



Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown includes updates effective July 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>Analgesics, Narcotics (Long Acting)</p> <p><u>Preferred</u> fentanyl patches (Duragesic) (All strengths except 37.5, 62.5 and 87.5 mcg) ^{cc,q1} morphine sulfate SR (MS Contin) ^{q1} Embeda</p> <p><u>Requires Prior Authorization</u> fentanyl patches (37.5, 62.5 and 87.5mcg) ^{cc,q1} hydromorphone ER (Exalgo) ^{q1} methadone (Dolophine) ^{q1} morphine sulfate ER (Avinza) ^{q1} <u>morphine sulfate ER (Kadian)</u> ^{q1} oxymorphone ER (Opana ER) ^{q1} tramadol ER (Conzip, Ryzolt, Ultram ER) ^{q1}</p> <p><u>Arymo ER</u> Belbuca ^{q1} Butrans ^{q1} Hysingla ER ^{cc,q1} Nucynta ER ^{q1} Oxycontin ^{q1} Xtampza ER Zohydro ER ^{cc,q1}</p>	<p>Analgesics, Narcotics (Short Acting)</p> <p><u>Preferred</u> apap w/codeine (Tylenol w/codeine) ^{q1} butalbital/apap/codeine/caffeine ^{q1} butalbital/aspirin/codeine/caffeine ^{q1} codeine tablets hydrocodone/apap tablets (Vicodin) ^{q1} hydrocodone/ibuprofen (Vicoprofen) hydromorphone tablets (Dilaudid) morphine sulfate tablets and solution oxycodone capsules, tablets and solution oxycodone/apap (Percocet) ^{q1} tramadol (Ultram) ^{q1} tramadol/apap (Ultracet) ^{q1}</p> <p><u>Requires Prior Authorization</u> butorphanol nasal spray carisoprodol/codeine/asa 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>	<p>Anti-Migraine Agents</p> <p><u>Preferred</u> rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) ^{q1} sumatriptan nasal, syringe and tablets (Imitrex) ^{q1} Relpax ^{q1}</p> <p><u>Requires Prior Authorization</u> almotriptan (Axert) ^{q1} naratriptan (Amerge) ^{q1} <u>sumatriptan kit, vial (Imitrex)</u> ^{q1} zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT) ^{q1} Frova ^{q1} Migranow Kit Onzetra Xsail Sumavel Treximet ^{q1} Zecuity ^{q1} Zembrace Syntouch Zomig nasal ^{q1}</p>

ANALGESICS

Neuropathic Pain

Preferred

capsaicin OTC
duloxetine (Cymbalta)^{cc,q1}
gabapentin capsules and tablets
lidocaine patch
Lyrica capsules^{q1}

Requires Prior Authorization

gabapentin solution
Dermacin RX PHN Pak
Gralise
Horizant
Irenka^{q1}
Lyrica solution
Neurontin
Qutenza Kit
Savella

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 Lexitral
Duexis
Flector
Indocin suppositories and suspension
Sprix
Tivorbex
Vimovo
Vivlodex
Vopac MDS
Xrylix Kit
Zipsor
Zorvolex

ANALGESICS

Opiate Dependence Treatments

Preferred

buprenorphine (Subutex)^{cc,q1}
naloxone (Narcan)
naltrexone (Revia)^{cc}
Bunavail^{q1}
Narcan nasal spray
Suboxone film^{q1}
Vivitrol^{cc,q1}
Zubsolv^{q1}

Requires Prior Authorization

buprenorphine/naloxone tablets (Suboxone)^{q1}

Skeletal Muscle Relaxants

Preferred

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

Requires Prior Authorization

carisoprodol 250mg, 350mg (Soma)
carisoprodol compound (Soma Compound)
dantrolene (Dantrium)
metaxalone (Skelaxin)
tizanidine capsules (Zanaflex)
Amrix
Lorzone

ANTI-INFECTIVES

Antibiotics, GI

Preferred

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

Requires Prior Authorization

metronidazole capsules (Flagyl capsules)
paromomycin
tinidazole (Tindamax)
Alinia tablet
Dificid^{cc,q1}
Flagyl ER
Xifaxan^{cc,q1}

