



MARYLAND
Department of Health

Pharmacy News & Views

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

Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown here includes updates effective July 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 participants. **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

Maryland 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 when appropriate.

The Maryland Medicaid Pharmacy Program wants to alert you to changes in the exceptions to this rule that are included in the attached updated Preferred Drug List, **effective July 1, 2018. Brand E.E.S.[®] 200mg/5ml is no longer preferred over its generic (erythromycin ethylsuccinate 200mg/5ml granules) and brand Hepsera[®] is no longer preferred over its generic (adefovir dipivoxil). Additionally, both brand Hepsera[®] and its generic adefovir dipivoxil, are now non-preferred on the PDL.**

For a complete list of the PDL and all forms, please refer to our website at: <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 multi-source 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 or authorization is needed.¹ Pharmacy providers must enter a **DAW code of 6** on the claim to have it correctly priced.

If any problems are encountered during the on-line claim adjudication of Preferred Brands, pharmacy providers must contact the State’s pharmacy claims processor’s 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).

Brand Preferred Exceptions

Preferred Brands

Adderall XR Capsules (oral)
Alphagan P 0.15% (ophthalmic)
Androgel (topical packet & pump)
Catapres-TTS (transderm)
Cellcept Suspension (oral)
Copaxone 20 mg/ml (subcutaneous)
Diastat (rectal)
Differin Cream (topical)
Focalin Tablets (oral)
Focalin XR Capsules (oral)
Gabitril Tablets (oral)
Kapvay ER Tablets (oral)
Kitabis Pak (inhalation)
Methylin Solution (oral)
Parnate Tablets (oral)
Prevacid Solutab ODT
Pulmicort Respule (inhalation)
Sabril Powder Packet²
Tamiflu (capsules & suspension)³
Tegretol Suspension (oral)
Trileptal Suspension (oral)³

Non-Preferred Generics

amphetamine salt combo ER capsules (oral)
brimonidine P 0.15% (ophthalmic)
testosterone gel (topical packets & pump)
clonidine (transderm)
mycophenolate mofetil suspension (oral)
glatiramer 20 mg/ml (subcutaneous)
diazepam (rectal)
adapalene cream (topical)
dexmethylphenidate tablets (oral)
dexmethylphenidate XR capsules (oral)
tiagabine tablets (oral)
clonidine ER tablets (oral)
tobramycin pak (inhalation)
methylphenidate solution (oral)
tranylcypromine sulfate tablets (oral)
lansoprazole ODT
budesonide inhalation suspension
vigabatrin powder packet
oseltamivir (capsules & suspension)³
carbamazepine suspension (oral)
oxcarbazepine suspension (oral)³

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>

² Is a non-preferred drug and will require a prior authorization by the prescriber

³ Both brand and generic preferred

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

buprenorphine patch (Butrans) ^{q1}
 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 (Oxycontin) ^{q1}
 oxymorphone ER (Opana ER) ^{q1}
 tramadol ER (Conzip, Ryzolt, Ultram ER) ^{q1}
 Arymo ER
 Belbuca ^{q1}
 Hysingla ER ^{cc,q1}
 Morphabond ER
 Nucynta 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)
 oxymorphone (Opana)
 pentazocine/naloxone (Talwin NX)
 Abstral ^{cc,q1}
 Fentora ^{cc,q1}
 Lazanda ^{cc,q1}
 Nucynta
 Oxaydo
 Subsys ^{cc,q1}

ANALGESICS

Anti-Migraine Agents

Preferred

rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) ^{q1}
sumatriptan nasal, tablets, vial (Imitrex) ^{q1}

Requires Prior Authorization

almotriptan (Axert) ^{q1}
eletriptan (Relpax) ^{q1}
 naratriptan (Amerge) ^{q1}
 sumatriptan kit (Imitrex) ^{q1}
 sumatriptan/naproxen 85/500 (Treximet) ^{q1}
 zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT) ^{q1}
 Frova ^{q1}
 Migranow Kit
 Onzetra Xsail
 Sumavel
 Treximet 10/60 ^{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 CR
 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

Opioid Use Disorder 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}

Sublocade

Skeletal Muscle Relaxants

Preferred

baclofen (Lioresal)
 chlorzoxazone (Parafon)
 cyclobenzaprine (Flexeril)^{q1}
 methocarbamol (Robaxin)
 orphenadrine (Norflex)
 tizanidine tablets (Zanaflex)

Requires Prior Authorization

carisoprodol (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 tablets
 Difucid^{cc,q1}
Solosec
 Xifaxan^{cc,q1}

ANTI-INFECTIVES

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)
 Centany

Antibiotics, Vaginal

Preferred

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

Requires Prior Authorization

Nuversa
 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

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, Ultra OTC
 Luzu^{cc,q1}
 Mentax
 Oxistat Lotion
 Vusion

