



MARYLAND MEDICAID PHARMACY PROGRAM

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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 October 1, 2009

Maryland Preferred Drug List Changes

The Maryland Medicaid Pharmacy Program has an open formulary with a Preferred Drug List (PDL) to insure efficacious, safe, and cost effective drug options. Effective October 1, 2009 the following changes have been made to the PDL:

- 3 new categories have been added: Antihyperuricemics, Topical Antivirals, and Tetracyclines.
- The Hepatitis B category is no longer part of the PDL.
- The Antipsychotics Category now includes Traditional, Atypical Antipsychotics, and Alternative Dosage forms.
- The Ophthalmic Category now includes Allergic Conjunctivitis, Antibiotics (New Name), Glaucoma Agents, and Anti-inflammatories (New Name).

Changes in the Preferred Drug List are highlighted in yellow.

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/Anesthetics, Topical

Preferred

Lidoderm
Voltaren Gel

Requires Prior Authorization

Flector

Analgesics, Narcotics (Long Acting)

Preferred

fentanyl patch (Duragesic)
(Brand and generic)
methadone
morphine sulfate SR(*MS Contin*)
Kadian

Requires Prior Authorization

oxycodone ER (*Oxycontin*)
(Brand and generic)
Avinza
Opana ER
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 SS, Panlor 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 /apap (*Darvocet*)
tramadol (*Ultram*)
tramadol/apap (*Ultracet*)

Requires Prior Authorization

fentanyl buccal (*Actiq*)
(Brand and generic)*
levorphanol
oxycodone/ibuprofen (*Combunox*)
(Brand and generic)
Darvon-N
Dilaudid Liquid
Fentora *
Opana

*Clinical Criteria applies to fentanyl buccal tablets (Fentora) and fentanyl buccal lozenges (Actiq, generic). **To view criteria, please refer to <http://www.dhmd.state.md.us/mma/mpap/forms.htm>**

Anti-Hyperuricemics

Preferred

allopurinol (*Zyloprim*)
colchicine
probenecid
probenecid/colchicine

Requires Prior Authorization

Uloric

Maryland Preferred Drug List

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

Preferred

Imitrex (all forms - **Brand only**)
Maxalt, Maxalt MLT
Relpax

Requires Prior Authorization

sumatriptan (all forms - **generic only**)
Amerge
Axert
Frova
Treximet
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 Rx and **OTC** (*Motrin*)
indomethacin, indomethacin SR (*Indocin, Indocin SR*)
ketoprofen (*Orudis, Oruvail*)
ketorolac (*Toradol*)
meclufenamate (*Meclomen*)
mefenamic acid (*Ponstel*)
meloxicam (*Mobic*)
naproxen (*Naprosyn*)
naproxen sodium, naproxen sodium DS (*Anaprox, Anaprox DS*)
oxaprozin (*Daypro*)
piroxicam (*Feldene*)
sulindac (*Clinoril*)

Requires Prior Authorization

nabumetone (*Relafen*)
tolmetin, tolmetin DS (*Tolectin, Tolectin DS*)
Arthrotec
Celebrex
Prevacid NapraPac

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*)
neomycin
Alinia
Tindamax (**Brand only**)
Vancocin

Requires Prior Authorization

tinidazole (**generic only**)
Flagyl ER
Xifaxan

Antibiotics, Vaginal

Preferred

clindamycin vaginal (*Clindamax*)
metronidazole vaginal (*Metro-Gel*)
Cleocin
Clindesse
Vandazole

Requires Prior Authorization

Maryland Preferred Drug List

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

fluconazole (*Diflucan*)
 ketoconazole (*Nizoral*)
 nystatin
 terbinafine (*Lamisil*)
Ancobon
 Gris Peg

Requires Prior Authorization

clotrimazole troche (*Mycelex*)
(Brand and generic)
 griseofulvin suspension (*Fulvicin, GriFulvin V*) **(Brand and generic)**
 itraconazole (*Sporanox*)
 GriFulvin V
 Lamisil Granules
 Noxafil
 Sporanox Solution
 Vfend

Antifungals, Topical (Topical Antifungals)

