



MARYLAND PHARMACY PROGRAM

Medicaid - Pharmacy Assistance – Pharmacy Discount

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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.*

- **Changes to the Preferred Drug List (PDL)**
- **Step Therapy for Stimulants and Related Agents**
- **Revised Quantity Limits for Emend**

Changes to the Preferred Drug List (PDL)

The following six classes of drugs have been added to the Maryland Preferred Drug List effective on or about October 1, 2005:

- Alzheimer's Agents
- Anti-Parkinson's Agents
- Atopic Dermatitis
- Hypoglycemics, Metformins
- Ophthalmics, Glaucoma Agents
- Platelet Aggregation Inhibitors

The changes to the Preferred Drug List (PDL) are incorporated as endnotes to the attached list. One major change is creating tiered therapy in the Stimulants and Related Agents Category with Strattera® a Tier Two product. This change is further defined below.

The attached revised Preferred Drug List (PDL) will go into effect on or about October 1, 2005. All changes and new listings are highlighted. Referenced endnotes explain all the changes from the previous PDL.

Step Therapy for the Stimulants and Related Agents Category

Strattera[®] will become a Tier Two product on the PDL, effective on or about October 1, 2005. If there is no history of use of Strattera[®] or a Tier One agent in the recipient's most recent 90-day drug history, Strattera[®] will require a preauthorization. However, Strattera[®] may be adjudicated without a preauthorization based upon the following two exceptions:

1. Strattera[®] is considered a mental health drug, and therefore, grandfathered for all recipients who are currently receiving it.
2. If a claim for Strattera[®] is submitted and the recipient has had a history of receiving a Tier One Agent within the previous 90-day period, it will adjudicate without a preauthorization.

Revised Quantity Limits for Emend

In an effort to avoid wastage in the anti-emetic class of drugs, the Maryland Pharmacy Program has instituted quantity limitations that are explicit in the Food and Drug Administration labeling of these drugs. While the newer anti-emetics offer therapeutic advantages over their traditional counterparts, they are substantially more costly. Since they are indicated for only a few days post chemotherapy or radiation therapy, their use will be appropriately limited to quantities more reflective of anticipated treatment duration. When necessary, prior authorizations for quantities in excess of these limits may be requested from the Maryland Pharmacy Program at 800-492-5231.

Effective on or about October 1, 2005, the maximum allowable quantities for Emend will be limited to the amounts listed in the following table of anti-emetic agents:

PRODUCT (Preferred in bold)	STRENGTHS/ DOSAGE FORMS	APPROVED ADJUNCT CHEMO REGIMENTS	30-DAY QUANTITY LIMITS
Emend[®] (aprepitant) Preferred	<ul style="list-style-type: none"> • 125mg cap • 80mg caps • 125mg/80mg Tri-fold Pack (3's) 	Chemo: 125mg 1hr pre-Tx, Then 80mg daily for 2-3 days in combination with dexamethasone	<ul style="list-style-type: none"> • 1 cap • 2 caps • 1 three-pack (total of 3 caps)
Zofran[®], Zofran ODT[®] (ondanstron) Preferred	Zofran: <ul style="list-style-type: none"> • 4 & 8mg tabs – 30s, 100s, & 1x3 daily UD packs • 24mg tabs – 1x1 daily UD packs • Oral soln. (4mg/5ml) – 50 ml bottles Zofran ODT (orally disintegrating tabs): <ul style="list-style-type: none"> • 4mg - UD 30s • 8mg - UD 10s & 30s 	<ul style="list-style-type: none"> • Chemo: 8mg, 30 min. pre-Tx, and 8mg, 8 hrs later; then 8mg q 12 hrs for 1 to 2 days post Tx. • Radiation: 8mg, 1 to 2 hrs pre-Tx; then up to q 8 hrs for 1 to 2 days post-Tx 	<ul style="list-style-type: none"> • 15 tabs (4 or 8mg) • 10 tabs (24mg) • 100ml
Anzemet[®] (dolasetron)	<ul style="list-style-type: none"> • 50mg tabs -5s, blister pack 5s, & UD 10s • 100mg tabs - 5s, blister pack 5s, and UD 10s 	Chemo: 100mg within 1 hr of chemo.	10 tabs
Kytril[®] (granisetron)	<ul style="list-style-type: none"> • 1mg tab - 2s and 20s • 1mg/5ml oral soln. - 30ml 	<ul style="list-style-type: none"> • Chemo: 2mg q d within 1 hr of Tx or 1mg (5ml) 1 hr prior to Tx and 1mg (5ml) 12 hrs later. • Radiation: 2mg within 1 hr of TX 	<ul style="list-style-type: none"> • 15 tabs • 90ml
Marinol[®] (dronabinol)	<ul style="list-style-type: none"> • 2.5, 5, & 10mg caps 	Chemo: 2.5 to 40mg per day in divided doses every 4 to 6 hrs	60 caps

