



# Pharmacy News & Views

March 2007

Maryland Department of Health &amp; Mental Hygiene / Office of Operations, Eligibility &amp; Pharmacy

## 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 fee-for service Medicaid patients.

Note: For most multi-source products, the generic product(s) are usually preferred and branded innovator product(s) are non-preferred. Most branded PDL products that are new to market require prior authorization until they are reviewed. The PDL listed below includes updates effective April 3, 2007. 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 Short Acting

##### Preferred

acetaminophen w/codeine (Tylenol w/Codeine)  
aspirin w/codeine (Empirin w/Codeine)  
butalbital/apap/codeine  
butalbital/apap/codeine/caffeine  
codeine  
dihydrocodeine bitartrate/Aspirin/  
Caffeine (Synalgos DC)  
hydrocodone/apap (Vicodin)  
hydrocodone/ibuprofen (Vicoprofen)  
hydromorphone (Dilaudid)  
meperidine (Demerol)  
morphine sulfate  
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)

##### Requires Prior Authorization

fentanyl buccal (**brand & generic**)  
Combunox  
Darvon-N  
Opana  
Panlor DC

#### Analgesics, Narcotics Long Acting

##### Preferred

methadone  
morphine sulfate SR (MS Contin)  
Duragesic (**brand only**)  
Kadian

##### Requires Prior Authorization

fentanyl patch (**generic only**)  
Avinza  
Opana ER  
OxyContin  
Ultram ER

### ANALGESIC

#### Anti-Migrane Agents, Triptans

(Anti-Migraine Preparations)

##### Preferred

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

##### Requires Prior Authorization

Axert  
Frova  
Relpax  
Zomig, Zomig Nasal, Zomig ZMT

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

##### Preferred

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)  
mefanamic acid (Ponstel)  
meloxicam (Mobic)  
nabumetone (Relafen)  
naproxen (Naprosyn)  
naproxen sodium, naproxen sodium DS  
(Anaprox, Anaprox DS)  
oxaprozin (Daypro)  
piroxicam (Feldene)  
sulindac (Clinoril)  
tolmetin, tolmetin DS (Tolectin, Tolectin DS)  
Celebrex  
Prevacid NapraPac

##### Requires Prior Authorization

Arthrotec

### ANTI-INFECTIVES

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

##### Preferred

clotrimazole troche (Mycelex)  
fluconazole (Diflucan)  
griseofulvin (Fulvicin, GriFulvin V)  
ketoconazole (Nizoral)  
nystatin  
Gris Peg  
Lamisil

##### Requires Prior Authorization

itraconazole (Sporanox)  
Ancobon  
Noxafil  
Sporanox Solution  
Vfend

#### Antifungals, Topical (Topical Antifungals)

##### Preferred

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

##### Requires Prior Authorization

Ertaczo  
Exelderm  
Loprox Shampoo  
Loprox Topical  
Mentax  
Naftin  
Oxistat  
Penlac  
Vusion  
Xolegel

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## ANTI-INFECTIVES

### Antivirals (Antivirals, General)

#### Preferred

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

#### Requires Prior Authorization

Famvir  
\*Relenza  
\*Tamiflu  
\* In the event of flu vaccine shortage,  
prior authorization will not be required

### Cephalosporin & Related Agents

(Cephalosporins, Second & Third Generation, Penicillins)

#### Preferred

amoxicillin/clavulanate (Augmentin,  
Augmentin ES)  
cefactor (Ceclor, Ceclor CD)  
cefadroxil (Duricef)  
cefuroxime (Ceftin)  
cefepodoxime (Vantin)  
cefprozil (Cefzil)  
cephalexin (Keflex)  
Cedax  
Omnicef  
Spectracef  
Suprax

#### Requires Prior Authorization

Augmentin XR  
Lorabid  
Panixine  
Raniclor

### Fluoroquinolones (Quinolones)

#### Preferred

ciprofloxacin (Cipro)  
ofloxacin (Floxin)  
Avelox

#### Requires Prior Authorization

Cipro XR  
Factive  
Levaquin  
Noroxin  
Proquin XR

### Macrolides/Ketolides

#### Preferred

azithromycin (Zithromax)  
clarithromycin (Biaxin)  
erythromycin  
Biaxin XL  
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)  
moexipril (Univasc)  
moexipril HCTZ (Uniretic)  
quinapril (Accupril)  
quinaretic (Accuretic)  
trandolapril (Mavik)  
Aceon  
Altace

### Angiotensin Receptor Blockers

(Hypotensives, Angiotensin Receptor Antagonist)

#### Preferred

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

#### Requires Prior Authorization

Atacand, Atacand 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

## CARDIOVASCULAR

### 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 (Procardia XL, Adalatt CC)  
verapamil (Calan)  
verapamil ER, verapamil SR (Calan SR,  
Verelan)  
Cardizem LA  
DynaCirc CR  
Norvasc  
Sular  
Verelan PM

#### Requires Prior Authorization

nifedipine (Adalat, Procardia) (**brand and generic**)  
Cardene SR  
Covera-HS  
Nimotop

