



## Preferred Drug List

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

**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 16).*

## 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 (MMPP) 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, 2019, the following brand name drugs are no longer be preferred over their respective generic equivalents: Advair Diskus (Inhalation), Alphagan P 0.15 (Ophthalmic), Androgel Packets and Pump (Topical), Differin Cream (Topical), Catapres-TTS Patches (Transderm), Focalin Tablets (Oral), Gleevec [a non-PDL medication] Tablets (Oral), Methylin Solution (Oral), and Pulmicort 0.25mg/2ml and 0.5mg/ 2ml Respules (Inhalation).** 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 Preferred Drug List (PDL), in some instances when manufacturer rebates are taken into consideration, the multisource brand name drug is Preferred over its generic equivalent because the branded drug is more cost effective to the State than its generic counterpart. When the brand name drug is Preferred, no Medwatch nor authorization is needed<sup>1</sup>. Enter a DAW code of 6 on the claim to have it correctly priced.

If any problems are encountered during the on-line claim adjudication of Preferred Brands, contact Conduent’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  
Copaxone 20mg/ml (Subcutaneous)  
Cellcept Oral Suspension  
Focalin XR Capsules  
Gabitril Tablets  
Kitabis Pak  
Prevacid Solutab ODT  
ProAir HFA Inhalation  
Pulmicort (1mg/2ml) Respules  
Sabril Powder Packet <sup>2</sup>  
Sabril Tablets <sup>2</sup>  
Suboxone Film  
Tegretol suspension

#### Non-Preferred Generics

*amphetamine salt combo ER capsules  
glatiramer acetate (Glatopa) (subcutaneous)  
mycophenolate mofetil oral suspension  
dexmethylphenidate XR capsules  
tiagabine tablets  
tobramycin pak  
lansoprazole ODT  
albuterol HFA inhalation  
budesonide inhalation (1mg/2ml) suspension  
vigabatrin powder packet <sup>2</sup>  
vigabatrin tablets <sup>2</sup>  
buprenorphine/naloxone film  
carbamazepine suspension*

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

#### Brand also Preferred

**(no MedWatch form Required)**

Transderm-Scop Transdermal Patches

#### Preferred Generics

*scopolamine transdermal patches*

<sup>1</sup> 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>

<sup>2</sup> Is a non-preferred drug and will require a prior authorization by the prescriber

## Maryland Medicaid Preferred Drug List

ANALGESICS	ANALGESICS	ANALGESICS
<b>Analgesics, Narcotics * (Long Acting)</b>	<b>Analgesics, Narcotics * (Short Acting)</b>	<b>Anti-Migraine Agents, Other*</b> <i>*Appears in two places within PDL document</i>
<p style="text-align: center;"><i>* All drugs in this class are subject to review through the <a href="#">Opioid Drug Utilization Review Program</a></i></p> <p><b><u>Preferred</u></b>            fentanyl patches (Duragesic)            (All strengths except 37.5mcg,            62.5mcg, 87.5mcg) <sup>cc,q1</sup>            morphine sulfate SR            (MS Contin) <sup>q1</sup>            Embeda</p> <p><b><u>Requires Prior Authorization</u></b>  <i>buprenorphine patch (Butrans) <sup>q1</sup></i>  <i>fentanyl patches (37.5mg, 62.5mg,            87.5mcg) <sup>cc,q1</sup></i>  <i>hydromorphone ER (Exalgo) <sup>q1</sup></i>  <i>methadone (Dolophine) <sup>q1</sup></i>  <i>morphine sulfate ER (Avinza) <sup>q1</sup></i>  <i>morphine sulfate ER (Kadian) <sup>q1</sup></i>  <i>oxycodone ER (Oxycontin) <sup>q1</sup></i>  <i>tramadol ER (Conzip, Ryzolt,            Ultram ER) <sup>q1</sup></i>            Arymo ER            Belbuca <sup>q1</sup>            Hysingla ER <sup>cc,q1</sup>            Morphabond ER            Nucynta ER <sup>q1</sup>            Xtampza ER            Zohydro ER <sup>cc,q1</sup></p>	<p><b><u>Preferred</u></b>            acetaminophen w/codeine (Tylenol            w/codeine) <sup>q1</sup>            butalbital/acetaminophen/codeine/            caffeine <sup>q1</sup>            codeine tablets            hydrocodone/acetaminophen tablets            (Lortab, Norco, Vicodin) <sup>q1</sup>            hydromorphone tablets (Dilaudid)            morphine sulfate tablets, solution            oxycodone capsules, tablets,            solution            oxycodone/acetaminophen            (Percocet) <sup>q1</sup>            tramadol (Ultram) <sup>q1</sup>            tramadol/acetaminophen (Ultracet) <sup>q1</sup></p> <p><b><u>Requires Prior Authorization</u></b>  <u><b>benzhydrocodone/            acetaminophen (Apadaz)            butalbital/aspirin/codeine/            caffeine</b></u> <sup>q1</sup>  <i>butorphanol nasal spray</i>  <i>carisoprodol/codeine/aspirin</i>  <i>dihydrocodeine/aspirin/caffeine</i>  <i>fentanyl buccal (Actiq) <sup>cc,q1</sup></i>  <i>hydrocodone/acetaminophen            solution (Lortab) <sup>q1</sup></i>  <u><b>hydrocodone/ibuprofen            (Vicoprofen)</b></u>  <i>hydromorphone suppositories,            solution</i>  <i>levorphanol</i>  <i>meperidine (Demerol)</i>  <i>morphine suppositories</i>  <i>oxycodone syringe</i>  <i>oxycodone/acetaminophen (Primlev) <sup>q1</sup></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 <sup>cc,q1</sup></i>  <i>Fentora <sup>cc,q1</sup></i>  <i>Lazanda <sup>cc,q1</sup></i>  <i>Nucynta</i>  <i>Oxaydo</i>  <i>Roxybond</i>  <i>Subsys <sup>cc,q1</sup></i></p>	<p><b><u>Preferred</u></b>  <u><b>Emgality 120 mg/ml            (Step Therapy)</b></u> <sup>cc,q1</sup></p> <p><b><u>Requires Prior Authorization</u></b>  <u><b>Aimovig (Step Therapy)</b></u> <sup>cc,q1</sup>  <u><b>Ajovy (Step Therapy)</b></u> <sup>cc,q1</sup></p> <p><b>Anti-Migraine Agents, Triptans</b></p> <p><b><u>Preferred</u></b>            rizatriptan, rizatriptan ODT            (Maxalt, Maxalt MLT) <sup>q1</sup>            sumatriptan nasal, tablets, vial            (Imitrex) <sup>q1</sup></p> <p><b><u>Requires Prior Authorization</u></b>  <i>almotriptan (Axert) <sup>q1</sup></i>  <i>eletriptan (Relpax) <sup>q1</sup></i>  <i>frovatriptan (Frova) <sup>q1</sup></i>  <i>naratriptan (Amerge) <sup>q1</sup></i>  <i>sumatriptan kit (Imitrex) <sup>q1</sup></i>  <i>sumatriptan/naproxen 85/500            (Treximet) <sup>q1</sup></i>  <i>zolmitriptan, zolmitriptan ODT            (Zomig, Zomig ZMT) <sup>q1</sup></i>  <i>Migranow Kit</i>  <i>Onzetra Xsail</i>  <i>Sumavel Dosepro</i>  <i>Treximet 10/60 <sup>q1</sup></i>  <i>Zembrace Symtouch</i>  <i>Zomig nasal <sup>q1</sup></i></p>

