


### Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown includes updates effective January 1, 2017. 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 and underlined = 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>Analgesics, Narcotics (Short Acting)</b></p>	<p><b>Analgesics, Narcotics (Short Acting) (continued)</b></p>
<p><b>Preferred</b> fentanyl patches (Duragesic) (All strengths except 37.5, 62.5 and 87.5 mcg/hr)<sup>cc,q1</sup> morphine sulfate SR (MS Contin)<sup>q1</sup> Embeda Kadian (<b>Brand only</b>)<sup>q1</sup></p> <p><b>Requires Prior Authorization</b> <u>fentanyl patches (37.5, 62.5 and 87.5mcg/hr)</u><sup>cc,q1</sup> <u>hydromorphone ER (Exalgo)</u><sup>q1</sup> <u>methadone (Dolophine)</u><sup>cc,q1</sup> <u>morphine sulfate ER (Avinza)</u><sup>q1</sup> <u>morphine sulfate ER (Kadian) (generic only)</u><sup>q1</sup> <u>oxymorphone ER (Opana ER)</u><sup>q1</sup> <u>tramadol ER (Conzip, Ryzolt, Ultram ER)</u><sup>q1</sup> Belbuca<sup>q1</sup> Butrans<sup>q1</sup> Hysingla ER<sup>cc,q1</sup> Nucynta ER<sup>q1</sup> Oxycontin<sup>q1</sup> <u>Xtampza ER</u> Zohydro ER<sup>cc,q1</sup></p>	<p><b>Preferred</b> apap w/codeine (Tylenol w/codeine)<sup>q1</sup> butalbital/apap/codeine/caffeine<sup>q1</sup> butalbital/aspirin/codeine/caffeine<sup>q1</sup> codeine tablets hydrocodone/apap tablets (Vicodin)<sup>q1</sup> hydrocodone/ibuprofen (Vicoprofen) hydromorphone tablets (Dilaudid) morphine sulfate tablets and solution oxycodone capsules, tablets and solution oxycodone/apap (Percocet)<sup>q1</sup> tramadol (Ultram)<sup>q1</sup> tramadol/apap (Ultracet)<sup>q1</sup></p> 	<p><b>Requires Prior Authorization</b> <u>butorphanol nasal spray</u> <u>carisoprodol/codeine/aspirin</u> <u>dihydrocodeine/aspirin/caffeine (Synalgos DC)</u> <u>fentanyl buccal (Actiq)</u><sup>cc,q1</sup> <u>hydrocodone/apap solution</u> <u>hydromorphone suppositories and solution</u> <u>levorphanol</u> <u>meperidine (Demerol)</u> <u>morphine suppositories</u> <u>oxycodone concentrated solution</u> <u>oxycodone/aspirin (Percodan)</u> <u>oxycodone/ibuprofen (Combunox)</u> <u>oxymorphone (Opana)</u> <u>pentazocine/naloxone (Talwin NX)</u> <u>Abstral</u><sup>cc,q1</sup> <u>Fentora</u><sup>cc,q1</sup> <u>Lazanda</u><sup>cc,q1</sup> <u>Nucynta</u> <u>Primlev</u><sup>q1</sup> <u>Subsys</u><sup>cc,q1</sup> <u>Xartemis XR</u><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**

almotriptan (Axert)<sup>q1</sup>  
naratriptan (Amerge)<sup>q1</sup>  
zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT)<sup>q1</sup>  
Frova<sup>q1</sup>

**Migranow Kit****Onzetra Xsail**

Sumavel  
Treximet<sup>q1</sup>  
Zecuity<sup>q1</sup>

**Zembrace Symtouch**

Zomig nasal<sup>q1</sup>

## Neuropathic Pain

**Preferred**

capsaicin OTC  
duloxetine (Cymbalta)<sup>cc,q1</sup>  
gabapentin capsules (Neurontin)  
**gabapentin tablets (Neurontin)**  
lidocaine patch  
Lyrica capsules<sup>q1</sup>

