

# Pharmacy News and Views

## Updates to the Preferred Drug List (PDL)

The following six drug classes have been added to the Maryland Preferred Drug List effective on or about October 1, 2005:

- Alzheimers' Agents
- Atopic Dermatitis
- Ophthalmics, Glaucoma Agents
- Anti-Parkinsons' Agents
- Hypoglycemics, Metformins
- Platelet Aggregation Inhibitors

The entire Preferred Drug List (PDL) is included as part of this newsletter. Changes to the PDL are highlighted. One major change is creating tiered therapy in the Stimulants and Related Agents Category. Effective on or about October 1, 2005, Strattera® will become a Tier Two product on the PDL. If there is no history of use of Strattera® or a Tier One agent in the recipient's most recent 90-day drug history, Strattera® will require a preauthorization. The preauthorization phone number is 800-932-3918. However, Strattera® may be adjudicated without a preauthorization based upon the following two exceptions:

1. Strattera® is considered a mental health drug, and therefore, grandfathered for all recipients who are currently receiving it.
2. If a claim for Strattera® is submitted and the recipient has had a history of receiving a Tier One Agent within the previous 90-day period, it will adjudicate without a preauthorization.



## Atypical Antipsychotic Agents

Atypical antipsychotic agents are widely prescribed and have dramatically improved the quality of life for many patients. However, these drugs are very costly and represent approximately 20% of the entire annual prescription drug budget for the Maryland Medicaid Program or nearly \$100 million of the \$500 million budget. In the past year, Maryland Medicaid has undertaken several initiatives focused on the appropriate utilization of atypical antipsychotic agents.

Dose optimization limits were implemented at the beginning of the year. More recently, an education letter was sent to the top 500 Maryland prescribers of atypical antipsychotic agents. The Department's goal is to ensure that Medicaid patients receive optimal drug therapy at the lowest reasonable cost. The letter listed the monthly cost of therapy for several widely used dosage regimens of the atypical agents and also listed several initiatives that can be taken

to promote the most cost-effective use of these agents. These initiatives include the following:

- Use of cost effective dosing for these agents based on current dose optimization limits.
- Combination of two antipsychotic agents should only be prescribed after an adequate trial of each agent prescribed individually at a maximum tolerated dose.
- Use of clozapine should be considered prior to initiating combination anti-psychotic therapy.
- Use of mood stabilizers and other non-antipsychotic augmentation strategies should be tried prior to initiation of combination antipsychotic therapy when mood symptoms are present.
- Limit the use of low doses of these agents when used strictly for their sedative effects and not for the treatment of psychosis or bi-polar disorders.
- For noncompliant patients, consider trial of long-acting antipsychotic agents (fluphenazine decanoate, haloperidol decanoate or Risperdal® Consta®).
- Monitor patients for development of hyperglycemia or worsening diabetes and adequately address treatment of these complications. *(continued page 2)*

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## Pharmacy News and Views is on the Web


A copy of this newsletter and the previous editions of the *Pharmacy News and Views* newsletter can now be found on the HealthChoice Managed Care Organization website at [www.mdmahealthchoicercx.com](http://www.mdmahealthchoicercx.com), under the Provider Information tab.



STATE OF MARYLAND  
**DHMH**

(continued from page 1)

Within the last several weeks, prescribers of patients taking at least three concurrent antipsychotic agents were identified and sent an educational letter as part of the Retrospective Drug Utilization Review (DUR) Program. A total of 574 patients were identified as taking a combination of at least three concurrent antipsychotic agents.

The Department is dedicated to improving the health and well being of our patients. We thank you for your participation in the Maryland Medicaid Program and hope that you will assist us in making the most effective utilization of our resources as we continue to provide valuable pharmacy benefits to our patients. 

### Medicare Part D Coverage

All Medicare beneficiaries will be eligible for prescription drug coverage. Those who are also eligible for Medicaid or those whose incomes fall below 135% of the Federal Poverty Level (FPL) are exempt from many of the requirements such as monthly premiums and deductibles, and are also not subject to any "gap" in coverage. Individuals with incomes between 135% and 150% of the FPL will pay a reduced premium, based on income, and have a \$50 annual deductible. Dual eligible patients who reside in long term care facilities pay no premiums or co-payments. The chart below shows the various co-payment, premiums and deductibles.