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

#### Preferred

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

#### Requires Prior Authorization

Antara  
Omacor  
Triglide  
Welchol  
Zetia

### Lipotropics, Statins (Lipotropics)

#### Preferred

lovastatin (Mevacor)  
pravastatin (Pravachol)  
simvastatin (Zocor)  
Advicor  
Altoprev  
Crestor  
Lescol, Lescol XL  
Lipitor  
Vytorin

#### Requires Prior Authorization

Caduet

### Platelet Aggregation Inhibitors

#### Preferred

clopidogrel (Plavix)  
dipyridamole (Persantine)  
ticlopidine (Ticlid)  
Aggrenox

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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  
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, bupropion XL  
(Wellbutrin, Wellbutrin SR, Wellbutrin XL)  
mirtazapine, mirtazapine soltab  
(Remeron, Remeron Soltab)  
venlafaxine  
Cymbalta \*  
Effexor, Effexor XR

#### Requires Prior Authorization

nefazodone (Serzone)  
Emsam patch

\*Note: Clinical Criteria applies to use of Cymbalta

### Sedative Hypnotics

#### Preferred

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

#### Requires Prior Authorization

Ambien  
Doral  
Restoril 7.5mg  
Sonata

## CENTRAL NERVOUS SYSTEM

### Selective Serotonin Reuptake Inhibitors (SSRIs)

#### Preferred

citalopram (Celexa)  
fluoxetine (Prozac)  
fluvoxamine (Luvox)  
paroxetine (Paxil)  
sertraline (Zoloft)

Lexapro  
Paxil CR  
Pexeva

#### Requires Prior Authorization

Prozac Weekly  
Sarafem  
Symbyax

### 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  
Daytrana  
Focalin, Focalin XR  
Metadate CD  
**SECOND TIER:** (if under 18 years old)  
Strattera

#### Requires Prior Authorization

pemoline (Cylert)  
Desoxyn  
Provigil  
Ritalin LA

## ENDOCRINE

### Androgens

#### Preferred

Androderm  
AndroGel

#### Requires Prior Authorization

Testim

## ENDOCRINE

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

#### Preferred

etidronate (Didronel)  
Boniva  
Fosamax, Fosamax Plus D  
Miacalcin

#### Requires Prior Authorization

Actonel  
Actonel with Calcium  
Evista  
Forteo  
Fortical

### Hypoglycemics, Insulins & Related Agents

#### Preferred

Humulin  
Humalog  
Humalog Mix  
Lantus  
Levemir  
Novolin  
Novolog  
Novolog Mix

#### Requires Prior Authorization

Apidra  
Exubera

### Incretin Mimetic Agents

#### Preferred

Byetta

### Amylin Analogs

#### Preferred

Symlin

### Hypoglycemics, Meglitinides

(Hypoglycemics, Insulin Release Stimulant Type)

#### Preferred

Starlix

#### Requires Prior Authorization

Prandin

### Hypoglycemics, TZDs

(Hypoglycemics, Insulin-Response Enhancers)

#### Preferred

ActoPlusMet  
Actos  
Avandamet  
Avandaryl  
Avandia  
Duetact

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## GASTROINTESTINAL

### Antiemetics, Oral

(Antiemetic/Antivertigo Agents)

#### Preferred

ondansetron, ondansetron ODT  
(Zofran, Zofran ODT)  
Emend

#### Requires Prior Authorization

Anzemet  
Kytril

### Phosphate Binders & Related Agents

#### Preferred

Fosrenol  
PhosLo  
Renagel

### Proton Pump Inhibitors

(Gastric Acid Secretion Reducers)

#### Preferred

Nexium  
Prevacid

#### Requires Prior Authorization

omeprazole (Prilosec)  
Aciphex  
Prilosec OTC  
Protonix  
Zegerid

### Ulcerative Colitis Agents

#### Preferred

mesalamine enemas (Rowasa)  
sulfasalazine (Azulfidine)  
Asacol  
Colazal

#### Requires Prior Authorization

Canasa  
Dipentum  
Pentasa

## 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

### Erythropoietins (Hematinics, Other)

#### Preferred

Aranesp  
Procrit

#### Requires Prior Authorization

Epogen

### Growth Hormones

(CLINICAL PA REQUIRED)

#### Preferred

Genotropin  
Nutropin AQ  
Saizen  
Serostim  
Tev-Tropin

#### Requires Prior Authorization

Humatrope  
Norditropin  
Nutropin  
Zorbtive

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

### Hepatitis C Agents (Hepatitis C

Treatment Agents, Immunomodulators)

#### Preferred

ribavirin (generic only)  
Pegasys

#### Requires Prior Authorization

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

### Multiple Sclerosis Agents

(Agents to Treat Multiple Sclerosis)

#### Preferred

Avonex  
Copaxone  
Betaseron  
Rebif

## NEUROLOGICS

### Alzheimer's Agents

#### Preferred

Aricept/Aricept ODT  
Exelon  
Namenda

#### Requires Prior Authorization

Cognex  
Razadyne, Razadyne ER

### 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

Azilect  
Parcopa  
Tasmac  
Zelapar

## OPHTHALMIC

### Ophthalmics, Allergic

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

#### Preferred

cromolyn (Opticrom)  
ketotifen (Zatidor)  
Acular  
Alrex  
Elestat  
Patanol/Pataday

