Date: February 9, 2023

To: MCO Contractor Pharmacy Directors

MCO Contractor Medical Directors

MCO Contractor Compliance Officers

Optum FFS PBM Staff

DFSM Staff: Markay Adams, Lisa DeWitt, Ewaryst Jedrasik, Melina Solomon

From: Suzi Berman, RPh

Subject: AHCCCS Drug List Preferred Drugs

This memo is to provide notice on the preferred drugs that were recommended at the January 25, 2023, AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were twenty non-supplemental rebate therapeutic classes and three new drugs reviewed. The preferred agent recommendations for each of the classes have been accepted by AHCCCS and will be effective beginning on April 1, 2023. 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 January 25, 2023, meeting, the effective date is April 1, 2023.*

*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 voting that was completed for the recommendations proposed by the Committee. The Committee reviewed nineteen supplemental classes and four new drugs. To review the actual P&T recommendations, the AHCCCS P&T Recommendations document is available on the AHCCCS website under Pharmacy/ Pharmacy & Committee/Agendas & Meeting Minutes.

The AHCCCS recommendation’s excel spreadsheet for preferred agents in each class is also located on the AHCCCS website. The excel spreadsheet is located on the AHCCCS website under Pharmacy/ Pharmacy & Committee/Agendas & Meeting Minutes.

Pertinent information and new products added or products changing to non-Preferred on the AHCCCS Drug List are highlighted below in yellow.

