Date: October 31, 2022

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 May 24, 2022, AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were twelve non-supplemental and two 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 January 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 October 19, 2022, meeting, the effective date is January 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.

New products added or products changing to non-Preferred on the AHCCCS Drug List are highlighted below in yellow.

**Supplemental Rebate Therapeutic Class Votes**

1. Antifungals, Oral
   1. Preferred Products
      1. CLOTRIMAZOLE (MUCOUS MEM)
      2. FLUCONAZOLE SUSPENSION (ORAL)\*
      3. FLUCONAZOLE TABLET (ORAL)\*
      4. GRISEOFULVIN SUSPENSION (ORAL)\*
      5. GRISEOFULVIN TABLETS (ORAL)\*
      6. NYSTATIN SUSPENSION (ORAL)\*
      7. NYSTATIN TABLET (ORAL)\*
      8. TERBINAFINE (ORAL)\*
      9. VFEND SUSPENSION (ORAL)
   2. The committee voted on the above recommendations
      1. Ten present committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. One committee member abstained.
   3. Grandfathering – None
2. Antifungals, Topical – No Changes
   1. Preferred Products
      1. CICLOPIROX CREAM (TOPICAL)
      2. CICLOPIROX SOLUTION (TOPICAL)
      3. CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)\*
      4. CLOTRIMAZOLE CREAM OTC (TOPICAL)\*
      5. CLOTRIMAZOLE CREAM RX (TOPICAL)\*
      6. CLOTRIMAZOLE SOLUTION OTC (TOPICAL)\*
      7. KETOCONAZOLE CREAM (TOPICAL)\*
      8. KETOCONAZOLE SHAMPOO (TOPICAL)\*
      9. LOTRIMIN ULTRA OTC (TOPICAL)
      10. MICONAZOLE CREAM OTC (TOPICAL)\*
      11. MICONAZOLE POWDER OTC (TOPICAL)\*
      12. NYSTATIN CREAM (TOPICAL)\*
      13. NYSTATIN OINT (TOPICAL)\*
      14. NYSTATIN POWDER (TOPICAL)\*
      15. TERBINAFINE CREAM OTC (TOPICAL)
      16. TOLNAFTATE AERO POWDER OTC (TOPICAL)
      17. TOLNAFTATE CREAM OTC (TOPICAL)
      18. TOLNAFTATE POWDER OTC (TOPICAL)
   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
3. Antimigraine, Triptans – No Changes
   * 1. IMITREX (NASAL)
     2. NARATRIPTAN (ORAL)\*
     3. RIZATRIPTAN ODT (ORAL)\*
     4. RIZATRIPTAN TABLET (ORAL)\*
     5. SUMATRIPTAN (ORAL)\*
     6. SUMATRIPTAN KIT (AG) (SUBCUTANE.)\*
     7. SUMATRIPTAN KIT (SUBCUTANE.)\*
     8. SUMATRIPTAN KIT (SUN) (SUBCUTANE.)\*
     9. SUMATRIPTAN VIAL (SUBCUTANE.)\*
     10. ZOLMITRIPTAN ODT (ORAL)\*
     11. ZOLMITRIPTAN TABLET (ORAL)\*
     12. ZOMIG (NASAL)
   1. 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.
