

Date: August 6, 2024

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 June 18, 2024, AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were seventeen supplemental rebate classes reviewed. Due to time constraints, the review of the eight new drugs on the agenda have been postponed and will be reviewed at the October 15, 2024 meeting. The preferred agent recommendations for each of the classes have been accepted by AHCCCS and will be effective beginning on October 1, 2024. 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 June 2024 meeting, the effective date is October 1, 2024.

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

Seventeen Supplemental Rebate Drug Class: Clinical review by Umang Patel, PharmD
Magellan/Prime Therapeutics,

- 1. Analgesics, Long-Acting Narcotics**
 - a. Public Testimony: None

- 2. Antibiotics, Inhaled, Other**
 - a. Written Public Testimony:
 - i. Michelle Ratkiewicz

- 3. Antimigraine Agents, Other**
 - a. Oral Public Testimony:
 - i. David Gross
 - ii. Mandeep Sohal

- 4. Antipsychotics, Atypical Long-Acting Injectables**
 - a. Oral Public Testimony:
 - i. Kenneth Berry
 - ii. Emanga Ekinde
 - iii. Matt John
 - iv. Mandeep Sohal
 - b. Written Public Testimony
 - i. Casey Hollingsworth
 - ii. Monica Benavidez

- 5. Antipsychotics, Oral Atypical 2nd Generation Agents**
 - a. Oral Public Testimony:
 - i. Jazmin Acosta
 - ii. Kenneth Berry
 - iii. Heather Freml
 - iv. Shuntelle Hawk
 - v. Matt John

- b. Written Public Testimony:
 - i. Lori Parker
 - ii. Samantha Swartz
 - iii. Devin Wengert

6. COPD Agents

- a. Public Testimony: None

7. Cytokine and CAM Antagonists

- a. Oral Public Testimony:
 - i. Heather Freml
 - ii. Shirley Quach
 - iii. Mandeep Sohal

8. Glucagon Agents

- a. Oral Public Testimony:
 - i. Rachel Shubitz
 - ii. Dena Bondugji

9. Glucocorticoids, Inhaled

- a. Public Testimony: None

10. Growth Hormone

- a. Oral Public Testimony:
 - i. Tracy Maravilla
 - ii. Andrea Chamberlain
- b. Written Public Testimony
 - i. Anna Sandstrom

11. Hepatitis C Agents

- a. Oral Public Testimony:
 - i. Natalie Rose

12. Hypoglycemics, Insulin and Related Agents

- a. Written Public Testimony:
 - i. Tracie Neitzel
 - ii. Sreedevi Reddy

13. Hypoglycemics, Incretin Mimetics/Enhancers

- a. Oral Public Testimony:
 - i. Mohit Agarwal
 - ii. Lory Baraz
 - iii. Justen Caleca
- b. Written Public Testimony:
 - i. Edgardo R. Laurel

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

- a. Oral Public Testimony:
 - i. Hiten Patadia
- b. Written Public Testimony
 - i. Ronald Mittel
 - ii. Heather O’Connell
 - iii. Colleen Schrant
 - iv. Lauren Weidman

15. Opioid Dependence Treatments

- a. Oral Public Testimony:
 - i. Emanga Ekinde – 2 drugs
 - ii. Sam Riega – replaced by John Landis
 - iii. Michael Sucher
- b. Written Public Testimony:
 - i. Christa Cuellar
 - ii. Scott Havens
 - iii. Eric Lott

16. Pancreatic Enzyme Agents

- a. Oral Public Testimony:

17. Stimulants and Related Agents

- a. Oral Public Testimony:
 - i. Jia Li

New Drug Reviews: Umang Patel, PharmD Magellan/Prime Therapeutics

Due to time limitations, the New Drug reviews will be postponed to the October meeting.

