

Date: June 21, 2019

To: Contractor Pharmacy Directors  
Contractor Medical Directors  
Contractor Compliance Officers  
Optum FFS PBM Staff  
DFSM Staff: Alison Lovell, Markay Adams, John Archunde, Lisa DeWitt

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 May 23, 2019 AHCCCS Pharmacy & Therapeutics (P&T) Committee. The classes reviewed were supplemental rebate classes; the preferred agents for each of the classes will be effective October 1, 2019; 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 May meeting, the effective date is October 1, 2019.*

*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 recommendations proposed by the Committee.  
Grandfathering is now referred to as Grandparenting.

## **Supplemental Rebate Therapeutic Classes and Preferred Drug Recommendations**

- **Analgesics – Long Acting Opioids**
  - Preferred Products – Prior Authorization required for all products
    - Butrans – Brand Name Only is Preferred
    - Embeda
    - Fentanyl Transdermal with the exception of the following strengths:
      - 37.5mg
      - 62.5mg
      - 87.5mg
    - Morphine ER Tablets
    - Tramadol ER
    - Xtampza ER – Brand Name Only is Preferred
  - Agents removed from the AHCCCS Drug List – None
  - Grandparenting: Yes
  
- **Antibiotics – Inhaled**
  - Preferred Products
    - Bethkis – Prior Authorization Required
    - Kitabis Pak- Prior Authorization Required
  - Agents removed from the AHCCCS Drug List – No Changes
  - Grandparenting for Cayston only
  
- **Anticoagulants**
  - Preferred Products
    - Oral Agents
      - Eliquis, Eliquis Dose Pack
      - Pradaxa
      - Xarelto, Xarelto Dose Pack
      - Warfarin
    - Injectable Agents
      - Enoxaparin Syringe, Enoxaparin syringe (AG)
      - Enoxaparin Vial
    - Agents removed from the AHCCCS Drug List: None
    - Grandparenting - Yes
  
- **Antimigraine Agents, Other**
  - Preferred Products – Prior Authorization is required for all products.
    - Aimovig
    - Emgality Syringe
    - Emgality Pen

- AHCCCS Contractors' & Fee-For-Service PA Criteria may only require the use of two preventative medications.
    - Grandparenting: No
  - **Antipsychotics – Oral Atypicals**
    - Preferred Products – Prior Authorization requirements listed on the AHCCCS Drug List are to be continued.
      - Oral Agents
        - Aripiprazole Tablets
        - Clozapine ODT, Clozapine ODT (AG), Clozapine Tablets
        - Latuda
        - Olanzapine ODT, Olanzapine Tablets
        - Quetiapine Tablets
        - Risperidone ODT, Risperidone Solutions, Risperidone tablets
        - Ziprasidone Capsules
    - Medications moving from the AHCCCS Drug List to non-preferred:
      - Aripiprazole ODT
      - Aripiprazole Solution
      - Saphris
    - Grandparenting: Yes
  - **Antipsychotics – Long Acting Injectables**
    - Preferred Products
      - Abilify Maintena
      - Aristada
      - Invega Sustenna
      - Invega Trinza
      - Risperdal Consta
    - Medications Moving from the AHCCCS Drug List to Non-Preferred: None
    - Grandparenting: Not Applicable
  - **COPD Agents**
    - Preferred Products
      - Antimuscarinics- Short Acting
        - Atrovent
        - Ipratropium Nebulizer
      - Antimuscarinics – Long Acting
        - Spiriva Handihaler
        - Tudorza Pressair
      - Beta Agonist/Antimuscarinic Combination – Short Acting
        - Ipratropium/Albuterol Nebulizer
        - Combivent Respimat
      - Beta Agonist/Antimuscarinic Combination – Long Acting

- Bevespi Aerosphere – Prior Authorization Required
    - Stiolto Respimat – Prior Authorization Required
  - Medications Moving from the AHCCCS Drug List to Non-Preferred: None
  - Grandparenting: Yes
  