#### Requires Prior Authorization

Alamast  
Alocril  
Alomide  
Emadine  
Optivar

### 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

### Otics, Fluoroquinolones

(Previously Otics, Antibiotics)

#### Preferred

Ciprodex  
Floxin Otic

#### Requires Prior Authorization

Cipro HC

## 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

fexofenadine, fexofenadine-D (Allegra, Allegra-D)  
Claritin, Claritin-D (Rx)  
Clarinet, Clarinet-D, Clarinet Syrup  
Semprex D  
Zyrtec (tablets)  
Zyrtec-D

### Bronchodilators, Anticholinergics

#### Preferred

ipratropium neb (Atrovent)  
Atrovent HFA  
Combivent  
Spiriva

#### Requires Prior Authorization

DuoNeb

## RESPIRATORY

### Bronchodilators, Beta<sub>2</sub>-Agonist

(Beta-Adrenergic Agents)

#### Preferred

metaproterenol (Alupent)  
terbutaline (Brethine)  
Maxair  
Albuterol HFA (ProAir)  
Proventil HFA  
Serevent Diskus  
Xopenex  
Xopenex HFA

#### Requires Prior Authorization

AccuNeb  
Alupent  
Foradil  
Ventolin HFA  
Vospire ER

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

#### Preferred

Advair Diskus  
Aerobid, Aerobid M  
Asmanex  
Azmacort  
Flovent HFA  
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)  
Astelin  
Flonase (brand only)  
Nasacort AQ  
Nasonex

#### Requires Prior Authorization

fluticasone nasal (generic only)  
Beconase AQ  
Nasarel  
Rhinocort Aqua

### Leukotriene Modifiers

#### Preferred

Accolate  
Singulair

#### Requires Prior Authorization

Zyflo

## TOPICAL DERMATOLOGICS

### Acne Agents, Topical

#### Preferred

benzoyl peroxide  
clindamycin topical  
erythromycin  
erythromycin-benzoyl peroxide  
sulfacetamide lotion (Klaron)

tretinoin

Akne-Mycin

Azelex

Clinac BPO

Retin-A Micro

Tazorac

#### Requires Prior Authorization

Benzaclin

Benzamycin

Benziq

Brevoxyl

Clindagel

Differin

Duac

Evoclin

Inova, Inova 4/1

Neobenz Macro

Nuox

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

finasteride (Proscar)

Cardura XL

### Bladder Relaxant Preparations

(Urinary Tract Antispasmodic/Anti-incontinence Agent)

#### Preferred

oxybutynin (Ditropan)

oxybutynin XL (Ditropan XL)

Enablex

Oxytrol

Sanctura

Vesicare

#### Requires Prior Authorization

Detrol

Detrol LA



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



## Pharmacy News & Views

### Maryland Medicaid Pharmacy Program

201 West Preston Street, 4th Floor  
Baltimore, Maryland 21201  
410-767-1455

Martin O'Malley, *Governor*  
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#### *In This Issue . . .*

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- *Telephone Numbers*

## Maryland Medicaid Pharmacy Information Website

The Maryland Medicaid Pharmacy Program has developed a new website which includes past issues of the newsletter, links to Pharmacy Program Advisories, Transmittals, the Maryland Medicaid Pharmacy Program Preferred Drug List (PDL), HealthChoice Managed Care Organization (MCO) formularies, and a link to the Maryland Medicaid Pharmacy Program Department of Health and Mental Hygiene website.

In the future, the website will include continuing education programs as well.

The website can be found at [www.marylandmedicaidpharmacyinformation.com](http://www.marylandmedicaidpharmacyinformation.com).

## DHMH Continues E-mail "Advisory"

The Department of Health and Mental Hygiene Maryland Medicaid Pharmacy Program (MPP) has developed an e-mail notification service called "Advisory" to give the pharmacy community important timely information. The Advisory is e-mailed to pharmacy and prescriber associations in the State, who then forward them to their members. These groups include representatives from EPIC, CARE, Long Term Care Consultants, all chain drugstore headquarters, pharmacist and prescriber associations. If you belong to another pharmacy organization and do not receive e-mail Advisories from that organization, please contact the MPP representative at 410-767-1455 and provide the name and phone number of a contact person for that organization.

## Telephone Numbers

### ACS Technical Assistance and Preauthorizations

1-800-932-3918  
24 hours a day 7 days a week

### *Other Telephone Numbers:*

#### Maryland Medicaid Pharmacy Access Hotline

1-800-492-5231 (*select option three*)  
Monday - Friday, 8:00 am to 5:00 pm

#### Kidney Disease Program

1-410-767-5000 or 5002  
Monday - Friday, 8:00 am to 5:00 pm

#### Breast & Cervical Cancer Diagnosis and Treatment

1-410-767-6787  
Monday - Friday, 8:00 am to 5:00 pm

#### Maryland AIDS Drug Assistance Program

1-410-767-6535  
Monday - Friday, 8:30 am to 4:30 pm