
**Mercy Care Advantage (HMO)
Abridged Formulary**



**Mercy Care Advantage (HMO)
2010 Abridged Formulary
(List of Covered Drugs)**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE
COVER IN THIS PLAN**

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

This document includes Mercy Care Advantage's (HMO) partial formulary as of October 1, 2009. For a complete, updated formulary, please visit our Web site at www.MercyCareAdvantage.com or call (602) 263-3000 or (800) 624-3879, 24 hours a day, 7 days a week. TTY/TDD users should call (866) 602-1982.

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What is the Mercy Care Advantage (HMO) Formulary?

A formulary is a list of covered drugs selected by Mercy Care Advantage (HMO) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Mercy Care Advantage (HMO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Mercy Care Advantage (HMO) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by Mercy Care Advantage (HMO). For a complete listing of all prescription drugs covered by Mercy Care Advantage (HMO), please visit our Web site at www.MercyCareAdvantage.com or call (602) 263-3000 or (800) 624-3879, 24 hours a day, 7 days a week. TTY/TDD users should call (866) 602-1982.

Can the Formulary change?

Generally, if you are taking a drug on our 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of October 1, 2009. To get updated information about the drugs covered by Mercy Care Advantage (HMO), please visit our Web site at www.MercyCareAdvantage.com or call Member Services at (602) 263-3000 or (800) 624-3879, 24 hours a day, 7 days a week. TTY/TDD users should call (866) 602-1982. In the event of mid-year non-maintenance formulary changes, Mercy Care Advantage (HMO) will include an errata sheet in this booklet.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used

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for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 36. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Mercy Care Advantage (HMO) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Mercy Care Advantage (HMO) requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Mercy Care Advantage (HMO) before you fill your prescriptions. If you don't get approval, Mercy Care Advantage (HMO) may not cover the drug.
- **Quantity Limits:** For certain drugs, Mercy Care Advantage (HMO) limits the amount of the drug that Mercy Care Advantage (HMO) will cover. For example, Mercy Care Advantage (HMO) provides 90 pills in 30 days per prescription for Oxycodone HCL. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Mercy Care Advantage (HMO) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Mercy Care Advantage (HMO) may not cover drug B unless you try Drug A first. If Drug A does not work for you, Mercy Care Advantage (HMO) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.MercyCareAdvantage.com.

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You can ask Mercy Care Advantage (HMO) to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Mercy Care Advantage’s (HMO) formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this list of covered drugs, you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so Mercy Care Advantage (HMO) may cover your drug. You can contact Member Services at (602) 263-3000 or (800) 624-3879, 24 hours a day, 7 days a week. TTY/TDD users should call (866) 602-1982.

If you learn that Mercy Care Advantage (HMO) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Mercy Care Advantage (HMO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Mercy Care Advantage (HMO).
- You can ask Mercy Care Advantage (HMO) to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Mercy Care Advantage’s (HMO) Formulary?

You can ask Mercy Care Advantage (HMO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Mercy Care Advantage (HMO) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

Generally, Mercy Care Advantage (HMO) will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you are requesting a formulary, or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician’s supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a current member and have unplanned changes like being discharged from a hospital to a home, or ending a stay at a long term care facility and returning to home, Mercy Care Advantage (HMO) will provide you an emergency 31-day supply of your medication. After that, you and your doctor will get a letter from our pharmacy benefits manager, Express Scripts, notifying you that you will need to get a prescription for a drug that is on our formulary or you can start the exception process.

Please note that our transition policy applies only to those drugs that are “Part D drugs” and bought at a network pharmacy or through your long term care facility. The transition policy can’t be used to buy a non-Part D drug or a drug out of network, unless you qualify for out of network access. See Section 10 for information about non-Part D drugs.

For more information

For more detailed information about your Mercy Care Advantage (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Mercy Care Advantage (HMO), please call Member Services at (602) 263-3000 or (800) 624-3879, 24 hours a day, 7 day a week. TTY/TDD users should call (866) 602-1982. Or visit www.MercyCareAdvantage.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

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Mercy Care Advantage's (HMO) Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by Mercy Care Advantage (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page 7. Remember: This is only a partial list of drugs covered by Mercy Care Advantage (HMO). If your prescription is not in this partial formulary, please visit our Web site at www.MercyCareAdvantage.com or call Member Services at (602) 263-3000 or (800) 624-3879, 24 hours a day, 7 days a week. TTY/TDD users should call (866) 602-1982 for additional help.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., CIPRODEX) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

The information in the Notes column tells you if Mercy Care Advantage (HMO) has any special requirements for coverage of your drug. For instance, QLL means Quantity Limit Levels apply; PAR means Prior Authorization Required; and ST means Step Therapy. See page 3 for more information.

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Drug Name	Generic	Drug Tier	Requirements/ Limits
ANESTHETICS			
<i>TOPICAL ANESTHETICS</i>			
<i>lidocaine</i>		1	
<i>lidocaine-viscous</i>		1	
LIDODERM	<i>lidocaine</i>	2	PAR
ANTIINFECTIVES			
<i>AMINOGLYCOSIDES</i>			
<i>gentamicin</i>		1	
<i>neomycin</i>		1	
<i>tobramycin</i>		1	
<i>ANTHELMINTICS</i>			
ALBENZA	<i>albendazole</i>	2	
<i>mebendazole</i>		1	
STROMEKTOL	<i>ivermectin</i>	2	
<i>ANTIINFECTIVES SPECIALIZED INDICATIONS</i>			
<i>dapsone</i>		1	
<i>metronidazole</i>		1	
<i>ANTIRETROVIRALS & PROTEASE INH</i>			
COMBIVIR	<i>lamivudine / zidovudine</i>	2	
<i>didanosine, didanosine delayed-release</i>		1	
FUZEON	<i>enfuvirtide</i>	2	
KALETRA	<i>lopinavir / ritonavir</i>	2	
<i>stavudine</i>		1	
ZERIT SOLN	<i>stavudine</i>	2	
ZIAGEN	<i>abacavir</i>	2	
<i>zidovudine</i>		1	
<i>ANTITUBERCULOSIS DRUGS</i>			

