

Date: June 8, 2026

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

From: Suzi Berman, RPh

Subject: AHCCCS May 2026 Pharmacy & Therapeutics Committee Meeting Preferred Drug List Recommendations

This memo is to provide notice on the preferred drugs that were recommended at the May 19, 2026, AHCCCS Pharmacy & Therapeutics (P&T) Committee. Nineteen supplemental rebate classes and five new drugs were reviewed. The preferred agent recommendations for each of the classes have been accepted by AHCCCS and are effective beginning on October 1, 2026. 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 List designates 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 2026 meeting, the effective date is October 1, 2026.

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 classes reviewed, PDL recommendations and the voting that was completed by the Committee for the recommendations. 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 & Therapeutics 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 & Therapeutics Committee/Agenda & Meeting Minutes.

SUPPLEMENTAL REBATE CLASS REVIEWS: HIND DOUIKI, PHARMD, PRIME THERAPEUTICS

- 1. Antibiotics, Inhaled**
 - a. Public Testimony: None
- 2. Antimigraine Agents, Other**
 - a. Public Testimony: None
- 3. Antipsychotics, Atypical Long-Acting Injectable**
 - a. Public Testimony:
 - i. Stefan Luft – Oral
 - ii. Kristina Sabetta – Oral
- 4. Antipsychotics, Oral Atypical (2nd Gen Only)**
 - a. Public Testimony:
 - i. Asha-Lee Cadogan – Oral
 - ii. Melanie Oglesby – Oral
 - iii. Garrick Wong – Oral
 - iv. David Delawder – Written
 - v. Miguel Tosado – Written
- 5. Colony Stimulating Factors**
 - a. Public Testimony: None
- 6. COPD Agents /***
 - a. Public Testimony: None
- 7. GI Motility, Chronic**
 - a. Public Testimony: None
- 8. Cytokine and CAM Antagonists**
 - a. Public Testimony: None
- 9. Glucagon Agents**
 - a. Public Testimony: None
- 10. Growth Hormone**
 - a. Public Testimony:
 - i. Kaysen Bala – Oral
 - ii. Sejal Patel Upadhyaya – Oral
 - iii. Amy Eby – Written
- 11. Hepatitis C Agents - Other**
 - a. Public Testimony: None
- 12. Hepatitis C Direct Acting Antiviral Agents**

- a. Public Testimony: None
- 13. Hypoglycemics, Incretin Mimetics/Enhancers**
 - a. Public Testimony: None
- 14. Immunologics (Immunomodulators, Atopic Dermatitis and Immunomodulators, Asthma)**
 - a. Public Testimony:
 - i. Sam Brantman – Oral
 - ii. Steven McFadden – Oral
 - iii. Carla McSpadden – Oral
 - iv. Valerie Ng – Oral
 - v. Jeffery Baldwin – Written
 - vi. Sierra Wolter – Written
- 15. Movement Disorders**
 - a. Public Testimony: None
- 16. Multiple Sclerosis Agents**
 - a. Public Testimony:
 - i. Payal Tejani – Oral
- 17. Opioid Dependence Treatments**
 - a. Public Testimony:
 - i. John Landis – Oral
 - ii. Rupa Shah – Oral
- 18. Pancreatic Enzymes**
 - a. Public Testimony: None
- 19. Uterine Disorder Treatments**
 - a. Public Testimony: None

New Drug Reviews HIND DOUIKI PHARMD, PRIME THERAPEUTICS

- 1. Lynkuet**
- 2. Redemplo**
- 3. Voyxact**
 - a. Public Testimony:
 - i. Steven McFadden – Oral
- 4. Cardamyst**
- 5. Myqorzo**
 - a. Public Testimony:
 - i. Melissa Sommers – Oral

Public Therapeutic Class Votes:

Products currently included on the AHCCCS approved drug list are notated with an asterisk (*).
Updates are highlighted yellow.

1) Antibiotics, Inhaled

a) PDL Recommendations (preferred products):

- i) BETHKIS (INHALATION)*
 - ii) KITABIS PAK (INHALATION)*
- b) Grandfathering does not apply.

