

Pharmacy News and Views

Preferred Drug List (PDL)

The Preferred Drug List (PDL) was recently updated with several new drugs being added. Changes went into effect as of April 4, 2006. A total of 29 drugs were added to the PDL and 7 drugs were removed. The entire Preferred Drug List is included as part of this newsletter. Changes to the preferred status of individual drugs are highlighted.

Two new drug classes have also been added, Topical Acne Agents and Anticonvulsants. Anticonvulsants will be grandfathered onto the PDL. Patients already receiving therapy with non-preferred anti-convulsant agents such as Phenytek®, Lyrica®, and Tegretol XR® will not require prior authorization to continue receiving these medications.

Compliance with PDL prescribing is approximately 83%.

Non-preferred Generic Agents

As a result of manufacturer's rebates, three brand name drugs that are available generically are less expensive than their generic alternatives. The preferred branded drugs are Duragesic®, Flonase®, and Rebetol®. These three branded drugs are preferred. Generic fentanyl patches, fluticasone nasal spray, and ribavirin capsules are non-preferred.

Transition from Pharmacy Assistance to Medicare Part D

During the implementation of Medicare Part D, transitioning recipients from the Maryland Pharmacy Assistance Program (MPAP) to a Medicare Part D Prescription Drug Plan (PDP) has been challenging at times for pharmacists, recipients, the Department of Health and Mental Hygiene (DHMH) and the Prescription Drug Plans (PDPs). Some Pharmacy Assistance recipients encountered difficulties with their enrollment in PDPs. Others failed to apply for Low Income Subsidy (LIS) or their LIS status was not correctly identified in the system, which has made them ineligible for low co-payments and reduced deductibles and premiums. DHMH has worked closely with the Centers for Medicare and Medicaid Services (CMS), PDPs, pharmacists and consumer advocate groups to make sure that our low income seniors did not go without their medications. When DHMH was unable to reach a resolution with CMS and the PDPs, the

Department processed emergency claims in order to help those recipients.

Effective March 31, 2006 the transition period came to a close. As a result, the Pharmacy Assistance Program has sent a letter to those recipients who are not enrolled in a PDP, or are not listed as having LIS. The letters informed the recipients that the Department discontinued its transition assistance on March 31, 2006. Further, the Department has attempted to call each recipient to assist them with their LIS application and to select a PDP, if they were not enrolled in one. In the event a former Pharmacy Assistance Program recipient has questions, refer him or her to the phone number on the back of the Maryland Pharmacy Assistance Program card (1-800-226-2142).

CMS has begun mailing letters to approximately 1.2 million people with Medicare who have applied for and been approved for the extra help, and those who are enrolled in other federal assistance

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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.mdmahealthchoicex.com, under the Provider Information tab.



STATE OF MARYLAND
DHMH

Contact Information

First Health			
First Health ProDur Help Desk	800-884-7387	First Health Technical Help Desk	800-884-3238
First Health PDL PA Phone	800-932-3918	First Health PDL PA Fax	800-932-3921

Managed Care Organizations Pharmacy Benefits Manager or MCO Contact			
AMERIGROUP Corporation	800-454-3730	Maryland Physicians Care	800-953-8854
Diamond Plan for Coventry Health Care	877-215-4100	Priority Partners	888-819-1043
Helix Family Choice	800-905-1722	UnitedHealthcare	800-922-1557
Jai Medical Systems, Inc.	800-213-5640		

HealthChoice (MCO) Inquiries/Complaints			
Provider Hotline	800-766-8692	Recipient Hotline	800-284-4510

Eligibility Verification System (EVS)	
410-333-3020 (Balto Metro) or 800-492-2134 (Available 24 hours a day / 7 days a week)	