Dual eligible Medicaid recipients who have not made a decision will be automatically enrolled in a PDP by CMS before the first of the year. Pharmacy Assistance recipients who have not done so will be automatically enrolled by DHMH. Enrollment by both CMS and DHMH will be random;

however, DHMH will try to enroll husbands and wives into the same plan. Individuals who are not pleased with the PDP they were automatically enrolled in may change to a difference PDP. Pharmacy Discount Program recipients must enroll in a PDP on their own or else risk loss of prescription drug benefits. Those who do not enroll by May 15, 2006 will incur an ongoing penalty of one percent for every month they fail to enroll.


### Dual Eligible Patients and Coverage of Drugs Not Covered Under Medicare Part D

As of January 1, 2006 the new Medicare Part D prescription drug plan will be implemented. Patient enrollment in the Prescription Drug Plans (PDPs) begins November 15, 2005. There are 34 PDP regions throughout the country. Maryland, Delaware and the District of Columbia encompass our local region. During the month of October, the Centers for Medicare and Medicaid Services (CMS) will be sending all eligible Medicare beneficiaries a hand-book with instructions on how to enroll in one of the PDPs. Please assist your patients in whatever way you can to facilitate the enrollment process. The CMS website [www.medicare.gov](http://www.medicare.gov) is being updated on a regular

basis with patient information brochures and answers to frequently asked questions. Patients who are currently dual eligible to receive both Medicare and Medicaid benefits will be automatically enrolled in one of the Medicare PDPs.

These patients will no longer receive their prescription benefits from Medicaid. Their drug benefits must be obtained through Medicare with only a few exceptions. The PDPs are not required to cover the following drug classes, which are excluded under Part D:

- Benzodiazepines
- Barbiturates
- Over The Counter (OTC) Drugs
- Cough and Cold Medications
- Fertility Agents
- Weight Loss Agents

At this time the drug formularies for the PDPs are not known. Some of the PDPs may cover some of the excluded drugs, such as benzodiazepines and barbiturates. If the PDPs do not cover benzodiazepines and barbiturates, then Maryland Medicaid will cover these and other excluded drugs that are normally covered for other Medicaid recipients, but only for patients who are dual eligible and have full Medicaid benefits. 

### Medicare Part D Cost Sharing

Beneficiary Income	Part D Premium	Deductible	Co-Payment	Coverage Gap
Up to 100% FPL*	None	None	\$1 Generic, \$3 Brand	None
Up to 135% FPL	None	None	\$2 Generic, \$5 Brand	None
Up to 150% FPL	Sliding scale based on income	\$50	15%	None

\* Federal Poverty Level for the purpose of Medicare Part D is \$12,919 or less (if single) or \$17,320 or less (if married) with assets less than \$6,000 (single) or \$9,000 (married).

## Maryland Preferred Drug List

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 Medicaid patients.

Note: For any multi-source product, the generic product(s) are usually preferred and branded innovator product(s) will be non-preferred. PDL products that are new to market require prior authorization until they are reviewed.

Key: All lowercase letters = generic product; Leading capital letter = brand name product; Effective October 1, 2005

### ANALGESIC

#### Analgesics, Narcotics

##### Preferred

acetaminophen w/codeine (Tylenol w/Codeine)  
 aspirin w/codeine (Empirin w/Codeine)  
 butalbital/apap/codeine  
 butalbital/apap/codeine/caffeine  
 codeine  
 hydrocodone/apap (Vicodin)  
 hydrocodone/ibuprofen (Vicoprofen)  
 hydromorphone (Dilaudid)  
 morphine sulfate  
 morphine sulfate SR (MS Contin)  
 oxycodone  
 oxycodone/apap (Percocet)  
 oxycodone/aspirin (Percodan)  
 pentazocine/apap (Talacen)  
 pentazocine/naloxone (Talwin NX)  
 propoxyphene (Darvon)  
 propoxyphene HCl/apap (Wygesic)  
 propoxyphene napsylate/apap (Darvocet)  
 tramadol (Ultram)  
 tramadol/acetaminophen (Ultracet)  
 Duragesic (**brand only**)  
 Kadian

