



# Bulletin

To: All Providers  
From: HPM Pharmacy Department  
**Bulletin #: 052109-02**  
Date: 3-Jun-09  
Re: Formulary Revisions

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In an ongoing commitment to provide access to necessary pharmaceuticals for our HPM members and reduce administrative burden for our providers, the HPM Pharmacy Department provides you with the following information:

## FORMULARY UPDATES

**Ondansetron** (Zofran®) – all strengths and dosage forms – all restrictions have been removed. No Prior Authorization is required for use.

**Micardis**® (telmisartan) and **Micardis/HCT**® has been added to the formulary as a third option for angiotensin receptor blocking (ARBs) agents. This product will be approved after trial and failure of a formulary angiotensin converting enzyme inhibitors (ACEIs).

**Uloric**® (febuxostat) has been added to the formulary with Prior Authorization. Febuxostat is a new drug entity approved for treatment of symptomatic chronic hyperuricemia.

**Vimpat**®(lacosamide) has been added to the formulary with Prior Authorization. Lacosamide is used as adjunctive treatment of partial-onset seizures.

**Denavir**® cream now requires a Prior Authorization. Zovirax® ointment is formulary preferred agent. Note that CDC Guidelines state that topical products have not demonstrated clinical value in herpes treatment. Oral and IV treatment are the standard of care.

**Zovirax**® CREAM now requires a Prior Authorization. Zovirax® ointment is formulary preferred agent. Note that CDC Guidelines state that topical products have not demonstrated clinical value in herpes treatment. Oral and IV treatment are the standard of care.

If you should have any questions please feel free to contact the Pharmacy Department at 1-313-324-3700.