- **Cytokine and CAM Antagonists**
  - Preferred Products – Prior Authorization Required for all products below:
    - Enbrel Kit, Enbrel Syringe, Enbrel Pen, Enbrel Mini Cartridge
    - Humira Kit, Humira Pen Kit
    - Otezla
    - Xeljanz – **Immediate Releases Only**
  - Medications moving from the AHCCCS Drug List to Non-Preferred: None
  - Grandparenting: Yes
  
- **Epinephrine – Self Injected**
  - Preferred Products
    - Epinephrine 0.15mg (Mylan Brand)
    - Epinephrine 0.30mg (Mylan Brand)
    - Symjepi (Epinephrine 0.15mg & 0.30mg)
  - Medications moving to Non-Preferred:
    - Adrenaclick (Epinephrine 0.15mg)
    - Adrenaclick (Epinephrine 0.30mg)
    - EpiPen
    - EpiPen Jr.
  - Grandparenting: None
  
- **Glucocorticoids – Inhaled**
  - Preferred Products
    - Single Agent Products
      - Asmanex
      - Budesonide 1mg Respules – **Prior Authorization required for > 4 years of age.**
      - Flovent HFA
      - Pulmicort Flexhaler
      - **Pulmicort 0.25mg & 0.5mg Respules – Brand Only is Preferred. Prior Authorization Required for > 4 years of age.**
    - Combination Products – **Current Step therapy requirements are not changing.**
      - Advair HFA
      - Dulera
      - Symbicort
  - Medications moving from the AHCCCS Drug List to Non-Preferred:
    - Pulmicort 1mg Respules

- QVAR Redihaler
    - QVAR (Discontinued)
  - Grandparenting: **Yes, with the exception of the following:**
    - Advair Diskus
    - Budesonide 0.25mg
    - Budesonide 0.50mg
    - Breo Ellipta
    - QVAR Redihaler
- **Growth Hormone**
  - Preferred Products- Prior Authorization Required for all products
    - Genotropin Cartridge – Brand Only
    - Genotropin Disposable Syringe – Brand Only
    - Norditropin Pen – Brand Only
  - Medications moving from the AHCCCS Drug List to Non-Preferred: No Changes
  - Grandparenting: None
- **Hepatitis C**
  - Preferred Agents – Prior Authorization Required
    - Mavyret
    - Sofosbuvir/Velpatasvir (AG)
  - Medications moving from the AHCCCS Drug List to Non-Preferred: None
  - Grandparenting: Yes
- **Hypoglycemics – Incretin Mimetics**
  - Preferred Products
    - Amylin Analogues
      - Symlin Pens
    - Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s)
      - Glyxambi
      - Janumet
      - Janumet XR
      - Januvia
      - Jentadueto
      - Kombiglyze XR
      - Onglyza
      - Tradjenta
    - Glucagon-Like Peptide-1 Receptor Agonists (GLP 1s)
      - Bydureon Pens,
      - **Bydureon Vials -Discontinued**
      - Victoza
  - Medications moving from the AHCCCS Drug List to Non-Preferred: None

- Grandparenting for Trulicity Only
- **Hypoglycemics – Insulin and Related Agents**
  - Preferred Products
    - Rapid Acting Insulins
      - Humalog Pens
      - Humalog Vials
      - Novolog Cartridge
      - Novolog Pens
      - Novolog Vials
    - Regular Insulins
      - Humulin R
      - Humulin 500 Pens
      - Humulin Vials
    - Intermediate Acting Insulins
      - Humulin N
    - Long-Acting Insulins
      - Lantus Vial
      - Lantus Solostar Pen
      - Levemir Pen
      - Levemir Vials
    - Rapid / Intermediate-Acting Combination Insulins
      - Humalog Mix Pens
      - Humalog Mix Vials
      - Novolog Mix Pens
      - Novolog Mix Vials
    - Regular / Intermediate-Acting Combination Insulins
      - Humulin 70/30 Vials
  - Medications moving from the AHCCCS Drug List to Non-Preferred: None
  - Grandparenting: Yes
- **Opioid Dependence Treatments**
  - Preferred Products
    - Buprenorphine Naloxone Products
      - Buprenorphine/Naloxone Sublingual Tablets – **Generic Formulations**
      - **Suboxone Film – Brand Name Only**
    - Buprenorphine Products
      - Buprenorphine Sublingual Tablets – Prior Authorization Required
        - Prior Authorization is not required for pregnant and postpartum women.
      - Sublocade – Prior Authorization Required

