



MARYLAND MEDICAID PHARMACY PROGRAM

No. 29
Wednesday, September 27, 2006

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.*

- **EVS Phone Number Changed**
- **Narrow Therapeutic Index Drugs**
- **Changes to the Maryland Preferred Drug List**

The EVS Inquiry Number

The EVS number was changed on September 28, 2006. The new number is 1-866-710-1447. Please share this information with your staff as appropriate.

The new Interactive Voice Response (IVR) system replaced our legacy voice response EVS with a new telephone access system that includes enhancements not available in the EVS, such as:

- One toll-free number for the entire State. The number is 866-710-1447.
- Managed Care Organization (MCO) transfer option – If the recipient is a member of an MCO, the provider can press "3" and the call will be transferred directly to the MCO's call center to verify primary care physician (PCP) assignment.
- For a recipient in a facility, the provider will be given the name and phone number of the facility.
- If you need to hear a verification a second time, press "1" and the information will be repeated. Press "2" in order to enter the next recipient's information.
- If a mistake is made prior to pressing "#," you can press "*" to go back and enter the information correctly.
- Past eligibility can now be obtained by entering the recipient's Social Security number, name code and date of service.

Providers may download the EVS/IVR user brochure, which contains additional details about the new system by accessing the Department's website at www.dhmh.state.md.us/medcareprog. For providers enrolled in eMedicaid, WebEVS, a new web-based eligibility application is now available at www.emdhealthchoice.org. Providers must be enrolled in eMedicaid in order to access EVS. To enroll and access WebEVS go to URL above, select 'Services for Medical Care Providers', and follow the login instructions. If you need information, please visit the website or for provider application support call 410-767-5340. If you have questions concerning the new system, please contact the Provider Relations Division at 410-767-5503 or 800-445-1159.

Narrow Therapeutic Index Drugs

Since September 21, 1990 the Maryland Department of Health and Mental Hygiene has required that there be no substitution for the following six narrow therapeutic index drugs: Coumadin®, Dilantin®, Mysoline®, Tegretol®, Theochron®, Depakene®. The restriction will be removed as of November 1, 2006 to be consistent with the U.S. Food and Drug Administration's current Approved Drug Products with Therapeutic Equivalence Evaluations (Commonly known as the Orange Book of Generic Equivalents). If prescribers request brand name medications to be dispensed for any of these agents, prior authorization will be required based upon approval of a DHMH Medwatch form. The DHMH Medwatch form can be downloaded at <http://www.dhmh.state.md.us/mma/mpap/medwatch.htm>.

Changes to the Preferred Drug List (PDL) Effective October 3, 2006

Below you will find the PDL changes that will go into effect the first full week of October 2006. Because October 1 falls on a weekend this year and Mondays are normally hectic for pharmacies, the revised PDL will go into effect on Tuesday, October 3, 2006.

At the P&T Committee meeting held on Thursday, August 17, 2006, decisions were made in 26 PDL therapeutic categories. Most of the P&T Committee decisions involved additions (28 drugs) to the PDL while there were only 7 drugs recommended for removal from the Preferred Drug List. Please refer to the below charts showing those PDL decisions. The highlighted drugs denote a change or addition.

Three new drugs were reviewed, and the following decisions were made as it relates to their status on the PDL:

Therapeutic Category	Drug Name	PDL Status
Narcotic Analgesics	Ultram ER	NON-PREFERRED
Hypoglycemics, TZDs	Avandaryl	PREFERRED
Proton Oump Inhibitors	Zegerid Capsules	NON-PREFERRED

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
Ultram ER

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

Preferred

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

Requires Prior Authorization

Amerge
 Frova
 Relpax
 Zomig, Zomig Nasal, Zomig ZMT

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)
 meclofenamate (Meclomen)
meloxicam (Mobic)
 nabumetone (Relafen)
 naproxen (Naprosyn)
 naproxen sodium, naproxen sodium DS (Anaprox, Anaprox DS)
 oxaprozin (Daypro)
 piroxicam (Feldene)
 sulindac (Clinoril)
 tolmetin, tolmetin DS (Tolectin, Tolectin DS)
Celebrex
Prevacid NapraPac

Requires Prior Authorization

Arthrotec
 Ponstel

ANTI-INFECTIVES

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

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

Requires Prior Authorization

Ancobon
 Sporanox Solution
 Vfend
itraconazole (Sporanox)

Maryland Preferred Drug List

Antifungals, Topical (Topical Antifungals)

Preferred

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

Requires Prior Authorization

Ertaczo
 Exelderm
 Loprox Shampoo
 Loprox Topical
 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
 Raniclор

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (Cipro)
 ofloxacin (Floxin)
 Avelox

Requires Prior Authorization

Cipro XR
 Factive
 Levaquin
 Proquin XR

Macrolides/Ketolides

Preferred

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

Requires Prior Authorization

Branded erythromycin products
 Ketek

CARDIOVASCULAR

ACE Inhibitor/Calcium Channel Blocker Combination

Preferred
 Lotrel
 Tarka

Requires Prior Authorization

Lexxel

ACE Inhibitors (Hypotensives, ACE Inhibitors)

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)
 Aceon

Requires Prior Authorization

Univasc/Uniretic

Maryland Preferred Drug List

Altace
Mavik

Angiotensin Receptor Blockers (Hypotensives, Angiotensin Receptor Antagonist)

Preferred

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

Requires Prior Authorization

Atacand, Atacand 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)
Coreg
Inderal LA
Toprol XL

Requires Prior Authorization

Innopran XL
Levatol

Calcium Channel Blocking Agents

Preferred

diltiazem (Cardizem)
diltiazem SR, diltiazem ER
(Cardizem SR, Cardizem CD)
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
Norvasc
Sular
Verelan PM

