



Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown here includes updates effective January 1, 2019. 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 **red 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 800-932-3918. A 30-day emergency supply is available for Tier 2 and Non-preferred Antipsychotic agents (more information is 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 January 1, 2019. Brand Trileptal® Suspension is no longer preferred over its generic (oxcarbazepine suspension).** 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 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 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 Capsule (oral)
- Alphagan P 0.15% (ophthalmic)
- Androgel (topical packet, pump)
- Catapres-TTS (transderm)
- Cellcept Suspension (oral)
- Copaxone 20 mg/ml (subcutaneous)
- Differin Cream (topical)
- Focalin Tablet (oral)
- Focalin XR Capsule (oral)
- Gabitril Tablet (oral)
- Kapvay ER Tablet (oral)
- Kitabis Pak (inhalation)
- Methylin Solution (oral)
- Parnate Tablet (oral)
- Prevacid Solutab ODT
- Pulmicort Respule (inhalation)
- Sabril Powder Packet ²
- Suboxone film ³
- Tamiflu (capsule, suspension) ³
- Tegretol Suspension (oral)

Non-Preferred Generics

- amphetamine salt combo ER capsule (oral)*
- brimonidine P 0.15% (ophthalmic)*
- testosterone gel (topical packet, pump)*
- clonidine (transderm)*
- mycophenolate mofetil suspension (oral)*
- glatiramer 20 mg/ml (subcutaneous)*
- adapalene cream (topical)*
- dexmethylphenidate tablet (oral)*
- dexmethylphenidate XR capsule (oral)*
- tiagabine tablet (oral)*
- clonidine ER tablet (oral)*
- tobramycin pak (inhalation)*
- methylphenidate solution (oral)*
- tranylcypromine sulfate tablet (oral)*
- lansoprazole ODT*
- budesonide inhalation suspension*
- vigabatrin powder packet*
- buprenorphine/naloxone film ³*
- oseltamivir (capsules & suspension) ³*
- carbamazepine suspension (oral)*

