



MARYLAND MEDICAID PHARMACY PROGRAM

No. 39
Wednesday, August 29, 2007

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.

Changes to the Preferred Drug List (PDL) Effective October 2, 2007

Below you will find the PDL changes for October 1, 2007. Because October 1 falls on a Monday this year and Mondays are normally hectic for pharmacies, the revised PDL will go into effect on Tuesday, October 2, 2007.

Approximately 31 therapeutic categories inclusive of 3 new categories were reviewed at the P&T Committee meeting held on Thursday, August 9, 2007. Decisions in the newly added Atypical Antipsychotics class will not be implemented until January 1, 2008 and will be posted at a later date. A preview of the PDL that will go into effect on October 1, 2007 is included in this newsletter. There were 18 drugs added to the previously included classes on the PDL and 17 drugs were removed. Please refer to the charts below showing those PDL decisions. Highlighted drugs denote a change or addition.

Eight new drugs (only the new drug, not the whole class) were reviewed; the following decisions were made:

Therapeutic Category	Drug Name	PDL Status
Acne agents, Topical	Ziana	Non-preferred
Analgesics, Narcotics (Short-Acting)	Fentora	Non-preferred
Antihistamines, Minimally Sedating	Allegra Syrup	Preferred
Antihistamines, Minimally Sedating	Claritin Chewable OTC	Preferred
Beta Blockers	Coreg CR	Preferred
Growth Hormones	Omnitrope	Preferred
Proton Pump Inhibitors	Nexium Suspension	Preferred
Ulcerative Colitis Agents	Lialda	Non-Preferred

Preferred Brand Name Drugs/Non-preferred generics

At this time Duragesic[®] patches and Flonase[®] are the two brand name drugs on the PDL which also come in generic form. The generics fluticasone and fentanyl patches are non-preferred and require Prior Authorization. These are exceptions to the State's policy for Medicaid prescriptions requiring substitution of the generic for brand name drugs. After October 2, these two will continue to be preferred, and two more such exceptions will be on the PDL: Omnicef[®] and Zofran[®]. The table below summarizes the status of these drugs. We urge all participating pharmacies to make an effort to keep these brand names drugs on hand in order to better serve the Medicaid population.

Therapeutic Category Name	Drug Name	PDL
Intranasal Rhinitis Agents	Flonase [®]	Preferred
Intranasal Rhinitis Agents	Fluticasone	Non-Preferred
Analgesics, Narcotics (Long-Acting)	Duragesic [®]	Preferred
Analgesics, Narcotics (Long-Acting)	Fentanyl patch	Non-Preferred
Cephalosporins and Related Agents	Omnicef [®]	Preferred (until 1/1/08)*
Cephalosporis and Related Agents	Cefdinir	Non-Preferred (until 1/1/08) *
Antiemetics, Oral	Zofran/Zofran ODT [®]	Preferred (until 1/1/08) *
Antiemetics, Oral	Ondansetron/ondansetraon ODT	Non-Preferred (until 1/1/08) *

**NOTE: On 1/1/08, the generics (cefdinir, ondansetron and ondansetron ODT) will become preferred, and the brands (Omnicef, Zofran and Zofran ODT) will require a Brand Medically Necessary Medwatch form.*

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 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 (Long Acting)

Preferred

methadone
morphine sulfate SR (*MS Contin*)
Duragesic (**brand only**)
Kadian

Requires Prior Authorization

fentanyl patch (**generic only**)
Avinza
Opana ER
Oxycontin (**brand and generic**)
Ultram ER

Analgesics, Narcotics (Short Acting)

Preferred

acetaminophen w/codeine (*Tylenol w/Codeine*)
aspirin w/codeine
butalbital/apap/codeine/caffeine
butalbital/apap/codeine
codeine
dihydrocodeine/apap/caffeine (*Synalgos DC*)
hydrocodone/apap (*Vicodin*)
hydrocodone/ibuprofen (*Vicoprofen*)
hydromorphone (*Dilaudid*)
meperidine (*Demerol*)
morphine sulfate
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/apap (*Ultracet*)

Requires Prior Authorization

fentanyl buccal (*Actiq*) (**brand and generic**)
Combunox
Darvon-N
Fentora
Opana
Panlor DC

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

Preferred

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

Requires Prior Authorization

Axert
Frova
Relpax
Zomig, Zomig Nasal, Zomig ZMT

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

Preferred

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*)
mefenamic acid (*Ponstel*)
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

Requires Prior Authorization

Arthrotec
Prevacid NapraPac

Maryland Preferred Drug List

ANTI-INFECTIVES

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

clotrimazole troche (*Mycelex*)
 fluconazole (*Diflucan*)

 griseofulvin (*Fulvicin, GriFulvin V*)
 ketoconazole (*Nizoral*)
 nystatin
terbinafine (*Lamisil*)
 Gris Peg

Requires Prior Authorization

itraconazole (*Sporanox*)
(brand and generic)
 Ancobon
 Noxafil
 Sporanox Solution
 Vfend

Antifungals, Topical (Topical Antifungals)

Preferred

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

Requires Prior Authorization

Ertaczo
 Exelderm
 Loprox Shampoo
 Loprox Gel
 Mentax
 Naftin
 Oxistat
 Penlac
 Vusion
 Xolegel

Antivirals (Antivirals, General)

Preferred

acyclovir (*Zovirax*)
 amantadine (*Symmetrel*)
 rimantadine (*Flumadine*)
 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*)
 cephalexin (*Keflex*)
 Cedax
Omnicef *
 Spectracef
 Suprax

Requires Prior Authorization

cefdinir *
 Augmentin XR
 Raniclor

* Brand name Omnicef will remain preferred until 1/1/08. The generic cefdinir is non-preferred until 1/1/08.