QLL – Quantity Limit Levels apply, see page 2 for details
 PAR – Prior Authorization Required, see page 2 for details
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Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>isoniazid</i>		1	
<i>rifampin</i>		1	
CEPHALOSPORINS			
<i>cefadroxil</i>		1	
<i>cefpodoxime</i>		1	
<i>cefprozil</i>		1	
<i>ceftriaxone</i>		1	
<i>cefuroxime</i>		1	
<i>cephalexin</i>		1	
LORABID	<i>loracarbef</i>	2	
OMNICEF	<i>cefdinir</i>	2	
CHLORAMPHENICOLS			
<i>chloramphenicol</i>		1	
CLINDAMYCINS			
CLEOCIN GRANULES	<i>clindamycin</i>	2	
<i>clindamycin</i>		1	
ERYTHROMYCINS			
ERY-TAB	<i>erythromycin</i>	2	
<i>erythromycin</i>		1	
<i>erythromycin ethylsuccinate</i>		1	
KETOLIDES			
KETEK	<i>telithromycin</i>	2	PAR
ORAL ANTIFUNGAL DRUGS			
<i>clotrimazole</i>		1	
<i>fluconazole</i>		1	QLL
<i>itraconazole</i>		1	QLL
<i>ketoconazole</i>		1	
<i>nystatin</i>		1	

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Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>terbinafine</i>		1	
VFEND	<i>voriconazole</i>	2	PAR
<i>OTHER ANTIINFECTIVE DRUGS</i>			
<i>bacitracin</i>		1	
<i>vancomycin</i>		1	
MEPRON		2	PAR
ZYVOX		2	PAR
<i>OTHER ANTIVIRAL DRUGS</i>			
<i>acyclovir</i>		1	
<i>amantadine</i>		1	
<i>ribavirin</i>		1	
<i>rimantadine</i>		1	
TAMIFLU	<i>oseltamivir</i>	2	QLL
VALTREX	<i>valacyclovir</i>	2	
VIRAZOLE	<i>ribavirin</i>	2	
ZOVIRAX CREAM, OINTMENT	<i>acyclovir</i>	2	
<i>OTHER MACROLIDES</i>			
<i>azithromycin</i>		1	
<i>clarithromycin</i>		1	QLL
<i>OTHER TOPICAL ANTIFUNGALS</i>			
<i>ciclopirox</i>		1	
<i>clotrimazole</i>		1	
<i>econazole</i>		1	
<i>ketoconazole</i>		1	
<i>nystatin</i>		1	
<i>PARENTERAL ANTIFUNGALS</i>			
<i>amphotericin b</i>		1	
<i>fluconazole</i>		1	

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Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>PENICILLINS</i>			
<i>amoxicillin</i>		1	
<i>amoxicillin / clavulanate</i>		1	
<i>penicillin v potassium</i>		1	
<i>QUINOLONES</i>			
<i>ciprofloxacin</i>		1	
LEVAQUIN	<i>levofloxacin</i>	2	
<i>ofloxacin</i>		1	
<i>SPECIALIZED INDICATIONS</i>			
<i>hydroxychloroquine</i>		1	
<i>paromomycin</i>		1	
<i>quinine sulfate</i>		1	
YODOXIN	<i>iodoquinol</i>	2	
<i>SULFONAMIDES</i>			
<i>erythromycin/sulfisoxazole susp</i>		1	
GANTRISIN PEDIATRIC SUSPENSION	<i>sulfisoxazole</i>	2	
<i>sulfamethoxazole / trimethoprim</i>		1	
<i>sulfatrim suspension</i>		1	
<i>TETRACYCLINES</i>			
<i>doxycycline</i>		1	
<i>doxycycline hyclate</i>		1	
<i>minocycline</i>		1	
<i>tetracycline</i>		1	
<i>TOPICAL ANTIBACTERIAL DRUGS</i>			
BACTROBAN 2% CREAM	<i>mupirocin</i>	2	
<i>gentamicin</i>		1	
<i>mupirocin 2% ointment</i>		1	
<i>silver sulfadiazine</i>		1	

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Drug Name	Generic	Drug Tier	Requirements/ Limits
TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.			
<i>clotrimazole / betamethasone</i>		1	
<i>nystatin/triamcinolone</i>		1	
URINARY ANTIINFECTIVES			
<i>methenamine</i>		1	
<i>nitrofurantoin</i>		1	
<i>trimethoprim</i>		1	
VAGINAL ANTIFUNGALS			
<i>miconazole</i>		1	
<i>nystatin</i>		1	
<i>terconazole</i>		1	
ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS			
ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS			
AMEVIVE	<i>alefacept</i>	2	PAR
<i>amifostine</i>		1	
ARIMIDEX	<i>anastrozole</i>	2	
<i>azathioprine</i>		1	PAR
CASODEX	<i>bicalutamide</i>	2	
CELLCEPT	<i>mycophenolate</i>	2	PAR
<i>cyclophosphamide</i>		1	PAR
<i>cyclosporine</i>		1	PAR
ELIGARD	<i>leuprolide</i>	2	PAR
ENBREL	<i>etanercept</i>	2	PAR
FEMARA	<i>letrozole</i>	2	
<i>fluorouracil</i>		1	
GLEEVEC	<i>imatinib</i>	2	PAR
HUMIRA	<i>adalimumab</i>	2	PAR

