

Pharmacy News and Views

Corrective Managed Care (Lock-in Program)

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

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

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

Prior Authorization

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

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

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.mdmahealthchoicex.com, under the Provider Information tab.

Required Brand Name Dispensing

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

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

Maintenance Drugs

In November 2006 the list of maintenance medications that can be dispensed as a 100 days-supply will be expanded to include many routine maintenance drugs such as anti-hypertensive agents, drugs for the treatment of diabetes, lipid lowering agents, hormone replacement therapy,

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STATE OF MARYLAND
DHMH

Maintenance Drug

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oral contraceptives and anticonvulsants. A complete list of drugs that can be dispensed as a 100-days supply will be posted to the Maryland Pharmacy Program website once the new regulations are finalized. The home page for the Maryland Pharmacy program website is <http://www.dhmf.state.md.us/mma/mpap/>.

Medicare Part D Contact Information and Phone Numbers

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

If recipients in Part D programs have not been notified by the Social Security Administration (SSA) that they have been deemed eligible for the low-income subsidy to cover the cost of premiums, co-payments, and deductibles, they should contact the

Social Security Administration at 800-772-1213 or 877-486-2048 for TTY users, to apply for the subsidy.

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

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

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

COUNTY	OFFICE	CONTACT
Allegany	Allegany Co. Human Resource Dev. Commission 19 Frederick Street, Cumberland, MD 21502	Amanda Paul, SHIP Coordinator, Email: apaul@allconet.org 301-777-5970 x110 Fax 301-777-1685
Anne Arundel	Anne Arundel County Department of Aging 2666 Riva Road #400, Annapolis, MD 21401	Susan Knight, SHIP Coordinator, Email: ship_program@aacounty.org Ms. Amy Rubino, CAMM Coordinator, Email: agamru00@aacounty.org 410-222-4464 Fax 410-222-4346
Baltimore City	Baltimore City Commission on Aging 10 N. Calvert Street, #300, Baltimore, MD 21202	Thelma Winn, SHIP/CAMM Coord, Email: Thelma.Winn@baltimorecity.gov 410-396-2273 Fax 410-545-7805
Baltimore	Baltimore County Department of Aging 611 Central Avenue, Towson, MD 21204	Pat Venable, SHIP Coordinator, Email: pvenable@co.ba.md.us 410-887-2059 Fax 410-887-3656
Calvert	Calvert County Office on Aging 450 W. Dares Beach Rd, Prince Frederick, MD 20678	Tunya Taylor, SHIP/Social Services Coordinator, Email: taylortm@co.cal.md.us 301-855-1170, 410-535-4606 x131 Fax 410-535-1903 MMA: Email: mohlerCD@co.cal.md.us
Caroline (Upper Shore)	Caroline Senior Center 403 South 7th Street #127, Denton, MD 21629	Irene Garrettson, SHIP/CAMM Coordinator, Email: irenegar@intercom.net 410-479-2535 Fax: 410-479-1879
Carroll	Carroll County Bureau of Aging 125 Stoner Avenue, Westminster, MD 21157	Susan Cronin, SHIP/CAMM Coordinator, Email: scronin@ccg.carr.org Debbie Frame, MMA, Email: dframe@ccg.carr.org 410-386-3806; 888-302-8978 x3806 Fax 410-840-0436
Cecil	Cecil County Department of Aging 214 North Street, Elkton, MD 21921	Mary Kahoe, SHIP Coordinator, Email: mkahoe@ccgov.org June Reasin, MMA, Email: jreasin@ccgov.org 410-996-5295 Fax 410-620-9483
