



Pharmacy News & Views

July 2011

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 July 1, 2011. 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 the market require prior authorization until they are reviewed.*

Key: Highlighted drugs = PDL change
All lowercase letters = generic product
Leading capital letter = Brand name product

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

capsaicin OTC
Lidoderm
Voltaren Gel

Requires Prior Authorization

Flector
Pennsaid
Quenza

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
Butrans
Duragesic Matrix
Embeda
Exalgo
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*)
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*)
tramadol (*Ultram*)
tramadol/apap (*Ultracet*)

Requires Prior Authorization

fentanyl buccal (*Actiq*) (Brand & generic) *
levorphanol
meperidine (*Demerol*) (Brand & generic)
oxycodone/ibuprofen (*Combunox*) (Brand & generic)
oxymorphone (*Opana*) (Brand & generic)
Abstral *
Dilaudid Liquid
Fentora
Ibudone
Nucynta
Onsolis *
Panlor DC
Reprexain
Rybix ODT
Zamicet
Zolvit

ANALGESIC

Anti-Hyperuricemics

Preferred

allopurinol (*Zyloprim*)
colchicine
probenecid
probenecid/colchicine

Requires Prior Authorization

Colcrys
Uloric

Anti-Migraine Agents

Preferred

sumatriptan (*Imitrex*)
Relpax

Requires Prior Authorization

naratriptan (*Amerge*) (Brand & generic)
Axert
Cambia
Frova
Maxalt, Maxalt MLT
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.

** Propoxyphene and propxyphene-containing products have been withdrawn from the U.S. market.

Maryland Medicaid Preferred Drug List (effective July 1, 2011)

ANALGESIC

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

Preferred

diclofenac potassium (*Cataflam*)
diclofenac sodium, diclofenac sodium XL
(*Voltaren, Voltaren XR*)
diflunisal (*Dolobid*)
etodolac, etodolac XL (*Lodine, Lodine XL*)
fenoprofen (*Nalfon*)
flurbiprofen (*Ansaid*)
ibuprofen Rx & OTC (*Motrin*)
indomethacin, indomethacin SR
(*Indocin, Indocin SR*)
ketoprofen (*Orudis, Oruvail*)
ketorolac (*Toradol*)
meclufenamate (*Meclomen*)
meloxicam (*Mobic*)
nabumetone (*Relafen*)
naproxen (*Naprosyn*)
naproxen OTC
naproxen sodium, naproxen sodium DS
(*Anaprox, Anaprox DS*)
oxaprozin (*Daypro*)
piroxicam (*Feldene*)
sulindac (*Clinoril*)

Requires Prior Authorization

mefenamic acid (*Ponstel*)
tolmetin, tolmetin DS (*Tolectin, Tolectin DS*)
Arthrotec
Celebrex
Indocin Rectal, Indocin Suspension
Vimovo
Zipsor

Skeletal Muscle Relaxants

Preferred

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

Requires Prior Authorization

cyclobenzaprine ER (*Amrix*)
(Brand & generic)
metaxalone (Skelaxin) (Brand & generic)
Flexmid
Soma 250mg
Zanaflex capsules

ANTI-INFECTIVES

Antibiotics, GI

Preferred

metronidazole (*Flagyl*)
neomycin
Alinia
Tindamax
Vancocin

Requires Prior Authorization

Flagyl ER
Xifaxan

ANTI-INFECTIVES

Antibiotics, Inhaled

Preferred

TOBI

Requires Prior Authorization

Cayston

Antibiotics, Vaginal

Preferred

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

Requires Prior Authorization

Clindesse

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

fluconazole (*Diffucan*)
ketoconazole (*Nizoral*)
nystatin
terbinafine (*Lamisil*)
Gris Peg

Requires Prior Authorization

clotrimazole troche (*Mycelex*) (Brand &
generic)
griseofulvin suspension (*Fulvicin,
GriFulvin V*) (Brand & generic)
itraconazole (*Sporanox*)
voriconazole (*Vfend*) (Brand & generic)
Ancobon
GriFulvin V
Lamisil Granules
Noxafil
Oravig
Terbinex

Antifungals, Topical (Topical Antifungals)

Preferred

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

Requires Prior Authorization

butenafine OTC
ciclopirox (*Loprox*) (Brand & generic)
ciclopirox solution (*Penlac*) (Brand & generic)
ciclopirox shampoo (*Loprox*) (Brand &
generic)
Bensal HP
CNL-8
Ertaczo
Exelderm
Extina
Ketocon Plus
Lamisil Solution
Mentax
Naftin
Nuzole
Oxistat
Pediaderm AF
Vusion
Xolegel