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Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>hydroxyurea</i>		1	
IRESSA	<i>gefitinib</i>	2	PAR
<i>leucovorin</i>		1	
<i>leuprolide</i>		1	PAR
LUPRON DEPOT, DEPOT-PED	<i>leuprolide</i>	2	PAR
<i>megestrol</i>		1	
<i>methotrexate</i>		1	PAR for 25 mg/ml vial only
MYFORTIC	<i>mycophenolate</i>	2	PAR
NEXAVAR	<i>sorafenib</i>	2	
PROGRAF	<i>tacrolimus</i>	2	PAR
RAPAMUNE	<i>sirolimus</i>	2	PAR
REMICADE	<i>infliximab</i>	2	PAR
<i>tamoxifen</i>		1	
TARCEVA	<i>erlotinib</i>	2	
TYKERB	<i>lapatinib</i>	2	
AUTONOMIC AND CNS MEDICATIONS			
ALCOHOL ANTAGONIST			
ANTABUSE	<i>disulfiram</i>	2	
<i>naltrexone</i>		1	
ANALGESICS			
<i>butorphanol</i>		1	
<i>tramadol</i>		1	
<i>tramadol / acetaminophen</i>		1	
ANTIDEMENTIA DRUGS			
ARICEPT, ODT	<i>donepezil</i>	2	
EXELON	<i>rivastigmine</i>	2	
<i>galantamine, ER</i>		1	

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Drug Name	Generic	Drug Tier	Requirements/ Limits
NAMENDA	<i>memantine</i>	2	
RAZADYNE ORAL SOLN	<i>galantamine</i>	2	
<i>ANTIMANIA DRUGS</i>			
DEPAKOTE, ER	<i>divalproex sodium</i>	2	
<i>lithium carbonate</i>		1	
<i>lithium citrate</i>		1	
<i>ANTIPARKINSON ANTICHOLINERGIC DRUGS</i>			
<i>benztropine</i>		1	
<i>trihexyphenidyl</i>		1	
<i>ANTIPSYCHOTIC DRUGS</i>			
ABILIFY	<i>aripiprazole</i>	2	
<i>chlorpromazine</i>		1	
<i>fluphenazine</i>		1	
GEODON	<i>ziprasidone</i>	2	PAR, QLL
<i>haloperidol</i>		1	
<i>perphenazine</i>		1	
<i>risperidone, risperidone m-tab</i>		1	
RISPERDAL CONSTA	<i>risperidone</i>	2	PAR
SEROQUEL	<i>quetiapine</i>	2	QLL
<i>thioridazine</i>		1	
ZYPREXA, ZYDIS	<i>olanzapine</i>	2	PAR, QLL
<i>ANTIVERTIGO AND ANTIEMETIC DRUGS</i>			
ALOXI	<i>palonosetron</i>	2	
EMEND	<i>aprepitant</i>	2	PAR, QLL
<i>meclizine</i>		1	
<i>prochlorperazine</i>		1	
<i>promethazine</i>		1	

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ondansetron, ODT		1	QLL
ANXIOLYTICS			
buspirone		1	QLL
meprobamate		1	
CARBAMAZEPINES			
carbamazepine, ER		1	
oxcarbazepine 300 mg, 600 mg tablet		1	
TEGRETOL XR	carbamazepine extended-release	2	
TRILEPTAL 150 mg tablet, suspension	oxcarbazepine	2	
CLASS II NARCOTICS			
fentanyl lozenge		1	PAR, QLL
fentanyl patch		1	
hydromorphone		1	
methadone		1	
morphine		1	
oxycodone		1	PAR, QLL
oxycodone/acetaminophen		1	QLL
CLASS III NARCOTICS			
acetaminophen/codeine		1	
hydrocodone / acetaminophen		1	
CLASS IV NARCOTICS			
propoxyphene		1	
propoxyphene acetaminophen		1	
CNS STIMULANT DRUGS			
dextroamphetamine, ER		1	
METADATE CD	methylphenidate	2	
methylphenidate, er, sr		1	

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PROVIGIL	<i>modafinil</i>	2	PAR
<i>DRUGS TO PREVENT AND TREAT ADHD</i>			
STRATTERA	<i>atomoxetine</i>	2	PAR
<i>DRUGS TO PREVENT AND TREAT HEADACHES</i>			
<i>acetaminophen / butalbital / caffeine / codeine</i>		1	
<i>butorphanol</i>		1	QLL
IMITREX NASAL SPRAY, IMITREX 6 MG/0.5 ML KIT REFL	<i>sumatriptan</i>	2	QLL
<i>sumatriptan tablets, vials</i>		1	
<i>HYDANTOINS</i>			
PEGANONE	<i>ethotoin</i>	2	
<i>phenytoin</i>		1	
<i>MAO INHIBITORS</i>			
MARPLAN	<i>isocarboxazid</i>	2	
NARDIL	<i>phenelzine</i>	2	
<i>tranylcypromine sulfate</i>		1	
<i>OTHER ANTICONVULSANTS</i>			
<i>gabapentin</i>		1	
<i>lamotrigine, lamotrigine disper tabs</i>		1	
<i>levetiracetam</i>		1	
LYRICA	<i>pregabalin</i>	2	ST
<i>primidone</i>		1	
<i>topiramate</i>		1	
<i>zonisamide</i>		1	PAR
<i>OTHER ANTIDEPRESSANTS</i>			
<i>budeprion sr</i>		1	
<i>bupropion, er, sr</i>		1	
CYMBALTA	<i>duloxetine</i>	2	QLL, ST

