



Pharmacy News & Views

January 2015

Maryland Department of Health & Mental Hygiene / Office of Systems, Operations and Pharmacy

Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown includes updates effective January 1, 2015. 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: Brand names listed in parentheses are only listed as a reference.** For most multi-source products, the generic products are usually preferred and the branded innovator product is non-preferred. If a generic product is non-preferred, the corresponding brand product is also non-preferred except where specifically noted as “(generic only)”. PDL products that are new to market require prior authorization until they are reviewed by the Pharmacy and Therapeutics Committee.

Key: products in green print = PDL change; all lowercase letters = generic; leading capital letter = Brand name

Note: A 72-hour emergency supply of a non-preferred drug is available by calling 1-800-932-3918. A 30-day emergency supply is available for Tier 2 and Non-preferred Antipsychotic agents (more information available on page 12).

ANALGESICS

Analgesics, Narcotics (Long Acting)

Preferred

fentanyl patch (Duragesic)
methadone (Dolophine)
morphine sulfate SR (MS Contin)
Kadian (Brand only)

Requires Prior Authorization

hydromorphone ER (Exalgo)
morphine sulfate ER (Kadian) (generic only)
morphine sulfate ER (Avinza)
oxymorphone ER (Opana ER)
tramadol ER (Ultram ER, Ryzolt)
Butrans
Conzip
Nucynta ER
Oxycontin
Zohydro ER*

Analgesics, Narcotics (Short Acting)

Preferred

apap w/codeine (Tylenol w/codeine)
butalbital/apap/codeine/caffeine
butalbital/aspirin/codeine/caffeine
codeine tablets
hydrocodone/apap (Vicodin)
hydrocodone/ibuprofen (Vicoprofen)
hydromorphone tablets (Dilaudid)
morphine sulfate tablets
oxycodone
oxycodone/apap (Percocet)
pentazocine/apap (Talacen)
tramadol (Ultram)
tramadol/apap (Ultracet)

ANALGESICS

Requires Prior Authorization

butorphanol nasal spray
carisoprodol/codeine/asa
codeine solution
dihydrocodeine/apap/caffeine
dihydrocodeine/aspirin/caffeine (Synalgos DC)
fentanyl buccal (Actiq)*
hydromorphone suppositories and solution
levorphanol
meperidine (Demerol)
morphine suppositories
oxycodone/aspirin (Percodan)
oxycodone/ibuprofen (Combunox)
oxymorphone (Opana)
pentazocine/naloxone (Talwin NX)
Abstral*
Fentora*
Nucynta
Onsolis*
Oxecta
Primlev
Subsys*
Xartemis XR*
Zamiset
Zolvit

Anti-Hyperuricemics

Preferred

allopurinol (Zyloprim)
probenecid
probenecid/colchicine

Requires Prior Authorization

Colcrys
Uloric

ANALGESICS

Anti-Migraine Agents

Preferred

rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT)
sumatriptan (Imitrex)
Relpax

Requires Prior Authorization

naratriptan (Amerge)
zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT)
Axert
Frova
Sumavel
Treximet
Zomig nasal

Neuropathic Pain

Preferred

capsaicin OTC
duloxetine (Cymbalta)*
gabapentin capsules (Neurontin)
Lidoderm (Brand only)
Lyrica capsules

Requires Prior Authorization

gabapentin tablets and solution (Neurontin)
lidocaine patch (generic only)
Gralise
Horizant
Lyrica solution
Qutenza
Savella
Zostrix OTC

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* Clinical criteria link: <https://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx>
** Mental Health Carve Out link: www.mdmahealthchoicercx.com/healthchoice_docs/mmmh_form.pdf

ANALGESICS

Nonsteroidal Anti-Inflammatories/
COX II Inhibitors (NSAIDs,
Cyclooxygenase Inhibitors – Type II)**Preferred**

diclofenac, diclofenac XL (Cataflam, Voltaren XR)
diflunisal (Dolobid)
etodolac, etodolac XL (Lodine, Lodine XL)
fenoprofen
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 Rx and OTC (Aleve, Naprosyn)
oxaprozin (Daypro)
piroxicam (Feldene)
sulindac (Clinoril)
Voltaren gel

Requires Prior Authorization

diclofenac solution (Pennsaid)
diclofenac/misoprostol (Arthrotec)
mefenamic acid (Ponstel)
tolmetin, tolmetin DS (Tolectin, Tolectin DS)
Celebrex
Duexis
Flector
Indocin suppositories and suspension
Sprix
Vimovo
Zipsor
Zorvolex

Opiate Dependence Treatments

Preferred

buprenorphine (Subutex)*
naltrexone (Revia)*
naloxone (Narcan)
Suboxone film

Requires Prior Authorization

buprenorphine/naloxone tablets (Suboxone)
Evzio*
Vivitrol*
Zubsolv

ANALGESICS

Skeletal Muscle Relaxants

Preferred

baclofen (Lioresal)
carisoprodol 350mg (Soma)
chlorzoxazone (Parafon)
cyclobenzaprine (Flexeril)
dantrolene (Dantrium)
methocarbamol (Robaxin)
orphenadrine (Norflex)
tizanidine tablets (Zanaflex)

Requires Prior Authorization

carisoprodol 250mg (Soma)
carisoprodol compound (Soma Compound)
metaxalone (Skelaxin)
orphenadrine compound (Norflex Forte)
tizanidine capsules (Zanaflex)
Amrix
Lorzone