Maryland Preferred Drug List

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, Narcotics¹

Preferred

acetaminophen w/codeine (Tylenol w/Codeine)
 aspirin w/codeine (Empirin w/Codeine)
 butalbital/apap/codeine

 butalbital/apap/codeine/caffeine codeine
 hydrocodone/apap (Vicodin)
 hydrocodone/ibuprofen (Vicoprofen)
 hydromorphone (Dilaudid)
 morphine sulfate
 morphine sulfate SR(MS Contin)
 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/acetaminophen (Ultracet)
 Duragesic (**brand only**)
 Kadian

Requires Prior Authorization

fentanyl patch (**generic only**)

 meperidine (Demerol) (**brand and generic**)
 oxycodone ER (OxyContin) (**brand and generic**)
 Actiq
 Avinza
Combunox
 Darvon-N
 Synalgos-DC
 Panlor DC, Panlor SS

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

Preferred

1st Tier-

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)
 meclufenamate (Meclomen)
 nabumetone (Relafen)
 naproxen (Naprosyn)
 naproxen sodium, naproxen sodium DS (Anaprox, Anaprox DS)
 oxaprozin (Daypro)
 piroxicam (Feldene)
 sulindac (Clinoril)
 tolmetin, tolmetin DS (Tolectin, Tolectin DS)

2nd Tier-

Celebrex
 Prevacid NapraPac

Requires Prior Authorization

Arthrotec
 Mobic
 Ponstel

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

Preferred

Axert
 Maxalt, Maxalt MLT
 Zomig, Zomig Nasal, Zomig ZMT

Requires Prior Authorization

Amerge
 Frova
 Imitrex (oral, nasal & subq)
 Relpax

Maryland Preferred Drug List

ANTI-INFECTIVES

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)²

Preferred

clotrimazole troche (Mycelex)
 fluconazole (Diflucan)
 griseofulvin (Fulvicin, GriFulvin V)
 itraconazole (Sporanox)
 ketoconazole (Nizoral)
 nystatin
Gris Peg
 Lamisil
Mycostatin Pastilles

Requires Prior Authorization

Ancobon
 Sporanox Solution
 Vfend

Antifungals, Topical (Topical Antifungals)³

Preferred

ciclopirox lotion (Loprox)
 clotrimazole (Lotrimin)
 clotrimazole/betamethasone
 (Lotrisone)
 econazole (Spectazole)
 ketoconazole (Nizoral)
 nystatin (Mycostatin)
 nystatin/triamcinolone (Mycolog II)
Exelderm
Loprox Shampoo
Loprox Topical

Requires Prior Authorization

Ertaczo
Mentax
Naftin
 Oxistat
 Penlac

Antivirals (Antivirals, General)⁴

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)⁵

Preferred

amoxicillin/clavulanate
 (Augmentin, Augmentin ES)
 cefaclor (Ceclor, Ceclor CD)

 cefadroxil (Duricef)
 cefuroxime (Ceftin)
 cefpodoxime (Vantin)
 cephalixin (Keflex)
Cedax
 Cefzil
Omnicef
 Spectracef
Suprax

Requires Prior Authorization

Augmentin XR
 Lorabid
 Panixine

 Raniclur

Fluoroquinolones (Quinolones)⁶

Preferred

ciprofloxacin (Cipro)
 ofloxacin (Floxin)
 Avelox

Requires Prior Authorization

Cipro XR
 Levaquin
 Maxaquin
 Noroxin
 Tequin

Macrolides/Ketolides

Preferred

clarithromycin (Biaxin)
 erythromycin
 Biaxin XL
 Zlthromax

Requires Prior Authorization

Branded erythromycin products
 Ketek

CARDIOVASCULAR

ACE Inhibitor/Calcium Channel Blocker Combination

Preferred

Lotrel
 Tarka

Requires Prior Authorization

Lexxel

Maryland Preferred Drug List

ACE Inhibitors (Hypotensives, ACE Inhibitors)¹

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)
quinapril (Accupril)
quinaretic (Accuretic)
Altace
Mavik
Univasc/Uniretic

Requires Prior Authorization

Aceon

Angiotensin Receptor Blockers (Hypotensives, Angiotensin Receptor Antagonist)

