



MARYLAND MEDICAID PHARMACY PROGRAM

No. 4
Thursday, April 3, 2008

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.*

Updated Maryland Medicaid Preferred Drug List
Effective April 1, 2008

Attached is the updated Maryland Medicaid Preferred Drug List. Please direct questions or concerns to 410-767-1455.

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.

ANALGESICS

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

apap w/codeine (*Tylenol w/Codeine*)
aspirin w/codeine
butalbital/apap/codeine/caffeine
butalbital/apap/codeine
codeine
dihydrocodeine/aspirin/caff
(*Synalgos DC*)
dihydrocodeine/apap/caffeine
(*Panlor DC, Panlor SS*)
hydrocodone/apap (*Vicodin*)
hydrocodone/ibuprofen (*Vicoprofen*)
hydromorphone (*Dilaudid*)
levorphanol
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 /apap (*Darvocet*)
tramadol (*Ultram*)
tramadol/apap (*Ultracet*)

Requires Prior Authorization

fentanyl buccal (*Actiq*) (**brand and generic**)
oxycodone/ibuprofen (*Combunox*) (**brand and generic**)
Darvon-N
Fentora
Opana

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

Preferred

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

Requires Prior Authorization

Amerge
Axert
Frova
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

Skeletal Muscle Relaxants

Preferred

baclofen (*Lioresal*)
 carisoprodol (*Soma*)
 carisoprodol compound
 (*Soma Compound*)
 chlorzoxazone (*Parafon*)
 cyclobenzaprine (*Flexeril*)
 dantrolene (*Dantrium*)
 methocarbamol (*Robaxin*)
 orphenadrine (*Norflex*)
 orphenadrine compound
 (*Norflex Forte*)
 tizanidine tablets (*Zanaflex*)

Requires Prior Authorization

Amrix
 Fexmid
 Skelaxin
 Soma 250mg tablets
 Zanaflex Capsules

ANTI-INFECTIVES

Antibiotics, GI

Preferred

metronidazole (*Flagyl*)
 Tindamax
 Vancocin

Requires Prior Authorization

neomycin
 Alinia
 Flagyl ER
 Xifaxan

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

Requires Prior Authorization

Ertaczo
 Exelderm
 Extina
 Loprox Shampoo
 Mentax
 Naftin
 Oxistat
 Vusion
 Xolegel

Antivirals (Antivirals, General)

Preferred

acyclovir (*Zovirax*)
 amantadine (*Symmetrel*)
 rimantadine (*Flumadine*)
 Valtrex

Requires Prior Authorization

famciclovir (*Famvir*)
(brand and generic)
 Relenza
 Tamiflu

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

Preferred

amoxicillin/clavulanate
 (*Augmentin, Augmentin ES*)
 cefaclor (*Ceclor, Ceclor CD*)
 cefadroxil (*Duricef*)
 cefdinir (*Omnicef*)
 cefuroxime (*Ceftin*)
 cefpodoxime (*Vantin*)
 cefprozil (*Cefzil*)
 cephalixin (*Keflex*)
 Cedax
 Spectracef
 Suprax

Requires Prior Authorization

Augmentin XR
 Raniclор

Maryland Preferred Drug List

Fluoroquinolones (Quinolones)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ciprofloxacin (<i>Cipro</i>) ciprofloxacin ext-rel (<i>Cipro XR</i>) ofloxacin (<i>Floxin</i>) Avelox Levaquin	Cipro Oral Suspension Factive Noroxin Proquin XR

Hepatitis B Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Baraclude Epivir HBV Hepsera Tyzeka	

Macrolides/Ketolides

<u>Preferred</u>	<u>Requires Prior Authorization</u>
azithromycin (<i>Zithromax</i>) clarithromycin (<i>Biaxin</i>) erythromycin	Biaxin XL Ketek Zmax

Topical Impetigo Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
mupirocin (<i>Bactroban Ointment</i>)	Altabax Bactroban Cream

CARDIOVASCULAR

Angiotensin Modulators/CCB Combinations

<u>Preferred</u>	<u>Requires Prior Authorization</u>
amlodipine/benazepril (<i>Lotrel</i>) Azor Exforge	Lexxel Tarka