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	ANALGESICS
<p>Analgesics, Narcotics (Long Acting) *</p> <p>Preferred fentanyl patches (Duragesic) (All strengths except 37.5, 62.5, 87.5 mcg) ^{cc,q1} morphine sulfate SR (MS Contin) ^{q1} Embeda</p> <p>Requires Prior Authorization <i>buprenorphine patch (Butrans) ^{q1}</i> <i>fentanyl patches (37.5, 62.5, 87.5mcg) ^{cc,q1}</i> <i>hydromorphone ER (Exalgo) ^{q1}</i> <i>methadone (Dolophine) ^{q1}</i> <i>morphine sulfate ER (Avinza, Kadian) ^{q1}</i> <i>oxycodone ER (Oxycontin) ^{q1}</i> <i>oxymorphone ER (Opana ER) ^{q1}</i> <i>tramadol ER (Conzip, Ryzolt, Ultram ER) ^{q1}</i> <i>Arymo ER</i> <i>Belbuca ^{q1}</i> <i>Hysingla ER ^{cc,q1}</i> <i>Morphabond ER</i> <i>Nucynta ER ^{q1}</i> <i>Xtampza ER</i> <i>Zohydro ER ^{cc,q1}</i></p>	<p>Anti-Migraine Agents, Triptans</p> <p>Preferred rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) ^{q1} sumatriptan nasal, tablets, vial (Imitrex) ^{q1}</p> <p>Requires Prior Authorization <i>almotriptan (Axert) ^{q1}</i> <i>eletriptan (Relpax) ^{q1}</i> <i>frovatriptan (Frova) ^{q1}</i> <i>naratriptan (Amerge) ^{q1}</i> <i>sumatriptan kit (Imitrex) ^{q1}</i> <i>sumatriptan/naproxen 85/500 (Treximet) ^{q1}</i> <i>zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT) ^{q1}</i> <i>Migranow Kit</i> <i>Onzetra Xsail</i> <i>Sumavel Dosepro</i> <i>Treximet 10/60 ^{q1}</i> <i>Zembrace Symtouch</i> <i>Zomig nasal ^{q1}</i></p>	<p>Nonsteroidal Anti-Inflammatories (NSAIDs)</p> <p>Preferred diclofenac, diclofenac XL (Cataflam, Voltaren XR) diclofenac gel (Voltaren gel) flurbiprofen (Ansaid) ibuprofen Rx, OTC (Motrin) indomethacin (Indocin) ketorolac (Toradol) meloxicam tablets (Mobic) nabumetone (Relafen) naproxen Rx, OTC (Aleve, Naprosyn) sulindac (Clinoril)</p> <p>Requires Prior Authorization <i>celecoxib (Celebrex)</i> <i>diclofenac potassium (Zipsor)</i> <i>diclofenac topical solution (Pennsaid)</i> <i>diclofenac/capsicum oleoresin kit</i> <i>diclofenac/misoprostol (Arthrotec)</i> <i>diflunisal (Dolobid)</i> <i>etodolac, etodolac XL (Lodine, Lodine XL)</i> <i>fenoprofen</i> <i>ibuprofen chewable tab OTC</i> <i>indomethacin ER (Indocin ER)</i> <i>ketoprofen, ketoprofen ER (Orudis, Oruvail)</i> <i>meclufenamate (Meclomen)</i> <i>mefenamic acid (Ponstel)</i> <i>meloxicam suspension</i> <i>naproxen sodium RX</i> <i>naproxen CR, suspension</i> <i>oxaprozin (Daypro)</i> <i>piroxicam (Feldene)</i> <i>tolmetin, tolmetin DS (Tolectin, Tolectin DS)</i> <i>Dermacinrx Lexitral</i> <i>Duexis</i> <i>Flector ^{cc,q1}</i> <i>Indocin suppositories, suspension</i> <i>Pennsaid pump</i> <i>Sprix</i> <i>Tivorbex</i> <i>Vimovo</i> <i>Vivlodex</i> <i>Vopac MDS</i> <i>Xrylix Kit</i> <i>Zorvolex</i></p>
<p>Analgesics, Narcotics (Short Acting) *</p> <p>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}</p> <p>Requires Prior Authorization <i>butorphanol nasal spray</i> <i>carisoprodol/codeine/asa</i> <i>dihydrocodeine/aspirin/caffeine</i> <i>fentanyl buccal (Actiq) ^{cc,q1}</i> <i>hydrocodone/apap solution (Lortab) ^{q1}</i> <i>hydromorphone suppositories, solution</i> <i>levorphanol</i> <i>meperidine (Demerol)</i> <i>morphine suppositories</i> <i>oxycodone syringe</i> <i>oxycodone/acetaminophen (Primlev) ^{q1}</i> <i>oxycodone concentrated solution</i> <i>oxycodone/aspirin (Percodan)</i> <i>oxycodone/ibuprofen (Combunox)</i> <i>oxymorphone (Opana)</i> <i>pentazocine/naloxone (Talwin NX)</i> <i>Abstral ^{cc,q1}</i> <i>Fentora ^{cc,q1}</i> <i>Lazanda ^{cc,q1}</i> <i>Nucynta</i> <i>Oxaydo</i> <u>Roxybond</u> <i>Subsys ^{cc,q1}</i></p> <p><small>* All drugs in this class are subject to review through the Opioid Drug Utilization Review Program</small></p>	<p>Neuropathic Pain</p> <p>Preferred capsaicin OTC duloxetine (Cymbalta) ^{cc,q1} gabapentin capsules, tablets (Neurontin) lidocaine patch (Lidoderm) ^{q1} Lyrica capsules ^{q1}</p> <p>Requires Prior Authorization <i>duloxetine 40mg (Irenka) ^{q1}</i> <i>gabapentin solution (Neurontin)</i> <i>DermacinRx PHN Pak</i> <i>Gralise</i> <i>Horizant</i> <i>Lyrica CR</i> <i>Lyrica solution</i> <i>Qutenza Kit</i> <i>Savella</i></p>	<p>Opioid Use Disorder Treatments</p> <p>Preferred buprenorphine (Subutex) ^{cc,q1} buprenorphine/naloxone film (Suboxone film) (Brand and generic) ^{q1} naloxone (Narcan) naltrexone (Revia) ^{cc} Bunavail ^{q1} Narcan nasal spray Suboxone film (Brand only) ^{q1} Vivitrol ^{cc,q1} Zubsolv ^{q1}</p> <p>Requires Prior Authorization <i>buprenorphine/naloxone tablets (Suboxone) ^{q1}</i> <i>Sublocade ^{cc,q1}</i></p>

