

AHCCCS
Pharmacy and Therapeutics Committee Meeting Minutes
May 19, 2021
12:00PM- 5:00 PM
Teleconference

Members Present:

Andrew Thatcher
Aida Amado
Aimee Schwartz
Andrew Thatcher
Craig Sparrazza
Nathan Musgrove
Stephen Borodkin
Maria Cole
Raul Romero
Yvonne Johnson
Charles Goldstein
Kendra Gray

AHCCCS Staff:

Suzi Berman
Lauren Prole
Robin Davis
Susan Russo
Greg Honig
Susan Kennard

Magellan Medicaid Admin:

Hind Douiki
Naana Osei-Boateng

Members Absent:

Kelly Flannigan
Loann Nguy
Sandy Brownstein

WELCOME AND INTRODUCTIONS: SUZI BERMAN, RPH, AHCCCS PHARMACY DIRECTOR

1. Suzi Berman called the meeting to order at 12: 07 PM and welcomed committee members, staff and public attendees.
2. The meeting minutes from the January 26, 2021 meeting were reviewed.
 - a. Motion to accept: Raul Romero
 - i. 1st- Andrew Thatcher
 - ii. 2nd-Nathan Musgrove
3. All submitted written testimony will be posted on the AHCCCS website under Pharmacy/Pharmacy & Therapeutics Committee
4. The HIV agenda item from the last meeting will be incorporated into the full review of HIV medications to be presented at the October meeting.

CONFLICT OF INTEREST TRAINING: AHCCCS OFFICE OF ADMINISTRATIVE LEGAL SERVICES-SUSAN RUSSO

SUPPLEMENTAL REBATE CLASS REVIEW: HIND DOUIKI, PHARMD, MAGELLAN

1. Analgesics – Narcotics Long-Acting Agents
 - a. Public Testimony: None
2. Antibiotics, Inhaled
 - a. Public Testimony: None
3. Anticoagulants
 - a. Public Testimony: None
4. Antimigraine Agents - Other
 - a. Public Testimony: None
5. Antipsychotic – Oral Atypicals 2nd Generation
 - a. Public Testimony: None
6. Antipsychotics – Atypical Long-Acting Injectables
 - a. Public Testimony: None
7. COPD Agents
 - a. Public Testimony: None
8. Cytokine and CAM Antagonists
 - a. Public Testimony: None
9. Epinephrine, Self-Injected
 - a. Public Testimony: None
10. Glucagon Agents
 - a. Public Testimony: None
11. Glucocorticoids – Inhaled
 - a. Public Testimony: None
12. Growth Hormone
 - a. Public Testimony: None
13. Hepatitis C Agents – Other

- a. Public Testimony: None
- 14. Hepatitis C DAA Agents
 - a. Public Testimony: None
- 15. Hypoglycemics, Incretin Mimetics/Enhancers
 - a. Public Testimony: None

- 16. Hypoglycemics – Insulin and Related Agents
 - a. Public Testimony: None
- 17. Opioid Dependence Agents
 - a. Public Testimony: Oral
 - i. Megan Aronson
 - ii. Steven Locnikar, DO
- 18. Pancreatic Enzymes
 - a. Public Testimony: None
- 19. Progestational Agents
 - a. Public Testimony: None
- 20. Stimulants and Related Agents
 - a. Public Testimony: None
- 21. Skin Substitutes
 - a. Public Testimony
 - i. Katie Artz, MD
 - ii. Bashar Majeed, MD

New Drug Reviews: HIND DOUIKI, PHARMD, MAGELLAN

<u>Brand Name</u>	<u>GenericName</u>
1. Bronchitol	Mannitol
2. Cabenuva	Cabotegravir/Rilpivirine
3. Gemtesa	Vibegron
4. Lupkynis	Voclosporin
5. Ponvory	Ponesimod
6. Verquvo	Vericiguat
7. Vocabria	Cabotegravir

