

**Date: January 31, 2025**

**To: MCO Contractor Pharmacy Directors  
MCO Contractor Medical Directors  
MCO Contractor Compliance Officers  
Optum FFS PBM Staff**

**From: Suzi Berman, RPh**

**Subject: AHCCCS Drug List Preferred Medications**

This memo is to provide notice on the preferred drugs that were recommended at the January 15, 2025, AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were eighteen non-supplemental rebate classes reviewed. The colony stimulating factors therapeutic class was moved to the May 2025 meeting. The preferred agent recommendations for each of the classes have been accepted by AHCCCS and will be effective beginning on April 1, 2025. 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 January 2025 meeting, the effective date is April 1, 2025.*

*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. The Committee reviewed nineteen supplemental classes and four new drugs. To review the actual P&T recommendations, the AHCCCS P&T Recommendations document is available on the AHCCCS website under Pharmacy/ Pharmacy & Committee/Agendas & Meeting Minutes.

The AHCCCS recommendation's excel spreadsheet for preferred agents in each class is also located on the AHCCCS website. The excel spreadsheet is located on the AHCCCS website under Pharmacy/ Pharmacy & Committee/Agenda & Meeting Minutes.

## **NON-SUPPLEMENTAL REBATE CLASS REVIEWS: UMANG PATEL, PHARMD, PRIME THERAPEUTICS**

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- 1. Androgenic Agents**
  - a. Public Testimony: None
- 2. Antidepressants, Other**
  - a. Written Testimony:
    - i. Kristina Sabetta
- 3. Antidepressants, SSRIs**
  - a. Public Testimony: None
- 4. Antivirals, Topical**
  - a. Public Testimony: None
- 5. Bone Resorption Suppression and Related Agents**
  - a. Public Testimony: None
- 6. Bronchodilators, Beta Agonists**
  - a. Oral Testimony: Christine Dubé
- 7. Colony Stimulating Factors- Therapeutic Class moved to the May 2025 Meeting**
- 8. Enzyme Replacement Products, Gaucher Disease**
  - a. Public Testimony: None
- 9. Erythropoiesis Stimulating Proteins**
  - a. Public Testimony: None
- 10. Hypoglycemics, Alpha Glucosidase Inhibitors**
  - a. Public Testimony: None
- 11. Hypoglycemics, Metformins**
  - a. Public Testimony: None
- 12. Hypoglycemics, SGLT2s**
  - a. Public Testimony: None
- 13. Immunoglobulins**
  - a. Public Testimony: None
- 14. Oncology, Oral - Hematologics**
  - a. Public Testimony: None
- 15. Ophthalmics, Anti-inflammatory/Immunomodulators**
  - a. Public Testimony: None
- 16. Otic Antibiotics**

- a. Public Testimony: None
- 17. Pulmonary Arterial Hypertension Agents**
- a. Public Testimony: None
- 18. Thrombopoiesis Stimulating Agents**
- a. Public Testimony: None
- 19. Ulcerative Colitis**
- a. Public Testimony: None

## **New Drug Reviews UMANG PATEL, PHARMD, MAGELLAN**

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- 1. Yorvipath - palopegteriparatide**
  - a. Oral Testimony: Michele Rayes, Tracey Maravilla
- 2. Hympavzi - marstacimab-hncq**
- 3. Livdelzi - seladelpar**
  - a. Oral Testimony: Natalie Rose
- 4. Aqneursa - levacetylleucine**
  - a. Oral Testimony: Beth Zanrucha
- 5. Miplyffa - arimoclomol**
- 6. Ebglyss - lebrikizumab-lbkz**
- 7. Voranigo - vorasidenib**

