



MARYLAND
Department of Health

Pharmacy News & Views

Office of Systems, Operations and Pharmacy / MARYLAND MEDICAID PHARMACY PROGRAM / January 2018

Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown includes updates effective January 1, 2018. 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, bold 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).

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

Medicaid’s Preferred Drug List, encompassing about 1800 drugs, covers most 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/Pages/\[DHMH\]-Medwatch-Form.aspx](https://mmcp.health.maryland.gov/pap/Pages/[DHMH]-Medwatch-Form.aspx)). 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 when appropriate.

The Maryland Medicaid Pharmacy Program (MMPP) wants to alert you to changes in the exceptions to this rule that are included in this updated Preferred Drug List (PDL) that is **effective January 1, 2018**. The Brand Preferred exception listed in this advisory has been updated to include that brand Sabril is preferred over generic equivalents. Please refer to our website for a complete list of the PDL and all forms at the following link: <https://mmcp.health.maryland.gov/pap/Pages/Preferred-Drug-List.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, unless the Program has established clinical criteria for the drug (mmcp.health.maryland.gov/pap/Pages/Clinical-Criteria.aspx).

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 branded products, contact the Conduent 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.marylandmedicaidpharmacyinformation.com on your desktop computer or smartphone. Formulary Navigator, our new online formulary service for the Fee-for-Service program and all of the MCOs, will be updated weekly. Implementation information on Formulary Navigator will follow.

Brand Preferred Exceptions

Preferred Brands

Adderall XR capsule
Alphagan P 0.15%
Androgel gel packet, pump
Catapres TTS
Cellcept suspension
Copaxone 20mg/ml
Diatat
Differin cream
E.E.S. 200mg/5ml granules
Emend capsule
Focalin tablet
Focalin XR capsule
Gabitril tablet
Hepsera tablet
Invega tablet*
Kapvay ER tablet
Kitabis Pak
Methylin solution
Parnate tablet
Pulmicort respules
Sabril powder packet*
Tegretol suspension

Non-Preferred Generics

amphetamine salt combo ER capsule
brimonidine P 0.15%
testosterone gel packet, pump
clonidine patches
mycophenolate mofetil suspension
glatiramer 20mg/ml
diazepam
adapalene cream
erythromycin ethyl succinate granules
aprepitant capsule
dexmethylphenidate tablet
dexmethylphenidate XR capsule
tiagabine tablet
adefovir dipivoxil tablet
paliperidone ER tablet
clonidine ER tablet
tobramycin pak
methylphenidate solution
tranylcypromine sulfate tablet
budesonide inhalation suspension
vigabatran powder packet
carbamazepine suspension

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

Brand also Preferred
Trileptal suspension
(no MedWatch form required)

Preferred Generics
oxcarbazepine suspension

* Is a non-preferred drug and requires Prior Authorization by the prescriber

ANALGESICS

Analgesics, Narcotics (Long Acting)

Preferred

fentanyl patches (Duragesic) (All strengths except 37.5, 62.5 and 87.5 mcg) ^{cc,q1}
 morphine sulfate SR (MS Contin) ^{q1}
 Embeda

Requires Prior Authorization

fentanyl patches (37.5, 62.5 and 87.5mcg) ^{cc,q1}
 hydromorphone ER (Exalgo) ^{q1}
 methadone (Dolophine) ^{q1}
 morphine sulfate ER (Avinza, Kadian) ^{q1}
 oxycodone ER (Opana ER) ^{q1}
 tramadol ER (Conzip, Ryzolt, Ultram ER) ^{q1}
 Arymo ER
 Belbuca ^{q1}
 Butrans ^{q1}
 Hysingla ER ^{cc,q1}
Morphabond ER
 Nucynta ER ^{q1}
 Oxycodone ER ^{q1}
 Xtampza ER
 Zohydro ER ^{cc,q1}

Analgesics, Narcotics (Short Acting)

