



# MARYLAND PHARMACY PROGRAM

## Medicaid - Pharmacy Assistance – Pharmacy Discount

No. 11  
Wednesday, October 27, 2004

# 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 410-767-5395.*

### PREFERRED DRUG LIST (PDL): The Second Year

The Department of Health and Mental Hygiene's Pharmacy and Therapeutics (P & T) Committee has reviewed 18 selected therapeutic classes previously approved for the first Year of the PDL and now reevaluated for the second year. Of the 18 therapeutic classes reviewed, 13 classes have changed. The remaining classes not reviewed by the P & T Committee will be addressed at subsequent P & T Committee meetings. The categories that were changed can be easily identified by the gray shade. The attached PDL supersedes any former versions. All Maryland Medicaid rules and edits remain in effect.

#### **For The Recipient**

Full consideration for the recipient continues to be a top priority. The prescriber and pharmacist are encouraged to review the available options for drug therapy within the Preferred Drug List. Recipients having problems obtaining prescribed medications from the pharmacy may call the Maryland Pharmacy Access Hotline at 1-800-492-5231. If you (the pharmacy) have any questions, contact the Department at 410-767-1455.

#### **For Additional Information**

To obtain current and additional information about the Maryland Preferred Drug List, please feel free to visit the following websites:  
Department of Health and Mental Hygiene <http://www.dhmh.state.md.us/mma/mpap/druglist.html>  
Provider Synergies <http://providersynergies.com>  
First Health Services Corporation <http://mdmedicaidrx.fhsc.com>

## 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 Medicaid patients.**

Note: For any multi-source product, the generic product(s) are usually preferred and branded innovator product(s) will be non-preferred.

### ANALGESIC

#### Analgesics, Narcotics

##### Preferred

acetaminophen w/codeine  
(Tylenol w/Codeine)  
aspirin w/codeine  
(Empirin w/Codeine)  
butalbital/apap/codeine  
butalbital/apap/codeine/caffeine  
codeine  
hydrocodone/apap (Vicodin)  
hydrocodone/ibuprofen  
(Vicoprofen)  
hydromorphone (Dilaudid)  
meperidine (Demerol)  
morphine sulfate  
morphine sulfate SR  
(MS Contin)  
oxycodone  
oxycodone/apap (Percocet)  
oxycodone/aspirin (Percodan)  
pentazocine/naloxone  
(Talwin NX)  
propoxyphene (Darvon)  
propoxyphene HCl/apap  
propoxyphene napsylate/apap  
(Darvocet)  
tramadol (Ultram)  
Avinza  
Duragesic  
Kadian  
Oramorph SR  
Panlor DC, SS  
Roxicet  
Roxicodone  
Ultracet

##### Requires Prior Authorization

oxycodone ER  
Actiq  
Darvon-N  
Oxycontin  
Synalgos-DC

#### Anti-Migraine Agents, Triptans (Anti-Migraine Preparations)

##### Preferred

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

##### Requires Prior Authorization

Axert  
Frova  
Relpax  
Zomig, Nasal, ZMT

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

##### Preferred

##### Requires Prior Authorization

##### 1<sup>st</sup> Tier

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

Arthrotec  
Mobic  
Ponstel

##### 2<sup>nd</sup> Tier

Bextra  
Celebrex  
Prevacid NapraPac

# Maryland Preferred Drug List

## ANTI-INFECTIVES

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

**Preferred**

clotrimazole troche (Mycelex)  
 fluconazole (Diflucan)  
 griseofulvin (Fulvicin)  
 ketoconazole (Nizoral)  
 nystatin  
 Grifulvin V Suspension  
 Lamisil

**Requires Prior Authorization**

Ancobon  
 Mycostatin Pastilles  
 Sporanox  
 Vfend

### Antifungals, Topical (Topical Antifungals)

**Preferred**

ciclopirox lotion (Loprox)  
 clotrimazole (Lotrimin)  
 clotrimazole/betamethasone  
 (Lotrisone)  
 econazole (Spectazole)  
 ketoconazole (Nizoral)  
 nystatin (Mycostatin)  
 nystatin/triamcinolone (Mycolog II)  
 Exelderm  
 Naftin  
 Nizoral Shampoo  
 Oxistat

