

AHCCCS
Pharmacy and Therapeutics Committee Meeting Minutes
October 14, 2020
12:00PM- 5:00 PM
Teleconference

Members Present:

Yvonne Johnson
Stephen Borodkin
Andrew Thatcher
Angela Balascak
Charles Goldstein
Kelly Flannigan
Raul Romero
Aida Amado
Aimee Schwartz
Sandy Brownstein

AHCCCS Staff:

Suzi Berman
Susan Junck
Lauren Prole
Robin Davis

Magellan Medicaid Admin:

Chris Andrews
Justin Johnson

Members Absent:

Loann Nguy
Craig Sparazzo
Kendra Gray

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

1. Suzi Berman called the meeting to order at 12:11 PM and welcomed committee members, staff and public attendees.
2. The meeting minutes from the May 2020 meeting were reviewed and approved with no changes.

NON-SUPPLEMENTAL REBATE CLASS REVIEW: JUSTIN JOHNSON, PHARMD, MAGELLAN

1. Antimigraine Agents - Triptans
 - a. Public Testimony: None

2. Leukotriene Modifiers Oral Agents
 - a. Public Testimony: None

3. Phosphate Binders
 - a. Public Testimony: None

4. Sedative Hypnotics
 - a. Public Testimony: None

5. Antifungals – Oral Agents
 - a. Public Testimony: None

6. Antifungals - Topicals
 - a. Public Testimony: None

7. Beta Blockers
 - a. Public Testimony: None

8. BPH Treatments
 - a. Public Testimony: None

9. Calcium Channel Blockers
 - a. Public Testimony: None

10. Contraceptives – Oral Agents
 - a. Public Testimony: None

11. Contraceptives - Other

a. Public Testimony: None

12. Bladder Relaxant Preparations

a. Public Testimony: None

13. Antiparkinson Agents

a. Public Testimony: None

14. Lipotropics - Statins

a. Public Testimony: None

15. Lipotropics - Other

a. Public Testimony: None

16. Proton Pump Inhibitors

a. Public Testimony: None

17. Acne Agents - Topicals

a. Public Testimony: None

New Drug Reviews: JUSTIN JOHNSON, PHARMD, MAGELLAN

Brand Name

Generic Name

1. Oriahnn

elagolix/estradiol/norethindrone

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. Antimigraine Agents, Triptans
 - a. Preferred Products
 - i. NARATRIPTAN (ORAL)
 - ii. RIZATRIPTAN ODT (ORAL)
 - iii. RIZATRIPTAN TABLET (ORAL)
 - iv. SUMATRIPTAN KIT (SUBCUTANE.)
 - v. SUMATRIPTAN KIT (SUN) (SUBCUTANE.)
 - vi. SUMATRIPTAN (ORAL)
 - vii. SUMATRIPTAN VIAL (SUBCUTANE.)
 - viii. ZOLMITRIPTAN ODT (AG) (ORAL)
 - ix. ZOLMITRIPTAN ODT (ORAL)
 - x. ZOLMITRIPTAN TABLET (AG) (ORAL)
 - xi. ZOLMITRIPTAN TABLET (ORAL)
 - xii. ZOMIG (NASAL) (step therapy applies- must try Imitrex nasal spray first)
 - b. Grandparenting: Applies for Zomig Nasal spray
 - c. The committee voted on the above recommendations
 - i. All committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
2. Leukotriene Modifiers
 - a. Preferred Products – Note: PA is not required for children less than 4 years old
 - i. MONTELUKAST TABLET (ORAL)
 - ii. MONTELUKAST CHEWABLE TABLET (ORAL)
 - iii. MONTELUKAST GRANULES (ORAL)
 - b. Grandparenting: No
 - c. The committee voted on the above recommendations
 - i. All committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
3. Phosphate Binders
 - a. Preferred Products
 - i. CALCIUM ACETATE CAPSULE (ORAL)
 - ii. CALCIUM ACETATE TABLET (ORAL)

- iii. SEVELAMER CARBONATE TABLET (AG) (ORAL)
 - iv. SEVELAMER CARBONATE TABLET (ORAL)
 - b. Grandparenting: No
 - c. The committee voted on the above recommendations
 - i. All committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
4. Sedative Hypnotics
- a. Preferred Products-
 - i. ESZOPICLONE (ORAL)
 - ii. ROZEREM (ORAL) –Step therapy required- must try 2 other preferred products
 - iii. TEMAZEPAM (ORAL) – 15 mg and 30 mg capsules
 - iv. ZOLPIDEM (ORAL)
 - b. Non Preferred
 - i. DAYVIGO (ORAL)
 - c. Grandparenting: No
 - d. The committee voted on the above recommendations
 - i. All committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.
5. Antifungals, Oral
- a. Preferred Products – Prior authorization requirements listed on the AHCCCS Drug List are to be continued.
 - i. Oral Agents
 - 1. CLOTRIMAZOLE (MUCOUS MEM)
 - 2. FLUCONAZOLE SUSPENSION (ORAL)
 - 3. FLUCONAZOLE TABLET (ORAL)
 - 4. GRISEOFULVIN SUSPENSION (ORAL)
 - 5. GRISEOFULVIN TABLETS (ORAL)
 - 6. NYSTATIN SUSPENSION (ORAL)
 - 7. NYSTATIN TABLET (ORAL)
 - 8. TERBINAFINE (ORAL)
 - b. Grandparenting: No
 - c. The committee voted on the above recommendations
 - i. All committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

