

**Pharmacy & Therapeutics Committee  
Care1st AHCCCS (Acute and DDD) Summary of Changes  
Effective July 1, 2011**

Generic Name	Trade Name	Generic Available Y or N	Available Strengths	Formulary Status	Formulary Actions; Prescribing Guidelines	Notes
<b>Angiotensin II Receptor Antagonists</b>						
Losartan	Cozaar	Y	25 mg, 50 mg, 100 mg	<b>F</b>	<b>PAR</b>	Remove PA
Olmesartan	Benicar	N	5 mg, 20 mg, 40 mg	<b>NF</b>	<b>D</b>	Remove from Formulary
<b>Immunosuppressants</b>						
Cyclosporine	Sandimmune	Y	25 mg, 100 mg	<b>F</b>	<b>A; QL</b>	Remove PA and add QL of 120 tablets/30 days
Mycophenolate	Cellcept	Y	250 mg, 500 mg	<b>F</b>	<b>A; QL</b>	Remove PA and add QL of 120/30 days
Tacrolimus	Prograf	Y	0.5 mg, 1 mg, 5 mg	<b>F</b>	<b>A; QL</b>	Remove PA and add QL of 120/30 days

<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	