

**AHCCCS**

**Pharmacy and Therapeutics Committee Meeting Minutes**

February 17, 2016

12:00PM- 4:00 PM

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

**Members Present:**

Kathy Bashor  
Stephen Chakmakian  
Cindy Komar  
Gloria Abril  
Kathleen Bryant  
Dan Lindell  
Lydia Neemann  
Otto Uhrik  
Robert Marotz  
Shawn McMahon  
Suzanne Campbell  
Oliva Young  
Berkley Olvera

**AHCCCS Staff:**

Suzi Berman  
Sara Salek  
Robin Davis  
Lauren Prole

**Magellan Medicaid Admin:**

Doug Brown  
Rick Pope

**Members via teleconference:**

Joanna Kowalik

**Public Testimony:**

Brian Streng  
Lu Ann Bussler

**Members Absent:**

Mohamad Ramadan

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

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- Dr. Sara Salek called the meeting to order at 12:00 PM and welcomed committee members, staff, and guest speakers.

**OVERVIEW OF P&T COMMITTEE: DR. SALEK**

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- 1) Operational Policy
  - a. AHCCS Overview
    - i. AHCCCS has 1,836,578 members as of 2/1/16 and is the single largest health insurer for the State of Arizona.
    - ii. The current budget is approximately \$12B and 10% of which is in pharmacy.
  - b. AHCCCS Coverage: Medications
    - i. Covered medications must be medically necessary, federally reimbursable and cost effective.
  - c. AHCCCS is comprised of:
    - i. Acute Care
    - ii. Long Term Care
    - iii. Behavioral Health
    - iv. Fee-for-Service (FFS)
- 2) P&T Overview:
  - a. Composition- The current P&T Committee is made up from the following:
    - i. AHCCCS Staff
    - ii. Health Care Providers
    - iii. Members of the Public
    - iv. Managed Care Organizations (MCO)
  - b. Regulations Governing P&T-
    - i. Drug Utilization Review Board
    - ii. Pharmacy and Therapeutics Committee
  - c. Committee Purpose
    - i. Evaluate Scientific Evidence of the safety, efficacy, effectiveness and clinical appropriateness of prescription drugs.
    - ii. Development and maintenance of a statewide drug list and prior authorization criteria as appropriate.
    - iii. Evaluate Drugs in an unbiased manner emphasizing the best clinical evidence and cost effectiveness.
    - iv. Review the AHCCCS Drug List at a minimum of annually.
    - v. Review new drugs and biosimilar 180 days from the date the drug is commercially available.
    - vi. Provide recommendations on the grandfathering status of each non-preferred drug for each supplemental therapeutic class reviewed by the Committee.
    - vii. Respond to requests for medications additions, deletions, or changes to the AHCCCS Drug List.
  - d. Committee Functions: AHCCCS vs MCO level

- i. AHCCCS is responsible for developing and submitting recommendations for the AHCCCS Drug List.
  - ii. The MCO RBHAs are responsible for developing clinical prior authorization criteria for outpatient prescription drugs.
    - 1. Exceptions: AHCCCS is responsible for Hepatitis C and Tobacco Cessation prior authorization criteria.
  - iii. MCOs are responsible for recommending educational interventions for Medicaid providers and drug utilization review.
- e. AHCCCS Drug List Overview
- i. Implemented in October 2012 to assist providers in navigating the AHCCCS pharmacy benefit.
  - ii. The AHCCCS Drug List specifies which drugs are preferred agents, require step therapy, require prior authorization to ensure clinically appropriate medication use, and any quantity limit requirements.
  - iii. Medications not listed on the AHCCCS Drug List are available through the prior authorization process.
- f. Medicaid Drug lists
- i. Currently the AHCCCS Drug List is managed by AHCCCS and applies to all lines of business. The AHCCCS Drug List contains supplemental rebate classes. Prior authorization criteria are currently developed by the MCOs with the exception of HCV and Tobacco Cessation.
  - ii. The Behavioral Health Drug List is managed by DBHS. The Behavioral Drug List applies to all RBHAs and there are not any preferred drugs or supplemental rebates. Prior authorization criteria for the Behavioral Health Drug List is currently developed by the DBHS through their own P&T committee
- g. Supplemental Rebate Overview
- i. Arizona began obtaining supplemental rebates in January 2015 in order to have a more cost effective approach to HCV medications.
  - ii. Current Supplemental rebate classes include:
    - 1. HCV
    - 2. Epinephrine, Inj.
    - 3. Cytokine and CAM Antagonists
    - 4. Growth Hormones
    - 5. Inhaled Antibiotics
    - 6. Inhaled Glucocorticoids
  - iii. Current Preferred Agents on AHCCCS Drug List
    - 1. Harvoni and Sovaldi (HCV) – PA Required
    - 2. Bethkis and Kitabis (Inhaled Antibiotics)- PA Required
    - 3. Humira and Enbrel (Cytokine and CAM Antagonists)- PA required
    - 4. Norditropin, Nutropin AQ, Genotropin (Growth Hormones- PA required
    - 5. Epi-Pen JR and Epi-Pen (Epinephrine, INJ)- PA required for greater than 2 per month.
  - iv. Contractors shall approve preferred drugs for medication classes listed on the AHCCCS Drug List before considering approval of Non-preferred drugs.
    - 1. Contractors shall approve non-preferred drugs when:
      - a. The member has previously completed step therapy using the preferred agent(s) or
      - b. The member's prescribing clinician supports the medical necessity of the non-preferred drug over the preferred drug for the particular member.