Charles	Charles County Aging Services 101 Catalpa Drive, LaPlata, MD 20646 (deliveries) 8190 Pt. Tobacco Rd, Port Tobacco, MD 20677 (mail)	Theresa Mason, SHIP Coordinator, Email: masont@charlescounty.org 301-934-0118; 301-870-3388 x5118; Fax 301-934-5624
Frederick	Frederick County Department of Aging 1440 Taney Avenue, Frederick, MD 21702	Sharon Lynn, SHIP/CAMM Coordinator; Email: SLynn@fredco-md.net 301-631-3522 Fax 301-631-3554
Garrett	Garrett County Area Agency on Aging 104 East Centre Street, Oakland, MD 21550-1328	Lynda Weeks, SHIP Coordinator, Email: lweeks@garrettcac.org 301-334-9431; 888-877-8403 Fax 301-334-8555
Harford	Harford County Office on Aging 145 N. Hickory Avenue, Bel Air, MD 21014	Janet Wright, SHIP/CAMM Coordinator, Email: jlwright@co.ha.md.us 410-638-3025 Fax 410-638-3069
Howard	Howard County Office on Aging 5470 Ruth Keeton Way, Columbia, MD 21044	Jeanette Krapcho, SHIP Coordinator, Email: jkrapcho@co.ho.md.us 410-313-7392 Fax 410-313-7465 Dave Landis, CAMM Coordinator, Email: dlandis@co.ho.md.us, 410-313-7386
Kent (Upper Shore)	Amy Lynn Ferris Adult Activity Center 200 Schaubert Road, Chestertown, MD 21620	Kim Porter, SHIP/CAMM Coordinator, Email: kporter@intercom.net 410-778-2564 Fax: 410-758-9994
MAC, Inc. (Lower Shore)	Area Agency on Aging 1504 Riverside Drive, Salisbury, MD 21801	Carol Humphrey, SHIP/CAMM Coordinator, Email - csh@macinc.org 410-742-0505 x106 Fax 410-742-0525 Dorchester 410-376-3662x106 Somerset/Wicomico/Worcester 410-742-0505x106
Montgomery	Montgomery Co. Cooperative Extension Service 18410 Muncaster Rd, Box 5556, Derwood, MD 20855	Leta Blank, SHIP/CAMM Coordinator, Email: Lblank@umd.edu 301-590-2819 Fax 301-590-2801
Prince George's	Prince George's County Aging Services Division 6420 Allentown Road, Camp Springs, MD 20748	Julie Neal, SHIP/CAMM Coordinator, Email: jneal@co.pg.md.us 301-265-8471 Fax 301-248-5358
Queen Anne's	Queen Anne's County Department of Aging 104 Powell Street, Centreville, MD 21617	Bonnie English, Benefits Counselor, Email: Benglish@qac.org 410-758-0848 Fax 410-758-4489
St. Mary's	St. Mary's County Dept of Aging P. O. Box 653, Leonardtown, MD 20650	Debbie Barker, SHIP/CAMM Coord, Email: debbie.barker@co.saint-marys.md.us 301-475-4200 x1064 Fax 301-475-4503
Talbot (Upper Shore)	Upper Shore Aging 400 Brooklets Avenue, Easton, MD 21601	Peggy Vance, SHIP/CAMM Coordinator, Email: tsc2@goeaston.net 410-822-2869 Fax 410-820-9563
Washington	Washington County Commission on Aging 140 W. Franklin Street, Hagerstown, MD 21740	Katrina Eversole, SHIP Coordinator, Email: keversole@wccoaging.org 301-790-0275 x208 Fax 301-739-4957

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 fee-for service Medicaid patients.

Note: For most multi-source products, the generic product(s) are usually preferred and branded innovator product(s) are non-preferred. Most branded PDL products that are new to market require prior authorization until they are reviewed. The PDL listed below includes updates effective October 3, 2006. Updates to the preferred status of individual drugs or drug classes are highlighted. Key: All lowercase letters=generic product; Leading capital letter=brand name product

ANALGESIC

Analgesics, Narcotics

Preferred

acetaminophen w/codeine (Tylenol w/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**)
 oxycodone ER (Oxycontin) (**brand & generic**)
 Actiq
 Avinza
 Combunox
 Darvon-N
 Synalgos-DC
 Panlor DC, Panlor SS
 Ultram ER

Anti-Migraine Agents, Triptans

(Anti-Migraine Preparations)