ANALGESICS

Antibiotics, Inhaled

Preferred

Bethkis^{cc,q1}
Kitabis Pak (**Brand only**)^{cc,q1}
Tobi Podhaler (**Step therapy**)^{cc,q1}

Requires Prior Authorization

tobramycin inhalation solution (Tobi)^{cc,q1}
tobramycin pak (Kitabis) (generic only)^{cc,q1}
Cayston^{cc,q1}

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

Antibiotics, Vaginal

Preferred

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

Requires Prior Authorization

Nuessa
Vandazole

Antifungals, Oral

Preferred

clotrimazole troches (Mycellex)
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

ANTI-INFECTIVES

Antifungals, Topical

Preferred

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

Requires Prior Authorization

ciclopirox (Loprox, Loprox Kit, Loprox Shampoo, Penlac)

clotrimazole/betamethasone lotion (Lotrisone)

econazole (Spectazole)

ketoconazole foam (Ketodan)

miconazole ointment, powder, spray OTC

naftifine (Naftin)

Bensal HP

CNL-8

Dermacin Rx Therazole Pak**Desenex spray powder**

Ertaczo

Exelderm

Fungoid OTC

Jublia

Kerydin

Lamisil OTC

Lotrimin AF

Luzu^{cc,q1}

Oxistat

Pediaderm AF

Vusion

Antiparasitics, Topical

Preferred

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

Requires Prior Authorization

lindane shampoo

malathion (Ovide)

spinosad (Natroba)

Eurax

Sklice^{cc,q1}

Ulesfia

Antivirals, Oral

Preferred

acyclovir (Zovirax)
 valacyclovir (Valtrex)

Requires Prior Authorization

famciclovir (Famvir)

oseltamivir (Tamiflu)

rimantadine (Flumadine)

Relenza

Sitavig

ANTI-INFECTIVES

Antivirals, Topical

Preferred

Abreva OTC
 Zovirax cream

Requires Prior Authorization

acyclovir ointment (Zovirax ointment)

Denavir

Xerese

Cephalosporin and Related Agents

Preferred

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

Requires Prior Authorization

amoxicillin/clavulanate ER (Augmentin XR)

cefaclor suspension, tablets ER (Ceclor, Ceclor CD)

cefadroxil suspension and tablets (Duricef)

cefepodoxime (Vantin)

ceftibuten (Cedax)

Ceftin suspension

Suprax tablets

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**entecavir (Baraclude)****lamivudine HBV (EpiVir HBV)**

Hepsera (**Brand only**)

Requires Prior Authorization

adefovir (Hepsera) (generic only)

Vemlidy

ANTI-INFECTIVES

Hepatitis C Agents

Preferred

ribavirin (Copegus, Rebetol)
 Eplclusa^{cc}
 Harvoni^{cc}
 Pegasys
 PegIntron
 Technivie^{cc}
 Viekira Pak^{cc}
 Viekira XR^{cc}
 Zepatier^{cc}

Requires Prior Authorization**Daklinza^{cc}**

Moderiba

Olysia^{cc}

Rebetol solution

Ribapak

Ribasphere

Sovaldi^{cc}

Macrolides/Ketolides

Preferred

azithromycin (Zithromax)
 clarithromycin tablets (Biaxin)
 erythromycin base capsule DR
 E.E.S.
 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

Tetracyclines

Preferred

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

Requires Prior Authorization

demeclocycline (Declomycin)

doxycycline hyclate DR (Doryx, Doryx MPC)

doxycycline monohydrate 40 mg, 75mg, 150mg (Oracea, Monodox, Adoxa)

doxycycline monohydrate suspension (Vibramycin)

minocycline tablets

minocycline ER (Solodyn)

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

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 (Exforge)
amlodipine/valsartan/HCTZ (Exforge HCT)

Requires Prior Authorization

amlodipine/olmesartan (Azor)
amlodipine/olmesartan/HCTZ (Tribenzor)
telmisartan/amlodipine (Twynta)
trandolapril/verapamil (Tarka)
Byvalson
Prestalia
Tekamlo/Amturnide

