



# Pharmacy News & Views

July 2015

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

## Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown includes updates effective July 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	ANALGESICS
<p><b>Analgesics, Narcotics (Long Acting)</b></p> <p><b>Preferred</b>            fentanyl patch (Duragesic) (All strengths except 37.5mg, 62.5mg, 87.5mg)<sup>q1</sup>            methadone (Dolophine)<sup>q1</sup>            morphine sulfate SR (MS Contin)<sup>q1</sup>            Kadian (<b>Brand only</b>)<sup>q1</sup></p> <p><b>Requires Prior Authorization</b>            fentanyl 37.5mg, 62.5mg, 87.5mg patches<sup>q1</sup>            hydromorphone ER (Exalgo)<sup>q1</sup>            morphine sulfate ER (Avinza)<sup>q1</sup>            morphine sulfate ER (Kadian) (<b>generic only</b>)<sup>q1</sup>            oxymorphone ER (Opana ER)<sup>q1</sup>            tramadol ER (Ultram ER, Ryzolt)<sup>q1</sup>            Butrans<sup>q1</sup>            Conzip<sup>q1</sup></p> <p><b>Embeda</b>  <b>Hysingla ER</b><sup>cc,q1</sup>            Nucynta ER<sup>q1</sup>            Oxycontin<sup>q1</sup>            Zohydro ER<sup>cc,q1</sup></p>	<p><b>Analgesics, Narcotics (Short Acting)</b></p> <p><b>Preferred</b>            apap w/codeine (Tylenol w/codeine)<sup>q1</sup>            butalbital/apap/codeine/caffeine            butalbital/aspirin/codeine/caffeine            codeine tablets            hydrocodone/apap tablets (Vicodin)<sup>q1</sup>            hydrocodone/ibuprofen (Vicoprofen)            hydromorphone tablets (Dilaudid)            morphine sulfate tablets, solution            oxycodone capsules, tablets, solution            oxycodone/apap (Percocet)<sup>q1</sup>            tramadol (Ultram)<sup>q1</sup>            tramadol/apap (Ultracet)<sup>q1</sup></p>	<p><b>Analgesics, Narcotics (Short Acting) (continued)</b></p> <p><b>Requires Prior Authorization</b>            butorphanol nasal spray            carisoprodol/codeine/asa            codeine solution            dihydrocodeine/aspirin/caffeine (Synalgos DC)            fentanyl buccal (Actiq)<sup>cc,q1</sup>  <b>hydrocodone/apap solution</b>            hydromorphone suppositories and solution            levorphanol            meperidine (Demerol)            morphine suppositories  <b>oxycodone concentrated solution</b>            oxycodone/aspirin (Percodan)            oxycodone/ibuprofen (Combunox)            oxymorphone (Opana)            pentazocine/naloxone (Talwin NX)            Abstral<sup>cc,q1</sup>            Fentora<sup>cc,q1</sup>  <b>Lazanda</b><sup>cc,q1</sup>            Nucynta            Primlev<sup>q1</sup>            Subsys<sup>cc,q1</sup>            Xartemis XR<sup>cc,q1</sup></p>

## ANALGESICS

## Anti-Migraine Agents

Preferred

rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT)<sup>q1</sup>  
 sumatriptan (Imitrex)<sup>q1</sup>  
 Relpax<sup>q1</sup>

Requires Prior Authorization

*naratriptan (Amerge)*<sup>q1</sup>  
*zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT)*<sup>q1</sup>  
*Axert*<sup>q1</sup>  
*Frova*<sup>q1</sup>  
*Sumavel*  
*Treximet*<sup>q1</sup>  
*Zomig nasal*<sup>q1</sup>

## Neuropathic Pain

Preferred

capsaicin OTC  
 duloxetine (Cymbalta)<sup>cc,q1</sup>  
 gabapentin capsules (Neurontin)  
 Lidoderm (**Brand only**)  
 Lyrica capsules<sup>q1</sup>

Requires Prior Authorization

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

## ANALGESICS

Nonsteroidal Anti-Inflammatories/  
COX II InhibitorsPreferred

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, ketoprofen ER (Orudis, Oruvail)  
 ketorolac (Toradol)  
 meclufenamate (Meclomen)  
 meloxicam (Mobic)  
 nabumetone (Relafen)  
 naproxen Rx and OTC (Aleve, Naprosyn)  
 oxaprozin (Daypro)  
 piroxicam (Feldene)  
 sulindac (Clinoril)  
 Voltaren gel

Requires Prior Authorization

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

## Opiate Dependence Treatments

Preferred

buprenorphine (Subutex)<sup>cc,q1</sup>  
 naloxone (Narcan)  
 naltrexone (Revia)<sup>q1</sup>  
 Suboxone film<sup>q1</sup>

