Date: June 14, 2021

To: MCO Contractor Pharmacy Directors

MCO Contractor Medical Directors

MCO Contractor Compliance Officers

Optum FFS PBM Staff

DFSM Staff: Alison Lovell, Markay Adams, Lisa DeWitt, Christopher Ray

From: Suzi Berman, RPh

Subject: AHCCCS Drug List Preferred Drugs

This memo is to provide notice on the preferred drugs that were recommended at the May 19, 2021, AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were twenty supplemental rebate classes reviewed. The preferred agent recommendations for each of the classes were accepted by AHCCCS and will be effective beginning on October 1, 2021. The preferred agents must be added to Contractors Drug Lists in accordance with AHCCCS 310-V Policy Section III. A. 1. Preferred Drugs:

*The AHCCCS Drug Lists designate medications that are preferred drugs for specific therapeutic classes. Contractors are required to maintain preferred drug lists that include each and every drug exactly as listed on the AHCCCS Drug Lists, as applicable. When the AHCCCS Drug Lists specify a preferred drug(s) in a particular therapeutic class, Contractors are not permitted to add other preferred drugs to their preferred drug lists in those therapeutic classes.*

*Contractors shall inform their Pharmacy Benefit Managers (PBM) of the preferred drugs and shall require the PBM to institute point-of-sale edits that communicate back to the pharmacy the preferred drug(s) of a therapeutic class whenever a claim is submitted for a non-preferred drug. Preferred drugs recommended by the AHCCCS P&T Committee and approved by AHCCCS are effective on the first day of the first month of the quarter following the P&T Meeting unless otherwise communicated by AHCCCS, which for the May 2021 meeting, the effective date is October 1, 2021.*

*Contractors shall approve the preferred drugs listed for the therapeutic classes contained on the AHCCCS Drug Lists, as appropriate, before approving a non- preferred drug unless:  
a. The member has previously completed step therapy using the preferred drug(s), or b. The member’s prescribing clinician supports the medical necessity of the non-preferred drug over the preferred drug for the particular member.*

The following is a synopsis of the voting that was completed for the recommendations proposed by the Committee. To review the actual P&T recommendations, please refer to the AHCCCS P&T Recommendations document which is also attached to the email. The PDL Recommendation Key is one of the first pages of the document and it is also provided below:

**Twenty Supplemental Rebate Therapeutic Classes and the Preferred Drug Recommendations**

Please refer to the AHCCCS Recommendations excel spreadsheet for preferred agents for each class. The excel spreadsheet is located on the AHCCCS website under Pharmacy/ Pharmacy & Committee/Agendas & Meeting Minutes and then May 19, 2021, and it will be listed under the Meeting Documents.

New products added to the AHCCCS Drug List are highlighted below in yellow.