Preferred

apap w/codeine (Tylenol w/codeine) ^{q1}
 butalbital/apap/codeine/caffeine ^{q1}
 butalbital/aspirin/codeine/caffeine ^{q1}
 codeine tablets
 hydrocodone/apap tablets (Lortab, Norco, 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}

Requires Prior Authorization

butorphanol nasal spray
 carisoprodol/codeine/asa
 dihydrocodeine/aspirin/caffeine (Synalgos DC)
 fentanyl buccal (Actiq) ^{cc,q1}
 hydrocodone/apap solution ^{q1}
 hydromorphone suppositories, solution
 levorphanol
 meperidine (Demerol)
 morphine suppositories
 oxycodone/acetaminophen (Primlev) ^{q1}
 oxycodone concentrated solution
 oxycodone/aspirin (Percodan)
 oxycodone/ibuprofen (Combunox)
 oxycodone (Opana)
 pentazocine/naloxone (Talwin NX)
 Abstral ^{cc,q1}
 Fentora ^{cc,q1}
 Lazanda ^{cc,q1}
 Nucynta
Oxaydo
 Subsys ^{cc,q1}
 Xartemis XR ^{cc,q1}

ANALGESICS

Anti-Migraine Agents

Preferred

eletriptan (Relpax) ^{q1}
 rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) ^{q1}
 sumatriptan nasal, syringe, tablets (Imitrex) ^{q1}

Requires Prior Authorization

almotriptan (Axert) ^{q1}
 naratriptan (Amerge) ^{q1}
 sumatriptan kit, vial (Imitrex) ^{q1}
 zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT) ^{q1}
 Frova ^{q1}
 Migranow Kit
 Onzetra Xsail
 Sumavel
 Treximet ^{q1}
 Zecuity ^{q1}
 Zembrace Symtouch
 Zomig nasal ^{q1}

Neuropathic Pain

Preferred

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

Requires Prior Authorization

duloxetine 40mg (Irenka) ^{q1}
 gabapentin solution (Neurontin)
 Dermacin RX PHN Pak
 Gralise
 Horizant
 Lyrica solution
 Qutenza Kit
 Savella

ANALGESICS

Nonsteroidal Anti-Inflammatories (NSAIDs)

Preferred

diclofenac, diclofenac XL (Cataflam, Voltaren XR)
 diclofenac gel (Voltaren gel)
 flurbiprofen (Ansaid)
 ibuprofen Rx, OTC (Motrin)
 indomethacin (Indocin)
 ketorolac (Toradol) ^{q1}
 meloxicam tablets (Mobic)
 nabumetone (Relafen)
 naproxen Rx, OTC (Aleve, Naprosyn)
 sulindac (Clinoril)

Requires Prior Authorization

celecoxib (Celebrex)
diclofenac potassium (Zipsor)
 diclofenac topical solution (Pennsaid)
 diclofenac/capsicum oleoresin kit
 diclofenac/misoprostol (Arthrotec)
diflunisal (Dolobid)
etodolac, etodolac XL (Lodine, Lodine XL)
fenoprofen
ibuprofen chewable tab OTC
indomethacin ER (Indocin ER)
ketoprofen, ketoprofen ER (Orudis, Oruvail)
meclofenamate (Meclomen)
 mefenamic acid (Ponstel)
meloxicam suspension
naproxen sodium RX
naproxen CR suspension
oxaprozin (Daypro)
piroxicam (Feldene)
 tolmetin, tolmetin DS (Tolectin, Tolectin DS)
Advil OTC
 Dermacinrx Lexitral
 Duexis
 Flector ^{cc,q1}
 Indocin suppositories, suspension
PennSaid pump
 Sprix
 Tivorbex
 Vimovo
 Vivlodex
 Vopac MDS
 Xrylix Kit
 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)^{q1}
 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^{q1}
 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
 Difucid^{cc,q1}
 Flagyl ER
 Xifaxan^{cc,q1}

