



Pharmacy News & Views

July 2012

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

Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown includes updates effective July 1, 2012. 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 gen product(s) are usually preferred and brded innovator product(s) are non-preferred. Most brded PDL products that are new to the market require prior authorization until they are reviewed.*

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

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

ANALGESIC

Analgesics/Anesthetics, Topical

Preferred

capsaicin OTC
Lidoderm
Voltaren Gel

Requires Prior Authorization

Flector
Pennsaid
Qutenza

Analgesics, Narcotics (Long Acting)

Preferred

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

Requires Prior Authorization

morphine sulfate ER (*Kadian*) (gen only)
oxycodone ER (*OxyContin*) (Brd & gen)
oxymorphone ER
tramadol ER (*Ultram ER*) (Brd & gen)
Avinza
Butrans
Conzip
Duragesic Matrix
Exalgo
Nucynta ER
Opana ER

ANALGESIC

Analgesics, Narcotics Short Acting

Preferred

apap w/codeine (*Tylenol w/Codeine*)
aspirin w/codeine
butalbital/apap/codeine
butalbital/apap/codeine/caffeine
codeine
dihydrocodeine/apap/caffeine (*Panlor SS*)
dihydrocodeine/aspirin/caffeine (*Synalgos DC*)
hydrocodone/apap (*Vicodin*)
hydrocodone/ibuprofen (*Vicoprofen*)
hydromorphone (*Dilaudid*)
morphine sulfate
oxycodone
oxycodone/apap (*Percocet*)
oxycodone/aspirin (*Percodan*)
pentazocine/apap (*Talacen*)
pentazocine/naloxone (*Talwin NX*)
tramadol (*Ultram*)
tramadol/apap (*Ultracet*)
Roxicodone tabs
Zydone

Requires Prior Authorization

butorphanol nasal spray
carisoprodol/codeine/asa
fentanyl transmucosal & buccal (*Actiq & Fentora*) (Brd & gen) *
levorphanol
meperidine (*Demerol*) (Brd & gen)
oxycodone/ibuprofen (*Combunox*) (Brd & gen)
oxymorphone (*Opana*) (Brd & gen)
Abstral *
Dilaudid Liquid
Ibudone
Nucynta
Onsolis *
Oxecta
Panlor DC
Reprexain
Roxicodone solution
Rybitx ODT
Trexix
Zamiset
Zolvit

ANALGESIC

Anti-Hyperuricemics

Preferred

allopurinol (*Zyloprim*)
probenecid
probenecid/colchicine

Requires Prior Authorization

Colcrys
Uloric

Anti-Migraine Agents

Preferred

sumatriptain (*Imitrex*)
Relpax

Requires Prior Authorization

naratriptan (*Amerge*) (Brd & gen)
Axert
Cambia
Frova
Maxalt, Maxalt MLT
Sumavel Dosepro
Treximet
Zomig, Zomig Nasal, Zomig ZMT

Fibromyalgia Agents

Preferred

Lyrica
Savella

Requires Prior Authorization

Cymbalta *

* Clinical criteria apply. View criteria at: www.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx

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

Visit www.epocrates.com and click on "Epocrates Online" or "My Account" to register for your free online account.

Maryland Medicaid Preferred Drug List (effective July 1, 2012)

ANALGESIC

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

Preferred

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

Requires Prior Authorization

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

Skeletal Muscle Relaxants

Preferred

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

Requires Prior Authorization

cyclobenzaprine ER (*Amrix*) (Brd & gen)
metaxalone (Skelaxin) (Brd & gen)
tizanidine caps (*Zanaflex*) (Brd & gen)
Fexmid
Lorzone
Soma 250mg

ANTI-INFECTIVES

Antibiotics, GI

Preferred

metronidazole tabs (*Flagyl*)
neomycin
Alinia
vancomycin (*Vancocin*)

Requires Prior Authorization

metronidazole caps (*Flagyl caps*)
Dificid
Flagyl ER
Neo-Fradin
tinidazole (*Tinamix*)
Xifaxan