1. **Analgesics – Narcotics Long-Acting Agents – No Changes**
   1. Preferred Products
      1. Butrans (Brand)
      2. fentanyl transdermal (not including the 37.5mg, 62.5mg & 87.5 strengths)
      3. morphine ER tablet
      4. tramadol ER (generic Ultram ER)
      5. Xtampza ER (brand)
   2. The committee voted on the above 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.
   3. Grandparenting – Not applicable
2. **Antibiotics, Inhaled – No changes**
   1. Preferred Products
      1. Bethkis
      2. Kitabis Pak
   2. The committee voted on the above 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.
   3. Grandparenting - No
3. **Anticoagulants – No Changes**
   1. Preferred Products
      1. Oral Agents
         1. Eliquis, Eliquis Dose Pack
         2. Pradaxa
         3. Xarelto, Xarelto Dose Pack
         4. warfarin
      2. Injectable Agents
         1. enoxaparin syringe, enoxaparin syringe (AG)
         2. enoxaparin vial (AG)
   2. The committee voted on the above 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.
   3. Grandparenting – Not Applicable
4. **Antimigraine Agents - Other**
   1. Preferred Products
      1. Aimovig (new)
      2. Ajovy
      3. Cafergot (new)
      4. Emgality Syringe 120mg
      5. Emgality Pen
      6. Ubrelvy (new)
   2. Non-Preferred
      1. Cambia
      2. Dihydroergotamine Mesylate Injection
      3. Ergomar
      4. Migranal
      5. Nasal Dihydroergotamine Mesylate
   3. The committee voted on the above 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.
   4. Grandparenting - None
5. **Antipsychotics – Oral Atypicals 2nd Generation – No Changes**
   1. Preferred Products
      1. aripiprazole tablet
      2. clozapine ODT, clozapine ODT (AG), clozapine tablet
      3. Latuda
      4. olanzapine ODT, olanzapine tablet
      5. quetiapine tablet
      6. risperdone ODT, risperidone solution, risperidone tablet
      7. ziprasidone capsule
   2. The committee voted on the above 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.
   3. Grandparenting – Not Applicable
6. **Antipsychotics – Atypical Long-Acting Injectables**
   1. Preferred Products
      1. Abilify Maintena
      2. Aristada
      3. Aristada Initio
      4. Invega Sustenna
      5. Invega Trinza
      6. Perseris (new)
      7. Risperdal Consta
   2. The committee voted on the above 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.
   3. Grandparenting – No Applicable
7. **COPD Agents**
   1. Preferred products
      1. Antimuscarinics - Short-Acting
         1. Atrovent
         2. ipratropium nebulizer
      2. Antimuscarinics - Long-Acting
         1. Spiriva HandiHaler
         2. Tudorza Pressair
      3. Beta Agonist/Antimuscarinic Combination - Short-Acting
         1. ipratropium/albuterol nebulizer
         2. Combivent Respimat
      4. Beta Agonist/Antimuscarinic Combination - Long-Acting
         1. Anoro Ellipta (new)
         2. Bevespi Aerosphere
         3. Stiolto Respimat
   2. Non-Preferred
      1. Bevespi Aerosphere
   3. The committee voted on the above 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.
   4. Grandparenting - No
8. **Cytokine and CAM Antagonists**
   1. Preferred Products – PA Required on all agents
      1. Avsola (new)-PA applies
      2. Enbrel Kit, Enbrel Syringe, Enbrel Pen, Enbrel Mini Cartridge, Enbrel Vial (new)-PA applies to all
      3. Humira Kit, Humira Pen Kit- PA applies to all
      4. Inflectra (new)- PA Applies
      5. Otezla -PA applies
      6. Xeljanz (immediate release) -PA Applies
   2. Non-preferred
      1. Renflexis
   3. The committee voted on the above 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.
   4. Grandparenting - Yes
9. **Epinephrine, Self-Injected – No Changes**
   1. Preferred Products
      1. epinephrine 0.15mg (generic EpiPen Jr.)
      2. epinephrine 0.3mg (generic EpiPen)
   2. The committee voted on the above 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.
   3. Grandparenting – Not applicable
10. **Glucagon Agents – New Class**
    1. Preferred Products
       1. Proglycem Suspension - new
       2. Glucagon Injection - new
       3. Glucagon Emergency Kit (by Lilly) – new
    2. Non-Preferred
       1. Remaining products in this class are non-preferred
    3. The committee voted on the above 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.
    4. Grandparenting - No
11. **Glucocorticoids – Inhaled- No Changes**
    1. Preferred Products
       1. Single Agent Products
          1. Asmanex (Brand only preferred)
          2. budesonide 1 mg respules
          3. Flovent HFA (Brand only preferred)
          4. Pulmicort Flexhaler (Brand only preferred)
          5. budesonide 0.25 and 0.5 mg respules – PA is not required for < 4 years of age
       2. Combination Products – Brand is preferred on all products
          1. Advair Diskus
          2. Advair HFA
          3. Flovent Diskus
          4. Dulera
          5. Symbicort
    2. The committee voted on the above 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.
    3. Grandparenting - No
12. **Growth Hormone – No Changes**
    1. Preferred Products – PA Required
       1. Genotropin Cartridge, Genotropin Disp. Syringe
       2. Norditropin Pen
    2. The committee voted on the above 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.
    3. Grandparenting - No
13. **Hepatitis C Agents – Direct Acting – No Changes**
    1. Preferred Products – PA Required
       1. Mavyret
       2. sofosbuvir/velpatasvir (AG)
    2. The committee voted on the above 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.
    3. Grandparenting – Not applicable
14. **Hypoglycemics, Incretin Mimetics/Enhancers**
    1. Preferred Products – PA Required on all products
       1. Amylin Analogues
          1. Symlin Pens
