



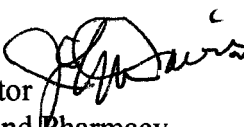
Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – Nelson J. Sabatini, Secretary

MARYLAND PHARMACY PROGRAM
Pharmacy Transmittal No. 174

April 26, 2004

TO: Physicians
Pharmacies

FROM: Joseph E. Davis, Executive Director 
Office of Operations, Eligibility and Pharmacy

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

RE: **Medicaid Coverage of Over-the-Counter (OTC) Antihistamines
Medicaid and Kidney Disease Program (KDP) Step Therapy for Phosphate
Binders**

Preferred OTC Antihistamines

Maryland Pharmacy Program regulations allow coverage for any nonlegend drug determined by the Program to be cost effective. Minimally sedating antihistamines are the first class of over-the-counter preparations which will be covered by this provision. The Maryland Pharmacy and Therapeutics Committee has recommended that over-the-counter minimally sedating antihistamines, along with Zyrtec Syrup, be placed on the Preferred Drug List. Conversely, the legend minimally sedating antihistamines (Allegra, Clarinex, legend Claritin and other forms of Zyrtec), are not on the list and will require preauthorization. These changes are effective May 19, 2004. Below is a list of OTC products that will be covered as preferred drugs. Enclosed with this transmittal is the latest version of the PDL. The PDL is available on the Internet at <http://www.dhmh.state.md.us/mma/mpap/>.

Prescriptions for covered OTC products are subject to the same requirements as other Medicaid prescriptions. The Program requires an original signed prescription order or a facsimile of it be sent directly from the prescriber to the pharmacy provider for any covered pharmacy service. The pharmacy must keep this prescription order on file for six years for auditing purposes. According to federal law, products are covered only if the manufacturer has signed the Federal Medicaid Rebate Agreement. As a result, some of the OTC products distributed by repackagers may not be covered. All of the normal processing edits for covered legend drugs such as early refill, maximum days supply, etc. are also in effect for covered OTC products.

Step Therapy

The Maryland Pharmacy Program and the Maryland Kidney Disease Program are implementing Step Therapy for the phosphate binders effective May 19, 2004. This Step Therapy protocol will require that recipients try PhosLo® prior to receiving Renagel®. Renagel® will not require preauthorization when it follows a course of therapy with PhosLo®. When Renagel® is prescribed without following PhosLo®, it will require preauthorization. A patient with a history of Renagel® use within the last 90 days will be grandfathered and will not require preauthorization. If the prescriber determines that Renagel® is medically necessary for initial treatment he/she may prescribe Renagel® after obtaining preauthorization from the appropriate program. Prescribers may call 1-800-932-3918 for a voice authorization or fax a request to 1-800-932-3921. Preauthorizations can be processed at any time, seven days a week, 24 hours a day, and will last one full year.

Questions concerning this transmittal should be directed to the Division of Pharmacy Services at 410-767-1455.