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}

ANTI-INFECTIVES

Antibiotics, Topical

Preferred

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

Requires Prior Authorization

mupirocin cream (Bactroban cream)
 Altanax
 Centany

Antibiotics, Vaginal

Preferred

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

Requires Prior Authorization

Nuessa
 Vandazole

Antifungals, Oral

Preferred

clotrimazole troches (Mycelex)
 fluconazole (Diflucan)
 griseofulvin suspension (GriFulvin V)
 ketoconazole (Nizoral)
 nystatin suspension, 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, OTC
 clotrimazole/betamethasone cream
 (Lotrisone)
 ketoconazole cream, 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
 Pediderm AF
 Vusion

Antiparasitics, Topical

Preferred

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

Requires Prior Authorization

lindane shampoo
 malathion (Ovide)^{q1}
 spinosad (Natroba)^{q1}
 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)
cephalexin (Keflex)
Suprax capsules

Requires Prior Authorization

amoxicillin/clavulanate ER (*Augmentin XR*)
cefaclor suspension, tablets ER (*Ceclor, Ceclor CD*)
cefadroxil suspension, tablets (*Duricef*)
cefpodoxime (*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)
Epclusa^{cc}
Harvoni^{cc}
Mavyret^{cc}
Pegasys
PegIntron
Technivie^{cc}
Viekira Pak^{cc}
Viekira XR^{cc}
Vosevi^{cc}
Zepatier^{cc}

Requires Prior Authorization

Daklinza^{cc}
Moderiba
Olysio^{cc}
Rebetol solution
Ribapak
Ribasphere
Sovaldi^{cc}

Macrolides/Ketolides

Preferred

azithromycin (Zithromax)
clarithromycin tablets (Biaxin)
erythromycin base capsule DR
erythromycin ethyl succinate 200mg granules for suspension (EryPed)
E.E.S.
EryPed 400
Ery-Tab
Erythrocin

Requires Prior Authorization

clarithromycin suspension (*Biaxin*)
clarithromycin ER (*Biaxin XL*)
erythromycin base tablet
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*)^{q1}
Mitigare
Uloric
Zurampic

Colony Stimulating Factors

Preferred

Granix
Neupogen

Requires Prior Authorization

Leukine
Neulasta
Zarxio

Erythropoietins

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epogen
Mircera

Phosphate Binders and Related Agents

Preferred

calcium acetate (PhosLo)
Calphron OTC

Requires Prior Authorization

lanthanum carbonate (*Fosrenol*)
sevelamer carbonate powder pack (*Renvela*)
Auryxia
Eliphos
Magnebind 400 Rx
Phoslyra
Renagel
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 (Twynsta)
trandolapril/verapamil (Tarka)
Byvalson
Prestalia
Tekamlo/Amturndie

CARDIOVASCULAR

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,q1}

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

Anticoagulants

Preferred

enoxaparin (Lovenox)^{q1}
 warfarin (Coumadin)
 Eliquis
 Fragmin^{q1}
 Xarelto

Requires Prior Authorization

fondaparinux (Arixtra)^{q1}
 Pradaxa^{q1}
 Savaysa
 Xarelto Dose Pack

CARDIOVASCULAR

Antihypertensives, Sympatholytics

Preferred

clonidine oral (Catapres)
 guanfacine (Tenex)
 methyl dopa (Aldomet)
 methyl dopa/HCTZ (Aldoril)
 Catapres TTS (**Brand only**)^{q1}

Requires Prior Authorization

clonidine patch (**generic only**)^{q1}
 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)
 carvedilol ER (Coreg CR)
 metoprolol/HCTZ (Lopressor HCT)
 nadolol (Corgard)
 nadolol/bendroflumethiazide (Corzide)
 timolol (Blocadren)
 Bystolic
 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)

Requires Prior Authorization

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

CARDIOVASCULAR

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

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)^{q1}
 dipyridamole (Persantine)^{q1}
 ticlopidine (Ticlid)

Requires Prior Authorization

aspirin/dipyridamole (Aggrenox)^{q1}
 prasugrel (Effient)^{q1}
 Brilinta^{q1}
 Durlaza
 Zontivity

