

CENTENE PHARMACY THERAPEUTICS COMMITTEE
FIRST QUARTER 2018 MEDICAID PREFERRED DRUG LIST AND PROGRAMMING UPDATES

GPI	NDC	Drug Name	Ingredients	Dosage Form	Strength	Generic	Notes
	56151-1450-01	TRUE METRIX LEVEL 1 CTRL SOLN	TRUE METRIX LEVEL 1 CTRL SOLN	Solution	N/A	Y	Add control solution to PDL. Works with the TRUE METRIX meters.
	56151-1450-02	TRUE METRIX LEVEL 2 CTRL SOLN	TRUE METRIX LEVEL 2 CTRL SOLN	Solution	N/A	Y	Add control solution to PDL. Works with the TRUE METRIX meters.
	56151-1450-03	TRUE METRIX LEVEL 3 CTRL SOLN	TRUE METRIX LEVEL 3 CTRL SOLN	Solution	N/A	Y	Add control solution to PDL. Works with the TRUE METRIX meters.
49270060001820		omeprazole (compound kit)	omeprazole (compound kit)	Suspension	2mg/ml	Y	Remove from PDL due to not FDA approved.
16000060102010		vancomycin hcl (compound kit)	vancomycin hcl (compound kit)	Solution	25mg/ml	Y	Remove from PDL due to not FDA approved.
16000060102020		vancomycin hcl (compound kit)	vancomycin hcl (compound kit)	Solution	50mg/ml	Y	Remove from PDL due to not FDA approved.

GREEN: Add to PDL

BLUE: Change Coverage Limitations

RED: Remove from PDL

ORANGE: Update of non-PDL drug

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