Preferred Minimally Sedating Antihistamines

NDC No.	Product	Source	NDC No.	Product	Source
49614017013	ALLERGY RELIEF 10MG TABLET	MEDICINE SHOP	11523716201	CLARITIN-D 12 HOUR TAB SA	S-P HEALTHCARE
00573264530	ALAVERT 10MG TABLET	WYETH CONSUMER	11523716203	CLARITIN-D 12 HOUR TAB SA	S-P HEALTHCARE
00573264515	ALAVERT 10MG TABLET	WYETH CONSUMER	11523716202	CLARITIN-D 12 HOUR TAB SA	S-P HEALTHCARE
00573262048	ALAVERT 10MG TABLET	WYETH CONSUMER	11523716101	CLARITIN-D 24 HOUR TAB SA	S-P HEALTHCARE
00573262024	ALAVERT 10MG TABLET	WYETH CONSUMER	11523716102	CLARITIN-D 24 HOUR TAB SA	S-P HEALTHCARE
00573262006	ALAVERT 10MG TABLET	WYETH CONSUMER	52735057808	FP LORATADINE 10MG TABLET	FAMILY PHARMACY
00573262012	ALAVERT 10MG TABLET	WYETH CONSUMER	64899011130	HCA LORATADINE 10MG TABLET	WALSH DISTRIB
00573266024	ALAVERT ALLERGY-SINUS TAB	WYETH CONSUMER	64899011160	HCA LORATADINE 10MG TABLET	WALSH DISTRIB
00573266012	ALAVERT ALLERGY-SINUS TAB	WYETH CONSUMER	49348054212	SUNMARK LORATADINE 10MG TAB	SUNMARK
49614017065	ALLERGY RELIEF 10MG TABLET	MEDICINE SHOP	49348054244	SUNMARK LORATADINE 10MG TAB	SUNMARK
49614017653	ALLERGY RELIEF 10MG TABLET	MEDICINE SHOP	49348054201	SUNMARK LORATADINE 10MG TAB	SUNMARK
37205038752	ALLERGY RELIEF 10MG TABLET	LEADER	00043011530	TAVIST ND 10MG TABLET	NOVARTIS CONSUM
37205038153	ALLERGY RELIEF 10MG TABLET	LEADER	00067606310	TAVIST ND 10MG TABLET	NOVARTIS CONSUM
49614017072	ALLERGY RELIEF 10MG TABLET	MEDICINE SHOP	00067606330	TAVIST ND 10MG TABLET	NOVARTIS CONSUM
49614017060	ALLERGY RELIEF 10MG TABLET	MEDICINE SHOP	00043011510	TAVIST ND 10MG TABLET	NOVARTIS CONSUM
49614017052	ALLERGY RELIEF 10MG TABLET	MEDICINE SHOP	00781507701	LORATADINE 10MG TABLET	SANDOZ
00904569215	ALLERGY RELIEF 10MG TABLET	MAJOR PHARM.	37205034652	LORATADINE 10MG TABLET	LEADER
49614017652	ALLERGY RELIEF 10MG TABLET	MEDICINE SHOP	37205034660	LORATADINE 10MG TABLET	LEADER
37205037360	ALLERGY RELIEF D-12 TAB	LEADER	37205034665	LORATADINE 10MG TABLET	LEADER
37205037352	ALLERGY RELIEF D-12 TAB	LEADER	37205034672	LORATADINE 10MG TABLET	LEADER
37205034852	ALLERGY RELIEF D-24 TABLET	LEADER	37205034694	LORATADINE 10MG TABLET	LEADER
37205034888	ALLERGY RELIEF D-24 TABLET	LEADER	00904562352	LORATADINE 10MG TABLET	MAJOR PHARM.
37205034894	ALLERGY RELIEF D-24 TABLET	LEADER	24385047165	LORATADINE 10MG TABLET	BERGEN BRUNSWIG
49614017252	ALLERGY RELIEF D-24 TABLET	MEDICINE SHOP	24385047152	LORATADINE 10MG TABLET	BERGEN BRUNSWIG
49614017213	ALLERGY RELIEF D-24 TABLET	MEDICINE SHOP	51079013220	LORATADINE 10MG TABLET	UDL
49614017160	ALLERGY RELIEF D12 TABLET	MEDICINE SHOP	00113027513	LORATADINE 10MG TABLET	PERRIGO CO.
49614017152	ALLERGY RELIEF D12 TABLET	MEDICINE SHOP	00113027565	LORATADINE 10MG TABLET	PERRIGO CO.
37205037826	ALLERGY RELIEF SYRUP	LEADER	00113027560	LORATADINE 10MG TABLET	PERRIGO CO.
49614017426	ALLERGY RELIEF SYRUP	MEDICINE SHOP	00113027546	LORATADINE 10MG TABLET	PERRIGO CO.
11523715701	CLARITIN 10MG REDITABS	S-P HEALTHCARE	24385035152	LORATADINE-D 24HR TABLET	BERGEN BRUNSWIG
11523715702	CLARITIN 10MG REDITABS	S-P HEALTHCARE	63868015130	QC LORATADINE 10MG TABLET	CHAIN DRUG
11523715704	CLARITIN 10MG REDITABS	S-P HEALTHCARE	63868015110	QC LORATADINE 10MG TABLET	CHAIN DRUG
11523716002	CLARITIN 10MG TABLET	S-P HEALTHCARE	15127071560	SB LORATADINE 10MG TABLET	SELECT BRAND
11523716005	CLARITIN 10MG TABLET	S-P HEALTHCARE	15127071530	SB LORATADINE 10MG TABLET	SELECT BRAND
11523716003	CLARITIN 10MG TABLET	S-P HEALTHCARE	15127071510	SB LORATADINE 10MG TABLET	SELECT BRAND
11523716001	CLARITIN 10MG TABLET	S-P HEALTHCARE	00069553093	ZYRTEC 1MG/ML SYRUP	PFIZER US PHARM
11523716301	CLARITIN 5MG/5ML SYRUP	S-P HEALTHCARE	00069553047	ZYRTEC 1MG/ML SYRUP	PFIZER US PHARM

Maryland Preferred Drug List

Note: Brand names in parenthesis are for reference only and are not preferred. For any multi-source product, the generic product(s) are usually preferred and branded innovator product(s) are non-preferred.