- v. Supplemental Rebate Effective Dates
  - 1. Supplemental rebates are effective on the first day of the quarter following the P&T meeting
    - a. Example: The effective dates of the preferred status for drugs approved at the 11/17/15 P&T meeting is 1/1/16.
- vi. Supplemental Rebates Grandfathering Policy
  - 1. The P&T shall make recommendations on the grandfathering status of each no-preferred drug for each therapeutic class reviewed.
- vii. Process for new drug reviews:
  - 1. Drugs will be reviewed according to a schedule with a quarter delay. Example: anything released between February and May will be reviewed in August.
  - 2. Although supplemental rebate class reviews will be on a schedule- if the drug falls out of the 180 day review period, a single drug review will occur to meet the timeframe.

## AHCCCS DRUG LIST

### SUPPLEMENTAL REBATE CLASS REVIEW: INHALED GLUCOCORTICIDS

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- 1) Class Overview-Clinical review: Rick Pope, Pharm.D., *Provider Synergies Clinical Account Manager*
- 2) Pharma Testimony
  - a. Brian Streng
    - i. Advair
    - ii. Arnuity Ellipta
    - iii. Breo Ellipta
    - iv. Flovent
  - b. Luann Bussler
    - i. Dulera
    - ii. Asmanex
- 3) Public Testimony
  - a. Written testimony - Dr. Joseph Alia
    - i. Breo Ellipta
- 4) Executive Session 12:45-1:45- (Closed to Public)
- 5) Recommendations: Glucocorticoid, inhaled
  - a. Combination Products approved as Preferred Drugs
    - i. Dulera
    - ii. Advair Diskus
    - iii. Symbicort
  - b. Single agent products approved as Preferred Drugs
    - i. Asmanex
    - ii. Qvar

- iii. Flovent HFA
- iv. Pulmicort Respules
- c. Recommending age edit to allow children ages 4-12 to receive Advair HFA.

## **BENZODIAZEPINE PROPOSED QUANTITY LIMITS: SUZI BERMAN, RPH, AHCCCS DIRECTOR OF PHARMACY SERVICES**

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- 1) AHCCCS in conjunction with a workgroup evaluated the quantity limits of the Anxiolytic Drug Class. The current quantity limits were 120 per month for product listed on the AHCCCS Drug List. The workgroup evaluated FDA maximum allowed daily dosages, the average utilized quantity per prescription to the workgroup suggested quantities. This was completed for Acute Care and Long Term Care plans. At this time the RBHAs are not affected by the proposed quantity limits.
- 2) Proposed quantity limits-
  - a. Alprazolam .25mg,.5mg,1mg- 120 per month
  - b. Alprazolam 2mg- 60 per month
  - c. Alprazolam ER and XR (all strengths)- 30 per month
  - d. Alprazolam Intensol 1mg/ML- 60 per 15 days
  - e. Ativan 1mg- 120 per month
  - f. Ativan 2mg- 60 per month
  - g. Lorazepam 0.5mg, 1mg- 120 per month
  - h. Lorazepam 2mg, 2mg/ml, Intensol 2mg/ml- 60 per month
  - i. Buspirone 5mg, 7.5mg, 10mg, 15mg- 120 per month
  - j. Buspirone 30mg- 60 per month
  - k. Chlordiazepoxide HCL 5mg 10mg, 25mg- 60 per month
  - l. Clonazepam .125mg, .25mg, .5mg, 1mg- 120 per month
  - m. Clonazepam 2mg- 60 per month
  - n. Klonopin .5mg, 1mg- 120 per month
  - o. Klonopin 2mg- 60 per month
  - p. Clorazepate Dipotassium 3.75mg, 7.5mg- 120 per month
  - q. Clorazepate Dipotassium 15mg- 60 per month
  - r. Tranxene-T 3.75 mg- 120 per month
  - s. Diastat Acudial, Diastat Pediatric- 10mg, 20mg, 2.5mg- Remove the prior authorization requirement- limit 2 per fill with no fill limit
  - t. Diazepam 2mg, 5mg, 10mg- 90 per month
  - u. Diazepam 1mg/ml, 5mg/5ml- 300 per month
  - v. Diazepam 5mg/ml and Diazepam Intensol 5mg/ml- 60 per month (with caution message)
  - w. Ozazepam 10mg, 15mg, 30mg- 60 per month
  - x. Onfi 5mg, 10mg, 20mg, 2.5mg/ml- No recommendation- PA Required
- 3) Voting for proposed benzodiazepine quantity limits and Diastat PA removal.
  - a. All present members voted in favor for proposed quantity limit changes and PA removal on Diastat
  - b. No members opposed the changes or abstained.

