



# Pharmacy News & Views

March 2008

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

## Maryland Medicaid Preferred Drug List

The PDL listed below includes updates effective April 1, 2008. Updates to the preferred status of individual drugs or drug classes are highlighted. 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.*  
Key: All lowercase letters=generic product; Leading capital letter=brand name product

### ANALGESIC

#### Analgesics, Narcotics Long Acting

**Preferred**

methadone  
morphine ER  
Duragesic (brand only)  
Kadian

**Requires Prior Authorization**

fentanyl transdermal  
oxycodone ER (brand & generic)  
Avinza  
Opana ER  
Ultram ER

#### Analgesics, Narcotics Short Acting

**Preferred**

acetaminophen w/codeine (*Tylenol w/Codeine*)  
aspirin w/codeine  
butalbital/apap/codeine  
butalbital/apap/codeine/caffeine  
codeine  
dihydrocodeine/apap/caffeine (*Synalgos DC*)  
hydrocodone/apap (*Vicodin*)  
hydrocodone/ibuprofen (*Vicoprofen*)  
hydromorphone (*Dilaudid*)  
meperidine (*Demerol*)  
morphine sulfate  
oxycodone  
oxycodone/apap (*Percocet*)  
oxycodone/aspirin (*Percodan*)  
oxycodone/ibuprofen (*Combunox*)  
pentazocine/apap (*Talacen*)  
pentazocine/naloxone (*Talwin NX*)  
propoxyphene (*Darvon*)  
propoxyphene HCl/apap (*Wygesic*)  
propoxyphene/apap (*Darvocet*)  
tramadol (*Ultram*)  
tramadol/apap (*Ultracet*)

**Requires Prior Authorization**

fentanyl (*Actiq*) (brand & generic)  
Darvon-N  
Fentora  
Opana  
Panlor DC

### ANALGESIC

#### Anti-Migrane Agents, Triptans

(Anti-Migraine Preparations)

**Preferred**

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

**Requires Prior Authorization**

Amerge  
Axert  
Frova  
Zomig, Zomig Nasal, Zomig ZMT

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

**Preferred**

diclofenac potassium (*Cataflam*)  
diclofenac sodium, diclofenac sodium XL  
(*Voltaren, Voltaren XR*)  
etodolac, etodolac XL (*Lodine, Lodine XL*)  
fenoprofen (*Nalfon*)  
flurbiprofen (*Ansaid*)  
ibuprofen (*Motrin*)  
indomethacin, indomethacin SR  
(*Indocin, Indocin SR*)  
ketoprofen (*Orudis, Oruvail*)  
ketorolac (*Toradol*)  
meclofenamate (*Meclomen*)  
mefanamic acid (*Ponstel*)  
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

**Requires Prior Authorization**

Arthrotec  
Prevacid NapraPac

### ANALGESIC

#### Skeletal Muscle Relaxants

**Preferred**

baclofen (*Lioresal*)  
carisoprodol (*Soma*)  
carisoprodol compound (*Soma compound*)  
chlorzoxazone (*Parafon Forte DSC*)  
cyclobenzaprine (*Flexiril*)  
dantrolene (*Dantrium*)  
methocarbamol (*Robaxin*)  
orphenadrine (*Norflex*)  
orphenadrine compound (*Norgesic Forte*)  
tizanidine tablets (*Zanaflex*)

**Requires Prior Authorization**

Amrix  
Fexmid  
Skelaxin  
Soma 250mg  
Zanaflex capsules

### ANTI-INFECTIVES

#### Antibiotics, GI

**Preferred**

metronidazole (*Flagyl*)  
Tindamax  
Vancocin

**Requires Prior Authorization**

neomycin  
Alinia  
Flagyl ER  
Xifaxan



The Maryland Medicaid Pharmacy Program Preferred Drug List (PDL) is included on Epocrates. Visit [www.epocrates.com](http://www.epocrates.com) and click on "Epocrates Online" or "My Account" to register for your free Epocrates online account. The PDL is updated weekly.

