



# Pharmacy News & Views

December 2011

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

## Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown includes updates effective January 1, 2012. 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 (g) products are usually preferred and branded (B) innovator products are non-preferred. Most branded PDL products that are new to the market require prior authorization until they are reviewed.*

**Key:** Highlighted drugs = PDL change  
All lowercase letters = generic product  
Leading capital letter = Brand name product  
B = Brand g = generic

**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 non-preferred atypical antipsychotic agents and those subject to step therapy edits.

### ANALGESIC

#### Analgesics/Anesthetics, Topical

**Preferred**

capsaicin OTC  
Lidoderm  
Voltaren Gel

**Requires Prior Authorization**

Flector  
Pennsaid  
Qutenza

#### Analgesics, Narcotics (Long Acting)

**Preferred**

fentanyl patch (*Duragesic*)  
methadone  
morphine sulfate SR (*MS Contin*)  
Kadian

**Requires Prior Authorization**

oxycodone ER (*OxyContin*) (B & g)  
tramadol ER (*Ultram ER*) (B & g)  
Avinza  
Butrans  
Duragesic Matrix  
Embeda  
Exalgo  
Opana ER  
Ryzolt

### ANALGESIC

#### Analgesics, Narcotics Short Acting

**Preferred**

apap w/codeine (*Tylenol w/Codeine*)  
aspirin w/codeine  
butalbital/apap/codeine  
butalbital/apap/codeine/caffeine  
codeine  
dihydrocodeine/apap/caffeine (*Panlor SS*)  
dihydrocodeine/aspirin/caffeine (*Synalgos DC*)  
hydrocodone/apap (*Vicodin*)  
hydrocodone/ibuprofen (*Vicoprofen*)  
hydromorphone (*Dilaudid*)  
morphine sulfate  
oxycodone  
oxycodone/apap (*Percocet*)  
oxycodone/aspirin (*Percodan*)  
pentazocine/apap (*Talacen*)  
pentazocine/naloxone (*Talwin NX*)  
tramadol (*Ultram*)  
tramadol/apap (*Ultracet*)

**Requires Prior Authorization**

fentanyl buccal (*Actiq*) (B & g) \*  
levorphanol  
meperidine (*Demerol*) (B & g)  
oxycodone/ibuprofen (*Combunox*) (B & g)  
oxymorphone (*Opana*) (B & g)  
Abstral \*  
Dilaudid Liquid  
Fentora \*  
Ibudone  
Nucynta  
Onsolis \*  
Panlor DC  
Prepexain  
Rybix ODT  
Zamicet  
Zolvit

\* Clinical criteria apply. View criteria at: [www.mdrxprograms.com/docs/medicaid/MD\\_FENTANYAL%20BUCCAL%20Rev%20Feb08.pdf](http://www.mdrxprograms.com/docs/medicaid/MD_FENTANYAL%20BUCCAL%20Rev%20Feb08.pdf)

### ANALGESIC

#### Anti-Hyperuricemics

**Preferred**

allopurinol (*Zyloprim*)  
probenecid (*Benemid*)  
probenecid/colchicine (*ColBenemid*)

**Requires Prior Authorization**

Colcrys  
Uloric

#### Anti-Migraine Agents

**Preferred**

sumatriptan (*Imitrex*)  
Relpax

**Requires Prior Authorization**

naratriptan (*Amerge*) (B & g)  
Axert  
Cambia  
Frova  
Maxalt, Maxalt MLT  
Treximet  
Zomig, Zomig Nasal, Zomig ZMT

#### Fibromyalgia Agents

**Preferred**

Lyrica  
Savella

**Requires Prior Authorization**

Cymbalta \*\*

\*\* Clinical criteria apply. View criteria at: [www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm](http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm).

The Maryland Medicaid Pharmacy Program Preferred Drug List (PDL) is included on Epocrates and updated weekly.

Visit [www.epocrates.com](http://www.epocrates.com) and click on "Epocrates Online" or "My Account" to register for your free online account.

# Maryland Medicaid Preferred Drug List (effective January 1, 2012)

## ANALGESIC

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

#### Preferred

diclofenac potassium (*Cataflam*)  
diclofenac sodium, diclofenac sodium XL  
(*Voltaren, Voltaren XR*)  
diflunisal (*Dolobid*)  
etodolac, etodolac XL (*Lodine, Lodine XL*)  
fenoprofen (*Nalfon*)  
flurbiprofen (*Ansaid*)  
ibuprofen Rx & OTC (*Motrin*)  
indomethacin, indomethacin SR  
(*Indocin, Indocin SR*)  
ketoprofen (*Orudis, Oruvail*)  
ketorolac (*Toradol*)  
meclofenamate (*Meclomen*)  
meloxicam (*Mobic*)  
nabumetone (*Relafen*)  
naproxen (*Naprosyn*)  
naproxen OTC  
naproxen sodium, naproxen sodium DS  
(*Anaprox, Anaprox DS*)  
oxaprozin (*Daypro*)  
piroxicam (*Feldene*)  
sulindac (*Clinoril*)

