

# AHCCCS Pharmacy and Therapeutics Committee

## Meeting Minutes

January 13, 2026

**Members Present:**

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

**Members Absent:**

Sandy Brownstein  
Crissy McGann  
Sophie Dietrich

**AHCCCS Staff:**

Suzi Berman  
Lauren Prole  
Robin Davis  
Susan Kennard  
Eliezer Shinnar

**Prime Therapeutics Medicaid Admin:**

Amber Small  
Hind Douiki

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

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1. Suzi Berman called the meeting to order at 12:02 and welcomed committee members, staff, and public attendees.
2. The meeting minutes from the October 2025 meeting were reviewed.
  - a. Motion to accept:
    - i. Andrew Thatcher
    - ii. Kelly Flannigan

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

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1. Antidepressants, Other
  - a. Public Testimony:
    - i. Debra Gibson – Written
    - ii. Kyle Knudsen – Oral
    - iii. Kristina Sabetta – Oral
    - iv. Payal Tejani – Oral
2. Antidepressants, SSRIs
  - a. Public Testimony: None
3. Antivirals, Topical
  - a. Public Testimony: None
4. Bladder Relaxant Preparations
  - a. Public Testimony: None
5. Bone Resorption Suppression and Related Agents
  - a. Public Testimony:
    - i. Jeffrey Baldwin – Written
6. Bronchodilators, Beta Agonists
  - a. Public Testimony: None
7. Enzyme Replacement, Gaucher Disease
  - a. Public Testimony: None
8. Hypoglycemics, Metformins
  - a. Public Testimony: None
9. Hypoglycemics, SGLT2s
  - a. Public Testimony: None
10. Immune Globulins
  - a. Public Testimony: None
11. NSAIDs
  - a. Public Testimony: None
12. Oncology, Oral – Hematologic
  - a. Public Testimony: None
13. Ophthalmics, Anti-inflammatory/ Immunomodulators
  - a. Public Testimony: None

**14. Oral and Inhaled Pulmonary Arterial Hypertension Agents**

**a. Public Testimony:**

- i. Susan Raspa - Oral**

**15. Otic Antibiotics**

**a. Public Testimony: None**

**16. Thrombopoiesis Stimulating Agents**

**a. Public Testimony: None**

**17. Ulcerative Colitis**

**a. Public Testimony: None**

**Supplemental Rebate Class Review, HIND DOUIKI PHARMD, MAGELLAN**

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**1. Hereditary Angioedema Treatments**

**a. Public Testimony:**

- i. PJ Arnold – Oral**
- ii. Jeff Martin – Oral**

**2. Pituitary Suppressive Agents, LHRH**

**a. Public Testimony:**

- i. Amy Eby – Written**
- ii. Chetanbabu Patel – Written**

**New Drug Reviews HIND DOUIKI PHARMD, MAGELLAN**

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**1. Tryptyr**

**2. Anzupgo**

**3. Jascayd**

**4. Vizz**

**5. Wayrilz**

**6. Blujepa**

**7. Palsonify**

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**Executive Session – Closed to the Public**

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## Public Therapeutic Class Votes:

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

### Non-Supplemental Rebate Classes

#### 1) Antidepressants, Other

##### a) Preferred Products

- i) BUPROPION (ORAL)\*
- ii) BUPROPION SR (ORAL)\*
- iii) BUPROPION XL (ORAL)\*
- iv) DESVENLAFAXINE ER (PRISTIQ) (ORAL)(new)**
- v) MIRTAZAPINE ODT (ORAL)\*
- vi) MIRTAZAPINE TABLET (ORAL)\*
- vii) SPRAVATO (NASAL) \*
- viii) TRAZODONE (ORAL)\*
- ix) VENLAFAXINE (ORAL)\*
- x) VENLAFAXINE ER CAPSULES (ORAL)\*
- xi) ZURZUVAE (ORAL)\*