Antiparasitics, Topical

Preferred

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

Requires Prior Authorization

lindane shampoo^{cc}
 malathion (Ovide)^{cc,q1}
 spinosad (Natroba)^{cc,q1}
 Eurax
 Sklice^{cc,q1}
 Ulesfia

Antivirals, Oral

Preferred

acyclovir (Zovirax)
 oseltamivir (Tamiflu) (**Brand and generic**)^{q1}
 valacyclovir (Valtrex)

Requires Prior Authorization

famciclovir (Famvir)
 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 tablets, suspension
(Augmentin, Augmentin ES)
cefaclor capsules (Ceclor)
cefadroxil capsules (Duricef)
cefdinir (Omnicef)
cefixime suspension (Suprax)
cefprozil (Cefzil)
cefuroxime tablets (Ceftin)
cephalexin capsules (Keflex)
Suprax capsules

Requires Prior Authorization**amoxicillin/clavulanate chewable (Augmentin)**

amoxicillin/clavulanate ER (*Augmentin XR*)
cefaclor suspension, tablets ER (*Ceclor, Ceclor CD*)
cefadroxil suspension, tablets (*Duricef*)
cefpodoxime (*Vantin*)
ceftibuten (*Cedax*)
cephalexin tablets (Keflex)
Augmentin 125 suspension
Ceftin suspension
Suprax tablets, suspension

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*)

Baxdela

Hepatitis B Agents

Preferred

entecavir (Baraclude)
lamivudine HBV (Epivir HBV)

Requires Prior Authorization

adefovir (Hepsera)
Baraclude solution
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

ribavirin dose pack
Daklinza^{cc}
Rebetol solution
Ribapak
RibaspHERE
Sovaldi^{cc}

Macrolides/Ketolides

Preferred

azithromycin (Zithromax)
clarithromycin tablets (Biaxin)
erythromycin base capsules DR
erythromycin base tablets
erythromycin ethyl succinate 200mg/5ml
oral suspension (EryPed, E.E.S.)
EryPed 400/5ml oral suspension
Ery-Tab

Requires Prior Authorization

clarithromycin suspension (*Biaxin*)
clarithromycin ER (*Biaxin XL*)
E.E.S. 400 tablets
Erythrocin
PCE

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*)
Doryx MPC
Morgidox Kit
Solodyn
Vibramycin syrup
Ximino

BLOOD MODIFIERS

Anti-Hyperuricemics

Preferred

allopurinol (Zyloprim)
probenecid
probenecid/colchicine

Requires Prior Authorization

colchicine (*Colcrys*)^{dl}
Duzallo
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
RenageL

Requires Prior Authorization

lanthanum carbonate (*Fosrenol*)
sevelamer carbonate powder pack (*Renvela*)
Auryxia
Eliphos
Fosrenol powder pack
Magnebind 400 Rx
Phoslyra
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

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 tablets
 Fragmin^{q1}
 Xarelto tablets

Requires Prior Authorization

fondaparinux (Arixtra)^{q1}
Eliquis Dose Pack
 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)
 propranolol (Inderal)
 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)
pindolol (Visken)
propranolol/HCTZ (Inderide)
 timolol (Blocadren)
 Bystolic
 Dutoprol
 Hemangeol
 Levatol
 Sotylize

Calcium Channel Blocking Agents

Preferred

amlodipine (Norvasc)
 diltiazem (Cardizem)
 diltiazem ER capsules (Cardizem CD, Tiazac)
 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)
nicardipine (Cardene)
nifedipine (Adalat, Procardia)
 nimodipine (Nimotop)
 nisoldipine (Sular)
 verapamil ER capsules (Verelan, Verelan PM)
 Nymalize

CARDIOVASCULAR

Lipotropics, Other

Preferred

cholestyramine (Questran)
 colestipol tablets (Colestid)
ezetimibe (Zetia)
 fenofibrate nanocrystals (Tricor)
 gemfibrozil (Lopid)
 niacin ER (Niaspan ER)
 Niacor