       2. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s)
          1. Glyxambi
          2. Janumet
          3. Janumet XR
          4. Januvia
          5. Jentadueto (new)
          6. Jentadueto XR (new)
          7. Kasano (new)
          8. Kombiglyze XR
       3. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s) *Cont.*
          1. Nesina (new)
          2. Onglyza
          3. Oseni (new)
          4. Tradjenta
          5. Trijardy XR (new)
       4. Glucagon-Like Peptide-1 Receptor Agonists (GLP-1s)
          1. Bydureon Pens, Bydureon Vials (*discontinued*)
          2. Byetta Pens
          3. Trulicity
          4. Victoza
    2. The committee voted on the above 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.
    3. Grandparenting - No
15. **Hypoglycemics – Insulin and Related Agents**
    1. Preferred Products
       1. Rapid-Acting Insulins
          1. Insulin Aspart Cartridge (AG) (New)
          2. Insulin Aspart Pen (AG) (New)
          3. Insulin Aspart Vial (AG) (New)
          4. Insulin Lispro Junior Kwikpen (AG) (New)
          5. Insulin Lispro Pen (AG) (New)
          6. Insulin Lispro Vial (AG) (New)
       2. Regular Insulins
          1. Humulin R, Humulin Pen OTC
          2. Humulin 500 Pens, Humulin 500 Vials
       3. Intermediate-Acting Insulins
          1. Humulin N
       4. Long-Acting Insulins
          1. Lantus Vial
          2. Lantus Solostar Pen
          3. Levemir Pens, Levemir Vials
       5. Rapid/Intermediate-Acting Combination Insulins
          1. Insulin Aspart/Insulin Aspart Protamine Vial (AG) (New)
          2. Insulin Aspart/Insulin Aspart Protamine Insulin Pen (AG) (New)
          3. Insulin Lispro Protamine Mix Kwikpen (AG) (New)
       6. Regular/Intermediate-Acting Combination Insulins
          1. Humulin Pen 70/30 Pen OTC, Humulin 70/30 Vials
    2. Non-Preferred
       1. Rapid-Acting Insulins
          1. Humalog Cartridge, Humalog Pens, Humalog Junior Kwikpen, Humalog Vials
          2. Novolog Cartridge, Novolog Pens, Novolog Vials
       2. Rapid/Intermediate-Acting Combination Insulins
          1. Humalog Mix Pens, Humalog Mix Vials
          2. Novolog Mix Vials
       3. Intermediate-Acting Insulins
          1. Humulin Pen OTC
    3. The committee voted on the above 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.
    4. Grandparenting - No
16. **Opioid Dependence Agents – No Changes**
    1. Preferred Products
       1. Buprenorphine/Naloxone Products
          1. buprenorphine/naloxone sublingual tablet
          2. Suboxone Film (Brand only preferred)
       2. Buprenorphine Products
          1. buprenorphine sublingual tablet –PA required unless member is pregnant
          2. Sublocade subcutaneous – PA Required
       3. Naloxone Products
          1. naloxone syringe, naloxone vials,
          2. Narcan Nasal Spray
       4. Naltrexone Products
          1. Naltrexone tablets
          2. Vivitrol
       5. Alpha Agonist Products
          1. clonidine tablets
    2. The committee voted on the above 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.
    3. Grandparenting – Not Applicable
17. **Pancreatic Enzymes**
    1. Preferred Products
       1. Creon
       2. Zenpep
    2. The committee voted on the above 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.
    3. Grandparenting – Not Applicable
18. **Progestational Agents**
    1. Preferred Products
       1. Makena Auto Injector
       2. Makena MDV (brand preferred)
       3. Medroxyprogesterone Acetate
       4. Medroxyprogesterone Acetate (AG)
       5. Progesterone Capsule
    2. Non-Preferred
       1. Aygestin
       2. Crinone
       3. Depo-Provera 400 mg/mL
       4. Makena SDV
       5. Norethindrone Acetate
       6. Progesterone IM
       7. Provera
    3. The committee voted on the above 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.
    4. Grandparenting - No
19. **Stimulants and Related Agents**
    1. Preferred Products
       1. Adderall XR (brand preferred)
       2. amphetamine salt combination
       3. atomoxetine, atomoxetine (AG)
       4. clonidine ER
       5. Concerta (brand only preferred)
       6. Daytrana
       7. Dexmethylphenidate, dexmethylphenidate (AG)
       8. dextroamphetamine tablet
       9. Focalin XR (brand preferred)
       10. guanfacine ER
       11. Methylin Solution (brand preferred)
       12. methylphenidate
       13. methylphenidate CD, methylphenidate CD (AG)
       14. Ritalin LA 10mg capsule
       15. Vyvanse Capsule
    2. Non-Preferred
       1. Aptensio XR
       2. methylphenidate ER (generic Ritalin LA)
       3. Vyvanse Chewable Tablet
    3. The committee voted on the above 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.
    4. Grandparenting - Yes
20. **Skin Substitutes**
    1. Preferred Products (note- all are new additions)
       1. PMA products
          1. Apligraf
          2. Dermagraft
          3. Omnigraft
       2. PHS Section 361 Products
          1. AlloPatch Pliable Thin
          2. AmnioBand Membrane
          3. AmnioBand Membrane Particulate
          4. AmnioExcel
          5. AmnioExcel Plus
          6. Somagen Meshed Thin
          7. Theraskin
       3. 510(k) Products
          1. Cytal 1, 2, 3, & 6 Layers
          2. Kerecis
          3. Primatrix
          4. Primatrix AG and Primatrix AG Fenestrated
          5. Primatrix AG Meshed
          6. Primatrix meshed and Primatrix Fenestrated
          7. Puraply XT
    2. Non-Preferred
       1. Affinity
       2. Epifix
       3. Epifix Mesh
       4. Grafix PL Prime
       5. Grafix Prime
       6. Leneva
       7. Oasis Wound Matrix Fenestrated
    3. The committee voted on the above 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.
    4. Grandparenting – Not Applicable