ANTI-INFECTIVES

Antibiotics, Inhaled

Preferred

TÖBI

Requires Prior Authorization

Cayston

Antibiotics, Vaginal

Preferred

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

Requires Prior Authorization

Cleocin Cream

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

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

Requires Prior Authorization

clotrimazole troche (*Mycelex*) (Brd & gen)
flucytosine (*Ancobon*)
griseofulvin suspension (*Fulvicin,
GriFulvin V*) (Brd & gen)
itraconazole (*Sporanox*)
voriconazole (*Vfend*) (Brd & gen)
Lamisil Granules
Noxafil
Terbinex

Antifungals, Topical (Topical Antifungals)

Preferred

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

Requires Prior Authorization

butenafine OTC
ciclopirox (*Loprox*) (Brd & gen)
ciclopirox solution (*Penlac*) (Brd & gen)
ciclopirox shampoo (*Loprox*) (Brd & gen)
ketoconazole foam
tolnaftate aero powder
Bensal HP
CNL-8
Ertaczo
Exelderm
Extina
Ketocon Plus
Lamisil Solution
Naftin
Oxistat
Pediaderm AF
Pedioprox-4
Vusion

ANTI-INFECTIVES

Antiparasitics, Topical

Preferred

permethrin OTC
permethrin Rx (*Elimite, Acticin*)
piperonyl/pyrethrins OTC
piperonyl/pyrethrins/permethrin OTC
Eurax cream
Ovide (Brd only)

Requires Prior Authorization

lindane
malathion (gen only)
Eurax lotion
Natroba
Ulesfia

Antivirals (Antivirals, General)

Preferred

acyclovir (*Zovirax*)
amantadine (*Symmetrel*)
rimantadine (*Flumadine*)
valacyclovir (*Valtrex*) (Brd & gen)

Requires Prior Authorization

famciclovir (*Famvir*) (Brd & gen)
Relenza
Tamiflu

Antivirals, Topical

Preferred

Abreva OTC
Denavir
Zovirax Ointment

Requires Prior Authorization

Xerese
Zovirax Cream

Cephalosporin & Related Agents

(Cephalosporins, Second & Third Generation, Penicillins)

Preferred

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

Requires Prior Authorization

amoxicillin/clav ER (*Augmentin XR*)
(Brd & gen)
cefditoren (*Spectracef*) (Brd & gen)
cefepodoxime (*Vantin*) (Brd & gen)
Cedax
Ceftin Tabs/Suspension

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (*Cipro*)
levofloxacin (*Levaquin*)

Requires Prior Authorization

ciprofloxacin ER (*Cipro XR*) (Brd & gen)
ofloxacin (*Floxin*) (Brd & gen)
Avelox
Cipro Suspension
Factive
Noroxin

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ANTI-INFECTIVE

Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)

Preferred

ribavirin (*Copegus, Rebetol*)
 Incivek
 Pegasys
 Peg-Intron, Peg-Intron Redipen
 Victrelis

Requires Prior Authorization

Infergen
 Pegasys Proclick
 Ribapak
 Ribasphere

Macrolides/Ketolides

Preferred

azithromycin (*Zithromax*)
 erythromycin
 E.E.S.
 Ery-Tab
 EryPed
 Erythrocin

Requires Prior Authorization

clarithromycin, clarithromycin ER
 (*Biaxin, Biaxin XL*) (Brd & gen)
 Ketek
 PCE
 Zmax

Tetracyclines

Preferred

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

Requires Prior Authorization

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

Topical Antibiotics

Preferred

bacitracin OTC
 bacitracin/polymyxin OTC
 gentamicin
 mupirocin (*Bactroban Ointment*)
 triple antibiotic ointment & packet, OTC

Requires Prior Authorization

Altabax
 Bactroban Cream
 Centany

CARDIOVASCULAR

Angiotensin Modulator Combinations

Preferred

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

Requires Prior Authorization

trandolapril/verapamil (*Tarka*) (Brd & gen)
 Tekamlo/Amturide
 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

Requires Prior Authorization

eprosartan (*Teveten*) (Brd & gen)
 moexipril (*Univasc*) (Brd & gen)
 moexipril HCTZ (*Uniretic*) (Brd & gen)
 perindopril (*Aceon*) (Brd & gen)
 trandolapril (*Mavik*) (Brd & gen)
 Atacand, Atacand HCT
 Avapro, Avalide
 Benicar, Benicar HCT
 Edarbi, Edarbiclor
 Micardis, Micardis HCT
 Tekturma, Tekturma HCT
 Teveten HCT

