



FORMULARY UPDATES Effective January 1, 2020

November 26, 2019

Dear Care1st Providers and Staff:

Effective January 1, 2020, Care1st will be implementing the AHCCCS formulary changes based on the recommendations from the October 16, 2019 AHCCCS Pharmacy & Therapeutics (P & T) Committee. Formulary changes are located on our website:

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 prior to 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	Sumatriptan nasal spray	Imitrex NASAL (NEW) Zomig NASAL (NEW)	N/A	N/A
Cardiovascular Agents – Beta Blockers	Nadolol Nadolol/Bendroflumethiazide	Multiple – see formulary	N/A	Y – current users will be grandfathered
Phosphate Binders	Renagel BRAND Renvela BRAND	Sevelamer Carbonate generic & authorized generic	N/A	N/A
Sedative/Hypnotics	Ramelton generic	Eszopiclone oral Rozerem BRAND	PA < 6 yrs	N/A
Topical Steroids	Fluocinolone 0.01% oil	Derma-Smoothe FS BRAND	N/A	N/A

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

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

Thank you!

Care1st Network Management
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Visit our website at www.care1staz.com

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