ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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KATIE HOBBS
GOVERNOR

VIRGINIA ROUNTREE
DIRECTOR

AHCCCS Pharmacy and Therapeutics Committee

Meeting Minutes

October 22, 2025

Members Present:
Aida Amado
Aimee Schwartz
Alana Podwika
Andrew Thatcher
Jonathan Enchinton
Kelly Flannigan
Maria Cole
Raul Romero
Sophie Dietrich
Steven Borodkin
Steven Brown
Yvonne Johnson

AHCCCS Staff:
Suzi Berman
Lauren Prole
Robin Davis
Susan Kennard

Prime Therapeutics Medicaid Admin:
Amber Small
Hind Douiki

Members Absent:
Sandy Brownstein
Crissy McGann

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

1. Suzi Berman called the meeting to order at 12:05 and welcomed committee members, staff, and public attendees.
2. The meeting minutes from the May 21, 2025 meeting were reviewed.
    a. Motion to accept:
        i. Andrew Thatcher
        ii. Kelly Flannigan

NON-SUPPLEMENTAL REBATE CLASS REVIEWS: HIND DOUIKI, PHARMD, PRIME THERAPEUTICS

1. **Analgesics Narcotics, Short Acting**
    a. Public Testimony: None
2. **Angiotensin Modulators**
    a. Public Testimony: None
3. **Angiotensin Modulator Combinations**
    a. Public Testimony: None
4. **Anticonvulsants**
    a. Public Testimony: None
5. **Antifungals, Oral**
    a. Public Testimony: None
6. **Antifungals, Topical**
    a. Public Testimony: None
7. **Antihistamines, Minimally Sedating**
    a. Public Testimony: None
8. **Antimigraine, Triptans**
    a. Public Testimony – Oral:
        I. Asma Sikder
9. **Beta Blockers**
    a. Public Testimony: None
10. **BPH Treatments**
    a. Public Testimony: None
11. **Calcium Channel Blockers**
    a. Public Testimony: None
12. **Contraceptives, Oral**
    a. Public Testimony: None
13. **Contraceptives, Other**
    a. Public Testimony: None
14. **Hypoglycemics, DPP4s**
    a. Public Testimony: None
15. **Intranasal Rhinitis Agents**
    a. Public Testimony: None
16. **Lipotropics, Statins**

a. Public Testimony: None

17. **Lipotropics, Other**
    a. Public Testimony: None
18. **Ophthalmics, Glaucoma Agents**
    a. Public Testimony: None
19. **Phosphate Binders**
    a. Public Testimony: None
20. **Proton Pump Inhibitors**
    a. Public Testimony: None

New Drug Reviews UMANG PATEL, PHARMD, MAGELLAN

1. **Journavx**
    a. Public Testimony – Oral:
        i. Jessica Jay
2. **Ryzneuta**
3. **Orlynvah**

Executive Session – Closed to the Public

Public Therapeutic Class Votes:

- **Products currently included on the AHCCCS approved drug list are noted with an asterisk (*)**

1. **Analgesics Narcotics, Short Acting**
    a. Preferred Products - (Note: Class not previously reviewed)
        i. APAP / CODEINE ELIXIR (ORAL)*
        ii. APAP / CODEINE TABLET (ORAL)*
        iii. HYDROCODONE / APAP SOLUTION (ORAL)*
        iv. HYDROCODONE / APAP TABLET (ORAL)*
        v. HYDROMORPHONE TABLET (ORAL)*
        vi. MORPHINE IR TABLET (ORAL)*
        vii. MORPHINE SOLUTION (AG) (ORAL)*
        viii. MORPHINE SOLUTION (ORAL)*
        ix. OXYCODONE / APAP TABLET (ORAL)*
        x. OXYCODONE SOLUTION (ORAL)*
        xi. OXYCODONE TABLET (ORAL)*
        xii. TRAMADOL (ORAL)*
        xiii. TRAMADOL / APAP (ORAL) (new)

b. Remaining Agents are recommended non-preferred.
c. Grandfathering does not apply

