



MARYLAND MEDICAID PHARMACY PROGRAM

No. 36
Wednesday, March 28, 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.

- **EVS Inquiry Phone Number**
- **Explanation of Eligibility Reject Messages**
- **Reimbursement Discrepancies – Medicare Part D Excluded Drugs**
- **Reimbursement Discrepancies – DAW 5 Claim Submissions**
- **National Provider Identifier (NPI)**
- **Preferred Drug List (PDL)**

The EVS Inquiry Phone Number

Whenever in doubt of a recipient's eligibility status, it is wise to receive confirmation from the EVS system at 1-866-710-1447. There is a 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.

Explanation of Eligibility Reject Messages

Some pharmacies have been having difficulty submitting claims for HealthChoice Managed Care Organization (MCO) recipients. Keep in mind that not all HealthChoice recipients are in MCOs. A small number of HealthChoice recipients are covered fee-for-service. The denial message for mental health drug claims improperly addressed to MCOs cites an error code of "65" and states, "PATIENT IS NOT

COVERED.” There is an additional message that states, “RE-SUBMIT CLAIM TO MARYLAND MEDICAID PCN DRMDPROD GROUPID MDMEDICAID.” If the recipient is eligible, this means that the claim denied before being forwarded to an MCO for processing. The reason for the denial is because these claims were coded with the MCO PCN and Group ID identifiers instead of the Medicaid PCN and Group ID identifier. The appropriate steps to correct the situation are: (a) change the Processor Control Number (PCN) on the claim to “DRMDPROD;” and (b) change the Group ID to “MDMEDICAID”. **DO NOT** call the MCO’s pharmacy benefit manager (PBM). The MCO’s PBM will be unable to discuss the claim with you, because the claim will have been denied before arriving at the MCO’s PBM. .

Recipient Enrollment	Drug Coverage FFS	Where Billed	Message	Message
Recipient in an MCO	Most Mental health drugs and Fuzeon (AIDS Drugs for PAC)	Pharmacist bills MCO instead of Medicaid	"RE-SUBMIT CLAIM TO MARYLAND MEDICAID PCN DRMDPROD GROUPID MDMEDICAID".	Error code of 65 - "Patient not covered".
Recipient in an MCO	None (Except for above)	Pharmacist bills Medicaid instead of MCO	“Bill _____“ [Name of MCO is given }	Error code of 65 - "Patient not covered".
Recipient Fee-for-Service and not in MCO	All drugs are FFS covered	Pharmacist bills MCO instead of Medicaid	"RE-SUBMIT CLAIM TO MARYLAND MEDICAID PCN DRMDPROD GROUPID MDMEDICAID".	Error code of 65 - "Patient not covered".
Not enrolled in either Fee-for-Service or MCO	None	Pharmacists bills MCO	"Patient not eligible at time of service".	Error code of 65 - "Patient not covered".

Reimbursement Discrepancies – Medicare Part D Excluded Drugs

There have been difficulties adjudicating claims for Medicare Part D excluded drugs. The problem has been resolved. Pharmacists who have dispensed prescriptions for these drugs without reimbursement from the recipient or other source may submit back claims for proper payment.

Reimbursement Discrepancies – DAW 5 Claim Submissions

Similarly, there have been difficulties adjudicating claims for some generic drugs when submitted as DAW = 0. The denial message is, “GENERIC AVAILABLE CALL STATE AT 410-767-1755 MEDWATCH FORM REQUIRED. That problem has also been resolved. Pharmacists were able to override the denial with a DAW = 5 code. However, as a result of the override, the co-payment required was for the higher amount branded products, \$3.00 and \$7.50, instead of the generic amount of \$1.00 and \$2.50; the dispensing fee was also for brand named products, \$2.69 instead of \$3.69 for generics. To correct the situation, pharmacies may reverse the original claims and resubmit them using a DAW = 0. The Department expects that pharmacies will make every effort to attempt to return excess funds collected to recipients who overpaid their co-payments. This is imperative.

National Provider Identifier (NPI)

The National Provider Identifier (NPI) will uniquely identify healthcare providers in standard transactions, such as healthcare claims. Individual pharmacists may also receive NPI numbers. Please make sure your pharmacy has an NPI number, and please encourage prescribers to get NPI numbers as soon as possible. Getting an NPI number is free. Not having one can be costly.

