



# MARYLAND MEDICAID PHARMACY PROGRAM

No. 4

Thursday, April 3, 2008

## **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.*

Updated Maryland Medicaid Preferred Drug List  
Effective April 1, 2008

Attached is the updated Maryland Medicaid Preferred Drug List. Please direct questions or concerns to 410-767-1455.

## 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.

### ANALGESICS

#### Analgesics, Narcotics (Long Acting)

##### Preferred

methadone  
morphine sulfate SR(*MS Contin*)  
Duragesic (**brand only**)  
Kadian

##### Requires Prior Authorization

fentanyl patch (**generic only**)  
Avinza  
Opana ER  
Oxycontin (**brand and generic**)  
Ultram ER

#### Analgesics, Narcotics (Short Acting)

##### Preferred

apap w/codeine (*Tylenol w/Codeine*)  
aspirin w/codeine  
butalbital/apap/codeine/caffeine  
butalbital/apap/codeine  
codeine  
dihydrocodeine/aspirin/caff  
(*Synalgos DC*)  
dihydrocodeine/apap/caffeine  
(*Panlor DC, Panlor SS*)  
hydrocodone/apap (*Vicodin*)  
hydrocodone/ibuprofen (*Vicoprofen*)  
hydromorphone (*Dilaudid*)  
levorphanol  
meperidine (*Demerol*)  
morphine sulfate  
oxycodone  
oxycodone/apap (*Percocet*)  
oxycodone/aspirin (*Percodan*)  
  
pentazocine/apap (*Talacen*)  
pentazocine/naloxone (*Talwin NX*)  
propoxyphene (*Darvon*)  
propoxyphene HCl/apap (*Wygesic*)  
propoxyphene /apap (*Darvocet*)  
tramadol (*Ultram*)  
tramadol/apap (*Ultracet*)

##### Requires Prior Authorization

fentanyl buccal (*Actiq*) (**brand and generic**)  
oxycodone/ibuprofen (*Combunox*) (**brand and generic**)  
Darvon-N  
Fentora  
Opana

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

##### Preferred

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

##### Requires Prior Authorization

Amerge  
Axert  
Frova  
Zomig, Zomig Nasal, Zomig ZMT

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

##### Preferred

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*)  
mefenamic acid (*Ponstel*)  
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

##### Requires Prior Authorization

Arthrotec  
Prevacid NapraPac

## Maryland Preferred Drug List

### Skeletal Muscle Relaxants

**Preferred**

baclofen (*Lioresal*)  
 carisoprodol (*Soma*)  
 carisoprodol compound  
 (*Soma Compound*)  
 chlorzoxazone (*Parafon*)  
 cyclobenzaprine (*Flexeril*)  
 dantrolene (*Dantrium*)  
 methocarbamol (*Robaxin*)  
 orphenadrine (*Norflex*)  
 orphenadrine compound  
 (*Norflex Forte*)  
 tizanidine tablets (*Zanaflex*)

**Requires Prior Authorization**

Amrix  
 Fexmid  
 Skelaxin  
 Soma 250mg tablets  
 Zanaflex Capsules

**ANTI-INFECTIVES**

### Antibiotics, GI

**Preferred**

metronidazole (*Flagyl*)  
 Tindamax  
 Vancocin

**Requires Prior Authorization**

neomycin  
 Alinia  
 Flagyl ER  
 Xifaxan

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

**Preferred**

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

**Requires Prior Authorization**

itraconazole (*Sporanox*)  
**(brand and generic)**  
 Ancobon  
 Noxafil  
 Sporanox Solution  
 Vfend

### Antifungals, Topical (Topical Antifungals)

**Preferred**

ciclopirox gel (*Loprox Gel*)  
 ciclopirox lotion (*Loprox*)  
 ciclopirox solution (*Penlac*)  
 clotrimazole (*Lotrimin*)  
 clotrimazole/betamethasone  
 (*Lotrisone*)  
 econazole (*Spectazole*)  
 ketoconazole (*Nizoral*)  
 nystatin  
 nystatin/triamcinolone (*Mycolog II*)

**Requires Prior Authorization**

Ertaczo  
 Exelderm  
 Extina  
 Loprox Shampoo  
 Mentax  
 Naftin  
 Oxistat  
 Vusion  
 Xolegel