**Requires Prior Authorization**

gabapentin solution (Neurontin)

**Dermacin RX PHN Pak**

Gralise  
Horizant  
Irenka<sup>q1</sup>  
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)  
meclofenamate (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 Lexital  
Duexis  
Flector  
Indocin suppositories and suspension  
Sprix  
Tivorbex  
Vimovo  
**Vivlodex**  
**Vopac MDS**  
**Xrylix Kit**  
Zipsor  
Zorvolex

## Opiate Dependence Treatments

**Preferred**

buprenorphine (Subutex)<sup>cc,q1</sup>  
naloxone (Narcan)  
naltrexone (Revia)<sup>cc</sup>  
Narcan nasal spray  
Zubsolv<sup>q1</sup>

**Requires Prior Authorization**

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

## ANALGESICS

## Skeletal Muscle Relaxants

**Preferred**

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

**Requires Prior Authorization**

carisoprodol 250mg (Soma)  
carisoprodol 350 mg (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)  
paramomycin  
tinidazole (Tindamax)  
Difcicl<sup>cc,q1</sup>  
Flagyl ER  
Xifaxan<sup>cc,q1</sup>

## Antibiotics, Inhaled

**Preferred**

Bethkis<sup>cc,q1</sup>  
Kitabis Pak (Brand only)<sup>cc,q1</sup>  
Tobi Podhaler (Step therapy)<sup>cc,q1</sup>

**Requires Prior Authorization**

tobramycin inhalation solution (Tobi)<sup>cc,q1</sup>  
tobramycin pak (Kitabis) (generic only)<sup>cc,q1</sup>  
Cayston<sup>cc,q1</sup>

## Antibiotics, Topical

**Preferred**

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

**Requires Prior Authorization**

mupirocin cream (Bactroban cream)  
Altabax  
Centany

## ANTI-INFECTIVES

## Antibiotics, Vaginal

**Preferred**

clindamycin (Cleocin, Clindesse)  
metronidazole vaginal (Metrogel)  
Cleocin ovule

**Requires Prior Authorization**

Nuversa  
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)  
ketoconazole cream and shampoo (Nizoral)  
miconazole OTC  
nystatin  
nystatin/triamcinolone (Mycolog)  
terbinafine OTC  
tolnaftate OTC

**Requires Prior Authorization**

ciclopirox (Loprox, Loprox Shampoo, Penlac)  
econazole (Spectazole)  
ketoconazole foam (Ketodan)  
naftifine (Naftin)  
Bensal HP  
CNL-8  
Ertaczo  
Exelderm  
Jublia  
Kerydin  
**Loprox Kit**  
Lotrimin AF  
Luzu <sup>cc,ql</sup>  
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 <sup>cc,ql</sup>

## Antivirals, Oral

**Preferred**

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

**Requires Prior Authorization**

famciclovir (Famvir)  
Relenza  
Sitavig  
Tamiflu

## Antivirals, Topical

**Preferred**

Abreva OTC  
Denavir  
Zovirax cream

**Requires Prior Authorization**

acyclovir ointment (Zovirax ointment)  
Xerese

## 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/clavulanate ER (Augmentin XR)  
cefadroxil suspension and tablets (Duricef)  
cefepodoxime (Vantin)  
ceftibuten (Cedax)  
Ceftin suspension  
Suprax 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)

## 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 <sup>cc</sup>  
**Epclusa** <sup>cc</sup>  
Harvoni <sup>cc</sup>  
Pegasys  
PegIntron  
Sovaldi <sup>cc</sup>  
Technivie <sup>cc</sup>  
Viekira Pak <sup>cc</sup>  
**Viekira XR** <sup>cc</sup>  
Zepatier <sup>cc</sup>