Angiotensin Modulators**Preferred**

benazepril, benazepril/HCTZ (Lotensin, Lotensin HCT)
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 ^{cc,ql}

Requires Prior Authorization

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

CARDIOVASCULAR**Anticoagulants****Preferred**

enoxaparin (Lovenox) ^{ql}
warfarin (Coumadin)

Eliquis

Fragmin ^{ql}
Xarelto

Requires Prior Authorization

fondaparinux (Arixtra) ^{ql}
Pradaxa ^{ql}
Savaysa
Xarelto Dose Pack

Antihypertensives, Sympatholytics**Preferred**

clonidine oral (Catapres)
guanfacine (Tenex)
methyldopa (Aldomet)
methyldopa/HCTZ (Aldoril)
Catapres TTS (**Brand only**) ^{ql}

Requires Prior Authorization

clonidine patch (**generic only**) ^{ql}
reserpine
Clorpres

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

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

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

Requires Prior Authorization

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

Lipotropics, Other**Preferred**

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

Requires Prior Authorization

colestipol granules (Colestid)
ezetimibe (Zetia)
fenofibrate (Antara, Fenoglide, Lipofen, Lofibra)
fenofibric acid (Fibricor)
omega 3 ethyl esters (Lovaza)
Juxtapid
 Kynamro
 Praluent^{cc}
 Repatha^{cc}
 Triglide
 Vascepa
 Welchol

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

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

Requires Prior Authorization

amlodipine/atorvastatin (Caduet)
ezetimibe-simvastatin (Vytorin)
fluvastatin, fluvastatin ER (Lescol, Lescol XL)
Advicor
Altoprev
Liptruzet
Livalo
Simcor

Platelet Aggregation Inhibitors**Preferred**

clopidogrel (Plavix)^{ql}
 dipyridamole (Persantine)^{ql}
 ticlopidine (Ticlid)

Requires Prior Authorization

aspirin/dipyridamole (Aggrenox)^{ql}
Brilinta^{ql}
Durlaza
Effient^{ql}
Zontivity

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

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

Requires Prior Authorization

Adcirca^{cc,ql}
Adempas
Opsumit
Orenitram ER^{cc,ql}
Revatio suspension^{cc,ql}
Tyvaso^{cc}
Uptravi

CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at https://mmcp.health.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)^{cc,ql}
topiramate sprinkles (Topamax sprinkles)^{cc}
Aptiom^{cc}
Banzel^{cc,ql}
Briviact
Equetro
Fycampa^{cc}
Onfi^{cc,ql}
Oxtellar XR
Potiga
Sabril
Spritam
Stavzor
Trokendi XR
Vimpat

CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at https://mmcp.health.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 (Khedezia, Pristiq)
nefazodone (Serzone)
tranylcypromine (generic only)
venlafaxine ER tablets
Aplenzin
Emsam
Fetzima
Forfivo XL
Marplan
Oleptro ER
Trintellix
Viibryd

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

citalopram (Celexa)^{q1}
 escitalopram tablets (Lexapro)
 fluoxetine capsules (all strengths except 60mg) (Prozac, Sarafem)
 fluvoxamine (Luvox)
 paroxetine (Paxil)
 sertraline (Zoloft)

Requires Prior Authorization

escitalopram solution (Lexapro)
fluoxetine capsules 60mg
fluoxetine tablets (all strengths)
fluoxetine weekly (Prozac weekly)
fluvoxamine ER (Luvox CR)
paroxetine CR (Paxil CR)
Brisdelle^{cc,q1}
Paxil suspension
Pexeva