Executive Session – Closed to the Public

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

1. Analgesics – Narcotics Long-Acting Agents
 - a. Preferred Products
 - i. Butrans (Brand)
 - ii. fentanyl transdermal (not including the 37.5mg, 62.5mg & 87.5 strengths)
 - iii. morphine ER tablet
 - iv. tramadol ER (generic Ultram ER)
 - v. Xtampza ER (brand)
 - b. The committee voted on the above recommendations
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
2. Antibiotics, Inhaled
 - a. Preferred Products
 - i. Bethkis
 - ii. Kitabis Pak
 - b. The committee voted on the above recommendations
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
3. Anticoagulants
 - a. Preferred Products
 - i. Oral Agents
 1. Eliquis, Eliquis Dose Pack
 2. Pradaxa
 3. Xarelto, Xarelto Dose Pack
 4. warfarin
 - ii. Injectable Agents

1. enoxaparin syringe, enoxaparin syringe (AG)
 2. enoxaparin vial (AG)
- b. The committee voted on the above recommendations
- i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
4. Antimigraine Agents - Other
- a. Preferred Products
- i. Aimovig (new)
 - ii. Ajovy
 - iii. Cafergot (new)
 - iv. Emgality Syringe 120mg
 - v. Emgality Pen
 - vi. Ubrelvy (new)
- b. Non-Preferred
- i. Cambia
 - ii. Dihydroergotamine Mesylate Injection
 - iii. Ergomar
 - iv. Migranal
 - v. Nasal Dihydroergotamine Mesylate
- c. The committee voted on the above recommendations
- i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
5. Antipsychotic – Oral Atypicals 2nd Generation
- a. Preferred Products
- i. aripiprazole tablet
 - ii. clozapine ODT, clozapine ODT (AG), clozapine tablet
 - iii. Latuda
 - iv. olanzapine ODT, olanzapine tablet
 - v. quetiapine tablet
 - vi. risperidone ODT, risperidone solution, risperidone tablet
 - vii. ziprasidone capsule
- b. The committee voted on the above recommendations
- i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
 - iv.

6. Antipsychotics – Atypical Long-Acting Injectables

a. Preferred Products

- i. Abilify Maintena
- ii. Aristada
- iii. Aristada Initio
- iv. Invega Sustenna
- v. Invega Trinza
- vi. Perseris (new)
- vii. Risperdal Consta

b. The committee voted on the above recommendations

- i. All present committee members voted in favor of the recommendations
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

7. COPD Agents

a. Preferred products

- i. Antimuscarinics - Short-Acting
 - 1. Atrovent
 - 2. ipratropium nebulizer
- ii. Antimuscarinics - Long-Acting
 - 1. Spiriva HandiHaler
 - 2. Tudorza Pressair
- iii. Beta Agonist/Antimuscarinic Combination - Short-Acting
 - 1. ipratropium/albuterol nebulizer
 - 2. Combivent Respimat
- iv. Beta Agonist/Antimuscarinic Combination - Long-Acting
 - 1. Anoro Ellipta (new)
 - 2. BevespiAerosphere
 - 3. Stiolto Respimat

b. Non-Preferred

- i. BevespiAerosphere

c. The committee voted on the above recommendations

- i. All present committee members voted in favor of the recommendations
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

8. Cytokine and CAM Antagonists

a. Preferred Products

- i. Avsola (new)-PA applies
- ii. Enbrel Kit, Enbrel Syringe, Enbrel Pen, Enbrel Mini Cartridge, Enbrel Vial (new)-PA applies to all

- iii. Humira Kit, Humira Pen Kit- PA applies to all
- iv. Inflectra (new)- PA Applies
- v. Otezla -PA applies
- vi. Xeljanz (immediate release) -PA Applies

b. Non-preferred

- i. Renflexis

c. The committee voted on the above recommendations

- i. All present committee members voted in favor of the recommendations
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

d. Grandparenting applies

9. Epinephrine, Self-Injected

a. Preferred Products

- i. epinephrine 0.15mg (generic EpiPen Jr.)
- ii. epinephrine 0.3mg (generic EpiPen)

b. The committee voted on the above recommendations

- i. All present committee members voted in favor of the recommendations
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

10. Glucagon Agents

a. Preferred Products

- i. Proglycem Suspension - new
- ii. Glucagon Injection - new
- iii. Glucagon Emergency Kit (by Lilly) – new

b. Non-Preferred

- i. Remaining products in this class are non-preferred

c. The committee voted on the above recommendations

- i. All present committee members voted in favor of the recommendations
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