ANALGESICS	ANALGESICS	ANALGESICS
<p><b>Neuropathic Pain</b></p>	<p><b>Nonsteroidal Anti-Inflammatories (NSAIDs)</b></p>	<p><b>Opioid Use Disorder Treatments</b></p>
<p><b>Preferred</b>  capsaicin OTC  duloxetine (Cymbalta) <sup>cc,q1</sup>  gabapentin capsules, tablets (Neurontin)  lidocaine patch (Lidoderm) <sup>q1</sup>  Lyrica capsules <sup>q1</sup></p> <p><b>Requires Prior Authorization</b>  duloxetine 40mg (Irenka) <sup>q1</sup>  gabapentin solution (Neurontin) DermacinRx PHN Pak  Gralise  Horizant  Lyrica CR  Lyrica solution  Qutenza Kit  Savella  <u>Ztlido</u></p>	<p><b>Preferred</b>  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><b>Requires Prior Authorization</b>  celecoxib (Celebrex)  diclofenac epolamine patch (Flector) <sup>cc,q1</sup>  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 tabs 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)  Dermacinrx Lexitral  Duexis  Indocin suppositories, suspension  Pennsaid pump  Sprix  Tivorbex  Vimovo  Vivlodex  Vopac MDS  Xrylix Kit  Zorvolex</p>	<p><b>Preferred</b>  buprenorphine (Subutex) <sup>cc,q1</sup>  naloxone (Narcan)  naltrexone (Revia) <sup>cc</sup>  Bunavail <sup>q1</sup>  Narcan nasal spray  <u>Sublocade</u> <sup>cc,q1</sup>  Suboxone film (<b>Brand only</b>) <sup>q1</sup>  Vivitrol <sup>cc,q1</sup>  Zubsolv <sup>q1</sup></p> <p><b>Requires Prior Authorization</b>  buprenorphine/naloxone film (Suboxone film) (<b>generic only</b>) <sup>q1</sup>  buprenorphine/naloxone tablets (Suboxone) <sup>q1</sup>  <u>Lucemyra</u> <sup>q1</sup></p> <p><b>Skeletal Muscle Relaxants</b></p> <p><b>Preferred</b>  baclofen (Lioresal)  chlorzoxazone (Parafon)  cyclobenzaprine (Flexeril) <sup>q1</sup>  methocarbamol (Robaxin)  orphenadrine ER (Norflex)  tizanidine tablets (Zanaflex)</p> <p><b>Requires Prior Authorization</b>  carisoprodol (Soma)  carisoprodol compound (Soma Compound)  cyclobenzaprine ER (Amrix) <sup>q1</sup>  dantrolene (Dantrium)  metaxalone (Skelaxin)  tizanidine capsules (Zanaflex)  Lorzone</p>

ANTI-INFECTIVES	ANTI-INFECTIVES	ANTI-INFECTIVES
<p><b>Antibiotics, GI</b></p> <p><u>Preferred</u> metronidazole tablets (Flagyl) neomycin vancomycin capsules (Vancocin) Alinia suspension <b>Firvanq</b></p> <p><u>Requires Prior Authorization</u> metronidazole capsules (Flagyl capsules) paromomycin tinidazole (Tindamax) Dificid<sup>cc,ql</sup> Solosec Xifaxan<sup>cc,ql</sup></p>	<p><b>Antibiotics, Vaginal</b></p> <p><u>Preferred</u> clindamycin (Cleocin) metronidazole vaginal (Metrogel) Cleocin ovule Clindesse <b>Nuversa</b></p> <p><u>Requires Prior Authorization</u> Vandazole</p>	<p><b>Antifungals, Topical</b></p> <p><u>Preferred</u> clotrimazole Rx, OTC clotrimazole/betamethasone cream (Lotrisone) ketoconazole cream, shampoo (Nizoral) miconazole cream OTC nystatin nystatin/triamcinolone (Mycolog) terbinafine OTC tolnaftate OTC</p>
<p><b>Antibiotics, Inhaled</b></p> <p><u>Preferred</u> Bethkis<sup>cc,ql</sup> Kitabis Pak (<b>Brand only</b>)<sup>cc,ql</sup> Tobi Podhaler (<b>Step therapy</b>)<sup>cc,ql</sup></p> <p><u>Requires Prior Authorization</u> tobramycin inhalation solution (Tobi)<sup>cc,ql</sup> tobramycin pak (Kitabis) (<b>generic only</b>)<sup>cc,ql</sup> <b>Arikayce</b> Cayston<sup>cc,ql</sup></p>	<p><b>Antifungals, Oral</b></p> <p><u>Preferred</u> clotrimazole troches (Mycelex) fluconazole (Diflucan) griseofulvin suspension (GriFulvin V) ketoconazole (Nizoral) nystatin suspension, tablets terbinafine (Lamisil)</p> <p><u>Requires Prior Authorization</u> flucytosine (Ancobon) griseofulvin tablets (Gris Peg, GriFulvin V) itraconazole (Sporanox) voriconazole (Vfend) Cresemba Lamisil granules Noxafil Onmel Oravig <b>Tolsura</b></p>	<p><u>Requires Prior Authorization</u> ciclopirox (Loprox, Loprox Kit, Loprox Shampoo, Penlac) clotrimazole/betamethasone lotion (Lotrisone) econazole (Spectazole) ketoconazole foam (Ketodan) luliconazole (Luzu)<sup>cc,ql</sup> 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</p>
<p><b>Antibiotics, Topical</b></p> <p><u>Preferred</u> bacitracin OTC bacitracin/polymyxin OTC gentamicin mupirocin ointment (Bactroban ointment) neomycin/polymyxin/pramoxine OTC triple antibiotic OTC</p> <p><u>Requires Prior Authorization</u> mupirocin cream (Bactroban Cream) Centany</p>		<p><b>Antiparasitics, Topical</b></p> <p><u>Preferred</u> permethrin Rx, OTC (Elimite, Acticin) piperonyl/pyrethrins OTC</p> <p><u>Requires Prior Authorization</u> lindane shampoo<sup>cc</sup> malathion (Ovide)<sup>cc,ql</sup> spinosad (Natroba)<sup>cc,ql</sup> Eurax Sklice<sup>cc,ql</sup></p>



