



# Pharmacy News & Views

March 2009

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

## Maryland Medicaid Preferred Drug List

The PDL shown includes updates effective April 1, 2009. 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.

**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 atypical antipsychotic agents subject to step therapy.**

### ANALGESIC

#### Analgesics/Anesthetics, Topical

##### Preferred

Lidoderm  
Voltaren Gel

##### Requires Prior Authorization

Flector

#### Analgesics, Narcotics Long Acting

##### Preferred

methadone  
morphine Sulfate SR (*MS Contin*)  
Duragesic (brand only)  
Kadian

##### Requires Prior Authorization

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

### ANALGESIC

#### 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 (*Panlor DC, Panlor SS*)  
dihydrocodeine/aspirin/caffeine (*Synalgos DC*)  
hydrocodone/apap (*Vicodin*)  
hydrocodone/ibuprofen (*Vicoprofen*)  
hydromorphone (*Dilaudid*)  
meperidine (*Demerol*)  
morphine sulfate  
oxycodone  
oxycodone/apap (*Percocet*)  
oxycodone/aspirin (*Percodan*)  
pentazocine/apap (*Talacen*)  
pentazocine/naloxone (*Talwin NX*)  
propoxyphene (*Darvon*)  
propoxyphene HCl/apap (*Wygesic*)  
propoxyphene/apap (*Darvocet*)  
tramadol (*Ultram*)  
tramadol/apap (*Ultracet*)

##### Requires Prior Authorization

fentanyl buccal (*Actiq*) (brand & generic)  
levorphanol  
oxycodone/ibuprofen (*Combunox*) (brand & generic)  
Darvon-N  
Fentora  
Opana

#### Anti-Migrane Agents, Triptans

(Anti-Migraine Preparations)

##### Preferred

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

##### Requires Prior Authorization

sumatriptan (oral, nasal & subq) (generic only)  
Amerge  
Axert  
Frova  
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*)  
meclufenamate (*Meclomen*)  
mefenamic 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

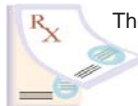
#### Skeletal Muscle Relaxants

##### Preferred

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

##### Requires Prior Authorization

Amrix  
Fexmid  
Skelaxin  
Soma 250mg  
Zanaflex capsules



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.

# Maryland Medicaid Preferred Drug List

## ANTI-INFECTIVES

### Antibiotics, GI

#### Preferred

metronidazole (*Flagyl*)  
neomycin  
Alinia  
Tindamax  
Vancocin

#### Requires Prior Authorization

Flagyl ER  
Xifaxan

### Antibiotics, Vaginal

#### Preferred

clindamycin  
metronidazole  
Cleocin  
Clindesse

### 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*)  
Ancobon  
GriFulvin V  
Lamisil Granules  
Noxafil  
Vfend

### Antifungals, Topical (Topical Antifungals)

#### Preferred

ciclopirox (*Loprox*)  
ciclopirox solution (*Penlac*)  
clotrimazole (*Lotrimin*)  
clotrimazole/betamethasone (*Lotrisone*)  
econazole (*Spectazole*)  
ketoconazole (*Nizoral*)  
nystatin  
nystatin/triamcinolone (*Mycolog II*)  
Naftin  
Oxistat  
Xolegel Corepak  
Xolegel Duo