Executive Session – Closed to the Public

Public Therapeutic Class Votes:

1. Analgesics, Long-Acting Narcotics

- a. Preferred Products
 - i. Butrans(Brand Preferred)
 - ii. fentanyl transdermal (not including the 37.5mg, 62.5mg & 87.5 strengths)
 - iii. morphine ER tablet
 - iv. tramadol ER (generic Ultram ER)
 - v. Xtampza ER(Brand Preferred)
- 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.

2. Antibiotics, Inhaled, Other

- a. Preferred Products

- i. Bethkis
- ii. Kitabis Pak
- 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.

3. Antimigraine Agents, Other

- a. Preferred Products
 - i. Aimovig (new)
 - ii. Cafergot
 - iii. dihydroergotamine mesylate nasal (AG) (new)
 - iv. Emgality Syringe 120mg
 - v. Emgality Pen
 - vi. Ubrelvy
- b. Moving to Non-Preferred
 - i. Ajovy
 - 1. Grandfathering - No
- 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.

4. Antipsychotics, Atypical Long-Acting Injectables

- a. Preferred Products
 - i. Abilify Asimtufii
 - ii. Abilify Maintena
 - iii. Aristada
 - iv. Aristada Initio
 - v. Invega Hafyera
 - vi. Invega Sustenna
 - vii. Invega Trinza
 - viii. Perseris
 - ix. Risperdal Consta
- 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. Antipsychotics, Oral Atypical 2nd Generation Agents

- a. Preferred Products
 - i. aripiprazole tablet
 - ii. clozapine ODT
 - iii. clozapine tablet

- iv. lurasidone
 - v. olanzapine ODT, olanzapine tablet
 - vi. quetiapine tablet
 - vii. risperdone ODT, risperidone solution, risperidone tablet
 - viii. ziprasidone capsule; ziprasidone capsule AG
- 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. COPD Agents

- a. Preferred Products
- i. Antimuscarinics-Short Acting
 - 1. Atrovent HFA
 - 2. ipratropium nebulizer
 - ii. Antimuscarinics-Long-Acting
 - 1. Spiriva HandiHaler
 - 2. Spiriva Respimat
 - iii. Beta Agonist/Antimuscarinic Combination - Short-Acting
 - 1. ipratropium/albuterol nebulizer
 - 2. Combivent Respimat
 - iv. Beta Agonist/Antimuscarinic Combination - Long-Acting
 - 1. Anoro Ellipta
 - 2. Stiolto Respimat
- 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. Cytokine and CAM Antagonists – All require prior authorization approval.

- a. Preferred Products
- i. Enbrel Kit, Enbrel Syringe, Enbrel Pen, Enbrel Mini Cartridge, Enbrel Vial with PA
 - ii. Humira Kit, Humira Pen Kit with PA – Effective August 1st. the Adalimumab biosimilar products, Simlandi, Hadlima & unbranded Adalimumab-adbm by Boehringer Ingelheim, will be preferred and Humira products will move to non-preferred status. Humira products will not be grandfathered.
 - iii. infliximab
 - iv. Orencia Clickject, Orencia Syringe
 - v. Otezla with PA
 - vi. Xeljanz with PA
 - vii. Xeljanz XR (new)
- 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.

8. Glucagon Agents

- a. Preferred Products
 - i. glucagon injection
 - ii. glucagon emergency kit (by Amphastar)
 - iii. Gvoke Pen – PA for greater QL of 1, Gvoke Syringe, Gvoke Vial
 - iv. Proglycem Suspension
 - v. Zegalogue Autoinjector
- 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.