CENTRAL NERVOUS SYSTEM

Antipsychotics

Preferred

1st TIER
 aripiprazole (Abilify) (generic only)^{cc,q1}
 aripiprazole ODT (Abilify Discmelt) (generic only)^{cc,q1}
 chlorpromazine (Thorazine)
 clozapine (Clozaril)
 fluphenazine (Prolixin)
 fluphenazine decanoate inj (Prolixin)
 haloperidol (Haldol)
 haloperidol decanoate inj (Haldol IM)
 loxapine capsules (Loxitane)
 olanzapine IM (Zyprexa IM)^{cc,q1}
 olanzapine ODT (Zyprexa Zydis)^{cc,q1}
 olanzapine tablets (Zyprexa)^{cc,q1}
 perphenazine (Trilafon)
 perphenazine/amitriptyline (Triavil)
 quetiapine (Seroquel)^{cc,q1}
 risperidone, risperidone ODT (Risperdal)^{cc,q1}
 thioridazine (Mellaril)
 thiothixene (Navane)
 trifluoperazine (Stelazine)
 ziprasidone (Geodon)^{cc,q1}
 Abilify Maintena^{q1}
 Geodon IM
 Invega Sustenna^{q1}
 Invega Trinza^{cc,q1}
 Orap
 Risperdal Consta^{q1}
2nd TIER
 Latuda^{cc,q1}

Requires Prior Authorization

clozapine ODT (Fazacllo)^{cc}
olanzapine/fluoxetine (Symbyax)^{cc,q1}
quetiapine ER (Seroquel XR)^{cc,q1}
Adasuve^{cc}
Aristada^{cc,q1}
Fanapt^{cc,q1}
Invega tablets (Brand only)^{cc,q1}
Nuplazid^{cc}
Rexulti^{cc,q1}
Saphris^{cc,q1}
Versacloz^{cc}
Vraylar^{q1}
Zyprexa Relprevv^{cc,q1}

Sedative Hypnotics

Preferred

flurazepam (Dalmane)^{q1}
 temazepam 15mg, 30mg (Restoril)^{q1}
 triazolam (Halcion)^{q1}
 zaleplon (Sonata)^{q1}
 zolpidem (Ambien)^{q1}

CENTRAL NERVOUS SYSTEM

Sedative Hypnotics (continued)

Requires Prior Authorization

eszazolam (ProSom)^{q1}
eszopiclone (Lunesta)^{cc,q1}
temazepam 7.5mg, 22.5mg (Restoril)^{q1}
zolpidem ER (Ambien CR)
Belsomra^{cc,q1}
Edluar^{q1}
Hetlioz^{cc,q1}
Intermezzo^{q1}
Rozerem^{q1}
Silenor
Zolpimist^{q1}

Stimulants and Related Agents

Preferred

1st TIER
 amphetamine salt combo (Adderall)
 dextroamphetamine capsules (Dexedrine ER)
 dextroamphetamine tablets
 guanfacine ER (Intuniv)^{cc,q1}
 methylphenidate tablets (Ritalin)
methylphenidate CD capsules (Metadate CD)
 methylphenidate CR tablets (Concerta)
 methylphenidate ER tablets (Ritalin SR)
 Adderall XR (**Brand only**)
 Daytrana
 Focalin, Focalin XR (**Brand only**)
 Kapvay (**Brand only**)^{cc,q1}
 Methylin oral solution (**Brand only**)
 Quillivant XR
 Ritalin LA (**Brand only**)
 Vyvanse
Vyvanse chewable tablets
2nd TIER
 atomoxetine (Strattera)^{cc}

Requires Prior Authorization

amphetamine salt combo ER (Adderall XR) (generic only)
armodafinil (Nuvigil)^{cc,q1}
clonidine ER (generic only)^{cc,q1}
dexmethylphenidate (Focalin) (generic only)
dexmethylphenidate XR (Focalin XR) (generic only)
dextroamphetamine solution (Procentra)
methamphetamine (Desoxyn)
methylphenidate chewable (Methylin chewable)
methylphenidate ER capsules (Ritalin LA) (generic only)
methylphenidate oral solution (Methylin) (generic only)
modafinil (Provigil)^{cc,q1}
Adzenys XR ODT
Aptensio XR
Dyanavel XR
Evekeo
Quillichew ER
Zenzedi

ENDOCRINE

Androgenic Agents

Preferred**Androderm**^{cc,q1}**AndroGel gel packet and gel pump (Brand only)****Requires Prior Authorization****testosterone gel packet and gel pump****(AndroGel) (generic only)****testosterone gel (Testim)**

testosterone gel (Vogelxo)

testosterone gel pump (Fortesta)

