

MARYLAND PHARMACY PROGRAM

No. 3 Monday, November 3, 2003

In an effort to give timely notice to the provider 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 provider community, an email network has been established which incorporates the email lists of various provider organizations and associations, etc. It is our hope that the information is disseminated to all interested parties. If you have not received this email through the previously noted parties or via DHMH, please contact the MPP representative at 410-767-5395.

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PREFERRED DRUG LIST (PDL) IMPLEMENTATION

To contain costs and respond to current statewide budgetary constraints, the Department of Health and Mental Hygiene has promulgated regulations COMAR 10.09.03.12 establishing a *Preferred Drug List*. The PDL is being developed by the Department's Pharmacy and Therapeutics Committee. The selected products within each therapeutic class have demonstrated both therapeutic efficacy and provide cost benefits to the State of Maryland. The PDL applies to fee-for-service prescriptions within the Maryland Pharmacy Program including Medicaid, Pharmacy Assistance and Pharmacy Discount Programs and carved-out specialty mental health services for managed care recipients.

Beginning on Wednesday, November 5, 2003, the Department will be implementing payment edits to the first of several therapeutic drug classes and will phase-in additional classes every two weeks until approximately 40 therapeutic classes have been addressed. Prescribers are encouraged to refer to the PDL when prescribing.

Consideration for the Recipient

- Impact on the recipient can be lessened if the prescriber and the pharmacist review the options available 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.

The first group of 13 therapeutic classes identified for the PDL are as follows:

Note: For any multi-source product, the generic product(s) are usually preferred and branded innovator product(s) will be non-preferred. Brand name products in parentheses are for reference purposes only.

Effective November 5, 2003 ACE Inhibitor/Calcium Channel Blocker Combination

Lexxel Lotrel Tarka

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

doxazosin (Cardura) terazosin (Hytrin) Avodart Flomax Proscar

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

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

Key: All lowercase letters = generic product. Leading capital letter = brand name product.

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

Advair Diskus Aerobid, Aerobid M Azmacort Flovent, Rotadisk Qvar Pulmicort Respules (Ages 1-8)

Leukotriene Receptor Antagonists

Singulair

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

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

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

Aciphex Prevacid

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Effective November 19, 2003

Angiotensin Receptor Blockers (Hypotensives, Angiotensin Receptor Antagonist)

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

Nasal Corticosteroids (Nasal Anti-Inflammatory Steroids)

flunisolide (Nasalide) Flonase Nasonex

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

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)

Effective December 3, 2003

ACE Inhibitors (Hypotensives, ACE Inhibitors)

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

Calcium Channel Blocking Agents

diltiazem (Cardizem) diltiazem SR, ER (Cardizem SR, CD, Dilacor XR, Tiazac) nicardipine (Cardene) nifedipine, SR (Adalat, CC, Procardia, XL) verapamil (Calan) verapamil ER, SR (Calan SR, Verelan) Dynacirc, CR Norvasc Plendil Sular

Lipotropics, Statins (Lipotropics)

lovastatin (Mevacor) Altocor Lescol, XL Lipitor Pravachol Zocor Key: All lowercase letters = generic product. Leading capital letter = brand name product.

Instructions for the Prescriber

When considering drug therapy for the patient, the prescriber should refer to the PDL reference list.

With Advanced Knowledge of a Patient's Drug History and Prescribing a Non-Preferred Drug

With advanced knowledge of his/her patient's drug history, the prescriber can contact First Health Services Corporation's Call Center to obtain preauthorization for a non-preferred drug.

- Call 1-800-932-3918 or
- Fax the preauthorization form (located on the website at mdmedicaidrx.fhsc.com/downloads) to 1-800-932-3921
- The following information must be supplied by the prescriber:
- Patient's Name
- Medical Assistance Identification Number
- Drug Name, Strength and Dosage Form
- Prescriber's Name
- Please note that a new prescription order cannot be faxed to the call center

When No Prior Authorization Has Been Obtained for a Non-Preferred Drug

When a patient presents at the pharmacy and a non-preferred drug is prescribed for which the prescriber did not obtain prior authorization, the prescriber will be contacted by the pharmacy. The pharmacist will discuss with the prescriber whether a preferred drug could be substituted in place of the non-preferred drug.

- If the prescriber wishes to switch to a Preferred Drug, the prescriber can dictate the prescription to the pharmacist on the telephone.
- If the prescriber does not wish to switch, the prescriber must call for prior authorization.

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

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

- The prescriber 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.

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 <u>must</u> contact the Department for further instructions 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/prefdruglist.html

Provider Synergies <u>http://providersynergies.com</u>

First Health Services Corporation http://mdmedicaidrx.fhsc.com