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (*Cipro*)
ciprofloxacin ext-rel (*Cipro XR*)
 ofloxacin (*Floxin*)
 Avelox
Levaquin

Requires Prior Authorization

Cipro Oral Suspension
 Factive
 Noroxin
 Proquin XR

Hepatitis B Agents

Preferred

Baraclude
 Epivir HBV
 Hepsera
 Tyzeka

Requires Prior Authorization

Macrolides/Ketolides

Preferred

azithromycin (*Zithromax*)
 clarithromycin (*Biaxin*)
 erythromycin

Requires Prior Authorization

Biaxin XL
 Ketek
Zmax

Maryland Preferred Drug List

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

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

Requires Prior Authorization

Antara
 Lovaza (formerly Omacor)
 Triglide
 Welchol
 Zetia

Lipotropics, Statins (Lipotropics)

Preferred

lovastatin (*Mevacor*)
 pravastatin (*Pravachol*)
 simvastatin (*Zocor*)
 Advicor
 Altoprev
 Crestor
 Lescol, Lescol XL
 Lipitor
 Vytorin

Requires Prior Authorization

Caduet

Platelet Aggregation Inhibitors

Preferred

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

Requires Prior Authorization

CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

carbamazepine (*Tegretol*)
 clonazepam (*Klonopin*)
 ethosuximide (*Zarontin*)
 gabapentin (*Neurontin*)
 mephobarbital (*Mebaral*)
 phenobarbital
 phenytoin (*Dilantin*)
 primidone (*Mysoline*)
 valproic acid (*Depakene*)

Requires Prior Authorization

Lyrica
 Phenytek
 Tegretol XR

zonisamide (*Zonegran*)

Carbatrol
 Celontin
 Depakote
 Depakote ER
 Diastat
 Equetro
 Felbatol
 Gabitril
 Keppra
 Lamictal
 Peganone
 Topamax
 Trileptal

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

Requires Prior Authorization

nefazodone (*Serzone*)
 Emsam

* *Wellbutrin XL 150mg is only available as a Brand Name. It requires a prior authorization. The Wellbutrin XL 300mg is available generically.*

***Clinical criteria applies to Cymbalta.*

Maryland Preferred Drug List

Sedative Hypnotics

Preferred

chloral hydrate
 estazolam (*ProSom*)
 flurazepam (*Dalmane*)
 temazepam (*Restoril*)
 triazolam (*Halcion*)
 zolpidem (*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*)
 sertraline (*Zoloft*)

Requires Prior Authorization

Lexapro
 Paxil CR
 Pexeva
 Prozac Weekly
 Symbyax

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

Preferred

1st Tier-

amphetamine salt combo
 (*Adderall*)
 dextmethylphenidate (*Focalin*)
 dextroamphetamine (*Dexedrine*)
 methylphenidate (*Ritalin*)
 methylphenidate ER
 (*Ritalin-SR*)
 Adderall XR
 Concerta
 Daytrana
 Focalin XR
 Metadate CD

Requires Prior Authorization

Desoxyn
 Provigil
 Ritalin LA

2nd Tier-

Strattera (for ages 17 and under)

ENDOCRINE

Androgenic Agents

Preferred
 Androderm
 Androgel

Requires Prior Authorization
 Testim

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

Preferred

Actonel
 Actonel with Calcium
 Fosamax, Fosamax Plus D
 Miacalcin

Requires Prior Authorization

Boniva
 Didronel
 Evista
 Forteo
 Fortical

Hypoglycemics, Incretin Mimetics and Enhancers

Preferred

Byetta
 Janumet
 Januvia
 Symlin

Requires Prior Authorization

Hypoglycemics, Insulins

Preferred

Lantus
 Levemir
 Novolin
 NovoLog
 NovoLog Mix

Requires Prior Authorization

Apidra
 Exubera
 Humalog
 Humalog Mix
 Humulin

Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

Preferred

Starlix

Requires Prior Authorization

Prandin

Maryland Preferred Drug List

Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

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

Asacol Colazal	Lialda Pentasa
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INJECTABLES

Anticoagulants, Injectable

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

GASTROINTESTINAL

Antiemetics, Oral (Antiemetic/Antivertigo Agents)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Emend Marinol Zofran, Zofran ODT (brand only)*	ondansetron, ondansetron ODT (generic only) * Anzemet Cesamet Kytril

* Brand name Zofran/Zofran ODT will remain preferred until 1/1/08. The generic ondansetron/ondansetron ODT is non-preferred until 1/1/08.

