

Date: May 15, 2019

To: Contractor Medical Directors
Contractor Pharmacy Directors
Contractor Compliance Officers

From: Suzi Berman, RPh

Subject: AHCCCS Drug Lists Preferred Drugs

This memo is to provide notice on the preferred drugs that were approved at the April 29, 2019 AHCCCS Pharmacy & Therapeutics (P&T) Committee. The classes reviewed were non-supplemental rebate classes; the preferred agents for each of the classes are will be effective August 1, 2019. Previously, Contractors were able to add additional drugs to the classes of preferred drugs however because these accepted recommendations are used to develop and adjust capitation rates, 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.

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 AHCCCS P&T Operations Policy and Conflict of Interest Form have been updated and the links are provided below:

The P&T Operational Policy:

<https://www.azahcccs.gov/Shared/Downloads/ACOM/PolicyFiles/100/111.pdf>

The Conflict of Interest Form:

<https://www.azahcccs.gov/Shared/Downloads/ACOM/PolicyFiles/100/111a.pdf>

The following is a synopsis of the recommendations proposed by the Committee.

Grandfathering is now referred to as Grandparenting.

(AG) means Authorized Generic

Non-Supplemental Rebate Therapeutic Classes and Preferred Drug Recommendations

1. Antidepressants – Oral

1. Preferred Agents

- a. Bupropion Tablets
- b. Bupropion SR
- c. Bupropion XL
- d. Duloxetine 20mg, 30mg & 60mg
- e. Mirtazapine ODT
- f. Mirtazapine Tablets
- g. Trazodone
- h. Venlafaxine
- i. Venlafaxine ER Capsules

2. Agents to be removed from the AHCCCS Drug List include:

- a. Desvenlafaxine
- b. Isocaboxazid
- c. Phenelzine
- d. Tranylcypromine
- e. Nefazodone
- f. EMSAM (Seligilene)
- g. Venlafaxine Tablets

3. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.

4. Grandparenting: Yes, with the exception of Venlafaxine tablets. Venlafaxine tablets will not be grandparented unless split tablet dosing is required.

5. The current prior authorization requirements for ages less than 6 years old remains.

Antidepressants – SSRI

1. Preferred Agents

- a. Citalopram Hydrobromide Solution – PA required for under the age of 6 and greater than the age of 12.
 - b. Citalopram Hydrobromide Tablets
 - c. Escitalopram Tablets
 - d. Fluoxetine Capsules
 - e. Fluoxetine Solution – PA required for under the age of 6 and greater than the age of 12.
 - f. Fluvoxamine Tablets
 - g. Paroxetine Tablets
 - h. Sertraline Concentrate – PA required for under the age of 6 and greater than the age of 12.
 - i. Sertraline Tablets
2. Agents to be removed from the AHCCCS Drug List include:
 - a. Escitalopram Solution
 - b. Fluoxetine Weekly Tablets
 - c. Fluvoxamine Tablets Extended Release
 - d. Paroxetine Suspension
 - e. Paroxetine CR
 - f. Paroxetine Mesylate
 - g. Vilazodone
 3. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.
 4. Grandparenting will not apply.
 5. The current prior authorization requirement for ages less than 6 years old remains.

Bone Resorption Suppression and Related Agents

1. Preferred Agents

- a. Alendronate Solution
 - b. Alendronate Tablets
 - c. Calcitonin Salmon (nasal)
 - d. Raloxifene
2. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.
 3. Grandparenting will apply.

Bronchodilators, Beta Agonists

1. Preferred Agents

- a. Long Acting Inhalers
 - i. Serevent

- b. Nebulized Agents for Inhalation
 - i. Albuterol Neb Soln 0.63mg, 1.25mg
 - ii. Albuterol Neb Soln 100mg/20ml
 - iii. Albuterol Neb Soln 2.5mg/0.5ml
 - iv. Albuterol Neb Soln 2.5mg/3ml
 - v. Levalbuterol Neb Soln
 - c. Oral Agents
 - i. Albuterol Syrup
 - d. Short Acting Inhalers
 - i. Proair HFA – Brand Only
 - ii. Proventil HFA- Brand Only
 - iii. Ventolin HFA – Brand Only
2. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.
 3. Grandparenting will not apply except for Perforomist and Brovana.

Colony Stimulating Factors

1. Preferred Agents
 - a. Fulphila
 - b. Neupogen Disposable Syringe
 - c. Neupogen Vial
 - d. Udenyca
2. Agents to be removed from the AHCCCS Drug List
 - a. Neulasta Kit
 - b. Neulasta Syringe
3. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.
4. Grandparenting will not apply.
5. Prior authorization applies to this class.

Enzyme Replacement – Gaucher Disease

1. Preferred Agents
 - a. Cerdelga (oral)
 - b. Cerezyme 400 units (IV)
 - c. Elelyso (IV)
 - d. Miglustat (AG) (oral)
 - e. VPRIV 400 units IV
2. Non-Preferred Products
 - a. Miglustat
 - b. Zavesca
3. Grandparenting will not apply.
4. Prior authorization applies to this class.

