Date: October 30, 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 Lists’ Preferred Drugs

This memo is to provide notice on the preferred drugs that were approved at the October 14, 2020 AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were seventeen non-supplemental rebate classes reviewed, although some have subclasses under the therapeutic class. The preferred agents for each of the classes will be effective beginning on January 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 October 2020 meeting, the effective date is January 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:

***PDL Recommendation Key:***

* Products currently preferred and remaining preferred are listed in **Black**
* Products currently new, not previously reviewed or non-preferred and recommended to be **preferred** are listed in **Blue**
* Products currently new, not previously reviewed or preferred and recommended to be **non-preferred** are listed in **Red**
* Products currently included on the AHCCCS approved drug list are noted with an **asterisk** (\*)
* Classes where grandparenting is recommended will have a notation on the preferred recommendations page of the document.

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

***Please refer to the attached AHCCCS Recommendations documents for preferred and non-preferred agents for each class.***

1. **Acne Agents – This class was not previously reviewed, all preferred agents recommended are new.**
   1. The committee voted on the recommendations:
      1. 10 committee members voted in favor of the recommendations.
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
   2. **Note: A request was made by Dr. Borodkin to add Adapalene products. AHCCCS reviewed these products and they will not be added as preferred agents to the AHCCCS Drug List.**
   3. Grandparenting - No
2. **Antifungals – Oral – No Changes**
   1. The committee voted on the recommendations:
      1. 10 committee members voted in favor of the recommendations.
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
   2. Grandparenting not applicable
3. **Antifungals - Topicals –** 
   1. The committee voted on the recommendations
      1. 10 committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
   2. Grandparenting - No
   3. **Note: AHCCCS reviewed clotrimazole solution and ciclopirox suspension. OTC clotrimazole solution is preferred. Clotrimazole Rx solutions and ciclopirox suspension are non-preferred.**

1. **Antimigraine Agents, Triptans**
   1. The committee voted on the recommendations
      1. 10 committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
   2. Grandparenting: For Zomig Nasal Spray
   3. **Note: Zomig Nasal Spray is preferred with a step therapy once Imitrex Nasal Spray has been tried.**
2. **Anti-Parkinson’s - This class was not previously reviewed, all preferred agents recommended are new.**
   1. The committee voted on the recommendations;
      1. 10 committee members voted in favor of the recommendations.
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
   2. Grandparenting - No
3. **Beta Blockers – No Changes**
   1. The committee voted on the recommendations;
      1. 10 committee members voted in favor of the recommendations.
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
   2. Grandparenting – Yes
   3. **Note- Nadolol will be preferred and available on the AHCCCS Drug List without Prior Authorization for member less than 19 years of age. The NDC List of Preferred and Non-Preferred agents lists Nadolol as non-preferred. There will be a correction to make this drug preferred and prior authorization will not be required for members less than 19 years of age.**
4. **Bladder Relaxant Preparations - This class was not previously reviewed, all preferred agents recommended are new.**
   1. The committee voted on the recommendations;
      1. 10 committee members voted in favor of the recommendations.
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
   2. Grandparenting – Myrbetriq Only
5. **BPH Treatments – No Changes**
   1. The committee voted on the recommendations;
      1. 10 committee members voted in favor of the recommendations.
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
6. **Calcium Channel Blockers**
   1. The committee voted on the recommendations;
      1. 10 committee members voted in favor of the recommendations.
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
   2. Grandparenting - No
7. **Contraceptives – Oral – Combined Pill - This class was not previously reviewed, all preferred agents recommended are new.**
   1. The committee voted on the recommendations;
      1. 10 committee members voted in favor of the recommendations.
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
   2. Grandparenting - No
8. **Contraceptives – Emergency Contraception - This class was not previously reviewed, all preferred agents recommended are new.**
   1. The committee voted on the recommendations;
      1. 10 committee members voted in favor of the recommendations.
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
   2. Grandparenting - No
9. **Contraceptives – Extended Continuous Use Combined Pill - This class was not previously reviewed, all preferred agents recommended are new.**
   1. The committee voted on the recommendations;
      1. 10 committee members voted in favor of the recommendations.
      2. No committee members voted against the recommendations.
      3. No committee members abstained.
   2. Grandparenting - No
10. **Contraceptives – Oral- Progestins Only - This class was not previously reviewed, all preferred agents recommended are new.**
    1. The committee voted on the recommendations;
       1. 10 committee members voted in favor of the recommendations.
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
    2. Grandparenting - No
11. **Contraceptives – Other – Implant, IUDs, Patch - These classes were not previously reviewed, all preferred agents recommended are new.**
    1. The committee voted on the recommendations;
       1. 10 committee members voted in favor of the recommendations.
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
    2. Grandparenting – No
    3. **Note- Each MCO shall list the preferred products on their respective drug list and note whether the product requires the provider to buy and bill or obtain the product through the MCOs’ PBM prescription claims point-of-sale system.**
12. **Contraceptives – Injections, Spermicide, Vaginal Ring - This class was not previously reviewed, all preferred agents recommended are new.**
    1. The committee voted on the recommendations;
       1. 10 committee members voted in favor of the recommendations.
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
    2. Grandparenting - No
13. **Leukotriene Modifiers – No Changes**
    1. The committee voted on the recommendations;
       1. 10 committee members voted in favor of the recommendations.
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
    2. **Note- Prior Authorization is not required for children less than 4 years of age for Montelukast Granules.**
    3. Grandparenting – Not Applicable
14. **Lipotropics, Other - This class was not previously reviewed, all preferred agents recommended are new.**
    1. The committee voted on the recommendations;
       1. 10 committee members voted in favor of the recommendations.
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
    2. Grandparenting - No
15. **Lipotropics, Statin - This class was not previously reviewed, all preferred agents recommended are new.**
    1. The committee voted on the recommendations;
       1. 10 committee members voted in favor of the recommendations.
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
    2. Grandparenting - No
16. **Phosphate Binder Agents – No Changes**
    1. The committee voted on the recommendations;
       1. 10 committee members voted in favor of the recommendations.
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
    2. Grandparenting – Not Applicable
17. **Proton Pump Inhibitors - This class was not previously reviewed, all preferred agents recommended are new.**
    1. The committee voted on the recommendations;
       1. 10 committee members voted in favor of the recommendations.
       2. No committee members voted against the recommendations.
       3. No committee members abstained.
    2. Grandparenting – No
    3. **Note: Prior Authorization is not required for children and adolescents under 19 years of age for the following products:**
       1. **Esomeprazole Suspension**
       2. **Lansoprazole SoluTab**
       3. **Protonix Suspension**
18. **Sedative Hypnotics**
    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. No Grandparenting
    3. **Note: Step Therapy: Members must try two preferred agents prior to use of Rozerem.**

**New Drugs Recommendations and Vote:**

1. Oriahnn
   1. Recommendation is Non-Preferred
      1. 10 committee members voted in favor of the recommendations
      2. No committee members voted against the recommendations.
      3. No committee members abstained.

**Biosimilar Update**

**The biosimilars reviewed were Herzuma and Ontruzant which are the biosimilars for Herceptin. AHCCCS reviewed the costs for all three products and has made the determination that Herceptin is the least costly product when comparing the net cost to the state for these agents. Herceptin will remain preferred and MCOs are to continue to cover the brand Herceptin rather than the biosimilars, Herzuma and Ontruzant. Providers should be informed that Herceptin is preferred and whether processed through the PBM or submitted as a medical claim please ensure your systems approve Herceptin.**

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, 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 January 26, 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.