



# Pharmacy News & Views

September 2009

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

## Changes to Preferred Status of Antipsychotic Agents: *30-day Emergency Supply of Atypical Antipsychotic Agents Available*

The Maryland Medicaid Preferred Drug List (PDL) has been updated and changes will take effect October 1, 2009. The entire PDL is included in this newsletter. Changes have been made to the antipsychotic class of drugs. The following represents a summary of changes made to the antipsychotic agents (see complete listing of all antipsychotic agents on the PDL). These changes are necessary to help improve the appropriate clinical utilization of these agents in a more cost effective manner, while continuing to offer access to these drugs to all patients who need them.

- ◆ All generic first and second generation antipsychotic agents along with quetiapine (Seroquel®), clozapine (Fazaclon®) and ziprasidone (Geodon®) are preferred Tier 1 agents. This includes risperidone and clozapine which are second generation agents available generically at this time.
- ◆ The following agents are preferred Tier 2 agents: aripiprazole (Abilify®) and olanzapine (Zyprexa®).
- ◆ The following agents are non-preferred: paliperidone (Invega®), fluoxetine/olanzapine (Symbyax®), quetiapine extended release (Seroquel® XR) and risperidone long acting injection (Risperdal® Consta®).

Prescribers are encouraged to start patients who are naive to antipsychotic therapy with a Tier 1 preferred antipsychotic agent. Claims for Tier 1 preferred drugs for Medicaid patients will adjudicate without need for prior authorization. Claims for a Tier 2 preferred drug for a patient already taking that particular Tier 2 drug will also adjudicate without the need for prior authorization. In addition, if Step Therapy has been followed, i.e. the patient has a history of a continuous 42-day trial of a single Tier 1 agent during the previous 60 days, claims for a Tier 2 drug will not require prior authorization. Otherwise, claims for Tier 2 drugs and non-preferred drugs will deny without prior authorization. A prescriber can obtain a prior authorization immediately for a Tier 2 or non-preferred drug with a phone call (800-932-3918) or within 24 hours by completing a fax form.

When the prescriber is not available to obtain prior authorization for an antipsychotic medication, the pharmacy can obtain a one-time only authorization to dispense up to a 30-day emergency supply. This policy was previously communicated to you in Advisory #58 on September 26, 2008 and Advisory #65 on April 7, 2009 and it is still in place. The pharmacist should use his or her professional judgment in determining whether the prescription is needed on an emergency basis, taking into account the patient's diagnostic and drug history, information about what medications the patient has on hand, and possible recent hospitalization, as well as any mobility, transportation or communication issues that make returning to the pharmacy difficult or expensive. ***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.*** To obtain authorization for an emergency supply of an antipsychotic, call Affiliated Computer Services (ASC) at 800-932-3918.

The Maryland Medicaid Pharmacy Program (MMPP) is contacting prescribers at inpatient mental health facilities to make them aware of the changes to the PDL with regard to the antipsychotic agents. Prior authorizations of Tier 2 and non-preferred agents can be put in place prior to patient discharge for those patients stabilized in the inpatient setting. ACS is able to process preemptive prior authorizations so that upon discharge, authorizations for Tier 2 or non-preferred agents are in place when the patient presents his or her prescription at the community pharmacy.

Thank you for your adherence to these procedures. The MMPP appreciates your cooperation as we work together to institute these changes. We expect that these changes will lead to more cost effective utilization of antipsychotic agents and continue to improve clinical outcomes for the Maryland Medicaid population.

## Responsible Use of Intervention and Outcome Codes

Prospective Drug Utilization Review (ProDUR) alerts are designed to prevent and reduce adverse drug effects. Pharmacists are asked to use their best clinical judgment in determining when the prescriber should be consulted and when the "MO" (prescriber consulted) code should be used to process an override. Please be advised that pharmacists should monitor the use of the intervention and outcome override codes by the pharmacy technical staff.

# Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) is listed on the following pages and includes updates that are effective October 1, 2009. Only those therapeutic categories listed are included on 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. Key: All lowercase letters = generic product; Leading capital letter = brand name product, **Highlighted** = changes on the PDL. Note: For most multi-source products, the generic products are usually preferred and branded innovator products are non-preferred, unless otherwise specified 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 atypical antipsychotic agents subject to step therapy.

## Important Reminder: Maryland Medicaid may cover up to a 30-day Emergency Supply of Atypical Antipsychotics.

When the prescriber is not available to obtain prior authorization for an atypical antipsychotic medication, a one-time only authorization can be obtained to dispense up to a 30-day emergency supply.

The pharmacist should use his or her professional judgment in determining whether the prescription is needed on an emergency basis, taking into account the patient's diagnostic and drug history, information about what medications the patient has on hand, and possible recent hospitalization, as well as any mobility, transportation or communication issues that make returning to the pharmacy difficult or expensive. In order to get to process a claim for an emergency supply of any atypical antipsychotic requiring a prior authorization, the pharmacy must call 800-932-3918 for authorization.

During the 30-day window, the pharmacist must notify the prescriber of the need to obtain a prior authorization before the prescription can be filled a second time and make a note for his or her records of the date, time and person they contacted at the prescriber's office. This information should be made available upon request by the Maryland Medicaid Pharmacy Program staff.



The Maryland Medicaid Pharmacy Program Preferred Drug List (PDL) is included on Epocrates and updated weekly.

Visit [www.epocrates.com](http://www.epocrates.com) and click on "Epocrates Online" or "My Account" to register for your free online account.

## ANALGESIC

### Analgesics/Anesthetics, Topical

#### Preferred

Lidoderm  
Voltaren Gel

#### Requires Prior Authorization

Flector

### Analgesics, Narcotics Long Acting

#### Preferred

fentanyl patch (*Duragesic*) (brand & generic)  
methadone  
morphine Sulfate SR (*MS Contin*)  
Kadian

#### Requires Prior Authorization

oxycodone ER (*OxyContin*) (brand & generic)  
Avinza  
Opana ER  
Ultram ER

### 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*)  
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/apap (*Darvocet*)  
tramadol (*Ultram*)  
tramadol/apap (*Ultracet*)

#### Requires Prior Authorization

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

\* Clinical criteria apply. View criteria at: [www.dhmh.state.md.us/mma/mpap/forms.htm](http://www.dhmh.state.md.us/mma/mpap/forms.htm).

## ANALGESIC

### Anti-Hyperuricemics

#### Preferred

allopurinol (*Zyloprim*)  
colchicine  
probenecid  
probenecid/colchicine

#### Requires Prior Authorization

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  
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*)  
fenopafen (*Nalfon*)  
flurbiprofen (*Ansaid*)  
ibuprofen (*Motrin*) (Rx and OTC)  
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

# Maryland Medicaid Preferred Drug List (effective October 1, 2009)

## ANALGESIC

### 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 (brand only)  
 Vancocin

#### Requires Prior Authorization

tinidazole (generic only)  
 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 (*Fulvicin, GriFulvin V*) (brand & generic)  
 itraconazole (*Sporanox*)  
 GriFulvin V  
 Lamisil Granules  
 Noxafil  
 Sporanox Solution  
 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)  
 CNL-8  
 Ertaczo  
 Extina  
 Loprox Shampoo  
 Mentax  
 Vusion  
 Xolegel

### Antiparasitics, Topical

#### Preferred

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

#### Requires Prior Authorization

lindane  
 malathion (generic only)

### Antivirals (Antivirals, General)

#### Preferred

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

#### Requires Prior Authorization

Famvir  
 Relenza  
 Tamiflu

### Antivirals, Topical

#### Preferred

Denavir

#### Requires Prior Authorization

Zovirax Cream, Zovirax Ointment

## ANTI-INFECTIVES

### 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*)  
 cephalixin (*Keflex*)  
 Suprax

#### Requires Prior Authorization

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

### 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  
 tetracycline

#### Requires Prior Authorization

demeclocycline  
 Adoxa CK, Adoxa TT  
 Nutridox  
 Oracea  
 Solodyn

### Impetigo Agents, Topical

#### Preferred

mupirocin ointment (*Bactroban*)

