Corrective Managed Care (Lock-in Program)

Starting in October 2006 the Maryland Pharmacy Program will conduct routine evaluations of recipients’ drug regimens who appear to be receiving excessive amounts of controlled substances. The intention of the program is to reduce overutilization of controlled substances and prevent adverse outcomes by making prescribers and pharmacy providers aware that some recipients are utilizing multiple providers to obtain medications. Recipients will be contacted and informed that if multiple providers are utilized to obtain controlled substances, they may be restricted to one pharmacy to obtain all of their medications. The goal of the program is to change recipient behavior if possible and use the pharmacy restriction option or "Lock-in" option in cases where improper utilization of controlled substances continues.

Each month claims for recipients receiving excessive amounts of controlled substances, without a reasonable diagnosis to justify their high utilization, will be evaluated by a clinical pharmacist. Educational intervention letters will be sent to prescribers, pharmacy providers and recipients. Intervention letters will ask prescribers and pharmacy providers for feedback in reference to the letter and ask if any action is likely as a result of the letter.

It is anticipated that the educational intervention letters will result in a dialogue between prescribers, pharmacists and recipients to help reduce overutilization of controlled substances for the selected recipients. If over time a recipient’s use of controlled substances continues to be excessive, based on diagnosis and clinical assessment, the recipient will be restricted to a single pharmacy to obtain all prescriptions. As the program is being developed more details of the process will be available. Please respond to any letters that may be sent to you in reference to selected recipients, and thank you for your cooperation.

Prior Authorization

In an effort to reduce overutilization or improper utilization of specific medications, the Maryland Pharmacy Program requires that some drugs be prior authorized before they are dispensed. A complete list of the drugs that require prior authorization can be found at http://www.dhmh.state.md.us/mma/mpap/forms.htm.

In addition to specific drugs listed on the website, all non-preferred drugs and all prescription claims over $2,500 must be pre-authorized. Prior authorization must be obtained by the prescriber, and pharmacists should not call for authorization. Prescribers can fax-in prior authorization forms or call First-Health Services at 800-932-3918.

Required Brand Name Dispensing

For many years the Maryland Department of Health and Mental Hygiene has required that there be no substitution for the following six narrow therapeutic index drugs: Coumadin®, Dilantin®, Mysoline®, Tegretol®, Theochron®, Depakene®.

The restriction will be removed as of November 1, 2006. If prescribers request brand name medications to be dispensed for any of these agents, prior authorization will be required based upon approval of a DHMH Medwatch form. The DHMH Medwatch form can be downloaded at http://www.dhmh.state.md.us/mma/mpap/medwatch.htm.

Maintenance Drugs

In November 2006 the list of maintenance medications that can be dispensed as a 100 days-supply will be expanded to include many routine maintenance drugs such as anti-hypertensive agents, agents for the treatment of diabetes, lipid lowering agents, hormone replacement therapy, (continued page 2)
Maintenance Drug  
(continued from page 1)
oral contraceptives and anticonvulsants. A complete list of drugs that can be dispensed as a 100-days supply will be posted to the Maryland Pharmacy Program website once the new regulations are finalized. The homepage for the Maryland Pharmacy program website is http://www.dhmh.state.md.us/mma/mpap/.

Medicare Part D Contact Information and Phone Numbers

Questions concerning enrollment in Medicare Part D or coverage should be referred to CMS at 800-MEDICARE (800-633-4227).

If recipients in Part D programs have not been notified by the Social Security Administration (SSA) that they have been deemed eligible for the low-income subsidy to cover the cost of premiums, co-payments, and deductibles, they should contact the Social Security Administration at 800-772-1213 or 877-486-2048 for TTY users, to apply for the subsidy.

The Department of Health and Mental Hygiene still operates a recipient hotline at 800-492-5231. If after contacting the Medicare Call Center, recipients continue to have difficulty resolving issues pertaining to the Medicare Part D drug program, they may call this number for assistance.

