

Date: October 31, 2024

To: MCO Contractor Pharmacy Directors
MCO Contractor Medical Directors
MCO Contractor Compliance Officers
Optum FFS PBM Staff

From: Suzi Berman, RPh

Subject: AHCCCS Drug List Preferred Medications

This memo is to provide notice on the preferred drugs that were recommended at the October 15, 2024, AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were fifteen non-supplemental rebate classes reviewed. The preferred agent recommendations for each of the classes have been accepted by AHCCCS and will be effective beginning on January 1, 2025. 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 October 2024 meeting, the effective date is January 1, 2025.

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/Agenda & Meeting Minutes.

An Update to the June 2024 P&T Meeting AHCCCS rescinded the buy and bill requirement for Sublocade and Brixadi effective October 7, 2024.

NON-SUPPLEMENTAL REBATE CLASS REVIEWS: UMANG PATEL, PHARMD, PRIME THERAPEUTICS

- 1. Anticonvulsants**
 - a. Oral Public Testimony: None
 - b. Written Public Testimony: None
- 2. Antifungals - Oral**
 - a. Oral Public Testimony: None
 - b. Written Public Testimony: None
- 3. Antifungals - Topicals**
 - a. Oral Public Testimony: None
 - b. Written Public Testimony: None
- 4. Antimigraine Agents - Triptans**
 - a. Oral Public Testimony: None
 - b. Written Public Testimony: None
- 5. Beta Blockers**
 - a. Oral Public Testimony: None
 - b. Written Public Testimony: None
- 6. BPH Treatments**
 - a. Oral Public Testimony: None
 - b. Written Public Testimony: None
- 7. Calcium Channel Blockers**
 - a. Oral Public Testimony: None
 - b. Written Public Testimony: None
- 8. Contraceptives**
 - a. Oral Public Testimony: None
 - b. Written Public Testimony: None
- 9. Hereditary Angioedema Agents**
 - a. Oral Public Testimony: None
 - b. Written Public Testimony: None
- 10. HIV-AIDs**
 - a. Oral Public Testimony:
 - i. Natalie Rose

- b. Written Public Testimony:
 - i. Kaitlin Nguyen

11. Leukotriene Modifiers

- a. Oral Public Testimony: None
- b. Written Public Testimony: None

12. Movement Disorder Agents

- a. Oral Public Testimony:
 - i. Kirk Latibeaudiere
- b. Written Public Testimony: None

13. Phosphate Binders

- a. Oral Public Testimony: None
- b. Written Public Testimony: None

14. Sedative Hypnotics

- a. Oral Public Testimony:
 - i. Keith Powell
- b. Written Public Testimony: None

15. Topical Steroids by Potency - Low, Medium, High, & Very High Potency

- a. Oral Public Testimony: None
- b. Written Public Testimony: None

New Drug Reviews UMANG PATEL , PHARMD, MAGELLAN

1. Agamree - Vamorolone

2. Fabhalta - Iptacopan

3. Litfulo - Ritlecitinib

4. Rezdifra - Resmetiron

- a. Oral Public Testimony:
 - i. William Lam

5. Rivfloza - Nedosiran

6. Spevigo - Spesolimab

7. Voydeya - Danicopan

8. Wainua - Eplontersen

9. Zilbrysq - Zilucoplan

- a. Oral Public Testimony:
 - i. Paul Bromann

Public Therapeutic Class Votes:

1. Anticonvulsants

- a. Preferred Products
 - i. BANZEL SUSPENSION (ORAL)*
 - ii. BANZEL TABLET (ORAL)*
 - iii. CARBAMAZEPINE CHEWABLE TABLET (ORAL)*
 - iv. CARBAMAZEPINE ER (CARBATROL) (ORAL)*
 - v. CARBAMAZEPINE SUSPENSION (ORAL)*
 - vi. CARBAMAZEPINE TABLET (ORAL)*

