

Date: February 10, 2021

To: Contractor Pharmacy Directors  
Contractor Medical Directors  
Contractor Compliance Officers  
Optum FFS PBM Staff  
DFSM Staff: Alison Lovell, Markay Adams, Lisa DeWitt, Christopher Ray

From: Suzi Berman, RPh

Subject: AHCCCS Drug Lists' Preferred Drugs

This memo is to provide notice on the preferred drugs that were recommended at the January 26, 2021 AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were nineteen non-supplemental rebate classes and one supplemental rebate class reviewed. The preferred agent recommendations for each of the classes were accepted by AHCCCS and will be effective beginning on April 1, 2021. 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 2021 meeting, the effective date is April 1, 2021.*

*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. To review the actual P&T recommendations, please refer to the AHCCCS P&T Recommendations document which is also attached to the email. The PDL Recommendation Key is one of the first pages of the document and it is also provided below:

## **Nineteen Non-Supplemental and One Supplemental Rebate Therapeutic Classes and Preferred Drug Recommendations**

Please refer to the AHCCCS Recommendations excel spreadsheet for preferred and non-preferred agents for each class. The excel spreadsheet is located on the AHCCCS website under Pharmacy/ Pharmacy & Committee/Agendas & Meeting Minutes and then January 26, 2021 and it will be listed under the Meeting Documents.

New products added to the AHCCCS Drug List are highlighted below in yellow.

1. Androgenic Agents
  - a. Preferred products – All products require prior authorization approval.
    - i. Androgel Gel Pump (Transderm)
    - ii. Androderm (Transderm)
    - iii. Androgel Gel Packet (Transderm.) \*New
  - b. Non-Preferred
    - i. Fortesta (Transderm)
    - ii. Testim (Transderm.)
    - iii. Testosterone Gel (Fortesta) (Transderm) and AG
    - iv. Testosterone Gel Packet (Androgel) (Transderm) and AG
    - v. Testosterone Gel Packet (Vogelxo) (Transderm) and AG
    - vi. Testosterone Gel Pump (Androgel) (Transderm)
    - vii. Testosterone Gel (Vogelxo) (Transderm) and AG
    - viii. Testosterone Gel Pump (AG) (Vogelxo) (Transderm)
    - ix. Testosterone Pump (Axiron) (Transderm)
    - x. Vogelxo Gel Pump (Transderm)
  - c. The committee voted on the above recommendations
    - i. All 11 present committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
2. Antidepressants, Other
  - a. Preferred products – No changes from the current preferred agents.
    - i. Bupropion (Oral)
    - ii. Bupropion SR (Oral)
    - iii. Bupropion XL (Oral)
    - iv. Mirtazapine Tablet (Oral)
    - v. Mirtazapine ODT (Oral)
    - vi. Trazodone (Oral)
    - vii. Venlafaxine ER Capsules (Oral)
    - viii. Venlafaxine (Oral)

- b. The committee voted on the above recommendations
  - i. All 11 present committee members voted in favor of the recommendations
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.
- 3. Antidepressants, SSRIs
  - a. Preferred products - No changes from the current preferred agents.
    - i. Citalopram Solution (Oral)
    - ii. Citalopram Tablet (Oral)
    - iii. Escitalopram Tablet (Oral)
    - iv. Fluoxetine Capsule (Oral)
    - v. Fluoxetine Solution (Oral)
    - vi. Fluvoxamine (Oral)
    - vii. Paroxetine Tablet (Oral)
    - viii. Sertraline Conc (Oral)
    - ix. Sertraline tablet (Oral)
  - b. The committee voted on the above recommendations
    - i. All 11 present committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
- 4. Antivirals, Topical – New Class
  - a. Preferred products
    - i. Docosanol OTC (Topical) \*New
    - ii. Acyclovir Ointment (Topical) \*New
  - b. Non-Preferred
    - i. Acyclovir Cream (Topical)
    - ii. Denavir (Topical)
    - iii. Xerese (Topical)
    - iv. Zovirax Cream (Topical) and AG
    - v. Zovirax Ointment (Topical)
  - c. The committee voted on the above recommendations
    - i. All 11 present committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
- 5. Bone Resorption Suppression and Related Agents
  - a. Preferred products - No changes from the current preferred agents.
    - i. Alendronate Solution (Oral)
    - ii. Alendronate Tablets (Oral)
    - iii. Calcitonin Salmon (Nasal)