ANTI-INFECTIVES

Antibiotics, GI

Preferred

metronidazole tablets (Flagyl)
neomycin
vancomycin capsules (Vancocin)
Alinia

Requires Prior Authorization

metronidazole capsules (Flagyl)
tinidazole (Tindamax)
Difcid*
Flagyl ER
Xifaxan*

Antibiotics, Inhaled

Preferred

tobramycin inhalation solution (Tobi)*
Tobi Podhaler (Step therapy)*

Requires Prior Authorization

Bethkis*
Cayston*

ANTI-INFECTIVES

Antibiotics, Vaginal

Preferred

clindamycin (Clindamax)
metronidazole vaginal (Metrogel)
Cleocin ovule

Requires Prior Authorization

Vandazole

Antifungals, Oral (Antifungal Agents,
Antifungal Antibiotics)**Preferred**

fluconazole (Diflucan)
griseofulvin suspension (GriFulvin V)
ketoconazole (Nizoral)
nystatin suspension and tablets
terbinafine (Lamisil)

Requires Prior Authorization

clotrimazole troche (Mycelex)
flucytosine (Ancobon)
griseofulvin tablets (Gris Peg, GriFulvin V)
itraconazole (Sporanox)
voriconazole (Vfend)
Lamisil granules
Noxafil
Onmel
Terbinex

Antifungals, Topical

Preferred

clotrimazole Rx and OTC
clotrimazole/betamethasone (Lotrisone)
econazole (Spectazole)
ketoconazole cream and shampoo (Nizoral)
miconazole OTC
nystatin
nystatin/triamcinolone (Mycolog)
terbinafine OTC
tolnaftate OTC
tolnaftate aero powder

Requires Prior Authorization

butenafine OTC (Mentax)
ciclopirox (Loprox, Loprox Shampoo, Penlac)
ketoconazole foam
Bensal HP
CNL-8
Ertaczo
Exelderm
Jublia
Luzu*
Oxistat
Pediaderm AF
Pedioprox-4
Vusion

ANTI-INFECTIVES

Antiparasitics, Topical

Preferred

permethrin Rx and OTC (Elimite, Acticin)
piperonyl/pyrethrins OTC
piperonyl/pyrethrins/permethrin OTC
Ulesfia

Requires Prior Authorization

lindane
malathion (Ovide)
spinosad (Natroba)
Eurax
Sklice

Antivirals, Oral (Antivirals, General)

Preferred

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

Requires Prior Authorization

famciclovir (Famvir)
Relenza
Sitavig
Tamiflu

Antivirals, Topical

Preferred

acyclovir ointment (Zovirax ointment)
Abreva OTC
Denavir

Requires Prior Authorization

Xerese
Zovirax cream

ANTI-INFECTIVES

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

amoxicillin/clavulanate (Augmentin,
Augmentin ES)
cefaclor, cefaclor ER (Ceclor, Ceclor CD)
cefadroxil capsules (Duricef)
cefdinir (Omnicef)
cefprozil (Cefzil)
cefuroxime (Ceftin)
cephalexin (Keflex)
Suprax capsules and suspension

Requires Prior Authorization

amoxicillin/clav ER (Augmentin XR)
cefadroxil suspension and tablets (Duricef)
cefditoren (Spectracef)
cefpodoxime (Vantin)
ceftibuten (Cedax)
Ceftin suspension
Suprax chewables and tablets

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin tablets (Cipro)
levofloxacin tablets (Levaquin)

Requires Prior Authorization

ciprofloxacin ER (Cipro XR)
ciprofloxacin suspension (Cipro)
levofloxacin solution (Levaquin)
moxifloxacin (Avelox)
ofloxacin (Floxin)
Factive
Noroxin

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

ribavirin (Copegus, Rebetol)
Pegasys
PegIntron
Sovaldi*
Victrelis*

Requires Prior Authorization

Infergen
Moderiba
*Olysio**
Rebetol solution
Ribapak
Ribasphere

ANTI-INFECTIVES

Macrolides/Ketolides

Preferred

azithromycin (Zithromax)
erythromycin base
E.E.S.
EryPed
Ery-Tab
Erythrocin

Requires Prior Authorization

*clarithromycin, clarithromycin ER (Biaxin,
Biaxin XL)*
Ketek
PCE
Zmax

Tetracyclines

Preferred

doxycycline hyclate (Vibramycin)
doxycycline monohydrate 50mg, 100mg
(Monodox)
minocycline capsules (Minocin)
tetracycline (Sumycin)

Requires Prior Authorization

demeclocycline (Declomycin)
doxycycline hyclate DR (Doryx)
*doxycycline monohydrate 75mg, 150mg
(Monodox)*
*doxycycline monohydrate solution
(Vibramycin)*
minocycline tablets
minocycline ER
Oracea
Solodyn

Topical Antibiotics

Preferred

bacitracin OTC
bacitracin/polymyxin OTC
gentamicin
mupirocin ointment (Bactroban ointment)
triple antibiotic OTC

