

Date: June 7, 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 May 17, 2016 AHCCCS Pharmacy & Therapeutics (P&T) Committee. Preferred drugs were approved for the following:

- Hepatitis C
 - Grandfathering is not applicable to this class.
- Substance Use Disorders
 - Grandfathering of current utilization of non- preferred agents was not approved.
- Hypoglycemics: Incretin Mimetics/Enhancers
 - Grandfathering of current utilization was approved for all products with the exception of Bydureon Pens.
- Hypoglycemics: Insulin and Related Agents
 - Grandfathering of current utilization of non-preferred agents was not approved.
- Chronic Obstructive Pulmonary Disease (COPD)
 - Grandfathering of current utilization on non-preferred agents was not approved.

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 May 17, 2016 meeting is July 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 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

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.

AHCCCS will be updating the AHCCCS Drug List and the AHCCCS Behavioral Health Drug List with the preferred and non-preferred drugs for an effective date of July 1, 2016. Contractors are required to list these medications on their drug lists exactly as they are listed on the AHCCCS Drug List and the AHCCCS Behavioral Health Drug List. Contractors cannot add other drugs to their drug list to therapeutic classes which contain preferred drugs on the AHCCCS Drug List and the AHCCCS Behavioral Health Drug List. All Contractor drug lists, including website listings, must be updated by July 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.”

The drug classes to be reviewed at that August 16, 2016 AHCCCS P&T Meeting are:

- Oral Atypical Antipsychotics
- Long-Acting Injectable Atypical Antipsychotics
- Stimulants and Related Agents
- Pancreatic Enzymes
- Anticoagulants

A listing of the drugs for each of the classes above can be found on the Provider Synergies website at 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 or telephonically at (602) 417-4726.

AHCCCS DRUG LIST PREFERRED DRUG CHANGES EFFECTIVE JULY 1, 2016

NATIONAL DRUG CODE (NDC)	DRUG NAME	Preferred Drug Status ON = Preferred Drug NPD = Non-preferred Drug
00024588236	AFREZZA 30-4 UNIT + 60-8 UNIT	NPD
00024587490	AFREZZA 4 UNITS CARTRIDGE INH	NPD
00024588463	AFREZZA 60-4 UNIT + 30-8 UNIT	NPD
00024589463	AFREZZA 60-8 UNIT + 30-12 UNIT	NPD
45802010365	ALOGLIPTIN 12.5 MG TABLET	NPD
45802015065	ALOGLIPTIN 25 MG TABLET	NPD
45802008765	ALOGLIPTIN 6.25 MG TABLET	NPD
45802021172	ALOGLIPTIN-METFORMIN 12.5-1000	NPD
45802016972	ALOGLIPTIN-METFORMIN 12.5-500	NPD
45802023865	ALOGLIPTIN-PIOGLIT 12.5-15 MG	NPD
45802026065	ALOGLIPTIN-PIOGLIT 12.5-30 MG	NPD
45802030465	ALOGLIPTIN-PIOGLIT 12.5-45 MG	NPD
45802035165	ALOGLIPTIN-PIOGLIT 25-15 MG TB	NPD
45802040265	ALOGLIPTIN-PIOGLIT 25-30 MG TB	NPD
45802049965	ALOGLIPTIN-PIOGLIT 25-45 MG TB	NPD
00173086906	ANORO ELLIPTA 62.5-25 MCG INH	NPD
00173086910	ANORO ELLIPTA 62.5-25 MCG INH	NPD
00088250033	APIDRA 100 UNITS/ML VIAL	NPD
00088250205	APIDRA SOLOSTAR 100 UNITS/ML	NPD
00597008717	ATROVENT HFA INHALER	ON
59385001230	BUNAVAIL 2.1-0.3 MG FILM	NPD
59385001201	BUNAVAIL 2.1-0.3 MG FILM	NPD
59385001430	BUNAVAIL 4.2-0.7 MG FILM	NPD
59385001401	BUNAVAIL 4.2-0.7 MG FILM	NPD
59385001630	BUNAVAIL 6.3-1 MG FILM	NPD
59385001601	BUNAVAIL 6.3-1 MG FILM	NPD
00054017613	BUPRENORPHINE 2 MG TABLET SL	NPD
00093537856	BUPRENORPHINE 2 MG TABLET SL	NPD
50383092493	BUPRENORPHINE 2 MG TABLET SL	NPD
00378092393	BUPRENORPHINE 2 MG TABLET SL	NPD
00228315603	BUPRENORPHINE 2 MG TABLET SL	NPD
00054017713	BUPRENORPHINE 8 MG TABLET SL	NPD
00093537956	BUPRENORPHINE 8 MG TABLET SL	NPD
50383093093	BUPRENORPHINE 8 MG TABLET SL	NPD
00378092493	BUPRENORPHINE 8 MG TABLET SL	NPD
00228315303	BUPRENORPHINE 8 MG TABLET SL	NPD
65162041503	BUPRENORPHIN-NALOXON 8-2 MG SL	NPD
00228315503	BUPRENORPHIN-NALOXON 8-2 MG SL	NPD
00406192403	BUPRENORPHIN-NALOXON 8-2 MG SL	NPD
00054018913	BUPRENORPHIN-NALOXON 8-2 MG SL	NPD
00093572156	BUPRENORPHIN-NALOXON 8-2 MG SL	NPD
00228315573	BUPRENORPHIN-NALOXON 8-2 MG SL	NPD
50383028793	BUPRENORPHIN-NALOXON 8-2 MG SL	NPD

