

Date: January 28, 2022

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 January 19, 2022, AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were nineteen non-supplemental rebate classes and twelve new drugs reviewed. The preferred agent recommendations for each of the classes have been accepted by AHCCCS and will be effective beginning on April 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 January 2022 meeting, the effective date is April 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 non-supplemental classes and twelve new drugs. 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:

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 the approved January 19, 2022, and it will be listed under the Meeting Documents.

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

Non-Supplemental Class Votes

1. Androgenic Agents- No Changes
 - a. Preferred Products
 - i. ANDROGEL GEL PUMP (TRANSDERM)
 - ii. ANDRODERM (TRANSDERM)
 - iii. ANDROGEL GEL PACKET (TRANSDERM.)
 - b. Grandfathering-N/A
 - 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. Antidepressants, Others – No Changes
 - a. Preferred Products
 - i. BUPROPION (ORAL)
 - ii. BUPROPION SR (ORAL)
 - iii. BUPROPION XL (ORAL)
 - iv. MIRTAZAPINE TABLET (ORAL)
 - v. MIRTAZAPINE ODT (ORAL)
 - vi. SPRAVATO (NASAL)
 - vii. TRAZODONE (ORAL)
 - viii. VENLAFAXINE ER CAPSULES (ORAL)
 - ix. VENLAFAXINE (ORAL)
 - b. Grandfathering-N/A
 - 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.

3. Antidepressants, SSRIs – No Changes
 - a. Preferred Products
 - i. CITALOPRAM SOLUTION (ORAL)
 - ii. CITALOPRAM TABLET (ORAL)
 - iii. ESCITALOPRAM TABLET (ORAL)
 - iv. FLUOXETINE CAPSULE (ORAL)
 - v. FLUOXETINE SOLUTION (ORAL)
 - vi. FLUVOXAMINE (ORAL)
 - vii. PAROXETINE TABLET (ORAL)
 - viii. SERTRALINE CONC (ORAL)
 - ix. SERTRALINE TABLET (ORAL)
 - b. Grandfathering-N/A
 - 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.

- 4. Antivirals - Topical
 - a. Preferred Products
 - i. DOCOSANOL OTC (TOPICAL)
 - ii. ZOVIRAX CREAM (TOPICAL) (New)
 - iii. ZOVIRAX OINTMENT (TOPICAL) (New)
 - b. Non-Preferred
 - i. ACYCLOVIR OINTMENT (TOPICAL)
 - c. Grandfathering-N/A
 - d. 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. Bone Resorption Suppression Agents – No Changes
 - a. Preferred Products
 - i. ALENDRONATE SOLUTION (ORAL)
 - ii. ALENDRONATE TABLETS (ORAL)
 - iii. CALCITONIN SALMON (NASAL)
 - iv. FORTEO (SUBCUTANE.) with PA
 - v. IBANDRONATE TABLETS (ORAL)
 - vi. PROLIA (SUBCUTANE.) with PA
 - vii. RALOXIFENE (AG) (ORAL)
 - b. Grandfathering-N/A
 - 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.

- 6. Bronchodilators, Beta Agonists – No Changes
 - a. Preferred Products
 - i. Long-Acting Agents
 - 1. SEREVENT (INHALATION)
 - ii. Nebulized Agents
 - 1. ALBUTEROL NEB SOLN 0.63, 1.25 MG (INHALATION)
 - 2. ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION)
 - 3. ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)
 - 4. ALBUTEROL NEB SOLN 2.5 MG/3 ML (INHALATION)
 - iii. Oral Agents
 - 1. ALBUTEROL SYRUP (ORAL)
 - iv. Short-Acting Agents
 - 1. PROAIR HFA (INHALATION)
 - b. Grandfathering-N/A
 - 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.

7. Colony Stimulating Factors – No Changes
 - a. Preferred Products
 - i. FULPHILA (SUBCUTANEOUS)
 - ii. NEUPOGEN DISP SYRIN (INJECTION)
 - iii. NEUPOGEN VIAL (INJECTION)
 - iv. NIVESTYM SYRINGE (SUBCUTANEOUS)
 - v. NYVEPRIA (SUBCUTANEOUS)
 - vi. UDENYCA (SUBCUTANEOUS)
 - b. Grandfathering-N/A
 - 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.

8. Enzyme Replacement, Gaucher Disease – No Changes
 - a. Preferred Products
 - i. CERDELGA (ORAL)
 - ii. CEREZYME 400 UNITS (INTRAVEN)
 - iii. ELELYSO (INTRAVEN)
 - iv. MIGLUSTAT (AG) (ORAL)
 - v. VPRIV 400 UNITS (INTRAVEN)
 - b. Grandfathering-N/A
 - 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. Erythropoiesis Stimulating Proteins – No Changes
 - a. Preferred Products
 - i. RETACRIT (INJECTION)
 - b. Grandfathering-N/A
 - 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. Hypoglycemics, Alpha-Glucosidase Inhibitors – No Changes
 - a. Preferred Products
 - i. ACARBOSE (ORAL)
 - b. Grandfathering-N/A
 - 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. Hypoglycemics, Metformins – No Changes

- a. Preferred Products
 - i. GLYBURIDE-METFORMIN (ORAL)
 - ii. METFORMIN (ORAL)
 - iii. METFORMIN ER (GLUCOPHAGE XR) (ORAL)
- b. Grandfathering-N/A
- 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.

