



Mercy Healthcare Group

PREFERRED DRUG LIST UPDATES

May 24, 2010

- P.6: azithromycin (tier 1): 250 mg QLL changed from 12 tabs/30 days to 2 Rxs/60 days for azithromycin tabs, suspension, zpack.
- P.9: valacyclovir 1 gram tablet only (tier 1): replaced brand Valtrex with generic valacyclovir. QLL=#30 tabs/30 days still applies.
- P.10: Gleevec (tier 2): added to formulary with PA
- P.16: verapamil, verapamil ER (tier 1): changed from QLL=30 units/30days to QLL for Immediate Release=120 units/30days; QLL for Extended Release=60 units/30 days
- P.16: acetazolamide 125 mg, 250 mg (tier 1): added to formulary
- P.20: imiquimod 5% cream (tier 1): replaced brand Aldara 5% cream with generic imiquimod 5% cream
- P.23: omeprazole (tier 1): removed step therapy and changed QLLs.
Please see below:
 - omeprazole 10 mg=30 caps/30 days
 - omeprazole 20 mg=60 caps/30 days
 - omeprazole 40 mg=270 caps/30 days
- P.23: CREON 5, 10, 15, CREON LIPASE 6,000; 12,000; 24,000 UNITS (tier 2): added to formulary
- P.23: LIPRAM 4,500; LIPRAM CR5; LIPRAM PN10, LIPRAM PN16, LIPRAM PN 20, LIPRAM UL20 (tier 2): added to formulary
- P.23: PANCREASE MT4, MT10, MT16, MT20 (tier 2): added to formulary
- P.24: ULTRCAPS MT20 (tier 2): added to formulary
- P.24: ULTRASE, ULTRASE MT12, MT18, MT20 (tier 2): added to formulary
- P.24: VIOKASE 8, 16 (tier 2): added to formulary
- P.24: ZENPEP 5,000U; 10,000U, 15,000U, 20,000U (tier 2): added to formulary
- P.24: CERVARIX (tier 2): added to formulary; covered for females only and PA < 10 and > 25 years of age and QLL=3 syringes and vials/lifetime
- P.24: GARDASIL (tier 2): added to formulary with PA < 9 and > 26 years of age; QLL=3 syringes and vials/lifetime
- P.25: metaxalone (tier 1): replaced brand Skelaxin with generic metaxalone
- P.25: citric acid/sodium citrate oral soln (tier 1): replaced brand Bicitra with generic citric acid/sodium citrate oral soln

- P.27: estradiol/norethindrone acetate 1 mg-0.5 mg (tier 1): replaced brand Activella 1 mg-0.5 mg with generic. Brand Activella 0.5 MG-0.1 MG still formulary for this strength
- P.27: bacitracin/polymixin ophth ointment (tier 1): added to formulary
- P.29: Travatan: removed from formulary. Per the manufacturer, Travatan will discontinue shipments to their wholesaler with an anticipated date of June 1, 2010. Retail/Mail Order pharmacies will no longer carry this medication with an anticipated date of July 1, 2010. Travatan Z is on the formulary and is still available on the market.
- P.30: budesonide respules 0.25 mg/1 ml, 0.50 mg/1 ml (tier 1): replaced Pulmicort 0.25 mg/1 ml, 0.50 mg/1 ml respules with generic. Brand Pulmicort 1 mg/1ml respules available on formulary. QLLs still apply for generic and brand.

March 5, 2010

- P.6: generic Augmentin (amoxicillin/clavulanic acid; tier 1): QLL changed from 2 pkgs/60 days to 2 Rxs/60 days
- P.11: Votrient (tier 2): added to formulary with PA per P&T recommendation
- P.12: oxcarbazepine suspension: replaced brand Trileptal suspension with generic oxcarbazepine suspension; specialist requirement still applies (COVERED FOR NEUROLOGIST; OTHER SPECIALISTS REQUIRE PA)
- P.15: pramipexole (tier 1): replaced brand Mirapex with generic pramipexole; specialist requirement still applies for generic pramipexole (COVERED FOR NEUROLOGIST; OTHER SPECIALISTS REQUIRE PA)
- P.17: perindopril (tier 1): added to formulary
- P.19: Multaq (tier 2): added to formulary with “COVERED FOR CARDIOLOGIST; OTHER SPECIALISTS REQUIRE PA” per P&T recommendation
- P.23: desmopressin (tier 1): added verbiage “QLL=4 fills/180 days.” This QLL has been mentioned in the Desmopressin PA Guidelines and set-up in ESI’s system.
- P.24: Ultrase MT (tier 2): added to formulary (all strengths covered). Ultrase MT replaced ultracaps MT 20 which is no longer available.
- P.30: Azmacort: removed from the formulary since no longer available. Please see formulary for other inhaled corticosteroid alternatives.

January, 2010

- P.32: Addition of One Touch Meters and Supplies
- P.32: Removal of Bayer Glucometer and Supplies: Effective 1/20/2010, Bayer glucometer and supplies will be non-formulary. Members currently utilizing a Bayer glucometer and supplies will be grandfathered.

November 20, 2009

- P.11: tramadol: changed QLL from 180 tabs/30 days to 240 tabs/30 days
- P.15: Replaced brand Adderall XR with generic amphetamine/dextroamphetamine extended-release (tier 1); QLLs for generic still apply
- P.17: Replaced brand Toprol XL with generic metoprolol succinate extended-release due to generic shortage resolved
- P.20: Ulesfia Lotion: added to formulary per P&T Committee
- P.28: Replaced brand Alphagan, Alphagan P with generic brimonidine ophthalmic solution (tier 1)
- P.29: Replaced brand Acular, Acular LS with generic ketorolac ophthalmic solution (tier 1)

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. EFFECTIVE OCTOBER 1ST, 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.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