



PREFERRED DRUG LIST UPDATES

May, 24 2010

- P.9, 32: verapamil, verapamil ER: added QLL for Immediate Release=120 units/30days; QLL for Extended Release=60 units/30 days
- P.11: isosorbide dinitrate: documented addition on website formulary
- P.12: hydromorphone: documented QLL=#180/30 on website formulary
- P.12: Propoxyphene and propoxyphene-containing combinations removed from the formulary on 6/1/2010. Members currently receiving therapy within the past 45 days will be grandfathered indefinitely. Providers who had prescribed the medication in the past 90 days will receive a letter notifying them of this change.
- P.14: alclometasone dipropionate: documented addition on website formulary
- P.14: desonide: documented addition on website formulary
- P.18: OTC Sorbitol 70% Oral Solution: added to formulary
- P.18: CREON 5, 10, 15, CREON LIPASE 6,000; 12,000; 24,000 UNITS: added to formulary
- P.18: LIPRAM 4,500; LIPRAM CR5; LIPRAM PN10, LIPRAM PN16, LIPRAM PN 20, LIPRAM UL20: added to formulary
- P.18: PANCREASE MT4, MT10, MT16, MT20: added to formulary
- P.18: ULTRCAPS MT20: added to formulary
- P.18: ULTRASE, ULTRASE MT12, MT18, MT20: added to formulary
- P.18: VIOKASE 8, 16: added to formulary
- P.18: ZENPEP 5,000U; 10,000U, 15,000U, 20,000U: added to formulary
- P.19: Cervarix: added to formulary with covered for females only; PA < 10 and > 25 years of age; QLL=3 syringes and vials/lifetime
- P.20: Hectoral capsules: documented addition on website formulary
- P.20: citric acid/sodium citrate oral soln: documented addition on website formulary
- P.24: bacitracin/polymixin ophth ointment: documented addition on website formulary
- P.25: tropicamide: added to formulary
- P.25: budesonide respules 0.25 mg/1 ml, 0.50 mg/1 ml: 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.
- P.27: OTC Aerochamber/OTC Microchamber: added to formulary with Combined QLL=1 spacer/ 365 days

- P.27: OTC Assess, Microlife, Personal Best Peak Flow Meter: added to formulary with Combined QLL=1 peak flow meter/365 days

March, 24 2010

- P.13: Savella: added to formulary with PA; QLL=#60 tabs/30 days
- P.14: Intuniv ER: added to formulary with PA

March 2010

- P.9: Votrient: Added to formulary with PA per P&T recommendation
- P.10: perindopril: added to formulary
- P.11: Multaq: Added to formulary with PA per P&T recommendation

January 2010

- P.8: Replaced brand Famvir with generic famciclovir
- P.26: Addition of OTC Mucinex ER
- P.27: Addition of One Touch Meters and Supplies
- P.27: 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 2009

- P.10: Replaced brand Toprol XL with generic metoprolol succinate extended-release due to generic shortage resolved
- P.10: Replaced brand Catapres TTS with generic clonidine patches
- P.15: Ulesfia 5% lotion: added to formulary per P&T Committee
- P.23: Replaced brand Plan B with generic Next Choice. Generic Next Choice QLL=2 tabs (1 pkg)/1 month; 6 tabs (3 pkg)/year; PA Requirements removed
- P.23: Plan B One-Step: added to formulary; QLL=1 tab (1 pkg)/1 month; 3 tabs (3 pkg)/year; PA Requirements removed
- P.24: Replaced brand Alphagan, Alphagan P with generic brimonidine ophthalmic solution
- P.24: Replaced brand Acular, Acular LS with generic ketorolac ophthalmic solution

October 2009

- P.16: nateglinide: replace Brand Starlix with generic nateglinide

September 2009

- P.8: bicalutamide: replace Brand Casodex with generic bicalutamide
- P.11: Trilipix: added to formulary
- P.14: Vectical Ointment: added to formulary
- P.18: Creon 6,000U; 12,000U, 24,000U: added to formulary. Creon 5, 10, 15 no longer available
- P.18: Asacol HD: added to formulary
- P.21: Complete Natal DHA: added to formulary