##### Requires Prior Authorization

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

#### Anti-Migrane Agents, Triptans (Anti-Migraine Preparations)

##### Preferred

Axert  
 Maxalt, Maxalt MLT  
 Zomig, Zomig Nasal, Zomig ZMT

##### Requires Prior Authorization

Amerge  
 Frova  
 Imitrex (oral, nasal & subq)  
 Relpax

### ANALGESIC

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

##### Preferred

###### *FIRST TIER:*

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

*SECOND TIER:*  
 Celebrex  
 Prevacid NapraPac

##### Requires Prior Authorization

Arthrotec  
 Mobic  
 Ponstel

### ANTI-INFECTIVES

#### Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

##### Preferred

clotrimazole troche (Mycelex)  
 fluconazole (Diflucan)  
 griseofulvin (Fulvicin, GriFulvin V)  
 itraconazole (Sporanox)  
 ketoconazole (Nizoral)  
 nystatin  
 Gris Peg  
 Lamisil  
 Mycostatin Pastilles

##### Requires Prior Authorization

Ancobon  
 Sporanox Solution  
 Vfend

### 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

Ertaczo  
 Mentax  
 Naftin  
 Oxistat  
 Penlac

#### Antivirals (Antivirals, General)

##### Preferred

acyclovir (Zovirax)  
 amantadine (Symmetrel)  
 ganciclovir (Cytovene)  
 rimantadine (Flumadine)  
 Valcyte  
 Valtrex

##### Requires Prior Authorization

Famvir  
 Relenza  
 Tamiflu

#### Cephalosporin & Related Agents (Cephalosporins, Second & Third Generation, Penicillins)

##### Preferred

amoxicillin/clavulanate (Augmentin, Augmentin ES)  
 cefaclor (Ceclor, Ceclor CD)  
 cefadroxil (Duricef)  
 cefuroxime (Ceftin)  
 cefpodoxime (Vantin)  
 cephalixin (Keflex)  
 Cedax  
 Cefzil  
 Omnicef  
 Spectracef  
 Suprax

##### Requires Prior Authorization

Augmentin XR  
 Lorabid  
 Panixine  
 Raniclor

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### ANTI-INFECTIVES

#### Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (Cipro)  
 ofloxacin (Floxin)  
 Avelox

Requires Prior Authorization

Cipro XR

Levaquin  
 Maxaquin  
 Noroxin  
 Tequin

#### Macrolides/Ketolides

Preferred

clarithromycin (Biaxin)  
 erythromycin  
 Biaxin XL  
 Zithromax

Requires Prior Authorization

Branded erythromycin products  
 Ketek

### CARDIOVASCULAR

#### ACE Inhibitor/Calium Channel Blocker Combination

Preferred

Lotrel  
 Tarka

Requires Prior Authorization

Lexxel

#### ACE Inhibitors

(Hypotensives, ACE Inhibitors)

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)  
 quinapril (Accupril)  
 quinaretic (Accuretic)

Altace

Mavik  
 Univasc/Uniretic

Requires Prior Authorization

Aceon

### CARDIOVASCULAR

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

Preferred

Avapro, Avalide  
 Cozaar, Hyzaar  
 Diovan, Diovan HCT  
 Micardis, Micardis HCT

Requires Prior Authorization

Atacand, Atacand HCT  
 Benicar, Benicar 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)  
 Inderal LA  
 Innopran XL  
 Toprol XL

Requires Prior Authorization

Cartrol  
 Coreg  
 Levatol

#### Calcium Channel Blocking Agents

Preferred

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

Requires Prior Authorization

nifedipine (Adalat, Procardia)  
 Cardene SR  
 Covera-HS  
 Dynacirc IR  
 Nimotop  
 Norvasc

### CARDIOVASCULAR

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

Preferred

cholestyramine (Questran, Light)  
 gemfibrozil (Lopid)  
 niacin (Niacor)  
 Colestid  
 Niaspan  
 Tricor

Requires Prior Authorization

Antara  
 Lofibra  
 Welchol  
 Zetia

#### Lipotropics, Statins (Lipotropics)

Preferred

lovastatin (Mevacor)  
 Advicor  
 Altoprev  
 Crestor  
 Lescol, XL  
 Vytorin  
 Zocor