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
EFFEXOR XR	<i>venlafaxine extended-release</i>	2	
<i>mirtazapine</i>		1	
<i>trazodone</i>		1	
<i>venlafaxine</i>			
OTHER ANTIPARKINSON DRUGS			
<i>carbidopa / levodopa, cr</i>		1	
COMTAN	<i>entacapone</i>	2	
<i>ropinirole</i>		1	
<i>selegiline</i>		1	
STALEVO	<i>carbidopa / levodopa / entacapone</i>	2	
TASMAR	<i>tolcapone</i>	2	
OTHER CNS/AUTONOMIC DRUGS			
<i>atropine</i>		1	
<i>ergoloid mesylates</i>		1	
RILUTEK	<i>riluzole</i>	2	
XYREM	<i>sodium oxybate</i>	2	PAR
SECONDARY AMINES			
<i>amoxapine</i>		1	
<i>desipramine</i>		1	
<i>nortriptyline</i>		1	
<i>protriptyline</i>		1	
SEDATIVE/HYPNOTIC DRUGS			
ROZEREM	<i>ramelteon</i>	2	QLL
<i>zaleplon</i>		1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS			
<i>citalopram</i>		1	QLL

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>fluoxetine</i>		1	QLL
<i>fluvoxamine</i>		1	QLL
<i>paroxetine</i>		1	QLL
<i>sertraline</i>		1	QLL
<i>venlafaxine</i>		1	
<i>SMOKING CESSATION PRODUCTS</i>			
<i>bupropion sr</i>		1	
CHANTIX	<i>varenicline</i>	2	QLL
NICOTROL INHALER, NS	<i>nicotine</i>	2	
<i>SUCCINIMIDES</i>			
CELONTIN	<i>methsuximide</i>	2	
<i>ethosuximide</i>		1	
<i>TERTIARY AMINES</i>			
<i>amitriptyline</i>		1	
<i>doxepin</i>		1	
<i>imipramine</i>		1	
SURMONTIL 100 mg	<i>trimipramine</i>	2	
<i>trimipramine 25 mg, 50 mg capsule</i>		1	
<i>VALPROIC ACID AND DERIVATIVES</i>			
DEPAKOTE, ER, SPRINKLES	<i>divalproex sodium</i>	2	
<i>divalproex sodium</i>		1	
<i>valproate</i>		1	
<i>valproic acid</i>		1	
CARDIOVASCULAR MEDICATIONS			
<i>ANGIOTENSIN CONVERTING ENZYME INHIBITORS</i>			
<i>benazepril</i>		1	
<i>captopril</i>		1	

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>enalapril</i>		1	
<i>fosinopril</i>		1	
<i>lisinopril</i>		1	
<i>quinapril</i>		1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS			
BENICAR	<i>olmesartan</i>	2	QLL, ST
DIOVAN	<i>valsartan</i>	2	QLL, ST
ANTIDYSRHYTHMIC DRUGS			
<i>amiodarone</i>		1	
<i>flecainide</i>		1	
<i>mexiletine</i>		1	
<i>procainamide, er, sr</i>		1	
<i>propafenone</i>		1	
<i>quinidine gluconat, er</i>		1	
<i>quinidine sulfate, er</i>		1	
<i>sotalol, af</i>		1	
BETA-ADRENERGIC ANTAGONIST DRUGS			
<i>atenolol</i>		1	
<i>carvedilol</i>		1	
INNOPRAN XL	<i>propranolol</i>	2	
<i>labetalol</i>		1	
<i>metoprolol succinate er</i>		1	
<i>metoprolol tartrate</i>			
<i>nadolol</i>		1	
<i>propranolol, er</i>		1	
<i>timolol</i>		1	
TOPROL XL	<i>metoprolol succinate er</i>	2	

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Mercy Care Advantage (HMO) Abridged Formulary

Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>CALCIUM ANTAGONISTS</i>			
<i>amlodipine</i>		1	
<i>diltiazem, er, xr</i>		1	
<i>felodipine er</i>		1	
<i>nifedipine, er</i>		1	
<i>nimodipine</i>		1	
<i>verapamil, sr</i>		1	
<i>CARDIAC GLYCOSIDES</i>			
<i>digoxin</i>		1	
LANOXIN		2	
<i>CENTRALLY ACTING ANTIHYPERTENSIVES</i>			
<i>clonidine</i>		1	
<i>methyldopa</i>		1	
<i>DRUGS FOR PHEOCHROMOCYTOMA</i>			
DEMSER	<i>metirosine</i>	2	
<i>dibenzylamine</i>		1	
<i>ENDOTHELIN RECPTR ANTAGONIST</i>			
LETAIRIS	<i>ambrisentan</i>	2	
TRACLEER	<i>bosentan</i>	2	PAR
<i>HMG-COA COMBINATIONS</i>			
ADVICOR	<i>niacin / lovastatin</i>	2	QLL
VYTORIN	<i>ezetimibe / simvastatin</i>	2	QLL
<i>HMG-COA REDUCTASE INHIBITORS</i>			
LESCOL	<i>fluvastatin</i>	2	QLL
<i>lovastatin</i>		1	QLL
<i>pravastatin</i>		1	QLL
<i>simvastatin</i>		1	QLL

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Mercy Care Advantage (HMO) Abridged Formulary

Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>HYPOLIPOPROTEINEMICS</i>			
<i>fenofibrate</i>		1	
<i>cholestyramine</i>		1	
<i>colestipol</i>		1	
<i>gemfibrozil</i>		1	
NIASPAN	<i>niacin</i>	2	
TRILIPIX	<i>fenofibrate</i>	2	
ZETIA	<i>ezetimibe</i>	2	
<i>LOOP DIURETICS</i>			
<i>bumetanide</i>		1	
<i>furosemide</i>		1	
<i>toremide</i>		1	
<i>NITRATES</i>			
<i>isosorbide dinitrate, er</i>		1	
<i>isosorbide mononitrate, er</i>		1	
<i>nitroglycerin td</i>		1	
<i>OTHER ANTIARRHYTHMICS</i>			
<i>sorine</i>		1	
TIKOSYN	<i>dofetilide</i>	2	
<i>OTHER ANTIHYPERTENSIVES</i>			
<i>benazepril/hydrochlorothiazide</i>		1	
BENICAR HCT	<i>olmesartan / hydrochlorothiazide</i>	2	QLL, ST
<i>bisoprolol/hydrochlorothiazide</i>		1	
DIOVAN HCT	<i>valsartan/hydrochlor othiazide</i>	2	QLL, ST
<i>enalapril/hydrochlorothiazide</i>		1	
<i>fosinopril/hydrochlorothiazide</i>		1	
<i>lisinopril/hydrochlorothiazide</i>		1	

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>methyldopa/hydrochlorothiazide</i>		1	
<i>metoprolol/hydrochlorothiazide</i>		1	
<i>propranolol/hydrochlorothiazide</i>		1	
<i>reserpine</i>		1	
OTHER CARDIOVASCULAR DRUGS			
<i>midodrine</i>		1	
<i>pentoxifylline er</i>		1	
OTHER VASODILATING DRUGS			
REVATIO	<i>sildenafil</i>	2	PAR, QLL
POTASSIUM SPARING DIURETICS			
<i>spironolactone</i>		1	
<i>triamterene / hydrochlorothiazide</i>		1	
THIAZIDE AND RELATED DRUGS			
<i>chlorothiazide</i>		1	
<i>chlorthalidone</i>		1	
<i>hydrochlorothiazide</i>		1	
<i>indapamide</i>		1	
<i>metolazone</i>		1	
VASODILATOR ANTIHYPERTENSIVES			
<i>doxazosin</i>		1	
<i>hydralazine</i>		1	
<i>minoxidil</i>		1	
<i>prazosin</i>		1	
<i>terazosin</i>		1	
DERMATOLOGICAL MEDICATIONS			
ACCUTANES			
<i>amnestem</i>		1	
<i>sotret</i>		1	

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
ANTIACNE DRUGS			
<i>clindamycin</i>		1	
<i>erythromycin</i>		1	
<i>erythromycin/benzoyl peroxide</i>		1	
<i>metronidazole</i>		1	
<i>tretinoin</i>		1	
ANTIPRURITIC DRUGS			
<i>hydroxyzine</i>		1	
ANTIPSORIASIS AND ANTIECZEMA DRUGS			
DOVONEX	<i>calcipotriene</i>	2	
TAZORAC	<i>tazarotene</i>	2	
KERATOLYTIC DRUGS			
<i>condylox gel</i>		1	
<i>podofilox</i>		1	
ORAL DERMATOLOGICAL DRUGS			
8-MOP	<i>methoxsalen</i>	2	
<i>claravis</i>		1	
OXSORALEN ULTRA	<i>methoxsalen</i>	2	
SCABICIDES			
<i>acticin</i>		1	
<i>permethrin</i>		1	
TOPICAL CORTICOSTEROID DRUGS			
<i>betamethasone</i>		1	
<i>clobetasol</i>		1	
<i>desonide</i>		1	
<i>desoximetasone</i>		1	
<i>fluocinonide</i>		1	
<i>fluticasone</i>		1	

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>hydrocortisone (0.1% soln, cream, lotion, ointment)</i>		1	
<i>mometasone</i>		1	
<i>triamcinolone</i>		1	
TOPICAL DERMATOLOGICAL DRUGS			
ALDARA	<i>imiquimod</i>	2	
<i>ammonium lactate</i>		1	
ELIDEL	<i>pimecrolimus</i>	2	ST
<i>fluorouracil</i>		1	
SOLARAZE	<i>diclofenac</i>	2	
DIAGNOSTIC & MISCELLANEOUS MEDICATIONS			
DIAGNOSTIC PRODUCTS			
EXJADE	<i>deferasirox</i>	2	
THIOLA	<i>tiopronin</i>	2	
EAR-NOSE-THROAT MEDICATIONS			
DRUGS AFFECTING THE EAR			
<i>acetic acid</i>		1	
CIPRODEX	<i>ciprofloxacin / dexamethasone</i>	2	
<i>neomycin / polymixin b/ hydrocortisone ear soln</i>		1	
DRUGS AFFECTING THE NOSE			
ASTELIN	<i>azelastine</i>	2	QLL
<i>flunisolide</i>		1	
<i>fluticasone</i>		1	
<i>ipratropium bromide</i>		1	
NASONEX	<i>mometasone</i>	2	
DRUGS AFFECTING THE THROAT AND MOUTH			
<i>chlorhexidine gluconate</i>		1	