- iv. Forteo (Subcutaneous) with PA
  - v. Ibandronate Tablets (Oral)
  - vi. Prolia (Subcutaneous) with PA
  - vii. Raloxifene (AG) (Oral)
- b. The committee voted on the above recommendations
    - i. All 11 present committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
6. Bronchodilators, Beta Agonists
- a. Preferred products - No changes from the current preferred agents.
    - i. Long-acting Agents
      - 1. Serevent (Inhalation)
    - ii. Nebulized Agents
      - 1. Albuterol Neb Soln. 0.63, 1.25 mg (Inhalation)
      - 2. Albuterol Neb Soln. 100mg/20ml (Inhalation)
      - 3. Albuterol Neb Soln. 2.5mg/.5ml (Inhalation)
      - 4. Albuterol Neb Soln. 2.5mg/3ml (Inhalation)
    - iii. Oral Agents
      - 1. Albuterol Syrup (Oral)
    - iv. Short Acting Agents
      - 1. ProAir HFA (Inhalation)
  - b. The committee voted on the above recommendations
    - i. All 11 present committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
7. Colony Stimulating Factors
- a. Preferred products – All products require prior authorization approval.
    - i. Fulphila (subcutaneous)
    - ii. Neupogen Disp. Syringe (Injection)
    - iii. Neupogen Vial (Injection)
    - iv. Nivestym Syringe (Subcutaneous) \*New
    - v. Nyvepria (Subcutaneous) \*New
    - vi. Udenyca (Subcutaneous)
  - b. The committee voted on the above recommendations
    - i. All 11 present committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
8. Enzyme Replacement, Gaucher Disease

- a. Preferred products - All products require prior authorization approval and use of the brand name agent.
    - i. Cerdelga (Oral)
    - ii. Cerezyme 400 Unites (Intravenous)
    - iii. Eleyso (Intravenous)
    - iv. Miglustat (AG) (Oral)
    - v. Vpriv 400 Unites (Intravenous)
  - b. The committee voted on the above recommendations
    - i. All 11 present committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
9. Erythropoiesis Stimulating Proteins
- a. Preferred products – Prior authorization approval required.
    - i. Retacrit (Injection)
  - b. The committee voted on the above recommendations
    - i. All 11 present committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
10. Hypoglycemics, Alpha-Glucosidase Inhibitors
- a. Preferred products – No changes from the current preferred agents.
    - i. Acarbose (Oral)
  - b. The committee voted on the above recommendations
    - i. All 11 present committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
11. Hypoglycemics, Incretin Mimetics (NOTE- Supplemental Rebate class)
- a. Preferred products- All products require prior authorization approval.
    - i. Amylin Analogues
      - 1. Symlin Pens
    - ii. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s)
      - 1. Glyxambi
      - 2. Janumet
      - 3. Janumet XR
      - 4. Januvia
      - 5. Jentadueto
      - 6. Kombiglyze XR
      - 7. Onglyza
      - 8. Tradjenta

9. Trijardy XR \*New

iii. Glucagon-Like Peptid-1 Receptor Agonists (GLP-1s)

1. Bydureon Pens
2. Bydureon Vials (*discontinued*)
3. Byetta Pens

4. Trulicity \*New

5. Victoza

b. The committee voted on the above recommendations

- i. All 11 present committee members voted in favor of the recommendations
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

12. Hypoglycemics, Metformins

a. Preferred products - No changes from the current preferred agents.

- i. Glyburide-Metformin (Oral)
- ii. Metformin (Oral)
- iii. Metformin ER (Glucophage XR) (Oral)

b. The committee voted on the above recommendations

- i. All 11 present committee members voted in favor of the recommendations
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

13. Hypoglycemics, SGLT2s

a. Preferred products - All products require prior authorization approval.

- i. Farxiga (Oral)
- ii. Invokana (Oral)
- iii. Invokamet (Oral)\*New
- iv. Jardiance (Oral)
- v. Synjardy (Oral) \* New
- vi. Xigduo (Oral) \* New

b. The committee voted on the above recommendations

- i. All 11 present committee members voted in favor of the recommendations
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

14. Immune Globulins

a. Preferred products - All products require prior authorization approval.

- i. Flebogamma Dif (Intravenous)
- ii. Gammagard Liquid (Injection)
- iii. Gammagard S-D (Intravenous)
- iv. Gammaked (Intravenous) \*New

- v. Gamunex-C (Injection)
  - vi. Hizentra Vial (Subcutaneous)
  - vii. Hizentra Syringe (Subcutaneous) \*New
  - viii. Privilgen (Intravenous) \*New
- b. Non-Preferred
    - i. Gamastan S-D Vial (Intramuscular)
  - c. The committee voted on the above recommendations
    - i. All 11 present committee members voted in favor of the recommendations
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.