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## ANTI-INFECTIVES

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

#### Preferred

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

#### Requires Prior Authorization

itraconazole (*Sporanox*) (brand & generic)  
 Ancobon  
 Noxafil  
 Sporanox Solution  
 Vfend

### Antifungals, Topical (Topical Antifungals)

#### Preferred

ciclopirox lotion (*Loprox*)  
 ciclopirox solution (*Penlac*)  
 clotrimazole (*Lotrimin*)  
 clotrimazole/betamethasone (*Lotrisone*)  
 econazole (*Spectazole*)  
 ketoconazole (*Nizoral*)  
 nystatin  
 nystatin/triamcinolone (*Mycolog II*)

#### Requires Prior Authorization

ciclopirox gel (*Loprox gel*) brand & generic)  
 Ertaczo  
 Exelderm  
 Extina  
 Loprox Shampoo  
 Mentax  
 Naftin  
 Oxistat  
 Vusion  
 Xolegel

### Antivirals (Antivirals, General)

#### Preferred

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

#### Requires Prior Authorization

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

## ANTI-INFECTIVES

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

#### Preferred

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

#### Requires Prior Authorization

Augmentin XR  
 Raniclor

### Fluoroquinolones (Quinolones)

#### Preferred

ciprofloxacin (*Cipro*)  
 ciprofloxacin XR (*Cipro XR*)  
 ofloxacin (*Floxin*)  
 Avelox  
 Levaquin

#### Requires Prior Authorization

Cipro Oral Suspension  
 Factive  
 Noroxin  
 Proquin XR

### Hepatitis B Agents

#### Preferred

Baraclude  
 Epivir HBV  
 Hepsera  
 Tyzeka

### Macrolides/Ketolides

#### Preferred

azithromycin (*Zithromax*)  
 clarithromycin (*Biaxin*)  
 erythromycin

#### Requires Prior Authorization

Biaxin XL  
 Ketek  
 Zmax

## CARDIOVASCULAR

### Angiotensin Modulators/CCB Combinations

#### Preferred

amlodipine/benazepril (*Lotrel*)  
 Azor  
 Exforge

#### Requires Prior Authorization

Lexxel  
 Tarka

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

#### Preferred

benazepril, benazepril HCTZ (*Lotensin, Lotensin HCT*)  
 captopril, captopril HCTZ (*Capoten, Capozide*)  
 enalapril, enalapril HCTZ (*Vasotec, Vaseretic*)  
 fosinopril, fosinopril HCTZ (*Monopril, Monopril HCT*)  
 lisinopril, lisinopril HCTZ (*Prinivil, Zestril, Prinzide, Zestoretic*)  
 moexipril (*Univasc*)  
 moexipril HCTZ (*Uniretic*)  
 quinapril (*Accupril*)  
 quinaretic (*Accuretic*)  
 trandolapril (*Mavik*)  
 Altace  
 Avapro, Avalide  
 Benicar, Benicar HCT  
 Cozaar, Hyzaar  
 Diovan, Diovan HCT  
 Micardis, Micardis HCT

#### Requires Prior Authorization

Aceon  
 Atacand, Atacand HCT  
 Tekturna  
 Teveten, Teveten HCT

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

#### Preferred

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

#### Requires Prior Authorization

Coreg CR  
 Innopran XL  
 Levatol

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## 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*)  
 verapamil PM (*Verelan PM*)  
 Cardizem LA  
 DynaCirc CR  
 Sular

#### Requires Prior Authorization

nifedipine (*Adalat, Procardia*) (brand & generic)  
 nimodipine (*Nimotop*) (brand & generic)  
 Cardene SR  
 Covera HS

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

#### Preferred

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

#### Requires Prior Authorization

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

### Lipotropics, Statins (Lipotropics)

#### Preferred

lovastatin (*Mevacor*)  
 pravastatin (*Pravachol*)  
 simvastatin (*Zocor*)  
 Advicor  
 Lescol, Lescol XL  
 Lipitor  
 Vytorin

