



Pharmacy

NEWS AND VIEWS

February 2020

Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown here includes updates effective January 1, 2020. 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 Office of Pharmacy Services (OPS), formerly known as 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, 2020, brand Lyrica® capsules are no longer preferred over its generic equivalent (pregabalin capsules).** Claims for pregabalin capsules will be handled in the same manner as claims for other multisource medications. Claims for brand Lyrica® capsules will adjudicate only if there is a prior authorization based on an approved Maryland Department of Health (MDH) Medwatch form (link above). Refer to our website for a complete PDL 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 or authorization is needed¹. 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 Solutabs ODT
- ProAir HFA Inhalation
- Pulmicort 1mg/2ml Respules
- Revatio Oral Suspension²
- Sabril Powder Packet²
- Sabril Tablets²
- Suboxone Film
- Tegretol suspension
- Transderm-Scop Transdermal³
- Patches

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*
- sildenafil oral suspension²*
- vigabatrin powder packet²*
- vigabatrin tablets²*
- buprenorphine/naloxone film*
- carbamazepine suspension*
- scopolamine transdermal patches³*

Generic vs Brand Status of Non-PDL Medications:

- Norvir Tablets
- ritonavir tablet

¹ Clinical criteria for use may apply. Clinical Criteria can be found at: <https://mmcp.health.maryland.gov/pap/pages/Clinical-Criteria.aspx>

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

³ Both brand and generic are preferred

Maryland Medicaid Preferred Drug List

ANALGESICS	ANALGESICS	ANALGESICS
Analgesics, Narcotics * (Long Acting)	Analgesics, Narcotics * (Short Acting)	Anti-Migraine Agents, Other ** <i>**Appears in two places within PDL document</i>
<p>* All drugs are subject to review through the Opioid Drug Utilization Review Program at: https://mmcp.health.maryland.gov/healthchoice/opioid-dur-workgroup/Pages/pa-information.aspx</p> <p>Preferred fentanyl patches (All strengths except 37.5mcg, 62.5mcg, 87.5mcg) ^{cc,q1} morphine sulfate SR (MS Contin) ^{q1} Embeda</p> <p>Requires Prior Authorization <i>buprenorphine patch (Butrans) ^{q1}</i> <i>fentanyl patches (37.5mcg, 62.5mcg, 87.5mcg) ^{cc,q1}</i> <i>hydromorphone ER (Exalgo) ^{q1}</i> <i>methadone (Dolophine) ^{q1}</i> <i>morphine sulfate ER (Avinza) ^{q1}</i> <i>morphine sulfate ER (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>Preferred acetaminophen w/codeine (Tylenol w/codeine) ^{q1} butalbital/acetaminophen/codeine/caffeine ^{q1} codeine tablets hydrocodone/acetaminophen tablets (Lorcet, Norco, Vicodin) ^{q1} hydromorphone tablets (Dilaudid) morphine sulfate tablets, solution oxycodone capsules, tablets, solution oxycodone/acetaminophen (Percocet) ^{q1} tramadol (Ultram) ^{q1} tramadol/acetaminophen (Ultracet) ^{q1}</p> <p>Requires Prior Authorization <i>benzhydrocodone/acetaminophen (Apadaz)</i> <i>butalbital/aspirin/codeine/caffeine ^{q1}</i> <i>butorphanol nasal spray</i> <i>carisoprodol/codeine/aspirin</i> <i>dihydrocodeine/acetaminophen/caffeine</i> <i>fentanyl buccal (Actiq) ^{cc,q1}</i> <i>hydrocodone/acetaminophen solution (Lortab) ^{q1}</i> <i>hydrocodone/ibuprofen (Vicoprofen)</i> <i>hydromorphone solution, suppositories</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> <i>Roxybond</i> <i>Subsys ^{cc,q1}</i></p>	<p>Preferred <u>Emgality 100 mg/ml</u> Emgality 120 mg/ml (Step Therapy) ^{cc,q1}</p> <p>Requires Prior Authorization <i>Aimovig (Step Therapy) ^{cc,q1}</i> <i>Ajovy (Step Therapy) ^{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>Treximet 10/60 ^{q1}</i> <i>Zembrace Symtouch</i> <i>Zomig nasal ^{q1}</i></p>

