



MARYLAND MEDICAID PHARMACY PROGRAM

No. 113
June 27, 2012

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 Medicaid Pharmacy Program (MMPP)** has developed the **Maryland Medicaid 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 MMPP representative at 410-767-1455.

Updated Maryland Medicaid Preferred Drug List Effective July 1, 2012

The Maryland Medicaid Pharmacy Program has an open formulary with a Preferred Drug List (PDL) to ensure access to efficacious, safe, and cost-effective drug options. You will immediately notice that the PDL included in this Advisory is in a format that is different from previous PDL listings. The Department hopes you find the new format easier to navigate.

Included in this Advisory are two (2) new Single Drug Reviews for drug classes not reviewed during this cycle. In the Anticonvulsants category, *Onfi* is non-preferred and in the NSAIDs category, *Duexis* is non-preferred.

As in the past, new strengths and dosage forms are handled as line extensions to current PDL agents where appropriate.

Changes in the Preferred Drug List are **highlighted** in yellow.

Key: All lowercase letters = generic product.
Leading capital letter = brand name product.
Posted 7/1/2012 – Effective Date 7/1/12

Maryland Preferred Drug List

Posted 06/27/2012
Effective Date 07/01/2012

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

Drug Class	Preferred	Requires Prior Authorization
Analgesics/Anesthetics, Topical	capsaicin OTC Lidoderm Voltaren Gel	<i>Flector</i> <i>Pennsaid</i> <i>Qutenza</i>
Analgesics, Narcotics (Long Acting)	fentanyl patch (Duragesic) methadone(Dolophine) morphine sulfate SR (MS Contin) Kadian (Brand only)	morphine sulfate ER (Kadian) (generic only) oxycodone ER (Oxycontin) (Brand and generic) oxymorphone ER tramadol ER (Ultram ER, Ryzolt) (Brand and generic) <i>Avinza</i> <i>Butrans</i> Conzip <i>Duragesic Matrix</i> <i>Exalgo</i> Nucynta ER <i>Opana ER</i>
Analgesics, Narcotics (Short Acting) *Clinical Criteria applies to fentanyl buccal tablets (Fentora), fentanyl buccal lozenges (Actiq, generic), Abstral (fentanyl sublingual tablets) and Onsolis (fentanyl buccal film). To view criteria, please refer to http://www.mdrxprograms.com/docs/micaid/MD_FENTANYL%20BUCCAL%20Rev%20Feb08.pdf .	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) morphine sulfate oxycodone oxycodone/apap (Percocet) oxycodone/aspirin (Percodan) pentazocine/apap (Talacen) pentazocine/naloxone (Talwin NX) Roxicodone tablets tramadol (Ultram) tramadol/apap (Ultracet) Zydone	butorphanol nasal spray carisoprodol/codeine/asa fentanyl transmucosal and buccal (Actiq and Fentora) (Brand and generic)* <i>levorphanol</i> meperidine (Demerol) (Brand and generic) oxycodone/ibuprofen (Combunox) (Brand and generic) oxymorphone (Opana) (Brand and generic) <i>Abstral*</i> <i>Dilaudid Liquid</i> <i>Ibudone</i> <i>Nucynta</i> <i>Onsolis *</i> <i>Oxecta</i> <i>Panlor DC</i> <i>Reprexain</i> Roxicodone solution <i>Rybix ODT</i> Trezix <i>Zamicet</i> <i>Zolvit</i>
Anti-Hyperuricemics	allopurinol (Zyloprim) probenecid probenecid/colchicine	<i>Colcrys</i> <i>Uloric</i>

