



# Mercy Healthcare Group

## PREFERRED DRUG LIST UPDATES

### September 22, 2009

- P.12: EFFECTIVE OCTOBER 1<sup>ST</sup>, per P&T Committee approval, propoxyphene and propoxyphene-containing drugs removed from formulary. Members utilizing propoxyphene or propoxyphene-containing drugs in the past 45 days will be grandfathered. Please refer to formulary for other pain management medications.
- P.19: EFFECTIVE OCTOBER 1<sup>ST</sup>, per P&T Committee approval, Tricor removed from formulary. Members utilizing Tricor in the past 130 days will be grandfathered (Trilipix and fenofibrate are plan's formulary alternatives).
- P.21: Replaced brand Starlix with generic nateglinide
- P.22: Replaced brand Cytomel with generic liothyronine

### September 3, 2009

- P.9: malathion 0.5% lotion (tier 1): replaced brand Ovide with generic malathion 0.5% lotion
- P.10: bicalutamide (tier 1): replaced brand Casodex with generic bicalutamide
- P.19: Trilipix (tier 2): added to formulary per P&T Committee
- P.20: Vectical Ointment (tier 2): added to formulary per P&T Committee
- P.30: Symbicort (tier 2): added to formulary

### June 12, 2009

- P.9: Relenza (tier 2): added QLL/Rx=20 inhalation diskus/Rx
- P.9: Tamiflu (tier 2): added Per strength the QLL/Rx=75mg 10 capsules /rx; 45mg 10 capsules /Rx; 30mg 20 capsules/Rx; 12mg/ml oral suspension 3 bottles/Rx
- P.12: Replaced brand Tegretol XR (tier 2) with generic carbamazepine ER (tier 1); QLL still applies for extended-release=360 tabs/30 days
- P.22: Avandaryl (tier 2): added to formulary with QLL=60 tabs/30 days
- P.29: Alphagan, Alphagan P (tier 2): added to formulary

### April 20, 2009

- P.13: topiramate (tier 1): Replaced brand Topamax (tier 2) with generic topiramate (tier 1); requirements of COVERED FOR NEUROLOGIST; OTHER SPECIALISTS REQUIRE PA also apply for the generic; QLL=120 units/30 days

- P.17: captopril (tier 1): Removed QLL=100 tabs/month
- P.24: ultracaps MT 20 (tier 1): Added to formulary
- P.24: Flumist (tier 2): Changed PA age limit from <5 and >49 years to < 2 and >49 years per FDA indications
- P.30: Spiriva (tier 2): Step therapy added. Requires 2 fills of ipratropium, Atrovent, or Combivent within the past 90 days. Members currently receiving Spiriva therapy within the past 130 days will be grandfathered and continue treatment.
- P.31: Cphen, Cphen DM drops, syrup (tier 1): Added to formulary
- P.31: Ceron DM drops: Removed from formulary due to product being discontinued
- P.35: Diabetic test strips (tier 2): Combined QLL added=200 test strips/month
- P.36: Aerochamber, Microchamber: Added Combined QLL messaging=1/year

#### March 9, 2009

- P.7: terbinafine: Removed PA requirement per P&T recommendation
- P.9: stavudine (tier 1): Replaced brand Zerit with generic stavudine
- P.12: sumatriptan tablets, injection (tier 1): Replaced brand Imitrex tablets and injection with generic sumatriptan tablets, injection
- P.12: sumatriptan nasal spray (tier 2): Replaced brand Imitrex nasal spray with generic sumatriptan nasal spray. Generic is also at a brand copay (Tier 2) since there is only one generic manufacturer of this product.
- P.13: divalproex delayed-release (tier 1): added to formulary; brand Depakote delayed-release and extended-release remain on formulary
- P.17: Toprol XL (tier 2): added to formulary due to shortage of generic metoprolol succinate
- P.21: Prandimet (tier 2): added to formulary
- P.22: calcitonin nasal spray (tier 1): generic added to formulary
- P.33: Chemstrip Miracl albumin test strips (tier 2): added to formulary

