



# MARYLAND MEDICAID PHARMACY PROGRAM

No. 29  
Wednesday, September 27, 2006

## 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.*

- **EVS Phone Number Changed**
- **Narrow Therapeutic Index Drugs**
- **Changes to the Maryland Preferred Drug List**

### The EVS Inquiry Number

The EVS number was changed on September 28, 2006. The new number is 1-866-710-1447. Please share this information with your staff as appropriate.

The new Interactive Voice Response (IVR) system replaced our legacy voice response EVS with a new telephone access system that includes enhancements not available in the EVS, such as:

- One toll-free number for the entire State. The number is 866-710-1447.
- Managed Care Organization (MCO) transfer option – If the recipient is a member of an MCO, the provider can press "3" and the call will be transferred directly to the MCO's call center to verify primary care physician (PCP) assignment.
- For a recipient in a facility, the provider will be given the name and phone number of the facility.
- If you need to hear a verification a second time, press "1" and the information will be repeated. Press "2" in order to enter the next recipient's information.
- If a mistake is made prior to pressing "#," you can press "\*" to go back and enter the information correctly.
- Past eligibility can now be obtained by entering the recipient's Social Security number, name code and date of service.

Providers may download the EVS/IVR user brochure, which contains additional details about the new system by accessing the Department's website at [www.dhmh.state.md.us/medcareprog](http://www.dhmh.state.md.us/medcareprog). For providers enrolled in eMedicaid, WebEVS, a new web-based eligibility application is now available at [www.emdhealthchoice.org](http://www.emdhealthchoice.org). Providers must be enrolled in eMedicaid in order to access EVS. To enroll and access WebEVS go to URL above, select 'Services for Medical Care Providers', and follow the login instructions. If you need information, please visit the website or for provider application support call 410-767-5340. If you have questions concerning the new system, please contact the Provider Relations Division at 410-767-5503 or 800-445-1159.

## Narrow Therapeutic Index Drugs

Since September 21, 1990 the Maryland Department of Health and Mental Hygiene has required that there be no substitution for the following six narrow therapeutic index drugs: Coumadin®, Dilantin®, Mysoline®, Tegretol®, Theochron®, Depakene®. The restriction will be removed as of November 1, 2006 to be consistent with the U.S. Food and Drug Administration's current Approved Drug Products with Therapeutic Equivalence Evaluations (Commonly known as the Orange Book of Generic Equivalents). If prescribers request brand name medications to be dispensed for any of these agents, prior authorization will be required based upon approval of a DHMH Medwatch form. The DHMH Medwatch form can be downloaded at <http://www.dhmh.state.md.us/mma/mpap/medwatch.htm>.

## Changes to the Preferred Drug List (PDL) Effective October 3, 2006

Below you will find the PDL changes that will go into effect the first full week of October 2006. Because October 1 falls on a weekend this year and Mondays are normally hectic for pharmacies, the revised PDL will go into effect on Tuesday, October 3, 2006.

At the P&T Committee meeting held on Thursday, August 17, 2006, decisions were made in 26 PDL therapeutic categories. Most of the P&T Committee decisions involved additions (28 drugs) to the PDL while there were only 7 drugs recommended for removal from the Preferred Drug List. Please refer to the below charts showing those PDL decisions. The highlighted drugs denote a change or addition.

Three new drugs were reviewed, and the following decisions were made as it relates to their status on the PDL:

Therapeutic Category	Drug Name	PDL Status
Narcotic Analgesics	Ultram ER	NON-PREFERRED
Hypoglycemics, TZDs	Avandaryl	PREFERRED
Proton Oump Inhibitors	Zegerid Capsules	NON-PREFERRED

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 most multi-source products, the generic product(s) are usually preferred and branded innovator product(s) are non-preferred. PDL products that are new to market require prior authorization until they are reviewed.

**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)  
 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) (**brand and generic**)  
 oxycodone ER (OxyContin) (**brand and generic**)  
 Actiq  
 Avinza  
 Combunox  
 Darvon-N  
 Synalgos-DC  
 Panlor DC  
**Ultram ER**

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

Preferred

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

Requires Prior Authorization

Amerge  
 Frova  
 Relpax  
 Zomig, Zomig Nasal, Zomig ZMT

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

Preferred

**1<sup>st</sup> Tier-**  
 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)  
 meclofenamate (Meclomen)  
**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**  
**Prevacid NapraPac**

Requires Prior Authorization

Arthrotec  
 Ponstel

**ANTI-INFECTIVES**

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

Preferred

clotrimazole troche (Mycelex)  
 fluconazole (Diflucan)  
 griseofulvin (Fulvicin, GriFulvin V)  
 ketoconazole (Nizoral)  
 nystatin (Mycostatin)  
 Gris Peg  
 Lamisil