6. Antifungals, Topical

a. Preferred Products -

- i. CICLOPIROX CREAM (TOPICAL)
- ii. CICLOPIROX SOLUTION (TOPICAL)
- iii. CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)
- iv. CLOTRIMAZOLE CREAM OTC (TOPICAL)
- v. CLOTRIMAZOLE CREAM RX (TOPICAL)
- vi. CLOTRIMAZOLE SOLUTION OTC (TOPICAL)
- vii. KETOCONAZOLE CREAM (TOPICAL)
- viii. KETOCONAZOLE SHAMPOO (TOPICAL)
- ix. LOTRIMIN ULTRA OTC (TOPICAL)
- x. MICONAZOLE CREAM OTC (TOPICAL)
- xi. MICONAZOLE POWDER OTC (TOPICAL)
- xii. NYSTATIN CREAM (TOPICAL)
- xiii. NYSTATIN OINT (TOPICAL)
- xiv. NYSTATIN POWDER (TOPICAL)
- xv. TERBINAFINE CREAM OTC (TOPICAL)
- xvi. TOLNAFTATE CREAM OTC (TOPICAL)
- xvii. TOLNAFTATE POWDER OTC (TOPICAL)
- xviii. TOLNAFTATE AERO POWDER OTC (TOPICAL)

b. Non-Preferred

- i. MICONAZOLE OINT OTC (TOPICAL)
- ii. MICONAZOLE SPRAY OTC (TOPICAL)
- iii. TOLNAFTATE SPRAY OTC (TOPICAL)

c. AHCCCS will review these products internally for final determination as recommended by the committee

- i. CICLOPIROX SUSPENSION (TOPICAL)
- ii. CLOTRIMAZOLE SOLUTION RX (TOPICAL)

d. Grandparenting: No

e. The committee voted on the above recommendations

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

7. Beta Blockers

a. Preferred Products

- i. ATENOLOL (ORAL)
- ii. ATENOLOL / CHLORTHALIDONE (ORAL)
- iii. BISOPROLOL HCTZ (ORAL)
- iv. BISOPROLOL (ORAL)
- v. CARVEDILOL (ORAL)
- vi. LABETALOL (ORAL)
- vii. METOPROLOL / HCTZ (ORAL)
- viii. METOPROLOL (ORAL)
- ix. NADOLOL (ORAL)- Available without PA for children and adolescents under the age of 19
- x. METOPROLOL XL (ORAL)
- xi. PROPRANOLOL ER (ORAL)
- xii. PROPRANOLOL ER (AG) (ORAL)
- xiii. PROPRANOLOL / HCTZ (ORAL)
- xiv. PROPRANOLOL SOLUTION (ORAL)
- xv. PROPRANOLOL TABLET (ORAL)
- xvi. SOTALOL (ORAL)

b. Grandparenting: Yes

c. The committee voted on the above recommendations

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

8. BPH Treatments

a. Preferred Products

- i. ALFUZOSIN (ORAL)
- ii. DOXAZOSIN (ORAL)
- iii. DUTASTERIDE (ORAL)
- iv. FINASTERIDE (ORAL)
- v. TAMSULOSIN (ORAL)
- vi. TERAZOSIN (ORAL)

b. Grandparenting: No

c. The committee voted on the above recommendations

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

- iii. No committee members abstained.

9. Calcium Channel Blockers

a. Preferred Products

- i. AMLODIPINE (ORAL)
- ii. DILTIAZEM CAPSULE ER (ORAL)
- iii. DILTIAZEM TABLET (ORAL)
- iv. FELODIPINE ER (ORAL)
- v. NIFEDIPINE IR (ORAL)
- vi. NIFEDIPINE ER (ORAL)
- vii. VERAPAMIL CAPSULE ER (ORAL)
- viii. VERAPAMIL TABLET ER (ORAL)
- ix. VERAPAMIL TABLET (ORAL)

b. Non-Preferred

- i. VERAPAMIL ER PM (ORAL)

c. Grandparenting: No

d. The committee voted on the above recommendations

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

10. Contraceptives, Oral

a. Combination Pills

i. Preferred

- 1.AFIRMELLE (ORAL)
- 2.ALTAVERA (ORAL)
- 3.ALYACEN MONOPHASIC (ORAL)
- 4.ALYACEN TRIPHASIC (ORAL)
- 5.AMETHIA (ORAL)
- 6.APRI (ORAL)
- 7.ARANELLE (ORAL)
- 8.AUBRA (ORAL)
- 9.AUBRA EQ (ORAL)
- 10.AUROVELA (ORAL)
- 11.AUROVELA 24 FE (ORAL)
- 12.AUROVELA FE (ORAL)
- 13.AVIANE (ORAL)
- 14.AYUNA (ORAL)
- 15.AZURETTE (ORAL)
- 16.BALZIVA (ORAL)
- 17.BEKYREE (ORAL)