Preferred

Axert
 Imitrex (oral, nasal & subq)
 Maxalt, Maxalt MLT

Requires Prior Authorization

Amerge
 Frova
 Relpax
 Zomig, Zomig Nasal, Zomig ZMT

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 (Motrin)
 indomethacin, indomethacin SR
 (Indocin, Indocin SR)
 ketoprofen (Orudis, Oruvail)
 ketorolac (Toradol)
 meclofenamate (Meclomen)
 meloxicam (Mobic)
 nabumetone (Relafen)
 naproxen (Naprosyn)
 naproxen sodium, naproxen sodium DS
 (Anaprox, Anaprox DS)
 oxaprozin (Daypro)
 piroxicam (Feldene)
 sulindac (Clinoril)
 tolmetin, tolmetin DS (Tolectin, Tolectin DS)
 Celebrex
 Prevacid NapraPac

Requires Prior Authorization

Arthrotec
 Ponstel

ANTI-INFECTIVES

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

clotrimazole troche (Mycellex)
 fluconazole (Diflucan)
 griseofulvin (Fulvicin, GriFulvin V)
 ketoconazole (Nizoral)
 nystatin
 Gris Peg
 Lamisil

Requires Prior Authorization

itraconazole (Sporanox)
 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
 Exelderm
 Loprox Shampoo
 Loprox Topical
 Mentax
 Naftin
 Oxistat
 Penlac
 Vusion

Antivirals (Antivirals, General)

Preferred

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

Requires Prior Authorization

Famvir
 *Relenza
 *Tamiflu
 * *In the event of flu vaccine shortage,
 prior authorization will not be required*

Cephalosporin & Related Agents

(Cephalosporins, Second & Third Generation, Penicillins)

Preferred

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

Requires Prior Authorization

Augmentin XR
 Lorabid
 Panixine
 Raniclor

Maryland Preferred Drug List

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ANTI-INFECTIVES

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (Cipro)
ofloxacin (Floxin)
Avelox

Requires Prior Authorization

Cipro XR
Levaquin
Proquin XR

Macrolides/Ketolides

Preferred

azithromycin (Zithromax)
clarithromycin (Biaxin)
erythromycin
Biaxin XL
Zmax

Requires Prior Authorization

Branded erythromycin products
Ketek

CARDIOVASCULAR

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)

Aceon
Altace
Mavik

Requires Prior Authorization

Univasc/Uniretic

CARDIOVASCULAR

Angiotensin Receptor Blockers

(Hypotensives, Angiotensin Receptor Antagonist)

Preferred

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

Requires Prior Authorization

Atacand, Atacand HCT
Teveten, Teveten HCT

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

Preferred

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

Requires Prior Authorization

Innopran XL
Levatol

Calcium Channel Blocking Agents

Preferred

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

Requires Prior Authorization

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

CARDIOVASCULAR

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

cholestyramine (Questran, Light)
colestipol granules (Colestid Granules)
fenofibrate (Lofibra)
gemfibrozil (Lopid)
niacin (Niacor)
Colestid Tablets
Niaspan
Tricor

Requires Prior Authorization

Antara
Omacor
Triglide
Welchol
Zetia

Lipotropics, Statins (Lipotropics)

Preferred

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

Requires Prior Authorization

simvastatin (generic only)
Caduet
Lipitor
Pravachol

Platelet Aggregation Inhibitors

Preferred

dipyridamole (Persantine)
ticlopidine (Ticlid)
Aggrenox
Plavix

Maryland Preferred Drug List

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CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

carbamazepine (Tegretol)
clonazepam (Klonopin)
ethosuximide (Zarontin)
gabapentin (Neurontin)
phenobarbital
phenytoin (Dilantin)
primidone (Mysoline)
valproic acid (Depakene)
zonisamide (Zonegran)
Carbatrol
Celontin
Depakote, Depakote ER
Diastat
Equetro
Felbatol
Gabitril
Keppra
Lamictal
Mebaral
Peganone
Topamax
Trileptal