2. Angiotensin Modulators

a. Preferred Products – (Note: Class not previously reviewed)
   i. BENAZEPRIL (ORAL)*
   ii. BENAZEPRIL HCTZ (ORAL) (new)
   iii. ENALAPRIL (ORAL)*
   iv. ENALAPRIL HCTZ (ORAL)*
   v. ENALAPRIL SOLUTION (AG) (ORAL)*
   vi. ENALAPRIL SOLUTION (ORAL)*
   vii. IRBESARTAN (ORAL)*
   viii. IRBESARTAN HCTZ (ORAL) (new)
   ix. LISINOPRIL (ORAL)*
   x. LISINOPRIL HCTZ (ORAL)*
   xi. LOSARTAN (ORAL)*
   xii. LOSARTAN HCTZ (ORAL)*
   xiii. RAMIPRIL (ORAL)*
   xiv. SACUBITRIL / VALSARTAN TABLET (ORAL) (new)
   xv. TELMISARTAN (ORAL) (new)
   xvi. VALSARTAN (ORAL)*
   xvii. VALSARTAN HCTZ (ORAL)*

b. Remaining Agents are recommended non-preferred.
c. Grandfathering does not apply

3. Angiotensin Modulator Combinations

a. Preferred Products- (Note: Class not previously reviewed)
   i. AMLODIPINE / BENAZEPRIL (ORAL) (new)
   ii. AMLODIPINE / VALSARTAN (ORAL) (new)

b. Remaining Agents are recommended non-preferred.
c. Grandfathering does not apply

4. Anticonvulsants

a. Preferred Products
   i. BRIVIACT SOLUTION (ORAL) (new)
   ii. BRIVIACT TABLET (ORAL) (new)
   iii. CARBAMAZEPINE 100MG CHEWABLE TABLET (ORAL)*
   iv. CARBAMAZEPINE ER (CARBATROL) (ORAL)*
   v. CARBAMAZEPINE SUSPENSION (ORAL)*
   vi. CARBAMAZEPINE TABLET (ORAL)*
   vii. CARBAMAZEPINE XR (ORAL)*
   viii. CELONTIN (ORAL)*
   ix. CLOBAZAM SUSPENSION (ORAL)*

x. CLOBAZAM TABLET (ORAL)*
xi. CLONAZEPAM (ORAL)*
xii. CLONAZEPAM ODT (ORAL)*
xiii. DIAZEPAM DEVICE (RECTAL)*
xiv. DILANTIN 30 MG CAPSULE (ORAL)*
xv. DIVALPROEX ER (ORAL)*
xvi. DIVALPROEX SPRINKLE (ORAL)*
xvii. DIVALPROEX TABLET (ORAL)*
xviii. EPIDIOLEX (ORAL)*
xix. ETHOSUXIMIDE CAPSULE (ORAL)*
xx. ETHOSUXIMIDE SYRUP (ORAL)*
xxi. FELBAMATE SUSPENSION (ORAL)*
xxii. FELBAMATE TABLET (ORAL)*
xxiii. FYCOMPA SUSPENSION (ORAL)
xxiv. FYCOMPA TABLET (ORAL)*
xxv. LACOSAMIDE SOLUTION (ORAL)*
xxvi. LACOSAMIDE TABLET (ORAL)*
xxvii. LAMOTRIGINE DISPERSIBLE TABLET (ORAL)*
xxviii. LAMOTRIGINE ODT (ORAL)*
xxix. LAMOTRIGINE TABLET (ORAL)*
xxx. LAMOTRIGINE XR (ORAL)*
xxxi. LEVETIRACETAM ER (ORAL)*
xxxii. LEVETIRACETAM SOLUTION (ORAL)*
xxxiii. LEVETIRACETAM TABLETS (ORAL)*
xxxiv. NAYZILAM (NASAL)*
xxxv. OXCARBAZEPINE SUSPENSION (ORAL)*
xxxvi. OXCARBAZEPINE TABLETS (ORAL)*
xxxvii. PHENOBARBITAL ELIXIR (ORAL)*
xxxviii. PHENOBARBITAL TABLET (ORAL)*
xxxix. PHENYTOIN CAPSULE (ORAL)*
xl. PHENYTOIN CHEWABLE TABLET (ORAL)*
xli. PHENYTOIN EXT CAPSULE (GENERIC PHENYTEK) (ORAL)*
xlii. PHENYTOIN SUSPENSION (AG) (ORAL)*
xliii. PHENYTOIN SUSPENSION (ORAL)*
xliv. PRIMIDONE (ORAL)*
xlv. RUFINAMIDE SUSPENSION (ORAL)* (new)
xlvi. RUFINAMIDE TABLET (ORAL)*
xlvii. TIAGABINE (ORAL)*
xlviii. TOPIRAMATE ER (QUDEXY) (AG) (ORAL)*
xlix. TOPIRAMATE ER (QUDEXY) (ORAL)*
l. TOPIRAMATE SPRINKLE (ORAL)*
li. TOPIRAMATE TABLETS (ORAL)*
lii. TRILEPTAL SUSPENSION (ORAL)*
liii. TROKENDI XR (ORAL)*
liv. VALPROIC ACID CAPSULE (ORAL)*
lv. VALPROIC ACID SOLUTION (ORAL)
lvi. VALTOCO (NASAL)*
lvii. XCOPRI TABLET (ORAL)*

