

**Pharmacy & Therapeutics Committee**  
**Care1st AHCCCS (Acute and DDD) Formulary Summary of Changes**  
**Effective May 1, 2010**

Generic Name	Trade Name	Generic Available Y or N	Available Strengths	Formulary Status	Formulary Actions; Prescribing Guidelines	Notes
<b>Renal and Genitourinary Agents</b>						
Oxybutinin ER	Ditropan XL	N	5mg, 10mg, 15mg	<b>F</b>	<b>A;ST</b>	Added with Step Therapy to Oxybutinin (regular)
Tamsulosin	Flomax	Y	0.4mg	<b>F</b>	<b>A;PA</b>	Added with Prior Authorization
<b>Angiotensin II Receptor Antagonists</b>						
Candesartan	Atacand	N	4mg, 8mg, 16mg, 32mg	<b>NF</b>	<b>D</b>	Remove from the formulary but grandfather all patients with a fill within last 90 days
Olmesartan	Benicar	N	5mg, 20mg, 40mg	<b>NF</b>	<b>D</b>	Remove from the formulary but grandfather all patients with a fill within last 90 days
Valsartan	Diovan	N	40mg, 80mg, 160mg, 320mg	<b>NF</b>	<b>D</b>	Remove from the formulary but grandfather all patients with a fill within last 90 days

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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	