##### b) Grandfathering does not apply to this class

#### 2) Antidepressants, SSRIs

##### a) Preferred Products

- i) CITALOPRAM SOLUTION (ORAL)\*
- ii) CITALOPRAM TABLET (ORAL)\*
- iii) ESCITALOPRAM TABLET (ORAL)\*
- iv) FLUOXETINE CAPSULE (ORAL)\*
- v) FLUOXETINE SOLUTION (ORAL)\*
- vi) FLUVOXAMINE (ORAL)\*
- vii) PAROXETINE TABLET (ORAL)\*
- viii) SERTRALINE CONC (ORAL)\*
- ix) SERTRALINE TABLET (ORAL)\*

##### b) Grandfathering does not apply to this class

#### 3) Antivirals, Topical -

##### a) Preferred Products

- i) ACYCLOVIR CREAM (TOPICAL)
- ii) ACYCLOVIR OINTMENT (TOPICAL)\*
- iii) DOCOSANOL OTC (TOPICAL)\*

##### b) Moving to Non-Preferred

- i) ACYCLOVIR CREAM (AG) (TOPICAL)**

##### c) Grandfathering does not apply to this class

4) Bladder Relaxant Preparations -

a) Preferred Products

- i) FESOTERODINE ER (ORAL)\* (new)
- ii) OXYBUTYNIN ER (ORAL)\*
- iii) OXYBUTYNIN SYRUP (ORAL)\*
- iv) OXYBUTYNIN TABLET (ORAL)\*
- v) SOLIFENACIN (ORAL) (new)
- vi) TOLTERODINE (ORAL)\*
- vii) TOLTERODINE ER (AG) (ORAL)\*
- viii) TOLTERODINE ER (ORAL)\*

b) Moving to Non-Preferred

- i) DETROL LA (ORAL)\*
- ii) DETROL (ORAL)\*
- iii) TOVIAZ (ORAL)\*

c) Grandfathering does not apply to this class

5) Bone Resorption Suppression and Related Agents

a) Preferred Products

- i) ALENDRONATE SOLUTION (ORAL)\*
- ii) ALENDRONATE TABLETS (ORAL)\*
- iii) BILDYOS SYRINGE (SUBCUTANEOUSOUS) (new)
- iv) CALCITONIN SALMON (NASAL)\*
- v) FORTEO (SUBCUTANEOUS)\*
- vi) IBANDRONATE TABLETS (ORAL)\*
- vii) RALOXIFENE (AG) (ORAL)\*

b) Moving to Non-Preferred

- i) OSEVELT VIAL (SUBCUTANEOUSOUS)
- ii) PROLIA (SUBCUTANEOUS)\*
- iii) STOBOCLO SYRINGE (SUBCUTANEOUSOUS)
- iv) XGEVA VIAL (SUBCUTANEOUS)

c) Grandfathering does not apply to this class

6) Bronchodilators, Beta Agonists

a) Preferred Products

- i) Long-Acting Agents
  - (1) SEREVENT (INHALATION)\*
- ii) Nebulized Agents
  - (1) ALBUTEROL NEB SOLN 0.63, 1.25 MG (INHALATION)\*
  - (2) ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)\*
  - (3) ALBUTEROL NEB SOLN 2.5 MG/3 ML (INHALATION)\*
- iii) Oral Agents
  - (1) ALBUTEROL SYRUP (ORAL)\*