ANALGESIC

Antimigraines, Triptans

Preferred

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

Requires Prior Authorization

Axert
Frova
Relpax
Zomig, Nasal, ZMT

Nonsteroidal Anti-Inflammatories/ COX II Inhibitors

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

Narcotic Analgesics

Preferred

acetaminophen w/codeine
(Tylenol w/Codeine)
aspirin w/codeine (Empirin w/Codeine)
butalbital/apap/caffeine/codeine
butalbital/apap/codeine
codeine phosphate/sulfate
hydrocodone w/ibuprofen
(Vicoprofen)
hydrocodone w/apap (Vicodin)
hydromorphone (Dilaudid)
meperidine (Demerol)
morphine sulfate
morphine sulfate SR
(MS Contin)
oxycodone
oxycodone w/apap (Percocet)

oxycodone w/aspirin (Percodan)
pentazocine/naloxone (Talwin NX)
propoxyphene (Darvon)
propoxyphene HCl w/apap (Wygesic)
propoxyphene napsylate w/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-INFECTIVES

Antifungals, Oral

Preferred

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

Requires Prior Authorization

Ancobon
Mycelex Troche
Mycostatin Pastilles
Sporanox
Vfend

Antifungals, Topical

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

Antivirals

Preferred

acyclovir (Zovirax)

amantadine (Symmetrel)
rimantadine (Flumadine)
Cytovene
Famvir
Tamiflu
Valcyte

Requires Prior Authorization

Relenza
Valtrex

Cephalosporin and Related Agents

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
Panixine
Raniclor
Vantin

Fluoroquinolones (Quinolones)

Preferred

Ofloxacin (Floxin)
Avelox, IV
Cipro, XR, IV

Requires Prior Authorization

ciprofloxacin
Floxin IV
Levaquin, IV
Maxaquin
Noroxin
Tequin, IV

Macrolides

Preferred

erythromycin
Biaxin, XL
Dynabac
Zithromax

Requires Prior Authorization

Branded erythromycin products

CARDIOVASCULAR

ACE Inhibitor/Calcium Channel Blocker Combinations

Preferred

Lexxel

Maryland Preferred Drug List

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Lotrel
Tarka

Requires Prior Authorization

None

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

Preferred

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

Requires Prior Authorization

Atacand, HCT
Teveten, HCT

Beta Blockers

Preferred

acebutolol (Sectral)
atenolol (Tenormin)
betaxolol (Kerlone)
bisoprolol (Zebeta)
labetalol (Normodyne, Trandate)
metoprolol (Lopressor)
nadolol (Corgard)
pindolol (Visken)
propranolol (Inderal)
sotalol, AF (Betapace, AF)
timolol (Blocadren)
Coreg
Toprol XL

Requires Prior Authorization

Cartrol
Inderal LA
Innopran XL
Levatol

Calcium Channel Blocking Agents

Preferred

diltiazem (Cardizem)
diltiazem SR, ER (Cardizem SR,
CD, Dilacor XR, Tiazac)

nifedipine (Cardene)
nifedipine, SR (Adalat, CC,
Procardia, XL)
verapamil (Calan)
verapamil ER, SR (Calan SR, Verelan)
Dynacirc, CR
Norvasc
Plendil
Sular

Requires Prior Authorization

Cardene SR
Cardizem LA
Covera-HS
Nimotop
Vascor
Verelan PM

Intermittent Claudication Agents

Preferred

pentoxifylline (Trental)
Pletal

Requires Prior Authorization

Trental

Lipotropics, Other

Preferred

cholestyramine (Questran, Light)
gemfibrozil (Lopid)
niacin (Niacor)
Advicor
Colestid
Niaspan
Tricor

Requires Prior Authorization

Lofibra
Welchol
Zetia

Lipotropics, Statins

Preferred

lovastatin (Mevacor)
Altacor
Crestor (*Effective May 12, 2004*)
Lescol, XL
Lipitor
Pravachol
Zocor

