



---

PROVIDER FORUM NOTIFICATION & INVITATION

---

November 29, 2022

To: Providers, Staff and Billing Staff  
From: Care1st Network Management

**You are invited to join Care1st as we present the RBHA Post Go-Live Implementation & 12/1/22 System Integration Provider Forum:**

The Forum topics will include:

- Care1st Regional Behavioral Health Authority (RBHA) Implementation follow up
- 12/1/22 System Integration
  - Claims Address Changes
  - Payor ID Changes
  - PaySpan Registration
  - Provider Portal Registration
- Electronic Visit Verification (EVV) Hard Edits (starting January 1, 2023)
- Claims Trends

Experts from multiple departments will be in attendance to share valuable information regarding the ACC and RBHA programs. All contracted providers and staff are encouraged to attend. Please register for our virtual session by completing the forum attached.

Date and Time	Location
Thursday, December, 8 2022 10:00 am – 12:00 pm	Virtually via Zoom (Registration required to receive zoom link)

**Thank you!**

---

Care1st Network Management  
Ph 866.560.4042 (Options in order: 5, 7)  
Fax 833-618-1507/E-mail [SM\\_AZ\\_PNO@Care1stAZ.com](mailto:SM_AZ_PNO@Care1stAZ.com)

Visit our website at [www.care1staz.com](http://www.care1staz.com)

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



**TO RSVP PLEASE COMPLETE THE INFORMATION BELOW AND SUBMIT BY FAX OR EMAIL**

**Fax: 602-224-4365 Email: [sm\\_az\\_pno@care1staz.com](mailto:sm_az_pno@care1staz.com)**

<b>Physician/Practice Name (Please Print)</b>		
<b>Tax ID</b>		
<b>Attendee Name (Please Print)</b>	<b>Email (Please Print)</b>	

---

**Care1st Network Management**  
**Ph 866.560.4042 (Options in order: 5, 7)**  
**Fax 833-618-1507/E-mail [SM\\_AZ\\_PNO@Care1stAZ.com](mailto:SM_AZ_PNO@Care1stAZ.com)**  
*Visit our website at [www.care1staz.com](http://www.care1staz.com)*  
*Looking for your assigned Provider Network Rep? On our website go to Providers > Provider Rep Contact Info*



## FORMULARY UPDATES Effective 1/01/2023

November 29, 2022

Dear Care1st Providers and Staff:

Effective January 1, 2023, Care1st will implement the AHCCCS formulary changes based on the recommendations from the October 19, 2022, AHCCCS Pharmacy & Therapeutics (P & T) Committee. To review the Care1st Preferred Drug Lists including the recent updates, visit our website at:

[www.care1staz.com](http://www.care1staz.com) > For Providers > Pharmacy > Preferred Drug Lists

Care1st encourages all prescribing clinicians to review the Care1st Preferred Drug Lists (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)
<b>Antifungals, Oral</b>	N/A	1. Vfend (Oral Suspension)	QL	N
<b>Calcium Channel Blockers</b>	N/A	1. Katerzia (amlodipine Oral Suspension)	PA required for ages > 7 years old	N
<b>HIV/AIDS</b>	1. Crixivan 2. Viracept 3. Invirase Tablets 4. Stavudine Capsules	1. Symfi (Oral Suspension) 2. Symfi Lo (Oral Suspension) 3. Triumeq (Tablets and Oral Suspension)	N/A	Y *Except for Icatibant which is the generic of Firazyr.
<b>Hereditary Angioedema Agents</b>	1. Icatibant 2. Takhzyro Vial 3. Takhzyro Syringes 4. Haegarda 5. Ruconest	1. Cinryze (Intravenous) 2. Berinert (Intravenous) 3. Firazyr (Subcutaneous) 4. Kalbitor (Subcutaneous) 5. Orladeyo (Oral Suspension)	PA	Y
<b>Immunomodulators</b>	1. Elidel (Topical) 2. Protopic (Topical) 3. Opzelura (Topical) 4. Adbry (Subcutaneous)	1. Tacrolimus (AG) (Topical) 2. Pimecrolimus (AG) (Topical) 3. Tacrolimus (Topical) 4. Pimecrolimus (Topical) 5. Eucrisa (Topical) 6. Dupixent Syringe (Subcutaneous) 7. Dupixient Pen (Subcutaneous)	PA	Y

\*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)

**Care1st Network Management**  
**Ph 866.560.4042 (Options in order: 5, 7)**  
**Fax 833-6181507/E-mail [SM\\_AZ\\_PNO@Care1stAZ.com](mailto:SM_AZ_PNO@Care1stAZ.com)**  
 Visit our website at [www.care1staz.com](http://www.care1staz.com)

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

\*\* 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!***