lviii. XCOPRI TITRATION PAK (ORAL)*
lix. ZONISADE SUSPENSION (ORAL) (new)
lx. ZONISAMIDE (ORAL)*

b. Moving to non-preferred
i. BANZEL SUSPENSION (ORAL)*
ii. BANZEL TABLET (ORAL)*
iii. CARBAMAZEPINE 200MG CHEWABLE TABLET (ORAL)*
iv. CARBATROL (ORAL)*
v. DIAZEPAM (AG) (RECTAL)*
vi. DIAZEPAM DEVICE (AG) (RECTAL)*
vii. TOPIRAMATE 50 MG SPRINKLE (ORAL)*
c. Grandfathering does not apply

5. Antifungals, Oral

a. Preferred Products
i. CLOTRIMAZOLE (MUCOUS MEM) *
ii. FLUCONAZOLE SUSPENSION (ORAL)*
iii. FLUCONAZOLE TABLET (ORAL)*
iv. GRISEOFULVIN SUSPENSION (ORAL)*
v. GRISEOFULVIN TABLETS (ORAL)*
vi. NYSTATIN SUSPENSION (ORAL)*
vii. NYSTATIN TABLET (ORAL)*
viii. POSACONAZOLE TABLET (AG) (ORAL) (new)
ix. POSACONAZOLE TABLET (ORAL) (new)
x. TERBINAFINE (ORAL)*
xi. VFEND SUSPENSION (ORAL)*
xii. VORICONAZOLE TABLETS (ORAL)*
b. Grandfathering does not apply

6. Antifungals, Topical

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

xvii. TOLNAFTATE POWDER OTC (TOPICAL)*

b. Grandfathering does not apply

7. Antihistamines, Minimally Sedating

a. Preferred Products – (Note: Class not previously reviewed)
   i. CETIRIZINE SOLUTION (ORAL)*
   ii. CETIRIZINE SOLUTION OTC (ORAL) (new)
   iii. CETIRIZINE TABLETS OTC (ORAL) (new)
   iv. FEXOFENADINE 60, 180 MG OTC (ORAL) (new)
   v. LEVOCETIRIZINE TABLETS (ORAL) (new)
   vi. LORATADINE CHEW OTC (ORAL) (new)
   vii. LORATADINE SOLUTION OTC (ORAL) (new)
   viii. LORATADINE TABLETS OTC (ORAL) (new)

b. Remaining agents are recommended Nonpreferred.

c. Grandfathering does not apply

8. Antimigraine, Triptans

a. Preferred Products
   i. ELETRIPTAN (ORAL)*
   ii. NARATRIPTAN (ORAL)*
   iii. RIZATRIPTAN ODT (ORAL)*
   iv. RIZATRIPTAN TABLET (ORAL)*
   v. SUMATRIPTAN (AG) (NASAL)*
   vi. SUMATRIPTAN (NASAL)*
   vii. SUMATRIPTAN (ORAL)*
   viii. SUMATRIPTAN KIT (AG) (SUBCUTANE.) *
   ix. SUMATRIPTAN KIT (SUBCUTANE.) *
   x. SUMATRIPTAN VIAL (SUBCUTANE.) *
   xi. ZOLMITRIPTAN ODT (ORAL)*
   xii. ZOLMITRIPTAN TABLET (ORAL)*

b. Moving to non-preferred
   i. ZOMIG (NASAL)*

c. Grandfathering does not apply

9. Beta Blockers

a. Preferred Products
   i. ATENOLOL (ORAL)*
   ii. ATENOLOL/CHLORTHALIDONE (ORAL)*
   iii. BISOPROLOL (ORAL)*
   iv. BISOPROLOL HCTZ (ORAL)*
   v. CARVEDILOL (ORAL)*
   vi. HEMANGEOL (ORAL) (new)
   vii. LABETALOL (ORAL)*