Requires Prior Authorization

Caduet  
 Lipitor  
 Pravachol  
 Pravigard PAC

#### Platelet Aggregation Inhibitors

Preferred

dipyridamole (Persantine)  
 ticlopidine (Ticlid)  
 Aggrenox  
 Plavix

Requires Prior Authorization

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### 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 (Wellbutrin, Wellbutrin SR)  
 mirtazapine, mirtazapine soltab (Remeron, Remeron Soltab)  
 trazodone (Desyrel)  
 Effexor, Effexor XR

**Requires Prior Authorization**

nefazodone (Serzone)  
 Cymbalta  
 Wellbutrin XL

#### Sedative Hypnotics

**Preferred**

chloral hydrate  
 estazolam (ProSom)  
 flurazepam (Dalmane)  
 temazepam (Restoril)  
 triazolam (Halcion)  
 Restoril 7.5mg  
 Sonata

**Requires Prior Authorization**

Ambien  
 Doral  
 Lunesta  
 Restoril 22.5mg

#### Selective Serotonin Reuptake Inhibitors (SSRIs)

**Preferred**

citalopram (Celexa)  
 fluoxetine (Prozac)  
 fluvoxamine (Luvox)  
 paroxetine (Paxil)  
 Lexapro  
 Paxil CR  
 Pexeva

**Requires Prior Authorization**

Prozac Weekly  
 Sarafem  
 Symbyax  
 Zoloft

### CENTRAL NERVOUS SYSTEM

**Stimulants & Related Agents** (Tx for Attention Deficit Hyperact (ADHD)/Narcolepsy; Adrenergics, Aromatic, Non-Catecholamine)

**Preferred**

*FIRST TIER:*  
 amphetamine salt combo (Adderall)  
 dextroamphetamine (Dexedrine)  
 methylphenidate (Ritalin)  
 methylphenidate ER (Metadate ER, Ritalin-SR)  
 permoline (Cylert)  
 Adderall XR  
 Concerta  
 Focalin, Focalin XR  
 Metadate CD  
 Ritalin LA

*SECOND TIER:*  
 Strattera

**Requires Prior Authorization**

Desoxyn

### ENDOCRINE

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

**Preferred**

Actonel  
 Fosamax, Fosamax Plus D  
 Miacalcin

**Requires Prior Authorization**

Boniva  
 Didronel  
 Evista

**Estrogen Agents, Combination** (Estrogenic Agents)

**Preferred**

Activella  
 CombiPatch  
 FemHRT  
 Prefest  
 Premphase  
 Prempro

**Requires Prior Authorization**

Climara Pro

### ENDOCRINE

**Hypoglycemics, Insulins & Related Agents**

**Preferred**

Byetta  
 Lantus  
 Novolin  
 Novolog  
 Novolog Mix  
 Symlin

**Requires Prior Authorization**

Humulin  
 Humalog  
 Humalog Mix

**Hypoglycemics, Meglitinides** (Hypoglycemics, Insulin Release Stimulant Type)

**Preferred**

Starlix

**Requires Prior Authorization**

Prandin

**Hypoglycemics, Metformins**

**Preferred**

glyburide/metformin (Glucovance)  
 metformin (Glucophage)  
 metformin XR (Glucophage XR)  
 avandamet  
 Fortamet  
 Riomet

**Requires Prior Authorization**

Metaglip

**Hypoglycemics, TZDs** (Hypoglycemics, Insulin-Response Enhancers)

**Preferred**

Actos

**Requires Prior Authorization**

Avandia

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### GASTROINTESTINAL

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

Preferred

Emend  
 Zofran, Zofran ODT

Requires Prior Authorization

Anzemet  
 Kytril

#### Phosphate Binders & Related Agents

Preferred

Magnebind RX  
 PhosLo

Requires Prior Authorization

Fosrenol  
 Renagel

#### Proton Pump Inhibitors

(Gastric Acid Secretion Reducers)