Senior Health Insurance Program (SHIP) and Curb Abuse in Medicare & Medicaid (CAMM) Coordinators

The following table provides county-by-county contact points for the Senior Health Insurance Program (SHIP), managed by the Maryland Department of Aging (800-243-3425). The SHIP coordinators are available to assist beneficiaries with Medicare Part D enrollment issues as well as other healthcare insurance matters.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>OFFICE</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany</td>
<td>Allegany Co. Human Resource Dev. Commission 19 Frederick Street, Cumberland, MD 21502</td>
<td>Amanda Paul, SHIP Coordinator, Email: <a href="mailto:apaul@allconet.org">apaul@allconet.org</a> 301-777-5970 x110 Fax 301-777-1685</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>Anne Arundel County Department of Aging 2666 Riva Road #400, Annapolis, MD 21401</td>
<td>Susan Knight, SHIP Coordinator, Email: <a href="mailto:ship_program@acounty.org">ship_program@acounty.org</a> Ms. Amy Rubino, CAMM Coordinator, Email: <a href="mailto:agamru00@acounty.org">agamru00@acounty.org</a> 410-222-4464 Fax 410-222-4346</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>Baltimore City Commission on Aging 10 N. Calvert Street, #300, Baltimore, MD 21202</td>
<td>Thelma Winn, SHIP/CAMM Coord, Email: <a href="mailto:Thelma.Winn@baltimorecity.gov">Thelma.Winn@baltimorecity.gov</a> 410-396-2273 Fax 410-545-7805</td>
</tr>
<tr>
<td>Baltimore</td>
<td>Baltimore County Department of Aging 611 Central Avenue, Towson, MD 21204</td>
<td>Pat Venable, SHIP Coordinator, Email: <a href="mailto:pvenable@co.ba.md.us">pvenable@co.ba.md.us</a> 410-887-2059 Fax 410-887-3656</td>
</tr>
<tr>
<td>Calvert</td>
<td>Calvert County Office on Aging 450 W. Dares Beach Rd, Prince Frederick, MD 20678</td>
<td>Tunya Taylor, SHIP/Social Services Coordinator, Email: <a href="mailto:taylortm@co.cal.md.us">taylortm@co.cal.md.us</a> 301-855-1170, 410-535-4606 x131 Fax 410-535-1903</td>
</tr>
<tr>
<td>Caroline (Upper Shore)</td>
<td>Caroline Senior Center 403 South 7th Street #127, Denton, MD 21629</td>
<td>Irene Garrettsen, SHIP/CAMM Coordinator, Email: <a href="mailto:irenegar@intercom.net">irenegar@intercom.net</a> 410-479-2535 Fax: 410-479-1879</td>
</tr>
<tr>
<td>Carroll</td>
<td>Carroll County Bureau of Aging 125 Stoner Avenue, Westminster, MD 21157</td>
<td>Susan Cronin, SHIP/CAMM Coordinator, Email: <a href="mailto:scrnonin@ccg.carr.org">scrnonin@ccg.carr.org</a> Debbie Frame, MMA, Email: <a href="mailto:dframe@ccg.carr.org">dframe@ccg.carr.org</a> 410-386-3806; 888-302-8978 x3806 Fax 410-840-0436</td>
</tr>
<tr>
<td>Cecil</td>
<td>Cecil County Department of Aging 214 North Street, Elkton, MD 21921</td>
<td>Mary Kahoe, SHIP Coordinator, Email: <a href="mailto:mkahoe@ccgov.org">mkahoe@ccgov.org</a> June Reasin, MMA, Email: <a href="mailto:jreasin@ccgov.org">jreasin@ccgov.org</a> 410-996-5295 Fax 410-620-9483</td>
</tr>
<tr>
<td>Charles</td>
<td>Charles County Aging Services 101 Catalpa Drive, LaPlata, MD 20646 (deliveries) 8190 Pt. Tobacco Rd, Port Tobacco, MD 20677 (mail)</td>
<td>Theresa Mason, SHIP Coordinator, Email: <a href="mailto:masont@charlescounty.org">masont@charlescounty.org</a> 301-934-0118; 301-870-3388 x5118; Fax 301-934-5624</td>
</tr>
<tr>
<td>Frederick</td>
<td>Frederick County Department of Aging 1440 Taney Avenue, Frederick, MD 21702</td>
