

**Date:** May 7, 2018

**To:** Contractor Medical Directors  
Contractor Pharmacy Directors  
Contractor Compliance Officers

**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 April 17, 2018 AHCCCS Pharmacy & Therapeutics (P&T) Committee. The following is a synopsis of the recommendations proposed by the Committee.

### *Supplemental Rebate Therapeutic Classes*

#### **Opioid Dependence Treatment**

- No changes to the preferred agents.
- Prior authorization is not required for buprenorphine, without naloxone, for MAT use by women who are pregnant and/or nursing. The prescription claim may be adjudicated by the pharmacy at the Point-of-Sale when the prescriber indicates one of the following ICD-10 Codes on the prescription:
  - O09.91 - Supervision of high risk pregnancy, 1<sup>st</sup> trimester
  - O09.92 - Supervision of high risk pregnancy, 2<sup>nd</sup> trimester
  - O09.93 - Supervision of high risk pregnancy, 3<sup>rd</sup> trimester
  - O09.90 - Supervision of high risk pregnancy - use for post-partum nursing mothers.
  - The pharmacy must enter the code in the NCPDP required fields and adjudicate the claim with the Pharmacy Benefit Manager.
  - This change is effective for the AHCCCS Acute/LTC and Behavioral Health Drug Lists.

#### **Hypoglycemics - Incretin Mimetics**

- Glyxambi was added as a preferred agent to the AHCCCS Acute/LTC Drug List.

#### **Hypoglycemics, Insulin and Related Agents – No changes**

#### **COPD Agents**

- Bevespi Aerosphere and Stiolto Respimat were added as preferred agents to the AHCCCS Acute/LTC Drug List.

## Non-Supplemental Therapeutic Classes

### Anti-Migraine Non-Triptan Agents

- Ergotamine Tartrate/Caffeine Tablets shall be designated as a preferred agent.
- Ergotamine Tartrate/Caffeine Suppositories are non-preferred and shall be removed from the AHCCCS Drug List. The Committee approved grandfathering.

### Anti-Migraine Triptan Agents

#### Preferred Agents

- Rizatriptan oral tablets with current listed quantity limits on the AHCCCS Drug List.
- Sumatriptan oral tablets, nasal spray & subcutaneous injection with listed quantity limits on the AHCCCS Drug List.
- Naratriptan oral tablets with a quantity limit of 9 in a 30-day time period
- Zolmitriptan oral and ODT with a quantity limit of 9 in a 30-day time period.

### Bronchodilators

#### Preferred Agents

- Albuterol Syrup
- ProAir
- Proventil HFA
- Ventolin HFA
  - AHCCCS Contractors shall designate the preferred albuterol branded product on their respective drug list.
- Albuterol Nebulized Solution
- Serevent
- Levalbuterol Nebulizer Solution is preferred on the AHCCCS Acute/LTC Drug List for children under the age of 4 years old and available without authorization.

### Leukotriene Modifiers

- Montelukast chewable and oral tablets are preferred
- Montelukast Granules are preferred on the AHCCCS Acute/LTC Drug List for children under the age of 4 years old and available without prior authorization.

### Phosphate Binder

#### Preferred Agents

- Calcium Acetate capsules and tablets
- Renagel Tablets
- Renvela Tablets – BRAND ONLY

### **Non-Preferred Agents**

- Phoslo
- Phoslyra
- Eliphos
- Renvela Powder Packets
- Velphoro
- Grandfathering was not approved.

### **Sedative Hypnotics**

#### **Preferred Agents**

- Temazepam 15mg & 30 mg
- Zolpidem tablets
- Rozerem was added to both AHCCCS Drug Lists with step therapy through Temazepam and Zolpidem.

#### **Non-Preferred Agents to be removed from both AHCCCS Drug Lists**

- Estazolam
- Flurazepam
- Triazolam
- Silenor
- Lunesta
- Meprobamate
- Zalepon
- Grandfathering was approved for all sedative hypnotics.

AHCCCS agrees with the Supplemental and Non-Supplemental Rebate Therapeutic Class recommendations proposed by the P&T Committee with the exception of the Anti-Migraine Non-Triptan Agents which will be discussed at the next meeting.

The Committee reviewed the FDA Cough and Cold Advisory which recommends limiting the use of prescription opioid cough and cold products to adults ages 18 years and older. The Advisory is to reduce opioid exposure to children. The Committee recommended the addition of Prior Authorization for cough and cold products containing opioid products for children under the age of 18 years. AHCCCS agrees with this recommendation.

### **New Drugs**

- Abilify MyCite, aripiprazole with a sensor, was reviewed. The recommendation was to not add this medication to the AHCCCS Drug Lists and the Committee unanimously approved. AHCCCS agrees with this recommendation.
- Biktarvy, a new HIV combination therapy with a new integrase inhibitor was reviewed. The recommendation was to add this medication to the AHCCCS Drug List. The Committee approved the addition with one

member abstaining. AHCCCS agrees with this recommendation.

- Juluca is a new combination therapy of two currently available drugs, Edurant and Tivicay. The recommendation was to not add this drug to the AHCCCS Drug List. A motion was made to add this drug to the AHCCCS Drug List with 6 Committee members approving and 5 abstaining. After further review by AHCCCS, Juluca will not be added to the AHCCCS Drug List.

Contractors shall approve preferred 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 single and combination inhaled corticosteroids. 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 file is attached that contains the preferred and non-preferred drugs by the National Drug Code and the drug label name. 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 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.

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 Contractor drug lists, including website listings, must be updated by July 1, 2018 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 following classes will be reviewed at the July 17, 2018 AHCCCS P&T Meeting:**

**Supplemental Rebate Drug Classes**

- Oral Atypical (Second Generation) Antipsychotics
- Long-Acting Injectable Atypical Antipsychotics
- Stimulants and Related Agents
- Pancreatic Enzymes

**Non-Supplemental Rebate Drug Classes**

- Antifungals, Oral
- Antifungals, Topical
- Beta Blockers
- Calcium Channel Blockers
- Steroids, Topical Low
- Steroids, Topical Medium
- Steroids, Topical High
- Steroids, Topical Very High

A listing of the drugs for each of the classes above can be found on the Provider Synergies website at [www.providersynergies.com](http://www.providersynergies.com) under Arizona.

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.