



FORMULARY UPDATES Effective 04/01/2020

February 27, 2020

Dear Care1st Providers and Staff:

Effective April 1, 2020, Care1st will implement the AHCCCS formulary changes based on recommendations from the January 22, 2020 AHCCCS Pharmacy & Therapeutics (P&T) Committee. Formulary changes are available 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 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)
Beta agonist Bronchodilators	Levalbuterol Neb Solution	Albuterol Neb solution	N/A	Y for members <4 yrs
Bone Resorption Agents	N/A	NEW Additions: ibandronate Forteo (SC) Prolia (SC)	PA PA	N/A
Erythropoiesis Stimulating Proteins	N/A	**Reminder: RETACRIT is the preferred product	PA	N/A
Depression – Treatment resistant	N/A	NEW: Spravato (Effective date TBD)	State wide Criteria will apply	N/A

*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!

Care1st Network Management

Ph 602.778.1800/866.560.4042 (Options in order: 5, 7)

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Visit our website at www.care1staz.com

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