**Requires Prior Authorization**

Moderiba  
Olysio <sup>cc</sup>  
Rebetol solution  
Ribapak  
Ribasphere

## Macrolides/Ketolides

**Preferred**

azithromycin (Zithromax)  
clarithromycin tablets (Biaxin)  
erythromycin base capsule DR  
**E.E.S. (Brand only)**  
**EryPed (Brand only)**  
Ery-Tab  
Erythrocin

**Requires Prior Authorization**

clarithromycin suspension (Biaxin)  
clarithromycin ER (Biaxin XL)  
erythromycin base tablet  
**erythromycin ethyl succinate granules for  
suspension (generic only)**  
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 40 mg, 75mg,  
150mg (Oracea, Monodox, Adoxa)  
doxycycline monohydrate suspension  
(Vibramycin)  
minocycline tablets  
minocycline ER (Solodyn)  
Doryx MPC  
Vibramycin syrup

## BLOOD MODIFIERS

## Anti-Hyperuricemics

Preferred

allopurinol (Zyloprim)  
probenecid  
probenecid/colchicine

Requires Prior Authorization

colchicine (Colcrys)  
Mitigare  
Uloric  
Zurampic

## 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

Auryxia  
Fosrenol  
Magnebind 400 Rx  
Phoslyra  
Renagel  
Renvela  
Velphoro

## CARDIOVASCULAR

## Angiotensin Modulator Combinations

Preferred

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

Requires Prior Authorization

telmisartan/amlodipine (Twynsta)  
trandolapril/verapamil (Tarka)  
Azor/Tribenzor  
Byvalson  
Prestalia  
Tekamlo/Amturnide

## Angiotensin Modulators

Preferred

benazepril, benazepril/HCTZ (Lotensin,  
Lotensin HCT)  
captopril/HCTZ (Capozide)  
enalapril, enalapril/HCTZ (Vasotec,  
Vaseretic)  
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)  
Entresto<sup>cc,q1</sup>

## CARDIOVASCULAR

## Angiotensin Modulators (continued)

Requires Prior Authorization

candesartan, candesartan/HCTZ (Atacand,  
Atacand HCT)  
captopril  
eprosartan (Teveten)  
fosinopril, fosinopril/HCTZ (Monopril,  
Monopril HCT)  
moexipril, moexipril/HCTZ (Univasc,  
Uniretic)  
perindopril (Aceon)  
telmisartan, telmisartan/HCTZ (Micardis,  
Micardis HCT)  
trandolapril (Mavik)  
Benicar, Benicar HCT  
Edarbi, Edarbyclor  
Epaned  
Qbrelis  
Tekturna, Tekturna HCT

## Anticoagulants

Preferred

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

Requires Prior Authorization

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

## 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)  
 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 (Corgard)  
 nadolol/bendroflumethiazide (Corzide)  
 timolol (Blocadren)  
 Bystolic  
 Coreg CR  
 Dutoprol  
 Hemangeol  
 Levatol  
 Sotylize

**Calcium Channel Blocking Agents****Preferred**

amlodipine (Norvasc)  
 diltiazem (Cardizem)  
 diltiazem ER capsules (Cardizem CD, Tiazac)  
 nifedipine (Cardene)  
 nifedipine (Adalat, Procardia)  
 nifedipine ER (Adalat CC, Procardia XL)  
 verapamil (Calan)  
 verapamil ER tablets (Calan SR, Verelan)

**Requires Prior Authorization**

diltiazem ER tablets (Cardizem LA)  
 felodipine (Plendil)  
 isradipine (Dynacirc)  
 nimodipine (Nimotop)  
 nisoldipine (Sular)  
 verapamil ER capsules (Verelan PM)  
 Nymalize

**Lipotropics, Other****Preferred**

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

**CARDIOVASCULAR****Lipotropics, Other (continued)****Requires Prior Authorization**

colestipol granules (Colestid)  
 fenofibrate (Antara, Fenoglide, Lipofen, Lofibra)  
 fenofibric acid (Fibricor)  
 omega 3 ethyl esters (Lovaza)  
 Juxtapid  
 Kynamro  
 Praluent<sup>cc</sup>  
 Repatha<sup>cc</sup>  
 Triglide  
 Vascepa  
 Welchol  
 Zetia