<td>Sharon Lynn, SHIP/CAMM Coordinator, Email: <a href="mailto:SLynn@fredco-md.net">SLynn@fredco-md.net</a> 301-631-3522 Fax 301-631-3554</td>
</tr>
<tr>
<td>Garrett</td>
<td>Garrett County Area Agency on Aging 104 East Centre Street, Oakland, MD 21550-1328</td>
<td>Lynda Weeks, SHIP Coordinator, Email: <a href="mailto:lweeks@garrettcac.org">lweeks@garrettcac.org</a> 301-334-9431; 888-877-8403 Fax 301-334-8555</td>
</tr>
<tr>
<td>Harford</td>
<td>Harford County Office on Aging 145 N. Hickory Avenue, Bel Air, MD 21014</td>
<td>Janet Wright, SHIP/CAMM Coordinator, Email: <a href="mailto:jwright@co.ho.md.us">jwright@co.ho.md.us</a> 410-638-3025 Fax 410-638-3069</td>
</tr>
<tr>
<td>Howard</td>
<td>Howard County Office on Aging 5470 Ruth Keeton Way, Columbia, MD 21044</td>
<td>Jeanette Krapcho, SHIP Coordinator, Email: <a href="mailto:jkrapcho@co.ho.md.us">jkrapcho@co.ho.md.us</a> 410-313-7392 Fax 410-313-7465</td>
</tr>
<tr>
<td>Kent (Upper Shore)</td>
<td>Kent County Area Agency on Aging 200 Schaefer Road, Chestertown, MD 21620</td>
<td>Kim Porter, SHIP/CAMM Coordinator, Email: <a href="mailto:kporter@intercom.net">kporter@intercom.net</a> 410-778-2564 Fax: 410-778-9994</td>
</tr>
<tr>
<td>MAC, Inc. (Lower Shore)</td>
<td>Area Agency on Aging 1504 Riverside Drive, Salisbury, MD 21801</td>
<td>Carol Humphrey, SHIP/CAMM Coordinator, Email - <a href="mailto:csh@macinc.org">csh@macinc.org</a> 410-742-0505 x106 Fax 410-742-0525</td>
</tr>
<tr>
<td>Montgomery</td>
<td>Montgomery Co. Cooperative Extension Service 18410 Muncaster Rd, Box 5556, Derwood, MD 20855</td>
<td>Dorchester 410-376-3662x106 Somerset/Wicomico/Worcester 410-742-0505x106 Leta Blank, SHIP/CAMM Coordinator, Email: <a href="mailto:Lblank@umd.edu">Lblank@umd.edu</a> 301-590-2819 Fax 301-590-2801</td>
</tr>
<tr>
<td>Prince George’s</td>
<td>Prince George’s County Services Division 6420 Allentown Road, Camp Springs, MD 20748</td>
<td>Julie Neal, SHIP/CAMM Coordinator, Email: <a href="mailto:jneal@co.pg.md.us">jneal@co.pg.md.us</a> 301-265-8471 Fax 301-248-5358</td>
</tr>
<tr>
<td>Queen Anne’s</td>
<td>Queen Anne’s County Department of Aging 104 Powell Street, Centreville, MD 21617</td>
<td>Bonnie English, Benefits Counselor, Email: <a href="mailto:Bengalish@qac.org">Bengalish@qac.org</a> 410-758-0848 Fax 410-758-4489</td>
</tr>
<tr>
<td>St. Mary’s</td>
<td>St. Mary’s County Department of Aging P. O. Box 653, Leonardtown, MD 20650</td>
<td>Debbie Barker, SHIP/CAMM Coord, Email: <a href="mailto:debbie.barker@co.saint-marys.md.us">debbie.barker@co.saint-marys.md.us</a> 301-475-4200 x1064 Fax 301-475-4503</td>
</tr>
<tr>
<td>Talbot (Upper Shore)</td>
<td>Upper Shore Aging 400 Brooklets Avenue, Easton, MD 21601</td>
<td>Peggy Vance, SHIP/CAMM Coordinator, Email: <a href="mailto:tsc2@goeaston.net">tsc2@goeaston.net</a> 410-822-2869 Fax 410-820-9563</td>
</tr>
<tr>
<td>Washington</td>
<td>Washington County Commission on Aging 140 W. Franklin Street, Hagerstown, MD 21740</td>
<td>Katrina Eversole, SHIP Coordinator, Email: <a href="mailto:keversole@wccoaging.org">keversole@wccoaging.org</a> 301-790-0275 x208 Fax 301-739-4957</td>
</tr>
</tbody>
</table>
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 October 3, 2006. Updates to the preferred status of individual drugs or drug classes are highlighted. Key: All lowercase letters=generic product; Leading capital letter=brand name product

