ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

MEMO

Date: October 30, 2025
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 22, 2025, AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were twenty 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, 2026. 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 List designates 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 2025 meeting, the effective date is January 1, 2026.

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.

NON-SUPPLEMENTAL REBATE CLASS REVIEWS: HIND DOUIKI, PHARMD, PRIME THERAPEUTICS

1. **Analgesics Narcotics, Short Acting**
    a. Public Testimony: None
2. **Angiotensin Modulators**
    a. Public Testimony: None
3. **Angiotensin Modulator Combinations**
    a. Public Testimony: None
4. **Anticonvulsants**
    a. Public Testimony: None
5. **Antifungals, Oral**
    a. Public Testimony: None
6. **Antifungals, Topical**
    a. Public Testimony: None
7. **Antihistamines, Minimally Sedating**
    a. Public Testimony: None
8. **Antimigraine, Triptans**
    a. Public Testimony – Oral:
        i. Asma Sikder
9. **Beta Blockers**
    a. Public Testimony: None
10. **BPH Treatments**
    a. Public Testimony: None
11. **Calcium Channel Blockers**
    a. Public Testimony: None
12. **Contraceptives, Oral**
    a. Public Testimony: None
13. **Contraceptives, Other**
    a. Public Testimony: None
14. **Hypoglycemics, DPP4s**
    a. Public Testimony: None
15. **Intranasal Rhinitis Agents**
    a. Public Testimony: None
16. **Lipotropics, Statins**
    a. Public Testimony: None
17. **Lipotropics, Other**
    a. Public Testimony: None
18. **Ophthalmics, Glaucoma Agents**
    a. Public Testimony: None
19. **Phosphate Binders**
    a. Public Testimony: None
20. **Proton Pump Inhibitors**
    a. Public Testimony: None

New Drug Reviews Hind Douiki, PHARMD, PRIME THERAPEUTICS

1. **Journavx**
    a. **Public Testimony - Oral**
        i. **Jessica Jay**
2. **Ryzneuta**
3. **Orlynvah**

Public Therapeutic Class Votes:

- **Products currently included on the AHCCCS approved drug list are noted with an asterisk (*)+**

1. **Analgesics Narcotics, Short Acting**
    a. Preferred Products - (Note: Class not previously reviewed)
        i. APAP / CODEINE ELIXIR (ORAL)*
        ii. APAP / CODEINE TABLET (ORAL)*
        iii. HYDROCODONE / APAP SOLUTION (ORAL)*
        iv. HYDROCODONE / APAP TABLET (ORAL)*
        v. HYDROMORPHONE TABLET (ORAL)*
        vi. MORPHINE IR TABLET (ORAL)*
        vii. MORPHINE SOLUTION (AG) (ORAL)*
        viii. MORPHINE SOLUTION (ORAL)*
        ix. OXYCODONE / APAP TABLET (ORAL)*
        x. OXYCODONE SOLUTION (ORAL)*
        xi. OXYCODONE TABLET (ORAL)*
        xii. TRAMADOL (ORAL)*
        xiii. TRAMADOL / APAP (ORAL) (new)
    b. Remaining Agents are recommended non-preferred.
    c. Grandfathering does not apply

2. **Angiotensin Modulators**
    a. Preferred Products – (Note: Class not previously reviewed)
        i. BENAZEPRIL (ORAL)*
        ii. BENAZEPRIL HCTZ (ORAL) (new)
        iii. ENALAPRIL (ORAL)*
        iv. ENALAPRIL HCTZ (ORAL)*
        v. ENALAPRIL SOLUTION (AG) (ORAL)*
        vi. ENALAPRIL SOLUTION (ORAL)*
        vii. IRBESARTAN (ORAL)*
        viii. IRBESARTAN HCTZ (ORAL) (new)
        ix. LISINOPRIL (ORAL)*
        x. LISINOPRIL HCTZ (ORAL)*
        xi. LOSARTAN (ORAL)*
        xii. LOSARTAN HCTZ (ORAL)*
        xiii. RAMIPRIL (ORAL)*
        xiv. SACUBITRIL / VALSARTAN TABLET (ORAL) (new)

xv. TELMISARTAN (ORAL) (new)
xvi. VALSARTAN (ORAL)*
xvii. VALSARTAN HCTZ (ORAL)*

b. Remaining Agents are recommended non-preferred.
c. Grandfathering does not apply

