



**FORMULARY UPDATES**  
**Effective 4/1/2021**

March 4, 2021

Dear Care1st Providers and Staff:

Effective April 1, 2021, Care1st will implement the AHCCCS formulary changes based on the recommendations from the January 26, 2021 AHCCS Pharmacy & Therapeutics (P & T) Committee. Formulary changes are located 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 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)
<b>Androgenic Agents</b>	Testosterone transdermal solution (generic Axiron)	Androgel Gel Packet*NEW Androgel Gel Pump Androderm Patches	PA	N
<b>Antivirals, Topical- New Class</b>	X	Docosanol OTC Acyclovir Ointment	Docosanol QL	N
<b>Colony Stimulating Factors</b>	X	Nivestym Syringe*New Nyvepria *New Neupogen, Fulphia, Udenyca	PA	N
<b>Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s)</b>	X	Trijardy XR *New Onglyza, Tradjenta, Janumet, Janumet XR, Januvia, Glyxambi, Jentadueto, Kombiglyze XR	PA	N
<b>Glucagon-Like Peptied-1 Receptor Agonists (GLP-1s)</b>	X	Trulicity *New Victoza, Byetta, Bydureon Pen Bydureon Vials (discontinued)	PA	N

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)
<b>Sodium-Glucose co-transporter-2 (SGLT2s)</b>	X	Invokamet *New Synjardy * New Xigduo * New Farxiga, Invokana, Jardiance	PA	N
<b>Immune Globulins</b>	Gamastan Vial	Gammaked (IV) *New Hizentra Syringe (SQ) *New Privigen (IV) *New	PA	N
<b>Oral Oncology Oral - Hematologic</b>	Imatinib Melphalan	Alkeran – Brand Only Gleevec – Brand Only	PA	N
<b>Otic Antibiotics</b>	X	Ofloxacin (Otic) *New	X	N
<b>Ulcerative Colitis Agents – New Class</b>	Balsalazide Mesalamine (Generic Lialda) Mesalamine (Generic Asacol HD)	Apriso Canasa (Rectal) Delzicol Lialda Pentasa Sfrowasa (Rectal) Sulfasalazine, Sulfasalazine DR	QL apply, please review formulary	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) AG = Authorized Generic

If you have any questions, please contact Pharmacy Prior Authorization at 602-778-1800 (Options 5, 5).

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