- 18.BLISOVI 24 FE (ORAL)
- 19.BLISOVI FE (ORAL)
- 20.BRIELLYN (ORAL)
- 21.CHATEAL (ORAL)
- 22.CHATEAL EQ (ORAL)
- 23.CRYSELLE (ORAL)
- 24.CYCLAFEM TRIPHASIC (ORAL)
- 25.CYRED (ORAL)
- 26.DASETTA MONOPHASIC (ORAL)
- 27.DASETTA TRIPHASIC (ORAL)
- 28.DESOGESTREL/ETHINYL ESTRADIOL (ORAL)
- 29.ELINEST (ORAL)
- 30.ENPRESSE (ORAL)
- 31.ENSKYCE (ORAL)
- 32.ESTARYLLA (ORAL)
- 33.ETHINYL ESTRADIOL/DROSPIRENONE (ORAL)
- 34.ETHYNODIOL D-ETHINYL ESTRADIOL (ORAL)
- 35.ETHYNODIOL/ETHINYL ESTRADIOL (ORAL)
- 36.FALMINA (ORAL)
- 37.FEMYNOR (ORAL)
- 38.GIANVI (ORAL)
- 39.HAILEY 24 FE (ORAL)
- 40.HAILEY FE (ORAL)
- 41.HAILEY TABLET (ORAL)
- 42.ISIBLOOM (ORAL)
- 43.JASMIEL (ORAL)
- 44.JULEBER (ORAL)
- 45.JUNEL (ORAL)
- 46.JUNEL FE (ORAL)
- 47.JUNEL FE 24 (ORAL)
- 48.KAITLIB FE (ORAL)
- 49.KARIVA (ORAL)
- 50.KELNOR 1-35 (ORAL)
- 51.KELNOR 1-50 (ORAL)
- 52.KURVELO (ORAL)
- 53.LARIN (ORAL)
- 54.LARIN 24 FE (ORAL)
- 55.LARIN FE (ORAL)
- 56.LARISSIA (ORAL)
- 57.LESSINA (ORAL)
- 58.LEVONEST (ORAL)
- 59.LEVONORGESTREL/ETHINYL ESTRADIOL MONOPHASIC (LUPIN) (ORAL)
- 60.LEVONORGESTREL/ETHINYL ESTRADIOL TRIPHASIC (ORAL)
- 61.LEVORA (ORAL)
- 62.LILLOW (ORAL)
- 63.LORYNA (ORAL)
- 64.LOW-OGESTREL (ORAL)
- 65.LO-ZUMANDIMINE (ORAL)

- 66.LUTERA (ORAL)
- 67.MARLISSA (ORAL)
- 68.MELODETTA 24 FE (ORAL)
- 69.MICROGESTIN (ORAL)
- 70.MICROGESTIN FE (ORAL)
- 71.MILI (ORAL)
- 72.NECON MONOPHASIC (ORAL)
- 73.NIKKI (ORAL)
- 74.NORETHINDRONE/ETHINYL ESTRADIOL (ORAL)
- 75.NORETHINDRONE/ETHINYL ESTRADIOL FE (ORAL)
- 76.NORETHINDRONE/ETHINYL ESTRADIOL FE MONOPHASIC (FEMCON FE) (ORAL)
- 77.NORETHINDRONE/ETHINYL ESTRADIOL FE MONOPHASIC (GENERESS FE) (ORAL)
- 78.NORGESTIMATE/ETHINYL ESTRADIOL MONOPHASIC (ORAL)
- 79.NORGESTIMATE/ETHINYL ESTRADIOL TRIPHASIC (ORAL)
- 80.NORTREL MONOPHASIC (ORAL)
- 81.NORTREL TRIPHASIC (ORAL)
- 82.ORSYTHIA (ORAL)
- 83.ORTHO TRI-CYCLEN (ORAL)
- 84.ORTHO-NOVUM TRIPHASIC (ORAL)
- 85.PHILITH (ORAL)
- 86.PIMTREA (ORAL)
- 87.PIRMELLA (ORAL)
- 88.PIRMELLA (ORAL)
- 89.PORTIA (ORAL)
- 90.RECLIPSEN (ORAL)
- 91.SIMLIYA (ORAL)
- 92.SPRINTEC (ORAL)
- 93.SRONYX (ORAL)
- 94.SYEDA (ORAL)
- 95.TARINA 24 FE (ORAL)
- 96.TARINA FE (ORAL)
- 97.TARINA FE 1-20 EQ (ORAL)
- 98.TRI FEMYNOR (ORAL)
- 99.TRI-ESTARYLLA (ORAL)
- 100.TRI-LEGEST FE (ORAL)
- 101.TRI-LO-ESTARYLLA (ORAL)
- 102.TRI-LO-MARZIA (ORAL)
- 103.TRI-LO-MILI (ORAL)
- 104.TRI-LO-SPRINTEC (ORAL)
- 105.TRI-MILI (ORAL)
- 106.TRI-PREVIFEM (ORAL)
- 107.TRI-SPRINTEC (ORAL)
- 108.TRIVORA (ORAL)
- 109.TRI-VYLIBRA (ORAL)
- 110.TRI-VYLIBRA LO (ORAL)
- 111.VELIVET (ORAL)
- 112.VIENVA (ORAL)
- 113.VIORELE (ORAL)

