

# ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

## REINSURANCE **HOT NEWS**

October 23, 2025

These are the Questions and Answers from the CY44 Reinsurance Annual Workshop on 10/15/2025. The answers are in red:

1. Adult intestine & multi visceral - will there be any contracts? - Can you see if Nebraska Medicine would be interested in a contract? – **This is a wonderful suggestion. The entire idea I had to get the Adult Small bowel approved as a covered service was to hopefully someday develop a contract.**
2. Biologic and High-Cost Specialty Drug List - Has columns for "Approved for this diagnosis" and "FDA Indication". Will the HP only get RI for the dx in the "Approved for this diagnosis" column or for any FDA indication? – **We will be posting an updated drug list very soon. Reinsurance is based on the FDA indications and therefore RI is provided only for these FDA indications.**
3. Will the "End date for drug coverage" for Soliris be updated to 12/31/25 on the Biologic and High-Cost Specialty Drug List? – **The updated drug file will have the revised end date**
4. Will FDA indications for Epysqli be populated? When it replaced Soliris, there were no FDA indications copied over from Soliris. – **the updated drug list will have this information.**
5. For all drug therapies included under the RI Program, providers may not use drugs purchased under the 340B drug program. **How would the PBM or the MCO know if the drug was purchased through the 340b program? I'm assuming this would just be limited to the 340b pharmacies? - It is up to the MCO to communicate to the provider that purchased 340B drug is not permitted.**
6. To be eligible for reimbursement under the RI Program all medications listed in the table must be billed on a Form C Pharmacy Claim to the Managed Care Plan's Pharmacy Benefit Manager (PBM). **Our PBM stated that Form Type C is a universal claim form and is a paper claim. Can you clarify if the claim should be submitted through point of sale claim like it is now or should it be on a universal claim paper form? - For clarification, the billing of reinsurance drug must be completed through the PBM and it is an electronic**

transaction. The agency refers to these types of claims as Form Type C, but actually the standard used is an NCPDP standard between the pharmacy and the PBM.

7. In the instances in which AHCCCS has specialty contracts, or legislation and/or policy limits the allowable reimbursement, the amount to be used in the computation of reinsurance will be the lesser of the AHCCCS contracted/mandated amount or the Contractor paid amount. Will this information be shared with MCOs so we can provide to the PBM? I'm not aware of any pricing limits on these drugs but please share if there are. – with some of these drugs, CAR-T comes to mind, we do not have a rate in the system or the rate is not in line with the actual cost of the drug. In those cases we will except the invoiced amount of the drug. The provider is required to bill at their actual acquisition cost and the provider must be made whole on their cost, regardless of the contracted billing rates since we are only reimbursing their AAC. In the RI manual, there is language that allows for the use of WAC or invoice and the WAC may be submitted, if required, using a print screen from the PBM.
8. Addendum by AHCCCS Pharmacy Director: For specialty contracts that the agency has, i.e. CVS Specialty for Hemophilia and blood products, we provide the unit cost for each product monthly to the MCOs for their PBMs and the unit cost is what has to be used to reimburse these claims through your PBM to the CVS Specialty Pharmacy. There may not be an adjustment to the unit pricing. Reinsurance for these claims is based on the unit pricing which goes out to 4 decimal places.

AHCCCS Reinsurance was requested to provide a list of all NDCs for Biologic and High-Cost Specialty Drugs. Per AHCCCS Pharmacy Director: "Currently, there are not any NDCs for the drugs on the Reinsurance Drug List that are excluded. After further consideration, MCOs should work with their pharmacy departments and PBMs to determine the appropriate NDC to be utilized for the member's treatment."

Also, all Biologic/High-Cost Specialty Drug NDCs and their effective dates are listed in the PMMIS RI325 RI COVERED SERVICES for Case type: 'BIO', Form Type: 'C' and Activity Type 'N' (NDC).

A New Transplant General Contract was drafted this year. As reviewed in the Reinsurance Annual Workshop there were few major changes to the contract. Former amendment corrections and clarifications were incorporated into the contract. Here is a link to the 2025 contract posted on the AHCCCS Reinsurance website:

- **Transplant Contract 10/01/2025**