**AHCCCS**

**Pharmacy and Therapeutics Committee Meeting Minutes**

January 25, 2023

12:00PM- 5:00 PM

Teleconference

|  |  |
| --- | --- |
| **Members Present:**Andrew ThatcherAimee SchwartzRaul RomeroStephen BorodkinKelly FlanniganMaria ColeEvelyn KimCharles GoldsteinAida AmadoSandra Brownstein | **AHCCCS Staff:** Suzi BermanLauren ProleRobin DavisSusan Kennard**Magellan Medicaid Admin:**Hind DouikiKristen HaloskiJonas Terry |
| **Members Absent:**Yvonne JohnsonOtto Uhrik  |  |

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

1. Suzi Berman called the meeting to order at 12:05 PM and welcomed committee members, staff and public attendees.
2. The meeting minutes from the October 19, 2022, meeting were reviewed.
	1. Motion to accept:
		1. 1st- Charles Goldstein
		2. 2nd- Andrew Thatcher

**Drug Utilization Initiatives for the CMS Drug Utilization Review Report – Amanda Kiriakopoulos, PharmD-OptumRx**

Motion to Accept- Aimee Schwartz

2nd- Stephen Borodkin

1. **NOn-Supplemental rebate class review: jonas terry, pharmd, magellan**
2. Androgenic Agents
	1. Public Testimony: None
3. Antidepressants, Others
	1. Public Testimony: Zachariah Thomas
4. Antidepressants, SSRIs
	1. Public Testimony: None
5. Antivirals – Topical -
	1. Public Testimony: None
6. Bone Resorption Suppression Agents
	1. Public Testimony: None
7. Bronchodilators, Beta Agonists
	1. Public Testimony: None
8. Colony Stimulating Factors
	1. Public Testimony: None
9. Enzyme Replacement, Gaucher Disease
	1. Public Testimony: None
10. Erythropoiesis Stimulating Proteins
	1. Public Testimony: None
11. Hypoglycemics, Alpha-Glucosidase Inhibitors
	1. Public Testimony: None
12. Hypoglycemics, Metformins
	1. Public Testimony: None
13. Hypoglycemics, SGLT2s
	1. Public Testimony: None
14. Immune Globulins
	1. Public Testimony: None
15. Oral Oncology, Oral, Hematologic
	1. Public Testimony:
16. Ophthalmics, Anti-Inflammatory Products
	1. Public Testimony: None
17. Otic Antibiotics
	1. Public Testimony: None
18. Pulmonary Atrial Hypertension (PAH) Oral and Inhaled Agents
	1. Public Testimony: Kimberly Simpson PharmD representing United Therapeutics
19. Thrombopoiesis Stimulating Proteins
	1. Public Testimony: None
20. Ulcerative Colitis Agents

Public Testimony: None

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

|  |  |  |
| --- | --- | --- |
| ***Brand Name*** | ***Generic Name*** | ***Drug Class*** |
| Sotyktu Rolvedon SubQSunlenca Oral & SubQ | DeucravacitinibEflapegrastim-xnstLenacapavir | Cytokine and CAM AntagonistColony Stimulating FactorsHIV-AIDS |