ANALGESICS

Skeletal Muscle Relaxants

Preferred

baclofen (Lioresal)
 chlorzoxazone (Parafon)
 cyclobenzaprine (Flexeril)^{ql}
 methocarbamol (Robaxin)
 Orphenadrine ER (Norflex)
 tizanidine tablets (Zanaflex)

Requires Prior Authorization

carisoprodol (Soma)
 carisoprodol compound (Soma Compound)
 dantrolene (Dantrium)
 metaxalone (Skelaxin)
 tizanidine capsules (Zanaflex)
 Amrix^{ql}
 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)
 Difucid^{cc,ql}
 Solosec
 Xifaxan^{cc,ql}

Antibiotics, Inhaled

Preferred

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

Requires Prior Authorization

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

ANTI-INFECTIVES

Antibiotics, Topical

Preferred

bacitracin OTC
 bacitracin/polymyxin OTC
 gentamicin
 mupirocin ointment (Bactroban ointment)
 neomycin/polymyxin/pramoxine OTC
 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

Nuvessa
 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 cream OTC
 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)
 luliconazole (Luzu)^{cc,ql}
 miconazole ointment, powder, spray OTC
 miconazole nitrate/zinc oxide/petrolatum (Vusion)
 naftifine (Naftin)
 oxiconazole cream (Oxistat)
 Alevazol OTC
 Bensal HP
 DermacinRx Therazole Pak
 Desenex spray powder
 Ertaczo
 Exelderm
 Fungoid OTC
 Jublia
 Kerydin
 Lamisil OTC
 Lotrimin AF, Ultra OTC
 Mentax
 Oxistat lotion

Antiparasitics, Topical

Preferred

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

Requires Prior Authorization

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

Antivirals, Oral

Preferred

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

Requires Prior Authorization

famciclovir (Famvir)
 rimantadine (Flumadine)
 Relenza
 Sitavig

Key: products in red 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

ANTI-INFECTIVES**Antivirals, Topical****Preferred**

Abreva OTC
Zovirax cream

Requires Prior Authorization

acyclovir ointment (Zovirax ointment)
Denavir
Xerese

Cephalosporin and Related Antibiotics**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, suspension
(Keflex)
Suprax capsules

Requires Prior Authorization

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

Fluoroquinolones, Oral**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 dipivoxil (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, 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
Vibramycin syrup
Ximino

BLOOD MODIFIERS**Antihyperuricemics****Preferred**

allopurinol (Zyloprim)
probenecid
probenecid/colchicine

Requires Prior Authorization

colchicine capsules (Mitigare)^{ql}
colchicine tablets (Colcrys)^{ql}
Duzallo
Uloric
Zurampic

Colony Stimulating Factors**Preferred**

Granix
Neupogen

Requires Prior Authorization

Fulphila
Leukine
Neulasta
Nivestym
Zarxio

Erythropoiesis Stimulating Proteins**Preferred**

Aranesp
Procrit

Requires Prior Authorization

Epogen
Mircera
Retacrit

Phosphate Binders**Preferred**

calcium acetate (PhosLo)
Calphron OTC
Renagel

Requires Prior Authorization

lanthanum carbonate (Fosrenol)
sevelamer carbonate (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)
amlodipine/telmisartan (Twynsta)
trandolapril/verapamil (Tarka)
Byvalson
Prestalia

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

CARDIOVASCULAR**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

Antihypertensives, Sympatholytics**Preferred**

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

Requires Prior Authorization

clonidine patch (**generic only**) ^{q1}

Beta Blockers**Preferred**

atenolol, atenolol/chlorthalidone
(Tenormin, Tenoretic)
bisoprolol/HCTZ (Ziac)
carvedilol (Coreg)
labetalol (Normodyne, Trandate)
metoprolol succinate XL (Toprol XL)
metoprolol tartrate (Lopressor)
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
Kapspargo
Sotylize

CARDIOVASCULAR**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

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, Triglide)
fenofibric acid (Fibricor, Trilipix)
omega-3 ethyl esters (Lovaza)
Juxtapid
Praluent ^{cc}
Repatha ^{cc}
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
Zypitamaq

