**AHCCCS**

**Pharmacy and Therapeutics Committee Meeting Minutes**

October 18, 2022

12:00PM- 5:00 PM

Teleconference

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| **Members Present:**  Andrew Thatcher  Aimee Schwartz  Raul Romero  Stephen Borodkin  Kelly Flannigan  Maria Cole  Evelyn Kim  Charles Goldstein  Otto Uhrik  Aida Amado  Sandra Brownstein | **AHCCCS Staff:**  Suzi Berman  Lauren Prole  Robin Davis  Susan Kennard  **Magellan Medicaid Admin:**  Hind Douiki  Kristen Haloski |
| **Members Absent:**  Kendra Gray  Yvonne Johnson |  |

**Welcome and Introductions: SUZI BERMAN, RPH, AHCCCS PHARMACY DIRECTOR**

1. Suzi Berman called the meeting to order at 12:08 PM and welcomed committee members, staff and public attendees.
2. The meeting minutes from the May 24, 2022 meeting were reviewed.
   1. Motion to accept:
      1. 1st- Andrew Thatcher
      2. 2nd- Kelly Flannigan
3. All submitted written testimony will be posted on the AHCCCS website under Pharmacy/Pharmacy & Therapeutics Committee

**NOn-Supplemental rebate class review: Hind Douiki, pharmd, Magellan**

1. Antimigraine Agents - Triptans
   1. Public Testimony: None
2. Leukotriene Modifiers
   1. Public Testimony: None
3. Sedative Hypnotics
   1. Public Testimony: None
4. Topical Steroids by Potency (Low, Medium, High, Very High)
   1. Public Testimony
      1. Itzell Harriott
5. Antifungals - Oral
   1. Public Testimony: None
6. Antifungals - Topicals
   1. Public Testimony: None
7. Beta Blockers
   1. Public Testimony: None
8. BPH Treatments
   1. Public Testimony: None
9. Calcium Channel Blockers
   1. Public Testimony: None
10. HIV-AIDS
    1. Public Testimony: None
11. Movement Disorders
    1. Public Testimony: None
12. Phosphate Binders
    1. Public Testimony: None

**Supplemental rebate class review: Hind Douiki, pharmd, Magellan**

1. Hereditary Angioedema Agents
   1. Public Testimony: None
2. Immonumodulators
   1. Public Testimony:
      1. Tia Nguyen