11. Glucocorticoids – Inhaled

a. Preferred Products

i. Single Agent Products

- 1. Asmanex
- 2. budesonide 1 mg respules
- 3. Flovent HFA

- 4. Pulmicort Flexhaler
- 5. budesonide 0.25 and 0.5 mg respules
- ii. Combination Products
 - 1. Advair Diskus-Brand preferred
 - 2. Advair HFA
 - 3. Flovent Diskus
 - 4. Dulera
 - 5. Symbicort
- b. The committee voted on the above recommendations
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

12. Growth Hormone

- a. Preferred Products
 - i. Genotropin Cartridge, Genotropin Disp Syringe
 - ii. Norditropin Pen
- b. The committee voted on the above recommendations
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

13. Hepatitis C Agents – Direct Acting

- a. Preferred Products
 - i. Mavyret
 - ii. sofosbuvir/velpatasvir (AG)
- b. The committee voted on the above recommendations
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

14. Hypoglycemics, Incretin Mimetics/Enhancers

- a. Preferred Products
 - i. Amylin Analogues
 - 1. Symlin Pens
 - ii. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s)
 - 1. Glyxambi
 - 2. Janumet
 - 3. Janumet XR
 - 4. Januvia
 - 5. Jentadueto (new)
 - 6. Jentadueto XR (new)
 - 7. Kasano (new)
 - 8. Kombiglyze XR

iii. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s) *Cont.*

1. Nesina (new)
2. Onglyza
3. Oseni (new)
4. Tradjenta
5. Trijardy XR (new)

iv. Glucagon-Like Peptide-1 Receptor Agonists (GLP-1s)

1. Bydureon Pens, Bydureon Vials (*discontinued*)
2. Byetta Pens
3. Trulicity
4. Victoza

b. The committee voted on the above recommendations

- i. All present committee members voted in favor of the recommendations
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

15. Hypoglycemics – Insulin and Related Agents

a. Preferred Products

i. Rapid-Acting Insulins

1. Insulin Aspart Cartridge (AG) (New)
2. Insulin Aspart Pen (AG) (New)
3. Insulin Aspart Vial (AG) (New)
4. Insulin Lispro Junior Kwikpen (AG) (New)
5. Insulin Lispro Pen (AG) (New)
6. Insulin Lispro Vial (AG) (New)

ii. Regular Insulins

1. Humulin R, Humulin Pen OTC
2. Humulin 500 Pens, Humulin 500 Vials

iii. Intermediate-Acting Insulins

1. Humulin N

iv. Long-Acting Insulins

1. Lantus Vial
2. Lantus Solostar Pen
3. Levemir Pens, Levemir Vials

v. Rapid/Intermediate-Acting Combination Insulins

1. Insulin Aspart/Insulin Aspart Protamine Vial (AG) (New)
2. Insulin Aspart/Insulin Aspart Protamine Insulin Pen (AG) (New)
3. Insulin Lispro Protamine Mix Kwikpen (AG) (New)

vi. Regular/Intermediate-Acting Combination Insulins

1. Humulin Pen 70/30 Pen OTC, Humulin 70/30 Vials

b. Non-Preferred

- i. Rapid-Acting Insulins
 - 1. Humalog Cartridge, Humalog Pens, Humalog Junior Kwikpen, Humalog Vials
 - 2. Novolog Cartridge, Novolog Pens, Novolog Vials
- ii. Rapid/Intermediate-Acting Combination Insulins
 - 1. Humalog Mix Pens, Humalog Mix Vials
 - 2. Novolog Mix Vials
- iii. Intermediate-Acting Insulins
 - 1. Humulin Pen OTC

- c. The committee voted on the above recommendations
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

2. Opioid Dependence Agents

- a. Preferred Products
 - i. Buprenorphine/Naloxone Products
 - 1. buprenorphine/naloxone sublingual tablet
 - 2. Suboxone Film (brand preferred)
 - ii. Buprenorphine Products
 - 1. buprenorphine sublingual tablet –PA required unless member is pregnant
 - 2. Sublocade subcutaneous – with PA (Statewide PA criteria to be developed)
 - iii. Naloxone Products
 - 1. naloxone syringe, naloxone vials, Narcan Nasal
 - iv. Naltrexone Products
 - 1. Naltrexone tablets
 - 2. Vivitrol
 - v. Alpha Agonist Products
 - 1. clonidine tablet

