

**Date:** August 9, 2018

**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 July 17, 2018 AHCCCS Pharmacy & Therapeutics (P&T) Committee. The following is a synopsis of the recommendations proposed by the Committee.

[Supplemental Rebate Therapeutic Classes and Preferred Drug Recommendations](#)

**Antipsychotics – Oral**

- No preferred drug changes.
- Prior Authorization is required for Ages < 6 Years of Age.
- Also, Remove the LTC language under Prior Authorization Type and replace it with- **Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the MCO Contractor.**

**Antipsychotics – Long Acting Atypical Injectables**

- Aristada Initio was added to the AHCCCS Behavioral Health Drug List and the AHCCCS Acute/LTC Drug List for the LTC members. Aristada Initio was added to the drug list with a quantity limit of 2 per year.
- Add: Prior Authorization is required for Ages < 18 Years of Age.
- Remove the LTC language and replace it with- **Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the MCO Contractor.**

**Stimulants and Related Agents**

- Vyvanse Chewable Tablets and Atomoxetine were added to the drug lists.
  - Add: Prior Authorization is Required for Ages < 6 Years of Age.
- Strattera Brand and methylphenidate chewable tablets were removed from both drug lists.

- **Effective May 1<sup>st</sup>, 2019**
  - **Concerta Brand Only** will be added to the AHCCCS Drug Lists.
    - Add: Prior Authorization is Required for Ages < 6 Years of Age.
  - Methylphenidate ER (generic Concerta) will be removed from the AHCCCS Drug Lists and grandfathering was not approved. **All prescriptions shall be transitioned to Concerta Brand** unless there is clinical justification to remain on the generic product.

#### **Pancreatic Enzymes**

- No changes.

#### **Anticoagulants**

- No changes.

#### ***Non-Supplemental Therapeutic Classes and Preferred Drug Recommendations – All Recommendations will be listed because these classes have not been reviewed prior to the July 2018 Meeting.***

Products currently included on the AHCCCS approved drug list are noted with an **asterisk (\*)** and includes these also include those listed as the Reference Brand Name drugs. (AG) means authorized generic.

#### **Antifungals- Oral**

- clotrimazole troche
- fluconazole suspension\*, tablets\*
- griseofulvin suspension\*
- griseofulvin tablets microsize\*
- nystatin suspension, tablets\*
- terbinafine tablets\*

#### **The following oral antifungal products are non-preferred:**

- Cresemba
- Diflucan suspension\*, tablets\*
- flucytosine\*
- griseofulvin tablets ultramicrosize\*
- Gris-Peg\*
- itraconazole\*
- ketoconazole\*
- Lamisil Tablets\*
- Noxafil Suspension\*, Tablets\*
- nystatin oral powder\*
- Onmel\*
- Oravig (buccal)
- Sporanox Capsule\*, Suspension\*

- Vfend Suspension\*
- voriconazole suspension\*, tablets\*

### **Antifungals – Topical- Recommendations**

- ciclopirox cream, suspension
- ciclopirox solution
- clotrimazole cream OTC\*, cream Rx\*, solution OTC\*, solution Rx\*
- clotrimazole/betamethasone cream\*
- ketoconazole cream\*, shampoo\*
- Lotrimin Ultra OTC
- miconazole cream OTC\*, ointment OTC\*, powder OTC\*, spray OTC
- nystatin cream\*, ointment\*, powder\*
- tolnaftate Aero powder OTC, cream OTC, powder OTC, spray OTC
- terbinafine cream OTC

### **The following topical antifungal products are non-preferred:**

- Alevazol OTC
- Azolen Tincture
- Bensal HP
- ciclopirox gel, kit, shampoo
- clotrimazole/betamethasone lotion\*
- DermacinRx Therazole Pak
- Desenex Aero Powder OTC
- econazole
- Ecoza
- Ertaczo
- Exelderm Cream, Solution
- Extina\*
- Fungoid Kit OTC\*
- Fungoid OTC\*
- Jublia
- Kerydin
- ketoconazole foam
- Lamisil AT Cream OTC, Gel OTC
- Lamisil Spray OTC
- Loprox Cream, Kit, Shampoo, Solution
- Lotrimin AF Cream OTC\*
- Lotrimin AF OTC\*
- Lotrisone Cream\*
- Luzu
- Mentax
- naftifine cream, cream (AG)
- Naftin Cream, Gel
- Nizoral A-D Shampoo OTC\*
- Nizoral Shampoo\*
- nystatin/triamcinolone cream, ointment
- oxiconazole cream
- Oxistat Cream, Lotion