Main Department Numbers	
Department of Health and Mental Hygiene	877-4MD-DHMH
Division of Pharmacy Services	877-4MD-DHMH, x71455, or 410-767-1455
Division of Eligibility Services (Pharmacy Only)	800-226-2142 or 443-263-7090
Pharmacy/Nutritional Preauthorization Line	800-492-5231 Option 3 or 410-767-1755
Growth Hormone/Synagis Preauthorization Line	800-492-5231 Option 3 or 410-767-1755
Pharmacy Access Hotline for recipients	800-492-5231 Option 3 or 410-767-5800

Miscellaneous Numbers			
AIDS Administration	800-205-6308	Md. AIDS Drug Assistance Program	410-767-6535
Dental, Audiology and Vision	410-767-1485	Medicaid, Mental Health	410-767-1442
Department of Veterans Affairs	877-222-8387	Paid Claim Status	410-767-5987
DME/DMS	410-767-1739	Pharmacy Assistance Eligibility	800-226-2142
HealthChoice Enrollee Action Line	800-284-4510	Pharmacy Assistance Policy	410-767-1455
Free-Standing Clinics	410-767-1489	Physician Services	410-767-1722
First Call for Help	800-492-0618	Provider Enrollment	410-767-5340
Hospital Services	410-767-1722	Provider Relations	800-445-1159 ext 5503
Kidney Disease Program	410-767-5000	Transportation	410-767-1436
MED Bank of Maryland	410-821-9262	<i>- This number is for physicians only.</i>	

Newsletter Website and Contact Information	
DHMH Website	http://www.dhmf.state.md.us/
HealthChoice Website	http://www.dhmf.state.md.us/mma/healthchoice/
HealthChoice MCO Formulary Website	http://www.mdmahealthchoicex.com/
Maryland Pharmacy Program	http://www.dhmf.state.md.us/mma/mpap/
First Health Website	http://mdmedicaidrx.fhsc.com/
Provider Synergies Website	http://www.providersynergies.com/pages/medicaid_maryland_pdl.html

For comments to help improve this newsletter please contact Health Information Designs, Inc. at 443-260-2555 or toll free 1-866-260-2555, or e-mail to mdmahealthchoicex@hidinc.com

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 most multi-source products, the generic product(s) are usually preferred and branded innovator product(s) are non-preferred. PDL products that are new to market require prior authorization until they are reviewed. The PDL listed below includes updates effective April 4, 2006. Updates to the preferred status of individual drugs or drug classes are highlighted. Key: All lowercase letters = generic product; Leading capital letter = brand name product

ANALGESIC

Analgesics, Narcotics

Preferred

acetaminophen w/codeine (Tylenol w/Codeine)
 aspirin w/codeine (Empirin w/Codeine)
 butalbital/apap/codeine
 butalbital/apap/codeine/caffeine
 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)
 pentazocine/naloxone (Talwin NX)
 propoxyphene (Darvon)
 propoxyphene HCl/apap (Wygesic)
 propoxyphene napsylate/apap (Darvocet)
 tramadol (Ultram)
 tramadol/acetaminophen (Ultracet)
 Duragesic (**brand only**)
 Kadian

Requires Prior Authorization

fentanyl patch (**generic only**)
 meperidine (Demerol) (**brand & generic**)
 oxycodone ER (**brand & generic**)
 Actiq
 Avinza
 Combunox
 Darvon-N
 Synalgos-DC
 Panlor DC, Panlor SS

Anti-Migrane Agents, Triptans

(Anti-Migraine Preparations)

Preferred

Axert
 Imitrex (oral, nasal & subq)
 Maxalt, Maxalt MLT

Requires Prior Authorization

Amerge
 Frova
 Relpax
 Zomig, Zomig Nasal, Zomig ZMT

ANALGESIC

Nonsteroidal Anti-Inflammatories/ COX II Inhibitor (NSAIDS, Cyclooxygenase Inhibitor - Type)

