



# MARYLAND PHARMACY PROGRAM

## Medicaid - Pharmacy Assistance – Pharmacy Discount

No. 5A  
Thursday, January 8, 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, 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): LATEST CUMULATIVE UPDATE OF THERAPEUTIC CLASSES (TO BE IMPLEMENTED BY FEBRUARY 2004)**

The Department of Health and Mental Hygiene's Pharmacy and Therapeutics Committee has completed development of the first full set of classes for the Preferred Drug List (PDL). In order to provide Long Term Care pharmacies sufficient prior notice so that facility prescription orders can be modified, this Cumulative PDL Update is being forwarded at this time. This Advisory #5A and the attached PDL supersede any former PDL versions. All Maryland Medicaid rules and edits remain in effect.

**Please note: The PDL will not apply to those patients currently under treatment using medications from the following two categories. The categories are:**

- **Selective Serotonin Reuptake Inhibitors (SSRIs)**
- **Stimulants and Related Agents**

For new prescriptions in the above categories where the patient has no recent history (90 days) of therapy, the PDL rules will apply.

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. Pharmacies may contact the Department for further instructions 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/prefdruglist.html>

Provider Synergies <http://providersynergies.com>

First Health Services Corporation <http://mdmedicaidrx.fhsc.com>

## Maryland Preferred Drug List

January 8, 2004

*Note: For any multi-source product, the brand name in parenthesis is NOT preferred.*

**Only drugs listed within the therapeutic categories are affected by the PDL. Therapeutic categories not listed here are not part of the PDL and will continue to be covered for Maryland Pharmacy Program patients.**

### **ANALGESIC**

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

Effective as of January 7, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Amerge	Axert
Imitrex (oral, nasal & subq)	Frova
Maxalt, MLT	Relpax
	Zomig, Nasal, ZMT

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

Effective as of December 3, 2003

<u>Preferred</u>	<u>Requires Prior Authorization</u>
diclofenac potassium (Cataflam)	Arthrotec
diclofenac sodium, XL (Voltaren, XR)	Bextra
etodolac, XL (Lodine, XL)	Celebrex
fenoprofen (Nalfon)	Mobic
flurbiprofen (Ansaid)	Ponstel
ibuprofen (Motrin)	Vioxx
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)	

#### **Narcotic Analgesics**

Effective as of January 7, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
acetaminophen w/codeine (Tylenol w/codeine)	Actiq
aspirin w/codeine (Empirin w/codeine)	Percocet
Avinza	Oxycontin
butalbital/apap/caffeine/codeine	Synalgos-DC
butalbital/apap/codeine	Darvon-N
codeine phosphate/sulfate	
Duragesic	
hydrocodone w/ibuprofen (Vicoprofen)	
hydrocodone w/acetaminophen (Vicodin)	
hydromorphone (Dilaudin)	
Kadian	
meperidine (Demerol)	
morphine sulfate	
morphine sulfate SR (MS Contin)	
oxycodone	
Oxycodone w/apap (Percocet)	
oxycodone w/aspirin (Percodan)	
Panlor DC, SS	
pentazocine-naloxone (Talwin NX)	
propoxyphene (Darvon)	
propoxyphene HCl w/apap (Wygesic)	
propoxyphene napsylate w/apap (Darvocet)	
roxicodone	
tramadol (Ultram)	
Ultracet	

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

**ANTI-INFECTIVES**

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

Effective as of January 21, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
griseofulvin (Fulvicin)	Ancobon
ketoconazole (Nizoral)	Mycelex Troche
nystatin	Mycostatin Pastilles
Diflucan	Sporanox
Grifulvin V	Vfend
Lamisil	

**Antifungals, Topical (Topical Antifungals)**

Effective as of January 21, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
clotrimazole (Lotrimin)	Loprox
clotrimazole/betamethasone (Lotrisone)	Loprox Shampoo
econazole (Spectazole)	Mentax
ketoconazole (Nizoral)	Penlac
nystatin (Mycostatin)	
nystatin/triamcinolone (Mycolog II)	
Exelderm	
Naftin	
Nizoral Shampoo	
Oxistat	