Angiotensin Modulators

<u>Preferred</u>	<u>Requires Prior Authorization</u>
benazepril, benazepril HCTZ (<i>Lotensin, Lotensin HCT</i>) captopril, captopril HCTZ (<i>Capoten, Capozide</i>) enalapril, enalapril HCTZ (<i>Vasotec, Vaseretic</i>) fosinopril, fosinopril HCTZ (<i>Monopril, Monopril HCT</i>) lisinopril, lisinopril HCTZ (<i>Prinivil, Zestril, Prinzide, Zestoretic</i>) moexipril (<i>Univasc</i>) moexipril HCTZ (<i>Uniretic</i>) trandolapril (<i>Mavik</i>) quinapril (<i>Accupril</i>) quinaretic (<i>Accuretic</i>) ramipril (<i>Altace</i>) Avapro, Avalide Benicar, Benicar HCT Cozaar, Hyzaar Diovan, Diovan HCT Micardis, Micardis HCT	Aceon Atacand, Atacand HCT Tekturna Teveten, Teveten HCT

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

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

Maryland Preferred Drug List

Calcium Channel Blocking Agents

Preferred

amlodipine (*Norvasc*)
 diltiazem (*Cardizem*)
 diltiazem SR, diltiazem ER
 (*Cardizem SR, Cardizem CD, Dilacor XR, Tiazac*)
 felodipine (*Plendil*)
 isradipine (*Dynacirc*)
 nifedipine (*Cardene*)
 nifedipine SR
 (*Adalat CC, Procardia XL*)
 verapamil (*Calan*)
 verapamil ER, verapamil SR
 (*Calan SR, Verelan*)
 verapamil ER caps (*Verelan PM*)
 Cardizem LA
 Dynacirc CR
 Sular

Requires Prior Authorization

nifedipine (*Adalat, Procardia*)
(brand and generic)
 nimodipine (*Nimotop*)
(brand and generic)
 Cardene SR
 Covera-HS

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

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

Requires Prior Authorization

Antara
 Lipofen
 Lovaza (formerly Omacor)
 Triglide
 Welchol
 Zetia

Lipotropics, Statins (Lipotropics)

Preferred

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

Requires Prior Authorization

Altoprev
 Caduet
 Crestor

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*)
 zonisamide (*Zonegran*)
 Carbatrol
 Celontin
 Depakote
 Depakote ER
 Diastat
 Equetro
 Felbatol
 Gabitril
 Keppra
 Lamictal
 Peganone
 Topamax
 Trileptal (**Brand only**)

Requires Prior Authorization

oxcarbazepine (**generic only**)
 Lyrica
 Phenytek
 Tegretol XR

Maryland Preferred Drug List

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.*

Atypical Antipsychotics

Preferred

1st Tier-

clozapine (*Clozaril*)
Abilify
Geodon
Invega
Risperdal
Seroquel, Seroquel XR

2nd Tier-

Zyprexa ***

Requires Prior Authorization

*** *Clinical edits apply to Zyprexa. An adequate trial of a Tier 1 preferred drug is required prior to its use.*

Sedative Hypnotics

Preferred

chloral hydrate
estazolam (*ProSom*)
flurazepam (*Dalmane*)
temazepam (*Restoril*)
triazolam (*Halcion*)
zolpidem (*Ambien*)
Lunesta
Rozerem

Requires Prior Authorization

Ambien CR
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
Sarafem
Symbyax

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

Preferred

1st Tier-

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

Requires Prior Authorization

Desoxyn
Provigil
Ritalin LA

2nd Tier-

Strattera (for ages 17 and under)

Key: All lowercase letters = generic product.

Leading capital letter = brand name product.