#### Requires Prior Authorization

Altabax  
 Bactroban Cream

# Maryland Medicaid Preferred Drug List (effective October 1, 2009)

## CARDIOVASCULAR

### Angiotensin Modulators/CCB Combinations

#### Preferred

amlodipine/benazepril (*Lotrel*)  
Azor  
Exforge

#### Requires Prior Authorization

Tarka

### 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*)  
Aceon  
Avapro, Avalide  
Benicar, Benicar HCT  
Cozaar, Hyzaar  
Diovan, Diovan HCT  
Micardis, Micardis HCT

#### Requires Prior Authorization

moexipril (*Univasc*) (brand & generic)  
moexipril HCTZ (*Uniretic*) (brand & generic)  
quinapril (*Accupril*) (brand & generic)  
quinaretic (*Accuretic*) (brand & generic)  
ramipril (*Altace*) (brand & generic)  
trandolapril (*Mavik*) (brand & generic)  
Atacand, Atacand HCT  
Tekturna, Tekturna HCT  
Teveten, Teveten HCT

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

#### Preferred

acebutolol (*Sectral*)  
atenolol (*Tenormin*)  
bisoprolol (*Zebeta*)  
carvedilol (*Coreg*)  
labetalol (*Normodyne, Trandate*)  
metoprolol tartrate (*Lopressor*)  
metoprolol succinate ER (*Toprol XL*)  
nadolol (*Corgard*)  
pindolol (*Visken*)  
propranolol, propranolol LA (*Inderal, Inderal LA*)  
sotalol, sotalol AF (*Betapace, Betapace AF*)  
timolol (*Blocadren*)  
Innopran XL  
Levatol

#### Requires Prior Authorization

betaxolol (*Kerlone*)  
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*)  
DynaCirc CR  
Sular

#### 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

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

#### Preferred

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

#### Requires Prior Authorization

Antara  
Fenoglide  
Lipofen  
Lovaza (*formerly Omacor*)  
Triglide  
Welchol  
Zetia

### Lipotropics, Statins (Lipotropics)

#### Preferred

lovastatin (*Mevacor*)  
pravastatin (*Pravachol*)  
simvastatin (*Zocor*)  
Crestor  
Lipitor

#### Requires Prior Authorization

Advicor  
Altoprev  
Caduet  
Lescol, Lescol XL  
Simcor  
Vytorin

## CARDIOVASCULAR

### Platelet Aggregation Inhibitors

#### Preferred

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

### Pulmonary Hypertension Agents, Oral

#### Preferred

Letairis  
Revatio \*  
\* *Clinical criteria apply. View criteria at: [www.dhmh.state.md.us/mma/mpap/forms.htm](http://www.dhmh.state.md.us/mma/mpap/forms.htm).*

#### Requires Prior Authorization

Tracleer

## CENTRAL NERVOUS SYSTEM

### Anticonvulsants

#### Preferred

carbamazepine (*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*)  
valproic acid (*Depakene*)  
zonisamide (*Zonegran*)  
Carbatol  
Celontin  
Diastat  
Felbatol  
Gabitril  
Keppra XR  
Peganone  
Topamax

#### Requires Prior Authorization

Banzel  
Equetro  
Lyrica  
Phenytek  
Stavzor  
Vimpat

# Maryland Medicaid Preferred Drug List (effective October 1, 2009)

## 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 (Desyrel)  
venlafaxine (Effexor)  
Cymbalta\*  
Marplan  
Nardil  
Parnate (brand only)  
Venlafaxine ER Tablets

### Requires Prior Authorization

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

\* Clinical criteria apply. View criteria at: [www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm](http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm).

