



# MARYLAND PHARMACY PROGRAM

## Medicaid - Pharmacy Assistance – Pharmacy Discount

No. 25  
Thursday, March 23, 2006

# ADVISORY

*In an effort to give timely notice to the pharmacy and prescriber communities concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH's) Medicaid Pharmacy Program (MPP) has developed the Medicaid Pharmacy Program Advisory. An email network has been established for dissemination purposes, which incorporates the email lists of pharmacy and prescriber societies, associations and organizations. It is our hope that the information is disseminated to all interested parties.*

- **Revised Preferred Drug List (PDL)**
- **Transition from Pharmacy Assistance to Medicare Part D**

### **Revised Preferred Drug List (PDL)**

**PDL Update** – Attached is a copy of the most recent Preferred Drug List (PDL) with all the changes to be implemented on April 4, 2006. This is the list resulting from the Maryland P&T Committee meeting on February 9, 2006. The changes since the last published PDL are highlighted and endnotes summarize the major changes for each therapeutic class.

**Exceptions to Brand Medically Necessary** – Supplemental rebates make three multi-source brand name drugs more cost-effective than their generic counterparts. They are Duragesic (fentanyl), Rebetol (ribavirin) and Flonase (fluticasone nasal). Therefore, these drugs will continue to be preferred on the current PDL.

### **Transition from Pharmacy Assistance to Medicare Part D**

During the implementation of Medicare Part D, transitioning recipients from the Maryland Pharmacy Assistance Program (MPAP) to a Medicare Part D Prescription Drug Plan (PDP) has been challenging at times for pharmacists, recipients, the Department of Health and Mental Hygiene (DHMH) and the Prescription Drug Plans (PDPs). Some Pharmacy Assistance recipients encountered difficulties with their enrollment in PDPs. Others failed to apply for Low Income Subsidy (LIS) or their LIS status was not correctly identified in the system, which has made them ineligible for low co-payments and reduced deductibles and premiums. DHMH has worked closely with the Centers for Medicare and Medicaid Services (CMS), PDPs, pharmacists and consumer advocate groups to make sure that our low

income seniors did not go without their medications. When DHMH was unable to reach a resolution with CMS and the PDPs, the Department processed emergency claims in order to help those recipients.

Effective March 31, 2006 the transition period will come to a close. As a result, the Pharmacy Assistance Program has sent a letter to those recipients who are not enrolled in a PDP, or are not listed as having LIS. The letters informed the recipients that the Department will discontinue its transition assistance on March 31, 2006. Further, the Department has attempted to call each recipient to assist them with their LIS application and to select a PDP, if they were not enrolled in one. In the event a former Pharmacy Assistance Program recipient has questions, refer him or her to the phone number on the back of the Maryland Pharmacy Assistance Program card (1-800-226-2142).

CMS has begun mailing letters to approximately 1.2 million people with Medicare who have applied for and been approved for the extra help and those who are enrolled in other federal assistance programs such as Supplemental Security Income (SSI) and Medicare Savings Programs. The letters let the beneficiary know in which Medicare prescription drug plan they will be enrolled if they take no action before April 30. Unless they enroll on their own during March, these beneficiaries will have their prescription drug coverage begin on May 1. CMS is enrolling these beneficiaries earlier to make sure that they receive the benefit of the extra help immediately, and without having to pay a penalty. These beneficiaries can still decline the enrollment before it becomes effective, and would not be charged a premium.

# 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 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

#### 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

### Anti-Migraine Agents, Triptans (Anti- Migraine Preparations)<sup>i</sup>

#### Preferred

Axert  
**Imitrex (oral, nasal & SQ)**  
 Maxalt, Maxalt MLT

#### Requires Prior Authorization

Amerge  
 Frova  
 Relpax

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

#### Preferred

**1<sup>st</sup> 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)  
 meclofenamate (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)  
**2<sup>nd</sup> Tier-**  
 Celebrex  
 Prevacid NapraPac

#### Requires Prior Authorization

Arthrotec  
 Mobic  
 Ponstel

# Maryland Preferred Drug List

## ANTI-INFECTIVES

### Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

**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)

**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)

**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)  
 cephalixin (Keflex)  
 Cedax  
 Omnicef  
 Spectracef  
 Suprax

**Requires Prior Authorization**

Augmentin XR  
 Lorabid  
 Panixine  
 Raniclor

### Fluoroquinolones (Quinolones)<sup>ii</sup>

**Preferred**

ciprofloxacin (Cipro)  
 ofloxacin (Floxin)  
 Avelox

**Requires Prior Authorization**

Cipro XR  
 Levaquin  
 Maxaquin  
 Noroxin  
 Proquin XR  
 Tequin

### Macrolides/Ketolides

**Preferred**

azithromycin (Zithromax)  
 clarithromycin (Biaxin)  
 erythromycin  
 Biaxin XL  
 Zithromax Suspension  
 Zmax

**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)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
benazepril, benazepril HCTZ (Lotensin, Lotensin HCT)	Aceon
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	