Preferred

clotrimazole **OTC** and Rx
 (*Lotrimin*)
 clotrimazole/betamethasone
 (*Lotrisone*)
 econazole (*Spectazole*)
 ketoconazole (*Nizoral*)
 nystatin
miconazole OTC
 nystatin/triamcinolone (*Mycolog II*)
terbinafine OTC
tolnaftate OTC
 Naftin
 Oxistat

Requires Prior Authorization

ciclopirox (*Loprox*)
(Brand and generic)
 ciclopirox solution (*Penlac*)
(Brand and generic)
 CNL-8
 Ertaczo
 Extina
 Loprox Shampoo
 Mentax
 Vusion
Xolegel

Antiparasitics, Topical

Preferred

permethrin OTC
 permethrin Rx (*Elimite, Acticin*)
 Eurax
 Ovide **(Brand ONLY)**

Requires Prior Authorization

lindane
 malathion **(generic only)**

Antivirals (Antivirals, General)

Preferred

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

Requires Prior Authorization

Famvir
 Relenza
 Tamiflu

Antivirals, Topical

Preferred

Denavir

Requires Prior Authorization

Zovirax Cream
Zovirax Ointment

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*)
 cefprozil (*Cefzil*)
 cephalixin (*Keflex*)
 Suprax

Requires Prior Authorization

cefepodoxime (*Vantin*)
(Brand and generic)
 Augmentin XR
Augmentin 250 Susp
Augmentin 125 Susp
 Cedax
 Spectracef

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (*Cipro*)
 Avelox

Requires Prior Authorization

ofloxacin (*Floxin*)
(Brand and generic)
 ciprofloxacin ext-rel (*Cipro XR*)
(Brand and generic)
 Cipro Oral Suspension
 Factive
Levaquin
 Noroxin
 Proquin XR

Maryland Preferred Drug List

Macrolides/Ketolides

Preferred

azithromycin (*Zithromax*)
erythromycin

Requires Prior Authorization

clarithromycin (*Biaxin*)
(Brand and generic)
clarithromycin ER (*Biaxin XL*)
(Brand and generic)
Ketek
Zmax

Tetracyclines

Preferred

doxycycline (*Vibramycin*)
minocycline (*Minocin*)
tetracycline (*Sumycin*)

Requires Prior Authorization

demeclocycline (*Declomycin*)
Adoxa CK
Adoxa TT
Nutridox
Oracea
Solodyn

Topical Impetigo Agents

Preferred

mupirocin (*Bactroban Ointment*)

Requires Prior Authorization

Altabax
Bactroban Cream

CARDIOVASCULAR

Angiotensin Modulators/CCB Combinations

Preferred

amlodipine/benazepril (*Lotrel*)
Azor
Exforge

Requires Prior Authorization

Tarka

Angiotensin Modulators

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*)
Aceon
Avapro, Avalide
Benicar, Benicar HCT
Cozaar, Hyzaar
Diovan, Diovan HCT
Micardis, Micardis HCT

Requires Prior Authorization

moexipril (*Univasol*)
(Brand and generic)
moexipril HCTZ (*Uniretic*)
(Brand and generic)
quinapril (*Accupril*)
(Brand and generic)
quinaretic (*Accuretic*)
(Brand and generic)
ramipril (*Altace*)
(Brand and generic)
trandolapril (*Mavik*)
(Brand and generic)
Atacand, Atacand HCT
Tekturna/Tekturna HCT
Teveten, Teveten HCT

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

Preferred

acebutolol (*Sectral*)
atenolol (*Tenormin*)
bisoprolol (*Zebeta*)
carvedilol (*Coreg*)
labetalol (*Normodyne, Trandate*)
metoprolol tartrate (*Lopressor*)
metoprolol succinate ext-rel (*Toprol XL*)
nadolol (*Corgard*)
pindolol (*Visken*)
propranolol (*Inderal*)
propranolol LA (*Inderal LA*)
sotalol, sotalol AF
(*Betapace, Betapace AF*)
timolol (*Blocadren*)
Innopran XL
Levatol

Requires Prior Authorization

betaxolol (*Kerlone*)
(Brand and generic)
Bystolic
Coreg CR

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*)
 Dynacirc CR
 Sular (new strengths)