3. Angiotensin Modulator Combinations

a. Preferred Products- (Note: Class not previously reviewed)
i. AMLODIPINE / BENAZEPRIL (ORAL) (new)
ii. AMLODIPINE / VALSARTAN (ORAL) (new)
b. Remaining Agents are recommended non-preferred.
c. Grandfathering does not apply

4. Anticonvulsants

a. Preferred Products
i. BRIVIACT SOLUTION (ORAL) (new)
ii. BRIVIACT TABLET (ORAL) (new)
iii. CARBAMAZEPINE 100MG CHEWABLE TABLET (ORAL)*
iv. CARBAMAZEPINE ER (CARBATROL) (ORAL)*
v. CARBAMAZEPINE SUSPENSION (ORAL)*
vi. CARBAMAZEPINE TABLET (ORAL)*
vii. CARBAMAZEPINE XR (ORAL)*
viii. CELONTIN (ORAL)*
ix. CLOBAZAM SUSPENSION (ORAL)*
x. CLOBAZAM TABLET (ORAL)*
xi. CLONAZEPAM (ORAL)*
xii. CLONAZEPAM ODT (ORAL)*
xiii. DIAZEPAM DEVICE (RECTAL)*
xiv. DILANTIN 30 MG CAPSULE (ORAL)*
xv. DIVALPROEX ER (ORAL)*
xvi. DIVALPROEX SPRINKLE (ORAL)*
xvii. DIVALPROEX TABLET (ORAL)*
xviii. EPIDIOLEX (ORAL)*
xix. ETHOSUXIMIDE CAPSULE (ORAL)*
xx. ETHOSUXIMIDE SYRUP (ORAL)*
xxi. FELBAMATE SUSPENSION (ORAL)*
xxii. FELBAMATE TABLET (ORAL)*
xxiii. FYCOMPA SUSPENSION (ORAL)
xxiv. FYCOMPA TABLET (ORAL)*
xxv. LACOSAMIDE SOLUTION (ORAL)*
xxvi. LACOSAMIDE TABLET (ORAL)*
xxvii. LAMOTRIGINE DISPERSIBLE TABLET (ORAL)*
xxviii. LAMOTRIGINE ODT (ORAL)*
xxix. LAMOTRIGINE TABLET (ORAL)*
xxx. LAMOTRIGINE XR (ORAL)*

xxxi. LEVETIRACETAM ER (ORAL)*
xxxii. LEVETIRACETAM SOLUTION (ORAL)*
xxxiii. LEVETIRACETAM TABLETS (ORAL)*
xxxiv. NAYZILAM (NASAL)*
xxxv. OXCARBAZEPINE SUSPENSION (ORAL)*
xxxvi. OXCARBAZEPINE TABLETS (ORAL)*
xxxvii. PHENOBARBITAL ELIXIR (ORAL)*
xxxviii. PHENOBARBITAL TABLET (ORAL)*
xxxix. PHENYTOIN CAPSULE (ORAL)*
xl. PHENYTOIN CHEWABLE TABLET (ORAL)*
xli. PHENYTOIN EXT CAPSULE (GENERIC PHENYTEK) (ORAL)*
xlii. PHENYTOIN SUSPENSION (AG) (ORAL)*
xliii. PHENYTOIN SUSPENSION (ORAL)*
xliv. PRIMIDONE (ORAL)*
xlv. RUFINAMIDE SUSPENSION (ORAL)* (new)
xlvi. RUFINAMIDE TABLET (ORAL)*
xlvii. TIAGABINE (ORAL)*
xlviii. TOPIRAMATE ER (QUDEXY) (AG) (ORAL)*
xlix. TOPIRAMATE ER (QUDEXY) (ORAL)*
l. TOPIRAMATE SPRINKLE (ORAL)*
li. TOPIRAMATE TABLETS (ORAL)*
lii. TRILEPTAL SUSPENSION (ORAL)*
liii. TROKENDI XR (ORAL)*
liv. VALPROIC ACID CAPSULE (ORAL)*
lv. VALPROIC ACID SOLUTION (ORAL)
lvi. VALTOCO (NASAL)*
lvii. XCOPRI TABLET (ORAL)*
lviii. XCOPRI TITRATION PAK (ORAL)*
lix. ZONISADE SUSPENSION (ORAL) (new)
lx. ZONISAMIDE (ORAL)*

