Date: November 12, 2023

To: MCO Contractor Pharmacy Directors

MCO Contractor Medical Directors

MCO Contractor Compliance Officers

Optum FFS PBM Staff

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 October 25, 2023, AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were two supplemental rebate classes, fourteen non-supplemental rebate classes and six 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, 2024. 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 2023 meeting, the effective date is January 1, 2024.*

*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

**Supplemental Rebate Therapeutic Class Votes**

1. Anticonvulsant Agents
   1. Preferred Products – New Class Reviewed- **Moving to Preferred Status**
      1. Banzel suspension (oral)\* Banzel tablet (oral)\*
      2. Carbamazepine chewable tablet (oral)\* Carbamazepine ER (Carbatrol) (oral)\*
      3. Carbamazepine suspension (oral)\* Carbamazepine tablet (oral)\*
      4. Carbamazepine XR (ag) (oral)\* Carbamazepine XR (oral)\*
      5. Carbatrol (oral)\* Celontin (oral)
      6. Clobazam Suspension (Oral)\* Clobazam Tablet (Oral)\*
      7. Clonazepam (Oral)\* Clonazepam ODT (Oral)\*
      8. Diastat (Rectal)\* Diastat Acudial (Rectal)
      9. Diazepam (Ag) (Rectal)\* Diazepam Device (Ag) (Rectal)\*
      10. Dilantin 30 Mg Capsule (Oral)\* Divalproex ER (Oral)\*
      11. Divalproex Sprinkle (Oral)\* Divalproex Tablet (Oral)\*
      12. Epidiolex (Oral) Ethosuximide Capsule (Ag) (Oral)\*
      13. Ethosuximide Capsule (Oral)\* Ethosuximide Syrup (Oral)\*
      14. Felbamate Suspension (Oral)\* Felbamate Tablet (Oral)\*
      15. Fycompa Suspension (Oral) Fycompa Tablet (Oral)
      16. Lacosamide Solution (Oral)\* Lacosamide Tablet (Oral)\*
      17. Lamotrigine Dispersible Tablet (Oral) Lamotrigine ODT (Oral)\*
      18. Lamotrigine Tablet (Oral)\* Lamotrigine XR (Oral)\*
      19. Levetiracetam ER (Oral)\* Levetiracetam Solution (Oral)\*
      20. Levetiracetam Tablets (Oral)\* Nayzilam (Nasal)
      21. Phenobarbital Elixir (Oral)\* Phenobarbital Tablet (Oral)\*
      22. Phenytoin Capsule (Oral)\* Phenytoin Chewable Tablet (Oral)\*
      23. Phenytoin Ext Capsule (Oral)\* Phenytoin Suspension (Ag) (Oral)\*
      24. Phenytoin Suspension (Oral)\* Primidone (Oral)\*
      25. Rufinamide Tablet (Oral)\* Tiagabine (Oral)\*
      26. Topiramate ER (Qudexy) (Ag) (Oral) Topiramate ER (Qudexy) (Oral)
      27. Topiramate Sprinkle (Oral)\* Topiramate Tablets (Oral)\*
      28. Trileptal Suspension (Oral)\* Trokendi XR (Oral)
      29. Valproic Acid Capsule (Oral)\* Valproic Acid Solution (Oral)
      30. Valtoco (Nasal) Xcopri Tablet (Oral)
      31. Xcopri Titration Pak (Oral) Zonisamide (Oral)\*
2. All remaining agents are moving to non-preferred status.
3. Quantity limits for Nayzilam and Valtoco nasal sprays to match the same as the diazepam rectal gel.
4. Agents currently listed on the AHCCCS Drug List requiring prior authorization will continue to require prior authorization.
5. 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.
6. Grandfathering – Yes
7. Antifungals - Oral
   1. Preferred Products – No Changes
   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 - No
8. Antifungals – Topical
   1. Products moving to Preferred Status–
      1. Clotrimazole Solution by Rx
   2. Moving to Non-Preferred
      1. Clotrimazole Solution OTC
      2. Ketodan Foam
      3. Ketodan Foam Kit
      4. Votriza-AL
   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 - No
9. Antimigraine - Triptans
   1. Preferred Products – No Changes
   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 - No
10. Beta Blockers
    1. Preferred Products – No Changes
    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. No Grandfathering
11. BPH Treatments
    1. Preferred Products – No Changes
    2. The committee voted on the above recommendations.
       1. Nine present committee members voted in favor of the recommendations.
