



MARYLAND PHARMACY PROGRAM

Medicaid - Pharmacy Assistance – Pharmacy Discount

No. 11
Wednesday, October 27, 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, 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 410-767-5395.

PREFERRED DRUG LIST (PDL): The Second Year

The Department of Health and Mental Hygiene's Pharmacy and Therapeutics (P & T) Committee has reviewed 18 selected therapeutic classes previously approved for the first Year of the PDL and now reevaluated for the second year. Of the 18 therapeutic classes reviewed, 13 classes have changed. The remaining classes not reviewed by the P & T Committee will be addressed at subsequent P & T Committee meetings. The categories that were changed can be easily identified by the gray shade. The attached PDL supersedes any former versions. All Maryland Medicaid rules and edits remain in effect.

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
propoxyphene napsylate/apap
(Darvocet)
tramadol (Ultram)
Avinza
Duragesic
Kadian
Oramorph SR
Panlor DC, SS
Roxicet
Roxicodone
Ultracet

Requires Prior Authorization

oxycodone ER
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

Requires Prior Authorization

1st Tier

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)

Arthrotec
Mobic
Ponstel

2nd Tier

Bextra
Celebrex
Prevacid NapraPac

Maryland Preferred Drug List

ANTI-INFECTIVES

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

clotrimazole troche (Mycelex)
 fluconazole (Diflucan)
 griseofulvin (Fulvicin)
 ketoconazole (Nizoral)
 nystatin
 Grifulvin V Suspension
 Lamisil

Requires Prior Authorization

Ancobon
 Mycostatin Pastilles
 Sporanox
 Vfend

Antifungals, Topical (Topical Antifungals)

Preferred

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

Requires Prior Authorization

Loprox Shampoo
 Loprox Topical
 Mentax
 Penlac

Antivirals (Antivirals, General)

Preferred

acyclovir (Zovirax)
 amantadine (Symmetrel)
 ganciclovir (Cytovene)
 rimantadine (Flumadine)
 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)
 cephalexin (Keflex)
 Augmentin ES-600, XR
 Omnicef
 Spectracef

Requires Prior Authorization

Cedax
 Cefzil
 Lorabid
 Vantin

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (Cipro)
 ofloxacin (Floxin)
 Avelox
 Cipro XR

Requires Prior Authorization

Floxin
 Levaquin
 Maxaquin
 Noroxin
 Tequin

Macrolides

Preferred

erythromycin
 Biaxin, XL
 Dynabac
 Zithromax

Requires Prior Authorization

Branded erythromycin products

CARDIOVASCULAR

ACE Inhibitor/Calcium Channel Blocker Combination

Preferred

Lotrel
 Tarka

Requires Prior Authorization

Lexxel

Maryland Preferred Drug List

ACE Inhibitors (Hypotensives, ACE Inhibitors)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
benazepril, HCTZ (Lotensin, HCT)	Accupril, Accuretic
captopril, HCTZ (Capoten, Capozide)	Altace
enalapril, HCTZ (Vasotec, Vaseretic)	
lisinopril, HCTZ (Prinivil, Zestril, Prinzide, Zestoretic)	
moexipril (Univasc)	
Quinaretic (Accuretic)	
Aceon	
Mavik	
Monopril, HCT	
Uniretic	

Angiotensin Receptor Blockers (Hypotensives, Angiotensin Receptor Antagonist)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Avapro, Avalide	Atacand, HCT
Benicar, HCT	
Cozaar, Hyzaar	
Diovan, HCT	
Micardis, HCT	
Teveten, 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)	Levatol
betaxolol (Kerlone)	
bisoprolol (Zebeta)	
labetalol (Normodyne, Trandate)	
metoprolol (Lopressor)	
nadolol (Corgard)	
pindolol (Visken)	
propranolol (Inderal)	
sotalol, AF (Betapace, AF)	
timolol (Blocadren)	
Coreg	

Inderal LA
Innopran XL
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)	Covera-HS
nicardipine (Cardene)	Nimotop
nifedipine, SR (Adalat, CC, Procardia, XL)	Plendil
verapamil (Calan)	Vascor
verapamil ER, SR (Calan SR, Verelan)	Verelan PM
Cardizem LA	
Dynacirc, CR	
Norvasc	
Sular	

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

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

Lipotropics, Statins (Lipotropics)

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

Key: All lowercase letters = generic product.
Leading capital letter = brand name product.
Posted 10/27/04

Shaded area indicates changes as of October 1, 2004.

Maryland Preferred Drug List

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

Selective Serotonin Reuptake Inhibitors (SSRIs)

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

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) dextroamphetamine (Dexedrine) methylphenidate, ER (Metadate ER, Methylin ER, Ritalin, Ritalin-SR) pemoline (Cylert) Adderall XR Concerta Focalin Metadate CD Ritalin LA Strattera	Desoxyn

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 Fosamax Miacalcin	Didronel Evista Forteo

Estrogen Agents, Combination (Estrogenic Agents)

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

Hypoglycemics, Insulin

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

Maryland Preferred Drug List

GASTROINTESTINAL

Antiemetics, Oral (Antiemetic/Antivertigo Agents)

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

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>
Nexium Prevacid Prilosec OTC	omeprazole Aciphex 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)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
methotrexate Arava Enbrel Humira	Kineret Remicate

Erythropoietins (Hematinics, Other)

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

Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)

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

Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)

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

OPHTHALMIC

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cromolyn (Opticrom) Acular Alrex Elestat Emadine Livostin Optivar Patanol	Alamast Alocril Alomide Zaditor

Ophthalmics, Antibiotics

<u>Preferred</u>	<u>Requires Prior Authorization</u>
bacitracin ciprofloxacin solution (Ciloxan) erythromycin (Ilotycin) gentamicin (Garamycin) tobramycin (Tobrex) Ciloxan Ointment Ocuflax Vigamox Zymar	Quixin

Maryland Preferred Drug List

OTIC

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
neomycin/polymyxin/ hydrocortisone (Cortisporin) Ciprodex Coly-Mycin S Floxin Otic Pediatic	Cipro HC Cortisporin-TC

RESPIRATORY

Antihistamines, Minimally Sedating (Antihistamines)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
loratadine, loratadine-D (OTC) Alavert, Alavert-D (OTC) Claritin, Claritin-D (OTC) Tavist ND (OTC) Zyrtec syrup	Allegra, Allegra-D Claritin, Claritin-D (Rx) Clarinex Zyrtec tablet, Zyrtec-D

Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
albuterol (Proventil, Ventolin) metaproterenol (Alupent) terbutaline (Brethine) Combivent Foradil Proventil HFA Serevent Diskus Xopenex	Accuneb Alupent Duoneb Maxair Vospire ER Ventolin HFA

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

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

Leukotriene Receptor Antagonists

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

Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)

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

UROLOGIC

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
doxazosin (Cardura) terazosin (Hytrin) Avodart Flomax Proscar Uroxatral	

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
flavoxate (Urispas) oxybutynin (Ditropan) Detrol LA Oxytrol	Detrol Ditropan XL

Erectile Dysfunction (Drugs to Treat Impotency)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Caverject Levitra	Cialis Edex Muse Viagra

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 \$4.69 for future prescriptions and no-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.