Date: July 18, 2022

To: MCO Contractor Pharmacy Directors

MCO Contractor Medical Directors

MCO Contractor Compliance Officers

Optum FFS PBM Staff

DFSM Staff: Markay Adams, Lisa DeWitt, Ewaryst Jedrasik, Melina Solomon

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 24, 2022, AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were nineteen supplemental rebate classes and four new drugs reviewed. The preferred agent recommendations for each of the classes have been accepted by AHCCCS and will be effective beginning on October 1, 2022. 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 2022 meeting, the effective date is October 1, 2022.*

*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. The Committee reviewed nineteen supplemental classes and four new drugs. To review the actual P&T recommendations, the AHCCCS P&T Recommendations document is available on the AHCCCS website under Pharmacy/ Pharmacy & Committee/Agendas & Meeting Minutes.

The AHCCCS recommendation’s excel spreadsheet for preferred agents in each class is also located on the AHCCCS website. The excel spreadsheet is located on the AHCCCS website under Pharmacy/ Pharmacy & Committee/Agendas & Meeting Minutes.

New products added or products changing to non-Preferred on the AHCCCS Drug List are highlighted below in yellow.

**Supplemental Rebate Therapeutic Class Votes**

1. Analgesics Agents
   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.
2. Antibiotics – Inhaled
   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. Anticoagulants
   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. Moving to Non-Preferred
      1. Oral Agents
         1. Xarelto Suspension
   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. Antimigraine - CGRPs
   1. Preferred Products
      1. Aimovig
      2. Ajovy
      3. Cafergot
      4. Emgality Syringe 120mg
      5. Emgality Pen
      6. Ubrelvy
   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.
5. Antipsychotics - Atypical Long-Acting Injectables
   1. Preferred Products
      1. Abilify Maintena
      2. Aristada
      3. Aristada Initio
      4. Invega Hafyera
      5. Invega Sustenna
      6. Invega Trinza
      7. Perseris
      8. 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.
6. Antipsychotics - Oral Atypicals - 2nd Generation
   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.
7. COPD
   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
         2. Bevespi Aerosphere
         3. Stiolto Respimat
   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.
8. Cytokine and CAM Antagonists
   1. Preferred Products- All agents require prior authorization approval prior to dispensing or administration.
      1. Avsola
      2. Enbrel Kit, Enbrel Syringe, Enbrel Pen, Enbrel Mini Cartridge, Enbrel Vial
      3. Humira Kit, Humira Pen Kit-
      4. Orencia Clickject, Orencia Syringe
      5. Inflectra
      6. Otezla
      7. Xeljanz (immediate release)
   2. Non-preferred
      1. Cibingo
   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.
9. Epinephrine - Self-Injected
   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.
10. Glucagon Agents
    1. Preferred Products
       1. Glucagon Injection -
       2. Glucagon Emergency Kit (by Lilly)
       3. Gvoke Pen Only- Quantity Limit of 1 per 30 days
       4. Proglycem Suspension -
    2. Non-Preferred
       1. Gvoke Vial
    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.
11. Glucocorticoids – Inhaled
    1. Preferred Products
       1. Single Agent Products
          1. Asmanex
          2. budesonide 0.25mg, 0.50mg & 1 mg respules
          3. Flovent HFA
          4. Pulmicort Flexhaler
       2. Combination Products
          1. Advair Diskus-Brand preferred
          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.
12. Growth Hormone
    1. Preferred Products
       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.
13. Hepatitis C Agents (Direct Acting)
    1. Preferred Products
       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.
14. Hypoglycemics - Incretin Mimetics
    1. Preferred Products
       1. Amylin Analogues
          1. Symlin Pens
       2. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s) –
          1. Janumet
          2. Janumet XR
          3. Januvia
          4. Jentadueto
          5. Jentadueto XR
          6. Kazano
          7. Kombiglyze XR
          8. Nesina
          9. Onglyza
          10. Oseni
          11. Tradjenta
          12. Trijardy XR
       3. Glucagon-Like Peptide-1 Receptor Agonists (GLP-1s) -
          1. Bydureon Pens
          2. Byetta Pens
          3. Trulicity
          4. Victoza
    2. Moving to Non-Preferred
       1. Glyxambi
          1. Grandfathering applies
    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.
15. Hypoglycemics - Insulin and Related Agents
    1. Preferred Products
       1. 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)
       2. Regular Insulins
          1. Humulin 500 Pens, Humulin 500 Vials
          2. Novolin Vial OTC
       3. Long-Acting Insulins
          1. Lantus Vial
          2. Lantus Solostar Pen
          3. Levemir Pens, Levemir Vials
       4. Rapid/Intermediate-Acting Combination Insulins
          1. Humalog Mix Vials
          2. Insulin Aspart/Insulin Aspart Protamine Vial (AG)
          3. Insulin Aspart/Insulin Aspart Protamine Insulin Pen (AG)
          4. Insulin Lispro Protamine Mix Kwikpen (AG)
       5. Regular/Intermediate-Acting Combination Insulins
          1. Humulin Pen 70/30 Pen OTC, Humulin 70/30 Vials
          2. Novolin 70/30 Vial OTC
    2. Moving to Non-Preferred
       1. Humulin Vial 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.
16. Opioid Dependence Treatments
    1. Preferred Products
       1. Buprenorphine/Naloxone Products
          1. buprenorphine/naloxone sublingual tablet
          2. Suboxone Film (brand preferred)
       2. Buprenorphine Products
          1. buprenorphine sublingual tablet –PA required unless the member is pregnant
          2. Sublocade subcutaneous – with PA
       3. Naloxone Products
          1. naloxone syringe, naloxone vials
          2. Kloxxado Spray
          3. Narcan Nasal
       4. Naltrexone Products
          1. Naltrexone tablets
          2. Vivitrol
       5. Alpha Agonist Products
          1. clonidine tablet
    2. Non-Preferred
       1. Zimhi
    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.
17. Pancreatic Enzymes
    1. Preferred Products
       1. Creon
       2. Pancreaze (New)
       3. 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.
18. Progestational Agents
    1. Preferred Products
       1. Makena Auto Injector
       2. Medroxyprogesterone Acetate, Medroxyprogesterone Acetate (AG)
       3. Norethindrone acetate
       4. Progesterone 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.
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 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. 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.