Requires Prior Authorization

Lyrica
Phenytek
Tegretol XR

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

Preferred

bupropion, bupropion SR (Wellbutrin, Wellbutrin SR)
mirtazapine, mirtazapine soltab (Remeron, Remeron Soltab)
trazodone (Desyrel)
venlafaxine
Effexor, Effexor XR
Wellbutrin XL

Requires Prior Authorization

nefazodone (Serzone)
Cymbalta

Sedative Hypnotics

Preferred

chloral hydrate
estazolam (ProSom)
flurazepam (Dalmane)
temazepam (Restoril)
triazolam (Halcion)
Ambien, Ambien CR
Lunesta
Rozerem

Requires Prior Authorization

Doral
Restoril 7.5mg
Sonata

CENTRAL NERVOUS SYSTEM

Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

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

Requires Prior Authorization

sertraline (Zoloft)
Prozac Weekly
Sarafem
Symbyax

Stimulants & Related Agents

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

Preferred

FIRST TIER:
amphetamine salt combo (Adderall)
dextroamphetamine (Dexedrine)
methylphenidate (Ritalin)
methylphenidate ER (Metadate ER, Ritalin-SR)
Adderall XR
Concerta
Focalin, Focalin XR
Metadate CD
SECOND TIER: (if under 18 years old)
Strattera

Requires Prior Authorization

Desoxyn
Provigil
Ritalin LA

ENDOCRINE

Androgens

Preferred

Androderm
Androgel

Requires Prior Authorization

Testim

ENDOCRINE

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

Preferred

etidronate (Didronel)
Boniva
Fosamax, Fosamax Plus D
Miacalcin

Requires Prior Authorization

Actonel
Actonel with Calcium
Evista
Fortical
Forteo

Hypoglycemics, Insulins & Related Agents

Preferred

Humulin
Humalog
Humalog Mix
Lantus
Levemir
Novolin
Novolog
Novolog Mix

Requires Prior Authorization

Apidra

Incretin Mimetic Agents

Preferred

Byetta

Amylin Analogs

Preferred

Symlin

Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

Preferred

Starlix

Requires Prior Authorization

Prandin

Hypoglycemics, TZDs

(Hypoglycemics, Insulin-Response Enhancers)

Preferred

ActoPlusMet
Actos
Avandamet
Avandia
Avandaryl

Maryland Preferred Drug List

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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

Fosrenol
Magnebind RX
PhosLo
Renagel

Proton Pump Inhibitors

(Gastric Acid Secretion Reducers)

Preferred

Nexium
Prevacid

Requires Prior Authorization

omeprazole (Prilosec)
Aciphex
Prilosec OTC
Protonix
Zegerid

Ulcerative Colitis Agents

Preferred

sulfasalazine (Azulfidine)
mesalamine enemas (Rowasa)
Asacol
Canasa
Dipentum
Pentasa

Requires Prior Authorization

Colazal

INJECTABLE

Anticoagulants, Injectable

Preferred

Arixtra
Fragmin
Lovenox

Requires Prior Authorization

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

Erythropoietins (Hematinics, Other)

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epopen

Growth Hormones

(CLINICAL PA REQUIRED)

Preferred

Norditropin
Nutropin AQ
Saizen
Serostim
Tev-Tropin

Requires Prior Authorization

Genotropin
Humatrope
Nutropin

** Nutropin Depot is available by the manufacturer only to those patients on existing therapy.*

Hepatitis C Agents (Hepatitis C

Treatment Agents, Immunomodulators)

Preferred

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

Requires Prior Authorization

ribavirin (**generic only**)
Infergen

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

Requires Prior Authorization

Cognex
Razadyne, Razadyne ER

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)
ketotifen (Zatidor)

Acular
Alrex
Elestat
Patanol

Requires Prior Authorization

Alamast
Alocril
Alomide
Emadine
Optivar

Ophthalmics, Antibiotics

Preferred

bacitracin
ciprofloxacin solution (Ciloxan)
erythromycin (Ilotycin)
gentamicin (Garamycin)
neomycin/gram/poly (Neosporin)
ofloxacin (Ocuflox)
polymixinB/trimethoprim (Polysporin)
tobramycin (Tobrex)
Zymar

