

**AHCCCS**

**Pharmacy and Therapeutics Committee Meeting Minutes**

April 17, 2018

12:00PM- 5:00 PM

701 E. Jefferson Phoenix, AZ 85034- Gold Room- 3<sup>rd</sup> Floor

**Members Present:**

Loann Nguy  
Yvonne Johnson  
Dan Lindell  
Robert Marotz  
Stephen Borodkin  
Charles Goldstein  
Kelly Flannigan  
Sandy Brownstein  
Shawn McMahon  
Raul Romero  
Otto Uhrik

**AHCCCS Staff:**

Sara Salek  
Suzi Berman  
Lauren Prole  
Robin Davis  
Chaz Longwell  
Kathy Bashor

**Magellan Medicaid Admin:**

Chris Andrews

**Members Absent:**

Cindy Komar  
Jose Arindaeng  
Mohammed Ramadan  
Joanna Kowalik

**WELCOME AND INTRODUCTIONS: SARA SALEK, M.D., CHIEF MEDICAL OFFICER, AHCCCS**

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1. Dr. Sara Salek called the meeting to order at 12:10 PM and welcomed committee members, staff, and guest presenters.
  - a. P&T Minutes from January 16, 2018 were reviewed and approved with no changes made.

## **AHCCCS and Behavioral Health Drug Lists**

**SUPPLEMENTAL REBATE CLASS REVIEWS: CHRIS ANDREWS, PHARMD, MAGELLAN**

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1. Opioid Dependent Treatment
  - a. Clinical review: Chris Andrews, PharmD, Magellan
  - b. Pharma Testimony:
    - i. Sublocade– Valerie Ng- Indivior
    - ii. Suboxone Sublingual Film- Valerie Ng- Indivior
    - iii. Vivitrol- Kenneth Berry- Alkermes
  - c. Public Testimony:
    - i. Gerald Barnes Harris, DO
    - ii. Nicholas Stavros
    - iii. Zaheer Shah
2. Hypoglycemics (Incretin Mimetics / Enhancers)
  - a. Clinical review: Chris Andrews, PharmD, Magellan
  - b. Pharma Testimony:
    - i. Glyxambi - Nana Numapau, Boehringer Ingelheim
  - c. Public Testimony: None
3. Hypoglycemics (Insulin & Related Agents)
  - a. Clinical review: Chris Andrews, PharmD, Magellan
  - b. Pharma Testimony:
    - i. Victoza- Thomas Pham, Novo Nordisk
    - ii. Tresiba- Thomas Pham, Novo Nordisk
    - iii. Xultophy- Thomas Pham, Novo Nordisk
    - iv. Ozempic- Thomas Pham, Novo Nordisk
    - v. Fiasp- Thomas Pham, Novo Nordisk
  - c. Public Testimony: None
4. COPD Agents
  - a. Clinical review: Chris Andrews, PharmD, Magellan
  - b. Pharma Testimony:
    - i. Stiolto Respirimat: Nana Numapau, Boehringer Ingelheim
    - ii. Utibron Neohaler, Wilson Liu, Sunovian
  - c. Public Testimony: None

**NON-SUPPLEMENTAL REBATE CLASS REVIEW: CHRIS ANDREWS, PHARM D, MAGELLAN**

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1. The following drugs were reviewed for the Non-Supplemental Rebate Class
  - a. Antimigraine Agents, Other
    - i. Preferred Products
      1. Ergotamine tartrate/caffeine
    - ii. Removed from Drug List
      1. Ergotamine with caffeine suppository ( grandfathering applies)
    - iii. The committee voted on the above recommendations
      1. 10 committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. One committee member abstained.
  - b. Antimigraine Agents, Triptans
    - i. Preferred Products
      1. Naratriptan (addition)
      2. Rizatriptan ODT & Tablets
      3. Sumatriptan kit, kit (Sun), nasal, tablets & vials
      4. Zolmitriptan ODT, ODT (AG), tablets & tablets (AG) (addition)
    - ii. The committee voted on the above recommendations.
      1. All committee members voted in favor of the recommendations.
      2. No committee members voted against the recommendations.
      3. No committee member abstained.
  - c. Bronchodilators, Beta Agonist
    - i. Preferred Products
      1. Serevent Diskus
      2. Albuterol neb soln 0.63mg & 1.25mg, 2.5mg/0.5ml, 2.5mg/3ml & 100mg/20ml
      3. Levalbuterol neb soln 0.31mg, 0.63mg & 1.25mg/3ml (PA required for members 4 years of age and older) (addition)
      4. Albuterol syrup
      5. ProAir HFA
      6. Proventil HFA
      7. Ventolin HFA The committee voted on the above recommendations.
    - ii. The committee voted on the above recommendations.
      1. All committee members voted in favor of the recommendations.
      2. No committee members voted against the recommendations.
      3. No committee member abstained.

