

**Date:** August 30, 2016

**To:** Contractor Medical Directors  
Contractor Pharmacy Directors  
Contractor Compliance Officers

**From:** Suzi Berman, RPh

**Subject:** AHCCCS Drug List Preferred Drugs

This memo is to provide notice on the preferred drugs that were approved at the August 16, 2016 AHCCCS Pharmacy & Therapeutics (P&T) Committee. Preferred drugs were approved for the following:

**1. Anticoagulants**

- a. Preferred agents shall be available without prior authorization.

**2. Antipsychotics – oral agents**

- a. Preferred oral agents shall be available without prior authorization for members over the age of 6. Prior authorization for children under the age of 6 will continue to be required.
- b. Members on non-preferred agents prior to 10/1/16 shall be grandfathered for continued use.

**3. Antipsychotics--long acting injectables**

- a. Preferred long-acting injectables shall be available without prior authorization for members ages 18 and older.
- b. Prior authorization shall be required for members less than 18 years of age for all long-acting injectables.
- c. Members on non-preferred agents prior to 10/1/16 shall be grandfathered for continued use.

**4. Pancreatic Enzymes**

- a. Preferred agents shall be available without prior authorization.
- b. Members on non-preferred agents prior to 10/1/16 shall be grandfathered for continued use.

**5. Stimulants and Related Agents**

- a. Preferred agents shall be available without prior authorization for members over the age of 6. Prior authorization for children under the age of 6 will continue to be required.
- b. Members on the brand name drug Concerta prior to 10/1/16 shall be grandfathered for continued use.
- c. Members on the brand name drug Intuniv prior to 10/1/16 shall be grandfathered for continued use.

**6. Hepatitis C Directing Acting Agents (DAA)**

- a. All HCV DAAs continue to require prior authorization. The PA criterion is managed directly by AHCCCS and is in the process of being updated for a 10/1/16 implementation date.
- b. The HCV DAA products that did not change and are already

- preferred agents are not included on the NDC file.
- c. Epclusa is the preferred agent for genotypes 2 and 3.
  - d. Harvoni, Viekira Pak, Viekira XR, Technivie & Zepatier are the preferred agents for genotypes, 1, 4, 5 & 6.

Prior authorization was removed for the following preferred insulin pen products and the effective date is October 1, 2016:

1. Humalog Kwikpen
2. Humalog Mix 75/25 Kwikpen
3. Humalog Mix 50/50 Kwikpen
4. Lantus Solostar Pen
5. Levemir Flextouch Pen

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 August 16, 2016 meeting is October 1, 2016.

Contractors shall approve preferred drugs for medication classes listed in 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 shall facilitate member transitions to the preferred drugs for the classes listed above. 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 of the preferred and non-preferred drugs is attached and contains the following :

- The therapeutic class
- The National Drug Code (NDC) of the medication.
- The Drug Name
- The Preferred or Non-preferred status of the drug
  - ON means the drug is preferred
  - NPD means the drug is not preferred
- The drug is listed on the AHCCCS Drug List
- The drug is listed on the AHCCCS Behavioral Health Drug List
- Grandfathering status

- Prior Authorization status

Contractors shall communicate the AHCCCS Drug List and the AHCCCS Behavioral Health Drug List 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.

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 drug classes to be reviewed at the next AHCCCS P&T Meeting on October 19, 2016 are:

- Antibiotics – Inhaled
- Cytokine and CAM Antagonists
- Epinephrine Self Injected
- Growth Hormone
- Long-Acting Narcotic Analgesics

A listing of the drugs for each of the classes above can be found on the Provider Synergies website at [www.providersynergies.com](http://www.providersynergies.com) under Arizona.

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.