

Date: October 27, 2026

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

From: Suzi Berman, RPh

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

This memo is to provide notice on the preferred drugs that were recommended at the October 7, 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 January 1, 2027. 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 October 2026 meeting, the effective date is January 1, 2027.

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, Preferred Drug List (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.

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

1. **Analgesics Narcotics, Short Acting**
 - a. Public Testimony: None
2. **Angiotensin Modulators**
 - a. Public Testimony: None
3. **Angiotensin Modulator Combinations**
 - a. Public Testimony: None
4. **Anticonvulsants**
 - a. Anticonvulsants class review is moved to the January 2027 meeting for supplemental rebate class review
5. **Antifungals, Oral**
 - a. Public Testimony: None
6. **Antifungals, Topical**
 - a. Public Testimony: None
7. **Antihistamines, Minimally Sedating**
 - a. Public Testimony: None
8. **Antimigraine, Triptans**
 - a. Public Testimony:
 - i. Kyle Knudsen – Oral
9. **Calcium Channel Blockers**
 - a. Public Testimony: None
10. **Contraceptives**
 - a. Public Testimony: None
 - i. Corinne Audette – Oral
 - ii. Jill Olexa – Oral
11. **Hypoglycemics, DPP4s**
 - a. Public Testimony: None
12. **Intranasal Rhinitis Agents**
 - a. Public Testimony: None
13. **Lipotropics, Statins**
 - a. Public Testimony: None
14. **Ophthalmics, Glaucoma Agents**
 - a. Public Testimony: None
15. **Phosphate Binder**
 - a. Public Testimony: None

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

1. **HIV / AIDS**
 - a. Public Testimony:

- i. Natalie Rose – Oral
- 2. **Lipotropics, Other**
 - a. Public Testimony:
 - i. Jeffrey Baldwin – Written
- 3. **Potassium Binders**
 - a. Public Testimony:
 - i. Sanaz Ziad – Oral
- 4. **Sickle Cell Anemia**
 - a. Public Testimony:
 - i. Djalal Hammoud – Oral

New Drug Reviews HIND DOUIKI PHARMD, PRIME THERAPEUTICS

- 1. **Yuviwel**
 - a. Public Testimony:
 - i. Kaysen Bala – Oral
- 2. **Wainua**
 - a. Public Testimony: None
- 3. **Idvynso – Reviewed under the HIV Therapeutic Class**
 - a. Public Testimony: None
- 4. **Bysanti**
 - a. Public Testimony: None
- 5. **Baxfendy**
 - a. Public Testimony:
 - i. Sanaz Ziad – Oral
- 6. **Xocova**
 - a. Public Testimony:
 - i. Jerod Downing – Oral
- 7. **Lynavoy**
 - a. Public Testimony: None

Public Therapeutic Class Votes – Supplemental and Non-Supplemental Classes

NOTE: Products currently included on the AHCCCS approved drug list are noted with an asterisk (*)

Non-Supplemental Classes

- 1. **Analgesics Narcotics, Short Acting**
 - a. **PDL Recommendations (preferred products):**
 - 1. APAP / CODEINE ELIXIR (ORAL)*
 - 2. APAP / CODEINE TABLET (ORAL)*
 - 3. HYDROCODONE / APAP SOLUTION (ORAL)*
 - 4. HYDROCODONE / APAP TABLET (ORAL)*
 - 5. HYDROMORPHONE TABLET (ORAL)*
 - 6. MORPHINE IR TABLET (ORAL)*
 - 7. MORPHINE SOLUTION (AG) (ORAL)*

8. MORPHINE SOLUTION (ORAL)*
9. OXYCODONE / APAP TABLET (ORAL)*
10. OXYCODONE SOLUTION (ORAL)*
11. OXYCODONE TABLET (ORAL)*
12. TRAMADOL (ORAL)*
13. TRAMADOL / APAP (ORAL)*

b. Grandfathering - No

2. Angiotensin Modulators

a. PDL Recommendations (preferred products):

