



MARYLAND PHARMACY PROGRAM

Medicaid - Pharmacy Assistance – Pharmacy Discount

No. 9
Thursday, July 1, 2004

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.

PREFERRED DRUG LIST (PDL): LATEST ENTRIES TO PDL TO BE IMPLEMENTED ON JULY 21, 2004

The Department of Health and Mental Hygiene's Pharmacy and Therapeutics Committee has reviewed additional therapeutic classes for the (PDL). This Advisory #9 includes the new additions to the PDL. The attached PDL supersedes any former versions. All Maryland Medicaid rules and edits remain in effect.

The new therapeutic classes/drugs are:

- Beta Blockers-Innopran XL only
- Disease-Modifying Anti-Rheumatic Drugs (DMARDs)
- Erectile Dysfunction
- Erythropoiesis Stimulating Proteins
- Hepatitis C Treatments
- Multiple Sclerosis Agents
- Ophthalmics, Allergic Conjunctivitis-Elestat only
- NSAIDS-NapraPac[®] only
- SSRIs-Pexeva[®] only

PDL IMPLEMENTATION ISSUES AND CLARIFICATION

Cipro® and Ciprofloxacin

Just recently, several manufacturers of Ciprofloxacin have been approved for distribution. This has resulted in a significant price reduction. Therefore, effective July 21, 2004, the generic form of ciprofloxacin will be a preferred drug on Maryland's PDL. With the exception of Cipro® XR, Cipro® I.V. and Ciloxan® ointment, Cipro® and Ciloxan® Eye Drops will no longer be preferred. If the prescriber requires the brand, the prescriber must obtain preauthorization.

Unnecessary Prior Authorization Requests

It is important that the pharmacist read the complete denial message when processing a claim. Many times, the pharmacist misreads the denial message thinking it to be a PDL preauthorization requirement when it is a simple claims submission error. The prescriber has had to unnecessarily call for preauthorization. Please read your denial messages carefully.

For The Recipient

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 pharmacy) 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/druglist.html>
Provider Synergies <http://providersynergies.com>
First Health Services Corporation <http://mdmedicaidrx.fhsc.com>*

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

ANALGESIC

Analgesics, Narcotics

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)
meperidine (Demerol)
morphine sulfate
morphine sulfate SR
(MS Contin)
oxycodone
oxycodone/apap (Percocet)
oxycodone/aspirin (Percodan)
pentazocine/naloxone
(Talwin NX)
propoxyphene (Darvon)
propoxyphene HCl/apap
(Wygesic)
propoxyphene napsylate/apap
(Darvocet)
tramadol (Ultram)
Avinza
Duragesic
Kadian
Oramorph SR
Panlor DC, SS
Roxicet
Roxicodone
Ultracet

Requires Prior Authorization

Actiq
Darvon-N
Oxycontin
Synalgos-DC

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

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)

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
Prevacid Naprapac - **Effective
7/21/04**

ANTI-INFECTIVES

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

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

Requires Prior Authorization

Ancobon
Mycelex Troche
Mycostatin Pastilles
Sporanox
Vfend

Key: All lowercase letters = generic product.
Leading capital letter = brand name product.
Posted 7/01/04

Maryland Preferred Drug List

Antifungals, Topical (Topical Antifungals)

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

Cipro XR, IV
 ciprofloxacin - **Effective 7/21/04**
 ofloxacin (Floxin)

Floxin IV
 Levaquin, IV
 Maxaquin
 Noroxin
 Tequin, IV

Macrolides

Preferred

erythromycin
 Biaxin, XL
 Dynabac
 Zithromax

Requires Prior Authorization

Branded erythromycin products

Antivirals (Antivirals, General)

Preferred

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

Requires Prior Authorization

Relenza

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

Preferred

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

Requires Prior Authorization

Cedax
 Cefzil
 Lorabid
 Vantin

Fluoroquinolones (Quinolones)

Preferred

Avelox, IV

Requires Prior Authorization

Cipro – **Effective 7/21/04**

CARDIOVASCULAR

ACE Inhibitor/Calcium Channel Blocker Combination

Preferred

Lexxel
 Lotrel
 Tarka

Requires Prior Authorization

none

ACE Inhibitors (Hypotensives, ACE Inhibitors)

Preferred

benazepril, HCTZ (Lotensin, HCT)
 captopril, HCTZ (Capoten,
 Capozide)
 enalapril, HCTZ (Vasotec,
 Vaseretic)
 lisinopril, HCTZ (Prinivil, Zestril,
 Prinzide, Zestoretic)
 moexipril (Univasc)
 Aceon
 Monopril, HCT
 Uniretic