#### Requires Prior Authorization

Altoprev  
 Caduet  
 Crestor

### Platelet Aggregation Inhibitors

#### Preferred

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

## CENTRAL NERVOUS SYSTEM

### Anticonvulsants

#### Preferred

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

#### Requires Prior Authorization

oxcarbazepine (*Trileptal*) (generic only)  
 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, bupropion XL (*Wellbutrin, Wellbutrin SR, Wellbutrin XL\**)  
 mirtazapine, mirtazapine soltab (*Remeron, Remeron Soltab*)  
 trazodone (*Dexyrel*)  
 venlafaxine (*Effexor*)  
 Cymbalta \*\*  
 Effexor XR

\* *Wellbutrin XL 150mg is only available as a Brand Name. It requires a prior authorization. The Wellbutrin XL 300mg is available generically.*

\*\**Clinical criteria applies to use of Cymbalta.*

#### Requires Prior Authorization

nefazodone (*Serzone*)  
 Emsam

### Atypical Antipsychotics

#### Preferred

**FIRST TIER:**  
 clozapine (*Clozaril*)  
 Abilify  
 Geodon  
 Invega  
 Risperdal  
 Seroquel, Seroquel XR  
**SECOND TIER:**  
 Zyprexa \*\*\*

\*\*\* *Clinical edits apply to Zyprexa. An adequate trial of a Tier 1 preferred drug is required prior to its use.*

## CENTRAL NERVOUS SYSTEM

### Sedative Hypnotics

#### Preferred

chloral hydrate  
 estazolam (*ProSom*)  
 flurazepam (*Dalmane*)  
 temazepam (*Restoril*)  
 triazolam (*Halcion*)  
 zolpidem (*Abien*)  
 Lunesta  
 Rozerem

#### Requires Prior Authorization

Ambien CR  
 Doral  
 Restoril 7.5mg  
 Sonata

### Selective Serotonin Reuptake Inhibitors (SSRIs)

#### Preferred

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

#### Requires Prior Authorization

Lexapro  
 Paxil CR  
 Pexeva  
 Prozac Weekly  
 Symbyax

### Stimulants & Related Agents

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

#### Preferred

##### **FIRST TIER:**

amphetamine salt combo (*Adderall*)  
 dexamethylphenidate (*Focalin*)  
 dextroamphetamine (*Dexedrine*)  
 methylphenidate, methylphenidate ER (*Ritalin, Ritalin-SR*)

Adderall XR  
 Concerta  
 Daytrana  
 Focalin XR  
 Metadate CD

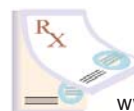
##### Vyvanse

##### **SECOND TIER:**

Strattera (for ages 17 and under)

#### Requires Prior Authorization

Desoxyn  
 Provigil  
 Ritalin LA



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## ENDOCRINE

### Androgens

Preferred

Androderm  
Androgel

Requires Prior Authorization

Testim

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

Preferred

Actonel  
Actonel with Calcium  
Fosamax, Fosamax Plus D  
Miacalcin

Requires Prior Authorization

etidronate (*Didronel*) (brand & generic)  
Boniva  
Evista  
Forteo  
Fortical

### Hypoglycemics, Incretin Mimetics & Enhancers

Preferred

Byetta  
Janumet  
Januvia  
Symlin

### Hypoglycemics, Insulins

Preferred

Lantus  
Levemir  
Novolin  
Novolog  
Novolog Mix

Requires Prior Authorization

Apidra  
Humalog  
Humalog Mix  
Humulin

### Hypoglycemics, Meglitinides

(Hypoglycemics, Insulin Release Stimulant Type)

Preferred

Starlix

Requires Prior Authorization

Prandin

### Hypoglycemics, TZDs

(Hypoglycemics, Insulin-Response Enhancers)