**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

## CENTRAL NERVOUS SYSTEM

**Antipsychotics**

### Preferred

#### **FIRST TIER:**

chlorpromazine  
clozapine (Clozaril)  
fluphenazine  
fluphenazine decanoate inj  
haloperidol (Haldol)  
haloperidol decanoate inj  
perphenazine  
perphenazine/amitriptyline  
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](http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm).

### Requires Prior Authorization

Invega  
Risperdal Consta  
Seroquel XR  
Symbyax

**Sedative Hypnotics**

### Preferred

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

### Requires Prior Authorization

Ambien CR  
Doral  
Lunesta\*\*\*  
Restoril 7.5mg

\*\*\*Step therapy may allow it to process without a prior authorization. See criteria at: [www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm](http://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)  
dexamethylphenidate (Focalin) (brand & generic)  
dextroamphetamine (Dexedrine)  
methylphenidate, methylphenidate ER (Ritalin, Ritalin-SR)  
Concerta  
Daytrana  
Focalin XR  
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](http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm).

### Requires Prior Authorization

Desoxyn  
Provigil  
Ritalin LA

## ENDOCRINE

**Androgens**

### 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  
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

Prandin  
Starlix

### Requires Prior Authorization

Prandimet

**Hypoglycemics, TZDs**

(Hypoglycemics, Insulin-Response Enhancers)

### Preferred

ActoPlusMet  
Actos  
Avandamet  
Avandaryl  
Avandia  
Duetact

# Maryland Medicaid Preferred Drug List (effective October 1, 2009)

## 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  
Ultras

### Phosphate Binders & Related Agents

#### Preferred

Eliphos  
Fosrenol  
PhosLo (brand only)  
Renagel

#### Requires Prior Authorization

calcium acetate (generic only)  
Renvela

### Proton Pump Inhibitors

(Gastric Acid Secretion Reducers)

#### Preferred

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

#### Requires Prior Authorization

pantoprazole (*Protonix*) (brand & generic)  
Aciphex  
Kapidex  
Prilosec Suspension  
Nexium  
Zegerid

### Ulcerative Colitis Agents

#### Preferred

balsalazide (*Colaza*)  
mesalamine enemas (*Rowasa*)  
sulfasalazine (*Azulfidine*)  
Asacol  
Canasa  
sfRowasa

#### Requires Prior Authorization

Apriso  
Dipentum  
Lialda  
Pentasa

## INJECTABLES

### Anticoagulants, Injectable

#### Preferred

Arixtra  
Fragmin  
Lovenox

#### Requires Prior Authorization

Innohep

### 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  
Kineret

#### Requires Prior Authorization

Amevive  
Orencia  
Remicade

### Erythropoietins (Hematinics, Other)

#### Preferred

Aranesp  
Procrit

#### Requires Prior Authorization

Epogen

### 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

Avonex  
Betaseron  
Copaxone  
Rebif

## NEUROLOGICS

### Alzheimer's Agents

#### Preferred

Aricept/Aricept ODT  
Exelon, Exelon Transdermal Patch  
Namenda

#### Requires Prior Authorization

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

### 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)  
Azilect  
Comtan  
Mirapex  
Requip XL  
Tasmar  
Zelapar

## OPHTHALMICS

### Ophthalmics, Allergic

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

#### Preferred

crémolyn (*Crolom*)  
ketotifen OTC  
Alrex  
Pataday  
Patanol

#### Requires Prior Authorization

Acular  
Alamast  
Alocril  
Alomide  
Elestat  
Emadine  
Optivar

### Ophthalmics, Antibiotics

#### Preferred

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

#### Requires Prior Authorization

AzaSite  
Iquix  
Natacyn  
Quixin  
Zymar

# Maryland Medicaid Preferred Drug List (effective October 1, 2009)

## OPHTHALMICS

### Ophthalmics, Glaucoma Agents

#### Preferred

betaxolol  
brimonidine  
carteolol (*Ocupress*)  
levobunolol (*Betagan*)  
metipranolol (*OptiPranolo*)  
pilocarpine (*Pilocar*)  
timolol (*Timoptic, Timoptic XE*)  
Alphagan P  
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  
diclofenac (*Voltaren*)  
fluorometholone  
flurbiprofen (*Ocufen*)  
Flarex  
FML Forte, FML SOP  
Lotemax  
Maxidex  
Pred Mild