1. BENAZEPRIL (ORAL)*
2. BENAZEPRIL HCTZ (ORAL)
3. ENALAPRIL (ORAL)*
4. ENALAPRIL HCTZ (ORAL)*
5. ENALAPRIL SOLUTION (AG) (ORAL)*
6. ENALAPRIL SOLUTION (ORAL)*
7. IRBESARTAN (ORAL)*
8. IRBESARTAN HCTZ (ORAL)
9. LISINOPRIL (ORAL)*
10. LISINOPRIL HCTZ (ORAL)*
11. LOSARTAN (ORAL)*
12. LOSARTAN HCTZ (ORAL)*
13. RAMIPRIL (ORAL)*
14. SACUBITRIL / VALSARTAN TABLET (ORAL)
15. TELMISARTAN (ORAL) / VALSARTAN (ORAL)*
16. VALSARTAN HCTZ (ORAL)*

b. Grandfathering - Yes

3. Angiotensin Modulator Combinations

a. PDL Recommendations (preferred products):

1. AMLODIPINE / BENAZEPRIL (ORAL)
2. AMLODIPINE / VALSARTAN (ORAL)

b. Grandfathering – Yes

4. Antifungals, Oral

a. PDL Recommendations (preferred products):

1. CLOTRIMAZOLE (MUCOUS MEM)*
2. FLUCONAZOLE SUSPENSION (ORAL)*
3. FLUCONAZOLE TABLET (ORAL)*
4. GRISEOFULVIN SUSPENSION (ORAL)*
5. GRISEOFULVIN TABLETS (ORAL)*
6. NYSTATIN SUSPENSION (ORAL)*
7. NYSTATIN TABLET (ORAL)*
8. POSACONAZOLE TABLET (AG) (ORAL)

9. POSACONAZOLE TABLET (ORAL)
 10. TERBINAFINE (ORAL)*
 11. VORICONAZOLE SUSPENSION (ORAL) (NEW)
 12. VORICONAZOLE TABLETS (ORAL)*
- b. **PDL Recommendations (products moving to nonpreferred):**
1. VFEND SUSPENSION (ORAL)*
- c. **Grandfathering – No**

5. Antifungals, Topical

- a. **PDL Recommendations (preferred products):**
1. CICLOPIROX CREAM (TOPICAL)*
 2. CICLOPIROX SOLUTION (TOPICAL)*
 3. CLOTRIMAZOLE CREAM OTC (TOPICAL)*
 4. CLOTRIMAZOLE CREAM RX (TOPICAL)*
 5. CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)*
 6. KETOCONAZOLE CREAM (TOPICAL)*
 7. KETOCONAZOLE SHAMPOO (TOPICAL)*
 8. LOTRIMIN ULTRA OTC (TOPICAL)*
 9. MICONAZOLE CREAM OTC (TOPICAL)*
 10. MICONAZOLE POWDER OTC (TOPICAL)*
 11. NYSTATIN CREAM (TOPICAL)*
 12. NYSTATIN OINT (TOPICAL)*
 13. NYSTATIN POWDER (TOPICAL)*
 14. TERBINAFINE CREAM OTC (TOPICAL)*
 15. TOLNAFTATE AERO POWDER OTC (TOPICAL)*
 16. TOLNAFTATE CREAM OTC (TOPICAL)*
 17. TOLNAFTATE POWDER OTC (TOPICAL)*
- b. **Grandfathering – No**

6. Antihistamines, Minimally Sedating

- a. **PDL Recommendations (preferred products):**
1. CETIRIZINE SOLUTION (ORAL)*
 2. CETIRIZINE SOLUTION OTC (ORAL)
 3. CETIRIZINE TABLETS OTC (ORAL)
 4. FEXOFENADINE 60, 180 MG OTC (ORAL)
 5. LEVOCETIRIZINE TABLETS (ORAL)
 6. LORATADINE CHEW OTC (ORAL)
 7. LORATADINE SOLUTION OTC (ORAL)
 8. LORATADINE TABLETS OTC (ORAL)
- b. **Grandfathering – No**

7. Antimigraine, Triptans

- a. **PDL Recommendations (preferred products):**
1. ELETRIPTAN (ORAL)*
 2. NARATRIPTAN (ORAL)*

3. RIZATRIPTAN ODT (ORAL)*
4. RIZATRIPTAN TABLET (ORAL)*
5. SUMATRIPTAN (AG) (NASAL)*
6. SUMATRIPTAN (NASAL)*
7. SUMATRIPTAN (ORAL)*
8. SUMATRIPTAN KIT (SUBCUTANE.)*
9. SUMATRIPTAN VIAL (SUBCUTANE.)*
10. ZOLMITRIPTAN ODT (ORAL)*
11. ZOLMITRIPTAN TABLET (ORAL)*

b. Grandfathering – No

8. Calcium Channel Blockers

a. PDL Recommendations (preferred products):