Preferred

ActoPlusMet  
Actos  
Avandamet  
Avandaryl  
Avandia  
Duetact

## GASTROINTESTINAL

### Antibiotics, GI

Preferred

metronidazole (*Flagyl*)  
Tindamax  
Vancocin

Requires Prior Authorization

neomycin  
Alinia  
Flagyl ER  
Xifaxan

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

Preferred

ondansetron, ondansetron ODT  
(*Zofran, Zofran ODT*)  
Emend  
Marinol

Requires Prior Authorization

granisetron (*Kytril*) (brand & generic)  
Anzemet  
Cesamet

### Phosphate Binders & Related Agents

Preferred

PhosLo  
Renagel

Requires Prior Authorization

Fosrenol

### Proton Pump Inhibitors

(Gastric Acid Secretion Reducers)

Preferred

Nexium  
Prevacid

Requires Prior Authorization

omeprazole (*Prilosec Rx*) (brand & generic)  
pantoprazole (*Protonix*) (brand & generic)  
Aciphex  
Prilosec OTC  
Zegerid

### Ulcerative Colitis Agents

Preferred

balsalazide (*Colazal*)  
mesalamine enemas (*Rowasa*)  
sulfasalazine (*Azulfidine*)  
Asacol

Requires Prior Authorization

Canasa  
Dipentum  
Lialda  
Pentasa

## INJECTABLE

### Anticoagulants, Injectable

Preferred

Arixtra  
Fragmin  
Lovenox

Requires Prior Authorization

Innohep

### Cytokine & CAM Antagonists

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

Preferred

Enbrel  
Humira  
Kineret  
Raptiva

### Erythropoietins (Hematinics, Other)

Preferred

Aranesp  
Procrit

Requires Prior Authorization

Epopgen

### Growth Hormones (CLINICAL PA REQUIRED)

Preferred

Norditropin  
Nutropin  
Nutropin AQ  
Omnitrope  
Saizen  
Tev-Tropin

Requires Prior Authorization

Genotropin  
Humatrope  
Serostim  
Zorbtive

### Hepatitis C Agents (Hepatitis C

Treatment Agents, Immunomodulators)

Preferred

ribavirin (*Copegus, Rebetol*)  
Pegasy

Requires Prior Authorization

Infergen  
Peg-Intron  
Peg-Intron Redipen

### Multiple Sclerosis Agents

Preferred

Avonex  
Betaseron  
Copaxone  
Rebif

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## NEUROLOGICS

### Alzheimer's Agents

#### Preferred

Aricept/Aricept ODT  
Exelon  
Exelon Patch  
Namenda

#### Requires Prior Authorization

Cognex  
Razadyne, Razadyne ER

### Anti-Parkinson's Agents

#### Preferred

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

#### Requires Prior Authorization

Azilect  
Comtan  
Mirapex  
Neupro  
Parcopa  
Tasmar  
Zelapar

## OPHTHALMICS

### Ophthalmics, Allergic

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

#### Preferred

cromolyn (*Crolom*)  
Acular  
Alrex  
Elestat  
Pataday  
Patanol

#### Requires Prior Authorization

ketotifen (*Zaditor Rx*) (brand & generic)  
Alamast  
Alocril  
Alomide  
Emadine  
Optivar

### Ophthalmics, Fluoroquinolones & Macrolides

#### Preferred

ciprofloxacin solution (*Ciloxan*)  
ofloxacin (*Ocuflox*)  
Vigamox  
Zymar

#### Requires Prior Authorization

Azasite  
Ciloxan ointment  
Quixin

## OPHTHALMICS

### 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  
Istalol  
Lumigan  
Travatan  
Trusopt

#### Requires Prior Authorization

Xalatan

### Ophthalmics, NSAIDs

#### Preferred

diclofenac (*Voltaren*)  
flurbiprofen (*Ocufen*)  
Acular LS  
Acular PF  
Nevanac  
Xibrom

## OTIC

### Otic, Fluoroquinolones

#### Preferred

ofloxacin otic (*Floxin Otic*)  
Ciprodex

## RESPIRATORY

### Antihistamines, Minimally Sedating

#### Preferred

loratadine, loratadine-D (OTC)  
Alavert, Alavert-D (OTC)  
Claritin, Claritin-D (OTC)  
Claritan chewable (OTC)  
Tavist (OTC)  
Allegra syrup

