

Date: November 3, 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 information on the preferred drugs changes that were approved at the October 12, 2017 AHCCCS Pharmacy & Therapeutics (P&T) Committee. The drug classes that were reviewed include:

- Hepatitis C
- Cytokine and CAM Inhibitors
- Long Acting Opioid Analgesics
- Growth Hormone
- Self-Injected Epinephrine
- Inhaled Antibiotics
- Progestational Agents

There were no changes to the preferred agents for the following classes:

- **Growth Hormone**
- **Inhaled Antibiotics**
- **Progestational Agents.**

Hepatitis C Direct Acting Antiviral (DAA) Agents

The following recommended changes were approved by AHCCCS for the AHCCCS Drug List:

- Effective January 1, 2018:
 - Mavyret shall be the only preferred DAA for the treatment of Hepatitis C;
 - The fibrosis level will be removed from the AHCCCS Medical Policy Manual Policy 320-N - Hepatitis C Prior Authorization of Direct Acting Antiviral Agents; and
 - Members shall be grandfathered on other DDA agents when treatment was initiated prior to January 1, 2017.
- Mavyret has been added as a preferred agent with the current preferred DAA agents for the 4th quarter, October, November and December of 2017.
 - Mavyret shall not be advantaged over the current DAA products for this quarter.

AHCCCS is in the process of updating the AMPM Policy 320-N to reflect

retreatment criteria. This policy will be posted for comments in late November.

Cytokine and CAM Inhibitors

The vote on the Cytokine and CAM Inhibitor Class was tabled in order to obtain additional data. The Committee agreed to a vote by email.

Long Acting Opioid Analgesics

The Committee recommended the following changes to the AHCCCS Drug List and AHCCCS has approved these changes with an effective date of January 1, 2018:

- Oxycotin will be removed as a preferred agent and grandfathering was not approved.
- Hysingla will be removed as preferred agents and grandfathering was approved.
- Xtampza ER will be added as a preferred agent.

Self-Injected Epinephrine

The Committee recommended the following change to the AHCCCS Drug List and AHCCCS has approved these changes effective January 1, 2018:

- EpiPen will be removed as a preferred product and grandfathering was not approved.
- Self-Injected Epinephrine, the generic of EpiPen, by Mylan only, will be the preferred product.

Biosimilars

The biosimilars for the following were presented at the meeting:

- Remicade – *Inflectra and Renflexis*
- Enbrel – *Erelzi*
- Humira - *Amjevita*

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 Humira and Enbrel because the biosimilars for these products are not cost-effective and Contractors shall not use Erelzi and Amjevita in place of Humira or Enbrel.

AHCCCS also made the determination that Inflectra and Renflexis are more cost effective than the brand name product, Remicade, and therefore, the biosimilars, Inflectra and Renflexis, are to be used when the claim adjudicates at the point-of-sale or as a medical claim for a physician administered drug.

New Drugs

AHCCCS reviewed the following new medications for the Committee:

- Haegarda
- Baxdela
- Trulance
- Tymlos

The Committee voted to not add these drugs to the AHCCCS Drug List. They are available through prior authorization.

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 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. Drugs noted as "ON" have preferred status and those listed as "NPD" are non-preferred. New drug market entries 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 October 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 January 16, 2018 AHCCCS P&T Meeting will be posted shortly and can also 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@azahcccs.gov or telephonically at (602) 417-4726.