Preferred

FIRST TIER:
 diclofenac potassium (Cataflam)
 diclofenac sodium, diclofenac sodium XL
 (Voltaren, Voltaren XR)
 etodolac, etodolac XL (Lodine, Lodine XL)
 fenoprofen (Nalfon)
 flurbiprofen (Ansaid)
 ibuprofen (Motrin)
 indomethacin, indomethacin SR
 (Indocin, Indocin SR)
 ketoprofen (Orudis, Oruvail)
 ketorolac (Toradol)
 meclofenamate (Meclomen)
 nabumetone (Relafen)
 naproxen (Naprosyn)
 naproxen sodium, naproxen sodium DS
 (Anaprox, Anaprox DS)
 oxaprozin (Daypro)
 piroxicam (Feldene)
 sulindac (Clinoril)
 tolmetin, tolmetin DS (Tolectin, Tolectin DS)
SECOND TIER:
 Celebrex
 Prevacid NapraPac

Requires Prior Authorization

Arthrotec
 Mobic
 Ponstel

ANTI-INFECTIVES

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

clotrimazole troche (Mycexel)
 fluconazole (Diflucan)
 griseofulvin (Fulvicin, GriFulvin V)
 itraconazole (Sporanox)
 ketoconazole (Nizoral)
 nystatin
 Gris Peg
 Lamisil
 Mycostatin Pastilles

Requires Prior Authorization

Ancobon
 Sporanox Solution
 Vfend

ANTI-INFECTIVES

Antifungals, Topical (Topical Antifungals)

Preferred

ciclopirox lotion (Loprox)
 clotrimazole (Lotrimin)
 clotrimazole/betamethasone
 (Lotrisone)
 econazole (Spectazole)
 ketoconazole (Nizoral)
 nystatin (Mycostatin)
 nystatin/triamcinolone (Mycolog II)
 Exelderm
 Loprox Shampoo
 Loprox Topical

Requires Prior Authorization

Ertaczo
 Mentax
 Naftin
 Oxistat
 Penlac

Antivirals (Antivirals, General)

Preferred

acyclovir (Zovirax)
 amantadine (Symmetrel)
 ganciclovir (Cytovene)
 rimantadine (Flumadine)
 Valcyte
 Valtrex

Requires Prior Authorization

Famvir
 Relenza
 Tamiflu

Cephalosporin & Related Agents

(Cephalosporins, Second & Third Generation, Penicillins)

Preferred

amoxicillin/clavulanate (Augmentin, Augmentin ES)
 cefaclor (Ceclor, Ceclor CD)
 cefadroxil (Duricef)
 cefuroxime (Ceftin)
 cefpodoxime (Vantin)
 cefprozil (Cefzil)
 cephalixin (Keflex)
 Cedax
 Omnicef
 Spectracef
 Suprax

Requires Prior Authorization

Augmentin XR
 Lorabid
 Panixine
 Raniclор

Maryland Preferred Drug List

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ANTI-INFECTIVES

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (Cipro)
ofloxacin (Floxin)
Avelox

Requires Prior Authorization

Cipro XR
Levaquin
Maxaquin
Noroxin
Proquin XR
Tequin

Macrolides/Ketolides

Preferred

azithromycin (Zithromax)
clarithromycin (Biaxin)
erythromycin
Biaxin XL
Zithromax Suspension
Zmax

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

Requires Prior Authorization

Aceon

CARDIOVASCULAR

Angiotensin Receptor Blockers

(Hypotensives, Angiotensin Receptor Antagonist)

Preferred

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

Requires Prior Authorization

Atacand, Atacand HCT
Teveten, 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, sotalol AF (Betapace, Betapace AF)
timolol (Blocadren)
Coreg
Inderal LA
Toprol XL

Requires Prior Authorization

Innopran XL
Levatol

Calcium Channel Blocking Agents

Preferred

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

Requires Prior Authorization

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

CARDIOVASCULAR

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

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

Requires Prior Authorization

Antara
Omacor
Triglide
Welchol
Zetia

Lipotropics, Statins (Lipotropics)