9. Glucocorticoids, Inhaled

- a. Preferred Products
 - i. Single Agent Products
 1. Arnuity Ellipta
 2. Asmanex
 3. budesonide 1 mg respules
 4. budesonide 0.25 & 0.5 mg respules
 5. Flovent Diskus
 6. Flovent HFA
 7. fluticasone diskus AG
 8. fluticasone HFA AG
 9. Pulmicort Flexhaler
 10. QVAR Redihaler
 - ii. Combination Products
 1. Advair Diskus(Brand Preferred)
 2. Advair HFA(Brand Preferred)
 3. Airduo Respiclick (new)
 4. Dulera
 5. Symbicort(Brand Preferred)
- 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. Growth Hormone

- a. Preferred Products
 - i. Genotropin Disp Syringe
 - ii. Norditropin Pen

- b. Moving to Non-Preferred
 - i. Genotropin Cartridge
 - 1. Grandfathering - No
 - ii. Omnitrope Catridge, Omnitrope Vial
 - 1. Grandfathering - No
 - iii. Zomacton vial
 - 1. Grandfathering - No
- 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.

11. Hepatitis C Agents

- a. Preferred Products
 - i. Mavyret
 - ii. sofosbuvir/velpatasvir (AG)
- 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.

12. Hypoglycemics, Incretin Mimetics/Enhancers

- a. Preferred Products
 - i. Amylin Analogues
 - 1. Symlin Pens
 - ii. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s)
 - 1. alogliptin (AG)
 - 2. alogliptin/metformin (AG)
 - 3. alogliptin/pioglitazone (AG)
 - 4. Janumet
 - 5. Janumet XR
 - 6. Januvia
 - 7. Jentadueto
 - 8. Jentadueto XR
 - 9. Kazano
 - 10. Kombiglyze XR
 - 11. Tradjenta
 - 12. Trijardy XR
 - iii. Glucagon-Like Peptide-1 Receptor Agonists (GLP-1s)
 - 1. Bydureon Pens
 - 2. Byetta Pens
 - 3. Trulicity
 - 4. Victoza

- b. Moving to Non-Preferred
 - i. Kombiglyze XR
 - 1. Grandfathering – No- Product is being discontinued
 - ii. Nesina
 - 1. Grandfathering – No- Product is being discontinued
 - iii. Onglyza
 - 1. Grandfathering – No- Product is being discontinued
- 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.

13. Hypoglycemics, Insulin and Related Agents

- a. Preferred Products
 - i. Rapid-Acting Insulins
 - 1. Humalog Cartridge
 - 2. insulin aspart cartridge (AG)
 - 3. insulin aspart pen (AG)
 - 4. insulin aspart vial (AG)
 - 5. insulin lispro junior kwikpen (AG)
 - 6. insulin lispro pen (AG)
 - 7. insulin lispro vial (AG)
 - ii. Regular Insulins
 - 1. Humulin 500 Pens, Humulin 500 Vials
 - 2. Novolin Vial OTC
 - iii. Long-Acting Insulins
 - 1. insulin degludec pen 100U/mL (new)
 - 2. insulin degludec pen 200U/mL (new)
 - 3. insulin degludec vial (new)
 - 4. Lantus Vial
 - 5. Lantus Solostar Pen
 - iv. Rapid/Intermediate-Acting Combination Insulins
 - 1. Humalog Mix Vial
 - 2. insulin aspart/insulin aspart protamine vial (AG)
 - 3. insulin aspart/insulin aspart protamine insulin pen (AG)
 - 4. insulin lispro protamine mix kwikpen (AG)
 - v. Regular/Intermediate-Acting Combination Insulins
 - 1. Humulin Pen 70/30 OTC, Humulin 70/30 Vial OTC
 - 2. Novolin 70/30 Vial OTC
- b. Moving to Non-Preferred
 - i. Levemir Pens
 - 1. Grandfathering – No- Product is being discontinued
 - ii. Levemir Vials
 - 1. Grandfathering- No- Product is being discontinued
- 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.

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

- a. Preferred Products
 - i. Adbry
 - ii. Elidel (new)
 - iii. Eucrisa
 - iv. pimecrolimus, pimecrolimus (AG)
 - v. tacrolimus, tacrolimus (AG)
 - vi. Opzelura (new)
- b. Moving to Non-Preferred
 - i. Dupixent Pen
 - 1. Grandfathering – No – Approved by P&T Committee members via email voting.
 - ii. Dupixent Syringe -
 - 1. Grandfathering – No – Approved by P&T Committee members via email voting.
- 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.

