Date: June 25, 2020

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 List Preferred Drugs

This memo is to provide notice on the preferred drugs that were approved at the May 19, 2020 AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were eighteen supplemental rebate classes reviewed; the preferred agents for each of the classes will be effective October 1, 2020. 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 List designates 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 List, as applicable. When the AHCCCS Drug List specifies 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 May 2020 meeting, the effective date is October 1, 2020.*

*Contractors shall approve the preferred drugs listed for the therapeutic classes contained on the AHCCCS Drug List, 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 recommendations proposed by the Committee.

Grandfathering is now referred to as Grandparenting.

**Supplemental Rebate Therapeutic Classes and Preferred Drug Recommendations**

1. **Analgesics, Long Acting Narcotics– No Changes**
	1. The committee voted on the above recommendations:
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
	2. Note: Pfizer voluntarily stopped the sale and distribution of Embeda. Embeda will continue to be cover as supplies last.
2. **Antibiotics, Inhaled – No Changes**
	1. The committee voted on the above recommendations:
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
3. **Anticoagulants – No Changes**
	1. The committee voted on the above recommendations
		1. 12 committee members voted in favor of the recommendations
		2. No committee members voted against the recommendations.
		3. No committee members abstained.

1. **Antimigraine Agents, Other**
	1. PDL Recommendations (preferred products):
		1. Ajovy
		2. Emgality Syringe 120mg
		3. Emgality Pen
	2. Products moving to Non-Preferred status on the AHCCCS Drug List:
		1. Aimovig
	3. Grandparenting: None
	4. The committee voted on the above recommendations;
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
2. **Antipsychotics, Oral Atypicals – No Changes**
	1. The committee voted on the above recommendations;
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
3. **Antipsychotics, Atypical Long-Acting Injectables – No Changes**
	1. The committee voted on the above recommendations;
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
4. **COPD Agents – No Changes**
	1. The committee voted on the above recommendations;
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
5. **Cytokine and CAM Antagonist – No Changes**
	1. The committee voted on the above recommendations;
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
6. **Epinephrine, Self-injectables**
	1. PDL Recommendations (preferred products):
		1. Epinephrine 0.15mg (generic EpiPen Jr)
		2. Epinephrine 0.3mg (generic EpiPen)
	2. Products moving to Non-Preferred status on the AHCCCS Drug List:
		1. Symjepi
	3. Grandparenting: None
	4. The committee voted on the above recommendations;
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
7. **Glucocorticoids**
	1. PDL Recommendations (preferred products)
		1. Single Agent Products
			1. Asmanex
			2. Budesonide 0.25mg, 0.5mg & 1mg Respules
			3. Flovent HFA
			4. Flovent Diskus
			5. Pulmicort Flexhaler
		2. Combination Products
			1. Advair Diskus – Brand is Preferred.
			2. Advair HFA
			3. Dulera
			4. Symbicort
	2. Products moving to Non-Preferred status on the AHCCCS Drug List:
		1. Pulmicort 0.25mg & 0.5mg Respules
	3. Grandparenting: None
	4. The committee voted on the above recommendations;
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
8. **Growth Hormone – No Changes**
	1. Grandparenting: None
	2. The committee voted on the above recommendations;
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
9. **Hepatitis C Direct Acting Antivirals – No Changes**
	1. The committee voted on the above recommendations;
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
10. **Hypoglycemics, Incretin Mimetics/Enhancers – No Changes**
	1. The committee voted on the above recommendations;
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
11. **Hypoglycemics, Insulin and Related Agents**
	1. PDL Recommendations (preferred products):
		1. Rapid-Acting Insulins
			1. Humalog Cartridge, Humalog Pens
			2. Humalog Junior Kwikpen, Humalog Vials
			3. Novolog Cartridge, Novolog Pens, Novolog Vials
		2. Regular Insulins
			1. Humulin R, Humulin Pen OTC
			2. Humulin 500 Vials & Pens
		3. Intermediate-Acting Insulins
			1. Humulin N
		4. Long Acting Insulins
			1. Lantus Vials & Solostar Pens
			2. Levemir Vials & Pens
		5. Rapid/Intermediate-Acting Combination Insulins
			1. Humulin 70/30 Vials & Pens
		6. **Note - All insulin biosimilars are non-preferred**.
	2. Products moving to Non-Preferred status on the AHCCCS Drug List:
		1. Lispro Junior Kwikpen
		2. Lispro Protamine Mix Kwikpen
		3. Novolin 70/30 Vial OTC (Not applicable to the FQHC/FQHC Look-Alike Pharmacies)
	3. Grandparenting: None
	4. The committee voted on the above recommendations;
		1. 11 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. One committee member abstained.
12. **Opioid Dependence Treatments – No Changes**
	1. The committee voted on the above recommendations;
		1. 11 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. One committee member abstained.
	2. Note: Brand Suboxone Film is preferred. Generic film is non-preferred.
13. **Pancreatic Enzymes- No Changes**
	1. The committee voted on the above recommendations;
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
14. **Progestational Agents – No Changes**
	1. The committee voted on the above recommendations;
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
		4. Note- We are looking into a multi-dose 17-HP vial because AMAG is not producing the vial at this time.
15. **Stimulants and Related Agents**
	1. PDL Recommendations (preferred products):
		1. Adderall XR -Brand is preferred
		2. Amphetamine Salt Combination (Immediate Release)
		3. Aptensio XR
		4. Atomoxetine, Atomoxetine – (AG) both the authorized generics
		5. Clonidine ER
		6. Concerta – Brand Is preferred
		7. Daytrana
		8. Dexmethylphenidate
		9. Dexmethylphenidate (AG)
		10. Dextroamphetamine Tablets
		11. Focalin XR – Brand is preferred
		12. Guanfacine ER
		13. Methylin Solution – Brand is preferred
		14. Methylphenidate
		15. Methylphenidate CD, Methylphenidate CD (AG)
		16. Methylphenidate ER (generic Ritalin LA)
		17. Ritalin LA 10mg Capsules – Brand is preferred
		18. Vyvanse Capsules and Chewable Tablets
	2. Products moving to Non-Preferred status on the AHCCCS Drug List:
		1. Dyanavel XR
		2. Quillichew ER
		3. Quillivant XR
	3. Grandparenting: None
	4. The committee voted on the above recommendations;
		1. 12 committee members voted in favor of the recommendations.
		2. No committee members voted against the recommendations.
		3. No committee members abstained.