AHCCS DRUG LIST PREFERRED DRUG CHANGES EFFECTIVE JULY 1, 2016

65162041603	BUPRENORPHN-NALOXN 2-0.5 MG SL	NPD
00228315403	BUPRENORPHN-NALOXN 2-0.5 MG SL	NPD
00406192303	BUPRENORPHN-NALOXN 2-0.5 MG SL	NPD
00054018813	BUPRENORPHN-NALOXN 2-0.5 MG SL	NPD
00093572056	BUPRENORPHN-NALOXN 2-0.5 MG SL	NPD
00228315473	BUPRENORPHN-NALOXN 2-0.5 MG SL	NPD
50383029493	BUPRENORPHN-NALOXN 2-0.5 MG SL	NPD
00310653004	BYDUREON 2 MG PEN INJECT	NPD
66780021904	BYDUREON 2 MG VIAL	NPD
00310652004	BYDUREON 2 MG VIAL	NPD
66780021201	BYETTA 10 MCG DOSE PEN INJ	ON
00310652401	BYETTA 10 MCG DOSE PEN INJ	ON
00310651201	BYETTA 5 MCG DOSE PEN INJ	ON
00597002402	COMBIVENT RESPIMAT INHAL SPRAY	ON
00004008694	COPEGUS 200 MG TABLET	NPD
00003021301	DAKLINZA 30 MG TABLET	ON
00003021501	DAKLINZA 60 MG TABLET	ON
00003001101	DAKLINZA 90 MG TABLET	ON
00456009530	DALIRESP 500 MCG TABLET	NPD
00310009530	DALIRESP 500 MCG TABLET	NPD
00310009590	DALIRESP 500 MCG TABLET	NPD
00310009539	DALIRESP 500 MCG TABLET	NPD
60842003001	EVZIO 0.4 MG AUTO-INJECTOR	NPD
00597018230	GLYXAMBI 10 MG-5 MG TABLET	NPD
00597018290	GLYXAMBI 10 MG-5 MG TABLET	NPD
00597018239	GLYXAMBI 10 MG-5 MG TABLET	NPD
00597016430	GLYXAMBI 25 MG-5 MG TABLET	NPD
00597016490	GLYXAMBI 25 MG-5 MG TABLET	NPD
00597016439	GLYXAMBI 25 MG-5 MG TABLET	NPD
61958180101	HARVONI 90-400 MG TABLET	ON
00002751659	HUMALOG 100 UNITS/ML CARTRIDGE	NPD
00002751601	HUMALOG 100 UNITS/ML CARTRIDGE	NPD
00002879959	HUMALOG 100 UNITS/ML KWIKPEN	ON
00002879901	HUMALOG 100 UNITS/ML KWIKPEN	ON
00002751001	HUMALOG 100 UNITS/ML VIAL	ON
00002751017	HUMALOG 100 UNITS/ML VIAL	ON
00002771201	HUMALOG 200 UNITS/ML KWIKPEN	NPD
00002771227	HUMALOG 200 UNITS/ML KWIKPEN	NPD
00002771299	HUMALOG 200 UNITS/ML KWIKPEN	NPD
00002879859	HUMALOG MIX 50-50 KWIKPEN	ON
00002879801	HUMALOG MIX 50-50 KWIKPEN	ON
00002751201	HUMALOG MIX 50-50 VIAL	ON
00002879759	HUMALOG MIX 75-25 KWIKPEN	ON
00002879701	HUMALOG MIX 75-25 KWIKPEN	ON
00002751101	HUMALOG MIX 75-25 VIAL	ON
00002880359	HUMULIN 70/30 KWIKPEN	NPD
00002880301	HUMULIN 70/30 KWIKPEN	NPD