- vii. CARBAMAZEPINE XR (AG) (ORAL)*
- viii. CARBAMAZEPINE XR (ORAL)*
- ix. CARBATROL (ORAL)*
- x. CELONTIN (ORAL)
- xi. CLOBAZAM SUSPENSION (ORAL)*
- xii. CLOBAZAM TABLET (ORAL)*
- xiii. CLONAZEPAM (ORAL)*
- xiv. CLONAZEPAM ODT (ORAL)*
- xv. DIAZEPAM (AG) (RECTAL)*
- xvi. DIAZEPAM DEVICE (AG) (RECTAL)*
- xvii. DILANTIN 30 MG CAPSULE (ORAL)*
- xviii. DIVALPROEX ER (ORAL)*
- xix. DIVALPROEX SPRINKLE (ORAL)*
- xx. DIVALPROEX TABLET (ORAL)*
- xxi. EPIDIOLEX (ORAL) *
- xxii. ETHOSUXIMIDE CAPSULE (AG) (ORAL)*
- xxiii. ETHOSUXIMIDE CAPSULE (ORAL)*
- xxiv. ETHOSUXIMIDE SYRUP (ORAL)*
- xxv. FELBAMATE SUSPENSION (ORAL)*
- xxvi. FELBAMATE TABLET (ORAL)*
- xxvii. FYCOMPA SUSPENSION (ORAL)
- xxviii. FYCOMPA TABLET (ORAL) *
- xxix. LACOSAMIDE SOLUTION (ORAL)*
- xxx. LACOSAMIDE TABLET (ORAL)*
- xxxi. LAMOTRIGINE DISPERSIBLE TABLET (ORAL) *
- xxxii. LAMOTRIGINE ODT (ORAL)*
- xxxiii. LAMOTRIGINE TABLET (ORAL)*
- xxxiv. LAMOTRIGINE XR (ORAL)*
- xxxv. LEVETIRACETAM ER (ORAL)*
- xxxvi. LEVETIRACETAM SOLUTION (ORAL)*
- xxxvii. LEVETIRACETAM TABLETS (ORAL)*
- xxxviii. NAYZILAM (NASAL) *
- xxxix. OXCARBAZEPINE TABLETS (ORAL)*
 - xl. PHENOBARBITAL ELIXIR (ORAL)*
 - xli. PHENOBARBITAL TABLET (ORAL)*
 - xl.ii. PHENYTOIN CAPSULE (ORAL)*
 - xl.iii. PHENYTOIN CHEWABLE TABLET (ORAL)*
 - xl.iiii. PHENYTOIN EXT CAPSULE (GENERIC PHENYTEK) (ORAL)*
 - xl.v. PHENYTOIN SUSPENSION (AG) (ORAL)*
 - xl.vi. PHENYTOIN SUSPENSION (ORAL)*
 - xl.vii. PRIMIDONE (ORAL)*
- xl.viii. RUFINAMIDE TABLET (ORAL)*
- xl.ix. TIAGABINE (ORAL)*
 - I. TOPIRAMATE ER (QUDEXY) (AG) (ORAL) *
 - li. TOPIRAMATE ER (QUDEXY) (ORAL) *
 - lii. TOPIRAMATE SPRINKLE (ORAL)*
 - lii.iii. TOPIRAMATE TABLETS (OPAL)*

- liv. TRILEPTAL SUSPENSION (ORAL)*
- lv. TROKENDI XR (ORAL) *
- lvi. VALPROIC ACID CAPSULE (ORAL)*
- lvii. VALPROIC ACID SOLUTION (ORAL)
- lviii. VALTOCO (NASAL) *
- lix. XCOPRI TABLET (ORAL) *
- lx. XCOPRI TITRATION PAK (ORAL) *
- lxi. ZONISAMIDE (ORAL)*

b. Moving to Non-Preferred

- i. DIASTAT (RECTAL)***

- 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.

2. Antifungals - Oral

a. Preferred Products

- i. CLOTRIMAZOLE (MUCOUS MEM)*
- ii. FLUCONAZOLE SUSPENSION (ORAL)*
- iii. FLUCONAZOLE TABLET (ORAL)*
- iv. GRISEOFULVIN SUSPENSION (ORAL)*
- v. GRISEOFULVIN TABLETS (ORAL)*
- vi. NYSTATIN SUSPENSION (ORAL)*
- vii. NYSTATIN TABLET (ORAL)*
- viii. TERBINAFINE (ORAL)*
- ix. VFEND SUSPENSION (ORAL)*
- x. VORICONAZOLE TABLETS (ORAL) * (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.