Preferred

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

Requires Prior Authorization

Caduet
Lipitor
Pravachol

Platelet Aggregation Inhibitors

Preferred

dipyridamole (Persantine)
ticlopidine (Ticlid)
Aggrenox
Plavix

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CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

carbamazepine (Tegretol)
 clonazepam (Klonopin)
 ethosuximide (Zarontin)
 gabapentin (Neurontin)
 phenobarbital
 phenytoin (Dilantin)
 primidone (Mysoline)
 valproic acid (Depakene)
 zonisamide (Zonegran)
 Carbatrol
 Celontin
 Depakote, Depakote ER
 Diastat
 Equetro
 Felbatol
 Gabitril
 Keppra
 Lamictal
 Mebaral
 Peganone
 Topamax
 Trileptal

Requires Prior Authorization

Lyrica
 Phenytek
 Tegretol XR

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

Preferred

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

Requires Prior Authorization

nefazodone (Serzone)
 Cymbalta

Sedative Hypnotics

Preferred

chloral hydrate
 estazolam (ProSom)
 flurazepam (Dalmane)
 temazepam (Restoril)
 triazolam (Halcion)
 Ambien, Ambien CR
 Lunesta
 Rozerem

Requires Prior Authorization

Doral
 Restoril 7.5mg
 Sonata

CENTRAL NERVOUS SYSTEM

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

FIRST TIER:
 amphetamine salt combo (Adderall)
 dextroamphetamine (Dexedrine)
 methylphenidate (Ritalin)
 methylphenidate ER (Metadate ER, Ritalin-SR)
 Adderall XR
 Concerta
 Focalin, Focalin XR
 Metadate CD
 Ritalin LA
SECOND TIER:
 Strattera

Requires Prior Authorization

Desoxyn

ENDOCRINE

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

Preferred

etidronate (Didronel)
 Actonel
 Fosamax, Fosamax Plus D
 Miacalcin

Requires Prior Authorization

Actonel with Calcium
 Boniva
 Evista
 Fortical

ENDOCRINE

Hypoglycemics, Insulins & Related Agents

Preferred

Byetta
 Lantus
 Novolin
 Novolog
 Novolog Mix
 Symlin

Requires Prior Authorization

Humulin
 Humalog
 Humalog Mix

Hypoglycemics, Meglitinides

(Hypoglycemics, Insulin Release Stimulant Type)

Preferred

Starlix

Requires Prior Authorization

Prandin

Hypoglycemics, Metformins

Preferred

glipizide/metformin (Metaglip)
 glyburide/metformin (Glucovance)
 metformin (Glucophage)
 metformin XR (Glucophage XR)
 Fortamet
 Riomet

Hypoglycemics, TZDs

(Hypoglycemics, Insulin-Response Enhancers)

Preferred

ActoPlusMet
 Actos
 Avandamet
 Avandia

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GASTROINTESTINAL

Antiemetics, Oral

(Antiemetic/Antivertigo Agents)

Preferred

Emend
Zofran, Zofran ODT

Requires Prior Authorization

Anzemet
Kytril

Phosphate Binders & Related Agents

Preferred

Fosrenol
Magnebind RX
PhosLo
Renagel

Proton Pump Inhibitors

(Gastric Acid Secretion Reducers)

Preferred

Nexium
Prevacid

Requires Prior Authorization

omeprazole
Aciphex
Prilosec OTC
Protonix
Zegerid

Ulcerative Colitis Agents

Preferred

sulfasalazine (Azulfidine)
mesalamine enemas (Rowasa)
Asacol
Canasa
Dipentum
Pentasa

Requires Prior Authorization

Colazal

INJECTABLE

Anticoagulants, Injectable

Preferred

Arixtra
Fragmin
Lovenox

Requires Prior Authorization

Innohep

INJECTABLE

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)

Preferred

Enbrel
Humira
Kineret
Raptiva

Requires Prior Authorization

Amevive

Erythropoietins (Hematinics, Other)

