

Date: November 9, 2016

To: Contractor Medical Directors, Pharmacy Directors & 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 October 19, 2016 AHCCCS Pharmacy & Therapeutics (P&T) Committee. Preferred drugs were approved for the following:

1. Antibiotics, Inhaled
 - a. Kitabis and Bethkis shall remain as the preferred agents.
 - b. Grandfathering of Cayston utilization was approved.
2. Epinephrine, Self-injected
 - a. Adrenaclick epinephrine 0.15 and 0.3mg shall remain as preferred agents.
 - b. EpiPen and EpiPen Jr shall remain as preferred agents.
 - c. Grandfathering is not applicable.
3. Cytokine and CAM Antagonists
 - a. Enbrel and Humira shall remain as the preferred agents.
 - b. Grandfathering of current utilization of other products was approved.
4. Growth Hormone
 - a. Genotropin and Norditropin shall remain as preferred agents.
 - b. Nutropin AQ products shall be removed as preferred drugs from the AHCCCS Drug List.
 - c. No grandfathering
5. Analgesics, Long-Acting Opioid

All Long Acting Opioids shall require prior authorization approval.
The Prior Authorization Criteria may not advantage or disadvantage one product over another.
The following are the preferred long acting opioid agents:

 - a. Morphine ER
 - b. Embeda (Morphine ER)
 - c. Hysingla ER (Hydrocodone ER)
 - d. Butrans (Buprenorphine Transdermal Patch)
 - e. Fentanyl 12.5mcg, 25mcg, 50mcg, 75mcg, & 100mcg Transdermal Patches
 - f. Oxycontin (Oxycodone ER)
 - g. Grandfathering timeframe for a phased in approach to be determined and to be extended beyond the January 1, 2017 implementation date.
6. Makena (17-Hydroxyprogesterone) a single agent injectable was also approved to be added to the AHCCCS Drug List with prior authorization and availability through the pharmacy claims point-of-sale system. Grandfathering is not applicable.

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 October 19, 2016 meeting is January 1, 2017.

Contractors shall approve preferred drugs for medication classes listed in the AHCCCS Drug Lists 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 can be found on the AHCCCS website at www.azahcccs.gov under Pharmacy and then under tab Pharmacy and Therapeutics Committee.

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.

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 class to be review at the January 25, 2017 meeting is Glucocorticoids, Inhaled 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.