



# 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. .

<b>Recipient Enrollment</b>	<b>Drug Coverage FFS</b>	<b>Where Billed</b>	<b>Message</b>	<b>Message</b>
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](https://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) <b>moexipril HCTZ (Uniretic)</b> <b>trandolapril (Mavik)</b> 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 <b>Teveten, Teveten HCT</b>	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) <b>(brand and generic)</b> Cardene SR Covera-HS Nimotop

# Maryland Preferred Drug List

## Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cholestyramine (Questran, Light)	Antara
<b>colestipol (Colestid)</b>	Omacor
fenofibrate (Lofibra)	Triglide
gemfibrozil (Lopid)	Welchol
niacin	Zetia
Niaspan	
Tricor	

## Lipotropics, Statins (Lipotropics)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
lovastatin (Mevacor)	Caduet
pravastatin (Pravachol)	
simvastatin (Zocor)	
Advicor	
Altoprev	
Crestor	
Lescol, Lescol XL	
<b>Lipitor</b>	
Vytorin	

## Platelet Aggregation Inhibitors

<u>Preferred</u>	<u>Requires Prior Authorization</u>
clopidogrel (Plavix)	
dipyridamole (Persantine)	
ticlopidine (Ticlid)	
Aggrenox	

<b>CENTRAL NERVOUS SYSTEM</b>
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## Anticonvulsants

<u>Preferred</u>	<u>Requires Prior Authorization</u>
carbamazepine (Tegretol)	Lyrica
clonazepam (Klonopin)	Phenytek
ethosuximide (Zarontin)	Tegretol XR
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	

## 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

1<sup>st</sup> 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) ( <b>brand and generic</b> ) 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>
<b>Genotropin</b> Nutropin AQ Saizen Serostim Tev-Tropin	Humatrope <b>Norditropin</b> Nutropin <b>Zorbtive</b>

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

## Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Avonex Betaseron <b>Copaxone</b> 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	<b>Azilect</b> Parcopa Tasmar <b>Zelapar</b>

## 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/ <b>Pataday</b>	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

### Beta<sub>2</sub>-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

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## 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 clindamycin topical erythromycin erythromycin-benzoyl peroxide <b>sulfacetamide lotion (Klaron)</b> tretinoin Akne-Mycin Azelex <b>Clinac BPO</b> Retin-A Micro Tazorac	<b>Benzaclin</b> Benzamycin <b>Benziq</b> Brevoxyl Clindagel Differin <b>Duac</b> Evoclin <b>Inova</b> <b>Inova 4/1</b> <b>Neobenz Micro</b> <b>Nuox</b> 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) terazosin (Hytrin) Avodart Flomax Uroxatral	finasteride (Proscar) <b>Cardura XL</b>

## Bladder Relaxant Preparations (Urinary Tract Antispasmodic/ Antiincontinence Agent)

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