**P&T REQUESTS**

**Preferred Drug Additions- Suzi Berman**

1. Pregabalin
	1. Quantity/Dose limit of 600mg per day
2. Lithium
	1. Remove PA requirement.

 **Step Therapy Removal- Suzi Berman**

1. Sybmicort
2. Dulera
3. Advair
	* PA/Step requirement removed for all 3 products.
	* Age limits do apply.

**Executive Session – Closed to the Public**

**Public Therapeutic Class Votes:**

**Non-Supplemental class vote**

1. Androgenic Agents
	1. Preferred Products
		1. ANDROGEL GEL PUMP (TRANSDERM)
		2. ANDRODERM (TRANSDERM)
		3. ANDROGEL GEL PACKET (TRANSDERM.)
		4. TESTOSTERONE GEL PACKET (AG) (VOGELXO)(TRANSDERM)- NEW
	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. Antidepressants, Others
	1. Preferred Products
		1. BUPROPION (ORAL)
		2. BUPROPION SR (ORAL)
		3. BUPROPION XL (ORAL)
		4. MIRTAZAPINE TABLET (ORAL)
		5. MIRTAZAPINE ODT (ORAL)
		6. SPRAVATO (NASAL)
		7. TRAZODONE (ORAL)
		8. VENLAFAXINE ER CAPSULES (ORAL)
		9. VENLAFAXINE (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. Antidepressants, SSRIs
	1. Preferred Products
		1. CITALOPRAM SOLUTION (ORAL)
		2. CITALOPRAM TABLET (ORAL)
		3. ESCITALOPRAM TABLET (ORAL)
		4. FLUOXETINE CAPSULE (ORAL)
		5. FLUOXETINE SOLUTION (ORAL)
		6. FLUVOXAMINE (ORAL)
		7. PAROXETINE TABLET (ORAL)
		8. SERTRALINE CONC (ORAL)
		9. SERTRALINE 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.
4. Antivirals - Topical
	1. Preferred Products
		1. DOCOSANOL OTC (TOPICAL)
		2. ZOVIRAX CREAM (TOPICAL)
		3. ZOVIRAX OINTMENT (TOPICAL) (New)
	2. Non-Preferred
		1. ACYCLOVIR OINTMENT (TOPICAL)
	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. Bone Resorption Suppression Agents
	1. Preferred Products
		1. ALENDRONATE SOLUTION (ORAL)
		2. ALENDRONATE TABLETS (ORAL)
		3. CALCITONIN SALMON (NASAL)
		4. FORTEO (SUBCUTANE.) with PA
		5. IBANDRONATE TABLETS (ORAL)
		6. PROLIA (SUBCUTANE.) with PA
		7. RALOXIFENE (AG) (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.
6. Bronchodilators, Beta Agonists
	1. Preferred Products
		1. Long-Acting Agents
			1. SEREVENT (INHALATION)
		2. Nebulized Agents
			1. ALBUTEROL NEB SOLN 0.63, 1.25 MG (INHALATION)
			2. ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION)
			3. ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)
			4. ALBUTEROL NEB SOLN 2.5 MG/3 ML (INHALATION)
		3. Oral Agents
			1. ALBUTEROL SYRUP (ORAL)
		4. Short-Acting Agents
			1. ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)
			2. ALBUTEROL HFA (PROAIR) (INHALATION)
			3. ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)
			4. ALBUTEROL HFA (PROAIR) (AG) (INHALATION)
			5. ALBUTEROL HFA (PROVENTIL) (INHALATION)
	2. Moving to Non-Preferred
		1. PROAIR HFA (INHALATION)
	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.
7. Colony Stimulating Factors
	1. Preferred Products
		1. FYLNETRA (SUBCUTANEOUS) -New
		2. NIVESTYM SYRINGE (SUBCUTANEOUS)
		3. NIVESTYM VIAL (INJECTION)-New
		4. ZIEXTENZO SYRINGE (SUBCUTANEOUS)-New
	2. Moving to Non-Preferred
		1. FULPHILA (SUBCUTANEOUS)
		2. NEUPOGEN VIAL (INJECTION)
		3. NEUPOGEN DISP SYRIN (INJECTION)
		4. NYVEPRIA (SUBCUTANEOUS)
		5. UDENYCA (SUBCUTANEOUS)
	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.
8. Enzyme Replacement, Gaucher Disease
	1. Preferred Products
		1. CERDELGA (ORAL)
		2. CEREZYME 400 UNITS (INTRAVEN)
		3. ELELYSO (INTRAVEN)
		4. MIGLUSTAT (AG) (ORAL)
		5. MIGLUSTAT (ORAL)- NEW
		6. VPRIV 400 UNITS (INTRAVEN)
