



MARYLAND MEDICAID PHARMACY PROGRAM

No. 86
Thursday, September 30, 2010

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 Medicaid Pharmacy Program (MMPP) has developed the Maryland Medicaid 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 MMPP representative at 410-767-1455.

Updated Maryland Medicaid Preferred Drug List Effective October 1, 2010

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, 2010 the following two new categories have been added to the PDL:

- **Antibiotics, Inhaled:** TOBI is the preferred drug in this category.
- **Bile Salts:** URSO, URSO FORTE and generic Ursodiol are the preferred agents.

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

capsaicin OTC
Lidoderm
Voltaren Gel

Requires Prior Authorization

Flector
Pennsaid
Qutenza

Analgesics, Narcotics (Long Acting)

Preferred

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

Requires Prior Authorization

oxycodone ER (*Oxycontin*)
(Brand and generic)
tramadol ER (*Ultram ER*)
(Brand and generic)
Avinza
Duragesic Matrix
Embeda
Exalgo
Opana ER
Ryzolt

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*)
hydrocodone/apap (*Vicodin*)
hydrocodone/ibuprofen (*Vicoprofen*)
hydromorphone (*Dilaudid*)
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*)
Ibudone
Reprexain
Zamicet

Requires Prior Authorization

fentanyl buccal (*Actiq*)
(Brand and generic)*
levorphanol
meperidine (*Demerol*)
(Brand and generic)
oxycodone/ibuprofen (*Combunox*)
(Brand and generic)
Darvon-N
Dilaudid Liquid
Fentora *
Nucynta
Onsolis *
Opana
Panlor DC
Rybix ODT

*Clinical Criteria applies to fentanyl buccal tablets (Fentora) , fentanyl buccal lozenges (Actiq, generic) and Onsolis (fentanyl buccal film). **To view criteria, please refer to**

<http://www.dhmh.state.md.us/mma/mpap/forms.htm>

Maryland Preferred Drug List

Anti-Hyperuricemics

Preferred

allopurinol (*Zyloprim*)
colchicine
probenecid
probenecid/colchicine

Requires Prior Authorization

Colcrys
Uloric

Anti-Migraine Agents

Preferred

Imitrex (**Brand only**)
Maxalt, Maxalt MLT
Relpax

Requires Prior Authorization

sumatriptan (**generic only**)
Amerge
Axert
Frova
Treximet
Zomig, Zomig Nasal, Zomig ZMT

Fibromyalgia Agents

Preferred

Lyrica
Savella

Requires Prior Authorization

Cymbalta *

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

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*)
meclofenamate (*Meclomen*)
meloxicam (*Mobic*)
nabumetone (*Relafen*)
naproxen (*Naprosyn*)
naproxen OTC
naproxen sodium, naproxen sodium DS (*Anaprox, Anaprox DS*)
oxaprozin (*Daypro*)
piroxicam (*Feldene*)
sulindac (*Clinoril*)

Requires Prior Authorization

mefenamic acid (*Ponstel*)
tolmetin, tolmetin DS (*Tolectin, Tolectin DS*)
Arthrotec
Celebrex
Indocin Rectal
Indocin Suspension
Vimovo
Zipsor

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

metaxalone (Skelaxin)
(Brand and generic)
 Amrix
 Fexmid
 Soma 250mg tablets
 Zanaflex Capsules

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

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

Requires Prior Authorization

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

ANTI-INFECTIVES

Antibiotics, GI

Preferred

metronidazole (*Flagyl*)
 neomycin
 Alinia
 Tindamax
 Vancocin

Requires Prior Authorization

Flagyl ER
 Xifaxan

Antibiotics, Inhaled

Preferred

TOBI

Requires Prior Authorization

Cayston

Antibiotics, Vaginal

Preferred

clindamycin vaginal (*Clindamax*)
 metronidazole vaginal (*Metro-Ge*)
 Cleocin Ovules
 Clindesse Vaginal
 Vandazole Vaginal

Requires Prior Authorization

Antifungals, Topical (Topical Antifungals)

Preferred

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

Requires Prior Authorization

butenafine OTC
 ciclopirox (*Loprox*)
(Brand and generic)
 ciclopirox solution (*Penlac*)
(Brand and generic)
 ciclopirox shampoo (Loprox
 Shampoo) **(Brand and generic)**
Bensal HP
 CNL-8
 Ertaczo
Exelderm
 Extina
 Mentax
Oxistat
 Vusion
 Xolegel