### **Public Therapeutic Class Votes:**

- 1. Androgenic Agents**
  - a. Preferred Products
    - i. TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM)\*
  - b. Moving to Non-Preferred
    - i. TESTOSTERONE GEL PACKET (AG) (VOGELXO) (TRANSDERM)\*
  - c. The committee voted on the above recommendations.
    - i. All present committee members voted in favor of the recommendations.
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
  - d. Grandfathering - No
- 2. Antidepressants, Other**
  - a. Preferred Products
    - i. BUPROPION (ORAL)\*
    - ii. BUPROPION SR (ORAL)\*
    - iii. BUPROPION XL (ORAL)\*
    - iv. MIRTAZAPINE ODT (ORAL)\*
    - v. MIRTAZAPINE TABLET (ORAL)\*
    - vi. SPRAVATO (NASAL) \*
    - vii. TRAZODONE (ORAL)\*
    - viii. VENLAFAXINE (ORAL)\*

- ix. VENLAFAXINE ER CAPSULES (ORAL)\*
- b. The committee voted on the above recommendations.
  - i. All present committee members voted in favor of the recommendations.
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.
- c. Grandfathering - Yes

### **3. Antidepressants, SSRIs**

- a. Preferred Products
  - i. CITALOPRAM SOLUTION (ORAL)\*
  - ii. CITALOPRAM TABLET (ORAL)\*
  - iii. ESCITALOPRAM TABLET (ORAL)\*
  - iv. FLUOXETINE CAPSULE (ORAL)\*
  - v. FLUOXETINE SOLUTION (ORAL)\*
  - vi. FLUVOXAMINE (ORAL)\*
  - vii. PAROXETINE TABLET (ORAL)\*
  - viii. SERTRALINE CONC (ORAL)\*
  - ix. SERTRALINE TABLET (ORAL)\*
- b. The committee voted on the above recommendations.
  - i. All present committee members voted in favor of the recommendations.
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.
- c. Grandfathering - Yes

### **4. Antivirals, Topical**

- a. Preferred Products
  - i. DOCOSANOL OTC (TOPICAL)\*
  - ii. ZOVIRAX CREAM (TOPICAL)\*
  - iii. ZOVIRAX OINTMENT (TOPICAL)\*
- b. The committee voted on the above recommendations.
  - i. All present committee members voted in favor of the recommendations.
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.

### **5. Bone Resorption Suppression and Related Agents**

- a. Preferred Products
  - i. ALENDRONATE SOLUTION (ORAL)\*
  - ii. ALENDRONATE TABLETS (ORAL)\*
  - iii. CALCITONIN SALMON (NASAL)\*
  - iv. FORTEO (SUBCUTANE.)\* with PA
  - v. IBANDRONATE TABLETS (ORAL)\*
  - vi. PROLIA (SUBCUTANE.)\* with PA
  - vii. RALOXIFENE (AG) (ORAL)\*
- b. The committee voted on the above recommendations.

- i. All present committee members voted in favor of the recommendations.
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

## **6. Bronchodilators, Beta Agonists**

### a. Preferred Products

#### i. Long Acting Agents

- 1. ALBUTEROL NEB SOLN 0.63, 1.25 MG (INHALATION)\*
- 2. ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION)\*
- 3. ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)\*
- 4. ALBUTEROL NEB SOLN 2.5 MG/3 ML (INHALATION)\*

#### ii. Oral Agents

- 1. ALBUTEROL SYRUP (ORAL)\*

#### iii. Short Acting Agents

- 1. ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)\*
- 2. ALBUTEROL HFA (PROAIR) (INHALATION)\*
- 3. ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)\*
- 4. ALBUTEROL HFA (PROAIR) (AG) (INHALATION)\*
- 5. ALBUTEROL HFA (PROVENTIL) (INHALATION)\*

### b. The committee voted on the above recommendations.

- i. All present committee members voted in favor of the recommendations.
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

## **7. Enzyme Replacement Products, Gaucher Disease**

### a. Preferred Products

- i. ELELYSO (INTRAVEN)\*
- ii. MIGLUSTAT (AG) (ORAL)\*
- iii. MIGLUSTAT (ORAL)\*

### b. Moving to Non-Preferred

- i. CERDELGA (ORAL)\*
- ii. CEREZYME 400 UNITS (INTRAVEN)\*
- iii. VPRIV 400 UNITS (INTRAVEN)\*

### c. The committee voted on the above recommendations.

- i. All present committee members voted in favor of the recommendations.
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