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

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

Requires Prior Authorization

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

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

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

Requires Prior Authorization

tadalafil (Adcirca) ^{cc,ql}
Adempas
Opsumit ^{cc,ql}
Orenitram ER ^{cc,ql}
Revatio suspension ^{cc,ql}
Tracleer suspension
Tyvaso ^{cc}
Upravi ^{cc,ql}

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)
 diazepam rectal (Diastat,
 Diastat Acudial)
 divalproex, divalproex ER (Depakote,
 Depakote ER)
 divalproex sprinkles (Depakote sprinkles)
 lamotrigine (Lamictal)
 levetiracetam tablets, solution (Keppra)
 oxcarbazepine tablets, suspension
 (Trileptal)
 phenobarbital
 phenytoin, phenytoin ER (Dilantin,
 Dilantin Infatabs, Phenytek)
 primidone (Mysoline)
 topiramate (Topamax)
topiramate sprinkles (Topamax
 Sprinkles)
 valproic acid (Depakene)
 zonisamide (Zonegran)
 Gabitril (**Brand only**)
 Tegretol suspension (**Brand only**)
Vimpat ^{ql}

Requires Prior Authorization

carbamazepine suspension (Tegretol)
 (**generic only**)
carbamazepine XR (Tegretol XR)
clobazam (Onfi) ^{cc,ql}
clonazepam ODT (Klonopin ODT)
ethosuximide (Zarontin)
felbamate (Felbatol)
lamotrigine dose pack
lamotrigine XR (Lamictal XR)
lamotrigine ODT (Lamictal ODT)
levetiracetam ER (Keppra XR)
tiagabine (Gabitril) (generic only)
topiramate ER (Qudexy XR) ^{cc,ql}
Aptiom ^{cc}
Banzel ^{cc,ql}
Briviact
Celontin
Equetro
Fycompa ^{cc}
Lamictal XR dose pack
Oxtellar XR
Peganone
Sabril powder packet (Brand only)
Sabril tablets
Spritam
Trokendi XR

CENTRAL NERVOUS SYSTEM**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

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

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

citalopram tablets, solution (Celexa) ^{ql}
 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,ql}
Paxil suspension
Pexeva

CENTRAL NERVOUS SYSTEMThe Mental Health Carve Out link is located at mmcp.health.maryland.gov/pap/docs/Mental%20Health%20Formulary.pdf**Antipsychotics****Preferred****1st TIER**

aripiprazole (Abilify) ^{ql}
 aripiprazole ODT (Abilify Discmelt) ^{ql}
 chlorpromazine (Thorazine)
 clozapine (Clozaril)
 fluphenazine (Prolixin)
 fluphenazine decanoate inj (Prolixin inj) ^{ql}
 haloperidol (Haldol)
 haloperidol decanoate inj (Haldol IM) ^{ql}
 loxapine capsules (Loxitane)
 olanzapine IM (Zyprexa IM) ^{ql}
 olanzapine ODT (Zyprexa Zydis) ^{ql}
 olanzapine tablets (Zyprexa) ^{ql}
 perphenazine (Trilafon)
 perphenazine/amitriptyline (Triavil)
 pimozone (Orap)
 quetiapine, quetiapine ER (Seroquel, Seroquel XR) ^{ql}
 risperidone, risperidone ODT (Risperdal) ^{ql}
 thioridazine (Mellaril)
 thiothixene (Navane)
 trifluoperazine (Stelazine)
 ziprasidone (Geodon) ^{ql}
 Abilify Maintena ^{ql}

Aristada ^{ql}**Aristada Initio** ^{ql}

Geodon IM
 Invega Sustenna ^{ql}
 Invega Trinza ^{cc,ql}
 Risperdal Consta ^{ql}

2nd TIER

Latuda ^{cc,ql}

Requires Prior Authorization

clozapine ODT (Fazaclo) ^{cc}
 olanzapine/fluoxetine (Symbyax) ^{cc,ql}
 paliperidone (Invega) ^{cc,ql}
 Adasuve ^{cc}
 Nuplazid ^{cc,ql}
Perseis ^{cc,ql}
 Rexulti ^{cc,ql}
 Saphris ^{cc,ql}
 Versacloz ^{cc}
 Vraylar ^{cc,ql}
 Zyprexa Relprevv ^{cc,ql}

