



PREFERRED DRUG LIST UPDATES

January 11, 2010

- P.36: Addition of One Touch Meters and Supplies
- P.36: 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.13: tramadol: changed QLL from 180 tabs/30 days to 240 tabs/30 days
- P.17: Replaced brand Adderall XR with generic amphetamine/dextroamphetamine extended-release; QLLs for generic still apply
- P.20: Replaced brand Catapres TTS with generic clonidine patches; PA requirements still apply for Acute
- P.20: Replaced brand Toprol XL with generic metoprolol succinate extended-release due to generic shortage resolved
- P.21: Generic amlodipine/benazepril (generic for Lotrel): added to formulary
- P.24: Ulesfia 5% lotion: added to formulary per P&T Committee
- P.30: Ilaris: added to formulary with PA per P&T Committee
- P.32: Replaced brand Alphagan, Alphagan P with generic brimonidine ophthalmic solution
- P.33: Replaced brand Acular, Acular LS with generic ketorolac ophthalmic solution

September 22, 2009

- P.13: EFFECTIVE OCTOBER 1ST, 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.17-19: EFFECTIVE OCTOBER 1ST, per AHCCCS, Concerta, Ritalin LA, Strattera on formulary with PA.
- P.22: 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.24: Replaced brand Starlix with generic nateglinide
- P.25: Replaced brand Cytomel with generic liothyronine

September 3, 2009

- P.11: malathion 0.5% lotion: replaced brand Ovide with generic malathion 0.5% lotion
- P.12: bicalutamide: replaced brand Casodex with generic bicalutamide
- P.12: Enbrel: added to formulary with PA
- P.12: Humira: added to formulary with PA
- P.22: Trilipix: added to formulary per P&T Committee
- P.23: Vectical Ointment: added to formulary per P&T Committee
- P.34: Symbicort: added to formulary

JULY 29, 2009

- Effective August 1st, antipsychotic medications will be carved out to RBHA for DDD members. This change does not affect DDD members who are at the Arizona Training Center (ATC). Mercy Care Plan will continue to cover antipsychotic medications for DDD members at the ATC.

June 12, 2009

- P.11: Relenza: added QLL/Rx=20 inhalation diskus/Rx
- P.11: Tamiflu: 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.14: Replaced brand Tegretol XR with generic carbamazepine ER; QLL still applies for extended-release=360 tabs/30 days
- P.18-19: For all formulary smoking cessation products, products are covered for Title 19 members, 18 years of age and older, and are covered for a 90 day supply/6 month period. Please refer to formulary for listing of products and the associated monthly QLLs.
- P.25: Avandaryl: added to formulary with QLL=60 tabs/30 days
- P.25: OTC glucose chewable tablets: added to formulary
- P.32: Alphagan, Alphagan P: added to formulary

April 20, 2009

- P.15: Replaced brand Topamax with generic topiramate; requirements of COVERED FOR NEUROLOGIST; OTHER SPECIALISTS REQUIRE PA also apply for the generic; QLL=120 units/30 days
- P.18: Chantix: Added to formulary with PA FOR TITLE XIX (19) MEMBERS (ACUTE, ALTCS, MEDICARE COST SHARING MEMBERS) AND MUST BE 18 YEARS OF AGE AND OLDER; NOT A COVERED BENEFIT FOR OTHER MEDICAID GROUPS; THERAPY LIMITED TO 12 WEEKS/6 MONTHS; Combined QLL for 0.5 mg, 1 mg=60 tabs/30 days; QLL=1 starter pack/month; Please see smoking cessation policy on the Mercy Care Plan website for more information.
- P.20: captopril: Removed QLL=100 tabs/month

- P.23: OTC ammonium lactate cream, lotion: added to formulary
- P.27: ultracaps MT 20: added to formulary
- P.27: Flumist: changed PA age limit from <5 and >49 years to < 2 and >49 years per FDA indications
- P.34: Cphen, DM drops, syrup: added to formulary
- P.34: Ceron DM drops: removed from formulary due to product being discontinued
- P.34: Spiriva: 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.35, 36: Diabetic test strips: Added Combined QLL=200 test strips/month
- P.36: Aerochamber, Microchamber: Added Combined QLL messaging=1/year

March 9, 2009

- P.9: terbinafine: Removed PA requirement per P&T recommendation
- P.10: stavudine: Replaced brand Zerit with generic stavudine
- P.13: sumatriptan tablets, nasal spray, injection: Replaced brand Imitrex tablets, nasal spray, injection with generic sumatriptan tablets, nasal spray, injection
- P.15: divalproex delayed-release: added to formulary; brand Depakote delayed-release and extended-release remain on formulary
- P.19: Toprol XL: added to formulary due to shortage of generic metoprolol succinate
- P.24: Prandimet: added to formulary
- P.25: calcitonin nasal spray: generic added to formulary
- P.36: Chemstrip Miracl albumin test strips: added to formulary

January 6, 2009

- Formatting changes were made to formulary (e.g., addition of reference names)
- P.26: OTC Miralax: Changed QLL=476 grams/30 days to QLL=510 grams/30 days
- P.29: Corrected QLL for PRENATAL VITAMINS from QLL=100 tabs/30 days to QLL=100 tabs/90 days