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**AHCCCS**  
**Pharmacy and Therapeutics Committee Meeting Minutes**

July 17, 2018

12:00PM- 5:00 PM

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

**Members Present:**

Raul Romero  
Shawn McMahon  
Joanna Kowalik  
Otto Uhrik  
Kelly Flannigan  
Sandy Brownstein  
Yvonne Johnson  
Stephen Borodkin  
Jose Arindaeng  
Robert Marotz  
Loann Nguy  
Dan Lindell  
Aida Amado  
Mohamad Ramadan

**AHCCCS Staff:**

Sara Salek  
Suzi Berman  
Robin Davis  
Lauren Prole

**Magellan Medicaid Admin:**

Rick Pope  
Chris Andrews

**Members Absent:**

Cindy Komar  
Charles Goldstein

**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 12:06 PM and welcomed committee members, staff, and guest presenters.
  - a. P&T Minutes from April 17, 2018 were reviewed and approved with no changes made.
  - b. P&T Purpose and Operational Policy

**SUPPLEMENTAL REBATE CLASS REVIEWS: RICHARD L. POPE, RPH, PHARMD**

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**1. Oral Atypical (Second Generation) Antipsychotics**

- a. Clinical review: Rick Pope - Magellan
- b. Pharma Testimony:
  - i. Abilify MyCite: Kristin Pareja, Otsuka
  - ii. Rexulti: Kristin Pareja, Otsuka
  - iii. Vraylar: Phillip Jennings, Allergan
- c. Public Testimony:
  - i. Erin Callinan
  - ii. Austin Kirkbride

**2. Long-Acting Injectable Antipsychotics**

- a. Clinical review: Rick Pope - Magellan
- b. Pharma Testimony:
  - i. Abilify Maintena; Kristin Pareja, Otsuka
  - ii. Aristada; Kenneth Berry, Alkermes
  - iii. Invega Sustena: Danny McNatty, Janssen
  - iv. Trinza: Danny McNatty, Janssen
- c. Public Testimony:
  - i. John Sarris, MD
  - ii. Carol Olson, DO

**3. Stimulants & Related Agents**

- a. Clinical review: Rick Pope - Magellan
- b. Pharma Testimony:
  - i. Methylphenidate 72mg; Mitch Rice, Vertical Pharmaceuticals
- c. Public Testimony:

**4. Pancreatic Enzymes**

- a. Clinical review: Rick Pope - Magellan
- b. Pharma Testimony:
- c. Public Testimony: None

**5. Anticoagulants**

- a. Clinical review: Rick Pope - Rick Pope - Magellan
- b. Pharma Testimony:
  - i. 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

**a. Antifungals, Oral**

## i. Preferred Products

1. Clotrimazole troche (addition)
2. Fluconazole suspension, tablets
3. Griseofluvin suspension
4. Griseofluvin tablets microsized
5. Nystatin suspension (addition), tablets
6. Terbinafine tablets

## ii. Moving to non-preferred

1. Cresemba
2. Diflucan suspension, tablets
3. Flucytosine
4. Griseofulvin tablets ultramicrosized
5. Gris-Peg
6. Itraconazole
7. Ketoconazole
8. Lamisil Tablets
9. Noxafil Suspension, Tablets
10. Nystatin oral powder
11. Onmel
12. Oravig (buccal)
13. Sporanox Capsule, Suspension
14. Vfend Suspension
15. Voriconazole suspension, tablets

**b. Antifungals, Topical**

## i. Preferred Products

1. Ciclopirox cream, suspension
2. Ciclopirox solution
3. Clotrimazole cream OTC, cream Rx, solution OTC, solution Rx
4. Clotrimazole/betamethasone cream
5. Ketoconazole cream, shampoo
6. Lotrimin Ultra OTC
7. Miconazole cream OTC, ointment OTC, powder OTC, spray OTC
8. Nystatin cream, ointment, powder
9. Tolnaftate Aero powder OTC, cream OTC, powder OTC, spray OTC
10. Terbinafine cream OTC