Requires Prior Authorization

nifedipine (*Adalat, Procardia*)
(Brand and generic)
 nimodipine (*Nimotop*)
(Brand and generic)
 nisoldipine (*Sular*)
(generic only)
 verapamil ER caps (*Verelan PM*) **(Brand and generic)**
 Cardizem LA
 Cardene SR
 Covera-HS

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

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

Requires Prior Authorization

Antara
 Fenoglide
 Lipofen
 Lovaza (formerly Omacor)
 Triglide
 Welchol
 Zetia

Lipotropics, Statins (Lipotropics)

Preferred

lovastatin (*Mevacor*)
 pravastatin (*Pravachol*)
 simvastatin (*Zocor*)
 Crestor
 Lipitor

Requires Prior Authorization

Advicor
 Altoprev
 Caduet
 Lescol, Lescol XL
 Simcor
 Vytorin

Platelet Aggregation Inhibitors

Preferred

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

Requires Prior Authorization

Pulmonary Arterial Hypertension, Oral Agents

Preferred

Letairis
 Revatio*

Requires Prior Authorization

Tracleer

*Clinical Criteria applies to Revatio. **To view criteria, please refer to <http://www.dhmh.state.md.us/mma/mpap/forms.htm>**

CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

carbamazepine (*Tegretol, XR*)
 clonazepam (*Klonopin*)
 divalproex (*Depakote, ER*)
 ethosuximide (*Zarontin*)
 gabapentin (*Neurontin*)
 lamotrigine (*Lamictal*)
 levetiracetam (*Keppra*)
 mephobarbital (*Mebaral*)
 oxcarbazepine (*Trileptal*)
 phenobarbital
 phenytoin (*Dilantin*)
 primidone (*Mysoline*)
 valproic acid (*Depakene*)
 zonisamide (*Zonegran*)
 Carbatrol
 Celontin
 Diastat
 Felbatol
 Gabitril
 Keppra XR
 Peganone
 Topamax

Requires Prior Authorization

Banzel
 Equetro
 Lyrica
 Phenytek
 Stavzor
Vimpat

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*
 Marplan
 Nardil
 Parnate (**Brand only**)
 Venlafaxine ER Tablets

Requires Prior Authorization

nefazodone (*Serzone*)
 tranylcypromine (**generic only**)
 Aplenzin
 Effexor XR
 Emsam
 Pristiq

*Clinical criteria applies to Cymbalta. To view criteria, please refer to <http://www.dhmd.state.md.us/mma/mpap/clinicalcriteria.htm>

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

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

Requires Prior Authorization

paroxetine CR (*Paxil CR*)
 Luvox CR
 Pexeva
 Prozac Weekly
 Sarafem

Antipsychotics**

Preferred

1st Tier-

chlorpromazine (Thorazine)
 clozapine (*Clozaril*)
 fluphenazine (*Prolixin*)
 fluphenazine decanoate inj
 (*Prolixin Inj.*)
 haloperidol (*Haldol*)
 haloperidol decanoate inj
 (*Haldol IM*)
 perphenazine (*Trilafon*)
 perphenazine/amitriptyline
 (*Triavil*)
 risperidone (*Risperdal*)
 thioridazine (*Mellaril*)
 thiothixene (*Navane*)
 trifluoperazine (*Stelazine*)
 Fazaclo
 Geodon
 Geodon IM
 Moban
 Seroquel

2nd Tier-

Abilify
 Zyprexa
 Zyprexa IM

Requires Prior Authorization

Invega
 Risperdal Consta
 Seroquel XR
 Symbyax

** Additional clinical edits may apply to the **Tier 2 products**. An adequate trial of a Tier 1 preferred drug is required prior to use of any Tier 2 product. To view criteria, please refer to <http://www.dhmd.state.md.us/mma/mpap/clinicalcriteria.htm>

Maryland Preferred Drug List

Sedative Hypnotics

Preferred

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

Requires Prior Authorization

Ambien CR
 Doral
 Lunesta *
 Restoril 7.5mg

* Step therapy for Lunesta may allow it to process without a prior authorization. Please see specific STEP criteria located at:
<http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm>

