



Pharmacy News & Views

January 2016

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 January 1, 2016. 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>Analgesics, Narcotics (Long Acting)</p> <p>Preferred fentanyl patches (Duragesic) (All strengths except 37.5mg, 62.5mg, 87.5mg)^{q1} methadone (Dolophine)^{q1} morphine sulfate SR (MS Contin)^{q1} Kadian (Brand only)^{q1}</p> <p>Requires Prior Authorization fentanyl 37.5mg, 62.5mg, 87.5mg patches^{q1} hydromorphone ER (Exalgo)^{q1} morphine sulfate ER (Avinza)^{q1} morphine sulfate ER (Kadian) (generic only)^{q1} oxymorphone ER (Opana ER)^{q1} tramadol ER (Ultram ER, Ryzolt)^{q1} Butrans^{q1} Conzip^{q1} Embeda Hysingla ER^{cc,q1} Nucynta ER^{q1} Oxycontin^{q1} Zohydro ER^{cc,q1}</p>	<p>Analgesics, Narcotics (Short Acting)</p> <p>Preferred apap w/codeine (Tylenol w/codeine)^{q1} butalbital/apap/codeine/caffeine butalbital/aspirin/codeine/caffeine codeine tablets hydrocodone/apap tablets (Vicodin)^{q1} hydrocodone/ibuprofen (Vicoprofen) hydromorphone tablets (Dilaudid) morphine sulfate tablets, solution oxycodone capsules, tablets, solution oxycodone/apap (Percocet)^{q1} tramadol (Ultram)^{q1} tramadol/apap (Ultracet)^{q1}</p>	<p>Analgesics, Narcotics (Short Acting) (continued)</p> <p>Requires Prior Authorization butorphanol nasal spray carisoprodol/codeine/asa codeine solution dihydrocodeine/aspirin/caffeine (Synalgos DC) fentanyl buccal (Actiq)^{cc,q1} hydrocodone/apap solution hydromorphone suppositories and solution levorphanol meperidine (Demerol) morphine suppositories oxycodone concentrated solution oxycodone/aspirin (Percodan) oxycodone/ibuprofen (Combunox) oxymorphone (Opana) pentazocine/naloxone (Talwin NX) Abstral^{cc,q1} Fentora^{cc,q1} Lazanda^{cc,q1} Nucynta Primlev^{q1} Subsys^{cc,q1} Xartemis XR^{cc,q1}</p>

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^{cc} Clinical Criteria: mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx
^{q1} Quantity Limits: mmcp.dhmh.maryland.gov/pap/docs/QL.pdf

ANALGESICS

Anti-Migraine Agents

Preferred

rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT)^{q1}
 sumatriptan (Imitrex)^{q1}
 Relpax^{q1}

Requires Prior Authorization

naratriptan (Amerge)^{q1}
zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT)^{q1}
Axert^{q1}
Frova^{q1}
Sumavel
Treximet^{q1}
Zecuity^{q1}
Zomig nasal^{q1}

Neuropathic Pain

Preferred

capsaicin OTC
 duloxetine (Cymbalta)^{cc,q1}
 gabapentin capsules (Neurontin)
 Lidoderm (**Brand only**)
 Lyrica capsules^{q1}

Requires Prior Authorization

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

ANALGESICS

Nonsteroidal Anti-Inflammatories (NSAIDs)

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, 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)
Dermacinrx Lexitral
Duexis
Flector
Indocin suppositories and suspension
Sprix
Tivorbex
Vimovo
Zipsor
Zorvolex

Opiate Dependence Treatments

Preferred

buprenorphine (Subutex)^{cc,q1}
 naloxone (Narcan)
 naltrexone (Revia)^{cc}
 Suboxone film^{q1}

Requires Prior Authorization

buprenorphine/naloxone tablets (Suboxone)^{q1}
Bunavail^{q1}
Evzio^{cc}
Vivitrol^{cc,q1}
Zubsolv^{q1}

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 capsules)
paromomycin
tinidazole (Tindamax)
Difcig^{cc,q1}
Flagyl ER
Xifaxan^{cc,q1}

