**AHCCCS**

**Pharmacy and Therapeutics Committee Meeting Minutes**

May 22, 2023

12:00PM- 5:00 PM

Teleconference

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

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

1. Suzi Berman called the meeting to order at 12:06 and welcomed committee members, staff and public attendees.
2. The meeting minutes from the January 25, 2023 meeting were reviewed.
   1. Motion to accept:
      1. 1st- Andrew Thatcher
      2. 2nd- Aida Amado

**Supplemental rebate class reviews: HIND DOUIKI, pharmd, Magellan**

1. **Analgesics Agents**
   1. Public Testimony: None
2. **Antibiotics - Inhaled**
   1. Public Testimony: None
3. **Anticoagulants**
   1. Public Testimony: None
4. **Antimigraine - CGRPs**
   1. Oral Public Testimony:
      1. Rochelle Yang
   2. Written Public Testimony: None
5. **Antipsychotics - Atypical Long-Acting Injectables**
   1. Oral Public Testimony:
      1. Kenneth Berry
   2. Written Public Testimony:
      1. John Sarris
      2. Kristin Sabetta – Antipsychotics in general
      3. Miguel Tosado Rivera – Antipsychotics in general
6. **Antipsychotics - Oral Atypicals - 2nd Generation**
   1. Oral Public Testimony:
      1. Laura Anderson
      2. Kenneth Berry
      3. Ana McNabb
      4. Heather Fremi
   2. Written Public Testimony
      1. Devin Wengert
      2. James Reed
      3. Kristin Sabetta - Antipsychotics in general
      4. Miguel Tosado Rivera – Antipsychotics in general
7. **COPD** 
   1. Public Testimony: None
8. **Cytokine and CAM Antagonists**
   1. Oral Public Testimony:
      1. Melissa Sommers
9. **Epinephrine - Self-Injected**
   1. Public Testimony: None
10. **Glucagon**
    1. Oral Public Testimony:
       1. Dena Bondugji
       2. Rachel Shubitz
11. **Glucocorticoids - Inhaled**
    1. Public Testimony: None
12. **Growth Hormone**
    1. Public Testimony: None
13. **Hepatitis C Agents** 
    1. Public Testimony: None
14. **Hypoglycemics - Incretin Mimetics**
    1. Oral Public Testimony: None
    2. Written Public Testimony: None
15. **Hypoglycemics - Insulin and Related Agents**
    1. Public Testimony: None
16. **Opioid Dependence Treatments** 
    1. Oral Public Testimony:
       1. Kenneth Berry
    2. Written Public Testimony: None
17. **Pancreatic Enzymes**
    1. Public Testimony: None
18. **Progestational Agents**
    1. Public Testimony: None
19. **Stimulants and Related Agents**
    1. Public Testimony: None