1. AMLODIPINE (ORAL)*
2. DILTIAZEM CAPSULE ER (ORAL)*
3. DILTIAZEM TABLET (ORAL)*
4. FELODIPINE ER (ORAL)*
5. NIFEDIPINE ER (ORAL)*
6. NIFEDIPINE IR (ORAL)*
7. NORLIQVA (ORAL) (new)
8. VERAPAMIL CAPSULE ER (ORAL)*
9. VERAPAMIL TABLET (ORAL)*
10. VERAPAMIL TABLET ER (ORAL)*

b. PDL Recommendations (products moving to nonpreferred):

1. KATERZIA (ORAL)*

c. No Grandfathering

9. Contraceptives, oral

a. PDL Recommendations (preferred products):

1. AFIRMELLE (ORAL)
2. ALTAVERA (ORAL)
3. ALYACEN MONOPHASIC (ORAL)
4. ALYACEN TRIPHASIC (ORAL)
5. APRI (ORAL)
6. AUBRA (ORAL)
7. AUBRA EQ (ORAL)
8. AUROVELA (ORAL)
9. AUROVELA 24 FE (ORAL)
10. AUROVELA FE (ORAL)
11. AVIANE (ORAL)
12. AYUNA (ORAL)
13. AZURETTE (ORAL)
14. BALZIVA (ORAL)
15. BLISOVI 24 FE (ORAL)
16. BLISOVI FE (ORAL)

17. BRIELLYN (ORAL)
18. CAMILA (ORAL)
19. CAMRESE (ORAL)
20. CHATEAL EQ (ORAL)
21. CRYSELLE (ORAL)
22. CYRED (ORAL)
23. DASETTA MONOPHASIC (ORAL)
24. DASETTA TRIPHASIC (ORAL)
25. DEBLITANE (ORAL)
26. DROSPIRENONE/ETHINYL
27. ESTRADIOL/LEVOMEFOLATE (ORAL)
28. ELINEST (ORAL)
29. ELLA (ORAL)
30. ENPRESSE (ORAL)
31. ENSKYCE (ORAL)
32. ERRIN (ORAL)
33. ESTARYLLA (ORAL)
34. ETHINYL ESTRADIOL/DROSPIRENONE (ORAL)
35. ETHINYL ESTRADIOL/DROSPIRENONE MONOPHASIC (ORAL)
36. ETHYNODIOL D-ETHINYL ESTRADIOL (ORAL)
37. FALMINA (ORAL)
38. HAILEY 24 FE (ORAL)
39. HAILEY FE (ORAL)
40. HAILEY TABLET (ORAL)
41. HEATHER (ORAL)
42. ISIBLOOM (ORAL)
43. JAIMIESS (ORAL)
44. JASMIEL (ORAL)
45. JENCYCLA (ORAL)
46. JULEBER (ORAL)
47. JUNEL (ORAL)
48. JUNEL FE (ORAL)
49. JUNEL FE 24 (ORAL)
50. KAITLIB FE (ORAL)
51. KARIVA (ORAL)
52. KELNOR (ORAL)
53. KELNOR 1-35 (ORAL)
54. KURVELO (ORAL)
55. LARIN (ORAL)
56. LARIN 24 FE (ORAL)
57. LARIN FE (ORAL)
58. LESSINA (ORAL)
59. LEVONEST (ORAL)
60. LEVONORGESTREL/ETHINYL ESTRADIOL EXTENDED CYCLE (ORAL)

