



MARYLAND MEDICAID PHARMACY PROGRAM

No. 40
Monday, October 1, 2007

ADVISORY

In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) Maryland Pharmacy Program (MPP) has developed the Maryland Pharmacy Program Advisory. To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations. It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via DHMH, please contact the MPP representative at 410-767-1455.

NEW MEDICAID REQUIREMENTS FOR TAMPER-RESISTANT PRESCRIPTIONS ARE DELAYED UNTIL APRIL 1, 2008.

The Maryland Medical Assistance Program issued General Provider Transmittal No. 63 on August 31, 2007 informing prescribers and providers of the new requirements concerning Tamper-resistant Prescriptions. Due to federal legislation recently passed and signed, **the new requirements, which were to be applicable effective October 1, 2007, will now be effective April 1, 2008.** The law requires that all written, non-electronic prescriptions for Medicaid outpatient drugs must be executed on tamper-resistant pads in order for them to be reimbursed by the Medicaid Program.



Maryland Medicaid Pharmacy Program

Pharmacy

News & Views

October 2007

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

Tamper-resistant Prescriptions Required as of October 1, 2007

Recently enacted federal law requires State Medicaid Program providers to use tamper-resistant prescription pads. The law requires that all written, non-electronic prescriptions for Medicaid outpatient drugs must be executed on tamper-resistant pads in order for reimbursement by the Medicaid Program.

The Tamper-Resistant Pad Requirement DOES NOT APPLY:

- When a prescription is communicated by the prescriber to the pharmacy electronically, verbally, or by fax (please note that controlled substances require a written prescription);
- When a managed care organization pays for the prescription;
- To refills of written prescriptions presented at a pharmacy before October 1, 2007; or
- When drugs are provided in institutional settings where such drugs are not separately reimbursed; in Maryland this includes inpatient hospitals and intermediate care facilities for people with mental retardation.

Prescription Blank Ordering Information

A uniform layout, format, or style is not required. Prescribers may customize the layout and use the prescription pads for non-Medicaid patients.

Examples of security features include a blue or green background color that resists reproduction, resistance to erasure and alterations, and the word "void" or "illegal" appearing on a photocopy of the prescription form.

The security features should be listed on the prescription form. All medical providers who prescribe drugs to

Medicaid recipients are responsible for obtaining prescription blanks from a vendor.

A vendor list can be found on our website at <http://dhmh.state.md.us/mma/mpap/> and on the Maryland Pharmaceutical Society's page at <http://mdpharmsociety.org/inthenews.htm>. These vendors have been approved by other state Medicaid programs that have tamper-resistant prescription pad requirements which meet or exceed the minimum standards set forth by the Centers for Medicare and Medicaid Services. This is not an exhaustive list of vendors. It is the responsibility of the prescriber to confirm with the vendor that the prescription pads meet the standards listed below.

Information for Pharmacists

Pharmacists filling prescriptions for Medicaid participants are required to ensure compliance with the tamper-resistant prescription pad standards. All prescriptions dated October 1, 2007, or later must have at least one of the security features listed above. By October 1, 2008, all prescriptions must have all three of these features. These requirements apply whether Medicaid is the primary or secondary payer of the prescription. After the respective dates, any pharmacist receiving a hard copy of

a prescription for a Medicaid recipient not in compliance with tamper-resistant standards must verify the prescription order with the prescriber and record this contact on the original prescription. This should include the name of the person and the date verified. If a prescriber continues to use non-compliant prescription forms, the pharmacist should report the prescriber to the local Medicaid Office. These requirements do not apply if the prescription is paid for by a managed care organization. Because the federal guidelines apply to all states, prescriptions presented in Maryland from another state must be compliant with the guidelines and are subject to the same requirements.

Maryland Medicaid will pay for a 72-hour emergency supply on a non-compliant written prescription to allow the prescriber time to provide a verbal, faxed, electronic, or compliant written prescription.

QUESTIONS? A list of frequently asked questions regarding the tamper proof prescription pads can be found at <http://dhmh.state.md.us/mma/mpap/>. Please review the information regarding retroactive eligibility, emergency supplies and record retention requirements. For further information, call the Manager of Pharmacy Services at 410-767-1455.