Preferred

Avapro, Avalide
Cozaar, Hyzaar
Diovan, Diovan HCT
Micardis, Micardis HCT

Requires Prior Authorization

Atacand, Atacand HCT
Benicar, Benicar HCT
Teveten, Teveten HCT

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

Preferred

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)
Inderal LA
Innopran XL
Toprol XL

Requires Prior Authorization

Cartrol
Coreg
Levatol

Calcium Channel Blocking Agents

Preferred

diltiazem (Cardizem)
diltiazem SR, diltiazem ER
(Cardizem SR, Cardizem CD)
Dilacor XR, Tiazac)
felodipine (Plendil)
nicardipine (Cardene)
nifedipine SR
(Adalat CC, Procardia XL)
verapamil (Calan)
verapamil ER, verapamil SR
(Calan SR, Verelan)
Cardizem LA
Dynacirc CR
Sular
Verelan PM

Requires Prior Authorization

nifedipine (Adalat, Procardia)
Cardene SR

Covera-HS
Dynacirc IR
Nimotop
Norvasc

Maryland Preferred Drug List

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

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

Lipotropics, Statins (Lipotropics)

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

Platelet Aggregation Inhibitors⁸

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

CENTRAL NERVOUS SYSTEM

Antidepressants, Other (Alpha-2 Receptor Antagonist Antidepressants, Serotonin-2 Antagonist/Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake-Inhib, Norepinephrine and Dopamine Reuptake Inhib)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
bupropion, bupropion SR (Wellbutrin, Wellbutrin SR)	nefazodone (Serzone)
mirtazapine, mirtazapine soltab (Remeron, Remeron Soltab)	Cymbalta
trazodone (Desyrel)	Wellbutrin XL
Effexor, Effexor XR	

Preferred

chloral hydrate
estazolam (ProSom)
flurazepam (Dalmane)
temazepam (Restoril)
triazolam (Halcion)
Restoril 7.5mg
Sonata

Requires Prior Authorization

Ambien
Doral
Lunesta
Restoril 22.5mg

Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

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

Requires Prior Authorization

Prozac Weekly
Sarafem
Symbyax
Zoloft

Stimulants and Related Agents (Tx for Attention Deficit Hyperact (ADHD)/Narcolepsy; Adrenergics, Aromatic, Non-Catecholamine)¹⁰

Preferred

1st Tier-

amphetamine salt combo
(Adderall)
dextroamphetamine (Dexedrine)
methylphenidate (Ritalin)
methylphenidate ER
(Metadate ER, Ritalin-SR)
pemoline (Cylert)
Adderall XR
Concerta
Focalin
Focalin XR
Metadate CD
Ritalin LA

Requires Prior Authorization

Desoxyn

2nd Tier-
Strattera

Maryland Preferred Drug List

ENDOCRINE

Bone Resorption Suppression and Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents – Parathyroid Hormone)¹¹

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Actonel Fosamax, Fosamax Plus D Miacalcin	Boniva Didronel Evista

Estrogen Agents, Combination (Estrogenic Agents)

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

Hypoglycemics, Insulins and Related Agents¹²

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Byetta Lantus Novolin NovoLog NovoLog Mix Symlin	Humulin Humalog Humalog Mix

Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

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

Hypoglycemics, Metformins¹³

<u>Preferred</u>	<u>Requires Prior Authorization</u>
glyburide/metformin (Glucovance) metformin (Glucophage) metformin XR (Glucophage XR) Avandamet Fortamet Riomet	Metaglip

Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

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

GASTROINTESTINAL

Antiemetics, Oral (Antiemetic/Antivertigo Agents)¹⁴

<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>
Magnebind Rx PhosLo	Fosrenol Renagel

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Prevacid Prilosec OTC	omeprazole Aciphex Nexium Protonix Zegerid

Maryland Preferred Drug List

Ulcerative Colitis Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
sulfasalazine (Azulfidine) mesalamine enemas (Rowasa) Colazal Pentasa	Asacol Canasa Dipentum

Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Peg-Intron Peg-Intron Redipen Rebetol (brand only)	ribavirin (generic only) Copegus Infergen Pegasys Rebetron

INJECTABLES

Anticoagulants, Injectable

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

Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)

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

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)¹⁵

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Enbrel Humira Kineret Raptiva	Amevive

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>
Norditropin Nutropin AQ Tev-Tropin	Genotropin Humatrope Nutropin Saizen Serostim

NEUROLOGICS

Alzheimer's Agents¹⁶

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

Anti-Parkinson's Agents¹⁷

<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	Parcopa Tasmar

Maryland Preferred Drug List

OPHTHALMIC

Ophthalmics, Allergic Conjunctivitis (Eye Anti-inflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)¹⁸