   2. Grandfathering - None
4. Beta Blockers – No Changes
   1. Preferred Products
      1. ATENOLOL (ORAL)\*
      2. ATENOLOL / CHLORTHALIDONE (ORAL)\*
      3. BISOPROLOL HCTZ (ORAL)
      4. BISOPROLOL (ORAL)
      5. CARVEDILOL (ORAL)\*
      6. LABETALOL (ORAL)\*
      7. METOPROLOL / HCTZ (ORAL)
      8. METOPROLOL (ORAL)\*
      9. METOPROLOL XL (AG) (ORAL)\*
      10. METOPROLOL XL (ORAL)\*
      11. NADOLOL (ORAL)\*
      12. PROPRANOLOL / HCTZ (ORAL)
      13. PROPRANOLOL ER (ORAL)\*
      14. PROPRANOLOL ER (AG) (ORAL)
      15. PROPRANOLOL SOLUTION (ORAL)\*
      16. PROPRANOLOL TABLET (ORAL)\*
      17. SOTALOL (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
5. BPH Treatments – No Changes
   1. Preferred Products
      1. ALFUZOSIN (ORAL)\*
      2. DOXAZOSIN (AG) (ORAL)\*
      3. DOXAZOSIN (ORAL)\*
      4. DUTASTERIDE (ORAL)\*
      5. FINASTERIDE (ORAL)\*
      6. TAMSULOSIN (ORAL)\*
      7. TERAZOSIN (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. Calcium Channel Blockers
   1. Preferred Products
      1. AMLODIPINE (ORAL)\*
      2. DILTIAZEM CAPSULE ER (ORAL)\*
      3. DILTIAZEM TABLET (ORAL)\*
      4. FELODIPINE ER (ORAL)\*
      5. KATERZIA (ORAL) (PA required for ages >7 years)
      6. NIFEDIPINE IR (ORAL)\*
      7. NIFEDIPINE ER (ORAL)\*
      8. VERAPAMIL CAPSULE ER (ORAL)\*
      9. VERAPAMIL TABLET ER (ORAL)\*
      10. VERAPAMIL 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
7. Heredity Angioedema (HAE) Agents – New Therapeutic Class
   1. Preferred Products
      1. BERINERT (INTRAVEN)
      2. CINRYZE (INTRAVEN)
      3. FIRAZYR (SUB-Q)
      4. KALBITOR (SUB-Q)
      5. ORLADEYO (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 with the exception of Icatibant
      1. Icatibant users are to be transitioned to Firazyr.
   4. The remaining agents in this class are non-preferred.
8. HIV Agents
   1. Preferred Products
      1. ABACAVIR SOLUTION (ORAL)\*
      2. ABACAVIR TABLET (ORAL)\*
      3. ABACAVIR/LAMIVUDINE (ORAL)\*
      4. ABACAVIR/LAMIVUDINE/ZIDOVUDINE (ORAL)\*
      5. APTIVUS CAPSULE (ORAL)\*
      6. APTIVUS SOLUTION (ORAL)\*
      7. ATAZANAVIR (ORAL)\*
      8. ATRIPLA (ORAL)\*
      9. BIKTARVY (ORAL)\*
      10. ACOMPLERA (ORAL)\*
      11. DELSTRIGO (ORAL)\*
      12. DESCOVY (ORAL)\*
      13. DIDANOSINE CAPSULE DR (ORAL)\*
      14. DOVATO (ORAL)\*
      15. EFAVIRENZ CAPSULE (ORAL)\*
      16. EFAVIRENZ TABLET (ORAL)\*
      17. EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)\*
      18. EMTRICITABINE CAPSULE (ORAL)\*
      19. EMTRIVA SOLUTION (ORAL)\*
      20. ETRAVIRINE (ORAL)\*
      21. EVOTAZ (ORAL)\*
      22. FOSAMPRENAVIR TABLET (ORAL)\*
      23. FUZEON (SUB-Q)\*
      24. GENVOYA (ORAL)\*
      25. ISENTRESS (ORAL)\*
      26. ISENTRESS HD (ORAL)