**New Drug Reviews: Hind douki , pharmd, Magellan**

**Brand Name Generic Name**

1. Joenja leniolisib
   1. Public Testimony- Brian Hartline

**Executive Session – Closed to the Public**

**Public Therapeutic Class Votes:**

**Supplemental class vote**

1. Analgesics Agents
   1. Preferred Products
      1. Butrans (Brand preferred)
      2. fentanyl transdermal (not including the 37.5mg, 62.5mg & 87.5 strengths)
      3. morphine ER tablet
      4. tramadol ER (generic Ultram ER)
      5. Xtampza ER (Brand preferred)
   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.
2. Antibiotics – Inhaled
   1. Preferred Products
      1. Bethkis
      2. Kitabis Pak
   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. Anticoagulants
   1. Preferred products
      1. Oral Agents
         1. Eliquis, Eliquis Dose Pack
         2. Pradaxa (Brand preferred)
         3. Xarelto, Xarelto Dose Pack
         4. Warfarin
      2. Injectable agents
         1. enoxaparin syringe, enoxaparin syringe (AG)
         2. enoxaparin vial (AG)
   2. Moving to Non-Preferred
      1. Pradaxa Pellet Packs
         1. Grandfathering will not apply.
   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. Antimigraine - CGRPs
   1. Preferred Products
      1. Ajovy
      2. Cafergot
      3. Emgality Syringe 120mg
      4. Emgality Pen
      5. Ubrelvy
   2. Moving to Non-Preferred
      1. Aimovig
         1. Grandfathering will apply.
      2. Migergot rectal
         1. Grandfathering will not apply.
   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.
5. Antipsychotics - Atypical Long-Acting Injectables
   1. Preferred Products
      1. Abilify Maintena
      2. Aristada
      3. Aristada Initio
      4. Invega Hafyera
      5. Invega Sustenna
      6. Invega Trinza
      7. Perseris
      8. Risperdal Consta
   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.
6. Antipsychotics - Oral Atypicals - 2nd Generation
   1. Preferred Products
      1. aripiprazole tablet
      2. clozapine ODT, clozapine ODT (AG), clozapine tablet
      3. lurasidone (new)
      4. olanzapine ODT, olanzapine tablet
      5. quetiapine tablet
      6. risperidone ODT, risperidone solution, risperidone tablet
      7. ziprasidone capsule
   2. Moving to Non-Preferred Status
      1. Latuda
         1. Grandfathering will not apply.
   3. The committee voted on the above recommendations.
      1. 9 present committee members voted in favor of the recommendations.
      2. No committee members voted against the recommendations.
      3. One committee member abstained.
7. COPD
   1. Preferred products
      1. Antimuscarinics - Short-Acting
         1. Atrovent
         2. ipratropium nebulizer
      2. Antimuscarinics - Long-Acting
         1. Spiriva HandiHaler
         2. Spiriva Respimat (new)
         3. Tudorza Pressair
      3. Beta Agonist/Antimuscarinic Combination - Short-Acting
         1. ipratropium/albuterol nebulizer
         2. Combivent Respimat
      4. Beta Agonist/Antimuscarinic Combination - Long-Acting
         1. Anoro Ellipta
         2. Stiolto Respimat
   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.
8. Cytokine and CAM Antagonists
   1. Preferred Products
      1. Enbrel Kit, Enbrel Syringe, Enbrel Pen, Enbrel Mini Cartridge, Enbrel Vial -PA applies to all.
      2. Humira Kit, Humira Pen Kit- PA applies to all.
      3. infliximab (new)
      4. Orencia Clickject, Orencia Syringe
      5. Otezla -PA applies.
      6. Xeljanz (immediate release) -PA Applies
   2. Non-preferred
      1. Avsola
      2. Remicade
      3. Inflectra
      4. Renflexis
         1. Grandfathering will not apply.
   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.
9. Epinephrine - Self-Injected
   1. Preferred Products
      1. epinephrine 0.15mg (generic EpiPen Jr.)
      2. epinephrine 0.3mg (generic EpiPen)
   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.
10. Glucagon Agents
    1. Preferred Products
       1. Glucagon Injection
       2. Glucagon Emergency Kit (by Amphastar) (new)
       3. Gvoke Pen (Quantity limit applies), Gvoke Syringe (new), Gvoke Vial (new)
       4. Proglycem Suspension
       5. Zegalogue Autoinjector (new)
    2. Non-Preferred
       1. Glucagon emergency kit (By Eli Lilly)
          1. Grandfathering will apply until product is depleted at pharmacies.
    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.
11. Glucocorticoids – Inhaled
    1. Preferred Products
       1. Single Agent Products
          1. Asmanex
          2. budesonide 1 mg respules
          3. budesonide 0.25 and 0.5 mg respules
          4. Flovent HFA-(Brand preferred)
          5. Pulmicort Flexhaler
       2. Combination Products
          1. Advair Diskus-(Brand preferred)
          2. Advair HFA
          3. Flovent Diskus
          4. Dulera
          5. Symbicort-(Brand preferred)