### Antivirals (Antivirals, General)

**Preferred**

acyclovir (*Zovirax*)  
 amantadine (*Symmetrel*)  
 rimantadine (*Flumadine*)  
 Valtrex

**Requires Prior Authorization**

famciclovir (*Famvir*)  
**(brand and generic)**  
 Relenza  
 Tamiflu

### Cephalosporin and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)

**Preferred**

amoxicillin/clavulanate  
 (*Augmentin, Augmentin ES*)  
 cefaclor (*Ceclor, Ceclor CD*)  
 cefadroxil (*Duricef*)  
 cefdinir (*Omnicef*)  
 cefuroxime (*Ceftin*)  
 cefpodoxime (*Vantin*)  
 cefprozil (*Cefzil*)  
 cephalixin (*Keflex*)  
 Cedax  
 Spectracef  
 Suprax

**Requires Prior Authorization**

Augmentin XR  
 Raniclор

## Maryland Preferred Drug List

### Fluoroquinolones (Quinolones)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ciprofloxacin ( <i>Cipro</i> ) ciprofloxacin ext-rel ( <i>Cipro XR</i> ) ofloxacin ( <i>Floxin</i> ) Avelox Levaquin	Cipro Oral Suspension Factive Noroxin Proquin XR

### Hepatitis B Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Baraclude Epivir HBV Hepsera Tyzeka	

### Macrolides/Ketolides

<u>Preferred</u>	<u>Requires Prior Authorization</u>
azithromycin ( <i>Zithromax</i> ) clarithromycin ( <i>Biaxin</i> ) erythromycin	Biaxin XL Ketek Zmax

### Topical Impetigo Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
mupirocin ( <i>Bactroban Ointment</i> )	Altabax Bactroban Cream

## CARDIOVASCULAR

### Angiotensin Modulators/CCB Combinations

<u>Preferred</u>	<u>Requires Prior Authorization</u>
amlodipine/benazepril ( <i>Lotrel</i> ) Azor Exforge	Lexxel Tarka

### Angiotensin Modulators

<u>Preferred</u>	<u>Requires Prior Authorization</u>
benazepril, benazepril HCTZ ( <i>Lotensin, Lotensin HCT</i> ) captopril, captopril HCTZ ( <i>Capoten, Capozide</i> ) enalapril, enalapril HCTZ ( <i>Vasotec, Vaseretic</i> ) fosinopril, fosinopril HCTZ ( <i>Monopril, Monopril HCT</i> ) lisinopril, lisinopril HCTZ ( <i>Prinivil, Zestril, Prinzide, Zestoretic</i> ) moexipril ( <i>Univasc</i> ) moexipril HCTZ ( <i>Uniretic</i> ) trandolapril ( <i>Mavik</i> ) quinapril ( <i>Accupril</i> ) quinaretic ( <i>Accuretic</i> ) ramipril ( <i>Altace</i> ) Avapro, Avalide Benicar, Benicar HCT Cozaar, Hyzaar Diovan, Diovan HCT Micardis, Micardis HCT	Aceon Atacand, Atacand HCT Tekturna Teveten, Teveten HCT

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
acebutolol ( <i>Sectral</i> ) atenolol ( <i>Tenormin</i> ) betaxolol ( <i>Kerlone</i> ) bisoprolol ( <i>Zebeta</i> ) carvedilol ( <i>Coreg</i> ) labetalol ( <i>Normodyne, Trandate</i> ) metoprolol tartrate ( <i>Lopressor</i> ) metoprolol succinate ext-rel ( <i>Toprol XL</i> ) nadolol ( <i>Corgard</i> ) pindolol ( <i>Visken</i> ) propranolol ( <i>Inderal</i> ) propranolol LA ( <i>Inderal LA</i> ) sotalol, sotalol AF ( <i>Betapace, Betapace AF</i> ) timolol ( <i>Blocadren</i> )	Coreg CR Innopran XL Levatol