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epogen

Growth Hormones

(CLINICAL PA REQUIRED)

Preferred

Norditropin
Nutropin AQ
Saizen
Serostim
Tev-Tropin

Requires Prior Authorization

Genotropin
Humatrope
Nutropin

** Nutropin Depot is available by the manufacturer only to those patients on existing therapy.*

Hepatitis C Agents (Hepatitis C

Treatment Agents, Immunomodulators)

Preferred

Copegus
Pegasys
Peg-Intron
Peg-Intron Redipen
Rebetol (**brand only**)

Requires Prior Authorization

ribavirin (**generic only**)
Infergen

Multiple Sclerosis Agents

(Agents to Treat Multiple Sclerosis)

Preferred

Avonex
Betaseron
Rebif

Requires Prior Authorization

Copaxone

NEUROLOGICS

Alzheimer's Agents

Preferred

Aricept/Aricept ODT
Exelon
Namenda
Razadyne, Razadyne ER

Requires Prior Authorization

Cognex

Anti-Parkinson's Agents

Preferred

benztropine (Cogentin)
levodopa/carbidopa Immediate and Extended Release (Sinemet, Sinemet CR)
pergolide (Permax)
selegiline (Eldepryl)
trihexyphenidyl (Artane)
Comtan
Kemadrin
Mirapex
Requip
Stalevo

Requires Prior Authorization

Parcopa
Tasmar

OPHTHALMIC

Ophthalmics, Allergic

Conjunctivitis (Eye AntiInflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)

Preferred

cromolyn (Opticrom)
Acular
Alrex
Elestat
Patanol

Requires Prior Authorization

Alamast
Alocril
Alomide
Emadine
Optivar
Zaditor

Ophthalmics, Antibiotics

Preferred

bacitracin
ciprofloxacin solution (Ciloxan)
erythromycin (Ilotycin)
gentamicin (Garamycin)
neomycin/gram/poly (Neosporin)
ofloxacin (Ocuflox)
polymixinB/trimethoprim (Polysporin)
tobramycin (Tobrex)
Zymar

Requires Prior Authorization

Ciloxan ointment
Vigamox
Quixin

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OPHTHALMIC

Ophthalmics, Glaucoma Agents

Preferred

betaxolol
brimonidine
carteolol (Ocupress)
dipivefrin (Propine)
levobunolol (Betagan)
metipranolol (OptiPranolol)
pilocarpine (Pilocar)
timolol (Timoptic, Timoptic XE)
Alphagan P
Azopt
Betimol
betoptic S
Cosopt
Lumigan
Travatan
Trusopt

Requires Prior Authorization

Istalol
Xalatan

OTIC

Otics, Antibiotics (Ear Preparations, Antibiotics; Otic Preparations, Anti-Inflammatory Antibiotics)

Preferred

neomycin/polymyxin/hydrocortisone (Cortisporin)
Ciprodex
Coly-Mycin S
Floxin Otic

Requires Prior Authorization

Cipro HC
Cortisporin-TC

RESPIRATORY

Antihistamines, Minimally Sedating (Antihistamines)

Preferred

loratadine, loratadine-D (OTC)
Alavert, Alavert-D (OTC)
Claritin, Claritin-D (OTC)
Tavist ND (OTC)
Zyrtec syrup

Requires Prior Authorization

Allegra, Allegra-D
Claritin, Claritin-D (Rx)
Clarinex
Clarinex-D
Zyrtec (tablets)
Zyrtec-D

RESPIRATORY

Bronchodilators, Anticholinergics

Preferred

ipratropium neb (Atrovent)
Atrovent HFA
Combivent
Spiriva

Requires Prior Authorization

DuoNeb

Beta₂-Agonist Bronchodilators

(Beta-Adrenergic Agents)

Preferred

albuterol (Proventil, Ventolin)
albuterol HFA (Proventil HFA, Ventolin HFA)
metaproterenol (Alupent)
terbutaline (Brethine)
Maxair
Serevent Diskus
Xopenex