Analgesics

Drug Class	Preferred	Requires Prior Authorization
Anti-Migraine Agents	sumatriptan (Imitrex) Relpax	<i>naratriptan (Amerge) (Brand and generic)</i> <i>Axert</i> <i>Cambia</i> <i>Frova</i> <i>Maxalt, Maxalt MLT</i> <i>Sumavel Dosepro</i> <i>Treximet</i> <i>Zomig, Zomig Nasal, Zomig ZMT</i>
Fibromyalgia Agents *Clinical criteria apply to Cymbalta. To view criteria, please refer to http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx .	Lyrica Savella	<i>Cymbalta*</i>
Nonsteroidal Anti-Inflammatories/COX II Inhibitors (NSAIDs, Cyclooxygenase Inhibitors – Type II)	diclofenac potassium (Cataflam) diclofenac sodium, diclofenac sodium XL (Voltaren, Voltaren XR) diflunisal (Dolobid) etodolac, etodolac XL (Lodine, Lodine XL) fenoprofen (Nalfon) flurbiprofen (Ansaid) ibuprofen Rx and OTC (Motrin) indomethacin, indomethacin SR (Indocin, Indocin SR) ketoprofen (Orudis, Oruvail) ketorolac (Toradol) meclofenamate (Meclomen) meloxicam (Mobic) nabumetone (Relafen) naproxen (Naprosyn) naproxen OTC naproxen sodium, naproxen sodium DS (Anaprox, Anaprox DS) oxaprozin (Daypro) piroxicam (Feldene) sulindac (Clinoril)	<i>mefenamic acid (Ponstel)</i> <i>tolmetin, tolmetin DS (Tolectin, Tolectin DS)</i> <i>Arthrotec</i> <i>Celebrex</i> <i>Duexis</i> <i>Indocin Rectal</i> <i>Indocin Suspension</i> <i>Sprix Nasal</i> <i>Vimovo</i> <i>Zipsor</i>
Skeletal Muscle Relaxants	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)	<i>cyclobenzaprine ER (Amrix) (Brand and generic)</i> <i>metaxalone (Skelaxin) (Brand and generic)</i> <i>tizanidine capsules (Zanaflex) (Brand and generic)</i> <i>Fexmid</i> <i>Lorzone</i> <i>Soma 250mg tablets</i>

Anti-Infectives

Drug Class	Preferred	Requires Prior Authorization
Antibiotics, GI	metronidazole tablets (Flagyl) neomycin Alinia vancomycin (Vancocin)	metronidazole capsules (Flagyl capsules) Difcid Flagyl ER Neo-Fradin tinidazole (Tindamax) Xifaxan
Antibiotics, Inhaled	TOBI	Cayston
Antibiotics, Vaginal	clindamycin vaginal (Clindamax) metronidazole vaginal (Metro-Gel) (Brand and generic) Cleocin Ovules Vandazole Vaginal	Cleocin Cream
Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)	fluconazole (Diflucan) ketoconazole (Nizoral) nystatin terbinafine (Lamisil) Gris Peg	clotrimazole troche (Mycelex) (Brand and generic) flucytosine (Ancobon) griseofulvin suspension (Fulvicin, GriFulvin V) (Brand and generic) itraconazole (Sporanox) voriconazole (Vfend) (Brand and generic) Lamisil Granules Noxafil Terbinex
Antifungals, Topical (Topical Antifungals)	clotrimazole OTC clotrimazole Rx (Lotrimin) clotrimazole/betamethasone (Lotrisone) econazole (Spectazole) ketoconazole cream and shampoo(Nizoral) miconazole OTC nystatin nystatin/triamcinolone (Mycolog) terbinafine OTC tolnaftate OTC	butenafine OTC (Mentax) (Brand and generic) ciclopirox (Loprox) (Brand and generic) ciclopirox solution (Penlac) (Brand and generic) ciclopirox shampoo (Loprox Shampoo) (Brand and generic) ketoconazole foam tolnaftate aero powder Bensal HP CNL-8 Ertaczo Exelderm Extina Ketocon Plus Lamisil Solution Naftin Oxistat Pediaderm AF Pediprox-4 Vusion
Antiparasitics, Topical	permethrin lotion 1% OTC permethrin Rx (Elimite, Acticin) Eurax cream Ovide (Brand only)	lindane malathion (generic only) Eurax lotion Natroba Ulesfia
Antivirals, Oral (Antivirals, General)	acyclovir (Zovirax) amantadine (Symmetrel) rimantadine (Flumadine) valacyclovir (Valtrex) (Brand and generic)	famciclovir (Famvir) (Brand and generic) Relenza Tamiflu

