



## FORMULARY UPDATES Effective 10/1/2019

August 28, 2019

Dear Care1st Providers and Staff:

Effective **October 1, 2019** Care1st will implement the AHCCCS formulary changes based on recommendations from the May 23, 2019 AHCCCS Pharmacy & Therapeutics (P&T) Committee. Formulary changes are on our website:

[www.care1staz.com](http://www.care1staz.com) > Providers > Formulary > Summary of AHCCCS Formulary changes

Care1st encourages all prescribing clinicians to review the Care1st Comprehensive Prescription Drug List (PDL) for preferred formulary alternatives before prescribing.

Below are some *highlights* of the Formulary changes:

Drug Class	Drug(s) Removed from Formulary	Preferred Alternative(s) on Formulary (NEW or current alternatives)	Utilization Management (PA, STEP, QL, AGE)	*Grandfathering permitted (Y/N)
Antimigraine Agents	N/A	<b>NEW:</b> Aimovig, Emgality	PA	N/A
Antipsychotic Agents	Aripiprazole ODT Aripiprazole Soln Saphris	Aripiprazole oral See Formulary for other alternatives	PA & AGE	Y
Cytokine/Cam Antagonists	N/A	<b>NEW:</b> Otezla <b>NEW:</b> Xeljanz IR only	PA PA	N/A
Epinephrine, Inj.	Adrenaclick, Epipen	Epinephrine inj (Mylan) <b>NEW</b> Symjepi	QL	N
Glucocorticoids, Inh	Advair Diskus Qvar, Qvar Redihaler	<b>NEW</b> Advair HFA Asmanex, Flovent HFA OR Pulmicort Flexhaler	STEP on Advair	N
Hepatitis C Agents	N/A	<b>NEW</b> Sofosbuvir/Velpatasvir (Authorized Generic)	PA	N
Opioid Dependence TX	N/A	<b>NEW</b> Buprenorphine/ Naloxone (Generic) <b>NEW</b> Sublocade	PA Sublocade	N
Opioids	N/A	ALL Opioids	NEW PA for >90 MME/day	N

\*AHCCCS P&T determines whether to permit grandfathering (continued use of a non-formulary medication). If grandfathering is not permitted, members must switch to the preferred formulary alternative and a new prescription may be required. (See AHCCCS Policy 310-V)

Contact Pharmacy Prior Authorization at **1-602-778-1800** (Options 5, 5) if you have any questions.

***Thank you!***

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**Care1st Network Management**  
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