CARDIOVASCULAR

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

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

Requires Prior Authorization

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

CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at
mmcp.health.maryland.gov/pap/docs/Mental%20Health%20Formulary.pdf

Anticonvulsants

Preferred

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

CENTRAL NERVOUS SYSTEM

Anticonvulsants (continued)

Requires Prior Authorization

carbamazepine suspension (Tegretol)
(generic only)
 carbamazepine XR (Tegretol XR)
 clonazepam ODT (Klonopin ODT)
 diazepam rectal (Diastat, Diastat AcuDial)
(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}
 Banzel^{cc,q1}
 Briviact
 Equetro
 Fycompa^{cc}
 Lamictal XR dose pack
 Onfi^{cc,q1}
 Oxtellar XR
 Potiga
 Sabril powder packet **(Brand only)**
 Sabril tablets
 Spritam
 Trokendi XR
 Vimpat^{q1}

Antidepressants, Other

Preferred

bupropion, bupropion SR, bupropion XL
 (Wellbutrin, Wellbutrin SR, Wellbutrin XL)
 mirtazapine, mirtazapine ODT (Remeron, Remeron ODT)
 phenelzine (Nardil)
 trazodone (Desyrel)
 venlafaxine (Effexor)
 venlafaxine ER capsules (Effexor XR)
 Parnate **(Brand only)**

Requires Prior Authorization

desvenlafaxine ER (Khedezia, Pristiq)
 desvenlafaxine fumarate ER
 nefazodone (Serzone)
 tranlycypromine **(generic only)**
 venlafaxine ER tablets
 Aplenzin
 Emsam
 Fetzima
 Forfivo XL
 Marplan
 Trintellix
 Viibryd

CENTRAL NERVOUS SYSTEM

Antidepressants, Selective Serotonin
Reuptake Inhibitors (SSRIs)**Preferred**

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

Requires Prior Authorization

escitalopram solution (Lexapro)
 fluoxetine capsules 60mg
 fluoxetine tablets (Sarafem)
 fluoxetine weekly (Prozac weekly)
 fluvoxamine ER (Luvox CR)
 paroxetine CR (Paxil CR)
 paroxetine 7.5mg capsules (Brisdelle)^{cc,q1}
 Paxil suspension
 Pexeva

Antipsychotics

Preferred**1st TIER**

aripiprazole (Abilify)^{cc,q1}
 aripiprazole ODT (Abilify Discmelt)^{cc,q1}
 chlorpromazine (Thorazine)
 clozapine (Clozaril)
 fluphenazine (Prolixin)
 fluphenazine decanoate inj (Prolixin inj)
 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)
 pimozide (Ovap)
 quetiapine (Seroquel)^{cc,q1}
quetiapine ER (Seroquel XR)^{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}
 Risperdal Consta^{q1}
2nd TIER
 Latuda^{cc,q1}

(continued)

CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at mmcp.health.maryland.gov/pap/docs/Mental%20Health%20Formulary.pdf

Antipsychotics (continued)

Requires Prior Authorization

clozapine ODT (Fazaclor)^{cc}
 molindone
 olanzapine/fluoxetine (Symbyax)^{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 (Dalmene)^{q1}
 temazepam 15mg, 30mg (Restoril)^{q1}
 triazolam (Halcion)^{q1}
 zaleplon (Sonata)^{q1}
 zolpidem (Ambien)^{q1}

Requires Prior Authorization

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

Stimulants and Related Agents

Preferred1st TIER

amphetamine salt combo (Adderall)
 dextroamphetamine capsules (Dexedrine ER)
 dextroamphetamine tablets
 guanfacine ER (Intuniv)^{cc,q1}
 methylphenidate CD capsules (Metadate CD)
 methylphenidate CR tablets (Concerta)
methylphenidate ER capsules (Ritalin LA)
 methylphenidate ER tablets (Ritalin SR)
 methylphenidate tablets (Ritalin)
 Adderall XR (Brand only)
 Daytrana
 Focalin, Focalin XR (Brand only)
 Kapvay (Brand only)^{cc,q1}
 Methylin oral solution (Brand only)
 Quillivant XR
 Ritalin LA 10mg
 Vyvanse
 Vyvanse chewable tablets^{cc}