      27. ISENTRESS POWDER PACK (ORAL)\*
      28. ISENTRESS TAB CHEW (ORAL)\*
      29. JULUCA (ORAL)\*
      30. LAMIVUDINE SOLUTION (ORAL)\*
      31. LAMIVUDINE TABLET (ORAL)\*
      32. LAMIVUDINE-ZIDOVUDINE (ORAL)\*
      33. LEXIVA SUSPENSION (ORAL)\*
      34. LOPINAVIR/RITONAVIR SOLUTION (ORAL)\*
      35. LOPINAVIR/RITONAVIR TABLET (ORAL)\*
      36. NEVIRAPINE ER (ORAL)\*
      37. NEVIRAPINE ORAL SUSP (ORAL)\*
      38. NEVIRAPINE TABLET (ORAL)\*
      39. NORVIR POWDER PACK (ORAL)\*
      40. NORVIR SOLUTION (ORAL)\*
      41. ODEFSEY (ORAL)\*
      42. PIFELTRO (ORAL)\*
      43. PREZCOBIX (ORAL)\*
      44. PREZISTA (ORAL)\*
      45. PREZISTA ORAL SUSP (ORAL)\*
      46. REYATAZ POWDER PACK (ORAL)\*
      47. RITONAVIR TABLET (ORAL)\*
      48. SELZENTRY TABLET (ORAL)\*
      49. STRIBILD (ORAL)\*
      50. SYMFI (ORAL)
      51. SYMFI LO (ORAL)
      52. SYMTUZA (ORAL)\*
      53. TENOFOVIR DISOPROXIL FUMARATE (ORAL)\*
      54. TIVICAY (ORAL)\*
      55. TIVICAY PD SUSPENSION (ORAL)\*
      56. TRIUMEQ (ORAL)\*
      57. TRIUMEQ PD TAB SUSP (ORAL)
      58. TRUVADA (ORAL)\*
      59. TYBOST (ORAL)\*
      60. VIREAD POWDER (ORAL)\*
      61. ZIDOVUDINE CAPSULE (ORAL)\*
      62. ZIDOVUDINE SYRUP (ORAL)\*
      63. ZIDOVUDINE TABLET (ORAL)\*
   2. Agents moving to non-preferred:
      1. CRIXIVAN (ORAL)\*
      2. INVIRASE TABLET (ORAL)\*
      3. STAVUDINE CAPSULE (ORAL)\*
      4. VIRACEPT (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 - Yes
9. Immunomodulators, Atopic Dermatitis Agents – New Therapeutic Class
   1. Preferred Products
      1. DUPIXENT PEN (SUBCUTANEOUS)
      2. DUPIXENT SYRINGE (SUBCUTANEOUS)
      3. EUCRISA (TOPICAL)
      4. PIMECROLIMUS (AG) (TOPICAL)
      5. PIMECROLIMUS (TOPICAL)
      6. TACROLIMUS (AG) (TOPICAL)
      7. TACROLIMUS (TOPICAL)
   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. The remaining agents in this class are non-preferred.
10. Leukotriene Modifier Agents – No Changes
    1. Preferred Products
       1. MONTELUKAST CHEWABLE TABLET (ORAL)\*
       2. MONTELUKAST TABLET (ORAL)\*
       3. MONTELUKAST GRANULES (ORAL)\*
          1. Prior Authorization is not required for ages < 4 years of age
    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. Movement Disorders – No Changes
    1. Preferred Products
       1. AUSTEDO (ORAL)\*
       2. INGREZZA (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
12. Phosphate Binder Agents – No Changes
    1. Preferred Products
       1. CALCIUM ACETATE CAPSULE (ORAL)\*
       2. CALCIUM ACETATE TABLET (ORAL)\*
       3. CALCIUM ACETATE TABLET OTC (ORAL)
       4. SEVELAMER CARBONATE TABLET (AG) (ORAL)\*
       5. SEVELAMER CARBONATE 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, for Lanthanum Chewable Tablets and Fosrenol Powder Packets