- d. The committee voted on the above recommendations
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

3. Pancreatic Enzymes

- a. Preferred Products
 - i. Creon
 - ii. Zenpep
- e. The committee voted on the above recommendations
 - i. All present committee members voted in favor of the recommendations

- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

4. Progestational Agents

a. Preferred Products

- i. Makena Auto Injector
- ii. Makena MDV (brand preferred)
- iii. Medroxyprogesterone Acetate
- iv. Medroxyprogesterone Acetate (AG)
- v. Progesterone Capsule

b. Non-Preferred

- i. Aygestin
- ii. Crinone
- iii. Depo-Provera 400 mg/mL
- iv. Makena SDV
- v. Norethindrone Acetate
- vi. Progesterone Im
- vii. Prometrium
- viii. Provera

f. The committee voted on the above recommendations

- i. All present committee members voted in favor of the recommendations
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

5. Stimulants and Related Agents

a. Preferred Products

- i. Adderall XR (brand preferred)
- ii. amphetamine salt combination
- iii. atomoxetine, atomoxetine (AG)
- iv. clonidine ER
- v. Concerta (brand preferred)
- vi. Daytrana
- vii. Dexmethylphenidate, dexmethylphenidate (AG)
- viii. dextroamphetamine tablet
- ix. Focalin XR (brand preferred)
- x. guanfacine ER
- xi. Methylin Solution (brand preferred)
- xii. methylphenidate
- xiii. methylphenidate CD, methylphenidate CD (AG)
- xiv. Ritalin LA 10mg capsule
- xv. Vyvanse Capsule

- b. Non-Preferred
 - i. Aptensio XR
 - ii. methylphenidate ER (generic Ritalin LA)
 - iii. Vyvanse Chewable Tablet

- g. The committee voted on the above recommendations
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

- c. Grandparenting Applies

6. Skin Substitutes

- a. Preferred Products (note- all are new additions)
 - i. PMA products
 - 1. Apligraf
 - 2. Dermagraft
 - 3. Omnigraft
 - ii. PHS Section 361 Products
 - 1. AlloPatch Pliable Thin
 - 2. AmnioBand Membrane
 - 3. AmnioBand Membrane Particulate
 - 4. AmnioExcel
 - 5. AmnioExcel Plus
 - 6. Somagen Meshed Thin
 - 7. Theraskin
 - iii. 510(k) Products
 - 1. Cytal 1, 2, 3, & 6 Layers
 - 2. Kerecis
 - 3. Primatrix
 - 4. Primatrix AG and Primatrix AG Fenestrated
 - 5. Primatrix AG Meshed
 - 6. Primatrix meshed and Primatrix Fenestrated
 - 7. Puraply XT

- b. Non-Preferred
 - i. Affinity
 - ii. Epifix
 - iii. Epifix Mesh
 - iv. Grafix PL Prime
 - v. Grafix Prime
 - vi. Leneva
 - vii. Oasis Wound Matrix Fenestrated

- c. The committee voted on the above recommendations
 - i. All present committee members voted in favor of the recommendations

- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

New Drug Recommendations and Vote

1. Bronchitol
 - a. Recommendation is non-Preferred
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
2. Cabenuva
 - a. Recommendation is non-Preferred
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
3. Gemtesa
 - a. Recommendation is non-Preferred
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
4. Lupkynis
 - a. Recommendation is non-Preferred
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
5. Ponvory
 - a. Recommendation is non-Preferred
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
6. Verquvo
 - a. Recommendation is non-Preferred
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
7. Vocabria
 - a. Recommendation is non-Preferred
 - i. All present committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

FUTURE MEETING DATES

- **October 18, 2021**
- **January 19, 2022**

ADJOURNMENT

The meeting adjourned at 5:15 PM
Minutes recorded by Robin Davis

Suzi Berman
Suzi Berman, RPh
Director of Pharmacy Services

October 18, 2021
Date