- Penlac
- tolnaftate solution OTC
- Vusion
- Xolegel\*

### **Beta Blocker Recommendations**

- atenolol\*
- atenolol/chlorthalidone\*
- *bisoprolol*
- *bisoprolol/HCTZ*
- carvedilol\*
- labetalol\*
- metoprolol\*
- *metoprolol/HCTZ*
- metoprolol XL\*
- nadolol\*
- *nadolol/bendroflumethazide*
- propranolol solution\*, tablets\*
- propranolol ER\*
- *propranolol/HCTZ*
- sotalol\*

The following beta blocker are non-preferred and **grandfathering will apply to this class:**

- acebutolol
- Betapace\*, Betapace AF\*
- betaxolol
- Bystolic
- carvedilol ER
- Coreg\*
- Coreg CR
- Corgard\*
- Dutoprol
- Hemangeol
- Inderal LA\*
- Inderal XL
- InnoPran XL
- Levatol
- Lopressor\*
- metoprolol XL/HCTZ (AG)\*
- pindolol\*
- propranolol ER (AG)\*
- Sotylize\*
- Tenoretic\*
- Tenormin\*
- Timolol
- Toprol XL\*

### **Benign Prostatic Hyperplasia (BPH) Recommendations**

- alfuzosin ER
- doxazosin\*
- dutasteride
- finasteride\*
- tamsulosin\*
- terazosin\*

**The following BPH products are non-preferred:**

- Avodart
- Cardura\*
- Cardura XL\*
- Cialis
- dutasteride/tamsulosin
- Flomax\*
- Jalyn
- Proscar\*
- Rapaflo
- Uroxatral

### **Calcium Channel Blocker Recommendations**

- amlodipine\*
- diltiazem capsule ER\*
- diltiazem tablet\*
- felodipine ER\*
- nifedipine IR\*
- nifedipine ER\*
- verapamil capsule ER\*
- verapamil ER PM\*
- verapamil tablet\*
- verapamil tablet ER\*

**The following calcium channel blockers are non-preferred and grandfathering will apply to this class:**

- Adalat CC\*
- Calan SR\*
- Cardizem\*
- Cardizem CD\*
- Cardizem CD 360mg
- Cardizem LA\*
- diltiazem LA (AG)\*
- isradipine\*
- Matzim LA
- nicardipine\*
- nimodipine\*
- nisoldipine\*

- Norvasc\*
- Nymalize\*
- Procardia\*
- Procardia XL
- Tiazac
- Tiazac 420mg
- verapamil 360mg capsule
- Verelan PM\*

#### **Steroids – Topical – Low Potency – Recommendations**

- hydrocortisone cream\*, gel, lotion\* & ointment\*
- fluocinolone 0.01% oil\*

#### **The following low potency steroid topical products are non-preferred:**

- Ala-Scalp HP\*
- alclometasone dipropionate cr\*, oil\*
- Aqua Glycolic HC
- Capex Shampoo\*
- Derma-Smoothe-FS\*
- Dermasorb HC
- Desonate Gel\*
- desonide lotion\*, oil\*
- hydrocortisone/min oil/pet oil
- MiCort-HC\*
- Texacort\*
- Tridesilon\*

#### **Steroids – Topical – Medium Potency – Recommendations**

- fluticasone propionate cream\* & ointment\*
- mometasone furoate cream\*, ointment\* & solution\*

#### **The following medium potency steroid topical products are non-preferred:**

- betamethasone valerate foam
- clocortolone cr (AG)
- Cloderm
- Cordran Tape
- Cutivate Cr\*, Lotion\*
- Elocon Cr\*, Oil\*
- fluocinolone acetonide cr\*, oil\*, sol\*
- flurandrenolide cr\*, lotion\*, lotion (AG)\*, oil\*
- fluticasone propionate lotion\*
- hydrocortisone butyrate cr\*, cr (AG)\*, lotion\*, oil\*, oil (AG)\*, sol\*, sol (AG)\*
- hydrocortisone butyrate/emollient, emollient (AG)
- hydrocortisone valerate cr\*, oil\*
- Luxiq\*
- Pandel

