



Pharmacy News & Views

April 2010

Maryland Department of Health & Mental Hygiene / Office of Systems, Operations and Pharmacy

Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown includes updates effective April 1, 2010. 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 products(s) are usually preferred and branded innovator product(s) are non-preferred. Most branded PDL products that are new to the market require prior authorization until they are reviewed.*

Key:

All lowercase letters = generic product
Leading capital letter = brand name product
Highlighted = changes on the PDL

Note: A 72-hour emergency supply of a non-preferred drug is available by calling 1-800-932-3918. A 30-day emergency supply is available for non-preferred atypical antipsychotic agents and those subject to step therapy edits.

ANALGESIC

Analgesics/Anesthetics, Topical

Preferred

Lidoderm
Voltaren Gel

Requires Prior Authorization

Flector

Analgesics, Narcotics Long Acting

Preferred

fentanyl patch (*Duragesic*)
methadone
morphine sulfate SR (*MS Contin*)
Kadian

Requires Prior Authorization

oxycodone ER (*OxyContin*) (brand & generic)
tramadol ER (*Ultram ER*) (brand & generic)
Avinza
Duragesic Matrix
Embeda
Opana ER
Ryzolt

ANALGESIC

Analgesics, Narcotics Short Acting

Preferred

apap w/codeine (*Tylenol w/Codeine*)
aspirin w/codeine
butalbital/apap/codeine
butalbital/apap/codeine/caffeine
codeine
dihydrocodeine/apap/caffeine
(*Panlor SS, Panlor DC*)
dihydrocodeine/aspirin/caffeine
(*Synalgos DC*)
hydrocodone/apap (*Vicodin*)
hydrocodone/ibuprofen (*Vicoprofen*)
hydromorphone (*Dilaudid*)
morphine sulfate
oxycodone
oxycodone/apap (*Percocet*)
oxycodone/aspirin (*Percodan*)
pentazocine/apap (*Talacen*)
pentazocine/naloxone (*Talwin NX*)
propoxyphene (*Darvon*)
propoxyphene HCl/apap (*Wygesic*)
propoxyphene/apap (*Darvocet*)
tramadol (*Ultram*)
tramadol/apap (*Ultracet*)
Ibudone
Reprexain
Zamicef

Requires Prior Authorization

fentanyl buccal (*Actiq*) (brand & generic) *
levorphanol
meperidine (*Demerol*) (brand & generic)
oxycodone/ibuprofen (*Combunox*)
(brand & generic)
Darvon-N
Dilaudid Liquid
Fentora *
Nucynta
Onsolis*
Opana

* Clinical criteria apply. View criteria at: www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm.

ANALGESIC

Anti-Hyperuricemics

Preferred

allopurinol (*Zyloprim*)
colchicine
probenecid
probenecid/colchicine

Requires Prior Authorization

Colcrys
Uloric

Anti-Migrane Agents, Triptans

(Anti-Migraine Preparations)

Preferred

Imitrex (brand only)
Maxalt, Maxalt MLT
Relpax

Requires Prior Authorization

sumatriptan (generic only)
Amerge
Axert
Frova
Treximet
Zomig, Zomig Nasal, Zomig ZMT

Fibromyalgia Agents

Preferred

Lyrica
Savella

Requires Prior Authorization

Cymbalta*

* Clinical criteria apply. View criteria at: www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm.

Maryland Medicaid Preferred Drug List (effective April 1, 2010)

ANALGESIC

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 Rx and OTC (*Motrin*)
indomethacin, indomethacin SR
(*Indocin, Indocin SR*)
ketoprofen (*Orudis, Oruvail*)
ketorolac (*Toradol*)
meclufenamate (*Meclomen*)
mefenamic acid (*Ponstel*)
meloxicam (*Mobic*)
naproxen (*Naprosyn*)
naproxen sodium, naproxen sodium DS
(*Anaprox, Anaprox DS*)
oxaprozin (*Daypro*)
piroxicam (*Feldene*)
sulindac (*Clinoril*)

Requires Prior Authorization

nabumetone (*Relafen*)
tolmetin, tolmetin DS (*Tolectin,
Tolectin DS*)
Arthrotec
Celebrex
Prevacid NapraPac
Zipsor