# Maryland Preferred Drug List

## Calcium Channel Blocking Agents

### Preferred

amlodipine (*Norvasc*)  
 diltiazem (*Cardizem*)  
 diltiazem SR, diltiazem ER  
 (*Cardizem SR, Cardizem CD, Dilacor XR, Tiazac*)  
 felodipine (*Plendil*)  
 isradipine (*Dynacirc*)  
 nifedipine (*Cardene*)  
 nifedipine SR  
 (*Adalat CC, Procardia XL*)  
 verapamil (*Calan*)  
 verapamil ER, verapamil SR  
 (*Calan SR, Verelan*)  
 verapamil ER caps (*Verelan PM*)  
 Cardizem LA  
 Dynacirc CR  
 Sular

### Requires Prior Authorization

nifedipine (*Adalat, Procardia*)  
**(brand and generic)**  
 nimodipine (*Nimotop*)  
**(brand and generic)**  
 Cardene SR  
 Covera-HS

## Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

### Preferred

cholestyramine (*Questran, Light*)  
 colestipol (*Colestid*)  
 fenofibrate (*Lofibra*)  
 gemfibrozil (*Lopid*)  
 niacin  
 Niaspan  
 Tricor

### Requires Prior Authorization

Antara  
 Lipofen  
 Lovaza (formerly Omacor)  
 Triglide  
 Welchol  
 Zetia

## Lipotropics, Statins (Lipotropics)

### Preferred

lovastatin (*Mevacor*)  
 pravastatin (*Pravachol*)  
 simvastatin (*Zocor*)  
 Advicor  
 Lescol, Lescol XL  
 Lipitor  
 Vytorin

### Requires Prior Authorization

Altoprev  
 Caduet  
 Crestor

## Platelet Aggregation Inhibitors

### Preferred

dipyridamole (*Persantine*)  
 ticlopidine (*Ticlid*)  
 Aggrenox  
 Plavix

### Requires Prior Authorization

## 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*)  
 Carbatrol  
 Celontin  
 Depakote  
 Depakote ER  
 Diastat  
 Equetro  
 Felbatol  
 Gabitril  
 Keppra  
 Lamictal  
 Peganone  
 Topamax  
 Trileptal (**Brand only**)

#### Requires Prior Authorization

oxcarbazepine (**generic only**)  
 Lyrica  
 Phenytek  
 Tegretol XR

## Maryland Preferred Drug List

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

**Requires Prior Authorization**

nefazodone (*Serzone*)  
Emsam

\* *Wellbutrin XL 150mg is only available as a Brand Name. It requires a prior authorization. The Wellbutrin XL 300mg is available generically.*

\*\**Clinical criteria applies to Cymbalta.*

### Atypical Antipsychotics

**Preferred**

**1<sup>st</sup> Tier-**

clozapine (*Clozaril*)  
Abilify  
Geodon  
Invega  
Risperdal  
Seroquel, Seroquel XR

**2nd Tier-**

Zyprexa \*\*\*

**Requires Prior Authorization**

\*\*\* *Clinical edits apply to Zyprexa. An adequate trial of a Tier 1 preferred drug is required prior to its use.*

### Sedative Hypnotics

**Preferred**

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

**Requires Prior Authorization**

Ambien CR  
Doral  
Restoril 7.5mg  
Restoril 22.5mg  
Sonata

### Selective Serotonin Reuptake Inhibitors (SSRIs)

**Preferred**

citalopram (*Celexa*)  
fluoxetine (*Prozac*)  
fluvoxamine (*Luvox*)  
paroxetine (*Paxil*)  
sertraline (*Zoloft*)

**Requires Prior Authorization**

Lexapro  
Paxil CR  
Pexeva  
Prozac Weekly  
Sarafem  
Symbyax

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

**Preferred**

**1<sup>st</sup> Tier-**

amphetamine salt combo  
(*Adderall*)  
dexmethylphenidate (*Focalin*)  
dextroamphetamine (*Dexedrine*)  
methylphenidate (*Ritalin*)  
methylphenidate ER  
(*Ritalin-SR*)  
Adderall XR  
Concerta  
Daytrana  
Focalin XR  
Metadate CD  
Vyvanse

**Requires Prior Authorization**

Desoxyn  
Provigil  
Ritalin LA

**2nd Tier-**

Strattera (for ages 17 and under)

Key: All lowercase letters = generic product.

Leading capital letter = brand name product.

