

2022

# Comprehensive Dual Eligible Preferred Drug List (List of Covered Drugs)

## Lista integral de medicamentos preferidos con doble elegibilidad (Lista de medicamentos cubiertos)

### Care1st Health Plan Arizona

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

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

Last updated (10/1/2022)  
Última actualización (10/1/2022)



P=Preferred, Asterisk(\*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

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# Index

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