Preferred

Prevacid  
 Prilosec OTC

Requires Prior Authorization

omeprazole  
 Aciphex  
 Nexium  
 Protonix  
 Zegerid

#### Ulcerative Colitis Agents

Preferred

sulfasalazine (Azulfidine)  
 mesalamine enemas (Rowasa)  
 Colazal  
 Pentasa

Requires Prior Authorization

Asacol  
 Canasa  
 Dipentum

### INJECTABLE

#### Anticoagulants, Injectable

Preferred

Fragmin  
 Lovenox

Requires Prior Authorization

Arixtra  
 Innohep

### INJECTABLE

#### 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

Enbrel  
 Humira  
 Kineret  
 Raptiva

Requires Prior Authorization

Amevive

#### Erythropoietins

(Hematinics, Other)

Preferred

Aranesp  
 Procrit

Requires Prior Authorization

Epogen

#### Growth Hormones

(CLINICAL PA REQUIRED)

Preferred

Norditropin  
 Nutropin AQ  
 Tev-Tropin

Requires Prior Authorization

Genotropin  
 Humatrope \* Nutropin Depot is available  
 Nutropin by the manufacturer only  
 Saizen to those patients on  
 Serostim existing therapy.

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

Preferred

Peg-Intron  
 Peg-Intron Redipen  
 Rebetol (**brand only**)

Requires Prior Authorization

ribavirin (**generic only**)  
 Copegus  
 Infergen  
 Pegasys  
 Rebetron

#### Multiple Sclerosis Agents

(Agents to Treat Multiple Sclerosis)

Preferred

Avonex  
 Betaseron  
 Rebif

Requires Prior Authorization

Copaxone

### NEUROLOGICS

#### Alzheimer's Agents

Preferred

Aricept/Aricept ODT  
 Exelon  
 Namenda  
 Razadyne  
 Razadyne ER

Requires Prior Authorization

Cognex

#### Anti-Parkinson's Agents

Preferred

benztropine (Cogentin)  
 levodopa/carbidopa Immediate  
 and Extended Release  
 (Sinemet, Sinemet CR)  
 pergolide (Permax)  
 selegiline (Eldepryl)  
 trihexyphenidyl (Artane)  
 Comtan  
 Kemadrin  
 Mirapex  
 Requip  
 Stalevo

Requires Prior Authorization

Parcopa  
 Tasmar

### OPHTHALMIC

#### Ophthalmics, Allergic Conjunctivitis (Eye AntiInflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)

Preferred

cromolyn (Opticrom)  
 Acular  
 Alrex  
 Elestat  
 Patanol

Requires Prior Authorization

Alamast  
 Alocril  
 Alomide  
 Emadine  
 Optivar  
 Zaditor

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### OPHTHALMIC

#### Ophthalmics, Antibiotics

**Preferred**

bacitracin  
 ciprofloxacin solution (Ciloxan)  
 erythromycin (Ilotycin)  
 gentamicin (Garamycin)  
 ofloxacin (Ocuflox)  
 tobramycin (Tobrex)  
 Zymar

**Requires Prior Authorization**

Ciloxan ointment  
 Vigamox  
 Quixin

#### 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

#### Antihistamines, Minimally Sedating (Antihistamines)

**Preferred**

loratadine, loratadine-D (OTC)  
 Alavert, Alavert-D (OTC)  
 Claritin, Claritin-D (OTC)  
 Tavist ND (OTC)  
 Clarinex syrup

**Requires Prior Authorization**

Allegra, Allegra-D  
 Claritin, Claritin-D (Rx)  
 Clarinex, Clarinex-D (tablets)  
 Zyrtec, Zyrtec-D

#### Bronchodilators, Anticholinergics

**Preferred**

ipratropium neb (Atrovent)  
 Atrovent HFA  
 Combivent  
 Spiriva

**Requires Prior Authorization**

DuoNeb

#### Beta<sub>2</sub>-Agonist Bronchodilators (Beta-Adrenergic Agents)

**Preferred**

albuterol (Proventil, Ventolin)  
 albuterol HFA (Proventil HFA, Ventolin HFA)  
 metaproterenol (Alupent)  
 terbutaline (Brethine)  
 Maxair  
 Serevent Diskus  
 Xopenex

**Requires Prior Authorization**

AccuNeb  
 Alupent  
 Foradil  
 Vospire ER

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

**Preferred**

Advair Diskus  
 Aerobid, Aerobid M  
 Azmacort  
 Flovent HFA  
 Pulmicort Respules (Ages 1-8)  
 Qvar