Requires Prior Authorization

*buprenorphine/naloxone tablets (Suboxone)*<sup>q1</sup>  
*Bunavail*<sup>q1</sup>  
*Evzio*<sup>cc</sup>  
*Vivitrol*<sup>cc,q1</sup>  
*Zubsolv*<sup>q1</sup>

## 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)*  
*tizanidine capsules (Zanaflex)*  
*Amrix*  
*Lorzone*

## ANTI-INFECTIVES

## Antibiotics, GI

Preferred

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

Requires Prior Authorization

*metronidazole capsules (Flagyl)*  
*paromomycin*  
*tinidazole (Tindamax)*  
*Diflida*<sup>cc,q1</sup>  
*Flagyl ER*  
*Xifaxan*<sup>cc,q1</sup>

## Antibiotics, Inhaled

Preferred

**Bethkis**<sup>cc,q1</sup>  
**Kitabis Pak**<sup>cc,q1</sup>  
 Tobo Podhaler (**Step therapy**)<sup>cc,q1</sup>

Requires Prior Authorization

*tobramycin inhalation solution (Tobi)*<sup>cc,q1</sup>  
*Cayston*<sup>cc,q1</sup>

## Antibiotics, Topical

Preferred

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

Requires Prior Authorization

*mupirocin cream (Bactroban)*  
*Altabax*  
*Centany AT Kit*

## ANTI-INFECTIVES

## Antibiotics, Vaginal

**Preferred**

clindamycin (Clindamax)  
metronidazole vaginal (Metrogel)  
Cleocin ovule

**Requires Prior Authorization****Nuessa**

Vandazole

## Antifungals, Oral

**Preferred****clotrimazole troches (Mycelex)**

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

**Requires Prior Authorization**

flucytosine (Ancobon)  
griseofulvin tablets (Gris Peg, GriFulvin V)  
itraconazole (Sporanox)  
voriconazole (Vfend)  
Lamisil granules  
Noxafil  
Onmel  
Oravig  
Terbix

## 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

**Requires Prior Authorization**

ciclopirox (Loprox, Loprox Shampoo, Penlac)  
Bensal HP  
CNL-8  
Ertaczo  
Exelderm  
Jublia  
Ketodan  
**Kerydin**  
Luzu<sup>cc,q1</sup>  
Naftin  
Oxistat  
Pediaderm AF  
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

**Preferred**

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

**Requires Prior Authorization**

famciclovir (Famvir)  
Relenza  
Sitavig  
Tamiflu

## Antivirals, Topical

**Preferred**

acyclovir ointment (Zovirax)  
Abreva OTC  
Denavir

**Requires Prior Authorization**

Xerese  
Zovirax cream

## Cephalosporin and Related Agents

**Preferred**

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

**Requires Prior Authorization**

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

## ANTI-INFECTIVES

## Fluoroquinolones

**Preferred**

ciprofloxacin tablets (Cipro)  
levofloxacin tablets (Levaquin)

**Requires Prior Authorization**

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

## Hepatitis B Agents

**Preferred****Baraclude (Brand only)****Epivir HBV (Brand only)****Hepsera (Brand only)****Requires Prior Authorization**

adefovir (Hepsera) (generic only)  
entecavir (Baraclude) (generic only)  
lamivudine (Epivir HBV) (generic only)  
Tyzeka

## Hepatitis C Agents

**Preferred**

ribavirin (Copegus, Rebetol)

**Harvoni**<sup>cc,q1</sup>

Pegasys

PegIntron

Sovaldi<sup>cc,q1</sup>

Victrelis<sup>cc,q1</sup>

**Viekira Pak**<sup>cc,q1</sup>

**Requires Prior Authorization**

Moderiba

Olysio<sup>cc,q1</sup>

Rebetol solution

Ribapak

Ribasphere

## Macrolides/Ketolides

**Preferred**

azithromycin (Zithromax)

**clarithromycin tablets (Biaxin)**

erythromycin base

E.E.S.

EryPed

Ery-Tab

Erythrocin

**Requires Prior Authorization**

clarithromycin suspension (Biaxin)

clarithromycin ER (Biaxin XL)

Ketek

PCE

Zmax

## ANTI-INFECTIVES

## 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

## BLOOD MODIFIERS

## Anti-Hyperuricemics

**Preferred**

allopurinol (Zyloprim)  
probenecid  
probenecid/colchicine

**Requires Prior Authorization**

colchicine (Colcrys)  
Uloric

## Colony Stimulating Factors

**Preferred**

**Granix**  
Neupogen

**Requires Prior Authorization**

Leukine  
Neulasta

## Erythropoietins

**Preferred**

Aranesp  
Procrit

**Requires Prior Authorization**

Epogen  
**Mircera**

## BLOOD MODIFIERS

## Phosphate Binders and Related Agents

**Preferred**

calcium acetate (PhosLo)  
calphron OTC

**Requires Prior Authorization**

sevelamer (Renvela)  
**Auryxia**  
Fosrenol  
Magnebind 400 Rx  
Phoslyra  
Renagel  
Renvela powder  
Velphoro