## ii. Moving to non-preferred

1. Alevazol OTC
2. Azolen Tincture
3. Bensal HP
4. Ciclopirox gel, kit, shampoo
5. Clotrimazole/betamethasone lotion
6. DermacinRx Therazole Pak
7. Desenex Aero Powder OTC
8. Econazole
9. Ecoza
10. Ertaczo
11. Exelderm Cream, Solution
12. Extina
13. Fungoid Kit OTC
14. Fungoid OTC
15. Jublia
16. Kerydin
17. Ketoconazole foam
18. Lamisil AT Cream OTC, Gel OTC
19. Lamisil Spray OTC
20. Loprox Cream, Kit shampoo, Solution
21. Lotrimin AF Cream OTC
22. Lotrimin AF OTC
23. Lotrisone Cream
24. Luzu
25. Mentax
26. Naftifine cream, cream (AG)
27. Naftin Cream, Gel
28. Nizoral A-D Shampoo OTC
29. Nizoral Shampoo
30. Nystatin/triamcinolone cream, ointment
31. Oxiconazole cream
32. Oxistat Cream, Lotion
33. Penlac
34. Tolnaftate solution OTC
35. Vusion
36. Xolegel

iii. The committee voted on the above recommendations

1. All committee members voted in favor of the recommendations
2. No members voted against the recommendations.
3. No committee members abstained.

c. **Beta Blockers** – Grandfathering will apply to this class

i. Preferred Products

1. Atenolol
2. Atenolol/chlorthalidone
3. Bisoprolol (addition)

4. Bisoprolol/HCTZ (addition)
5. Carvedilol
6. Labetalol
7. Metoprolol
8. Metoprolol/HCTZ (addition)
9. Metoprolol XL
10. Nadolol
11. Nadolol/bendroflumethazide (addition)
12. Propranolol solution, tablets
13. Propranolol ER
14. Propranolol/HCTZ (addition)
15. Sotalol

ii. Moving to non-preferred

1. Acebutolol
2. Betapace, Betapace AF
3. Betaxolol
4. Bystolic
5. Carvedilol ER
6. Coreg
7. Coreg CR
8. Corgard
9. Dutoprol
10. Hemangeol
11. Inderal LA
12. Inderal XL
13. InnoPran XL
14. Levatol
15. Lopressor
16. Metoprolol XL/HCTZ (AG)
17. Pindolol
18. Propranolol ER (AG)
19. Sotylize
20. Tenoretic
21. Tenormin
22. Timolol
23. Toprol XL

iii. The committee voted on the above recommendations.

1. All committee members voted in favor of the recommendations
2. No members voted against the recommendations.
3. No committee members abstained.

**d. BPH Treatments**

i. Preferred Products

1. Alfuzosin ER (addition)
2. Doxazosin
3. Dutasteride (addition)

4. Finasteride
5. Tamsulosin
6. Terazosin
- ii. Moving to Non-preferred
  1. Avodart
  2. Cardura
  3. Cardura XL
  4. Cialis
  5. Dutasteride/tamsulosin
  6. Flomax
  7. Jalyn
  8. Proscar
  9. Rapaflo
  10. Uroxatral
- iii. The committee voted on the above recommendations.
  1. All committee members voted in favor of the recommendations
  2. No members voted against the recommendations.
  3. No committee members abstained.
- e. **Calcium Channel Blockers** – Grandfathering will apply to this class
  - i. Preferred Products
    1. Amlodipine
    2. Diltiazem capsule ER
    3. Diltiazem tablet
    4. Felodipine ER
    5. Nifedipine IR
    6. Nifedipine ER
    7. Verapamil capsule ER
    8. Verapamil ER PM
    9. Verapamil tablet
    10. Verapamil tablet ER
  - ii. Moving to non-preferred
    1. Adalat CC
    2. Calan SR
    3. Cardizem
    4. Cardizem CDE
    5. Cardizem CD 360
    6. Cardizem LA
    7. Diltiazem LA
    8. Isradipine
    9. Matzim LA
    10. Nicardipine
    11. Nimodipine
    12. Nisoldipine
    13. Norvasc
    14. Nymalize