ANALGESICS
<p>Neuropathic Pain</p>
<p>Preferred capsaicin OTC duloxetine (Cymbalta) ^{cc,q1} gabapentin capsules, tablets (Neurontin) lidocaine patch (Lidoderm) ^{q1} <u>pregabalin capsules</u> ^{q1}</p> <p>Requires Prior Authorization duloxetine 40mg (Irenka) ^{q1} gabapentin solution (Neurontin) pregabalin solution DermacinRx PHN Pak Gralise Horizant <u>Lidopure</u> Lyrica CR Qutenza Kit Savella <u>Zilacaine Patch</u> ZTlido</p>

ANALGESICS
<p>Nonsteroidal Anti-Inflammatories (NSAIDs)</p>
<p>Preferred diclofenac (Cataflam) diclofenac gel (Voltaren gel) ibuprofen Rx, OTC (Motrin) indomethacin (Indocin) meloxicam tablets (Mobic) nabumetone (Relafen) naproxen Rx, OTC (Aleve, Naprosyn) sulindac (Clinoril)</p> <p>Requires Prior Authorization celecoxib (Celebrex) diclofenac epolamine patch (Flector) ^{cc,q1} diclofenac potassium (Zipsor) diclofenac topical solution (Pennsaid) diclofenac/capsicum oleoresin kit diclofenac/misoprostol (Arthrotec) <u>diclofenac SR (Voltaren XL)</u> diflunisal (Dolobid) etodolac, etodolac XL (Lodine, Lodine XL) fenoprofen <u>flurbiprofen (Ansaid)</u> ibuprofen chewable tabs OTC indomethacin ER (Indocin ER) ketoprofen, ketoprofen ER (Orudis, Oruvail) <u>ketorolac (Toradol)</u> meclizolam (Meclomen) mefenamic acid (Ponstel) meloxicam suspension naproxen sodium Rx naproxen CR, suspension oxaprozin (Daypro) piroxicam (Feldene) tolmetin, tolmetin DS (Tolectin, Tolectin DS) Duexis Indocin suppositories, suspension Pennsaid pump <u>Qmiiz ODT</u> Sprix Tivorbex Vimovo Vivlodex Xrylix Kit Zorvolex</p>

ANALGESICS
<p>Opioid Use Disorder Treatments</p>
<p>Preferred buprenorphine (Subutex) ^{cc,q1} naloxone (Narcan) naltrexone (Revia) ^{cc} Bunavail ^{q1} Narcan nasal spray Sublocade ^{cc,q1} Suboxone film (Brand only) ^{q1} Vivitrol ^{cc,q1} Zubsolv ^{q1}</p> <p>Requires Prior Authorization buprenorphine/naloxone film (Suboxone film) (generic only) ^{q1} buprenorphine/naloxone tablets (Suboxone) ^{q1} Lucemyra ^{q1}</p>
<p>Skeletal Muscle Relaxants</p>
<p>Preferred baclofen (Lioresal) chlorzoxazone (Parafon) cyclobenzaprine (Flexeril) ^{q1} methocarbamol (Robaxin) orphenadrine ER (Norflex) tizanidine tablets (Zanaflex)</p> <p>Requires Prior Authorization carisoprodol (Soma) carisoprodol compound (Soma Compound) cyclobenzaprine ER (Amrix) ^{q1} dantrolene (Dantrium) metaxalone (Skelaxin) tizanidine capsules (Zanaflex) Lorzone <u>Norgesic Forte</u></p>