### ANALGESIC

#### Analgesics, Narcotics

**Preferred**
- acetaminophen w/codeine (Tylenol w/Codine)
- aspirin w/codeine (Empirin w/Codine)
- butalbital/apap/codeine
- butalbital/apap/codeine/cafeine
codeine
- hydrocodone/apap (Vicodin)
- hydrocodone/ibuprofen (Vicoprofen)
- hydromorphone (Dilauidid)
morphine sulfate
- morphine sulfate SR (MS Contin)
- oxycodone
- oxycodone/apap (Percocet)
- oxycodone/aspirin (Percodan)
pentazocine/apap (Talacen)
pentazocine/naloxone (Talwin NX)
- propoxyphene (Darvon)
- propoxyphene HCI/apap (Wygesic)
- propoxyphene napsylate/apap (Darvocet)
- tramadol (Ultram)
- tramadol/acetaminophen (Ultracet)

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

**Anti-Migraine Agents, Triptans**

**Preferred**
- Axert
- Imitrex (oral, nasal & subq)
- Maxalt, Maxalt MLT

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

### ANALGESIC

#### Nonsteroidal Anti-Inflammatory/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)
- fenprofen (Nalfon)
- flurbiprofen (Ansaid)
- ibuprofen (Motrin)
- indomethacin, indomethacin SR (Indocin, Indocin SR)
- ketoprofen (Orudis, Oruvail)
- ketorolac (Toradol)
- meclofenamate (Meclomen)
- nabumetone (Relafen)
- naproxen (Naprosyn)
- naproxen sodium, naproxen sodium DS (Anaprox, Anaprox DS)
- oxaprozin (Daypro)
- piroxicam (Feldene)
- sulfindac (Clinoril)
- tolmetin, tolmetin DS (Tolectin, Tolectin DS)
- Celebrex
- Prevacid NapraPac

**Requires Prior Authorization**
- Arthrotec
- Ponstel

### ANALGESIC

#### Analgesics, Narcotics

**Preferred**
- acetaminophen w/codeine (Tylenol w/Codine)
- aspirin w/codeine (Empirin w/Codine)
- butalbital/apap/codeine
- butalbital/apap/codeine/cafeine
codeine
- hydrocodone/apap (Vicodin)
- hydrocodone/ibuprofen (Vicoprofen)
- hydromorphone (Dilauidid)
morphine sulfate
- morphine sulfate SR (MS Contin)
- oxycodone
- oxycodone/apap (Percocet)
- oxycodone/aspirin (Percodan)
pentazocine/apap (Talacen)
pentazocine/naloxone (Talwin NX)
- propoxyphene (Darvon)
- propoxyphene HCI/apap (Wygesic)
- propoxyphene napsylate/apap (Darvocet)
- tramadol (Ultram)
- tramadol/acetaminophen (Ultracet)

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

### ANTI-INFECTIVES

#### Antifungals, Topical (Topical Antifungals)

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

**Requires Prior Authorization**
- Ertaeco
- Exelederm
- Loprox Shampoo
- Loprox Topical
- Mentax
- Naftin
- OxiStat
- Penlac
- Vfusion

#### 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)
- cefaclor (Ceclor, Cefclor CD)
- cefadroxil (Duricef)
- cefuroxime (Ceftin)
- cefpodoxime (Vantin)
- cephalexin (Keflex)
- Cedax
- Omnicef
- Spectracef
- Suprax

**Requires Prior Authorization**
- Augmentin XR
- Lorabid
- Panixine
- Raniclor
# 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. Most branded PDL products that are new to market require prior authorization until they are reviewed. The PDL listed below includes updates effective October 3, 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
- Proquin XR