       1. All Sevelamer prescriptions are to be transitioned to preferred NDCs for Sevelamer.
13. Sedative Hypnotics – No Changes
    1. Preferred Products
       1. ESZOPICLONE (ORAL)\*
       2. ROZEREM (ORAL)\*
       3. TEMAZEPAM (AG) (ORAL) – 15 mg and 30 mg capsules\*
       4. TEMAZEPAM (ORAL) – 15 mg and 30 mg capsules\*
       5. ZOLPIDEM (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
14. Topical Steroids- Low Potency - No Changes
    1. Preferred Products
       1. DERMA-SMOOTHE-FS (TOPICAL)
       2. HYDROCORTISONE ACETATE CREAM OTC (TOPICAL)\*
       3. HYDROCORTISONE ACETATE OINTMENT OTC (TOPICAL)\*
       4. HYDROCORTISONE CREAM (RECTAL)\*
       5. HYDROCORTISONE CREAM (TOPICAL)\*
       6. HYDROCORTISONE CREAM OTC (TOPICAL)\*
       7. HYDROCORTISONE LOTION (TOPICAL)\*
       8. HYDROCORTISONE OINTMENT OTC (TOPICAL)\*
       9. HYDROCORTISONE OINTMENT (TOPICAL)\*
       10. HYDROCORTISONE-ALOE CREAM OTC (TOPICAL)
    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. Topical Steroids – Medium Potency – No Changes
    1. Preferred Products
       1. FLUTICASONE PROPIONATE CREAM (TOPICAL)\*
       2. FLUTICASONE PROPIONATE OINTMENT (TOPICAL)\*
       3. MOMETASONE FUROATE CREAM (TOPICAL)\*
       4. MOMETASONE FUROATE OINTMENT (TOPICAL)\*
       5. MOMETASONE FUROATE SOLUTION (TOPICAL)\*
    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. Topical Steroids – High Potency – No Changes
    1. Preferred Products
       1. BETAMET DIPROP / PROP GLY CREAM (TOPICAL)\*
       2. BETAMETHASONE DIPROPIONATE CREAM (TOPICAL)\*
       3. BETAMETHASONE DIPROPIONATE LOTION (TOPICAL)\*
       4. BETAMETHASONE VALERATE CREAM (TOPICAL)\*
       5. BETAMETHASONE VALERATE LOTION (TOPICAL)\*
       6. BETAMETHASONE VALERATE OINTMENT (TOPICAL)\*
       7. FLUOCINONIDE CREAM (TOPICAL)\*
       8. FLUOCINONIDE OINTMENT (TOPICAL)\*
       9. FLUOCINONIDE SOLUTION (TOPICAL)\*
       10. TRIAMCINOLONE ACETONIDE CREAM (TOPICAL)\*
       11. TRIAMCINOLONE ACETONIDE LOTION (TOPICAL)\*
       12. TRIAMCINOLONE ACETONIDE OINTMENT (TOPICAL)\*
    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. Topical Steroids – Very High Potency – No Changes
    1. Preferred Products
       1. CLOBETASOL EMOLLIENT (TOPICAL)\*
       2. CLOBETASOL PROPIONATE CREAM (TOPICAL)\*
       3. CLOBETASOL PROPIONATE GEL (TOPICAL)\*
       4. CLOBETASOL PROPIONATE OINTMENT (TOPICAL)\*
       5. CLOBETASOL PROPIONATE SOLUTION (TOPICAL)\*
       6. CLOBETASOL SHAMPOO (TOPICAL)\*
       7. HALOBETASOL PROPIONATE CREAM (TOPICAL)\*
       8. HALOBETASOL PROPIONATE OINTMENT (TOPICAL)\*
    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

**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. Camzyos (mavacamten)    1. All present committee members voted in favor of the recommendations    2. No committee members voted against the recommendations.    3. No committee members abstained. |
| 1. Mounjaro (Tirzepatide)    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. Vtama (Tapinarof)    1. All present committee members voted in favor of the recommendations    2. No committee members voted against the recommendations.    3. No committee members abstained.   **Request to add Ella (Ulipristal)**   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. Prior authorization – None 5. Quantity Limit - One |
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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 January 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 January 25, 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).