Anti-Infectives

Drug Class	Preferred	Requires Prior Authorization
Antivirals, Topical	Abreva OTC Denavir Zovirax Ointment	Xerese Zovirax Cream
Cephalosporin and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)	amoxicillin/clavulanate (Augmentin, Augmentin ES) cefaclor, cefaclor ER (Ceclor, Ceclor CD) cefadroxil (Duricef) cefdinir (Omnicef) cefuroxime (Ceftin) cefprozil (Cefzil) cephalexin (Keflex) Suprax	amoxicillin/clav ER (Augmentin XR) (Brand and generic) cefditoren (Spectracef) (Brand and generic) cefprozime (Vantin) (Brand and generic) Cedax Ceftin Tablets/Suspension
Fluoroquinolones (Quinolones)	ciprofloxacin (Cipro) levofloxacin (Levaquin)	ciprofloxacin ER (Cipro XR) (Brand and generic) ofloxacin (Floxin) (Brand and generic) Avelox Cipro Suspension Factive Noroxin
Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)	ribavirin (Copegus, Rebetol) Pegasys Peg-Intron Peg-Intron Redipen Incivek VICTRELIS	Infegen Pegasys Proclick Ribapak Ribasphere
Macrolides/Ketolides	azithromycin (Zithromax) E.E.S. Ery-Tab EryPed Erythrocin erythromycin base	clarithromycin (Biaxin) (Brand and generic) clarithromycin ER (Biaxin XL) (Brand and generic) Ketek PCE Zmax
Tetracyclines	doxycycline hyclate doxycycline hyclate DR doxycycline monohydrate minocycline (Minocin) tetracycline (Sumycin)	demeclocycline (Declomycin) minocycline ER Adoxa CK Adoxa TT Doryx Morgidox Oracea Solodyn Vibramycin Capsules and Suspension
Topical Antibiotics	bacitracin OTC bacitracin/polymyxin OTC gentamicin mupirocin (Bactroban Ointment) triple antibiotic, ointment and packet, OTC	Altanax Bactroban Cream Centany

Cardiovascular

Drug Class	Preferred	Requires Prior Authorization
Angiotensin Modulator Combinations	amlodipine/benazepril (Lotrel) Azor/Tribenzor Exforge/Exforge HCT Valturna	<i>trandolapril/verapamil (Tarka) (Brand and generic)</i> <i>Tekamlo/Amturnide</i> <i>Twynsta</i>
Angiotensin Modulators	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) losartan (Cozaar) losartan/HCTZ (Hyzaar) quinapril (Accupril) quinaretic (Accuretic) ramipril (Altace) Diovan, Diovan HCT	<i>eprosartan (Teveten) (Brand and generic)</i> <i>moexipril (Univasc) (Brand and generic)</i> <i>moexipril HCTZ (Uniretic) (Brand and generic)</i> <i>perindopril (Aceon) (Brand and generic)</i> <i>trandolapril (Mavik) (Brand and generic)</i> <i>Atacand, Atacand HCT</i> <i>Avapro, Avalide</i> <i>Benicar, Benicar HCT</i> <i>Edarbi, Edarbiclor</i> <i>Micardis, Micardis HCT</i> <i>Tekturna/Tekturna HCT</i> <i>Teveten HCT</i>
Anticoagulants	warfarin (Coumadin) Fragmin Lovenox (Brand only)	<i>enoxaparin (generic only)</i> <i>fondaparinux (Arixtra) (Brand and generic)</i> <i>Pradaxa</i> <i>Xarelto</i>
Antihypertensives, Sympatholytics	clonidine oral (Catapres) guanfacine (Tenex) methyldopa (Aldomet) methyldopa/HCTZ (Aldoril) Catapres-TTS (Brand only)	<i>clonidine transdermal (generic only)</i> <i>reserpine</i> <i>Clorpres</i> <i>Nexiclon XR Suspension</i> <i>Nexiclon XR Tablets</i>
Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)	acebutolol (Sectral) atenolol (Tenormin) atenolol/chlorthalidone (Tenoretic) bisoprolol (Zebeta) bisoprolol/HCTZ (Ziac) carvedilol (Coreg) labetalol (Normodyne, Trandate) metoprolol tartrate (Lopressor) metoprolol tartr/HCTZ (Lopressor HCT) metoprolol succinate XL (Toprol XL) nadolol (Corgard) nadolol/bendroflumethiazide (Corzide) pindolol (Visken) propranolol (Inderal) propranolol/HCTZ (Inderide) propranolol LA (Inderal LA) sotalol, sotalol AF (Betapace, Betapace AF) timolol (Blocadren)	<i>betaxolol (Kerlone) (Brand and generic)</i> <i>Bystolic</i> <i>Coreg CR</i> <i>Dutoprolol</i> <i>Innopran XL</i> <i>Levatol</i>