## CARDIOVASCULAR

## Angiotensin Modulator Combinations

**Preferred**

amlodipine/benazepril (Lotrel)  
amlodipine/valsartan, amlodipine/valsartan/  
HCTZ (Exforge, Exforge HCT)

**Requires Prior Authorization**

telmisartan/amlodipine (Twynta)  
**Azor/Tribenzor**  
Tarka  
Tekamlo/Amturnide

## 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)  
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)

## CARDIOVASCULAR

## Angiotensin Modulators (continued)

**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  
**Expanded**  
Tekturna, Tekturna HCT  
Teveten HCT

## Anticoagulants

**Preferred**

enoxaparin (Lovenox)<sup>q1</sup>  
warfarin (Coumadin)  
Fragmin<sup>q1</sup>

**Requires Prior Authorization**

fondaparinux (Arixtra)<sup>q1</sup>  
Eliquis  
Pradaxa<sup>q1</sup>  
**Savaysa**  
Xarelto

## Antihypertensives, Sympatholytics

**Preferred**

clonidine oral (Catapres)  
guanfacine (Tenex)  
methyldopa (Aldomet)  
methyldopa/HCTZ (Aldoril)  
Catapres TTS (Brand only)<sup>q1</sup>

**Requires Prior Authorization**

clonidine patch (generic only)<sup>q1</sup>  
reserpine  
Clorpres

## CARDIOVASCULAR

## Beta Blockers

**Preferred**

atenolol, atenolol/chlorthalidone (Tenormin, Tenoretic)  
 bisoprolol/HCTZ (Ziac)  
 carvedilol (Coreg)  
 labetalol (Normodyne, Trandate)  
 metoprolol tartrate (Lopressor)  
**metoprolol succinate XL (Toprol XL)**  
 nadolol (Corgard)  
 pindolol (Visken)  
 propranolol, propranolol/HCTZ (Inderal, Inderide)  
 propranolol LA (Inderal LA)  
 sotalol, sotalol AF (Betapace, Betapace AF)

**Requires Prior Authorization**

*acebutolol (Sectral)*  
*betaxolol (Kerlone)*  
*bisoprolol (Zebeta)*  
*metoprolol/HCTZ (Lopressor HCT)*  
*nadolol/bendroflumethiazide (Corzide)*  
*timolol (Blocadren)*  
*Bystolic*  
*Coreg CR*  
*Dutoprol*  
*Hemangeol*  
*Levatol*  
**Sotylize**

## Calcium Channel Blocking Agents

**Preferred**

amlodipine (Norvasc)  
**diltiazem, diltiazem ER tablets (Cardizem, Cardizem LA)**  
 nicardipine (Cardene)  
 nifedipine ER (Adalat CC, Procardia XL)  
 verapamil (Calan)  
 verapamil ER tablets (Calan SR, Verelan)

**Requires Prior Authorization**

*diltiazem ER capsules (Cardizem CD, Tiazac)*  
*felodipine (Plendil)*  
*isradipine (Dynacirc)*  
*nifedipine (Adalat, Procardia)*  
*nimodipine (Nimotop)*  
*nisoldipine (Sular)*  
*verapamil ER capsules (Verelan PM)*  
*Nymalize*

## Lipotropics, Other

**Preferred**

**colestipol (Colestid)**  
 cholestyramine (Questran)  
 fenofibrate nanocrystals (Tricor)  
 fenofibric acid (Trilipix)  
 gemfibrozil (Lopid)  
 niacin ER (Niaspan ER)  
 Niacor

## CARDIOVASCULAR

## Lipotropics, Other (continued)

**Requires Prior Authorization**

*fenofibrate (Antara, Lipofen, Lofibra)*  
*fenofibric acid (Fibricor)*  
*omega 3 ethyl esters (Lovaza)*  
*Fenoglide*  
**Juxtapid**  
**Kynamro**  
*Triglide*  
**Vascepa**  
*Welchol*  
*Zetia*

## Lipotropics, Statins

**Preferred**

atorvastatin (Lipitor)  
 lovastatin (Mevacor)  
 pravastatin (Pravachol)  
 simvastatin (Zocor)

**Requires Prior Authorization**

*amlodipine/atorvastatin (Caduet)*  
**fluvastatin (Lescol)**  
*Advicor*  
*Altoprev*  
*Crestor*  
**Lescol XL**  
*Liptruzet*  
*Livalo*  
**Simcor**  
*Vytorin*