Sedative Hypnotics**Preferred**

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

Requires Prior Authorization

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

CENTRAL NERVOUS SYSTEM**Stimulants and Related Agents****Preferred****1st TIER**

amphetamine salt combo (Adderall)
 dextroamphetamine capsules
 (Dexedrine ER)
 dextroamphetamine tablets
 guanfacine ER (Intuniv) ^{cc,ql}
 methylphenidate CD capsules
 (Metadate CD)
 methylphenidate CR tablets (**All strengths except 72mg**) (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,ql}
 Methylin oral solution (**Brand only**)
Quillichew ER
 Quillivant XR
 Vyvanse
 Vyvanse chewable tablets ^{cc}
2nd TIER
 atomoxetine (Strattera) ^{cc}

Requires Prior Authorization

amphetamine salt combo ER (Adderall XR) (**generic only**)
 amphetamine sulfate (Evekeo)
 armodafinil (Nuvigil) ^{cc,ql}
 clonidine ER (**generic only**) ^{cc,ql}
 dexmethylphenidate, dexmethylphenidate XR (Focalin, Focalin XR) (**generic only**)
 dextroamphetamine solution (Procentra)
 methamphetamine (Desoxyn)
 methylphenidate chewable (Methylin chewable)
methylphenidate CR tablets 72mg
 methylphenidate oral solution (Methylin) (**generic only**)
 modafinil (Provigil) ^{cc,ql}
 Adzenys ER suspension
 Adzenys XR ODT ^{cc}
 Aptensio XR
 Cotempla XR ODT
 Dyanavel XR
 Mydayis ER
 Zenzedi

ENDOCRINE**Androgenic Agents****Preferred**

Androderm ^{cc,ql}
 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)

ENDOCRINE**Bone Resorption Suppression and Related Agents****Preferred**

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

Requires Prior Authorization

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

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,ql}
 Janumet, Janumet XR
 Januvia
 Jentadueto
 Symlin
 Tradjenta
 Victoza ^{ql}

Requires Prior Authorization

alogliptin (Nesina)
 alogliptin/metformin (Kazano)
 alogliptin/pioglitazone (Oseni)
 Adlyxin
 Bydureon BCise
 Jentaduo XR
 Kombiglyze XR
 Onglyza
 Ozempic
 Qtern ^{qc,ql}
 Soliqua
 Steglujan ^{qc,ql}
 Tanzeum
 Trulicity
 Xultophy