    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.
12. Growth Hormone
    1. Preferred Products
       1. Genotropin Cartridge, Genotropin Disp Syringe
       2. Norditropin Pen
    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.
13. Hepatitis C Agents (Direct Acting)
    1. Preferred Products
       1. Mavyret
       2. sofosbuvir/velpatasvir (AG)
    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.
14. Hypoglycemics - Incretin Mimetics
    1. Preferred Products
       1. Amylin Analogues
          1. Symlin Pens
       2. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s)
          1. Janumet
          2. Janumet XR
          3. Januvia
          4. Jentadueto
          5. Jentadueto XR
          6. Kazano –(Brand Preferred)
          7. Kombiglyze XR
       3. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s) *Cont.*
          1. Nesina (Brand preferred)
          2. Onglyza
          3. Oseni (Brand preferred)
          4. Tradjenta
          5. Trijardy XR
       4. Glucagon-Like Peptide-1 Receptor Agonists (GLP-1s)
          1. Bydureon Pens
          2. Byetta Pens
          3. Trulicity
          4. Victoza
    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.
15. Hypoglycemics - Insulin and Related Agents
    1. Preferred Products
       1. Rapid-Acting Insulins
          1. Humalog Cartridge
          2. Insulin Aspart Cartridge (AG)
          3. Insulin Aspart Pen (AG)
          4. Insulin Aspart Vial (AG)
          5. Insulin Lispro Junior Kwikpen (AG)
          6. Insulin Lispro Pen (AG)
          7. Insulin Lispro Vial (AG)
       2. Regular Insulins
          1. Humulin 500 Pens, Humulin 500 Vials
          2. Novolin Vial OTC
       3. Long-Acting Insulins
          1. Lantus Vial
          2. Lantus Solostar Pen
          3. Levemir Pens, Levemir Vials
       4. Rapid/Intermediate-Acting Combination Insulins
          1. Humalog Mix Vials
          2. Insulin Aspart/Insulin Aspart Protamine Vial (AG)
          3. Insulin Aspart/Insulin Aspart Protamine Insulin Pen (AG)
          4. Insulin Lispro Protamine Mix Kwikpen (AG)
       5. Regular/Intermediate-Acting Combination Insulins
          1. Humulin Pen 70/30 Pen OTC, Humulin 70/30 Vials
          2. Novolin 70/30 Vial OTC
    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.
16. Opioid Dependence Treatments
    1. Preferred Products
       1. Buprenorphine/Naloxone Products
          1. buprenorphine/naloxone sublingual tablet
          2. Suboxone Film (brand preferred)
       2. Buprenorphine Products
          1. buprenorphine sublingual tablet –PA required unless member is pregnant.
          2. Sublocade subcutaneous – with PA (Statewide PA criteria to be developed)
       3. Naloxone Products
          1. naloxone syringe, naloxone vials
          2. Kloxxado Spray
          3. Narcan Nasal
       4. Naltrexone Products
          1. Naltrexone tablets
          2. Vivitrol
       5. Alpha Agonist Products
          1. clonidine tablet
    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.
17. Pancreatic Enzymes
    1. Preferred Products
       1. Creon
       2. Zenpep
    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.
18. Progestational Agents
    1. Preferred Products
       1. Medroxyprogesterone Acetate, Medroxyprogesterone Acetate (AG)
       2. Norethindrone acetate
       3. Progesterone Capsule
    2. Moving to Non-Preferred
       1. Makena Auto Injector
          1. Note: All Hydroxyprogesterone products have been withdrawn from the market
    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.
19. Stimulants and Related Agents
    1. Preferred Products
       1. Adderall XR (brand preferred)
       2. amphetamine salt combination
       3. atomoxetine, atomoxetine (AG)
       4. clonidine ER
       5. Concerta (brand preferred)
       6. Daytrana
       7. dexmethylphenidate, dexmethylphenidate (AG)
       8. dexmethylphenidate ER (new)
       9. dextroamphetamine tablet
       10. guanfacine ER
       11. Methylin Solution (brand preferred)
       12. methylphenidate
       13. methylphenidate CD, methylphenidate CD (AG)
       14. Ritalin LA 10mg capsule
       15. Vyvanse Capsule
    2. Moving to Non-Preferred
       1. Focalin XR
          1. Grandfathering will be dependent on product availability.
    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.

**Biosimilar Update: Suzi Berman**

1. Amjevita (Adalimumab-ATTO)

**New Drug Recommendations and Vote**

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| 1. Joenja    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. |
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**Future meeting date:**

October 25, 2023

January 24, 2024

**Adjournment**

The meeting adjourned at 4:35 PM

Minutes recorded by Robin Davis

Suzi Berman

Suzi Berman, RPh Date: 10/25/2023

Director of Pharmacy Services