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00002871501	HUMULIN 70-30 VIAL	ON
00002871517	HUMULIN 70-30 VIAL	ON
00002880559	HUMULIN N 100 UNITS/ML KWIKPEN	NPD
00002880501	HUMULIN N 100 UNITS/ML KWIKPEN	NPD
00002831501	HUMULIN N 100 UNITS/ML VIAL	ON
00002831517	HUMULIN N 100 UNITS/ML VIAL	ON
00002821501	HUMULIN R 100 UNITS/ML VIAL	ON
00002821517	HUMULIN R 100 UNITS/ML VIAL	ON
00002882401	HUMULIN R 500 UNITS/ML KWIKPEN	ON
00002882427	HUMULIN R 500 UNITS/ML KWIKPEN	ON
00002850101	HUMULIN R 500 UNITS/ML VIAL	ON
00173087306	INCRUSE ELLIPTA 62.5 MCG INH	NPD
00173087310	INCRUSE ELLIPTA 62.5 MCG INH	NPD
00093672373	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00487020101	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00487020102	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00093672374	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00487020160	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00487020103	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
76204060005	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
76204060012	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
76204060001	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00591381730	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00591381760	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00378967193	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00781714664	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00378967131	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00378967158	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00378967198	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00781714629	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00378967191	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
69097017364	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
69097017353	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
69097017348	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
76204060060	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
76204060030	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00093672345	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00781714651	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00378967130	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00378967164	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00591381766	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00591381739	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00378967160	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00591381772	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00591381715	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	ON
00487980160	IPRATROPIUM BR 0.02% SOLN	ON
00487980130	IPRATROPIUM BR 0.02% SOLN	ON

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00487980101	IPRATROPIUM BR 0.02% SOLN	ON
00487980125	IPRATROPIUM BR 0.02% SOLN	ON
00487980102	IPRATROPIUM BR 0.02% SOLN	ON
00591379860	IPRATROPIUM BR 0.02% SOLN	ON
00591379830	IPRATROPIUM BR 0.02% SOLN	ON
00781715764	IPRATROPIUM BR 0.02% SOLN	ON
00781715786	IPRATROPIUM BR 0.02% SOLN	ON
00781715729	IPRATROPIUM BR 0.02% SOLN	ON
00591379883	IPRATROPIUM BR 0.02% SOLN	ON
76204010030	IPRATROPIUM BR 0.02% SOLN	ON
76204010060	IPRATROPIUM BR 0.02% SOLN	ON
76204010025	IPRATROPIUM BR 0.02% SOLN	ON
00378797093	IPRATROPIUM BR 0.02% SOLN	ON
00378797091	IPRATROPIUM BR 0.02% SOLN	ON
76204010001	IPRATROPIUM BR 0.02% SOLN	ON
00378797052	IPRATROPIUM BR 0.02% SOLN	ON
00378797055	IPRATROPIUM BR 0.02% SOLN	ON
00378797062	IPRATROPIUM BR 0.02% SOLN	ON
00378797064	IPRATROPIUM BR 0.02% SOLN	ON
00378797031	IPRATROPIUM BR 0.02% SOLN	ON
00006057762	JANUMET 50-1,000 MG TABLET	ON
00006057761	JANUMET 50-1,000 MG TABLET	ON
00006057782	JANUMET 50-1,000 MG TABLET	ON
00006057561	JANUMET 50-500 MG TABLET	ON
00006057562	JANUMET 50-500 MG TABLET	ON
00006057582	JANUMET 50-500 MG TABLET	ON
00006008182	JANUMET XR 100-1,000 MG TABLET	ON
00006008131	JANUMET XR 100-1,000 MG TABLET	ON
00006008154	JANUMET XR 100-1,000 MG TABLET	ON
00006008082	JANUMET XR 50-1,000 MG TABLET	ON
00006008062	JANUMET XR 50-1,000 MG TABLET	ON
00006008061	JANUMET XR 50-1,000 MG TABLET	ON
00006007882	JANUMET XR 50-500 MG TABLET	ON
00006007862	JANUMET XR 50-500 MG TABLET	ON
00006007861	JANUMET XR 50-500 MG TABLET	ON
00006027754	JANUVIA 100 MG TABLET	ON
00006027731	JANUVIA 100 MG TABLET	ON
00006027728	JANUVIA 100 MG TABLET	ON
00006027782	JANUVIA 100 MG TABLET	ON
00006027701	JANUVIA 100 MG TABLET	ON
00006027733	JANUVIA 100 MG TABLET	ON
00006027702	JANUVIA 100 MG TABLET	ON
00006022131	JANUVIA 25 MG TABLET	ON
00006022154	JANUVIA 25 MG TABLET	ON
00006022128	JANUVIA 25 MG TABLET	ON
00006022101	JANUVIA 25 MG TABLET	ON
00006011231	JANUVIA 50 MG TABLET	ON