Posted 04/01/08

## Maryland Preferred Drug List

### ENDOCRINE

#### Androgenic Agents

Preferred

Androderm  
Androgel

Requires Prior Authorization

Testim

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

Preferred

Actonel  
Actonel with Calcium  
Fosamax, Fosamax Plus D  
Miacalcin

Requires Prior Authorization

etidronate (*Didrone*)  
(brand and generic)  
Boniva  
Evista  
Forteo  
Fortical

#### Hypoglycemics, Incretin Mimetics and Enhancers

Preferred

Byetta  
Janumet  
Januvia  
Symlin

Requires Prior Authorization

#### Hypoglycemics, Insulins

Preferred

Lantus  
Levemir  
Novolin  
NovoLog  
NovoLog Mix

Requires Prior Authorization

Apidra  
Exubera  
Humalog  
Humalog Mix  
Humulin

#### Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

Preferred

Starlix

Requires Prior Authorization

Prandin

#### Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

Preferred

ActoPlusMet  
Actos  
Avandamet  
Avandaryl  
Avandia  
Duetact

Requires Prior Authorization

### GASTROINTESTINAL

#### Antiemetics, Oral (Antiemetic/Antivertigo Agents)

Preferred

ondansetron, ondansetron ODT  
(*Zofran, Zofran ODT*)  
Emend  
Marinol

Requires Prior Authorization

granisetron (*Kytril*)  
(brand and generic)  
Anzemet  
Cesamet

#### Phosphate Binders and Related Agents

Preferred

PhosLo  
Renagel

Requires Prior Authorization

Fosrenol

#### Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

Preferred

Nexium  
Prevacid

Requires Prior Authorization

omeprazole (*Prilosec*)  
(brand and generic)  
pantoprazole (*Protonix*)  
(brand and generic)  
Aciphex  
Prilosec OTC  
Zegerid

#### Ulcerative Colitis Agents

Preferred

balsalazide (*Colaza*)  
sulfasalazine (*Azulfidine*)  
mesalamine enemas (*Rowasa*)  
Asacol

Requires Prior Authorization

Canasa  
Dipentum  
Lialda  
Pentasa

## Maryland Preferred Drug List

### INJECTABLES

#### Anticoagulants, Injectable

Preferred

Arixtra  
Fragmin  
Lovenox

Requires Prior Authorization

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)

Preferred

Enbrel  
Humira  
Kineret  
Raptiva

Requires Prior Authorization

#### Erythropoietins (Hematinics, Other)

Preferred

Aranesp  
Procrit

Requires Prior Authorization

Epogen

#### Growth Hormones (CLINICAL PA REQUIRED)

Preferred

Norditropin  
Nutropin  
Nutropin AQ  
Omnitrope  
Saizen  
Tev-Tropin

Requires Prior Authorization

Genotropin  
Humatrope  
Serostim  
Zorbtive

#### Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)

Preferred

ribavirin (*Copegus, Rebetol*)  
Pegasys

Requires Prior Authorization

Infergen  
Peg-Intron  
Peg-Intron Redipen

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

Preferred

Avonex  
Betaseron  
Copaxone  
Rebif

Requires Prior Authorization

### NEUROLOGICS

#### Alzheimer's Agents

Preferred

Aricept/Aricept ODT  
Exelon  
Exelon Transdermal Patch  
Namenda

Requires Prior Authorization

Cognex  
Razadyne  
Razadyne ER

#### Anti-Parkinson's Agents

Preferred

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

Requires Prior Authorization

Azilect  
Comtan  
Mirapex  
Neupro Transdermal Patch  
Parcopa  
Tasmar  
Zelapar



# Maryland Preferred Drug List

## OPHTHALMIC

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cromolyn ( <i>Crolom</i> )	ketotifen (Zaditor Rx) <b>(Brand and Generic)</b>
Acular	Alamast
Alrex	Alocril
Elestat	Alomide
Pataday	Emadine
Patanol	Optivar

### Ophthalmics, Fluoroquinolones and Macrolides

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ciprofloxacin solution ( <i>Ciloxan</i> )	AzaSite
ofloxacin ( <i>Ocuflox</i> )	Ciloxan ointment
Vigamox	Quixin
Zymar	