b. Moving to non-preferred
   i. BANZEL SUSPENSION (ORAL)*
   ii. BANZEL TABLET (ORAL)*
   iii. CARBAMAZEPINE 200MG CHEWABLE TABLET (ORAL)*
   iv. CARBATROL (ORAL)*
   v. DIAZEPAM (AG) (RECTAL)*
   vi. DIAZEPAM DEVICE (AG) (RECTAL)*
   vii. TOPIRAMATE 50 MG SPRINKLE (ORAL)*
c. Grandfathering does not apply

5. 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. POSACONAZOLE TABLET (AG) (ORAL) (new)
ix. POSACONAZOLE TABLET (ORAL) (new)
x. TERBINAFINE (ORAL)*
xi. VFEND SUSPENSION (ORAL)*
xii. VORICONAZOLE TABLETS (ORAL)*

b. Grandfathering does not apply

6. Antifungals, Topical

a. Preferred Products
i. CICLOPIROX CREAM (TOPICAL)*
ii. CICLOPIROX SOLUTION (TOPICAL)*
iii. CLOTRIMAZOLE CREAM OTC (TOPICAL)*
iv. CLOTRIMAZOLE CREAM RX (TOPICAL)*
v. CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)*
vi. KETOCONAZOLE CREAM (TOPICAL)*
vii. KETOCONAZOLE SHAMPOO (TOPICAL)*
viii. LOTRIMIN ULTRA OTC (TOPICAL)*
ix. MICONAZOLE CREAM OTC (TOPICAL)*
x. MICONAZOLE POWDER OTC (TOPICAL)*
xi. NYSTATIN CREAM (TOPICAL)*
xii. NYSTATIN OINT (TOPICAL)*
xiii. NYSTATIN POWDER (TOPICAL)*
xiv. TERBINAFINE CREAM OTC (TOPICAL)*
xv. TOLNAFTATE AERO POWDER OTC (TOPICAL)*
xvi. TOLNAFTATE CREAM OTC (TOPICAL)*
xvii. TOLNAFTATE POWDER OTC (TOPICAL)*

b. Grandfathering does not apply

7. Antihistamines, Minimally Sedating

a. Preferred Products – (Note: Class not previously reviewed)
i. CETIRIZINE SOLUTION (ORAL)*
ii. CETIRIZINE SOLUTION OTC (ORAL) (new)
iii. CETIRIZINE TABLETS OTC (ORAL) (new)
iv. FEXOFENADINE 60, 180 MG OTC (ORAL) (new)
v. LEVOCETIRIZINE TABLETS (ORAL) (new)
vi. LORATADINE CHEW OTC (ORAL) (new)
vii. LORATADINE SOLUTION OTC (ORAL) (new)
viii. LORATADINE TABLETS OTC (ORAL) (new)

b. Remaining agents are recommended Nonpreferred.
c. Grandfathering does not apply

8. **Antimigraine, Triptans**
    a. Preferred Products
        i. ELETRIPTAN (ORAL)*
        ii. NARATRIPTAN (ORAL)*
        iii. RIZATRIPTAN ODT (ORAL)*
        iv. RIZATRIPTAN TABLET (ORAL)*
        v. SUMATRIPTAN (AG) (NASAL)*
        vi. SUMATRIPTAN (NASAL)*
        vii. SUMATRIPTAN (ORAL)*
        viii. SUMATRIPTAN KIT (AG) (SUBCUTANE.) *
        ix. SUMATRIPTAN KIT (SUBCUTANE.) *
        x. SUMATRIPTAN VIAL (SUBCUTANE.) *
        xi. ZOLMITRIPTAN ODT (ORAL)*
        xii. ZOLMITRIPTAN TABLET (ORAL)*
    b. Moving to non-preferred
        i. ZOMIG (NASAL)*
    c. Grandfathering does not apply