#### Requires Prior Authorization

mefenamic acid (*Ponstel*)  
tolmetin, tolmetin DS (*Tolectin, Tolectin DS*)  
Arthrotec  
Celebrex  
Indocin Rectal, Indocin Suspension  
[Sprix Nasal](#)  
Vimovo  
Zipsor

### Skeletal Muscle Relaxants

#### Preferred

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

#### Requires Prior Authorization

cyclobenzaprine ER (*Amrix*) (B & g)  
metaxalone (Skelaxin) (B & g)  
Fexmid  
Soma 250mg  
Zanaflex capsules

## ANTI-INFECTIVES

### Antibiotics, GI

#### Preferred

metronidazole (*Flagyl*)  
neomycin  
Alinia  
Tindamax  
Vancocin

#### Requires Prior Authorization

[Difucid](#)  
Flagyl ER  
Xifaxan

## ANTI-INFECTIVES

### Antibiotics, Inhaled

#### Preferred

TÖBI

#### Requires Prior Authorization

Cayston

### Antibiotics, Vaginal

#### Preferred

clindamycin (*Clindamax*)  
metronidazole (*Metro-Gel*)  
Cleocin Ovules  
Vandazole

#### Requires Prior Authorization

Clindesse

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

#### Preferred

fluconazole (*Diflucan*)  
ketoconazole (*Nizoral*)  
nystatin  
terbinafine (*Lamisil*)  
Gris Peg

#### Requires Prior Authorization

clotrimazole troche (*Mycelex*) (B & g)  
griseofulvin suspension (*Fulvicin,  
GriFulvin V*) (B & g)  
itraconazole (*Sporanox*)  
voriconazole (*Vfend*) (B & g)  
Ancobon  
GriFulvin V  
Lamisil Granules  
Noxafil  
Oravig  
Terbinox

### Antifungals, Topical (Topical Antifungals)

#### Preferred

clotrimazole OTC & Rx (*Lotrimin*)  
clotrimazole/betamethasone (*Lotrisone*)  
econazole (*Spectazole*)  
ketoconazole (*Nizoral*)  
miconazole OTC  
nystatin  
nystatin/triamcinolone (*Mycolog*)  
terbinafine OTC  
tolnaftate OTC

#### Requires Prior Authorization

butenafine OTC  
ciclopirox (*Loprox*) (B & g)  
ciclopirox solution (*Penlac*) (B & g)  
ciclopirox shampoo (*Loprox*) (B & g)  
Bensal HP  
CNL-8  
Ertaczo  
Exelderm  
Extina  
Ketocon Plus  
Lamisil Solution  
Mentax  
Naftin  
Nuzole  
Oxistat  
Pediaderm AF  
Vusion  
Xolegel

## ANTI-INFECTIVES

### Antiparasitics, Topical

#### Preferred

permethrin OTC  
permethrin Rx (*Elimite, Acticin*)  
Eurax  
Ovide (Brand only)

#### Requires Prior Authorization

lindane  
malathion (generic only)  
Natroba  
Ulesfia

### Antivirals (Antivirals, General)

#### Preferred

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

#### Requires Prior Authorization

famciclovir (*Famvir*) (B & g)  
valacyclovir (generic only)  
Relenza  
Tamiflu

### Antivirals, Topical

#### Preferred

Abreva OTC  
Denavir  
Zovirax Ointment

#### Requires Prior Authorization

Xerese  
Zovirax Cream

### Cephalosporin & Related Agents

(Cephalosporins, Second & Third Generation, Penicillins)

#### Preferred

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

#### Requires Prior Authorization

amoxicillin/clav ER (*Augmentin XR*)  
(B & g)  
cefditoren (*Spectracef*) (B & g)  
cefepodoxime (*Vantin*) (B & g)  
Augmentin 125 susp, 250 susp  
Cedax  
Ceftin Tabs/Suspension

### Fluoroquinolones (Quinolones)

#### Preferred

ciprofloxacin (*Cipro*)  
levofloxacin (*Levaquin*)

#### Requires Prior Authorization

ciprofloxacin XR (*Cipro XR*) (B & g)  
ofloxacin (*Floxin*) (B & g)  
Avelox  
Cipro Suspension  
Factive  
Noroxin  
Proquin XR

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## ANTI-INFECTIVE

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

#### Preferred

ribavirin (*Copegus, Rebetol*)  
Pegasys  
Victrelis \*

#### Requires Prior Authorization

Incivek \*  
Infergen  
Peg-Intron, Peg-Intron Redipen  
Ribapak

\* Additional criteria apply to the oral Hepatitis C Protease Inhibitors. View criteria at: [www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm](http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm).

### Macrolides/Ketolides

#### Preferred

azithromycin (*Zithromax*)  
erythromycin

#### Requires Prior Authorization

clarithromycin, clarithromycin ER  
(*Biaxin, Biaxin XL*) (B & g)  
Ketek  
Zmax

### Tetracyclines

#### Preferred

doxycycline hyclate  
doxycycline hyclate DR  
doxycycline monohydrate  
minocycline (*Minocin*)  
tetracycline (*Sumycin*)

#### Requires Prior Authorization

démeclocycline (*Declomycin*)  
minocycline ER  
Adoxa CK, Adoxa TT  
Doryx  
Nutridox  
Oracea  
Solodyn  
Vibramycin Suspension

### Topical Antibiotics

#### Preferred

bacitracin OTC  
bacitracin/polymyxin OTC  
gentamicin  
mupirocin (*Bactroban Ointment*)

#### Requires Prior Authorization

Altabax  
Bactroban Cream

## CARDIOVASCULAR

### Angiotensin Modulator Combinations

#### Preferred

amlodipine/benazepril (*Lotrel*)  
Azor/Tribenzor  
Exforge/Exforge HCT  
Valturna

#### Requires Prior Authorization

trandolapril/verapamil (*Tarka*) (B & g)  
Tekamlo/Amturnide  
Twynsta

## CARDIOVASCULAR

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

#### Preferred

benazepril, benazepril HCTZ (*Lotensin, Lotensin HCT*)  
captopril, captopril HCTZ (*Capoten, Capozide*)  
enalapril, enalapril HCTZ (*Vasotec, Vasoretic*)  
fosinopril, fosinopril HCTZ (*Monopril, Monopril HCT*)  
lisinopril, lisinopril HCTZ (*Prinivil, Zestril, Prinzide, Zestoretic*)  
losartan (*Cozaar*)  
losartan/HCTZ (*Hyzaar*)  
quinapril (*Accupril*)  
quinaretic (*Accuretic*)  
ramipril (*Altace*)  
Benicar, Benicar HCT  
Diovan, Diovan HCT

#### Requires Prior Authorization

moexipril (*Univasc*) (B & g)  
moexipril HCTZ (*Uniretic*) (B & g)  
perindopril (*Aceon*) (B & g)  
trandolapril (*Mavik*) (B & g)  
Atacand, Atacand HCT  
Avapro, Avalide  
Edarbi  
Micardis, Micardis HCT  
Tekturna, Tekturna HCT  
Teveten, Teveten HCT

### Anticoagulants

#### Preferred

warfarin (*Coumadin*)  
Fragmin  
Lovenox (Brand only)

#### Requires Prior Authorization

enoxaparin (generic only)  
Arixtra  
Innohep  
Pradaxa  
Xarelto

### Antihypertensives, Sympatholytics

#### Preferred

clonidine oral (*Catapres*)  
guanfacine (*Tenex*)  
methyldopa (*Aldmet*)  
methyldopa/HCTZ (*Aldoril*)  
Catapres-TTS (Brand only)

#### Requires Prior Authorization

clonidine transdermal (generic only)  
reserpine  
Clorpres  
Nexiclon XR Suspension  
Nexiclon XR Tabs

## CARDIOVASCULAR

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

#### Preferred

acebutolol (*Sectral*)  
atenolol (*Tenormin*)  
atenolol/chlorthalidone (*Tenoretic*)  
bisoprolol (*Zebeta*)  
bisoprolol HCTZ (*Ziac*)  
carvedilol (*Coreg*)  
labetalol (*Normodyne, Trandate*)  
metoprolol tartrate (*Lopressor*)  
metoprolol tartr/HCTZ (*Lopressor HCTZ*)  
metoprolol succinate ER (*Toprol XL*)  
nadolol (*Corgard*)  
nadolol/bendroflumethiazide (*Corzide*)  
pindolol (*Visken*)  
propranolol, propranolol LA  
(*Inderal, Inderal LA*)  
sotalol, sotalol AF (*Betapace, Betapace AF*)  
timolol (*Blocadren*)  
Innopran XL  
Levatol

#### Requires Prior Authorization

betaxolol (*Kerlone*) (B & g)  
Bystolic  
Coreg CR

### 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 (*Adalat CC, Procardia XL*)  
verapamil (*Calan*)  
verapamil ER, verapamil SR (*Calan SR, Verelan*)

#### Requires Prior Authorization

nifedipine (*Adalat, Procardia*) (B & g)  
nimodipine (*Nimotop*) (B & g)  
nisoldipine (*Sular*) (B & g)  
verapamil ER caps (*Verelan PM*) (B & g)  
Cardizem LA  
Covera HS  
DynaCirc CR

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

#### Preferred

cholestyramine (*Questran, Light*)  
gemfibrozil (*Lopid*)  
Niacor  
Niaspan  
Tricor  
Trilipix

#### Requires Prior Authorization

colestipol (*Colestid*) (B & g)  
fenofibrate (*Lofibra*) (B & g)  
fenofibric acid (*Fibricor*) (B & g)  
Antara  
Fenoglide  
Lipofen  
Lovaza (*formerly Omacor*)  
Triglide  
Welchol  
Zetia

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## CARDIOVASCULAR

### Lipotropics, Statins (Lipotropics)

#### Preferred

lovastatin (*Mevacor*)  
 pravastatin (*Pravachol*)  
 simvastatin (*Zocor*)  
 Crestor  
 Lescol, Lescol XL  
 Lipitor (Brand only)  
 Simcor

#### Requires Prior Authorization

atorvastatin (generic only)  
 Advicor  
 Altoprev  
 Caduet  
 Livalo  
 Vytorin

### Platelet Aggregation Inhibitors

#### Preferred

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

#### Requires Prior Authorization

Effient

### Pulmonary Arterial Hypertension Agents, Oral and Inhaled Agents

#### Preferred

Adcirca \*  
 Letairis  
 Revatio \*  
 Tracleer  
 Ventavis

#### Requires Prior Authorization

Tyvaso

## CENTRAL NERVOUS SYSTEM

### Anticonvulsants

#### Preferred

carbamazepine (*Tegretol*)  
 carbamazepine suspension (*Tegretol Suspension*) (B & g)  
 clonazepam (*Klonopin*)  
 divalproex (*Depakote, Depakote ER*)  
 gabapentin (*Neurontin*)  
 lamotrigine (*Lamictal*)  
 levetiracetam (*Keppra*)  
 oxcarbazepine (*Trileptal*)  
 oxcarbazepine suspension (*Trileptal suspension*) (B & g)  
 phenobarbital  
 phenytoin (*Dilantin*)  
 primidone (*Mysoline*)  
 topiramate (*Topamax*)  
 valproic acid (*Depakene*)  
 zonisamide (*Zonegran*)  
 Carbatrol (Brand only)  
 Celontin  
 Depakote Sprinkle (Brand only)  
 Diastat Rectal (Brand only)  
 Gabitril  
 Peganone

## CENTRAL NERVOUS SYSTEM

### Anticonvulsants (continued)

#### Requires Prior Authorization

carbamazepine ER caps (generic only)  
 carbamazepine XR (*Tegretol XR*)  
 clonazepam ODT (*Klonopin ODT*)  
 diazepam rectal (generic only)  
 divalproex sprinkles (generic only)  
 ethosuximide (*Zarontin*) (B & g)  
 felbamate (*Felbatol*)  
 levetiracetam ER (*Keppra XR*) (B & g)  
 mephobarbital (*Mebaral*)  
 topiramate sprinkles (*Topamax*) (B & g)  
 Banzel  
 Equetro  
 Gralise  
 Lamictal ODT, Lamictal XR  
 Phenytek  
 Sabril  
 Stavzor  
 Vimpat

#### 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*)  
 phenelzine (*Nardil*)  
 trazodone (*Desyrel*)  
 venlafaxine (*Effexor*)  
 venlafaxine ER caps (*Effexor XR*)  
 Marplan  
 Parnate (Brand only)  
 Venlafaxine ER Tabs (Brand only)

#### Requires Prior Authorization

nefazodone (*Serzone*)  
 tranlycypromine (generic only)  
 venlafaxine ER tabs (generic only)  
 Aplenzin  
 Emsam  
 Oleptro ER  
 Pristiq  
 Viibryd

#### Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

#### Preferred

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

#### Requires Prior Authorization

fluoxetine weekly (*Prozac weekly*) (B & g)  
 paroxetine CR (*Paxil CR*) (B & g)  
 selfemra (*Sarafem*) (B & g)  
 Luvox CR  
 Pexeva

\* Clinical criteria apply. View criteria at: [www.dhmh.state.md.us/mmap/mpap/clinicalcriteria.htm](http://www.dhmh.state.md.us/mmap/mpap/clinicalcriteria.htm).

## CENTRAL NERVOUS SYSTEM

### Antipsychotics

#### Preferred

##### FIRST TIER:

chlorpromazine (*Thorazine*)  
 clozapine (*Clozaril*)  
 fluphenazine (*Prolixin*)  
 fluphenazine decanoate inj (*Prolixin Inj*)  
 haloperidol (*Haldol*)  
 haloperidol decanoate inj (*Haldol IM*)  
 perphenazine (*Trilafon*)  
 perphenazine/amitriptyline (*Triavil*)  
 risperidone (*Risperdal*)  
 thioridazine (*Mellaril*)  
 thiothixene (*Navane*)  
 trifluoperazine (*Stelazine*)  
 Geodon, Geodon IM  
 Moban  
 Orap  
 Risperdal Consta  
 Seroquel

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

olanzapine IM (*Zyprexa IM*)  
 olanzapine ODT (*Zyprexa Zydis*)

##### Abilify

Zyprexa (Brand only)

\*\* Additional clinical edits may apply to Tier 2 products. An adequate trial of a Tier 1 preferred drug is required prior to use of any Tier 2 product.\*

#### Requires Prior Authorization

olanzapine (generic only)  
 Abilify IM  
 Fanapt  
 Fazaclo  
 Invega, Invega Sustenna  
 Latuda  
 Saphris  
 Seroquel XR  
 Symbyax  
 Zyprexa Relprev

### Sedative Hypnotics

#### Preferred

chloral hydrate  
 flurazepam (*Dalmane*)  
 temazepam (*Restoril*)  
 triazolam (*Halcion*)  
 zaleplon (*Sonata*)  
 zolpidem (*Ambien*)

#### Requires Prior Authorization

estazolam (*ProSom*)  
 temazepam 7.5mg & 22.5mg (*Restoril*) (B & g)  
 zolpidem ER (*Ambien CR*) (B & g)  
 Doral  
 Edluar  
 Lunesta \*\*\*  
 Rozerem  
 Silenor  
 Somnote  
 Zolpimist

\*\*\*Step therapy may allow it to process without a prior authorization.\*

# Maryland Medicaid Preferred Drug List (effective January 1, 2012)

## CENTRAL NERVOUS SYSTEM

### Stimulants & Related Agents

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

#### Preferred

##### FIRST TIER:

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

Adderall XR (Brand only)

Concerta (Brand only)

Daytrana

Focalin XR

Intuniv \*\*

Metadate CD

Methylin Chew & Solution

Vyvanse

##### SECOND TIER:

Strattera \* (for ages 17 and under)

#### Requires Prior Authorization

amphetamine salt combo ER (generic only)

methamphetamine (*Desoxyn*) (B & g)

methylphenidate liquid (*Procentra*) (B & g)

methylphenidate CR (generic only)

Kapvay

Nuvigil

Provigil

Ritalin LA

\*\* For recipients 6-17 years old, Intuniv and Kapvay are part of the mental health formulary & billed fee-for-service. For individuals not in this age range, it continues to be part of the MCO pharmacy benefit.

## ENDOCRINE

### Androgenic Agents

#### Preferred

Androderm

AndroGel

#### Requires Prior Authorization

Axiron

Fortesta

Testim

### Bone Resorption Suppression &

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

#### Preferred

alendronate (*Fosamax*)

Miacalcin (Brand only)

#### Requires Prior Authorization

calcitonin salmon nasal (generic only)

etidronate (*Didronel*) (B & g)

Actonel, Actonel with Calcium

Atelvia

Boniva

Evista

Fosamax Plus D, Fosamax Solution

Forteo

Fortical

Prolia

\* Clinical criteria apply. View criteria at: [www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm](http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm).

## ENDOCRINE

### Hypoglycemics, Incretin Mimetics & Enhancers

#### Preferred

Byetta

Kombiglyze XR

Onglyza

Symlin

Tradjenta

#### Requires Prior Authorization

Janumet

Januvia

Victoza

### Hypoglycemics, Insulins

#### Preferred

Humalog, Humalog Mix

Humulin

Lantus

Novolin

Novolog, Novolog Mix

#### Requires Prior Authorization

Apidra

Levemir

### Hypoglycemics, Meglitinides

(Hypoglycemics, Insulin Release Stimulant Type)

#### Preferred

nateglinide (*Starlix*)

Prandin

#### Requires Prior Authorization

Prandimet

### Hypoglycemics, TZDs

(Hypoglycemics, Insulin-Response Enhancers)

#### Preferred

Actos

Avandia

#### Requires Prior Authorization

ActoPlusMet, ActoPlusMet XR

Avandamet

Avandaryl

Duetact

## GASTROINTESTINAL

### Antiemetic/Antivertigo Agents

#### Preferred

dimenhydrinate OTC & inj.

meclizine OTC & Rx (*Bonine, Antivert*)

metoclopramide oral & IV (*Reglan*)

ondansetron, ondansetron ODT

(*Zofran, Zofran ODT*)

prochlorperazine (*Compazine, Compro*)

promethazine oral & rectal (*Phenergan*)

Marinol (Brand only)

Emend (oral only)

Metozolv ODT

Scopace

TransDerm-Scop

#### Requires Prior Authorization

dronabinol (generic only)

granisetron oral & IV (*Kytril*) (B & g)

trimethobenzamide (*Tigan*) (B & g)