Requires Prior Authorization

Pravigard PAC

CENTRAL NERVOUS SYSTEM

Antidepressants (SSRIs)

Preferred

Fluoxetine (Prozac)
fluvoxamine (Luvox)
paroxetine (Paxil)
Lexapro

Paxil CR
Zoloft (Ages 6-18 years)

Requires Prior Authorization

Celexa
Prozac Weekly
Sarafem
Zoloft (over age 18 and under 6 years)

Antidepressants, Other

Effective May 12, 2004

Preferred

bupropion (Wellbutrin)
mirtazapine (Remeron)
trazodone (Desyrel)
Effexor, XR
Remeron Soltab (brand only)
Wellbutrin XL

Requires Prior Authorization

bupropion SR (Wellbutrin SR)
mirtazapine soltab (generic only)
nefazodone (Serzone)

Stimulants and Related Agents

Preferred

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

Requires Prior Authorization

Desoxyn

ENDOCRINE

Bone Resorption Suppression and Related Agents

Preferred

Actonel
Fosamax
Miacalcin

Requires Prior Authorization

Didronel
Evista
Forteo

Estrogen Agents, Combination

Preferred

Activella
CombiPatch
Ortho-Prefest
Premphase
Prempro

Maryland Preferred Drug List

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Requires Prior Authorization

Femhrt

Estrogen Agents

Preferred

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

Requires Prior Authorization

Cenestin
Menest

Hypoglycemics, Insulins

Preferred

Lantus
Novolin
NovoLog
NovoLog Mix

Requires Prior Authorization

Humulin
Humalog
Humalog Mix

Hypoglycemics, Meglitinides

Preferred

Starlix

Requires Prior Authorization

Prandin

Hypoglycemics, TZDs

Preferred

Avandia

Requires Prior Authorization

Actos

GASTROINTESTINAL

Antiemetics, Oral

Preferred

metoclopramide (Reglan)
Emend
Marinol
Zofran, ODT

Requires Prior Authorization

Anzemet
Kytril

Phosphate Binders (Electrolyte Depleters)

Effective May 19, 2004

Preferred

PhosLo

Requires Prior Authorization

Magnebind 400
Renagel

Proton Pump Inhibitors

Preferred

Aciphex
Prevacid

Requires Prior Authorization

omeprazole
Nexium
Prilosec
Protonix

OPHTHALMIC

Ophthalmics, Allergic Conjunctivitis

Effective May 12, 2004

Preferred

cromolyn (Opticrom)
Acular
Alrex
Emadine
Livostin
Optivar
Patanol

Requires Prior Authorization

Alamast
Alocril
Alomide
Crolom
Opticrom
Zaditor

Ophthalmics, Antibiotics

Effective May 12, 2004

Preferred

bacitracin
erythromycin (Ilotycin)
gentamicin (Garamycin)
tobramycin (Tobrex)
Ciloxan
Gentak (drops only)
Gentasol
Ocuflax
Romycin
Tobrasol
Vigamox
Zymar

Requires Prior Authorization

Gentafair

Genoptic
Gentak
Natacyn
Quixin

Otic

Otics, Antibiotics

Effective May 12, 2004

Preferred

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

Requires Prior Authorization

Antibiotic Ear Suspension & Solution
Cipro HC
Cortisporin Ear Suspension & Solution
Cortisposin-TC

RESPIRATORY

Antihistamines, Minimally Sedating

Effective May 19, 2004

Preferred

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

Requires Prior Authorization

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

Beta₂-Agonist Bronchodilators

Preferred

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

Requires Prior Authorization

AccuNeb
Alupent
DuoNeb
Maxair
Serevent
Volmax
VoSpire ER

Maryland Preferred Drug List

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Ventolin HFA

Requires Prior Authorization

Detrol
Ditropan XL

Inhaled Corticosteroids

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

Preferred

flunisolide (Nasalide)
Flonase
Nasonex

Requires Prior Authorization

Beconase, AQ
Nasacort AQ
Nasarel
Rhinocort Aqua

UROLOGIC

Benign Prostatic Hyperplasia

Preferred

doxazosin (Cardura)
terazosin (Hytrin)
Avodart
Flomax
Proscar

Requires Prior Authorization

Cardura
Hytrin

Bladder Relaxants

Effective May 12, 2004

Preferred

flavoxate (Urispas)
oxybutynin (Ditropan)
Detrol LA
Oxytrol