Preferred

cromolyn (Opticrom)
Acular
Alrex
Elestat
Patanol

Requires Prior Authorization

Alamast
Alocril
Alomide
Emadine
Optivar
Zaditor

Ophthalmics, Antibiotics¹⁹

Preferred

bacitracin
ciprofloxacin solution (Ciloxan)
erythromycin (Ilotycin)
gentamicin (Garamycin)
ofloxacin (Ocuflox)
tobramycin (Tobrex)
Zymar

Requires Prior Authorization

Ciloxan ointment
Vigamox
Quixin

Ophthalmics, Glaucoma Agents²⁰

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

Otics, Antibiotics (Ear Preparations, Antibiotics; Otic Preparations, Anti-Inflammatory-Antibiotics)

Preferred

neomycin/polymyxin/
hydrocortisone (Cortisporin)
Ciprodex
Coly-Mycin S
Floxin Otic

Requires Prior Authorization

Cipro HC
Cortisporin-TC

RESPIRATORY

Antihistamines, Minimally Sedating (Antihistamines)

Preferred

loratadine, loratadine-D (OTC)
Alavert, Alavert-D (OTC)
Claritin, Claritin-D (OTC)
Tavist ND (OTC)
Clarinex syrup

Requires Prior Authorization

Allegra, Allegra-D
Claritin, Claritin-D (Rx)
Clarinex, Clarinex-D (tablets)
Zyrtec, 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)
albuterol HFA (Proventil HFA,
Ventolin HFA)
metaproterenol (Alupent)
terbutaline (Brethine)
Maxair
Serevent Diskus
Xopenex

Requires Prior Authorization

AccuNeb

Alupent
Foradil
Vospire ER

Maryland Preferred Drug List

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Advair Diskus Aerobid, Aerobid M Azmacort Flovent HFA Pulmicort Respules (Ages 1-8) Qvar	Pulmicort Respules (Over Age 8, Under Age 1) Pulmicort Turbuhaler

Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)²¹

<u>Preferred</u>	<u>Requires Prior Authorization</u>
flunisolide (Nasalide) ipratropium (Atrovent Nasal) Flonase Nasacort AQ Nasonex	Beconase AQ Nasarel Rhinocort Aqua

Leukotriene Receptor Antagonists

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

TOPICAL DERMATOLOGICS

Atopic Dermatitis²²

<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) Flomax Proscar Uroxatral	Avodart

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

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

Key: All lowercase letters = generic product.
Leading capital letter = brand name product.

¹ Analgesics, Narcotics

Combunox made Non-Preferred

² Antifungals, Oral

GrisPeg and Mycostatin Pastilles made preferred

³ Antifungals, Topical

- Exelderm, Loprox Gel and Loprox Shampoo made Preferred
- Mentax and Naftin made Non-Preferred

⁴ Antivirals

Tamiflu made Non-Preferred

⁵ Cephalosporins and Related Agents

- Cedax and Omnicef, Suprax made Preferred
- Augmentin XR made Non-Preferred

⁶ Fluoroquinolones, Oral

Cipro XR made Non-Preferred

⁷ ACE Inhibitors

Aceon made Non-Preferred

⁸ Platelet Aggregation Inhibitors

New Category

⁹ Sedative Hypnotics

Lunesta made Non-Preferred

¹⁰ Stimulants and Related Agents (TIER therapy)

- Step Therapy is new to this class
- Strattera is available as Second Step if there is a history of a trial with a preferred stimulant having been tried within the previous 90 days

Maryland Preferred Drug List

¹¹ **Bone Resorption Suppression and Related Agents**

Boniva made non-preferred

¹² **Hypoglycemics, Insulins and Related Agents**

Byetta and Symlin made Preferred

¹³ **Hypoglycemics, Metformins**

New Category

¹⁴ **Antiemetics**

Kytril made Non-Preferred

¹⁵ **Cytokine and CAM Antagonists**

Kineret and Raptiva made Preferred

¹⁶ **Alzheimer's Agents**

New Category

¹⁷ **AntiParkinson's Agents**

New Category

¹⁸ **Ophthalmics, Allergic Conjunctivitis**

Emadine and Optivar made Non-Preferred

¹⁹ **Ophthalmic Antibiotics**

Ciloxan Ointment and Vigamox made Non-Preferred

²⁰ **Ophthalmics, Glaucoma Agents**

New Category

²¹ **Intranasal Rhinitis Agents**

a. Nasacort AQ and Nasonex made Preferred

b. Nasarel made non-Preferred

²² **Atopic Dermatitis**

New Category