#### January 2009

- Reformatted formulary: format similar to Mercy Care Plan
- P.30: Ventolin HFA: Changed from Tier 2 to Tier 1

#### December 2008

- P.12: Replaced brand Keppra with generic levetiracetam; requirements of COVERED FOR NEUROLOGIST; OTHER SPECIALISTS REQUIRE PA also apply for the generic
- P.12: Replaced brand Razadyne ER with generic galantamine extended-release; galantamine ER QLL=30 caps/30 days
- P.24: Replaced brand Phoslo with generic calcium acetate
- P.25: Replaced Trusopt with generic dorzolamide
- P.25: Replaced Cosopt with generic dorzolamide/timolol

- P.28: Added Rotarix per P&T Committee decision

#### November 2008

- P.9: Valtrex 1 gram: changed QLL=30 tablets/30 days
- P.12: galantamine (generic Razadyne): added to formulary; QLL=60 tabs/30 days
- P.19: Actonel, Actonel with calcium: removal of Actonel from formulary per P&T Committee decision. Members currently on therapy will continue to be able to refill Actonel until January 1, 2009. After this date, members will not be able to get refills.
- P.21: granisetron (generic Kytril): added to formulary with requirements of COVERED FOR ONCOLOGISTS; OTHER SPECIALISTS REQUIRE PA; QLL=2 tabs/Rx
- P.26: Accolate: added to formulary. Accolate will be covered for members with diagnosis of asthma (review of prescription history showing member is on a medication used for the treatment of asthma within the past 90 days). Accolate is not FDA-approved for allergic rhinitis. QLL=60 tabs/30 days

#### October 2008

- P.22: Addition of omeprazole with STEP therapy requirements; QLL=120 capsules/30 days

#### September 2008

- P.12: Replaced brand Lamictal with generic lamotrigine
- P.14: Addition of zaleplon with QLL=21 capsules/30 days
- P.18: Addition of Nova Max test strips with PA. PA=Member must be on insulin pump
- P.22: Addition of Prevacid Solutab with the following requirement:  
**COVERED FOR PULMONOLOGISTS (INCLUDING PEDIATRIC PULMONOLOGISTS) AND PEDIATRIC GASTROENTEROLOGISTS FOR CHILDREN 17 YEARS OF AGE AND YOUNGER**
- P.25: Addition of Acular, Acular LS
- P.25: Addition of Combigan
- P.25: Addition of Lumigan
- P.26: Addition of Zymar
- P.27: Addition of Singulair. Singulair will be covered for members with diagnosis of asthma (review of prescription history showing member is on a medication used for the treatment of asthma within the past 90 days). Singulair is not covered for allergic rhinitis. QLL=30 tabs/30 days
- P.28: Addition of Sanctura XR with STEP requirement. STEP=2 fills of oxybutynin or oxybutynin er within the past 90 days

### August 2008

- P.9: Addition of Suprax with QLL=1 tab/Rx
- P.13: Replaced brand Risperdal with generic risperidone
- P.13: Replaced brand Requip with generic ropinirole
- P.16: Removal of Vytorin per P&T Committee decision. Members currently on therapy will continue to be able to refill Vytorin until January 1, 2009. After this date, members will not be able to get refills.
- P.17: Replaced brand Dovonex scalp solution with generic calcipotriene topical scalp solution. Brand Dovonex cream and ointment still covered.
- P.19: Replaced brand Precose with generic acarbose

### May 2008

#### 05/21/08

- P.8: Addition of Intelence with PA per P&T Committee decision
- P.20: Addition of Kuvan with PA per P&T Committee decision
- P.24: Addition of Renvela per P&T Committee decision

### April 2008

#### 04/25/08

- P.5: Addition of Ceron DM drops
- P.5: Addition of benzonatate
- P.14: Addition of carvedilol
- P.19: Addition of alendronate
- P.19: Addition of Armour Thyroid
- P.23: Removal of neurologist requirement for cilostazol; med should process through as formulary