**ANNUAL CONFLICT OF INTEREST TRAINING: SUSAN RUSSO, AHCCCS**

**New Drug Reviews: hind Douiki, pharmd, Magellan**

1. Camzyos – mavacamten
2. Mounjaro – tirzepatide
3. Vtama – tapinarof

**Executive Session – Closed to the Public**

**Public Therapeutic Class Votes:**

**Non-Supplemental Rebate Therapeutic Class Votes**

1. Antimigraine Agents-Triptans
   1. Preferred Products
      1. IMITREX (NASAL)
      2. NARATRIPTAN (ORAL)
      3. RIZATRIPTAN ODT (ORAL)
      4. RIZATRIPTAN TABLET (ORAL)
      5. SUMATRIPTAN (ORAL)
      6. SUMATRIPTAN KIT (AG) (SUBCUTANE.)
      7. SUMATRIPTAN KIT (SUBCUTANE.)
      8. SUMATRIPTAN KIT (SUN) (SUBCUTANE.)
      9. SUMATRIPTAN VIAL (SUBCUTANE.)
      10. ZOLMITRIPTAN ODT (ORAL)
      11. ZOLMITRIPTAN TABLET (ORAL)
      12. ZOMIG (NASAL)
   2. The committee voted on the above 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.
   3. Grandfathering - None
2. Leukotriene Modifiers
   1. Preferred Products
      1. MONTELUKAST TABLET (ORAL)
      2. MONTELUKAST CHEWABLE TABLET (ORAL)
      3. MONTELUKAST GRANULES (ORAL) – PA not required for members under 4 years of age
   2. The committee voted on the above 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.
   3. Grandfathering - None
3. Sedative Hypnotics
   1. Preferred Products
      1. ESZOPICLONE (ORAL)
      2. ROZEREM (ORAL)
      3. TEMAZEPAM (AG) (ORAL)- 15MG AND 30 MG CAPSULES
      4. TEMAZEPAM (ORAL) – 15 mg and 30 mg capsules
      5. ZOLPIDEM (ORAL)
   2. The committee voted on the above 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.
   3. Grandfathering - None
4. Topical Steroids by Potency (Low, medium, High, Very High)
   1. Preferred Products
      1. Low Potency Topical Steroid Agents
         1. DERMA-SMOOTHE-FS (TOPICAL)
         2. HYDROCORTISONE ACETATE CREAM OTC (TOPICAL)
         3. HYDROCORTISONE ACETATE OINTMENT OTC (TOPICAL)
         4. HYDROCORTISON CREAM (RECTAL)
         5. HYDROCORTISONE CREAM OTC (TOPICAL)
         6. HYDROCORTISONE CREAM (TOPICAL)
         7. HYDROCORTISONE LOTION (TOPICAL)
         8. HYDROCORTISONE OINTMENT OTC (TOPICAL)
         9. HYDROCORTISONE OINTMENT (TOPICAL)
         10. HYDROCORTISONE-ALOE CREAM OTC (TOPICAL)
      2. Medium Potency Topical Steroid Agents
         1. FLUTICASONE PROPIONATE CREAM (TOPICAL)
         2. FLUTICASONE PROPIONATE OINTMENT (TOPICAL)
         3. MOMETASONE FUROATE CREAM (TOPICAL)
         4. MOMETASONE FUROATE OINTMENT (TOPICAL)
         5. MOMETASONE FUROATE SOLUTION (TOPICAL)
      3. High Potency Topical Steroid Agents
         1. BETAMET DIPROP / PROP GLY CREAM (TOPICAL)
         2. BETAMETHASONE DIPROPIONATE CREAM (TOPICAL)-
         3. BETAMETHASONE DIPROPIONATE LOTION (TOPICAL)
         4. BETAMETHASONE VALERATE CREAM (TOPICAL)
         5. BETAMETHASONE VALERATE LOTION (TOPICAL)
         6. BETAMETHASONE VALERATE OINTMENT (TOPICAL)
         7. FLUOCINONIDE CREAM (TOPICAL)
         8. FLUOCINONIDE OINTMENT (TOPICAL)
         9. FLUOCINONIDE SOLUTION (TOPICAL)
         10. TRIAMCINOLONE ACETONIDE CREAM (TOPICAL)
         11. TRIAMCINOLONE ACETONIDE LOTION (TOPICAL)
         12. TRIAMCINOLONE ACETONIDE OINTMENT (TOPICAL)
      4. Very High Potency Topical Steroid Agents
         1. CLOBETASOL EMOLLIENT (TOPICAL)
         2. CLOBETASOL PROPIONATE CREAM (TOPICAL)
         3. CLOBETASOL PROPIONATE GEL (TOPICAL)
         4. CLOBETASOL PROPIONATE OINTMENT (TOPICAL)
         5. CLOBETASOL PROPIONATE SOLUTION (TOPICAL)
         6. CLOBETASOL SHAMPOO (TOPICAL)- NEW
         7. HALOBETASOL PROPIONATE CREAM (TOPICAL)
         8. HALOBETASOL PROPIONATE OINTMENT (TOPICAL
   2. The committee voted on the above 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.
   3. Grandfathering - None
5. Antifungals-Oral
   1. Preferred products
      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)
      9. VFEND SUSPENSION (ORAL)
   2. The committee voted on the above recommendations
      1. 10 present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. One committee member abstained.
   3. Grandfathering - None
6. Antifungals-Topicals
   1. Preferred Products
      1. CICLOPIROX CREAM (TOPICAL)
      2. CICLOPIROX SOLUTION (TOPICAL)
      3. CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)
      4. CLOTRIMAZOLE CREAM OTC (TOPICAL)
      5. CLOTRIMAZOLE CREAM RX (TOPICAL)
      6. CLOTRIMAZOLE SOLUTION OTC (TOPICAL)
      7. KETOCONAZOLE CREAM (TOPICAL)
      8. KETOCONAZOLE SHAMPOO (TOPICAL)
      9. LOTRIMIN ULTRA OTC (TOPICAL)
      10. MICONAZOLE CREAM OTC (TOPICAL)
      11. MICONAZOLE POWDER OTC (TOPICAL)
      12. NYSTATIN CREAM (TOPICAL)
      13. NYSTATIN OINT (TOPICAL)
      14. NYSTATIN POWDER (TOPICAL)
      15. TERBINAFINE CREAM OTC (TOPICAL)
      16. TOLNAFTATE CREAM OTC (TOPICAL)
      17. TOLNAFTATE POWDER OTC (TOPICAL)
      18. TOLNAFTATE AERO POWDER OTC (TOPICAL)