Posted 04/01/08

Maryland Preferred Drug List

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

etidronate (*Didrone*)
(brand and generic)
Boniva
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

Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

Preferred

ActoPlusMet
Actos
Avandamet
Avandaryl
Avandia
Duetact

Requires Prior Authorization

GASTROINTESTINAL

Antiemetics, Oral (Antiemetic/Antivertigo Agents)

Preferred

ondansetron, ondansetron ODT
(*Zofran, Zofran ODT*)
Emend
Marinol

Requires Prior Authorization

granisetron (*Kytril*)
(brand and generic)
Anzemet
Cesamet

Phosphate Binders and Related Agents

Preferred

PhosLo
Renagel

Requires Prior Authorization

Fosrenol

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

Preferred

Nexium
Prevacid

Requires Prior Authorization

omeprazole (*Prilosec*)
(brand and generic)
pantoprazole (*Protonix*)
(brand and generic)
Aciphex
Prilosec OTC
Zegerid

Ulcerative Colitis Agents

Preferred

balsalazide (*Colaza*)
sulfasalazine (*Azulfidine*)
mesalamine enemas (*Rowasa*)
Asacol

Requires Prior Authorization

Canasa
Dipentum
Lialda
Pentasa

Maryland Preferred Drug List

INJECTABLES

Anticoagulants, Injectable

Preferred

Arixtra
Fragmin
Lovenox

Requires Prior Authorization

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)

Preferred

Enbrel
Humira
Kineret
Raptiva

Requires Prior Authorization

Erythropoietins (Hematinics, Other)

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epogen

Growth Hormones (CLINICAL PA REQUIRED)

Preferred

Norditropin
Nutropin
Nutropin AQ
Omnitrope
Saizen
Tev-Tropin

Requires Prior Authorization

Genotropin
Humatrope
Serostim
Zorbtive

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
Exelon Transdermal Patch
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
Neupro Transdermal Patch
Parcopa
Tasmar
Zelapar

Maryland Preferred Drug List

OPHTHALMIC

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cromolyn (<i>Crolom</i>)	ketotifen (Zaditor Rx) (Brand and Generic)
Acular	Alamast
Alrex	Alocril
Elestat	Alomide
Pataday	Emadine
Patanol	Optivar

Ophthalmics, Fluoroquinolones and Macrolides

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ciprofloxacin solution (<i>Ciloxan</i>)	AzaSite
ofloxacin (<i>Ocuflox</i>)	Ciloxan ointment
Vigamox	Quixin
Zymar	

Ophthalmics, Glaucoma Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
betaxolol	Xalatan
brimonidine	
carteolol (<i>Ocupress</i>)	
dipivefrin (<i>Propine</i>)	
levobunolol (<i>Betagan</i>)	
metipranolol (<i>OptiPranolol</i>)	
pilocarpine (<i>Pilocar</i>)	
timolol (<i>Timoptic, Timoptic XE</i>)	
Alphagan P	
Azopt	
Betimol	
Betoptic S	
Cosopt	
Istalol	
Lumigan	
Travatan	
Trusopt	

Ophthalmics, NSAIDs

<u>Preferred</u>	<u>Requires Prior Authorization</u>
diclofenac (<i>Voltaren</i>)	
flurbiprofen (<i>Ocufen</i>)	
Acular LS	
Acular PF	
Nevanac	
Xibrom	

OTIC

Otic Fluoroquinolones

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ofloxacin otic (Floxin Otic)	Cipro HC
Ciprodex	

RESPIRATORY

Antihistamines, Minimally Sedating (Antihistamines)

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

Bronchodilators, Anticholinergics

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

Maryland Preferred Drug List

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
 Brovana
 Foradil
 Perforomist

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

Preferred

Advair Diskus/Advair HFA
 Aerobid, Aerobid M
 Asmanex
 Azmacort
 Flovent HFA
 Qvar
 Symbicort

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.*

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
 Veramyst

Leukotriene Modifiers

Preferred

Accolate
 Singulair

Requires Prior Authorization

Zyflo
 Zyflo CR

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

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

Requires Prior Authorization

Akne-Mycin
 Benzaclyn
 Benzamycin
 Brevoxyl
 Clindagel
 Clindareach
 Differin
 Duac
 Evoclin
 Inova
 Lavoclen
 Neobenz Micro
 Nuox
 Sulfoxyll
 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

Maryland Preferred Drug List

Bladder Relaxant Preparations (Urinary Tract Antispasmodic/ Antiincontinence Agent)

Preferred

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

Requires Prior Authorization

Detrol
Detrol LA