

Pharmacy News and Views

This issue of the Pharmacy Provider Newsletter includes a copy of the complete Maryland Medicaid Preferred Drug List (PDL). Some major changes are noted below.

PDL and the TOP\$ Program

The TOP\$ Program is a multi-state Medicaid pharmaceutical purchasing pooling arrangement administered by the States' PDL partner, Provider Synergies. The TOP\$ acronym stands for "The Optimal PDL \$olution" and involves pooling the buying power of Maryland with West Virginia and Louisiana to give these states additional negotiating leverage with drug manufacturers. With additional negotiating power, higher rebates can be obtained from drug manufacturers, resulting in even greater savings for the State of Maryland.

New Classes Added to the Maryland Preferred Drug List

The following four classes of drugs have been added to the Maryland Preferred Drug List effective the beginning of July: 1) Anticoagulants, Injectable, 2) Growth Hormones, 3) Sedative Hypnotics, and 4) Ulcerative Colitis Agents.

Most Significant Changes

While changing brands is never easy, we urge your cooperation in shifting patients from non-preferred drugs to the more cost effective preferred counterparts. There are millions of taxpayer dollars at stake. We know it will be difficult to shift brand loyalty, but your efforts will be appreciated. Of the drugs that are to be non-preferred, the following are the most widely used: Ambien®, Avandia®, Coreg®, Detrol® LA, Imitrex®, Lipitor®, Nexium®, Norvasc®, Pravachol®, Wellbutrin XL®, and Zetia®.

Special Grandfathering of Non-Preferred Drugs

There are a few drug classes where grandfathering is authorized for patients currently stabilized on therapy. The Maryland Pharmacy and Therapeutics Committee recommended that grandfathering be allowed for several individual drugs that will soon become non-preferred. Note that the grandfathering is not class-wide. The drugs are: Norvasc® and Coreg®. Zetia® (ezetimibe) is a special grandfathering situation. It is a stand-alone product as well as a component of Vytorin®, a combination lipotropic containing Zetia®/Zocor®. Preauthorization of Zetia® by itself is necessary unless the patient has met the following criteria: 1) has tried Vytorin® in the past 90 days and no longer takes it; and 2) as a result of #1, requires a different preferred statin drug (excluding Zocor®).

Explanation of Non-Preferred Generics

There are a few generic drugs that only have one manufacturer or whose price remains consistent with that of its brand name counterparts. When

there is little difference between the generic and brand name drug price, and a manufacturer offers a supplemental rebate on the brand name product, the price of the brand may become substantially less than that of the generic drug. As a result, there are several brand name products whose status is PREFERRED, while their generic alternatives are NON-PREFERRED. In the case of oxycodone ER, neither the brand name, OxyContin®, nor the generic, are preferred. The NON-PREFERRED generics are listed below:

<u>NON-PREFERRED</u>	<u>ON the PDL</u>
fentanyl patch	Duragesic®
omeprazole	Prilosec® OTC
ribavirin	Rebetol®

Safety Concerns

The FDA continually monitors and reviews drugs for their safe use. The generic products listed below have had some safety concerns related to their use that prompted the Maryland Pharmacy and Therapeutics Committee to remove them from the Preferred Drug List. There are safer alternatives on the Preferred Drug List whose benefits outweigh the risks of therapy. Non-preferred generics are: meperidine (Demerol®), nifedepine (Adalat®, Procardia®) Immediate Release, and nefazodone (Serzone®).



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Pharmacy News and Views is on the Web

A copy of this newsletter and the previous editions of the *Pharmacy News and Views* newsletter can now be found on the HealthChoice Managed Care Organization website at www.mdmahealthchoicercx.com, under the Provider Information tab.



STATE OF MARYLAND
DHMH

Quantity Limitations for Triptans

Limits on Triptans will go into effect on July 8, 2005. The purpose of the quantity limits are to ensure their safe and effective use and to minimize waste of these very expensive agents. The use of these agents should be limited when possible to two

days per week since more frequent use can lead to rebound headaches. Please refer to the following table, which indicates which are preferred and which are non-preferred. Quantity limits can be overridden by preauthorization by calling

800-932-3918 or submitting the fax form, "Antimigraine (Triptan) Quantity Override Pre-Authorization" that can be found at:
<http://www.dhmd.state.md.us/mma/mpap/forms.htm> .