ENDOCRINE	ENDOCRINE	GASTROINTESTINAL
<p>Hypoglycemics, Insulins</p> <p>Preferred Humalog cartridge, vial Humalog Mix vial Humulin vial Humulin 70/30 vial Humulin 500 unit/ml vial Lantus Levemir NovoLog NovoLog mix</p> <p>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 Max Solostar Toujeo Solostar Tresiba</p>	<p>Hypoglycemics, SGLT2 Inhibitors</p> <p>Preferred Farxiga (Step Therapy)^{cc,ql} Invokana (Step Therapy)^{cc,ql} Jardiance (Step Therapy)^{cc,ql}</p> <p>Requires Prior Authorization Invokamet, Invokamet XR (Step Therapy)^{cc,ql} Segluromet (Step Therapy)^{cc,ql} Steglatro (Step Therapy)^{cc,ql} Synjardy, Synjardy XR (Step Therapy)^{cc,ql} Xigduo XR (Step Therapy)^{cc,ql}</p> <p>Hypoglycemics, TZDs</p> <p>Preferred pioglitazone (Actos) pioglitazone/metformin (ActoPlusMet)</p> <p>Requires Prior Authorization pioglitazone/glimepiride (Duetact) ActoPlusMet XR Avandia</p>	<p>Bile Salts</p> <p>Preferred ursodiol capsules (Actigall) ursodiol tablets (URSO, URSO Forte)</p> <p>Requires Prior Authorization Chenodal Cholbam Ocaliva</p> <p>Gastrointestinal Motility, Chronic</p> <p>Preferred Amitiza^{cc,ql} Linzess^{cc,ql} Movantik^{cc,ql}</p> <p>Requires Prior Authorization alosecron (Lotronex) Relistor^{cc,ql} Symproic^{cc,ql} Trulance^{cc,ql} Viberzi</p>
<p>Hypoglycemics, Meglitinides</p> <p>Preferred nateglinide (Starlix) repaglinide (Prandin)</p> <p>Requires Prior Authorization repaglinide/metformin (Prandimet)</p>	<p>GASTROINTESTINAL</p> <p>Antiemetic/Antivertigo Agents</p> <p>Preferred aprepitant capsules (Emend)^{ql} dimenhydrinate OTC meclizine Rx, OTC (Bonine, Antivert) metoclopramide (Reglan) ondansetron, ondansetron ODT (Zofran)^{ql} prochlorperazine oral (Compazine, Compro) promethazine (Phenergan) scopolamine patches (TransDerm-Scop)</p> <p>Requires Prior Authorization aprepitant tripack (Emend)^{ql} dimenhydrinate Rx dronabinol (Marinol)^{cc,ql} granisetron (Kytril)^{ql} metoclopramide ODT (Metozolv ODT) palonosetron (Aloxi) prochlorperazine suppositories (Compro) trimethobenzamide (Tigan) Akynzeo capsules^{cc} Akynzeo IV Anzemet^{ql} Bonjesta Cesamet^{ql} Cinvanti Diclegis^{cc,ql} Emend IV Emend powder packet^{ql} Sancuso^{ql} Sustol Syndros Varubi Zuplenz</p>	<p>Pancreatic Enzymes</p> <p>Preferred Creon Zenpep</p> <p>Requires Prior Authorization Pancreaze Pertzeye Viokace</p>
<p>Hypoglycemics, Metformins</p> <p>Preferred glipizide/metformin (Metaglip) glyburide/metformin (Glucovance) metformin (Glucophage) metformin ER (Glucophage XR)</p> <p>Requires Prior Authorization metformin ER (Fortamet)^{cc,ql} metformin ER (Glumetza)^{cc,ql} Riomet</p>	<p>Proton Pump Inhibitors</p> <p>Preferred lansoprazole capsules (Prevacid) omeprazole capsules (Prilosec) pantoprazole (Protonix) Nexium packet for suspension Prevacid Solutab (Brand only) Protonix suspension</p> <p>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 Esomep-EZS Prilosec suspension</p>	

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

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

Requires Prior Authorization

budesonide ER (Uceris)
mesalamine (Lialda)
mesalamine HD (Asacol HD)
mesalamine enemas (Rowasa, sRowasa)
Delzicol
Dipentum
Pentasa

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

Enbrel
Humira
Cosentyx (**Step Therapy**)^{cc}

Requires Prior Authorization

Actemra^{cc}
Arcalyst^{cc}
Cimzia^{cc}
Entyvio^{cc}
Ilaris^{cc}
Ilumya^{cc}
Inflixtra^{cc}
Kevzara^{cc}
Kineret^{cc}
Olumiant^{cc,q1}
Orencia^{cc}
Otezla^{cc,q1}
Remicade^{cc}
Renflexis^{cc}
Siliq^{cc}
Simponi^{cc}
Stelara^{cc}
Taltz^{cc}
Tremfya^{cc}
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
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)
memantine dose pack
memantine solution
memantine ER (Namenda XR)
Namzaric, Namzaric dose pack

Anti-Parkinson's Agents**Preferred**

amantadine (Symmetrel)
bentropine (Cogentin)
carbidopa/levodopa IR, carbidopa/
levodopa ER (Sinemet, Sinemet CR)
carbidopa/levodopa/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
Osmolex ER
Rytary
Xadago
Zelapar

Multiple Sclerosis Agents**Preferred**

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

Requires Prior Authorization

dalfampridine ER (Ampyra)^{cc,q1}
glatiramer acetate 20mg (Glatopa)
(**generic only**)
glatiramer acetate 40mg (Copaxone)
Aubagio^{cc,q1}
Extavia Kit
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, Patanol)
Alocril
Alomide
Bepreve
Emadine
Lastacaft

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 (Iopidine)
betaxolol
bimatoprost 0.03% (Lumigan)
brimonidine 0.15% (Alphagan P)
(generic only)
timolol (Istalol)
Betoptic S
Cosopt PF
Lumigan 0.01%
Phospholine Iodide
Rhopressa
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
Retasirt
Triesence

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

Restasis multidose
 Restasis single-use

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
Otovel

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 D, OTC (Allegra D)
levocetirizine solution (Xyzal)
loratadine capsules OTC
Clarinex D
Semprex D