Antibiotics, Inhaled

Preferred

Bethkis^{cc,q1}
 Kitabis Pak^{cc,q1}
 Tobii Podhaler (**Step therapy**)^{cc,q1}

Requires Prior Authorization

tobramycin inhalation solution (Tobi)^{cc,q1}
Cayston^{cc,q1}

Antibiotics, Topical

Preferred

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

Requires Prior Authorization

mupirocin cream (Bactroban Cream)
Altanax
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)

Cresemba

Lamisil granules
Noxafil
Onmel
Oravig
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

Requires Prior Authorization

ciclopirox (Loprox, Loprox Shampoo, Penlac)
Bensal HP
CNL-8
Ertaczo
Exelderm
Jublia
Ketodan
Kerydin
Luzu^{cc,ql}
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^{cc,ql}
malathion (Ovide)^{cc,ql}
spinosad (Natroba)^{cc,ql}
Eurax
Sklice^{cc,ql}

Antivirals, Oral

Preferred

acyclovir (Zovirax)
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

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)
cefepodoxime (Vantin)
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)
Daklinza^{cc,ql}
Harvoni^{cc,ql}
Pegasys
PegIntron
Sovaldi^{cc,ql}
Technivie^{cc,ql}
Victrelis^{cc,ql}
Viekira Pak^{cc,ql}

Requires Prior Authorization

Moderiba
Olysio^{cc,ql}
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	BLOOD MODIFIERS	CARDIOVASCULAR
<p>Tetracyclines</p> <p><u>Preferred</u> doxycycline hyclate (Vibramycin) doxycycline monohydrate 50mg, 100mg (Monodox) minocycline capsules (Minocin) tetracycline (Sumycin)</p> <p><u>Requires Prior Authorization</u> demeclocycline (Declomycin) doxycycline hyclate DR (Doryx) doxycycline monohydrate 75mg, 150mg (Monodox) doxycycline monohydrate solution (Vibramycin) minocycline tablets minocycline ER Oracea Solodyn</p>	<p>Phosphate Binders and Related Agents</p> <p><u>Preferred</u> calcium acetate (PhosLo) calphron OTC</p> <p><u>Requires Prior Authorization</u> sevelamer (Renvela) Auryxia Fosrenol Magnebind 400 Rx Phoslyra Renagel Renvela powder Velphoro</p>	<p>Angiotensin Modulators (continued)</p> <p><u>Requires Prior Authorization</u> 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 Entresto Epaned Tekturna, Tekturna HCT Teveten HCT</p>
<p>BLOOD MODIFIERS</p>	<p>CARDIOVASCULAR</p>	<p>Anticoagulants</p>
<p>Anti-Hyperuricemics</p> <p><u>Preferred</u> allopurinol (Zyloprim) probenecid probenecid/colchicine</p> <p><u>Requires Prior Authorization</u> colchicine (Colcrys) Uloric</p>	<p>Angiotensin Modulator Combinations</p> <p><u>Preferred</u> amlodipine/benazepril (Lotrel) amlodipine/valsartan, amlodipine/valsartan/HCTZ (Exforge, Exforge HCT)</p> <p><u>Requires Prior Authorization</u> telmisartan/amlodipine (Twynsta) Azor/Tribenzor Tarka Tekamlo/Amturnide</p>	<p><u>Preferred</u> enoxaparin (Lovenox)^{q1} warfarin (Coumadin) Fragmin^{q1}</p> <p><u>Requires Prior Authorization</u> fondaparinux (Arixtra)^{q1} Eliquis Pradaxa^{q1} Savaysa Xarelto</p>
<p>Colony Stimulating Factors</p> <p><u>Preferred</u> Granix Neupogen</p> <p><u>Requires Prior Authorization</u> Leukine Neulasta</p>	<p>Angiotensin Modulators</p> <p><u>Preferred</u> 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)</p>	<p>Antihypertensives, Sympatholytics</p> <p><u>Preferred</u> clonidine oral (Catapres) guanfacine (Tenex) methyldopa (Aldomet) methyldopa/HCTZ (Aldoril) Catapres TTS (Brand only)^{q1}</p> <p><u>Requires Prior Authorization</u> clonidine patch (generic only)^{q1} reserpine Clorpres</p>
<p>Erythropoietins</p> <p><u>Preferred</u> Aranesp Procrit</p> <p><u>Requires Prior Authorization</u> Epogen Mircera</p>		

