

**Pharmacy & Therapeutics Committee**  
**Care1st AHCCCS (Acute and DDD) Formulary Summary of Changes**  
**Effective October 20, 2009**

Generic Name	Trade Name	Generic Available Y or N	Available Strengths	Formulary Status	Formulary Actions; Prescribing Guidelines	Notes
<b>ADHD (Attention Deficit -Hyperactivity Disorder)/Narcolepsy</b>						
Mixed Amphetamine salts	Adderall	Y	5mg, 10mg, 20mg	F	S	Removed Prior Authorization Requirements
Methylphenidate	Ritalin LA	N	10mg, 20mg, 30mg, 40mg	F	A;PA	Added with Prior Authorization
Mixed Amphetamine salts	Adderall XR	N	5mg, 10mg, 15mg, 20mg, 30mg	F	A;PA	Added with Prior Authorization
Methylphenidate	Concerta	N	18mg, 27mg, 54mg	F	A;PA	Added with Prior Authorization
Atomoxetine	Strattera	N	10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	F	A;PA	Added with Prior Authorization
<b>Antidepressants/Smoking Cessation</b>						
Bupropion	Wellbutrin and Wellbutrin SR	Y	All strengths	F	S	Removed Prior Authorization Requirements
<b>Anticoagulants</b>						
Enoxaparin	Lovenox Injection	N	30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/1ml,	F	A;QL of 14 injections/7 days in 6 month period	Added with Quantity Limits

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			120mg/0.8ml, 150mg/1ml, 300mg/3ml			
<b>Antifungal Agents</b>						
Fluconazole Tablets	Diflucan	Y	50mg, 100mg, 200mg,	<b>F</b>	<b>S;QL</b> of 30 tablets/30 days	Removed Prior Authorization Requirements
Fluconazole Tablets	Diflucan	Y	150mg	<b>F</b>	<b>S;QL</b> of 2 tablets/30 days	Removed Prior Authorization Requirements
Fluconazole Suspension	Diflucan	Y	10mg/ml, 40mg/ml	<b>F</b>	<b>S;QL</b> of 35ml/90days	Removed Prior Authorization Requirements
<b>Analgesics, Narcotics</b>						
Fentanyl patches	Duragesic	Y	12.5mcg/h, 25mcg/h, 50mcg/h, 75mcg/h, 100mcg/h	<b>F</b>	<b>S;QL</b> of 10 patches/30 days	Removed Prior Authorization Requirements
<b>Anticonvulsants</b>						
Lamotrigine	Lamictal	Y	25mg, 100mg, 150mg, 200mg	<b>F</b>	<b>S</b>	Removed Specialty Edit
Topiramate	Topamax	Y	25mg, 50mg, 100mg, 200mg	<b>F</b>	<b>S</b>	Removed Specialty Edit
<b>Fibromyalgia</b>						
Milnacipran	Savella	N	12.5mg, 25mg, 50mg, 100mg	<b>F</b>	<b>A;PA</b>	Added with Prior Authorization

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<b>Key</b>		
<b>Formulary Actions</b>	<b>Prescribing Guidelines</b>	<b>Formulary Status</b>
<b>A</b> – Added	<b>AGE</b> – Age Restriction	<b>F</b> - Formulary
<b>D</b> – Deleted	<b>QL</b> – Quantity Limit	<b>NF</b> – Non-Formulary
<b>S</b> – Sustained	<b>ST</b> – Step Therapy	
<b>NONE</b> – No Action	<b>G</b> – Gender Edit	
<b>PAR</b> – PA Removed	<b>PA</b> – Prior Authorization	
	<b>CU</b> – Concurrent Use Edit	
	<b>MD</b> – Specialty Edit	