**Non-Supplemental Rebate Therapeutic Class Votes**

1. Androgenic Agents
   1. Preferred Products
      1. ANDROGEL GEL PUMP (TRANSDERM)
      2. ANDRODERM (TRANSDERM)
      3. ANDROGEL GEL PACKET (TRANSDERM.)
      4. TESTOSTERONE GEL PACKET (AG) (VOGELXO)(TRANSDERM)- NEW
   2. The committee voted on the above recommendations
      * 1. All present committee members voted in favor of the recommendations
        2. No committee members voted against the recommendations.
        3. No committee members abstained.
   3. Grandfathering - None
2. Antidepressants, Others
   1. Preferred Products
      1. BUPROPION (ORAL)
      2. BUPROPION SR (ORAL)
      3. BUPROPION XL (ORAL)
      4. MIRTAZAPINE TABLET (ORAL)
      5. MIRTAZAPINE ODT (ORAL)
      6. SPRAVATO (NASAL)
      7. TRAZODONE (ORAL)
      8. VENLAFAXINE ER CAPSULES (ORAL)
      9. VENLAFAXINE (ORAL)
   2. The committee voted on the above recommendations
      * 1. All present committee members voted in favor of the recommendations
        2. No committee members voted against the recommendations.
        3. No committee members abstained.
   3. Grandfathering - Yes
3. Antidepressants, SSRIs
   1. Preferred Products
      1. CITALOPRAM SOLUTION (ORAL)
      2. CITALOPRAM TABLET (ORAL)
      3. ESCITALOPRAM TABLET (ORAL)
      4. FLUOXETINE CAPSULE (ORAL)
      5. FLUOXETINE SOLUTION (ORAL)
      6. FLUVOXAMINE (ORAL)
      7. PAROXETINE TABLET (ORAL)
      8. SERTRALINE CONC (ORAL)
      9. SERTRALINE TABLET (ORAL)
   2. The committee voted on the above recommendations
      * 1. All present committee members voted in favor of the recommendations
        2. No committee members voted against the recommendations.
        3. No committee members abstained.
   3. Grandfathering - Yes
4. Antivirals - Topical
   1. Preferred Products
      1. DOCOSANOL OTC (TOPICAL)
      2. ZOVIRAX CREAM (TOPICAL)
      3. ZOVIRAX OINTMENT (TOPICAL) (New)
   2. Non-Preferred
      1. ACYCLOVIR OINTMENT (TOPICAL)
   3. The committee voted on the above recommendations
      * 1. All present committee members voted in favor of the recommendations
        2. No committee members voted against the recommendations.
        3. No committee members abstained.
   4. Grandfathering - None
5. Bone Resorption Suppression Agents
   1. Preferred Products
      1. ALENDRONATE SOLUTION (ORAL)
      2. ALENDRONATE TABLETS (ORAL)
      3. CALCITONIN SALMON (NASAL)
      4. FORTEO (SUBCUTANE.) with PA
      5. IBANDRONATE TABLETS (ORAL)
      6. PROLIA (SUBCUTANE.) with PA
      7. RALOXIFENE (AG) (ORAL)
   2. The committee voted on the above recommendations
      * 1. All present committee members voted in favor of the recommendations
        2. No committee members voted against the recommendations.
        3. No committee members abstained.
   3. Grandfathering - None
6. Bronchodilators, Beta Agonists
   1. Preferred Products
      1. Long-Acting Agents
         1. SEREVENT (INHALATION)
      2. Nebulized Agents
         1. ALBUTEROL NEB SOLN 0.63, 1.25 MG (INHALATION)
         2. ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION)
         3. ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)
         4. ALBUTEROL NEB SOLN 2.5 MG/3 ML (INHALATION)
      3. Oral Agents
         1. ALBUTEROL SYRUP (ORAL)
      4. Short-Acting Agents
         1. ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)
         2. ALBUTEROL HFA (PROAIR) (INHALATION)
         3. ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)
         4. ALBUTEROL HFA (PROAIR) (AG) (INHALATION)
         5. ALBUTEROL HFA (PROVENTIL) (INHALATION)
   2. Moving to Non-Preferred
      1. PROAIR HFA (INHALATION)
   3. The committee voted on the above recommendations
      * 1. All present committee members voted in favor of the recommendations
        2. No committee members voted against the recommendations.
        3. No committee members abstained.
   4. Grandfathering - None
7. Colony Stimulating Factors
   1. Preferred Products
      1. FYLNETRA (SUBCUTANEOUS) -New
      2. NIVESTYM SYRINGE (SUBCUTANEOUS)
      3. NIVESTYM VIAL (INJECTION)-New
      4. ZIEXTENZO SYRINGE (SUBCUTANEOUS)-New
   2. Moving to Non-Preferred
      1. FULPHILA (SUBCUTANEOUS)
      2. NEUPOGEN VIAL (INJECTION)
      3. NEUPOGEN DISP SYRIN (INJECTION)
      4. NYVEPRIA (SUBCUTANEOUS)
      5. UDENYCA (SUBCUTANEOUS)
   3. The committee voted on the above recommendations
      * 1. All present committee members voted in favor of the recommendations
        2. No committee members voted against the recommendations.
        3. No committee members abstained.
   4. Grandfathering - None
8. Enzyme Replacement, Gaucher Disease
   1. Preferred Products
      1. CERDELGA (ORAL)
      2. CEREZYME 400 UNITS (INTRAVEN)
      3. ELELYSO (INTRAVEN)
      4. MIGLUSTAT (AG) (ORAL)
      5. MIGLUSTAT (ORAL)- NEW
      6. VPRIV 400 UNITS (INTRAVEN)
   2. The committee voted on the above recommendations
      * 1. All present committee members voted in favor of the recommendations
        2. No committee members voted against the recommendations.
        3. No committee members abstained.
   3. Grandfathering - None
9. Erythropoiesis Stimulating Proteins
   1. Preferred Products
      1. ARANESP DISP SYRINGE (INJECTION)-NEW
      2. EPOGEN
      3. RETACRIT (INJECTION)
   2. The committee voted on the above recommendations
      * 1. All present committee members voted in favor of the recommendations
        2. No committee members voted against the recommendations.
        3. No committee members abstained.
   3. Grandfathering - None
10. Hypoglycemics, Alpha-Glucosidase Inhibitors
    1. Preferred Products
       1. ACARBOSE (ORAL)
    2. The committee voted on the above recommendations
       * 1. All present committee members voted in favor of the recommendations
         2. No committee members voted against the recommendations.
         3. No committee members abstained.
    3. Grandfathering - None
11. Hypoglycemics, Metformins
    1. Preferred Products
       1. GLYBURIDE-METFORMIN (ORAL)
       2. METFORMIN (ORAL)
       3. METFORMIN ER (GLUCOPHAGE XR) (ORAL)
    2. The committee voted on the above recommendations
       * 1. All present committee members voted in favor of the recommendations
         2. No committee members voted against the recommendations.
         3. No committee members abstained.
    3. Grandfathering - None
12. Hypoglycemics, SGLT2s
    1. Preferred Products
       1. FARXIGA (ORAL)
       2. INVOKANA (ORAL)
       3. INVOKAMET (ORAL)
       4. JARDIANCE (ORAL)
       5. SYNJARDY (ORAL)
       6. XIGDUO XR (ORAL)
    2. The committee voted on the above recommendations
       * 1. All present committee members voted in favor of the recommendations
         2. No committee members voted against the recommendations.
         3. No committee members abstained.
    3. Grandfathering - None
13. Immune Globulins
    1. Preferred Products
       1. BIVIGAM (INTRAVEN)-NEW
       2. FLEBOGAMMA DIF (INTRAVEN)
       3. GAMMAGARD LIQUID (INJECTION)
       4. GAMMAGARD S-D (INTRAVEN)
       5. GAMMAKED (INTRAVEN)
       6. GAMUNEX-C (INJECTION)
       7. HIZENTRA VIAL (SUBCUT.)
       8. HIZENTRA SYRINGE (SUBCUTANEOUS)
       9. OCTAGAM (INTRAVEN)-NEW
       10. PRIVIGEN (INTRAVEN)
       11. XEMBIFY (SUBCUTANEOUS)-NEW
    2. The committee voted on the above recommendations
       * 1. All present committee members voted in favor of the recommendations
         2. No committee members voted against the recommendations.
         3. No committee members abstained.
    3. Grandfathering - None
14. Oral Oncology, Oral, Hematologic - Brand/Generic
    1. Preferred Products
       1. ALKERAN (ORAL)
       2. GLEEVEC (ORAL)
       3. HYDROXYUREA (ORAL)
       4. MATULANE (ORAL)
       5. MERCAPTOPURINE (ORAL)
       6. TRETINOIN (ORAL)
    2. The committee voted on the above recommendations
       * 1. All present committee members voted in favor of the recommendations
         2. No committee members voted against the recommendations.
         3. No committee members abstained.
    3. Grandfathering - None
15. Ophthalmics, Anti-Inflammatory Products
    1. Preferred Products
       1. RESTASIS (OPHTHALMIC)
    2. The committee voted on the above recommendations
       * 1. All present committee members voted in favor of the recommendations
         2. No committee members voted against the recommendations.
         3. No committee members abstained.
    3. Grandfathering - None
16. Otic Antibiotics
    1. Preferred Products
       1. CIPRO HC (OTIC)
       2. CIPRODEX (OTIC)
       3. CIPROFLOXACIN (OTIC)
       4. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (OTIC)
       5. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP AG (OTIC)
       6. OFLOXACIN (OTIC)
    2. The committee voted on the above recommendations
       * 1. All present committee members voted in favor of the recommendations
         2. No committee members voted against the recommendations.
         3. No committee members abstained.
    3. Grandfathering - None
17. Pulmonary Atrial Hypertension (PAH) Agents
    1. Preferred Products
       1. ADCIRCA (ORAL)
       2. AMBRISENTAN (ORAL)-NEW
       3. BOSENTAN TABLET (AG) (ORAL)-NEW
       4. BOSENTAN TABLET (ORAL)-NEW
       5. REVATIO SUSPENSION (ORAL)
       6. SILDENAFIL TABLET (ORAL)
       7. SILDENAFIL SUSPENSION (ORAL)
    2. Products moving to non-Preferred
       1. LETAIRIS (ORAL)
       2. SILDENAFIL SUSPENSION AG (ORAL)
       3. TRACLEER TABLET (ORAL)
    3. The committee voted on the above recommendations
       * 1. All present committee members voted in favor of the recommendations
         2. No committee members voted against the recommendations.
         3. No committee members abstained.
    4. Grandfathering - None
18. Thrombopoiesis Stimulating Proteins
    1. Preferred Products
       1. NPLATE (SUB-Q)
       2. PROMACTA TABLET (ORAL)
    2. The committee voted on the above recommendations
       * 1. All present committee members voted in favor of the recommendations
         2. No committee members voted against the recommendations.
         3. No committee members abstained.
    3. Grandfathering - None
19. Ulcerative Colitis Agents
    1. Preferred Products
       1. APRISO (ORAL)
       2. ASACOL HD (ORAL) (New)
       3. CANASA (RECTAL)
       4. DELZICOL (ORAL)
       5. LIALDA (ORAL)
       6. PENTASA (ORAL)
       7. SFROWASA (RECTAL)
       8. SULFASALAZINE (AG) (ORAL)
       9. SULFASALAZINE (ORAL)
       10. SULFASALAZINE DR (AG) (ORAL)
    2. The committee voted on the above recommendations
       * 1. All present committee members voted in favor of the recommendations
         2. No committee members voted against the recommendations.
         3. No committee members abstained.
    3. Grandfathering - None