ANTI-INFECTIVES

Antiparasitics, Topical

Preferred

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

Requires Prior Authorization

lindane
malathion (generic only)
Natroba
Ulesfia

Antivirals (Antivirals, General)

Preferred

acyclovir (*Zovirax*)
amantadine (*Symmetrel*)
rimantadine (*Flumadine*)
Valtrex (Brand only)

Requires Prior Authorization

famciclovir (*Famvir*) (Brand & generic)
valacyclovir (generic only)
Relenza
Tamiflu

Antivirals, Topical

Preferred

Abreva OTC
Denavir
Zovirax Ointment

Requires Prior Authorization

Xerese
Zovirax Cream

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

amoxicillin/clav ER (*Augmentin XR*)
(Brand & generic)
cefditoren (*Spectracef*) (Brand & generic)
cefepodoxime (*Vantin*) (Brand & generic)
Augmentin 125 susp, 250 susp
Cedax
Ceftin Tablets/Suspension

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (*Cipro*)
Levaquin

Requires Prior Authorization

ciprofloxacin XR (*Cipro XR*) (Brand & generic)
ofloxacin (*Floxin*) (Brand & generic)
Avelox
Cipro Suspension
Factive
Noroxin
Proquin XR

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ANTI-INFECTIVE

Macrolides/Ketolides

Preferred

azithromycin (*Zithromax*)
erythromycin

Requires Prior Authorization

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

Tetracyclines

Preferred

doxycycline hyclate
doxycycline hyclate DR
doxycycline monohydrate
minocycline (*Minocin*)
tetracycline (*Sumycin*)

Requires Prior Authorization

demeclocycline (*Declomycin*)
minocycline ER
Adoxa CK, Adoxa TT
Doryx
Nutridox
Oracea
Solodyn
Vibramycin Suspension

Topical Antibiotics

Preferred

bacitracin OTC
bacitracin/polymyxin OTC
gentamicin
mupirocin (*Bactroban Ointment*)

Requires Prior Authorization

Altanax
Bactroban Cream

CARDIOVASCULAR

Angiotensin Modulator Combinations

Preferred

amlodipine/benazepril (*Lotrel*)
Azor/Tribenzor
Exforge/Exforge HCT
Valturna

Requires Prior Authorization

trandolapril/verapamil (*Tarka*) (Brand & generic)
Tekamlo/Amturide
Twynsta

CARDIOVASCULAR

Angiotensin Modulators (Hypotensives, Angiotensin Receptor Antagonist)

Preferred

benazepril, benazepril HCTZ (*Lotensin, Lotensin HCT*)
captopril, captopril HCTZ (*Capoten, Capozide*)
enalapril, enalapril HCTZ (*Vasotec, Vaserecic*)
fosinopril, fosinopril HCTZ (*Monopril, Monopril HCT*)
lisinopril, lisinopril HCTZ (*Prinivil, Zestril, Prinzide, Zestoretic*)
losartan (*Cozaar*)
losartan/HCTZ (*Hyzaar*)
quinapril (*Accupril*)
quinaretic (*Accuretic*)
ramipril (*Altace*)
Benicar, Benicar HCT
Diovan, Diovan 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
Micardis, Micardis HCT
Tekturna, Tekturna HCT
Teveten, Teveten HCT

Anticoagulants

Preferred

warfarin (*Coumadin*)
Fragmin
Lovenox (Brand only)

Requires Prior Authorization

enoxaparin (generic only)
Arixtra
Innohep
Pradaxa

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*)
labetalol (*Normodyne, Trandate*)
metoprolol tartrate (*Lopressor*)
metoprolol tartr/HCTZ (*Lopressor HCTZ*)
metoprolol succinate ER (*Toprol XL*)
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 (*Adalat 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 caps (*Verelan PM*) (Brand & generic)
Cardizem LA
Covera HS
DynaCirc CR

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

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

Requires Prior Authorization

colestipol (*Colestid*) (Brand & generic)
fenofibrate (*Lofibra*) (Brand & generic)
fenofibric acid (*Fibricor*) (Brand & generic)
Antara
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
Livalo
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

Adcirca *
Letairis
Revatio *
Tracleer
Ventavis

Requires Prior Authorization

Tyvaso

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

CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

carbamazepine (*Tegretol*, *Tegretol XR*)
clonazepam (*Klonopin*)
diazepam rectal (*Diastat*)
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 (Brand only)

Celontin
Depakote Sprinkle
Equetro
Felbatol
Gabitril
Keppra XR
Peganone

Requires Prior Authorization

carbamazepine ER caps (generic only)
Banzel
Lamictal ODT, Lamictal XR
Phenytek
Sabril
Stavzor
Vimpat

* To view criteria, please refer to www.dhmd.state.md.us/mma/mpap/clinicalcriteria.htm.