### d. Grandfathering - Yes

## **8. Erythropoiesis Stimulating Proteins**

### a. Preferred Products

- i. EPOGEN (INJECTION)
- ii. RETACRIT (INJECTION)\*
- iii. RETACRIT (VIFOR) (INJECTION)

### b. The committee voted on the above recommendations.

- i. All present committee members voted in favor of the recommendations.
- ii. No committee members voted against the recommendations.
- iii. No committee members abstained.

c. Grandfathering - No

## **9. Hypoglycemics, Alpha Glucosidase Inhibitors**

a. Preferred Products

i. ACARBOSE (ORAL)\*

b. The committee voted on the above recommendations.

i. All present committee members voted in favor of the recommendations.

ii. No committee members voted against the recommendations.

iii. No committee members abstained.

## **10. Hypoglycemics, Metformins**

a. Preferred Products

i. GLYBURIDE-METFORMIN (ORAL)\*

ii. METFORMIN (ORAL)\*

iii. METFORMIN ER (GLUCOPHAGE XR) (ORAL)\*

b. The committee voted on the above recommendations.

i. All present committee members voted in favor of the recommendations.

ii. No committee members voted against the recommendations.

iii. No committee members abstained.

c. Grandfathering - No

## **11. Hypoglycemics, SGLT2s**

a. Preferred Products

i. FARXIGA (ORAL)\*

ii. JARDIANCE (ORAL)\*

iii. SYNJARDY (ORAL)\*

iv. XIGDUO XR (ORAL)\*

b. Moving to Non-Preferred

i. INVOKAMET (ORAL)\*

ii. INVOKANA (ORAL)\*

c. The committee voted on the above recommendations.

i. All present committee members voted in favor of the recommendations.

ii. No committee members voted against the recommendations.

iii. No committee members abstained.

d. Grandfathering - No

## **12. Immunoglobulins**

a. Preferred Products

i. BIVIGAM (INTRAVEN)\*

ii. FLEBOGAMMA DIF (INTRAVEN)\*

iii. GAMMAGARD LIQUID (INJECTION)\*

iv. GAMMAGARD S-D (INTRAVEN)\*

- v. GAMMAKED (INTRAVEN)\* GAMUNEX-C (INJECTION)\*
  - vi. HIZENTRA SYRINGE (SUBCUTANEOUS)\*
  - vii. HIZENTRA VIAL (SUBCUT.)\*
  - viii. OCTAGAM (INTRAVEN)\*
  - ix. PRIVIGEN (INTRAVEN) \*
  - x. XEMBIFY (SUBCUTANEOUS)\*
- b. The committee voted on the above recommendations.
    - i. All present committee members voted in favor of the recommendations.
    - ii. No committee members voted against the recommendations.
    - iii. No committee members abstained.
  - c. Grandfathering - Yes

### **13. Oncology, Oral - Hematologics**

- a. Preferred Products
  - i. HYDROXYUREA (ORAL)\*
  - ii. IMATINIB (ORAL)\*
  - iii. LENALIDOMIDE (ORAL)\*
  - iv. MATULANE (ORAL)\*
  - v. MERCAPTOPYRINE (ORAL)\*
  - vi. SPRYCEL (ORAL)\*
  - vii. TRETINOIN (ORAL)\*
- b. The committee voted on the above recommendations.
  - i. All present committee members voted in favor of the recommendations.
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.

### **14. Ophthalmics, Anti-inflammatory/Immunomodulators**

- a. Preferred Products
  - i. RESTASIS (OPHTHALMIC)\*
  - ii. XIIDRA (OPHTHALMIC)\*
- b. The committee voted on the above recommendations.
  - i. All present committee members voted in favor of the recommendations.
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.

