



FORMULARY UPDATES Effective 01/01/2022

November 30, 2021

Dear Care1st Providers and Staff:

Effective January 1, 2022, Care1st will implement the AHCCCS formulary changes based on the recommendations from the October 18, 2021 AHCCCS Pharmacy & Therapeutics (P & T) Committee. AHCCCS 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. The table below highlights some of the upcoming 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 - Triptans	1. Authorized Generic Zolmitriptan Tablet/ODT 2. Zomig Nasal Spray	1. Zolmitriptan ODT 2. Zolmitriptan Tablet 3. Sumatriptan 4. Rizatriptan 5. Naratriptan 6. Imitrex Nasal Spray	QL	N
Topical Steroids	N/A	1. Betamethasone Dipropionate Cream (NEW) 2. Clobetasol Shampoo (NEW)	N/A	N
HIV-AIDS	Edurant (oral)	1. Delstrigo (NEW) 2. Dovato (NEW) 3. Efavirenz/ Emtricitabine/ Tenofovir Disoproxil Fumarate (NEW) 4. Isentress HD (NEW) 5. Juluca (NEW) 6. Norvir Powder Pack (NEW) 7. Reyataz Powder Pack (NEW) 8. Symtuza (NEW) 9. Tivicay PD Suspension (NEW)	QL	Y
Movement Disorders	1. Tetrabenazine 2. Xenazine	1. Austedo (NEW) 2. Ingrezza (NEW)	PA	Y
Diabetic Meters, Continuous Glucose Meter (CGM)	New Class	1. Dexcom G6 CGM System (ages 2 to < 4 years old) 2. Freestyle Libre System (ages 14 and up) 3. Freestyle Libre 2 System (ages 4 years old and up)	PA/ AGE	Patients on integrated systems only
Opioid Antagonists	N/A	1. Kloxxado (NEW) 2. Narcan 3. Naltrexone tabs 4. Vivitrol	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)

** Prior Authorization (PA), Step Therapy (STEP), Quantity Limit (QL), Age Restriction (AGE), Authorized Generic (AG)

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

Care1st Network Management
Ph 602.778.1800/866.560.4042 (Options in order: 5, 7)
Fax 602.778.1875/E-mail SM_AZ_PNO@Care1stAZ.com

Visit our website at www.care1staz.com

Looking for your assigned Provider Network Rep? On our website go to Providers > Provider Rep Contact Info