Requires Prior Authorization

Ciloxan ointment
Vigamox
Quixin

Maryland Preferred Drug List

Note: For most multi-source products, the generic product(s) are usually preferred and branded innovator product(s) are non-preferred. Most branded PDL products that are new to market require prior authorization until they are reviewed. The PDL listed below includes updates effective October 3, 2006. Updates to the preferred status of individual drugs or drug classes are highlighted. Key: All lowercase letters=generic product; Leading capital letter=brand name product

OPHTHALMIC

Ophthalmics, Glaucoma Agents

Preferred

betaxolol
brimonidine
carteolol (Ocupress)
dipivefrin (Propine)
levobunolol (Betagan)
metipranolol (OptiPranolol)
pilocarpine (Pilocar)
timolol (Timoptic, Timoptic XE)
Alphagan P
Azopt
Betimol
betoptic S
Cosopt
Lumigan
Travatan
Trusopt

Requires Prior Authorization

Istalol
Xalatan

OTIC

Otics, Antibiotics (Ear Preparations, Antibiotics; Otic Preparations, Anti-Inflammatory Antibiotics)

Preferred

neomycin/polymyxin/hydrocortisone (Cortisporin)
Ciprodex
Coly-Mycin S
Flouxin 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)
Zyrtec syrup

Requires Prior Authorization

fexofenadine, fexofenadine-D (Allegra, Allegra-D)
Claritin, Claritin-D (Rx)
Clarinet
Clarinet-D
Zyrtec (tablets)
Zyrtec-D

Bronchodilators, Anticholinergics

Preferred

ipratropium neb (Atrovent)
Atrovent HFA
Combivent
Spiriva

Requires Prior Authorization

DuoNeb

RESPIRATORY

Bronchodilators, Beta₂-Agonist

(Beta-Adrenergic Agents)

Preferred

metaproterenol (Alupent)
terbutaline (Brethine)
Maxair
Albuterol HFA (ProAir)
Proventil HFA
Serevent Diskus
Xopenex
Xopenex HFA

Requires Prior Authorization

AccuNeb
Alupent
Foradil
Ventolin HFA
Vospire ER

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

Preferred

Advair Diskus
Aerobid, Aerobid M
Asmanex
Azmacort
Flovent HFA
Qvar

Requires Prior Authorization

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

Intranasal Rhinitis Agents

(Nasal Anti-Inflammatory Steroids)

Preferred

flunisolide (Nasalide)
ipratropium (Atrovent Nasal)
Astelin
Flonase (brand only)
Nasacort AQ
Nasonex

Requires Prior Authorization

fluticasone nasal (generic only)
Beconase AQ
Nasarel
Rhinocort Aqua

Leukotriene Modifiers

Preferred

Accolate
Singulair

Requires Prior Authorization

Zyflo

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide
clindamycin topical
erythromycin
erythromycin-benzoyl peroxide
tretinoin
Azelex
Nuox
Retin-A Micro
Tazorac

Requires Prior Authorization

Benzamycin
Brevoxyl
Clinac BPO
Clindagel
Differin
Evoclin
Klaron
Renova
Sulfoxyl
Triaz
Zaclir
Zoderm

Atopic Dermatitis

Preferred

Elidel
Protopic

UROLOGIC

Benign Prostatic Hyperplasia

(Alpha-Adrenergic Blocking Agents)

Preferred

doxazosin (Cardura)
terazosin (Hytrin)
Avodart
Flomax
Uroxatral

Requires Prior Authorization

finasteride (Proscar)

Bladder Relaxant Preparations

(Urinary Tract Antispasmodic/Antiincontinence Agent)

Preferred

oxybutynin (Ditropan)
Ditropan XL
Enablex
Oxytrol
Sanctura
Vesicare

Requires Prior Authorization

Detrol
Detrol LA

Pharmacy News and Views

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New Eligibility Verification System

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

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

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

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

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

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

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

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

PDL Brand Name Anomalies

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

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

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

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

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