



# MARYLAND MEDICAID PHARMACY PROGRAM

No. 66

Thursday, April 9, 2009

## 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, 2009

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

Key: All lowercase letters = generic product.

Leading capital letter = brand name product.

Posted 4/1/09– Effective Date 4/1/09

## 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/Anesthetics, Topical

##### Preferred

Lidoderm  
Voltaren Gel

##### Requires Prior Authorization

Flector

#### 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 SS*)  
hydrocodone/apap (*Vicodin*)  
hydrocodone/ibuprofen (*Vicoprofen*)  
hydromorphone (*Dilaudid*)  
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**)\*  
levorphanol  
oxycodone/ibuprofen (*Combunox*)  
(**brand and generic**)  
Darvon-N  
Fentora \*  
Opana  
Panlor DC

\*Clinical Criteria applies to fentanyl buccal tablets (Fentora) and fentanyl buccal lozenges (Actiq, generic). **To view criteria, please refer to <http://www.dhmh.state.md.us/mma/mpap/forms.htm>**

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

##### Preferred

Imitrex (all forms - **brand only**)  
Maxalt, Maxalt MLT  
Relpax

##### Requires Prior Authorization

sumatriptan (all forms - **generic only**)  
Amerge  
Axert  
Frova  
Treximet  
Zomig, Zomig Nasal, Zomig ZMT

## MARYLAND PREFERRED DRUG LIST

### 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

### 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*)  
 neomycin  
 Alinia  
 Tindamax  
 Vancocin

#### Requires Prior Authorization

Flagyl ER  
 Xifaxan

### Antibiotics, Vaginal

#### Preferred

clindamycin vaginal (*Clindamax*)  
 metronidazole vaginal (*Metro-Gel*)  
 Cleocin  
 Clindesse

#### Requires Prior Authorization

## MARYLAND PREFERRED DRUG LIST

### 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*)  
 Ancobon  
 GriFulvin V  
 Lamisil Granules  
 Noxafil  
 Sporanox Solution  
 Vfend

### Antifungals, Topical (Topical Antifungals)

#### Preferred

ciclopirox (*Loprox*)  
 ciclopirox solution (*Penlac*)  
 clotrimazole (*Lotrimin*)  
 clotrimazole/betamethasone  
 (*Lotrisone*)  
 econazole (*Spectazole*)  
 ketoconazole (*Nizoral*)  
 nystatin  
 nystatin/triamcinolone (*Mycolog II*)  
 Naftin  
 Oxistat  
 Xolegel  
 Xolegel Corepak  
 Xolegel Duo

#### Requires Prior Authorization

CNL-8  
 Ertaczo  
 Extina  
 Loprox Shampoo  
 Mentax  
 Vusion

### Antiparasitics, Topical

#### Preferred

permethrin (*Elimite*)  
 Eurax  
 Ovide

#### Requires Prior Authorization

lindane

### Antivirals (Antivirals, General)

#### Preferred

acyclovir (*Zovirax*)  
 amantadine (*Symmetrel*)  
 rimantadine (*Flumadine*)  
 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*)  
 cefdinir (*Omnicef*)  
 cefuroxime (*Ceftin*)  
 cefpodoxime (*Vantin*)  
 cefprozil (*Cefzil*)  
 cephalixin (*Keflex*)  
 Suprax

#### Requires Prior Authorization

Augmentin XR  
 Raniclor  
 Cedax  
 Spectracef

### Fluoroquinolones (Quinolones)

#### Preferred

ciprofloxacin (*Cipro*)  
 Avelox  
 Levaquin

#### Requires Prior Authorization

ofloxacin (*Floxin*) (**brand and generic**)  
 ciprofloxacin ext-rel (*Cipro XR*)  
 (**brand and generic**)  
 Cipro Oral Suspension  
 Factive  
 Noroxin  
 Proquin XR

### Hepatitis B Agents

#### Preferred

Baraclude  
 Epivir HBV  
 Hepsera  
 Tyzeka

#### Requires Prior Authorization

### Macrolides/Ketolides

#### Preferred

azithromycin (*Zithromax*)  
 clarithromycin (*Biaxin*)  
 clarithromycin ER (*Biaxin XL*)  
 erythromycin

#### Requires Prior Authorization

Ketek  
 Zmax

## MARYLAND PREFERRED DRUG LIST

### Topical Impetigo Agents

**Preferred**

mupirocin (*Bactroban Ointment*)

