

**Pharmacy & Therapeutics Committee
Care1st AHCCCS (Acute and DDD) Formulary Summary of Changes
Effective November 15, 2010**

Generic Name	Trade Name	Generic Available Y or N	Available Strengths	Formulary Status	Formulary Actions; Prescribing Guidelines	Notes
Digestive Enzymes						
Lipase/Protease/Amylase	Zenpep	N	All strengths (5000 units, 10000 units, 20000 units)	F	A;QL	QL 120caps/30days PA guidelines
Lipase/Protease/Amylase	Creon	N	All strengths (6000 units, 12000 units, 24000 units)	F	A;QL	QL 120caps/30days PA guidelines
Lipase/Protease/Amylase	Pancrelipase EC	Y	6000 units	F	A;QL	QL 120caps/30days PA guidelines

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	