



MARYLAND PHARMACY PROGRAM

Medicaid - Pharmacy Assistance – Pharmacy Discount

No. 4C
Friday, December 12, 2003

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, 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 410-767-5395.

REVISED PREFERRED DRUG LIST (PDL): CUMULATIVE UPDATE FOR PRESCRIBERS

As of December 12, 2003

The Department of Health and Mental Hygiene's Pharmacy and Therapeutics Committee continues development of the Preferred Drug List (PDL). This Advisory provides prescribers sufficient notice of the additional therapeutic classes. **This Advisory #4C and the attached PDL supersede any former PDL versions.** Please note that all Maryland Medicaid rules and edits remain in effect. Full consideration for the recipient continues to be a top priority. The prescriber and pharmacist are encouraged to review the available options for drug therapy within the Preferred Drug List. Recipients having problems obtaining prescribed medications from the pharmacy may call the Maryland Pharmacy Access Hotline at 1-800-492-5231. If you (the prescriber) have any questions, contact the Department at 410-767-1455.

For Additional Information

To obtain current and additional information about the Maryland Preferred Drug List, please feel free to visit the following websites:

Department of Health and Mental Hygiene <http://www.dhmh.state.md.us/mma/mpap/prefdruglist.html>

Provider Synergies <http://providersynergies.com>

First Health Services Corporation <http://mdmedicaidrx.fhsc.com>

Maryland Preferred Drug List

December 12, 2003

Note: For any multi-source product, the generic product(s) are usually preferred and branded innovator product(s) will be non-preferred.

Only drugs listed within the therapeutic categories are affected by the PDL. Therapeutic categories not listed here are not part of the PDL and will continue to be covered for Maryland Pharmacy Program patients.

ANALGESIC

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

Effective as of January 7, 2004

Preferred

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

Requires Prior Authorization

Axert
Frova
Relpax
Zomig, Nasal, ZMT

Nonsteroidal Anti-Inflammatories/COX II Inhibitor (NSAIDS, Cyclooxygenase Inhibitor – Type)

Effective as of November 19, 2003

Preferred

diclofenac potassium (Cataflam)
diclofenac sodium, XL (Voltaren, XR)
etodolac, XL (Lodine, XL)
fenoprofen (Nalfon)
flurbiprofen (Ansaid)
ibuprofen (Motrin)
indomethacin, SR (Indocin, SR)
ketoprofen (Orudis, Oruvail)
ketorolac (Toradol)
meclofenamate (Meclomen)
nabumetone (Relafen)
naproxen (Naprosyn)
naproxen sodium, DS (Anaprox, DS)
oxaprozin (Daypro)
piroxicam (Feldene)
sulindac (Clinoril)
tolmetin, DS (Tolectin, DS)

Requires Prior Authorization

Arthrotec
Bextra
Celebrex
Mobic
Ponstel
Vioxx

Narcotic Analgesics

Effective as of January 7, 2004

Preferred

acetaminophen w/codeine (Oral)
aspirin w/codeine (Oral)
Avinza (Oral)
butalbital/apap/caffeine (Oral)
butalbital/caff/apap/codeine (Oral)
codeine phosphate/sulfate (oral)
Duragesic (Transderm)
hydrocodone bit-ibuprofen (Oral)
hydrocodone w/acetaminophen (Oral)
hydromorphone HCl (Oral)
Kadian (Oral)
meperidine HCl (Oral)
morphine sulfate/IR (Oral)
oxycodone HCl (Oral)
oxycodone w/acetaminophen(Oral)
oxycodone w/aspirin (Oral)
Panlor DC/SS (Oral)
pentazocine-naloxone (Oral)
propoxyphene HCl/compound (Oral)
propoxyphene HCl w/apap (Oral)
propoxyphene napsylate w/apap (Oral)
roxicodone (Oral)
tramadol HCl (oral)
Ultracet (Oral)

Requires Prior Authorization

Darvon-N (oral)
Percocet (Oral)
Oxycontin (Oral)
Synalgos -DC (Oral)
Actiq (Buccal)

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ANTI-INFECTIVES

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics) Effective as of January 21, 2004

Preferred

griseofulvin (Fulvicin)
ketoconazole (Nizoral)
nystatin
Diflucan
Grifulvin V
Lamisil

Requires Prior Authorization

Ancobon
Mycolex Troche
Mycostatin Pastilles
Sporanox
Vfend

Antifungals, Topical (Topical Antifungals) Effective as of January 21, 2004

Preferred

clotrimazole (Lotrimin)
clotrimazole/betamethasone (Lotrisone)
econazole (Spectazole)
ketoconazole (Nizoral)
nystatin (Mycostatin)
nystatin/triamcinolone (Mycolog II)
Exelderm
Naftin
Nizoral Shampoo
Oxistat

Requires Prior Authorization

Loprox
Loprox Shampoo
Mentax
Penlac

Antivirals (Antivirals, General) Effective as of December 17, 2003

Preferred

acyclovir (Zovirax)
amantadine (Symmetrel)
rimantadine (Flumadine)
Cytovene
Famvir
Tamiflu
Valcyte