### Macrolides/Ketolides

**Preferred**
- azithromycin (Zithromax)
- clarithromycin (Biaxin)
- erythromycin
- Biaxin XL
- Zmax

**Requires Prior Authorization**
- Branded erythromycin products
- Ketek

## Cardiovascular

### Angiotensin Receptor Blockers (Hypotensives, Angiotensin Receptor Antagonist)

**Preferred**
- Avapro, Avalide
- Benicar, Benicar HCT
- Cozaar, Hyzaar
- Diovan, Diovan HCT
- Micardis, Micardis HCT

**Requires Prior Authorization**
- Atacand, Atacand HCT
- Teveten, Teveten HCT

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

**Preferred**
- acebutolol (Sectral)
- atenolol (Tenormin)
- betaxolol (Kerlone)
- bisoprolol (Zebeta)
- labetalol (Normodyne, Trandate)
- metoprolol (Lopressor)
- nadolol (Corgard)
- pindolol (Visken)
- propranolol (Inderal)
- sotalol, sotalol AF (Betapace, Betapace AF)
- timolol (Blocadren)
- Coreg
- Inderal LA
- Toprol XL

**Requires Prior Authorization**
- Innopran XL
- Levatol

### Calcium Channel Blocking Agents

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

**Requires Prior Authorization**
- Teveten, Teveten HCT

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

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

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

### Lipotropics, Statins (Lipotropics)

**Preferred**
- lovastatin (Mevacor)
- Advicor
- Alovot
- Crestor
- Levolast, Levolast XL
- Votin
- Zocor (brand only)

**Requires Prior Authorization**
- simvastatin (generic only)
- Caduet
- Lipitor
- Pravachol

### Platelet Aggregation Inhibitors

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

**Requires Prior Authorization**
- Nimotop
### 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. Most branded PDL products that are new to market require prior authorization until they are reviewed. The PDL listed below includes updates effective October 3, 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

#### 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
  - Felbital
  - Gabitril
  - Keppra
  - Lamictal
  - Mebaral
  - Peganone
  - Topamax
  - Trileptal

- **Requires Prior Authorization**
  - Lyrica
  - Phenytek
  - Tegretol XR

##### Antidepressants, Other
- **(Alpha-2 Receptor Antagonist Antidepressants, Serotonin-2 Antagonist/Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake-Inhib, Norepinephrine & Dopamine Reuptake Inhib)**
- **Preferred**
  - bupropion, bupropion SR (Wellbutrin, Wellbutrin SR)
  - mirtazapine, mirtazapine soltab
    (Remeron, Remerol Soltab)
  - trazodone (Desyrel)
  - venlafaxine
  - Effexor, Effexor XR
  - Wellbutrin XL

- **Requires Prior Authorization**
  - nefazodone (Serzone)
  - Cymbalta

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

- **Requires Prior Authorization**
  - Doral
  - Restoril 7.5mg
  - Sonata

#### CENTRAL NERVOUS SYSTEM

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

- **Requires Prior Authorization**
  - sertraline (Zoloft)
  - Prozac Weekly
  - Sarafem
  - Symbyax

##### 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

- **SECOND TIER:** (if under 18 years old)
  - Strattera

- **Requires Prior Authorization**
  - Desoxyn
  - Provigil
  - Ritalin LA

#### ENDOCRINE

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

- **Requires Prior Authorization**
  - Actonel
  - Actonel with Calcium
  - Evista
  - Fortical
  - Forteo

##### Hypoglycemics, Insulins & Related Agents
- **Preferred**
  - Humulin
  - Humalog
  - Humalog Mix
  - Lantus
  - Levemir
  - Novolin
  - Novolog
  - Novolog Mix

- **Requires Prior Authorization**
  - Apidra

##### 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
  - Avandia
  - Avandaryl
# 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. Most branded PDL products that are new to market require prior authorization until they are reviewed. The PDL listed below includes updates effective October 3, 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.

## GASTROINTESTINAL

### Antiemetics, Oral
*(Antiemetic/Antivertigo Agents)*

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emend</td>
<td>Zofran, Zofran ODT</td>
</tr>
</tbody>
</table>

Requires Prior Authorization

### Phosphate Binders & Related Agents

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fosrenol</td>
<td>Magnebind RX</td>
</tr>
<tr>
<td></td>
<td>PhosLo</td>
</tr>
<tr>
<td></td>
<td>Renagel</td>
</tr>
</tbody>
</table>

### Proton Pump Inhibitors
*(Gastric Acid Secretion Reducers)*

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nexium</td>
<td>Prevacid</td>
</tr>
</tbody>
</table>

