 MG/ML (SUBCUTANE.) (new)
- ix) KESIMPTA (SUBCUTANE.)*
- x) REBIF (SUBCUTANE.)*
- xi) REBIF REBIDOSE PEN INJECTOR (SUBCUTANE.)*
- xii) TERIFLUNOMIDE TABLET (ORAL)*
- xiii) TYSABRI (INTRAVEN.)*

b) PDL Recommendations (products moving to nonpreferred):

- i) COPAXONE 20 MG/ML (SUBCUTANE.)
- ii) COPAXONE 40 MG/ML (SUBCUTANE.)
- iii) OCREVUS (INTRAVEN.)
- iv) OCREVUS ZUNOVO VIAL (SUBCUTANE.)

c) Grandfathering does not apply to this class

17) Opioid Dependence Treatments

a) PDL Recommendations (preferred products):

- i) **Buprenorphine/Naloxone Products**
 - (1) BUPRENORPHINE/NALOXONE TAB (SUBLINGUAL)*
 - (2) SUBOXONE FILM (SUBLINGUAL)*^ (BRAND PREFERRED OVER GENERIC)
- ii) **Buprenorphine Products**
 - (1) BRIXADI MONTHLY (SUBCUTANEOUS)
 - (2) BRIXADI WEEKLY (SUBCUTANEOUS)
 - (3) BUPRENORPHINE HCL (SUBLINGUAL)*
 - (4) SUBLOCADE (SUBCUTANEOUS)*
- iii) **Alpha Agonist Products**
 - (1) CLONIDINE TABLET*
- iv) **Naloxone Products**
 - (1) KLOXXADO SPRAY (NASAL)
 - (2) NALOXONE SYRINGE (INJECTION)*
 - (3) NALOXONE VIAL (INJECTION)*
 - (4) NALOXONE SPRAY OTC (NASAL)
 - (5) NARCAN SPRAY OTC (NASAL)
 - (6) REXTOVY SPRAY (NASAL)
- v) **Naltrexone Products**
 - (1) NALTREXONE (ORAL)*
 - (2) VIVITROL (INTRAMUSC)*

b) Grandfathering does not apply to this class

18) Pancreatic Enzymes

- a) PDL Recommendations (preferred products):**
 - i) CREON (ORAL)*
 - ii) ZENPEP (ORAL)*
- b) Grandfathering to be determined

19) Uterine Disorder Treatments

- a) PDL Recommendations (preferred products):**
 - i) MYFEMBREE (ORAL) (new)
 - ii) ORIAHNN (ORAL) (new)
 - iii) ORLISSA (ORAL) (new)
- b) Grandfathering not applicable to this class

New Drug Recommendations

- Lynkuet - elinzanetant
- Redemplo - plozasiran
- Voyxact - sibeprenlimab-szsi
- Cardamyst - etripamil
- Myqorzo - aficamten

- a. The recommendation for the New Drugs is non-preferred.

THE COMMITTEE VOTED ON ALL RECOMMENDATIONS

The committee voted on all above Supplemental rebate class recommendations and New Drug Recommendations

1. All present committee members voted in favor of the recommendations.
2. No committee members voted against the recommendations.
3. No committee members abstained.

NEXT MEETING DATE:

October 7, 2026

ADJOURNMENT

The meeting adjourned at 4:57 PM

Minutes recorded by Robin Davis

MOTION TO APPROVE THE MAY MINUTES:

ANDREW THATCHER 1ST

RAUL ROMERO 2ND

NO OBJECTIONS

*Suzi Berman RPH*____

Suzi Berman, RPh

Director of Pharmacy Services

Date: October 7, 2026