3. Antifungals - Topicals

a. Preferred Products

- i. CICLOPIROX CREAM (TOPICAL) *
- ii. CICLOPIROX SOLUTION (TOPICAL) *
- iii. CLOTRIMAZOLE CREAM OTC (TOPICAL)*
- iv. CLOTRIMAZOLE CREAM RX (TOPICAL)*
- v. CLOTRIMAZOLE SOLUTION RX (TOPICAL)*
- vi. CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)*
- vii. KETOCONAZOLE CREAM (TOPICAL)*
- viii. KETOCONAZOLE SHAMPOO (TOPICAL)*
- ix. LOTRIMIN ULTRA OTC (TOPICAL) *
- x. MICONAZOLE CREAM OTC (TOPICAL)*

- xi. MICONAZOLE POWDER OTC (TOPICAL)*
 - xii. NYSTATIN CREAM (TOPICAL)*
 - xiii. NYSTATIN OINT (TOPICAL)*
 - xiv. NYSTATIN POWDER (TOPICAL)*
 - xv. TERBINAFINE CREAM OTC (TOPICAL) *
 - xvi. TOLNAFTATE AERO POWDER OTC (TOPICAL) *
 - xvii. TOLNAFTATE CREAM OTC (TOPICAL) *
 - xviii. TOLNAFTATE POWDER OTC (TOPICAL)
- 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.

4. Antimigraine Agents - Triptans

a. Preferred Products

- i. ELETRIPTAN (ORAL)* (NEW)
- ii. IMITREX (NASAL)*
- iii. NARATRIPTAN (ORAL)*
- iv. RIZATRIPTAN ODT (ORAL)*
- v. RIZATRIPTAN TABLET (ORAL)*
- vi. SUMATRIPTAN (ORAL)*
- vii. SUMATRIPTAN KIT (AG) (SUBCUTANE.)*
- viii. SUMATRIPTAN KIT (SUBCUTANE.)*
- ix. SUMATRIPTAN KIT (SUN) (SUBCUTANE.)*
- x. SUMATRIPTAN VIAL (SUBCUTANE.)*
- xi. ZOLMITRIPTAN ODT (ORAL)*
- xii. ZOLMITRIPTAN TABLET (ORAL)*
- xiii. ZOMIG (NASAL)*

b. Moving to Non-Preferred

- i. SUMATRIPTAN KIT (SUBCUTANE.)*

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.

5. Beta Blockers

a. Preferred Products

- i. ATENOLOL (ORAL)*
- ii. ATENOLOL / CHLORTHALIDONE (ORAL)*
- iii. BISOPROLOL HCTZ (ORAL)
- iv. BISOPROLOL (ORAL)
- v. CARVEDILOL (ORAL)*
- vi. LABETALOL (ORAL)*
- vii. METOPROLOL / HCTZ (ORAL)*

- viii. METOPROLOL (ORAL)*
- ix. METOPROLOL XL (AG) (ORAL)*
- x. METOPROLOL XL (ORAL)*
- xi. NADOLOL (ORAL)*
- xii. NEBIVOLOL (ORAL)* (NEW)
- xiii. PROPRANOLOL / HCTZ (ORAL)*
- xiv. PROPRANOLOL ER (ORAL)*
- xv. PROPRANOLOL ER (AG) (ORAL)*
- xvi. PROPRANOLOL SOLUTION (ORAL)*
- xvii. PROPRANOLOL TABLET (ORAL)*
- xviii. SOTALOL (ORAL)*

- 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. BPH Treatments

- a. Preferred Products
 - i. ALFUZOSIN (ORAL)*
 - ii. DOXAZOSIN (AG) (ORAL)*
 - iii. DOXAZOSIN (ORAL)*
 - iv. DUTASTERIDE (ORAL)*
 - v. FINASTERIDE (ORAL)*
 - vi. TAMSULOSIN (ORAL)*
 - vii. TERAZOSIN (ORAL)*
- 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. Calcium Channel Blockers