#### Requires Prior Authorization

fexofenadine (*Allegra*) (brand & generic)  
Allegra-D  
Claritin, Claritin-D (Rx)  
Clarinx, Clarinx-D  
Clarinx syrup  
Semprex-D  
Xyzal  
Zyrtec (OTC & Rx)

### Bronchodilators, Anticholinergics

#### Preferred

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

## RESPIRATORY

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

(Beta-Adrenergic Agents)

#### Preferred

albuterol (*Proventil, Ventolin*)  
albuterol ER (*Vospire ER*)  
metaproterenol (*Alupent*)  
terbutaline (*Brethine*)  
Maxair  
ProAir HFA  
Proventil HFA  
Serevent Diskus  
Ventolin HFA  
Xopenex, Xopenex HFA

#### Requires Prior Authorization

AccuNeb  
Alupent  
Brovana  
Foradil  
Perforomist

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

#### Preferred

Advair Diskus/Advair HFA  
Aerobid, Aerobid M  
Asmanex  
Azmacort  
Flovent HFA  
Qvar  
Symbicort

#### Requires Prior Authorization

Pulmicort Respules (Over Age 8, Under Age 1) \*  
Pulmicort Flexhaler \*\*

\* *Pulmicort Respules are available without prior authorization for children 1 to 8 years of age.*

\*\* *Flexhaler replaces Turbuhaler.*

### Intranasal Rhinitis Agents

(Nasal Anti-Inflammatory Steroids)

#### Preferred

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

#### Requires Prior Authorization

fluticasone nasal (generic only)  
Beconase AQ  
Nasacort AQ  
Nasarel  
Rhinocort Aqua  
Veramyst

### Leukotriene Modifiers

#### Preferred

Accolate  
Singulair

#### Requires Prior Authorization

Zyflo  
Zyflo CR



### Maryland Medicaid Pharmacy Program

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

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

#### Staff

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

#### *In This Issue . . .*

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### TOPICAL DERMATOLOGICS

#### Acne Agents, Topical

##### Preferred

benzoyl peroxide  
clindamycin topical  
erythromycin  
erythromycin-benzoyl peroxide  
sulfacetamide lotion (*Klaron*)  
tretinoin  
Azelex  
Clinac BPO  
Retin-A Micro  
Tazorac

##### Requires Prior Authorization

Akne-Mycin  
Benzaclin  
Benzamycin  
Clindagel  
Clindareach  
Differin  
Duac  
Evoclin  
Inova, Inova 4/1, Inova 8/2  
Lavoclen  
Neobenz Micro  
Nuox  
Sulfoxyl  
Triaz  
Zaclir  
Ziana

### TOPICAL DERMATOLOGICS

#### Atopic Dermatitis

##### Preferred

Elidel  
Protopic

#### Impetigo Agents, Topical

##### Preferred

mupirocin ointment (*Bactroban*)

##### Requires Prior Authorization

Altabax  
Bactroban Cream

### UROLOGIC

#### Benign Prostatic Hyperplasia

(Alpha-Adrenergic Blocking Agents)

##### Preferred

doxazosin (*Cardura*)  
terazosin (*Hytrin*)  
Avodart  
Flomax  
Uroxatral

##### Requires Prior Authorization

finasteride (*Proscar*)  
Cardura XL

#### Bladder Relaxant Preparations

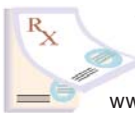
(Urinary Tract Antispasmodic/Anti-incontinence Agent)

##### Preferred

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

##### Requires Prior Authorization

Detrol, Detrol LA



The Maryland Medicaid Pharmacy Program Preferred Drug List (PDL) is included on Epocrates. Visit [www.epocrates.com](http://www.epocrates.com) and click on "Epocrates Online" or "My Account" to register for your free Epocrates online account. The PDL is updated weekly.