

2022

Care1st Health Plan Arizona Medicaid Comprehensive Preferred Drug List

(List of Covered Drugs)

Lista integral de medicamentos preferidos de Medicaid de Care1st Health Plan Arizona

(Lista de medicamentos cubiertos)

Care1st Health Plan Arizona

Please read: This document contains information about the drugs we cover in this plan.

Please note that the Care1st Health Plan Arizona Medicaid Preferred Drug List is updated quarterly.

Providers, please visit our website at <https://www.care1staz.com> to view updates to the preferred drug list.

Members, please visit our website at <https://www.care1staz.com> to view updates to the preferred drug list.

Importante: Este documento contiene información acerca de los medicamentos que tienen cobertura con este plan.

Tenga en cuenta que la Lista de medicamentos preferidos de Medicaid de Care1st Health Plan Arizona se actualiza cada trimestre.

Proveedores: visite nuestro sitio web en <https://www.care1staz.com> para ver las actualizaciones de la lista de medicamentos preferidos.

Miembros: visite nuestro sitio web en <https://www.care1staz.com> para ver las actualizaciones de la lista de medicamentos preferidos.

Last updated (10/1/2022)

Última actualización (10/1/2022)



P= NDC State Preferred, P= GPI State Preferred, S= Supplemental, NF= Non-Formulary, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, PB= Brand Only, NDC= Covered NDC(s), MME= MME CRITERIA, PC= Price Cap, SP= Specialty Pharmacy Only, MB= Medical Benefit Only, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

P= NDC State Preferred, P= GPI State Preferred, S= Supplemental, NF= Non-Formulary, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, PB= Brand Only, NDC= Covered NDC(s), MME= MME CRITERIA, PC= Price Cap, SP= Specialty Pharmacy Only, MB= Medical Benefit Only, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Index

P= NDC State Preferred, P= GPI State Preferred, S= Supplemental, NF= Non-Formulary, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, PB= Brand Only, NDC= Covered NDC(s), MME= MME CRITERIA, PC= Price Cap, SP= Specialty Pharmacy Only, MB= Medical Benefit Only, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs