



MARYLAND PHARMACY PROGRAM

Medicaid - Pharmacy Assistance – Pharmacy Discount

No. 17
June 23, 2005

ADVISORY

Revised June 28, 2005

In an effort to give timely notice to the pharmacy and prescriber communities concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH's) Medicaid Pharmacy Program (MPP) has developed the Medicaid Pharmacy Program Advisory. An email network has been established for dissemination purposes, which incorporates the email lists of pharmacy and prescriber societies, associations and organizations. It is our hope that the information is disseminated to all interested parties.

Revised Preferred Drug List (PDL)

PDL Update – Attached is a copy of the most recent Preferred Drug List (PDL) with all the changes that go into effect on or about July 1, 2005. This is the list resulting from the Maryland P&T Committee meeting on March 8, 2005. The endnotes summarize the major changes for each therapeutic class.

TOP\$ A Reality – This is the first Advisory since *TOP\$*, our multi-state consortium for negotiating drug price supplemental rebates was authorized by the Centers for Medicare and Medicaid Services (CMS). *TOP\$* stands for “The Optimal PDL Solution.” To date, the consortium consists of Louisiana, Maryland and West Virginia.

New Classes Added to the Maryland Preferred Drug List – The following four classes of drugs have been added to the Maryland Preferred Drug List effective on or about July 1, 2005:

- Anticoagulants, Injectable;
- Growth Hormones;
- Sedative-Hypnotics; and
- Ulcerative Colitis Agents.

Most Significant Changes – While changing brands is never easy, we urge your cooperation in shifting patients from non-preferred drugs (NPD) to the more cost effective preferred counterparts. There are millions of taxpayer dollars at stake. We know it may be difficult to shift brand loyalty, but your efforts will be appreciated. Of the drugs that are to be the NPD, the following are the most widely used:

Ambien®	Imitrex®	Pravachol®
Avandia®	Lipitor®	Wellbutrin XL®
Coreg®	Nexium®	Zetia®
Detrol® LA	Norvasc®	

Special Grandfathering – There are a few classes of drugs where grandfathering is authorized for patients currently stabilized on therapy. The Maryland Pharmacy and Therapeutics Committee recommended that grandfathering be allowed for several individual drugs that will soon become NPD. Note that the grandfathering is not class-wide. The drugs are:

Norvasc[®]

Coreg[®]

Zetia[®] (ezetimibe) is a special grandfathering situation. It is a stand-alone product as well as a component of Vytorin[®], a combination lipotropic containing Zetia[®]/Zocor[®]. Preauthorization of Zetia[®] by itself is necessary unless the patient has met the following criteria:

1. Has tried Vytorin in the past 90 days and no longer takes it, and
2. As a result of #1 above, requires a different preferred statin drug (excluding Zocor[®]).

Explanation of Non-preferred Generics – There are a few generic drugs that only have one manufacturer or whose price remains consistent with that of its brand name counterparts. When there is little difference between the generic and brand name drug price, and a manufacturer offers a supplemental rebate on the brand name product, the price of the brand may become substantially less than that of the generic drug. As a result, there are several brand name products whose status is PREFERRED while their generic alternatives are NON-PREFERRED. Additionally, in the case of oxycodone ER, neither the brand name, OxyContin[®], nor the generic are preferred. The NPD generics are listed below:

fentanyl (Duragesic[®])

Duragesic is On the PDL

oxycodone ER (OxyContin[®])

OxyContin is non-preferred

omeprazole (Prilosec[®])

Prilosec[®] OTC is ON the PDL; prescription Prilosec[®] is non-preferred

ribavirin (Rebetol[®])

Rebetol[®] is ON the PDL

Safety Concerns About Certain Generics – The FDA continually monitors and reviews drugs for their safe use. The generic products listed below have had some safety concerns related to their use that prompted the Maryland Pharmacy and Therapeutics Committee to remove them from the Preferred Drug List. There are safer alternatives on the Preferred Drug List whose benefits outweigh the risks of therapy. Non-preferred generics are:

meperidine (Demerol[®])

nifedepine (Adalat[®], Procardia[®]) Immediate Release

nefazodone (Serzone[®])

Antimigraine Quantity Limits – Limits on Triptans will go into effect on July 8, 2005. The purpose of the quantity limits are to ensure their safe and effective use and to minimize waste of these very expensive agents. The use of these agents should be limited when possible to two days per week since more frequent use can lead to rebound headaches. Please refer to the following table, which indicates which are preferred and which are NPD. Quantity limits be overridden by preauthorization by calling 800-932-3918 or submitting the fax form, “Antimigraine (Triptan) Quantity Override Pre-Authorization” that can be found at:

<http://www.dhmd.state.md.us/mma/mpap/forms.htm>.