- 114.VOLNEA (ORAL)
- 115.VYFEMLA (ORAL)
- 116.VYLIBRA (ORAL)
- 117.WERA (ORAL)
- 118.ZARAH (ORAL)
- 119.ZOVIA (ORAL)
- 120.ZUMANDIMINE (ORAL)

b. Combined Pill

i. Non Preferred

- 1. BALCOLTRA (ORAL)
- 2. BEYAZ (ORAL)
- 3. CAZIAN (ORAL)
- 4. CHARLOTTE 24 FE (ORAL)
- 5. CYCLAFEM MONOPHASIC (ORAL)
- 6. CYRED EQ (ORAL)
- 7. DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE (ORAL)
- 8. EMOQUETTE (ORAL)
- 9. ESTROSTEP FE (ORAL)
- 10. GENERESS FE (ORAL)
- 11. KALLIGA (ORAL)
- 12. LAYOLIS FE (ORAL)
- 13. LEENA (ORAL)
- 14. LO LOESTRIN FE (ORAL)
- 15. LOESTRIN (ORAL)
- 16. LOESTRIN FE (ORAL)
- 17. MIBELAS 24 FE (ORAL)
- 18. MINASTRIN 24 FE (ORAL)
- 19. MIRCETTE (ORAL)
- 20. MONO-LINYAH (ORAL)
- 21. NATAZIA (ORAL)
- 22. OCELLA (ORAL)
- 23. OGESTREL (ORAL)
- 24. PREVIFEM (ORAL)
- 25. SAFYRAL (ORAL)
- 26. TAYTULLA (ORAL)
- 27. TILIA FE (ORAL)
- 28. TRI-LINYAH (ORAL)
- 29. TRINESSA (ORAL)
- 30. TYDEMY (ORAL)
- 31. WYMZYA FE (ORAL)
- 32. YASMIN (ORAL)
- 33. YAZ (ORAL)

c. Emergency Contraceptives

i. Preferred

- 1. AFTERA OTC (ORAL)
- 2. LEVONORGESTREL OTC (ORAL)

3. MY CHOICE OTC (ORAL)
 4. MY WAY OTC (ORAL)
 5. NEW DAY OTC (ORAL)
 6. OPTION 2 OTC (ORAL)
 7. PLAN B ONE-STEP OTC (ORAL)
 8. TAKE ACTION OTC (ORAL)
- ii. Non-Preferred
 1. ECONTRA EZ OTC (ORAL)
 2. ECONTRA OTC (ORAL)
 3. ELLA (ORAL)
 4. OPCICON ONE-STEP OTC (ORAL)
- d. Extended Continuous Use Combined Pill
- i. Preferred Products
 1. AMETHIA LO (ORAL)
 2. AMETHYST (ORAL)
 3. CAMRESE (ORAL)
 4. CAMRESE LO (ORAL)
 5. INTROVALE (ORAL)
 6. JAIMIESS (ORAL)
 7. LEVONORGESTREL/ETHINYL ESTRADIOL (LYBREL) (ORAL)
 8. LEVONORGESTREL/ETHINYL ESTRADIOL EXTENDED CYCLE (ORAL)
 9. SETLAKIN (ORAL)
 10. SIMPESS (ORAL)
 - ii. Non-Preferred Products
 1. ASHLYNA (ORAL)
 2. DAYSEE (ORAL)
 3. FAYOSIM (ORAL)
 4. JOLESSA (ORAL)
 5. LEVONORGESTREL/ETHINYL ESTRADIOL (SEASONIQUE) (ORAL)
 6. LEVONORGESTREL/ETHINYL ESTRADIOL LO (ORAL)
 7. LEVONORGESTREL/ETHINYL ESTRADIOL (ORAL)
 8. LOJAIMIESS (ORAL)
 9. LOSEASONIQUE (ORAL)
 10. QUARTETTE (ORAL)
 11. RIVELSA (ORAL)
 12. SEASONIQUE (ORAL)
- e. Progestin Only
- i. Preferred Products
 1. CAMILA (ORAL)
 2. DEBLITANE (ORAL)
 3. ERRIN (ORAL)
 4. HEATHER (ORAL)
 5. JENCYCLA (ORAL)
 6. NORETHINDRONE (ORAL)

- 7.NORLYDA (ORAL)
- 8.SHAROBEL (ORAL)

- ii. Non-Preferred Products
 - 1.INCASSIA (ORAL)
 - 2.LYZA (ORAL)
 - 3.NORA-BE (ORAL)
 - 4.SLYND (ORAL)
 - 5.TULANA (ORAL)

- f. Contraceptives, Other
 - i. Preferred Products
 - 1.Implantable Rod – Available via buy and bill
 - a. NEXPLANON (SUBCUTANEOUS)

 - ii. Preferred Products
 - 1.Copper IUD- Available via buy and bill
 - a. PARAGARD T 380-A (INTRAUTERI)

 - iii. Preferred Products
 - 1.Progestin IUD- Available via buy and bill
 - a. KYLEENA (INTRAUTERI)
 - b. LILETTA (INTRAUTERI)
 - c. MIRENA (INTRAUTERI)
 - d. SKYLA (INTRAUTERI)

 - iv. Patch
 - 1.Preferred Products
 - a. XULANE (TRANSDERM)