- AHCCCS to develop statewide prior authorization criteria for use by all Contractors.
  - Naloxone Products
    - Naloxone Syringes
    - Naloxone Vials
    - Narcan Nasal Spray
  - Naltrexone Products
    - Naltrexone tablets
    - Vivitrol
  - Alpha Agonist Product
    - Clonidine Tablets
  - Medications moving from the AHCCCS Drug List to Non-Preferred: None
  - Grandparenting: Yes
- **Pancreatic Enzymes**
  - Preferred Products
    - **Creon – Brand Only**
    - **Zenpep – Brand Only**
  - Medications moving from the AHCCCS Drug List to Non-Preferred: None
  - Grandparenting - Yes
- **Progestational Agents**
  - Preferred Products – Prior Authorization Required
    - **Makena Auto Injector -Brand Only**
    - **Makena Multi Dose Vial – Brand Only**
    - **Makena Single Dose Vial – Brand Only**
  - Medications moving from the AHCCCS Drug List to Non-Preferred:
    - Hydroxyprogesterone Caproate
    - Hydroxyprogesterone Caproate Multi Dose Vial
    - Hydroxyprogesterone Caproate Multi Dose Vial (AG)
    - Hydroxyprogesterone Caproate Single Dose Vial
    - Hydroxyprogesterone Caproate Single Dose Vial (AG)
  - Grandparenting: Yes
- **Stimulants and Related Agents**
  - Preferred Products:
    - **Adderall XR – Brand Only**
    - Amphetamine Salt Combination
    - **Aptensio XR – Brand Only**
    - Atomoxetine, Atomoxetine (AG)
    - Clonidine ER
    - **Concerta – Brand Only**
    - **Daytrana – Brand Only**

- Dexmethylphenidate
- Dexmethylphenidate (AG)
- Dextroamphetamine Tablets
- **Dyanavel XR – Brand Only**
- **Focalin XR – Brand Only**
- Guanfacine ER
- **Methylin Solution – Brand Only**
- Methylphenidate
- Methylphenidate CD, Methylphenidate CD (AG)
- Methylphenidate ER (generic Ritalin LA)
- **Quillichew ER – Brand Only**
- **Quillichew XR – Brand Only**
- **Ritalin LA 10mg Capsule – Brand Only**
- **Vyvanse Capsule – Brand Only**
- **Vyvanse Chewable Tablet – Brand Only**
- Medications moving from the AHCCCS Drug List to Non-Preferred:
  - Dextroamphetamine Capsules ER
  - Focalin
  - As a reminder, Kapvay is not a federally and state reimbursable drug.
- Grandparenting: None

### **New Drugs**

- Apadaz – benzhydrocodone/acetaminophen
  - Committee recommendation is for Apadaz to remain Non-Preferred.
- Delstrigo – doravirine/lamivudine/tenofovir disoproxil fumarate
  - Committee recommendation is for Delstrigo to remain Non-Preferred.
- Epidiolex – cannabidiol
  - Committee recommendation is for Epidiolex to remain Non-Preferred.
- Motegrity – prucalopride
  - Committee recommendation is for Motegrity to remain Non-Preferred.
- Pifeltro – doravirine
  - Committee recommendation is to add Pifeltro to the AHCCCS Drug List without prior authorization.
- Xofluza – baloxavir marboxil
  - Committee recommendation is for Xofluza to remain Non-Preferred.

***AHCCCS has reviewed and accepted all of the AHCCCS P&T Committee May 23<sup>rd</sup> recommendations with the exception of Advair Diskus. AHCCCS is not approving***



**Advair Diskus as a preferred agent and members are to be transitioned to the Advair HFA.**

**Also, as a reminder, effective October 1, 2019, Truvada will not require prior authorization approval prior to dispensing.**

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 October 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](mailto:Suzanne.Berman@azahcccs.gov) or telephonically at (602) 417-4726.