Requires Prior Authorization

mupirocin cream (Bactroban cream)
Altanax

| CARDIOVASCULAR | CARDIOVASCULAR | CARDIOVASCULAR |
|---|--|---|
| <p>Angiotensin Modulator Combinations</p> <p>Preferred amlodipine/benazepril (Lotrel) amlodipine/valsartan, amlodipine/valsartan/HCTZ (Exforge, Exforge HCT) Azor/Tribenzor</p> <p>Requires Prior Authorization telmisartan/amlodipine (Twynsta) Tarka Tekamlo/Amturndie</p> | <p>Antihypertensives, Sympatholytics</p> <p>Preferred clonidine oral (Catapres) guanfacine (Tenex) methyldopa (Aldomet) methyldopa/HCTZ (Aldoril) Catapres TTS (Brand only)</p> <p>Requires Prior Authorization clonidine patch (<i>generic only</i>) reserpine Clorpres</p> | <p>Calcium Channel Blocking Agents</p> <p>Preferred amlodipine (Norvasc) diltiazem (Cardizem) nicardipine (Cardene) nifedipine SR (Adalat CC, Procardia XL) verapamil (Calan) verapamil ER tablets (Calan SR, Verelan) Cardizem LA (Brand only)</p> <p>Requires Prior Authorization diltiazem ER capsules (Cardizem CD, Tiazac) diltiazem ER tablets (Cardizem LA) (<i>generic only</i>) felodipine (Plendil) isradipine (Dynacirc) nifedipine (Adalat, Procardia) nimodipine (Nimotop) nisoldipine (Sular) verapamil ER capsules (Verelan PM) Nymalize</p> |
| <p>Angiotensin Modulators</p> <p>Preferred benazepril, benazepril/HCTZ (Lotensin, Lotensin HCT) captopril, captopril/HCTZ (Capoten, Capozide) enalapril, enalapril/HCTZ (Vasotec, Vasoretic) fosinopril, fosinopril/HCTZ (Monopril, Monopril HCT) irbesartan, irbesartan/HCTZ (Avapro, Avalide) lisinopril, lisinopril/HCTZ (Prinivil, Zestril, Prinzide, Zestoretic) losartan, losartan/HCTZ (Cozaar, Hyzaar) quinapril, quinapril/HCTZ (Accupril, Accuretic) ramipril (Altace) valsartan, valsartan/HCTZ (Diovan, Diovan HCT)</p> <p>Requires Prior Authorization candesartan, candesartan/HCTZ (Atacand, Atacand HCT) eprosartan (Teveten) moexipril, moexipril/HCTZ (Univasc, Uniretic) perindopril (Aceon) telmisartan, telmisartan/HCTZ (Micardis, Micardis HCT) trandolapril (Mavik) Benicar, Benicar HCT Edarbi, Edarbyclor Tekturna, Tekturna HCT Teveten HCT</p> | <p>Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)</p> <p>Preferred atenolol, atenolol/chlorthalidone (Tenormin, Tenoretic) bisoprolol/HCTZ (Ziac) carvedilol (Coreg) labetalol (Normodyne, Trandate) metoprolol tartrate (Lopressor) nadolol (Corgard) pindolol (Visken) propranolol, propranolol/HCTZ (Inderal, Inderide) propranolol LA (Inderal LA) sotalol, sotalol AF (Betapace, Betapace AF) Toprol XL (Brand only)</p> <p>Requires Prior Authorization acebutolol (Sectral) betaxolol (Kerlone) bisoprolol (Zebeta) metoprolol/HCTZ (Lopressor HCT) metoprolol succinate XL (Toprol XL) (<i>generic only</i>) nadolol/bendroflumethiazide (Corzide) timolol (Blocadren) Bystolic Coreg CR Dutoprol Hemangeol Levatol</p> | <p>Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)</p> <p>Preferred cholestyramine (Questran) fenofibrate nanocrystals (Tricor) fenofibric acid (Trilipix) gemfibrozil (Lopid) niacin ER (Niaspan ER) Niacor</p> <p>Requires Prior Authorization colestipol (Colestid) fenofibrate (Antara, Lofibra) fenofibric acid (Fibricor) omega 3 ethyl esters (Lovaza) Lipofen Triglide Welchol Zetia</p> |
| <p>Anticoagulants</p> <p>Preferred enoxaparin (Lovenox) warfarin (Coumadin) Fragmin</p> <p>Requires Prior Authorization fondaparinux (Arixtra) Eliquis Pradaxa Xarelto</p> | | |

CARDIOVASCULAR**Lipotropics, Statins (Lipotropics)**Preferred

atorvastatin (Lipitor)
 fluvastatin (Lescol)
 lovastatin (Mevacor)
 pravastatin (Pravachol)
 simvastatin (Zocor)
 Lescol XL
 Simcor

Requires Prior Authorization

amlodipine/atorvastatin (*Caduet*)
Advicor
Altoprev
Crestor
Liptruzet
Livalo
Vytorin

Platelet Aggregation InhibitorsPreferred

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

Requires Prior Authorization

Brilinta
Effient
Zontivity

**Pulmonary Arterial Hypertension,
Oral and Inhaled Agents**Preferred

sildenafil (Revatio)*
 Letairis
 Tracleer
 Ventavis

Requires Prior Authorization

*Adcirca**
Adempas
Opsumit
*Orenitram ER**
*Tyvaso**

CENTRAL NERVOUS SYSTEM**Anticonvulsants**Preferred

carbamazepine tablets (Tegretol)
 clonazepam (Klonopin)
 divalproex (Depakote, Depakote ER)
 lamotrigine (Lamictal)
 levetiracetam (Keppra)
 oxcarbazepine tablets (Trileptal)
 phenobarbital
 phenytoin (Dilantin, Dilantin Infatabs)
 primidone (Mysoline)
 topiramate (Topamax)
 valproic acid (Depakene)
 zonisamide (Zonegran)
 Carbatrol ER (**Brand only**)
 Celontin
 Depakote sprinkles (**Brand only**)
 Diastat (**Brand only**)
 Gabitril (**Brand only**)
 Peganone
 Tegretol suspension (**Brand only**)
 Trileptal suspension (**Brand only**)