Cardiovascular

Drug Class	Preferred	Requires Prior Authorization
Calcium Channel Blocking Agents	amlodipine (Norvasc) diltiazem (Cardizem) diltiazem CD, 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)	<i>nifedipine (Adalat, Procardia) (Brand and generic)</i> <i>nimodipine (Nimotop) (Brand and generic)</i> <i>nisoldipine (Sular) (Brand and generic)</i> <i>verapamil ER caps (Verelan PM) (Brand and generic)</i> Cardizem LA Covera-HS Dynacirc CR Matzim LA
Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)	cholestyramine (Questran, Light) gemfibrozil (Lopid) Niacor Niaspan Tricor Trilipix	<i>colestipol (Colestid) (Brand and generic)</i> <i>fenofibrate (Lofibra) (Brand and generic)</i> <i>fenofibric acid (Fibricor) (Brand and generic)</i> Antara Lipofen Lovaza Triglide Welchol Zetia
Lipotropics, Statins (Lipotropics)	atorvastatin (Lipitor) lovastatin (Mevacor) pravastatin (Pravachol) simvastatin (Zocor) fluvastatin (Lescol, Lescol XL) Simcor	<i>amlodipine/atorvastatin (Caduet) (Brand and generic)</i> Advicor Altoprev Crestor Livalo Vytorin
Platelet Aggregation Inhibitors	dipyridamole (Persantine) ticlopidine (Ticlid) Aggrenox Plavix	Brilinta Effient
Pulmonary Arterial Hypertension, Oral and Inhaled Agents	Adcirca* Letairis Revatio* Tracleer Ventavis	Tyvaso

*Clinical Criteria applies to Adcirca and Revatio. To view criteria, please refer to <http://mmcp.dhmh.maryland.gov/pap/docs/PAH-Drugs-PA-form.pdf>.

Central Nervous System

The Mental Health Carve Out link is located at: http://www.mdmahealthchoicex.com/healthchoice_docs/mmmh_form.pdf

Drug Class	Preferred	Requires Prior Authorization
Anticonvulsants	carbamazepine (Tegretol) carbamazepine susp (Tegretol Susp) (Brand and generic) clonazepam (Klonopin) divalproex (Depakote, ER) gabapentin (Neurontin) lamotrigine (Lamictal) levetiracetam (Keppra) oxcarbazepine (Trileptal) oxcarbazepine suspension (Trileptal Suspension) (Brand and generic) phenobarbital phenytoin (Dilantin) primidone (Mysoline) topiramate (Topamax) valproic acid (Depakene) zonisamide (Zonegran) Carbatrol (Brand only) Celontin Depakote Sprinkle (Brand only) Diastat Rectal (Brand only) Gabitril Peganone	carbamazepine ER caps (generic only) carbamazepine XR (Tegretol XR) clonazepam ODT (Klonopin ODT) diazepam rectal (generic only) divalproex sprinkles (generic only) ethosuximide (Zarontin) (Brand and generic) felbamate (Felbatol) levetiracetam ER (Keppra XR) (Brand and generic) mephobarbital (Mebaral) topiramate sprinkles (Topamax Sprinkles) (Brand and generic) Banzel Equetro Gralise Lamictal ODT Lamictal XR Onfi Phenytek Sabril Stavzor Vimpat
Antidepressants, Other (Alpha-2 Receptor Antagonist) Antidepressants, Serotonin-2 Antagonist/Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake-Inhib, Norepinephrine and Dopamine Reuptake Inhib)	bupropion, bupropion SR, bupropion XL (Wellbutrin, Wellbutrin SR, Wellbutrin XL) mirtazapine, mirtazapine soltab (Remeron, Remeron Soltab) phenelzine (Nardil) trazodone (Desyrel) venlafaxine (Effexor) venlafaxine ER caps (Effexor XR) Marplan Parnate (Brand only)	nefazodone (Serzone) tranylcypromine (generic only) venlafaxine ER tablets Aplenzin Oleptro ER Emsam Pristiq Viibryd
Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	citalopram (Celexa) Lexapro (Brand only) fluoxetine (Prozac) fluvoxamine (Luvox) paroxetine (Paxil) sertraline (Zoloft)	escitalopram (generic only) fluoxetine weekly (Prozac weekly) (Brand and generic) paroxetine CR (Paxil CR) (Brand and generic) selfemra (Sarafem) (Brand and generic) Luvox CR Pexeva

Central Nervous System

The Mental Health Carve Out link is located at: http://www.mdmahealthchoicercx.com/healthchoice_docs/mmmh_form.pdf