2) Antimigraine Agents, Other

a) PDL Recommendations (preferred products):

- i) AIMOVIG (SUBCUTANEOUS)*
 - ii) AJOVY (SUBCUTANEOUS)* (new)
 - iii) AJOVY AUTOINJECTOR (SUBCUTANEOUS)* (new)
 - iv) AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)* (new)
 - v) DIHYDROERGOTAMINE MESYLATE (NASAL)
 - vi) EMGALITY PEN (SUBCUTANEOUS)*
 - vii) EMGALITY SYRINGE 120 MG (SUBCUTANEOUS)*
 - viii) UBRELVY (ORAL)*
- b) Grandfathering does not apply.

3) Antipsychotics, Atypical Long-Acting Injectable

a) PDL Recommendations (preferred products):

- i) ABILIFY ASIMTUFII (INTRAMUSC)
 - ii) ABILIFY MAINTENA (INTRAMUSC.)*
 - iii) ARISTADA (INTRAMUSC)*
 - iv) ARISTADA INITIO (INTRAMUSC)*
 - v) INVEGA HAFYERA (INTRAMUSC)*
 - vi) INVEGA SUSTENNA (INTRAMUSC)*
 - vii) INVEGA TRINZA (INTRAMUSC)*
 - viii) RISPERDAL CONSTA (INTRAMUSC)*
 - ix) UZEDY (SUBCUTANEOUS)
- b) **PDL Recommendations (products moving to nonpreferred):**
- i) **PERSERIS (SUBCUTANEOUS)**
- c) Grandfathering applies to this class.

4) Antipsychotics, Oral Atypical (2nd Gen Only)

a) PDL Recommendations (preferred products):

- i) ARIPIPRAZOLE SOLUTION (ORAL)*
- ii) ARIPIPRAZOLE TABLET (ORAL)*
- iii) CLOZAPINE ODT (ORAL)*
- iv) CLOZAPINE (ORAL)*
- v) LURASIDONE (ORAL)*
- vi) OLANZAPINE ODT (ORAL)*
- vii) OLANZAPINE TABLET (ORAL)*
- viii) **PALIPERIDONE (ORAL)* (new)**
- ix) QUETIAPINE TABLET (ORAL)*

- x) RISPERIDONE ODT (ORAL)*
 - xi) RISPERIDONE SOLUTION (ORAL)*
 - xii) RISPERIDONE TABLET (ORAL)*
 - xiii) VRAYLAR (ORAL) (new)
 - xiv) ZIPRASIDONE CAPSULE (ORAL)*
- b) Grandfathering applies to this class.

5) Colony Stimulating Factors

- a) **PDL Recommendations (preferred products):**
- i) FULPHILA (SUBCUTANEOUS)
 - ii) FYLNETRA (SUBCUTANEOUS)*
 - iii) NIVESTYM SYRINGE (SUBCUTANEOUS)*
 - iv) NIVESTYM VIAL (INJECTION)*
 - v) RELEUKO SYRINGE (SUBCUTANEOUS)
- b) Grandfathering does not apply to this class.

6) COPD Agents

- a) **PDL Recommendations (preferred products):**
- i) **Antimuscarinics - Short-Acting**
 - (1) ATROVENT HFA (INHALATION)*
 - (2) IPRATROPIUM NEBULIZER (INHALATION)*
 - ii) **Antimuscarinics - Long-Acting**
 - (1) INCRUSE ELLIPTA (INHALATION) (new)
 - (2) TIOTROPIUM (INHALATION)*
 - (3) SPIRIVA RESPIMAT (INHALATION)*
 - iii) **Beta Agonist/Antimuscarinic Combination - Short-Acting**
 - (1) IPRATROPIUM / ALBUTEROL (INHALATION)*
 - (2) COMBIVENT RESPIMAT (INHALATION)*
 - iv) **Beta Agonist/Antimuscarinic Combination - Long-Acting**
 - (1) ANORO ELLIPTA (INHALATION)*
 - (2) STIOLTO RESPIMAT (INHALATION)
- b) **PDL Recommendations (products moving to nonpreferred):**
- i) TUDORZA PRESSAIR (INHALATION)
- c) Grandfathering does not apply to this class.