Anticoagulants

Preferred

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

Requires Prior Authorization

enoxaparin (gen only)
 fondaparinux (*Arixtra*) (Brd & gen)
 Pradaxa
 Xarelto

Antihypertensives, Sympatholytics

Preferred

clonidine oral (*Catapres*)
 guanfacine (*Tenex*)
 methyl dopa (*Aldmet*)
 methyl dopa HCTZ (*Aldoril*)
 Catapres-TTS (Brd only)

Requires Prior Authorization

clonidine transdermal (gen only)
 reserpine
 Clorpres
 Nexiclon XR Suspension & Tabs

CARDIOVASCULAR

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 XL (*Toprol XL*)
 nadolol (*Corgard*)
 nadolol/bendroflumethiazide (*Corzide*)
 pindolol (*Visken*)
 propranolol, propranolol LA
 (*Inderal, Inderal LA*)
 propranolol HCTZ (*Inderide*)
 sotalol, sotalol AF (*Betapace, Betapace AF*)
 timolol (*Blocadren*)

Requires Prior Authorization

betaxolol (*Kerlone*) (Brd & gen)
 Bystolic
 Coreg CR
 Dutropol
 Innopran XL
 Levatol

Calcium Channel Blocking Agents

Preferred

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

Requires Prior Authorization

nifedipine (*Adalat, Procardia*) (Brd & gen)
 nimodipine (*Nimotop*) (Brd & gen)
 nisoldipine (*Sular*) (Brd & gen)
 verapamil ER caps (*Verelan PM*) (Brd & gen)
 Cardizem LA
 Covera HS
 DynaCirc CR
 Matzim LA

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

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

Requires Prior Authorization

colestipol (*Colestid*) (Brd & gen)
 fenofibrate (*Lofibra*) (Brd & gen)
 fenofibric acid (*Fibricor*) (Brd & gen)
 Antara
 Lipofen
 Lovaza
 Triglide
 Welchol
 Zetia

* Clinical criteria apply. View criteria at: www.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx

Maryland Medicaid Preferred Drug List (effective July 1, 2012)

CARDIOVASCULAR

Lipotropics, Statins (Lipotropics)

Preferred

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

Requires Prior Authorization

amlodipine/atorvastatin (*Caduet*) (Brd & gen)
 Advicor
 Altoprev
 Crestor
 Livalo
 Vytorin

Platelet Aggregation Inhibitors

Preferred

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

Requires Prior Authorization

Brillinta
 Effient

Pulmonary Arterial Hypertension Agents, Oral and Inhaled Agents

Preferred

Adcirca *
 Letairis
 Revatio *
 Tracleer
 Ventavis

Requires Prior Authorization

Tyvaso

CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

carbamazepine, carbamazepine susp.
 (*Tegretol, Tegretol suspension*)
 clonazepam (*Klonopin*)
 divalproex (*Depakote, Depakote ER*)
 gabapentin (*Neurontin*)
 lamotrigine (*Lamictal*)
 levetiracetam (*Keppra*)
 oxcarbazepine susp. (*Trileptal suspension*) (Brd & gen)
 phenobarbital
 phenytoin (*Dilantin*)
 primidone (*Mysoline*)
 topiramate (*Topamax*)
 valproic acid (*Depakene*)
 zonisamide (*Zonegran*)
 Carbatrol (Brd only)
 Celontin
 Depakote Sprinkle (Brd only)
 Diastat Rectal (Brd only)
 Gabitril
 Peganone

CENTRAL NERVOUS SYSTEM

Anticonvulsants (continued)

Requires Prior Authorization

carbamazepine ER caps (gen only)
 carbamazepine XR (*Tegretol XR*)
 clonazepam ODT (*Klonopin ODT*)
 diazepam rectal (gen only)
 divalproex sprinkles (gen only)
 ethosuximide (*Zarontin*) (Brd & gen)
 felbamate (*Felbatol*)
 levetiracetam ER (*Keppra XR*) (Brd & gen)
 mephobarbital (*Mebaral*)
 topiramate sprinkles (*Topamax*) (Brd & gen)
 Banzel
 Equetro
 Gralise
 Lamictal ODT, Lamictal XR
 Onfi
 Phenytek
 Sabril
 Stavzor
 Vimpat

