



**FORMULARY UPDATES
Effective 10/01/2020**

August 20, 2020

Dear Care1st Providers and Staff:

Effective October 1, 2020 Care1st will be implementing the AHCCCS formulary changes based on the recommendations from the May 19th, 2020 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)	*Grand-fathering permitted (Y/N)
Analgesics, Long Acting	Embeda – Pfizer stopped sale	Morphine sulfate ER, Xtampza ER,	PA	N
Antimigraine Agents	Aimovig	Ajovy (NEW) Emgality	PA	N
Epinephrine, self injectables	Symjepi	Epinephrine 0.15 or 0.3 mg (generic Epipen)	<>	N
Inhaled Glucocorticoids (single or combination products)	Pulmicort 0.25 or 0.5 mg Respules	Budesonide 0.25 or 0.5mg nebules	PA>4 yrs required	N
Inhaled Glucocorticoids (single or combination products)	N/A	Advair Diskus (NEW) Flovent Diskus (NEW)	ST for Advair	N/A
Hypoglycemics – insulin and related agents	Novolin 70/30 vial	Humulin 70/30	N/A	N

Care1st Network Management

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Hypoglycemics – insulin and related agents	N/A	Humulin N Pen (NEW) Humulin 70/30 (NEW) Humalog Cartridge/Pens (NEW) Humalog Jr. Kwikpens (NEW) Humulin R Pen (NEW) Humulin Pen OTC (NEW)	N/A	N/A
Stimulants and related agents	Dynavel XR Quillichew ER Quillivant ER	Vyvanse, Amphetamine salts Methylphenidate ER	PA < 6 yrs of age	N

*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!