Requires Prior Authorization

Relenza
Valtrex

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

Effective as of January 21, 2004

Preferred

amoxicillin/clavulanate (Augmentin)
cefaclor (Ceclor, CD)
cefadroxil (Duricef)
cefuroxime (Ceftin)
cephalexin (Keflex)
Augmentin ES-600, XR
Omnicef
Spectracef

Requires Prior Authorization

Cedax
Cefzil
Lorabid
Vantin

Fluoroquinolones (Quinolones) Effective as of December 17, 2003

Preferred

ofloxacin (Floxin)
Avelox, IV
Cipro, XR, IV

Requires Prior Authorization

ciprofloxacin
Floxin IV
Levaquin, IV
Maxaquin
Noroxin
Tequin, IV

Macrolides - Effective as of December 17, 2003

Preferred

erythromycin
Biaxin, XL
Dynabac
Zithromax

Requires Prior Authorization

none

Maryland Preferred Drug List

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CARDIOVASCULAR

ACE Inhibitor/Calcium Channel Blocker Combination

Effective as of November 5, 2003

Preferred

Requires Prior Authorization

Lexxel Lotrel Tarka	none
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ACE Inhibitors (Hypotensives, ACE Inhibitors)

Effective as of December 3, 2003

Preferred

Requires Prior Authorization

captopril, HCTZ (Capoten, Capozide) enalapril, HCTZ (Vasotec, Vaseretic) lisinopril, HCTZ (Prinivil, Zestril, Prinzide, Zestoretic) moexipril (Univasc) Aceon Monopril, HCT Uniretic	Accupril, Accuretic Altace Lotensin, HCT Mavik
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Angiotensin Receptor Blockers (Hypotensives, Angiotensin Receptor Antagonist)

Effective as of November 19, 2003

Preferred

Requires Prior Authorization

Avapro, Avalide Benicar, HCT Cozaar, Hyzaar Diovan, HCT Micardis, HCT	Atacand, HCT Teveten, HCT
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Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)

Effective as of November 5, 2003

Preferred

Requires Prior Authorization

acebutolol (Sectral) atenolol (Tenormin) betaxolol (Kerlone) bisoprolol (Zebeta) labetalol (Normodyne, Trandate) metoprolol (Lopressor) nadolol (Corgard) pindolol (Visken) propranolol (Inderal) sotalol, AF (Betapace, AF) timolol (Blocadren) Coreg Toprol XL	Cartrol Innopran XL Levatol
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Calcium Channel Blocking Agents

Effective as of December 3, 2003

Preferred

Requires Prior Authorization

diltiazem (Cardizem) diltiazem SR, ER (Cardizem SR, CD, Dilacor XR, Tiazac) nicardipine (Cardene) nifedipine, SR (Adalat, CC, Procardia, XL) verapamil (Calan) verapamil ER, SR (Calan SR, Verelan) Dynacirc, CR Norvasc Plendil Sular	Cardene SR Cardizem LA Covera-HS Nimotop Vascor Verelan PM
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Key: All lowercase letters = generic product.
Leading capital letter = brand name product.

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Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Effective as of November 5, 2003

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cholestyramine (Questran, Light) gemfibrozil (Lopid) niacin (Niacor) Advicor Colestid Niaspan Tricor	Lofibra Welchol Zetia

Lipotropics, Statins (Lipotropics)

Effective as of December 3, 2003

<u>Preferred</u>	<u>Requires Prior Authorization</u>
lovastatin (Mevacor) Altacor Lescol, XL Lipitor Pravachol Zocor	Crestor Pravigard PAC

ENDOCRINE

Bone Resorption Suppression and Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents – Parathyroid Hormone)

Effective as of January 7, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Actonel Fosamax Miacalcin	Didronel Evista Forteo

Estrogen Agents, Combination (Estrogenic Agents)

Effective as of January 7, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Activella Combipatch Prefest Premphase Prempro	FemHRT

Estrogen Agents, Oral and Transdermal (Estrogenic Agents)

Effective as of January 7, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
estradiol (Estrace) estradiol transdermal patches (Estraderm) estropipate (Ogen, Ortho-Est) Premarin	Cenestin Menest

Hypoglycemics, Insulin

Effective as of January 21, 2004

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Lantus Novolin Novolog Novolog Mix	Humulin Humalog Humalog Mix

Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

Effective as of December 17, 2003

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Avandia	Actos

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GASTROINTESTINAL

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

Effective as of November 5, 2003

Preferred

Aciphex
Prevacid

Requires Prior Authorization

omeprazole
Nexium
Prilosec
Protonix

RESPIRATORY

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

Effective as of November 5, 2003

Preferred

Advair Diskus
Aerobid, Aerobid M
Azmacort
Flovent, Rotadisk
Qvar
Pulmicort Respules (Ages 1-8)

Requires Prior Authorization

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

Leukotriene Receptor Antagonists

Effective as of November 5, 2003

Preferred

Singulair

Requires Prior Authorization

Accolate

Nasal Corticosteroids (Nasal Anti-Inflammatory Steroids)

Effective as of November 19, 2003

Preferred

flunisolide (Nasalide)
Flonase
Nasonex

Requires Prior Authorization

Beconase AQ
Nasacort AQ
Nasarel
Rhinocort Aqua

UROLOGIC

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

Effective as of November 5, 2003

Preferred

doxazosin (Cardura)
terazosin (Hytrin)
Avodart
Flomax
Proscar

Requires Prior Authorization

none