Date: April 24, 2017

To: Contractor Medical Directors
Contractor Pharmacy Directors
Contractor Compliance Officers

From: Suzi Berman, RPh

Subject: AHCCCS Drug List(s) Preferred Drugs

This memo is to provide notice on the preferred drugs that were approved at the April 13, 2017 AHCCCS Pharmacy & Therapeutics (P&T) Committee. The four drug classes that were reviewed include:

- Opioid Dependence Treatment
- Hypoglycemics – Incretin Mimetics / Enhancers
- Hypoglycemics – Insulin and Related Agents
- COPD Agents

Grandfathering of current utilization was approved for:

- Hypoglycemics Incretin Mimetics and Enhancers, and
- Buprenorphine.

Grandfathering was not approved for the COPD drug class preferred drug decisions.

Please note that Naloxone preferred agents shall be available on both the AHCCCS Drug List and the AHCCCS Behavioral Health Drug List.

The AHCCCS P&T Committee decisions for the above classes, with the exception of the Hypoglycemics, Insulin and Related Agents, can be found on the AHCCCS website at www.azahcccs.gov under the Pharmacy section under Pharmacy and Therapeutics Committee. The vote on Hypoglycemics, Insulin and Related Agents was postponed until the July 10th meeting.

Also approved at the AHCCCS P&T meeting was the addition of fluoride drops and chewable tablets. Fluoride drops and chewable tablets will not require prior authorization.

The new biosimilar for glargine insulin, Basaglar, was presented at the meeting. Per the AHCCCS Medical Policy Manual, policy 310-V section B. 4. , AHCCCS Contractors shall not transition to a biosimilar drug until AHCCCS has determined that the biosimilar drug is overall more cost-effective to the state than the continued use of the brand name drug. AHCCCS has made the determination that Contractors must continue to pay for Lantus Insulin, vials and the Solostar pen, as the preferred glargine insulin and Basaglar shall be listed as non-preferred.

Contractors shall approve referred drugs for medication classes listed on the AHCCCS Drug List before considering approval/authorization of non-preferred drugs. However, Contractors shall approve non-preferred drugs when:
1) The member has previously completed step therapy using the preferred drug(s) or
2) The member’s prescribing clinician supports the medical necessity of the non-
preferred drug over the preferred drug for the particular member.

Contractors shall facilitate member transitions to the preferred drugs for the preferred
agents with the exception of those approved for grandfathering. Contractors are not
required to provide a Notice of Action when the prescribing clinician is in agreement
with the change to the preferred drug. A prior authorization may be submitted for the
non-preferred drug when the prescribing clinician is not in agreement with the transition
to the preferred drug. Contractors shall issue a Notice of Action in accordance with
AHCCCS Contractor Operations Manual (ACOM) Chapter 414 – Notices of Action for
Service Authorizations when a prior authorization is denied.

A document is available on the AHCCCS website under Pharmacy/Pharmacy &
Therapeutics Committee, and it contains the preferred and non-preferred drugs by the
Therapeutic Class, National Drug Code, generic product information, and the drug label
name with the exception of the fluoride drops and chewable tablets. Drugs noted as
“ON” have preferred status and those listed as “NPD” are non-preferred. New drug
market entries other than the preferred drugs will be considered non-preferred.

Contractors shall communicate the AHCCCS Drug List(s) 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.

Contractors are required to list these medications on their drug list exactly as they are
listed on the AHCCCS Drug List(s).
Contractors shall not add other drugs to their drug list to therapeutic classes, which
contain preferred drugs on the AHCCCS DRUG LIST. All Contractor drug lists,
including website listings, must be updated by July 1, 2017 to reflect P&T preferred
drug and other drug 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 drug classes to be reviewed at that July 10, 2017 AHCCCS P&T Meeting are:
- Oral Atypical (Second Generation) Antipsychotics
- Long-Acting Injectable Atypical (Second Generation) Antipsychotics
- Stimulants and Related Agents
- Pancreatic Enzymes
• Anticoagulants

In addition to the classes above, Hemophilia Treatment will also be reviewed as a non-supplemental rebate class.

A final vote will be taken on the Hypoglycemic Insulin and Related Agents at the July meeting.

A listing of the drugs for each of the classes above can be found on the Provider Synergies website at www.providersynergies.com under Arizona.

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