- a. Preferred Products
 - i. AMLODIPINE (ORAL)*
 - ii. DILTIAZEM CAPSULE ER (ORAL)*
 - iii. DILTIAZEM TABLET (ORAL)*
 - iv. FELODIPINE ER (ORAL)*
 - v. KATERZIA (ORAL)*
 - vi. NIFEDIPINE IR (ORAL)*
 - vii. NIFEDIPINE ER (ORAL)*
 - viii. VERAPAMIL CAPSULE ER (ORAL)*
 - ix. VERAPAMIL TABLET ER (ORAL)*
 - x. VERAPAMIL TABLET (ORAL)*
- 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. Contraceptives

a. Preferred Products

i. Combined Pill

1. AFIRMELLE (ORAL)*
2. AMETHIA (ORAL)*
3. AMETHYST*
4. AUBRA (ORAL)*
5. AZURETTE (ORAL)*
6. BALZIVA (ORAL)*
7. CAZIAN (ORAL)*
8. CRYSELLE (ORAL)*
9. CYCLAFEM 7/7/7
10. ENPRESSE (ORAL)*
11. ESTARYLLA (ORAL)*
12. JUNEL FE (ORAL)*
13. KAITLIB FE (ORAL)
14. KELNOR 1-35 (ORAL)*
15. MELODETTA 24 FE (ORAL)*
16. NECON 10/11-28 (ORAL)*
17. OCELLA (ORAL)*
18. ORTHO TRI-CYCLEN (ORAL)*

ii. Vaginal Contraceptive Ring

1. NUVARING (VAGINAL)*

iii. Copper IUD

1. PARAGARD (INTRAUTERINE)*

iv. Emergency Contraceptives

1. ELLA *
2. LEVONORGESTREL OTC *
3. MY CHOICE OTC *
4. MY WAY OTC *
5. NEW DAY OTC *
6. OPTION 2 OTC *

v. Progestins

1. AYGESTIN*
2. PROMETRIUM*
3. PROVERA*

vi. Progestins-Injectable

1. DEPO-PROVERA CONTRACEPTIVE*

vii. Progestins Contraceptives- IUD

1. KYLEENA*
2. LILETTA*
3. MIRENA*
4. SKYLA*

viii. Progestins Contraceptives- Oral

1. CAMILA*

2. OPILL OTC- NEW

ix. Progestins Contraceptives- Transderma

1. XULANE*

b. Moving to Non-Preferred

i. Combined Pill

1. GEMMILY (ORAL)

2. ICLEVIA (ORAL)

3. LOW-OGESTREL (ORAL)

4. MICROGESTIN 24 FE (ORAL)

5. NYMYO (ORAL)

6. TYBLUME (ORAL)

7. VESTURA (ORAL)

ii. Emergency Contraceptives

1. AFTERA OTC*

2. PLAN B ONE-STEP OTC*

3. TAKE ACTION OTC *

iii. Progestins Contraceptives- Transdermal

1. TWIRLA

2. ZAFEMY

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.

9. Hereditary Angioedema Agents

a. Preferred Products

i. BERINERT (INTRAVEN)*

ii. CINRYZE (INTRAVEN)*

iii. ICATIBANT (SUB-Q)*

iv. KALBITOR (SUB-Q)*

b. Moving to Non-Preferred

i. HAEGARDA (SUB-Q)*

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.