## Platelet Aggregation Inhibitors

**Preferred**

clopidogrel (Plavix)<sup>q1</sup>  
 dipyridamole (Persantine)<sup>q1</sup>  
 ticlopidine (Ticlid)  
 Aggrenox<sup>q1</sup>

**Requires Prior Authorization**

*Brilinta*<sup>q1</sup>  
*Effient*<sup>q1</sup>  
*Zontivity*

## Pulmonary Arterial Hypertension, Oral and Inhaled Agents

**Preferred**

sildenafil (Revatio)<sup>cc,q1</sup>  
 Letairis  
 Revatio suspension<sup>cc,q1</sup>  
 Tracleer  
 Ventavis

**Requires Prior Authorization**

*Adcirca*<sup>cc,q1</sup>  
*Adempas*  
*Opsumit*  
*Orenitram ER*<sup>cc,q1</sup>  
*Tyvaso*<sup>cc</sup>

## CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at [mmcp.dhmh.maryland.gov/pap/docs/mmmh\\_form.pdf](http://mmcp.dhmh.maryland.gov/pap/docs/mmmh_form.pdf)

## Anticonvulsants

**Preferred**

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

**Requires Prior Authorization**

*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)*  
*lamotrigine ODT (Lamictal ODT)*  
*levetiracetam ER (Keppra XR)*  
*oxcarbazepine suspension (Trileptal Suspension) (generic only)*  
*tiagabine (Gabitril) (generic only)*  
*topiramate ER (Qudexy XR)*<sup>cc,q1</sup>  
*topiramate sprinkles (Topamax Sprinkles)*  
*Aptiom*<sup>cc,q1</sup>  
*Banze*<sup>cc,q1</sup>  
*Equetro*  
*Fycampa*<sup>cc</sup>  
*Onfi*<sup>cc,q1</sup>  
*Oxtellar XR*  
*Potiga*  
*Sabril*  
*Stavzor*  
*Trokendi XR*  
*Vimpat*

## CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at [mmcp.dhmdh.maryland.gov/pap/docs/mmmh\\_form.pdf](http://mmcp.dhmdh.maryland.gov/pap/docs/mmmh_form.pdf)

## Antidepressants, Other

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  
 Oleptro ER  
 Pristiq  
 Viibryd

## Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

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

Requires Prior Authorization

escitalopram solution (Lexapro)  
 fluoxetine 60mg  
 fluoxetine weekly (Prozac Weekly)  
 fluvoxamine ER (Luvox CR)  
 paroxetine CR (Paxil CR)  
 Brisdelle<sup>cc,ql</sup>  
 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)<sup>ql</sup>  
 risperidone, risperidone ODT (Risperdal)<sup>ql</sup>  
 thioridazine (Mellaril)  
 thiothixene (Navane)  
 trifluoperazine (Stelazine)  
 ziprasidone (Geodon)<sup>ql</sup>  
 Abilify<sup>ql</sup> (**Brand only**) (**Age 17 and younger**)  
 Abilify Discmelt<sup>ql</sup> (**Age 17 and younger**)  
 Abilify Maintena  
 Geodon IM  
 Invega Sustenna<sup>ql</sup>  
 Orap  
 Risperdal Consta<sup>ql</sup>  
**2nd Tier**  
 olanzapine IM (Zyprexa IM)<sup>cc</sup>  
 olanzapine ODT (Zyprexa Zydis)<sup>cc,ql</sup>  
 olanzapine tablets (Zyprexa)<sup>cc,ql</sup>  
 Abilify<sup>cc,ql</sup> (**Brand only**) (**Age 18 or older**)  
 Abilify Discmelt<sup>cc,ql</sup> (**Age 18 or older**)  
 Latuda<sup>cc,ql</sup>

Requires Prior Authorization

aripiprazole (Abilify)<sup>cc,ql</sup> (**generic only**)  
 clozapine ODT (Fazacla)<sup>cc,ql</sup>  
 olanzapine/fluoxetine (Symbyax)<sup>cc,ql</sup>  
 Abilify IM<sup>cc,ql</sup>  
 Adasuve<sup>cc,ql</sup>  
 Fanapt<sup>cc,ql</sup>  
 Invega<sup>cc,ql</sup>  
 Saphris<sup>cc,ql</sup>  
 Seroquel XR<sup>cc,ql</sup>  
 Versacloz<sup>cc,ql</sup>  
 Zyprexa Relprevv<sup>cc,ql</sup>

## Sedative Hypnotics

Preferred

flurazepam (Dalmane)<sup>ql</sup>  
 temazepam 15mg, 30mg (Restoril)<sup>ql</sup>  
 triazolam (Halcion)<sup>ql</sup>  
 zaleplon (Sonata)<sup>ql</sup>  
 zolpidem (Ambien)<sup>ql</sup>