Aloxi IV

Anzemet (oral & IV)

Cesamet

Emend IV

Sancuso

Zuplenz

## GASTROINTESTINAL

### Bile Salts

#### Preferred

ursodiol capsule (*Actigall*)

#### Requires Prior Authorization

ursodiol tab (*URSO Forte*)

Chenodal

### Pancreatic Enzymes

#### Preferred

pancrelipase

Creon

Pancreaze

Zenpep

### Phosphate Binders & Related Agents

#### Preferred

Calphron

PhosLo (Brand only)

Renagel

#### Requires Prior Authorization

calcium acetate (generic only)

Eliphos

Fosrenol

Renvela

### Proton Pump Inhibitors

(Gastric Acid Secretion Reducers)

#### Preferred

lansoprazole (*Prevacid*)

lansoprazole solutab (*Prevacid Solutab*)

omeprazole, omeprazole OTC (*Prilosec, Prilosec OTC*)

#### Requires Prior Authorization

pantoprazole (*Protonix*) (B & g)

Aciphex

Dexilant

Prevacid OTC

Prilosec Suspension

Nexium

Zegerid OTC

### Ulcerative Colitis Agents

#### Preferred

balsalazide (*Colaza*)

sulfasalazine (*Azulfidine*)

Apriso

Asacol

Canasa

#### Requires Prior Authorization

mesalamine enemas (*Rowasa*) (B & g)

Asacol HD

Dipentum

Lialda

Pentasa

sRowasa

## IMMUNOLOGICS

### Immunosuppressives, Oral

#### Preferred

azathioprine (*Imuran*)

cyclosporine modified (*Gengraf, Neoral*)

mycophenolate mofetil (*Cellcept*)

Prograf (Brand only)

Rapamune

Sandimmune (Brand only)

#### Requires Prior Authorization

cyclosporine (generic only)

tacrolimus (generic only)

Azasan

Myfortic

Zortress

# Maryland Medicaid Preferred Drug List (effective January 1, 2012)

## INJECTABLES

### Colony Stimulating Factors

**Preferred**

Neupogen

**Requires Prior Authorization**

Leukine  
Neulasta

### Cytokine & CAM Antagonists

(Anti-Inflammatory, 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**

Cimzia  
Enbrel  
Humira

**Requires Prior Authorization**

Actemra  
Amevive  
Kineret  
Orencia  
Orencia Sub-Q  
Remicade  
Simponi  
Stelara

### Erythropoietins (Hematinics, Other)

**Preferred**

Aranesp  
Procrit

**Requires Prior Authorization**

Epopgen

### Growth Hormones (Clinical PA Required)

**Preferred**

Genotropin  
Norditropin  
Nutropin, Nutropin AQ

**Requires Prior Authorization**

Humatrope  
Omnitrope  
Saizen  
Serostim  
Tev-Tropin  
Zorbtive

## NEUROLOGICS

### Alzheimer's Agents

**Preferred**

donepezil, donepezil ODT (*Aricept, Aricept ODT*)  
rivastigmine (*Exelon*)  
Exelon Transdermal Patch  
Namenda

**Requires Prior Authorization**

galantamine (*Razadyne, Razadyne ER*) (B & g)  
Exelon Solution

### Anti-Parkinson's Agents

**Preferred**

béntropine (*Cogentin*)  
levodopa/carbidopa Immediate & ER (*Sinemet, Sinemet CR*)  
ropinirole (*Requip*)  
pramipexole (*Mirapex*)  
trihexyphenidyl (*Artane*)  
Stalevo

## NEUROLOGICS

*Anti-Parkinson's Agents (continued)*

**Requires Prior Authorization**

bromocriptine (*Parlodel*) (B & g)  
levodopa/carbidopa ODT (*Parcopa*) (B & g)  
selegiline (*Eldepryl*) (B & g)  
Azilect  
Comtan  
Mirapex ER  
Requip XL  
Tasmar  
Zelapar

### Multiple Sclerosis Agents

**Preferred**

Ampyra  
Avonex  
Betaseron  
Copaxone

**Requires Prior Authorization**

Extavia  
Gilenya  
Rebif

## OPHTHALMICS

### Ophthalmics, Allergic Conjunctivitis

(Eye Antiinflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)

**Preferred**

cromolyn (*Crolom*)  
ketotifen OTC (*Zaditor*)  
Alrex  
Pataday  
Patanol

**Requires Prior Authorization**

azelastine (*Optivar*) (B & g)  
epinastine (*Elestat*) (B & g)  
Alamast  
Alocril  
Alomide  
Bepreve  
Elestat  
Emadine  
Lastacast