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

^{cc} Clinical Criteria: <https://mmcp.health.maryland.gov/pap/Pages/Clinical-Criteria.aspx>
^{q1} Quantity Limits: <https://mmcp.health.maryland.gov/pap/docs/QL.pdf>

ANTI-INFECTIVES**Antibiotics, GI****Preferred**

metronidazole tablets (Flagyl)
neomycin
vancomycin capsules (Vancocin)
Firvanq

Requires Prior Authorization

metronidazole capsules (Flagyl capsules)
paromomycin
tinidazole (Tindamax)
Difcid^{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}
Arikayce
Cayston^{cc,ql}

Antibiotics, Topical**Preferred**

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

Requires Prior Authorization

mupirocin cream (Bactroban Cream)
Centany

ANTI-INFECTIVES**Antibiotics, Vaginal****Preferred**

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

Requires Prior Authorization

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)
posaconazole (Noxafil)
voriconazole (Vfend)
Cresemba
Onmel
Oravig
Tolsura

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

Requires Prior Authorization

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

ANTI-INFECTIVES**Antivirals, Oral****Preferred**

acyclovir (Zovirax)
oseltamivir (Tamiflu)^{q1}
valacyclovir (Valtrex)

Requires Prior Authorization

famciclovir (Famvir)
rimantadine (Flumadine)
Relenza
Sitavig
Xofluza

Antivirals, Topical**Preferred**

acyclovir cream (Zovirax)
docosanol 10% cream (Abreva OTC)

Requires Prior Authorization

acyclovir ointment (Zovirax ointment)
Denavir
Xerese

Cephalosporins and Related Antibiotics**Preferred**

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

Requires Prior Authorization

amoxicillin/clavulanate chewable tablets (Augmentin)
amoxicillin/clavulanate ER (Augmentin XR)
cefaclor suspension, ER tablets (Ceclor, Ceclor CD)
cefadroxil suspension, tablets (Duricef)
cefixime capsules, suspension (Suprax)
cefpodoxime (Vantin)
cephalexin tablets (Keflex)
Augmentin 125 suspension
Suprax chewable

ANTI-INFECTIVES**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 (Epiriv HBV)

Requires Prior Authorization

adefovir dipivoxil (Hepsera)
Baraclude solution
Vemlidy

Hepatitis C Agents**Preferred**

ribavirin (Copegus, Rebetol)
ledipasvir/sofosbuvir (Harvoni)^{cc}
sofosbuvir/velpatasvir (Epclusa)^{cc}
Mavyret^{cc}
Pegasys
PegIntron
Vosevi^{cc}
Zepatier^{cc}

Requires Prior Authorization

ribavirin dose pack
Daklinza^{cc}
Rebetol solution
Ribapak
Ribasphere
Sovaldi^{cc}
Viekira Pak^{cc}

ANTI-INFECTIVES**Macrolides/Ketolides****Preferred**

azithromycin (Zithromax)
clarithromycin tablets (Biaxin)
erythromycin base capsules DR
erythromycin ethyl succinate oral suspension (EryPed, E.E.S.)
Ery-Tab

Requires Prior Authorization

clarithromycin suspension (Biaxin)
clarithromycin ER (Biaxin XL)
erythromycin base tablets
erythromycin ethylsuccinate tablets (EES 400)
Erythrocin

Tetracyclines**Preferred**

doxycycline hyclate (Vibramycin)
doxycycline monohydrate 50mg, 75mg, 100mg (Monodox)
minocycline capsules (Minocin)
tetracycline (Sumycin)

Requires Prior Authorization

demeclocycline (Declomycin)
doxycycline hyclate DR (Doryx)
doxycycline monohydrate capsules 75mg, 150mg
doxycycline monohydrate suspension (Vibramycin)
minocycline tablets
minocycline ER (Solodyn)
Doryx MPC
Morgidox Kit
Nuzyra
Vibramycin syrup
Ximino