9. **Beta Blockers**
    a. Preferred Products
        i. ATENOLOL (ORAL)*
        ii. ATENOLOL/CHLORTHALIDONE (ORAL)*
        iii. BISOPROLOL (ORAL)*
        iv. BISOPROLOL HCTZ (ORAL)*
        v. CARVEDILOL (ORAL)*
        vi. HEMANGEOL (ORAL) (new) - PA Required for > ten years of age.
        vii. LABETALOL (ORAL)*
        viii. METOPROLOL (ORAL)*
        ix. METOPROLOL / HCTZ (ORAL)*
        x. METOPROLOL XL (ORAL)*
        xi. NADOLOL (ORAL)*
        xii. NEBIVOLOL (ORAL)*
        xiii. PROPRANOLOL / HCTZ (ORAL)*
        xiv. PROPRANOLOL ER (ORAL)*
        xv. PROPRANOLOL SOLUTION (ORAL)*
        xvi. PROPRANOLOL TABLET (ORAL)*
        xvii. SOTALOL (ORAL)*
    b. Grandfathering does not apply

10. **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. Grandfathering does not apply

11. 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)* PA Required for > ten years of age
vi. NIFEDIPINE ER (ORAL)*
vii. NIFEDIPINE IR (ORAL)*
viii. VERAPAMIL CAPSULE ER (ORAL)*
ix. VERAPAMIL TABLET (ORAL)*
x. VERAPAMIL TABLET ER (ORAL)*

b. Grandfathering does not apply

12. Contraceptives, Oral

a. Preferred Products
i. AFIRMELLE (ORAL)*
ii. ALTAVERA (ORAL)
iii. ALYACEN MONOPHASIC (ORAL)
iv. ALYACEN TRIPHASIC (ORAL)
v. AMETHIA (ORAL)*
vi. APRI (ORAL)*
vii. AUBRA (ORAL)*
viii. AUBRA EQ (ORAL)
ix. AUROVELA (ORAL)
x. AUROVELA 24 FE (ORAL)
xi. AUROVELA FE (ORAL)
xii. AVIANE (ORAL)
xiii. AYUNA (ORAL)
xiv. AZURETTE (ORAL)*
xv. BALZIVA (ORAL)*
xvi. BLISOVI 24 FE (ORAL)
xvii. BLISOVI FE (ORAL)
xviii. BRIELLYN (ORAL)
xix. CAMILA (ORAL)*
xx. CAMRESE (ORAL)
xxi. CAMRESE LO (ORAL)
xxii. CHATEAL EQ (ORAL)
xxiii. CRYSELLE (ORAL)*