61. LEVONORGESTREL/ETHINYL ESTRADIOL MONOPHASIC (LUPIN) (ORAL)
62. LEVONORGESTREL/ETHINYL ESTRADIOL MONOPHASIC (MYLAN) (ORAL)
63. LEVONORGESTREL/ETHINYL ESTRADIOL TRIPHASIC (ORAL)
64. LOJAIMIESS (ORAL) (new)
65. LORYNA (ORAL)
66. LO-ZUMANDIMINE (ORAL)
67. MARLISSA (ORAL)
68. MICROGESTIN (ORAL)
69. MICROGESTIN FE (ORAL)
70. MILI (ORAL)
71. MY CHOICE OTC (ORAL)
72. NECON MONOPHASIC (ORAL)
73. NEW DAY OTC (ORAL)
74. NIKKI (ORAL)
75. NORETHINDRONE (ORAL)
76. NORETHINDRONE/ETHINYL ESTRADIOL (ORAL)
77. NORETHINDRONE/ETHINYL ESTRADIOL FE MONOPHASIC (FEMCON FE) (ORAL)
78. NORETHINDRONE/ETHINYL ESTRADIOL FE MONOPHASIC (GENERESS FE) (ORAL)
79. NORGESTIMATE/ETHINYL ESTRADIOL MONOPHASIC (ORAL)
80. NORGESTIMATE/ETHINYL ESTRADIOL TRIPHASIC (ORAL)
81. NORTREL MONOPHASIC (ORAL)
82. NORTREL TRIPHASIC (ORAL)
83. NYLIA (ORAL)
84. OPILL OTC (ORAL)
85. OPTION 2 OTC (ORAL)
86. PHILITH (ORAL)
87. PIMTREA (ORAL)
88. PORTIA (ORAL)
89. RECLIPSEN (ORAL)
90. SETLAKIN (ORAL)
91. SHAROBEL (ORAL)
92. SIMPESSE (ORAL)
93. SPRINTEC (ORAL)
94. SYEDA (ORAL)
95. TARINA 24 FE (ORAL)
96. TARINA FE 1-20 EQ (ORAL)
97. TILIA FE (ORAL)
98. TRI-ESTARYLLA (ORAL)
99. TRI-LO-ESTARYLLA (ORAL)
100. TRI-LO-MARZIA (ORAL)
101. TRI-LO-MILI (ORAL)
102. TRI-LO-SPRINTEC (ORAL)
103. TRI-MILI (ORAL)
104. TRI-SPRINTEC (ORAL)

- 105. TRI-VYLIBRA (ORAL)
- 106. TRI-VYLIBRA LO (ORAL)
- 107. TYBLUME (ORAL)
- 108. VELIVET (ORAL)
- 109. VIENVA (ORAL)
- 110. VIORELE (ORAL)
- 111. VOLNEA (ORAL)
- 112. VYLIBRA (ORAL)
- 113. WERA (ORAL)
- 114. ZOVIA (ORAL)
- 115. ZUMANDIMINE (ORAL)

b. PDL Recommendations (products moving to nonpreferred):

- 1. AFTER PILL TABLET OTC (ORAL)
- 2. AMETHIA (ORAL)
- 3. CAMRESE LO (ORAL)

c. Grandfathering – No

10. Contraceptives, Other

a. PDL Recommendations (preferred products):

1. Vaginal

- i. ETNOGESTREL/ETHINYL ESTRADIOL RING (AG) (VAGINAL) (new)
- ii. ETNOGESTREL/ETHINYL ESTRADIOL RING (VAGINAL)*

2. Progestin IUD

- i. KYLEENA (INTRAUTERI)*
- ii. LILETTA (INTRAUTERI)*
- iii. MIRENA (INTRAUTERI)*
- iv. SKYLA (INTRAUTERI)*

3. Copper IUD

- i. PARAGARD T 380-A (INTRAUTERI)*

4. Implants

- i. NEXPLANON (SUBCUTANEOUS)*

5. Injectable

- i. MEDROXYPROGESTERONE ACETATE DISP SYRINGE (AG) (INTRAMUSC)*
- ii. MEDROXYPROGESTERONE ACETATE DISP SYRINGE (INTRAMUSC)*
- iii. MEDROXYPROGESTERONE ACETATE VIAL (AG) (INTRAMUSC)*
- iv. MEDROXYPROGESTERONE ACETATE VIAL (INTRAMUSC)*

6. Transdermal

- i. XULANE (TRANSDERM) (new)
- ii. ZAFEMY (TRANSDERM)

b. Grandfathering – No

11. Hypoglycemics, DPP4s

a. PDL Recommendations (preferred products):