*To be considered tamper-resistant by **October 1, 2007**, a prescription pad must contain at least one of the following three characteristics:*

- 1) One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form
- 2) One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber
- 3) One or more industry-recognized features designed to prevent the use of counterfeit prescription forms

*Beginning **October 1, 2008**, a prescription pad must contain all three characteristics to be considered tamper-resistant.*

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 2, 2007. 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 (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*)
 pentazocine/apap (*Talacen*)
 pentazocine/naloxone (*Talwin NX*)
 propoxyphene (*Darvon*)
 propoxyphene HCl/apap (*Wygesic*)
 propoxyphene napsylate/apap (*Darvocet*)
 tramadol (*Ultram*)
 tramadol/apap (*Ultracet*)

Requires Prior Authorization

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

Analgesics, Narcotics (Long Acting)

Preferred

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

Requires Prior Authorization

fentanyl patch (generic only)
 Avinza
 Opana ER
 OxyContin (brand & generic)
 Ultram ER

Anti-Migrane Agents, Triptans

(Anti-Migraine Preparations)

Preferred

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

Requires Prior Authorization

Axert
 Frova
 Relpax
 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*)
 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

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*)
 clotrimazole (*Lotrimin*)
 clotrimazole/betamethasone (*Lotrisone*)
 econazole (*Spectazole*)
 ketoconazole (*Nizoral*)
 nystatin
 nystatin/triamcinolone (*Mycolog II*)

Requires Prior Authorization

Ertaczo
 Exelderm
 Loprox Shampoo
 Loprox Gel
 Mentax
 Naftin
 Oxistat
 Penlac
 Vusion
 Xolegel

Antivirals (Antivirals, General)

Preferred

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

Requires Prior Authorization

Famvir
 Relenza
 Tamiflu

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 2, 2007. 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

ANTI-INFECTIVES

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

* cefdinir
 Augmentin XR
 Raniclur

* Brand name Omnicef will remain preferred until 1/1/08. The generic cefdinir is non-preferred until 1/1/08.

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (*Cipro*)
 ciprofloxacin ext-rel (*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

ACE Inhibitor/Calcium Channel Blocker Combination

Preferred

Lotrel
 Tarka

Requires Prior Authorization

Lexxel

Angiotension Modulators

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

Requires Prior Authorization

Aceon
 Tekturma

Angiotensin Receptor Blockers

(Hypotensives, Angiotensin Receptor Antagonist)

Preferred

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

Requires Prior Authorization

Atacand, Atacand 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, propranolol LA (*Inderal*, *Inderal LA*)
 sotalol, sotalol AF (*Betapace*, *Betapace AF*)
 timolol (*Blocadren*)
 Coreg, Coreg CR
 Toprol XL

Requires Prior Authorization

Innopran XL
 Levatol

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*)
 Cardizem LA
 Dynacirc CR
 Sular
 Verelan PM

Requires Prior Authorization

nifedipine (*Adalat*, *Procardia*) (brand & generic)
 nimodipine (*Nimotop*)
 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
 Lovaza (formerly Omacor)
 Triglide
 Welchol
 Zetia

Lipotropics, Statins (Lipotropics)

Preferred

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

Requires Prior Authorization

Caduet

Platelet Aggregation Inhibitors

Preferred

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

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 2, 2007. 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

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*)
 Carbatrol
 Celontin
 Depakote, Depakote ER
 Diastat
 Equetro
 Felbatol
 Gabitril
 Keppra
 Lamictal
 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, bupropion XL
 (*Wellbutrin, Wellbutrin SR, Wellbutrin XL**)
 mirtazapine, mirtazapine soltab
 (*Remeron, Remeron Soltab*)
 trazodone (*Desyrel*)
 venlafaxine
 Cymbalta **
 Effexor XR

Requires Prior Authorization

nefazodone (*Serzone*)
 Emsam

* *Wellbutrin XL 150mg is only available as a Brand Name. It requires a prior authorization. Wellbutrin XL 300mg is available generically.*
 ***Clinical criteria applies to Cymbalta*

Sedative Hypnotics

Preferred

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

Requires Prior Authorization

Doral
 Restoril 7.5mg, Restoril 22.5mg
 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 (*Ritalin*)
 methylphenidate ER (*Ritalin-SR*)
 Adderall XR
 Concerta
 Daytrana
 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

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

Boniva
 Didronel
 Evista
 Forteo
 Fortical

Hypoglycemics, Incretin Mimetic & Enhancers

Preferred

Byetta
 Janumet
 Januvia
 Symlin

Hypoglycemics, Insulins

Preferred

Lantus
 Levemir
 Novolin
 Novolog
 Novolog Mix

Requires Prior Authorization

Apidra
 Exubera
 Humulin
 Humalog
 Humalog Mix

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

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 2, 2007. 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

GASTROINTESTINAL

Antiemetics, Oral (Antiemetic/Antivertigo Agents)

Preferred
Emend
Marinol
* Zofran, Zofran ODT (brand only)
Emend

Requires Prior Authorization
* ondansetron, ondansetron ODT (generic only)
Anzemet
Cesamet
Kytril

* Brand name Zofran/Zofran ODT will remain preferred until 1/1/08. Generic ondansetron/ondansetron ODT is non-preferred until 1/1/08.

Phosphate Binders & Related Agents

Preferred
Fosrenol
PhosLo
Renagel

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

Preferred
Nexium
Prevacid

Requires Prior Authorization
omeprazole (*Prilosec Rx*) (brand & generic)
Aciphex
Prilosec OTC
Protonix
Zegerid

Ulcerative Colitis Agents

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

Requires Prior Authorization
Canasa
Dipentum
Lialda
Pentasa

INJECTABLES

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
Nutropin AQ
Omnitrope
Saizen
Serostim
Tev-Tropin

Requires Prior Authorization
Humatrope
Norditropin
Nutropin
Zorbtive
* *Nutropin Depot* is available by the manufacturer only to those patients on existing therapy.

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 (Agents to Treat Multiple Sclerosis)

Preferred
Avonex
Betaseron
Copaxone
Rebif

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*)
selegiline (*Eldepryl*)
trihexyphenidyl (*Artane*)
Kemadrin
Requip
Stalevo

Requires Prior Authorization

Azilect
Comtan
Mirapex
Parcopa
Tasmac
Zelapar

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 2, 2007. 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, Allergic

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

Preferred

cromolyn (*Crolom*)
Acular
Alrex
Elestat
Pataday
Patanol

Requires Prior Authorization

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

Ophthalmics, Fluoroquinolones

Preferred

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

Requires Prior Authorization

Ciloxan ointment
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
Istalol
Lumigan
Travatan
Trusopt

Requires Prior Authorization

Xalatan

Ophthalmics, NSAIDs

Preferred

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

OTIC

Otics, Fluoroquinolones

Preferred

Ciprodex
Flloxin Otic

Requires Prior Authorization

Cipro HC

RESPIRATORY

Antihistamines, Minimally Sedating

(Antihistamines)

Preferred

loratadine, loratadine-D (OTC)
Alavert, Alavert-D (OTC)
Claritin, Claritin-D, (OTC)
Claritan Chewable (OTC)
Tavist ND (OTC)
Allegra syrup
Zyrtec syrup

Requires Prior Authorization

fexofenadine (*Allegra*) (brand & generic)
Allegra-D
Claritin, Claritin-D (Rx)
Clarinet, Clarinet-D
Semprex D
Zyrtec (tablets)
Zyrtec-D

Bronchodilators, Anticholinergics

Preferred

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

Beta₂-Agonist Bronchodilators

(Beta-Adrenergic Agents)

Preferred

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

Requires Prior Authorization

AccuNeb
Alupent
Foradil

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 2, 2007. 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

RESPIRATORY

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

Preferred

Advair Diskus, Advair HFA
Aerobid, Aerobid M
Asmanex
Azmecort
Flovent HFA
Qvar

Requires Prior Authorization

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

* Pulmicort Respules are available without prior authorization for children ages 1 to 8

