

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

Generic Name	Trade Name	Generic Available Y or N	Available Strengths	Formulary Status	Formulary Actions; Prescribing Guidelines	Notes
<b>Antihistamine</b>						
Cetirizine Hydrochloride	Zyrtec	Y	All strengths (1 Mg/ML, 5 Mg/5 ML, 5 Mg, 10 Mg, 5 Mg Chew Tab, 10 Mg Chew Tab)	F	S	Remove the step therapy edit
<b>Antibiotic</b>						
Cedinir	Omnicef	Y	All strengths (300 Mg Cap, 125 Mg/5ML, 250mg/5 ML)	F	S	Remove the step therapy edit
<b>Antiemetic</b>						
Ondansetron	Zofran	Y	All strengths (4 Mg/5 ML, 4 Mg Tab, 8 Mg Tab, 4 Mg ODT, 8 Mg ODT, 24 Mg Tab, 4 Mg/2 ML syrup)	F	S;QL	Increase the QL to 90 tablets every 30 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	