**Antivirals (Antivirals, General)**

Effective as of December 17, 2003

<u>Preferred</u>	<u>Requires Prior Authorization</u>
acyclovir (Zovirax)	Relenza
amantadine (Symmetrel)	Valtrex
rimantadine (Flumadine)	
Cytovene	
Famvir	
Tamiflu	
Valcyte	

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

Effective as of January 21, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
amoxicillin/clavulanate (Augmentin)	Cedax
cefaclor (Ceclor, CD)	Cefzil
cefadroxil (Duricef)	Lorabid
cefuroxime (Ceftin)	Vantin
cephalexin (Keflex)	
Augmentin ES-600, XR	
Omnicef	
Spectracef	

**Fluoroquinolones (Quinolones)**

Effective as of December 17, 2003

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ofloxacin (Floxin)	ciprofloxacin
Avelox, IV	Floxin IV
Cipro, XR, IV	Levaquin, IV
	Maxaquin
	Noroxin
	Tequin, IV

**Macrolides**

Effective as of December 17, 2003

<u>Preferred</u>	<u>Requires Prior Authorization</u>
erythromycin	Branded erythromycin products
Biaxin, XL	
Dynabac	
Zithromax	

**CARDIOVASCULAR**

**ACE Inhibitor/Calcium Channel Blocker Combination**

Effective as of December 3, 2003

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Lexxel	none
Lotrel	
Tarka	

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

**ACE Inhibitors (Hypotensives, ACE Inhibitors)**

Effective as of December 3, 2003

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

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

Effective as of December 3, 2003

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

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

Effective as of December 3, 2003

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

**Calcium Channel Blocking Agents**

Effective as of December 3, 2003

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

**Intermittent Claudication Agents (Platelet Aggregation Inhibitors)**

Effective as of February 4, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Pentoxifylline (Trental)	none
Pletal	

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

Effective as of December 3, 2003

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

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

**Lipotropics, Statins (Lipotropics)**

Effective as of December 3, 2003

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

**CENTRAL NERVOUS SYSTEM**

**Selective Serotonin Reuptake Inhibitors (SSRIs)**

Effective as of February 04, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
fluoxetine (Prozac)	Celexa
fluvoxamine (Luvox)	Paxil CR
paroxetine (Paxil)	Prozac Weekly
Lexapro	Sarafem
Zoloft (Ages 6-18 years)	Zoloft (over age 18 and under 6 years)

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

Effective as of February 4, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
amphetamine salt combo (Adderall)	Desoxyn
dextroamphetamine (Dexedrine)	Provigil
methylphenidate, ER (Metadate ER, Methylin ER, Ritalin, Ritalin-SR)	
permolone (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)**

Effective as of January 7, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Actonel	Didronel
Fosamax	Evista
Miacalcin	Forteo

**Estrogen Agents, Combination (Estrogenic Agents)**

Effective as of January 7, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Activella	FemHRT
Combipatch	
Prefest	
Premphase	
Prempo	

**Estrogen Agents, Oral and Transdermal (Estrogenic Agents)**

Effective as of January 7, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
estradiol (Estrace)	Cenestin
estradiol transdermal patches (Estraderm)	Menest
estropipate (Ogen, Ortho-Est)	
Premarin	

**Hypoglycemics, Insulin**

Effective as of January 21, 2004

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

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

Effective as of February 4, 2004

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

Key: All lowercase letters = generic product.  
Leading capital letter = brand name product.

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

Effective as of December 17, 2003

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

**GASTROINTESTINAL**

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

Effective as of February 4, 2004

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

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

Effective as of December 3, 2003

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

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

Effective as of February 4, 2004

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

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

Effective as of December 3, 2003

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

**Leukotriene Receptor Antagonists**

Effective as of December 3, 2003

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

**Nasal Corticosteroids (Nasal Anti-Inflammatory Steroids)**

Effective as of December 3, 2003

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

**UROLOGIC**

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

Effective as of December 3, 2003

<u>Preferred</u>	<u>Requires Prior Authorization</u>
doxazosin (Cardura) terazosin (Hytrin) Avodart Flomax Proscar	none