**Lipotropics, Statins****Preferred**

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

**Requires Prior Authorization**

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

**Platelet Aggregation Inhibitors****Preferred**

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

**Requires Prior Authorization**

aspirin/dipyridamole (Aggrenox)<sup>q1</sup>  
 Brilinta<sup>q1</sup>  
 Durlaza  
 Effient<sup>q1</sup>  
 Zontivity

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

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

**Requires Prior Authorization**

Adcirca<sup>cc,q1</sup>  
 Adempas  
 Opsumit  
 Orenitram ER<sup>cc,q1</sup>  
 Revatio suspension<sup>cc,q1</sup>  
 Tyvaso<sup>cc</sup>  
 Uptravi

**CENTRAL NERVOUS SYSTEM**

The Mental Health Carve Out link is located at [mmcp.dhmm.maryland.gov/pap/docs/MMPP\\_MHF.pdf](http://mmcp.dhmm.maryland.gov/pap/docs/MMPP_MHF.pdf)

**Anticonvulsants****Preferred**

carbamazepine tablets (Tegretol)  
 carbamazepine ER (Carbatrol ER)  
 clonazepam (Klonopin)  
 divalproex, divalproex ER (Depakote, Depakote ER)  
 divalproex sprinkles (Depakote sprinkles)  
 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  
 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)  
 ethosuximide (Zarontin)  
 felbamate (Felbatol)  
 lamotrigine ER (Lamictal XR)  
 lamotrigine ODT (Lamictal ODT)  
 levetiracetam ER (Keppra XR)  
 tiagabine (Gabitril) (generic only)  
 topiramate ER (Qudexy XR)<sup>cc,q1</sup>  
 topiramate sprinkles (Topamax sprinkles)  
 Aptiom<sup>cc</sup>  
 Banzel<sup>cc,q1</sup>  
**Briviact**  
 Equetro  
 Fycompa<sup>cc</sup>  
 Onfi<sup>cc,q1</sup>  
 Oxtellar XR  
 Potiga  
 Sabril  
**Spritam**  
 Stavzor  
 Trokendi XR  
 Vimpat

## CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at [mmcp.dhmh.maryland.gov/pap/docs/MMPP\\_MHF.pdf](http://mmcp.dhmh.maryland.gov/pap/docs/MMPP_MHF.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)  
Parnate (**Brand only**)

**Requires Prior Authorization**

*desvenlafaxine ER*  
*nefazodone (Serzone)*  
*tranylcypromine (generic only)*  
*venlafaxine ER tablets*  
*Aplenzin*  
*Emsam*  
*Fetzima*  
*Forfivo XL*  
*Khedzla*  
**Marplan**  
*Oleptro ER*  
**Pristiq**  
*Trintellix*  
*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 tablets**  
*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**  
**aripiprazole (Abilify) (generic only)**<sup>cc,ql</sup>  
**aripiprazole ODT (Abilify Discmelt) (generic only)**<sup>cc,ql</sup>  
chlorpromazine (Thorazine)  
clozapine (Clozaril)  
fluphenazine (Prolixin)  
fluphenazine decanoate inj (Prolixin)  
haloperidol (Haldol)  
haloperidol decanoate inj (Haldol IM)  
loxapine capsules (Loxitane)  
**olanzapine IM (Zyprexa IM)**<sup>cc,ql</sup>  
**olanzapine ODT (Zyprexa Zydys)**<sup>cc,ql</sup>  
**olanzapine tablets (Zyprexa)**<sup>cc,ql</sup>  
perphenazine (Trilafon)  
perphenazine/amitriptyline (Triavil)  
quetiapine (Seroquel)<sup>cc,ql</sup>  
risperidone, risperidone ODT (Risperdal)<sup>cc,ql</sup>  
thioridazine (Mellaril)  
thiothixene (Navane)  
trifluoperazine (Stelazine)  
ziprasidone (Geodon)<sup>cc,ql</sup>  
Abilify Maintena  
Geodon IM  
Invega Sustenna<sup>ql</sup>  
Invega Trinza<sup>cc,ql</sup>  
Orap  
Risperdal Consta<sup>ql</sup>  
**2nd Tier**  
Latuda<sup>cc,ql</sup>