**Requires Prior Authorization**

Pulmicort Respules (Over Age 8, Under Age 1)  
 Pulmicort Turbuhaler

### RESPIRATORY

#### Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)

**Preferred**

flunisolide (Nasalide)  
 ipratropium (Atrovent Nasal)  
 Flonase  
 Nasacort AQ  
 Nasonex

**Requires Prior Authorization**

Beconase AQ  
 Nasarel  
 Rhinocort Aqua

#### Leukotriene Receptor Antagonists

**Preferred**

Accolate  
 Singulair

**Requires Prior Authorization**

### TOPICAL DERMATOLOGICS

#### Atopic Dermatitis

**Preferred**

Elidel  
 Protopic

**Requires Prior Authorization**

### UROLOGIC

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

**Preferred**

doxazosin (Cardura)  
 terazosin (Hytrin)  
 Flomax  
 Proscar  
 Uroxatral

**Requires Prior Authorization**

Avodart

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

**Preferred**

oxybutynin (Ditropan)  
 Ditropan XL  
 Enablex  
 Oxytrol

**Requires Prior Authorization**

Detrol  
 Detrol LA  
 Sanctura  
 Vesicare

## Pharmacy News and Views

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

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### Revised Quantity Limits for Emend®

In an effort to avoid wastage in the anti-emetic class of drugs, the Maryland Pharmacy Program has instituted quantity limitations that are explicit in the Food and Drug Administration labeling of these drugs. While the newer anti-emetics offer therapeutic advantages over

their traditional counterparts, they are substantially more costly. Since they are indicated for only a few days post chemotherapy or radiation therapy, their use will be appropriately limited to quantities more reflective of anticipated treatment duration. When necessary, prior authorizations for quantities in

excess of these limits may be requested from the Maryland Pharmacy Program at 800-492-5231. Effective on or about October 1, 2005, the maximum allowable quantities for Emend® will be limited to the amounts listed in the following table of anti-emetic agents:

#### MAXIMUM QUANTITY LIMITS FOR EMEND®

Product (preferred in bold)	Strengths / Dosage Forms	Approved Adjunct Chemo Regimens	30-Day Quantity Limits
<b>Emend®</b> ( <i>aprepitant</i> )	125mg caps	Chemotherapy: 125 mg 1hour pre-treatment, then 80mg daily for 2-3 days in combination with dexamethasone	1 tab
	80mg caps		2 tabs
	125mg / 80mg tri-fold pack (3's)		1 3-pack (total 3 tabs)
Marinol® (dronabinol)	2.5mg, 5mg and 10mg caps	Chemotherapy: 2.5 to 40mg per day in divided doses every 4-6 hours	60 caps
<b>Zofran®</b> <b>Zofran ODT®</b> ( <i>ondanstron</i> )	Zofran® 4mg and 8mg tabs - 30s, 100s, & 1x3 daily UD packs	Chemotherapy: 8mg, 30 min. pre-treatment and 8mg, 8 hours late; then 8mg q 12 hours for 1-2 days post-treatment	15 tabs (4 or 8mg)
	Zofran® 24mg tabs - 1x1 daily UD packs		10 tabs (4 or 8mg)
	Zofran® oral solution (4mg/5ml) - 50ml bottles	Radiation: 8mg, 1-2 hours pre-treatment; then up to q 8 hours for 1-2 days post-treatment	100ml
	Zofran ODT® (orally disintegrating tabs) 4mg - UD 30s and 8mg - UD 10s & 30s		15 tabs (4 or 8mg)
Anzemet® (dolasetron)	50mg and 100mg tabs - 5s, blister pack 5s and UD 10s	Chemotherapy: 100mg within 1 hour of chemotherapy	10 tabs
Kytril® (granisetron)	1mg tabs - 2s and 20s	Chemotherapy: 2mg q d within 1 hour of treatment or 1mg (5ml) 1 hour prior to treatment and 1mg (5ml) 12 hours later Radiation: 2mg within 1 hour of treatment	15 tabs
	1mg/5ml oral solution - 30ml		90ml

All Program information and updates featured 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 our newsletter.