



AHCCCS Pharmacy & Therapeutics Committee Public Testimony Form

1 message

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Affiliation: Checked

Please check the box of the statement that best applies.: I do not have a current or recent (within the last 24 months) financial arrangement or affiliation with any organization that may have a direct interest in the business before the AHCCCS P&T Committee.

Summary of Testimony: Hello, I have successfully used Lybalvi for the past 8 months, and believe there is significant therapeutic and clinical benefit. I am requesting that Lybalvi should be as available with same or equal guidelines as other agents of the same class. I find value and am confident it is beneficial to my Medicaid patient. Thanks!

Drug/Product: Lybalvi
Therapeutic Drug Class: Atypical antipsychotic
Testimony Format: Written

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