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

Preferred

1st Tier-

amphetamine salt combo , ER
 (*Adderall*, **Adderall XR**)
 dexamethylphenidate (*Focalin*)
(Brand and generic)
 dextroamphetamine (*Dexedrine*)
 methylphenidate (*Ritalin*)
 methylphenidate ER
 (*Ritalin-SR*)
 Concerta
 Daytrana
 Focalin XR
 Metadate CD
 Vyvanse

Requires Prior Authorization

Desoxy
 Provigil
 Ritalin LA

2nd Tier-

Strattera *** (for ages 17 and under)

*** To view criteria for Strattera, please refer to
<http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm>

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

alendronate (*Fosamax*)
 Actonel
 Actonel with Calcium
Boniva
 Miacalcin **(Brand only)**

Requires Prior Authorization

calcitonin salmon nasal
(generic only)
 etidronate (*Didronel*)
(Brand and generic)
 Evista
Fosamax Plus D
Fosamax Solution
 Forteo
 Fortical

Hypoglycemics, Incretin Mimetics and Enhancers

Preferred

Byetta
 Janumet
 Januvia
 Symlin

Requires Prior Authorization

Hypoglycemics, Insulins and Related Agents

Preferred

Humalog
Humalog Mix
Humulin
 Lantus
 Novolin
 NovoLog
 NovoLog Mix

Requires Prior Authorization

Apidra
Levemir

Maryland Preferred Drug List

Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

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

Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

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

GASTROINTESTINAL

Antiemetics

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ondansetron, ondansetron ODT (Zofran, Zofran ODT) Marinol (Brand only)	dronabinol (generic only) granisetron (Kytrel) (Brand and generic) Anzemet Cesamet Emend Sancuso

Pancreatic Enzymes

<u>Preferred</u>	<u>Requires Prior Authorization</u>
pancrelipase Creon Pancrease MT Viokase	Pancrecarb MS Ultrase

Phosphate Binders and Related Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Eliphos Fosrenol PhosLo (Brand Only) Renagel	calcium acetate (generic only) Renvela

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
omeprazole (Prilosec) omeprazole OTC (Prilosec OTC) Prevacid (all forms)	pantoprazole (Protonix) (Brand and generic) Aciphex Kapidex Prilosec Suspension Nexium (all forms) Zegerid

Ulcerative Colitis Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
balsalazide (Colaza) sulfasalazine (Azulfidine) mesalamine enemas (Rowasa) Asacol Canasa sFRowasa	Apriso Dipentum Lialda Pentasa

INJECTABLES

Anticoagulants, Injectable

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

Maryland Preferred Drug List

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

Cimzia
Enbrel
Humira
Kineret

Requires Prior Authorization

Amevive
Orencia
Remicade

Erythropoietins (Hematinics, Other)

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epogen

Growth Hormones (CLINICAL PA REQUIRED)

Preferred

Genotropin
Norditropin
Nutropin/ Nutropin AQ

Requires Prior Authorization

Humatrope
Omnitrope
Saizen
Serostim
Tev-Tropin
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

galantamine (*Razadyne, ER*)
(Brand and generic)
Cognex

Anti-Parkinson's Agents

Preferred

benzotropine (*Cogentin*)
levodopa/carbidopa Immediate
and Extended Release
(*Sinemet, Sinemet CR*)
ropinirole (*Requip*)
selegiline (*Eldepryl*)
trihexyphenidyl (*Artane*)
Stalevo

Requires Prior Authorization

bromocriptine (*Parlodel*)
levodopa/carbidopa ODT
(*Parcopa*) **(Brand and generic)**
Azilect
Comtan
Mirapex
Requip XL
Tasmar
Zelapar

Maryland Preferred Drug List

OPHTHALMIC

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

Preferred

cromolyn (*Crolom*)
ketotifen OTC
 Alrex
 Pataday
 Patanol

Requires Prior Authorization

Acular
 Alamast
 Alocril
 Alomide
Elestat
 Emadine
Optivar

Ophthalmics, Antibiotics

Preferred

bacitracin
bacitracin/polymixin
 ciprofloxacin solution (*Ciloxan*)
 erythromycin
gentamicin
neomycin/polymixin/gramicidin
 ofloxacin (*Ocuflox*)
sulfacetamide
 tobramycin
 triple antibiotic
 Ciloxan Ointment
Tobrex Ointment
 Vigamox