Requires Prior Authorization

nifedipine (Adalat, Procardia)
Cardene SR

Covera-HS
Nimotop

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

cholestyramine (Questran, Light)
colestipol granules (Colestid)
fenofibrate (Lofibra)
gemfibrozil (Lopid)
niacin (Niacor)
Colestid Tablets
Niaspan
Tricor

Requires Prior Authorization

Antara
Omacor
Triglide
Welchol
Zetia

Lipotropics, Statins (Lipotropics)

Preferred

lovastatin (Mevacor)
pravastatin (Pravachol)
Advicor
Altoprev
Crestor
Lescol, Lescol XL
Vytorin
Zocor (brand only)

Requires Prior Authorization

simvastatin (generic only)
Caduet
Lipitor

Maryland Preferred Drug List

Platelet Aggregation Inhibitors

Preferred

dipyridamole (Persantine)
ticlopidine (Ticlid)
Aggrenox
Plavix

Requires Prior Authorization

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

Preferred

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

Requires Prior Authorization

nefazodone (Serzone)

Cymbalta

CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

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

Requires Prior Authorization

Lyrica
Phenytek
Tegretol XR

Sedative Hypnotics

Preferred

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

Requires Prior Authorization

Doral
Restoril 7.5mg
Restoril 22.5mg
Sonata

Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

citalopram (Celexa)

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

Requires Prior Authorization

sertraline (Zoloft) (brand and generic)
Prozac Weekly
Sarafem
Symbyax

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>
<p><u>1st Tier-</u></p> <p>amphetamine salt combo (Adderall) dextroamphetamine (Dexedrine) methylphenidate (Ritalin) methylphenidate ER (Ritalin-SR) Adderall XR Concerta Focalin Focalin XR Metadate CD Ritalin LA</p> <p><u>2nd Tier-</u> Strattera (for ages 17 and under)</p>	<p>Desoxyn</p>

ENDOCRINE

Androgenic Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
<p>Androderm Androgel</p>	<p>Testim</p>

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

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

Hypoglycemics, Insulins and Related Agents

<u>Preferred Insulins</u>	<u>Requires Prior Authorization</u>
<p>Humalog Humalog Mix Humulin Lantus Levemir Novolin NovoLog NovoLog Mix</p> <p><u>Preferred Incretin Mimetic</u> Byetta</p> <p><u>Preferred Amylin Analog</u> Symlin</p>	<p>Apidra</p> <p><u>Requires Prior Authorization</u></p> <p><u>Requires Prior Authorization</u></p>

Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

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

Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
<p>ActoPlusMet Actos Avandamet Avandaryl Avandia</p>	

GASTROINTESTINAL

Antiemetics, Oral (Antiemetic/Antivertigo Agents)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
<p>Emend Zofran, Zofran ODT</p>	<p>Anzemet Kytril</p>

Maryland Preferred Drug List

Phosphate Binders and Related Agents

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

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Nexium Prevacid	omeprazole (Prilosec Rx) (brand and generic) Aciphex Prilosec OTC Protonix Zegerid

Ulcerative Colitis Agents

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

INJECTABLES

Anticoagulants, Injectable

<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	

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 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)

<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	Copaxone

Key: All lowercase letters = generic product.
Leading capital letter = brand name product.
Posted 10/1/06

Maryland Preferred Drug List

Rebif

NEUROLOGICS

Alzheimer's Agents

Preferred

Aricept/Aricept ODT
Exelon
Namenda

Requires Prior Authorization

Cognex
Razadyne
Razadyne ER

Anti-Parkinson's Agents

Preferred

benztropine (Cogentin)
levodopa/carbidopa Immediate
and Extended Release
(Sinemet, Sinemet CR)
pergolide (Permax)
selegiline (Eldepryl)
trihexyphenidyl (Artane)
Comtan
Kemadrin
Mirapex
Requip
Stalevo

Requires Prior Authorization

Parcopa
Tasmar

OPHTHALMIC

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

Preferred

cromolyn (Opticrom)
ketotifen (Zaditor)
Acular
Alex
Elestat
Patanol

Requires Prior Authorization

Alamast
Alocril
Alomide
Emadine
Optivar

Ophthalmics, Antibiotics

Preferred

bacitracin
ciprofloxacin solution (Ciloxan)
erythromycin (Ilotycin)
gentamicin (Garamycin)
neomycin/gram/poly (Neosporin)
ofloxacin (Ocuflox)
polymyxinB/trimethoprim
(Polysporin)
tobramycin (Tobrex)
Zymar

Requires Prior Authorization

Ciloxan ointment
Vigamox
Quixin

Ophthalmics, Glaucoma Agents

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

Maryland Preferred Drug List

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	fexofenadine (Allegra, Allegra-D) (brand and generic) Claritin, Claritin-D (Rx) Clarinex, Clarinex-D Zyrtec (tablets) Zyrtec-D

Bronchodilators, Anticholinergics

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

Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)

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

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Advair Diskus Aerobid, Aerobid M Asmanex Azmacort Flovent HFA 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 (brand only) Nasacort AQ Nasonex	fluticasone nasal (generic only) Astelin Beconase AQ Nasarel Rhinocort Aqua

Leukotriene Receptor Antagonists

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

TOPICAL DERMATOLOGICS

Acne Agents, Topical

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

Atopic Dermatitis

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

Maryland Preferred Drug List

UROLOGIC

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

Preferred

doxazosin (Cardura)
finasteride (Proscar)
terazosin (Hytrin)
Avodart
Flomax
Uroxatral

Requires Prior Authorization

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

Preferred

oxybutynin (Ditropan)
Ditropan XL
Enablex
Oxytrol
Sanctura
Vesicare

Requires Prior Authorization

Detrol
Detrol LA