 - v. Shot/Injection
 - 1. Preferred
 - a. MEDROXYPROGESTERONE ACETATE DISP SYRINGE (INTRAMUSC)
 - b. MEDROXYPROGESTERONE ACETATE VIAL (INTRAMUSC)
 - 2.Non-Preferred
 - a. DEPO-PROVERA DISP SYRIN (INTRAMUSC)
 - b. DEPO-PROVERA VIAL (INTRAMUSC)
 - c. DEPO-SUBQ PROVERA 104 (SUB-Q)

 - vi. Spermicide alone
 - 1.Non-Preferred
 - a. PHEXXI (VAGINAL)

 - vii. Vaginal Contraceptive Ring
 - 1.Preferred
 - a. NUVARING (VAGINAL)

2. Non-Preferred

- a. ANNOVERA (VAGINAL)
- b. ETONOGESTREL/ETHINYL ESTRADIOL RING (AG) (VAGINAL)
- c. ETONOGESTREL/ETHINYL ESTRADIOL RING (VAGINAL)

- g. Grandparenting- AHCCCS will review internally for final determination as recommended by the committee for oral products. Grandparenting will not apply for all other products.
- h. The committee voted on the above recommendations
 - i. All committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

11. Bladder Relaxant Preparations

a. Preferred Products

- i. DETROL (ORAL) – Brand only
- ii. DETROL LA (ORAL) – Brand only
- iii. OXYBUTYNIN ER (ORAL)
- iv. OXYBUTYNIN SYRUP (ORAL)
- v. OXYBUTYNIN TABLET (ORAL)
- vi. TOVIAZ (ORAL)

b. Non-Preferred

- i. DARIFENACIN ER (AG) (ORAL)
- ii. DARIFENACIN ER (ORAL)
- iii. DITROPAN XL (ORAL)
- iv. ENABLEX (ORAL)
- v. FLAVOXATE (ORAL)
- vi. GELNIQUE (TRANSDERM.)
- vii. MYRBETRIQ (ORAL)
- viii. OXYTROL (TRANSDERM.)
- ix. OXYTROL FOR WOMEN OTC (TRANSDERMAL)
- x. SOLIFENACIN (ORAL)
- xi. TOLTERODINE (ORAL)
- xii. TOLTERODINE ER (AG) (ORAL)
- xiii. TOLTERODINE ER (ORAL)
- xiv. TROSPIUM (ORAL)
- xv. TROSPIUM ER (ORAL)
- xvi. VESICARE (ORAL)

c. Grandparenting: Myrbetriq only

d. The committee voted on the above recommendations

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

- iii. No committee members abstained.

12. Antiparkinson's Agents

a. Preferred Products

- i. AMANTADINE CAPSULE (ORAL)
- ii. AMANTADINE SYRUP (ORAL)
- iii. BENZTROPINE (ORAL)
- iv. BROMOCRIPTINE (ORAL)
- v. CARBIDOPA / LEVODOPA (ORAL)
- vi. CARBIDOPA / LEVODOPA ER (ORAL)
- vii. ENTACAPONE (ORAL)
- viii. PRAMIPEXOLE (ORAL)
- ix. ROPINIROLE (ORAL)
- x. TRIHEXYPHENIDYL ELIXIR (ORAL)
- xi. TRIHEXYPHENIDYL TABLET (ORAL)

b. Non-Preferred Products

- i. AMANTADINE TABLET (ORAL) a
- ii. APOKYN (SUBCUTANEOUS)
- iii. AZILECT (ORAL)
- iv. CARBIDOPA (ORAL)
- v. CARBIDOPA / LEVODOPA ODT (ORAL)
- vi. CARBIDOPA/LEVODOPA/ENTACAPONE (ORAL)
- vii. COMTAN (ORAL)
- viii. DUOPA (MISCELL)
- ix. GOCOVRI (ORAL)
- x. INBRIJA (INHALATION)
- xi. KYNMOBI (SUBLINGUAL)
- xii. LODOSYN (ORAL)
- xiii. MIRAPEX ER (ORAL)
- xiv. NEUPRO (TRANSDERM)
- xv. NOURIANZ (ORAL)
- xvi. OSMOLEX ER (ORAL)
- xvii. PRAMIPEXOLE ER (ORAL)
- xviii. RASAGILINE (ORAL)
- xix. REQUIP XL (ORAL)
- xx. ROPINIROLE ER (ORAL)
- xxi. RYTARY (ORAL)
- xxii. SELEGILINE CAPSULE (ORAL)
- xxiii. SELEGILINE TABLET (ORAL)
- xxiv. STALEVO (ORAL)
- xxv. TOLCAPONE (ORAL)
- xxvi. XADAGO (ORAL)
- xxvii. ZELAPAR (ORAL)

c. Grandparenting: No

d. The committee voted on the above recommendations

- i. All committee members voted in favor of the recommendations

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

13. Lipotropics, Statins

a. Preferred Products

- i. ATORVASTATIN (ORAL)
- ii. LOVASTATIN (ORAL)
- iii. PRAVASTATIN (ORAL)
- iv. ROSUVASTATIN (ORAL)
- v. SIMVASTATIN TABLET (ORAL)