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

Preferred

bupropion, bupropion SR, bupropion XL
 (*Wellbutrin, Wellbutrin SR, Wellbutrin XL*)
 mirtazapine, mirtazapine soltab
 (*Remeron, Remeron Soltab*)
 phenelzine (*Nardil*)
 trazodone (*Desyre*)
 venlafaxine (*Effexor*)
 venlafaxine ER caps (*Effexor XR*)
 Marplan
 Parnate (Brd only)

Requires Prior Authorization

nefazodone (*Serzone*)
 tranylcypromine (gen only)
 venlafaxine ER tabs
 Aplenzin
 Emsam
 Oleptro ER
 Pristiq
 Viibryd

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

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

Requires Prior Authorization

escitalopram (gen only)
 fluoxetine weekly (*Prozac weekly*)
 (Brd & gen)
 paroxetine CR (*Paxil CR*) (Brd & gen)
 Luvox CR
 Pexeva
 Sarafem (Brd & gen)
 Selfemra

* Clinical criteria apply. View criteria at: www.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx

CENTRAL NERVOUS SYSTEM

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*)
 quetiapine (*Seroquel*)
 risperidone (*Risperdal*)
 thioridazine (*Mellaril*)
 thiothixene (*Navane*)
 trifluoperazine (*Stelazine*)
 Geodon (Brd only), Geodon IM
 Moban
 Orap
 Risperdal Consta

SECOND TIER: **

olanzapine IM (*Zyprexa IM*)
 olanzapine ODT (*Zyprexa Zydis*)
 olanzapine (*Zyprexa*)
 Abilify

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

Requires Prior Authorization

ziprasidone (gen only)
 Abilify IM
 Fanapt
 Fazaclo
 Invega, Invega Sustenna
 Latuda
 Saphris
 Seroquel XR
 Symbyax
 Zyprexa Relprev

Sedative Hypnotics

Preferred

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

Requires Prior Authorization

estazolam (*ProSom*)
 temazepam 7.5mg & 22.5mg (*Restoril*)
 (Brd & gen)
 zolpidem ER (*Ambien CR*) (Brd & gen)
 Doral
 Edluar
 Lunesta ***
 Rozerem
 Silenor
 Somnote
 Zolpimist

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

Maryland Medicaid Preferred Drug List (effective July 1, 2012)

CENTRAL NERVOUS SYSTEM

Stimulants & Related Agents

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

Preferred

FIRST TIER:

amphetamine salt combo (*Adderall*)
dexamethylphenidate (*Focalin*) (Brd & gen)
dextroamphetamine (*Dexedrine*)
methylphenidate, methylphenidate ER (*Ritalin, Ritalin-SR*)
Adderall XR (Brd only)
Concerta (Brd only)
Daytrana
Focalin XR
Intuniv **
Metadate CD
Methylin Chew & Solution
Vyvanse

SECOND TIER:

Strattera * (for ages 17 and under)

Requires Prior Authorization

amphetamine salt combo ER (gen only)
methamphetamine (*Desoxyn*) (Brd & gen)
methylphenidate liquid (*Procentra*) (Brd & gen)
methylphenidate CR (gen only)
Kapvay **
Nuvigil
Provigil
Ritalin LA

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

ENDOCRINE

Androgenic Agents

Preferred

Androderm
Androgel

Requires Prior Authorization

Axiron
Fortesta
Testim

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

Preferred

alendronate (*Fosamax*)
Miacalcin (Brd only)

Requires Prior Authorization

calcitonin salmon nasal (gen only)
etidronate (*Didronel*) (Brd & gen)
ibandronate (*Boniva*) (Brd & gen)
Actonel
Atelvia
Evista
Forteo
Fortical
Fosamax Plus D, Fosamax Solution
Prolia