**Requires Prior Authorization**

Altabax  
Bactroban Cream

## CARDIOVASCULAR

### Angiotensin Modulators/CCB Combinations

**Preferred**

amlodipine/benazepril (*Lotrel*)  
Azor  
Exforge

**Requires Prior Authorization**

Tarka

### Angiotensin Modulators

**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*)  
Aceon  
Avapro, Avalide  
Benicar, Benicar HCT  
Cozaar, Hyzaar  
Diovan, Diovan HCT  
Micardis, Micardis HCT

**Requires Prior Authorization**

moexipril (*Univasc*)  
moexipril HCTZ (*Uniretic*)  
quinapril (*Accupril*)  
quinaretic (*Accuretic*)  
ramipril (*Altace*)  
trandolapril (*Mavik*)  
Atacand, Atacand HCT  
Tekturna/Tekturna HCT  
Teveten, Teveten HCT

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

**Preferred**

acebutolol (*Sectral*)  
atenolol (*Tenormin*)  
bisoprolol (*Zebeta*)  
carvedilol (*Coreg*)  
labetalol (*Normodyne, Trandate*)  
metoprolol tartrate (*Lopressor*)  
metoprolol succinate ext-rel (*Toprol XL*)  
nadolol (*Corgard*)  
pindolol (*Visken*)  
propranolol (*Inderal*)  
propranolol LA (*Inderal LA*)  
sotalol, sotalol AF  
(*Betapace, Betapace AF*)  
timolol (*Blocadren*)  
Innopran XL  
Levatol

**Requires Prior Authorization**

betaxolol (*Kerlone*)  
Bystolic  
Coreg CR

### Calcium Channel Blocking Agents

**Preferred**

amlodipine (*Norvasc*)  
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*)  
Dynacirc CR  
Sular

**Requires Prior Authorization**

nifedipine (*Adalat, Procardia*)  
nimodipine (*Nimotop*)  
nisoldipine (*Sular*)  
(**generic only**)  
verapamil ER caps (*Verelan PM*)  
Cardizem LA  
Cardene SR  
Covera-HS

## MARYLAND PREFERRED DRUG LIST

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

**Preferred**

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

**Requires Prior Authorization**

Antara  
 Fenoglide  
 Lipofen  
 Lovaza (formerly Omacor)  
 Triglide  
 Welchol  
 Zetia

### Lipotropics, Statins (Lipotropics)

**Preferred**

lovastatin (*Mevacor*)  
 pravastatin (*Pravachol*)  
 simvastatin (*Zocor*)  
 Crestor  
 Lipitor

**Requires Prior Authorization**

Advicor  
 Altoprev  
 Caduet  
 Lescol, Lescol XL  
 Simcor  
 Vytorin

### Platelet Aggregation Inhibitors

**Preferred**

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

**Requires Prior Authorization**

### Pulmonary Arterial Hypertension, Oral Agents

**Preferred**

Letairis  
 Revatio\*

**Requires Prior Authorization**

Tracleer

\*Clinical Criteria applies to Revatio. **To view criteria, please refer to <http://www.dhmh.state.md.us/mma/mpap/forms.htm>**

## CENTRAL NERVOUS SYSTEM

### Anticonvulsants

**Preferred**

carbamazepine (*Tegretol*)  
 clonazepam (*Klonopin*)  
 divalproex (*Depakote, ER*)  
     (Brand and generic)  
 ethosuximide (*Zarontin*)  
 gabapentin (*Neurontin*)  
 lamotrigine (*Lamictal*)  
     (Brand and generic)  
 mephobarbital (*Mebaral*)  
 phenobarbita  
 phenytoin (*Dilantin*)  
 primidone (*Mysoline*)  
 valproic acid (*Depakene*)  
 zonisamide (*Zonegran*)  
 Carbatrol  
 Celontin  
 Diastat  
 Felbatol  
 Gabitril  
 Keppra (**Brand only**)  
 Keppra XR  
 Peganone  
 Topamax  
 Trileptal (**Brand only**)

**Requires Prior Authorization**

levetiracetam (**generic only**)  
 oxcarbazepine (**generic only**)  
 Equetro  
 Lyrica  
 Phenytek  
 Stavzor  
 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  
Pristiq  
Venlafaxine ER Tablets

\**Clinical criteria applies to Cymbalta. To view criteria, please refer to <http://www.dhmd.state.md.us/mma/mpap/clinicalcriteria.htm>*

### Atypical Antipsychotics

#### Preferred

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

clozapine (*Clozaril*)  
risperidone (*Risperdal*)  
Abilify  
Fazaclo  
Geodon  
Invega  
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. To view criteria, please refer to <http://www.dhmd.state.md.us/mma/mpap/clinicalcriteria.htm>*