7) GI Motility, Chronic (NEW CLASS)

- a) **PDL Recommendations (preferred products):**
- i) LINZESS (ORAL) (new)
 - ii) LUBIPROSTONE (AG) (ORAL) (new)
 - iii) LUBIPROSTONE (ORAL) (new)
 - iv) PRUCALOPRIDE TABLET (ORAL) (new)
- b) The remaining products in this class are recommended nonpreferred
- c) Grandfathering applies only to branded agents that have no generic product available.

8) Cytokine and CAM Antagonists

a) PDL Recommendations (preferred products):

- i) ADALIMUMAB-FKJP KIT (INJECTION) (CF) 50 MG/ML
- ii) ADALIMUMAB-FKJP PEN KIT (INJECTION) (CF) 50 MG/ML
- iii) ENBREL MINI CARTRIDGE (SUBCUTANE.)*
- iv) ENBREL PEN (INJECTION)*
- v) ENBREL SYRINGE (INJECTION)*
- vi) ENBREL VIAL (SUBCUTANE.)*
- vii) HADLIMA KIT (INJECTION) (CF) 100 MG/ML*
- viii) HADLIMA KIT (INJECTION) 50 MG/ML*
- ix) HADLIMA PEN KIT (INJECTION) (CF) 100 MG/ML*
- x) HADLIMA PEN KIT (INJECTION) 50 MG/ML*
- xi) INFLIXIMAB (INJECTION)*
- xii) ORENCIA CLICKJECT (SUBCUTANE.)*
- xiii) ORENCIA SYRINGE (SUBCUTANE.)*
- xiv) OTEZLA (ORAL)*
- xv) OTEZLA XR INITIATION PAK (ORAL)*
- xvi) OTEZLA XR TABLET (ORAL)*
- xvii) STARJEMZA SYRINGE (SUBCUTANE.) (new)
- xviii) STARJEMZA VIAL (INTRAVENOUS) (new)
- xix) STARJEMZA VIAL (SUBCUTANE.) (new)
- xx) TYENNE AUTOINJECTOR (SUBCUTANE.)
- xxi) TYENNE SYRINGE (SUBCUTANE.)
- xxii) TYENNE VIAL (INTRAVENOUS)
- xxiii) XELJANZ (ORAL)*
- xxiv) XELJANZ XR (ORAL)*

b) PDL Recommendations (products moving to nonpreferred):

- i) YESINTEK SYRINGE (SUBCUTANE.)
- ii) YESINTEK VIAL (INTRAVENOUS)
- iii) YESINTEK VIAL (SUBCUTANE.)

c) Grandfathering does not apply to this class.

9) Glucagon Agents

a) PDL Recommendations (preferred products):

- i) BAQSIMI (NASAL)*
- ii) GLUCAGON (INJECTION)*
- iii) GLUCAGON EMERGENCY KIT (AMPHASTAR) (INJECTION)*
- iv) GLUCAGON EMERGENCY KIT (LUPIN) (INJECTION)* (new)
- v) GLUCAGON EMERGENCY KIT (MYLAN) (INJECTION)* (new)
- vi) PROGLYCEM SUSPENSION (ORAL)*
- vii) ZEGALOGUE AUTOINJECTOR (SUBCUTANEOUS)*
- viii) ZEGALOGUE SYRINGE (SUBCUTANEOUS)*

b) Grandfathering does not apply to this class.

10) Growth Hormone

a) PDL Recommendations (preferred products):

- i) GENOTROPIN CARTRIDGE (INJECTION)*
- ii) GENOTROPIN DISP SYRIN (INJECTION)*
- iii) NORDITROPIN PEN (INJECTION)*
- iv) SOGROYA (SUBCUTANEOUS) (new)

b) Grandfathering does not apply to this class

11) Hepatitis C Agents

a) PDL Recommendations (preferred products):

- i) PEGASYS SYRINGE (SUB-Q)
- ii) PEGASYS VIAL (SUBCUTANE.)
- iii) RIBAVIRIN CAPSULE (ORAL)
- iv) RIBAVIRIN TABLET (ORAL)

b) Grandfathering is not applicable to this class.

