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Date:	December 5, 2015
То:	Contractor Medical Directors Contractor Pharmacy Directors Contractor Compliance Officers
From:	Suzi Berman. RPh

December 2 2015

Subject: AHCCCS PDL Preferred Drugs

This memo is to provide notice on the preferred drugs that were approved at the November 17, 2015 AHCCCS Pharmacy & Therapeutics (P&T) Committee. Preferred drugs were approved in the following classes:

- 1. Growth Hormone
- 2. Self-Injected Epinephrine
- 3. Inhaled Antibiotics
- 4. Cytokine & CAM Antagonists

Preferred drugs approved by the AHCCCS P&T Committee will be effective on the first day of the quarter following the P&T Meeting unless otherwise specified by AHCCCS. The effective date of the preferred status for drugs approved at the November 17, 2015 meeting is January 1, 2016.

Contractors shall approve preferred drugs for medication classes listed in the AHCCCS PDL before considering approval/authorization of non-preferred drugs. However, Contractors shall approve non-preferred drugs when:

1) The member has previously completed step therapy using the preferred drug(s) or

2) The member's prescribing clinician supports the medical necessity of the non-preferred drug over the preferred drug for the particular member.

Current utilization of non-preferred drugs was approved to be grandfathered for the Cytokine and CAM antagonist therapeutic class and also for the inhaled antibiotic, Cayston, at the November 17, 2015 AHCCCS P&T Committee.

Contractors shall facilitate member transitions to the preferred drugs for growth hormone, selfinjected epinephrine and tobramycin inhaled antibiotics. Contractors are not required to provide a Notice of Action when the prescribing clinician is in agreement with the change to the preferred drug. A prior authorization may be submitted for the non-preferred drug when the prescribing clinician is not in agreement with the transition to the preferred drug. Contractors shall issue a Notice of Action in accordance with <u>AHCCCS Contractor Operations Manual</u> (ACOM) Chapter 414 – Notices of Action for Service Authorizations when a prior authorization is denied.

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 "P" have preferred status and those listed as "NP" are non-preferred. New drug market entries other than the preferred drugs will be considered non-preferred.

Contractors shall communicate the AHCCCS PDL 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 will be updating the AHCCCS PDL with the preferred and non-preferred drugs for an

effective date of January 1, 2016. Contractors are required to list these medications on their drug list exactly as they are listed on the AHCCCS PDL. Contractors cannot add other drugs to their drug list to therapeutic classes which contain preferred drugs on the AHCCCS PDL. All Contractor drug lists, including website listings, must be updated by January 1, 2016.

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 <u>Suzanne.Berman@azahcccs.gov</u> or telephonically at (602) 417-4726.