- P.23: Tri-Lo Sprintec: added to formulary
- P.25: Symbicort: added to formulary
- P.25: Singulair change to ST set-up for Asthma: Singulair will not require ST for members who are on an asthma medication used for the treatment of asthma within the past 6 months in the prescription history. Singulair will still require ST for allergic rhinitis. QLL=30 tabs/30 days

June 2009

Effective July 1, 2009, the following brand and generic equivalents drugs will be covered by the state for MPC and MPC PAC :

	<u>Brand Drug</u>	<u>Generic Equivalent</u>
<u>Drugs Not Covered beginning July 1:</u>	<u>Tegretol</u> [®]	<u>carbamazepine</u>
	<u>Tegretol XR</u> [®]	<u>carbamazepine extended release</u>
	<u>Neurontin</u> [®]	<u>gabapentin</u>
	<u>Lamictal</u> [®]	<u>lamotrigine</u>
	<u>Topamax</u> [®]	<u>topiramate</u>
	<u>Versed</u> [®]	<u>midazolam</u>
	<u>Inapsine</u> [®]	<u>droperidol</u>

Some members will be charged a copayment beginning July 1, whereas previously no copayment was required. No copayment is required if the member is a MPC member and:

- Younger than 21 years of age
- Pregnant
- Residing in Long-Term Care (LTC) facilities

Plan Name	MPC	MPC-PAC
New Generic Copay	\$1.00	\$2.50
New Brand Copay	\$3.00	\$7.50
Coapymnt Required for Dispensing Med	Drug must be dispensed whether or not member can afford copay	Pharmacy is not required to dispense drug if member does not pay the co-payment

- P.8: Degarelix: added to formulary with PA per P&T Committee Decision
- P.8: mycophenolate 250 mg capsule, 500 mg tablet: replaced brand Cellcept 250 mg capsule, 500 mg tablet with generic. Brand Cellcept injection still requires PA.
- P.16: Avandaryl: added to formulary with QLL=60 tabs/30 days
- P.16: OTC glucose chewable tablets: added to formulary and OTC list
- P.19: Mozobil: added to formulary with PA per P&T Committee Decision
- P.20: K-Phos: added to formulary
- P.23: Alphagan, Alphagan P: added to formulary
- P.26-27: Diabetic Test Strips: Changed combined QLL=204 test strips/month

April 2009

- P.6: droperidol: replaced brand Inapsine with generic droperidol. PA requirements still apply
- P.12: midazolam: replaced brand Versed with generic midazolam
- P.13: topiramate: replaced brand Topamax with generic topiramate. PA requirement and QLLs still apply
- P.13: naltrexone: replaced brand Revia with generic naltrexoneP.15: OTC ammonium lactate cream, lotion: replaced brand Lac-Hydrin with generic OTC ammonium lactate cream, lotion
- P.16: Prandimet: added to formulary
- P.18: ultracaps MT 20: replaced brand Ultrase MT 20 with generic ultracaps MT 20
- P.18: Flumist: added PA requirement messaging of PA for <2 and >49 years of age
- P.25: 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.25: Ceron DM drops: removed from formulary due to product being discontinued
- P.25: Cphen, DM drops, syrup: added to formulary
- P.26: Diabetic Test Strips: Added Combined QLL=200 test strips/month

March 2009

- P.7: terbinafine (generic Lamisil): added to formulary
- P.12: sumatriptan: replaced brand Imitrex with generic sumatriptan. QLLs remain for the medication.
- P.13: buproban (generic Zyban): added QLL=90 tabs/year
- P.16: Avandamet: added QLL=60 tabs/month

February 2009

- P.10: Toprol XL: added to formulary due to generic shortage
- P.13,30: Topamax QLL: added QLL=120 tabs and sprinkle caps/month
- P.15: Permethrin OTC lotion, cream: added to formulary
- P.17: calcitonin nasal spray (generic Miacalcin nasal spray): added to formulary

January 2009

- P.13: Replaced brand Razadyne ER with generic galantamine extended-release; galantamine ER QLL=30 caps/30 days
- P.19: Replaced brand Phoslo with generic calcium acetate
- P.31: Replaced Trusopt with generic dorzolamide
- P.31: Replaced Cosopt with generic dorzolamide/timolol
- P.29: OTC Miralax: Changed QLL=476 grams/30 days to QLL=510 grams/30 days