### Ophthalmics, Glaucoma Agents

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

### Ophthalmics, NSAIDs

<u>Preferred</u>	<u>Requires Prior Authorization</u>
diclofenac ( <i>Voltaren</i> )	
flurbiprofen ( <i>Ocufen</i> )	
Acular LS	
Acular PF	
Nevanac	
Xibrom	

## OTIC

### Otic Fluoroquinolones

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ofloxacin otic (Floxin Otic)	Cipro HC
Ciprodex	

## RESPIRATORY

### Antihistamines, Minimally Sedating (Antihistamines)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
loratadine, loratadine-D (OTC)	fexofenadine ( <i>Allegra</i> ) <b>(brand and generic)</b>
Alavert, Alavert-D (OTC)	Allegra-D
Claritin, Claritin-D (OTC)	Claritin, Claritin-D (Rx)
Claritin Chewable (OTC)	Clarinex, Clarinex-D
Tavist ND (OTC)	Semprex-D
Allegra syrup	Xyzal
	Zyrtec (OTC)
	Zyrtec-D (OTC)

### Bronchodilators, Anticholinergics

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

# Maryland Preferred Drug List

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

### Preferred

albuterol (*Proventil, Ventolin*)  
 albuterol ext-rel (*Vospire ER*)  
 metaproterenol (*Alupent*)  
 terbutaline (*Brethine*)  
 Maxair  
 ProAir HFA  
 Proventil HFA  
 Serevent Diskus  
 Ventolin HFA  
 Xopenex  
 Xopenex HFA

### Requires Prior Authorization

AccuNeb  
 Alupent  
 Brovana  
 Foradil  
 Perforomist

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

### Preferred

Advair Diskus/Advair HFA  
 Aerobid, Aerobid M  
 Asmanex  
 Azmacort  
 Flovent HFA  
 Qvar  
 Symbicort

### Requires Prior Authorization

Pulmicort Respules\*  
 (Over Age 8, Under Age 1)  
 Pulmicort Flexhaler

\* *Pulmicort Respules are available without prior authorization for children who are 1 to 8 years of age.*

## Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)

### Preferred

flunisolide (*Nasalide*)  
 ipratropium (*Atrovent Nasal*)  
 Astelin  
 Flonase (**brand only**)  
 Nasonex

### Requires Prior Authorization

fluticasone nasal (**generic only**)  
 Beconase AQ  
 Nasacort AQ  
 Nasarel  
 Rhinocort Aqua  
 Veramyst

## Leukotriene Modifiers

### Preferred

Accolate  
 Singulair

### Requires Prior Authorization

Zyflo  
 Zyflo CR

## TOPICAL DERMATOLOGICS

### Acne Agents, Topical

#### Preferred

benzoyl peroxide  
 clindamycin topical  
 erythromycin  
 erythromycin-benzoyl peroxide  
 sulfacetamide lotion (*Klaron*)  
 tretinoin  
 Azelex  
 Clinac BPO  
 Retin-A Micro  
 Tazorac

#### Requires Prior Authorization

Akne-Mycin  
 Benzacilin  
 Benzamycin  
 Brevoxyl  
 Clindagel  
 Clindareach  
 Differin  
 Duac  
 Evoclin  
 Inova  
 Lavoclen  
 Neobenz Micro  
 Nuox  
 Sulfoxyll  
 Triaz  
 Zaclir  
 Ziana  
 Zoderm

### Atopic Dermatitis

#### Preferred

Elidel  
 Protopic

#### Requires Prior Authorization

## UROLOGIC

### Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

#### Preferred

doxazosin (*Cardura*)  
 terazosin (*Hytrin*)  
 Avodart  
 Flomax  
 Uroxatral

#### Requires Prior Authorization

finasteride (*Proscar*)  
 Cardura XL

## Maryland Preferred Drug List

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### Bladder Relaxant Preparations (Urinary Tract Antispasmodic/ Antiincontinence Agent)

#### Preferred

oxybutynin (*Ditropan*)  
oxybutynin XL (*Ditropan XL*)  
Enablex  
Oxytrol  
Sanctura/Sanctura XR  
Vesicare

#### Requires Prior Authorization

Detrol  
Detrol LA