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.

(continued page 8)
### Contact Information

<table>
<thead>
<tr>
<th>First Health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Health ProDur Help Desk</td>
<td>800-884-7387</td>
</tr>
<tr>
<td>First Health PDL PA Phone</td>
<td>800-932-3918</td>
</tr>
</tbody>
</table>

| First Health Technical Help Desk | 800-884-3238 |
| First Health PDL PA Fax | 800-932-3921 |

<table>
<thead>
<tr>
<th>Managed Care Organizations Pharmacy Benefits Manager or MCO Contact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERIGROUP Corporation</td>
<td>800-454-3730</td>
</tr>
<tr>
<td>Diamond Plan for Coventry Health Care</td>
<td>877-215-4100</td>
</tr>
<tr>
<td>Helix Family Choice</td>
<td>800-905-1722</td>
</tr>
<tr>
<td>Jai Medical Systems, Inc.</td>
<td>800-213-5640</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Managed Care Organizations Pharmacy Benefits Manager or MCO Contact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland Physicians Care</td>
<td>800-953-8854</td>
</tr>
<tr>
<td>Priority Partners</td>
<td>888-819-1043</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>800-922-1557</td>
</tr>
</tbody>
</table>

### HealthChoice (MCO) Inquiries/Complaints

<table>
<thead>
<tr>
<th>HealthChoice (MCO) Inquiries/Complaints</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Hotline</td>
<td>800-766-8692</td>
</tr>
<tr>
<td>Recipient Hotline</td>
<td>800-284-4510</td>
</tr>
</tbody>
</table>

### Eligibility Verification System (EVS)

<table>
<thead>
<tr>
<th>Eligibility Verification System (EVS)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>410-333-3020 (Balto Metro) or 800-492-2134 (Available 24 hours a day / 7 days a week)</td>
<td></td>
</tr>
</tbody>
</table>

### Main Department Numbers

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

### Miscellaneous Numbers

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

### Newsletter Website and Contact Information

<table>
<thead>
<tr>
<th>Newsletter Website and Contact Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DHMH Website</td>
<td><a href="http://www.dhmh.state.md.us/">http://www.dhmh.state.md.us/</a></td>
</tr>
<tr>
<td>HealthChoice Website</td>
<td><a href="http://www.dhmh.state.md.us/mma/healthchoice/">http://www.dhmh.state.md.us/mma/healthchoice/</a></td>
</tr>
<tr>
<td>Maryland Pharmacy Program</td>
<td><a href="http://www.dhmh.state.md.us/mma/mpap/">http://www.dhmh.state.md.us/mma/mpap/</a></td>
</tr>
</tbody>
</table>

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 mdmahealthchoicerm@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, Narcotics

**Preferred**
- acetaminophen w/codeine (Tylenol w/Codeine)
- aspirin w/codeine (Empirin w/Codeine)
- butalbital/apap/codeine
- butalbital/apap/codeine/cafeine 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)
- progoxyphene (Darvon)
- propoxyphene HCI/apap (Wygesic)
- propoxyphene napsylate/apap (Darvocet)
- tramadol (Ultrad)
- tramadol/acetaminophen (Ultrace)
- 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-Migraine Agents, Triptans (Anti-Migraine Preparations)

**Preferred**
- Amerge
- Frova
- Relpax

**Requires Prior Authorization**
- Amerge
- Frova
- Relpax
- Zomig, Zomig Nasal, Zomig ZMT

### ANTI-INFECTIVES

#### Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

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

**Requires Prior Authorization**
- Ancobon
- Sporanox Solution
- Vfend

### Cephalosporin & Related Agents (Cephalosporins, Second & Third Generation, Penicillins)

**Preferred**
- amoxicillin/clavulanate (Augmentin, Augmentin ES)
- cefaclor (Ceclor, Cefclor CD)
- cefadroxil (Duricef)
- cefuroxime (Ceftin)
- cefpodoxime (Vantin)
- cefprozil (Cefzil)
- cephalaxin (Keflex)
- Cefad
- Omnicef
- Spectracef Suprax