**Requires Prior Authorization**

*clozapine ODT (Fazaclor)*<sup>cc</sup>  
*olanzapine/fluoxetine (Symbyax)*<sup>cc,ql</sup>  
*Abilify IM*<sup>cc,ql</sup>  
*Adasuve*<sup>cc,ql</sup>  
**Aristada**<sup>cc,ql</sup>  
*Fanapt*<sup>cc,ql</sup>  
*Invega tablets (Brand only)*<sup>cc,ql</sup>  
**Nuplazid**<sup>cc</sup>  
*Rexulti*<sup>cc,ql</sup>  
*Saphris*<sup>cc,ql</sup>  
**Seroquel XR (Brand only)**<sup>cc,ql</sup>  
*Versacloz*<sup>cc</sup>  
*Vraylar*  
*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)*<sup>ql</sup>  
*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 capsules (Dexedrine ER)  
dextroamphetamine tablets  
guanfacine ER (Intuniv)<sup>cc,ql</sup>  
methylphenidate tablets (Ritalin)  
methylphenidate CR tablets (Concerta)  
methylphenidate ER tablets (Ritalin SR)  
Adderall XR (**Brand only**)  
Daytrana  
Focalin (**Brand only**)  
Focalin XR (**Brand only**)  
**Kapvay (Brand only)**<sup>cc,ql</sup>  
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)*  
*armodafinil (Nuvigil)*<sup>cc,ql</sup>  
*clonidine ER (Kapvay) (generic only)*<sup>cc,ql</sup>  
*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)*<sup>cc,ql</sup>  
**Adzenys XR ODT**  
*Aptensio XR*  
*Dyanavel XR*  
*Evekeo*  
*Quillichew ER*  
*Zenzedi*

## ENDOCRINE

## Androgenic Agents

**Preferred**

testosterone gel (Androgel)  
testosterone gel (Testim)

**Requires Prior Authorization**

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

## Bone Resorption Suppression and Related Agents

**Preferred**

alendronate tablets (Fosamax)<sup>q1</sup>  
calcitonin salmon nasal (Miacalcin)<sup>q1</sup>  
Fortical<sup>q1</sup>

**Requires Prior Authorization**

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 (Actonel)<sup>q1</sup>  
Binosto<sup>q1</sup>  
Forteo<sup>cc,q1</sup>  
Fosamax Plus D<sup>q1</sup>  
Prolia<sup>cc,q1</sup>

## Growth Hormones

**Preferred**

Genotropin<sup>cc</sup>  
Norditropin<sup>cc</sup>  
Nutropin<sup>cc</sup>, Nutropin AQ<sup>cc</sup>

**Requires Prior Authorization**

Humatrope<sup>cc</sup>  
Omnitrope<sup>cc</sup>  
Saizen<sup>cc</sup>  
Serostim<sup>cc</sup>  
Zomacton<sup>cc</sup>  
Zorbtive<sup>cc</sup>

## ENDOCRINE

## Hypoglycemics, Incretin Mimetics and Enhancers

**Preferred**

Bydureon  
Byetta  
Janumet, Janumet XR  
Januvia  
Jentadueto  
Symlin  
Tradjenta

**Requires Prior Authorization**

alogliptan (Nesina)  
alogliptan/metformin (Kazano)  
alogliptan/pioglitazone (Oseni)  
Glyxambi<sup>cc,q1</sup>  
**Jentadueto XR**  
Kombiglyze XR  
Onglyza  
Tanzeum  
Trulicity  
Victoza<sup>q1</sup>