### Ophthalmics, Antibiotics

**Preferred**

bacitracin  
bacitracin/polymixin  
ciprofloxacin solution (*Ciloxan*)  
erythromycin  
gentamicin (*Garamycin*) (B & g)  
neomycin/polymixin/gramicidin  
ofloxacin (*Ocuflox*)  
polymyxin/trimethoprim (*Polytrim*)  
sulfacetamide  
terramycin/polymyxin  
tobramycin  
triple antibiotic  
Besivance  
Ciloxan Ointment  
Tobrex Ointment  
Vigamox  
Zymar

**Requires Prior Authorization**

levofloxacin (*Quixin*) (B & g)  
AzaSite  
Iquix  
Moxeza  
Natacyn  
Zymaxid

## OPHTHALMICS

### Ophthalmics, Antibiotic/Steroid Combinations

**Preferred**

neomycin/bacitracin/polymyxin/HC  
neomycin/polymyxin/dexamethasone  
neomycin/polymyxin/HC  
sulfacetamide/prednisolone  
tobramycin/dexamethasone susp.  
Blephamide, Blephamide SOP  
Pred-G Ointment, Drops  
Tobradex Ointment  
Zylet

**Requires Prior Authorization**

Tobradex ST

### Ophthalmics, Glaucoma Agents

**Preferred**

betaxolol  
brimonidine  
carteolol (*Ocupress*)  
dorzolamide (*Trusopt*)  
dorzolamide/timolol (*Cosopt*)  
latanaprost (*Xalatan*)  
levobunolol (*Betagan*)  
metipranolol (*OptiPranolol*) (B & g)  
pilocarpine (*Pilocar*)  
timolol (*Timoptic, Timoptic XE*)  
Alphagan P 0.15% (Brand only)  
Azopt  
Betimol  
Betoptic S  
Combigan  
Istalol  
Propine  
Travatan, Travatan Z

**Requires Prior Authorization**

apraclonidine (*Iopidine*) (B & g)  
brimonidine tartrate 0.15% (generic only)  
Alphagan P 0.1%  
Lumigan

### Ophthalmics, Anti-Inflammatories

**Preferred**

dexamethasone (*Decadron*)  
diclofenac (*Voltaren*)  
fluorometholone (*FML*)  
flurbiprofen (*Ocufen*)  
ketorolac, ketorolac LS (*Acular, Acular LS*)  
prednisolone acetate  
prednisolone sodium  
FML Forte, FML SOP  
Lotemax  
Maxidex  
Omnipred  
Pred Mild

**Requires Prior Authorization**

bromfenac (*Xibrom*)  
Acuvail  
Bromday  
Durezol  
Flarex  
Nevanac  
Ozurdex  
Pred Forte  
Retisert  
Triesence  
Vexol

# Maryland Medicaid Preferred Drug List (effective January 1, 2012)

## OTIC

### Otic Antibiotics

#### Preferred

neomycin/polymyxin/HC (*Cortisporin*)  
ofloxacin otic (*Floxin Otic*)  
Ciprodex  
Coly-Mycin S  
Cortisporin TC

#### Requires Prior Authorization

Cetraxal  
Cipro HC

## RESPIRATORY

### Antihistamines, Minimally Sedating

#### Preferred

cetirizine, cetirizine-D (Rx & OTC)  
fexofenadine OTC, 60 & 180 mg  
levocetirizine (*Xyzal*)  
loratadine, loratadine-D (Rx & OTC)

#### Requires Prior Authorization

fexofenadine (*Allegra*)  
fexofenadine D, 12 & 24 hour (*Allegra-D*)  
(B & g)  
Allegra Syrup, Allegra ODT  
Claritin, Claritin-D (Rx & OTC)  
Claritin Chewable  
Claritin LiquiGel (OTC)  
Clarinex, Clarinex-D  
Semprex-D  
Xyzal Syrup

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

(Beta-Adrenergic Agents)

#### Preferred

albuterol syrup & tab (*Proventil, Ventolin*)  
terbutaline (*Brethine*)  
Foradil  
Maxair  
ProAir HFA  
Proventil HFA

#### Requires Prior Authorization

albuterol ER (*Vospire ER*)  
albuterol neb low dose  
levalbuterol neb (*Xopenex*) (B & g)  
metaproterenol (*Alupent*)  
Arcapta  
Brovana  
Perforomist  
Serevent  
Ventolin HFA  
Xopenex HFA

### COPD Agents

#### Preferred

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

#### Requires Prior Authorization

Daliresp

## RESPIRATORY

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

#### Preferred

Advair Diskus, Advair HFA  
Aerobid, Aerobid M  
Asmanex  
Dulera  
Flovent Diskus, Flovent HFA  
Qvar  
Symbicort

#### Requires Prior Authorization

budesonide respules (*Pulmicort Respules*)  
(B & g) (Over Age 8, Under Age 1)  
Available without prior authorization for  
children 1 to 8 years of age.  
Alvesco  
Pulmicort Flexhaler