Axiron

Natesto

Bone Resorption Suppression and Related Agents

Preferredalendronate tablets (Fosamax)^{q1}calcitonin salmon nasal (Miacalcin)^{q1}Fortical^{q1}**Requires Prior Authorization**alendronate solution (Fosamax solution)^{q1}etidronate (Didronel)^{q1}ibandronate (Boniva)^{q1}raloxifene (Evista)^{q1}risedronate (Atelvia)^{q1}risedronate (Actonel)^{q1}Binosto^{q1}Forteo^{cc,q1}Fosamax Plus D^{q1}Prolia^{cc,q1}

Growth Hormones

PreferredGenotropin^{cc}Norditropin^{cc}Nutropin^{cc}, Nutropin AQ^{cc}**Requires Prior Authorization**Humatrope^{cc}Omnitrope^{cc}Saizen^{cc}Serostim^{cc}Zomacton^{cc}Zorbtive^{cc}

Hypoglycemics, Incretin Mimetics and Enhancers

Preferred

Bydureon

Byetta

Janumet, Janumet XR

Januvia

Jentadueto

Symlin

Tradjenta

ENDOCRINE

Hypoglycemics, Incretin Mimetics and Enhancers (continued)

Requires Prior Authorization

alogliptan (Nesina)

alogliptan/metformin (Kazano)

alogliptan/pioglitazone (Oseni)

AdlyxinGlyxambi^{cc,q1}

Jentadueto XR

Kombiglyze XR

Onglyza

Soliqua

Tanzeum

Trulicity

Victoza^{q1}**Xultophy**

Hypoglycemics, Insulins

Preferred

Humalog cartridge, vial

Humalog Mix vial

Humulin vial

Lantus

Levemir

NovoLog, NovoLog mix

Requires Prior Authorization

Afrezza

Apidra

Basaglar**Humalog pen****Humalog Mix pen**

Humulin pen

Humulin 70/30 pen

Humulin 500 unit/mL pen

Novolin vial, Novolin 70/30 vial

Toujeo

Tresiba

Hypoglycemics, Meglitinides

Preferred

nateglinide (Starlix)

repaglinide (Prandin)

Requires Prior Authorization

repaglinide/metformin (Prandimet)

Hypoglycemics, Metformins

Preferred**glipizide/metformin (Metaglip)****glyburide/metformin (Glucovance)****metformin (Glucophage)****metformin ER (Glucophage XR)****Requires Prior Authorization****metformin ER (Fortamet)**^{cc,q1}**metformin ER (Glumetza)**^{cc,q1}

ENDOCRINE

Hypoglycemics, SGLT2 Inhibitors

Preferred**Farxiga (Step therapy)**^{cc,q1}Invokana (Step therapy)^{cc,q1}**Requires Prior Authorization****Invokamet**^{cc,q1}**Invokamet XR**^{cc,q1}Jardiance^{cc,q1}Synjardy^{cc,q1}Xigduo XR^{cc,q1}

Hypoglycemics, TZDs

Preferred

pioglitazone (Actos)

Requires Prior Authorization

pioglitazone/glimepiride (Duetact)

pioglitazone/metformin (ActoPlusMet)

ActoPlusMet XR

Avandia, Avandamet, Avandaryl

GASTROINTESTINAL

Antiemetic/Antivertigo Agents

Preferred

meclizine Rx and OTC (Bonine, Antivert)

metoclopramide (Reglan)

ondansetron, ondansetron ODT (Zofran)^{q1}

prochlorperazine oral (Compazine, Compro)

promethazine (Phenergan)

Emend capsules (Brand only)^{q1}

TransDerm-Scop

Requires Prior Authorization**aprepitant capsules (generic only)**

aprepitant pack

dimenhydrinate Rx and OTCdronabinol (Marinol)^{cc,q1}granisetron (Kytril)^{q1}

metoclopramide ODT (Metozolv ODT)

prochlorperazine rectal (Compro)

trimethobenzamide (Tigan)