Requires Prior Authorization

AccuNeb
Alupent
Foradil
Vospire ER

Glucocorticoids, Inhaled (Beta-Adrenergics & Glucocorticoids Combination, Glucocorticoids)

Preferred

Advair Diskus
Aerobid, Aerobid M
Asmanex
Azmacort
Flovent HFA
Pulmicort Respules (Ages 1-8)
Qvar

Requires Prior Authorization

Pulmicort Respules (Over Age 8, Under Age 1)
Pulmicort Turbuhaler

Intranasal Rhinitis Agents

(Nasal Anti-Inflammatory Steroids)

Preferred

flunisolide (Nasalide)
ipratropium (Atrovent Nasal)
Flonase (brand only)
Nasacort AQ
Nasonex

Requires Prior Authorization

fluticasone nasal (generic only)
Beconase AQ
Nasarel
Rhinocort Aqua

Leukotriene Receptor Antagonists

Preferred

Accolate
Singulair

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide
clindamycin topical
erythromycin
erythromycin-benzoyl peroxide
tretinoin
Azelex
Nuox
Retin-A Micro
Tazorac

Requires Prior Authorization

Benzamycin
Brevoxyl
Clinac BPO
Clindagel
Differin
Evoclin
Klaron
Renova
Sulfoxyl
Triaz
Zaclir
Zoderm

Atopic Dermatitis

Preferred

Elidel
Protopic

UROLOGIC

Benign Prostatic Hyperplasia

(Alpha-Adrenergic Blocking Agents)

Preferred

doxazosin (Cardura)
terazosin (Hytrin)
Avodart
Flomax
Uroxatral

Requires Prior Authorization

Proscar

Bladder Relaxant Preparations

(Urinary Tract Antispasmodic/AntiIncontinence Agent)

Preferred

oxybutynin (Ditropan)
Ditropan XL
Enablex
Oxytrol
Sanctura
Vesicare

Requires Prior Authorization

Detrol
Detrol LA

Pharmacy News and Views

Maryland Department of Health
and Mental Hygiene
Office of Operations, Eligibility
and Pharmacy

Maryland Pharmacy Program
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Transition from Pharmacy Assistance to Medicare Part D *(continued from page 1)*

programs such as Supplemental Security Income (SSI) and Medicare Savings Programs. The letters let the beneficiary know in which Medicare prescription drug plan they will be enrolled if they take no action before April 30. Unless they enroll on their own during March, these beneficiaries will have their prescription drug coverage begin on May 1. CMS is enrolling these beneficiaries earlier to make sure that they receive the benefit of the extra help immediately, without having to pay a penalty. These beneficiaries can still decline the enrollment before it becomes effective without being charged a premium.

Pharmacies should submit all pharmacy claims to the PDP. If the PDP is unknown, use the E-1 query point-of-sale system to determine which plan a recipient is enrolled in. If the pharmacy is having problems with the system, it may call 1-800-388-2316 for technical assistance. In the event recipients know they are enrolled in a Part D plan, but do not carry documentation with them, the pharmacy may call 1-866-835-7595 to identify the appropriate plan. To the extent that pharmacists can help recipients apply for LIS and enroll in PDPs they should do so. To start the enrollment process or identify a recipient's plan, call 1-800-662-0210.

Maryland Pharmacy Program Advisory

The *Maryland Pharmacy Program Advisory* gives timely notice of important pharmacy topics to the pharmacy community. An email network has been established to disseminate the information, which includes the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores, and prescriber associations and organizations. If you have not received the *Maryland Pharmacy Program Advisory* via email, please contact the MPP representative at 410-767-1455. We are particularly interested in adding pharmacy organizations that can forward the advisory to their members. Current and previous advisories can be found at: <http://www.dhmh.state.md.us/mma/mpap/provadv.html>.

All program information and updates 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 this publication.