

# AHCCCS

## Pharmacy and Therapeutics Committee Meeting Minutes

June 18, 2024

12:00PM- 5:00 PM

Teleconference

**Members Present:**

Andrew Thatcher  
Maria Cole  
Sandy Brownstein  
Raul Romero  
Aimee Schwartz  
Stephen Borodkin  
Yvonne Johnson  
Kelly Flannigan  
Jonathan Enchinton  
Aida Amado  
Alana Podwika  
Sofie Dietrich

**AHCCCS Staff:**

Suzi Berman  
Lauren Prole  
Robin Davis

**Magellan Medicaid Admin:**

Hind Douiki  
Umang Patel  
Amber Small

**Members Absent:**

Otto Uhrik

**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 January 24, 2024 meeting were reviewed. An update was made to the authorized generic Lialda due to discontinuation.
  - a. Motion to accept:
    - i. Andrew Thatcher
    - ii. Aida Amado

**CONFLICT OF INTEREST TRAINING- NICOLE FRIES**

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**RETROSPECTIVE DRUG UTILIZATION REVIEW PROPOSALS - Amanda Kiriakopoulos, PharmD, OptumRx**

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- a. Motion to accept Retro DUR Proposals
  - i. Andrew Thatcher
  - ii. Raul Romero

**SUPPLEMENTAL REBATE CLASS REVIEWS: HIND DOUKI, PHARM D, MAGELLAN**

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**Seventeen Supplemental Rebate Drug Class:** Clinical review by Hind Douki, PharmD, Magellan

1. **Analgesics, Long-Acting Narcotics**
  - a. Public Testimony: None
2. **Antibiotics, Inhaled, Other**
  - a. Written Public Testimony:
    - i. Michelle Ratkiewicz
3. **Antimigraine Agents, Other**
  - a. Oral Public Testimony:
    - i. David Gross
    - ii. Mandeep Sohal
4. **Antipsychotics, Atypical Long-Acting Injectables**
  - a. Oral Public Testimony:
    - i. Kenneth Berry
    - ii. Emanga Ekinde
    - iii. Matt John
    - iv. Mandeep Sohal
  - b. Written Public Testimony
    - i. Casey Hollingsworth
    - ii. Monica Benavidez

**5. Antipsychotics, Oral Atypical 2<sup>nd</sup> Generation Agents**

- a. Oral Public Testimony:
  - i. Jazmin Acosta
  - ii. Kenneth Berry
  - iii. Heather Freml
  - iv. Shuntelle Hawk
  - v. Matt John
- b. Written Public Testimony:
  - i. Lori Parker
  - ii. Samantha Swartz
  - iii. Devin Wengert

**6. COPD Agents**

- a. Public Testimony: None

**7. Cytokine and CAM Antagonists**

- a. Oral Public Testimony:
  - i. Heather Freml
  - ii. Shirley Quach
  - iii. Mandeep Sohal

**8. Glucagon Agents**

- a. Oral Public Testimony:
  - i. Rachel Shubitz
  - ii. Dena Bondugji

**9. Glucocorticoids, Inhaled**

- a. Public Testimony: None

**10. Growth Hormone**

- a. Oral Public Testimony:
  - i. Tracy Maravilla
  - ii. Andrea Chamberlain
- b. Written Public Testimony
  - i. Anna Sandstrom

**11. Hepatitis C Agents**

- a. Oral Public Testimony:
  - i. Natalie Rose

**12. Hypoglycemics, Insulin and Related Agents**

- a. Written Public Testimony:
  - i. Tracie Neitzel
  - ii. Sreedevi Reddy

**13. Hypoglycemics, Incretin Mimetics/Enhancers**

- a. Oral Public Testimony:
  - i. Mohit Agarwal
  - ii. Lory Baraz
  - iii. Justen Caleca
- b. Written Public Testimony:
  - i. Edgardo R. Laurel

**14. Immunologics (Immunomodulators, Atopic Dermatitis and Immunomodulators, Asthma**

- a. Oral Public Testimony:
  - i. Hiten Patadia
- b. Written Public Testimony:
  - i. Ronald Mittel
  - ii. Heather O'Connell
  - iii. Colleen Schrant
  - iv. Lauren Weidman

**15. Opioid Dependence Treatments**

- a. Oral Public Testimony:
  - i. Emanga Ekinde – 2 drugs
  - ii. Sam Riega – replaced by John Landis
  - iii. Michael Sucher
- b. Written Public Testimony:
  - i. Christa Cuellar
  - ii. Scott Havens
  - iii. Eric Lott

**16. Pancreatic Enzyme Agents**

- a. Oral Public Testimony: None

**17. Stimulants and Related Agents**

- a. Oral Public Testimony:
  - i. Jia Li

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**New Drug Reviews: HIND DOUKI , PHARMD, MAGELLAN**

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**Due to time limitations, the New Drug reviews will be postponed to the October meeting. Prior Authorization criteria will be developed.**

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**Executive Session – Closed to the Public**

**Public Therapeutic Class Votes:**

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**1. Analgesics, Long-Acting Narcotics**

- a. Preferred Products
  - i. Butrans(Brand Preferred)
  - 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 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.