BLOOD MODIFIERS	CARDIOVASCULAR	CARDIOVASCULAR
<p>Antihyperuricemics</p> <p><u>Preferred</u> allopurinol (Zyloprim) probenecid probenecid/colchicine</p> <p><u>Requires Prior Authorization</u> <i>colchicine capsules (Mitigare)^{q1}</i> <i>colchicine tablets (Colcrys)^{q1}</i> <i>febuxostat (Uloric)</i></p>	<p>Angiotensin Modulator Combinations</p> <p><u>Preferred</u> amlodipine/benazepril (Lotrel) amlodipine/valsartan (Exforge) amlodipine/valsartan/HCTZ (Exforge HCT)</p> <p><u>Requires Prior Authorization</u> <i>amlodipine/olmesartan (Azor)</i> <i>amlodipine/olmesartan/HCTZ (Tribenzor)</i> <i>amlodipine/telmisartan (Twynsta)</i> <i>trandolapril/verapamil (Tarka)</i></p>	<p>Anticoagulants</p> <p><u>Preferred</u> enoxaparin (Lovenox)^{q1} warfarin (Coumadin) Eliquis tablets Pradaxa^{q1} Xarelto Dose Pack Xarelto tablets (except 2.5mg)</p> <p><u>Requires Prior Authorization</u> <i>fondaparinux (Arixtra)^{q1}</i> <i>Eliquis Dose Pack</i> <i>Fragmin^{q1}</i> <i>Savaysa</i> <i>Xarelto 2.5mg tablets^{q1}</i></p>
<p>Colony Stimulating Factors</p> <p><u>Preferred</u> Granix Neupogen</p> <p><u>Requires Prior Authorization</u> <i>Fulphila</i> <i>Leukine</i> <i>Neulasta</i> <i>Nivestym</i> <i>Udenyca</i> <i>Zarxio</i></p>	<p>Angiotensin Modulators</p> <p><u>Preferred</u> benazepril, benazepril/HCTZ (Lotensin, Lotensin HCT) enalapril, enalapril/HCTZ (Vasotec, Vasoretic) 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}</p>	<p>Antihypertensives, Sympatholytics</p> <p><u>Preferred</u> clonidine patch (Catapres TTS)^{q1} clonidine tablets (Catapres) guanfacine (Tenex) methyldopa (Aldomet)</p> <p><u>Requires Prior Authorization</u> <i><u>methyldopa/HCTZ (Aldoril)</u></i></p>
<p>Erythropoiesis Stimulating Proteins</p> <p><u>Preferred</u> Aranesp <u>Retacrit</u></p> <p><u>Requires Prior Authorization</u> <i>Epogen</i> <i>Mircera</i> <u>Procrit</u></p>	<p><u>Requires Prior Authorization</u> <i>aliskiren (Tekturna)</i> <i>candesartan, candesartan/HCTZ (Atacand, Atacand HCT)</i> <i>captopril, captopril/HCTZ (Capozide)</i> <i>eprosartan (Teveten)</i> <i>fosinopril, fosinopril/HCTZ (Monopril, Monopril HCT)</i> <i>moexipril, moexipril/HCTZ (Univasc, Uniretic)</i> <i>olmesartan, olmesartan/HCTZ (Benicar, Benicar HCT)</i> <i>perindopril (Aceon)</i> <i>telmisartan, telmisartan/HCTZ (Micardis, Micardis HCT)</i> <i>trandolapril (Mavik)</i> <i>Edarbi, Edarbyclor</i> <i>Epaned solution</i> <i>Qbrelis</i> <i>Tekturna HCT</i></p>	<p>Beta Blockers</p> <p><u>Preferred</u> 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)</p> <p><u>Requires Prior Authorization</u> <i>acebutolol (Sectral)</i> <i>betaxolol (Kerlone)</i> <i>bisoprolol (Zebeta)</i> <i>carvedilol ER (Coreg CR)</i> <i>metoprolol/HCTZ (Lopressor HCT)</i> <i>nadolol (Corgard)</i> <i>nadolol/bendroflumethiazide (Corzide)</i> <i>pindolol (Visken)</i> <i>propranolol/HCTZ (Inderide)</i> <i>timolol (Blocadren)</i> <i>Bystolic</i> <i>Hemangeol</i> <i>Kapsargo</i> <i>Sotylize</i></p>
<p>Phosphate Binders</p> <p><u>Preferred</u> calcium acetate (PhosLo) sevelamer carbonate (Renvela) Calphron OTC</p> <p><u>Requires Prior Authorization</u> <i>lanthanum carbonate (Fosrenol)</i> <i>sevelamer HCl (Renagel)</i> <i>Auryxia</i> <i>Fosrenol powder pack</i> <i>Magnebind 400 Rx</i> <i>Phoslyra</i> <i>Velphoro</i></p>		