### Sedative Hypnotics

#### Preferred

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

#### Requires Prior Authorization

Ambien CR  
Doral  
Lunesta \*  
Restoril 7.5mg

\* *Step therapy for Lunesta may allow it to process without a prior authorization. Please see specific STEP criteria located at: <http://www.dhmd.state.md.us/mma/mpap/clinicalcriteria.htm>*

### Selective Serotonin Reuptake Inhibitors (SSRIs)

#### Preferred

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

#### Requires Prior Authorization

Luvox CR  
Pexeva  
Prozac Weekly  
Sarafem  
Symbyax

## MARYLAND PREFERRED DRUG LIST

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

**Preferred** | **Requires Prior Authorization**

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

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

Desoxyn  
Provigil  
Ritalin LA

#### 2<sup>nd</sup> Tier-

Strattera \*\*\* (for ages 17 and under)

\*\*\* To view criteria, please refer to <http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm>

## ENDOCRINE

### Androgenic Agents

**Preferred** | **Requires Prior Authorization**  
Androderm | Testim  
Androgel

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

**Preferred** | **Requires Prior Authorization**  
alendronate (*Fosamax*) | Boniva  
Actonel | Didronel  
Actonel with Calcium | Evista  
Fosamax Plus D | Forteo  
Fosamax Solution | Fortical  
Miacalcin

### Hypoglycemics, Incretin Mimetics and Enhancers

**Preferred** | **Requires Prior Authorization**  
Byetta  
Janumet  
Januvia  
Symlin

### Hypoglycemics, Insulins and Related Agents

**Preferred** | **Requires Prior Authorization**  
Lantus | Apidra  
Levemir | Humalog  
Novolin | Humalog Mix  
NovoLog | Humulin  
NovoLog Mix

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

**Preferred** | **Requires Prior Authorization**  
Prandin  
Starlix

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

**Preferred** | **Requires Prior Authorization**  
ActoPlusMet  
Actos  
Avandamet  
Avandaryl  
Avandia  
Duetact

## GASTROINTESTINAL

### Antiemetics

**Preferred** | **Requires Prior Authorization**  
dronabinol (*Marinol*) | granisetron (*Kytril*)  
ondansetron, ondansetron ODT | (brand and generic)  
(*Zofran, Zofran ODT*) | Anzemet  
Emend | Cesamet  
Sancuso



## MARYLAND PREFERRED DRUG LIST

### Pancreatic Enzymes

**Preferred**

dygase  
lapase  
pancrelipase  
Creon  
Lipram  
Pancrease MT  
Ultrase  
Viokase

**Requires Prior Authorization**

Pancrecarb MS

### Phosphate Binders and Related Agents

**Preferred**

Fosrenol  
PhosLo (Brand Only)  
Renagel

**Requires Prior Authorization**

calcium acetate (generic only)  
Renvela

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

**Preferred**

omeprazole (*Prilosec*)  
omeprazole OTC (*Prilosec OTC*)  
Prevacid (all forms)

**Requires Prior Authorization**

pantoprazole (*Protonix*)  
(brand and generic)  
Aciphex  
Nexium (all forms)  
Zegerid

### Ulcerative Colitis Agents

**Preferred**

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

**Requires Prior Authorization**

Dipentum  
Lialda  
Pentasa

## 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**

Genotropin  
Norditropin  
Nutropin/ Nutropin AQ

**Requires Prior Authorization**

Humatrope  
Omnitrope  
Saizen  
Serostim  
Tev-Tropin  
Zorbtive

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

**Preferred**

ribavirin (*Copegus, Rebetol*)  
Pegasys

**Requires Prior Authorization**

Infergen  
Peg-Intron  
Peg-Intron Redipen

## MARYLAND PREFERRED DRUG LIST

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

**Preferred**

Avonex  
Betaseron  
Copaxone  
Rebif

**Requires Prior Authorization**

### NEUROLOGICS

#### Alzheimer's Agents

**Preferred**

Aricept/Aricept ODT  
Namenda

**Requires Prior Authorization**

galantamine (*Razadyne*)  
**(brand and generic)**  
Cognex  
Exelon  
Exelon Transdermal Patch  
Razadyne ER

#### Anti-Parkinson's Agents

**Preferred**

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

**Requires Prior Authorization**

bromocriptine (*Parlodel*)  
Azilect  
Comtan  
Mirapex  
Neupro Transdermal Patch  
Parcopa  
Requip XL  
Tasmar  
Zelapar