## Hypoglycemics, Insulins

**Preferred**

Humalog  
Humalog Mix  
Humulin vial  
Lantus  
Levemir  
NovoLog  
NovoLog Mix

**Requires Prior Authorization**

Afrezza  
Apidra  
Humalog 200 unit/mL  
Humulin pen  
Humulin 70/30 pen  
Humulin 500 unit/mL pen  
Novolin vial  
Novolin 70/30 vial  
Toujeo  
Tresiba<sup>cc</sup>

## Hypoglycemics, Meglitinides

**Preferred**

nateglinide (Starlix)  
repaglinide (Prandin)

**Requires Prior Authorization**

repaglinide/metformin (Prandimet)

## ENDOCRINE

## Hypoglycemics, SGLT2 Inhibitors

**Preferred**

Invokana (Step therapy)<sup>cc,q1</sup>  
Invokamet (Step therapy)<sup>cc,q1</sup>

**Requires Prior Authorization**

Farxiga<sup>cc,q1</sup>  
Jardiance<sup>cc,q1</sup>  
Synjardy<sup>cc,q1</sup>  
Xigduo XR<sup>cc,q1</sup>

## Hypoglycemics, TZDs

**Preferred**

pioglitazone (Actos)

**Requires Prior Authorization**

pioglitazone/glimepiride (Duetact)  
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, ondansetron ODT (Zofran)<sup>q1</sup>  
prochlorperazine (Compazine, Compro)  
promethazine (Phenergan)  
Emend capsules<sup>q1</sup>  
TransDerm-Scop

**Requires Prior Authorization**

dronabinol (Marinol)<sup>cc,q1</sup>  
granisetron (Kytril)<sup>q1</sup>  
metoclopramide ODT (Metozolv ODT)  
trimethobenzamide (Tigan)  
Aloxi  
Akynzeo<sup>cc</sup>  
Anzemet<sup>q1</sup>  
Cesamet<sup>q1</sup>  
Diclegis<sup>cc,q1</sup>  
Emend IV  
**Emend powder packet**<sup>q1</sup>  
Sancuso<sup>q1</sup>  
Varubi  
Zuplenz

## Bile Salts

**Preferred**

ursodiol capsules (Actigall)  
ursodiol tablets (URSO Forte)

**Requires Prior Authorization**

Chenodal  
Cholbam  
**Ocaliva**



**GASTROINTESTINAL****Gastrointestinal Motility, Chronic****Preferred**

Amitiza  
Linzess<sup>cc</sup>

**Requires Prior Authorization**

alosetron (*Lotronex*)  
Movantik<sup>cc,ql</sup>  
Relistor<sup>cc,ql</sup>  
Viberzi

**Pancreatic Enzymes****Preferred**

pancrelipase  
Creon  
Zenpep

**Requires Prior Authorization**

Pancreaze  
Pertzeye  
Ultresa  
Viokace

**Proton Pump Inhibitors****Preferred**

lansoprazole capsules (Prevacid)  
omeprazole capsules (Prilosec)  
pantoprazole (Protonix)  
Nexium packet for suspension  
Prevacid Solutab  
Protonix suspension

**Requires Prior Authorization**

esomeprazole magnesium (*Nexium*)  
lansoprazole OTC  
omeprazole OTC  
omeprazole/sodium bicarb (*Zegerid*)  
rabeprazole (*Aciphex*)  
Aciphex Sprinkle  
Dexilant  
Prilosec suspension

**Ulcerative Colitis Agents****Preferred**

balsalazide (*Colazal*)  
sulfasalazine, sulfasalazine DR (*Azulfidine*,  
Azulfidine DR)  
Apriso  
Canasa