The NPI is ten digits; the first nine are the identifier, and the last digit is a check figure to help detect invalid NPI numbers. The NPI number will replace the NABP identifier and DEA number for pharmacies and prescribers respectively on all pharmacy claims. The DEA number will continue to be required for controlled dangerous substances. The Health Insurance Portability and Accountability Act (HIPAA) requires that covered entities must use NPIs in the future in standard transactions. These include health plans, healthcare clearinghouses, and those healthcare providers who transmit any health information online in connection with a transaction for which the Secretary of Health and Human Services (HHS) has adopted a standard. The NPI number does not convey any information about the provider. Once assigned, this number will never change and may be deactivated and reactivated.

To apply for an NPI number, go online, to <<https://nppes.cms.hhs.gov>>. The online method is recommended for the most efficient and fastest receipt of your NPI. To apply by mail, print the request form from at <nppes.cms.hhs.gov> and send the completed application to: NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059. Because of the volume of requests expected, providers are encouraged to apply as soon as possible. If application processing detects a problem, the enumerator will communicate with the provider. An NPI number will be required for the pharmacy in order to submit pharmacy claims. Note: Providers will continue to submit pharmacy claims with the current identifier system until told otherwise. Please watch for future communications on this subject.

Changes to the Preferred Drug List (PDL) Effective April 3, 2007

Below you will find the PDL changes for April 1, 2007. Because April 1 falls on a weekend this year and Mondays are normally hectic for pharmacies, the revised PDL will go into effect on Tuesday, April 3, 2007.

At the P&T Committee meeting held on Thursday, February 8, 2007, decisions were made in 27 PDL therapeutic categories. There were 10 drugs added to the PDL and 8 drugs were removed. Please refer to the below charts showing those PDL decisions. Highlighted drugs denote a change or addition. Six new drugs were reviewed; the following decisions were made:

Therapeutic Category	Drug Name	PDL Status
Antifungals, Oral	Noxafil	Non-preferred
Antifungals, Topical	Xolegel	Non-preferred
Antiparkinsons Agents	Azilect	Non-preferred
	Zelapar,	Non-preferred
Hypoglycemics, Insulin and Related Agents	Exubera	Non-preferred
Stimulants and Related Agents	Daytrana	Preferred

Maryland Preferred Drug List

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. Changes since the last PDL, including names of classes are highlighted.

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
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
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
Prevacid NapraPac

Requires Prior Authorization

Arthrotec

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
 Gris Peg
 Lamisil

Requires Prior Authorization

itraconazole (Sporanox)
 Ancobon
 Noxafil
 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)

Requires Prior Authorization

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

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)
 cephalexin (Keflex)
 Cedax
 Omnicef
 Spectracef
 Suprax

Requires Prior Authorization

Augmentin XR
 Lorabid
 Panixine
 Raniclor

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (Cipro)
 ofloxacin (Floxin)
 Avelox

Requires Prior Authorization

Cipro XR
 Factive
 Levaquin
 Noroxin
 Proquin XR

Macrolides/Ketolides

Preferred

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

Requires Prior Authorization

Branded erythromycin products
 Ketek

Maryland Preferred Drug List

CARDIOVASCULAR

ACE Inhibitor/Calcium Channel Blocker Combination

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Lotrel Tarka	Lexxel

ACE Inhibitors (Hypotensives, ACE Inhibitors)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
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) moexipril HCTZ (Uniretic) trandolapril (Mavik) quinapril (Accupril) quinaretic (Accuretic) Aceon Altace	Univasc

Angiotensin Receptor Blockers (Hypotensives, Angiotensin Receptor Antagonist)

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

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

<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, sotalol AF (Betapace, Betapace AF) timolol (Blocadren) Coreg Inderal LA Toprol XL	Innopran XL Levatol

Calcium Channel Blocking Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
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	nifedipine (Adalat, Procardia) (brand and generic) Cardene SR Covera-HS Nimotop

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
 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

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

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

Requires Prior Authorization

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

*Clinical criteria applies to Cymbalta.