#### Requires Prior Authorization

CNL8  
Ertaczo  
Extina  
Loprox Shampoo  
Mentax  
Vusion

### Antiparasitics, Topical

#### Preferred

permethrin  
Eurax  
Ovide

#### Requires Prior Authorization

lindane

## ANTI-INFECTIVES

### Antivirals (Antivirals, General)

#### Preferred

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

#### Requires Prior Authorization

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

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

#### Preferred

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

#### Requires Prior Authorization

Augmentin XR  
Cedax  
Raniclor  
Spectracef

### Fluoroquinolones (Quinolones)

#### Preferred

ciprofloxacin, ciprofloxacin XR  
(*Cipro, Cipro XR*)  
Avelox  
Levaquin

#### Requires Prior Authorization

ofloxacin (*Floxin*)  
Cipro Oral Suspension  
Factive  
Noroxin  
Proquin XR

### Hepatitis B Agents

#### Preferred

Baraclude  
Epivir HBV  
Hepsera  
Tyzeka

### Macrolides/Ketolides

#### Preferred

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

#### Requires Prior Authorization

Ketek  
Zmax

### Impetigo Agents, Topical

#### Preferred

mupirocin ointment (*Bactroban*)

#### Requires Prior Authorization

Altabax  
Bactroban Cream

## CARDIOVASCULAR

### Angiotensin Modulators/CCB Combinations

#### Preferred

amlodipine/benazepril (*Lotrel*)  
Azor  
Exforge

#### Requires Prior Authorization

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*)  
Aceon  
Avapro, Avalide  
Benicar, Benicar HCT  
Cozaar, Hyzaar  
Diovan, Diovan HCT  
Micardis, Micardis HCT

#### Requires Prior Authorization

moexipril (*Univasc*)  
moexipril HCTZ (*Uniretic*)  
quinapril (*Accupril*)  
quinaretic (*Accuretic*)  
ramipril (*Altace*)  
trandolapril (*Mavik*)  
Atacand, Atacand HCT  
Tekturna, Tekturna HCT  
Teveten, Teveten HCT

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

#### Preferred

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

#### Requires Prior Authorization

betaxolol (*Kerlone*)  
Bystolic  
Coreg CR

# Maryland Medicaid Preferred Drug List

## 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*)  
 nifedipine (*Cardene*)  
 nifedipine SR (*Adalatt CC*, *Procardia XL*)  
 DynaCirc CR  
 Sular

#### Requires Prior Authorization

nifedipine (*Adalat*, *Procardia*) (brand &  
 generic)  
 nimodipine (*Nimotop*) (brand & generic)  
 nisoldipine (generic only)  
 verapamil (*Calan*)  
 verapamil ER, verapamil SR (*Calan SR*,  
*Verelan*)  
 verapamil ER caps (*Verelan PM*)  
 Cardene SR  
 Cardizem LA  
 Covera HS

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

#### Preferred

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

#### Requires Prior Authorization

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

### Lipotropics, Statins (Lipotropics)

#### Preferred

lovastatin (*Mevacor*)  
 pravastatin (*Pravachol*)  
 simvastatin (*Zocor*)  
 Crestor  
 Lipitor

#### Requires Prior Authorization

Advicor  
 Altoprev  
 Caduet  
 Lescol, Lescol XL  
 Simcor  
 Vytorin

### Platelet Aggregation Inhibitors

#### Preferred

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

## CARDIOVASCULAR

### Pulmonary Hypertension Agents, Oral

#### Preferred

Letairis  
 Revatio

#### Requires Prior Authorization

Tracleer

## CENTRAL NERVOUS SYSTEM

### Anticonvulsants

#### Preferred

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

#### Requires Prior Authorization

levetiracetam (*Keppra*) (generic only)  
 oxcarbazepine (*Trileptal*) (generic only)  
 Equetro  
 Lyrica  
 Phenytek  
 Stavzor  
 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\* *Clinical criteria applies.*  
 Effexor XR

#### Requires Prior Authorization

nefazodone (*Serzone*)  
 Emsam  
 Pristiq  
 Venlafaxine ER

## CENTRAL NERVOUS SYSTEM

### Atypical Antipsychotics

#### Preferred

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

clozapine (*Clozaril*)  
 Abilify  
 Fazaclor  
 Geodon  
 Invega  
 Risperdal  
 Seroquel, Seroquel XR