2nd TIER

atomoxetine (Strattera)^{cc}

CENTRAL NERVOUS SYSTEM

Stimulants and Related Agents (continued)

Requires Prior Authorization

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

ENDOCRINE

Androgenic Agents

Preferred

Androderm^{cc,q1}
 Androgel gel packet, gel pump (Brand only)

Requires Prior Authorization

testosterone gel packet, gel pump (AndroGel) (generic only)
 testosterone gel (Testim, Vogelxo)
 testosterone gel pump (Axiron, Fortesta)
 Natesto

ENDOCRINE

Bone Resorption Suppression and Related Agents

Preferred

alendronate 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}
Tymlos

Growth Hormones

Preferred

Genotropin^{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

Requires Prior Authorization

alogliptin (Nesina)
 alogliptin/metformin (Kazano)
 alogliptin/pioglitazone (Oseni)
 Adlyxin
 Glyxambi^{cc,q1}
 Jentadueto XR
 Kombiglyze XR
 Onglyza
 Soliqua
 Tanzeum
 Trulicity
 Victoza^{q1}
 Xultophy

ENDOCRINE

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 Junior Kwikpen
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, metformin ER (Glucophage, Glucophage XR)

Requires Prior Authorization

metformin ER (Fortamet)^{cc,q1}
metformin ER (Glumetza)^{cc,q1}

Hypoglycemics, SGLT2 Inhibitors

Preferred

Farxiga (Step Therapy)^{cc,q1}
Invokana (Step Therapy)^{cc,q1}

Requires Prior Authorization

Invokamet, Invokamet XR^{cc,q1}
Jardiance^{cc,q1}
Synjardy^{cc,q1}
Synjardy XR^{cc,q1}
Xigduo XR^{cc,q1}

ENDOCRINE

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, OTC (Bonine, Antivert)
metoclopramide (Reglan)
ondansetron, ondansetron ODT (Zofran)^{q1}
prochlorperazine oral (Compazine, Compro)
promethazine (Phenergan)
scopolamine patches (TransDerm-Scop)
Emend capsules (**Brand only**)^{q1}

Requires Prior Authorization

aprepitant capsules, pack (**generic only**)
dimenhydrinate Rx, OTC
dronabinol (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 powder packet^{q1}
Sancuso^{q1}
Sustol
Syndros
Varubi
Zuplenz

Bile Salts

Preferred

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

Requires Prior Authorization

Chenodal
Cholbam
Ocaliva

GASTROINTESTINAL

Gastrointestinal Motility, Chronic

Preferred

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

Requires Prior Authorization

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

Pancreatic Enzymes

Preferred

Creon
Zenpep

Requires Prior Authorization

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

Ulcerative Colitis Agents

Preferred

balsalazide (Colzal)
sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR)
Apriso
Canasa

Requires Prior Authorization

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

IMMUNOLOGICS

Cytokine and CAM Antagonists

Preferred**Cosentyx (Step Therapy)** ^{cc}Enbrel
Humira**Requires Prior Authorization**Actemra
Arcalyst
Cimzia
Entyvio
Illaris
Inflixtra**Kevzara**Kineret ^{cc,ql}Orencia ^{cc,ql}Otezla ^{cc}

Remicade

Renflexis**Silia**

Simponi

Stelara ^{cc}Taltz ^{cc,ql}**Tremfya**Xeljanz, Xeljanz XR ^{cc,ql}

Immunosuppressives, Oral

Preferredazathioprine (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

Preferreddonepezil, donepezil ODT (all strengths
except 23mg) (Aricept, Aricept ODT)
memantine (Namenda)
rivastigmine capsules, patches (Exelon) ^{ql}**Requires Prior Authorization**donepezil 23mg (Aricept)
galantamine, galantamine ER (Razadyne,
Razadyne ER)
Namenda XR
Namzaric, Namzaric dose pack