**New Drug Recommendations and Vote-**

As a reminder, the new drug recommendations are not included on the PDL excel file.

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| 1. Adbry    1. Recommendation is non-Preferred       1. Ten present committee members voted in favor of the   recommendations   * + 1. No committee members voted against the recommendations.     2. One committee member abstained. |
| 1. Ibsrela    1. Recommendation is non-Preferred       1. Ten present committee members voted in favor of the   recommendations   * + 1. No committee members voted against the recommendations.     2. One committee member abstained. |
| 1. Leqvio    1. Recommendation is non-Preferred       1. Ten present committee members voted in favor of the   recommendations   * + 1. No committee members voted against the recommendations.     2. One committee member abstained.  1. Vijoice    1. Recommendation is non-Preferred       1. Ten present committee members voted in favor of the   recommendations   * + 1. No committee members voted against the recommendations.     2. One committee member abstained.   **Biosimilar Update**  **The AHCCCS Medical Policy Manual Policy 310-V Section III B. 4. states the following:**   * **The Contractor shall not transition to a Biosimilar drug until AHCCCS has made the determination that the Biosimilar drug is overall more cost-effective to the state that the continued use of the brand name drug.**   **At the meeting, the effective date for the biosimilar changes was 8/1/2022, however due to the Contractor Notice delay, the effective date is extended to 9/1/2022 and is reflected below.**   1. Effective 9/1/22, Herceptin will be non-preferred and the Biosimilars listed below will be preferred. Grandfathering does not apply.    1. Herzuma    2. Kanjinti    3. Ogivri    4. Trazimera 2. Effective 9/1/22, Avastin will be non-preferred and the Biosimilars listed below will be preferred. Grandfathering does not apply.    1. Mvasi    2. Zirabev 3. Effective 9/1/22, Rituxan will be non-preferred and the Biosimilars listed below will be preferred. Grandfathering does not apply.    1. Riabni    2. Ruxience    3. Truxima |

The recommendation to remove prior authorization and permit coverage of DPP-4s or SGLT2s, when the member has tried metformin, has been approved by AHCCCS.

The recommendation to remove prior authorization and permit coverage of GLP-1s, when the member has tried metformin, has NOT been approved by AHCCCS.

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, 2022, 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 19, 2022.

Please contact me at your convenience if you have any questions. I can be reached by email at [Suzanne.Berman@azahcccs.gov](mailto:Suzanne.Berman@azahcccs.gov).