Maryland Preferred Drug List

Antiparasitics, Topical

Preferred

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

Requires Prior Authorization

lindane
 malathion (**generic only**)

Antivirals, Oral (Antivirals, General)

Preferred

acyclovir (*Zovirax*)
 amantadine (*Symmetrel*)
 rimantadine (*Flumadine*)
 valacyclovir (*Valtrex*)
(Brand and generic)

Requires Prior Authorization

famciclovir (*Famvir*)
(Brand and generic)
 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*)
 cephalexin (*Keflex*)
 Suprax

Requires Prior Authorization

amoxicillin/clav ER (*Augmentin XR*) **(Brand and generic)**
 cefditoren (*Spectracef*)
(Brand and generic)
 cefpodoxime (*Vantin*)
(Brand and generic)
 Augmentin 125 Suspension
 Augmentin 250 Suspension
 Cedax
Ceftin Tablets/Suspension

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (*Cipro*)
 Avelox

Requires Prior Authorization

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

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 hyclate
 doxycycline hyclate DR
 doxycycline monohydrate
 minocycline (*Minocin*)
 tetracycline (*Sumycin*)

Requires Prior Authorization

demeclocycline (*Declomycin*)
minocycline ER
 Adoxa CK
 Adoxa TT
Doryx
 Nutridox
 Oracea
 Solodyn
Vibramycin Suspension

Topical Impetigo Agents

Preferred

mupirocin (*Bactroban Ointment*)

Requires Prior Authorization

Altabax
 Bactroban Cream

Maryland Preferred Drug List

CARDIOVASCULAR

Angiotensin Modulator Combinations

Preferred

amlodipine/benazepril (*Lotrel*)
(Brand and generic)
 Azor
 Exforge/Exforge HCT
 Valturna

Requires Prior Authorization

trandolapril/verapamil (*Tarka*)
(Brand and generic)
 Twynsta

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*)
losartan (Cozaar)
losartan/HCTZ (Hyzaar)
 quinapril (*Accupril*)
 quinaretic (*Accuretic*)
 ramipril (*Altace*)
 Diovan, Diovan HCT
 Micardis, Micardis HCT

Requires Prior Authorization

moexipril (*Univasc*)
(Brand and generic)
 moexipril HCTZ (*Uniretic*)
(Brand and generic)
 perindopril (*Aceon*)
(Brand and generic)
 trandolapril (*Mavik*)
(Brand and generic)
 Atacand, Atacand HCT
 Avapro, Avalide
 Benicar, Benicar HCT
 Tekturna/Tekturna HCT
 Teveten, Teveten HCT

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

Preferred

acebutolol (*Sectral*)
 atenolol (*Tenormin*)
 atenolol/chlorthalidone (*Tenoretic*)
 bisoprolol (*Zebeta*)
 bisoprolol/HCTZ (*Ziac*)
 carvedilol (*Coreg*)
 labetalol (*Normodyne, Trandate*)
 metoprolol tartrate (*Lopressor*)
 metoprolol tartr/HCTZ (*Lopressor HCT*)
 metoprolol succinate ext-rel (*Toprol XL*)
(Brand and generic)
 nadolol (*Corgard*)
 nadolol/bendroflumethiazide (*Corzide*)
 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

Calcium Channel Blocking Agents

Preferred

amlodipine (*Norvasc*)
 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*)

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
 Dynacirc CR
 Sular (new strengths)

Maryland Preferred Drug List

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

cholestyramine (*Questran, Light*)
 colestipol (*Colestid*)
 gemfibrozil (*Lopid*)
 Antara
 Niacor
 Niaspan
 Tricor
 Trilipix

Requires Prior Authorization

fenofibrate (*Lofibra*)
(Brand and generic)
 fenofibric acid (Fibricor)
(Brand and generic)
 Fenoglide
 Lipofen
 Lovaza (formerly Omacor)
 Triglide
 Welchol
 Zetia

Lipotropics, Statins (Lipotropics)

Preferred

lovastatin (*Mevacor*)
 pravastatin (*Pravachol*)
 simvastatin (*Zocor*)
 Crestor
 Lescol, Lescol XL
 Lipitor
 Simcor

