



## FORMULARY UPDATES Effective 04/01/2022

February 23, 2022

Dear Care1st Providers and Staff:

Effective April 1, 2022, Care1st will implement the AHCCCS formulary changes based on the recommendations from the January 19, 2022, AHCCCS Pharmacy & Therapeutics (P & T) Committee. AHCCCS 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. 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>Antivirals-Topical</b>	Acyclovir Ointment	1. Zovirax Cream (NEW) 2. Zovirax Ointment (NEW) 3. Docosanol OTC	N/A	N
<b>Otic Antibiotics</b>	N/A	1. Cipro HC (NEW) 2. Ciprodex 3. Ciprofloxacin 4. Ofloxacin 5. Neomycin/Polymyxin/HC Solution/Suspension 6. Neomycin/Polymyxin/HC Solution/Suspension (AG)	N/A	N
<b>Ulcerative Colitis Agents</b>	N/A	1. Asacol HD (Oral) (NEW) 2. Canasa (Rectal) 3. Delzicol (Oral) 4. Lialda (Oral) 5. Pentasa (Oral) 6. Sfrowasa (Rectal) 7. Sulfasalazine (AG) (Oral) 8. Sulfasalazine (Oral) 9. Sulfasalazine DR (AG) (Oral)	QL (6 tablets per day)	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!***

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