15. Procardia
16. Procardia XL
17. Tiazac
18. Tiazac 420mg
19. Verapamil 360mg capsule
20. Verelan PM

- iii. The committee voted on the above recommendations.
  1. All committee members voted in favor of the recommendations
  2. No members voted against the recommendations.
  3. No committee members abstained.

**f. Steroids, Topical**

i. Low Potency Topical Steroid Agents

1. Preferred Products
  - a. Hydrocortisone cream, gel (addition), lotion & ointment
  - b. Fluocinolone .01% oil
2. Moving to Non-Preferred
  - a. Ala-Scalp HP
  - b. Alclometasone dipropionate cream, ointment
  - c. Aqua Glycolic HC
  - d. Capex Shampoo
  - e. Derma-Smoothe-FS
  - f. Dermasorb HC
  - g. Desonate Gel
  - h. Desonide lotion, ointment
  - i. Hydrocortisone/min oil/pet ointment
  - j. MiCort-HC
  - k. Texacort
  - l. Tridesilon
3. The committee members voted on the above recommendations
  - a. All committee members voted in favor of the recommendations
  - b. No members voted against the recommendations.
  - c. No committee members abstained.

ii. Medium Potency Topical Steroid Agents

1. Preferred Products
  - a. Fluticasone propionate cream & ointment
  - b. Mometasone furoate cream, ointment & solution
2. Moving to Non-Preferred
  - a. Betamethasone valerate foam
  - b. Clocortolone cream (AG)
  - c. Cloderm
  - d. Cordran Tape

- e. Cutivate Cream, Lotion
- f. Elocon Crema, Ointment
- g. Fluocinolone acetonide cream, ointment, solution
- h. Flurandrenolide cream, lotion, lotion (AG), ointment
- i. Fluticasone propionate lotion
- j. Hydrocortisone butyrate cream, cream (AG), lotion, ointment, ointment (AG), solution, solution (AG)
- k. Hydrocortisone butyrate/emollient, emollient (AG)
- l. Hydrocortisone valerate cream, ointment
- m. Luxiq
- n. Pandel
- o. Prednicarbate cream, ointment
- p. Synalar Cream Kit, Ointment, Ointment Kit, Solution, TS Kit

- 3. The committee members voted on the above recommendations
  - a. All committee members voted in favor of the recommendations
  - b. No members voted against the recommendations.
  - c. No committee members abstained.

### iii. High Potency Topical Steroid Agents

- 1. Preferred Products
  - a. Betamethasone dipropionate lotion (addition)
  - b. Betamethasone dipropionate/propylene glyc cream
  - c. Betamethasone valerate cream, lotion & ointment
  - d. Fluocinonide cream, ointment & solution
  - e. Triamcinolone acetonide cream, lotion & ointment
- 2. Moving to Non-Preferred
  - a. Amcinonide cream, lotion
  - b. Betamethasone dipropionate/prop gly lotion, ointment
  - c. Betamethasone dipropionate gel
  - d. DermacinRx Silapak
  - e. DermacinRx Silazone
  - f. Dernasorb TA
  - g. Desoximetasone cream, gel, ointment
  - h. Diflorasone diacetate cream, ointment
  - i. Diprolene Ointment
  - j. Ellzia Pak
  - k. Fluocinonide emollient, gel
  - l. Halog Cream, ointment
  - m. Kenalog Aerosol
  - n. Sernivo Spray
  - o. Silazone-II
  - p. Topicort Ointment, Spray
  - q. Triamcinolone acetonide aerosol
  - r. Triamcinolone acetonide/dimethicone
  - s. Trianex Ointment

3. The committee members voted on the above recommendations
  - a. All committee members voted in favor of the recommendations
  - b. No members voted against the recommendations.
  - c. No committee members abstained.