Requires Prior Authorization

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

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)
 Altoprev
 Livalo

Platelet Aggregation Inhibitors

Preferred

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

Requires Prior Authorization

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

CARDIOVASCULAR

Pulmonary Arterial Hypertension, Oral and Inhaled Agents

Preferred

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

Requires Prior Authorization

Adcirca^{cc,q1}
Adempas
Opsumit^{cc,q1}
Orenitram ER^{cc,q1}
Revatio suspension^{cc,q1}
Tracleer suspension
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
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)
tranylcypromine **(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)^{q1}
aripiprazole ODT (Abilify Discmelt)^{q1}
chlorpromazine (Thorazine)
clozapine (Clozaril)
fluphenazine (Prolixin)
fluphenazine decanoate inj (Prolixin inj)^{q1}
haloperidol (Haldol)
haloperidol decanoate inj (Haldol IM)
loxapine capsules (Loxitane)
olanzapine IM (Zyprexa IM)^{q1}
olanzapine ODT (Zyprexa Zydis)^{q1}
olanzapine tablets (Zyprexa)^{q1}
perphenazine (Trilafon)
perphenazine/amitriptyline (Triavil)
pimozide (Ovap)
quetiapine (Seroquel)^{q1}
quetiapine ER (Seroquel)^{q1}
risperidone, risperidone ODT (Risperdal)^{q1}
thioridazine (Mellaril)
thiothixene (Navane)
trifluoperazine (Stelazine)
ziprasidone (Geodon)^{q1}
Abilify Maintena^{q1}
Geodon IM
Invega Sustenna^{q1}
Invega Trinza^{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}
 olanzapine/fluoxetine (Symbyax)^{cc,q1}
 paliperidone (Invega)^{cc,q1}
 Adasuve^{cc}
 Aristada^{cc,q1}
 Fanapt^{cc,q1}
 Nuplazid^{cc,q1}
 Rexulti^{cc,q1}
 Saphris^{cc,q1}
 Versacloz^{cc}
 Vraylar^{cc,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}

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}
 Methylphenidate oral solution (Brand only)
 Quillivant XR
 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}
 dexamethylphenidate, dexamethylphenidate 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 ER suspension
 Adzenys XR ODT^{cc}
 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

Bone Resorption Suppression and Related Agents

Preferred

alendronate tablets (Fosamax)^{q1}
 calcitonin salmon nasal (Miacalcin)^{q1}

Requires Prior Authorization

alendronate solution (Fosamax solution)^{q1}
 etidronate (Didronel)^{q1}
 ibandronate (Boniva)^{q1}
 raloxifene (Evista)^{q1}
 risedronate (Actonel, Atelvia)^{q1}
 Binosto^{q1}
 Forteo^{cc,q1}
 Fosamax Plus D^{q1}
 Prolia^{cc,q1}
 Tymlos^{cc,q1}

ENDOCRINE

Growth Hormones

Preferred

Genotropin^{cc}
 Norditropin^{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
Glyxambi^{cc,q1}
 Janumet, Janumet XR
 Januvia
 Jentaduetto
 Symlin
 Tradjenta
Victoza^{q1}

Requires Prior Authorization

alogliptin (Nesina)
 alogliptin/metformin (Kazano)
 alogliptin/pioglitazone (Oseni)
 Adlyxin
Bydureon BCise
 Jentaduetto XR
 Kombiglyze XR
 Onglyza
Ozempic
Qtern
 Soliqua
Steglujan
 Tanzeum
 Trulicity
 Xultophy

ENDOCRINE

Hypoglycemics, Insulins

Preferred

Humalog cartridge, vial
Humalog Mix vial
Humulin vial
Humulin 70/30 vial
Humulin 500 unit/ml vial
Lantus
Levemir
NovoLog
NovoLog mix

Requires Prior Authorization**Admelog**

Afrezza
Apidra
Basaglar

Fiasp

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 Solostar
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}

Hypoglycemics, SGLT2 Inhibitors

Preferred

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

Requires Prior Authorization

Invokamet^{cc,q1}
Invokamet XR

Segluromet**Steglatro**

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

ENDOCRINE

Hypoglycemics, TZDs

Preferred

pioglitazone (Actos)
pioglitazone/metformin (ActoPlusMet)

Requires Prior Authorization

pioglitazone/glimepiride (Duetact)
ActoPlusMet XR
Avandia

GASTROINTESTINAL

Antiemetic/Antivertigo Agents

Preferred

aprepitant capsules (Emend)^{q1}
dimenhydrinate OTC
meclizine Rx and OTC (Bonine, Antivert)
metoclopramide (Reglan)
ondansetron, ondansetron ODT (Zofran)^{q1}
prochlorperazine oral (Compazine, Compro)
promethazine (Phenergan)
scopolamine patches (TransDerm-Scop)

Requires Prior Authorization

aprepitant tripack (Emend)^{q1}
dimenhydrinate Rx
dronabinol (Marinol)^{cc,q1}
granisetron (Kytril)^{q1}
metoclopramide ODT (Metozolv ODT)
palonosetron (Aloxi)
prochlorperazine rectal (Compro)
trimethobenzamide (Tigan)
Akynzeo capsules^{cc}
Anzemet^{q1}