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>pilocarpine</i>		1	
<i>triamcinolone</i>		1	
ENDOCRINE MEDICATIONS			
ANTIDIABETIC AGENT			
BYETTA	<i>exenatide</i>	2	PAR, QLL
SYMLIN	<i>pramlintide</i>	2	PAR
ANTITHYROID DRUGS			
<i>methimazole</i>		1	
<i>propylthiouracil</i>		1	
GLUCOCORTICOID/ MINERALOCORTICOID DRUGS			
<i>dexamethasone</i>		1	
<i>fludrocortisone</i>		1	
<i>hydrocortisone</i>		1	
<i>methylprednisolone</i>		1	
<i>prednisolone</i>		1	
<i>prednisone</i>		1	
GLUCOSE ELEVATING DRUGS			
GLUCAGON	<i>glucagon</i>	2	
PROGLYCEM	<i>diazoxide</i>	2	
INSULIN			
LANTUS VIAL	<i>insulin glargine</i>	2	
NOVOLIN 70/30	<i>insulin nph / insulin regular</i>	2	
NOVOLIN L	<i>insulin zinc</i>		
NOVOLIN N	<i>insulin nph</i>	2	
NOVOLIN R	<i>insulin regular</i>	2	
NOVOLOG	<i>insulin aspart</i>	2	
NOVOLOG 70/30	<i>insulin aspart</i>	2	

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Mercy Care Advantage (HMO) Abridged Formulary

Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>INSULIN SENSITIZERS & COMBOS</i>			
ACTOS	<i>pioglitazone</i>	2	QLL
ACTOPLUS MET	<i>pioglitazone / metformin</i>	2	QLL
AVANDAMET	<i>rosiglitazone / metformin</i>	2	QLL
AVANDARYL	<i>rosiglitazone / glimepiride</i>	2	QLL
AVANDIA	<i>rosiglitazone</i>	2	QLL
DUETACT	<i>pioglitazone/ glimepiride</i>	2	QLL
<i>ORAL HYPOGLYCEMICS & COMBOS</i>			
<i>acarbose</i>		1	
<i>glimepiride</i>		1	
<i>glipizide / metformin</i>		1	
<i>glipizide, er, xl</i>		1	
<i>glyburide</i>		1	
<i>glyburide/metformin</i>		1	
<i>metformin, er</i>		1	
PRANDIN	<i>repaglinide</i>	2	
<i>OTHER ENDOCRINE DRUGS</i>			
<i>alendronate</i>		1	QLL
CHEMET	<i>succimer</i>	2	
<i>desmopressin</i>		1	
<i>etidronate</i>		1	
EVISTA	<i>raloxifene</i>	2	
<i>fortical nasal spray</i>		1	
NORDITROPIN	<i>somatropin</i>	2	PAR
NUTROPIN	<i>somatropin</i>	2	PAR
ORFADIN	<i>nitisinone</i>	2	

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
SENSIPAR	<i>cinacalcet</i>	2	
SOMAVERT	<i>pegvisomant</i>	2	PAR
<i>THYROID SUPPLEMENTS</i>			
<i>levothroid</i>		1	
<i>levothyroxine</i>		1	
<i>levoxyl</i>		1	
<i>unithroid</i>		1	
GASTROINTESTINAL MEDICATIONS			
<i>ANTIDIARRHEAL DRUGS</i>			
<i>diphenoxylate / atropine</i>		1	
<i>loperamide</i>		1	
<i>ANTISPASMODICS/DRUGS AFFECT GI MOTILITY</i>			
<i>dicyclomine</i>		1	
<i>metoclopramide</i>		1	
<i>propantheline</i>		1	
<i>ANTIULCER DRUGS</i>			
<i>cimetidine</i>		1	
<i>famotidine</i>		1	
<i>nizatidine</i>		1	
<i>ranitidine</i>		1	
ZANTAC syrup	<i>ranitidine</i>	2	
<i>IRRITABLE BOWEL DRUGS</i>			
LOTRONEX	<i>alosecron</i>	2	PAR
<i>LAXATIVES AND CATHARTICS</i>			
AMITIZA	<i>lubiprostone</i>	2	QLL
<i>lactulose</i>		1	
<i>polyethylene glycol</i>		1	

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Mercy Care Advantage (HMO) Abridged Formulary

Drug Name	Generic	Drug Tier	Requirements/ Limits
VISICOL	<i>sodium phosphate salts</i>	2	
<i>OTHER ANTIULCER DRUGS</i>			
CARAFATE SUSPENSION	<i>sucralfate</i>	2	
<i>misoprostol</i>		1	
<i>sucralfate</i>		1	
<i>OTHER GI DRUGS</i>			
ASACOL	<i>mesalamine</i>	2	
CANASA	<i>mesalamine</i>	2	
DIPENTUM	<i>olsalazine</i>	2	
<i>hydrocortisone</i>		1	
<i>lipram, cr, pn, ul</i>		1	
<i>pancrelipase, mst</i>		1	
<i>peg/electrolytes</i>		1	
PENTASA	<i>mesalamine</i>	2	
<i>sulfasalazine, ec</i>		1	
URSO	<i>ursodiol</i>	2	
<i>ursodiol</i>		1	
<i>PROTON PUMP INHIBITORS</i>			
<i>omeprazole</i>		1	QLL
<i>pantoprazole</i>		1	ST; QLL
IMMUNOLOGICALS AND VACCINES			
<i>DRUGS TO TREAT MULTIPLE SCLEROSIS</i>			
AVONEX	<i>interferon beta-1a</i>	2	PAR, QLL
BETASERON	<i>interferon beta-1b</i>	2	PAR, QLL
COPAXONE	<i>glatiramer acetate</i>	2	PAR, QLL
<i>ERYTHROID STIMULANTS</i>			
ARANESP	<i>darbepoetin</i>	2	PAR