- d. Leukotriene Modifiers
  - i. Preferred Products
    - 1. Montelukast chewable tablets
    - 2. Montelukast granules (PA required for > than 4 years old) (addition)
    - 3. Montelukast tablets
  - ii. Removed from the Drug List
    - 1. Zafirlukast
  - iii. The committee voted on the above recommendations with grandfathering.
    - 1. All committee members voted in favor of the recommendations.
    - 2. No committee members voted against the recommendations.
    - 3. No committee member abstained.
  
- e. Phosphate Binders
  - i. Preferred Products
    - 1. Calcium acetate capsules & tablets
    - 2. Renagel
    - 3. Renvela tablets (Brand only)
  - ii. Removed from the Drug List
    - 1. Phoslo
    - 2. Phoslyra
    - 3. Eliphos
    - 4. Fosrenol
  - iii. The committee voted on the above recommendations with no grandfathering.
    - 1. All committee members voted in favor of the recommendations.
    - 2. No committee members voted against the recommendations.
    - 3. No committee member abstained.
  
- f. Sedative Hypnotics
  - i. Benzodiazepine Agents
    - 1. Preferred Products
      - a. Temazepam 15mg & 30mg capsules
    - 2. Removed from Drug List
      - a. Estazolam
      - b. Flurazepam
      - c. Triazolam
  - ii. Non-Benzodiazepine Agents
    - 1. Preferred Products
      - a. Rozerem (remove PA and add step through temazepam & zolpidem required)
      - b. Zolpidem tablets
    - 2. Removed from Drug List
      - a. Silenor
      - b. Lunesta
      - c. Meprobamate
      - d. Zaleplon
  - iii. The committee voted on the above recommendations with grandfathering.

1. Ten committee members voted in favor of the recommendations.
2. One committee members voted against the recommendations.
3. No committee member abstained.

- g. Steroids, Topical
  - i. Tabled to July meeting

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**Executive Session – Closed to the Public**

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**Preferred Drug Recommendation to the AHCCCS Drug List and/or the AHCCCS Behavioral Health Drug List for the following classes:**

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1. Opioid Dependent Treatment
  - a. The committee members voted unanimously on the below recommendations for preferred products. No committee members opposed or abstained.
    - i. Buprenorphine/Naloxone Products
      1. Suboxone Film
    - ii. Naloxone Products
      1. Narcan Nasal
      2. Naloxone syringe & vials
    - iii. Naltrexone Products
      1. Naltrexone tablets
      2. Vivitrol
    - iv. Buprenorphine-only product (non-preferred)
      1. Remove PA requirement for pregnant members
2. Hypoglycemic, Incretin Mimetics/Enhancers
  - a. The committee members voted unanimously on the below recommendations for preferred products. No committee members opposed or abstained.
    - i. Amylin Analogues
      1. Symlin Pens
    - ii. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4's)
      1. Glyxambi (addition)
      2. Janumet
      3. Janumet XR
      4. Januvia
      5. Jentadueto
      6. Kombiglyze XR
      7. Onglyza
      8. Tradjenta