## Angiotensin Receptor Blockers (Hypotensives, Angiotensin Receptor Antagonist)<sup>iii</sup>

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Avapro, Avalide	Atacand, Atacand HCT Teveten, Teveten HCT
<b>Benicar, Benicar HCT</b>	
Cozaar, Hyzaar	
Diovan, Diovan HCT	
Micardis, Micardis HCT	

## Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)<sup>iv</sup>

<u>Preferred</u>	<u>Requires Prior Authorization</u>
acebutolol (Sectral)	<b>Innopran XL</b> Levatol
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

## Calcium Channel Blocking Agents<sup>v</sup>

<u>Preferred</u>	<u>Requires Prior Authorization</u>
diltiazem (Cardizem) diltiazem SR, diltiazem ER (Cardizem SR, Cardizem CD)	nifedipine (Adalat, Procardia) Cardene SR Covera-HS Nimotop
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	
<b>Norvasc</b>	
Sular	
Verelan PM	

## Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)<sup>vi</sup>

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

## Lipotropics, Statins (Lipotropics)

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

# Maryland Preferred Drug List

## Platelet Aggregation Inhibitors

### Preferred

dipyridamole (Persantine)  
ticlopidine (Ticlid)  
Aggrenox  
Plavix

### Requires Prior Authorization

## CENTRAL NERVOUS SYSTEM

### **Anticonvulsants**<sup>vii</sup>

#### Preferred

carbamazepine (Tegretol)  
clonazepam (Klonopin)  
ethosuximide (Zarontin)  
gabapentin (Neurontin)  
phenobarbital  
phenytoin (Dilantin)  
primidone (Mysoline)  
valproic acid (Depakene)  
zonisamide (Zonegran)  
Carbatrol  
Celontin  
Depakote  
Depakote ER  
Diastat  
Equetro  
Felbatol  
Gabitril  
Keppra  
Lamictal  
Mebaral  
Peganone  
Topamax  
Trileptal

#### Requires Prior Authorization

Lyrica  
Phenytek  
Tegretol XR

## Antidepressants, Other (Alpha-2 Receptor Antagonist Antidepressants, Serotonin-2 Antagonist/Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake-Inhib, Norepinephrine and Dopamine Reuptake Inhib)<sup>viii</sup>

### Preferred

bupropion, bupropion SR  
(Wellbutrin, Wellbutrin SR)  
mirtazapine, mirtazapine soltab  
(Remeron, Remeron Soltab)  
trazodone (Desyrel)  
Effexor, Effexor XR  
**Wellbutrin XL**

### Requires Prior Authorization

nefazodone (Serzone)  
Cymbalta

## Sedative Hypnotics<sup>ix</sup>

### Preferred

chloral hydrate  
estazolam (ProSom)  
flurazepam (Dalmane)  
temazepam (Restoril)  
triazolam (Halcion)  
**Ambien**  
**Ambien CR**  
**Lunesta**  
**Rozerem**

### Requires Prior Authorization

Doral  
**Restoril 7.5mg**  
**Sonata**

## 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

# Maryland Preferred Drug List

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
<u>1<sup>st</sup> Tier-</u>	
amphetamine salt combo (Adderall) dextroamphetamine (Dexedrine) methylphenidate (Ritalin) methylphenidate ER (Ritalin-SR) Adderall XR Concerta Focalin Focalin XR Metadate CD Ritalin LA	Desoxyn
<u>2nd Tier-</u>	
Strattera	

## ENDOCRINE

### Bone Resorption Suppression and Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents – Parathyroid Hormone) <sup>x</sup>

<u>Preferred</u>	<u>Requires Prior Authorization</u>
etidronate (Didronel) Actonel Fosamax, Fosamax Plus D Miacalcin	Actonel with Calcium Boniva Evista Fortical

### Hypoglycemics, Insulins and Related Agents

<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, Metformins

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

### Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)<sup>xi</sup>

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ActoPlus Met Actos Avandamet Avandia	

## 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<sup>xii</sup>

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Fosrenol Magnebind Rx PhosLo Renagel	

# Maryland Preferred Drug List

## Proton Pump Inhibitors (Gastric Acid Secretion Reducers)<sup>xiii</sup>

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

## Ulcerative Colitis Agents<sup>xiv</sup>

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

## INJECTABLES

### Anticoagulants, Injectable<sup>xv</sup>

<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	Amevive

### Erythropoietins (Hematinics, Other)

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

## Growth Hormones (CLINICAL PA REQUIRED)<sup>xvi</sup>

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Norditropin Nutropin AQ Saizen Serostim Tev-Tropin	Genotropin Humatrope Nutropin

\*Nutropin Depot is available by the manufacturer only to those patients on existing therapy.

## Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)<sup>xvii</sup>

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

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

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

## NEUROLOGICS

### Alzheimer's Agents

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

# Maryland Preferred Drug List

## Anti-Parkinson's Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
benztropine (Cogentin)	Parcopa
levodopa/carbidopa Immediate and Extended Release (Sinemet, Sinemet CR)	Tasmar
pergolide (Permax)	
selegiline (Eldepryl)	
trihexyphenidyl (Artane)	
Comtan	
Kemadrin	
Mirapex	
Requip	
Stalevo	

## Ophthalmics, Glaucoma Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
betaxolol	Istalol
brimonidine	Xalatan
carteolol (Ocupress)	
dipivefrin (Propine)	
levobunolol (Betagan)	
metipranolol (OptiPranolol)	
pilocarpine (Pilocar)	
timolol (Timoptic, Timoptic XE)	
Alphagan P	
Azopt	
Betimol	
Betoptic S	
Cosopt	
Lumigan	
Travatan	
Trusopt	

## OPHTHALMIC

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

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

### Ophthalmics, Antibiotics

<u>Preferred</u>	<u>Requires Prior Authorization</u>
bacitracin	Ciloxan ointment
ciprofloxacin solution (Ciloxan)	Vigamox
erythromycin (Ilotycin)	Quixin
gentamicin (Garamycin)	
neomycin/gram/poly (Neosporin)	
ofloxacin (Ocuflox)	
polymyxinB/trimethoprim (Polysporin)	
tobramycin (Tobrex)	
Zymar	

## OTIC

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

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

## RESPIRATORY

### Antihistamines, Minimally Sedating (Antihistamines)<sup>xviii</sup>

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

# Maryland Preferred Drug List

## Bronchodilators, Anticholinergics

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ipratropium neb (Atrovent) Atrovent HFA Combivent Spiriva	DuoNeb

## Beta<sub>2</sub>-Agonist Bronchodilators (Beta-Adrenergic Agents)

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

## Glucocorticoids, Inhaled (Beta-Adrenergics and Glucocorticoids Combination, Glucocorticoids)<sup>xix</sup>

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Advair Diskus Aerobid, Aerobid M <b>Asmanex</b> 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)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
flunisolide (Nasalide) ipratropium (Atrovent Nasal) Flonase ( <b>brand only</b> ) Nasacort AQ Nasonex	fluticasone nasal ( <b>generic only</b> ) Beconase AQ Nasarel Rhinocort Aqua

## Leukotriene Receptor Antagonists

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

## TOPICAL DERMATOLOGICS

### Acne Agents, Topical<sup>xx</sup>

<u>Preferred</u>	<u>Requires Prior Authorization</u>
benzoyl peroxide clindamycin topical erythromycin erythromycin-benzoyl peroxide tretinoin Azelex Nuox Retin-A Micro Tazorac	Benzamycin Brevoxyl Clinac BPO Clindagel Differin Evoclin Klaron Renova SulfoxyL Triax Zaclir Zoderm

## Atopic Dermatitis

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Elidel Protopic	

## UROLOGIC

### Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)<sup>xxi</sup>

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

## Maryland Preferred Drug List

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### Bladder Relaxant Preparations (Urinary Tract Antispasmodic/ Antiincontinence Agent)<sup>xxii</sup>

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

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<sup>i</sup> Imitrex (oral, nasal, & subcutaneous) is added to the PDL and Zomig (oral, nasal and ZMT) is changed to non-preferred

<sup>ii</sup> Proquin XR is added to the PDL

<sup>iii</sup> Benicar and Benicar HCT are added to the PDL

<sup>iv</sup> Coreg is added to the PDL and Innopran XL is changed to non-preferred

<sup>v</sup> Norvasc is added to the PDL

<sup>vi</sup> Omacor and Triglide are non-preferred

<sup>vii</sup> Anticonvulsants is a new category for the PDL and is grandfathered.

<sup>viii</sup> Wellbutrin XL is added to the PDL

<sup>ix</sup> Ambien, Ambien CR, Lunesta, and Rozerem are added to the PDL and Restoril (7.5mg.) and Sonata are changed to non-preferred.

<sup>x</sup> Actonel with Calcium and Fortical are non-preferred

<sup>xi</sup> ActoPlus Met and Avandia are added to the PDL

<sup>xii</sup> Fosrenol and Renagel are added to the PDL

<sup>xiii</sup> Nexium is added to the PDL and Prilosec OTC is changed to non-preferred

<sup>xiv</sup> Ascol, Canasa and Dipentum are added to the PDL and Colazal is changed to non-preferred

<sup>xv</sup> Arixtra is added to the PDL

<sup>xvi</sup> Saizen and Serostim are added to the PDL

<sup>xvii</sup> Copegus and Pegasys are added to the PDL and Rebetrone is changed to non-preferred

<sup>xviii</sup> Zyrtec Syrup is added to the PDL and Clarinex Syrup is changed to non-preferred

<sup>xix</sup> Asmanex is added to the PDL

<sup>xx</sup> Acne Agents, Topical is a new category for the PDL

<sup>xxi</sup> Avodart is added to the PDL and Proscar is changed to non-preferred

<sup>xxii</sup> Sanctura and Vesicare are added to the PDL