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
Praluent ^{cc,q1}
Repatha ^{cc,q1}
 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) ^{q1}
 dipyridamole (Persantine) ^{q1}
 ticlopidine (Ticlid)
 Aggrenox ^{q1}

Requires Prior Authorization

Brilinta ^{q1}
 Effient ^{q1}
 Zontivity

Pulmonary Arterial Hypertension, Oral and Inhaled Agents

Preferred

sildenafil (Revatio) ^{cc,q1}
 Letairis
 Revatio suspension ^{cc,q1}
 Tracleer
 Ventavis

Requires Prior Authorization

Adcirca ^{cc,q1}
 Adempas
 Opsumit
 Orenitram ER ^{cc,q1}
 Tyvaso ^{cc}

CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at 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)
oxcarbazepine suspension (Trileptal) (Brand and generic)
 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)

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)
 tiagabine (Gabitril) (generic only)
 topiramate ER (Qudexy XR) ^{cc,q1}
 topiramate sprinkles (Topamax Sprinkles)
 Aptiom ^{cc,q1}
 Banzel ^{cc,q1}
 Equetro
 Fycompa ^{cc}
 Onfi ^{cc,q1}
 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

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)

PristiqRequires Prior Authorization

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

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

citalopram (Celexa)^{ql}
 escitalopram tablets (Lexapro)
 fluoxetine (all strengths except 60mg) (Prozac, Sarafem)
 fluvoxamine (Luvox, Luvox CR)
 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^{cc,ql}
Paxil suspension
Pexeva

CENTRAL NERVOUS SYSTEM

Antipsychotics

Preferred

1st Tier
 aripiprazole (Abilify)^{ql} (generic only) (Age 17 and younger)
 aripiprazole ODT (Abilify Discmelt)^{ql} (generic only) (Age 17 and younger)
 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)^{ql}
 risperidone, risperidone ODT (Risperdal)^{ql}
 thioridazine (Mellaril)
 thiothixene (Navane)
 trifluoperazine (Stelazine)
 ziprasidone (Geodon)^{ql}
 Abilify Maintena
 Geodon IM
 Invega Sustenna^{ql}
Invega Trinza^{cc,ql}
 Orap
 Risperdal Consta^{ql}

2nd Tier

aripiprazole (Abilify)^{cc,ql} (generic only) (Age 18 or older)
 aripiprazole ODT (Abilify Discmelt)^{cc,ql} (generic only) (Age 18 or older)
 olanzapine IM (Zyprexa IM)^{cc}
 olanzapine ODT (Zyprexa Zydys)^{cc,ql}
 olanzapine tablets (Zyprexa)^{cc,ql}
 Latuda^{cc,ql}

Requires Prior Authorization

clozapine ODT (Fazacla)^{cc,ql}
olanzapine/fluoxetine (Symbyax)^{cc,ql}
Abilify IM^{cc,ql}
Adasuve^{cc,ql}
Fanapt^{cc,ql}
Invega tablets (Brand only)^{cc,ql}
Rexulti^{cc,ql}
Saphris^{cc,ql}
Seroquel XR^{cc,ql}
Versacloz^{cc,ql}
Zyprexa Relprevv^{cc,ql}

Sedative Hypnotics

Preferred

flurazepam (Dalmane)^{ql}
 temazepam 15mg, 30mg (Restoril)^{ql}
 triazolam (Halcion)^{ql}
 zaleplon (Sonata)^{ql}
 zolpidem (Ambien)^{ql}

CENTRAL NERVOUS SYSTEM

Sedative Hypnotics (continued)