- iii. Glucagon-Like Peptide-1 Receptor Agonists (GLP-1's)
      - 1. Byetta Pens
      - 2. Bydureon Pens & Vials
      - 3. Victoza
- 3. Hypoglycemics, Insulin and Related Agents
  - a. The committee members voted unanimously on the below recommendations for preferred products. No committee members opposed or abstained.
    - i. Rapid-Acting Insulins
      - 1. Humalog Pens & Vials
      - 2. Novolog Cartridge, Pens & Vials
    - ii. Regular Insulins
      - 1. Humulin R
      - 2. Humulin 500 Vials
      - 3. Humulin 500 pens
    - iii. Intermediate Insulins
      - 1. Humulin N
    - iv. Long Acting Insulins
      - 1. Lantus Pens
      - 2. Lantus Solostar & Vials
      - 3. Levemir Pens & Vials
    - v. Rapid/Intermediate-Acting Combination Insulins
      - 1. Humalog Mix Pens & Vials
      - 2. Novolog Mix Pens & Vials
    - vi. Regular/Intermediate-Acting Combination Insulins
      - 1. Humulin 70/30 Vials
- 4. COPD Agents
  - a. The committee members voted unanimously on the below recommendations for preferred products. No committee members opposed or abstained.
    - i. Antimuscarinics- Short Acting
      - 1. Atrovent HFA
      - 2. Ipratropium nebulizer
    - ii. Antimuscarinics- Long Acting
      - 1. Spiriva HandiHaler
    - iii. Beta Agonist/Antimuscarinic Combination-Short-Acting
      - 1. Albuterol/ipratropium nebulizer
      - 2. Combivent Respimat
    - iv. Beta Agonist/Antimuscarinic Combination- Long-Acting
      - 1. Bevespi Aerosphere (addition)
      - 2. Stiolto Respimat (addition)

**BIOSIMILAR UPDATE: NONE**

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**COUGH & COLD PREPARATIONS IN THE PEDIATRIC POPULATION- CHRIS ANDREWS, PHARMD, MAGELLAN**

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- FDA requires warning safety labeling to cough and cold products for children.
  - FDA action limits the use of prescription opioid cough and cold products to adults ages 18 and older and reduces exposure of these products to children.
  - Safety information highlighting risks of opioid misuse, addiction, overdose, death and slowed or difficult breathing will be added to the boxed warning on labels of these medications.
  - As the result of recent FDA Advisories on the use of cough and cold products containing opioids in the pediatric population, a number of State's have begun placing clinical edits on this population.
  - The age restrictions vary by State ranging from 12 to 19 years of age.
  - The edits vary to some extent as well ranging from soft edits that may be overridden at the pharmacy to 'hard' prior authorization edits that require the prescribing physician acknowledge awareness of the contraindications and agrees to accept the risks.
  - Some states do allow exceptions to the edits/prior authorization requirements in cases such as pediatric cancer, sickle cell disease, or other diagnosis driven considerations.
1. Recommendation made to add prior authorization to Cough and Cold products containing opioids in the pediatric population.
    - a. Ten committee members voted in favor of the recommendation.
    - b. One committee members voted against the recommendation.
    - c. No committee member abstained.

**NEW DRUG REVIEWS: NON-SUPPLEMENTAL REBATE CLASS: CHRIS ANDREWS, PHARM D, MAGELLAN**

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1. The following new drugs were reviewed for the Non-Supplemental Rebate Class
  - a. Abilify MyCite- aripiprazole with sensor
    - i. Recommendation is to not add this drug to the AHCCCS Drug list. Abilify MyCite is available through Prior authorization based on medical necessity.
      1. All committee members voted in favor of the recommendation.
      2. No committee members voted against the recommendation.
      3. No committee member abstained.
  - b. Biktarvy- bictegravir/emtricitabine/tenofovir alafenamide
    - i. Recommendation is add this drug to the AHCCCS Drug list without prior authorization.
      1. Ten committee members voted in favor of the recommendation.
      2. No committee members voted against the recommendation.
      3. One committee member abstained.
  - c. Juluca- dolutegravir/rilpivirine

- i. Recommendation from the committee is to add this drug to the AHCCCS Drug list.
  - 1. Six committee members voted in favor of the recommendation.
  - 2. No committee members voted against the recommendation.
  - 3. Five committee members abstained.

**NEXT MEETING DATES**

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**2018 Meeting Dates:**

July 17, 2018

October 22, 2018

**ADJOURNMENT**

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The meeting adjourned at 4:47 PM

Minutes recorded by Robin Davis

*Suzi Berman RPh*

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Suzi Berman, RPh

Director of Pharmacy Services

Date: July 17, 2018