Requires Prior Authorization

Advicor
 Altoprev
 Caduet
 Vytorin

Platelet Aggregation Inhibitors

Preferred

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

Requires Prior Authorization

Effient

Pulmonary Arterial Hypertension, Oral and Inhaled Agents

Preferred

Letairis
 Revatio*
 Tracleer
 Ventavis

Requires Prior Authorization

Adcirca*
 Tyvaso

*Clinical Criteria applies to Adcirca and 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*)
 topiramate (Topamax)
 valproic acid (*Depakene*)
 zonisamide (*Zonegran*)
 Carbatrol
 Celontin
 Depakote Sprinkle
 Diastat
 Equetro
 Felbatol
 Gabitril
 Keppra XR
 Peganone

Requires Prior Authorization

Banzel
 Lamictal ODT
 Lamictal XR
 Phenytek
 Sabril
 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*)
 Marplan
 Nardil
 Parnate (**Brand only**)
 Venlafaxine ER Tablets
 (**Brand and generic**)

Requires Prior Authorization

nefazodone (*Serzone*)
 tranylcypromine (generic only)
 venlafaxine ER caps (*Effexor XR*)
 (**Brand and generic**)
 Aplenzin
 Emsam
 Pristiq

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

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

Requires Prior Authorization

fluoxetine weekly (Prozac
 weekly) (**Brand and generic**)
 paroxetine CR (*Paxil CR*)
 (**Brand and generic**)
 Luvox CR
 Pexeva
 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)

Fanapt

Geodon
 Geodon IM
 Moban

Orap

Risperdal Consta

Seroquel

2nd Tier-

Abilify
 Zyprexa
 Zyprexa IM

Requires Prior Authorization

Fazaclo

Invega
 Invega Sustenna
 Seroquel XR
 Saphris
 Symbyax
 Zyprexa Relprevv

**** 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.dhmh.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

temazepam 7.5 mg
 (Restoril 7.5mg)
(Brand and generic)
 temazepam 22.5 mg
 (Restoril 22.5mg)
(Brand and generic)
 Ambien CR
 Edluar
 Doral
 Lunesta *

* 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
 Intuniv
 Metadate CD
 Methylin Chew and Solution
 Vyvanse

Requires Prior Authorization

methamphetamine (Desoxyn)
(Brand and generic)
 Nuvigil
 Procentra
 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
 Miacalcin (**Brand only**)

Requires Prior Authorization

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

Hypoglycemics, Incretin Mimetics and Enhancers

Preferred

Byetta
 Janumet
 Januvia
 Onglyza
 Symlin

Requires Prior Authorization

Victoza

Hypoglycemics, Insulins and Related Agents

Preferred

Humalog
 Humalog Mix
 Humulin
 Lantus
 Novolin
 NovoLog
 NovoLog Mix

Requires Prior Authorization

Apidra
 Levemir

Key: All lowercase letters = generic product.

Leading capital letter = brand name product.

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Maryland Preferred Drug List

Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
nateglinide (Starlix) Prandin	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 (<i>Kytril</i>) (Brand and generic) Anzemet Cesamet Emend Sancuso

Bile Salts

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ursodiol URSO URSO Forte	Chenodal

Pancreatic Enzymes

<u>Preferred</u>	<u>Requires Prior Authorization</u>
pancrelipase Creon Pancreaze Zenpep	

Phosphate Binders and Related Agents

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

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

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

Ulcerative Colitis Agents

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

Maryland Preferred Drug List

IMMUNOLOGICS

Immunosuppressives, Oral

<u>Preferred</u>	<u>Requires Prior Authorization</u>
azathioprine (Imuran)	cyclosporine (generic only)
cyclosporine modified	tacrolimus (generic only)
mycophenolate mofetil (Cellcept)	Azasan
(Brand and generic)	Myfortic
Gengraf	Zortress
Neoral	
Prograf (Brand only)	
Rapamune	
Sandimmune (Brand only)	

INJECTABLES

Anticoagulants, Injectable

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

Colony Stimulating Factors

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Leukine	Neulasta
Neupogen	

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>
Cimzia	Actemra
Enbrel	Amevive
Humira	Kineret
	Orencia
	Remicade
	Simponi
	Stelara

Erythropoietins (Hematinics, Other)

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

Growth Hormones (CLINICAL PA REQUIRED)