### **15. Otic Antibiotics**

- a. Preferred Products
  - i. CIPRO HC (OTIC)\*
  - ii. CIPROFLOXACIN (OTIC)\*
  - iii. CIPROFLOXACIN/DEXAMETHASONE (AG) (OTIC)
  - iv. CIPROFLOXACIN/DEXAMETHASONE (OTIC)
  - v. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP AG (OTIC)\*
  - vi. NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (OTIC)
  - vii. OFLOXACIN (OTIC)\*
- b. Moving to Non-Preferred

- i. CIPRODEX (OTIC)\*
- c. The committee voted on the above recommendations.
  - i. All present committee members voted in favor of the recommendations.
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.
- d. Grandfathering - No

## 16. Pulmonary Arterial Hypertension Agents

- a. Preferred Products
  - i. AMBRISENTAN (ORAL)\*
  - ii. LIQREV SUSPENSION (ORAL)
  - iii. ORENITRAM ER (ORAL)
  - iv. ORENITRAM TITRATION KIT (ORAL)
  - v. SILDENAFIL TABLET (ORAL)\*
  - vi. TADALAFIL (ADCIRCA) (ORAL)
  - vii. TRACLEER SUSPENSION (ORAL)\* (NEW)
- b. Moving to Non-Preferred
  - i. BOSENTAN TABLET (ORAL)\*
  - ii. EPOPROSTENOL SODIUM (INTRAVENOUS)
  - iii. FLOLAN (INTRAVENOUS)
  - iv. REMODULIN (INJECTION)
  - v. SILDENAFIL (INTRAVENOUS)
  - vi. TREPROSTINIL (INJECTION)
  - vii. UPTRAVI (INTRAVENOUS)
  - viii. VELETRI (INTRAVENOUS)
  - ix. WINREVAIR KIT (SUBCUTANEOUS)
  - x. PAH Injectable/IV products are available through the prior authorization process.
- c. The committee voted on the above recommendations.
  - i. All present committee members voted in favor of the recommendations.
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.
- d. Grandfathering - Yes

## 17. Thrombopoiesis Stimulating Agents

- a. Preferred Products
  - i. NPLATE (SUB-Q)\*
  - ii. PROMACTA TABLET (ORAL)\*
- b. The committee voted on the above recommendations.
  - i. All present committee members voted in favor of the recommendations.
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.
- c. Grandfathering - Yes

## 18. Ulcerative Colitis



- a. Preferred Products
  - i. APRISO (ORAL)\*
  - ii. DELZICOL (ORAL)\*
  - iii. MESALAMINE (LIALDA) (AG) (ORAL)\*
  - iv. MESALAMINE (CANASA) (ORAL)\* (NEW)
  - v. MESALAMINE (CANASA) (AG) (ORAL)\* (NEW)
  - vi. PENTASA (ORAL)\*
  - vii. SFROWASA (RECTAL)\*
  - viii. SULFASALAZINE (AG) (ORAL)\*
  - ix. SULFASALAZINE (ORAL)\*
  - x. SULFASALAZINE DR (AG) (ORAL)\*
- b. Moving to Non-Preferred
  - i. CANASA (RECTAL)\*
  - ii. MESALAMINE (ASACOL HD) (ORAL)\*
- c. The committee voted on the above recommendations.
  - i. All present committee members voted in favor of the recommendations.
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.
- d. Grandfathering - No

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#### **New Drug Recommendations and Vote**

- 1. Yorvipath - palopegteriparatide**
- 2. Livdelzi - seladelpar**
- 3. Aqneursa - levacetylleucine**
- 4. Miplyffa - arimoclomol**
- 5. Ebglyss - lebrikizumab-lbkz**
- 6. Voranigo - vorasidenib**

- a. The committee voted on the above recommendations.
  - i. All present committee members voted in favor of the recommendations.
  - ii. No committee members voted against the recommendations.
  - iii. No committee members abstained.
- b. All CMS covered outpatient drugs not listed on the AHCCCS drug list may be eligible through the prior authorization process based on medical necessity.

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 April 1, 2025, to reflect the January 15, 2025, 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 two AHCCCS P&T Committee Meetings are May 20, 2025, and October 22, 2025.

Please contact me at your convenience if you have any questions. I can be reached by email at [Suzanne.Berman@azahcccs.gov](mailto:Suzanne.Berman@azahcccs.gov).