### OPHTHALMIC

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

**Preferred**

cromolyn (*Crolom*)  
Acular  
Alrex  
Elestat  
Optivar  
Pataday  
Patanol

**Requires Prior Authorization**

ketotifen (*Zaditor Rx*)  
Alamast  
Alocril  
Alomide  
Emadine

#### Ophthalmics, Fluoroquinolones and Macrolides

**Preferred**

ciprofloxacin solution (*Ciloxan*)  
erythromycin  
ofloxacin (*Ocuflox*)  
Iquix  
Vigamox  
Zymar

**Requires Prior Authorization**

AzaSite  
Ciloxan ointment  
Quixin

## MARYLAND PREFERRED DRUG LIST

### 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  
Combigan  
Cosopt  
Istalol  
Lumigan  
Travatan/Travatan Z  
Trusopt  
Xalatan

#### Requires Prior Authorization

### Ophthalmics, NSAIDs

#### Preferred

diclofenac (*Voltaren*)  
flurbiprofen (*Ocufen*)  
Acular LS  
Acular PF  
Nevanac  
Xibrom

#### Requires Prior Authorization

## OTIC

### Otic Fluoroquinolones

#### Preferred

ofloxacin otic (*Floxin Otic*)  
Ciprodex

#### Requires Prior Authorization

Cipro HC

## RESPIRATORY

### Antihistamines, Minimally Sedating (Antihistamines)

#### Preferred

cetirizine, cetirizine-D  
(all forms- Rx and OTC)  
loratadine, loratadine-D  
(all forms- Rx and OTC)

#### Requires Prior Authorization

fexofenadine (*Allegra*)  
Allegra Syrup  
Allegra-D  
Allegra ODT  
Claritin, Claritin-D (Rx)  
Claritin, Claritin-D (OTC)  
Claritin Chewable (OTC)  
Clarinex, Clarinex-D  
Semprex-D  
Xyzal  
Xyzal Syrup

### Bronchodilators, Anticholinergics

#### Preferred

ipratropium neb (*Atrovent*)  
Atrovent HFA  
Combivent  
Spiriva

#### Requires Prior Authorization

albuterol/ipratropium neb  
(*DuoNeb*) **brand and generic**

### 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  
Ventolin HFA  
Xopenex  
Xopenex HFA

#### Requires Prior Authorization

Alupent MDI  
Brovana  
Foradil  
Perforomist

## MARYLAND PREFERRED DRUG LIST

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

**Preferred**

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

**Requires Prior Authorization**

Alvesco  
 Asmanex  
 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*)  
 fluticasone nasal (*Flonase*)  
 ipratropium (*Atrovent Nasal*)  
 Astelin  
 Nasacort AQ  
 Nasonex  
 Patanase  
 Veramyst

**Requires Prior Authorization**

Beconase AQ  
 Nasarel  
 Omnaris  
 Rhinocort Aqua

### Leukotriene Modifiers

**Preferred**

Accolate  
 Singulair

**Requires Prior Authorization**

Zyflo CR

### TOPICAL DERMATOLOGICS

#### Acne Agents, Topical

**Preferred**

benzoyl peroxide  
 clindamycin topical  
 erythromycin  
 tretinoin  
 Azelex  
 Clinac BPO  
 Differin  
 Duac  
 Retin-A Micro

**Requires Prior Authorization**

erythromycin-benzoyl peroxide  
 sodium sulfa-sulfur-meratan  
 sulfacetamide lotion (*Klaron*)  
 sulfacetamide-sulfur  
 Aczone  
 Akne-Mycin  
 Atralin  
 Benzaclin  
 Benzamycin  
 Brevoxyl  
 Clarifoam EF  
 Clindagel  
 Clindareach  
 Evoclin  
 Inova  
 Lavoclen  
 Neobenz Micro  
 Nuox  
 Sulfoxyl  
 Tazorac  
 Triaz  
 Zacare  
 Zaclir  
 Ziana  
 Zoderm

#### Atopic Dermatitis

**Preferred**

Elidel  
 Protopic

**Requires Prior Authorization**

## MARYLAND PREFERRED DRUG LIST

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### UROLOGIC

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

##### Preferred

doxazosin (*Cardura*)  
terazosin (*Hytrin*)  
Avodart  
Flomax  
Proscar (**Brand only**)  
Uroxatral

##### Requires Prior Authorization

finasteride (**generic only**)  
Cardura XL

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

##### Preferred

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

##### Requires Prior Authorization