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

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

### Sedative Hypnotics

#### Preferred

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

#### Requires Prior Authorization

Ambien CR  
 Doral  
 Lunesta\* *Step therapy may allow it to process without a prior authorization. See criteria at: www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm.*  
 Restoril 7.5mg, 22.5 mg

### Selective Serotonin Reuptake Inhibitors (SSRIs)

#### Preferred

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

#### Requires Prior Authorization

Luvox CR  
 Pexeva  
 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*)  
 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

# Maryland Medicaid Preferred Drug List

## ENDOCRINE

### Androgens

Preferred

Androderm  
Androgel

Requires Prior Authorization

Testim

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

Preferred

alendronate (*Fosamax*)  
Actonel  
Actonel with Calcium  
Fosamax Solution  
Fosamax Plus D  
Miacalcin

Requires Prior Authorization

Boniva  
Didronel  
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

Prandin  
Starlix

### Hypoglycemics, TZDs

(Hypoglycemics, Insulin-Response Enhancers)

Preferred

ActoPlusMet  
Actos  
Avandamet  
Avandaryl  
Avandia  
Duetact

## GASTROINTESTINAL

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

Preferred

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

Requires Prior Authorization

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

### Pancreatic Enzymes

Preferred

dygase  
lapase  
pancrelipase  
Creon  
Lipram  
Pancrease MT  
Ultrase  
Viokase

Requires Prior Authorization

Pancrecarb MS

### Phosphate Binders & Related Agents

Preferred

calcium acetate  
Fosrenol  
PhosLo (brand only)  
Renagel

Requires Prior Authorization

calcium acetate (*PhosLo*) (generic only)  
Renvela

### Proton Pump Inhibitors

(Gastric Acid Secretion Reducers)

Preferred

omeprazole (*Prilosec*)  
Prevacid

Requires Prior Authorization

pantoprazole (*Protonix*) (brand & generic)  
Aciphex  
Nexium  
Zegerid

### Ulcerative Colitis Agents

Preferred

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

Requires Prior Authorization

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

Epogen

### Growth Hormones (CLINICAL PA REQUIRED)

Preferred

Genotropin  
Norditropin  
Nutropin, Nutropin AQ

Requires Prior Authorization

Humatrope  
Omnitrope  
Saizen  
Serostim  
Tev-Tropin  
Zorbtive

### Hepatitis C Agents (Hepatitis C

Treatment Agents, Immunomodulators)

Preferred

ribavirin (*Copegus, Rebetol*)  
Pegasys

Requires Prior Authorization

Infergen  
Peg-Intron  
Peg-Intron Redipen

### Multiple Sclerosis Agents

Preferred

Avonex  
Betaseron  
Copaxone  
Rebif



# Maryland Medicaid Preferred Drug List

## NEUROLOGICS

### Alzheimer's Agents

#### Preferred

Aricept/Aricept ODT  
Namenda

#### Requires Prior Authorization

galantamine (*Razadyne*)  
Cognex  
Exelon  
Exelon Patch  
Razadyne ER

### Anti-Parkinson's Agents

#### Preferred

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

#### Requires Prior Authorization

Azilect  
Comtan  
Mirapex  
Neupro Patch  
Parcopa  
Requip XL  
Tasmar  
Zelapar

## OPHTHALMICS

### Ophthalmics, Allergic

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

#### Preferred

croamolyn (*Crolom*)  
Acular  
Alrex  
Elestat  
Optivar  
Pataday  
Patanol

#### Requires Prior Authorization

ketotifen (*Zaditor Rx*)  
Alamast  
Alocril  
Alomide  
Emadine

### Ophthalmics, Fluoroquinolones & Macrolides

#### Preferred

ciprofloxacin solution (*Ciloxan*)  
erythromycin  
ofloxacin (*Ocuflox*)  
Iquix  
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  
Combigan  
Cosopt  
Istalol  
Lumigan  
Travatan, Travatan Z  
Trusopt  
Xalatan