ANTI-INFECTIVES	ANTI-INFECTIVES	ANTI-INFECTIVES
<p><b>Antivirals, Oral</b></p> <p><b>Preferred</b> acyclovir (Zovirax) oseltamivir (Tamiflu)<sup>¶</sup> valacyclovir (Valtrex)</p> <p><b>Requires Prior Authorization</b> <i>famciclovir (Famvir)</i> <i>rimantadine (Flumadine)</i> <i>Relenza</i> <i>Sitavig</i> <b><u>Xofluza</u></b></p>	<p><b>Fluoroquinolones, Oral</b></p> <p><b>Preferred</b> ciprofloxacin tablets (Cipro) levofloxacin tablets (Levaquin)</p> <p><b>Requires Prior Authorization</b> <i>ciprofloxacin ER (Cipro XR)</i> <i>ciprofloxacin suspension (Cipro)</i> <i>levofloxacin solution (Levaquin)</i> <i>moxifloxacin (Avelox)</i> <i>ofloxacin (Floxin)</i> <i>Baxdela</i></p>	<p><b>Macrolides/Ketolides</b></p> <p><b>Preferred</b> azithromycin (Zithromax) clarithromycin tablets (Biaxin) erythromycin base capsules DR erythromycin ethyl succinate oral suspension (EryPed, E.E.S.) Ery-Tab</p> <p><b>Requires Prior Authorization</b> <i>clarithromycin suspension (Biaxin)</i> <i>clarithromycin ER (Biaxin XL)</i> <b><u>erythromycin base tablets</u></b> <i>E.E.S. 400 tablets</i> <i>Erythrocin</i></p>
<p><b>Antivirals, Topical</b></p> <p><b>Preferred</b> acyclovir cream (Zovirax) docosanol 10% cream (Abreva OTC)</p> <p><b>Requires Prior Authorization</b> <i>acyclovir ointment (Zovirax ointment)</i> <i>Denavir</i> <i>Xerese</i></p>	<p><b>Hepatitis B Agents</b></p> <p><b>Preferred</b> entecavir (Baraclude) lamivudine HBV (Epivir HBV)</p> <p><b>Requires Prior Authorization</b> <i>adefovir dipivoxil (Hepsera)</i> <i>Baraclude solution</i> <i>Vemlidy</i></p>	<p><b>Tetracyclines</b></p> <p><b>Preferred</b> doxycycline hyclate (Vibramycin) doxycycline monohydrate 50mg, 100mg (Monodox) minocycline capsules (Minocin) tetracycline (Sumycin)</p>
<p><b>Cephalosporins and Related Antibiotics</b></p> <p><b>Preferred</b> amoxicillin/clavulanate tablets, suspension (Augmentin, Augmentin ES) cefaclor capsules (Ceclor) cefadroxil capsules (Duricef) cefdinir (Omnicef) cefprozil (Cefzil) cefuroxime tablets (Ceftin) cephalexin capsules, suspension (Keflex)</p> <p><b>Requires Prior Authorization</b> <i>amoxicillin/clavulanate chewable tablets (Augmentin)</i> <i>amoxicillin/clavulanate ER (Augmentin XR)</i> <i>cefaclor suspension, ER tablets (Ceclor, Ceclor CD)</i> <i>cefadroxil suspension, tablets (Duricef)</i> <b><u>cefixime capsules, suspension (Suprax)</u></b> <i>cefepodoxime (Vantin)</i> <i>ceftibuten (Cedax)</i> <i>cephalexin tablets (Keflex)</i> <i>Augmentin 125 suspension</i> <i>Daxbia</i> <i>Suprax chewable</i></p>	<p><b>Hepatitis C Agents</b></p> <p><b>Preferred</b> ribavirin (Copegus, Rebetol) ledipasvir/sofosbuvir (Harvoni)<sup>cc</sup> sofosbuvir/velpatasvir (Epclusa)<sup>cc</sup> Mavyret<sup>cc</sup> Pegasys PegIntron Vosevi<sup>cc</sup> Zepatier<sup>cc</sup></p> <p><b>Requires Prior Authorization</b> <i>ribavirin dose pack</i> <i>Daklinza</i><sup>cc</sup> <i>Rebetol solution</i> <i>Ribapak</i> <i>Ribasphere</i> <i>Sovaldi</i><sup>cc</sup> <b><u>Viekira Pak</u></b><sup>cc</sup></p>	<p><b>Requires Prior Authorization</b> <i>demeclocycline (Declomycin)</i> <i>doxycycline hyclate DR (Doryx, Doryx MPC)</i> <i>doxycycline monohydrate 40 mg, 75mg, 150mg (Oracea, Monodox, Adoxa)</i> <i>doxycycline monohydrate suspension (Vibramycin)</i> <i>minocycline tablets</i> <i>minocycline ER (Solodyn)</i> <i>Doryx MPC</i> <i>Morgidox Kit</i> <b><u>Nuzvra</u></b> <i>Vibramycin syrup</i> <i>Ximino</i></p>