Requires Prior Authorization

carbamazepine ER (*Carbatrol ER*) (**generic only**)
 carbamazepine suspension (*Tegretol*) (**generic only**)
 carbamazepine XR (*Tegretol XR*)
 clonazepam ODT (*Klonopin ODT*)
 diazepam rectal (*Diastat*) (**generic only**)
 divalproex sprinkles (*Depakote sprinkles*) (**generic only**)
 ethosuximide (*Zarontin*)
 felbamate (*Felbatol*)
 lamotrigine ER (*Lamictal XR*)
 levetiracetam ER (*Keppra XR*)
 oxcarbazepine suspension (*Trileptal suspension*) (**generic only**)
 tiagabine (*Gabitril*) (**generic only**)
 topiramate ER (*Qudexy XR*)*
 topiramate sprinkles (*Topamax sprinkles*)
*Aptiom**
*Banzel**
Equetro
*Fycompa**
Lamictal ODT
*Onfi**
Oxtellar XR
Potiga
Sabril
Stavzor
Trokendi XR
Vimpat

CENTRAL NERVOUS SYSTEM**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 ODT (Remeron, Remeron Soltab)
 phenelzine (Nardil)
 trazodone (Desyrel)
 venlafaxine (Effexor)
 venlafaxine ER capsules (Effexor XR)
 Marplan
 Parnate (**Brand only**)

Requires Prior Authorization

desvenlafaxine ER
nefazodone (Serzone)
tranylcypromine (generic only)
venlafaxine ER tablets
Aplenzin
Brintellix
Emsam
Fetzima
Forfivo XL
Khedezla
Olepro XR
Pristiq
Viibryd

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)Preferred

citalopram (Celexa)
 escitalopram tablets (Lexapro)
 fluoxetine (all strengths except 60mg) (Prozac, Sarafem)
 fluvoxamine (Luvox)
 paroxetine (Paxil)
 sertraline (Zoloft)

Requires Prior Authorization

escitalopram solution (Lexapro solution)
fluoxetine 60mg
fluoxetine weekly (Prozac weekly)
fluvoxamine ER (Luvox CR)
paroxetine CR (Paxil CR)
*Brisdelle**
Paxil suspension
Pexeva

CENTRAL NERVOUS SYSTEM

Antipsychotics*

Preferred**1st Tier**

chlorpromazine (Thorazine)
 clozapine (Clozaril)
 fluphenazine (Prolixin)
 fluphenazine decanoate inj (Prolixin Inj.)
 haloperidol (Haldol)
 haloperidol decanoate inj (Haldol IM)
 loxapine capsules (Loxitane)
 perphenazine (Trilafon)
 perphenazine/amitriptyline (Triavil)
 quetiapine (Seroquel)
 risperidone (Risperdal)
 thioridazine (Mellaril)
 thiothixene (Navane)
 trifluoperazine (Stelazine)
 ziprasidone (Geodon)
 Abilify (**Age 17 and younger**)
 Abilify Maintena
 Geodon IM
 Invega Sustenna
 Orap
 Risperdal Consta

2nd Tier

olanzapine IM (Zyprexa IM)
 olanzapine ODT (Zyprexa Zydis)
 olanzapine (Zyprexa)
 Abilify (**Age 18 or older**)
 Latuda

Requires Prior Authorization

clozapine ODT (Fazaclor)
 olanzapine/fluoxetine (Symbyax)
 Abilify IM
 Adasuve
 Fanapt
 Invega
 Saphris
 Seroquel XR
 Versacloz
 Zyprexa Relprev

Sedative Hypnotics

Preferred

flurazepam (Dalmene)
 temazepam 15mg, 30mg (Restoril)
 triazolam (Halcion)
 zaleplon (Sonata)
 zolpidem (Ambien)

Requires Prior Authorization

estazolam (ProSom)
 eszopiclone (Lunesta)*
 temazepam 7.5mg, 22.5mg (Restoril)
 zolpidem ER (Ambien CR)
 Eduar

Hetlioz*

Intermezzo
 Rozerem
 Silenor
 Zolpimist

CENTRAL NERVOUS SYSTEM

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

Preferred**1st Tier**

amphetamine salt combo (Adderall)
 dextroamphetamine tablets
 methylphenidate tablets (Ritalin)
 methylphenidate ER tablets (Ritalin SR)
 methylphenidate CR tablets (Concerta)
 Adderall XR (**Brand only**)
 Daytrana
 Dexedrine ER (**Brand only**)
 Focalin (**Brand only**)
 Focalin XR (**Brand only**)
 Intuniv (**Brand only**)*
 Metadate CD (**Brand only**)
 Methylin oral solution (**Brand only**)
 Quillivant XR
 Ritalin LA (**Brand only**)
 Vyvanse
2nd Tier
 Strattera*

