

Date: January 28, 2026

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

From: Suzi Berman, RPh

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

This memo is to provide notice on the preferred drugs that were recommended at the January 13, 2026, AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were seventeen non-supplemental rebate classes and two supplemental rebate classes reviewed. The preferred agents recommendations for each of the classes have been accepted by AHCCCS and are effective beginning on April 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 January 2026 meeting, the effective date is April 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.

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

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- 1. Antidepressants, Other**
  - a. Public Testimony:**
    - i. Debra Gibson – Written
    - ii. Kyle Knudsen – Oral
    - iii. Kristina Sabetta – Oral
    - iv. Payal Tejani – Oral
- 2. Antidepressants, SSRIs**
  - a. Public Testimony: None**
- 3. Antivirals, Topical**
  - a. Public Testimony: None**
- 4. Bladder Relaxant Preparations**
  - a. Public Testimony: None**
- 5. Bone Resorption Suppression and Related Agents**
  - a. Public Testimony:**
    - i. Jeffrey Baldwin – Written
- 6. Bronchodilators, Beta Agonists**
  - a. Public Testimony: None**
- 7. Enzyme Replacement, Gaucher Disease**
  - a. Public Testimony: None**
- 8. Hypoglycemics, Metformins**
  - a. Public Testimony: None**

**9. Hypoglycemics, SGLT2s**  
a. Public Testimony: None

**10. Immune Globulins**  
a. Public Testimony: None

**11. NSAIDs**  
a. Public Testimony: None

**12. Oncology, Oral – Hematologic**  
a. Public Testimony: None

**13. Ophthalmics, Anti-inflammatory/ Immunomodulators**  
a. Public Testimony: None

**14. Oral and Inhaled Pulmonary Arterial Hypertension Agents**  
a. Public Testimony:  
i. Susan Raspa - Oral

**15. Otic Antibiotics**  
a. Public Testimony: None

**16. Thrombopoiesis Stimulating Agents**  
a. Public Testimony: None

**17. Ulcerative Colitis**  
a. Public Testimony: None

#### **Supplemental Rebate Class Review, HIND DOUIKI PHARMD, PRIME THERAPEUTICS**

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**1. Hereditary Angioedema Treatments**  
a. Public Testimony:  
i. PJ Arnold – Oral  
ii. Jeff Martin – Oral

**2. Pituitary Suppressive Agents, LHRH**  
a. Public Testimony:  
i. Amy Eby – Written  
ii. Chetanbabu Patel – Written

#### **New Drug Reviews HIND DOUIKI PHARMD, PRIME THERAPEUTICS**

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1. Tryptyr
2. Anzupgo

3. Jascayd
4. Wayrilz
5. Blujepa
6. Palsonify

**Public Therapeutic Class Votes:**

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- Products currently included on the AHCCCS approved drug list are notated with an asterisk (\*)

**Non-Supplemental Rebate Classes**

- 1) Antidepressants, Other
  - a) Preferred Products
    - i) BUPROPION (ORAL)\*
    - ii) BUPROPION SR (ORAL)\*
    - iii) BUPROPION XL (ORAL)\*
    - iv) DESVENLAFAKINE ER (PRISTIQ) (ORAL)(new)
    - v) MIRTAZAPINE ODT (ORAL)\*
    - vi) MIRTAZAPINE TABLET (ORAL)\*
    - vii) SPRAVATO (NASAL) \*
    - viii) TRAZODONE (ORAL)\*
    - ix) VENLAFAKINE (ORAL)\*
    - x) VENLAFAKINE ER CAPSULES (ORAL)\*
    - xi) ZURZUVAE (ORAL)\*
  - b) Grandfathering: None
- 2) 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) Grandfathering: None
- 3) Antivirals, Topical
  - a) Preferred Products
    - i) ACYCLOVIR CREAM (TOPICAL)
    - ii) ACYCLOVIR OINTMENT (TOPICAL)\*

- iii) DOCOSANOL OTC (TOPICAL)\*
- b) Moving to Non-Preferred
  - i) ACYCLOVIR CREAM (AG) (TOPICAL)
- c) Grandfathering: None

4) Bladder Relaxant Preparations

- a) Preferred Products
  - i) FESOTERODINE ER (ORAL)\* (new)
  - ii) OXYBUTYNIN ER (ORAL)\*
  - iii) OXYBUTYNIN SYRUP (ORAL)\*
  - iv) OXYBUTYNIN TABLET (ORAL)\*
  - v) SOLIFENACIN (ORAL) (new)
  - vi) TOLTERODINE (ORAL)\*
  - vii) TOLTERODINE ER (AG) (ORAL)\*
  - viii) TOLTERODINE ER (ORAL)\*
- b) Moving to Non-Preferred
  - i) DETROL LA (ORAL)\*
  - ii) DETROL (ORAL)\*
  - iii) TOVIAZ (ORAL)\*
- c) Grandfathering: None