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*)
phenelzine (*Nardil*)
trazodone (*Desyrel*)
venlafaxine (*Effexor*)
Marplan
Parnate (Brand only)
Venlafaxine ER Tablets (Brand & generic)

Requires Prior Authorization

nefazodone (*Serzone*)
tranylcypromine (generic only)
venlafaxine ER caps (*Effexor XR*) (Brand & generic)
Aplenzin
Emsam
Oleptro ER
Pristiq

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

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

Requires Prior Authorization

fluoxetine weekly (*Prozac weekly*) (Brand & generic)
paroxetine CR (*Paxil CR*) (Brand & generic)
selfemra (*Sarafem*) (Brand & generic)
Luvox CR
Pexeva

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*)
Fanapt
Geodon, Geodon IM
Moban
Orap
Risperdal Consta
Seroquel
SECOND TIER: **
Abilify
Zyprexa, Zyprexa IM

** Additional clinical edits may apply to Tier 2 products. An adequate trial of a Tier 1 preferred drug is required prior to use of any Tier 2 product.*

CENTRAL NERVOUS SYSTEM

Antipsychotics (continued)

Requires Prior Authorization

Fazaclo
Invega, Invega Sustenna
Latuda
Saphris
Seroquel XR
Symbyax
Zyprexa Relprevv

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)
zolpidem ER (*Ambien CR*) (Brand & generic)
Doral
Edluar
Lunesta ***
Silenor
Zolpimist

***Step therapy may allow it to process without a prior authorization.*

Stimulants & Related Agents

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

Preferred

FIRST TIER:

amphetamine salt combo (*Adderall*)
dexamethylphenidate (*Focalin*) (Brand & generic)
dextroamphetamine (*Dexedrine*)
methylphenidate, methylphenidate ER (*Ritalin*, *Ritalin-SR*)

Adderall XR (Brand only)

Concerta (Brand only)

Daytrana
Focalin XR
Intuniv ****

Metadate CD
Methylin Chew & Solution
Vyvanse

SECOND TIER:

Strattera * (for ages 17 and under)

Requires Prior Authorization

amphetamine salt combo ER (generic only)
methamphetamine (*Desoxy*) (Brand & generic)

methylphenidate liquid (*Procentra*) (Brand & generic)

methylphenidate CR (generic only)

Kapvay ****

Nuvigil

Provigil

Ritalin LA

**** For recipients 6-17 years old, Intuniv and Kapvay are part of the mental health formulary & billed fee-for-service. For individuals not in this age range, it continues to be part of the MCO pharmacy benefit.

Maryland Medicaid Preferred Drug List (effective July 1, 2011)

ENDOCRINE

Androgenic Agents

Preferred
Androderm
Androgel

Requires Prior Authorization
Fortesta
Testim

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

Preferred
alendronate (*Fosamax*)
Miacalcin (Brand only)

Requires Prior Authorization
calcitonin salmon nasal (generic only)
etidronate (*Didronel*) (Brand & generic)
Actonel, Actonel with Calcium
Atelvia
Boniva
Evista
Fosamax Plus D, Fosamax Solution
Forteo
Fortical
Prolia

Hypoglycemics, Incretin Mimetics & Enhancers

Preferred
Byetta
Kombiglyze XR
Onglyza
Symlin

Requires Prior Authorization
Janumet
Januvia
Victoza

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
Actos
Avandia

Requires Prior Authorization
ActoPlusMet, ActoPlusMet XR
Avandamet
Avandaryl
Duetact

GASTROINTESTINAL

Antiemetic/Antivertigo Agents

Preferred
dimenhydrinate OTC & inj.
meclizine OTC (*Bonine, Antivert*)
metoclopramide oral & inj. (*Reglan*)
ondansetron, ondansetron ODT (*Zofran, Zofran ODT*)
prochlorperazine (*Compazine, Compro*)
promethazine oral & rectal (*Phenergan*)
Marinol (Brand only)
Emend (oral only)
Metozolv ODT
Scopace
TransDerm-Scop

Requires Prior Authorization
dronabinol (generic only)
granisetron oral & IV (*Kytril*) (Brand & generic)
trimethobenzamide (*Tigan*) (Brand & generic)
Aloxi IV
Anzemet (oral & IV)
Cesamet
Emend IV
Sancuso
Zuplenz