Requires Prior Authorization

amphetamine salt combo ER (Adderall XR)
 (**generic only**)
 clonidine ER (Kapvay)*
 dexamethylphenidate, dexamethylphenidate
 XR (Focalin, Focalin XR) (**generic only**)
 dextroamphetamine ER (Dexedrine ER)
 (**generic only**)
 dextroamphetamine solution (Procentra)
 guanfacine ER (Intuniv) (**generic only**)*
 methamphetamine (Desoxyn)
 methylphenidate CD capsules (Metadate CD)
 (**generic only**)
 methylphenidate ER capsules (Ritalin LA)
 (**generic only**)
 methylphenidate oral solution (Methylin)
 (**generic only**)
 modafinil (Provigil)
 Methylin chewable
 Nuvigil

ENDOCRINE

Androgenic Agents

Preferred

testosterone gel (Testim)
 Androgel

Requires Prior Authorization

testosterone gel (Vogelxo)
 testosterone gel pump (Fortesta)
 Androderm
 Axiron

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

alendronate (Fosamax)
 calcitonin salmon nasal (Miacalcin)
 Fortical

Requires Prior Authorization

alendronate solution (Fosamax solution)
 etidronate (Didronel)
 ibandronate (Boniva)
 raloxifene (Evista)
 risedronate 150mg (Actonel)
 Actonel 5mg, 30mg, 35mg
 Atelvia
 Binosto
 Forteo
 Fosamax Plus D
 Prolia

Hypoglycemics, Incretin Mimetics and
 EnhancersPreferred

Byetta
 Janumet, Janumet XR
 Januvia
 Jentaduet
 Juvisync
 Symlin
 Tradjenta

Requires Prior Authorization

Bydureon
 Kazano
 Kombiglyze XR
 Nesina
 Onglyza
 Oseni
Tanzeum
 Victoza

ENDOCRINE**Hypoglycemics, Insulins and Related Agents**Preferred

Humalog
Humalog Mix
Humulin
Lantus
Levemir
Novolin
NovoLog
NovoLog Mix

Requires Prior Authorization

Apidra

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

nateglinide (Starlix)
repaglinide (Prandin)

Requires Prior Authorization

Prandimet

Hypoglycemics, SGLT2 Inhibitors (Hypoglycemics, Sodium-Glucose Co-Transporter 2 Type)Preferred

Invokana (Step therapy)*
Invokamet (Step therapy)*

Requires Prior Authorization

*Farxiga**
*Jardiance**

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

pioglitazone (Actos)
pioglitazone/glimepiride (Duetact)

Requires Prior Authorization

pioglitazone/metformin (ActoPlusMet)
ActoPlusMet XR
Avandia, Avandamet, Avandaryl

GASTROINTESTINAL**Antiemetic/Antivertigo Agents**Preferred

dimenhydrinate Rx and OTC
meclizine Rx and OTC (Bonine, Antivert)
metoclopramide (Reglan)
ondansetron (Zofran, Zofran ODT)
prochlorperazine (Compazine, Compro)
promethazine (Phenergan)
Emend capsules
TransDerm-Scop

Requires Prior Authorization

*dronabinol (Marinol)**
granisetron (Kytril)
trimethobenzamide (Tigan)
Aloxi
Anzemet
Cesamet
*Diclegis**
Emend IV
Metozolv ODT
Sancuso

Bile SaltsPreferred

ursodiol capsules (Actigall)

Requires Prior Authorization

ursodiol tablets (URSO Forte)
Chenodal

Irritable Bowel SyndromePreferred

Amitiza
Linzess*

Requires Prior Authorization

Lotronex

Pancreatic EnzymesPreferred

pancrelipase
Creon
Zenpep

Requires Prior Authorization

Pancreaze
Pertzye
Ultresa
Viokace

GASTROINTESTINAL**Phosphate Binders and Related Agents**Preferred

calcium acetate (PhosLo)
calphron OTC

Requires Prior Authorization

sevelamer (Renvela)
Fosrenol
Magnebind 400 Rx
Phoslyra
Renagel
Velphoro

Proton Pump Inhibitors

(Gastric Acid Secretion Reducers)

Preferred

lansoprazole (Prevacid)
omeprazole (Prilosec)
pantoprazole (Protonix)
Prevacid Solutab
Protonix suspension

Requires Prior Authorization

esomeprazole strontium
omeprazole/sodium bicarb (Zegerid)
rabeprazole (Aciphex)
Aciphex Sprinkle
Dexilant
Nexium
Prilosec suspension

Ulcerative Colitis AgentsPreferred

balsalazide (Colazal)
sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR)
Apriso
Asacol
Canasa
Delzicol

Requires Prior Authorization

mesalamine enemas (Rowasa, sfRowasa)
Asacol HD
Dipentum
Giazo
Lialda
Pentasa

IMMUNOLOGICS

Immunosuppressives, Oral

Preferred

azathioprine (Imuran)
cyclosporine (Sandimmune)
cyclosporine modified (Gengraf, Neoral)
mycophenolate mofetil (Cellcept)
sirolimus (Rapamune)
tacrolimus (Prograf)

Requires Prior Authorization

mycophenolic acid (Myfortic)
Astagraf XL
Azasan
Zortress

INJECTABLES

Colony Stimulating Factors

Preferred

Neupogen

Requires Prior Authorization

Granix
Leukine
Neulasta

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

Requires Prior Authorization

Actemra
Arcalyst
Cimzia
Entyvio
Ilaris
Kineret
Orencia
Otezla*
Remicade
Simponi
Stelara
Xeljanz