xxiv. CYRED (ORAL)
xxv. DASETTA MONOPHASIC (ORAL)
xxvi. DASETTA TRIPHASIC (ORAL)
xxvii. DEBLITANE (ORAL)
xxviii. DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE (ORAL) (new)
xxix. ELINEST (ORAL)
xxx. ELLA (ORAL)
xxxi. ENPRESSE (ORAL)*
xxxii. ENSKYCE (ORAL)
xxxiii. ERRIN (ORAL)
xxxiv. ESTARYLLA (ORAL)*
xxxv. ETHINYL ESTRADIOL/DROSPIRENONE (ORAL)*
xxxvi. ETHYNODIOL D-ETHINYL ESTRADIOL (ORAL)
xxxvii. FALMINA (ORAL)
xxxviii. HAILEY 24 FE (ORAL)
xxxix. HAILEY FE (ORAL)
xl. HAILEY TABLET (ORAL)
xli. HEATHER (ORAL)
xlii. ISIBLOOM (ORAL)
xliii. JAIMIESS (ORAL)
xliv. JASMIEL (ORAL)
xlv. JENCYCLA (ORAL)
xlvi. JULEBER (ORAL)
xlvii. JUNEL (ORAL)
xlviii. JUNEL FE (ORAL)*
xlix. JUNEL FE 24 (ORAL)
l. KAITLIB FE (ORAL)*
li. KARIVA (ORAL)
lii. KELNOR (ORAL)
liii. KELNOR 1-35 (ORAL)*
liv. KELNOR 1-50 (ORAL)
lv. KURVELO (ORAL)
lvi. LARIN (ORAL)
lvii. LARIN 24 FE (ORAL)
lviii. LARIN FE (ORAL)
lix. LESSINA (ORAL)
lx. LEVONEST (ORAL)
lxi. LEVONORGESTREL/ETHINYL ESTRADIOL EXTENDED CYCLE (ORAL)
lxii. LEVONORGESTREL/ETHINYL ESTRADIOL MONOPHASIC (LUPIN) (ORAL)
lxiii. LEVONORGESTREL/ETHINYL ESTRADIOL MONOPHASIC (MYLAN) (ORAL)
lxiv. LEVONORGESTREL/ETHINYL ESTRADIOL TRIPHASIC (ORAL)*
lxv. LORYNA (ORAL)
lxvi. LO-ZUMANDIMINE (ORAL)
lxvii. LUTERA (ORAL)
lxviii. MARLISSA (ORAL)

lxix. MICROGESTIN (ORAL)
lxx. MICROGESTIN FE (ORAL)
lxxi. MILI (ORAL)
lxxii. MY CHOICE OTC (ORAL)*
lxxiii. NECON MONOPHASIC (ORAL)*
lxxiv. NEW DAY OTC (ORAL)
lxxv. NIKKI (ORAL)
lxxvi. NORETHINDRONE (ORAL)*
lxxvii. NORETHINDRONE/ETHINYL ESTRADIOL (ORAL)*
lxxviii. NORETHINDRONE/ETHINYL ESTRADIOL FE MONOPHASIC (FEMCON FE) (ORAL)
lxxix. NORETHINDRONE/ETHINYL ESTRADIOL FE MONOPHASIC (GENERESS)(ORAL)
lxxx. NORGESTIMATE/ETHINYL ESTRADIOL MONOPHASIC (ORAL)*
lxxxi. NORGESTIMATE/ETHINYL ESTRADIOL TRIPHASIC (ORAL)*
lxxxii. NORTREL MONOPHASIC (ORAL)
lxxxiii. NORTREL TRIPHASIC (ORAL)
lxxxiv. NYLIA (ORAL) (new)
lxxxv. OPILL OTC (ORAL)*
lxxxvi. OPTION 2 OTC (ORAL)*
lxxxvii. PHILITH (ORAL)
lxxxviii. PIMTREA (ORAL)
lxxxix. PORTIA (ORAL)
xc. RECLIPSEN (ORAL)
xci. SETLAKIN (ORAL)
xcii. SHAROBEL (ORAL)
xciii. SIMPESSE (ORAL)
xciv. SPRINTEC (ORAL)
xcv. SYEDA (ORAL)
xcvi. TARINA 24 FE (ORAL)
xcvii. TARINA FE 1-20 EQ (ORAL)
xcviii. TILIA FE (ORAL) (new)
xcix. TRI-ESTARYLLA (ORAL)
c. TRI-LO-ESTARYLLA (ORAL)
ci. TRI-LO-MARZIA (ORAL)
cii. TRI-LO-MILI (ORAL)
ciii. TRI-LO-SPRINTEC (ORAL)
civ. TRI-MILI (ORAL)
cv. TRI-SPRINTEC (ORAL)
cvi. TRI-VYLIBRA (ORAL)
cvii. TRI-VYLIBRA LO (ORAL)
cviii. TYBLUME (ORAL)*
cix. VELIVET (ORAL)
cx. VIENVA (ORAL)
cxi. VIORELE (ORAL)
cxii. VOLNEA (ORAL)
cxiii. VYLIBRA (ORAL)

cxiv. WERA (ORAL)
cxv. ZOVIA (ORAL)
cxvi. ZUMANDIMINE (ORAL)