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

allopurinol (Zyloprim)  
probenecid  
probenecid/colchicine

**Requires Prior Authorization**

*colchicine capsules (Mitigare)<sup>ql</sup>*  
*colchicine tablets (Colcrys)<sup>ql</sup>*  
*Uloric*

**Colony Stimulating Factors****Preferred**

Granix  
Neupogen

**Requires Prior Authorization**

*Fulphila*  
*Leukine*  
*Neulasta*  
*Nivestym*  
**Udenyca**  
*Zarxio*

**Erythropoiesis Stimulating Proteins****Preferred**

Aranesp  
Procrit

**Requires Prior Authorization**

*Epogen*  
*Mircera*  
*Retacrit*

**Phosphate Binders****Preferred**

calcium acetate (PhosLo)  
**sevelamer carbonate (Renvela)**  
Calphron OTC

**Requires Prior Authorization**

*lanthanum carbonate (Fosrenol)*  
**sevelamer HCl (Renagel)**  
*Auryxia*  
*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<sup>cc,ql</sup>

**Requires Prior Authorization**

*aliskiren (Tekturna)*  
*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 HCT*

**CARDIOVASCULAR****Anticoagulants****Preferred**

enoxaparin (Lovenox)<sup>ql</sup>  
warfarin (Coumadin)  
Eliquis tablets  
**Xarelto Dose Pack**  
Xarelto tablets (except 2.5mg)

**Requires Prior Authorization**

*fondaparinux (Arixtra)<sup>ql</sup>*  
*Eliquis Dose Pack*  
**Fragmin<sup>ql</sup>**  
*Pradaxa<sup>ql</sup>*  
*Savaysa*  
**Xarelto 2.5mg tablets<sup>cc,ql</sup>**

**Antihypertensives, Sympatholytics****Preferred**

clonidine patch (Catapres TTS)<sup>ql</sup>  
clonidine tablets (Catapres)  
guanfacine (Tenex)  
methyldopa (Aldomet)  
methyldopa/HCTZ (Aldoril)

**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*  
*Hemangeol*  
*Kapspargo*  
*Sotylize*

CARDIOVASCULAR	CARDIOVASCULAR	CENTRAL NERVOUS SYSTEM
<p><b>Calcium Channel Blockers</b></p> <p><b>Preferred</b> amlodipine (Norvasc) diltiazem (Cardizem) diltiazem ER capsules (Cardizem CD, Tiazac) nifedipine ER (Adalat CC, Procardia XL) verapamil (Calan) verapamil ER tablets (Calan SR)</p> <p><b>Requires Prior Authorization</b> 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</p>	<p><b>Lipotropics, Statins</b></p> <p><b>Preferred</b> atorvastatin (Lipitor) lovastatin (Mevacor) pravastatin (Pravachol) rosuvastatin (Crestor) simvastatin (Zocor)</p> <p><b>Requires Prior Authorization</b> amlodipine/atorvastatin (Caduet) ezetimibe/simvastatin (Vytorin) fluvastatin, fluvastatin ER (Lescol, Lescol XL) Altoprev Livalo Zypitamag</p>	<p><b>Anticonvulsants</b></p> <p><b>Preferred</b> 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 (<b>Brand only</b>) Tegretol suspension (<b>Brand only</b>) Vimpat <sup>ql</sup></p>
<p><b>Lipotropics, Other</b></p> <p><b>Preferred</b> cholestyramine (Questran) colestipol tablets (Colestid) ezetimibe (Zetia) fenofibrate nanocrystals (Tricor) gemfibrozil (Lopid) niacin ER (Niaspan) Niacor</p>	<p><b>Platelet Aggregation Inhibitors</b></p> <p><b>Preferred</b> clopidogrel (Plavix) <sup>ql</sup> dipyridamole (Persantine) <sup>ql</sup> <b>prasugrel (Effient)</b> <sup>ql</sup> <b>Brilinta</b> <sup>ql</sup></p> <p><b>Requires Prior Authorization</b> aspirin/dipyridamole (Aggrenox) <sup>ql</sup> aspirin/omeprazole (Yosprala) Zontivity</p>	<p><b>Requires Prior Authorization</b> carbamazepine suspension (Tegretol) (<b>generic only</b>) carbamazepine XR (Tegretol XR) clobazam (Onfi) <sup>cc,ql</sup> 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) (<b>generic only</b>) topiramate ER (Qudexy XR) <sup>cc,ql</sup> Aptiom <sup>cc</sup> Banzel <sup>cc,ql</sup> Briviact Celontin <b>Epidiolex</b> <sup>cc</sup> Equetro Fycompa <sup>cc</sup> Lamictal XR dose pack Oxtellar XR Peganone Sabril powder pack, tablets (<b>Brand only</b>) Spritam <b>Sympazan</b> Trokendi XR</p>
<p><b>Requires Prior Authorization</b> colesevelam (Welchol) colestipol granules (Colestid) fenofibrate (Antara, Fenoglide, Lipofen, Lofibra, Triglide) fenofibric acid (Fibricor, Trilipix) omega-3 ethyl esters (Lovaza) Juxtapid Praluent <sup>cc</sup> Repatha <sup>cc</sup> Vascepa</p>	<p><b>PAH Agents, Oral and Inhaled</b></p> <p><b>Preferred</b> ambrisentan (Letairis) bosentan tablets (Tracleer) sildenafil tablets (Revatio) <sup>cc,ql</sup></p> <p><b>Requires Prior Authorization</b> sildenafil suspension (Revatio) <sup>cc,ql</sup> tadalafil (Adcirca) <sup>cc,ql</sup> Adempas Opsumit <sup>cc,ql</sup> Orenitram ER <sup>cc,ql</sup> Tracleer suspension Tyvaso <sup>cc</sup> Uptravi <sup>cc,ql</sup> <b>Ventavis</b></p>	