#### Requires Prior Authorization

Acular LS, Acular PF  
Durezol  
Nevanac  
Retisert  
Triesence  
Vexol  
Xibrom

## OTIC

### Otic, Fluoroquinolones

#### Preferred

ofloxacin otic (*Floxin Otic*)  
Ciprodex

#### Requires Prior Authorization

Cipro HC

## RESPIRATORY

### Antihistamines, Minimally Sedating

#### Preferred

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

#### Requires Prior Authorization

fexofenadine (*Allegra*)  
Allegra-D, Allegra ODT  
Allegra syrup  
Claritin, Claritin-D (Rx & OTC)  
Claritin chewable OTC  
Clarinet, Clarinet-D  
Semprex-D  
Xyzal  
Xyzal syrup

## RESPIRATORY

### Bronchodilators, Anticholinergics

#### Preferred

ipratropium neb (*Atrovent*)  
Atrovent HFA  
Combivent  
Spiriva

#### Requires Prior Authorization

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

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

(Beta-Adrenergic Agents)

#### Preferred

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

#### Requires Prior Authorization

albuterol neb low dose  
metaproterenol (*Alupent*)  
Brovana  
Maxair  
Perforomist  
Proventil HFA  
Xopenex, 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*)  
(Over Age 8, Under Age 1) \* Available without prior authorization for children 1 to 8 years of age.  
Alvesco  
Asmanex  
Pulmicort Flexhaler

### Intranasal Rhinitis Agents

(Nasal Anti-Inflammatory Steroids)

#### Preferred

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

#### Requires Prior Authorization

ipratropium (*Atrovent Nasal*)  
Beconase AQ  
Nasarel  
Omniar  
Patanase  
Rhinocort Aqua

### Leukotriene Modifiers

#### Preferred

Accolate  
Singulair

#### Requires Prior Authorization

Zyflo CR

## TOPICAL DERMATOLOGICS

### Acne Agents, Topical

#### Preferred

benzoyl peroxide  
clindamycin topical  
erythromycin  
tretinoin  
Azelex  
Clinac BPO  
Differin  
Duac  
Retin-A Micro

#### Requires Prior Authorization

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

### Atopic Dermatitis

#### Preferred

Elidel  
Protopic

## UROLOGIC

### Benign Prostatic Hyperplasia

(Alpha-Adrenergic Blocking Agents)

#### Preferred

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

#### Requires Prior Authorization

finasteride (generic only)  
Cardura XL  
Rapaflo

### Bladder Relaxant Preparations

(Urinary Tract Antispasmodic/Antifunction Agent)

#### Preferred

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

#### Requires Prior Authorization

Toviaz



### 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*

#### Staff

Eva Carey-Brown, DHMH  
Joseph Paradis, PharmD,  
of Health Information Designs, Inc.

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## Maryland Medicaid Pharmacy Program Website

The Maryland Medicaid Pharmacy Program (MMPP) website can be found at <http://www.dhmh.state.md.us/mma/mpap/>.

The MMPP has also developed another website which contains other information regarding the Pharmacy Program, including past issues of the *Pharmacy 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](http://www.marylandmedicaidpharmacyinformation.com).

## DHMH E-mail "Advisory"

The MMPP utilizes an e-mail notification service called an "Advisory" to give the pharmacy community important timely information. If you are currently not receiving e-mail Advisories through a pharmacy organization you belong to, please contact the MMPP representative at 410-767-1455.

## 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