Skeletal Muscle Relaxants

Preferred

baclofen (*Lioresal*)
carisoprodol (*Soma*)
carisoprodol compound (*Soma
compound*)
chlorzoxazone (*Parafon*)
cyclobenzaprine (*Flexiril*)
dantrolene (*Dantrium*)
methocarbamol (*Robaxin*)
orphenadrine (*Norflex*)
orphenadrine compound (*Norflex Forte*)
tizanidine tablets (*Zanaflex*)

Requires Prior Authorization

Amrix
Fexmid
Skelaxin
Soma 250mg
Zanaflex capsules

ANTI-INFECTIVES

Antibiotics, GI

Preferred

metronidazole (*Flagyl*)
neomycin
Alinia
Tindamax
Vancocin

Requires Prior Authorization

Flagyl ER
Xifaxan

Antibiotics, Vaginal

Preferred

clindamycin (*Clindamax*)
metronidazole (*Metro-Gel*)
Cleocin
Clindesse
Vandazole

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

fluconazole (*Diflucan*)
ketoconazole (*Nizoral*)
nystatin
terbinafine (*Lamisil*)
Ancobon
Gris Peg

Requires Prior Authorization

clotrimazole troche (*Mycelex*) (brand &
generic)
griseofulvin suspension (*Fulvicin,
GriFulvin V*) (brand & generic)
itraconazole (*Sporanox*)
GriFulvin V
Lamisil Granules
Noxafil
Sporanox Solution
Terbinex
Vfend

ANTI-INFECTIVES

Antifungals, Topical (Topical Antifungals)

Preferred

clotrimazole OTC & Rx (*Lotrimin*)
clotrimazole/betamethasone (*Lotrisone*)
econazole (*Spectazole*)
ketoconazole (*Nizoral*)
miconazole OTC
nystatin
nystatin/triamcinolone (*Mycolog II*)
terbinafine OTC
tolnaftate OTC
Naftin
Oxistat

Requires Prior Authorization

ciclopirox (*Loprox*) (brand & generic)
ciclopirox solution (*Penlac*) (brand &
generic)
ciclopirox shampoo (*Loprox*) (brand &
generic)
CNL-8
Ertaczo
Extina
Mentax
Vusion
Xolegel

Antiparasitics, Topical

Preferred

permethrin OTC
permethrin Rx (*Elimite, Acticin*)
Eurax
Ovide (Brand only)
Ulesfia

Requires Prior Authorization

lindane
malathion (generic only)

Antivirals (Antivirals, General)

Preferred

acyclovir (*Zovirax*)
amantadine (*Symmetrel*)
rimantadine (*Flumadine*)
valacyclovir (*Valtrex*)

Requires Prior Authorization

Famvir
Relenza *
Tamiflu *

* Due to the risk of flu epidemic associated with influenza B and H1N1 pandemic, the State lifted the PDL prior authorization requirement on Relenza and Tamiflu on October 14, 2009.

Antivirals, Topical

Preferred

Denavir

Requires Prior Authorization

Zovirax Cream, Zovirax Ointment

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ANTI-INFECTIVE

Cephalosporin & Related Agents

(Cephalosporins, Second & Third Generation, Penicillins)

Preferred

amoxicillin/clavulanate (*Augmentin*, *Augmentin ES*)
 cefaclor (*Ceclor*, *Ceclor CD*)
 cefadroxil (*Duricef*)
 cefdinir (*Omnicef*)
 cefprozil (*Cefzil*)
 cefuroxime (*Ceftin*)
 cephalexin (*Keflex*)
 Suprax

Requires Prior Authorization

cefditoren (*Spectracef*) (brand & generic)
 cefpodoxime (*Vantin*) (brand & generic)
 Augmentin XR
 Augmentin 250 susp, 125 susp
 Cedax

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (*Cipro*)
 Avelox

Requires Prior Authorization

ciprofloxacin XR (*Cipro XR*) (brand & generic)
 ofloxacin (*Floxin*) (brand & generic)
 Cipro Oral Suspension
 Factive
 Levaquin
 Noroxin
 Proquin XR

Macrolides/Ketolides

Preferred

azithromycin (*Zithromax*)
 erythromycin

Requires Prior Authorization

clarithromycin, clarithromycin ER
 (*Biaxin*, *Biaxin (XL)*) (brand & generic)
 Ketek
 Zmax