b. Non-Preferred Products

- i. ALTOPREV (ORAL)
- ii. AMLODIPINE-ATORVASTATIN (ORAL)
- iii. CADUET (ORAL)
- iv. CRESTOR (ORAL)
- v. EZALLOR SPRINKLE (ORAL)
- vi. EZETIMIBE-SIMVASTATIN (ORAL)
- vii. FLUVASTATIN (ORAL)
- viii. FLUVASTATIN ER (AG) (ORAL)
- ix. FLUVASTATIN ER (ORAL)
- x. LESCOL XL (ORAL)
- xi. LIPITOR (ORAL)
- xii. LIVALO (ORAL)
- xiii. PRAVACHOL (ORAL)
- xiv. VYTORIN (ORAL)
- xv. ZOCOR (ORAL)
- xvi. ZYPITAMAG (ORAL)

c. Grandparenting: No

d. The committee voted on the above recommendations

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

14. Lipotropics, Other

a. Preferred Products

- i. CHOLESTYRAMINE/ASPARTAME (ORAL)
- ii. CHOLESTYRAMINE/SUCROSE (ORAL)
- iii. COLESTIPOL TABLET (ORAL)
- iv. EZETIMIBE (ORAL)
- v. FENOFIBRATE CAPSULE (LOFIBRA) (ORAL)
- vi. FENOFIBRATE TABLET (AG) (TRICOR) (ORAL)
- vii. FENOFIBRATE TABLET (LOFIBRA) (ORAL)
- viii. FENOFIBRATE TABLET (TRICOR) (ORAL)

- ix. GEMFIBROZIL (ORAL)
 - x. NIACIN CAPSULE ER OTC (ORAL)
 - xi. NIACIN TABLET ER OTC (ORAL)
 - xii. OMEGA-3 OTC (ORAL)
- b. Non-Preferred Products
- i. ANTARA (ORAL)
 - ii. COLESEVELAM (AG) (ORAL)
 - iii. COLESEVELAM (ORAL)
 - iv. COLESEVELAM POWDER PACK (AG) (ORAL)
 - v. COLESEVELAM POWDER PACK (ORAL)
 - vi. COLESTID GRANULES (ORAL)
 - vii. COLESTID TABLET (ORAL)
 - viii. COLESTIPOL GRANULES (ORAL)
 - ix. FENOFIBRATE (ANTARA) (ORAL)
 - x. FENOFIBRATE (FENOGLIDE) (AG) (ORAL)
 - xi. FENOFIBRATE (FENOGLIDE) (ORAL)
 - xii. FENOFIBRATE CAPSULE (LIPOFEN) (ORAL)
 - xiii. FENOFIBRIC ACID (FIBRICOR) (ORAL)
 - xiv. FENOFIBRIC ACID (TRILIPIX) (AG) (ORAL)
 - xv. FENOFIBRIC ACID (TRILIPIX) (ORAL)
 - xvi. FENOGLIDE (ORAL)
 - xvii. JUXTAPID (ORAL)
 - xviii. LIPOFEN (ORAL)
 - xix. LOPID (ORAL)
 - xx. LOVAZA (ORAL)
 - xxi. NEXLETOL (ORAL)
 - xxii. NEXLIZET (ORAL)
 - xxiii. NIACIN ER (ORAL)
 - xxiv. NIACIN TABLET OTC (ORAL)
 - xxv. NIASPAN (ORAL)
 - xxvi. OMEGA-3 ACID ETHYL ESTERS (ORAL)
 - xxvii. PRALUENT PEN (SUBCUTANEOUS)
 - xxviii. REPATHA PUSHTRONEX (SUBCUTANEOUS)
 - xxix. REPATHA SURECLICK (SUBCUTANEOUS)
 - xxx. REPATHA SYRINGE (SUBCUTANEOUS)
 - xxxi. TRICOR (ORAL)
 - xxxii. TRILIPIX (ORAL)
 - xxxiii. VASCEPA (ORAL)
 - xxxiv. WELCHOL POWDER PACK (ORAL)
 - xxxv. WELCHOL TABLET (ORAL)
 - xxxvi. ZETIA (ORAL)
- c. Grandparenting: No
- d. The committee voted on the above recommendations
- i. All committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

15. Proton Pump Inhibitors

a. Preferred Products

- i. ESOMEPRAZOLE CAPSULES (AG) (ORAL)
- ii. ESOMEPRAZOLE SUSPENSION (ORAL)- Available without PA for children and adolescents under the age of 19
- iii. LANSOPRAZOLE CAPSULES (ORAL)
- iv. LANSOPRAZOLE SOLUTAB (ORAL)- Available without PA for children and adolescents under the age of 19
- v. OMEPRAZOLE (ORAL)
- vi. PANTOPRAZOLE (ORAL)
- vii. PROTONIX SUSPENSION (ORAL)- Available without PA for children and adolescents under the age of 19

