

Medicaid Medication Updates

Attn: Network Providers

The AHCCCS Pharmaceutical and Therapeutics Committee (P&T) meets at least three times per year and gives recommendations to the state for updates to the Medicaid Preferred Drug List (PDL). Arizona Complete Health-Complete Care Plan wants to ensure that our providers have the most up-to-date information.

The AHCCCS P&T recently adopted the following changes to the state's PDL, **effective August 1, 2019**. Arizona Complete Health-Complete Care Plan follows the state's PDL, which you may view at <https://www.azahcccs.gov/Members/Pharmacy/>

Added Medications	Removed Medications	
ProAir HFA Inhaler	Aranesp Inj	Ofloxacin Otic Soln 0.3%
Farxiga Tablet	Desvenlafaxine Tab (Pristiq)	Paroxetine CR Tablet
Fulphila (PA)	Epogen Inj	Paroxetine Oral Susp
Gleevec Tablet (Brand)	Fioricet Capsules	Phenelzine Tablet
Invokana Tablet	Fluoxetine DR 90 mg Cap	Procrit Inj
IVIG (PA) (see PDL for brands)	Fluvoxamine ER Capsule	Restasis Multidose
Jardiance Tablet	Glipizide-Metformin Tablet	Segluromet Tablet
Retacrit (PA)	Imatinib Tablet (generic Gleevec)	Selegeline Capsule & Tablet
Udenyca (PA)	Isocarboxazid Tablet	Selegeline TD Patch (Emsam)
	Mercaptopurine Susp	Steglatro Tablet
	Miacalcin Solution Inject	Tavalisse Tablet
	Mircera Inj	Vilazodone Tablet
	Nefazodone Tablet	Venlafaxine ER Tablet
	Neulasta Kit/Syringe	Ventolin HFA Inhaler

Important Information

Arizona Complete Health-Complete Care Plan encourages providers to use a GENERICS FIRST approach in the treatment of our members when possible. This is the same approach as most evidence-based guideline recommendations. However, we understand the AHCCCS preferred drug list may prefer a brand or to treat some of our members, additional medication considerations might be necessary. For those instances, visit <https://www.azcompletehealth.com/providers/pharmacy.html> for a link to the Preferred Drug List (PDL) with alternative drug therapy choices.

Providers may submit a Prior Authorization (PA) for non-covered medications using Cover My Meds: <https://www.covermy meds.com/main/prior-authorization-forms/envolverx/>