Phosphate Binders and Related Agents

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

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

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

Ulcerative Colitis Agents

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

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>
Genotropin Nutropin AQ Omnitrope Saizen Serostim Tev-Tropin	Humatrope Norditropin Nutropin Zorbtive

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

Maryland Preferred Drug List

Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)

Preferred

ribavirin (*Copegus, Rebetol*)
Pegasys

Requires Prior Authorization

Infergen
Peg-Intron
Peg-Intron Redipen

Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)

Preferred

Avonex
Betaseron
Copaxone
Rebif

Requires Prior Authorization

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*)
selegiline (*Eldepryl*)
trihexyphenidyl (*Artane*)
Kemadrin
Requip
Stalevo

Requires Prior Authorization

Azilect
Comtan
Mirapex
Parcopa
Tasmar
Zelapar

OPHTHALMIC

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

Preferred

cromolyn (*Crolom*)

Acular
Alrex
Elestat
Pataday
Patanol

Requires Prior Authorization

ketotifen (*Zaditor Rx*) (**Brand and Generic**)

Alamast
Alocril
Alomide
Emadine
Optivar

Ophthalmics, Fluoroquinolones

Preferred

ciprofloxacin solution (*Ciloxan*)
ofloxacin (*Ocuflox*)

Vigamox

Zymar

Requires Prior Authorization

Ciloxan ointment
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
Istalol
Lumigan
Travatan
Trusopt

Requires Prior Authorization

Xalatan

Maryland Preferred Drug List

Ophthalmics, NSAIDs

Preferred

diclofenac (*Voltaren*)
 flurbiprofen (*Ocufen*)
 Acular LS
 Acular PF
 Nevanac
 Xibrom

Requires Prior Authorization

OTIC

Otic Fluoroquinolones

Preferred

Ciprodex
 Floxin Otic

Requires Prior Authorization

Cipro HC

RESPIRATORY

Antihistamines, Minimally Sedating (Antihistamines)

Preferred

loratadine, loratadine-D (OTC)

 Alavert, Alavert-D (OTC)
 Claritin, Claritin-D (OTC)
Claritin Chewable (OTC)
 Tavist ND (OTC)
Allegra syrup
 Zyrtec syrup

Requires Prior Authorization

fexofenadine (*Allegra*) (**brand and generic**)
 Allegra-D
 Claritin, Claritin-D (Rx)
 Clarinex, Clarinex-D
 Semprex-D
 Zyrtec (tablets)
 Zyrtec-D

Bronchodilators, Anticholinergics

Preferred

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

Requires Prior Authorization

Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)

Preferred

albuterol (*Proventil, Ventolin*)
 albuterol ext-rel (*Vospire ER*)
 metaproterenol (*Alupent*)
 terbutaline (*Brethine*)
 Maxair
 ProAir HFA
 Proventil HFA
 Serevent Diskus
Ventolin HFA
 Xopenex
 Xopenex HFA

Requires Prior Authorization

AccuNeb
 Alupent
 Foradil

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

Preferred

Advair Diskus/Advair HFA

 Aerobid, Aerobid M
 Asmanex
 Azmacort
 Flovent HFA
 Qvar

Requires Prior Authorization

Pulmicort Respules*
 (Over Age 8, Under Age 1)
 Pulmicort Flexhaler **

* *Pulmicort Respules are available without prior authorization for children who are 1 to 8 years of age.*

** ***Pulmicort Flexhaler replaces Pulmicort Turbuhaler.***

Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)

Preferred

flunisolide (*Nasalide*)
 ipratropium (*Atrovent Nasal*)
 Astelin
 Flonase (**brand only**)
 Nasonex

Requires Prior Authorization

fluticasone nasal (**generic only**)
 Beconase AQ
Nasacort AQ
 Nasarel
 Rhinocort Aqua

Leukotriene Modifiers

Preferred

Accolate
 Singulair

Requires Prior Authorization

Zyflo

Maryland Preferred Drug List

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide
 clindamycin topical
 erythromycin
 erythromycin-benzoyl peroxide
 sulfacetamide lotion (*Klaron*)
 tretinoin
 Akne-Mycin
 Azelex
 Clinac BPO
 Retin-A Micro
 Tazorac

Requires Prior Authorization

Benzaclin
 Benzamycin
 Clindagel
 Differin
 Duac
 Evoclin
 Inova
 Inova 4/1
 Neobenz Micro
 Nuox
 Sulfoxy
 Triaz
 Zaclir
 Ziana
 Zoderm

Atopic Dermatitis

Preferred

Elidel
 Protopic

Requires Prior Authorization

UROLOGIC

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

Preferred

doxazosin (*Cardura*)
 terazosin (*Hytrin*)
 Avodart
 Flomax
 Uroxatral

Requires Prior Authorization

finasteride (*Proscar*)
 Cardura XL

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

Preferred

oxybutynin (*Ditropan*)
 oxybutynin XL (*Ditropan XL*)
 Enablex
 Oxytrol
 Sanctura
 Vesicare

Requires Prior Authorization

Detrol
 Detrol LA