INJECTABLES

Erythropoietins (Hematinics, Other)

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epogen

Growth Hormones*

Preferred

Genotropin
Norditropin
Nutropin, Nutropin AQ

Requires Prior Authorization

Humatrope
Omnitrope
Saizen
Serostim
Tev-Tropin

NEUROLOGICS

Alzheimer's Agents

Preferred

donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT)
rivastigmine capsules (Exelon)
Exelon patch
Namenda

Requires Prior Authorization

donepezil 23mg (Aricept)
galantamine (Razadyne ER)
Namenda XR

Anti-Parkinson's Agents

Preferred

benztropine (Cogentin)
levodopa/carbidopa IR, levodopa/carbidopa ER (Sinemet, Sinemet CR)
levodopa/carbidopa/entacapone (Stalevo)
pramipexole (Mirapex)
ropinirole (Requip)
selegiline tablets (Eldepryl)
trihexyphenidyl (Artane)

Requires Prior Authorization

bromocriptine (Parlodel)
carbidopa (Lodosyn)
entacapone (Comtan)
levodopa/carbidopa ODT (Parcopa)
ropinirole ER (Requip XL)
selegiline capsules (Eldepryl)
Azilect
Mirapex ER
Neupro
Tasmar
Zelapax

NEUROLOGICS

Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)

Preferred

Avonex
Betaseron
Copaxone 20mg
Rebif

Requires Prior Authorization

*Ampyra**
*Aubagio**
Copaxone 40mg
Extavia
*Gilenya**
*Tecfidera**

OPHTHALMICS

Ophthalmics, Allergic Conjunctivitis (Eye Anti-inflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)

Preferred

cromolyn (Crolom)
ketotifen OTC (Zaditor OTC)
Alrex
Pataday

Requires Prior Authorization

azelastine (Optivar)
epinastine (Elestat)
Alocril
Alomide
Bepreve
Emadine
Lastacast
Patanol

OPHTHALMICS

Ophthalmics, Antibiotics

Preferred

bacitracin/polymyxin
 ciprofloxacin solution (Ciloxan)
 erythromycin
 gentamicin drops (Garamycin)
 neomycin/polymyxin/gramicidin (Neosporin)
 ofloxacin (Ocuflox)
 polymyxin/trimethoprim (Polytrim)
 sulfacetamide solution (Bleph-10)
 tobramycin (Tobrex Drops)
 triple antibiotic
 Ciloxan ointment
 Moxeza
 Tobrex ointment
 Vigamox

Requires Prior Authorization

bacitracin
gatifloxacin (Zymarid)
levofloxacin (Quixin)
sulfacetamide ointment
AzaSite
Besivance
Natacyn

Ophthalmics, Antibiotic/Steroid Combinations

Preferred

neomycin/poly/dexamethasone (Maxitrol)
 sulfacetamide/prednisolone
 Pred-G
 Tobradex drops (**Brand only**)
 Tobradex ointment

Requires Prior Authorization

neomycin/bacitracin/polymyxin/HC
neomycin/polymyxin/HC
tobramycin/dexamethasone drops
(generic only)
Blephamide
Tobradex ST
Zylet

OPHTHALMICS

Ophthalmics, Glaucoma Agents

Preferred

betaxolol
 Brimonidine (Alphagan P 0.1%)
 carteolol (Ocupress)
 dorzolamide (Trusopt)
 dorzolamide/timolol (Cosopt)
 latanoprost (Xalatan)
 levobunolol (Betagan)
 metipranolol (OptiPranolol)
 pilocarpine (Pilocar)
 timolol (Timoptic, Timoptic XE)
 Alphagan P 0.15% (**Brand only**)
 Azopt
 Betimol
 Betoptic S
 Simbrinza
 Travatan Z

Requires Prior Authorization

apraclonidine (Iopidine)
brimonidine 0.15% (Alphagan P)
(generic only)
travoprost
Combigan
Cosopt PF
Lumigan
Rescula
Zioptan

Ophthalmics, Anti-Inflammatories

Preferred

dexamethasone (Decadron)
 diclofenac (Voltaren)
 fluorometholone (FML)
 flurbiprofen (Ocufen)
 ketorolac, ketorolac LS (Acular, Acular LS)
 prednisolone acetate (Omnipred)
 Durezol
 Flarex
 FML SOP
 Lotemax drops
 Maxidex
 Pred Mild

Requires Prior Authorization

bromfenac (Xibrom)
prednisolone sodium (Pred Forte)
Acuvail
FML Forte
Ilevro
Lotemax ointment and gel
Nevanac
Ozurdex
Prolensa
Retisert
Triesence
Vexol

OTIC

Otic Antibiotics

Preferred

neomycin/polymyxin/HC solution
 (Cortisporin)
 ofloxacin otic (Floxin otic)
 Ciprodex

Requires Prior Authorization

ciprofloxacin
Cipro HC
Coly-Mycin S

RESPIRATORY

Antihistamines, Minimally Sedating (Antihistamines)

Preferred

cetirizine, cetirizine D Rx and OTC (Zyrtec, Zyrtec D)
 fexofenadine OTC (Allegra)
 levocetirizine tablets (Xyzal)
 loratadine, loratadine D Rx and OTC (Claritin, Claritin D)