- 1. ALOGLIPTIN (AG) (ORAL)*
- 2. ALOGLIPTIN/METFORMIN (AG) (ORAL)*

3. ALOGLIPTIN/PIOGLITAZONE (AG) (ORAL)*
4. JANUMET XR (ORAL)*
5. JANUMET (ORAL)*
6. JANUVIA* (ORAL)
7. JENTADUETO (ORAL)*
8. KAZANO (ORAL)
9. TRADJENTA (ORAL)*
- b. **PDL Recommendations (products moving to nonpreferred):**
 1. **TRIJARDY XR (ORAL)**
- c. **Grandfathering - No**

12. Intranasal Rhinitis Agents

- a. **PDL Recommendations (preferred products):**
 1. AZELASTINE (ASTELIN) (NASAL)*
 2. FLUTICASONE (NASAL)*
 3. FLUTICASONE OTC (NASAL)
 4. IPRATROPIUM (NASAL)*
 5. TRIAMCINOLONE OTC (NASAL)
- b. **Grandfathering – No**

13. Lipotropic, Statins

- a. **PDL Recommendations (preferred products):**
 1. ATORVASTATIN (ORAL)*
 2. LOVASTATIN (ORAL)*
 3. PRAVASTATIN (ORAL)*
 4. ROSUVASTATIN (ORAL)*
 5. SIMVASTATIN TABLET (ORAL)*
- b. **Grandfathering – No**

14. Ophthalmics, Glaucoma Agents

- a. **PDL Recommendations (preferred products):**
 1. BIMATOPROST 2.5ML (OPHTHALMIC)
 2. BIMATOPROST 5ML (OPHTHALMIC)
 3. BRIMONIDINE 0.2% (OPHTHALMIC)
 4. DORZOLAMIDE (OPHTHALMIC)*
 5. DORZOLAMIDE / TIMOLOL (OPHTHALMIC)*
 6. LATANOPROST 2.5 ML (OPHTHALMIC)*
 7. TIMOLOL (OPHTHALMIC)*
 8. TRAVOPROST 2.5 ML (OPHTHALMIC)*
 9. TRAVOPROST 5 ML (OPHTHALMIC)*
- b. **Grandfathering – No**

15. Phosphate Binder

- a. **PDL Recommendations (preferred products):**
 1. AURYXIA (ORAL)
 2. CALCIUM ACETATE CAPSULE (ORAL)*
 3. CALCIUM ACETATE TABLET OTC (ORAL)
 4. LANTHANUM CARBONATE CHEWABLE TABLET (ORAL)
 5. SEVELAMER CARBONATE TABLET (ORAL)*

b. **Grandfathering - Yes**

Supplemental Rebate Therapeutic Classes

1. HIV / AIDS

a. PDL Recommendations (preferred products):

1. ABACAVIR SOLUTION (ORAL)
2. ABACAVIR TABLET (ORAL)
3. ABACAVIR/LAMIVUDINE (ORAL)
4. ATAZANAVIR (ORAL)
5. BIKTARVY (ORAL)
6. BIXLENVO TABLET (ORAL) (new)
7. BIXLENVO/SULENCA STARTER PACK (new)
8. COMPLERA (ORAL)
9. DELSTRIGO (ORAL)
10. DESCOVY (ORAL)
11. DOVATO (ORAL)
12. EDURANT (ORAL)
13. EDURANT PED TAB SUSP (ORAL)
14. EFAVIRENZ CAPSULE (ORAL)
15. EFAVIRENZ TABLET (ORAL)
16. EFAVIRENZ/EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE (ORAL)
17. EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (SYMFI LO)(ORAL)
18. EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (SYMFI) (ORAL)
19. EMTRICITABINE CAPSULE (ORAL)
20. EMTRICITABINE/TENOFOVIR
21. DISOPROXIL FUMARATE (ORAL)
22. EMTRIVA SOLUTION (ORAL)
23. ETRAVIRINE (ORAL)
24. EVOTAZ (ORAL)
25. FOSAMPRENAVIR TABLET (ORAL)
26. GENVOYA (ORAL)
27. IDVYNZO TABLET (ORAL) (new)
28. ISENTRESS (ORAL)
29. ISENTRESS HD (ORAL)
30. ISENTRESS POWDER PACK (ORAL)
31. ISENTRESS TAB CHEW (ORAL)
32. JULUCA (ORAL)
33. LAMIVUDINE SOLUTION (ORAL)
34. LAMIVUDINE TABLET (ORAL)
35. LAMIVUDINE/ZIDOVUDINE (ORAL)
36. LOPINAVIR/RITONAVIR SOLUTION (ORAL)
37. LOPINAVIR/RITONAVIR TABLET (ORAL)
38. MARAVIROC TABLET (ORAL)
39. NEVIRAPINE ER (ORAL)
40. NEVIRAPINE ORAL SUSP (ORAL)
41. NEVIRAPINE TABLET (ORAL)
42. NORVIR POWDER PACK (ORAL)
43. ODEFSEY (ORAL)
44. PIFELTRO (ORAL)

