Date: November 5, 2019

To: Contractor Pharmacy Directors

 Contractor Medical Directors

 Contractor Compliance Officers

 Optum FFS PBM Staff

DFSM Staff: Alison Lovell, Markay Adams, John Archunde, Lisa DeWitt

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 16, 2019 AHCCCS Pharmacy & Therapeutics (P&T) Committee. The classes reviewed were non-supplemental rebate classes; the preferred agents for each of the classes will be effective January 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 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 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 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 recommendations proposed by the Committee.

Grandfathering is now referred to as Grandparenting.

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

* **Antifungals – Oral – No Changes**
	+ Grandfathering – Not Applicable
* **Antifungals – Topicals – No Changes**
	+ Grandfathering – Not Applicable
* **Antimigraine Agents - Triptans**
	+ Preferred Products
		- Nasal Products – New Recommendations
			* Imitrex – Brand Name Only
			* Zomig – Brand Name Only
		- Oral
			* Naratriptan Tablet
			* Rizatriptan ODT
			* Rizatriptan Tablet
			* Sumatriptan Tablet
			* Zolmitriptan AG ODT
			* Zolmitriptan ODT
			* Zolmitriptan Tablet
		- Subcutaneous Injection
			* Sumatriptan Kit
			* Sumatriptan Kit (SUN)
			* Sumatriptan Vial
	+ Agents Removed from the Drug List
		- Sumatriptan – Nasal
	+ Grandparenting – Not applicable
* Beta Blockers
	+ Preferred Products
		- Atenolol
		- Atenolol / Chlorthalidone
		- Bisoprolol
		- Bisoprolol / HCTZ
		- Carvedilol
		- Labetalol
		- Metoprolol
		- Metoprolol / HCTZ
		- Metoprolol XL
		- Propranolol
		- Propranolol / HCTZ
		- Propranolol ER
		- Propranolol Solution
		- Sotalol
	+ Agents Removed from the Drug List
		- * Nadolol
			* Nadolol / Bendroflumethiazide
	+ Grandparenting - Yes
* **BPH Treatments – No Changes**
	+ Grandfathering – Not Applicable
* **Calcium Channel Blockers**
	+ Preferred Products
		- Amlodipine
		- Diltiazem Capsule ER
		- Diltiazem Tablet
		- Felodipine ER
		- Nifedipine ER
		- Nifedipine IR
		- Verapamil Capsule ER
		- Verapamil ER PM
		- Verapamil Tablet
		- Verapamil Tablet ER
	+ New Agent Non-Preferred
		- Katerzia
	+ Grandfathering – Not applicable
* **Leukotriene Modifiers** – No Changes
	+ Clarification provided for Montelukast Granules
		- Prior authorization is not required for children less than 4 years of age.
	+ Grandfathering – Not Applicable
* **Phosphate Binders**
	+ Preferred Agents
		- Calcium Acetate Tablet & Capsules
		- Sevelamer Carbonate Tablets– AG – New Recommendation
		- Sevelamer Carbonate Tablets – New Recommendation
	+ Agents removed from the Drug List
		- Renagel - Oral
		- Renvela Oral
	+ Grandparenting – None
* **Sedative Hypnotics**
	+ Preferred Products
		- Eszopiclone oral – New Recommendation
		- Rozerem
		- Temazepam – 15mg & 30mg capsules
		- Zolpidem
	+ Agents removed from the Drug List
		- Ramelton
	+ Grandparenting – Not applicable
* **Topical Steroids – Low Potency**
	+ Preferred Agents
		- Derma-Smoothe-FS – Brand Only – New Recommendation
		- Hydrocortisone Acetate Cream & Ointment
		- Hydrocortisone – Aloe Cream OTC
		- Hydrocortisone Cream OTC
		- Hydrocortisone Cream
		- Hydrocortisone Lotion OTC
		- Hydrocortisone Ointment OTC
		- Hydrocortisone Ointment
	+ Agents removed from the Drug List
		- Fluocinolone 0.01% Oil
	+ Grandparenting – Not applicable
* **Topical Steroids – Medium Potency** – No Changes
	+ Grandfathering – Not Applicable
* **Topical Steroids – High Potency** – No Changes
	+ Grandfathering – Not Applicable
* **Topical Steroids – Very High Potency** – No Changes
	+ Grandfathering – Not Applicable

**New Drugs**

* The Committee reviewed the following drugs and recommended they be Non-Preferred.
	+ Mayzent – Siponimod
	+ Rocklatan – Netarsudil / Latanoprost
	+ Mavenclad – Cladribine
	+ Evenity – Romosozumab-aqqg
	+ Diacomit – Stripentol
	+ Skyrizi – Risankizumab
	+ Cutaquig - Immune Globulin
	+ Egaten – Triclabendazole
	+ Sunosi – Solriamfetol
	+ Rinvoq – Upadacitinib
	+ Vyndamax - Tafamidis

**Biosimilar Update**

There are several biosimilars approved for both Herceptin and Avastin. AHCCCS has made the determination that the branded agents, Herceptin and Avastin are the most cost-effective agents to the state. Herceptin and Avastin are the preferred agents and all biosimilars are non-preferred.

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, 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*.”

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.