10. HIV-AIDs

a. Preferred Products

i. ABACAVIR SOLUTION (ORAL)*

ii. ABACAVIR TABLET (ORAL)*

iii. ABACAVIR/LAMIVUDINE (ORAL)*

- iv. ABACAVIR/LAMIVUDINE/ZIDOVUDINE (ORAL)*
- v. APTIVUS SOLUTION (ORAL)*
- vi. ATAZANAVIR (ORAL)*
- vii. BIKTARVY (ORAL)*
- viii. COMPLERA (ORAL)*
- ix. DELSTRIGO (ORAL)*
- x. DESCOVY (ORAL)*
- xi. DOVATO (ORAL)*
- xii. EDURANT (ORAL)*
- xiii. EFAVIRENZ CAPSULE (ORAL)*
- xiv. EFAVIRENZ TABLET (ORAL)*
- xv. EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)*
- xvi. EMTRICITABINE CAPSULE (ORAL)*
- xvii. EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)*
- xviii. EMTRIVA SOLUTION (ORAL)*
- xix. ETRAVIRINE (ORAL)*
- xx. EVOTAZ (ORAL)*
- xxi. FOSAMPRENAVIR TABLET (ORAL)*
- xxii. FUZEON (SUB-Q)*
- xxiii. GENVOYA (ORAL)*
- xxiv. ISENTRESS (ORAL)*
- xxv. ISENTRESS HD (ORAL)
- xxvi. ISENTRESS POWDER PACK (ORAL)*
- xxvii. ISENTRESS TAB CHEW (ORAL)*
- xxviii. JULUCA (ORAL)*
- xxix. LAMIVUDINE SOLUTION (ORAL)*
- xxx. LAMIVUDINE TABLET (ORAL)*
- xxxi. LAMIVUDINE-ZIDOVUDINE (ORAL)*
- xxxii. LEXIVA SUSPENSION (ORAL)*
- xxxiii. LOPINAVIR/RITONAVIR SOLUTION (ORAL)*
- xxxiv. LOPINAVIR/RITONAVIR TABLET (ORAL)*
- xxxv. MARAVIROC TABLET (ORAL)* (NEW)
- xxxvi. NEVIRAPINE ER (ORAL)*
- xxxvii. NEVIRAPINE ORAL SUSP (ORAL)*
- xxxviii. NEVIRAPINE TABLET (ORAL)*
- xxxix. NORVIR POWDER PACK (ORAL)*
 - xl. NORVIR SOLUTION (ORAL)*
 - xli. ODEFSEY (ORAL)*
 - xl. PIFELTRO (ORAL)*
 - xl. PREZCOBIX (ORAL)*
 - xl. PREZISTA (ORAL)*
 - xl. PREZISTA ORAL SUSP (ORAL)*
 - xlvi. REYATAZ POWDER PACK (ORAL)*
 - xl. RITONAVIR TABLET (ORAL)*
 - xl. SELZENTRY TABLET (ORAL)*
 - xl. STRIBILD (ORAL)*
 - l. SYMFI (ORAL)*

- li. SYMFI LO (ORAL)*
- lii. SYMTUZA (ORAL)*
- liii. TENOFOVIR DISOPROXIL FUMARATE (ORAL)*
- liv. TIVICAY (ORAL)*
- lv. TIVICAY PD SUSPENSION (ORAL)*
- lvi. TRIUMEQ (ORAL)*
- lvii. TRIUMEQ PD TAB SUSP (ORAL)*
- lviii. TRUVADA (ORAL)*
- lix. TYBOST (ORAL)*
- lx. VIREAD POWDER (ORAL)*
- lxi. ZIDOVUDINE CAPSULE (ORAL)*
- lxii. ZIDOVUDINE SYRUP (ORAL)*
- lxiii. ZIDOVUDINE TABLET (ORAL)*
- b. Moving to Non-Preferred
 - i. SELZENTRY TABLET (ORAL)*
 - ii. TRUVADA (ORAL)*
 - iii. VIREAD POWDER (ORAL)*
- 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. Leukotriene Modifiers

- a. Preferred Products
 - i. MONTELUKAST CHEWABLE TABLET (ORAL)*
 - ii. MONTELUKAST TABLET (ORAL)*
 - iii. MONTELUKAST GRANULES (ORAL)* - No PA required for children less than 4 years old
- 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. Movement Disorder Agents

- a. Preferred Products
 - i. AUSTEDO (ORAL)*
 - ii. AUSTEDO XR (ORAL) *
 - iii. INGREZZA (ORAL)*
- 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.

13. Phosphate Binders

- a. Preferred Products
 - i. CALCIUM ACETATE CAPSULE (ORAL)*
 - ii. CALCIUM ACETATE TABLET (ORAL)*
 - iii. CALCIUM ACETATE TABLET OTC (ORAL)
 - iv. SEVELAMER CARBONATE TABLET (AG) (ORAL)*
 - v. SEVELAMER CARBONATE TABLET (ORAL)*
- 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.

14. Sedative Hypnotics

- a. Preferred Products
 - i. ESZOPICLONE (ORAL)*
 - ii. ROZEREM (ORAL)*
 - iii. TEMAZEPAM (AG) (ORAL) – 15 mg and 30 mg capsules*
 - iv. TEMAZEPAM (ORAL) – 15 mg and 30 mg capsules*
 - v. ZOLPIDEM (ORAL)*
 - vi. ZOLPIDEM ER (ORAL)*
- 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.

