



Care1st Preferred Drug List Update

This is a list of changes to our preferred drug list (PDL). These changes are a result of the latest Care1st Pharmacy & Therapeutics meeting on **03/05/2020**.

Please review these changes. Call Customer Service at **1-866-560-4042 (TTY 711)**

Monday–Friday, 8 a.m. to 5 p.m. Mountain Time if you have any questions. You can find the most recent PDL at

<https://www.care1staz.com/az/providers/formulary.asp?healthplan=care1stmember> . We can also mail you a copy. Just call customer service. We're here to help you.

Key	
UPPER CASE = Brand Name Drugs	QL = Quantity Limit
<i>Lower case italics</i> = Generic Drugs	ST = Step Therapy
PDL = Preferred Drug List	AL = Age Limit
PA = Prior Authorization	YOA = Years of Age

Date of Change: 03/05/2020

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/ Alternatives
<i>Olmesartan</i> (5MG, 20MG, 40MG) Oral Tablets	Removed Step Therapy	General PDL Update	
<i>Losartan</i> (25 MG, 50 MG, 100 MG) Oral Tablets	Removed Quantity Limit	General PDL Update	



Care1st Health Plan Arizona, Inc. (Care1st) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Care1st does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Care1st provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, Braille)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Care1st Member Services Department.

If you believe that Care1st has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Virginia Covarrubias, Grievance Coordinator

Care1st Health Plan
2355 E. Camelback Road, Suite 300

1-866-560-4042 TTY 711

Fax **1-602-778-1814**

Or email us online at <https://www.care1st.com/az/aboutus/contact.asp>.

If you need help filing a grievance, Virginia Covarrubias is available to help you. Your grievance must be within 60 calendar days from the time you have become aware of any alleged discrimination action.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Ave. SW

Room 509F, HHH Building

Washington, DC 20201

1-800-368-1019, 1-800-537-7697 (TDD).

Such complaints must be filed within 180 days from the date of the alleged discrimination.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Multi-language Interpreter Services
Servicios de Interpretación Multilingües

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-560-4042 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-560-4042 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866- 560-4042 (TTY: 711)。

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-560-4042 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-560-4042 (ATS : 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-560-4042 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-560-4042 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-560-4042 (TTY: 711) 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-560-4042 (телетайп: 711).

Arabic:

تظو حلم: اذا كنت تحدثت ركذا تغللا، نإف ت امدخ قد عاسملا تيوغلا رفاوتت لك ن اجملا. لصتا برقم 1-877-778-1855 (مقر

فتاه مصلا مكبلو): 1-866-560-4042 (TTY 711)



Assyrian:

1-866-560-4042 (TTY: 711) www.mn.gov

Farsi:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1-866-560-4042 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníli'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-866-560-4042 (TTY: 711)

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-560-4042 (TTY-Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Japanese:

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
。1-866-560-4042 (TTY:711) まで、お電話にてご連絡ください。

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-560-4042 (TTY: 711).

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