



Pharmacy News & Views

October 2010

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

Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown includes updates effective October 1, 2010. Only drugs that are part of the listed therapeutic categories are affected by the PDL. Therapeutic categories not listed here are not part of the PDL and will continue to be covered as they always have for Maryland fee-for-service Medicaid patients. *Note: for most multi-source products, the generic products(s) are usually preferred and branded innovator product(s) are non-preferred. Most branded PDL products that are new to the market require prior authorization until they are reviewed.*

Key:

All lowercase letters = generic product

Leading capital letter = Brand name product

Highlighted = changes on the PDL

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

ANALGESIC

Analgesics/Anesthetics, Topical

Preferredcapsaicin OTC
Lidoderm
Voltaren Gel**Requires Prior Authorization**Flector
Pennsaid
Qutenza

Analgesics, Narcotics Long Acting

Preferredfentanyl patch (*Duragesic*)
methadone
morphine sulfate SR (*MS Contin*)
Kadian**Requires Prior Authorization**oxycodone ER (*OxyContin*) (Brand & generic)
tramadol ER (*Ultram ER*) (Brand & generic)
Avinza
Duragesic Matrix
Embeda
Exalgo
Opana ER
Ryzolt

ANALGESIC

Analgesics, Narcotics Short Acting

Preferredapap 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*)
propoxyphene (*Darvon*)
propoxyphene HCl/apap (*Wygesic*)
propoxyphene/apap (*Darvocet*)
tramadol (*Ultram*)
tramadol/apap (*Ultracet*)
Ibudone
Reprexain
Zamicef**Requires Prior Authorization**fentanyl buccal (*Actiq*) (Brand & generic) *
levorphanol
meperidine (*Demerol*) (Brand & generic)
oxycodone/ibuprofen (*Combunox*) (Brand & generic)
Darvon-N
Dilaudid Liquid
Fentora *
Nucynta
Onsolis*
Opana
Panlor DC
Rybix ODT

ANALGESIC

Anti-Hyperuricemics

Preferredallopurinol (*Zyloprim*)
colchicine
probenecid
probenecid/colchicine**Requires Prior Authorization**Colcrys
Uloric

Anti-Migraine Agents, Triptans

(Anti-Migraine Preparations)

PreferredImitrex (Brand only)
Maxalt, Maxalt MLT
Relpax**Requires Prior Authorization**sumatriptan (generic only)
Amerge
Axert
Frova
Treximet
Zomig, Zomig Nasal, Zomig ZMT

Fibromyalgia Agents

PreferredLyrica
Savella**Requires Prior Authorization**

Cymbalta*

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

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

ANALGESIC

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

Preferred

diclofenac potassium (*Cataflam*)
diclofenac sodium, diclofenac sodium XL
(*Voltaren, Voltaren XR*)
etodolac, etodolac XL (*Lodine,
Lodine XL*)
fenoprofen (*Nalfon*)
flurbiprofen (*Ansaid*)
ibuprofen Rx and OTC (*Motrin*)
indomethacin, indomethacin SR
(*Indocin, Indocin SR*)
ketoprofen (*Orudis, Oruvail*)
ketorolac (*Toradol*)
meclofenamate (*Meclofen*)
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

metaxalone (Skelaxin) (Brand & generic)
Amrix
Fexmid
Soma 250mg
Zanaflex capsules

ANTI-INFECTIVES

Antibiotics, GI

Preferred

metronidazole (*Flagyl*)
neomycin
Alinia
Tindamax
Vancocin

Requires Prior Authorization

Flagyl ER
Xifaxan

Antibiotics, Inhaled

Preferred

TOBI

Requires Prior Authorization

Cayston

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*)
Gris Peg

Requires Prior Authorization

clotrimazole troche (*Mycexel*) (Brand &
generic)
griseofulvin suspension (*Fulvicin,
GriFulvin V*) (Brand & generic)
itraconazole (*Sporanox*)

Ancobon

GriFulvin V
Lamisil Granules
Noxafil
Oravig
Terbinex
Vfend

ANTI-INFECTIVES

Antifungals, Topical (Topical Antifungals)

Preferred

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

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
Mentax
Oxistat
Vusion
Xolegel

Antiparasitics, Topical

Preferred

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

Requires Prior Authorization

lindane
malathion (generic only)

Antivirals (Antivirals, General)

Preferred

acyclovir (*Zovirax*)
amantadine (*Symmetrel*)
rimantadine (*Flumadine*)
valacyclovir (*Valtrex*) (Brand & generic)

Requires Prior Authorization

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

Antivirals, Topical

Preferred

Denavir

Requires Prior Authorization

Zovirax Cream
Zovirax Ointment

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

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

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

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 hyclate, 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