Requires Prior Authorization

### Ulcerative Colitis Agents

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>sulfasalazine (Azulfidine)</td>
<td>mesalazine enemas (Rowasa)</td>
</tr>
<tr>
<td>Asacol</td>
<td>Canasa</td>
</tr>
<tr>
<td>Dipentum</td>
<td>Pentasa</td>
</tr>
</tbody>
</table>

Requires Prior Authorization

## INJECTABLE

### 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)*

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enbrel</td>
<td>Humira</td>
</tr>
<tr>
<td></td>
<td>Kineret</td>
</tr>
<tr>
<td></td>
<td>Rapilva</td>
</tr>
</tbody>
</table>

Requires Prior Authorization

### Erythropoietins
*(Hematinsics, Other)*

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aranesp</td>
<td>Procrit</td>
</tr>
</tbody>
</table>

Requires Prior Authorization

### Growth Hormones
*(CLINICAL PA REQUIRED)*

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norditropin</td>
<td>Nutropin AQ</td>
</tr>
<tr>
<td>Saizen</td>
<td>Serostim</td>
</tr>
<tr>
<td>Tev-Tropin</td>
<td></td>
</tr>
</tbody>
</table>

Requires Prior Authorization

### Hepatitis C Agents
*(Hepatitis C Treatment Agents, Immunomodulators)*

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copegus</td>
<td>Pegysys</td>
</tr>
<tr>
<td>Peg-Intron</td>
<td>Peg-Intron Redpen</td>
</tr>
<tr>
<td></td>
<td>Rebetol (brand only)</td>
</tr>
</tbody>
</table>

Requires Prior Authorization

**Required**

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

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avonex</td>
<td>Betaseron</td>
</tr>
<tr>
<td></td>
<td>Rebif</td>
</tr>
</tbody>
</table>

Requires Prior Authorization

## NEUROLOGICS

### Alzheimer’s Agents

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aricept/Aricept ODT</td>
<td>Exelon</td>
</tr>
<tr>
<td></td>
<td>Namenda</td>
</tr>
</tbody>
</table>

Requires Prior Authorization

### Anti-Parkinson’s Agents

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>benztropine (Cogentin)</td>
<td>levodopa/carbidopa Immediate and Extended Release (Sinemet, Sinemet CR)</td>
</tr>
<tr>
<td>pergolide (Permax)</td>
<td>selegiline (Eldepryl)</td>
</tr>
<tr>
<td>trihexyphenidyl (Artane)</td>
<td>Comtan</td>
</tr>
<tr>
<td>Kemadrin</td>
<td>Mirapex</td>
</tr>
<tr>
<td>Requip</td>
<td>Stalevo</td>
</tr>
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Requires Prior Authorization

### Anticoagulants, Injectable

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arixtra</td>
<td>Fragmin</td>
</tr>
<tr>
<td></td>
<td>Lovenox</td>
</tr>
</tbody>
</table>

Requires Prior Authorization

## OPHTHALMIC

### Ophthalmics, Allergic Conjunctivitis
*(Eye Anti-Inflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)*

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>cromolyn (Opticrom)</td>
<td>ketotifen (Zatidur)</td>
</tr>
<tr>
<td>Acular</td>
<td>Airex</td>
</tr>
<tr>
<td>Elestat</td>
<td>Patanol</td>
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Requires Prior Authorization

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Requires Prior Authorization

### Ophthalmics, Antibiotics

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Recommended Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>bacitracin</td>
<td>ciprofloxacin solution (Ciloxan)</td>
</tr>
<tr>
<td>erythromycin (Ilotycin)</td>
<td>gentamicin (Garamycin)</td>
</tr>
<tr>
<td>neomycin/gram/poly (Neosporin)</td>
<td>ofloxacin (Ocuflox)</td>
</tr>
<tr>
<td>polymixinB/trimethoprim (Polysporin)</td>
<td>tobramycin (Tobrex)</td>
</tr>
<tr>
<td>Zymar</td>
<td></td>
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</tbody>
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Requires Prior Authorization

### Ophthalmics, Allergic Conjunctivitis
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<td>Patanol</td>
</tr>
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Requires Prior Authorization

