Date: October 31, 2021

To: MCO Contractor Pharmacy Directors

MCO Contractor Medical Directors

MCO Contractor Compliance Officers

Optum FFS PBM Staff

DFSM Staff: Alison Lovell, Markay Adams, Lisa DeWitt, Christopher Ray

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 18, 2021, AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were eleven 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 January 1, 2022. 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 2021 meeting, the effective date is January 1, 2022.*

*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 eleven non-supplemental classes and one supplemental rebate class. 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:

Please refer to the AHCCCS Recommendations excel spreadsheet for preferred agents for each class. The excel spreadsheet is located on the AHCCCS website under Pharmacy/ Pharmacy & Committee/Agendas & Meeting Minutes and then October 18, 2021, and it will be listed under the Meeting Documents.

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

**Non-Supplemental Class Votes**

1. Antimigraine Agents-Triptans
   1. Preferred Products
      1. NARATRIPTAN (ORAL)
      2. RIZATRIPTAN ODT (ORAL)
      3. RIZATRIPTAN TABLET (ORAL)
      4. SUMATRIPTAN KIT (SUBCUTANE.)
      5. SUMATRIPTAN KIT (SUN) (SUBCUTANE.)
      6. SUMATRIPTAN (ORAL)
      7. SUMATRIPTAN VIAL (SUBCUTANE.)
      8. ZOLMITRIPTAN ODT (ORAL)
      9. ZOLMITRIPTAN TABLET (ORAL)
   2. Non-Preferred
      1. ZOLMITRIPTAN ODT (AG) (ORAL)
      2. ZOLMITRIPTAN TABLET (AG) (ORAL)
      3. Check Zomig NS
   3. Grandfathering - None
   4. 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. Leukotriene Modifiers
   1. Preferred Products
      1. MONTELUKAST TABLET (ORAL)
      2. MONTELUKAST CHEWABLE TABLET (ORAL)
      3. MONTELUKAST GRANULES (ORAL)- PA is not required for members less than 4 years of age.
   2. Grandfathering - Yes
   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.
3. Sedative Hypnotics
   1. Preferred Products
      1. ESZOPICLONE (ORAL)
      2. ROZEREM (ORAL) –Step therapy required- must try 2 other preferred products
      3. TEMAZEPAM (ORAL) – 15 mg and 30 mg capsules
      4. ZOLPIDEM (ORAL)
   2. Grandfathering - Yes
   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. Topical Steroids by Potency (Low, medium, High, Very High)
   1. Preferred Products
      1. Low Potency Topical Steroid Agents
         1. DERMA-SMOOTHE-FS (TOPICAL)
         2. HYDROCORTISONE ACETATE CREAM OTC (TOPICAL)\*
         3. HYDROCORTISONE ACETATE OINTMENT OTC (TOPICAL)\*
         4. HYDROCORTISONE-ALOE CREAM OTC (TOPICAL)
         5. HYDROCORTISONE CREAM OTC (TOPICAL)\*
         6. HYDROCORTISONE CREAM (TOPICAL)\*
         7. HYDROCORTISONE LOTION OTC (TOPICAL)\*
         8. HYDROCORTISONE OINTMENT OTC (TOPICAL)\*
         9. HYDROCORTISONE OINTMENT (TOPICAL)\*
      2. Medium Potency Topical Steroid Agents
         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)\*
      3. High Potency Topical Steroid Agents
         1. BETAMETHASONE DIPROPIONATE CREAM (TOPICAL)-NEW
         2. BETAMETHASONE DIPROPIONATE LOTION (TOPICAL)
         3. BETAMET DIPROP / PROP GLY CREAM (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)\*
      4. Very High Potency Topical Steroid Agents
         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)- NEW
         7. HALOBETASOL PROPIONATE CREAM (TOPICAL)
         8. HALOBETASOL PROPIONATE OINTMENT (TOPICAL
   2. Grandfathering - None
   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.
5. 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)\*
   2. Grandfathering - None
   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.
6. Antifungals-Topicals
   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 CREAM OTC (TOPICAL)
      17. TOLNAFTATE POWDER OTC (TOPICAL)
      18. TOLNAFTATE AERO POWDER OTC (TOPICAL)
   2. Grandfathering - None
   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.
7. Beta Blockers
   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 (ORAL)\*
      10. NADOLOL (ORAL)\*
      11. PROPRANOLOL ER (ORAL)\*
      12. PROPRANOLOL ER (AG) (ORAL)
      13. PROPRANOLOL / HCTZ (ORAL)
      14. PROPRANOLOL SOLUTION (ORAL)\*
      15. PROPRANOLOL TABLET (ORAL)\*
      16. SOTALOL (ORAL)\*
   2. Grandfathering - Yes
   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.
8. BPH Treatments
   1. Preferred Products
      1. ALFUZOSIN (ORAL)\*
      2. DOXAZOSIN (ORAL)\*
      3. DUTASTERIDE (ORAL)\*
      4. FINASTERIDE (ORAL)\*
      5. TAMSULOSIN (ORAL)\*
      6. TERAZOSIN (ORAL)\*
   2. Grandfathering - Yes
   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.
9. Calcium Channel Blockers
   1. Preferred Products
      1. AMLODIPINE (ORAL)\*
      2. DILTIAZEM CAPSULE ER (ORAL)\*
      3. DILTIAZEM TABLET (ORAL)\*
      4. FELODIPINE ER (ORAL)\*
      5. NIFEDIPINE IR (ORAL)\*
      6. NIFEDIPINE ER (ORAL)\*
      7. VERAPAMIL CAPSULE ER (ORAL)\*
      8. VERAPAMIL TABLET ER (ORAL)\*
      9. VERAPAMIL TABLET (ORAL)\*
   2. Grandfathering - Yes
   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.
10. HIV-AIDS
    1. Preferred Products
       1. ABACAVIR/LAMIVUDINE (ORAL)\*
       2. ABACAVIR/LAMIVUDINE/ZIDOVUDINE (ORAL)\*
       3. ABACAVIR SOLUTION (ORAL)\*
       4. ABACAVIR TABLET (ORAL)\*
       5. APTIVUS CAPSULE (ORAL)\*
       6. ATAZANAVIR (ORAL)\*
       7. ATRIPLA (ORAL)\*
       8. BIKTARVY (ORAL)\*
       9. COMPLERA (ORAL)\*
       10. CRIXIVAN (ORAL)\*
       11. DELSTRIGO (ORAL) - NEW
       12. DESCOVY (ORAL)\*
       13. DIDANOSINE CAPSULE DR (ORAL)\*
       14. DOVATO (ORAL) - NEW
       15. EFAVIRENZ CAPSULE (ORAL)\*
       16. EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL) - NEW
       17. EFAVIRENZ TABLET (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)- NEW
       27. ISENTRESS POWDER PACK (ORAL)\*
       28. ISENTRESS TAB CHEW (ORAL)\*
       29. INVIRASE TABLET (ORAL)\*
       30. JULUCA (ORAL)- NEW
       31. LAMIVUDINE SOLUTION (ORAL)\*
       32. LAMIVUDINE TABLET (ORAL)\*
       33. LAMIVUDINE-ZIDOVUDINE (ORAL)\*
       34. LEXIVA SUSPENSION (ORAL)\*
       35. LOPINAVIR/RITONAVIR SOLUTION (ORAL)\*
       36. LOPINAVIR/RITONAVIR TABLET (ORAL)\*
       37. NEVIRAPINE ER (ORAL)\*
       38. NEVIRAPINE ORAL SUSP (ORAL)\*
       39. NEVIRAPINE TABLET (ORAL)\*
       40. NORVIR POWDER PACK (ORAL)-NEW
       41. NORVIR SOLUTION (ORAL)\*
       42. ODEFSEY (ORAL)\*
       43. PIFELTRO (ORAL)\*
       44. PREZCOBIX (ORAL)\*
       45. PREZISTA (ORAL)\*
       46. PREZISTA ORAL SUSP (ORAL)\*
       47. REYATAZ POWDER PACK (ORAL)- NEW
       48. RITONAVIR TABLET (ORAL)\*
       49. SELZENTRY TABLET (ORAL)\*
       50. STAVUDINE CAPSULE (ORAL)\*
       51. STRIBILD (ORAL)\*
       52. SYMTUZA (ORAL) - NEW
       53. TENOFOVIR DISOPROXIL FUMARATE (ORAL)\*
       54. TIVICAY (ORAL)\*
       55. TIVICAY PD SUSPENSION (ORAL)-NEW
       56. TRIUMEQ (ORAL)\*
       57. TRUVADA (ORAL)\*
       58. TYBOST (ORAL)\*
       59. VIRACEPT (ORAL)\*
       60. VIREAD POWDER (ORAL)\*
       61. ZIDOVUDINE CAPSULE (ORAL)\*
       62. ZIDOVUDINE SYRUP (ORAL)\*
       63. ZIDOVUDINE TABLET (ORAL)
    2. Moving to Non-Preferred
       1. Edurant (Oral)
    3. Grandfathering - Yes
    4. This class will be monitored each quarter for cost and utilization
    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.
11. Movement Disorders
    1. Preferred Products
       1. AUSTEDO (ORAL) – New- PA Required
       2. INGREZZA (ORAL)-New – PA Required
    2. The remaining products in this class are recommended as non-preferred
    3. Grandfathering - Yes
    4. 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.