Tetracyclines

Preferred

doxycycline (*Vibramycin*)
 minocycline (*Minocin*)
 tetracycline (Sumycin)

Requires Prior Authorization

demeclocycline (*Declomycin*)
 Adoxa CK, Adoxa TT
 Nutridox
 Oracea
 Solodyn

Impetigo Agents, Topical

Preferred

mupirocin ointment (*Bactroban*)

Requires Prior Authorization

Altabax
 Bactroban Cream

CARDIOVASCULAR

Angiotensin Modulator Combinations

Preferred

amlodipine/benazepril (*Lotrel*) (brand & generic)
 Azor
 Exforge/Exforge HCT
 Valturna

Requires Prior Authorization

Tarka
 Twynsta

Angiotensin Modulators (Hypotensives, Angiotensin Receptor Antagonist)

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*)
 ramipril (*Altace*)
 Cozaar, Hyzaar
 Diovan, Diovan HCT
 Micardis, Micardis HCT

Requires Prior Authorization

moexipril (*Univasc*) (brand & generic)
 moexipril HCTZ (*Uniretic*) (brand & generic)
 perindopril (*Aceon*) (brand & generic)
 trandolapril (*Mavik*) (brand & generic)
 Atacand, Atacand HCT
 Avapro, Avalide
 Benicar, Benicar HCT
 Tekturna, Tekturna HCT
 Teveten, Teveten HCT

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

Preferred

acebutolol (*Sectral*)
 atenolol (*Tenormin*)
 atenolol/chlorthalidone (*Tenoretic*)
 bisoprolol (*Zebeta*)
 bisoprolol HCTZ (*Ziac*)
 carvedilol (*Coreg*)
 labeltalol (*Normodyne*, *Trandate*)
 metoprolol tartrate (*Lopressor*)
 metoprolol tartr/HCTZ (*Lopressor HCTZ*)
 metoprolol succinate ER (*Toprol XL*) (brand & generic)
 nadolol (*Corgard*)
 nadolol/bendroflumethiazide (*Corzide*)
 pindolol (*Visken*)
 propranolol, propranolol LA
 (*Inderal*, *Inderal LA*)
 sotalol, sotalol AF (*Betapace*, *Betapace AF*)
 timolol (*Blocadren*)
 Innopran XL
 Levatol

Requires Prior Authorization

betaxolol (*Kerlone*) (brand & generic)
 Bystolic
 Coreg CR

CARDIOVASCULAR

Calcium Channel Blocking Agents

Preferred

amlodipine (*Norvasc*)
 diltiazem (*Cardizem*)
 diltiazem SR, diltiazem ER (*Cardizem SR*, *Cardizem CD*, *Dilacor XR*, *Tiazac*)
 felodipine (*Plendil*)
 isradipine (*Dynacirc*)
 nicardipine (*Cardene*)
 nifedipine SR (*Adalatt CC*, *Procardia XL*)
 verapamil (*Calan*)
 verapamil ER, verapamil SR (*Calan SR*, *Verelan*)

Requires Prior Authorization

nifedipine (*Adalat*, *Procardia*) (brand & generic)
 nimodipine (*Nimotop*) (brand & generic)
 nisoldipine (*Sular*) (generic only)
 verapamil ER (*Verelan PM*) (brand & generic)
 Cardene SR
 Cardizem LA
 Covera HS
 DynaCirc CR
 Sular (new strengths)

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

cholestyramine (*Questran*, *Light*)
 colestipol (*Colestid*)
 gemfibrozil (*Lopid*)
 Antara
 Niacor
 Niaspan
 Tricor
 Trilipix

Requires Prior Authorization

fenofibrate (*Lofibra*)
 fenofibric acid (*Fibricor*) (brand & generic)
 Fenoglide
 Lipofen
 Lovaza (*formerly Omacor*)
 Triglide
 Welchol
 Zetia

Lipotropics, Statins (Lipotropics)

Preferred

lovastatin (*Mevacor*)
 pravastatin (*Pravachol*)
 simvastatin (*Zocor*)
 Crestor
 Lescol, Lescol XL
 Lipitor
 Simcor

Requires Prior Authorization

Advicor
 Altoprev
 Caduet
 Vytorin

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CARDIOVASCULAR

Platelet Aggregation Inhibitors

Preferred

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

Requires Prior Authorization

Effient

Pulmonary Arterial Hypertension Agents, Oral and Inhaled Agents

Preferred

Letairis
Revatio *
Tracleer
Ventavis

Requires Prior Authorization

Adcirca
Tyvaso

* Clinical criteria apply. View criteria at: www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm.

CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

carbamazepine (*Tegretol*, *Tegretol XR*)
clonazepam (*Klonopin*)
divalproex (*Depakote*, *Depakote ER*)
ethosuximide (*Zarontin*)
gabapentin (*Neurontin*)
lamotrigine (*Lamictal*)
levetiracetam (*Keppra*)
mephobarbital (*Mebaral*)
oxcarbazepine (*Trileptal*)
phenobarbital
phenytoin (*Dilantin*)
primidone (*Mysoline*)
topiramate (*Topamax*)
valproic acid (*Depakene*)
zonisamide (*Zonegran*)
Carbatrol
Celontin
Depakote Sprinkle
Diastat
Equetro
Felbatol
Gabitril
Keppra XR
Peganone

Requires Prior Authorization

Banzel
Lamictal ODT, Lamictal ER
Phenytek
Sabril
Stavzor
Vimpat

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, bupropion SR, bupropion XL (*Wellbutrin*, *Wellbutrin SR*, *Wellbutrin XL*)
mirtazapine, mirtazapine soltab (*Remeron*, *Remeron Soltab*)
trazodone (*Desyre*)
venlafaxine (*Effexor*)
Marplan
Nardil
Parnate (brand only)
Venlafaxine ER Tablets

Requires Prior Authorization

nefazodone (*Serzone*)
tranylcypromine (generic only)
Aplenzin
Effexor XR
Emsam
Pristiq

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

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

Requires Prior Authorization

paroxetine CR (*Paxil CR*)
Luvox CR
Pexeva
Prozac Weekly
Sarafem

Antipsychotics

Preferred

FIRST TIER:
chlorpromazine (*Thorazine*)
clozapine (*Clozaril*)
fluphenazine (*Prolixin*)
fluphenazine decanoate inj (*Prolixin Inj*)
haloperidol (*Haldol*)
haloperidol decanoate inj (*Haldol IM*)
perphenazine (*Trilafon*)
perphenazine/amitriptyline (*Triavil*)
risperidone (*Risperdal*)
thioridazine (*Mellaril*)
thiothixene (*Navane*)
trifluoperazine (*Stelazine*)
Fazaclo
Geodon, Geodon IM
Moban
Seroquel

SECOND TIER: **

Abilify
Zyprexa, Zyprexa IM

** Additional clinical edits may apply to the Tier 2 products. An adequate trial of a Tier 1 preferred drug is required prior to use of any Tier 2 product. To view criteria, please refer to www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm.

CENTRAL NERVOUS SYSTEM

Antipsychotics (continued)

Requires Prior Authorization

Invega
Invega Sustenna
Risperdal Consta
Saphris
Seroquel XR
Symbyax

Sedative Hypnotics

Preferred

chloral hydrate
estazolam (*ProSom*)
flurazepam (*Dalmane*)
temazepam (*Restoril*)
triazolam (*Halcion*)
zaleplon (*Sonata*)
zolpidem (*Ambien*)
Rozerem

Requires Prior Authorization

temazepam 7.5mg & 22.5mg (*Restoril*) (brand & generic)
Ambien CR
Doral
Edluar
Lunesta***
***Step therapy may allow it to process without a prior authorization. See criteria at: www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm.

Stimulants & Related Agents

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

Preferred

FIRST TIER:
amphetamine salt combo, ER (*Adderall*, *Adderall XR*)
dexmethylphenidate (*Focalin*) (brand & generic)
dextroamphetamine (*Dexedrine*)
methylphenidate, methylphenidate ER (*Ritalin*, *Ritalin-SR*)
Concerta
Daytrana
Focalin XR
Intuniv
Metadate CD
Vyvanse
SECOND TIER:
Strattera **** (for ages 17 and under)
**** To view criteria for Strattera, see www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm.