- prednicarbate cr, oil
- Synalar Cream Kit, Oil\*, Oil Kit, So\*, TS Kit

### **Steroids – Topical – High Potency – Recommendations**

- *betamethasone dipropionate lotion*
- *betamethasone dipropionate/propylene glyc cream\**
- *betamethasone valerate cream\*, lotion\* & ointment\**
- *fluocinonide cream\*, ointment\* & solution\**
- *triamcinolone acetonide cream\*, lotion\* & ointment\**

### **The following high potency steroid topical products are non-preferred:**

- *amcinonide cr, lotion*
- *betamethasone dipropionate/prop gly lotion\*, ointment\**
- *betamethasone dipropionate gel\**
- *DermacinRx Silapak*
- *DermacinRx Silazone*
- *Dermasorb TA*
- *desoximetasone cr, gel, oil*
- *diflorasone diacetate cr, oil*
- *Diprolene Oil\**
- *Ellzia Pak*
- *fluocinonide emollient\*, gel\**
- *Halog Cr, Oil*
- *Kenalog Aerosol\**
- *Sernivo Spray*
- *Silazone-II*
- *Topicort Ointment, Spray*
- *triamcinolone acetonide aerosol\**
- *triamcinolone acetonide/dimethicone*
- *Trianex Oil\**

### **Steroids – Topical – Very High Potency – Recommendations**

- *clobetasol propionate cream\*, emollient, gel\*, ointment\* & solution\**
- *halobetasol propionate cream & ointment*

### **The following very high potency steroid topical products are non-preferred and grandfathering will apply to this class:**

- Apexicon E
- clobetasol lotion\*, shampoo\*
- clobetasol propionate foam\*, spray, spray (AG)
- Clobex Lotion\*, Shampoo\*, Spray\*
- Clodan Kit
- Olux\*
- Temovate Cream\*
- Ultravate Lotion
- Ultravate X Pac Cream, Lotion

## **AHCCCS agrees with the Supplemental and Non-Supplemental Rebate Therapeutic Class recommendations proposed by the P&T Committee.**

The committee recommended removal of the prior authorization requirement on the AHCCCS Drug List for Truvada. In follow-up to the Committee's recommendation, AHCCCS is conducting a fiscal analysis to determine the capitation rate impact. Thus, until further notice, the prior authorization requirement will remain on the AHCCCS Drug List for Truvada.

### **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.

AHCCCS has made the determination that Retacrit, the biosimilar for Epogen and Procrit is costlier. Epogen and Procrit shall be the preferred products on the AHCCCS Drug List and Retacrit is non-preferred.

AHCCCS has made the determination that Fulphilia, the biosimilar for Neulasta is costlier. Neulasta shall be the preferred product on the AHCCCS Drug List and Fulphilia is non-preferred.

AHCCCS has made the determination that Glatopa 20mg, the biosimilar for Copaxone 20mg, is costlier. Copaxone shall be the preferred product on the AHCCCS Drug List and Glatopa 20mg is non-preferred.

AHCCCS has made the determination that Glatopa 40mg, the biosimilar for Copaxone 40mg, is less costly. Glatopa 40mg shall be the preferred product on the AHCCCS Drug List and Copaxone 40mg is non-preferred.

### **New Drugs**

- Steglatro, Segluromet, Steglujan – ertugliflozin, ertugliflozin/metformin, ertugliflozin/sitagliptin, were reviewed. The recommendation was to not add these medications to the AHCCCS Drug Lists and the Committee unanimously approved. AHCCCS agrees with this recommendation.
- Zypitamag- pitavastatin magnesium was reviewed. The recommendation was to not add this medication to the AHCCCS Drug Lists and the Committee unanimously approved.

Contractors shall approve preferred drugs for medication classes listed on the AHCCCS Drug List 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.

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 [AHCCCS Contractor Operations Manual \(ACOM\) 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 “ON” have preferred status and those listed as “NPD” are non-preferred. New drug market entries other than the preferred drugs will be considered non-preferred.

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 July 1, 2018 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](mailto:Suzanne.Berman@azahcccs.gov) or telephonically at (602) 417-4726.