Note: Originally grandfathering did not apply to any classes. After internal review grandfathering has been allowed for Antidepressants-Other and Antidepressants-SSRIs.

**New Drug Recommendations and Vote-**

As a reminder, the new drug recommendations are not included on the PDL excel file.

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| 1. Sotyktu-    1. Recommendation is Non-Preferred       1. All present committee members voted in favor of the recommendations       2. No committee members voted against the recommendations.       3. No committee members abstained. 2. Rolvedon    1. Recommendation is Non-Preferred       1. All present committee members voted in favor of the recommendations       2. No committee members voted against the recommendations.       3. No committee members abstained. 3. Sunlenca    1. Recommendation is Non-Preferred       1. All present committee members voted in favor of the recommendations       2. No committee members voted against the recommendations.       3. No committee members abstained. |
| **AHCCCS Approved Drug List Changes**   * **Removal of prior authorization for the following drugs:**   + Pregabalin and dosages not to exceed 600mg per day   + Lithium * **Removal of step therapy through an inhaled corticosteroid**   + Advair Diskus   + Advair HFA   + Dulera   + Symbicort   **Biosimilars Update**  The first biosimilar for Humira is expected to be released shortly or has been by the time you receive this notice.  As a reminder, Humira will continue to be the preferred adalimumab product on the AHCCCS Drug List. |
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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 April 1, 2023, 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*.”

The next AHCCCS P&T Committee is May 23, 2023.

Please contact me at your convenience if you have any questions. I can be reached by email at [Suzanne.Berman@azahcccs.gov](mailto:Suzanne.Berman@azahcccs.gov).