Anti-Parkinson's Agents

Preferredamantadine (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 (Lodosyn)
carbidopa/levodopa ODT (Parcopa)
entacapone (Comtan)
pramipexole ER (Mirapex ER)
rasagiline (Azilect)
ropinirole ER (Requip XL)
selegiline capsules (Eldepryl)
tolcapone (Tasmar)
Duopa
Neupro
Rytary
Xadago
Zelapar

Multiple Sclerosis Agents

PreferredAvonex
Betaseron
Copaxone 20mg (**Brand only**)
Rebif**Requires Prior Authorization**glatiramer acetate 20mg (Glatopa)
(**generic only**)
glatiramer acetate 40mg (Copaxone)
Ampyra ^{cc,ql}
Aubagio ^{cc,ql}
Extavia
Gilenya ^{cc,ql}
Lemtrada ^{cc}
Ocrevus
Plegridy ^{cc}
Tecfidera ^{cc,ql}
Zinbryta

OPHTHALMICS

Ophthalmics, Allergic Conjunctivitis

Preferredcromolyn (Crolom)
ketotifen OTC (Zaditor OTC)
Alrex
Pazeo**Requires Prior Authorization**azelastine (Optivar)
epinastine (Elestat)
olopatadine (Pataday)
olopatadine (Patanol)
Alocril
Alomide
Bepreve
Emadine
Lastacft

Ophthalmics, Antibiotics

Preferredbacitracin/polymyxin B ointment
ciprofloxacin solution (Ciloxan)
erythromycin
gentamicin (Garamycin)
moxifloxacin (Vigamox)
neomycin/bacitracin/polymyxin ointment
neomycin/polymyxin/gramicidin
(Neosporin)
ofloxacin (Ocuflox)
polymyxin/trimethoprim (Polytrim)
sulfacetamide solution (Bleph-10)
tobramycin (Tobrex Drops)
Ciloxan ointment
Moxeza
Tobrex ointment**Requires Prior Authorization**bacitracin
gatifloxacin (Zymaxid)
levofloxacin (Quixin)
sulfacetamide ointment
AzaSite
Besivance
Natacyn

Ophthalmics, Antibiotic/Steroid Combinations

Preferredneomycin/polymyxin/dexamethasone
(Maxitrol)
sulfacetamide/prednisolone
tobramycin/dexamethasone drops
(Tobradex)
Tobradex ointment**Requires Prior Authorization**neomycin/bacitracin/polymyxin/
hydrocortisone
neomycin/polymyxin/hydrocortisone
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)
 pilocarpine (Pilocar)
 timolol (Timoptic, Timoptic XE)
 Alphagan P 0.15% (**Brand only**)
 Azopt
 Combigan
 Simbrinza
 Travatan Z

Requires Prior Authorization

apraclonidine (Lopidine)
betaxolol
bimatoprost 0.03% (Lumigan)
brimonidine 0.15% (Alphagan P)
(generic only)
travoprost

Betimol

Betoptic S
Cosopt PF
Lumigan 0.01%
Phospholine Iodide
Timoptic Ocudose
Zioptan

Ophthalmics, Anti-Inflammatories

Preferred

diclofenac (Voltaren)
 fluorometholone (FML)
 flurbiprofen (Ocufen)
 ketorolac (Acular)
 Durezol
 Flarex
 FML SOP
 Ilevro
 Lotemax drops
 Maxidex
 Pred Mild

Requires Prior Authorization

bromfenac (Xibrom)
dexamethasone (Decadron)
ketorolac LS (Acular LS)
prednisolone acetate (Pred Forte)
prednisolone sodium
Acuvail
Bromsite
FML Forte
Iluvien
Lotemax ointment, gel
Nevanac
Ozurdex
Prolensa
Retisert
Triesence