Drug Class	Preferred	Requires Prior Authorization
<p>Antipsychotics**</p> <p>** Additional clinical edits may apply to the Tier 2 products. An adequate trial of a Tier 1 preferred drug is required prior to use of any Tier 2 product. To view criteria, please refer to http://mmcp.dhmm.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx.</p>	<p>1st Tier</p> <p>chlorpromazine (Thorazine) clozapine (Clozaril) fluphenazine (Prolixin) fluphenazine decanoate inj (Prolixin Inj.) haloperidol (Haldol) haloperidol decanoate inj (Haldol IM) perphenazine (Trilafon) perphenazine/amitriptyline (Triavil) quetiapine (Seroquel) risperidone (Risperdal) thioridazine (Mellaril) thiothixene (Navane) trifluoperazine (Stelazine) Geodon (Brand only) Geodon IM Moban Orap Risperdal Consta</p> <p>2nd Tier</p> <p>olanzapine IM (Zyprexa IM) olanzapine ODT (Zyprexa Zydys) olanzapine (Zyprexa) Abilify</p>	<p>1st Tier</p> <p>Abilify IM Fanapt Fazaclo Invega Invega Sustenna Latuda Saphris Seroquel XR Symbyax ziprasidone (generic only) Zyprexa Relprevv</p>
<p>Sedative Hypnotics</p> <p>* Step therapy for Lunesta may allow it to process without a prior authorization. Please see specific STEP criteria located at: http://mmcp.dhmm.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx.</p>	<p>chloral hydrate flurazepam (Dalmane) temazepam (Restoril) triazolam (Halcion) zaleplon (Sonata) zolpidem (Ambien)</p>	<p>estazolam (ProSom) temazepam 7.5 mg (Restoril 7.5mg) (Brand and generic) temazepam 22.5 mg (Restoril 22.5mg) (Brand and generic) zolpidem ER (Ambien CR) (Brand and generic) Edluar Doral Lunesta* Rozerem Silenor Somnote Zolpimist</p>

Central Nervous System

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Drug Class	Preferred	Requires Prior Authorization
Stimulants and Related Agents (Tx for Attention Deficit Hyperact (ADHD)/Narcolepsy; Adrenergics, Aromatic, Non-Catecholamine) ** For recipients 6–17 years old, Kapvay and Intuniv is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, Intuniv and Kapvay continue to be part of the MCO pharmacy benefit. *** To view criteria for Strattera, please refer to http://mmcp.dhmdh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx .	1st Tier amphetamine salt combo (Adderall) dexmethylphenidate (Focalin) (Brand and generic) dextroamphetamine (Dexedrine) methylphenidate (Ritalin) methylphenidate ER (Ritalin-SR) Adderall XR (Brand only) Concerta (Brand only) Daytrana Focalin XR Intuniv** Metadate CD Methylin Chew and Solution Vyvanse 2nd Tier Strattera *** (for ages 17 and under)	1st Tier amphetamine salt combo ER (generic only) methamphetamine (Desoxyn) (Brand and generic) methylphenidate liquid (Procentra) (Brand and generic) methylphenidate controlled release (generic only) Kapvay** Provigil Nuvigil Ritalin LA

Endocrine

Drug Class	Preferred	Requires Prior Authorization
Androgenic Agents	Androderm Androgel	Axiron Fortesta Testim
Bone Resorption Suppression and Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents – Parathyroid Hormone)	alendronate (Fosamax) Miacalcin (Brand only)	calcitonin salmon nasal (generic only) etidronate (Didronel) (Brand and generic) ibandronate (Boniva) (Brand and generic) Actonel Atelvia Evista Forteo Fortical Fosamax Plus D Fosamax Solution Prolia
Hypoglycemics, Incretin Mimetics and Enhancers	Byetta Janumet Januvia Jentadueto Kombiglyze XR Onglyza Symlin Tradjenta	Bydureon Juvisync Victoza
Hypoglycemics, Insulins and Related Agents	Humalog Humalog Mix Humulin Lantus Novolin NovoLog NovoLog Mix	Apidra Levemir

Endocrine

Drug Class	Preferred	Requires Prior Authorization
Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)	nateglinide (Starlix) Prandin	Prandimet
Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)	ActoPlusMet Actos Duetact	ActoPlusMet XR Avandamet Avandaryl Avandia