RESPIRATORY**Bronchodilators, Beta Agonists****Preferred**

albuterol neb 0.083%, 5mg/ml
 albuterol neb 0.63mg/3ml, 1.25mg/3ml
 (AccuNeb)
 albuterol syrup (Proventil, Ventolin)
 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)
terbutaline (Brethine)
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
Stiolto Respimat

Requires Prior Authorization

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

RESPIRATORY
Glucocorticoids, Inhaled
<p>Preferred Advair Diskus, Advair HFA Asmanex Dulera Flovent HFA Pulmicort Respules (Brand only) Symbicort</p> <p>Requires Prior Authorization <i>budesonide inhalation suspension (generic only)</i> <i>fluticasone/salmeterol (AirDuo Respiclick)</i> Aerospan Alvesco Armonair Respiclick Arnuity Ellipta Asmanex HFA Breo Ellipta Flovent Diskus Pulmicort Flexhaler ^{ql} QVAR Redihaler Trelegy Ellipta</p>
Intranasal Rhinitis Agents
<p>Preferred azelastine nasal (Astelin) fluticasone nasal (Flonase) ipratropium (Atrovent nasal)</p> <p>Requires Prior Authorization <i>azelastine nasal (Astepro)</i> <i>budesonide nasal (Rhinocort Allergy OTC)</i> <i>flunisolide (Nasarel, Nasalide)</i> <i>fluticasone (Ticanase)</i> <i>mometasone nasal (Nasonex)</i> <i>olopatadine (Patanase)</i> <i>triamcinolone OTC (Nasacort OTC)</i> Beconase AQ Dymista Flonase OTC Omnaris Qnasl <u>Xhance</u> Zetonna</p>
Leukotriene Modifiers
<p>Preferred montelukast chewables, tablets (Singulair) zafirlukast (Accolate)</p> <p>Requires Prior Authorization <i>montelukast granules (Singulair granules)</i> <i>zileuton CR (Zyflo CR)</i> Zyflo</p>

RESPIRATORY
Epinephrine, Self-Injected
<p>Preferred epinephrine 0.15mg (EpiPen Jr) ^{ql} epinephrine 0.3mg (EpiPen) ^{ql}</p> <p>Requires Prior Authorization <i>epinephrine 0.15mg, 0.3mg (Adrenaclick) ^{ql}</i></p>
TOPICAL DERMATOLOGICS
Acne Agents, Topical
<p>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}</p> <p>Requires Prior Authorization <i>adapalene cream (Differin cream) (generic only) ^{cc}</i> <i>adapalene gel (Differin gel) ^{cc}</i> <i>adapalene/benzoyl peroxide (Epiduo)</i> <i>benzoyl peroxide 3%, 9% cleanser OTC</i> <i>benzoyl peroxide Rx</i> <i>bp-10-1</i> <i>clindamycin foam</i> <i>clindamycin/benzoyl peroxide (Acanya)</i> <i>clindamycin/tretinoin (Veltin)</i> <i>dapsone 5% (Aczone)</i> <i>salicylic acid wash OTC</i> <i>sulfacetamide</i> <i>sulfacetamide/sulfur</i> <i>sulfacetamide/sulfur/urea</i> <i>tazarotene cream (Tazorac) ^{cc}</i> <i>tretinoin micro (Retin-A Micro) ^{cc}</i> 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</p>

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

Key: products in red 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 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: <https://mmcp.health.maryland.gov/pap/docs/ANTIPSYCHOTIC%20PA%20FORM.pdf>

Have you tried 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**
 800-932-3918
 24 hours a day, 7 days a week
- ◆ **Maryland Medicaid Pharmacy Access Hotline**
 800-492-5231 (option three)
 24 hours a day, 7 days a week
- ◆ **Kidney Disease Program**
 410-767-5000 or 5002
 Monday-Friday, 8:00 am - 5:00 pm
- ◆ **Breast and Cervical Cancer Diagnosis and Treatment**
 410-767-6787
 Monday-Friday, 8:00 am - 4:30 pm
- ◆ **Maryland AIDS Drug Assistance Program**
 410-767-6535
 Monday-Friday, 8:30 am - 4:30 pm
- ◆ **Peer Review Program**
 855-283-0876
 Monday-Friday, 8:00 am - 6:00 pm