



FORMULARY UPDATES Effective 10/01/2022

August 29, 2022

Dear Care1st Providers and Staff:

Effective October 1, 2022, Care1st will implement the AHCCCS formulary changes based on the recommendations from the May 24, 2022, 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)
Anticoagulants	Xarelto Suspension	<ol style="list-style-type: none"> 1. Xarelto Started Pack 2. Xarelto Tablets 3. Eliquis Started Pack 4. Eliquis Tablets 5. Pradaxa 6. Warfarin 	QL	N
Antipsychotics-Atypical Long-Acting Injectables	N/A	<ol style="list-style-type: none"> 1. Invega Hafyera (NEW) 2. Abilify Maintena 3. Aristada 4. Aristada Initio 5. Invega Sustenna 6. Invega Trinza 7. Perseris 8. Risperdal Consta 	PA Required for Ages < 18 years or when not prescribed by a Behavioral Health Provider	N
Cytokine And CAM Antagonists	CibinQo	<ol style="list-style-type: none"> 1. Orencia Clickject (NEW) 2. Orencia Syringe (NEW) 3. Avsola 4. Enbrel Kit, Syringe, Pen, Vial and Cartridge 5. Humira Kit, Pen 6. Inflectra 7. Otezla 8. Xeljanz (immediate-release) 	PA	N

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

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)
Glucagon Agents	Gvoke Vial	<ol style="list-style-type: none"> 1. Gvoke Pen (NEW) 2. Glucagon Injection 3. Glucagon Emergency Kit (by Lilly) 4. Proglycem Suspension 	QL	N
Hypoglycemics-Incretin Mimetics	Glyxambi	<ol style="list-style-type: none"> 1. Janumet, Janumet XR 2. Januvia 3. Jentadueto, Jentadueto XR 4. Kazano 5. Kombiglyze XR 6. Nesina 7. Onglyza 8. Oseni 9. Tradjenta 10. Trijardy XR 11. Bydureon Pen 12. Byetta Pen 13. Trulicity 14. Victoza 	PA required for GLP-1 medications STEP through Metformin for DDP-4 and SGLT-2 medications	Y
Hypoglycemics-Insulin and Related Agents	Humulin Vial OTC	<ol style="list-style-type: none"> 1. Humalog Cartridge 2. Insulin Aspart 3. Insulin Lispro 4. Humulin 500 Pen, Vials 5. Novolin Vial OTC 	N/A	N
Pancreatic Enzymes	N/A	<ol style="list-style-type: none"> 1. Pancreaze (New) 2. Creon 3. Zenpep 	QL	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)

** 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!