MAXIMUM QUANTITY LIMITS FOR TRIPTANS

Brand Name	Dosage Form	How Supplied	Limit per 30 Days
PREFERRED DRUGS			
Axert®	Tablets	6 Tablets/Package	6 Tablets
Maxalt®	Tablets	9 Tablets/Package	9 Tablets
Maxalt® MLT	Orally Disintegrating Tablets	3 Units of 3/Package	9 Tablets
Zomig® 2.5mg.	Tablets	6 Tablets/Package	6 Tablets
Zomig® 5mg.	Tablets	3 Tablets/Package	3 Tablets
Zomig®	Nasal Spray	6 Units/Package	6 Units
Zomig® ZMT 2.5mg.	Orally Disintegrating Tablets	6 Tablets/Package	6 Tablets/Package
Zomig® ZMT 5mg.	Orally Disintegrating Tablets	3 Tablets/Package	6 Tablets/Package
NON-PREFERRED DRUGS			
Amerge®	Tablets	9 Tablets/Package	9 Tablets
Frova®	Tablets	9 Tablets/Package	9 Tablets
Imitrex®	Tablets	9 Tablets/Package	9 Tablets
Imitrex®	Injection	2 Injections/Package	2 Injections
Imitrex®	Nasal Spray	6 Units/Package	6 Units
Relpax®	Tablets	2 Units of 6/Package	12 Tablets

Maryland Preferred Drug List

Only drugs that are part of the listed therapeutic categories are affected by the PDL. Therapeutic categories not listed here are not part of the PDL and will continue to be covered as they always have for Maryland Medicaid patients.

Note: For any multi-source product, the generic product(s) are usually preferred and branded innovator product(s) will be non-preferred.
Key: All lowercase letters = generic product; Leading capital letter = brand name product; Effective July 1, 2005

ANALGESIC	ANALGESIC	ANTI-INFECTIVES
Analgesics, Narcotics	Nonsteroidal Anti-Inflammatories/ COX II Inhibitor (NSAIDS, Cyclooxygenase Inhibitor - Type)	Antifungals, Topical (Topical Antifungals)
<p><u>Preferred</u></p> <ul style="list-style-type: none"> acetaminophen w/codeine (Tylenol w/Codeine) aspirin w/codeine (Empirin w/Codeine) butalbital/apap/codeine codeine hydrocodone/apap (Vicodin) hydrocodone/ibuprofen (Vicoprofen) hydromorphone (Dilaudid) morphine sulfate morphine sulfate SR (MS Contin) oxycodone oxycodone/apap (Percocet) oxycodone/aspirin (Percodan) pentazocine/apap (Talacen) pentazoncine/naloxone (Talwin NX) propoxyphene (Darvon) propoxyphene HCl/apap (Wygesic) propoxyphene napsylate/apap (Darvocet) tramadol (Ultram) tramadol/acetaminophen (Ultracet) Duragesic (brand only) Kadian <p><u>Requires Prior Authorization</u></p> <ul style="list-style-type: none"> fentanyl patch (generic only) meperidine (Demerol) oxycodone ER Actiq Avinza Darvon-N OxyContin Synalgos-DC Palladone Panlor DC, SS 	<p><u>Preferred</u></p> <p><i>FIRST TIER:</i></p> <ul style="list-style-type: none"> diclofenac potassium (Cataflam) diclofenac sodium, XL (Voltaren, XR) etodolac, XL (Lodine, XL) fenoprofen (Nalfon) flurbiprofen (Ansaid) ibuprofen (Motrin) indomethacin, SR (Indocin, SR) ketoprofen (Orudis, Oruvail) ketorolac (Toradol) meclufenamate (Meclomen) nabumetone (Relafen) naproxen (Naprosyn) naproxen sodium, DS (Anaprox, DS) oxaprozin (Daypro) piroxicam (Feldene) sulindac (Clinoril) tolmetin, DS (Tolectin, DS) <p><i>SECOND TIER:</i></p> <ul style="list-style-type: none"> Celebrex Prevacid NapraPac <p><u>Requires Prior Authorization</u></p> <ul style="list-style-type: none"> Arthrotec Mobic Ponstel 	<p><u>Preferred</u></p> <ul style="list-style-type: none"> ciclopirox lotion (Loprox) clotrimazole (Lotrimin) clotrimazole/betamethasone (Lotrisone) econazole (Spectazole) ketoconazole (Nizoral) nystatin (Mycostatin) nystatin/triamcinolone (Mycolog II) Mentax Naftin <p><u>Requires Prior Authorization</u></p> <ul style="list-style-type: none"> Ertaczo Exelderm Loprox Shampoo Loprox Topical Oxistat Penlac
Anti-Migrane Agents, Triptans (Anti-Migraine Preparations)	ANTI-INFECTIVES	Antivirals (Antivirals, General)
<p><u>Preferred</u></p> <ul style="list-style-type: none"> Axert Maxalt, MLT Zomig, Nasal, ZMT <p><u>Requires Prior Authorization</u></p> <ul style="list-style-type: none"> Amerge Frova Imitrex (oral, nasal & subQ) Relpax 	Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)	Antivirals (Antivirals, General)
	<p><u>Preferred</u></p> <ul style="list-style-type: none"> clotrimazole troche (Mycelex) fluconazole (Diflucan) griseofulvin (Fulvicin, GriFulvin V) itraconazole (Sporanox) ketoconazole (Nizoral) nystatin Lamisil <p><u>Requires Prior Authorization</u></p> <ul style="list-style-type: none"> Ancobon Mycostatin Pastilles Sporanox Solution Vfend 	<p><u>Preferred</u></p> <ul style="list-style-type: none"> acyclovir (Zovirax) amantadine (Symmetrel) ganciclovir (Cytovene) rimantadine (Flumadine) Tamiflu Valcyte Valtrex <p><u>Requires Prior Authorization</u></p> <ul style="list-style-type: none"> Famvir Relenza
	ANTI-INFECTIVES	Antivirals (Antivirals, General)
	Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)	Antivirals (Antivirals, General)
	<p><u>Preferred</u></p> <ul style="list-style-type: none"> clotrimazole troche (Mycelex) fluconazole (Diflucan) griseofulvin (Fulvicin, GriFulvin V) itraconazole (Sporanox) ketoconazole (Nizoral) nystatin Lamisil <p><u>Requires Prior Authorization</u></p> <ul style="list-style-type: none"> Ancobon Mycostatin Pastilles Sporanox Solution Vfend 	Antivirals (Antivirals, General)
		Cephalosporin & Related Agents (Cephalosporins, Second & Third Generation, Penicillins)
		<p><u>Preferred</u></p> <ul style="list-style-type: none"> amoxicillin/clavulanate (Augmentin, ES) cefaclor (Ceclor, CD) cefadroxil (Duricef) cefuroxime (Ceftin) cefepodoxime (Vantin) cephalexin (Keflex) Augmentin XR Cefzil Spectracef <p><u>Requires Prior Authorization</u></p> <ul style="list-style-type: none"> Cedax Lorabid Omnicef Panixine Raniclor Suprax

