

**Pharmacy & Therapeutics Committee
Healthcare Group 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
Analgesics, Narcotics						
Fentanyl patches	Duragesic	Y	12.5mcg/h, 25mcg/h, 50mcg/h, 75mcg/h, 100mcg/h	F	S;QL of 10 patches/30 days	Removed Prior Authorization Requirements

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