Bonjesta

Cesamet^{q1}

Cinvanti

Diclegis^{cc,q1}

Emend IV

Emend powder packet^{q1}

Sancuso^{q1}

Sustol

Syndros

Varubi tablets IV

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}

Symproic

Trulance
Viberzi

Pancreatic Enzymes

Preferred

Creon
Zenpep

Requires Prior Authorization

Pancreasea
Pertzeye
Viokace

Proton Pump Inhibitors

Preferred

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

Requires Prior Authorization

esomeprazole magnesium (Nexium)
esomeprazole OTC
lansoprazole OTC
lansoprazole ODT (**generic only**)
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 HD (Asacol HD)
mesalamine enemas (Rowasa, sfRowasa)
Delzicol
Dipentum
Pentasa
Uceris

IMMUNOLOGICS

Cytokine and CAM Antagonists

Preferred

Enbrel, Enbrel mini cartridge
Humira
Cosentyx (Step Therapy)^{cc}

Requires Prior Authorization

Actemra^{cc,q1}
Arcalyst
Cimzia
Entyvio
Ilaris^{cc,q1}
Inflectra
Kevzara
Kineret^{cc,q1}
Orencia^{cc,q1}
Otezla^{cc}
Remicade
Renflexis
Siliq
Simponi
Stelara^{cc,q1}
Taltz^{cc,q1}
Tremfya
Xeljanz, Xeljanz XR^{cc,q1}

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)
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
Gocovri
Neupro
Rytary
Xadago
Zelapar

Multiple Sclerosis Agents

Preferred

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

Requires Prior Authorization

glatiramer acetate 20mg (Glatopa)
(generic only)
glatiramer acetate 40mg (Copaxone)
Ampyra^{cc,q1}
Aubagio^{cc,q1}
Extavia
Gilenya^{cc,q1}
Lemtrada^{cc}
Ocrevus^{cc,q1}
Plegridy^{cc}
Tecfidera^{cc,q1}
Tysabri

OPHTHALMICS

Ophthalmics, Allergic Conjunctivitis

Preferred

cromolyn (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

Preferred

bacitracin/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

Preferred

neomycin/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
Vyzulta
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
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
Lonhala Magnair
Seebri Neohaler
Spiriva Respimat
Stiolto Respimat
Tudorza Pressair
Utibron Neohaler

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^{ql}
QVAR Redihaler
Trelegy Ellipta

Intranasal Rhinitis Agents

Preferred

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

Requires Prior Authorization

azelastine nasal (Astepro)
budesonide nasal (Rhinocort Allergy OTC)
flunisolide (Nasarel, Nasalide)
fluticasone (Ticanase)
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

RESPIRATORY

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}

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide (except 3%, 9% cleanser) OTC
 clindamycin (all forms except foam)
 erythromycin
 erythromycin/benzoyl peroxide
 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 3%, 9% cleanser OTC
benzoyl peroxide Rx
bp-10-1
clindamycin foam
clindamycin/benzoyl peroxide
clindamycin/tretinoin (Veltin)
dapsone 5% (Aczone)
salicylic acid wash OTC
sulfacetamide
sulfacetamide/sulfur
sulfacetamide/sulfur/urea
tazarotene cream (Tazorac)^{cc}
tretinoin micro (Retin-A Micro)^{cc}
 Acanya
 Acne-Free Clearing System
 Aczone 7.5% gel
 Avar
 Clindacin
 Differin Gel OTC
 Epiduo Forte Gel with pump
 Fabior
 Neuac
 Onexton
 Ovace
Retin-A Micro 0.06%, 0.08%
 Sumaxin CP Kit
 Tazorac gel

TOPICAL DERMATOLOGICS

Immunomodulators, Atopic Dermatitis

Preferred

tacrolimus ointment (Protopic)
 Elidel

Requires Prior Authorization

Dupixent
Eucrisa

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

darifenacin ER (Enablex)
flavoxate
tolterodine, tolterodine ER (Detrol, Detrol LA)
trospium, trospium ER (Sanctura, Sanctura XR)
Gelnique, Gelnique Gel Pump
 Myrbetriq
 Oxytrol
 Vesicare

Key: products in green print and underlined = PDL change; all lowercase letters = generic; leading capital letter = Brand name

^{cc} Clinical Criteria: mmcp.health.maryland.gov/pap/Pages/Clinical-Criteria.aspx
^{ql} Quantity Limits: mmcp.health.maryland.gov/pap/docs/QL.pdf



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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 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. Find the Tier 2 and Non-Preferred Prior Authorization Form at: mmcp.health.maryland.gov/pap/Pages/Preferred-Drug-List.aspx

Have you tried the new Formulary Navigator?

- ★ Web-based open access – no login required!
- ★ Multiple search options to find products by alphabet, brand and generic, and/or therapeutic class.
- ★ More detailed information on product restrictions and prescribing requirements
- ★ Easy access links to health plans

www.mmppi.com

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