



FORMULARY UPDATES Effective 10/1/2021

August 31, 2021

Dear Care1st Providers and Staff:

Effective October 1, 2021, Care1st will implement the AHCCCS formulary changes based on the recommendations from the May 19, 2021 AHCCS 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)	*Grandfathering permitted (Y/N)
Antimigraine Agents - Other	N/A	1. Aimovig 2. Ubrelvy 3. Cafergot	PA QL	N
Antipsychotics – Atypical Long-Acting Injectable	N/A	Perseris	PA – required for under 18 years old	N/A
COPD Agents Beta-Agonist/ Antimuscarinic Combination Long-Acting	Bevespi Aerosphere	Anoro Ellipta	PA	N
Cytokine and CAM Antagonists	Renflexis	1. Avsola 2. Enbrel Vial 3. Inflectra	PA – required on all agents	Y
Glucagon Agents	New Class	1. Proglycem suspension 2. Glucagon injection 3. Glucagon Emergency Kit (by Lilly)	QL	N
Hypoglycemics- Incretin Mimetics/ Enhancers Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s)	N/A	1. Jentaduetto XR 2. Kazano 3. Nesina 4. Oseni	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)
Stimulants and Related Agents	1. Aptensio XR 2. Methylphenidate ER (generic Ritalin LA) 3. Vyvanse Chewable	1. Focalin XR 2. Concerta 3. Daytrana 4. Vyvanse Capsule	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) AG = Authorized Generic

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

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

Thank You!