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

Leukotriene Modifiers

Preferred

Accolate
Singulair

Requires Prior Authorization

Zyflo

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

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

Requires Prior Authorization

Benzaclin
Benzamycin
Clindagel
Differin
Duac
Evoclin
Inova, Inova 4/1
Neobenz Macro
Nuox
Sulfoxyl
Triaz
Zaclir
Ziana
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)
Cardura XL

Bladder Relaxant Preparations

(Urinary Tract Antispasmodic/AntiIncontinence Agent)

Preferred

oxybutynin (Ditropan)
oxybutynin XL (Ditropan XL)
Enablex
Oxytrol
Sanctura
Vesicare

Requires Prior Authorization

Detrol
Detrol LA

PREFERRED BRAND NAME DRUGS / NON-PREFERRED GENERICS

At this time, Duragesic® patches and Flonase® are the two brand name drugs on the PDL which also come in generic form. The generics fluticasone and fentanyl patches are non-preferred and require Prior Authorization. These are exceptions to the State's policy for Medicaid prescriptions requiring substitution of the generic for brand name drugs. After October 2, these two will continue to be preferred, and two more such exceptions will be on the PDL: Omnicef® and Zofran®. The table to the right summarizes the status of these drugs. We urge all participating pharmacies to make an effort to keep these brand name drugs on hand in order to better serve the Medicaid population.

Therapeutic Category Name	Drug Name	PDL
Intranasal Rhinitis Agents	Flonase®	Preferred
	Fluticasone	Non-Preferred
Analgesics, Narcotics (Long-Acting)	Duragesic®	Preferred
	Fentanyl patch	Non-Preferred
Cephalosporins and Related Agents	Omnicef®	Preferred (until 1/1/08)*
	Cefdinir	Non-Preferred (until 1/1/08)*
Antiemetics, Oral	Zofran/Zofran ODT®	Preferred (until 1/1/08)*
	Ondansetron/ondansetraon ODT	Non-Preferred (until 1/1/08)*

*NOTE: On 1/1/08, the generics (cefdinir, ondansetron and ondansetron ODT) will become preferred, and the brands (Omnicef, Zofran and Zofran ODT) will require a Brand Medically Necessary Medwatch form.



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

Phil Cogan, R.Ph, *Editor*
Eva Carey-Brown
Joseph Paradis, PharmD,
of Health Information Designs, Inc.

In This Issue . . .

- *Tamper-resistant Prescriptions
Required as of October 1, 2007*
- *Maryland Preferred Drug List*
- *Pharmacy Briefs*
- *Telephone Numbers*

Pharmacy Briefs

Maryland Medicaid Pharmacy Program Website

The Maryland Medicaid Pharmacy Program has developed a website which contains information regarding the Pharmacy Program, including past issues of the Pharmacy Newsletter, links to Advisories, Transmittals, the Preferred Drug List, MCO Formularies, listing of new drugs approved in 2006 and information regarding upcoming continuing education programs. The website can be viewed at www.marylandmedicaidpharmacyinformation.com.

DHMH E-mail "Advisory"

The Department of Health and Mental Hygiene Maryland Medicaid Pharmacy Program (MMPP) utilizes an e-mail notification service called an "Advisory" to give the pharmacy community important timely information. If you are currently not receiving e-mail Advisories through a Pharmacy Organization you belong to, please contact the MMPP representative at 410-767-1455.

Unacceptable Prescriber DEA Numbers

All claims submitted to the point-of-service (POS) claims processor for the Maryland Medicaid Pharmacy Programs must contain the Prescriber's DEA number. DO NOT submit claims using DEA numbers which begin with "X_". These numbers are assigned by the Drug Enforcement Administration to Prescribers who are authorized to write prescriptions for Suboxone®. If claims are submitted with these special Suboxone® prescriber DEA numbers, they will be denied at POS. Pharmacies should also make every effort to use the correct DEA number assigned to prescribers. When an improper DEA number is used, the prescription claim is considered invalid.

Telephone Numbers

ACS Technical Assistance and Preauthorizations

1-800-932-3918

24 hours a day 7 days a week

Other Telephone Numbers:

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 5:00 pm

Maryland AIDS Drug Assistance Program

1-410-767-6535

Monday - Friday, 8:30 am to 4:30 pm