**CENTRAL NERVOUS SYSTEM**

The Mental Health Carve Out link is located at [mmcp.health.maryland.gov/pap/docs/Mental%20Health%20Formulary.pdf](http://mmcp.health.maryland.gov/pap/docs/Mental%20Health%20Formulary.pdf)

**Antidepressants, Other****Preferred**

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

**Requires Prior Authorization**

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

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

citalopram tablets, solution (Celexa)<sup>ql</sup>  
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)*<sup>cc,ql</sup>  
*Paxil suspension*  
*Pexeva*

**Anti-Migraine Agents, Other\***

\*Excluded from the Mental Health Formulary

**Preferred**

**Emgality 120 mg/ml**  
**(Step Therapy)**<sup>cc,ql</sup>

**Requires Prior Authorization**

**Aimovig (Step Therapy)**<sup>cc,ql</sup>  
**Ajovy (Step Therapy)**<sup>cc,ql</sup>

**CENTRAL NERVOUS SYSTEM****Antipsychotics\*****Preferred****1st Tier**

aripiprazole (Abilify)<sup>ql</sup>  
aripiprazole ODT (Abilify Discmelt)<sup>ql</sup>  
chlorpromazine (Thorazine)  
clozapine (Clozaril)  
fluphenazine (Prolixin)  
fluphenazine decanoate inj  
(Prolixin Inj)<sup>ql</sup>  
haloperidol (Haldol)  
haloperidol decanoate inj  
(Haldol IM)<sup>ql</sup>  
loxapine capsules (Loxitane)  
olanzapine IM (Zyprexa IM)<sup>ql</sup>  
olanzapine ODT (Zyprexa Zydis)<sup>ql</sup>  
olanzapine tablets (Zyprexa)<sup>ql</sup>  
perphenazine (Trilafon)  
perphenazine/amitriptyline (Triavil)  
pimozide (Orap)  
quetiapine (Seroquel)<sup>ql</sup>  
quetiapine ER (Seroquel XR)<sup>ql</sup>  
risperidone, risperidone ODT  
(Risperdal)<sup>ql</sup>  
thioridazine (Mellaril)  
thiothixene (Navane)  
trifluoperazine (Stelazine)  
ziprasidone (Geodon)<sup>ql</sup>  
Abilify Maintena<sup>ql</sup>  
Aristada<sup>ql</sup>  
Aristada Initio<sup>ql</sup>  
Geodon IM  
Invega Sustenna<sup>ql</sup>  
Invega Trinza<sup>cc,ql</sup>  
Risperdal Consta<sup>ql</sup>  
**2nd Tier**  
Latuda<sup>cc,ql</sup>

**Requires Prior Authorization**

*clozapine ODT (Fazacllo)*<sup>cc</sup>  
*olanzapine/fluoxetine (Symbyax)*<sup>cc,ql</sup>  
*paliperidone (Invega)*<sup>cc,ql</sup>

**Abilify MyCite**<sup>cc</sup>

*Adasuve*<sup>cc</sup>  
*Nuplazid*<sup>cc,ql</sup>  
*Perseris*<sup>cc,ql</sup>  
*Rexulti*<sup>cc,ql</sup>  
*Saphris*<sup>cc,ql</sup>  
*Versacloz*<sup>cc</sup>  
*Vraylar*<sup>cc,ql</sup>  
*Zyprexa Relprevv*<sup>cc,ql</sup>

\*Find information on the Antipsychotic Peer

Review Program at [mmcp.health.maryland.gov/pap/Pages/Antipsychotics-Review-Programs.aspx](http://mmcp.health.maryland.gov/pap/Pages/Antipsychotics-Review-Programs.aspx)

**CENTRAL NERVOUS SYSTEM****Sedative Hypnotics****Preferred**

flurazepam (Dalmane)<sup>ql</sup>  
temazepam 15mg, 30mg  
(Restoril)<sup>ql</sup>  
triazolam (Halcion)<sup>ql</sup>  
zaleplon (Sonata)<sup>ql</sup>  
zolpidem (Ambien)<sup>ql</sup>

**Requires Prior Authorization**

*estazolam (ProSom)*<sup>ql</sup>  
*eszopiclone (Lunesta)*<sup>cc,ql</sup>  
*temazepam 7.5mg, 22.5mg*<sup>ql</sup>  
*zolpidem SL (Intermezzo)*<sup>ql</sup>  
*zolpidem ER (Ambien CR)*  
*Belsomra*<sup>cc,ql</sup>  
*Eduar*<sup>ql</sup>  
*Hetlioz*<sup>cc,ql</sup>  
*Rozerem*<sup>ql</sup>  
*Silenor*

**A 72-hour emergency  
supply of a non-preferred  
medication is available.**

**Pharmacists should call**

**1-800-932-3918**

**to request authorization  
to dispense.**



**CENTRAL NERVOUS SYSTEM**

The Mental Health Carve Out link is located at [mmcp.health.maryland.gov/pap/docs/Mental%20Health%20Formulary.pdf](http://mmcp.health.maryland.gov/pap/docs/Mental%20Health%20Formulary.pdf)

**Stimulants and Related Agents****Preferred****Ist Tier**

amphetamine salt combo (Adderall)  
 clonidine ER tablets (Kapvay)<sup>cc,ql</sup>  
 dexamethylphenidate tablets (Focalin)  
 dextroamphetamine capsules (Dexedrine ER)  
 dextroamphetamine tablets  
 guanfacine ER (Intuniv)<sup>cc,ql</sup>  
 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)  
 methylphenidate oral solution (Methylin)  
 Adderall XR (**Brand only**)  
 Daytrana  
 Focalin XR (**Brand only**)  
 Quillichew ER  
 Quillivant XR  
 Vyvanse  
 Vyvanse chewable tablets<sup>cc</sup>

**2nd Tier**

atomoxetine (Strattera)<sup>cc</sup>

**Requires Prior Authorization**

amphetamine salt combo ER (Adderall XR) (**generic only**)  
 amphetamine sulfate (Evekeo)  
 armodafinil (Nuvigil)<sup>cc,ql</sup>  
 dexamethylphenidate XR (Focalin XR) (**generic only**)  
 dextroamphetamine solution (Procentra)  
 methamphetamine (Desoxyn)  
 methylphenidate chewable (Methylin chewable)  
 methylphenidate CR tablets 72mg  
 modafinil (Provigil)<sup>cc,ql</sup>  
 Adzenys ER suspension  
 Adzenys XR ODT<sup>cc</sup>  
 Aptensio XR  
 Cotelpla XR ODT  
 Dyanavel XR  
 Mydayis ER  
 Zenedi