Requires Prior Authorization

Accupril, Accuretic
 Altace
 Mavik

Angiotensin Receptor Blockers (Hypotensives, Angiotensin Receptor Antagonist)

Preferred

Avapro, Avalide
 Benicar, HCT
 Cozaar, Hyzaar
 Diovan, HCT

Requires Prior Authorization

Atacand, HCT
 Teveten, HCT

Maryland Preferred Drug List

Micardis, HCT

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
acebutolol (Sectral)	Cartrol
atenolol (Tenormin)	Inderal LA
betaxolol (Kerlone)	Levatol
bisoprolol (Zebeta)	
labetalol (Normodyne, Trandate)	
metoprolol (Lopressor)	
nadolol (Corgard)	
pindolol (Visken)	
propranolol (Inderal)	
sotalol, AF (Betapace, AF)	
timolol (Blocadren)	
Coreg	
Innopran XL-Effective 7/21/04	
Toprol XL	

Calcium Channel Blocking Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
diltiazem (Cardizem)	Cardene SR
diltiazem SR, ER (Cardizem SR, CD, Dilacor XR, Tiazac)	Cardizem LA
nicardipine (Cardene)	Covera-HS
nifedipine, SR (Adalat, CC, Procardia, XL)	Nimotop
verapamil (Calan)	Vascor
verapamil ER, SR (Calan SR, Verelan)	Verelan PM
Dynacirc, CR	
Norvasc	
Plendil	
Sular	

Intermittent Claudication Agents (Platelet Aggregation Inhibitors)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
pentoxifylline (Trental)	
Pletal	

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

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

Lipotropics, Statins (Lipotropics)

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

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 (Wellbutrin)	bupropion SR (Wellbutrin SR)
mirtazapine (Remeron)	mirtazapine soltab (generic only)
trazodone (Desyrel)	nefazodone (Serzone)
Effexor, XR	
Remeron Soltab (brand only)	
Wellbutrin XL	

Selective Serotonin Reuptake Inhibitors (SSRIs)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
fluoxetine (Prozac)	Celexa
fluvoxamine (Luvox)	Prozac Weekly
paroxetine (Paxil)	Sarafem
Lexapro	Symbyax
Paxil CR	Zoloft (Over 18 yrs -under 6 yrs)

Maryland Preferred Drug List

Pexeva-Effective 7/21/04
Zoloft (Ages 6-18)

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
amphetamine salt combo (Adderall)	Desoxyn
dextroamphetamine (Dexedrine)	
methylphenidate, ER (Metadate ER, Methylin ER, Ritalin, Ritalin-SR)	
pemoline (Cylert)	
Adderall XR	
Concerta	
Focalin	
Metadate CD	
Ritalin LA	
Strattera	

estradiol transdermal patches (Estraderm)
estropipate (Ogen, Ortho-Est)
Premarin

Menest

Hypoglycemics, Insulin

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

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>
Avandia	Actos

ENDOCRINE

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

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

Estrogen Agents, Combination (Estrogenic Agents)

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

Estrogen Agents, Oral and Transdermal (Estrogenic Agents)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
estradiol (Estrace)	Cenestin

GASTROINTESTINAL

Antiemetics, Oral (Antiemetic/Antivertigo Agents)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
metoclopramide (Reglan)	Anzemet
Emend	Kytril
Marinol	
Zofran, ODT	

Phosphate Binders and Related Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Phoslo	Renagel
	Sensipar

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Aciphex	omeprazole
Prevacid	Nexium

Key: All lowercase letters = generic product.
Leading capital letter = brand name product.
Posted 7/01/04

Maryland Preferred Drug List

Prilosec
Protonix

INJECTABLE

Disease Modifying Antirheumatic Drugs (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) - Effective 7/21/04

Preferred

methotrexate
Arava
Enbrel
Humira

Requires Prior Authorization

Kineret
Remicade

Erythropoietins (Hematinics, Other) - Effective 7/21/04

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epogen

Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators) - Effective 7/21/04

Preferred

Intron-A
Peg-Intron
Rebetol (brand only)

Requires Prior Authorization

ribavirin (generic only)
Copegus
Infergen
Pegasys
Peg-Intron Redipen
Rebetron
Roferon-A

Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis) - Effective 7/21/04

Preferred

Avonex
Betaseron

Requires Prior Authorization

Copaxone
Rebif

OPHTHALMIC

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

Preferred

cromolyn (Opticrom)
Acular
Alrex
Elestat- **Effective 7/21/04**
Emadine
Livostin
Optivar
Patanol

Requires Prior Authorization

Alamast
Alocril
Alomide
Zaditor

Ophthalmics, Antibiotics

Preferred

bacitracin
ciprofloxacin (Ciloxan) drops
erythromycin (Ilotycin)
gentamicin (Garamycin)
tobramycin (Tobrex)
Ciloxan ointment
Ocuflox
Vigamox
Zymar