**Requires Prior Authorization**
- Augmentin XR
- Lorabid
- Panxine
- Raniclor

---

<table>
<thead>
<tr>
<th>ANALGESIC</th>
<th>ANALGESIC</th>
<th>ANTI-INFECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics, Narcotics</td>
<td>Nonsteroidal Anti-Inflammatories/ COX II Inhibitor (NSAIDs, Cyclooxygenase Inhibitor - Type)</td>
<td>Anti-Infectives</td>
</tr>
<tr>
<td><strong>Preferred</strong></td>
<td><strong>Preferred</strong></td>
<td><strong>Anti-Infectives</strong></td>
</tr>
<tr>
<td>acetaminophen w/codeine (Tylenol w/Codeine)</td>
<td>diclofenac potassium (Cataflam)</td>
<td><strong>Antifungals, Topical (Topical Antifungals)</strong></td>
</tr>
<tr>
<td>aspirin w/codeine (Empirin w/Codeine)</td>
<td>diclofenac sodium, diclofenac sodium XL (Voltaren, Voltaren XR)</td>
<td><strong>Preferred</strong></td>
</tr>
<tr>
<td>butalbital/apap/codeine</td>
<td>etodolac, etodolac XL (Lodine, Lodine XL) fenoprofen (Nafon)</td>
<td>ciclopirox lotion (Loprox)</td>
</tr>
<tr>
<td>butalbital/apap/codeine/cafeine codeine</td>
<td>flurbiprofen (Ansaid)</td>
<td>clotrimazole (Lotrimin)</td>
</tr>
<tr>
<td>hydrocodone/apap (Vicodin)</td>
<td>ibuprofen (Motrin)</td>
<td>clotrimazole/betamethasone (Lotrisone)</td>
</tr>
<tr>
<td>hydrocodone/ibuprofen (Vicoprofen)</td>
<td>indomethacin, indomethacin SR (Indocin, Indocin SR)</td>
<td>econazole (Spectazole)</td>
</tr>
<tr>
<td>hydromorphone (Dilaudid)</td>
<td>ketoprofen (Orudis, Oruvail)</td>
<td>ketoconazole (Nizoral)</td>
</tr>
<tr>
<td>morphine sulfate</td>
<td>ketorolac (Toradol)</td>
<td>nystatin (Mycostatin)</td>
</tr>
<tr>
<td>morphine sulfate SR (MS Contin)</td>
<td>meclofenamate (Meclomen)</td>
<td>nystatin/triamcinolone (Mycolog II)</td>
</tr>
<tr>
<td>oxycodone</td>
<td>nabumetone (Relafen)</td>
<td>exelderm</td>
</tr>
<tr>
<td>oxycodone/apap (Percocet)</td>
<td>naproxen (Naprosyn)</td>
<td>Loprox Shampoo</td>
</tr>
<tr>
<td>oxycodone/aspirin (Percodan)</td>
<td>naproxen sodium, naproxen sodium DS (Anaprox, Anaprox DS)</td>
<td>Loprox Topical</td>
</tr>
<tr>
<td>pentazocine/apap (Talacen)</td>
<td>oxaprozin (Daypro)</td>
<td></td>
</tr>
<tr>
<td>pentazocine/naloxone (Talwin NX)</td>
<td>piroxicam (Feldene)</td>
<td></td>
</tr>
<tr>
<td>progoxyphene (Darvon)</td>
<td>sulindac (Clinoril)</td>
<td></td>
</tr>
<tr>
<td>propoxyphene HCI/apap (Wygesic)</td>
<td>tolfentanyl (Feldene)</td>
<td></td>
</tr>
<tr>
<td>propoxyphene napsylate/apap (Darvocet)</td>
<td>tolmetin, tolmetin DS (Tolectin, Tolectin DS)</td>
<td></td>
</tr>
<tr>
<td>tramadol (Ultrad)</td>
<td><strong>SECOND TIER:</strong></td>
<td></td>
</tr>
<tr>
<td>tramadol/acetaminophen (Ultrace)</td>
<td>Celebrex</td>
<td></td>
</tr>
<tr>
<td>Duragesic (brand only)</td>
<td>Prevacid NapraPac</td>
<td></td>
</tr>
<tr>
<td>Kadian</td>
<td><strong>Requires Prior Authorization</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Requires Prior Authorization</strong></td>
<td>Arthrotec</td>
<td></td>
</tr>
<tr>
<td>fentanyl patch (generic only)</td>
<td>Mobic</td>
<td></td>
</tr>
<tr>
<td>meperidine (Demerol) (brand &amp; generic)</td>
<td>Ponstel</td>
<td></td>
</tr>
<tr>
<td>oxycodone ER (brand &amp; generic)</td>
<td>Actiq</td>
<td></td>
</tr>
<tr>
<td>oxycodone ER (brand &amp; generic)</td>
<td>Avinza</td>
<td></td>
</tr>
<tr>
<td>oxycodone ER (brand &amp; generic)</td>
<td>Combunox</td>
<td></td>
</tr>
<tr>
<td>oxycodone ER (brand &amp; generic)</td>
<td>Darvon-N</td>
<td></td>
</tr>
<tr>
<td>oxycodone ER (brand &amp; generic)</td>
<td>Synalgos-DC</td>
<td></td>
</tr>
<tr>
<td>oxycodone ER (brand &amp; generic)</td>
<td>Panlor DC, Panlor SS</td>
<td></td>
</tr>
</tbody>
</table>
Maryland Preferred Drug List

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.