Impetigo Agents, Topical

Preferred

mupirocin ointment (*Bactroban*)

Requires Prior Authorization

Altabax
 Bactroban Cream

CARDIOVASCULAR

Angiotensin Modulator Combinations

Preferred

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

Requires Prior Authorization

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

Angiotensin Modulators (Hypotensives, Angiotensin Receptor Antagonist)

Preferred

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

Requires Prior Authorization

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

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

Preferred

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

Requires Prior Authorization

betaxolol (*Kertone*) (Brand & generic)
 Bystolic
 Coreg CR

CARDIOVASCULAR

Calcium Channel Blocking Agents

Preferred

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

Requires Prior Authorization

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

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

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

Requires Prior Authorization

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

Lipotropics, Statins (Lipotropics)

Preferred

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

Requires Prior Authorization

Advicor
 Altoprev
 Caduet
 Vytorin

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

CARDIOVASCULAR

Platelet Aggregation Inhibitors

Preferred

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

Requires Prior Authorization

Effient

Pulmonary Arterial Hypertension Agents, Oral and Inhaled Agents

Preferred

Letairis
Revatio *
Tracleer
Ventavis

Requires Prior Authorization

Adcirca *
Tyvaso

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

CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

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

Requires Prior Authorization

Banzel
Lamictal ODT, Lamictal ER
Phenytek
Sabril
Stavzor
Vimpat

CENTRAL NERVOUS SYSTEM

Antidepressants, Other (Alpha-2 Receptor Antagonist/ Antidepressants, Serotonin-2 Antagonist/ Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake-Inhib, Norepinephrine & Dopamine Reuptake Inhib)

Preferred

bupropion, bupropion SR, bupropion XL (*Wellbutrin*, *Wellbutrin SR*, *Wellbutrin XL*)
mirtazapine, mirtazapine soltab (*Remeron*, *Remeron Soltab*)
trazodone (*Desyrel*)
venlafaxine (*Effexor*)
venlafaxine ER Tablets (Brand & generic)
Marplan
Nardil
Parnate (Brand only)

Requires Prior Authorization

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

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

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

Requires Prior Authorization

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

Antipsychotics

Preferred

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

Fanapt

Geodon, Geodon IM
Moban

Orap

Risperdal Consta

Seroquel

SECOND TIER: **

Abilify
Zyprexa, Zyprexa IM

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

CENTRAL NERVOUS SYSTEM

Antipsychotics (continued)

Requires Prior Authorization

Fazaclo
Invega
Invega Sustenna
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)
Ambien CR
Doral
Edluar
Lunesta***

*** Step therapy may allow it to process without a prior authorization. See criteria at: www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm.

Stimulants & Related Agents

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

Preferred

FIRST TIER:

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

Concerta

Daytrana

Focalin XR

Intuniv

Metadate CD

Methylin Chew & Solution

Vyvanse

SECOND TIER:

Strattera **** (for ages 17 and under)

**** To view criteria for Strattera, see www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm.

Requires Prior Authorization

methamphetamine (*Desoxyn*) (Brand & generic)
Nuvigil
Procentra
Provigil
Ritalin LA

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

ENDOCRINE

Androgenic Agents

Preferred

Androderm
AndroGel

Requires Prior Authorization

Testim

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

Preferred

alendronate (*Fosamax*)
Actonel, Actonel with Calcium
Miacalcin (Brand only)

Requires Prior Authorization

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

Hypoglycemics, Incretin Mimetics & Enhancers

Preferred

Byetta
Janumet
Januvia
Onglyza
Symlin

Requires Prior Authorization

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

ActoPlusMet
Actos
Avandamet
Avandaryl
Avandia
Duetact

GASTROINTESTINAL

Antiemetics, Oral (Antiemetic/Antivertigo Agents)

Preferred

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

Requires Prior Authorization

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

Bile Salts

Preferred

ursodiol
URSO, URSO Forte

Requires Prior Authorization

Chenodal

Pancreatic Enzymes

Preferred

pancrelipase
Creon
Pancreaze
Zenpep

Phosphate Binders & Related Agents

Preferred

Fosrenol
PhosLo (Brand only)
Renagel

Requires Prior Authorization

calcium acetate (generic only)
Eliphos
Renvela

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

Preferred

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

Requires Prior Authorization

pantoprazole (*Protonix*) (Brand & generic)
Aciphex
Dexilant (*formerly Kapidex*)
Prevacid OTC
Prilosec Suspension
Nexium (all forms)
Zegerid, Zegerid OTC