Requires Prior Authorization

Desoxyn
Nuvigil
Procentra
Provigil
Ritalin LA

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ENDOCRINE

Androgen Agents

Preferred

Androderm
Androgel

Requires Prior Authorization

Testim

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

Preferred

alendronate (*Fosamax*)
Actonel
Actonel with Calcium
Boniva
Miacalcin (brand only)

Requires Prior Authorization

calcitonin salmon nasal (generic only)
etidronate (*Didronel*) (brand & generic)
Evista
Fosamax Plus D, Fosamax Solution
Forteo
Fortical

Hypoglycemics, Incretin Mimetics & Enhancers

Preferred

Byetta
Janumet
Januvia
Onglyza
Symlin

Hypoglycemics, Insulins

Preferred

Humalog
Humalog Mix
Humulin
Lantus
Novolin
Novolog
Novolog Mix

Requires Prior Authorization

Apidra
Levemir

Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

Preferred

nateglinide (*Starlix*)
Prandin

Requires Prior Authorization

Prandimet

Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

Preferred

ActoPlusMet
Actos
Avandamet
Avandaryl
Avandia
Duetact

GASTROINTESTINAL

Antiemetics, Oral (Antiemetic/Antivertigo Agents)

Preferred

ondansetron, ondansetron ODT
(*Zofran, Zofran ODT*)
Marinol (brand only)

Requires Prior Authorization

dronabinol (generic only)
granisetron (*Kytril*) (brand & generic)
Anzemet
Cesamet
Emend
Sancuso

Pancreatic Enzymes

Preferred

pancrelipase
Creon
Pancrease MT
Viokase

Requires Prior Authorization

Pancrecarb MS
Ultrase
Zenpep

Phosphate Binders & Related Agents

Preferred

Fosrenol
PhosLo (brand only)
Renagel

Requires Prior Authorization

calcium acetate (generic only)
Eliphos
Renvela

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

Preferred

lansoprazole (*Prevacid*)
omeprazole (*Prilosec*)
omeprazole OTC (*Prilosec OTC*)

Requires Prior Authorization

pantoprazole (*Protonix*) (brand & generic)
Aciphex
Dexilant (*formerly Kapidex*)
Prevacid OTC
Prilosec Suspension
Nexium
Zegerid

Ulcerative Colitis Agents

Preferred

balsalazide (*Colaza*)
sulfasalazine (*Azulfidine*)
Asacol
Canasa

Requires Prior Authorization

mesalamine enemas (*Rowasa*)
Apriso
Dipentum
Lialda
Pentasa
sFRowasa

IMMUNOLOGICS

Immunosuppressives, Oral

Preferred

azathioprine (Imuran)
cyclosporine modified
mycophenolate mofetil (Cellcept)
(brand & generic)
Gengraf
Neoral
Prograf (brand only)
Rapamune
Sandimmune

Requires Prior Authorization

cyclosporine (generic only)
tacrolimus (generic only)
Azasan
Myfortic

INJECTABLES

Anticoagulants, Injectable

Preferred

Arixtra
Fragmin
Lovenox

Colony Stimulating Factors

Preferred

Leukine
Neupogen

Requires Prior Authorization

Neulasta

Cytokine & CAM Antagonists (Anti-inflammatory, 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

Cimzia
Enbrel
Humira
Kineret

Requires Prior Authorization

Amevive
Orencia
Remicade
Simponi
Stelara

Erythropoietins (Hematinics, Other)

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epogen

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INJECTABLES

Growth Hormones (CLINICAL PA REQUIRED)

Preferred

Genotropin
Norditropin
Nutropin, Nutropin AQ

Requires Prior Authorization

Humatrope
Omnitrope
Saizen
Serostim
Tev-Tropin
Zorbtive

Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)

Preferred

ribavirin (*Copegus, Rebetol*)
Pegasys

Requires Prior Authorization

Infergen
Peg-Intron
Peg-Intron Redipen

Multiple Sclerosis Agents

Preferred

Betaseron
Copaxone
Rebif

Requires Prior Authorization

Avonex
Extavia

NEUROLOGICS

Alzheimer's Agents

Preferred

Aricept/Aricept ODT
Exelon, Exelon Transdermal Patch
Namenda

Requires Prior Authorization

galantamine (*Razadyne, Razadyne ER*)
(brand & generic)
Cognex
Exelon Solution

NEUROLOGICS

Anti-Parkinson's Agents

Preferred

benztropine (*Cogentin*)
levodopa/carbidopa Immediate and ER
(*Sinemet, Sinemet CR*)
ropinirole (*Requip*)
selegiline (*Eldepryl*)
trihexyphenidyl (*Artane*)
Stalevo