       2. No committee members voted against the recommendations.
       3. One committee member abstained.
    3. Grandfathering - No
12. Calcium Channel Blockers
    1. Preferred products
       1. Amlodipine
       2. Diltiazem Capsule ER
       3. Diltiazem Tablet
       4. Felodipine ER
       5. Katerzia
       6. Nifedipine IR
       7. Nifedipine ER
       8. Verapamil Capsule ER
       9. Verapamil Tablet ER
       10. Verapamil Tablet
    2. Moving to Non-Preferred Status
       1. Norliqva
    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 - No
13. HAE Treatments – All treatments require prior authorization approval.
    1. Moving to Preferred
       1. Haegarda (SUB-Q)\*
       2. Icatibant (SUB-Q)\*
    2. Moving to Non-preferred
       1. Orladeyo
       2. Firazyr
    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
14. HIV-AIDs
    1. Moving to Preferred Products
       1. EDURANT (ORAL)
       2. EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)\*
    2. Moving to Non-preferred
       1. APTIVUS CAPSULE (ORAL)\*
       2. ATRIPLA (ORAL)\*
       3. DIDANOSINE CAPSULE DR (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 - No
15. Immunologic Agents
    1. Moving to Preferred
       1. Adbry
    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 - No
16. Leukotrienes – No changes
    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 - No
17. Movement Disorders
    1. Moving to Preferred
       1. Austedo XR
       2. Austedo XR Titration Packet
    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 - No
18. Multiple Sclerosis – New Class
    1. Preferred Products
       1. AVONEX (INTRAMUSC.)\*
       2. AVONEX PEN (INTRAMUSC.)
       3. COPAXONE 20 MG/ML (SUBCUTANE.)\*
       4. COPAXONE 40 MG/ML (SUBCUTANE.)
       5. DALFAMPRIDINE ER (ORAL)
       6. DIMETHYL FUMARATE DR (AG) (ORAL)
       7. DIMETHYL FUMARATE DR (ORAL)
       8. FINGOLIMOD (ORAL)\*
       9. KESIMPTA (SUBCUTANE.)
       10. OCREVUS (INTRAVEN.)
       11. REBIF (SUBCUTANE.)
       12. REBIF REBIDOSE PEN INJCTR (SUBCUTANE.)\*
       13. TERIFLUNOMIDE TABLET (ORAL)
       14. TYSABRI (INTRAVEN.)
    2. The remaining agents in this class are non-preferred.
    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
19. Phosphate Binders – No Changes
    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 - No
20. Sedative Hypnotics
    1. Moving to Preferred Status
       1. Zolpidem ER
    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 - No
21. Steroids – Topicals
    1. Moving to Preferred Status
       1. Fluocinolone Acetonide Solution (Topical)
       2. Oralone (Dental)\*
       3. Triamcinolone Paste (Dental)\*
       4. Betamethasone Dipropionate 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 – No

**New Drug Recommendations and Vote-**

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

* + - 1. Vowst
      2. Sogroya
      3. Zavzpret
      4. Inpefa
      5. Miebo
      6. Veozah

Recommendations by the Committee are non-preferred for all of the new drugs:

* + 1. All present committee members voted in favor of the recommendations.
    2. No committee members voted against the recommendations.
    3. No committee members abstained.

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| **Biosimilar Update**  **The AHCCCS Medical Policy Manual Policy 310-V Section III B. 4. states the following:**  **The Contractor shall not transition to a Biosimilar drug until AHCCCS has made the determination that the Biosimilar drug is overall more cost-effective to the state that the continued use of the brand name drug.**  **Humira products will remain as the preferred adalimumab product. All biosimilar products for Humira are non-preferred.** |

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, 2024, to reflect the October 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 Meetings are:

January 24, 2024.

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).