Ulcerative Colitis Agents

Preferred

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

Requires Prior Authorization

mesalamine enemas (*Rowasa*) (Brand & generic)
Apriso
Dipentum
Lialda
Pentasa
sFRowasa

IMMUNOLOGICS

Immunosuppressives, Oral

Preferred

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

Requires Prior Authorization

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

INJECTABLES

Anticoagulants, Injectable

Preferred

Arixtra
Fragmin
Lovenox

Requires Prior Authorization

Innohep

Colony Stimulating Factors

Preferred

Leukine
Neupogen

Requires Prior Authorization

Neulasta

Cytokine & CAM Antagonists

(Anti-inflammatory, Pyrimidine Synthesis Inhibitor, Anti-inflammatory, Tumor Necrosis Factor Inhibitor, Anti-Flam, Interleukin-1 Receptor Antagonist, Drugs to Tx Chronic Inflamm Disease of Colon, Antimetabolites)

Preferred

Cimzia
Enbrel
Humira

Requires Prior Authorization

Actemra
Amevive
Kineret
Orencia
Remicade
Simponi
Stelara

Erythropoietins (Hematinics, Other)

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epogen

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

INJECTABLES

Growth Hormones (CLINICAL PA REQUIRED)

Preferred

Genotropin
Norditropin
Nutropin, Nutropin AQ

Requires Prior Authorization

Humatrope
Omnitrope
Saizen
Serostim
Tev-Tropin
Zorbtive

Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)

Preferred

ribavirin (*Copegus, Rebetol*)
Pegasys

Requires Prior Authorization

Infergen
Peg-Intron
Peg-Intron Redipen

Multiple Sclerosis Agents

Preferred

Betaseron
Copaxone
Rebif

Requires Prior Authorization

Ampyra
Avonex
Extavia

NEUROLOGICS

Alzheimer's Agents

Preferred

Aricept/Aricept ODT
Exelon, Exelon Transdermal Patch
Namenda

Requires Prior Authorization

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

NEUROLOGICS

Anti-Parkinson's Agents

Preferred

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

Requires Prior Authorization

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

OPHTHALMICS

Ophthalmics, Allergic Conjunctivitis

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

Preferred

cromolyn (*Crolom*)
ketorolac (*Acular*)
ketotifen OTC
Alrex
Pataday
Patanol

Requires Prior Authorization

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

Ophthalmics, Antibiotics

Preferred

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

Requires Prior Authorization

AzaSite
Besivance
Ciloxan Ointment
Iquix
Natacyn
Quixin
Zymar

OPHTHALMICS

Ophthalmics, Glaucoma Agents

Preferred

betaxolol
brimonidine
carteolol (*Ocupress*)
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)
Xalatan

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 LS (*Acular LS*)
Flarex
FML Forte, FML SOP
Lotemax
Maxidex
Pred Mild

Requires Prior Authorization

Acuvail
Durezol
Nevanac
Ozurdex
Retisert
Triesence
Vexol
Xibrom

OTIC

Otic Antibiotics

Preferred

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

Requires Prior Authorization

Cetraxal
Cipro HC

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

RESPIRATORY

Antihistamines, Minimally Sedating

Preferred

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

Requires Prior Authorization

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

Bronchodilators, Anticholinergics

Preferred

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

Bronchodilators, Beta₂-Agonist

(Beta-Adrenergic Agents)

Preferred

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

Requires Prior Authorization

albuterol neb low dose
levalbuterol neb (*Xopenex*) (Brand & generic)
metaproterenol (*Alupent*)
Brovana
Foradil
Maxair
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
Pulmicort Flexhaler

RESPIRATORY

Intranasal Rhinitis Agents

(Nasal Anti-Inflammatory Steroids)

Preferred

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

Requires Prior Authorization

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

Leukotriene Modifiers

Preferred

Accolate
Singulair

Requires Prior Authorization

Zyflo CR

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

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

TOPICAL DERMATOLOGICS

Acne Agents, Topical (*continued*)

Requires Prior Authorization

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

Atopic Dermatitis

Preferred

Elidel
Protopic

UROLOGIC

Benign Prostatic Hyperplasia

(Alpha-Adrenergic Blocking Agents)

Preferred

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

Requires Prior Authorization

finasteride (generic only)
Avodart
Cardura XL
Rapaflo

Bladder Relaxant Preparations

(Urinary Tract Antispasmodic/AntiIncontinence Agent)

Preferred

oxybutynin (*Ditropan*)
Enablex
Gelnique
Toviaz
Vesicare

Requires Prior Authorization

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



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



Pharmacy
News & Views

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

In This Issue . . .

- *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 an 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