Gastrointestinal

Drug Class	Preferred	Requires Prior Authorization
Antiemetic/Antivertigo Agents	dimenhydrinate inj. and OTC meclizine Rx and OTC (Bonine, Antivert) metoclopramide oral and IV (Reglan) ondansetron, ondansetron ODT (all forms) (Zofran, Zofran ODT) prochlorperazine (all forms) (Compazine, Compro) promethazine (oral and rectal) (Phenergan) Marinol (Brand only) Emend (oral only) Metozolv ODT TransDerm-Scop	dronabinol (generic only) granisetron oral and IV (Kytril) (Brand and generic) trimethobenzamide (all forms) (Tigan) (Brand and generic) Aloxi IV Anzemet (oral and IV) Cesamet Emend IV Sancuso Zuplenz
Bile Salts	ursodiol capsule (Actigall)	ursodiol tablet (URSO Forte) Chenodal
Pancreatic Enzymes	pancrelipase Creon Zenpep	Pancreaze
Phosphate Binders and Related Agents	Calphron OTC Eliphos PhosLo (Brand Only) Renagel Renvela tablet	calcium acetate (generic only) Fosrenol Magnebind 400 RX Phoslyra Renvela powder packet
Proton Pump Inhibitors (Gastric Acid Secretion Reducers)	lansoprazole (Prevacid) lansoprazole OTC (Prevacid OTC) lansoprazole solutab (Prevacid Solutab) (Brand and generic) omeprazole (Prilosec) omeprazole OTC (Prilosec OTC) pantoprazole (Protonix) Protonix Suspension	omeprazole/sodium bicarb (Zegerid OTC) (Brand and generic) Aciphex Dexilant Prilosec Suspension Nexium (all forms)
Ulcerative Colitis Agents	balsalazide (Colazal) sulfasalazine (Azulfidine) sulfasalazine DR (Azulfidine DR) Apriso Asacol Canasa	mesalamine enemas (Rowasa) (Brand and generic) Asacol HD Dipentum Lialda Pentasa Rowasa sFRowasa

Immunologics

Drug Class	Preferred	Requires Prior Authorization
Immunosuppressives, Oral	azathioprine (Imuran) cyclosporine modified (Gengraf, Neoral) mycophenolate mofetil (Cellcept) tacrolimus (Prograf) Rapamune Sandimmune (Brand only)	<i>cyclosporine (generic only)</i> <i>Azasan</i> <i>Myfortic</i> <i>Zortress</i>

Injectables

Drug Class	Preferred	Requires Prior Authorization
Colony Stimulating Factors	Neupogen	<i>Leukine</i> <i>Neulasta</i>
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)	Cimzia Enbrel Humira	<i>Actemra</i> <i>Amevive</i> <i>Kineret</i> <i>Orencia</i> <i>Orencia Sub-Q</i> <i>Remicade</i> <i>Simponi</i> <i>Stelara</i>
Erythropoietins (Hematinics, Other)	Aranesp Procrit	<i>Epogen</i>
Growth Hormones (CLINICAL PA REQUIRED)	Genotropin Norditropin Nutropin/Nutropin AQ	<i>Humatrope</i> <i>Omnitrope</i> <i>Saizen</i> <i>Serostim</i> <i>Tev-Tropin</i>

Neurologics

Drug Class	Preferred	Requires Prior Authorization
Alzheimer's Agents	donepezil/donepezil ODT (Aricept/Aricept ODT) rivastigmine (Exelon) Exelon Transdermal Patch Namenda	<i>galantamine (Razadyne, ER) (Brand and generic)</i> <i>Exelon Solution</i>
Anti-Parkinson's Agents	benztropine (Cogentin) levodopa/carbidopa Immediate and Extended Release (Sinemet, Sinemet CR) ropinirole (Requip) pramipexole (Mirapex) trihexyphenidyl (Artane) Stalevo	<i>bromocriptine (Parlodel) (Brand and generic)</i> <i>levodopa/carbidopa ODT (Parcopa) (Brand and generic)</i> <i>selegiline (Eldepryl) (Brand and generic)</i> <i>Azilect</i> <i>Comtan</i> <i>Mirapex ER</i> <i>Requip XL</i> <i>Tasmar</i> <i>Zelapar</i>
Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)	Avonex Betaseron Copaxone Rebif	<i>Ampyra</i> <i>Extavia</i> <i>Gilenya</i>