Bile Salts

Preferred
ursodiol
URSO, URSO Forte

Requires Prior Authorization
Chenodal

Pancreatic Enzymes

Preferred
pancrelipase
Creon
Pancreaze
Zenpep

Phosphate Binders & Related Agents

Preferred
PhosLo (Brand only)
Renagel

Requires Prior Authorization
calcium acetate (generic only)
Eliphos
Fosrenol
Renvela

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

Preferred
lansoprazole (*Prevacid*)
lansoprazole solutab (*Prevacid Solutab*)
omeprazole, omeprazole OTC (*Prilosec, Prilosec OTC*)

Requires Prior Authorization
pantoprazole (*Protonix*) (Brand & generic)
Aciphex
Dexilant
Prevacid OTC
Prilosec Suspension
Nexium
Zegerid OTC

GASTROINTESTINAL

Ulcerative Colitis Agents

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

Requires Prior Authorization
mesalamine enemas (*Rowasa*) (Brand & generic)
Asacol HD
Dipentum
Lialda
Pentasa
sFRowasa

IMMUNOLOGICS

Immunosuppressives, Oral

Preferred
azathioprine (*Imuran*)
cyclosporine modified (*Gengraf, Neoral*)
mycophenolate mofetil (*Cellcept*)
Prograf (Brand only)
Rapamune
Sandimmune (Brand only)

Requires Prior Authorization
cyclosporine (generic only)
tacrolimus (generic only)
Azasan
Myfortic
Zortress

INJECTABLES

Colony Stimulating Factors

Preferred
Neupogen

Requires Prior Authorization
Leukine
Neulasta

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
Cimzia
Enbrel
Humira

Requires Prior Authorization
Actemra
Amevive
Kineret
Orencia
Remicade
Simponi
Stelara

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INJECTABLES

Erythropoietins (Hematinics, Other)

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epopgen

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

NEUROLOGICS

Alzheimer's Agents

Preferred

donepezil/donepezil ODT (*Aricept/ Aricept ODT*)
rivastigmine (*Exelon*)
Exelon Transdermal Patch
Namenda

Requires Prior Authorization

galantamine (*Razadyne, Razadyne ER*) (Brand & generic)
Exelon Solution

Anti-Parkinson's Agents

Preferred

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

Requires Prior Authorization

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

NEUROLOGICS

Multiple Sclerosis Agents

Preferred

Ampyra
Avonex
Betaseron
Copaxone

Requires Prior Authorization

Extavia
Gilenya
Rebif

OPHTHALMICS

Ophthalmics, Allergic Conjunctivitis

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

Preferred

cromolyn (*Crolom*)
ketotifen OTC
Alrex
Pataday
Patanol

Requires Prior Authorization

azelastine (*Optivar*) (Brand & generic)
Alamast
Alocril
Alomide
Bepreve
Elestat
Emadine
Lastacaft

Ophthalmics, Antibiotics

Preferred

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

Requires Prior Authorization

levofloxacin (*Quixin*) (Brand & generic)
AzaSite
Besivance
Ciloxan Ointment
Iquix
Moxeza
Natacyn
Zymar
Zymaxid

OPHTHALMICS

Ophthalmics, Glaucoma Agents

Preferred

betaxolol (*Ocupress*)
brimonidine
carteolol (*Ocupress*)
latanaprost (*Xalatan*)
levobunolol (*Betagan*)
metipranolol (*OptiPranolol*)
pilocarpine (*Pilocar*)
timolol (*Timoptic, Timoptic XE*)
Alphagan P (Brand only)
Azopt
Betimol
Betoptic S
Combigan
Cosopt (Brand only)
Istalol
Propine
Travatan, Travatan Z
Trusopt (Brand only)

Requires Prior Authorization

brimonidine tartrate 0.15% (generic only)
dorzolamide (generic only)
dorzolamide/timolol (generic only)
Lumigan

Ophthalmics, Anti-Inflammatories

Preferred

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

Requires Prior Authorization

bromfenac
Acuvail
Bromday
Durezol
Nevanac
Ozurdex
Retisert
Triesence
Vexol

OTIC

Otic Antibiotics

Preferred

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

Requires Prior Authorization

Cetraxal
Cipro HC

Maryland Medicaid Preferred Drug List (effective July 1, 2011)