**Requires Prior Authorization**

Loprox Shampoo  
 Loprox Topical  
 Mentax  
 Penlac

### Antivirals (Antivirals, General)

**Preferred**

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

**Requires Prior Authorization**

Relenza

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

**Preferred**

amoxicillin/clavulanate  
 (Augmentin)  
 cefaclor (Ceclor, CD)  
 cefadroxil (Duricef)  
 cefuroxime (Ceftin)  
 cephalexin (Keflex)  
 Augmentin ES-600, XR  
 Omnicef  
 Spectracef

**Requires Prior Authorization**

Cedax  
 Cefzil  
 Lorabid  
 Vantin

### Fluoroquinolones (Quinolones)

**Preferred**

ciprofloxacin (Cipro)  
 ofloxacin (Floxin)  
 Avelox  
 Cipro XR

**Requires Prior Authorization**

Floxin  
 Levaquin  
 Maxaquin  
 Noroxin  
 Tequin

### Macrolides

**Preferred**

erythromycin  
 Biaxin, XL  
 Dynabac  
 Zithromax

**Requires Prior Authorization**

Branded erythromycin products

## CARDIOVASCULAR

### ACE Inhibitor/Calcium Channel Blocker Combination

**Preferred**

Lotrel  
 Tarka

**Requires Prior Authorization**

Lexxel

## Maryland Preferred Drug List

### ACE Inhibitors (Hypotensives, ACE Inhibitors)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
benazepril, HCTZ (Lotensin, HCT)	Accupril, Accuretic
captopril, HCTZ (Capoten, Capozide)	Altace
enalapril, HCTZ (Vasotec, Vaseretic)	
lisinopril, HCTZ (Prinivil, Zestril, Prinzide, Zestoretic)	
moexipril (Univasc)	
Quinaretic (Accuretic)	
Aceon	
Mavik	
Monopril, HCT	
Uniretic	

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Avapro, Avalide	Atacand, HCT
Benicar, HCT	
Cozaar, Hyzaar	
Diovan, HCT	
Micardis, HCT	
Teveten, HCT	

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
acebutolol (Sectral)	Cartrol
atenolol (Tenormin)	Levatol
betaxolol (Kerlone)	
bisoprolol (Zebeta)	
labetalol (Normodyne, Trandate)	
metoprolol (Lopressor)	
nadolol (Corgard)	
pindolol (Visken)	
propranolol (Inderal)	
sotalol, AF (Betapace, AF)	
timolol (Blocadren)	
Coreg	

Inderal LA  
Innopran XL  
Toprol XL

### Calcium Channel Blocking Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
diltiazem (Cardizem)	Cardene SR
diltiazem SR, ER (Cardizem SR, CD, Dilacor XR, Tiazac)	Covera-HS
nicardipine (Cardene)	Nimotop
nifedipine, SR (Adalat, CC, Procardia, XL)	Plendil
verapamil (Calan)	Vascor
verapamil ER, SR (Calan SR, Verelan)	Verelan PM
Cardizem LA	
Dynacirc, CR	
Norvasc	
Sular	

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cholestyramine (Questran, Light)	
gemfibrozil (Lopid)	Welchol
niacin (Niacor)	
Colestid	
Lofibra	
Niaspan	
Tricor	
Zetia	

### Lipotropics, Statins (Lipotropics)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
lovastatin (Mevacor)	Pravigard PAC
Advicor	
Altoprev	
Caduet	
Crestor	
Lescol, XL	
Lipitor	
Pravachol	
Zocor	

Key: All lowercase letters = generic product.  
Leading capital letter = brand name product.  
Posted 10/27/04

Shaded area indicates changes as of October 1, 2004.