**DRUG LIST CHANGE REQUESTS: SUZI BERMAN**

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- 1) Lidocaine Ointment- (Tabled)
  - a. Request was made to add Prior Authorization to Lidocaine ointment in order to limit treatment to the FDA indication due to cost.
  - b. This topic is tabled pending additional research.
- 2) Benicar (olmesartan)
  - a. Request made to remove Benicar from the drug list due to cost.
    - i. Motion made by Dr. Chakmakian to not list Benicar on the AHCCCS Drug List and moving it to a non-preferred status with grandfathering for those currently on the medication.
    - ii. Motion seconded by Lydia Neemann
    - iii. Majority of committee members voted in favor of motion
    - iv. No committee members opposed motion or abstained from the motion.
- 3) Qulaquin
  - a. Request made to limit coverage of Qulaquin to the FDA approved indication of malaria due to cost.
    - i. Motion made by Dr Young to reject request to limit coverage
    - ii. Motion seconded by Dr. Uhrik
    - iii. Majority of committee members voted in favor of motion
    - iv. No committee members opposed and one abstained.
- 4) Ciprodex Otic Solution (ciprofloxacin and dexamethasone)
  - a. Request was to remove Ciprodex Otic Solution from the drug list due to cost.
    - i. Cipro HC is more costly.
    - ii. Motion made by Suzanne Campbell to remove Cipro HC from the drug list instead of Ciprodex.
    - iii. Motion seconded by Dr. Young
    - iv. All committee members voted in favor of motion
    - v. No committee members opposed the motion or abstained.
- 5) Nystatin/Triamcinolone Cream/Ointment
  - a. Request made to remove the combination product from the drug list due to cost. Both medications are available at significantly lower costs when dispensed as separate prescriptions.
    - i. Motion made by Dr. Young to remove the combination product Nystatin/Triamcinolone from the drug list. In addition, it was recommended that a message be added to alert the dispensing pharmacy to call the prescribing clinician to split the prescription into separate products.
    - ii. Motion seconded by Kathleen Bryant

- iii. All committee members voted in favor of motion
- iv. No committee members opposed to motion or abstained.

**NEW DRUG REVIEWS: NON-SUPPLEMENTAL REBATE CLASS: RICK POPE/SUZI BERMAN**

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1) Entresto (Angiotensin Modulators)

- a. Recommendation is to add Entresto to the AHCCCS Drug List
  - i. Motion made by Dr. Young to add Entresto to the AHCCCS Drug List with Prior Authorization.
  - ii. Motion seconded by Suzanne Campbell
  - iii. Majority committee members voted in favor of motion
  - iv. No committee members opposed the motion or abstained.

2) Envarsus XR (Immunosuppressant)

- a. Recommendation is not to add Envarsus XR to the AHCCCS Drug List because an extended release formulation of tacrolimus is currently available on the drug list, which is more cost effective.
  - i. Motion made by Lydia Neemann not to add Envarsus XR to AHCCCS Drug List
  - ii. Motion seconded by Dr. Chakmakian
  - iii. All committee members voted in favor of motion
  - iv. No committee members opposed the motion or abstained.

3) Odomzo (Oncology)

- a. Recommendation is not to add Odomzo to the AHCCCS Drug List.
- b. A subcommittee will review antineoplastics at later date.
  - i. Motion made by Lydia Neemann to form a subcommittee to review antineoplastic agents.
  - ii. Motion seconded by Dr. Young
  - iii. All committee members voted in favor of motion
  - iv. No committee members opposed the motion or abstained.

4) Orkambi (Cystic Fibrosis)

- a. Recommendation is not to add Orkambi to the AHCCCS Drug List.
- b. Medications for Cystic Fibrosis will be reviewed as a class at a later date.
  - i. Motion made by Dr. Chakmakian not to add Orkambi to the AHCCCS Drug List.
  - ii. Motion seconded by Suzanne Campbell.
  - iii. All committee members voted in favor of motion
  - iv. No committee members opposed to motion or abstained.