Requires Prior Authorization

bromocriptine (*Parlodel*)
levodopa/carbidopa ODT (*Parcopa*)
(brand & generic)
pramipexole (*Mirapex*) (brand & generic)
Azilect
Comtan
Requip XL
Tasmar
Zelapar

OPHTHALMICS

Ophthalmics, Allergic Conjunctivitis

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

Preferred

cromolyn (*Crolom*)
ketotifen OTC and Rx
Alrex
Pataday
Patanol

Requires Prior Authorization

azelastine (*Optivar*)
ketorolac (*Acular*) (brand & generic)
ketorolac LS (*Acular LS*)
Alamast
Alocril
Alomide
Bepreve
Elestat
Emadine
Optivar

Ophthalmics, Antibiotics

Preferred

bacitracin
bacitracin/polymixin
ciprofloxacin solution (*Ciloxan*)
erythromycin
gentamicin
neomycin/polymixin/gramicidin
ofloxacin (*Ocuflox*)
sulfacetamide
tobramycin
triple antibiotic
Ciloxan Ointment
Tobrex Ointment
Vigamox

Requires Prior Authorization

AzaSite
Besivance
Iquix
Natacyn
Quixin
Zymar

OPHTHALMICS

Ophthalmics, Glaucoma Agents

Preferred

betaxolol
brimonidine carateolol (Ocupress)
brimonidine tartrate 0.15% (*Alphagan P*)
carteolol (*Ocupress*)
levobunolol (*Betagan*)
metipranolol (*OptiPranolo*)
pilocarpine (*Pilocar*)
timolol (*Timoptic, Timoptic XE*)
Azopt
Betimol
Betoptic S
Combigan
Cosopt (brand only)
Istalol
Propine
Travatan, Travatan Z
Trusopt (brand only)
Xalatan

Requires Prior Authorization

dorzolamide (generic only)
dorzolamide/timolol (generic only)
Lumigan

Ophthalmics, Anti-Inflammatories

Preferred

dexamethasone (*Decadron*)
diclofenac (*Voltaren*)
fluorometholone (*FML*)
flurbiprofen (*Ocufen*)
Flarex
FML Forte, FML SOP
Lotemax
Maxidex
Pred Mild

Requires Prior Authorization

ketorolac LS (*Acular LS*) (brand & generic)
Acular PF
Acuvail
Durezol
Nevanac
Ozurdex
Retisert
Triesence
Vexol
Xibrom

OTIC

Otic Antibiotics

Preferred

neomycin/polymyxin/HC
ofloxacin otic (*Floxin Otic*)
Ciprodex
Coly-Mycin S
Cortisporin TC

Requires Prior Authorization

Cetralax
Cipro HC

Maryland Medicaid Preferred Drug List (effective April 1, 2010)

RESPIRATORY

Antihistamines, Minimally Sedating

Preferred

cetirizine, cetirizine-D (Rx and OTC)
loratadine, loratadine-D (Rx and OTC)

Requires Prior Authorization

fexofenadine (*Allegra*)
fexofenadine D, 12-hour (*Allegra-D*)
(brand & generic)
Allegra syrup
Allegra-D 24-hour
Allegra ODT
Claritin, Claritin-D (Rx & OTC)
Claritin chewable OTC
Clarinex, Clarinex-D
Semprex-D
Xyzal
Xyzal syrup

Bronchodilators, Anticholinergics

Preferred

ipratropium neb (*Atrovent*)
Atrovent HFA
Combivent
Spiriva

Requires Prior Authorization

albuterol/ipratropium neb (*DuoNeb*)
(brand & generic)

Bronchodilators, Beta₂-Agonist

(Beta-Adrenergic Agents)

Preferred

albuterol (*Proventil*, *Ventolin*)
albuterol ER (*Vospire ER*)
terbutaline (*Brethine*)
Foadil
ProAir HFA
Serevent
Ventolin HFA