**iv. Very High Potency Topical Steroid Agents – Grandfathering will apply**

1. Preferred Products
  - a. Clobetasol propionate cream, emollient (addition), gel, ointment & solution
  - b. Halobetasol propionate cream (addition) & ointment (addition)
2. Moving to Non-Preferred
  - a. Apexicon E
  - b. Clobetasol lotion, shampoo
  - c. Clobetasol propionate foam, spray, spray (AG)
  - d. Clobex lotion, shampoo, spray
  - e. Clodan Kit
  - f. Olux
  - g. Temovate Cream
  - h. Ultravate Lotion
  - i. Ultravate X Pac Cream, Lotion
3. The committee voted on the above recommendations with grandfathering.
  - a. All committee members voted in favor of the recommendations
  - b. No members voted against the recommendations.
  - c. No committee members abstained.

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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. **Antipsychotics**
  - a. Oral Agents
    - i. Preferred Products
      1. Aripiprazole ODT, solution & tablets
      2. Clozapine ODT, clozapine ODT (AG) & tablets
      3. Latuda
      4. Olanzapine ODT & tablets
      5. Quetiapine tablets
      6. Risperidone ODT, solution & tablets
      7. Saphris

8. Ziprasidone capsules
  - ii. The committee members voted on the above recommendations
    1. 13 committee members voted in favor of the recommendations
    2. No members voted against the recommendations.
    3. One committee member abstained.
- b. Long-Acting Injectable Agents
  - i. Preferred Products
    1. Abilify Maintena
    2. Aristada
    3. Aristada Initio- New addition with quantity limit of 2 per year
    4. Invega Sustenna
    5. Invega Trinza
    6. Risperdal Consta
  - ii. The committee members voted on the above recommendations
    1. 13 committee members voted in favor of the recommendations
    2. No members voted against the recommendations.
    3. One committee member abstained.

## **2. Stimulants & Related Agents**

- i. Preferred Products
  1. Adderall XR
  2. Amphetamine salt combination
  3. Aptensio XR
  4. Atomoxetine, atomoxetine (AG) (addition)
  5. Concerta (addition)
  6. Daytrana
  7. Dextroamphetamine capsule ER
  8. Dextroamphetamine tablet
  9. Focalin
  10. Focalin XR
  11. Guanfacine ER
  12. Kapvay
  13. Methylin Solution
  14. Methylphenidate
  15. Methylphenidate CD, methylphenidate CD (AG)
  16. Methylphenidate ER (gen. Ritalin LA)
  17. Quillichew ER
  18. Quillivant XR
  19. Ritalin LA 10mg capsule
  20. Vyvanse Capsule, Vyvanse chewable tablet (addition)
- ii. Moving to Non-Preferred
  1. Methylphenidate chewable tablets
  2. Methylphenidate ER (generic Concerta)
  3. Strattera

- iii. The committee voted on the above recommendations with grandfathering.
  - 1. All committee members voted in favor of the recommendations
  - 2. No members voted against the recommendations.
  - 3. No committee members abstained.

### 3. Pancreatic Enzymes

- i. Preferred Products
  - 1. Creon
  - 2. Zenpep
- ii. The committee voted on the above recommendations with grandfathering.
  - 1. All committee members voted in favor of the recommendations
  - 2. No members voted against the recommendations.
  - 3. No committee members abstained.