Requires Prior Authorization

Ancobon  
 Sporanox Solution  
 Vfend  
**itraconazole (Sporanox)**

# Maryland Preferred Drug List

## Antifungals, Topical (Topical Antifungals)

### Preferred

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

### Requires Prior Authorization

Ertaczo  
 Exelderm  
 Loprox Shampoo  
 Loprox Topical  
 Mentax  
 Naftin  
 Oxistat  
 Penlac

## Antivirals (Antivirals, General)

### Preferred

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

### Requires Prior Authorization

Famvir  
 Relenza  
 Tamiflu

## Cephalosporin and Related Agents (Cephalosporins, Second and 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

Augmentin XR  
 Lorabid  
 Panixine  
 Raniclор

## Fluoroquinolones (Quinolones)

### Preferred

ciprofloxacin (Cipro)  
 ofloxacin (Floxin)  
 Avelox

### Requires Prior Authorization

Cipro XR  
 Factive  
 Levaquin  
 Proquin XR

## Macrolides/Ketolides

### Preferred

azithromycin (Zithromax)  
 clarithromycin (Biaxin)  
 erythromycin  
 Biaxin XL  
 Zmax

### Requires Prior Authorization

Branded erythromycin products  
 Ketek

## CARDIOVASCULAR

### ACE Inhibitor/Calcium Channel Blocker Combination

Preferred  
 Lotrel  
 Tarka

### Requires Prior Authorization

Lexxel

## ACE Inhibitors (Hypotensives, ACE Inhibitors)

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)  
 quinapril (Accupril)  
 quinaretic (Accuretic)  
 Aceon

### Requires Prior Authorization

Univasc/Uniretic

## Maryland Preferred Drug List

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Altace  
Mavik

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

Preferred

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

Requires Prior Authorization

Atacand, Atacand HCT  
Teveten, Teveten 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 (Inderal)  
sotalol, sotalol AF  
(Betapace, Betapace AF)  
timolol (Blocadren)  
Coreg  
Inderal LA  
Toprol XL

Requires Prior Authorization

Innopran XL  
Levatol

### Calcium Channel Blocking Agents

Preferred

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)  
Cardizem LA  
Dynacirc CR  
Norvasc  
Sular  
Verelan PM

Requires Prior Authorization

nifedipine (Adalat, Procardia)  
Cardene SR  
  
Covera-HS  
Nimotop

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

Preferred

cholestyramine (Questran, Light)  
**colestipol granules (Colestid)**  
fenofibrate (Lofibra)  
gemfibrozil (Lopid)  
niacin (Niacor)  
**Colestid Tablets**  
Niaspan  
Tricor

Requires Prior Authorization

Antara  
Omacor  
Triglide  
Welchol  
Zetia

### Lipotropics, Statins (Lipotropics)

Preferred

lovastatin (Mevacor)  
pravastatin (Pravachol)  
Advicor  
Altoprev  
Crestor  
Lescol, Lescol XL  
Vytorin  
**Zocor (brand only)**

Requires Prior Authorization

**simvastatin (generic only)**  
Caduet  
Lipitor

# Maryland Preferred Drug List

## Platelet Aggregation Inhibitors

### Preferred

dipyridamole (Persantine)  
ticlopidine (Ticlid)  
Aggrenox  
Plavix

### Requires Prior Authorization

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

### Preferred

bupropion, bupropion SR  
(Wellbutrin, Wellbutrin SR)  
mirtazapine, mirtazapine soltab  
(Remeron, Remeron Soltab)  
trazodone (Desyrel)  
**venlafaxine (Effexor)**  
Effexor XR  
Wellbutrin XL

### Requires Prior Authorization

nefazodone (Serzone)  
  
Cymbalta

## 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)  
Carbatro  
Celontin  
Depakote  
Depakote ER  
Diastat  
Equetro  
Felbatol  
Gabitri  
Keppra  
Lamictal  
Peganone  
Topamax  
Trileptal

#### Requires Prior Authorization

Lyrica  
Phenytek  
Tegretol XR

## Sedative Hypnotics

### Preferred

chloral hydrate  
estazolam (ProSom)  
flurazepam (Dalmene)  
temazepam (Restoril)  
triazolam (Halcion)  
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)  
Lexapro  
Paxil CR  
Pexeva

### Requires Prior Authorization

**sertraline (Zoloft) (brand and generic)**  
Prozac Weekly  
Sarafem  
Symbyax

# Maryland Preferred Drug List

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
<p><u>1<sup>st</sup> Tier-</u></p> <p>amphetamine salt combo (Adderall)                      dextroamphetamine (Dexedrine)                      methylphenidate (Ritalin)                      methylphenidate ER (Ritalin-SR)                      Adderall XR                      Concerta                      Focalin                      Focalin XR                      Metadate CD                      Ritalin LA</p> <p><u>2nd Tier-</u>                      Strattera (for ages 17 and under)</p>	<p>Desoxyn</p>