Brand Name	Dosage Form	How Supplied	Limit Per Month
PREFERRED DRUGS			
Axert®	Tablets	6 Tablets/Pkg.	6 Tablets
Maxalt®	Tablets	9 Tablets/Pkg.	9 Tablets
Maxalt® MLT	Orally Disintegrating Tablets	3 units of 3/Pkg.	9 Tablets
Zomig® 2.5 mg.	Tablets	6 Tablets/Pkg.	6 Tablets
Zomig® 5 mg.	Tablets	3 Tablets/Pkg.	6 Tablets
Zomig®	Nasal Spray	6 units/Pkg.	6 units
Zomig® ZMT 2.5 mg.	Orally Disintegrating Tablets	6 Tablets/Pkg.	6 Tablets
Zomig® ZMT 5 mg.	Orally Disintegrating Tablets	3 Tablets/Pkg.	6 Tablets
NON-PREFERRED DRUGS			
Amerge®	Tablets	9 Tablets/Pkg.	9 Tablets
Frova®	Tablets	9 Tablets/Pkg.	9 Tablets
Imitrex®	Tablets	9 Tablets/Pkg.	9 Tablets
Imitrex®	Injection	2 Injections/Pkg.	2 injections
Imitrex®	Nasal Spray	6 units/Pkg.	6 units
Relpax®	Tablets	2 units of 6 tablets/Pkg.	12 Tablets

Revised Preferred Drug List – The revised PDL, effective on or about July 1, 2005, is attached. Endnotes have been added to explain the major changes from the previous PDL.

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, Narcoticsⁱ

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)
morphine sulfate
morphine sulfate SR
(MS Contin)
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/acetaminophen (Ultracet)
Duragesic (**brand only**)
Kadian

Requires Prior Authorization

fentanyl patch (**generic only**)
meperidine (Demerol)
oxycodone ER
Actiq
Avinza
Darvon-N
OxyContin
Synalgos-DC
Palladone
Panlor DC, SS

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

Preferred

Axert
Maxalt, MLT
Zomig, Nasal, ZMT

Requires Prior Authorization

Amerge
Frova
Imitrex (oral, nasal & SC)
Relpax

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

Preferred

1st 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)
2nd Tier-
Celebrex
Prevacid NapraPac

Requires Prior Authorization

Arthrotec
Mobic
Ponstel

Maryland Preferred Drug List

ANTI-INFECTIVES

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

clotrimazole troche (Mycelex)
 fluconazole (Diflucan)
 griseofulvin (Fulvicin, GriFulvin V)
 itraconazole (Sporanox)
 ketoconazole (Nizoral)
 nystatin
 Lamisil

Requires Prior Authorization

Ancobon
 Mycostatin Pastilles
 Sporanox Solution
 Vfend

Antifungals, Topical (Topical Antifungals)

Preferred

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

Requires Prior Authorization

Ertaczo
 Exelderm
 Loprox Shampoo
 Loprox Topical
 Oxistat
 Penlac

Antivirals (Antivirals, General)

Preferred

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

Requires Prior Authorization

Famvir
 Relenza

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

Preferred

amoxicillin/clavulanate
 (Augmentin, ES)
 cefaclor (Ceclor, CD)
 cefadroxil (Duricef)
 cefuroxime (Ceftin)
 cefpodoxime (Vantin)
 cephalexin (Keflex)
 Augmentin XR
 Cefzil
 Spectracef

Requires Prior Authorization

Cedax
 Lorabid
 Omnicef
 Panixine
 Raniclor
 Suprax

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (Cipro)
 ofloxacin (Floxin)
 Avelox
 Cipro XR