12) Hepatitis C Agents – Direct Acting

a) PDL Recommendations (preferred products):

- i) MAVYRET (ORAL) (8 WEEKS)*
- ii) MAVYRET PELLETT PACK (ORAL)*
- iii) SOFOSBUVIR/VELPATASVIR (AG) (ORAL)*

b) Grandfathering applies to this class.

13) Hypoglycemics, Incretin Mimetics/Enhancers

a) PDL Recommendations (preferred products):

i) Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s)

- (1) ALOGLIPTIN (AG) (ORAL)*
- (2) ALOGLIPTIN/METFORMIN (AG) (ORAL)*
- (3) ALOGLIPTIN/PIOGLITAZONE (AG) (ORAL)*
- (4) JANUMET (ORAL)*
- (5) JANUMET XR (ORAL)*
- (6) JANUVIA (ORAL)*
- (7) JENTADUETO (ORAL)*
- (8) KAZANO (ORAL)
- (9) TRADJENTA (ORAL)
- (10) TRIJARDY XR (ORAL)

ii) Glucagon-Like Peptide-1 Receptor Agonists (GLP-1s)

- (1) BYETTA PENS (SUBCUTANE.)*
- (2) LIRAGLUTIDE (AG) (SUBCUTANE.)*
- (3) LIRAGLUTIDE (SUBCUTANE.)*
- (4) MOUNJARO (SUBCUTANE.) (new)
- (5) TRULICITY (SUBCUTANE.)*
- (6) VICTOZA (SUBCUTANE.)*

b) PDL Recommendations (products moving to nonpreferred):

i) EXENATIDE PEN (SUBCUTANE.)

c) Grandfathering does not apply to this class.

14) Immunologics (Immunomodulators, Atopic Dermatitis and Immunomodulators, Asthma)

a) PDL Recommendations (preferred products):

i) ADBRY AUTOINJECTOR (SUBCUTANEOUS)*

ii) ADBRY SYRINGE (SUBCUTANEOUS)*

iii) ELIDEL (TOPICAL)*

iv) EUCRISA (TOPICAL)*

v) FASENRA SYRINGE (SUBCUTANEOUS)*

vi) OPZELURA (TOPICAL)*

vii) PIMECROLIMUS (TOPICAL)*

viii) XOLAIR SYRINGE/AUTOINJ (SUB-Q)*

ix) XOLAIR VIAL (SUB-Q)*

x) TACROLIMUS (AG) (TOPICAL)*

xi) TACROLIMUS (TOPICAL)*

xii) VTAMA (TOPICAL)

xiii) ZORYVE 0.05% CREAM (TOPICAL)

b) PDL Recommendations (products moving to nonpreferred):

i) PIMECROLIMUS (AG) (TOPICAL)*

c) Grandfathering to be determined

15) Movement Disorders

a) PDL Recommendations (preferred products):

i) AUSTEDO (ORAL)*

ii) AUSTEDO XR (ORAL) *

iii) AUSTEDO XR TITRATION KIT (ORAL)*

iv) INGREZZA (ORAL)*

v) INGREZZA INITIATION PACK (ORAL)*

vi) INGREZZA SPRINKLE (ORAL)*

vii) TETRABENAZINE (ORAL) (new)

b) Grandfathering is not applicable to this class.

16) Multiple Sclerosis Agents

a) PDL Recommendations (preferred products):

i) AVONEX (INTRAMUSC.)*

ii) AVONEX PEN (INTRAMUSC.)*

iii) BRIUMVI (INTRAV.)

iv) DALFAMPRIDINE ER (ORAL)*

v) DIMETHYL FUMARATE DR (ORAL)*

vi) FINGOLIMOD (ORAL)*

vii) GLATIRAMER 20 MG/ML (SUBCUTANE.) (new)

viii) GLATIRAMER 40 MG/ML (SUBCUTANE.) (new)

ix) KESIMPTA (SUBCUTANE.)*

- x) REBIF (SUBCUTANE.)*
- xi) REBIF REBIDOSE PEN INJECTOR (SUBCUTANE.)*
- xii) TERIFLUNOMIDE TABLET (ORAL)*
- xiii) TYSABRI (INTRA VEN.)*

b) PDL Recommendations (products moving to nonpreferred):

- i) COPAXONE 20 MG/ML (SUBCUTANE.)
- ii) COPAXONE 40 MG/ML (SUBCUTANE.)
- iii) OCREVUS (INTRA VEN.)
- iv) OCREVUS ZUNOVO VIAL (SUBCUTANE.)

c) Grandfathering does not apply to this class.