## ENDOCRINE

### Androgenic Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
<p>Androderm                      Androgel</p>	<p>Testim</p>

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
<p>etidronate (Didronel)                      Boniva                      Fosamax, Fosamax Plus D                      Miacalcin</p>	<p>Actonel                      Actonel with Calcium                      Evista                      Fortical</p>

## Hypoglycemics, Insulins and Related Agents

<u>Preferred Insulins</u>	<u>Requires Prior Authorization</u>
<p>Humalog                      Humalog Mix                      Humulin                      Lantus                      Levemir                      Novolin                      NovoLog                      NovoLog Mix</p> <p><u>Preferred Incretin Mimetic</u>                      Byetta</p> <p><u>Preferred Amylin Analog</u>                      Symlin</p>	<p>Apidra</p> <p><u>Requires Prior Authorization</u></p> <p><u>Requires Prior Authorization</u></p>

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

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

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
<p>ActoPlusMet                      Actos                      Avandamet                      Avandaryl                      Avandia</p>	

## GASTROINTESTINAL

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
<p>Emend                      Zofran, Zofran ODT</p>	<p>Anzemet                      Kytril</p>

# Maryland Preferred Drug List

## Phosphate Binders and Related Agents

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

## Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Nexium  Prevacid	omeprazole (Prilosec Rx) <b>(brand and generic)</b> Aciphex Prilosec OTC Protonix Zegerid

## Ulcerative Colitis Agents

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

## INJECTABLES

### Anticoagulants, Injectable

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

## Erythropoietins (Hematinics, Other)

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

## Growth Hormones (CLINICAL PA REQUIRED)

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

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

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

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

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

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

Key: All lowercase letters = generic product.  
Leading capital letter = brand name product.  
Posted 10/1/06



# Maryland Preferred Drug List

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)  
pergolide (Permax)  
selegiline (Eldepryl)  
trihexyphenidyl (Artane)  
Comtan  
Kemadrin  
Mirapex  
Requip  
Stalevo

*Requires Prior Authorization*

Parcopa  
Tasmar

## OPHTHALMIC

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

*Preferred*

cromolyn (Opticrom)  
**ketotifen (Zaditor)**  
Acular  
Alex  
Elestat  
Patanol

*Requires Prior Authorization*

Alamast  
Alocril  
Alomide  
Emadine  
Optivar

## Ophthalmics, Antibiotics

*Preferred*

bacitracin  
ciprofloxacin solution (Ciloxan)  
erythromycin (Ilotycin)  
gentamicin (Garamycin)  
neomycin/gram/poly (Neosporin)  
ofloxacin (Ocuflox)  
polymyxinB/trimethoprim  
(Polysporin)  
tobramycin (Tobrex)  
Zymar

*Requires Prior Authorization*

Ciloxan ointment  
Vigamox  
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  
Lumigan  
Travatan  
Trusopt

*Requires Prior Authorization*

Istalol  
Xalatan

## OTIC

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

*Preferred*

neomycin/polymyxin/  
hydrocortisone (Cortisporin)  
Ciprodex  
Coly-Mycin S  
Floxin Otic

*Requires Prior Authorization*

Cipro HC  
Cortisporin-TC

# Maryland Preferred Drug List

## RESPIRATORY

### Antihistamines, Minimally Sedating (Antihistamines)

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

### Bronchodilators, Anticholinergics

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

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

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

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Advair Diskus Aerobid, Aerobid M Asmanex Azmacort Flovent HFA 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) ipratropium (Atrovent Nasal) Flonase <b>(brand only)</b> Nasacort AQ Nasonex	fluticasone nasal <b>(generic only)</b> Astelin Beconase AQ Nasarel Rhinocort Aqua

### Leukotriene Receptor Antagonists

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

## TOPICAL DERMATOLOGICS

### Acne Agents, Topical

<u>Preferred</u>	<u>Requires Prior Authorization</u>
benzoyl peroxide clindamycin topical erythromycin erythromycin-benzoyl peroxide tretinoin Akne-Mycin Azelex Nuox Retin-A Micro Tazorac	Benzamycin Brevoxyl Clinac BPO Clindagel Differin Evoclin Klaron Sulfoxyl Triaz Zaclir Zoderm

### Atopic Dermatitis

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Elidel Protopic	

## Maryland Preferred Drug List

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### UROLOGIC

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

*Preferred*

doxazosin (Cardura)  
finasteride (Proscar)  
terazosin (Hytrin)  
Avodart  
Flomax  
Uroxatral

*Requires Prior Authorization*

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

*Preferred*

oxybutynin (Ditropan)  
Ditropan XL  
Enablex  
Oxytrol  
Sanctura  
Vesicare

*Requires Prior Authorization*

Detrol  
Detrol LA