ENDOCRINE

Hypoglycemics, Incretin Mimetics & Enhancers

Preferred

Byetta
Janumet
Januvia
Jentadueto
Kombiglyze XR
Onglyza
Symlin
Tradjenta

Requires Prior Authorization

Bydureon
Juvissync
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
Duetact

Requires Prior Authorization

ActoPlusMet XR
Avandamet
Avandaryl
Avandia

GASTROINTESTINAL

Antiemetic/Antivertigo Agents

Preferred

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

Requires Prior Authorization

dronabinol (gen only)
granisetron oral & IV (*Kytril*) (Brd & gen)
trimethobenzamide (*Tigan*) (Brd & gen)
Aloxi IV
Anzemet (oral & IV)
Cesamet
Emend IV
Sancuso
Zuplenz

GASTROINTESTINAL

Bile Salts

Preferred

ursodiolcapsule (*Actigall*)

Requires Prior Authorization

ursodiol tab (*URSO Forte*)
Chenodal

Pancreatic Enzymes

Preferred

pancrelipase
Creon
Zenpep

Requires Prior Authorization

Pancreaze

Phosphate Binders & Related Agents

Preferred

Calphron OTC
Eliphos
PhosLo (Brd only)
Renagel
Renvela tab

Requires Prior Authorization

calcium acetate (gen only)
Fosrenol
Magnebind 400 RX
Phoslyra
Renvela powder packet

Proton Pump Inhibitors

(Gastric Acid Secretion Reducers)

Preferred

lansoprazole, lansoprazole OTC & solutab (*Prevacid, Prevacid OTC, Prevacid Solutab*)
omeprazole, omeprazole OTC (*Prilosec, Prilosec OTC*)
pantoprazole (*Protonix*)
Protonix Suspension

Requires Prior Authorization

omeprazole/sodium bicarb (*Zegerid OTC*) (Brd & gen)
Aciphex
Dexilant
Prilosec Suspension
Nexium

Ulcerative Colitis Agents

Preferred

balsalazide (*Colazaal*)
sulfasalazine, sulfasalazine DR (*Azulfidine*)
Apriso
Asacol
Canasa

Requires Prior Authorization

mesalamine enemas (*Rowasa*) (Brd & gen)
Asacol HD
Dipentum
Lialda
Pentasa
sFRowasa

IMMUNOLOGICS

Immunosuppressives, Oral

Preferred

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

Requires Prior Authorization

cyclosporine (gen only)
Azasan
Myfortic
Zortress

* Clinical criteria apply. View criteria at: www.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx

Maryland Medicaid Preferred Drug List (effective July 1, 2012)

INJECTABLES

Colony Stimulating Factors

Preferred

Neupogen

Requires Prior Authorization

Leukine
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, Orencia Sub-Q
Remicade
Simponi
Stelara

Erythropoietins (Hematinics, Other)

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epopgen

Growth Hormones (Clinical PA Required)

Preferred

Genotropin
Norditropin
Nutropin, Nutropin AQ

Requires Prior Authorization

Humatrope
Omnitrope
Saizen
Serostim
Tev-Tropin

NEUROLOGICS

Alzheimer's Agents

Preferred

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

Requires Prior Authorization

galantamine (*Razadyne, Razadyne ER*) (Brd & gen)
Exelon Solution

Anti-Parkinson's Agents

Preferred

béztropine (*Cogentin*)
levodopa/carbidopa Immediate & ER (*Sinemet, Sinemet CR*)
ropinirole (*Requip*)
pramipexole (*Mirapex*)
trihexyphenidyl (*Artane*)
Stalevo

NEUROLOGICS

Anti-Parkinson's Agents (continued)

Requires Prior Authorization

bromocriptine (*Parlodel*) (Brd & gen)
levodopa/carbidopa ODT (*Parcopa*) (Brd & gen)
selegiline (*Eldepryl*) (Brd & gen)
Azilect
Comtan
Mirapex ER
Requip XL
Tasmar
Zelapar

Multiple Sclerosis Agents

Preferred

Avonex
Betaseron
Copaxone
Rebif

Requires Prior Authorization

Ampyra
Extavia
Gilenya

OPHTHALMICS

Ophthalmics, Allergic Conjunctivitis

(Eye Anti-inflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)

Preferred

cromolyn (*Crolom*)
ketotifen OTC (*Zaditor OTC*)
Alrex
Pataday
Patanol

Requires Prior Authorization

azelastine (*Optivar*) (Brd & gen)
epinastine (*Elestat*) (Brd & gen)
Alamast
Alocril
Alomide
Bepreve
Elestat
Emadine
Lastacast