iv) 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)\*

b) Grandfathering does not apply to this class

7) Enzyme Replacement, Gaucher Disease

a) Preferred Products

- i) ELELYSO (INTRAVENOUS)\*
- ii) MIGLUSTAT (AG) (ORAL)\*

b) Moving to Non-Preferred

- i) MIGLUSTAT (ORAL)\*

c) Grandfathering does not apply to this class

8) Hypoglycemics, Metformins

a) Preferred Products

- i) METFORMIN (ORAL)\*
- ii) METFORMIN ER (GLUCOPHAGE XR) (ORAL)\*

b) Moving to Non-Preferred

- i) GLYBURIDE-METFORMIN (ORAL)\*

c) Grandfathering does not apply to this class

9) Hypoglycemics, SGLT2s

a) Preferred Products

- i) FARXIGA (ORAL)\*
- ii) JARDIANCE (ORAL)\*
- iii) SYNJARDY (ORAL)\*
- iv) XIGDUO XR (ORAL)\*

b) Grandfathering does not apply to this class

10) Immune Globulins

a) Preferred Products

- i) BIVIGAM (INTRAVENOUS)\*
- ii) CUTAQUIG (SUBCUTANEOUS) (new)
- iii) FLEBOGAMMA DIF (INTRAVENOUS)\*
- iv) GAMMAGARD LIQUID (INJECTION)\*
- v) GAMMAGARD S-D (INTRAVENOUS)\*
- vi) GAMMAKED (INTRAVENOUS)\*
- vii) GAMMAPLEX (INTRAVENOUS) (new)
- viii) GAMUNEX-C (INJECTION)\*

- ix) HIZENTRA SYRINGE (SUBCUTANEOUS)\*
- x) HIZENTRA VIAL (SUBCUTANEOUS)\*
- xi) OCTAGAM (INTRAVENOUS)\*
- xii) PRIVIGEN (INTRAVENOUS) \*
- xiii) XEMBIFY (SUBCUTANEOUS)\*

b) Grandfathering does not apply to this class

## 11) NSAIDs

a) Preferred Products

- i) CELECOXIB (ORAL)\*
- ii) DICLOFENAC POTASSIUM TABLET (ORAL)
- iii) DICLOFENAC SODIUM (ORAL)\*
- iv) DICLOFENAC SODIUM GEL OTC (TOPICAL)
- v) DICLOFENAC SOLUTION (TOPICAL)\*
- vi) ETODOLAC (ORAL)\*
- vii) FLURBIPROFEN (ORAL)\*
- viii) IBUPROFEN CAPSULE OTC (ORAL)\*
- ix) IBUPROFEN SUSPENSION (ORAL)\*
- x) IBUPROFEN TABLET (ORAL)\*
- xi) IBUPROFEN TABLET OTC (ORAL)
- xii) INDOMETHACIN CAPSULE (ORAL)\*
- xiii) KETOPROFEN (ORAL)\*
- xiv) KETOROLAC (ORAL)\*
- xv) MELOXICAM TABLET (ORAL)\*
- xvi) NABUMETONE (ORAL)\*
- xvii) NAPROXEN SODIUM (ORAL)\*
- xviii) NAPROXEN SODIUM OTC (ORAL)
- xix) NAPROXEN TABLET (ORAL)\*
- xx) PIROXICAM (ORAL)\*
- xxi) SULINDAC (ORAL)\*

b) Grandfathering does not apply to this class

## 12) Oncology, Oral – Hematologic

a) Preferred Products

- i) HYDROXYUREA (ORAL)\*
- ii) IMATINIB (ORAL)\*
- iii) IMBRUVICA CAPSULE (ORAL)\*
- iv) IMBRUVICA SUSPENSION (ORAL)\*
- v) JAKAFI (ORAL)\*
- vi) MATULANE (ORAL)\*
- vii) MERCAPTOPYRINE (ORAL)\*
- viii) REVLIMID (ORAL)\* (new)

- ix) SPRYCEL (ORAL)\*
- x) TASIGNA (ORAL)\*
- xi) TRETINOIN (ORAL)\*
- b) Moving to Non-Preferred
  - i) IMBRUVICA TABLET (ORAL)
  - ii) LENALIDOMIDE (ORAL)\*
- c) Grandfathering does not apply to this class

13) Ophthalmics, Anti-inflammatory/ Immunomodulators

- a) Preferred Products
  - i) RESTASIS (OPHTHALMIC)\*
  - ii) XIIDRA (OPHTHALMIC)\*
- b) Grandfathering does not apply to this class