b. Moving to non-preferred
   i. AMETHYST (ORAL)*
   ii. ARANELLE (ORAL)
   iii. DESOGESTREL/ETHINYL ESTRADIOL (ORAL)*
   iv. ETHYNODIOL/ETHINYL ESTRADIOL (ORAL)*
   v. FEMLYV ODT (ORAL)*
   vi. ICLEVIA (ORAL)
   vii. INTROVALE (ORAL)
   viii. LEVONORGESTREL OTC (ORAL)*
   ix. LEVONORGESTREL/ETHINYL ESTRADIOL (LYBREL) (ORAL)
   x. MY WAY OTC (ORAL)
   xi. NORETHINDRONE/ETHINYL ESTRADIOL FE (ORAL)*
   xii. SIMLIYA (ORAL)
   xiii. SRONYX (ORAL)
   xiv. TARINA FE (ORAL)
   xv. TRI-LEGEST FE (ORAL)
   xvi. VYFEMLA (ORAL)
   xvii. ZARAH (ORAL)
c. Grandfathering does not apply

13. Contraceptives, Other

a. Vaginal
   i. Preferred Products
      1. ETONOGESTREL/ETHINYL ESTRADIOL RING (VAGINAL)* (new)
   ii. Moving to non-preferred
      1. NUVARING (VAGINAL)*
b. Progestin IUD
   i. Preferred Products
      1. KYLEENA (INTRAUTERI)*
      2. LILETTA (INTRAUTERI)*
      3. MIRENA (INTRAUTERI)*
      4. SKYLA (INTRAUTERI)*
c. Copper IUD
   i. Preferred Products
      1. PARAGARD T 380-A (INTRAUTERI)*
d. Implants
   i. Preferred Products
      1. NEXPLANON (SUBCUTANEOUS)*
e. Injectable
   i. Preferred Products
      1. MEDROXYPROGESTERONE ACETATE DISP SYRINGE (AG) (INTRAMUSC)* (new)

2. MEDROXYPROGESTERONE ACETATE DISP SYRINGE (INTRAMUSC)*
3. MEDROXYPROGESTERONE ACETATE VIAL (AG) (INTRAMUSC)*
4. MEDROXYPROGESTERONE ACETATE VIAL (INTRAMUSC)*

f. Transdermal
   i. Preferred Product
      1. ZAFEMY (TRANSDERM) (new)
   ii. Moving to non-preferred
      1. XULANE (TRANSDERM)
g. Grandfathering does not apply

14. Hypoglycemics, DPP4s

a. Preferred Products
   i. ALOGLIPTIN (AG) (ORAL)*
   ii. ALOGLIPTIN/METFORMIN (AG) (ORAL)*
   iii. ALOGLIPTIN/PIOGLITAZONE (AG) (ORAL)*
   iv. JANUMET (ORAL)*
   v. JANUMET XR (ORAL)*
   vi. JANUVIA* (ORAL)
   vii. JENTADUETO (ORAL)*
   viii. KOMBIGLYZE XR*
   ix. KAZANO (ORAL)
   x. TRADJENTA (ORAL)*
   xi. TRIJARDY XR (ORAL)*
b. Moving to non-preferred
   i. JENTADUETO XR (ORAL)*
c. Grandfathering does not apply

15. Intranasal Rhinitis Agents

a. Preferred Products – (Note: Class not previously reviewed)
   i. AZELASTINE (ASTELIN) (NASAL)* (new)
   ii. FLUTICASONE (NASAL)* (new)
   iii. FLUTICASONE OTC (NASAL) (new)
   iv. IPRATROPIUM (NASAL)* (new)
   v. TRIAMCINOLONE OTC (NASAL)
b. Remaining agents are recommended non-preferred.
c. Grandfathering does not apply