RESPIRATORY

Antihistamines, Minimally Sedating

Preferred

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

Requires Prior Authorization

fexofenadine (*Allegra OTC*)
fexofenadine D, 12-hour (*Allegra-D OTC*)
(Brand & generic)
levocetirizine (*Xyzal*) (Brand & generic)
Allegra Syrup
Allegra-D 24-hour, Allegra ODT
Claritin, Claritin-D (Rx & OTC)
Claritin Chewable
Claritin LiquiGel (OTC)
Clarinex, Clarinex-D
Semprex-D
Xyzal Syrup

Bronchodilators, Anticholinergics

Preferred

ipratropium neb (*Atrovent*)
ipratropium neb/albuterol (*DuoNeb*)
Atrovent HFA
Combivent
Spiriva

Bronchodilators, Beta₂-Agonist (Beta-Adrenergic Agents)

Preferred

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

Requires Prior Authorization

albuterol neb low dose
levalbuterol neb (*Xopenex*) (Brand & generic)
metaproterenol (*Alupent*)
Brovana
Foradil
Perforomist
Serevent
Xopenex HFA

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

Preferred

Advair Diskus, Advair HFA
Aerobid, Aerobid M
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
Dulera
Pulmicort Flexhaler

RESPIRATORY

Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)

Preferred

azelastine (*Astelin*)
flunisolide (*Nasalide*)
fluticasone nasal (*Flonase*)
Astepro

Requires Prior Authorization

flunisolide (*Nasarel*) (Brand & generic)
ipratropium (*Atrovent Nasal*) (Brand & generic)
Beconase AQ
Nasacort AQ
Nasonex
Omnaris
Patanase
Rhinocort Aqua
Veramyst

Leukotriene Modifiers

Preferred

zafirlukast (*Accolate*)
Singulair

Requires Prior Authorization

Zyflo CR

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide (Rx Products)
clindamycin topical
erythromycin
sulfacetamide sulfur
tretinoin
Azelex
BenzaClin
Differin (Brand only)
Epiduo
Retin-A Micro

Requires Prior Authorization

adapalene (generic only)
benzoyl peroxide (OTC Products)
clindamycin-benzoyl peroxide
(generic only)
erythromycin-benzoyl peroxide
sodium sulfa-sulfur-meratan
sulfacetamide lotion (*Klaron*)
Acanya
Aczone
Akne-Mycin
Atralin
Benzefoam
Brevoxyl
Clarifoam EF
Clinac BPO
Clindagel
Clindareach
Duac
Evoclin
Inova
Lavoclen

(continued)

TOPICAL DERMATOLOGICS

Acne Agents, Topical (continued)

Requires Prior Authorization

Neobenz Micro
Nuox
SE BPO
Sulfoxyl
Tazorac
Triaz
Veltin
Zaclir
Ziana
Zoderm

Atopic Dermatitis

Preferred

Elidel
Protopic

UROLOGIC

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

Preferred

doxazosin (*Cardura*)
finasteride (*Proscar*)
tamsulosin (*Flomax*)
terazosin (*Hytrin*)
Uroxatral

Requires Prior Authorization

Avodart
Cardura XL
Jalyn
Rapaflo

Bladder Relaxant Preparations

(Urinary Tract Antispasmodic/Anti-incontinence Agent)

Preferred

oxybutynin (*Ditropan*)
Toviaz
Vesicare

Requires Prior Authorization

oxybutynin XL (*Ditropan XL*) (Brand & generic)
trospium (*Sanctura*) (Brand & generic)
Detrol, Detrol LA
Enablex
Gelnique
Oxytrol
Sanctura XR

Maryland Medicaid Pharmacy Program

201 West Preston Street, 4th Floor

Baltimore, Maryland 21201

410-767-1455

www.dhmh.state.md.us/mma/mpap

Martin O'Malley, *Governor*

Anthony G. Brown, *Lt. Governor*

Joshua M. Sharfstein, MD, *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.

30-day Emergency Supply of Atypical Antipsychotic Agents Available

When the prescriber is not available to obtain prior authorization for an antipsychotic medication that is non-preferred or second tier, the pharmacist can obtain a one-time only authorization to dispense up to a 30-day emergency supply. ***Do not let patients leave the pharmacy without medication if there is concern that the patient will be unwilling or unable to return at a later time that day after prior authorization is approved.*** To obtain authorization for an *emergency supply of antipsychotic*, call Affiliated Computer Services (ACS) at 800-932-3918. During the 30-day window, the pharmacist must notify the prescriber of the need to obtain a PA before the prescription can be filled a second time and make a note for his or her records of the date, time and person contacted at the prescriber's office.

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