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ANTI-INFECTIVES

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (Cipro)
ofloxacin (Floxin)
Avelox
Cipro XR

Requires Prior Authorization

Levaquin
Maxaquin
Noroxin
Tequin

Macrolides/Ketolides

Preferred

clarithromycin (Biaxin)
erythromycin
Biaxin XL
Zithromax

Requires Prior Authorization

Branded erythromycin products
Ketek

CARDIOVASCULAR

ACE Inhibitor/Calium Channel Blocker Combination

Preferred

Lotrel
Tarka

Requires Prior Authorization

Lexxel

ACE Inhibitors (Hypotensives, ACE Inhibitors)

Preferred

benazepril, HCTZ (Lotensin, HCT)
captopril, HCTZ (Capoten, Capozide)
enalapril, HCTZ (Vasotec, Vaseretic)
fosinopril, HCTZ (Monopril, HCT)
lisinopril, HCTZ (Prinivil, Zestril, Prinzide, Zestoretic)
quinapril (Accupril)
quinaretic (Accuretic)
Aceon
Mavik
Uniretic
Univasc/Uniretic

Requires Prior Authorization

Altace

CARDIOVASCULAR

Angiotensin Receptor Blockers (Hypotensives, Angiotensin Receptor Antagonist)

Preferred

Avapro, Avalide
Cozaar, Hyzaar
Diovan, HCT
Micardis, HCT

Requires Prior Authorization

Atacand, HCT
Benicar, HCT
Teveten, HCT

Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)

Preferred

acebutolol (Sectral)
atenolol (Tenormin)
betaxolol (Kerlone)
bisoprolol (Zebeta)
labetalol (Normodyne, Trandate)
metoprolol (Lopressor)
nadolol (Corgard)
pindolol (Visken)
propranolol (Inderal)
sotalol, AF (Betapace, AF)
timolol (Blocadren)
Inderal LA
Innopran XL
Toprol XL