15. Topical Steroids by Potency - Low, Medium, High, & Very High Potency

- a. Preferred Products
 - i. Low Potency
 - 1. DERMA-SMOOTH-FS (TOPICAL)*
 - 2. HYDROCORTISONE ACETATE CREAM OTC (TOPICAL)*
 - 3. HYDROCORTISONE ACETATE OINTMENT OTC (TOPICAL)*
 - 4. HYDROCORTISONE CREAM (RECTAL)*
 - 5. HYDROCORTISONE CREAM (TOPICAL)*
 - 6. HYDROCORTISONE CREAM OTC (TOPICAL)*
 - 7. HYDROCORTISONE LOTION (TOPICAL)*
 - 8. HYDROCORTISONE OINTMENT OTC (TOPICAL)*
 - 9. HYDROCORTISONE OINTMENT (TOPICAL)*
 - 10. HYDROCORTISONE-ALOE CREAM OTC (TOPICAL)
 - ii. Medium Potency
 - 1. FLUOCINOLONE ACETONIDE SOLUTION (TOPICAL) *
 - 2. FLUTICASONE PROPIONATE CREAM (TOPICAL)*
 - 3. FLUTICASONE PROPIONATE OINTMENT (TOPICAL)*
 - 4. MOMETASONE FUROATE CREAM (TOPICAL)*
 - 5. MOMETASONE FUROATE OINTMENT (TOPICAL)*

6. MOMETASONE FUROATE SOLUTION (TOPICAL)*
 7. ORALONE (DENTAL)*
 8. TRIAMCINOLONE PASTE (DENTAL)*
- iii. High Potency
1. BETAMET DIPROP / PROP GLY CREAM (TOPICAL)*
 2. BETAMETHASONE DIPROPIONATE CREAM (TOPICAL)*
 3. BETAMETHASONE DIPROPIONATE LOTION (TOPICAL)*
 4. BETAMETHASONE DIPROPIONATE OINTMENT (TOPICAL) *
 5. BETAMETHASONE VALERATE CREAM (TOPICAL)*
 6. BETAMETHASONE VALERATE LOTION (TOPICAL)*
 7. BET AMETHASONE VALERATE OINTMENT (TOPICAL)*
 8. FLUOCINONIDE CREAM (TOPICAL)*
 9. FLUOCINONIDE OINTMENT (TOPICAL)*
 10. FLUOCINONIDE SOLUTION (TOPICAL)*
 11. TRIAMCINOLONE ACETONIDE CREAM (TOPICAL)*
 12. TRIAMCINOLONE ACETONIDE LOTION (TOPICAL)*
 13. TRIAMCINOLONE ACETONIDE OINTMENT (TOPICAL)*
- iv. Very High Potency
1. CLOBETASOL EMOLLIENT (TOPICAL)*
 2. CLOBETASOL PROPIONATE CREAM (TOPICAL)*
 3. CLOBETASOL PROPIONATE GEL (TOPICAL)*
 4. CLOBETASOL PROPIONATE OINTMENT (TOPICAL)*
 5. CLOBETASOL PROPIONATE SOLUTION (TOPICAL)*
 6. CLOBETASOL SHAMPOO (TOPICAL)*
 7. HALOBETASOL PROPIONATE CREAM (TOPICAL)*
 8. HALOBETASOL PROPIONATE OINTMENT (TOPICAL)*
- 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.

New Drug Recommendations and Vote

1. Agamree (vamorolone) – Recommended Nonpreferred
2. Fabhalta (iptacopan) – Recommended Nonpreferred
3. Litfulo (ritlecitinib) – Excluded from coverage
4. Rezdiffra (Resmetirom) – Recommended Nonpreferred
5. Rivfloza (Nedosiran) – Recommended Nonpreferred
6. Spevigo (Spesolimab) – Recommended Nonpreferred
7. Voydeya (danicopan) – Recommended Nonpreferred
8. Wainua (Eplontersen) – Recommended Nonpreferred
9. Zilbrysq (Zilucoplan) – Recommended Nonpreferred

- a. 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.

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 January 1, 2025, to reflect the October 2024 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 Meetings are:

January 29, 2025

Please contact me at your convenience if you have any questions. I can be reached by email at Suzanne.Berman@azahcccs.gov.