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

Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ribavirin (<i>Copegus, Rebetol</i>)	Infergen
Pegasys	Peg-Intron
	Peg-Intron Redipen

Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)

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

NEUROLOGICS

Alzheimer's Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Aricept/Aricept ODT	galantamine (<i>Razadyne, ER</i>)
Exelon	(Brand and generic)
Exelon Transdermal Patch	Exelon Solution
Namenda	

Maryland Preferred Drug List

Anti-Parkinson's Agents

Preferred

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

Requires Prior Authorization

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

Ophthalmics, Antibiotics

Preferred

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

Requires Prior Authorization

AzaSite
 Besivance
Ciloxan Ointment
 Iquix
 Natacyn
 Quixin
 Zymar

OPHTHALMIC

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

Preferred

cromolyn (*Crolom*)
ketorolac (*Acular*)
 ketotifen OTC
 Alrex
 Pataday
 Patanol

Requires Prior Authorization

azelastine (*Optivar*)
(Brand and generic)
 Alamast
 Alocril
 Alomide
 Bepreve
 Elestat
 Emadine

Ophthalmics, Glaucoma Agents

Preferred

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

Requires Prior Authorization

brimonidine tartrate 0.15%
(generic only)
 dorzolamide **(generic only)**
 dorzolamide/timolol
(generic only)
 Lumigan

Maryland Preferred Drug List

Ophthalmics, Anti-Inflammatories

Preferred

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

Requires Prior Authorization

Acuvail
 Durezol
 Nevanac
 Ozurdex
 Retisert
 Triescence
 Vexol
 Xibrom

OTIC

Otic Antibiotics

Preferred

neomycin/polymyxin/HC
 ofloxacin otic (*Floxin Otic*)
 Ciprodex
 Coly-Mycin S
 Cortisporin TC

Requires Prior Authorization

Cetraxal
 Cipro HC

RESPIRATORY

Antihistamines, Minimally Sedating (Antihistamines)

Preferred

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

Requires Prior Authorization

fexofenadine (*Allegra*)
 fexofenadine D 12 hour
 (Allegra D)
(Brand and generic)
 Allegra Syrup
 Allegra-D 24 hour
 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*)
 ipratropium neb/albuterol
 (*DuoNeb*)
 Atrovent HFA
 Combivent
 Spiriva

Requires Prior Authorization

Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)

Preferred

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

Requires Prior Authorization

albuterol neb low dose
 levalbuterol neb (*Xopenex*)
(Brand and generic)
 metaproterenol (*Alupent*)
 Brovana
 Foradil
 Maxair
 Perforomist
 Serevent
 Xopenex HFA

Maryland Preferred Drug List

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

Preferred

Advair Diskus/Advair HFA
Aerobid, Aerobid M
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

Requires Prior Authorization

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

Leukotriene Modifiers

Preferred

Accolate
Singulair

Requires Prior Authorization

Zyflo CR

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide
clindamycin topical
erythromycin
sulfacetamide-sulfur
tretinoin
Azelex
BenzaClin
Clinac BPO
Differin
Epiduo
Nuox
Retin-A Micro

Requires Prior Authorization

clindamycin-benzoyl peroxide
erythromycin-benzoyl peroxide
sodium sulfa-sulfur-meratan
sulfacetamide lotion (*Klaron*)
Acanya
Aczone
Akne-Mycin
Atralin
Benzefoam
Brevoxyl
Clarifoam EF
Clindagel
Clindareach
Duac
Evoclin
Inova
Lavoclen
Neobenz Micro
SE BPO
Sulfoxyl
Tazorac
Triaz
Zaclir
Ziana
Zoderm

Atopic Dermatitis

Preferred

Elidel
Protopic

Requires Prior Authorization

Maryland Preferred Drug List

UROLOGIC

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

Preferred

doxazosin (*Cardura*)
tamsulosin (*Flomax*)
terazosin (*Hytrin*)
Proscar (**Brand only**)
Uroxatral

Requires Prior Authorization

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

Bladder Relaxant Preparations (Urinary Tract Antispasmodic/ Antiincontinence Agent)

Preferred

oxybutynin (*Ditropan*)
Enablex
Gelnique
Toviaz
Vesicare

Requires Prior Authorization

oxybutynin XL (*Ditropan XL*)
(Brand and generic)
Detrol
Detrol LA
Oxytrol
Sanctura/Sanctura XR