5) Praluent and Repatha (Lipotropics)

- a. Recommendation is not to add either drug to the AHCCCS Drug List because there are currently other more cost effective medications on the AHCCCS Drug List. The PSCK9 class will be reviewed at a later date.
  - i. Motion made by Lydia Neemann not to add Praluent and Repatha to due AHCCCS Drug List.

- ii. Motion seconded by Kathleen Bryant
- iii. Majority of committee members voted in favor of motion
- iv. No voting committee members opposed and one abstained

6) Tresiba (Insulin)

- a. Recommendation is not to add Tresiba to the AHCCCS Drug List because the current insulins listed on the drug list are more cost effective.
  - i. Motion made by Kathleen Bryant not to add Tresiba to the AHCCCS Drug List.
  - ii. Motion seconded by Dr. Chakmakian
  - iii. All committee members voted in favor of motion
  - iv. No committee members opposed the motion or abstained.

7) Varubi (Antiemetic/Antivertigo Agent)

- a. Recommendation is not to add Varubi to the AHCCCS Drug List because other antiemetic medications on the drug list are more cost effective.
  - i. Motion made by Lydia Neemann not to add Varubi to the AHCCCS Drug List.
  - ii. Motion seconded by Suzanne Campbell
  - iii. Majority committee members voted in favor of motion
  - iv. No committee members opposed or abstained

8) Vivlodex (NSAID)

- a. Recommendation is to not add Vivlodex to the AHCCCS Drug List. Meloxicam and other current available NSAIDs on the AHCCCS Drug List are more cost effective.
  - i. Motion made by Kathleen Bryant not to add Vivlodex to the AHCCCS Drug List
  - ii. Motion seconded by Cindy Komar
  - iii. All committee members voted in favor of motion
  - iv. No committee members opposed to motion or abstained.

9) Zarxio (Colony Stimulating Factors)

- a. Recommendation is to not add Zarxio to the AHCCCS Drug List because the net cost to AHCCCS is more costly than the brand name product, Neupogen.
  - i. Motion made by Lydia Neemann not to add Zarzio to the AHCCCS Drug List.
  - ii. Motion seconded by Suzanne Campbell.
  - iii. All committee members voted in favor of motion
  - iv. No committee members opposed the motion or abstained.

10) Zecuity (Antimigraine Agent, Triptans)

- a. Recommendation is not to add Zecuity to the AHCCCS Drug List because current available anti migraine products on the AHCCCS Drug List are more cost effective.
  - i. Motion made by Dr. Chakmakian not to add Zecuity to the AHCCCS Drug List.
  - ii. Motion seconded by Dr. Young.



- iii. Majority of committee members voted in favor of motion
- iv. No committee members opposed and one abstained

**BEHAVIORAL HEALTH DRUG LIST; DR. SALEK**

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- 1) Opioid Agonists and Antagonists--Determination of timeframe of supplemental rebate class review
  - a. Reminder: AHCCCS is merging with DBHS on 7/1/16. At that time our RBHA (Regional Behavioral Health Authority) will be directly contracted with AHCCCS.
  - b. Management of the Behavioral Health Drug List has been significantly different. Development of Prior Authorization criteria has been handled at the state level at DBHS. It will be discussed at the next meeting how AHCCCS will handle PA criteria going forward.
  - c. After the merger on 7/1, AHCCCS will start looking at supplemental rebate opportunities for medications currently on the Behavioral Health Drug List.
  - d. There is currently discussion at the Federal and State level that AHCCCS needs to place additional focus on medication-assisted therapy. There is ongoing discussion on the availability of Naloxone on the Behavioral Health and AHCCCS Drug Lists to help decrease mortalities associated with opiate overdose.
  - e. Dr Salek proposed reviewing substance abuse classes in the May P&T meeting rather than waiting until after the 7/1 merger.
  - f. Kathleen Bryant recommended to the committee that Evzio be reviewed due to pricing increase. She also recommended removing the Prior Authorization requirement for Suboxone.
    - i. Dr. Salek agreed to include these items in the May meeting.

**AGENDA ITEMS FOR MAY 17, 2016 P&T: ALL**

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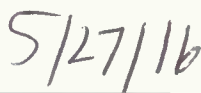
- 1) AHCCCS Drug List
  - a. Supplemental Rebate Class Review: To be released on Provider Synergies Website by March 17<sup>th</sup>
  - b. New Drug Reviews: Non-Supplemental Rebate Class
- 2) Behavioral Health Drug List
  - a. New Drug Reviews: Non-Supplemental Rebate Class will be posted after 7/1/2016.
- 3) Dr Salek requested the committee review the Operational Policy and provide suggested edits

**ADJOURNMENT**

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The meeting adjourned at 3:54 PM.  
Minutes recorded by Robin Davis

  
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Dr. Sara Salek  
Chief Medical Officer  
AHCCCS

  
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Date