45. PREZCOBIX (ORAL)
46. PREZISTA (ORAL)
47. PREZISTA ORAL SUSP (ORAL)
48. REYATAZ POWDER PACK (ORAL)
49. RITONAVIR TABLET (ORAL)
50. STRIBILD (ORAL)
51. SYMTUZA (ORAL)
52. TENOFOVIR DISOPROXIL FUMARATE (ORAL)
53. TIVICAY (ORAL)
54. TIVICAY PD SUSPENSION (ORAL)
55. TRIUMEQ (ORAL)
56. TRIUMEQ PD TAB SUSP (ORAL)
57. TYBOST (ORAL)
58. ZIDOVUDINE CAPSULE (ORAL)
59. ZIDOVUDINE SYRUP (ORAL)
60. ZIDOVUDINE TABLET (ORAL)

b. Grandfathering - Yes

2. Lipotropics, Other

a. PDL Recommendations (preferred products):

1. CHOLESTYRAMINE/ASPARTAME (ORAL)
2. CHOLESTYRAMINE/SUCROSE (ORAL)
3. COLESTIPOL TABLET (ORAL)*
4. EZETIMIBE (ORAL)*
5. FENOFIBRATE CAPSULE (LOFIBRA) (ORAL)
6. FENOFIBRATE TABLET (LOFIBRA) (ORAL)*
7. FENOFIBRATE TABLET (TRICOR) (ORAL)*
8. GEMFIBROZIL (ORAL)*
9. NIACIN CAPSULE ER OTC (ORAL)
10. NIACIN TABLET ER OTC (ORAL)
11. NIACIN TABLET OTC (ORAL)
12. OMEGA-3 OTC (ORAL)
13. REPATHA SURECLICK (SUBCUTANEOUS) (new)
14. REPATHA SYRINGE (SUBCUTANEOUS) (new)

b. PDL Recommendations (products moving to nonpreferred):

1. FIBRICOR (ORAL)
2. MEGARED OMEGA-3 KRILL OIL CAPSULE OTC (ORAL)
3. NIACIN (ORAL)
4. QUESTRAN (ORAL)
5. QUESTRAN LIGHT (ORAL)
6. SLO-NIACIN OTC (ORAL)

c. Grandfathering - No

3. Potassium Binders

a. PDL Recommendations (preferred products):

1. LOKELMA (ORAL) (new)
2. LOKELMA (UNIT DOSE) (ORAL) (new)
3. SODIUM POLYSTYRENE SULFONATE (ORAL) (new)

b. Grandfathering - No

4. Sickle Cell Anemia

a. PDL Recommendations (preferred products):

1. Decision will be forthcoming pending further review
 - i. The Committee will be contacted via email for the vote on recommendations.
 - ii. Committee voted via email on October 23rd and approved the following recommendations:
 1. Hydroxyurea (Generic formulations)
 2. Xromi Solution (new)
 - iii. Grandfathering – No (for hydroxyurea formulations)

THE COMMITTEE VOTE ON ALL OF THE ABOVE SUPPLEMENTAL AND NON-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 Vote

1. Yuviwel
 - a. Recommendation is non-preferred.
2. Wainua
 - a. Recommendation is non-preferred.
3. Idvynso – Reviewed under the HIV Therapeutic Class
 - a. Recommendation is preferred.
4. Bysanti
 - a. Recommendation is non-preferred.
5. Baxfendy
 - a. Recommendation is non-preferred.
6. Xocova
 - a. Recommendation is non-preferred.
7. Lynavoy
 - a. Recommendation is non-preferred.

THE COMMITTEE VOTE ON THE NEW DRUG 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.

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.

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 January 1, 2027, to reflect the October 7, 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:

- January 26, 2027
- May 18, 2027
- October 19, 2027

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