Ophthalmic

Drug Class	Preferred	Requires Prior Authorization
Ophthalmics, Allergic Conjunctivitis (Eye Antiinflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)	cromolyn (Crolom) ketotifen OTC (Zaditor OTC) Alrex Pataday Patanol	<i>azelastine (Optivar) (Brand and generic)</i> <i>epinastine (Elestat) (Brand and generic)</i> <i>Alamast</i> <i>Alocril</i> <i>Alomide</i> <i>Bepreve</i> <i>Elestat</i> <i>Emadine</i> <i>Lastacaft</i>
Ophthalmics, Antibiotics	bacitracin bacitracin/polymixin ciprofloxacin solution (Ciloxan) erythromycin gentamicin (Garamycin) (Brand and generic) neomycin/polymixin/gramicidin ofloxacin (Ocuflax) polymyxin/trimethoprim (Polytrim) sulfacetamide terramycin/polymyxin tobramycin triple antibiotic Besivance Ciloxan Ointment Tobrex Ointment Vigamox Zymar	<i>levofloxacin (Quixin) (Brand and generic)</i> <i>AzaSite</i> <i>Iquix</i> <i>Moxeza</i> <i>Natacyn</i> <i>Zymaxid</i>
Ophthalmics, Antibiotic/Steroid Combinations	neomycin/bacitracin/polymyxin/HC neomycin/poly/dexamethasone neomycin/poly/dexamethasone neomycin/polymyxin/HC sulfacetamide/prednisolone tobramycin/dexamethasone susp Blephamide Blephamide SOP Pred-G Ointment, Drops Tobradex Ointment Zylet	<i>Tobradex ST</i>

Ophthalmic

Drug Class	Preferred	Requires Prior Authorization
Ophthalmics, Glaucoma Agents	betaxolol brimonidine carteolol (Ocupress) dorzolamide (Trusopt) dorzolamide/timolol (Cosopt) latanoprost (Xalatan) levobunolol (Betagan) metipranolol (OptiPranolol) (Brand and generic) pilocarpine (Pilocar) timolol (Timoptic, Timoptic XE) Alphagan P 0.15% (Brand only) Azopt Betimol Betoptic S Combigan Istalol Propine Travatan/Travatan Z	<i>apraclonidine (Iopidine) (Brand and generic)</i> <i>brimonidine tartrate 0.15% (generic only)</i> <i>Alphagan P 0.1%</i> <i>Lumigan</i>
Ophthalmics, Anti-Inflammatories	dexamethasone (Decadron) diclofenac (Voltaren) fluorometholone (FML) flurbiprofen (Ocufen) ketorolac (Acular) ketorolac LS (Acular LS) prednisolone acetate (Omnipred) prednisolone sodium FML Forte FML SOP Lotemax Maxidex Pred Mild	<i>bromfenac (Xibrom)</i> <i>Acuvail</i> <i>Bromday</i> <i>Durezol</i> <i>Flarex</i> <i>Nevanac</i> <i>Ozurdex</i> <i>Pred Forte</i> <i>Retisert</i> <i>Triesence</i> <i>Vexol</i>

Otic

Drug Class	Preferred	Requires Prior Authorization
Otic Antibiotics	neomycin/polymyxin/HC (Cortisporin) ofloxacin otic (Floxin Otic) Ciprodex Coly-Mycin S Cortisporin TC	<i>Cetraxal</i> <i>Cipro HC</i>

Topical Dermatologics

Drug Class	Preferred	Requires Prior Authorization
Respiratory		
Drug Class	Preferred	Requires Prior Authorization
Antihistamines, Minimally Sedating (Antihistamines)	cetirizine, cetirizine-D (Rx and OTC) fexofenadine OTC 60 mg fexofenadine OTC 180 mg levocetirizine (Xyzal) loratadine, loratadine-D (Rx and OTC)	<i>fexofenadine (Allegra)</i> <i>fexofenadine D 12 hr, 24 hr (Allegra D) (Brand and generic)</i> <i>Allegra Syrup</i> <i>Allegra ODT</i> <i>Claritin, Claritin-D (Rx)</i> <i>Claritin, Claritin-D (OTC)</i> <i>Claritin Chewable (OTC)</i> <i>Claritin LiquiGel (OTC)</i> <i>Clarinex, Clarinex-D</i> <i>Semprex-D</i> <i>Xyzal Syrup</i>
Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)	albuterol syrup and tablet (Proventil, Ventolin) terbutaline (Brethine) Foradil Maxair ProAir HFA Proventil HFA	<i>albuterol ext-rel (Vospire ER)</i> <i>albuterol neb low dose</i> <i>levalbuterol neb (Xopenex) (Brand and generic)</i> <i>metaproterenol (Alupent)</i> <i>Arcapta</i> <i>Brovana</i> <i>Perforomist</i> <i>Serevent</i> <i>Ventolin HFA</i> <i>Xopenex HFA</i>
COPD Agents	ipratropium neb (Atrovent) ipratropium neb/albuterol (DuoNeb) Atrovent HFA Combivent Spiriva	<i>Daliresp</i>
Glucocorticoids, Inhaled (Beta-Adrenergics and Glucocorticoids Combination, Glucocorticoids) * Pulmicort Respules are available without prior authorization for children who are 1 to 8 years of age.	Advair Diskus/Advair HFA Aerobid, Aerobid M Asmanex Dulera Flovent Diskus/Flovent HFA Qvar Symbicort	<i>budesonide respules (Pulmicort Respules)* (Brand and generic) (Over Age 8, Under Age 1)</i> <i>Alvesco</i> <i>Pulmicort Flexhaler</i>
Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)	flunisolide (Nasalide) fluticasone nasal (Flonase) Astelin (Brand only) Astepro Beconase AQ Nasacort AQ (Brand only) Nasonex Patanase	<i>azelastine nasal (generic only)</i> <i>flunisolide (Nasarel) (Brand and generic)</i> <i>ipratropium (Atrovent Nasal) (Brand and generic)</i> <i>triamcinolone nasal (generic only)</i> <i>Omnaris</i> <i>Rhinocort Aqua</i> <i>Veramyst</i>
Leukotriene Modifiers	zafirlukast (Accolate) Singulair	<i>Zyflo CR</i>