### 4. Anticoagulants

- i. Preferred Products
  - 1. Oral Agents
    - a. Eliquis, Eliquis Dose Pack
    - b. Pradaxa
    - c. Xarelto, Xarelto Dose Pack
    - d. Warfarin
  - 2. Injectable Agents
    - a. Enoxaparin syringe, enoxaparin syringe (AG)
    - b. Enoxaparin Vial (AG)
- ii. The committee voted on the above recommendations with grandfathering.
  - 1. All committee members voted in favor of the recommendations
  - 2. No members voted against the recommendations.
  - 3. No committee members abstained

## AHCCCS DRUG LISTS- SARA SALEK, MD, CMO, AHCCCS

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- 1. WE currently have a separate AHCCCS Drug list and Behavioral Health Drug list
- 2. Starting 10/1/18- With the implementation of ACC (AHCCCS complete care) AHCCCS is moving to combine the drug lists for simplification.
- 3. The major impacts related to BH
  - a. Primary Care Providers are currently allowed to prescribe in their scope of practice.
  - b. With the combining of the list a decision will need to be made on how to manage atypical antipsychotics.
    - i. Suggested options
      - 1. Allow open access to PCP and other specialists
      - 2. Credentialing- Work with health plans on the process

## PREP-TRUVADA

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- 1. AHCCCS Drug lists currently lists Truvada with PA

- a. Motion made to remove PA requirement on Truvada
  - i. 13 committee members voted in favor of removing the PA on Truvada.
  - ii. No committee members voted against the recommendation.
  - iii. One committee member abstained

## **BIKTARVY-JULIE DITUCCI REITER**

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1. Provided feedback on requests received by Steward Healthcare Network for coverage of Biktarvy prior to July 1, 2018.
2. AHCCCS added Biktarvy to the drug list with no PA required as of July 1, 2018
3. Steward Healthcare Network reviewed 40 prior authorization requests prior to July 1. 28 members met criteria and 12 did not.
  - a. Denial reasons:
    - i. Not virologically suppressed per FDA indication
    - ii. Not stable on therapy for 3 months
    - iii. Mutations and/or resistance present to Biktarvy components
    - iv. History of nonadherence to AID/HIV regimen
  - b. Provider Justifications:
    - i. Once a day better adherence; costs less
    - ii. Can be used with mutations
    - iii. Decreased potential for side effects and future resistant development

Recommendations from Committee: None

## **BIOSIMILAR UPDATE:**

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1. Retacrit: epoetin alfa-epbx – Epogen/Procrit
  - a. The net cost of Procrit and Epogen are less costly to the State. Contractors shall not transition to Retacrit and continue to cover Procrit and Epogen as the preferred epoetin products.
2. Fulphilia: pegfilgrastim – Neulasta
  - a. AHCCCS is evaluating the costs of both drugs and will communicate which pegfilgrastim will be the preferred product in the Contractor P&T Memo.
  - b. The Contractor P&T Memo will also be posted on the AHCCCS website.
3. Glatopa: glatiramer acetate – Copaxone
  - a. The net cost of Copaxone 20mg is must less costly to the State. Contractors shall continue to utilize and/or transition to Copaxone as the preferred glatiramer acetate 20mg.
  - b. The net cost of Glatopa 40mg is less costly to the State. Contractors shall transition to Glatopa 40mg as the preferred glatiramer acetate 40mg product.

## **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. Steglatro, Segluromet, Steglujan – ertugliflozin, ertugliflozin/metformin, ertugliflozin/sitagliptin
  - i. Recommendation is to not add this drug to the AHCCCS Drug list but will be available via prior authorization.
    - 1. All committee members voted in favor of the recommendation.
    - 2. No committee members voted against the recommendation.
    - 3. No committee member abstained
- b. Zypitamag – pitavastatin magnesium
  - i. Recommendation is to not add this drug to the AHCCCS Drug list but will be available via prior authorization.
    - 1. All committee members voted in favor of the recommendation.
    - 2. No committee members voted against the recommendation.
    - 3. No committee member abstained.

## ADJOURNMENT

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The meeting adjourned at 4:47 PM

Minutes recorded by Robin Davis

*Suzanne Berman*

Suzi Berman, RPh  
Director of Pharmacy Services

Date: April 29, 2019