Requires Prior Authorization

Cartrol
Coreg
Levatol

Calcium Channel Blocking Agents

Preferred

diltiazem (Cardizem)
diltiazem SR, ER (Cardizem SR, CD, Dilacor XR, Tiazac)
felodipine (Plendil)
nicardipine (Cardene)
nifedipine SR (Adalat CC, Procardia XL)
verapamil (Calan)
verapamil ER, SR (Calan SR, Verelan)
Cardizem LA
DynaCirc CR
Sular
Verelan PM

Requires Prior Authorization

nifedipine (Adalat, Procardia)
Cardene SR
Covera-HS
Dyncirc IR
Nimotop
Norvasc

CARDIOVASCULAR

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

cholestyramine (Questran, Light)
gemfibrozil (Lopid)
niacin (Niacor)
Colestid
Niaspan
Tricor

Requires Prior Authorization

Antara
Lofibra
Welchol
Zetia

Lipotropics, Statins (Lipotropics)

Preferred

lovastatin (Mevacor)
Advicor
Altoprev
Crestor
Lescol, XL
Vytorin
Zocor

Requires Prior Authorization

Caduet
Lipitor
Pravachol
Pravigard PAC

CENTRAL NERVOUS SYSTEM

Antidepressants, Other (Alpha-2 Receptor Antagonist Antidepressants, Serotonin-2 Antagonist/Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake-Inhib, Norepinephrine & Dopamine Reuptake Inhib)

Preferred

bupropion, SR (Wellbutrin, Wellbutrin SR)
mirtazapine, soltab (Remeron, Remeron Soltab)
trazodone (Desyrel)
Effexor, XR

Requires Prior Authorization

nefazodone (Serzone)
Cymbalta
Wellbutrin XL

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CENTRAL NERVOUS SYSTEM

Sedative Hypnotics

Preferred

chloral hydrate
 estazolam (ProSom)
 flurazepam (Dalmane)
 temazepam (Restoril)
 triazolam (Halcion)
 Restoril 7.5mg
 Sonata

Requires Prior Authorization

Ambien
 Doral
 Restoril 22.5mg

Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

citalopram (Celexa)
 fluoxetine (Prozac)
 fluvoxamine (Luvox)
 paroxetine (Paxil)
 Lexapro
 Paxil CR
 Pexeva

Requires Prior Authorization

Prozac Weekly
 Sarafem
 Symbyax
 Zoloft

Stimulants & Related Agents (Tx for Attention Deficit Hyperact (ADHD)/Narcolepsy; Adrenergics, Aromatic, Non-Catecholamine)

Preferred

amphetamine salt combo (Adderall)
 dextroamphetamine (Dexedrine)
 methamphetamine (Desoxyn)
 methylphenidate, ER (Metadate ER, Methylin ER, Ritalin, Ritalin-SR)
 permoline (Cylert)
 Adderall XR
 Concerta
 Focalin
 Metadate CD
 Ritalin LA
 Strattera

Requires Prior Authorization

non-preferred brand-name agents

ENDOCRINE

Bone Resorption Suppression & Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents - Parathyroid Hormone)

Preferred

Actonel
 Fosamax, Fosamax Plus D
 Miacalcin

Requires Prior Authorization

Didronel
 Evista
 Forteo

Estrogen Agents, Combination (Estrogenic Agents)

Preferred

Activella
 CombiPatch
 FemHRT
 Prefest
 Premphase
 Prempro

Requires Prior Authorization

Climara Pro

Hypoglycemics, Insulins & Related Agents

Preferred

Lantus
 Novolin
 Novolog
 Novolog Mix

Requires Prior Authorization

Humulin
 Humalog
 Humalog Mix

Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

Preferred

Starlix

Requires Prior Authorization

Prandin

Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

Preferred

Actos

Requires Prior Authorization

Avandia

GASTROINTESTINAL

Antiemetics, Oral (Antiemetic/Antivertigo Agents)