**Requires Prior Authorization**

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

**IMMUNOLOGICS****Cytokine and CAM Antagonists****Preferred**

Enbrel  
Humira

**Requires Prior Authorization**

Actemra  
Arcalyst  
Cimzia  
Cosentyx  
Entyvio  
Ilaris  
Kineret  
Orencia  
Otezla<sup>cc</sup>  
Remicade  
Simponi  
Stelara  
**Taltz**  
Xeljanz  
Xeljanz XR

**Immunosuppressives, Oral****Preferred**

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

**Requires Prior Authorization**

mycophenolate mofetil suspension (*Cellcept*)  
mycophenolic acid (*Myfortic*)  
Astagraf XL  
Azasan  
Envarsus XR  
Zortress

**NEUROLOGICS****Alzheimer's Agents****Preferred**

donepezil, donepezil ODT (all strengths  
except 23mg) (*Aricept*, *Aricept ODT*)  
memantine (*Namenda*)  
rivastigmine capsules, patches<sup>ql</sup> (*Exelon*)

**Requires Prior Authorization**

donepezil 23mg (*Aricept*)  
galantamine, galantamine ER (*Razadyne*,  
*Razadyne ER*)  
*Namenda XR*  
*Namzaric*

**NEUROLOGICS****Anti-Parkinson's Agents****Preferred**

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*)

**Requires Prior Authorization**

bromocriptine (*Parlodel*)  
carbidopa (*Lodossyn*)  
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****Preferred**

Avonex  
Betaseron  
Copaxone 20mg (**Brand only**)  
Rebif

**Requires Prior Authorization**

glatiramer acetate 20mg (*Glatopa*)  
(**generic only**)  
*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>  
**Zinbryta**



## 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  
**ilevro**  
Lotemax drops  
Maxidex  
Pred Mild

**Requires Prior Authorization**

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

## OPHTHALMICS

Ophthalmics, Anti-Inflammatories/  
Immunomodulator (New Class)**Preferred****Restasis****Requires Prior Authorization****Xiidra**

## OTIC

## Otic Antibiotics

**Preferred**

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

**Requires Prior Authorization**

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

## 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



## RESPIRATORY

## Bronchodilators, Beta Agonists

**Preferred****albuterol neb (AccuNeb) (all strengths)**

albuterol syrup and tablets (Proventil, Ventolin)

terbutaline (Brethine)

Foradil

ProAir HFA <sup>ql</sup>Proventil HFA <sup>ql</sup>

Serevent

**Requires Prior Authorization****albuterol ER (Vospire ER)****levalbuterol (Xopenex)****metaproterenol (Alupent)**

Arcapta

Brovana

Maxair <sup>ql</sup>

Perforomist

ProAir Respiclick <sup>ql</sup>

Striverdi Respimat

Ventolin HFA <sup>ql</sup>Xopenex HFA <sup>ql</sup>

## COPD Agents

**Preferred**

ipratropium neb (Atrovent)

ipratropium/albuterol neb (DuoNeb)

Atrovent HFA

Combivent Respimat <sup>ql</sup>

Spiriva

**Requires Prior Authorization****Anoro Ellipta****Bevespi Aerosphere**

Daliresp

Incruse Ellipta

Seebri Neohaler

Spiriva Respimat

Stiolto Respimat

Tudorza

Utibron Neohaler

## Glucocorticoids, Inhaled

**Preferred**

Advair Diskus, Advair HFA

Asmanex

Dulera

**Pulmicort Respules (all strengths) (Brand only)**

QVAR

Symbicort

**Requires Prior Authorization****budesonide inhalation susp (generic only)****Aerospan**

Alvesco

Arnuity Ellipta

Asmanex HFA

Breo Ellipta

Flovent Diskus, Flovent HFA

Pulmicort Flexhaler <sup>ql</sup>

## RESPIRATORY

## Intranasal Rhinitis Agents

**Preferred**

azelastine nasal (Astelin)

fluticasone nasal (Flonase)

ipratropium (Atrovent Nasal)