Requires Prior Authorization

desloratadine (Clarinex, Clarinex D, Clarinex RDT)
fexofenadine Rx, fexofenadine D (Allegra, Allegra D)
levocetirizine solution (Xyzal)
Semprex D

Beta₂-Agonist Bronchodilators (Beta₂-Adrenergic Agents)Preferred

albuterol neb 0.083% and 5mg/ml
 albuterol syrup and tablets (Proventil, Ventolin)
 terbutaline (Brethine)
 Foradil
 ProAir HFA
 Proventil HFA

Requires Prior Authorization

albuterol ER (Vospire ER)
albuterol neb 0.63mg/3ml and 1.25mg/3ml (AccuNeb)
levalbuterol (Xopenex)
metaproterenol (Alupent)
Arcapta
Brovana
Maxair
Perforomist
Serevent
Striverdi Respimat
Ventolin HFA
Xopenex HFA

RESPIRATORY

COPD Agents

Preferred

ipratropium neb (Atrovent)
 ipratropium/albuterol neb (DuoNeb)
 Atrovent HFA
 Combivent Respirat
 Spiriva

Requires Prior Authorization

Anoro Ellipta
 Daliresp
 Tudorza

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

Advair Diskus, Advair HFA
 Asmanex
 Dulera
 Flovent Diskus, Flovent HFA
 Pulmicort Flexhaler
 Pulmicort Respules 0.25mg and 0.5mg
(Brand only)
 QVAR
 Symbicort

Requires Prior Authorization

budesonide respules **(All ages) (generic only)**
 Aerospa
 Alvesco
 Breo Ellipta
 Pulmicort Respules 1mg

Intranasal Rhinitis Agents
(Nasal Anti-Inflammatory Steroids)Preferred

azelastine nasal **(Astelin, Astepro)**
 fluticasone nasal (Flonase)
 ipratropium (Atrovent Nasal)
 olopatadine (Patanase)
 Nasonex

Requires Prior Authorization

budesonide nasal (Rhinocort Aqua)
 flunisolide (Nasarel, Nasalide)
 triamcinolone nasal (Nasacort AQ)
 Beconase AQ
 Dymista
 Omnaris
 QNasal
 Veramyst
 Zetonna

RESPIRATORY

Leukotriene Modifiers

Preferred

montelukast chewables and tablets
 (Singulair)
 zafirlukast (Accolate)

Requires Prior Authorization

montelukast granules (Singulair granules)
 Zyflo, Zyflo CR

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide Rx and OTC
 clindamycin (all forms except the foam)
 erythromycin
 tretinoin*
 Azelex
 Differin cream **(Brand only)***
 Differin lotion*
 Panoxyl 4 OTC
 Panoxyl 8 OTC

Requires Prior Authorization

adapalene cream **(generic only)**
 adapalene gel (Differin)*
 benzoyl peroxide cleanser
 benzoyl peroxide gel
 benzoyl peroxide kit
 benzoyl peroxide towelette
 bp-10-1
 clindamycin foam
 clindamycin/benzoyl peroxide
 erythromycin/benzoyl peroxide
 sulfacetamide
 sulfacetamide/sulfur
 sulfacetamide/sulfur/urea
 tretinoin micro (Retin-A Micro)*
 Acanya
 Aczone
 Akne-Mycin
 Atralin
 Avar
 BenzaClin
 Cerisa
 Clindacin
 Epiduo
 Fabior
 Inova
 Ovace
 Pacnex
 SE 10-5
 SE BPO
 SSS 10-4
 Sumadan, Sumadan XLT
 Sumaxin
 Tazorac*
 Veltin
 Ziana

TOPICAL DERMATOLOGICS

Atopic Dermatitis

Preferred

Elidel

Requires Prior Authorization

tacrolimus ointment (Protopic)

UROLOGIC

Benign Prostatic Hyperplasia
(Alpha-Adrenergic Blocking Agents)Preferred

alfuzosin (Uroxatral)
 doxazosin (Cardura)
 finasteride (Proscar)
 tamsulosin (Flomax)
 terazosin (Hytrin)

Requires Prior Authorization

Avodart
 Cardura XL
 Jalyn
 Rapaflo

Bladder Relaxant Preparations
(Urinary Tract Antispasmodic/
Anti-incontinence Agents)Preferred

oxybutynin, oxybutynin ER (Ditropan,
 Ditropan XL)
 Toviaz

Requires Prior Authorization

flavoxate
 tolterodine, tolterodine ER (Detrol, Detrol LA)
 trospium, trospium ER (Sanctura, Sanctura XR)
 Enablex
 Gelnique
 Myrbetriq
 Oxytrol
 Vesicare

Generic vs. Brand Status on Maryland's Preferred Drug List

Medicaid's Preferred Drug List, encompassing about 1700 drugs, covers most of the generic versions of preferred multisource brand drugs without any type of prior authorization. If the prescription for a brand name drug is to be dispensed as written, the prescriber must complete and submit a Medwatch form (<http://mmcp.dhmmh.maryland.gov/pap/docs/Maryland%20Medwatch%20Form.pdf>). The State's clinical pharmacy team will review the Medwatch form and notify the prescriber whether the request for the brand name drug was approved or denied. The State will forward the Medwatch form to the FDA.