viii. METOPROLOL (ORAL)*
ix. METOPROLOL / HCTZ (ORAL)*
x. METOPROLOL XL (ORAL)*
xi. NADOLOL (ORAL)*
xii. NEBIVOLOL (ORAL)*
xiii. PROPRANOLOL / HCTZ (ORAL)*
xiv. PROPRANOLOL ER (ORAL)*
xv. PROPRANOLOL SOLUTION (ORAL)*
xvi. PROPRANOLOL TABLET (ORAL)*
xvii. SOTALOL (ORAL)*

b. Grandfathering does not apply

10. BPH Treatments

a. Preferred Products
   i. ALFUZOSIN (ORAL)*
   ii. DOXAZOSIN (AG) (ORAL)*
   iii. DOXAZOSIN (ORAL)*
   iv. DUTASTERIDE (ORAL)*
   v. FINASTERIDE (ORAL)*
   vi. TAMSULOSIN (ORAL)*
   vii. TERAZOSIN (ORAL)*
b. Grandfathering does not apply

11. Calcium Channel Blockers

a. Preferred Products
   i. AMLODIPINE (ORAL)*
   ii. DILTIAZEM CAPSULE ER (ORAL)*
   iii. DILTIAZEM TABLET (ORAL)*
   iv. FELODIPINE ER (ORAL)*
   v. KATERZIA (ORAL)*
   vi. NIFEDIPINE ER (ORAL)*
   vii. NIFEDIPINE IR (ORAL)*
   viii. VERAPAMIL CAPSULE ER (ORAL)*
   ix. VERAPAMIL TABLET (ORAL)*
   x. VERAPAMIL TABLET ER (ORAL)*
b. Grandfathering does not apply

12. Contraceptives, Oral

a. Preferred Products
   i. AFIRMELLE (ORAL)*
   ii. ALTAVERA (ORAL)
   iii. ALYACEN MONOPHASIC (ORAL)
   iv. ALYACEN TRIPHASIC (ORAL)
   v. AMETHIA (ORAL)*
   vi. APRI (ORAL)*

vii. AUBRA (ORAL)*
viii. AUBRA EQ (ORAL)
ix. AUROVELA (ORAL)
x. AUROVELA 24 FE (ORAL)
xi. AUROVELA FE (ORAL)
xii. AVIANE (ORAL)
xiii. AYUNA (ORAL)
xiv. AZURETTE (ORAL)*
xv. BALZIVA (ORAL)*
xvi. BLISOVI 24 FE (ORAL)
xvii. BLISOVI FE (ORAL)
xviii. BRIELLYN (ORAL)
xix. CAMILA (ORAL)*
xx. CAMRESE (ORAL)
xxi. CAMRESE LO (ORAL)
xxii. CHATEAL EQ (ORAL)
xxiii. CRYSELLE (ORAL)*
xxiv. CYRED (ORAL)
xxv. DASETTA MONOPHASIC (ORAL)
xxvi. DASETTA TRIPHASIC (ORAL)
xxvii. DEBLITANE (ORAL)
xxviii. DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE (ORAL) (new)
xxix. ELINEST (ORAL)
xxx. ELLA (ORAL)
xxxi. ENPRESSE (ORAL)*
xxxii. LORYNA (ORAL)
xxxiii. LO-ZUMANDIMINE (ORAL)
xxxiv. LUTERA (ORAL)
xxxv. MARLISSA (ORAL)
xxxvi. MICROGESTIN (ORAL)
xxxvii. MICROGESTIN FE (ORAL)
xxxviii. MILI (ORAL)
xxxix. MY CHOICE OTC (ORAL)*
xl. NECON MONOPHASIC (ORAL)*
xli. NEW DAY OTC (ORAL)
xlii. NIKKI (ORAL)
xliii. NORETHINDRONE (ORAL)*
xliv. NORETHINDRONE/ETHINYL ESTRADIOL (ORAL)*
xlv. NORETHINDRONE/ETHINYL ESTRADIOL FE MONOPHASIC (FEMCON FE) (ORAL)
xlvi. NORETHINDRONE/ETHINYL ESTRADIOL FE MONOPHASIC (GENERESS)(ORAL)
xlvii. NORGESTIMATE/ETHINYL ESTRADIOL MONOPHASIC (ORAL)*
xlviii. NORGESTIMATE/ETHINYL ESTRADIOL TRIPHASIC (ORAL)*
xlix. NORTREL MONOPHASIC (ORAL)
l. NORTREL TRIPHASIC (ORAL)
li. NYLIA (ORAL) (new)
lii. OPILL OTC (ORAL)*
liii. OPTION 2 OTC (ORAL)*
liv. PHILITH (ORAL)