AHCCS DRUG LIST PREFERRED DRUG CHANGES EFFECTIVE JULY 1, 2016

00006011254	JANUVIA 50 MG TABLET	ON
00006011228	JANUVIA 50 MG TABLET	ON
00006011201	JANUVIA 50 MG TABLET	ON
00597014860	JENTADUETO 2.5 MG-1000 MG TAB	ON
00597014818	JENTADUETO 2.5 MG-1000 MG TAB	ON
00597014618	JENTADUETO 2.5 MG-500 MG TAB	ON
00597014660	JENTADUETO 2.5 MG-500 MG TAB	ON
00597014760	JENTADUETO 2.5 MG-850 MG TAB	ON
00597014718	JENTADUETO 2.5 MG-850 MG TAB	ON
64764033760	KAZANO 12.5-1,000 MG TABLET	NPD
64764033560	KAZANO 12.5-500 MG TABLET	NPD
00003422216	KOMBIGLYZE XR 2.5-1,000 MG TAB	NPD
00310612560	KOMBIGLYZE XR 2.5-1,000 MG TAB	NPD
00003422311	KOMBIGLYZE XR 5-1,000 MG TAB	NPD
00310614530	KOMBIGLYZE XR 5-1,000 MG TAB	NPD
00003422111	KOMBIGLYZE XR 5-500 MG TABLET	NPD
00310613530	KOMBIGLYZE XR 5-500 MG TABLET	NPD
00088222033	LANTUS 100 UNITS/ML VIAL	ON
00088221905	LANTUS SOLOSTAR 100 UNITS/ML	ON
00169368712	LEVEMIR 100 UNITS/ML VIAL	ON
00169643910	LEVEMIR FLEXPEN 100 UNITS/ML	ON
00169643810	LEVEMIR FLEXTOUCH 100 UNITS/ML	ON
00169643897	LEVEMIR FLEXTOUCH 100 UNITS/ML	ON
00169643890	LEVEMIR FLEXTOUCH 100 UNITS/ML	ON
00074319716	MODERIBA 200 MG TABLET	ON
00074322456	MODERIBA 200-400 MG DOSEPACK	NPD
00074322414	MODERIBA 200-400 MG DOSEPACK	NPD
00074323956	MODERIBA 400-400 MG DOSEPACK	NPD
00074323914	MODERIBA 400-400 MG DOSEPACK	NPD
00074327156	MODERIBA 600-400 MG DOSEPACK	NPD
00074327114	MODERIBA 600-400 MG DOSEPACK	NPD
00074328256	MODERIBA 600-600 MG DOSEPACK	NPD
00074328214	MODERIBA 600-600 MG DOSEPACK	NPD
00409178269	NALOXONE 0.4 MG/ML SYRINGE	ON
00409121501	NALOXONE 0.4 MG/ML VIAL	ON
00409121901	NALOXONE 0.4 MG/ML VIAL	ON
67457029202	NALOXONE 0.4 MG/ML VIAL	ON
67457029200	NALOXONE 0.4 MG/ML VIAL	ON
00409121525	NALOXONE 0.4 MG/ML VIAL	ON
67457059902	NALOXONE 0.4 MG/ML VIAL	ON
67457059900	NALOXONE 0.4 MG/ML VIAL	ON
00641613201	NALOXONE 0.4 MG/ML VIAL	ON
00641613225	NALOXONE 0.4 MG/ML VIAL	ON
76329336901	NALOXONE 2 MG/2 ML SYRINGE	ON
76329146901	NALOXONE 2 MG/2 ML SYRINGE	ON
00409121925	NALOXONE 4 MG/10 ML VIAL	ON
00555090202	NALTREXONE 50 MG TABLET	ON