## CENTRAL NERVOUS SYSTEM

## Sedative Hypnotics (continued)

Requires Prior Authorization

estazolam (ProSom)<sup>ql</sup>  
 eszopiclone (Lunesta)<sup>cc,ql</sup>  
 temazepam 7.5mg, 22.5mg (Restoril)<sup>ql</sup>  
 zolpidem ER (Ambien CR)  
 Belsomra<sup>cc,ql</sup>  
 Edluar<sup>ql</sup>  
 Hetlioz<sup>cc,ql</sup>  
 Intermezzo<sup>ql</sup>  
 Rozerem<sup>ql</sup>  
 Silenor  
 Zolpimist<sup>ql</sup>

## Stimulants and Related Agents

Preferred

**1st Tier**  
 amphetamine salt combo (Adderall)  
 dextroamphetamine tablets  
 guanfacine ER (Intuniv)<sup>cc,ql</sup>  
 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**)  
 Metadate CD (**Brand only**)  
 Methylin oral solution (**Brand only**)  
 Quillivant XR  
 Ritalin LA (**Brand only**)  
 Vyvanse  
**2nd Tier**  
 Strattera<sup>cc</sup>

Requires Prior Authorization

amphetamine salt combo ER (Adderall XR) (**generic only**)  
 clonidine ER (Kapvay)<sup>cc,ql</sup>  
 dexmethylphenidate (Focalin) (**generic only**)  
 dexmethylphenidate XR (Focalin XR) (**generic only**)  
 dextroamphetamine ER (Dexedrine ER) (**generic only**)  
 dextroamphetamine solution (Procentra)  
 methamphetamine (Desoxyn)  
 methylphenidate CD capsules (Metadate CD) (**generic only**)  
 methylphenidate chewable (Methylin chewable)  
 methylphenidate ER capsules (Ritalin LA) (**generic only**)  
 methylphenidate chewable (Methylin)  
 methylphenidate oral solution (Methylin) (**generic only**)  
 modafinil (Provigil)<sup>cc,ql</sup>  
 Evekeo  
 Nuvigil<sup>cc,ql</sup>  
 Zenzedi

ENDOCRINE	ENDOCRINE	ENDOCRINE
<p><b>Androgenic Agents</b></p> <p><u>Preferred</u> testosterone gel (Androgel) testosterone gel (Testim)</p> <p><u>Requires Prior Authorization</u> testosterone gel (Vogelxo) testosterone gel pump (Fortesta) Androderm Axiron</p>	<p><b>Hypoglycemics, Incretin Mimetics and Enhancers</b></p> <p><u>Preferred</u> Byetta <b>Bydureon</b> Janumet, Janumet XR Januvia Jentadueto Symlin Tradjenta</p> <p><u>Requires Prior Authorization</u> <b>Glyxambi</b><sup>cc,q1</sup> Kazano Kombiglyze XR Nesina Onglyza Oseni Tanzeum <b>Trulicity</b> Victoza<sup>q1</sup></p>	<p><b>Hypoglycemics, TZDs</b></p> <p><u>Preferred</u> pioglitazone (Actos) pioglitazone/glimepiride (Duetact)</p> <p><u>Requires Prior Authorization</u> pioglitazone/metformin (ActoPlusMet) ActoPlusMet XR Avandia, Avandamet, Avandaryl</p>
<p><b>Bone Resorption Suppression and Related Agents</b></p> <p><u>Preferred</u> alendronate tablets (Fosamax)<sup>q1</sup> calcitonin salmon nasal (Miacalcin)<sup>q1</sup> Fortical<sup>q1</sup></p> <p><u>Requires Prior Authorization</u> alendronate solution (Fosamax Solution)<sup>q1</sup> etidronate (Didronel)<sup>q1</sup> ibandronate (Boniva)<sup>q1</sup> raloxifene (Evista)<sup>q1</sup> risedronate (Atelvia)<sup>q1</sup> risedronate 150mg (Actonel)<sup>q1</sup> Actonel 5mg, 30mg, 35mg<sup>q1</sup> Binosto<sup>q1</sup> Forteo<sup>cc,q1</sup> Fosamax Plus D<sup>q1</sup> Prolia<sup>cc,q1</sup></p>	<p><b>Hypoglycemics, Insulins</b></p> <p><u>Preferred</u> Humalog Humalog Mix Humulin Lantus Levemir Novolin NovoLog NovoLog Mix</p> <p><u>Requires Prior Authorization</u> <b>Afrezza</b> Apidra <b>Toujeo</b></p>	<p><b>GASTROINTESTINAL</b></p> <p><b>Antiemetic/Antivertigo Agents</b></p> <p><u>Preferred</u> dimenhydrinate Rx and OTC meclizine Rx and OTC (Bonine, Antivert) metoclopramide (Reglan) ondansetron, ondansetron ODT (Zofran)<sup>q1</sup> prochlorperazine (Compazine, Compro) promethazine (Phenergan) Emend capsules<sup>q1</sup> TransDerm-Scop</p> <p><u>Requires Prior Authorization</u> dronabinol (Marinol)<sup>cc,q1</sup> granisetron (Kytril)<sup>q1</sup> metoclopramide ODT (Metozolv ODT) trimethobenzamide (Tigan) Aloxi <b>Akynzeo</b><sup>cc</sup> Anzemet<sup>q1</sup> Cesamet<sup>q1</sup> Diclegis<sup>cc,q1</sup> Emend IV Sancuso<sup>q1</sup> <b>Zuplenz</b></p>
<p><b>Growth Hormones</b></p> <p><u>Preferred</u> Genotropin<sup>cc</sup> Norditropin<sup>cc</sup> Nutropin<sup>cc</sup>, Nutropin AQ<sup>cc</sup></p> <p><u>Requires Prior Authorization</u> Humatrope<sup>cc</sup> Omnitrope<sup>cc</sup> Saizen<sup>cc</sup> Serostim<sup>cc</sup> Tev-Tropin<sup>cc</sup> Zorbtive<sup>cc</sup></p>	<p><b>Hypoglycemics, Meglitinides</b></p> <p><u>Preferred</u> nateglinide (Starlix) repaglinide (Prandin)</p> <p><u>Requires Prior Authorization</u> Prandimet</p>	<p><b>Bile Salts</b></p> <p><u>Preferred</u> ursodiol capsules (Actigall)</p> <p><u>Requires Prior Authorization</u> ursodiol tablets (URSO Forte) Chenodal</p>
	<p><b>Hypoglycemics, SGLT2 Inhibitors</b></p> <p><u>Preferred</u> Invokana<sup>cc,q1</sup> (Step therapy) Invokamet<sup>cc,q1</sup> (Step therapy)</p> <p><u>Requires Prior Authorization</u> Farxiga<sup>cc,q1</sup> Jardiance<sup>cc,q1</sup> <b>Xigduo XR</b><sup>cc,q1</sup></p>	<p><b>Gastrointestinal Motility, Chronic</b></p> <p><u>Preferred</u> Amitiza Linzess<sup>cc</sup></p> <p><u>Requires Prior Authorization</u> Lotronex <b>Movantik</b> <b>Relistor</b></p>