### Intranasal Rhinitis Agents

(Nasal Anti-Inflammatory Steroids)

#### Preferred

flunisolide (*Nasalide*)  
fluticasone nasal (*Flonase*)  
Astelin (Brand only)  
Astepro  
Beconase AQ  
Nasacort AQ (Brand only)  
Nasonex  
Patanase

#### Requires Prior Authorization

azelastine nasal (generic only)  
flunisolide (*Nasarel*) (B & g)  
ipratropium (*Atrovent Nasal*) (B & g)  
triamcinolone nasal (generic only)  
Omnaris  
Rhinocort Aqua  
Veramyst

### Leukotriene Modifiers

#### Preferred

zafirlukast (*Accolate*)  
Singulair

#### Requires Prior Authorization

Zyflo CR

## TOPICAL DERMATOLOGICS

### Acne Agents, Topical

#### Preferred

benzoyl peroxide  
clindamycin topical  
erythromycin  
sulfacetamide sulfur  
tretinoin  
Azelex  
BenzaClin  
Differin (Brand only)  
Epiduo  
Retin-A Micro

## TOPICAL DERMATOLOGICS

*Acne Agents, Topical (continued)*

#### Requires Prior Authorization

adapalene (generic only)  
benzoyl peroxide (OTC Products)  
clindamycin-benzoyl peroxide  
erythromycin-benzoyl peroxide  
sodium sulfa-sulfur-meratan  
sulfacetamide lotion (*Klaron*)  
Acanya  
Aczone  
Akne-Mycin  
Atralin  
Benzefoam  
Brevoxyl  
Clarifoam EF  
Clinac BPO  
Clindagel  
Clindareach  
Duac  
Evoclin  
Inova  
Lavoclen  
Neobenz Micro  
Nuox  
SE BPO  
Sulfoxyl  
Tazorac  
Triaz  
Veltin  
Zaclir  
Ziana  
Zoderm

### Atopic Dermatitis

#### Preferred

Elidel

#### Requires Prior Authorization

Protopic

## UROLOGIC

### Benign Prostatic Hyperplasia

(Alpha-Adrenergic Blocking Agents)

#### Preferred

doxazosin (*Cardura*)  
finasteride (*Proscar*)  
tamsulosin (*Flomax*)  
terazosin (*Hytrin*)  
Uroxatral

#### Requires Prior Authorization

Avodart  
Cardura XL  
Jalyn  
Rapaflo

### Bladder Relaxant Preparations

(Urinary Tract Antispasmodic/Anti-incontinence Agent)

#### Preferred

oxybutynin (*Ditropan*)  
Toviaz  
Vesicare

#### Requires Prior Authorization

oxybutynin XL (*Ditropan XL*) (B & g)  
trospium (*Sanctura*) (B & g)  
Detrol, Detrol LA  
Enablex  
Gelnique  
Oxytrol  
Sanctura XR

### Maryland Medicaid Pharmacy Program

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

[www.dhmh.state.md.us/mma/mpap](http://www.dhmh.state.md.us/mma/mpap)

Martin O'Malley, *Governor*

Anthony G. Brown, *Lt. Governor*

Joshua M. Sharfstein, MD, *Secretary, DHMH*

### *In This Issue . . .*

- *Maryland Medicaid Preferred Drug List*

*Electronic Newsletter Copy  
Now Available - See Below*

## Important Changes to COMAR Pharmacy Regulations

Changes in the Code of Maryland Regulations (COMAR) governing the Maryland Medicaid fee-for-service pharmacy program became effective November 28, 2011. Such changes include, but not limited to:

1. Pharmacies are permitted to **transfer** prescriptions from one pharmacy to another [COMAR 10.09.03.01B.(34)] in accordance with Maryland Board of Pharmacy procedures.
2. Each pharmacy must maintain a signature **log** [COMAR 10.09.03.03L].

## Atypical Antipsychotic Agents Emergency Supply

When the prescriber is not available to obtain prior authorization for an antipsychotic medication that is non-preferred or second tier, the pharmacist can obtain a one-time only authorization to dispense up to a 30-day emergency supply. ***Do not let patients leave the pharmacy without medication if there is concern that the patient will be unwilling or unable to return at a later time that day after prior authorization is approved.*** To obtain authorization for an *emergency supply of antipsychotic*, call Affiliated Computer Services (ACS) at 800-932-3918. During the 30-day window, the pharmacist must notify the prescriber of the need to obtain a PA before the prescription can be filled a second time and make a note for his or her records of the date, time and person contacted at the prescriber's office.

***This newsletter now available electronically! Sign up at  
[www.marylandmedicaidpharmacyinformation.com](http://www.marylandmedicaidpharmacyinformation.com)***



## 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