Erythropoiesis Stimulating Proteins

1. Preferred Agents

- a. Retacrit – Prior Authorization Required.
2. Agents to be removed from the AHCCCS Drug List:
 - a. Epogen
 - b. Procrit
3. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.
4. Grandparenting will not apply.

Hypoglycemics, Alpha-Glucosidase Inhibitors

1. Preferred Agents

- a. Acarbose
2. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.
3. Grandparenting will not apply.

Hypoglycemics, Metformins

1. Preferred Agents

- a. Metformin
- b. Metformin ER (generic for Glucophage XR)
- c. Glyburide – Metformin Combination
2. Agents to be removed from the AHCCCS Drug List:
 - a. Glipizide-Metformin
3. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.
4. Grandparenting only applies to Glipizide-Metformin.

Hypoglycemics, SGLT2s

1. Preferred Agents

- a. Farxiga
- b. Invokana
- c. Jardiance
2. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.
3. Grandparenting will not apply.
4. Prior Authorization applies to this class.

Immune Globulins

1. Preferred Agents

- a. Bivigam (IV)
- b. Carimune NF Nanofiltered (IV)
- c. Flebogamma Dif (IV)
- d. Gamastan S-D (IM)
- e. Gammagard Liquid (Injection)

- f. Gammagard S-D (IV)
 - g. Gamunex-C (Injection)
 - h. Hizentra (SubQ)
2. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.
 3. Grandparenting will not apply.
 4. Prior Authorization applies to this class.

Oncology – Gleevec and Purixan Oral Agents

1. **Preferred Products**
 - a. Gleevec – Brand Only- prior authorization is required.
 - b. Mercaptopurine
2. Agents moving to Non-Preferred
 - a. Imatinib (oral)
 - b. Purixan Suspension
3. Grandparenting applies to all agents except Imatinib and Purixan.

Ophthalmics - Anti-inflammatory/Immunomodulators

1. **Preferred Agent**
 - a. Restasis – Prior authorization is required.
2. Agents to be removed from the AHCCCS Drug List:
 - a. Restasis Multidose
3. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.
4. Grandparenting only applies to Xiidra.

Otic Antibiotics

1. **Preferred Agents**
 - a. Ciprodex (Otic) Brand Only
 - b. Ciprofloxacin (Otic)
 - c. Neomycin/Polymyxin/HC Solution & Suspension
2. Agents to be removed from the AHCCCS Drug List:
 - a. Ofloxacin
3. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.
4. Grandparenting: None

Pulmonary Atrial Hypertension Agents

1. **Preferred Agents**
 - a. Tracleer Tablets- Brand Only
 - b. Letairis Brand Only
 - c. Adcirca- Brand Only
 - d. Sildenafil
 - e. Revatio Suspension – PA required for children greater than 12

- years of age. Brand Only.
2. Agents to be removed from the AHCCCS Drug List:
 - a. Epoprostenol Sodium Solution
 - b. Iloprost Solution
 - c. Treprostinil Solution
 - d. Treprostinil Sodium Solution
 3. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.
 4. Grandparenting will apply.

Thrombopoiesis Stimulating Products – PA Applies to this class

1. Preferred Agents
 - a. Nplate SubQ
 - b. Promacta Tablet
2. The remaining agents in this class are non-preferred and will be noted on the Preferred/Non-Preferred NDC Drug List excel spreadsheet.
3. Grandparenting applies to Tavalisse.
4. Prior Authorization applies to this class.

Butalbital/Acetaminophen/Caffeine Tablets and Capsules (reference brand names of Fioricet, Esgic, Phrenalin Forte, & Zebutal)

A request was made to the committee to remove the capsule formulation from the AHCCCS Drug List due to cost. The cost of the capsule formulation is approximately three times that of the tablet. The committee approved removing the capsule formulation and also placing a 30-day quantity limit of 120 for the tablets.

AHCCCS agrees with the Non-Supplemental Therapeutic Class Preferred Drug recommendations proposed by the P&T Committee. Medication listed on the AHCCCS Drug List that require prior authorization will continue to require prior authorization.

Biosimilar Update

As a reminder, per the AHCCCS AMPM Policy 310-V, AHCCCS Contractors shall not transition to a biosimilar drug until AHCCCS has determined that the biosimilar drug is overall more cost-effective to the state than the continued use of the brand name drug. Some of the biosimilars were included in classes discussed at the P&T Meeting and the decision are listed above.

The biosimilars for Herceptin and Avastin have been approved, by the FDA however, they have not been released into the market. AHCCCS will make the determination if coverage of the biosimilars is less costly than the branded agents. Until that decision is rendered, Contractors shall continue to cover only the branded Herceptin and Avastin.

A file is attached that 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.

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.

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 Contractor drug lists, including website listings, must be updated by August 1, 2019 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."

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.