Acne Agents, Topical

benzoyl peroxide cleanser	<i>adapalene (generic only)</i>
benzoyl peroxide gel	<i>benzoyl peroxide OTC (all forms, strengths)</i>
benzoyl peroxide kit	<i>clindamycin-benzoyl peroxide</i>
benzoyl peroxide med. pad	<i>erythromycin-benzoyl peroxide</i>
benzoyl peroxide towelette	<i>sodium sulfa-sulfur-meratan</i>
clindamycin foam	<i>sulfacetamide</i>
clindamycin gel	<i>Acanya</i>
clindamycin lotion	<i>Aczone</i>
clindamycin med. Swab	<i>Akne-Mycin</i>
clindamycin solution	<i>Atralin</i>
erythromycin gel	<i>Avar (all forms, strengths)</i>
erythromycin med. swab	<i>Avita</i>
erythromycin solution	<i>BenzaClin</i>
sulfacetamide/sulfur/urea	<i>Benzamycin</i>
sulfacetamide/sulfur (all forms, strengths)	<i>Benzefoam (all forms, strengths)</i>
tretinoin	<i>Benziq</i>
Azelex	<i>BP-10</i>
Differin (Brand only)	<i>Brevoxyl</i>
Retin-A (all forms, strengths)	<i>Cerisa</i>
SE BPO 7-5.5 Wash Kit	<i>Clarifoam EF</i>
SSS 10-4	<i>Clenia</i>
	<i>Cleocin T (all forms, strengths)</i>
	<i>Clindacin Pac Kit</i>
	<i>Clindagel</i>
	<i>Delos</i>
	<i>Epiduo</i>
	<i>Evoclin</i>
	<i>Garimide</i>
	<i>Klaron</i>
	<i>Inova (all forms, strengths)</i>
	<i>Lavoclen(all forms, strengths)</i>
	<i>Nuox</i>
	<i>Ovace (all forms, strengths)</i>
	<i>Panex (all forms, strengths)</i>
	<i>Panoxyl-4 OTC</i>
	<i>Plexicon</i>
	<i>Prascion RA</i>
	<i>Sastid</i>
	<i>SE 10-5</i>
	<i>SE BPO Cleanser</i>
	<i>Slufo-Lo OTC</i>
	<i>Sulfo-Lac</i>
	<i>Sumadan(all forms, strengths)</i>
	<i>Sumaxin (all forms, strengths)</i>
	<i>Tazorac (all forms, strengths)</i>
	<i>Veltin</i>
	<i>Ziana</i>

Atopic Dermatitis

Elidel

Protopic

Urologic

Drug Class	Preferred	Requires Prior Authorization
Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)	alfuzosin (Uroxatral) doxazosin (Cardura) finasteride (Proscar) tamsulosin (Flomax) terazosin (Hytrin)	<i>Avodart</i> <i>Cardura XL</i> <i>Jalyn</i> <i>Rapaflo</i>
Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Antiincontinence Agent)	oxybutynin (Ditropan) Toviaz Vesicare	<i>flavoxate</i> <i>oxybutynin ER (Ditropan XL) (Brand and generic)</i> <i>trospium (Sanctura) (Brand and generic)</i> <i>Detrol</i> <i>Detrol LA</i> <i>Enablex</i> <i>Gelnique</i> <i>Oxytrol</i> <i>Sanctura XR</i>