### Ophthalmics, NSAIDs

#### Preferred

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

## OTIC

### Otic, Fluoroquinolones

#### Preferred

ofloxacin otic (*Floxin Otic*)  
Ciprodex

#### Requires Prior Authorization

Cipro HC

## RESPIRATORY

### Antihistamines, Minimally Sedating

#### Preferred

cetirizine, certirizine D  
cetirizine syrup  
loratadine, loratadine-D

#### Requires Prior Authorization

fexofenadine (*Allegra*)  
Allegra-D, Allegra ODT  
Allegra syrup  
Claritin, Claritin-D  
Claritin chewable  
Clarinet, Clarinet-D  
Semprex-D  
Xyzal  
Xyzal syrup

### Bronchodilators, Anticholinergics

#### Preferred

ipratropium neb (*Atrovent*)  
Atrovent HFA  
Combivent  
Spiriva

#### Requires Prior Authorization

albuterol/ipratropium neb (*DuoNeb*)  
(brand & generic)

## 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

Alupent  
Brovana  
Foradil  
Perforomist

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

#### Preferred

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

#### Requires Prior Authorization

Alvesco  
Asmanex  
Pulmicort Respules (Over Age 8, Under Age 1)  
\* Available without prior authorization for  
children 1 to 8 years of age.  
Pulmicort Flexhaler

### Intranasal Rhinitis Agents

(Nasal Anti-Inflammatory Steroids)

#### Preferred

flunisolide (*Nasalide*)  
fluticasone nasal (*Flonase*)  
ipratropium (*Atrovent Nasal*)  
Astelin  
Nasacort AQ  
Nasonex  
Patanase  
Veramyst

#### Requires Prior Authorization

Beconase AQ  
Nasarel  
Omnaris  
Rhinocort Aqua

### Leukotriene Modifiers

#### Preferred

Accolate  
Singulair

#### Requires Prior Authorization

Zyflo CR



## Pharmacy News & Views

### Maryland Medicaid Pharmacy Program

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

- **Maryland Medicaid Preferred Drug List**

## TOPICAL DERMATOLOGICS

### Acne Agents, Topical

#### Preferred

benzoyl peroxide  
clindamycin topical  
erythromycin  
tretinoin  
Azelex  
Clinac BPO  
Differin  
Duac  
Retin-A Micro

#### Requires Prior Authorization

erythromycin-benzoyl peroxide  
sodium sulfa-sulfur-meratan  
sulfacetamide lotion (*Klaron*)  
sulfacetamide sulfur  
Aczone  
Akne-Mycin  
Atralin  
Benzaclin  
Benzamycin  
Brevoxyl  
Clarifoam  
Clindagel  
Clindareach  
Evoclin  
Inova  
Lavoclen  
Neobenz Micro  
Nuox  
Sulfoxyl  
Tazorac  
Triaz  
Zacare  
Zaclir  
Ziana  
Zoderm

## TOPICAL DERMATOLOGICS

### Atopic Dermatitis

#### Preferred

Elidel  
Protopic

## UROLOGIC

### Benign Prostatic Hyperplasia

(Alpha-Adrenergic Blocking Agents)

#### Preferred

doxazosin (*Cardura*)  
terazosin (*Hytrin*)  
Avodart  
Flomax  
Proscar (brand only)  
Uroxatral

#### Requires Prior Authorization

finasteride (*Proscar*) (generic only)  
Cardura XL

### Bladder Relaxant Preparations

(Urinary Tract Antispasmodic/Anti-incontinence Agent)

#### Preferred

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

## 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

## Responsible Use of Intervention Codes

ProDUR alerts are designed to prevent and reduce adverse drug effects. Pharmacists are asked to use their best clinical judgment in determining when the prescriber should be consulted and when the "MO" (prescriber consulted) code should be used to process an override. Please be advised that pharmacists should monitor the use of the intervention and outcome override codes by the pharmacy technical staff.