OPHTHALMICS

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

Restasis single-use

Restasis multidose**Requires Prior Authorization**

Xiidra

OTIC

Otic Antibiotics

Preferred

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

Requires Prior Authorization

ciprofloxacin
Cipro HC
Coly-Mycin S
Otiprio
Otoverl

RESPIRATORY

Antihistamines, Minimally Sedating

Preferred

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

Requires Prior Authorization

*desloratadine, desloratadine ODT (Clarinex,
 Clarinex RDT)*
fexofenadine ODT, OTC
fexofenadine Rx (Allegra)
fexofenadine D (Allegra D)
levocetirizine solution (Xyzal)
loratadine capsules OTC
Clarinex D
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 (Proventil, Ventolin)
 terbutaline (Brethine)
 ProAir HFA ^{ql}
 Proventil HFA ^{ql}
 Serevent

Requires Prior Authorization**albuterol tablets**

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

COPD Agents

Preferred

ipratropium neb (Atrovent)
 ipratropium/albuterol neb (DuoNeb)
 Atrovent HFA
 Combivent Respimat ^{ql}
 Spiriva Handihaler

Requires Prior Authorization

Anoro Ellipta
Bevespi Aerosphere
Daliresp
Incruse Ellipta
Seebri Neohaler
Spiriva Respimat
Stiolto Respimat
Tudorza Pressair
Utibron Neohaler

Epinephrine, Self-Injected

Preferred

epinephrine 0.15mg (EpiPen Jr) ^{ql}
epinephrine 0.3mg (EpiPen) ^{ql}

Requires Prior Authorization

epinephrine 0.15mg (Adrenaclick) ^{ql}
epinephrine 0.3mg (Adrenaclick) ^{ql}

RESPIRATORY

Glucocorticoids, Inhaled

Preferred

Advair Diskus, Advair HFA
Asmanex
Dulera

Flovent HFA

Pulmicort Respules (**Brand only**)
Symbicort

Requires Prior Authorization

budesonide inhalation susp (generic only)

fluticasone/salmeterol (AirDuo Respiclick)

Aerospan

Alvesco

Armonair Respiclick

Arnuity Ellipta

Asmanex HFA

Breo Ellipta

Flovent Diskus

Pulmicort Flexhaler^{q1}

QVAR

Intranasal Rhinitis Agents

Preferred

azelastine nasal (Astellin)
fluticasone nasal (Flonase)
ipratropium (Atrovent nasal)

Requires Prior Authorization

azelastine nasal (Astepro)

budesonide nasal (Rhinocort Allergy OTC)

flunisolide (Nasarel, Nasalide)

fluticasone (Ticanose)

mometasone nasal (Nasonex)

olopatadine (Patanose)

triamcinolone OTC (Nasacort OTC)

Beconase AQ

Dymista

Flonase OTC

Omnaris

Qnasl

Veramyst

Zetonna

Leukotriene Modifiers

Preferred

montelukast chewables, tablets (Singulair)
zafirlukast (Accolate)

Requires Prior Authorization

montelukast granules (Singulair granules)

zileuton CR (Zyflo CR)

Zyflo

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 gel)^{cc}

adapalene/benzoyl peroxide (Epiduo)

benzoyl peroxide Rx

bp-10-1

clindamycin foam

clindamycin/benzoyl peroxide

clindamycin/tretinoin (Veltin)

dapsone 5% (Aczone)

sulfacetamide

sulfacetamide/sulfur

sulfacetamide/sulfur/urea

tazarotene (Tazorac)^{cc}

tretinoin micro (Retin-A Micro)^{cc}

Acanya

Akne-Mycin

Atralin

Avar

BenzaClin

Benzamycin

Clindacin

Differin Gel OTC

Epiduo Forte Gel with pump

Fabior

Neuac

Onexton

Ovace

Sumaxin CP Kit

Ziana

Immunomodulators, Atopic Dermatitis

Preferred**tacrolimus ointment (Protopic)**

Elidel

Requires Prior Authorization**Dupixent**

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

Gelnique gel pump

Myrbetriq

Oxytrol

Vesicare



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Department of Health

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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 Conduent 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.health.maryland.gov/pap/docs/ANTIPSYCHOTIC%20PA%20FORM%20.pdf

TELEPHONE NUMBERS

- ◆ **Conduent 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