The Maryland Medicaid Pharmacy Program (MMPP) wants to alert you to changes in the exceptions to this rule that are included in the attached updated Preferred Drug List (PDL) that is **effective January 1, 2015**. Brand names **Vancocin[®]**, **Tobi[®] inhalation solution**, **Cymbalta[®]**, **Tricor[®]** and **Astelin[®]** are no longer preferred over their generic equivalents. **Brand Intuniv[®] is now preferred over its generic equivalent (guanfacine ER)**. Also, the brand **Optipranolol[®]** has been removed from both the multisource brand and the generic preferred list, leaving the generic (metipranolol) as preferred.

Please refer to our website for a complete list of the PDL at the following link:
<https://mmcp.dhmmh.maryland.gov/pap/SitePages/Preferred%20Drug%20List.aspx>

Not all Generics are Preferred

In order for the State to enhance the benefit of the PDL, in some instances the multisource brand name drug is preferred over its generic equivalent, because the branded drug is less costly than its generic counterpart. This happens most often in cases of newly released generics. When manufacturer rebates are taken into consideration, the brand name drug has a lower net cost to the State.

When the brand name drug is Preferred, no Medwatch nor authorization is needed¹. Enter a **DAW code of 6** on the claim to have it correctly priced. If any problems are encountered during the on-line claim adjudication of Preferred Brands, contact Xerox 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (for example, when there is other insurance that is primary).

Please maintain this Advisory as a reference in addition to any updates that follow. This information is updated weekly at www.epocrates.com, and is available on your desktop computer or PDA/Smartphone.

¹ Unless the Program has established clinical criteria for the drug. Clinical Criteria can be found at <http://mmcp.dhmmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx>.

The Brand Preferred exceptions are as follows:

Preferred Brands

Adderall XR
 Alphagan P 0.15%
 Carbatrol ER
 Cardizem LA
 Catapres TTS
 Depakote Sprinkles
 Dexedrine ER
 Diastat
 Differin cream
 Focalin
 Focalin XR
 Gabitril
Intuniv
 Kadian
 Lidoderm
 Metadate CD
 Methylin Oral Solution
 Parnate
 Pulmicort respules 0.25 & 0.5mg
 Ritalin LA
 Tegretol suspension
 Tobradex drops
 Toprol XL
 Trileptal suspension

Non-Preferred Generics

amphetamine salt combo ER
brimonidine 0.15%
carbamazepine ER
diltiazem ER tablets
clonidine patches
divalproex sprinkles
dextroamphetamine ER
diazepam rectal
adapalene cream
dexmethylphenidate
dexmethylphenidate XR
tiagabine
guanfacine ER
morphine sulfate ER
lidocaine patch
methylphenidate CD capsules
methylphenidate oral solution
tranylcypromine
budesonide respules
methylphenidate ER capsules
carbamazepine suspension
tobramycin/dexamethasone drops
metoprolol succinate XL
oxcarbazepine suspension



Maryland Department of
Health and Mental Hygiene
Office of Systems, Operations
and Pharmacy



Pharmacy News & Views

Maryland Medicaid Pharmacy Program

201 West Preston Street, 4th Floor
Baltimore, Maryland 21201
1-800-492-5231 (select option 3)
<http://mmcp.dhmh.maryland.gov/pap>

Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
Laura Herrera Scott, MD,
Acting Secretary, DHMH



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marylandmedicaidpharmacyinformation.com](http://www.marylandmedicaidpharmacyinformation.com)

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Emergency Supply of Medications and Prior Authorizations

All Maryland Medical Assistance recipients are entitled to receive a minimum 72-hour supply of medicine while awaiting prior authorization (PA) or approval to dispense non-formulary, non-preferred, or Tier 2 medication.

In the event an emergency supply is needed and the prescriber is unavailable, the pharmacist needs to **call 800-932-3918** to request authorization to dispense an emergency supply of a prescription. During the 72-hour window, the pharmacist is to contact the prescriber who must obtain PA before the remainder of the prescription can be dispensed. If a patient is currently prescribed a non-preferred agent, the pharmacy will need the prescriber to write or call in a new prescription to switch the patient to the preferred drug. Alternatively, the prescriber may obtain a PA for the non-preferred agent by **calling 800-932-3918** or submitting a completed PA form via **fax to 866-440-9345**. *It would be beneficial if the pharmacist can advise the prescriber of the alternative drugs that are preferred and do not require PDL preauthorization* (see the PDL link below).

Preferred drug lists for MCOs and FFS are available online from Epocrates or Maryland Medicaid Pharmacy Program homepage at:

<https://mmcp.dhmh.maryland.gov/pap/SitePages/paphome.aspx>

Prior authorization forms are available online at:

<https://mmcp.dhmh.maryland.gov/pap/SitePages/Pharmacy%20Program%20Forms.aspx>

TELEPHONE NUMBERS

Xerox Technical Assistance

1-800-932-3918
24 hours a day, 7 days a week

Maryland Medicaid Pharmacy Access Hotline

1-800-492-5231 (option three)
Monday-Friday, 8:00 am - 5:00 pm

Kidney Disease Program

1-410-767-5000 or 5002
Monday-Friday, 8:00 am - 5:00 pm

Breast & Cervical Cancer Diagnosis and Treatment

1-410-767-6787
Monday-Friday, 8:00 am - 4:30 pm

Maryland AIDS Drug Assistance Program

1-410-767-6535
Monday-Friday, 8:30 am - 4:30 pm