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
PROCRIT	<i>epoetin</i>	2	PAR
IMMUNOLOGICALS AND VACCINES			
ENGERIX-B	<i>hepatitis b vaccine recomb</i>	2	
KINERET	<i>anakinra</i>	2	PAR
<i>tetanus toxoid adsorbed vl</i>		1	
THALOMID	<i>thalidomide</i>	2	
TWINRIX	<i>hepatitis a / hepatitis b vaccine</i>	2	
INTERFERONS			
INFERGEN	<i>interferon alfacon</i>	2	QLL
PEG-INTRON	<i>peginterferon alfa-2a</i>	2	PAR, QLL
INTERLEUKINS			
NEUMEGA	<i>oprelvekin</i>	2	QLL
PROLEUKIN	<i>aldesleukin</i>	2	
ZENAPAX	<i>daclizumab</i>	2	
MYELOID STIMULANTS			
LEUKINE	<i>sargramostim</i>	2	
NEULASTA	<i>pegfilgrastim</i>	2	PAR
NEUPOGEN	<i>filgrastim</i>	2	PAR
MEDICAL (MISCELLANEOUS) SUPPLIES			
DIABETIC SUPPLIES			
ALCOHOL SWAB	<i>alcohol antiseptic pad</i>	2	
INSULIN NEEDLE	<i>insulin needle</i>	2	
INSULIN SYRINGE	<i>insulin syringe</i>	2	
PRECISION SURE DOSE SYRINGE	<i>insulin syringe</i>		
MUSCULOSKELETAL MEDICATIONS			
CNS MUSCLE RELAXANTS			
<i>carisoprodol / aspirin / codeine</i>		1	QLL

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>carisoprodol</i>		1	QLL
<i>cyclobenzaprine</i>		1	
<i>methocarbamol</i>		1	
<i>DIRECT MUSCLE RELAXANTS</i>			
<i>baclofen</i>		1	
<i>dantrolene</i>		1	
<i>tizanidine</i>		1	
<i>DRUGS TO PREVENT AND TREAT GOUT</i>			
<i>allopurinol</i>		1	
<i>colchicine</i>		1	
<i>probenecid</i>		1	
<i>NON-STEROIDAL ANTIINFLAMMATORY AGENTS</i>			
CELEBREX	<i>celecoxib</i>	2	PAR, QLL
<i>diclofenac potassium</i>		1	
<i>diclofenac sodium, ec, xr</i>		1	
<i>etodolac, er</i>		1	
<i>ibuprofen</i>		1	
<i>indomethacin, er</i>		1	
<i>nabumetone</i>		1	
<i>naproxen, ec</i>		1	
<i>piroxicam</i>		1	
<i>sulindac</i>		1	
<i>OTHER DRUGS FOR ARTHRITIS</i>			
<i>leflunomide</i>		1	
RIDAURA	<i>auranofin</i>	2	
<i>SALICYLATES AND RELATED DRUGS</i>			
<i>diflunisal</i>		1	

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
NUTRITION, BLOOD MODIFIERS, ELECTROLYTES			
<i>ANTIPLATELET DRUGS</i>			
AGGRENOX	<i>aspirin / dipyridamole</i>	2	
<i>cilostazol</i>		1	
<i>dipyridamole</i>		1	
PLAVIX	<i>clopidogrel</i>	2	
<i>BLOOD DETOXICANTS</i>			
<i>lactulose</i>		1	
RENVELA	<i>sevelamer carbonate</i>	2	QLL
<i>ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.</i>			
<i>dextrose</i>		1	
<i>sodium chloride</i>		1	
<i>FLUORIDE PRODUCTS</i>			
<i>sodium fluoride</i>		1	
<i>stannous fluoride</i>		1	
<i>INJECTABLE ANTICOAGULANTS</i>			
ARIXTRA	<i>fondaparinux sodium</i>	2	
<i>heparin</i>		1	
LOVENOX	<i>enoxaparin</i>	2	
<i>ORAL ANTICOAGULANTS, VITAMIN K</i>			
<i>jantoven</i>		1	
<i>warfarin</i>		1	
<i>POTASSIUM REMOVING RESINS</i>			
<i>sps</i>		1	
<i>POTASSIUM SUPPLEMENTS</i>			
<i>klor-con</i>		1	
<i>potassium chloride, cr, er</i>		1	

QLL – Quantity Limit Levels apply, see page 2 for details
 PAR – Prior Authorization Required, see page 2 for details
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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>THERAPEUTIC VITAMINS & MINERALS</i>			
<i>calcitriol</i>		1	
<i>calcium acetate</i>		1	
HECTOROL	<i>doxercalciferol</i>	2	
<i>levocarnitine</i>		1	
NIASPAN	<i>niacin</i>	2	
<i>VITAMINS & MINERALS & RELATED PRODUCTS</i>			
<i>multivitamin/fluoride</i>		1	
<i>multivitamin/fluoride/iron</i>		1	
<i>tri-vit / fluoride</i>		1	
<i>tri-vit/fluoride/iron</i>		1	
OBSTETRICAL & GYNECOLOGICAL MEDICATIONS			
<i>ANDROGEN DRUGS</i>			
TESTIM	<i>testosterone</i>	2	
<i>testosterone cypionate</i>		1	
<i>CONTRACEPTIVES</i>			
<i>apri</i>		1	
<i>levora</i>		1	
<i>microgestin fe</i>		1	
<i>necon</i>		1	
<i>sprintec</i>		1	
<i>trinessa</i>		1	
<i>tri-sprintec</i>			
<i>ESTROGEN DRUGS</i>			
<i>estradiol patch</i>		1	QLL
<i>estradiol tablet</i>		1	QLL
<i>estropipate</i>		1	