15. Oral Oncology – Oral - Hematologic

- a. Preferred products - All products require prior authorization approval.
  - i. Alkeran (Oral) – Brand Only
  - ii. Gleevec (Oral) – Brand Only
  - iii. Mercaptopuine (Oral)
- b. Non-Preferred
  - i. Imatinib (Oral)
  - ii. Melphalan (Oral)
- c. The committee voted on the above recommendations
  - i. All 11 present committee members voted in favor of the recommendations
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.

16. Ophthalmics, Anti-inflammatory/Immunomodulators

- a. Preferred products - No changes from current preferred agent
  - i. Restasis (Ophthalmic)
- b. The committee voted on the above recommendations
  - i. All 11 present committee members voted in favor of the recommendations
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.

17. Otic Antibiotics

- a. Preferred products
  - i. Ciprodex (Otic)
  - ii. Ciprofloxacin (Otic)
  - iii. Neomycin/Polymyxin/HC Soln/Susp (Otic)
  - iv. Ofloxacin (Otic) \*New
- b. The committee voted on the above recommendations
  - i. All 11 present committee members voted in favor of the recommendations

- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

18. Pulmonary Atrial Hypertension (PAH) Agents

- a. Preferred products - No changes from the current preferred agents.
  - i. Adcirca (Oral)
  - ii. Letairis (Oral)
  - iii. Revatio Suspension (Oral)
  - iv. Sildenafil Tablet (Oral)
  - v. Tracleer Tablet (Oral)
- b. The committee voted on the above recommendations
  - i. All 11 present committee members voted in favor of the recommendations
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.

19. Thrombopoiesis Stimulating Agents

- a. Preferred products - No changes from the current preferred agents.
  - i. Nplate (Subcutaneous)
  - ii. Promacta Tablet (Oral)
- b. The committee voted on the above recommendations
  - i. All 11 present committee members voted in favor of the recommendations
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.

20. Ulcerative Colitis Agents – New Class

- a. Preferred products- All New
  - i. Apriso (Oral)
  - ii. Canasa (Rectal)
  - iii. Delzicol (Oral)
  - iv. Lialda (Oral)
  - v. Pentasa (Oral)
  - vi. Sfrowasa (Rectal)
  - vii. Sulfasalazine (AG) (Oral)
  - viii. Sulfasalazine (Oral)
  - ix. Sulfasalazine DR (AG) (Oral)
- b. Non-Preferred
  - i. Asacol HD (Oral)
  - ii. Azulfidine Tablet (Oral)
  - iii. Azulfidine Tablet DR (Oral)
  - iv. Balsalazide (Oral)
  - v. Budesonide DR (Oral) and AG
  - vi. Dipentum (Oral)

- vii. Mesalamine (Asacol HD) (Oral)
- viii. Mesalamine (Canasa) (Rectal) and AG
- ix. Mesalamine (Delzicol) (Oral) and AG
- x. Mesalamine (Lialda) (Oral) and AG
- xi. Mesalamine ER (Apriso) (Oral) and AG
- xii. Mesalamine Kit (Rowasa) (Rectal)
- xiii. Mesalamine (Sfrowasa) (Rectal)
- xiv. Rowasa (Rectal)
- xv. Uceris (Oral)
- xvi. Uceris (Rectal)
- c. The committee voted on the above recommendations
  - i. All 11 present committee members voted in favor of the recommendations
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.

**New Drugs Recommendations and Vote:**

1. Ongentys

- a. Recommendation is Non-Preferred
  - i. All 11 present committee members voted in favor of the recommendations
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.

2. Enspryng

- a. Recommendation is Non-Preferred
  - i. All 11 present committee members voted in favor of the recommendations
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.

3. Bafiertam

- a. Recommendation is Non-Preferred
  - i. All 11 present committee members voted in favor of the recommendations
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.

4. Lampit

- a. Recommendation is Non-Preferred
  - i. All 11 present committee members voted in favor of the recommendations
  - ii. No committee members voted against the recommendations.

iii. No committee members abstained.

5. Xywav

a. Recommendation is Non-Preferred

- i. All 11 present committee members voted in favor of the recommendations
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

6. Zeposia

a. Recommendation is Non-Preferred

- i. All 11 present committee members voted in favor of the recommendations
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

**Recommendations and Vote: Review of Submitted Studies Comparing HIV Single Tablet Regimens to Multiple Tablet Regimens**

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- 1. Recommendation made and seconded to table the vote pending further review by the committee.
  - a. 9 committee members voted in favor of the recommendation
  - b. 2 committee members voted against the recommendations
  - c. No committee members abstained.

**Biosimilar Update - None**

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, 2021 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 19, 2021.

Please contact me at your convenience if you have any questions. I can be reached at [Suzanne.Berman@azahcccs.gov](mailto:Suzanne.Berman@azahcccs.gov) or telephonically at (602) 417-4726.