lv. PIMTREA (ORAL)
lvi. PORTIA (ORAL)
lvii. RECLIPSEN (ORAL)
lviii. SETLAKIN (ORAL)
lix. SHAROBEL (ORAL)
lx. SIMPESSE (ORAL)
lxi. SPRINTEC (ORAL)
lxii. SYEDA (ORAL)
lxiii. TARINA 24 FE (ORAL)
lxiv. TARINA FE 1-20 EQ (ORAL)
lxv. TILIA FE (ORAL) (new)
lxvi. TRI-ESTARYLLA (ORAL)
lxvii. TRI-LO-ESTARYLLA (ORAL)
lxviii. TRI-LO-MARZIA (ORAL)
lxix. TRI-LO-MILI (ORAL)
lxx. TRI-LO-SPRINTEC (ORAL)
lxxi. TRI-MILI (ORAL)
lxxii. TRI-SPRINTEC (ORAL)
lxxiii. TRI-VYLIBRA (ORAL)
lxxiv. TRI-VYLIBRA LO (ORAL)
lxxv. TYBLUME (ORAL)*
lxxvi. VELIVET (ORAL)
lxxvii. VIENVA (ORAL)
lxxviii. VIORELE (ORAL)
lxxix. VOLNEA (ORAL)
lxxx. VYLIBRA (ORAL)
lxxxi. WERA (ORAL)
lxxxii. ZOVIA (ORAL)
lxxxiii. ZUMANDIMINE (ORAL)

b. Moving to non-preferred
   i. AMETHYST (ORAL)*
   ii. ARANELLE (ORAL)
   iii. DESOGESTREL/ETHINYL ESTRADIOL (ORAL)*
   iv. ETHYNODIOL/ETHINYL ESTRADIOL (ORAL)*
   v. FEMLYV ODT (ORAL)*
   vi. ICLEVIA (ORAL)
   vii. INTROVALE (ORAL)
   viii. LEVONORGESTREL OTC (ORAL)*
   ix. LEVONORGESTREL/ETHINYL ESTRADIOL (LYBREL) (ORAL)
   x. MY WAY OTC (ORAL)
   xi. NORETHINDRONE/ETHINYL ESTRADIOL FE (ORAL)*
   xii. SIMLIYA (ORAL)
   xiii. SRONYX (ORAL)
   xiv. TARINA FE (ORAL)
   xv. TRI-LEGEST FE (ORAL)
   xvi. VYFEMLA (ORAL)
   xvii. ZARAH (ORAL)

c. Grandfathering does not apply

13. Contraceptives, Other

a. Vaginal
   i. Preferred Products
      1. ETONOGESTREL/ETHINYL ESTRADIOL RING (VAGINAL)* (new)

   ii. Moving to non-preferred
      1. NUVARING (VAGINAL)*

b. Progestin IUD
   i. Preferred Products
      1. KYLEENA (INTRAUTERI)*
      2. LILETTA (INTRAUTERI)*
      3. MIRENA (INTRAUTERI)*
      4. SKYLA (INTRAUTERI)*

c. Copper IUD
   i. Preferred Products
      1. PARAGARD T 380-A (INTRAUTERI)*

d. Implants
   i. Preferred Products
      1. NEXPLANON (SUBCUTANEOUS)*

e. Injectable
   i. Preferred Products
      1. MEDROXYPROGESTERONE ACETATE DISP SYRINGE (AG) (INTRAMUSC)* (new)
      2. MEDROXYPROGESTERONE ACETATE DISP SYRINGE (INTRAMUSC)*
      3. MEDROXYPROGESTERONE ACETATE VIAL (AG) (INTRAMUSC)*
      4. MEDROXYPROGESTERONE ACETATE VIAL (INTRAMUSC)*

f. Transdermal
   i. Preferred Product
      1. ZAFEMY (TRANSDERM) (new)
   ii. Moving to non-preferred
      1. XULANE (TRANSDERM)

g. Grandfathering does not apply

14. Hypoglycemics, DPP4s

a. Preferred Products
   i. ALOGLIPTIN (AG) (ORAL)*
   ii. ALOGLIPTIN/METFORMIN (AG) (ORAL)*
   iii. ALOGLIPTIN/PIOGLITAZONE (AG) (ORAL)*
   iv. JANUMET (ORAL)*
   v. JANUMET XR (ORAL)*
   vi. JANUVIA* (ORAL)
   vii. JENTADUETO (ORAL)*
   viii. KOMBIGLYZE XR*
   ix. KAZANO (ORAL)
   x. TRADJENTA (ORAL)*
   xi. TRIJARDY XR (ORAL)*

b. Moving to non-preferred
    i. JENTADUETO XR (ORAL)*
c. Grandfathering does not apply