b. Non-Preferred Products

- i. ACIPHEX SPRINKLE (ORAL)
- ii. ACIPHEX TABLETS (ORAL)
- iii. DEXILANT (ORAL)
- iv. ESOMEPRAZOLE CAPSULES (ORAL)
- v. LANSOPRAZOLE CAPSULES OTC (ORAL)
- vi. NEXIUM (ORAL)
- vii. NEXIUM SUSPENSION (ORAL)
- viii. OMEPRAZOLE / SODIUM BICARBONATE (ORAL)
- ix. OMEPRAZOLE MAGNESIUM OTC (ORAL)
- x. OMEPRAZOLE OTC (ORAL)
- xi. PREVACID CAPSULES (ORAL)
- xii. PREVACID SOLUTAB (ORAL)
- xiii. PRILOSEC SUSPENSION (ORAL)
- xiv. PROTONIX (ORAL)
- xv. RABEPRAZOLE TABLETS (ORAL)
- xvi. ZEGERID (ORAL)

c. Grandparenting: No

d. The committee voted on the above recommendations

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

16. Acne Agents, Topical

a. Preferred Products

- i. BENZOYL PEROXIDE 10% WASH OTC (TOPICAL)
- ii. BENZOYL PEROXIDE 5% WASH OTC (TOPICAL)
- iii. BENZOYL PEROXIDE 6% CLEANSER OTC (TOPICAL)
- iv. BENZOYL PEROXIDE GEL OTC (TOPICAL)
- v. BENZOYL PEROXIDE LOTION OTC (TOPICAL)
- vi. CLINDAMYCIN / BENZOYL PEROXIDE (DUAC) (TOPICAL)

- vii. CLINDAMYCIN PHOSPHATE GEL (TOPICAL)
 - viii. CLINDAMYCIN PHOSPHATE LOTION (TOPICAL)
 - ix. CLINDAMYCIN PHOSPHATE MED. SWAB (TOPICAL)
 - x. CLINDAMYCIN PHOSPHATE SOLUTION (TOPICAL)
 - xi. ERYTHROMYCIN SOLUTION (TOPICAL)
 - xii. RETIN-A CREAM (TOPICAL)
 - xiii. RETIN-A GEL (TOPICAL)
- b. Non-Preferred Products
- i. ACANYA W/PUMP (TOPICAL)
 - ii. ACNE CLEARING SYSTEM OTC (TOPICAL)
 - iii. ACNE MEDICATION GEL OTC (TOPICAL)
 - iv. ACNEFREE SEVERE KIT OTC (TOPICAL)
 - v. ACZONE GEL (TOPICAL)
 - vi. ACZONE GEL W/PUMP (TOPICAL)
 - vii. AKLIEF (TOPICAL)
 - viii. ALTRENO (TOPICAL)
 - ix. AMZEEQ (TOPICAL)
 - x. ARAZLO (TOPICAL)
 - xi. ATRALIN (TOPICAL)
 - xii. AVAR CLEANSER (TOPICAL)
 - xiii. AVAR FOAM (TOPICAL)
 - xiv. AVAR LS MEDICATED PAD (TOPICAL)
 - xv. AVAR MEDICATED PAD (TOPICAL)
 - xvi. AVAR-E (TOPICAL)
 - xvii. AVITA CREAM (TOPICAL)
 - xviii. AZELEX (TOPICAL)
 - xix. BENZACLIN (TOPICAL)
 - xx. BENZACLIN W/PUMP (TOPICAL)
 - xxi. BENZAMYCIN (TOPICAL)
 - xxii. BENZOYL PEROXIDE TOWELETTE OTC (TOPICAL)
 - xxiii. BP 10-1 (TOPICAL)
 - xxiv. CLEOCIN T GEL (TOPICAL)
 - xxv. CLEOCIN T LOTION (TOPICAL)
 - xxvi. CLINDACIN PAC KIT (TOPICAL)
 - xxvii. CLINDAGEL (TOPICAL)
 - xxviii. CLINDAMYCIN / BENZOYL PEROXIDE (ACANYA) W/PUMP (TO
 - xxix. CLINDAMYCIN / BENZOYL PEROXIDE (BENZACLIN) (TOPICAL)
 - xxx. CLINDAMYCIN / BENZOYL PEROXIDE (BENZACLIN) W/PUMP (TOPICAL)
 - xxxi. CLINDAMYCIN / TRETINOIN (AG) (TOPICAL)
 - xxxii. CLINDAMYCIN / TRETINOIN (TOPICAL)
 - xxxiii. CLINDAMYCIN PHOSPHATE FOAM (TOPICAL)
 - xxxiv. CLINDAMYCIN PHOSPHATE GEL (CLINDAGEL) (AG) (TOPICAL)
 - xxxv. DAPSONE GEL (AG) (TOPICAL)
 - xxxvi. DAPSONE GEL (TOPICAL)
 - xxxvii. DIFFERIN CREAM (TOPICAL)
 - xxxviii. DIFFERIN GEL OTC (TOPICAL)
 - xxxix. DIFFERIN GEL PUMP (TOPICAL)