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

testosterone gel packet, pump (Androgel)  
 Androderm<sup>cc,ql</sup>

**Requires Prior Authorization**

testosterone gel (Testim)  
 testosterone gel (Vogelxo)  
 testosterone gel pump (Axiron)  
 testosterone gel pump (Fortesta)

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

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

**Requires Prior Authorization**

alendronate solution (Fosamax Solution)<sup>ql</sup>  
 etidronate (Didronel)<sup>ql</sup>  
 ibandronate (Boniva)<sup>ql</sup>  
 raloxifene (Evista)<sup>ql</sup>  
 risedronate (Actonel, Atelvia)<sup>ql</sup>  
 Binosto<sup>ql</sup>  
 Forteo<sup>cc,ql</sup>  
 Fosamax Plus D<sup>ql</sup>  
 Prolia<sup>cc,ql</sup>  
 Tymlos<sup>cc,ql</sup>

**Growth Hormones****Preferred**

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

**Requires Prior Authorization**

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

**ENDOCRINE****Hypoglycemics, Incretin Mimetics and Enhancers****Preferred**

Bydureon  
 Byetta  
 Glyxambi<sup>cc,ql</sup>  
 Janumet, Janumet XR  
 Januvia  
 Jentadueto  
 Symlin  
 Tradjenta  
 Victoza<sup>ql</sup>

**Requires Prior Authorization**

alogliptin (Nesina)  
 alogliptin/metformin (Kazano)  
 alogliptin/pioglitazone (Oseni)  
 Adlyxin  
 Bydureon BCise  
 Jentadueto XR  
 Kombiglyze XR  
 Onglyza  
 Ozempic  
 Qtern<sup>cc,ql</sup>  
 Soliqua  
 Steglujan<sup>cc,ql</sup>  
 Tanzeum  
 Trulicity  
 Xultophy

**Coming Soon!**

**Maryland Medicaid  
 Pharmacy Program  
 will be implementing  
 quantity limits  
 on stimulants.**

**Stay tuned  
 for more information!**

**ENDOCRINE****Hypoglycemics, Insulins****Preferred**

insulin lispro vial (Humalog)  
Humalog Mix vial  
Humulin vial  
Humulin 70/30 vial  
Humulin 500 unit/mL vial  
Lantus  
Levemir  
NovoLog  
NovoLog mix

**Requires Prior Authorization**

*insulin lispro pen (Humalog)*  
*Admelog*  
*Afrezza*  
*Apidra*  
*Basaglar*  
*Fiasp*  
***Humalog cartridge***  
*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, Toujeo Max*  
*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)* <sup>cc,ql</sup>  
*metformin ER (Glumetza)* <sup>cc,ql</sup>  
*Riomet*

**ENDOCRINE****Hypoglycemics, SGLT2 Inhibitors****Preferred**

Farxiga (**Step Therapy**) <sup>cc,ql</sup>  
Invokana (**Step Therapy**) <sup>cc,ql</sup>  
Jardiance (**Step Therapy**) <sup>cc,ql</sup>

**Requires Prior Authorization**

*Invokamet (Step Therapy)* <sup>cc,ql</sup>  
*Invokamet XR (Step Therapy)* <sup>cc,ql</sup>  
*Segluromet (Step Therapy)* <sup>cc,ql</sup>  
*Steglatro (Step Therapy)* <sup>cc,ql</sup>  
*Synjardy (Step Therapy)* <sup>cc,ql</sup>  
*Synjardy XR (Step Therapy)* <sup>cc,ql</sup>  
*Xigduo XR (Step Therapy)* <sup>cc,ql</sup>

**Hypoglycemics, TZDs****Preferred**

pioglitazone (Actos)  
pioglitazone/metformin  
(ActoPlusMet)

**Requires Prior Authorization**

*pioglitazone/glimepiride (Duetact)*  
*ActoPlusMet XR*  
*Avandia*

**GASTROINTESTINAL****Antiemetic/Antivertigo Agents****Preferred**

dimenhydrinate OTC  
meclizine Rx, OTC (Bonine,  
Antivert)  
metoclopramide (Reglan)  
ondansetron, ondansetron ODT  
(Zofran) <sup>ql</sup>  
prochlorperazine tablets  
(Compazine)  
promethazine injectable,  
solution, tablets (Phenergan)  
promethazine suppositories  
(except 50mg)  
scopolamine patches  
(TransDerm-Scop) (**Brand and  
generic**)

**Requires Prior Authorization**

*aprepitant **capsules**, tripack*  
*(Emend)* <sup>ql</sup>  
*dimenhydrinate Rx*  
*dronabinol (Marinol)* <sup>cc,ql</sup>  
*granisetron (Kytril)* <sup>ql</sup>  
*metoclopramide ODT*  
*(Metozolv ODT)*  
*palonosetron (Aloxi)*  
*prochlorperazine **injectable**,*  
*suppositories (Compro)*  
***promethazine 50mg***  
***suppositories***  
*trimethobenzamide (Tigan)*  
*Akynzeo capsules* <sup>cc</sup>  
*Akynzeo IV*  
*Anzemet* <sup>ql</sup>  
*Bonjesta*  
*Cesamet* <sup>ql</sup>  
*Cinvanti*  
*Diclegis* <sup>cc,ql</sup>  
*Emend IV*  
*Emend powder packet* <sup>ql</sup>  
*Sancuso* <sup>ql</sup>  
*Sustol*  
*Syndros*  
*Varubi*  
*Zuplenz*