Requires Prior Authorization

Quixin

OTIC

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

Preferred

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

Requires Prior Authorization

Cipro HC
Cortisporin-TC

Maryland Preferred Drug List

Nasonex

Nasarel
Rhinocort Aqua

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

Allegra, Allegra-D
Claritin, Claritin-D (Rx)
Clarinex
Zyrtec tablet, Zyrtec-D

Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)

Preferred

albuterol (Proventil, Ventolin)
metaproterenol (Alupent)
terbutaline (Brethine)
Combivent
Foradil
Proventil HFA
Serevent Diskus
Xopenex

Requires Prior Authorization

Accuneb
Alupent
Duoneb
Maxair
Vospire ER
Ventolin HFA

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

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

Preferred

Singulair

Requires Prior Authorization

Accolate

Nasal Corticosteroids (Nasal Anti-Inflammatory Steroids)

Preferred

flunisolide (Nasalide)
Flonase

Requires Prior Authorization

Beconase AQ
Nasacort AQ

UROLOGIC

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

Preferred

doxazosin (Cardura)
terazosin (Hytrin)
Avodart
Flomax
Proscar

Requires Prior Authorization

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

Preferred

flavoxate (Urispas)
oxybutynin (Ditropan)
Detrol LA
Oxytrol

Requires Prior Authorization

Detrol
Ditropan XL

Erectile Dysfunction (Drugs to Treat Impotency)

- Effective 7/21/04

Preferred

Caverject
Levitra

Requires Prior Authorization

Cialis
Edex
Muse
Viagra

Key: All lowercase letters = generic product.

Leading capital letter = brand name product.

Posted 7/01/04

Instructions for the Pharmacist

When the pharmacist submits an on line-prescription claim for a non-preferred drug product whose class is on the preferred drug list, a message will appear “NON-PREF'D (PA req'd) MD call 1-800-932-3918.” The pharmacist should:

- Refer to the PDL reference list
- Notify the customer that the drug prescribed is not a preferred drug
- Contact the prescriber explaining that the drug is not a preferred drug
- Discuss the preferred drug options with the prescriber

If the prescriber agrees to switch to a preferred drug:

The pharmacist will:

For Original Prescriptions

- Draw a line through the original drug name, strength and directions on the prescription order
- Write the new drug name, strength, directions and number of refills
- Initial and note that the prescriber changed to a preferred drug

For Refills

- Pharmacist will note on the original prescription order that a switch has been made to a preferred drug and will create a new prescription number
- Pharmacist will not be required to obtain a new written prescription order from the prescriber if a preferred drug is switched from the referenced original non-preferred prescription
- The prescription will be treated as a new prescription with the complement of refills as indicated by the prescriber

If the prescriber does not agree to switch to a preferred drug:

The pharmacist will explain to the prescriber that:

- He/she must contact the preauthorization center at First Health Services Corporation via telephone at 1-800-932-3918 or via facsimile at 1-800-932-3921
- The prescription cannot be filled until the preauthorization is completed

After prior authorization has been obtained by the prescriber,

- The First Health Service Call Center will contact the pharmacy confirming pre-authorization
- The pharmacist can then complete the prescription, which was previously denied

When the prescriber cannot be contacted, the pharmacist is to call the preauthorization call center at 1-800-932-3918 to obtain approval for a 72-hour emergency supply of a non-preferred drug

- The pharmacist is to dispense the non-preferred drug
- Within the 72-hour window, the prescriber is to be contacted
- The pharmacist will receive a \$3.69 dispensing fee for the 72-hour supply and the recipient will not be charged a co-pay (e.g. \$0 co-pay)

When the prescriber is contacted after the 72-hour supply has been dispensed and the prescriber continues with the non-preferred drug:

- The prescriber is to be advised that he/she must obtain prior authorization before the remainder of the prescription can be dispensed
- After prior authorization has been established, the pharmacist can dispense the remainder of the prescription and receive an additional \$3.69 dispensing fee
- The appropriate co-pay will be charged to the recipient

When the prescriber is contacted after the 72-hour supply has been dispensed and the prescriber elects to switch to a preferred drug:

- Pharmacist completes the notation process previously described
- The pharmacist will receive a dispensing fee of \$3.69 for future prescriptions and the appropriate co-pay will be assessed to the recipient

When the pharmacist is having difficulty contacting the prescriber after the 72-hour supply has been dispensed, if necessary, a second 72-hour supply may be dispensed. However, the pharmacy must contact the Department for further instructions at 410-767-1455.