Preferred

metoclopramide (Reglan)
 Emend
 Kytril
 Marinol
 Zofran, ODT

Requires Prior Authorization

Anzemet

Phosphate Binders & Related Agents

Preferred

Magnebind RX
 PhosLo

Requires Prior Authorization

Fosrenol
 Renagel

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

Preferred

Prevacid
 Prilosec OTC

Requires Prior Authorization

omeprazole
 Aciphex
 Nexium
 Protonix
 Zegerid

Ulcerative Colitis Agents

Preferred

sulfasalazine (Azulfidine)
 mesalamine enemas (Rowasa)
 Colazal
 Pentasa

Requires Prior Authorization

Asacol
 Canasa
 Dipentum

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INJECTABLE	INJECTABLE	RESPIRATORY
Anticoagulants, Injectable	Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)	Antihistamines, Minimally Sedating (Antihistamines)
<p><u>Preferred</u> Fragmin Lovenox</p> <p><u>Requires Prior Authorization</u> Arixtra Innohep</p>	<p><u>Preferred</u> Avonex Betaseron Rebif</p> <p><u>Requires Prior Authorization</u> Copaxone</p>	<p><u>Preferred</u> loratadine, loratadine-D (OTC) Alavert, Alavert-D (OTC) Claritin, Claritin-D (OTC) Tavist ND (OTC) Clarinex syrup</p> <p><u>Requires Prior Authorization</u> Allegra, Allegra-D Claritin, Claritin-D (Rx) Clarinex, Clarinex-D (tablets) Zyrtec, Zyrtec-D</p>
Cytokine & CAM Antagonists (AntiInflammatory, Pyrimidine Synthesis Inhibitor, Anti-Inflammatory, Tumor Necrosis Factor Inhibitor, Anti-Flam, Interleukin-1 Receptor Antagonist, Drugs to Tx Chronic Inflamm Disease of Colon, Antimetabolites)	OPHTHALMIC	Bronchodilators, Anticholinergics
<p><u>Preferred</u> Enbrel Humira</p> <p><u>Requires Prior Authorization</u> Kineret Remicade</p>	<p>Ophthalmics, Allergic Conjunctivitis (Eye AntiInflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)</p> <p><u>Preferred</u> cromolyn (Opticrom) Acular Alrex Elestat Emadine Optivar Patanol</p> <p><u>Requires Prior Authorization</u> Alamast Alocril Alomide Zaditor</p>	<p><u>Preferred</u> ipratropium neb (Atrovent) Atrovent HFA Combivent Spiriva</p> <p><u>Requires Prior Authorization</u> DuoNeb</p>
Erythropoietins (Hematinics, Other)	Ophthalmics, Antibiotics	Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)
<p><u>Preferred</u> Aranesp Procrit</p> <p><u>Requires Prior Authorization</u> Epogen</p>	<p><u>Preferred</u> bacitracin ciprofloxacin solution (Ciloxan) erythromycin (Ilotycin) gentamicin (Garamycin) ofloxacin (Ocuflox) tobramycin (Tobrex) Ciloxan ointment Vigamox Zymar</p> <p><u>Requires Prior Authorization</u> Quixin</p>	<p><u>Preferred</u> albuterol (Proventil, Ventolin) albuterol HFA (Proventil HFA, Ventolin HFA) metaproterenol (Alupent) terbutaline (Brethine) Maxair Serevent Diskus Xopenex</p> <p><u>Requires Prior Authorization</u> AccuNeb Alupent Foradil Vospire ER</p>
Growth Hormones (CLINICAL PA REQUIRED)	OTIC	Glucocorticoids, Inhaled (Beta-Adrenergics & Glucocorticoids Combination, Blucocorticoids)
<p><u>Preferred</u> Norditropin Nutropin AQ Tev-Tropin</p> <p><u>Requires Prior Authorization</u> Genotropin Humatrope Nutropin Saizen Serostim</p>	<p>Otics, Antibiotics (Ear Preparations, Antibiotics; Otic Preparations, Anti-Inflammatory-Antibiotics)</p> <p><u>Preferred</u> neomycin/polymyxin/hydrocortisone (Cortisporin) Ciprodex Coly-Mycin S Floxin Otic</p> <p><u>Requires Prior Authorization</u> Cipro HC Cortisporin-TC</p>	<p><u>Preferred</u> Advair Diskus Aerobid, Aerobid M Azmacort Flovent HFA, Rotadisk Pulmicort Respules (Ages 1-8) Qvar</p> <p><u>Requires Prior Authorization</u> Pulmicort Respules (Over Age 8, Under Age 1) Pulmicort Turbuhaler</p>
<p>* Nutropin Depot is available by the manufacturer only to those patients on existing therapy.</p> <p>Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)</p> <p><u>Preferred</u> Peg-Intron Peg-Intron Redipen Rebetol (brand only)</p> <p><u>Requires Prior Authorization</u> ribavirin (generic only) Copegus Infergen Pegasys Rebetron</p>		