15. Opioid Dependence Treatments

- a. Preferred Products
 - i. Buprenorphine/Naloxone Products
 - 1. buprenorphine/naloxone sublingual tablet
 - 2. Suboxone Film(Brand Preferred)
 - ii. Buprenorphine Products
 - 1. buprenorphine sublingual tablet –PA required unless member is pregnant
 - 2. Sublocade subcutaneous – with PA
 - 3. Brixadi – with PA and Providers must buy the product and bill Brixadi on a medical
 - iii. Alpha Agonist Products
 - 1. clonidine tablet
 - iv. Naloxone Products
 - 1. naloxone syringe, naloxone vials
 - 2. Naloxone nasal OTC
 - 3. Kloxxado Spray
 - 4. Narcan Nasal
 - 5. Narcan Nasal OTC
 - v. Naltrexone Products
 - 1. naltrexone tablets

- 2. Vivitrol
- vi. New Products – Approved by P&T members via email voting:
 - 1. Brixadi- Preferred with PA. Providers must buy the product and bill Brixadi on a medical claim
 - 2. Opvee – Non-preferred
- 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.

16. Pancreatic Enzyme Agents

- a. Preferred Products
 - i. Creon
 - ii. Zenpep
- 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.

17. Stimulants and Related Agents

- a. Preferred Products
 - i. amphetamine salt combination
 - ii. amphetamine salt combination ER (AG) (new)
 - iii. amphetamine salt combo ER (Oral) (new)
 - iv. atomoxetine, atomoxetine (AG)
 - v. clonidine ER
 - vi. Concerta(Brand Preferred)
 - vii. Daytrana
 - viii. dexamethylphenidate,
 - ix. dexamethylphenidate (AG)
 - x. dexamethylphenidate ER
 - xi. dextroamphetamine tablet
 - xii. guanfacine ER
 - xiii. Methylin Solution(Brand Preferred)
 - xiv. methylphenidate
 - xv. methylphenidate CD, methylphenidate CD (AG)
 - xvi. Ritalin LA 10mg capsule
 - xvii. Vyvanse Capsule
- b. Moving to Non-Preferred
 - i. Adderall XR
 - 1. Grandfathering -No-product is being discontinued
- 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.

Biosimilar Update

The AHCCCS Medical Policy Manual Policy 310-V Section III B. 4. states the following:

The Contractor shall not transition to a Biosimilar drug until AHCCCS has made the determination that the Biosimilar drug is overall more cost-effective to the state than the continued use of the brand name drug.

It was announced at the meeting that biosimilars for Humira have been approved for coverage by AHCCCS.

Effective August 1st, Humira will be moved to non-preferred status on the AHCCCS Drug List. AHCCCS has approved 3 different biosimilar manufacturers for preferred status:

- Simlandi products are FDA approved for interchangeability with Humira and are citrate-free.
- Hadlima products have submitted for, and the FDA has accepted their application for interchangeability status. The Hadlima high concentration product is citrate-free.
- Adalimumab-abdm is manufactured by Boehringer Ingelheim (BI) has two Adalimumab biosimilar product lines, the branded products, Cytelzo, and the unbranded adalimumab products both product lines are Adalimumab-abdm. The unbranded BI Adalimumab-abdm is moving to preferred status, however, Cytelzo will remain as non-preferred. Adalimumab-abdm products are FDA approved for interchangeability with Humira and are citrate-free.
- Humira products will not be grandfathered.

The MCO Contractors and the FFS PBM were previously notified that the transition to Adalimumab biosimilars for Humira will begin on August 1, 2024.

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, 2024, to reflect the January 2024 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 AHCCCS P&T Committee Meetings are:

October 15, 2024

January 29, 2025

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