# Maryland Preferred Drug List

## CENTRAL NERVOUS SYSTEM

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

Preferred

bupropion (Wellbutrin)  
 mirtazapine (Remeron)  
 trazodone (Desyrel)  
 Effexor, XR  
 Remeron Soltab (brand only)  
 Wellbutrin XL

Requires Prior Authorization

bupropion SR (Wellbutrin SR)  
 mirtazapine soltab (generic only)  
 nefazodone (Serzone)

### Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

fluoxetine (Prozac)  
 fluvoxamine (Luvox)  
 paroxetine (Paxil)  
 Lexapro  
 Paxil CR  
 Peveva  
 Zoloft (Ages 6-18)

Requires Prior Authorization

Celexa  
 Prozac Weekly  
 Sarafem  
 Symbyax  
 Zoloft (Over Age 18 and under 6 years)

### Stimulants and Related Agents (Tx for Attention Deficit Hyperact (ADHD)/Narcolepsy; Adrenergics, Aromatic, Non-Catecholamine)

Preferred

amphetamine salt combo (Adderall)  
 dextroamphetamine (Dexedrine)  
 methylphenidate, ER (Metadate ER, Methylin ER, Ritalin, Ritalin-SR)  
 pemoline (Cylert)  
 Adderall XR  
 Concerta  
 Focalin  
 Metadate CD  
 Ritalin LA  
 Strattera

Requires Prior Authorization

Desoxyn

## ENDOCRINE

### Bone Resorption Suppression and Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents – Parathyroid Hormone)

Preferred

Actonel  
 Fosamax  
 Miacalcin

Requires Prior Authorization

Didronel  
 Evista  
 Forteo

### Estrogen Agents, Combination (Estrogenic Agents)

Preferred

Activella  
 Combipatch  
 Prefest  
 Premphase  
 Prempro

Requires Prior Authorization

Femhrt

### Hypoglycemics, Insulin

Preferred

Lantus  
 Novolin  
 Novolog  
 Novolog Mix

Requires Prior Authorization

Humulin  
 Humalog  
 Humalog Mix

### Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

Preferred

Starlix

Requires Prior Authorization

Prandin

### Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

Preferred

Actos  
 Avandia

Requires Prior Authorization

# Maryland Preferred Drug List

## GASTROINTESTINAL

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
metoclopramide (Reglan) Emend Marinol Zofran, ODT	Anzemet Kytril

### Phosphate Binders and Related Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Phoslo	Renagel Sensipar

### Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Nexium Prevacid Prilosec OTC	omeprazole Aciphex Protonix

## INJECTABLE

### Disease Modifying Antirheumatic Drugs (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)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
methotrexate Arava Enbrel Humira	Kineret Remicate

### Erythropoietins (Hematinics, Other)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Aranesp Procrit	Epogen

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Intron-A Peg-Intron Rebetol (brand only)	ribavirin (generic only) Copegus Infergen Pegasys Peg-Intron Redipen Rebetron Roferon-A

### Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Avonex Betaseron	Copaxone Rebif

## OPHTHALMIC

### Ophthalmics, Allergic Conjunctivitis (Eye Antiinflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cromolyn (Opticrom) Acular Alrex Elestat Emadine Livostin Optivar Patanol	Alamast Alocril Alomide Zaditor

### Ophthalmics, Antibiotics

<u>Preferred</u>	<u>Requires Prior Authorization</u>
bacitracin ciprofloxacin solution (Ciloxan) erythromycin (Ilotycin) gentamicin (Garamycin) tobramycin (Tobrex) Ciloxan Ointment Ocuflox Vigamox Zymar	Quixin

# Maryland Preferred Drug List

## OTIC

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
neomycin/polymyxin/ hydrocortisone (Cortisporin)	Cipro HC Cortisporin-TC
Ciprodex	
Coly-Mycin S	
Floxin Otic	
Pediotic	

## RESPIRATORY

### Antihistamines, Minimally Sedating (Antihistamines)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
loratadine, loratadine-D (OTC)	Allegra, Allegra-D
Alavert, Alavert-D (OTC)	Claritin, Claritin-D (Rx)
Claritin, Claritin-D (OTC)	Clarinex
Tavist ND (OTC)	Zyrtec tablet, Zyrtec-D
Zyrtec syrup	

### Beta<sub>2</sub>-Agonist Bronchodilators (Beta-Adrenergic Agents)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
albuterol (Proventil, Ventolin)	Accuneb
metaproterenol (Alupent)	Alupent
terbutaline (Brethine)	Duoneb
Combivent	Maxair
Foradil	Vospire ER
Proventil HFA	Ventolin HFA
Serevent Diskus	
Xopenex	