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RESPIRATORY	UROLOGIC	UROLOGIC
<div style="background-color: #d9ead3; padding: 2px; margin-bottom: 5px;">Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Sterioids)</div> <p><u>Preferred</u> flunisolide (Nasalide) Flonase Nasarel</p> <p><u>Requires Prior Authorization</u> Beconase AQ Nasacort AQ Nasonex Rhinocort Aqua</p> <div style="background-color: #d9ead3; padding: 2px; margin-top: 10px;">Leukotriene Receptor Antagonists</div> <p><u>Preferred</u> Accolate Singulair</p> <p><u>Requires Prior Authorization</u> none</p>	<div style="background-color: #d9ead3; padding: 2px; margin-bottom: 5px;">Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)</div> <p><u>Preferred</u> doxazosin (Cardura) terazosin (Hytrin) Flomax Proscar Uroxatral</p> <p><u>Requires Prior Authorization</u> Avodart</p> <div style="background-color: #d9ead3; padding: 2px; margin-top: 10px;">Bladder Relaxant Preparations (Urinary Tract Antispasmodic/ Antiincontinence Agent)</div> <p><u>Preferred</u> oxybutynin (Ditropan) Ditropan XL Enablex Oxytrol</p> <p><u>Requires Prior Authorization</u> Detrol Detrol LA Sanctura Vesicare</p>	<div style="background-color: #d9ead3; padding: 2px; margin-bottom: 5px;">Erectile Dysfunction (Drugs to Treat Impotency)</div> <p><u>Preferred</u> Caverject Levitra</p> <p><u>Requires Prior Authorization</u> Cialis Edex Muse Viagra</p>

Change in Co-Payments for Maryland Pharmacy Program

Co-payments for Brand and Non-Preferred drugs for the Maryland Pharmacy Program will be increased from \$2.00 to \$3.00 in the near future. The exact date of the co-payment increase will be communicated to pharmacy providers. Please see the following chart for the current co-payment information.

Maryland Pharmacy Program Co-Payment Amounts

	Medicaid*	Pharmacy Assistance	Pharmacy Discount Program
Eligibility	Categorical Welfare Program	Recipients between 100% to 115% of poverty	Medicare eligible beneficiaries from 116% to 175% above poverty
Co-Payment for Preferred or Generic Drug	\$1.00	\$2.50	65%
Co-Payment for Non-Preferred or Branded Drug	\$2.00 (will be increased to \$3.00)	\$7.50	65%
If Patient is Unable to Pay	Pharmacy must dispense*	Pharmacy may refuse to dispense	Pharmacy may refuse to dispense

* Federal law requires pharmacies to not deny services if the Medicaid recipient is unable to pay. There is no co-payment for Medicaid recipients under the age of 21, institutionalized individuals, nor pregnant women. There is no co-payment for family planning drugs and devices.

Pharmacy News and Views

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and Mental Hygiene
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and Pharmacy

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State of Maryland Drug Use Review (DUR) Board CALL FOR NOMINATIONS

The implementation of the Omnibus Budget Reconciliation Act of 1990 requires that the Maryland Department of Health and Mental Hygiene establish a Drug Use Review (DUR) Board. The DUR Board is comprised of both physicians and pharmacists and has been in operation since November 1992. The activities of the DUR Board include:

- Overseeing retrospective and prospective DUR within the Maryland Medicaid program.
- Approving DUR criteria and standards.
- Making recommendations concerning education and other types of interventions based on retrospective DUR findings.

- Preparing an annual report for submission to the Health Care Financing Administration (HCFA) describing the nature and scope of the DUR program, summarizing educational/interventional strategies used, and estimating cost savings generated.

Health Information Designs, Inc. provides administrative and technical support to the Department of Health and Mental Hygiene with regard to the DUR Board. The membership of the Maryland DUR Board includes health care professionals who have recognized knowledge and expertise in one of the following areas:

1. The clinically appropriate prescribing of outpatient drugs.
2. The clinically appropriate dispensing and monitoring of outpatient drugs.

3. Drug use review, evaluation and intervention.
4. Medical quality assurance.

The Maryland DUR Board is currently recruiting for pharmacists beginning in January 2006. Physicians are also encouraged to apply at this time in the event that vacancies should become available later in the year.

For an application packet, please call Joseph Paradis at Health Information Designs toll free at 1-866-260-2555. Application deadline is October 31, 2005.

For further information, contact:

Joseph Paradis, Pharm.D.
Health Information Designs, Inc.
213 West Main Street, Suite 204
Salisbury, Maryland 21801
1-866-260-2555

All Program information and updates featured in this issue of **Pharmacy News and Views** are the best information available at the time of printing. Any updates that became effective after the date of printing will be included in the next issue of our newsletter.