### 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 (Captopen, Capozide)
- enalapril, enalapril HCTZ (Vasotec, Vaseretic)
- fosinopril, fosinopril HCTZ (Monopril, Monopril HCT)
- lisinopril, lisinopril HCTZ (Prinivil, Zestril, Prinzide, Zestoretic)
- quinapril (Accupril)
- quinapril (Accuretic)
- Altace
- Mavik
- Univasc/Uniretic

**Requires Prior Authorization**
- Aceon

**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)

**Requires Prior Authorization**
- Coreg
- Inderal LA
- Toprol XL

**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)
- nifedipine 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

**Lipotropics, Statins** (Lipotropics)

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

**Requires Prior Authorization**
- Antara
- Omacor
- Triglide
- Welchol
- Zetia

**Lipotropics, Other** (Lipotropics, Bile Salt Sequestrants)

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

**Requires Prior Authorization**
- Caduet
- Lipitor
- Pravachol

**Platelet Aggregation Inhibitors**

**Preferred**
- dipyridamole (Persantine)
- ticlopidine (Ticlid)
- Aggrenox
- Plavix
# Maryland Preferred Drug List

**Central Nervous System**

### Anticonvulsants
- **Preferred**
  - carbamazepine (Tegretol)
  - clonazepam (Klonopin)
  - ethosuximide (Zarontin)
  - gabapentin (Neurontin)
  - phenobarbital
  - phenytoin (Dilantin)
  - primidone (Mysoline)
  - valproic acid (Depakene)
  - zonisamide (Zonegran)
  - Carbamazepine
  - Clonazepam
  - Ethosuximide
  - Gabapentin
  - Phenobarbital
  - Phenytoin
  - Primidone
  - Valproic Acid
  - Zonisamide

### Selective Serotonin Reuptake Inhibitors (SSRIs)
- **Preferred**
  - citalopram (Celexa)
  - fluoxetine (Prozac)
  - fluvoxamine (Luvox)
  - paroxetine (Paxil)
  - Lexapro
  - Paxil CR
  - Pexeva

### Stimulants & Related Agents
(Tx for Attention Deficit Hyperact (ADHD)/ Narcolepsy; Adrenergics, Aromatic, Non-Catecholamine)
- **Preferred**
  - amphetamine salt combo (Adderall)
  - dextroamphetamine (Dexedrine)
  - methylphenidate (Ritalin)
  - methylphenidate ER (Metadate ER, Ritalin-SR)
  - Adderall XR
  - Concerta
  - Focalin, Focalin XR
  - Metadate CD
  - Ritalin LA

### 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

### Antidepressants, Other
- **Preferred**
  - nefazodone (Serzone)
  - Cymbalta

### Sedative Hypnotics
- **Preferred**
  - chloral hydrate
  - estazolam (ProSom)
  - flurazepam (Dalmame)
  - temazepam (Restoril)
  - triazolam (Halcion)
  - Ambien, Ambien CR
  - Lunesta
  - Rozerem

### Bone Resorption Suppression & Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents - Parathyroid Hormone)
- **Preferred**
  - etidronate (Didronel)
  - Actonel
  - Fosamax, Fosamax Plus D
  - Micacalcin

### Bone Resorption Suppression & Related Agents
- **Preferred**
  - Actonel with Calcium
  - Boniva
  - Evista
  - Fortical

---

**Endocrine**

### Hypoglycemics, Insulins & Related Agents
- **Preferred**
  - Byetta
  - Lantus
  - Novolin
  - Novolog
  - Novolog Mix
  - Symlin

### Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)
- **Preferred**
  - Starlix

### 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

---

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.
## 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
- Rapativa

**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
- Pegasis
- Peg-Intron
- Peg-Intron Redipen
- Rebetol *(brand only)*

**Requires Prior Authorization**
- ribavirin *(generic only)*
- Interferon

### Multiple Sclerosis Agents
*(Agents to Treat Multiple Sclerosis)*

**Preferred**
- Avonex
- Betaseron
- Rebif

**Requires Prior Authorization**
- Copaxone

### Ophthalmics, Antibiotics

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

**Requires Prior Authorization**
- Ciloxan ointment
- Vigamox
- Quixin
**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

### Bronchodilators, Anticholinergics

**Preferred**
- ipratropium neb (Atrovent)
- Atrovent HFA
- Combivent
- Spiriva

**Requires Prior Authorization**
- DuoNeb

### Beta-2-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, Budesonide)

**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
- Evoxlin
- Klaran
- Renova
- Sulfoxyld
- Triaz
- Zacir
- Zoderm

### Atopic Dermatitis

**Preferred**
- Elidel
- Protopic

### UROLOGIC

### Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

**Preferred**
- doxazosin (Cardura)
- terazosin (Hytrin)
- Avodart
- Flomax
- Uroxtatral

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

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/proadv.html.