Aloxi

Akynzeo^{cc}Anzemet^{q1}Cesamet^{q1}Diclegis^{cc,q1}

Emend IV

Emend packEmend powder packet^{q1}Sancuso^{q1}**Susto!**

Varubi

Zuplenz

GASTROINTESTINAL**Bile Salts****Preferred**

ursodiol capsules (Actigall)
ursodiol tablets (URSO, URSO Forte)

Requires Prior Authorization

Chenodal
Cholbam
Ocaliva

Gastrointestinal Motility, Chronic**Preferred**

Amitiza
Linzess^{cc,q1}
Movantik^{cc,q1}

Requires Prior Authorization

alosetron (Lotronex)
Relistor^{cc,q1}
Trulance
Viberzi

Pancreatic Enzymes**Preferred**

Creon
Zenpep

Requires Prior Authorization

Pancreaze
Pertzye
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

GASTROINTESTINAL**Ulcerative Colitis Agents (continued)****Requires Prior Authorization**

mesalamine enemas (Rowasa, sRowasa)
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
Inflectra
Kineret
Orencia
Otezla^{cc}
Remicade
Simponi
Stelara
Taltz
Xeljanz, Xeljanz XR

Immunosuppressives, Oral**Preferred**

azathioprine (Imuran)
cyclosporine (Sandimmune)
cyclosporine modified (Gengraf, Neoral)
mycophenolic acid (Myfortic)
mycophenolate mofetil capsules, tablets (Cellcept)
sirolimus (Rapamune)
tacrolimus (Prograf)
Cellcept suspension (Brand only)
Rapamune solution
Sandimmune solution

Requires Prior Authorization

mycophenolate mofetil suspension (Cellcept) (generic only)
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 (Exelon)^{q1}

Requires Prior Authorization

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

Anti-Parkinson's Agents**Preferred**

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)

Requires Prior Authorization

bromocriptine (Parlodel)
carbidopa (Lodosyn)
entacapone (Comtan)
levodopa/carbidopa ODT (Parcopa)
pramipexole ER (Mirapex ER)
rasagiline (Azilect)
ropinirole ER (Requip XL)
selegiline capsules (Eldepryl)
tolcapone (Tasmar)
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^{cc,q1}
Aubagio^{cc,q1}
Copaxone 40mg
Extavia
Gilenya^{cc,q1}
Lemtrada^{cc}
Plegridy^{cc}
Tecfidera^{cc,q1}
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%
Zioptan

Ophthalmics, Anti-Inflammatories

Preferred

dexamethasone (Decadron)
diclofenac (Voltaren)
flurometholone (FML)
flurbiprofen (Ocufen)
ketorolac, ketorolac LS (Acular, 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
Bromsite
FML Forte
Iluvien
Lotemax ointment and gel
Nevanac
Ozurdex
Prolensa
Retisert
Triesence
Vexol

OPHTHALMICS

Ophthalmics, Anti-Inflammatories/
Immunomodulator**Preferred**

Restasis single-use

Requires Prior Authorization

Restasis multidose
Xiidra

OTIC

Otic Antibiotics

Preferred

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

Requires Prior Authorization

ciprofloxacin
Cipro HC
Coly-Mycin S
Otiprio
Otovel

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 0.083% and 5mg/ml
 albuterol neb 0.63mg/3ml and 1.25mg/3ml (AccuNeb)
 albuterol syrup and tablets (Proventil, Ventolin)
 terbutaline (Brethine)
 Foradil
 ProAir HFA ^{q1}
 Proventil HFA ^{q1}
 Serevent

Requires Prior Authorization

albuterol ER (Vospire ER)
 levalbuterol (Xopenex)
 levalbuterol HFA (Xopenex HFA) ^{q1}
 metaproterenol (Alupent)
 Arcapta
 Brovana
 Perforomist
 ProAir Respiclick ^{q1}
 Striverdi Respimat
 Ventolin HFA ^{q1}

COPD Agents

Preferred

ipratropium neb (Atrovent)
 ipratropium/albuterol neb (DuoNeb)
 Atrovent HFA
 Combivent Respimat ^{q1}
 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, 0.25mg, 0.5 mg and 1mg (Brand only)
 QVAR
 Symbicort