AHCCS DRUG LIST PREFERRED DRUG CHANGES EFFECTIVE JULY 1, 2016

00555090201	NALTREXONE 50 MG TABLET	ON
00406117003	NALTREXONE 50 MG TABLET	ON
00406117001	NALTREXONE 50 MG TABLET	ON
00185003901	NALTREXONE 50 MG TABLET	ON
16729008110	NALTREXONE 50 MG TABLET	ON
16729008101	NALTREXONE 50 MG TABLET	ON
47335032683	NALTREXONE 50 MG TABLET	ON
47335032688	NALTREXONE 50 MG TABLET	ON
68084029121	NALTREXONE 50 MG TABLET	ON
68084029111	NALTREXONE 50 MG TABLET	ON
51224020630	NALTREXONE 50 MG TABLET	ON
51224020650	NALTREXONE 50 MG TABLET	ON
69547035302	NARCAN 4 MG NASAL SPRAY	ON
64764012530	NESINA 12.5 MG TABLET	NPD
64764025030	NESINA 25 MG TABLET	NPD
64764062530	NESINA 6.25 MG TABLET	NPD
00169183711	NOVOLIN 70-30 100 UNIT/ML VIAL	NPD
00169183411	NOVOLIN N 100 UNITS/ML VIAL	NPD
00169183311	NOVOLIN R 100 UNITS/ML VIAL	NPD
00169330312	NOVOLOG 100 UNIT/ML CARTRIDGE	NPD
00169750111	NOVOLOG 100 UNIT/ML VIAL	NPD
00169633910	NOVOLOG 100 UNITS/ML FLEXPEN	NPD
00169369619	NOVOLOG MIX 70-30 FLEXPEN SYRN	NPD
00169368512	NOVOLOG MIX 70-30 VIAL	NPD
59676022528	OLYSIO 150 MG CAPSULE	NPD
00003421421	ONGLYZA 2.5 MG TABLET	NPD
00003421411	ONGLYZA 2.5 MG TABLET	NPD
00310610030	ONGLYZA 2.5 MG TABLET	NPD
00310610090	ONGLYZA 2.5 MG TABLET	NPD
00003421511	ONGLYZA 5 MG TABLET	NPD
00003421541	ONGLYZA 5 MG TABLET	NPD
00003421521	ONGLYZA 5 MG TABLET	NPD
00003421531	ONGLYZA 5 MG TABLET	NPD
00310610550	ONGLYZA 5 MG TABLET	NPD
00310610530	ONGLYZA 5 MG TABLET	NPD
00310610590	ONGLYZA 5 MG TABLET	NPD
64764012103	OSENI 12.5-15 MG TABLET	NPD
64764012303	OSENI 12.5-30 MG TABLET	NPD
64764012403	OSENI 12.5-45 MG TABLET	NPD
64764025103	OSENI 25-15 MG TABLET	NPD
64764025303	OSENI 25-30 MG TABLET	NPD
64764025403	OSENI 25-45 MG TABLET	NPD
00004035730	PEGASYS 180 MCG/0.5 ML SYRINGE	ON
00004035009	PEGASYS 180 MCG/ML VIAL	ON
00004036030	PEGASYS PROCLICK 135 MCG/0.5	ON
00004036530	PEGASYS PROCLICK 180 MCG/0.5	ON
00085435501	PEGINTRON 120 MCG KIT	ON