- xl. DIFFERIN LOTION (TOPICAL)
- xli. EPIDUO (TOPICAL)
- xlii. EPIDUO FORTE GEL W/PUMP (TOPICAL)
- xliii. ERYTHROMYCIN GEL (AG) (TOPICAL)
- xliv. ERYTHROMYCIN GEL (TOPICAL)
- xlv. ERYTHROMYCIN MED. SWAB (TOPICAL)
- xlvi. ERYTHROMYCIN-BENZOYL PEROXIDE (TOPICAL)
- xlvii. EVOCLIN (TOPICAL)
- xlviii. FABIOR (TOPICAL)
- xlix. NEUAC (TOPICAL)
 - I. NEUAC KIT (TOPICAL)
 - li. ONEXTON W/PUMP (TOPICAL)
 - lii. OVACE PLUS CREAM ER (TOPICAL)
 - liii. OVACE PLUS FOAM (TOPICAL)
 - liv. OVACE PLUS LOTION (TOPICAL)
 - lv. OVACE PLUS WASH (TOPICAL)
 - lvi. OVACE WASH (TOPICAL)
 - lvii. PANOXYL 10 OTC (TOPICAL)
 - lviii. RETIN-A MICRO 0.04%, 0.1% (TOPICAL)
 - lix. RETIN-A MICRO 0.04%, 0.1% PUMP (TOPICAL)
 - lx. RETIN-A MICRO 0.06% PUMP (TOPICAL)
 - lxi. RETIN-A MICRO 0.08% PUMP (TOPICAL)
 - lxii. SSS 10-5 FOAM (TOPICAL)
 - lxiii. SULFACETAMIDE / SULFUR / UREA CLEANSER (TOPICAL)
 - lxiv. SULFACETAMIDE / SULFUR CLEANSER (TOPICAL)
 - lxv. SULFACETAMIDE / SULFUR LOTION (TOPICAL)
 - lxvi. SULFACETAMIDE / SULFUR MED. PAD (TOPICAL)
 - lxvii. SULFACETAMIDE / SULFUR SUSPENSION (TOPICAL)
 - lxviii. SULFACETAMIDE CLEANSER (TOPICAL)
 - lxix. SULFACETAMIDE SHAMPOO (TOPICAL)
 - lxx. SULFACETAMIDE SODIUM CLEANSER ER (TOPICAL)
 - lxxi. SULFACETAMIDE SODIUM/SULFUR (TOPICAL)
 - lxxii. SULFACETAMIDE SODIUM/SULFUR CREAM (TOPICAL)
 - lxxiii. SULFACETAMIDE SUSPENSION (TOPICAL)
 - lxxiv. SULFACETAMIDE/SULFUR/CLEANSER KIT (TOPICAL)
 - lxxv. SUMADAN WASH (TOPICAL)
 - lxxvi. SUMAXIN CP KIT (TOPICAL)
 - lxxvii. TAZAROTENE CREAM (AG) (TOPICAL)
 - lxxviii. TAZAROTENE CREAM (TOPICAL)
 - lxxix. TAZORAC CREAM (TOPICAL)
 - lxxx. TAZORAC GEL (TOPICAL)
 - lxxxi. TRETINOIN CREAM (TOPICAL)
 - lxxxii. TRETINOIN GEL (ATRALIN) (TOPICAL)
 - lxxxiii. TRETINOIN GEL (AVITA, RETIN-A) (AG) (TOPICAL)
 - lxxxiv. TRETINOIN GEL (AVITA, RETIN-A) (TOPICAL)
 - lxxxv. TRETINOIN MICROSPHERES GEL 0.04%, 0.1% (AG) (TOPICAL)
 - lxxxvi. TRETINOIN MICROSPHERES GEL 0.04%, 0.1% PUMP (AG) (TOPICAL)
 - lxxxvii. TRETINOIN MICROSPHERES GEL 0.04%, 0.1% PUMP (TOPICAL)

- lxxxviii. TRETIN-X (TOPICAL)
 - lxxxix. TRETIN-X COMBO PACK (TOPICAL)
 - xc. ZIANA (TOPICAL)
- c. AHCCCS will review these products internally for final determination as recommended by the committee
- i. ADAPALENE / BENZOYL PEROXIDE (EPIDUO) (TOPICAL)
 - ii. ADAPALENE CREAM (TOPICAL)
 - iii. ADAPALENE GEL (AG) (TOPICAL)
 - iv. ADAPALENE GEL (TOPICAL)
 - v. ADAPALENE GEL OTC (TOPICAL)
 - vi. ADAPALENE GEL PUMP (AG) (TOPICAL)
 - vii. ADAPALENE GEL PUMP (TOPICAL)
 - viii. ADAPALENE SOLUTION (TOPICAL)
- d. Grandparenting: No
- e. The committee voted on the above recommendations
- i. All 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. Oriahnn
 - a. Recommendation is Non-Preferred
 - i. All committee members voted in favor of the recommendations
 - ii. No committee members voted against the recommendations.
 - iii. No committee members abstained.

BIOSIMILAR UPDATE: JUSTIN JOHNSON, PHARMD, MAGELLAN

As a reminder – per AHCCCS Policy 310-V: AHCCCS Contractors shall not transition to a biosimilar drug until AHCCCS has determined that the biosimilar drug is overall more cost-effective to the state than the continued use of the brand name drug

- 1. Herceptin
 - a. Herzuma
 - b. Ontruzant
 - i. Recommendation
 - 1. Herceptin will remain the preferred agents for AHCCCS and its Contractors

2021 MEETING DATES

- January 26, 2021
- May 19, 2021

ADJOURNMENT

The meeting adjourned at 4:12 PM
Minutes recorded by Robin Davis

Suzanne Berman, RPh

January 26, 2021

Suzanne Berman, RPh
Director of Pharmacy Services