12. Hypoglycemics, SGLT2s – No Changes

- a. Preferred Products
 - i. FARXIGA (ORAL)
 - ii. INVOKANA (ORAL)
 - iii. INVOKAMET (ORAL)
 - iv. JARDIANCE (ORAL)
 - v. SYNJARDY (ORAL)
 - vi. XIGDUO XR (ORAL)
- b. Grandfathering-N/A
- 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.

13. Immune Globulins – No Changes

- a. Preferred Products
 - i. FLEBOGAMMA DIF (INTRAVEN)
 - ii. GAMMAGARD LIQUID (INJECTION)
 - iii. GAMMAGARD S-D (INTRAVEN)
 - iv. GAMMAKED (INTRAVEN)
 - v. GAMUNEX-C (INJECTION)
 - vi. HIZENTRA VIAL (SUBCUT.)
 - vii. HIZENTRA SYRINGE (SUBCUTANEOUS)
 - viii. PRIVIGEN (INTRAVEN)
- b. Grandfathering-N/A
- 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.

14. Oral Oncology, Oral, Hematologic - Brand/Generic - No Changes

- a. Preferred Products
 - i. ALKERAN (ORAL)
 - ii. GLEEVEC (ORAL)
 - iii. HYDROXYUREA (ORAL)
 - iv. MATULANE (ORAL)

- v. MERCAPTOPYRINE (ORAL)
- vi. TRETINOIN (ORAL)
- b. Grandfathering-N/A
- 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.

15. Ophthalmics, Anti-Inflammatory Products – No Changes

- a. Preferred Products
 - i. RESTASIS (OPHTHALMIC)
- b. Grandfathering-N/A
- 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.

16. Otic Antibiotics – No Changes

- a. Preferred Products
 - i. CIPRO HC (NEW)
 - ii. CIPRODEX (OTIC)
 - iii. CIPROFLOXACIN (OTIC)
 - iv. NEOMYCIN/POLYMYXIN/HCSOLN/SUSP (OTIC)
 - v. NEOMYCIN/POLYMYXIN/HCSOLN/SUSP AG (OTIC)
 - vi. OFLOXACIN (OTIC)
- b. Grandfathering-N/A
- 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.

17. Pulmonary Atrial Hypertension (PAH) Agents – No Changes

- a. Preferred Products
 - i. ADCIRCA (ORAL)
 - ii. LETAIRIS (ORAL)
 - iii. REVATIO SUSPENSION (ORAL)
 - iv. SILDENAFIL TABLET (ORAL)
 - v. TRACLEER TABLET (ORAL)
- b. Grandfathering-N/A
- 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.

18. Thrombopoiesis Stimulating Proteins – No Changes

- a. Preferred Products
 - i. NPLATE (SUB-Q)

- ii. PROMACTA TABLET (ORAL)
- b. Grandfathering-N/A
- 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.

19. Ulcerative Colitis Agents

- a. Preferred Products
 - i. APRISO (ORAL)
 - ii. ASACOL HD (ORAL) (New)
 - iii. CANASA (RECTAL)
 - iv. DELZICOL (ORAL)
 - v. LIALDA (ORAL)
 - vi. PENTASA (ORAL)
 - vii. SFROWASA (RECTAL)
 - viii. SULFASALAZINE (AG) (ORAL)
 - ix. SULFASALAZINE (ORAL)
 - x. SULFASALAZINE DR (AG) (ORAL)
- b. Grandfathering-N/A
- 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

New Drug Recommendations and Vote-

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

- 1. Azstarys
 - a. Recommendation is Non-Preferred
 - 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. Bylvay
 - a. Recommendation is Non-Preferred
 - 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. Kerendia
 - a. Recommendation is Preferred with Prior Authorization
 - 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. Livmarli

- a. Recommendation is Non-Preferred
 - 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. Livtency
 - a. Recommendation is Preferred with PA required
 - 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. Lybalvi
 - a. Recommendation is Non-Preferred/Class Review in May
 - 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. Opzelura-
 - a. Recommendation is Non-Preferred/Class Review in May
 - 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. Qulipta
 - a. Recommendation is Non-Preferred
 - 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. Rezurock
 - a. Recommendation is Preferred with PA Required
 - 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. Skytrofa
 - a. Recommendation is Non-Preferred/Class Review in May
 - 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. Tavneos
 - a. Recommendation is Non-Preferred
 - 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. Tyrvaya
 - a. Recommendation is Non-Preferred
 - 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 April 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 May 24, 2022.

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