GASTROINTESTINAL
<b>Pancreatic Enzymes</b>
<b>Preferred</b> pancrelipase Creon Zenpep
<b>Requires Prior Authorization</b> Pancreaze Pertzye Ultresa Viokace
<b>Proton Pump Inhibitors</b>
<b>Preferred</b> lansoprazole capsules, tablets (Prevacid) omeprazole capsules, tablets (Prilosec) pantoprazole (Protonix) Prevacid Solutab Protonix suspension
<b>Requires Prior Authorization</b> esomeprazole magnesium (Nexium) esomeprazole strontium lansoprazole solution (Prevacid) omeprazole solution (Prilosec) omeprazole/sodium bicarb (Zegerid) rabeprazole (Aciphex) Aciphex Sprinkle Dexilant Prilosec suspension
<b>Ulcerative Colitis Agents</b>
<b>Preferred</b> balsalazide (Colazal) sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR) Apriso Canasa
<b>Requires Prior Authorization</b> mesalamine enemas (Rowasa, sfRowasa) Asacol HD Delzicol Dipentum Giazo Lialda Pentasa Uceris

IMMUNOLOGICS
<b>Cytokine and CAM Antagonists</b>
<b>Preferred</b> Enbrel Humira
<b>Requires Prior Authorization</b> Actemra Arcalyst Cimzia Cosentyx Entyvio Ilaris Kineret Orencia Otezla <sup>cc</sup> Remicade Simponi Stelara Xeljanz
<b>Immunosuppressives, Oral</b>
<b>Preferred</b> azathioprine (Imuran) cyclosporine (Sandimmune) cyclosporine modified (Gengraf, Neoral) mycophenolate mofetil capsules, tablets (Cellcept) sirolimus (Rapamune) tacrolimus (Prograf) Rapamune solution Sandimmune solution
<b>Requires Prior Authorization</b> mycophenolate mofetil suspension (Cellcept) mycophenolic acid (Myfortic) Astagraf XL Azasan Zortress
NEUROLOGICS
<b>Alzheimer's Agents</b>
<b>Preferred</b> donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT) rivastigmine capsules (Exelon) Exelon patch Namenda
<b>Requires Prior Authorization</b> donepezil 23mg (Aricept) galantamine, galantamine ER (Razadyne, Razadyne ER) Namenda XR