16. Lipotropics, Statins

a. Preferred Products
   i. ATORVASTATIN (ORAL)*
   ii. LOVASTATIN (ORAL)*
   iii. PRAVASTATIN (ORAL)*
   iv. ROSUVASTATIN (ORAL)*
   v. SIMVASTATIN TABLET (ORAL)*
b. Moving to non-preferred

i. FLOLIPID (ORAL)

c. Grandfathering does not apply

17. Lipotropics, Other

a. Preferred Products
   i. CHOLESTYRAMINE/ASPARTAME (ORAL)
   ii. CHOLESTYRAMINE/SUCROSE (ORAL)
   iii. COLESTIPOL TABLET (ORAL)*
   iv. EZETIMIBE (ORAL)*
   v. FENOFIBRATE CAPSULE (LOFIBRA) (ORAL)
   vi. FENOFIBRATE TABLET (LOFIBRA) (ORAL)*
   vii. FENOFIBRATE TABLET (TRICOR) (ORAL)*
   viii. GEMFIBROZIL (ORAL)*
   ix. NIACIN CAPSULE ER OTC (ORAL)
   x. NIACIN TABLET ER OTC (ORAL)
   xi. NIACIN TABLET OTC (ORAL) (new)
   xii. OMEGA-3 (OTC) (new)

b. Moving to non-preferred
   i. ICOSAPENT ETHYL (ORAL)

c. Grandfathering applies

18. Ophthalmics, Glaucoma Agents

a. Preferred Products- (Note: Class not previously reviewed)
   i. BIMATOPROST 2.5ML (OPHTHALMIC)
   ii. BIMATOPROST 5ML (OPHTHALMIC)
   iii. BRIMONIDINE 0.2% (OPHTHALMIC)
   iv. DORZOLAMIDE (OPHTHALMIC)*
   v. DORZOLAMIDE / TIMOLOL (OPHTHALMIC)*
   vi. LATANOPROST 2.5 ML (OPHTHALMIC)*
   vii. TIMOLOL (OPHTHALMIC)*
   viii. TRAVOPROST 2.5 ML (OPHTHALMIC)*
   ix. TRAVOPROST 5 ML (OPHTHALMIC)*

b. Remaining Agents are recommended non-preferred.

c. Grandfathering applies

19. Phosphate Binders

a. Preferred Products
   i. AURYXIA (ORAL) (new)
   ii. CALCIUM ACETATE CAPSULE (ORAL)*
   iii. CALCIUM ACETATE TABLET OTC (ORAL)
   iv. LANTHANUM CARBONATE CHEWABLE TABLET (ORAL) (new)
   v. SEVELAMER CARBONATE TABLET (ORAL)*

b. Moving to non-preferred
   i. CALCIUM ACETATE TABLET (ORAL)*

c. Grandfathering does not apply

20. Proton Pump Inhibitors

a. Preferred Products
   i. ESOMEPRAZOLE CAPSULES (ORAL)* (new)
   ii. ESOMEPRAZOLE CAPSULES OTC (ORAL) (new)
   iii. ESOMEPRAZOLE SUSPENSION (ORAL)
   iv. LANSOPRAZOLE CAPSULES (ORAL)
   v. LANSOPRAZOLE SOLUTAB (ORAL)*
   vi. LANSOPRAZOLE SOLUTAB OTC (ORAL) (new)
   vii. OMEPRAZOLE (ORAL)*
   viii. PANTOPRAZOLE (ORAL)*
   ix. PANTOPRAZOLE SUSPENSION (ORAL) (new)

b. Moving to non-preferred
   i. OMEPRAZOLE / SODIUM BICARBONATE OTC (ORAL)
   ii. PROTONIX SUSPENSION (ORAL)

c. Grandfathering does not apply

The committee voted on all above Non-Supplemental rebate class 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

1. **Journavx**
2. **Ryzneuta**
3. **Orlynvah**

1. The recommendations for all of the New Drugs are non-preferred.
2. The committee voted on the above recommendations.
   a. All present committee members voted in favor of the recommendations.
   b. No committee members voted against the recommendations.
   c. No committee members abstained.
3. All CMS Covered Outpatient Drugs not listed on the AHCCCS Drug List may be eligible for coverage through the prior authorization process based on medical necessity.

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, 2026, to reflect the October 22, 2025 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 two AHCCCS P&T Committee Meetings are: January 13, 2026, May 19, 2026, October 7, 2026

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