**Requires Prior Authorization****azelastine nasal (Astepro)****budesonide nasal (Rhinocort Aqua)****flunisolide (Nasarel, Nasalide)****mometasone (Nasonex)****olopatadine (Patanose)****triamcinolone nasal (Nasacort AQ)**

Beconase AQ

Dymista

Omnaris

QNasal

Ticanase

Veramyst

Zetonna

## Leukotriene Modifiers

**Preferred**

montelukast chewables and tablets

(Singulair)

zafirlukast (Accolate)

**Requires Prior Authorization****montelukast granules (Singulair)****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 (Brand only) <sup>cc</sup>Differin lotion <sup>cc</sup>**Requires Prior Authorization****adapalene cream (Differin) (generic only) <sup>cc</sup>****adapalene gel (Differin) <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 gel

**Aczone gel with pump**

## TOPICAL DERMATOLOGICS

## Acne Agents, Topical

**Requires Prior Authorization (continued)**

Akne-Mycin

Atralin

Avar

BenzaClin

Benzamycin

Clindacin

Epiduo

Epiduo Forte Gel w/Pump

Fabior

Neuac

Onexton

Ovace

Sumaxin CP Kit

Tazorac <sup>cc</sup>

Veltin

Ziana

## 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****dutasteride (Avodart)****dutasteride/tamsulosin (Jalyn)**

Cardura XL

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 ([mmcp.dhmh.maryland.gov/pap/docs/Maryland%20Medwatch%20Form.pdf](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 this updated Preferred Drug List (PDL) that is **effective January 1, 2017**. The Brand Preferred exception listed in this advisory has been updated to include that brand E.E.S., Ery Ped, Kapvay, Pulmicort respules (all strengths) and Seroquel XR are preferred over generic equivalents. Please refer to our website for a complete list of the PDL at the following link:

<https://mmcp.dhmh.maryland.gov/pap/Pages/druglist.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 the 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).

Please maintain this newsletter as a reference, in addition to any updates that follow. This information is available at [www.epocrates.com](http://www.epocrates.com), on your PDA, desktop computer or smartphone. Epocrates is updated weekly.

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

### Brand Preferred Exceptions

#### Preferred Brands

Adderall XR  
 Alphagan P 0.15%  
 Baraclude  
 Catapres TTS  
 Copaxone 20mg/ml  
 Diastat  
 Differin cream  
E.E.S. 200mg/5ml Granules  
EryPed 200mg/5ml Suspension  
 Eпивir HBV  
 Focalin  
 Focalin XR  
 Gabitril  
 Hepsera  
 Invega tablets\*  
 Kadian  
Kapvay  
 Kitabis Pak  
 Metadate CD  
 Methylin Oral Solution  
 Parnate  
Pulmicort Respules (all strengths)  
 Ritalin LA  
Seroquel XR\*  
 Tegretol suspension

#### Non-Preferred Generics

*amphetamine salt combo ER*  
*brimonidine 0.15%*  
*entecavir*  
*clonidine patches*  
*glatiramer acetate (Glatopa)*  
*diazepam rectal*  
*adapalene cream*  
*erythromycin 200mg/5ml granules*  
*erythromycin 200mg/5ml suspension*  
*lamivudine HBV*  
*dexmethylphenidate*  
*dexmethylphenidate XR*  
*tiagabine*  
*adefovir*  
*paliperidone ER*  
*morphine sulfate ER*  
*clonidine ER*  
*tobramycin pak*  
*methylphenidate CD capsules*  
*methylphenidate oral solution*  
*tranylcypromine*  
*budesonide respules*  
*methylphenidate ER capsules*  
*quetiapine ER*  
*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*

\* Requires Prior Authorization



STATE OF MARYLAND  
**DHMH**

Maryland Department of Health and Mental Hygiene

*Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor*

*Dennis R. Schrader, Secretary*



## 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>

**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