Requires Prior Authorization

estazolam (ProSom)^{ql}
eszopiclone (Lunesta)^{cc,ql}
temazepam 7.5mg, 22.5mg (Restoril)^{ql}
zolpidem ER (Ambien CR)
Belsomra^{cc,ql}
Eduar^{ql}
Hetlioz^{cc,ql}
Intermezzo^{ql}
Rozerem^{ql}
Silenor
Zolpimist^{ql}

Stimulants and Related Agents

Preferred

1st Tier
 amphetamine salt combo (Adderall)
dextroamphetamine capsules (Dexedrine ER)
 dextroamphetamine tablets
 guanfacine ER (Intuniv)^{cc,ql}
 methylphenidate tablets (Ritalin)
 methylphenidate CR tablets (Concerta)
 methylphenidate ER tablets (Ritalin SR)
 Adderall XR (Brand only)
 Daytrana
 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^{cc}

Requires Prior Authorization

amphetamine salt combo ER (Adderall XR) (generic only)
clonidine ER (Kapvay)^{cc,ql}
dexmethylphenidate (Focalin) (generic only)
dexmethylphenidate XR (Focalin XR) (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 oral solution (Methylin) (generic only)
modafinil (Provigil)^{cc,ql}
Aptensio XR
 Evekeo
 Nuvigil^{cc,ql}
 Zenzedi

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

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

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

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

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)
Ciloxan ointment
Moxeza
Tobrex ointment
Vigamox

Requires Prior Authorization

bacitracin
gatifloxacin (*Zymaxid*)
levofloxacin (*Quixin*)
sulfacetamide ointment
AzaSite
Besivance
Natacyn

Ophthalmics, Antibiotic/Steroid Combinations

Preferred

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

Requires Prior Authorization

neomycin/bacitracin/polymyxin/HC
neomycin/polymyxin/HC
Blephamide
Blephamide S.O.P.
Pred-G
Tobradex ST
Zylet

OPHTHALMICS

Ophthalmics, Glaucoma Agents

Preferred

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
Combigan
Simbrinza
Travatan Z

Requires Prior Authorization

apraclonidine (*Iopidine*)
betaxolol
bimatoprost 0.03% (Lumigan)
brimonidine 0.15% (Alphagan P)
(generic only)
travoprost
Betoptic S
Cosopt PF
Istalol
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 Otic)
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, loratadine ODT, 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 ^{ql}
Proventil HFA ^{ql}
Serevent

Requires Prior Authorization

albuterol ER (Vospire ER)
albuterol neb 0.63mg/3ml and 1.25mg/3ml (AccuNeb)
levalbuterol (Xopenex)
metaproterenol (Alupent)
Arcapta
Brovana
Maxair ^{ql}
Perforomist
ProAir Respiclick ^{ql}
Striverdi Respimat
Ventolin HFA ^{ql}
Xopenex HFA ^{ql}

RESPIRATORY
COPD Agents
<p>Preferred ipratropium neb (Atrovent) ipratropium/albuterol neb (DuoNeb) Atrovent HFA Combivent Respirat^{ql} Spiriva</p> <p>Requires Prior Authorization Anoro Ellipta Daliresp Incruse Ellipta Spiriva Respimat Stiolto Respimat Tudorza</p>
Glucocorticoids, Inhaled
<p>Preferred Advair Diskus, Advair HFA</p> <p>Aerospan Asmanex Dulera Pulmicort Respules 0.25mg, 0.5mg (Brand only) QVAR Symbicort</p> <p>Requires Prior Authorization budesonide respules (generic only) (All ages) Alvesco Arnuity Ellipta Asmanex HFA Breo Ellipta Flovent Diskus, Flovent HFA Pulmicort Flexhaler^{ql} Pulmicort Respules 1mg</p>
Intranasal Rhinitis Agents
<p>Preferred azelastine nasal (Astelin) fluticasone nasal (Flonase) ipratropium (Atrovent Nasal) Nasonex</p> <p>Requires Prior Authorization azelastine nasal (Astepro) budesonide nasal (Rhinocort Aqua) flunisolide (Nasarel, Nasalide) olopatadine (Patanose) triamcinolone nasal (Nasacort AQ) Beconase AQ Dymista Omnaris QNasal Veramyst Zetonna</p>