### Inhaled Corticosteroids (Beta-Adrenergics and Glucocorticoids Combination, Glucocorticoids)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Advair Diskus	Pulmicort Respules (Over Age 8, Under Age 1)
Aerobid, Aerobid M	Pulmicort Turbuhaler
Azmacort	
Flovent, Rotadisk	
Qvar	
Pulmicort Respules (Ages 1-8)	

### Leukotriene Receptor Antagonists

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Accolate	
Singulair	

### Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
flunisolide (Nasalide)	Beconase AQ
Flonase	Nasacort AQ
Nasarel	Nasonex
	Rhinocort Aqua

## UROLOGIC

### Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
doxazosin (Cardura)	
terazosin (Hytrin)	
Avodart	
Flomax	
Proscar	
Uroxatral	

### Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Anti-incontinence Agent)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
flavoxate (Urispas)	Detrol
oxybutynin (Ditropan)	Ditropan XL
Detrol LA	
Oxytrol	

### Erectile Dysfunction (Drugs to Treat Impotency)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Caverject	Cialis
Levitra	Edex
	Muse
	Viagra

## **Instructions for the Pharmacist**

When the pharmacist submits an on line-prescription claim for a non-preferred drug product whose class is on the Preferred Drug List, a message will appear “NON-PREF'D (PA req'd) MD call 1-800-932-3918.” The pharmacist should:

- Refer to the PDL reference list
- Notify the customer that the drug prescribed is not a preferred drug
- Contact the prescriber explaining that the drug is not a preferred drug
- Discuss the preferred drug options with the prescriber

### **If the prescriber agrees to switch to a preferred drug:**

The pharmacist will:

#### For Original Prescriptions

- Draw a line through the original drug name, strength and directions on the prescription order
- Write the new drug name, strength, directions and number of refills
- Initial and note that the prescriber changed to a preferred drug

#### For Refills

- Pharmacist will note on the original prescription order that a switch has been made to a preferred drug and will create a new prescription number
- Pharmacist will not be required to obtain a new written prescription order from the prescriber if a preferred drug is switched from the referenced original non-preferred prescription
- The prescription will be treated as a new prescription with the complement of refills as indicated by the prescriber

### **If the prescriber does not agree to switch to a preferred drug:**

The pharmacist will explain to the prescriber that:

- He/she must contact the preauthorization center at First Health Services Corporation via telephone at 1-800-932-3918 or via facsimile at 1-800-932-3921
- The prescription cannot be filled until the preauthorization is completed



After prior authorization has been obtained by the prescriber,

- The First Health Service Call Center will contact the pharmacy confirming pre-authorization
- The pharmacist can then complete the prescription, which was previously denied

**When the prescriber cannot be contacted, the pharmacist is to call the preauthorization call center at 1-800-932-3918 to obtain approval for a 72-hour emergency supply of a non-preferred drug**

- The pharmacist is to dispense the non-preferred drug
- Within the 72-hour window, the prescriber is to be contacted
- The pharmacist will receive a \$3.69 dispensing fee for the 72-hour supply and the recipient will not be charged a co-pay (e.g. \$0 co-pay)

**When the prescriber is contacted after the 72-hour supply has been dispensed and the prescriber continues with the non-preferred drug:**

- The prescriber is to be advised that he/she must obtain prior authorization before the remainder of the prescription can be dispensed
- After prior authorization has been established, the pharmacist can dispense the remainder of the prescription and receive an additional \$3.69 dispensing fee
- The appropriate co-pay will be charged to the recipient

**When the prescriber is contacted after the 72-hour supply has been dispensed and the prescriber elects to switch to a preferred drug:**

- Pharmacist completes the notation process previously described
- The pharmacist will receive a dispensing fee of \$4.69 for future prescriptions and no-co-pay will be assessed to the recipient

**When the pharmacist is having difficulty contacting the prescriber after the 72-hour supply has been dispensed, if necessary, a second 72-hour supply may be dispensed. However, the pharmacy must contact the Department for further instructions at 410-767-1455.**