Ophthalmics, Antibiotics

Preferred

bacitracin
bacitracin/polymyxin
ciprofloxacin solution (*Ciloxan*)
erythromycin
gentamicin (*Garamycin*) (Brd & gen)
neomycin/polymyxin/gramicidin
ofloxacin (*Ocuflax*)
polymyxin/trimethoprim (*Polytrim*)
sulfacetamide
terramycin/polymyxin
tobramycin
triple antibiotic
Besivance
Ciloxan Ointment
Tobrex Ointment
Vigamox
Zymar

Requires Prior Authorization

levofloxacin (*Quixin*) (Brd & gen)
AzaSite
Iquix
Moxeza
Natacyn
Zymaxid

OPHTHALMICS

Ophthalmics, Antibiotic/Steroid Combinations

Preferred

neomycin/bacitracin/polymyxin/HC
neomycin/polymyxin/dexamethasone
neomycin/polymyxin/HC
sulfacetamide/prednisolone
tobramycin/dexamethasone susp.
Blephamide, Blephamide SOP
Pred-G Ointment, Drops
Tobradex Ointment
Zylet

Requires Prior Authorization

Tobradex ST

Ophthalmics, Glaucoma Agents

Preferred

betaxolol
brimonidine
carteolol (*Ocupress*)
dorzolamide (*Trusopt*)
dorzolamide/timolol (*Cosopt*)
latanaprost (*Xalatan*)
levobunolol (*Betagan*)
metipranolol (*OptiPranolol*)
pilocarpine (*Pilocar*)
timolol (*Timoptic, Timoptic XE*)
Alphagan P 0.15% (Brd only)
Azopt
Betimol
Betoptic S
Combigan
Istalol
Propine
Travatan, Travatan Z

Requires Prior Authorization

apraclonidine (*Iopidine*) (Brd & gen)
brimonidine tartrate 0.15% (gen only)
Alphagan P 0.1%
Lumigan

Ophthalmics, Anti-Inflammatories

Preferred

dexamethasone (*Decadron*)
diclofenac (*Voltaren*)
fluorometholone (*FML*)
flurbiprofen (*Ocufen*)
ketorolac, ketorolac LS (*Acular, Acular LS*)
prednisolone acetate (*Omnipred*) (Brd & gen)
prednisolone sodium
FML Forte, FML SOP
Lotemax
Maxidex
Pred Mild

Requires Prior Authorization

bromfenac (*Xibrom*)
Acuvail
Bromday
Durezol
Flarex
Nevanac
Ozurdex
Pred Forte
Retisert
Triesence
Vexol

Maryland Medicaid Preferred Drug List (effective July 1, 2012)

OTIC

Otic Antibiotics

Preferred

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

Requires Prior Authorization

Cetraxal
Cipro HC

RESPIRATORY

Antihistamines, Minimally Sedating

Preferred

cetirizine, cetirizine-D (Rx & OTC)
fexofenadine OTC, 60 & 180 mg
levocetirizine (*Xyzal*)
loratadine, loratadine-D (Rx & OTC)

Requires Prior Authorization

fexofenadine (*Allegra*)
fexofenadine D, 12 & 24 hour (*Allegra-D*)
(Brd & gen)
Allegra Syrup, Allegra ODT
Claritin, Claritin-D (Rx & OTC)
Claritin Chewable (OTC)
Claritin LiquiGel (OTC)
Clarinet, Clarinet-D
Semprex-D
Xyzal Syrup

Bronchodilators, Beta₂-Agonist

(Beta-Adrenergic Agents)

Preferred

albuterol syrup & tab (*Proventil, Ventolin*)
terbutaline (*Brethine*)
Foradil
Maxair
ProAir HFA
Proventil HFA

Requires Prior Authorization

albuterol ER (*Vospire ER*)
albuterol neb low dose
levalbuterol neb (*Xopenex*) (Brd & gen)
metaproterenol (*Alupent*)
Arcapta
Brovana
Perforomist
Serevent
Ventolin HFA
Xopenex HFA