**Note:** Nutropin Depot is available by the manufacturer only to those patients on existing therapy.
### 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, Beta-2-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-Adrenergic & Glucocorticoids Combination, Budesonide)*

**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)*
- Flonase *(brand only)*
- Nasacort AQ
- Nasonex

**Requires Prior Authorization**
- fluticasone nasal *(generic only)*
- Beconase AQ
- Nasarel
- Rhinocort Aqua

**Leukotriene Modifiers**

**Preferred**
- Accolate
- Singular

**Requires Prior Authorization**
- Zyrlo

### TOPICAL DERMATOLOGICS

**Acne Agents, Topical**

**Preferred**
- benzoyl peroxide
- clindamycin topical
- erythromycin
- erythromycin-benzoyl peroxide
- tretinoin
- Azelaic
- Nuox
- Retin-A Micro
- Tazorac

**Requires Prior Authorization**
- Benzamycin
- Brevoxyl
- Clinacl BPO
- Clindagel
- Differin
- Evoclin
- Klaran
- Renova
- Sulfosyl
- Triaz
- Zaclir
- Zoderm

### UROLOGIC

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

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

**Requires Prior Authorization**
- finasteride *(Proscar)*

**Bladder Relaxant Preparations** *(Urinary Tract Antispasmodic/Anti-incontinence Agent)*

**Preferred**
- oxybutynin *( Ditropan)*
- Ditropan XL
- Enalnek
- Oxytrol
- Sanctura
- Vesicare

**Requires Prior Authorization**
- Detrol
- Detrol LA
New Eligibility Verification System

The Department of Health and Mental Hygiene has two new patient Eligibility Verification Systems (EVS) which have been available since June 2006. Both are available to providers at no charge.

The new Interactive Voice Response (IVR) system replaced the legacy voice response EVS with a new telephone access system that includes enhancements not available in the previous EVS, such as:

- One toll free number for the entire State. The number is 1-866-710-1447.
- Managed Care Organization (MCO) transfer option - If the recipient is a member of an MCO, provider can press "3" and the call will be transferred directly to the MCO’s call center to verify Primary Care Physician (PCP) assignment.
- For a recipient in a facility, provider will be given the name and phone number of the facility.
- If you need to hear a verification a second time, press “1” and the information will be repeated. Press “2” in order to enter the next recipient's information.
- If a mistake is made prior to pressing “#”, you can press “* *” to go back and enter the information correctly.

Past eligibility can now be obtained by entering the recipient's social security number, name code and date of service.

Providers may download the EVS/IVR user brochure, which contains additional details about the new system, by accessing the Department's website at www.dhmh.state.md.us/medcareprog.

For providers enrolled in eMedicaid, WebEVS, a new web-based eligibility application, is now available at www.emdhealthchoice.org.

Providers must be enrolled in eMedicaid in order to access EVS. To enroll and access WebEVS go to URL above, select ‘Services for Medical Care Providers’, and follow the login instructions. If you need information, please visit the website or for provider application support call 410-767-5340.

If you have questions concerning the new system, please contact the Provider Relations Division at 410-767-5503 or 800-445-1159.

PDL Brand Name Anomalies

Some brand name drugs are preferred over their generic equivalents. As a result of significant supplemental rebates from drug manufacturers, the State actually reduces substantial costs by paying for the branded products compared to their generic equivalents. In the case of one very common product, the State pays for the branded product an amount that is almost half the price of the generic. That is why Maryland’s PDL makes certain brand name products PREFERRED while their generic alternatives are NON-PREFERRED. The current special cases are listed below:

- **Duragesic®** is ON the PDL, its generic alternative, fentanyl, is non-preferred.
- **Flonase®** is ON the PDL, its generic alternative, fluticasone, is non-preferred.
- **Rebetol®** is ON the PDL, its generic alternative, ribavirin, is non-preferred.
- **Zocor®** is ON the PDL, its generic alternative, simvastatin is non-preferred.

Several pharmacists have been having difficulty filing claims for these preferred multi-source brand name products. In order to receive proper payment, the claim must show a zero (0) in the DAW field.

The entire revised PDL is included on pages 3-7 and will take effect on October 3, 2006.

All program information and updates in this issue of *Pharmacy News and Views* are the best information available at the time of printing. Any updates that became effective after the date of printing will be included in the next issue of this publication.