**Supplemental Rebate Class Vote**

1. Continuous Glucose Monitors (CGM)- New Class
   1. Preferred Products-
      1. Diabetes Meters, Continuous
         1. DEXCOM G6 CGM SYSTEM (NEW)
            1. Ages 2 years old to less than 4 years old – PA Required
         2. FREESTYLE LIBRE SYSTEM (NEW)
            1. Ages 14 and up – PA Required
         3. FREESTYLE LIBRE 2 SYSTEM (NEW)
            1. Ages 4 years old and up – PA Required.
   2. The remaining products in this class are recommended non-preferred
   3. Grandfathering for Guardian products only
   4. 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.
   5. AHCCCS will work with the AHCCCS Pharmacy Directors on PA Criteria for the above recommendations.

**New Drugs Recommendations and Vote:**

1. Brexafemme-
   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. Kloxxado
   1. Recommendation is 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. Ponvory
   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.
4. Qelbree
   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.

**P&T Requests**

1. Request by Dr. Kevin Chapman to allow Clonazepam ODT without PA for children < 6 years of age.

a. Recommendation is to remove PA on Clonazepam ODT for children < 6 years of age

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

1. Request by Denise Volkov to remove prior authorization requirements for Budesonide inhalation vials
   1. Recommendation is to remove PA on Budesonide inhalation vials for all ages
      1. All present committee members voted in favor of the recommendation
      2. No committee members voted against the recommendations.
      3. 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 January 1, 2022, 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 19, 2022.

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.