NEUROLOGICS
<b>Anti-Parkinson's Agents</b>
<b>Preferred</b> amantadine (Symmetrel) bentropine (Cogentin) levodopa/carbidopa IR, levodopa/carbidopa ER (Sinemet, Sinemet CR) levodopa/carbidopa/entacapone (Stalevo) pramipexole (Mirapex) ropinirole (Requip) selegiline tablets (Eldepryl) trihexyphenidyl (Artane)
<b>Requires Prior Authorization</b> bromocriptine (Parlodel) carbidopa (Lodosyn) entacapone (Comtan) levodopa/carbidopa ODT (Parcopa) pramipexole ER (Mirapex ER) ropinirole ER (Requip XL) selegiline capsules (Eldepryl) tolcapone (Tasmar) Azilect Neupro Rytary Zelapar
<b>Multiple Sclerosis Agents</b>
<b>Preferred</b> Avonex Betaseron Copaxone 20mg Rebif
<b>Requires Prior Authorization</b> Ampyra <sup>cc,ql</sup> Aubagio <sup>cc,ql</sup> Copaxone 40mg Extavia Gilenya <sup>cc,ql</sup> Lemtrada <sup>cc,ql</sup> Plegridy <sup>cc</sup> Tecfidera <sup>cc,ql</sup>



## OPHTHALMICS

## Ophthalmics, Allergic Conjunctivitis

Preferred

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

**Pazeo**Requires Prior Authorization

azelastine (*Optivar*)  
epinastine (*Elestat*)  
Alocril  
Alomide  
Bepreve  
Emadine  
Lastacaft  
Patanol

## Ophthalmics, Antibiotics

Preferred

bacitracin/polymyxin  
ciprofloxacin solution (Ciloxan)  
erythromycin  
gentamicin (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* (*Zymaxid*)  
*levofloxacin* (*Quixin*)  
*sulfacetamide ointment*  
*AzaSite*  
*Besivance*  
*Natacyl*

## Ophthalmics, Antibiotic/Steroid Combinations

Preferred

neomycin/poly/dexamethasone (Maxitrol)  
sulfacetamide/prednisolone  
tobramycin/dexamethasone drops  
(Tobradex)  
Pred-G  
Tobradex ointment

Requires Prior Authorization

*neomycin/bacitracin/polymyxin/HC*  
*neomycin/polymyxin/HC*  
*Blephamide, Blephamide S.O.P.*  
*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*)  
*bimatoprost 0.03%* (*Lumigan*)  
*brimonidine 0.15%* (*Alphagan P*)  
**(generic only)**  
*travoprost*  
*Combigan*  
*Cosopt PF*  
*Lumigan 0.01%*  
*Rescula*  
*Zioptan*

## Ophthalmics, Anti-Inflammatories

Preferred

dexamethasone (Decadron)  
diclofenac (Voltaren)  
fluorometholone (FML)  
flurbiprofen (Ocufen)  
ketorolac (Acular)  
ketorolac LS (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*  
**Iluvien**  
*Lotemax ointment and gel*  
*Nevanac*  
*Ozurdex*  
*Prolensa*  
*Retisert*  
*Triesence*  
*Vexol*

## OTIC

## Otic Antibiotics

Preferred

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

Requires Prior Authorization

*ciprofloxacin*  
*Cipro HC*  
*Coly-Mycin S*

## RESPIRATORY

## Antihistamines, Minimally Sedating

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

## Bronchodilators, Beta Agonists

Preferred

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

Requires Prior Authorization

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

## RESPIRATORY

## COPD Agents

Preferred

ipratropium neb (Atrovent)  
 ipratropium/albuterol neb (DuoNeb)  
 Atrovent HFA  
 Combivent Respirat<sup>ql</sup>  
 Spiriva

Requires Prior Authorization

Anoro Ellipta  
 Daliresp  
**Incruse Ellipta**  
**Spiriva Respimat**  
 Tudorza

## Glucocorticoids, Inhaled

Preferred

Advair Diskus, Advair HFA  
 Asmanex  
 Dulera  
 Flovent Diskus, Flovent HFA  
 Pulmicort Flexhaler<sup>ql</sup>  
 Pulmicort Respules 0.25mg, 0.5mg (**Brand only**)  
 QVAR  
 Symbicort

Requires Prior Authorization

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

## Intranasal Rhinitis Agents

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 OTC  
**erythromycin/benzoyl peroxide**  
 clindamycin (all forms except foam)  
 erythromycin  
 tretinoin<sup>cc</sup>  
 Azelex  
 Differin cream<sup>cc</sup> (**Brand only**)  
 Differin lotion<sup>cc</sup>