Requires Prior Authorization

AzaSite
Iquix
Natacyn
 Quixin
Zymar

Ophthalmics, Glaucoma Agents

Preferred

betaxolol
 brimonidine
 carteolol (*Ocupress*)
 levobunolol (*Betagan*)
 metipranolol (*OptiPranolol*)
 pilocarpine (*Pilocar*)
 timolol (*Timoptic, Timoptic XE*)
 Alphagan P
 Azopt
 Betimol
 Betoptic S
 Combigan
 Cosopt (**Brand only**)
 Istalol
 Propine
 Travatan/Travatan Z
 Trusopt (**Brand only**)
 Xalatan

Requires Prior Authorization

dorzolamide (**generic only**)
dorzolamide/timolol
(generic only)
Lumigan

Ophthalmics, Anti-Inflammatories

Preferred

dexamethasone (*Decadron*)
 diclofenac (*Voltaren*)
fluorometholone (*FML*)
 flurbiprofen (*Ocufen*)
 Flarex
FML Forte
FML SOP
 Lotemax
 Maxidex
 Pred Mild

Requires Prior Authorization

Acular LS
Acular PF
Durezol
Nevanac
Retisert
Triesence
Vexol
Xibrom

OTIC

Otic Fluoroquinolones

Preferred

ofloxacin otic (Floxin Otic)
 Ciprodex

Requires Prior Authorization

Cipro HC

Maryland Preferred Drug List

RESPIRATORY

Antihistamines, Minimally Sedating (Antihistamines)

Preferred

cetirizine, cetirizine-D
(all forms- Rx and OTC)
loratadine, loratadine-D
(all forms- Rx and OTC)

Requires Prior Authorization

fexofenadine (*Allegra*)
Allegra Syrup
Allegra-D
Allegra ODT
Claritin, Claritin-D (Rx)
Claritin, Claritin-D (OTC)
Claritin Chewable (OTC)
Clarinex, Clarinex-D
Semprex-D
Xyzal
Xyzal Syrup

Bronchodilators, Anticholinergics

Preferred

ipratropium neb (*Atrovent*)
Atrovent HFA
Combivent
Spiriva

Requires Prior Authorization

albuterol/ipratropium neb
(*DuoNeb*)(**Brand and generic**)

Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)

Preferred

albuterol (*Proventil, Ventolin*)
albuterol ext-rel (*Vospire ER*)
terbutaline (*Brethine*)
Foradil
ProAir HFA
Serevent
Ventolin HFA

Requires Prior Authorization

albuterol neb low dose
metaproterenol (*Alupent*)
Brovana
Maxair
Perforomist
Proventil HFA
Xopenex
Xopenex HFA

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

Preferred

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

Requires Prior Authorization

budesonide respules
(Pulmicort Respules) *
(Brand and generic)
(Over Age 8, Under Age 1)
Alvesco
Asmanex
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*)
fluticasone nasal (*Flonase*)
Astelin
Astepro
Nasacort AQ
Nasonex
Veramyst

Requires Prior Authorization

ipratropium (*Atrovent Nasal*)
(Brand and generic)
Beconase AQ
Nasarel
Omnaris
Patanase
Rhinocort Aqua

Leukotriene Modifiers

Preferred

Accolate
Singulair

Requires Prior Authorization

Zyflo CR

Maryland Preferred Drug List

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide
 clindamycin topical
 erythromycin
 tretinoin
 Azelex
 Clinac BPO
 Differin
 Duac
 Retin-A Micro

Requires Prior Authorization

erythromycin-benzoyl peroxide
 sodium sulfa-sulfur-meratan
 sulfacetamide lotion (*Klaron*)
 sulfacetamide-sulfur
 Aczone
 Akne-Mycin
 Atralin
 Benzaclin
 Benzamycin
 Brevoxyl
 Clarifoam EF
 Clindagel
 Clindareach
 Evoclin
 Inova
 Lavoclen
 Neobenz Micro
 Nuox
 Sulfoxyl
 Tazorac
 Triaz
 Zacare
 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
 Proscar (**Brand only**)
 Uroxatral

Requires Prior Authorization

finasteride (**generic only**)
 Cardura XL
 Rapaflo

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

Preferred

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

Requires Prior Authorization

Toviaz