CARDIOVASCULAR	CARDIOVASCULAR	CENTRAL NERVOUS SYSTEM
<p>Calcium Channel Blockers</p> <p>Preferred 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>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)</p> <p><u>Katerzia</u> Nymalize</p>	<p>Lipotropics, Statins</p> <p>Preferred atorvastatin (Lipitor) lovastatin (Mevacor) pravastatin (Pravachol) rosuvastatin (Crestor) simvastatin (Zocor)</p> <p>Requires Prior Authorization amlodipine/atorvastatin (Caduet) ezetimibe/simvastatin (Vytorin) fluvastatin, fluvastatin ER (Lescol, Lescol XL) Altoprev <u>Ezallor Sprinkle</u> Livalo Zypitamag</p>	<p>Anticonvulsants</p> <p>Preferred carbamazepine (Tegretol) carbamazepine ER (Carbatrol ER) <u>clobazam tablets (Onfi)</u>^{q1} 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^{q1}</p>
<p>Lipotropics, Other</p> <p>Preferred cholestyramine (Questran) colestipol tablets (Colestid) ezetimibe (Zetia) fenofibrate nanocrystals (Tricor) gemfibrozil (Lopid) niacin ER (Niaspan) Niacor</p> <p>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</p>	<p>Platelet Aggregation Inhibitors</p> <p>Preferred clopidogrel (Plavix)^{q1} dipyridamole (Persantine)^{q1} prasugrel (Effient)^{q1} Brilinta^{q1}</p> <p>Requires Prior Authorization aspirin/dipyridamole (Aggrenox)^{q1} Yosprala Zontivity</p>	<p>Requires Prior Authorization carbamazepine suspension (Tegretol) (generic only) carbamazepine XR (Tegretol XR) clobazam suspension (Onfi)^{cc,q1} 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,q1} Aptiom^{cc} Banzel^{cc,q1} Briviact Celontin <u>Diacomil capsules, powder pack</u> Epidiolex^{cc} Equetro^{cc} Fycompa^{cc} Lamictal XR dose pack <u>Nayzilam</u> Oxtellar XR Peganone Sabril powder pack, tablets (Brand only) Spritam Sympazan Trokendi XR</p>
	<p>PAH Agents, Oral and Inhaled</p> <p>Preferred ambrisentan (Letairis) bosentan tablets (Tracleer) sildenafil tablets (Revatio)^{cc,q1}</p> <p>Requires Prior Authorization tadalafil (Adcirca)^{cc,q1} Adempas Opsumit^{cc,q1} Orenitram ER^{cc,q1} Revatio suspension (Brand only)^{cc,q1} Tracleer suspension Tyvaso^{cc} Upravi^{cc,q1} Ventavis</p>	