	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.
9. Erythropoiesis Stimulating Proteins
	1. Preferred Products
		1. ARANESP DISP SYRINGE (INJECTION)-NEW
		2. EPOGEN
		3. RETACRIT (INJECTION)
	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. Hypoglycemics, Alpha-Glucosidase Inhibitors
	1. Preferred Products
		1. ACARBOSE (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.
11. Hypoglycemics, Metformins
	1. Preferred Products
		1. GLYBURIDE-METFORMIN (ORAL)
		2. METFORMIN (ORAL)
		3. METFORMIN ER (GLUCOPHAGE XR) (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.
12. Hypoglycemics, SGLT2s
	1. Preferred Products
		1. FARXIGA (ORAL)
		2. INVOKANA (ORAL)
		3. INVOKAMET (ORAL)
		4. JARDIANCE (ORAL)
		5. SYNJARDY (ORAL)
		6. XIGDUO XR (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.
13. Immune Globulins
	1. Preferred Products
		1. BIVIGAM (INTRAVEN)-NEW
		2. FLEBOGAMMA DIF (INTRAVEN)
		3. GAMMAGARD LIQUID (INJECTION)
		4. GAMMAGARD S-D (INTRAVEN)
		5. GAMMAKED (INTRAVEN)
		6. GAMUNEX-C (INJECTION)
		7. HIZENTRA VIAL (SUBCUT.)
		8. HIZENTRA SYRINGE (SUBCUTANEOUS)
		9. OCTAGAM (INTRAVEN)-NEW
		10. PRIVIGEN (INTRAVEN)
		11. XEMBIFY (SUBCUTANEOUS)-NEW
	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. Oral Oncology, Oral, Hematologic - Brand/Generic
	1. Preferred Products
		1. ALKERAN (ORAL)
		2. GLEEVEC (ORAL)
		3. HYDROXYUREA (ORAL)
		4. MATULANE (ORAL)
		5. MERCAPTOPURINE (ORAL)
		6. TRETINOIN (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.
15. Ophthalmics, Anti-Inflammatory Products
	1. Preferred Products
		1. RESTASIS (OPHTHALMIC)
	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. Otic Antibiotics
	1. Preferred Products
		1. CIPRO HC (OTIC)
		2. CIPRODEX (OTIC)
		3. CIPROFLOXACIN (OTIC)
		4. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (OTIC)
		5. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP AG (OTIC)
		6. OFLOXACIN (OTIC)
	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. Pulmonary Atrial Hypertension (PAH) Agents
	1. Preferred Products
		1. ADCIRCA (ORAL)
		2. AMBRISENTAN (ORAL)-NEW
		3. BOSENTAN TABLET (AG) (ORAL)-NEW
		4. BOSENTAN TABLET (ORAL)-NEW
		5. REVATIO SUSPENSION (ORAL)
		6. SILDENAFIL TABLET (ORAL)
		7. SILDENAFIL SUSPENSION (ORAL)
	2. Products moving to Non-Preferred
		1. LETAIRIS (ORAL)
		2. SILDENAFIL SUSPENSION AG (ORAL)
		3. TRACLEER TABLET (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.
18. Thrombopoiesis Stimulating Proteins
	1. Preferred Products
		1. NPLATE (SUB-Q)
		2. PROMACTA 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.
19. Ulcerative Colitis Agents
	1. Preferred Products
		1. APRISO (ORAL)
		2. ASACOL HD (ORAL) (New)
		3. CANASA (RECTAL)
		4. DELZICOL (ORAL)
		5. LIALDA (ORAL)
		6. PENTASA (ORAL)
		7. SFROWASA (RECTAL)
		8. SULFASALAZINE (AG) (ORAL)
		9. SULFASALAZINE (ORAL)
		10. SULFASALAZINE DR (AG) (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.

Note: Grandfathering will not apply to any classes

**New Drug Recommendations and Vote**

1. Sotyktu-
	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. Rolvedon
	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. Sunlenca
	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.

**Future meeting dates**

* **May 23, 2023**
* **October 25, 2023**

**Adjournment**

The meeting adjourned at 4:03 PM

Minutes recorded by Robin Davis

Suzi Berman

Suzi Berman, RPh Date: 5/23/2023

Director of Pharmacy Services