Sedative Hypnotics

Preferred

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

Requires Prior Authorization

Ambien
 Doral
 Restoril 7.5mg
 Sonata

Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

citalopram (Celexa)
 fluoxetine (Prozac)
 fluvoxamine (Luvox)
 paroxetine (Paxil)
sertraline (Zoloft)
 Lexapro
 Paxil CR
 Pexeva

Requires Prior Authorization

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)
 dextroamphetamine (Dexedrine)
 methylphenidate (Ritalin)
 methylphenidate ER
 (Ritalin-SR)
 Adderall XR
 Concerta
Daytrana
 Focalin
 Focalin XR
 Metadate CD

Requires Prior Authorization

pemoline (Cylert)
 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

etidronate (Didronel)
 Boniva
 Fosamax, Fosamax Plus D
 Miacalcin

Requires Prior Authorization

Actonel
 Actonel with Calcium
 Evista
 Forteo
 Fortical

Maryland Preferred Drug List

Hypoglycemics, Insulins and Related Agents

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

Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

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

Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

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

GASTROINTESTINAL

Antiemetics, Oral (Antiemetic/Antivertigo Agents)

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

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) Asacol Colazal	Canasa Dipentum Pentasa

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	

Maryland Preferred Drug List

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 Saizen Serostim Tev-Tropin	Humatrope Norditropin Nutropin Zorbtive

*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>
ribavirin (generic only) Pegasys	Copegus (brand only) Infergen Peg-Intron Peg-Intron Redipen Rebetol (brand only)

Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)

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

NEUROLOGICS

Alzheimer's Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Aricept/Aricept ODT Exelon Namenda	Cognex Razadyne Razadyne ER

Anti-Parkinson's Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
benztropine (Cogentin) levodopa/carbidopa Immediate and Extended Release (Sinemet, Sinemet CR) pergolide (Permax) selegiline (Eldepryl) trihexyphenidyl (Artane) Comtan Kemadrin Mirapex Requip Stalevo	Azilect Parcopa Tasmar Zelapar

OPHTHALMIC

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

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

Ophthalmics, Antibiotics

<u>Preferred</u>	<u>Requires Prior Authorization</u>
bacitracin ciprofloxacin solution (Ciloxan) erythromycin (Ilotycin) gentamicin (Garamycin) neomycin/gram/poly (Neosporin) ofloxacin (Ocuflox) polymyxinB/trimethoprim (Polysporin) tobramycin (Tobrex) Zymar	Ciloxan ointment Vigamox Quixin

Maryland Preferred Drug List

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

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)
Tavist ND (OTC)
Zyrtec syrup

Requires Prior Authorization

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

Bronchodilators, Anticholinergics

Preferred

ipratropium neb (Atrovent)
Atrovent HFA
Combivent
Spiriva

Requires Prior Authorization

DuoNeb

Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)

Preferred

albuterol (Proventil, Ventolin)
metaproterenol (Alupent)
terbutaline (Brethine)
Maxair
ProAir (Albuterol HFA)
Proventil HFA
Serevent Diskus
Xopenex
Xopenex HFA

Requires Prior Authorization

AccuNeb
Alupent
Foradil
Ventolin HFA
Vospire ER

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

Preferred

Advair Diskus
Aerobid, Aerobid M
Asmanex
Azmacort
Flovent HFA
Qvar

Requires Prior Authorization

Pulmicort Respules (Over Age 8,
Under Age 1)
Pulmicort Turbuhaler

Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)

Preferred

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

Requires Prior Authorization

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

Maryland Preferred Drug List

Leukotriene **Modifiers**

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

TOPICAL DERMATOLOGICS

Acne Agents, Topical

<u>Preferred</u>	<u>Requires Prior Authorization</u>
benzoyl peroxide	Benzaclin
clindamycin topical	Benzamycin
erythromycin	Benziaq
erythromycin-benzoyl peroxide	Brevoxyl
sulfacetamide lotion (Klaron)	Clindagel
tretinoin	Differin
Akne-Mycin	Duac
Azelex	Evoclin
Clinac BPO	Inova
Retin-A Micro	Inova 4/1
Tazorac	Neobenz Micro
	Nuox
	Sulfoxyl
	Triaz
	Zaclir
	Zoderm

Atopic Dermatitis

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

UROLOGIC

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

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

Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Antiincontinence Agent)

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