CENTRAL NERVOUS SYSTEM

CENTRAL NERVOUS SYSTEM

CENTRAL NERVOUS SYSTEM

The Mental Health Formulary can be found at <https://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)
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)

phenelzine (Nardil)

tranylcypromine (Parnate)

venlafaxine ER tablets

Aplenzin

Emsam

Fetzima

Marplan

Spravato^{cc}

Trintellix

Viibryd

Zulresso

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

Anti-Migraine Agents, Other *

*Excluded from the Mental Health Formulary

Preferred

Emgality 100 mg/ml

Emgality 120 mg/ml (Step Therapy)^{cc,ql}

Requires Prior Authorization

Aimovig (Step Therapy)^{cc,ql}

Ajovy (Step Therapy)^{cc,ql}

Antipsychotics**

**Find Antipsychotic Peer Review Program
at [https://mmcp.health.maryland.gov/pap/
Pages/Antipsychotics-Review-Programs.aspx](https://mmcp.health.maryland.gov/pap/Pages/Antipsychotics-Review-Programs.aspx)

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)
pimozide (Orap)
quetiapine (Seroquel)^{ql}
quetiapine ER (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 (Fazacla)^{cc}

iloperidone (Fanapt)^{cc,ql}

olanzapine/fluoxetine (Symbyax)^{cc,ql}

paliperidone (Invega)^{cc,ql}

Abilify MyCite^{cc}

Adasuve^{cc}

Fanapt^{cc,ql}

Nuplazid^{cc,ql}

Perseris^{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) (Step Therapy)^{ql}

ramelteon (Rozerem)^{ql}

temazepam 7.5mg, 22.5mg^{ql}

zolpidem SL (Intermezzo)^{ql}

zolpidem ER (Ambien CR)

Belsomra^{cc,ql}

Edluar^{ql}

Hetlioz^{cc,ql}

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

Find the Mental Health Carve Out link is at:
<https://mmcp.health.maryland.gov/pap/docs/Mental%20Health%20Formulary.pdf>

Stimulants and Related Agents**Preferred****1st Tier**

amphetamine salt combo (Adderall)
 clonidine ER tablets (Kapvay)^{cc,q1}
 dexamethylphenidate tablets (Focalin)
 dextroamphetamine capsules (Dexedrine ER)
 dextroamphetamine tablets
 guanfacine ER (Intuniv)^{cc,q1}
 methylphenidate CD capsules (Metadate CD)
 methylphenidate CR tablets (All strengths except 72mg) (Concerta)
 methylphenidate ER capsules (Ritalin LA)
 methylphenidate ER tablets (Ritalin SR)
 methylphenidate oral solution (Methylin)
 methylphenidate tablets (Ritalin)
 Adderall XR (**Brand only**)
 Daytrana
 Focalin XR (**Brand only**)
 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,q1}
 dexamethylphenidate XR (Focalin XR) (**generic only**)
 dextroamphetamine solution (Procentra)
 methamphetamine (Desoxyn)
 methylphenidate chewable (Methylin chewable)
 methylphenidate CR tablets 72mg
 modafinil (Provigil)^{cc,q1}

Adhansia XR

Adzenys ER suspension
 Adzenys XR ODT^{cc}
 Aptensio XR
 Cotempla XR ODT
 Dyanavel XR

Evekeo ODT**Jornay PM**

Mydayis ER

Quillichew ER**Sunosi**

Zenzedi

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

testosterone gel packet, pump (AndroGel)
 Androderm^{cc,q1}

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)^{q1}
 calcitonin salmon nasal (Miacalcin)^{q1}

Requires Prior Authorization

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

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}

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

Bydureon
 Byetta
 Glyxambi^{cc,q1}
 Janumet, Janumet XR
 Januvia
 Jentadueto
 Symlin
 Tradjenta
 Victoza^{q1}

Requires Prior Authorization

alogliptin (Nesina)
 alogliptin/metformin (Kazano)
 alogliptin/pioglitazone (Oseni)
 Adlyxin
 Bydureon BCise
 Jentadueto XR
 Kombiglyze XR
 Onglyza
 Ozempic
 Qtern^{cc,q1}
 Soliqua
 Steglujan^{cc,q1}
 Tanzeum
 Trulicity
 Xultophy