   2. The committee voted on the above 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.
   3. Grandfathering - None
7. Beta Blockers
   1. Preferred Products
      1. ATENOLOL (ORAL)
      2. ATENOLOL / CHLORTHALIDONE (ORAL)
      3. BISOPROLOL HCTZ (ORAL)
      4. BISOPROLOL (ORAL)
      5. CARVEDILOL (ORAL)
      6. LABETALOL (ORAL)
      7. METOPROLOL / HCTZ (ORAL)
      8. METOPROLOL (ORAL)
      9. METOPROLOL XL (AG( (ORAL)
      10. METOPROLOL XL (ORAL)
      11. NADOLOL (ORAL)
      12. PROPRANOLOL / HCTZ (ORAL)
      13. PROPRANOLOL ER (ORAL)
      14. PROPRANOLOL ER (AG) (ORAL)
      15. PROPRANOLOL SOLUTION (ORAL)
      16. PROPRANOLOL TABLET (ORAL)
      17. SOTALOL (ORAL)
   2. The committee voted on the above 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.
   3. Grandfathering - Yes
8. BPH Treatments
   1. Preferred Products
      1. ALFUZOSIN (ORAL)
      2. DOXAZOSIN (AG)(ORAL)
      3. DOXAZOSIN (ORAL)
      4. DUTASTERIDE (ORAL)
      5. FINASTERIDE (ORAL)
      6. TAMSULOSIN (ORAL)
      7. TERAZOSIN (ORAL)
   2. The committee voted on the above 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.
   3. Grandfathering - None
9. Calcium Channel Blockers
   1. Preferred Products
      1. AMLODIPINE (ORAL)
      2. DILTIAZEM CAPSULE ER (ORAL)
      3. DILTIAZEM TABLET (ORAL)
      4. FELODIPINE ER (ORAL)
      5. KATERZIA (ORAL) (NEW) – PA REQUIRED FOR OVER 7 YEARS OF AGE
      6. NIFEDIPINE IR (ORAL)
      7. NIFEDIPINE ER (ORAL)
      8. VERAPAMIL CAPSULE ER (ORAL)
      9. VERAPAMIL TABLET ER (ORAL)
      10. VERAPAMIL TABLET (ORAL)
   2. The committee voted on the above 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.
   3. Grandfathering - Yes
10. HIV-AIDS
    1. Preferred Products
       1. ABACAVIR SOLUTION (ORAL)
       2. ABACAVIR TABLET (ORAL)
       3. ABACAVIR/LAMIVUDINE (ORAL)
       4. ABACAVIR/LAMIVUDINE/ZIDOVUDINE (ORAL)
       5. APTIVUS CAPSULE (ORAL)
       6. APTIVUS SOLUTION (ORAL)
       7. ATAZANAVIR (ORAL)
       8. ATRIPLA (ORAL)
       9. BIKTARVY (ORAL)
       10. COMPLERA (ORAL)
       11. DELSTRIGO (ORAL)
       12. DESCOVY (ORAL)
       13. DIDANOSINE CAPSULE DR (ORAL)
       14. DOVATO (ORAL)
       15. EFAVIRENZ CAPSULE (ORAL)
       16. EFAVIRENZ TABLET (ORAL)
       17. EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)
       18. EMTRICITABINE CAPSULE (ORAL)
       19. EMTRIVA SOLUTION (ORAL)
       20. ETRAVIRINE (ORAL)
       21. EVOTAZ (ORAL)
       22. FOSAMPRENAVIR TABLET (ORAL)
       23. FUZEON (SUB-Q)
       24. GENVOYA (ORAL)
       25. ISENTRESS (ORAL)
       26. ISENTRESS HD (ORAL)
       27. ISENTRESS POWDER PACK (ORAL)
       28. ISENTRESS TAB CHEW (ORAL)
       29. JULUCA (ORAL)
       30. LAMIVUDINE SOLUTION (ORAL)
       31. LAMIVUDINE TABLET (ORAL)
       32. LAMIVUDINE-ZIDOVUDINE (ORAL)
       33. LEXIVA SUSPENSION (ORAL)
       34. LOPINAVIR/RITONAVIR SOLUTION (ORAL)
       35. LOPINAVIR/RITONAVIR TABLET (ORAL)
       36. NEVIRAPINE ER (ORAL)
       37. NEVIRAPINE ORAL SUSP (ORAL)
       38. NEVIRAPINE TABLET (ORAL)
       39. NORVIR POWDER PACK (ORAL)
       40. NORVIR SOLUTION (ORAL)
       41. ODEFSEY (ORAL)
       42. PIFELTRO (ORAL)
       43. PREZCOBIX (ORAL)
       44. PREZISTA (ORAL)
       45. PREZISTA ORAL SUSP (ORAL)
       46. REYATAZ POWDER PACK (ORAL)
       47. RITONAVIR TABLET (ORAL)
       48. SELZENTRY TABLET (ORAL)
       49. STRIBILD (ORAL)
       50. SYMFI (ORAL)- NEW
       51. SYMFI LO (ORAL)- NEW
       52. SYMTUZA (ORAL)
       53. TENOFOVIR DISOPROXIL FUMARATE (ORAL)
       54. TIVICAY (ORAL)
       55. TIVICAY PD SUSPENSION (ORAL)
       56. TRIUMEQ (ORAL)
       57. TRIUMEQ PD TAB SUSP (ORAL)- NEW
       58. TRUVADA (ORAL)
       59. TYBOST (ORAL)
       60. VIREAD POWDER (ORAL)
       61. ZIDOVUDINE CAPSULE (ORAL)
       62. ZIDOVUDINE SYRUP (ORAL)
       63. ZIDOVUDINE TABLET (ORAL)
    2. Moving to Non-Preferred
       1. CRIXIVAN (ORAL)
       2. INVIRASE TABLET (ORAL)
       3. STAVUDINE CAPSULE (ORAL)
       4. VIRACEPT (ORAL)
    3. The committee voted on the above 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.
    4. Grandfathering – Yes
11. Movement Disorders
    1. Preferred Products
       1. AUSTEDO (ORAL) -
       2. INGREZZA (ORAL)-
    2. The committee voted on the above 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.
    3. Grandfathering - Yes
12. Phosphate Binders
    1. Preferred Products
       1. CALCIUM ACETATE CAPSULE (ORAL)
       2. CALCIUM ACETATE TABLET (ORAL)
       3. CALCIUM ACETATE TABLET OTC (ORAL)
       4. SEVELAMER CARBONATE TABLET (AG) (ORAL)
       5. SEVELAMER CARBONATE TABLET (ORAL)
    2. The committee voted on the above 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.
    3. Grandfathering will apply to Lanthanum Carbonate Chewable Tablet and Fosrenol Powder Packs.

