

**IMPORTANT FORMULARY UPDATE
SELECTED GENERIC MEDICATIONS REQUIRE
A 90-DAY SUPPLY**

Starting September 5, 2011, Keystone Mercy Health Plan members who have filled a minimum of 90 days of selected generic medication in the last 6 months will be required to fill a 90-day supply for continued maintenance therapy. Members will pay only a one-month co-pay for a 90-day supply. Each month, additional medications will have the 90-day requirement applied as outlined in the tables below. In the event that a member would benefit from continuing to receive a 30 day supply, please instruct the pharmacy to use the appropriate override code to bypass the 90-day requirements. **TIP:** to maximize the number of prescriptions that can be filled without a call back from the pharmacy, write all of your prescriptions for a 90-day supply. Pharmacists are permitted to dispense less than what you prescribed not more, and members will still be able to receive the full quantity prescribed.

Please go to the Pharmacy section of the Provider Center (www.keystonemercy.com) or the Keystone Mercy Plan Central page (www.navinet.net) for the most up-to-date information on this program.



GROUP 1 - SEPTEMBER 5, 2011

GENERIC NAME	BRAND NAME*
ASPIRIN	VARIOUS
CALCIUM 500+D TABLET	OSCAL, VARIOUS
CETIRIZINE 10 MG TAB	ZYRTEC
DIPHENHYDRAMINE 50 MG CAP	BENADRYL
FAMOTIDINE	PEPCID
FERROUS SULFATE	VARIOUS
FLORIDE TAB CHEW	VARIOUS
GLIPIZIDE	GLUCOTROL, GLUCOTROL XL
GLYBURIDE	DIABETA, MICRONASE
LORATADINE	CLARITIN
POLYVITAMIN WITH IRON CHEW	VARIOUS
RANITIDINE	ZANTAC

GROUP 2 - OCTOBER 3, 2011

GENERIC NAME	BRAND NAME*
ENALAPRIL	VASOTEC
FOLIC ACID	VARIOUS
FUROSEMIDE	LASIX
HYDROCHLOROTHIAZIDE	VARIOUS
LISINOPRIL	PRINIVIL, ZESTRIL
LISINOPRIL-HCTZ	PRINZIDE, ZESTORETIC
LOSARTAN	COZAAR
LOSARTAN-HCTZ	HYZAAR
METFORMIN	GLUCOPHAGE, GLUCOPHAGE XR

GROUP 3 - NOVEMBER 7, 2011

GENERIC NAME	BRAND NAME*
AMLODIPINE	NORVASC
ATENOLOL	TENORMIN
CLONIDINE	CATAPRES
LEVOTHYROXINE	SYNTHROID, LEVOXYL
MELOXICAM	MOBIC
OMEPRAZOLE	PRILOSEC

GROUP 4 - DECEMBER 5, 2011

GENERIC NAME	BRAND NAME*
ALENDRONATE	FOSAMAX
GLIMEPIRIDE	AMARYL
LOVASTATIN	MEVACOR
PANTOPRAZOLE	PROTONIX
PRAVASTIN	PRAVACHOL
SIMVASTATIN	ZOCOR

* Please note - brand names are given for reference purposes only. Only generic medications will be included in this program.

8 Questions? Call Provider Services at 1-800-521-6007 • 24 hours a day/7 days a week