**New Drugs Recommendations and Vote:**

1. **Bronchitol**
   1. Recommendation is Non-Preferred
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
2. **Cabenuva**
   1. Recommendation is Non-Preferred
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
3. **Gemtesa**
   1. Recommendation is Non-Preferred
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
4. **Lupkynis**
   1. Recommendation is Non-Preferred
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
5. Ponvory
   1. Recommendation is Non-Preferred
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
6. **Verquvo**
   1. Recommendation is Non-Preferred
      1. All present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
7. **Vocabria**
   1. Recommendation is Non-Preferred

All present committee members voted in favor of the recommendation

No committee members voted against the recommendations

No committee members abstained.

**Biosimilar Update - None**

A file, as a separate attachment, is attached to this email and contains the preferred and non-preferred drugs by the National Drug Code and the drug label name. Drugs noted as “PDL” have Preferred status and those listed as “NPD” have Non-Preferred status. NR means the drug was not previously reviewed at a P&T Committee meeting. New drug market entries will also be listed on the weekly NDC list.

AHCCCS and its Contractors shall communicate the AHCCCS DRUG LISTS preferred drugs to their pharmacy benefit managers and require point-of-sale edits that communicate the preferred drug of a therapeutic class to the pharmacy when a claim is submitted for a drug other than the preferred drug.

AHCCCS and its Contractors are required to list these medications on their drug list exactly as they are listed on the AHCCCS DRUG LIST. Contractors shall not add other drugs to their drug list to therapeutic classes that contain preferred drugs on the AHCCCS DRUG LIST. All Contractors’ drug lists, including website listings, must be updated by October 1, 2021, to reflect P&T preferred drug and other changes.

As a reminder, the contract language between AHCCCS and its Contractors prohibits duplicate discounts and is stated as follows:

“*Pharmaceutical Rebates: The Contractor, including the Contractor’s Pharmacy Benefit Manager (PBM), is prohibited from negotiating any rebates with drug manufacturers for preferred or other pharmaceutical products when AHCCCS has a supplemental rebate contract for the product(s). A listing of products covered under supplemental rebate agreements will be available on the AHCCCS website under the Pharmacy Information section.*

*If the Contractor or its PBM has an existing rebate agreement with a manufacturer, all outpatient drug claims, including provider-administered drugs for which AHCCCS is obtaining supplemental rebates, must be exempt from such rebate agreements*.”

The next AHCCCS P&T Committee is October 18, 2021.

Please contact me at your convenience if you have any questions. I can be reached at [Suzanne.Berman@azahcccs.gov](mailto:Suzanne.Berman@azahcccs.gov) or telephonically at (602) 417-4726.