**New Drugs Recommendations and Vote:**

1. Adakveo
	1. Recommendation is Non-Preferred
		1. 11 committee members voted in favor of the recommendations
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
2. Ayvakit
	1. Recommendation is Non-Preferred
		1. 11 committee members voted in favor of the recommendations
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
3. Nexletol
	1. Recommendation is Non-Preferred
		1. 11 committee members voted in favor of the recommendations
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
4. Oxybryta
	1. Recommendation is Non-Preferred
		1. 11 committee members voted in favor of the recommendations
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
5. Palforzia
	1. Recommendation is Non-Preferred
		1. 11 committee members voted in favor of the recommendations
		2. No committee members voted against the recommendations.
		3. No committee members abstained.
6. Reyvow
	1. Recommendation is Non-Preferred
		1. 11 committee members voted in favor of the recommendations
		2. No committee members voted against the recommendations.
		3. No committee members abstained.

**AHCCCS has accepted all of the May P&T Committee recommendations.**

**Biosimilar Update**

The biosimilars reviewed were Remicade, Humira and Enbrel. Humira and Enbrel are preferred agents under the supplemental rebate program. For Remicade, Renflexis was previously given preferred status over the branded formulation, which as a reminder should be for new starts due to the concern of antibody development.

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 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.

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 October 1, 2020 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 October 14, 2020.

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.