Requires Prior Authorization

adapalene cream (Differin)<sup>cc</sup> (**generic only**)  
 adapalene gel (Differin gel)<sup>cc</sup>  
**benzoyl peroxide Rx**  
 bp-10-1  
 clindamycin foam  
 clindamycin/benzoyl peroxide  
 sulfacetamide  
 sulfacetamide/sulfur  
 sulfacetamide/sulfur/urea  
 tretinoin micro (Retin-A Micro)<sup>cc</sup>  
 Acanya  
 Aczone  
 Akne-Mycin  
 Atralin  
 Avar  
 BenzaClin  
 Benzamycin  
 Clindacin  
 Epiduo  
 Fabior  
 Inova  
**Neuac**  
**Onexton**  
 Ovace  
 Sumaxin CP Kit  
 Tazorac<sup>cc</sup>  
 Veltin  
 Ziana

## TOPICAL DERMATOLOGICS

## Atopic Dermatitis

Preferred

Elidel

Requires Prior Authorization

tacrolimus ointment (Protopic)

## UROLOGIC

## Benign Prostatic Hyperplasia

Preferred

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

Requires Prior Authorization

Avodart  
 Cardura XL  
 Jalyn  
 Rapaflo

## Bladder Relaxant Preparations

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.dhmh.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 is included in the attached updated Preferred Drug List (PDL) that is **effective July 1, 2015**. **Hepatitis B Agents** is a new drug class added to the PDL. Within this class, **brand names BARACLUDE, EPIVIR HBV and HEPSERA are preferred over their generic equivalents (entecavir, lamivudine HBV and adefovir)**. Also, **brand name Intuniv ER® is no longer preferred over its generic equivalent guanfacine ER**.

Please refer to our website for a complete list of the PDL at the following link:  
[mmcp.dhmh.maryland.gov/pap/SitePages/Preferred%20Drug%20List.aspx](http://mmcp.dhmh.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 needed<sup>1</sup>. Enter a **DAW code of 6** on the claim to have it correctly priced. If any problems are encountered during the online 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 newsletter as a reference, in addition to any updates that follow. This information is updated weekly at [www.epocrates.com](http://www.epocrates.com), and is available on your desktop computer or PDA/Smartphone.

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

### Brand Preferred Exceptions

#### Preferred Brands

Abilify tablets  
 Adderall XR  
 Alphagan P 0.15%  
**Baraclude**  
 Catapres TTS  
 Depakote Sprinkles  
 Dexedrine ER  
 Diastat  
 Differin cream  
**EpiVir HBV**  
 Focalin  
 Focalin XR  
 Gabitril  
**Hepsera**  
 Kadian  
 Lidoderm  
 Metadate CD  
 Methylin Oral Solution  
 Parnate  
 Pulmicort Respules 0.25 and 0.5mg  
 Ritalin LA  
 Tegretol suspension  
 Trileptal suspension

#### Non-Preferred Generics

*aripiprazole tablets*  
*amphetamine salt combo ER*  
*brimonidine 0.15%*  
**entecavir**  
*clonidine patches*  
*divalproex sprinkles*  
*dextroamphetamine ER*  
*diazepam rectal*  
*adapalene cream*  
**lamivudine HBV**  
*dexmethylphenidate*  
*dexmethylphenidate XR*  
*tiagabine*  
**adefovir**  
*morphine sulfate ER*  
*lidocaine patch*  
*methylphenidate CD capsules*  
*methylphenidate oral solution*  
*tranylcypromine*  
*budesonide respules*  
*methylphenidate ER capsules*  
*carbamazepine suspension*  
*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)  
[mmcp.dhmh.maryland.gov/pap](http://mmcp.dhmh.maryland.gov/pap)

Larry Hogan, Governor  
Boyd Rutherford, Lt. Governor  
Van Mitchell, Secretary



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PRINCE FREDERICK, MD

### 30-day Emergency Supply of Atypical Antipsychotic Agents

When the prescriber is not available to obtain prior authorization for an antipsychotic medication that is non-preferred or second tier, the pharmacist can obtain a one-time only authorization to dispense up to a 30-day emergency supply.

*Do not let patients leave the pharmacy without medication if there is concern that the patient will be unwilling or unable to return at a later time that day after prior authorization is approved.*

To obtain authorization for an emergency supply of an antipsychotic, call Xerox Technical Assistance at **800-932-3918**. During the 30-day window, the pharmacist must notify the prescriber of the need to obtain a PA before the prescription can be filled a second time and make a note for his or her records of the date, time and person contacted at the prescriber's office.

### Tier 2 and Non-Preferred Antipsychotic Review Process

All claims for Tier 2 or non-preferred antipsychotics for patients age 18 or older require authorization. The claim will deny at point of service and will not process. An electronic message will display on your system with instructions as to how to proceed. The Tier 2 and Non-Preferred Prior Authorization Form can be found at:  
[mmcp.dhmh.maryland.gov/pap/docs/Tier2%20and%20NPD%20Antipsychotic%  
20PA.pdf](http://mmcp.dhmh.maryland.gov/pap/docs/Tier2%20and%20NPD%20Antipsychotic%20PA.pdf)

### 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 and 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