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

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

**Requires Prior Authorization**

*Chenodal*  
*Cholbam*  
*Ocaliva*

**GI Motility, Chronic****Preferred**

Amitiza <sup>cc,ql</sup>  
Linzess <sup>cc,ql</sup>  
Movantik <sup>cc,ql</sup>

**Requires Prior Authorization**

*alose tron (Lotronex)*  
***Motegrity*** <sup>cc,ql</sup>  
*Relistor* <sup>cc,ql</sup>  
*Symproic* <sup>cc,ql</sup>  
*Trulance* <sup>cc,ql</sup>  
*Viberzi*

**Pancreatic Enzymes****Preferred**

Creon <sup>ql</sup>  
Zenpep <sup>ql</sup>

**Requires Prior Authorization**

*Pancreaze* <sup>ql</sup>  
*Pertzye* <sup>ql</sup>  
*Viokace* <sup>ql</sup>

**GASTROINTESTINAL****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*  
*Esomep-EZS*  
*Prilosec suspension*

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

balsalazide (Colazal)  
**mesalamine enemas (Rowasa, sfRowasa)**  
sulfasalazine, sulfasalazine DR  
(Azulfidine, Azulfidine DR)  
Apriso

**Requires Prior Authorization**

*budesonide ER (Uceris)*  
*mesalamine (Lialda)*  
*mesalamine DR (Delzicol)*  
*mesalamine HD (Asacol HD)*  
**mesalamine rectal (Canasa)**  
*Dipentum*  
*Pentasa*  
*Uceris Rectal*

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

Enbrel  
Humira  
Cosentyx

**Requires Prior Authorization**

*Actemra* <sup>cc</sup>  
*Arcalyst*  
*Cimzia* <sup>cc</sup>  
*Entyvio* <sup>cc</sup>  
*Ilaris*  
*Ilumya*  
*Inflectra* <sup>cc</sup>  
*Kevzara* <sup>cc</sup>  
*Kineret* <sup>cc</sup>  
*Olumiant* <sup>cc</sup>  
*Orencia* <sup>cc,ql</sup>  
*Otezla* <sup>cc,ql</sup>  
*Remicade* <sup>cc</sup>  
*Renflexis* <sup>cc</sup>  
*Siliq* <sup>cc</sup>  
*Simponi* <sup>cc</sup>  
*Stelara* <sup>cc,ql</sup>  
*Taltz* <sup>cc,ql</sup>  
*Tremfya*  
*Xeljanz, Xeljanz XR* <sup>cc,ql</sup>

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

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

**Requires Prior Authorization**

**cyclosporine capsules**  
**(Sandimmune)**  
**cyclosporine modified Softgel**  
**(Gengraf)**  
*mycophenolate mofetil suspension*  
**(generic only)**  
*Astagraf XL*  
*Envarsus XR*  
**Sandimmune solution**  
*Zortress*

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

donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT)  
 memantine (Namenda)  
 rivastigmine capsules, patches (Exelon)<sup>q1</sup>

**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)  
 benztropine (Cogentin)  
 carbidopa/levodopa IR (Sinemet)  
 carbidopa/levodopa ER (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

**Inbrija**

Neupro

Osmolex ER

Rytary

Xadago

Zelapar

**NEUROLOGICS****Multiple Sclerosis Agents****Preferred**

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

**Requires Prior Authorization**

dalfampridine ER (Ampyra)<sup>cc,q1</sup>  
 glatiramer acetate 20mg (Glatopa) (**generic only**)  
 glatiramer acetate 40mg (Copaxone)  
 Aubagio<sup>cc,q1</sup>  
 Extavia Kit<sup>cc</sup>  
 Gilenya<sup>cc,q1</sup>  
 Lemtrada<sup>cc</sup>  
 Ocrevus<sup>cc,q1</sup>  
 Plegridy<sup>cc</sup>  
 Tecfidera<sup>cc,q1</sup>  
 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 (Ocuflax)  
 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
<p><b>Ophthalmics, Antibiotic/Steroid Combinations</b></p> <p><u>Preferred</u> neomycin/polymyxin/ dexamethasone (Maxitrol) sulfacetamide/prednisolone tobramycin/dexamethasone drops (Tobradex) Tobradex ointment</p> <p><u>Requires Prior Authorization</u> <i>neomycin/bacitracin/polymyxin/ hydrocortisone</i> <i>neomycin/polymyxin/ hydrocortisone</i> <i>Blephamide, Blephamide S.O.P.</i> <i>Pred-G</i> <i>Tobradex ST</i> <i>Zylet</i></p>
<p><b>Ophthalmics, Glaucoma Agents</b></p> <p><u>Preferred</u> brimonidine (Alphagan P) carteolol (Ocupress) dorzolamide (Trusopt) dorzolamide/timolol (Cosopt) latanoprost (Xalatan) levobunolol (Betagan) pilocarpine (Pilocar) timolol (Timoptic, Timoptic XE) Azopt Combigan Simbrinza Travatan Z</p> <p><u>Requires Prior Authorization</u> <i>apraclonidine (Iopidine)</i> <i>betaxolol</i> <i>bimatoprost 0.03% (Lumigan)</i> <i>timolol (Istalol)</i> <i>Betoptic S</i> <i>Cosopt PF</i> <i>Lumigan 0.01%</i> <i>Phospholine Iodide</i> <i>Rhopressa</i> <i>Timoptic Ocudose</i> <i>Vyzulta</i> <u><i>Xelpros</i></u> <i>Zioptan</i></p>

OPHTHALMICS
<p><b>Ophthalmics, Anti-Inflammatories</b></p> <p><u>Preferred</u> diclofenac (Voltaren) fluorometholone (FML) flurbiprofen (Ocufen) ketorolac (Acular) loteprednol (Lotemax drops) Durezol Flarex FML SOP Ilevro Maxidex Pred Mild</p> <p><u>Requires Prior Authorization</u> <i>bromfenac (Xibrom)</i> <i>dexamethasone (Decadron)</i> <i>ketorolac LS (Acular LS)</i> <i>prednisolone acetate (Pred Forte)</i> <i>prednisolone sodium</i> <i>Acuvail</i> <i>Bromsite</i> <i>FML Forte</i> <i>Iluvien</i> <u><i>Inveltys</i></u> <i>Lotemax gel, ointment</i> <i>Nevanac</i> <i>Ozurdex</i> <i>Prolensa</i> <i>Retisert</i> <i>Triesence</i> <u><i>Yutiq</i></u></p>
<p><b>Ophthalmics, Anti-Inflammatory/ Immunomodulator</b></p> <p><u>Preferred</u> Restasis multidose Restasis single-use</p> <p><u>Requires Prior Authorization</u> <u><i>Cequa</i></u> <i>Xiidra</i></p>