5) Bone Resorption Suppression and Related Agents

- a) Preferred Products
  - i) ALENDRONATE SOLUTION (ORAL)\*
  - ii) ALENDRONATE TABLETS (ORAL)\*
  - iii) BILDYOS SYRINGE (SUBCUTANEOUS) (new)
  - iv) CALCITONIN SALMON (NASAL)\*
  - v) FORTEO (SUBCUTANE.)\*
  - vi) IBANDRONATE TABLETS (ORAL)\*
  - vii) RALOXIFENE (AG) (ORAL)\*
- b) Moving to Non-Preferred
  - i) OSENVELT VIAL (SUBCUTANEOUS)
  - ii) PROLIA (SUBCUTANE.)\*
  - iii) STOBOCLO SYRINGE (SUBCUTANEOUS)
  - iv) XGEVA VIAL (SUBCUTANE.)\*
- c) Grandfathering: None

6) Bronchodilators, Beta Agonists

- a) Preferred Products
  - i) Long-acting Agents
    - (1) SEREVENT (INHALATION)\*
  - ii) Nebulized Agents
    - (1) ALBUTEROL NEB SOLN 0.63, 1.25 MG (INHALATION)\*

- (2) ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)\*
- (3) ALBUTEROL NEB SOLN 2.5 MG/3 ML (INHALATION)\*
- iii) Oral Agents
  - (1) ALBUTEROL SYRUP (ORAL)\*
- iv) 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) Grandfathering: None

7) Enzyme Replacement, Gaucher Disease

- a) Preferred Products
  - i) ELELYSO (INTRAVEN)\*
  - ii) MIGLUSTAT (AG) (ORAL)\*
- b) Moving to Non-Preferred
  - i) MIGLUSTAT (ORAL)\*
- c) Grandfathering: None

8) Hypoglycemics, Metformins

- a) Preferred Products
  - i) METFORMIN (ORAL)\*
  - ii) METFORMIN ER (GLUCOPHAGE XR) (ORAL)\*
- b) Moving to Non-Preferred
  - i) GLYBURIDE-METFORMIN (ORAL)\*
- c) Grandfathering: None

9) Hypoglycemics, SGLT2s

- a) Preferred Products
  - i) FARXIGA (ORAL)\*
  - ii) JARDIANCE (ORAL)\*
  - iii) SYNJARDY (ORAL)\*
  - iv) XIGDUO XR (ORAL)\*
- b) Grandfathering: None

10) Immune Globulins

- a) Preferred Products
  - i) BIVIGAM (INTRAVEN)\*
  - ii) CUTAQUIG (SUBCUT) (new)
  - iii) FLEBOGAMMA DIF (INTRAVEN)\*
  - iv) GAMMAGARD LIQUID (INJECTION)\*
  - v) GAMMAGARD S-D (INTRAVEN)\*

- vi) GAMMAKED (INTRAVEN)\*
- vii) GAMMAPLEX (INTRAVEN) (new)
- viii) GAMUNEX-C (INJECTION)\*
- ix) HIZENTRA SYRINGE (SUBCUTANEOUS)\*
- x) HIZENTRA VIAL (SUBCUT.) \*
- xi) OCTAGAM (INTRAVEN)\*
- xii) PRIVIGEN (INTRAVEN) \*
- xiii) XEMBIFY (SUBCUTANEOUS)\*

b) Grandfathering: None

**11) NSAIDs – All products in this therapeutic class were not previously reviewed and are “new” status.**

a) Preferred Products

- i) CELECOXIB (ORAL)\*
- ii) DICLOFENAC POTASSIUM TABLET (ORAL)
- iii) DICLOFENAC SODIUM (ORAL)\*
- iv) DICLOFENAC SODIUM GEL OTC (TOPICAL)
- v) DICLOFENAC SOLUTION (TOPICAL)\*
- vi) ETODOLAC (ORAL)\*
- vii) FLURBIPROFEN (ORAL)\*
- viii) IBUPROFEN CAPSULE OTC (ORAL)\*
- ix) IBUPROFEN SUSPENSION (ORAL)\*
- x) IBUPROFEN TABLET (ORAL)\*
- xi) IBUPROFEN TABLET OTC (ORAL)
- xii) INDOMETHACIN CAPSULE (ORAL)\*
- xiii) KETOPROFEN (ORAL)\*
- xiv) KETOROLAC (ORAL)\*
- xv) MELOXICAM TABLET (ORAL)\*
- xvi) NABUMETONE (ORAL)\*
- xvii) NAPROXEN SODIUM (ORAL)\*
- xviii) NAPROXEN SODIUM OTC (ORAL)
- xix) NAPROXEN TABLET (ORAL)\*
- xx) PIROXICAM (ORAL)\*
- xxi) SULINDAC (ORAL)\*
- xxii) VYSCOXA SUSPENSION (ORAL) with PA for patients >10 yrs and <2 years

b) Grandfathering: None

**12) Oncology, Oral – Hematologic**

a) Preferred Products

- i) HYDROXYUREA (ORAL)\*
- ii) IMATINIB (ORAL)\*
- iii) IMBRUVICA CAPSULE (ORAL)\*
- iv) IMBRUVICA SUSPENSION (ORAL)\*
- v) JAKAFI (ORAL)\*