Requires Prior Authorization

albuterol neb low dose
levalbuterol neb (*Xopenex*)
metaproterenol (*Alupent*)
Brovana
Maxair
Perforomist
Proventil HFA
Xopenex HFA

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

Preferred

Advair Diskus, Advair HFA
Aerobid, Aerobid M
Azmacort
Flovent Diskus, Flovent HFA
Qvar
Symbicort

Requires Prior Authorization

budesonide respules (*Pulmicort Respules*)
(brand & generic) (Over Age 8, Under Age 1)
*Available without prior authorization for
children 1 to 8 years of age.*
Alvesco
Asmanex
Pulmicort Flexhaler

RESPIRATORY

Intranasal Rhinitis Agents

(Nasal Anti-Inflammatory Steroids)

Preferred

flunisolide (*Nasalide*)
fluticasone nasal (*Flonase*)
Astelin
Astepro
Nasacort AQ
Nasonex
Veramyst

Requires Prior Authorization

ipratropium (*Atrovent Nasal*) (brand & generic)
Beconase AQ
Nasarel
Omnanis
Patanase
Rhinocort Aqua

Leukotriene Modifiers

Preferred

Accolate
Singulair

Requires Prior Authorization

Zyflo CR

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide
clindamycin topical
erythromycin
sulfacetamide sulfur
tretinoin
Azelex
BenzaClin
Clinac BPO
Differin
Epiduo
Nuox
Retin-A Micro

TOPICAL DERMATOLOGICS

Acne Agents, Topical (*continued*)

Requires Prior Authorization

clindamycin-benzoyl peroxide
erythromycin-benzoyl peroxide
sodium sulfa-sulfur-meratan
sulfacetamide lotion (*Klaron*)
Acanya
Aczone
Akne-Mycin
Atralin
Benzefoam
Brevoxyl
Clarifoam EF
Clindagel
Clindareach
Duac
Evoclin
Inova
Lavoclen
Neobenz Micro
Sulfoxyl
Tazorac
Triaz
Zacare
Zaclir
Ziana
Zoderm

Atopic Dermatitis

Preferred

Elidel
Protopic

UROLOGIC

Benign Prostatic Hyperplasia

(Alpha-Adrenergic Blocking Agents)

Preferred

doxazosin (*Cardura*)
tamsulosin (*Flomax*)
terazosin (*Hytrin*)
Proscar (brand only)
Uroxatral

Requires Prior Authorization

finasteride (generic only)
Avodart
Cardura XL
Rapaflo

Bladder Relaxant Preparations

(Urinary Tract Antispasmodic/Antiincontinence Agent)

Preferred

oxybutynin (*Ditropan*)
Enablex
Gelnique
Toviaz
Vesicare

Requires Prior Authorization

oxybutynin XL (*Ditropan XL*)
Detrol, Detrol LA
Oxytrol
Sanctura, Sanctura XR

Maryland Medicaid Pharmacy Program

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

Martin O'Malley, *Governor*
Anthony G. Brown, *Lt. Governor*
John M. Colmers, *Secretary, DHMH*

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- *Maryland Medicaid Preferred Drug List*

Advisory Keeps You in the Know

Get the latest updates regarding pharmacy issues through the Maryland Medicaid Pharmacy Program (MMPP) e-mail notification service. Called the *Advisory*, these communications provide the pharmacy community with the most up-to-date information. Please contact the MMPP representative at 410-767-1455 if you are currently not receiving e-mail *Advisories* through a pharmacy organization to which you belong,

Find It On the Web

The Maryland Medicaid Pharmacy Program (MMPP) has developed a website which contains a variety of information regarding the Pharmacy Program for easy reference. The website includes past issues of the *Pharmacy News & Views* newsletter, links to *Advisories*, *Transmittals*, the PDL, MCO Formulary listings on Epocrates, and information regarding continuing education programs. This website can be viewed at: www.marylandmedicaidpharmacyinformation.com.

The MMPP website is at <http://www.dhmh.state.md.us/mma/mpap/>.

TELEPHONE NUMBERS

ACS Technical Assistance and Preauthorizations

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

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 4:30 pm

Maryland AIDS Drug Assistance Program

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