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00085435601	PEGINTRON 150 MCG KIT	ON
00085136801	PEGINTRON 50 MCG KIT	ON
00085435301	PEGINTRON 50 MCG KIT	ON
00085435401	PEGINTRON 80 MCG KIT	ON
00085129701	PEGINTRON REDIPEN 120 MCG	NPD
00085129702	PEGINTRON REDIPEN 120 MCG 4PK	NPD
00085137001	PEGINTRON REDIPEN 150 MCG	NPD
00085132301	PEGINTRON REDIPEN 50 MCG	NPD
00085131601	PEGINTRON REDIPEN 80 MCG	NPD
00085131801	REBETOL 40 MG/ML SOLUTION	NPD
00169183702	RELION NOVOLIN 70-30 VIAL	NPD
00169183402	RELION NOVOLIN N 100 UNIT/ML	NPD
00169183302	RELION NOVOLIN R 100 UNIT/ML	NPD
51285027502	REVIA 50 MG TABLET	ON
66435010118	RIBASPHERE 200 MG CAPSULE	ON
66435010170	RIBASPHERE 200 MG CAPSULE	ON
66435010184	RIBASPHERE 200 MG CAPSULE	ON
66435010142	RIBASPHERE 200 MG CAPSULE	ON
66435010156	RIBASPHERE 200 MG CAPSULE	ON
66435010216	RIBASPHERE 200 MG TABLET	ON
66435010356	RIBASPHERE 400 MG TABLET	NPD
66435010456	RIBASPHERE 600 MG TABLET	NPD
66435010899	RIBASPHERE RIBAPAK 200-400 MG	NPD
66435010856	RIBASPHERE RIBAPAK 200-400 MG	NPD
66435010556	RIBASPHERE RIBAPAK 400-400 MG	NPD
66435010599	RIBASPHERE RIBAPAK 400-400 MG	NPD
66435010656	RIBASPHERE RIBAPAK 600-400 MG	NPD
66435010699	RIBASPHERE RIBAPAK 600-400 MG	NPD
66435010799	RIBASPHERE RIBAPAK 600-600 MG	NPD
66435010756	RIBASPHERE RIBAPAK 600-600 MG	NPD
00781204367	RIBAVIRIN 200 MG CAPSULE	ON
00781204342	RIBAVIRIN 200 MG CAPSULE	ON
00781204304	RIBAVIRIN 200 MG CAPSULE	ON
00781204316	RIBAVIRIN 200 MG CAPSULE	ON
68382026004	RIBAVIRIN 200 MG CAPSULE	ON
68382026007	RIBAVIRIN 200 MG CAPSULE	ON
68382026009	RIBAVIRIN 200 MG CAPSULE	ON
68382026012	RIBAVIRIN 200 MG CAPSULE	ON
68084017911	RIBAVIRIN 200 MG CAPSULE	ON
68084017965	RIBAVIRIN 200 MG CAPSULE	ON
65862029056	RIBAVIRIN 200 MG CAPSULE	ON
65862029018	RIBAVIRIN 200 MG CAPSULE	ON
65862029042	RIBAVIRIN 200 MG CAPSULE	ON
65862029070	RIBAVIRIN 200 MG CAPSULE	ON
65862029084	RIBAVIRIN 200 MG CAPSULE	ON
00093723281	RIBAVIRIN 200 MG TABLET	ON
68382004603	RIBAVIRIN 200 MG TABLET	ON