15. Intranasal Rhinitis Agents

a. Preferred Products – (Note: Class not previously reviewed)
    i. AZELASTINE (ASTELIN) (NASAL)* (new)
    ii. FLUTICASONE (NASAL)* (new)
    iii. FLUTICASONE OTC (NASAL) (new)
    iv. IPRATROPIUM (NASAL)* (new)
    v. TRIAMCINOLONE OTC (NASAL)
b. Remaining agents are recommended non-preferred.
c. Grandfathering does not apply

16. Lipotropics, Statins

a. Preferred Products
    i. ATORVASTATIN (ORAL)*
    ii. LOVASTATIN (ORAL)*
    iii. PRAVASTATIN (ORAL)*
    iv. ROSUVASTATIN (ORAL)*
    v. SIMVASTATIN TABLET (ORAL)*
b. Moving to non-preferred
    i. FLOLIPID (ORAL)
c. Grandfathering does not apply

17. 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 (LOFIBRA) (ORAL)*
    vii. FENOFIBRATE TABLET (TRICOR) (ORAL)*
    viii. GEMFIBROZIL (ORAL)*
    ix. NIACIN CAPSULE ER OTC (ORAL)
    x. NIACIN TABLET ER OTC (ORAL)
    xi. NIACIN TABLET OTC (ORAL) (new)
b. Moving to non-preferred
    i. ICOSAPENT ETHYL (ORAL)
c. Grandfathering applies

18. Ophthalmics, Glaucoma Agents

a. Preferred Products- (Note: Class not previously reviewed)
    i. BIMATOPROST 2.5ML (OPHTHALMIC)
    ii. BIMATOPROST 5ML (OPHTHALMIC)
    iii. BRIMONIDINE 0.2% (OPHTHALMIC)

iv. DORZOLAMIDE (OPHTHALMIC)*
v. DORZOLAMIDE / TIMOLOL (OPHTHALMIC)*
vi. LATANOPROST 2.5 ML (OPHTHALMIC)*
vii. TIMOLOL (OPHTHALMIC)*
viii. TRAVOPROST 2.5 ML (OPHTHALMIC)*
ix. TRAVOPROST 5 ML (OPHTHALMIC)*

b. Remaining Agents are recommended non-preferred.
c. Grandfathering applies

19. Phosphate Binders

a. Preferred Products
i. AURYXIA (ORAL) (new)
ii. CALCIUM ACETATE CAPSULE (ORAL)*
iii. CALCIUM ACETATE TABLET OTC (ORAL)
iv. LANTHANUM CARBONATE CHEWABLE TABLET (ORAL) (new)
v. SEVELAMER CARBONATE TABLET (ORAL)*

b. Moving to non-preferred
i. CALCIUM ACETATE TABLET (ORAL)*

c. Grandfathering does not apply

20. Proton Pump Inhibitors

a. Preferred Products
i. ESOMEPRAZOLE CAPSULES (ORAL)* (new)
ii. ESOMEPRAZOLE CAPSULES OTC (ORAL) (new)
iii. ESOMEPRAZOLE SUSPENSION (ORAL)
iv. LANSOPRAZOLE CAPSULES (ORAL)
v. LANSOPRAZOLE SOLUTAB (ORAL)*
vi. LANSOPRAZOLE SOLUTAB OTC (ORAL) (new)
vii. OMEPRAZOLE (ORAL)*
viii. PANTOPRAZOLE (ORAL)*
ix. PANTOPRAZOLE SUSPENSION (ORAL) (new)

b. Moving to non-preferred
i. OMEPRAZOLE / SODIUM BICARBONATE OTC (ORAL)
ii. PROTONIX SUSPENSION (ORAL)

c. Grandfathering does not apply

The committee voted on all of the above Non-Supplemental rebate class 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.

New Drug Recommendations

1. **Journavx**
2. **Ryzneuta**

3. Orlynvah

a. The recommendation for the New Drugs is non-preferred.
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.

NEXT MEETING DATE:

January 13, 2026

ADJOURNMENT

The meeting adjourned at 4:34 PM

Minutes recorded by Robin Davis

Suzanne Berman, RPh January 13, 2026

Suzi Berman, RPh Date
Director of Pharmacy Services