COPD Agents

Preferred

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

Requires Prior Authorization

Daliresp

RESPIRATORY

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

Preferred

Advair Diskus, Advair HFA
Aerobid, Aerobid M
Asmanex
Dulera
Flovent Diskus, Flovent HFA
Qvar
Symbicort

Requires Prior Authorization

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

Intranasal Rhinitis Agents

(Nasal Anti-Inflammatory Steroids)

Preferred

flunisolide (*Nasalide*)
fluticasone nasal (*Flonase*)
Astelin (Brd only)
Astepro
Beconase AQ
Nasacort AQ (Brd only)
Nasonex
Patanase

Requires Prior Authorization

azelastine nasal (gen only)
flunisolide (*Nasarel*) (Brd & gen)
ipratropium (*Atrovent Nasal*) (Brd & gen)
triamcinolone nasal (gen only)
Omnaris
Rhinocort Aqua
Veramyst

Leukotriene Modifiers

Preferred

zafirlukast (*Accolate*)
Singulair

Requires Prior Authorization

Zyflo CR

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide cleanser, gel, kit, med. pad, & towelette
clindamycin foam, gel, lotion, med. swab, & solution
erythromycin gel, med. swab & solution
sulfacetamide/sulfur/urea
sulfacetamide/sulfur (all forms, strengths)
tretinoin
Azelex
Desquam-X OTC
Differin (Brd only)
Panoxyl-8 OTC
Retin-A (all forms, strengths)
SE BPO 7-5.5 Wash Kit
SSS 10-4
TL 4.25% BPO MX Cleanser OTC

TOPICAL DERMATOLOGICS

Acne Agents, Topical (continued)

Requires Prior Authorization

adapalene (gen only)
benzoyl peroxide OTC (all forms, strengths)
clindamycin-benzoyl peroxide
erythromycin-benzoyl peroxide
sodium sulfa-sulfur-meratan
sulfacetamide
Acanya
Aczone
Akne-Mycin
Atralin
Avar (all forms, strengths)
Avita
BenzaClin
Benzamycin
Benzefoam (all forms, strengths)
Benziq
BP-10
Brevoxyl
Cerisa
Clarifoam EF
Clenia
Cleocin T (all forms, strengths)
Clindacin Pac Kit
Clindagel
Delos
Epiduo
Evoclin
Garimide
Inova (all forms, strengths)
Klaron
Lavoclen (all forms, strengths)
Nuox
Ovace (all forms, strengths)
Panex (all forms, strengths)
Panoxyl-4 OTC
Plexicon
Prascion RA
Sastid
SE 10-5
SE BPO Cleanser
Sulfo-Lo OTC
Sulfo-Lac
Sumadan (all forms, strengths)
Sumaxin (all forms, strengths)
Tazorac
Veltin
Ziana

Atopic Dermatitis

Preferred

Elidel

Requires Prior Authorization

Protopic



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



Pharmacy News & Views

Maryland Medicaid Pharmacy Program

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

<http://mmcp.dhmh.maryland.gov/pap>

Martin O'Malley, *Governor*

Anthony G. Brown, *Lt. Governor*

Joshua M. Sharfstein, MD, *Secretary, DHMH*

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UROLOGIC

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

Preferred

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

Requires Prior Authorization

Avodart
Cardura XL
Jalyn
Rapaflo

Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Antiincontinence Agent)

Preferred

oxybutynin (*Ditropan*)
Toviaz
Vesicare

Requires Prior Authorization

flvoxate
oxybutynin XL (*Ditropan XL*) (Brd & gen)
trospium (*Sanctura*) (Brd & gen)
Detrol, Detrol LA
Enblex
Gelnique
Oxytrol
Sanctura XR

30-day Emergency Supply of Atypical Antipsychotic Agents

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

TELEPHONE NUMBERS

ACS Technical Assistance and Preauthorizations

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

Maryland Medicaid Pharmacy Access Hotline

1-800-492-5231 (*select option three*)
Monday-Friday, 8:00 am to 5:00 pm

Kidney Disease Program

1-410-767-5000 or 5002
Monday-Friday, 8:00 am to 5:00 pm

Breast & Cervical Cancer Diagnosis and Treatment

1-410-767-6787
Monday-Friday, 8:00 am to 4:30 pm

Maryland AIDS Drug Assistance Program

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