**2. Antibiotics, Inhaled, Other**

- 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. Antimigraine Agents, Other**

- a. Preferred Products
  - i. Aimovig (new)
  - ii. Cafergot
  - iii. dihydroergotamine mesylate nasal (AG) (new)
  - iv. Emgality Syringe 120mg
  - v. Emgality Pen
  - vi. Ubrelvy
- b. Moving to Non-Preferred
  - i. Ajovy
    - 1. Grandfathering - No
- 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.

**4. Antipsychotics, Atypical Long-Acting Injectables**

- a. Preferred Products
  - i. Abilify Asimtufii
  - ii. Abilify Maintena
  - iii. Aristada
  - iv. Aristada Initio
  - v. Invega Hafyera

- vi. Invega Sustenna
- vii. Invega Trinza
- viii. Perseris
- ix. 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.

**5. Antipsychotics, Oral Atypical 2<sup>nd</sup> Generation Agents**

- a. Preferred Products
  - i. aripiprazole tablet
  - ii. clozapine ODT
  - iii. clozapine tablet
  - iv. lurasidone
  - v. olanzapine ODT, olanzapine tablet
  - vi. quetiapine tablet
  - vii. risperdone ODT, risperidone solution, risperidone tablet
  - viii. ziprasidone capsule; ziprasidone capsule 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.

**6. COPD Agents**

- a. Preferred Products
  - i. Antimuscarinics-Short Acting
    - 1. Atrovent HFA
    - 2. ipratropium nebulizer
  - ii. Antimuscarinics-Long-Acting
    - 1. Spiriva HandiHaler
    - 2. Spiriva Respimat
  - iii. Beta Agonist/Antimuscarinic Combination - Short-Acting
    - 1. ipratropium/albuterol nebulizer
    - 2. Combivent Respimat
  - iv. Beta Agonist/Antimuscarinic Combination - Long-Acting
    - 1. Anoro Ellipta
    - 2. Stiolto Respimat
- 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. Cytokine and CAM Antagonists**

- a. Preferred Products - All Agents Require Prior Authorization Approval
  - i. Enbrel Kit, Enbrel Syringe, Enbrel Pen, Enbrel Mini Cartridge, Enbrel Vial
  - ii. Humira Kit, Humira Pen Kit with PA- UPDATE Brand Humira has been moved to non-preferred status with no grandfathering.  
The following adalimumab biosimilars are now preferred:
    - 1. Hadlima
    - 2. Simlandi
    - 3. Unbranded Adalimumab-adbm by Boehringer Ingelheim
  - iii. Infliximab
  - iv. Orencia Clickject, Orencia Syringe
  - v. Otezla
  - vi. Xeljanz
  - vii. Xeljanz XR (new)
- 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.

**8. Glucagon Agents**

- a. Preferred Products
  - i. glucagon injection
  - ii. glucagon emergency kit (by Amphastar)
  - iii. Gvoke Pen – PA required for greater QL of 1, Gvoke Syringe, Gvoke Vial
  - iv. Proglycem Suspension
  - v. Zegalogue Autoinjector
- 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.

**9. Glucocorticoids, Inhaled**

- a. Preferred Products
  - i. Single Agent Products
    - 1. Arnuity Ellipta
    - 2. Asmanex
    - 3. budesonide 1 mg respules
    - 4. budesonide 0.25 & 0.5 mg respules
    - 5. Flovent Diskus
    - 6. Flovent HFA
    - 7. fluticasone diskus AG
    - 8. fluticasone HFA AG
    - 9. Pulmicort Flexhaler
    - 10. QVAR Redihaler
  - ii. Combination Products

1. Advair Diskus(Brand Preferred)
  2. Advair HFA(Brand Preferred)
  3. Airduo Respiclick (new)
  4. Dulera
  5. Symbicort(Brand 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.

#### 10. Growth Hormone

- a. Preferred Products
- i. Genotropin Disp Syringe
  - ii. Norditropin Pen
- b. Moving to Non-Preferred
- i. Genotropin Cartridge
    1. Grandfathering - No
  - ii. Omnitrope Catridge, Omnitrope Vial
    1. Grandfathering - No
  - iii. Zomacton vial
    1. Grandfathering - No
- 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. Hepatitis C Agents

- 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.