14) Oral and Inhaled Pulmonary Arterial Hypertension Agents

- a) Preferred Products
  - i) AMBRISENTAN (ORAL)\*
  - ii) ORENITRAM ER (ORAL)\*
  - iii) ORENITRAM TITRATION KIT (ORAL)\*
  - iv) SILDENAFIL SUSPENSION (ORAL)\*
  - v) SILDENAFIL TABLET (ORAL)\*
  - vi) TADALAFIL (ADCIRCA) (ORAL)\*
  - vii) TRACLEER SUSPENSION (ORAL)\*
  - viii) YUTREPIA CAP W/DEV (INHALATION) (new)
- b) Grandfathering applies to this class

15) Otic Antibiotics

- i) CIPROFLOXACIN (OTIC)\*
- ii) CIPROFLOXACIN/DEXAMETHASONE (AG) (OTIC)\*
- iii) CIPROFLOXACIN/DEXAMETHASONE (OTIC)\*
- iv) NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (AG) (OTIC)\*
- v) NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (OTIC)\*
- vi) OFLOXACIN (OTIC)\*
- b) Moving to Non-Preferred
  - i) CIPRO HC (OTIC)\*
- c) Grandfathering does not apply to this class

16) Thrombopoiesis Stimulating Agents

- a) Preferred Products
  - i) ELTROMBOPAG TABLET (PROMACTA) (ORAL)\*
  - ii) NPLATE (SUBCUTANEOUS)\*
  - iii) PROMACTA SUSPENSION (ORAL)

- b) Moving to Non-Preferred Status
  - i) **PROMACTA TABLET (ORAL)\***
- c) Grandfathering does not apply to this class

17) Ulcerative Colitis -

- a) Preferred Products
  - i) MESALAMINE (CANASA) (ORAL)\*
  - ii) MESALAMINE (CANASA) (AG) (ORAL)\*
  - iii) MESALAMINE (LIALDA) (ORAL)
  - iv) **MESALAMINE (LIALDA) (AG) (ORAL) (new)**
  - v) MESALAMINE ER (APRISO) (ORAL)
  - vi) MESALAMINE ER (APRISO) (AG) (ORAL)
  - vii) PENTASA (ORAL)\*
  - viii) SFROWASA (RECTAL)\*
  - ix) SULFASALAZINE (AG) (ORAL)\*
  - x) SULFASALAZINE (ORAL)\*
  - xi) SULFASALAZINE DR (AG) (ORAL)\*
- b) Grandfathering does not apply to this class

Supplemental Rebate Classes

1) Hereditary Angioedema Treatments

- a) Preferred Products
  - i) BERINERT (INTRAVENOUS)\*
  - ii) CINRYZE (INTRAVENOUS)\*
  - iii) **HAEGARDA (SUBCUTANEOUS) (new)**
  - iv) ICATIBANT (SUBCUTANEOUS)\*
  - v) KALBITOR (SUBCUTANEOUS)\*
- b) Grandfathering applies to this class

2) Pituitary Suppressive Agents, LHRH - grandfathering applies

- a) Preferred Products - All products in this category are not previously reviewed and are “new” status
  - i) **FENSOLVI 6-MONTH (SUBCUTANEOUSOUS)**
  - ii) **LUPRON DEPOT 1MO KIT (INJECTION)\***
  - iii) **LUPRON DEPOT-PED 1-MONTH (INJECTION)\***
- b) Grandfathering applies to Lupron Depot PEDIATRIC 3 month and 6 month, and Lupron Depot 3 month

**The committee voted on all above Supplemental and 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. **Tryptyr**
2. **Anzupgo**
3. **Jascayd**
4. **Vizz**
5. **Wayrilz**
6. **Blujepa**
7. **Palsonify**

- 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.

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**NEXT MEETING DATE:**

May 19, 2026

October 7, 2026

**ADJOURNMENT**

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The meeting adjourned at 4:33 PM

Minutes recorded by Robin Davis

*Suzi Berman, RPh*

Suzi Berman, RPh  
Director of Pharmacy Services

Date: January 13, 2026