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00781517728	RIBAVIRIN 200 MG TABLET	ON
65862020768	RIBAVIRIN 200 MG TABLET	ON
00078066219	SEEBRI NEOHALER 15.6 MCG INHAL	NPD
61958150101	SOVALDI 400 MG TABLET	ON
00597007541	SPIRIVA 18 MCG CP-HANDIHALER	ON
00597007575	SPIRIVA 18 MCG CP-HANDIHALER	ON
00597007547	SPIRIVA 18 MCG CP-HANDIHALER	ON
00597016061	SPIRIVA RESPIMAT 1.25 MCG INH	NPD
00597010061	SPIRIVA RESPIMAT 2.5 MCG INH	NPD
00597010028	SPIRIVA RESPIMAT 2.5 MCG INH	NPD
00597015561	STIOLTO RESPIMAT INHAL SPRAY	NPD
00597015531	STIOLTO RESPIMAT INHAL SPRAY	NPD
12496121203	SUBOXONE 12 MG-3 MG SL FILM	ON
12496121201	SUBOXONE 12 MG-3 MG SL FILM	ON
12496120203	SUBOXONE 2 MG-0.5 MG SL FILM	ON
12496120201	SUBOXONE 2 MG-0.5 MG SL FILM	ON
12496120403	SUBOXONE 4 MG-1 MG SL FILM	ON
12496120401	SUBOXONE 4 MG-1 MG SL FILM	ON
12496120801	SUBOXONE 8 MG-2 MG SL FILM	ON
12496120803	SUBOXONE 8 MG-2 MG SL FILM	ON
66780012102	SYMLINPEN 120 PEN INJECTOR	ON
00310662702	SYMLINPEN 120 PEN INJECTOR	ON
66780011502	SYMLINPEN 60 PEN INJECTOR	ON
00310661502	SYMLINPEN 60 PEN INJECTOR	ON
00173086635	TANZEUM 30 MG PEN INJECT	NPD
00173086601	TANZEUM 30 MG PEN INJECT	NPD
00173086602	TANZEUM 30 MG PEN INJECT	NPD
00173086735	TANZEUM 50 MG PEN INJECT	NPD
00173086701	TANZEUM 50 MG PEN INJECT	NPD
00173086702	TANZEUM 50 MG PEN INJECT	NPD
00074308228	TECHNIVIE DOSE PACK	ON
00024586903	TOUJEO SOLOSTAR 300 UNITS/ML	NPD
00597014030	TRADJENTA 5 MG TABLET	ON
00597014090	TRADJENTA 5 MG TABLET	ON
00597014061	TRADJENTA 5 MG TABLET	ON
00169266015	TRESIBA FLEXTOUCH 100 UNITS/ML	NPD
00169266097	TRESIBA FLEXTOUCH 100 UNITS/ML	NPD
00169255013	TRESIBA FLEXTOUCH 200 UNITS/ML	NPD
00169255097	TRESIBA FLEXTOUCH 200 UNITS/ML	NPD
00002143380	TRULICITY 0.75 MG/0.5 ML PEN	NPD
00002143301	TRULICITY 0.75 MG/0.5 ML PEN	NPD
00002143480	TRULICITY 1.5 MG/0.5 ML PEN	NPD
00002143401	TRULICITY 1.5 MG/0.5 ML PEN	NPD
00456080060	TUDORZA PRESSAIR 400 MCG INH	NPD
00456080031	TUDORZA PRESSAIR 400 MCG INH	NPD
00310080060	TUDORZA PRESSAIR 400 MCG INH	NPD
00310080039	TUDORZA PRESSAIR 400 MCG INH	NPD

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00078066419	UTIBRON NEOHALER 27.5-15.6 MCG	NPD
00078066406	UTIBRON NEOHALER 27.5-15.6 MCG	NPD
00169406012	VICTOZA 2-PAK 18 MG/3 ML PEN	ON
00169406013	VICTOZA 3-PAK 18 MG/3 ML PEN	ON
00074309328	VIEKIRA PAK	ON
65757030202	VIVITROL 380 MG VIAL	ON
65757030001	VIVITROL 380 MG VIAL + DILUENT	ON
00006307401	ZEPATIER 50-100 MG TABLET	ON
00006307402	ZEPATIER 50-100 MG TABLET	ON
54123091430	ZUBSOLV 1.4-0.36 MG TABLET SL	NPD
54123011430	ZUBSOLV 11.4-2.9 MG TABLET SL	NPD
54123092930	ZUBSOLV 2.9-0.71 MG TABLET SL	NPD
54123095730	ZUBSOLV 5.7-1.4 MG TABLET SL	NPD
54123098630	ZUBSOLV 8.6-2.1 MG TABLET SL	NPD