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
MENEST	<i>estrogens, esterified</i>	2	
VAGIFEM	<i>estradiol</i>	2	
<i>ESTROGEN/PROGESTIN COMBINATIONS</i>			
<i>norethindrone/estradiol</i>		1	
<i>OB/GYN TOPICAL ANTIINFECTIVES</i>			
<i>clindamycin</i>		1	
<i>vandazole</i>		1	
<i>PRENATAL VITAMINS</i>			
<i>complete natal DHA</i>			
<i>natatab</i>		1	
<i>prenatal advantage</i>		1	
<i>PROGESTIN DRUGS</i>			
<i>camila</i>		1	
<i>medroxyprogesterone</i>		1	
<i>medroxyprogesterone injection</i>		1	
<i>norethindrone</i>		1	
PROMETRIUM	<i>progesterone, micronized</i>	2	
<i>SPECIALIZED OB/GYN DRUGS</i>			
<i>methergine</i>		1	
OPHTHALMIC MEDICATIONS			
<i>ANTIGLAUCOMA DRUGS</i>			
<i>acetazolamide</i>		1	
AZOPT	<i>brinzolamide</i>	2	
<i>brimonidine</i>		1	
COMBIGAN	<i>brimonidine/timolol</i>	2	
LUMIGAN	<i>bimatoprost</i>	2	
<i>timolol</i>		1	

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
TRAVATAN	<i>travoprost</i>	2	
OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS			
<i>neo/polymyxin/dexameth drop</i>		1	
<i>sulf-pred</i>		1	
OPHTHALMIC CORTICOSTEROID DRUGS			
<i>fluorometholone</i>		1	
<i>prednisolone</i>		1	
OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS			
<i>bacitracin</i>		1	
<i>ciprofloxacin</i>		1	
<i>erythromycin</i>		1	
<i>gentamicin</i>		1	
<i>ofloxacin</i>		1	
<i>tobramycin</i>		1	
VIGAMOX	<i>moxifloxacin</i>	2	
OTHER OPHTHALMIC DRUGS			
<i>ak-con</i>		1	
<i>cromolyn</i>		1	
RESTASIS	<i>cyclosporine</i>	2	PAR, QLL
<i>trifluridine</i>		1	
RESPIRATORY MEDICATIONS			
ANTI-HISTAMINES			
<i>cyproheptadine</i>		1	
<i>diphenhydramine</i>		1	
<i>fexofenadine</i>		1	QLL
<i>promethazine</i>		1	
BETA-2 ADRENERGIC DRUGS			

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Mercy Care Advantage (HMO) Abridged Formulary

Drug Name	Generic	Drug Tier	Requirements/ Limits
<i>albuterol soln, syrup, tablet</i>		1	
PROAIR HFA	<i>albuterol</i>	2	QLL
FORADIL	<i>formoterol</i>	2	QLL
PROVENTIL HFA	<i>albuterol</i>	2	QLL
IMMUNOGLOBULIN ANTIBODIES FOR ASTHMA			
XOLAIR	<i>omalizumab</i>	2	PAR
LEUKOTRIENE MODIFIERS			
ACCOLATE	<i>zafirlukast</i>	2	ST
SINGULAIR	<i>montelukast</i>	2	
ZYFLO	<i>zileuton</i>	2	ST
MAST CELL STABILIZERS			
<i>cromolyn</i>		1	
INTAL INHALER		2	
METHYL XANTHINE DRUGS			
<i>aminophylline</i>		1	
<i>theophylline, er</i>		1	
OTHER DRUGS FOR ASTHMA			
ADVAIR	<i>fluticasone/salmeterol</i>	2	
COMBIVENT	<i>albuterol / ipratropium</i>	2	QLL
EPIPEN, JR	<i>epinephrine</i>	2	QLL
FLOVENT, HFA	<i>fluticasone</i>	2	
PULMICORT INHALER	<i>budesonide</i>	2	
QVAR	<i>beclomethasone</i>	2	QLL
SPIRIVA	<i>tiotropium</i>	2	QLL, ST
SYMBICORT	<i>budesonide/ formoterol</i>		
OTHER RESPIRATORY DRUGS			

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**Mercy Care Advantage (HMO)
Abridged Formulary**

Drug Name	Generic	Drug Tier	Requirements/ Limits
ARALAST	<i>alpha-1-proteinase inhibitor</i>	2	PAR
PROLASTIN	<i>alpha-1-proteinase inhibitor</i>	2	PAR
UROLOGICAL MEDICATIONS			
<i>ANTICHOLINERGIC/ ANTISPASMODICS</i>			
DETROL, LA	<i>tolterodine</i>	2	
<i>flavoxate</i>		1	
<i>oxybutynin, er</i>		1	
<i>CHOLINERGIC STIMULANTS</i>			
<i>bethanechol</i>		1	
<i>OTHER GENITOURINARY PRODUCTS</i>			
AVODART	<i>dutasteride</i>	2	
<i>finasteride</i>		1	
<i>potassium citrate</i>		1	
UROXATRAL	<i>alfuzosin</i>	2	

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Mercy Care Advantage (HMO)

Abridged Formulary

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<i>carbidopa / levodopa / entacapone</i>	15
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<i>carisoprodol</i>	28
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<i>didanosine, didanosine delayed-release</i>	6
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<i>doxazosin</i>	20
<i>doxepin</i>	16
<i>doxercalciferol</i>	30
<i>doxycycline</i>	9
<i>doxycycline hyclate</i>	9
<i>duloxetine</i>	14
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Mercy Care Advantage (HMO)

Abridged Formulary

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<i>fluvoxamine</i>	16
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