RESPIRATORY
Leukotriene Modifiers
<p>Preferred montelukast chewables and tablets (Singulair) zafirlukast (Accolate)</p> <p>Requires Prior Authorization montelukast granules (Singulair Granules) Zyflo, Zyflo CR</p>
TOPICAL DERMATOLOGICS
Acne Agents, Topical
<p>Preferred benzoyl peroxide OTC erythromycin/benzoyl peroxide clindamycin (all forms except foam) erythromycin tretinoin^{cc} Azelex Differin cream^{cc} (Brand only) Differin lotion^{cc}</p> <p>Requires Prior Authorization adapalene cream (Differin cream)^{cc} (generic only) adapalene gel (Differin gel)^{cc} benzoyl peroxide Rx bp-10-1 clindamycin foam clindamycin/benzoyl peroxide sulfacetamide sulfacetamide/sulfur sulfacetamide/sulfur/urea tretinoin micro (Retin-A Micro)^{cc} Acanya Aczone Akne-Mycin Atralin Avar BenzaClin Benzamycin Clindacin Epiduo Epiduo Forte Gel w/Pump Fabior Neuac Onexton Ovace Sumaxin CP Kit Tazorac^{cc} Veltin Ziana</p>

TOPICAL DERMATOLOGICS
Atopic Dermatitis
<p>Preferred Elidel</p> <p>Requires Prior Authorization tacrolimus ointment (Protopic)</p>
UROLOGIC
Benign Prostatic Hyperplasia
<p>Preferred alfuzosin (Uroxatral) doxazosin (Cardura) finasteride (Proscar) tamsulosin (Flomax) terazosin (Hytrin)</p> <p>Requires Prior Authorization Avodart Cardura XL Jalyn Rapaflo</p>
Bladder Relaxant Preparations
<p>Preferred oxybutynin, oxybutynin ER (Ditropan, Ditropan XL) Toviaz</p> <p>Requires Prior Authorization flavoxate tolterodine, tolterodine ER (Detrol, Detrol LA) trospium, trospium ER (Sanctura, Sanctura XR) Enablex Gelnique Myrbetriq Oxytrol Vesicare</p>

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 January 1, 2016**. The Brand Preferred exceptions listed in this advisory have been updated to include the **brand Dexedrine® is no longer preferred over its generic equivalent (dextroamphetamine capsules)**. Additionally, both the multisource **brand Trileptal® suspension and its generic (oxcarbazepine suspension) are preferred**. Please refer to our website for a complete list of the PDL at: <https://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 needed¹. 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, and is available on your desktop computer or PDA/Smartphone.

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

Brand Preferred Exceptions

Preferred Brands

Adderall XR
Alphagan P 0.15%
Baraclude
Catapres TTS
Copaxone 20mg/ml
Depakote Sprinkles
Diastat
Differin cream
Epiriv HBV
Focalin
Focalin XR
Gabitril
Hepsera
Invega tablets*
Kadian
Lidoderm
Metadate CD
Methylin Oral Solution
Parnate
Pulmicort Respules 0.25 and 0.5mg
Ritalin LA
Tegretol suspension

Non-Preferred Generics

amphetamine salt combo ER
brimonidine 0.15%
entecavir
clonidine patches
glatiramer acetate (Glatopa)
divalproex sprinkles
diazepam rectal
adapalene cream
lamivudine HBV
dexmethylphenidate
dexmethylphenidate XR
tiagabine
adefovir
paliperidone ER
morphine sulfate ER
lidocaine patch
methylphenidate CD capsules
methylphenidate oral solution
tranylcypromine
budesonide respules
methylphenidate ER capsules
carbamazepine suspension

In the following instance, both the multisource brand and the generic are preferred:

Brand also Preferred

Trileptal suspension
(no MedWatch form required)

Preferred Generics

oxcarbazepine suspension

*Invega® is still a non-preferred drug and will require a prior authorization by the prescriber.



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>

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

> **GO GREEN** <



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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

Peer Review Program
1-855-283-0876
Monday-Friday, 8:00 am - 6:00 pm
with exception of State Holidays