17) Opioid Dependence Treatments

a) PDL Recommendations (preferred products):

i) Buprenorphine/Naloxone Products

- (1) BUPRENORPHINE/NALOXONE TAB (SUBLINGUAL)*
- (2) SUBOXONE FILM (SUBLINGUAL)*^ (BRAND PREFERRED OVER GENERIC)

ii) Buprenorphine Products

- (1) BRIXADI MONTHLY (SUBCUTANEOUS)
- (2) BRIXADI WEEKLY (SUBCUTANEOUS)
- (3) BUPRENORPHINE HCL (SUBLINGUAL)*
- (4) SUBLOCADE (SUBCUTANEOUS)*

iii) Alpha Agonist Products

- (1) CLONIDINE TABLET*

iv) Naloxone Products

- (1) KLOXXADO SPRAY (NASAL)
- (2) NALOXONE SYRINGE (INJECTION)*
- (3) NALOXONE VIAL (INJECTION)*
- (4) NALOXONE SPRAY OTC (NASAL)
- (5) NARCAN SPRAY OTC (NASAL)
- (6) REXTOVY SPRAY (NASAL)

v) Naltrexone Products

- (1) NALTREXONE (ORAL)*
- (2) VIVITROL (INTRAMUSC)*

b) Grandfathering does not apply to this class.

18) Pancreatic Enzymes

a) PDL Recommendations (preferred products):

- i) CREON (ORAL)*
- ii) ZENPEP (ORAL)*

b) Grandfathering to be determined

19) Uterine Disorder Treatments

a) PDL Recommendations (preferred products):

- i) MYFEMBREE (ORAL) (new)
- ii) ORIAHNN (ORAL) (new)

- iii) ORLISSA (ORAL) (new)
- b) Grandfathering not applicable to this class

The committee voted on the Supplemental Rebate class recommendations:

1. All present committee members voted in favor of the recommendations.
2. No committee members voted against the recommendations.
3. No committee members abstained.

New Drug Recommendations

- 1) Lynkuet - elinzanetant
- 2) Redemplo - plozasiran
- 3) Voyxact - sibeprenlimab-szsi
- 4) Cardamyst - etripamil
- 5) Myqorzo - aficamten

New Drugs Vote

The recommendations for the New Drugs are non-preferred.

The committee voted on the New Drug recommendations.

- a. All present committee members voted in favor of the recommendations.
- b. No committee members voted against the recommendations.
- c. No committee members abstained.

The Committee also voted via email to move Dupixent from non-preferred status to preferred status.

- a. All committee members voted in favor of the Dupixent recommendation with the exception of one member who was not available and on annual leave.
- b. No committee members voted against the recommendation.
- c. No committee members abstained.

Drs. Christina Kwong and Roy Jedeikin from Phoenix Children's Hospital presented on SMART (Single Maintenance and Reliever Therapy) asthma management to the Committee. SMART therapy uses a single inhaler—most commonly the combination product budesonide/formoterol (brand name Symbicort)—for both maintenance and acute symptom relief.

AHCCCS will begin covering therapies consistent with SMART asthma management effective October 1, 2026. Symbicort is now available as a generic product, and AHCCCS and its Contractors will cover both the authorized generic and the Teva generic formulation.

All CMS Covered Outpatient Drugs not listed on the AHCCCS Drug List may be eligible for coverage through the prior authorization process based on medical necessity.

The NDC PDL File for the May P&T meeting will be sent out later in June for the October 1, 2026 implementation date.

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 October 1, 2026, to reflect the May 19, 2026 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:

- October 7, 2026
- January 26, 2027

Please contact me at your convenience if you have any questions. I can be reached by email at Suzanne.Berman@azahcccs.gov.