Requires Prior Authorization

budesonide inhalation susp (generic only)
 Aerospa
 Alvesco
 Arnuity Ellipta
 Asmanex HFA
 Breo Ellipta
 Flovent Diskus, Flovent HFA
 Pulmicort Flexhaler ^{q1}

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)
 fluticasone (Ticanose)
 mometasone nasal (Nasonex)
 olopatadine (Patanose)
 triamcinolone nasal (Nasacort AQ)
 Beconase AQ
 Dymista
Flonase OTC
 Omnaris
 Qnasl
 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 (Avita, Retin-A) ^{cc}
 Azelex
 Differin cream (Brand only) ^{cc}
 Differin lotion ^{cc}

Requires Prior Authorization

adapalene cream (Differin) (generic only) ^{cc}
 adapalene gel (Differin) ^{cc}
 benzoyl peroxide Rx
 bp-10-1
 clindamycin foam
 clindamycin/benzoyl peroxide
 clindamycin/tretinoin (Veltin)
 sulfacetamide
 sulfacetamide/sulfur
 sulfacetamide/sulfur/urea
 tazarotene (Tazorac) ^{cc}
 tretinoin micro (Retin-A Micro) ^{cc}
 Acanya
 Aczone gel and gel with pump

TOPICAL DERMATOLOGICS

Acne Agents, Topical (continued)

Requires Prior Authorization (continued)

Akne-Mycin
 Atralin
 Avar
 BenzaClin
 Benzamycin
 Clindacin
 Epiduo
 Epiduo Forte Gel with pump
 Fabior
 Neuac
 Onexton
 Ovace
 Sumaxin CP Kit
 Ziana

Atopic Dermatitis

Preferred

Elidel

Requires Prior Authorization

tacrolimus ointment (Protopic)
Eucria

UROLOGIC

Benign Prostatic Hyperplasia

Preferred

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

Requires Prior Authorization

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, (PDL) encompassing over 1800 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:

<https://mmcp.health.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 included in this updated Preferred Drug List (PDL) that is **effective July 1, 2017**. The Brand Preferred exception listed in this advisory has been updated to include that brands Androgel® topical packets and pump, Emend® capsules and Cellcept® oral suspension are now preferred over their respective generics.

Please refer to our website for the complete PDL at the following link:

<https://mmcp.health.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, neither a Medwatch form 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 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.

¹ Unless the Program has established clinical criteria for the drug. Clinical Criteria can be found at:

<https://mmcp.health.maryland.gov/pap/Pages/Clinical-Criteria.aspx>

Brand Preferred Exceptions

Preferred Brands

Adderall XR
Alphagan P 0.15%
Androgel gel packet and pump
Catapres TTS
Cellcept Oral Suspension
Copaxone 20mg/ml
Diastat
Differin cream
E.E.S. 200mg/5ml Granules
Emend capsules
EryPed 200mg/5ml Suspension
Focalin
Focalin XR
Gabitril
Hepsera
Invega tablets*
Kapvay ER
Kitabis Pak
Methylin Oral Solution
Parnate
Pulmicort Respules (all strengths)
Ritalin LA
Tegretol suspension

Non-Preferred Generics

amphetamine salt combo ER
brimonidine 0.15%
testosterone gel packet and pump
clonidine patches
mycophenolate mofetil oral suspension
glatiramer acetate (Glatopa)
diazepam rectal
adapalene cream
erythromycin 200mg/5ml granules
aprepitant capsules
erythromycin 200mg/5ml suspension
dexmethylphenidate
dexmethylphenidate XR
tiagabine
adefovir
paliperidone ER
clonidine ER
tobramycin pak
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 requires a prior authorization by the prescriber



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Department of Health

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor
Dennis R. Schrader, Secretary

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Pharmacy *News & Views*

Maryland Medicaid Pharmacy Program
201 West Preston Street, 4th Floor
Baltimore, Maryland 21201

1-800-492-5231 (select option 3)

<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

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:

<https://mmcp.health.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