#### 12. Hypoglycemics, Incretin Mimetics/Enhancers

- a. Preferred Products
- i. Amylin Analogues
    1. Symlin Pens
  - ii. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s)
    1. alogliptin (AG)
    2. alogliptin/metformin (AG)
    3. alogliptin/pioglitazone (AG)
    4. Janumet
    5. Janumet XR



6. Januvia
7. Jentadueto
8. Jentadueto XR
9. Kazano
10. Kombiglyze XR
11. Tradjenta
12. Trijardy XR
- iii. Glucagon-Like Peptide-1 Receptor Agonists (GLP-1s)
  1. Bydureon Pens
  2. Byetta Pens
  3. Trulicity
  4. Victoza
- b. Moving to Non-Preferred
  - i. Kombiglyze XR
    1. Grandfathering – No- Product is being discontinued
  - ii. Nesina
    1. Grandfathering – No- Product is being discontinued
  - iii. Onglyza
    1. Grandfathering – No- Product is being discontinued
- 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.

### **13. Hypoglycemics, Insulin and Related Agents**

- a. Preferred Products
  - i. Rapid-Acting Insulins
    1. Humalog Cartridge
    2. insulin aspart cartridge (AG)
    3. insulin aspart pen (AG)
    4. insulin aspart vial (AG)
    5. insulin lispro junior kwikpen (AG)
    6. insulin lispro pen (AG)
    7. insulin lispro vial (AG)
  - ii. Regular Insulins
    1. Humulin 500 Pens, Humulin 500 Vials
    2. Novolin Vial OTC
  - iii. Long-Acting Insulins
    1. insulin degludec pen 100U/mL (new)
    2. insulin degludec pen 200U/mL (new)
    3. insulin degludec vial (new)
    4. Lantus Vial
    5. Lantus Solostar Pen
  - iv. Rapid/Intermediate-Acting Combination Insulins
    1. Humalog Mix Vial

2. insulin aspart/insulin aspart protamine vial (AG)
3. insulin aspart/insulin aspart protamine insulin pen (AG)
4. insulin lispro protamine mix kwikpen (AG)
- v. Regular/Intermediate-Acting Combination Insulins
  1. Humulin Pen 70/30 OTC, Humulin 70/30 Vial OTC
  2. Novolin 70/30 Vial OTC
- b. Moving to Non-Preferred
  - i. Levemir Pens
    1. Grandfathering – No- Product is being discontinued
  - ii. Levemir Vials
    1. Grandfathering- No- Product is being discontinued
- 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.

**14. Immunologics (Immunomodulators, Atopic Dermatitis and Immunomodulators, Asthma**

- a. Preferred Products -
  - i. Adbry - PA Required
  - ii. Elidel (new) - PA Required
  - iii. Eucrisa - PA Required
  - iv. pimecrolimus, pimecrolimus (AG)
  - v. tacrolimus, tacrolimus (AG)
  - vi. Opzelura (new) - PA Required
- b. Moving to Non-Preferred
  - i. Dupixent Pen
    1. Grandfathering – No Grandfathering
  - ii. Dupixent Syringe
    1. Grandfathering – No Grandfathering
- 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.

**15. Opioid Dependence Treatments**

- 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
  - iii. Alpha Agonist Products
    1. clonidine tablet

- iv. Naloxone Products
  - 1. naloxone syringe, naloxone vials
  - 2. Naloxone nasal OTC
  - 3. Kloxxado Spray
  - 4. Narcan Nasal
  - 5. Narcan Nasal OTC
- v. Naltrexone Products
  - 1. naltrexone tablets
  - 2. Vivitrol
- vi. Products Pending Final Approval –
  - 1. Brixadi (new) - Preferred status
  - 2. Opvee (new) - Non-preferred status
- 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.

**16. Pancreatic Enzyme Agents**

- a. Preferred Products
  - i. Creon
  - ii. Zenpep
- 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.

**17. Stimulants and Related Agents**

- a. Preferred Products
  - i. amphetamine salt combination
  - ii. amphetamine salt combination ER (AG) (new)
  - iii. amphetamine salt combo ER (Oral) (new)
  - iv. atomoxetine, atomoxetine (AG)
  - v. clonidine ER
  - vi. Concerta(Brand Preferred)
  - vii. Daytrana
  - viii. dexamethylphenidate,
  - ix. dexamethylphenidate (AG)
  - x. dexamethylphenidate ER
  - xi. dextroamphetamine tablet
  - xii. guanfacine ER
  - xiii. Methylin Solution(Brand Preferred)
  - xiv. methylphenidate
  - xv. methylphenidate CD, methylphenidate CD (AG)
  - xvi. Ritalin LA 10mg capsule
  - xvii. Vyvanse Capsule

- b. Moving to Non-Preferred
  - i. Adderall XR
    - 1. Grandfathering -No-product is being discontinued
- 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.

**FUTURE MEETING DATES:**

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October 15, 2024

January 29, 2025

**ADJOURNMENT**

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The meeting adjourned at 5 PM

Minutes recorded by Robin Davis

*Suzi Berman, RPh*

Suzi Berman, RPh  
Director of Pharmacy Services

Date June 15, 2024