- vi) MATULANE (ORAL)\*
- vii) MERCAPTOPURINE (ORAL)\*
- viii) REVLIMID (ORAL)\* (new)
- ix) SPRYCEL (ORAL)\*
- x) TASIGNA (ORAL)\*
- xi) TRETINOIN (ORAL)\*
- b) Moving to Non-Preferred
  - i) IMBRUVICA TABLET (ORAL)
  - ii) LENALIDOMIDE (ORAL)\*
- c) Grandfathering: None

**13) Ophthalmics, Anti-inflammatory/ Immunomodulators**

- a) Preferred Products
  - i) RESTASIS (OPHTHALMIC)\*
  - ii) XIIDRA (OPHTHALMIC)\*
- b) Grandfathering: None

**14) Oral and Inhaled Pulmonary Arterial Hypertension Agents**

- a) Preferred Products
  - i) CIPROFLOXACIN (OTIC)\*
  - ii) CIPROFLOXACIN/DEXAMETHASONE (AG) (OTIC)\*
  - iii) CIPROFLOXACIN/DEXAMETHASONE (OTIC)\*
  - iv) NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (AG) (OTIC)\*
  - v) NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (OTIC)\*
  - vi) OFLOXACIN (OTIC)\*
- b) Moving to Non-Preferred
  - i) CIPRO HC (OTIC)\*
- c) Grandfathering: None

**15) Otic Antibiotics**

- a) Preferred Products
  - i) AMBRISENTAN (ORAL)\*
  - ii) ORENITRAM ER (ORAL)\*
  - iii) ORENITRAM TITRATION KIT (ORAL)\*
  - iv) SILDENAFIL SUSPENSION (ORAL)\*
  - v) SILDENAFIL TABLET (ORAL)\*
  - vi) TADALAFIL (ADCIRCA) (ORAL)\*
  - vii) TRACLEER SUSPENSION (ORAL)\*
  - viii) YUTREPIA CAP W/DEV (INHALATION) (new)
- b) Grandfathering: Yes

**16) Thrombopoiesis Stimulating Agents**

- a) Preferred Products
  - i) ELTROMBOPAG TABLET (generic-PROMACTA) (ORAL)\*(new)
  - ii) NPLATE (SUB-Q)\*
  - iii) PROMACTA SUSPENSION (ORAL)
- b) Moving to Non-Preferred Status
  - i) PROMACTA TABLET (ORAL)\*
- c) Grandfathering: None

**17) Ulcerative Colitis -**

- a) Preferred Products
  - i) MESALAMINE (CANASA) (ORAL)\*
  - ii) MESALAMINE (CANASA) (AG) (ORAL)\*
  - iii) MESALAMINE (LIALDA) (ORAL)
  - iv) MESALAMINE (LIALDA) (AG) (ORAL) (new)
  - v) MESALAMINE ER (APRISO) (ORAL)
  - vi) MESALAMINE ER (APRISO) (AG) (ORAL)
  - vii) PENTASA (ORAL)\*
  - viii) SFROWASA (RECTAL)\*
  - ix) SULFASALAZINE (AG) (ORAL)\*
  - x) SULFASALAZINE (ORAL)\*
  - xi) SULFASALAZINE DR (AG) (ORAL)\*
- b) Grandfathering: None

**Supplemental Rebate Classes**

- 1) Hereditary Angioedema Treatments
  - a) Preferred Products
    - i) BERINERT (INTRAVEN)\*
    - ii) CINRYZE (INTRAVEN)\*
    - iii) HAEGARDA (SUB-Q) (new)
    - iv) ICATIBANT (SUB-Q) \*
    - v) KALBITOR (SUB-Q) \*
  - b) Grandfathering: Yes
- 2) Pituitary Suppressive Agents, LHRH
  - a) Preferred Products - All products in this therapeutic class were not previously reviewed and are "new" status
    - i) FENSOLVI 6-MONTH (SUBCUTANEOUS)
    - ii) LUPRON DEPOT 1MO KIT (INJECTION)\*
    - iii) LUPRON DEPOT-PED 1-MONTH (INJECTION)\*
  - b) Grandfathering: Yes for the following:
    - i) Lupron Depot PEDIATRIC 3-months
    - ii) Lupron Depot Pediatric 6-months
    - iii) Lupron Depot - 6-months

**The committee voted on the Non-supplemental and 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 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.

**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 April 1, 2026, to reflect January 13, 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:

- May 19, 2026
- October 7, 2026

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).