OTIC
<p><b>Otic Antibiotics</b></p> <p><u>Preferred</u> neomycin/polymyxin/HC (Cortisporin) ofloxacin otic (Floxin Otic) Ciprodex</p> <p><u>Requires Prior Authorization</u> <i>ciprofloxacin</i> <i>Cipro HC</i> <i>Coly-Mycin S</i> <i>Otiprio</i> <i>Otovel</i></p>

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

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

albuterol HFA (Proventil HFA) <sup>ql</sup>  
 albuterol neb 0.083%, 5mg/ml  
 albuterol neb 0.63mg/3ml, 1.25mg/3ml (AccuNeb)  
 albuterol syrup (Proventil, Ventolin)  
 ProAir HFA (**Brand only**) <sup>ql</sup>  
 Serevent

**Requires Prior Authorization**

albuterol tablets  
 albuterol ER (Vospire ER)  
 albuterol HFA (ProAir HFA) (**generic only**) <sup>ql</sup>  
 albuterol HFA (Ventolin HFA) <sup>ql</sup>  
 levalbuterol neb (Xopenex)  
 levalbuterol HFA (Xopenex HFA) <sup>ql</sup>  
 metaproterenol (Alupent)  
 terbutaline (Brethine)  
 Arcapta Neohaler  
 Brovana  
 Perforomist  
 ProAir Respiclick <sup>ql</sup>  
 Striverdi Respimat

**RESPIRATORY****COPD Agents****Preferred**

ipratropium neb (Atrovent)  
 ipratropium/albuterol neb (DuoNeb)  
 Atrovent HFA  
 Combivent Respimat <sup>ql</sup>  
 Spiriva Handihaler  
 Stiolto Respimat

**Requires Prior Authorization**

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

**Glucocorticoids, Inhaled****Preferred**

budesonide inhalation suspension 0.25mg, 0.5mg (Pulmicort Respules)  
 fluticasone/salmeterol (Advair Diskus)  
 Advair HFA  
 Asmanex  
 Dulera  
 Flovent HFA  
 Pulmicort Respules 1mg (**Brand only**)  
 Symbicort

**Requires Prior Authorization**

budesonide inhalation suspension 1mg (**generic only**)  
 fluticasone/salmeterol (AirDuo Respiclick)  
 Alvesco  
 Armonair Respiclick  
 Arnuity Ellipta  
 Asmanex HFA  
 Breo Ellipta  
 Flovent Diskus  
 Pulmicort Flexhaler <sup>ql</sup>  
 QVAR Redihaler  
 Trelegy Ellipta

**RESPIRATORY****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 (Patanase)  
 triamcinolone OTC (Nasacort OTC)  
 Beconase AQ  
 Dymista  
 Flonase OTC  
 Omnaris  
 Qnasl  
 Xhance  
 Zetonna

**Leukotriene Modifiers****Preferred**

montelukast chewables, tablets (Singulair)  
 zafirlukast (Accolate)

**Requires Prior Authorization**

montelukast granules (Singulair Granules)  
 zileuton CR (Zyflo CR)  
 Zyflo

**Epinephrine, Self-Injected****Preferred**

epinephrine 0.15mg (EpiPen Jr) <sup>ql</sup>  
 epinephrine 0.3mg (EpiPen) <sup>ql</sup>

**Requires Prior Authorization**

epinephrine 0.15mg (Adrenaclick) <sup>ql</sup>  
 epinephrine 0.3mg (Adrenaclick) <sup>ql</sup>  
**Symjepi**

**TOPICAL DERMATOLOGICS****Acne Agents, Topical****Preferred**

adapalene cream (Differin) <sup>cc</sup>  
 benzoyl peroxide OTC (except 3%, 9% cleanser)  
 clindamycin (all forms except foam)  
clindamycin/benzoyl peroxide (Duac)  
 erythromycin pledgets, solution  
 tretinoin (Avita, Retin-A) <sup>cc</sup>  
 Azelex  
 Differin lotion <sup>cc</sup>

**Requires Prior Authorization**

adapalene gel (Differin gel) <sup>cc</sup>  
 adapalene/benzoyl peroxide (Epiduo)  
 benzoyl peroxide 3%, 9% cleanser OTC  
 benzoyl peroxide Rx  
 bp-10-1  
 clindamycin foam  
 clindamycin/benzoyl peroxide (Acanya)  
 clindamycin/tretinoin (Velin)  
 dapson 5% (Aczone)  
erythromycin gel  
erythromycin/benzoyl peroxide (Benzamycin)  
 salicylic acid wash OTC  
 sulfacetamide  
 sulfacetamide/sulfur  
 sulfacetamide/sulfur/urea  
 tazarotene cream (Tazorac) <sup>cc</sup>  
 tretinoin micro (Retin-A Micro) <sup>cc</sup>  
 Acne-Free Clearing System  
 Aczone 7.5% gel

**Altreno**

Avar  
 Clindacin  
 Differin Gel OTC  
 Epiduo Forte Gel w/Pump  
 Fabior  
 Neuac  
 Onexton  
 Ovace  
Plixda  
 Retin-A Micro 0.06%, 0.08%  
 Sumaxin CP Kit  
 Tazorac gel

**TOPICAL DERMATOLOGICS****Immunomodulators, Atopic Dermatitis****Preferred**

tacrolimus ointment (Protopic)  
 pimecrolimus (Elidel)

**Requires Prior Authorization**

Dupixent  
 Eucrisa

**UROLOGIC****BPH Treatment****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  
**solifenacin (Vesicare)**  
 tolterodine, tolterodine ER (Detrol, Detrol LA)  
 trospium, trospium ER (Sanctura, Sanctura XR)  
 Gelnique  
 Myrbetriq  
 Oxytrol

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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%20.pdf>

## 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)  
Monday-Friday, 8:00 am - 5:00 pm
- ◆ **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