Requires Prior Authorization

Levaquin
 Maxaquin
 Noroxin
 Tequin

Macrolides/Ketolides

Preferred

clarithromycin (Biaxin)
 erythromycin
 Biaxin XL
 Zlthromax

Requires Prior Authorization

Branded erythromycin products
 Ketek

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) captopril, HCTZ (Capoten, Capozide) enalapril, HCTZ (Vasotec, Vaseretic) fosinopril, HCTZ (Monopril, HCT) lisinopril, HCTZ (Prinivil, Zestril, Prinzide, Zestoretic) quinapril (Accupril) quinaretic (Accuretic) Aceon Mavik Univasc/Uniretic	Altace

Angiotensin Receptor Blockers (Hypotensives, Angiotensin Receptor Antagonist)ⁱⁱⁱ

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

Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)^{iv}

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

Calcium Channel Blocking Agents^v

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

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)^{vi}

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

Lipotropics, Statins (Lipotropics)^{vii}

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

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)^{viii}

<i>Preferred</i>	<i>Requires Prior Authorization</i>
bupropion, SR (Wellbutrin, Wellbutrin SR)	nefazodone (Serzone)
mirtazapine, soltab (Remeron, Remeron Soltab)	Cymbalta
trazodone (Desyrel)	Wellbutrin XL
Effexor, XR	

Sedative Hypnotics^{ix}

<i>Preferred</i>	<i>Requires Prior Authorization</i>
chloral hydrate	Ambien
estazolam (ProSom)	Doral
flurazepam (Dalmane)	Restoril 22.5mg
temazepam (Restoril)	
triazolam (Halcion)	
Restoril 7.5mg	
Sonata	

Selective Serotonin Reuptake Inhibitors (SSRIs)^x

<i>Preferred</i>	<i>Requires Prior Authorization</i>
citalopram (Celexa)	Prozac Weekly
fluoxetine (Prozac)	Sarafem
fluvoxamine (Luvox)	Symbyax
paroxetine (Paxil)	Zoloft
Lexapro	
Paxil CR	
Pexeva	

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

<i>Preferred</i>	<i>Requires Prior Authorization</i>
amphetamine salt combo (Adderall)	
dextroamphetamine (Dexedrine)	
methamphetamine (Desoxyn)	
methylphenidate, ER (Metadate ER, Methylin ER, Ritalin, Ritalin-SR)	
pemoline (Cylert)	
Adderall XR	
Concerta	
Focalin	
Metadate CD	
Ritalin LA	
Strattera	

ENDOCRINE

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

<i>Preferred</i>	<i>Requires Prior Authorization</i>
Actonel	Didronel
Fosamax, Fosamax Plus D	Evista
Miacalcin	Forteo

Estrogen Agents, Combination (Estrogenic Agents)^{xi}

<i>Preferred</i>	<i>Requires Prior Authorization</i>
Activella	Climara Pro
Combipatch	
FemHRT	
Prefest	
Premphase	
Prempro	

Maryland Preferred Drug List

Hypoglycemics, Insulins and Related Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Lantus Novolin Novolog Novolog Mix	Humulin Humalog Humalog Mix

Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Starlix	Prandin

Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)^{xii}

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Actos	Avandia

GASTROINTESTINAL

Antiemetics, Oral (Antiemetic/Antivertigo Agents)

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

Phosphate Binders and Related Agents^{xiii}

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Magnebind Rx PhosLo	Fosrenol Renagel

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)^{xiv}

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

Ulcerative Colitis Agents^{xv}

<u>Preferred</u>	<u>Requires Prior Authorization</u>
sulfasalazine (Azulfidine) mesalamine enemas (Rowasa) Colazal Pentasa	Asacol Canasa Dipentum

INJECTABLE

Anticoagulants, Injectable^{xvi}

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Fragmin Lovenox	Arixtra Innohep

Cytokine and 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)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Enbrel Humira	Kineret Remicade

Erythropoietins (Hematinics, Other)

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

Key: All lowercase letters = generic product.
Leading capital letter = brand name product.
Posted 7/1/05

Maryland Preferred Drug List

Growth Hormones (CLINICAL PA REQUIRED)^{xvii}

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Norditropin Nutropin AQ Tev-Tropin	Genotropin Humatrope Nutropin Saizen Serostim

*Nutropin Depot is available by the manufacturer only to those patients on existing therapy.

Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)^{xviii}

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Peg-Intron Peg-Intron Redipen Rebetol (brand only)	ribavirin (generic only) Copegus Infigen Pegasys Rebetrone

Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)^{xix}

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

OPHTHALMIC

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cromolyn (Opticrom)	Alamast

Acular Alrex Elestat Emadine Optivar Patanol	Alocril Alomide Zaditor
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Ophthalmics, Antibiotics

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

OTIC

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

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

RESPIRATORY

Antihistamines, Minimally Sedating (Antihistamines)^{xx}

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

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Maryland Preferred Drug List

Bronchodilators, Anticholinergics

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ipratropium neb (Atrovent) Atrovent HFA Combivent Spiriva	DuoNeb

Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)

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

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

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

Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)

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

Leukotriene Receptor Antagonists

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

UROLOGIC

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)^{xxi}

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

Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Anti-incontinence Agent)^{xxii}

<u>Preferred</u>	<u>Requires Prior Authorization</u>
oxybutynin (Ditropan) Ditropan XL Enablex Oxytrol	Detrol Detrol LA Sanctura Vesicare

Erectile Dysfunction (Drugs to Treat Impotency)

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

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Maryland Preferred Drug List

ⁱAnalgesics, Narcotic – fentanyl patch (generic only), meperidine, Avinza, Panlor DC, and Panlor SS were made non-preferred (NPD)

ⁱⁱAntimigraine, Triptans

- a. Amerge and Imitrex (oral, nasal & subQ) were made NPD;
- b. Axert and Zomig (Nasal, ZMT) are now preferred.

ⁱⁱⁱAngiotensin Receptor Blockers – Benicar, Benicar HCT, and Teveten Teveten HCT were made NPD

^{iv}Beta Blockers -- Coreg made NPD and grandfathered

^vCalcium Channel Blockers

- a. Verelan PM added;
- b. Dynacirc IR, nifedipine IR, Norvasc were made NPD;
- a. Norvasc made NPD and grandfathered

^{vi}Lipotropics, Other

- a. Antara, Lofibra and Zetia were made NPD;
- b. If there is a history of failure or adverse effect on Vytorin and it is in the drug history of the recipient, a smart edit can allow Zetia and a different preferred statin to adjudicate without prior authorization

^{vii}Lipotropics, Statins – Caduet, Lipitor and Pravachol were made NPD

^{viii}Antidepressants, Other

- a. mirtazapine soltab and bupropion SR were made preferred;
- b. Wellbutrin XL was made NPD and grandfathered;
- c. Cymbalta was made NPD

^{ix}Sedative Hypnotics – New PDL class

- a. On: chloral hydrate, estazolam, flurazepam, temazepam, triazolam, Restoril 7.5 mg, Sonata;
- b. NPD: Ambien, Doral and Restoril 22.5mg

^xAntidepressants, SSRIs – Zoloft was made NPD for all ages (Previously it was preferred for 6-18 year olds only)

^{xi}Estrogen Agents, Combination

- a. Climara Pro made NPD;
- b. Femhrt made preferred

^{xii}Hypoglycemics, TZDs – Avandia made NPD

^{xiii}Phosphate Binders

- a. Fosrenol made NPD;
- b. Step therapy still applies to both Fosrenol and Renagel

^{xiv}PPIs – Nexium and Zegerid were made NPD

^{xv}Ulcerative Colitis Agents – New PDL class

- a. On: mesalamine enemas, sulfasalazine, Colazal, Pentasa;
- b. NPD: Asacol, Canasa, Dipentium

^{xvi}Anticoagulants, Injectable – New PDL class

- a. On: Fragmin, Lovenox;
- b. NPD: Arixtra, Innohep

^{xvii}Growth Hormones – New PDL class

- a. On: Norditropin, Nutropin AQ, Tev Tropin;
- b. Off: Genotropin, Humatrope, Nutropin, Nutropin Depot (availability limited to existing patients), Saizen, Serostim

^{xviii}Hepatitis C Agents

- a. Peg-Intron Redipen was made preferred;
- b. The traditional interferons (Intron A and Roferon A) are no longer part of this market basket

^{xix}MS Agents – Rebif made preferred

^{xx}Antihistamines, Minimally Sedating –

- a. Clarinex Syrup was made preferred;
- b. Zyrtec syrup was made NPD

^{xxi}BPH Treatment – Avodart made NPD

^{xxii}Bladder Relaxants

- a. Detrol LA, Sanctura and Vesicare were made NPD;
- b. Ditropan XL and Enablex were made preferred