**Supplemental Rebate Therapeutic Class Votes**

1. Hereditary Angioedema Agents
   1. Preferred Products-
      1. BERINERT (INTRAVEN) (NEW)
      2. CINRYZE (INTRAVEN) (NEW)
      3. FIRAZYR (SUB-Q) (NEW)
      4. KALBITOR (SUB-Q) (NEW)
      5. ORLADEYO (ORAL) (NEW)
   2. The remaining agents in this class are recommended non-preferred
   3. The committee voted on the above 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.
   4. Grandfathering will apply to this class with the exception of Icatibant.
2. Immunomodulators, Atopic Dermatitis
   1. Preferred Products
      1. DUPIXENT PEN (SUBCUTANEOUS) (NEW)
      2. DUPIXENT SYRINGE (SUBCUTANEOUS) (NEW)
      3. EUCRISA (TOPICAL) (NEW)
      4. PIMECROLIMUS (AG) (TOPICAL) (NEW)
      5. PIMECROLIMUS (TOPICAL) (NEW)
      6. TACROLIMUS (AG) (TOPICAL) (NEW)
      7. TACROLIMUS (TOPICAL) (NEW)
   2. The remaining agents in this class are recommended non-preferred
   3. The committee voted on the above 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.
   4. Grandfathering - Yes

**New Drug Recommendations and Vote**

1. Camzyos-
   1. Recommendation is Non-Preferred
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
2. Mounjaro
   1. Recommendation is Non-Preferred
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
3. Vtama
   1. Recommendation is Non-Preferred
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.

**P&T Requests: SUZI BERMAN, RPH, AHCCCS PHARMACY DIRECTOR ADD TO THE END**

1. Recommendation to add Ella (Ulipristal) to the AHCCCS Drug List
   1. The committee voted on the recommendation to add Ella to the drug list
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.

**Future meeting dates**

* **January 25, 2023**
* **May 23, 2023**

**Adjournment**

The meeting adjourned at 4:30 PM

Minutes recorded by Robin Davis

**Suzi Berman**

Suzi Berman, RPh Date: January 25, 2023

Director of Pharmacy Services