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

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

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)^{cc,ql}
metformin ER (Glumetza)^{cc,ql}
Riomet

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

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

Requires Prior Authorization

Invokamet (Step Therapy)^{cc,ql}
Invokamet XR (Step Therapy)^{cc,ql}
Segluromet (Step Therapy)^{cc,ql}
Steglatro (Step Therapy)^{cc,ql}
Synjardy (Step Therapy)^{cc,ql}
Synjardy XR (Step Therapy)^{cc,ql}
Xigduo XR (Step Therapy)^{cc,ql}

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)^{ql}
 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)^{ql}
dimenhydrinate Rx
doxylamine/pyridoxine (Diclegis)^{cc,ql}
dronabinol (Marinol)^{cc,ql}
fosaprepitant dimeglumine IV (Emend)
granisetron (Kytril)^{ql}
metoclopramide ODT (Metozolv ODT)
palonosetron (Aloxi)
prochlorperazine injectable, suppositories (Compro)
promethazine 50mg suppositories
trimethobenzamide (Tigan)
Akynzeo capsules^{cc}
Akynzeo IV
Anzemet^{ql}
Bonjesta
Cesamet^{ql}
Cinvanti
Emend powder packets^{ql}
Sancuso^{ql}
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^{cc,q1}
Linzess^{cc,q1}
Movantik^{cc,q1}

Requires Prior Authorization

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

Pancreatic Enzymes**Preferred**

Creon^{q1}
Zenpep^{q1}

Requires Prior Authorization

Pancreaze^{q1}
Pertzye^{q1}
Viokace^{q1}

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)
Dexilant
Esomep-EZS
Prilosec suspension

Ulcerative Colitis Agents**Preferred**

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

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
Otezla (Step Therapy)^{cc,q1}

Requires Prior Authorization

Actemra^{cc}
Arcalyst^{cc}
Cimzia^{cc}
Cosentyx^{cc}
Entyvio^{cc}
Ilaris^{cc}
Ilumya^{cc}
Inflectra^{cc}
Kevzara^{cc}
Kineret^{cc}
Olumiant^{cc}
Orencia^{cc,q1}
Remicade^{cc}
Renflexis^{cc}
Rinvoq ER^{cc}
Siliq^{cc}
Simponi^{cc}
Skyrizi^{cc}
Stelara^{cc,q1}
Taltz^{cc,q1}
Tremfya^{cc}
Xeljanz, Xeljanz XR^{cc,q1}

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
Prograf Granules Pack
Sandimmune solution
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)
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)
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)^{cc,q1}
glatiramer acetate 20mg (Glatopa) (generic only)
glatiramer acetate 40mg (Copaxone)
Aubagio^{cc,q1}
Extavia kit^{cc}
Gilenya^{cc,q1}
Lemtrada^{cc}
Mavenclad
Mayzent
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
Lastacaft

Ophthalmics, Antibiotics**Preferred**

bacitracin/polymyxin B ointment
ciprofloxacin solution (Ciloxan)
erythromycin
gentamicin (Garamycin)
moxifloxacin (Vigamox)
neomycin/bacitracin/polymyxin ointment
ofloxacin (Ocuflox)
polymyxin/trimethoprim (Polytrim)
sulfacetamide solution (Bleph-10)
tobramycin (Tobrex Drops)
Ciloxan ointment
Moxeza
Tobrex ointment

Requires Prior Authorization

bacitracin
gatifloxacin (Zymarid)
gentamicin ointment
levofloxacin (Quixin)
neomycin/polymyxin/gramicidin (Neosporin)
sulfacetamide ointment
AzaSite
Besivance
Natacyn

OPHTHALMICS

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, Glaucoma Agents

Preferred

brimonidine (Alphagan P)
 carteolol (Ocupress)
 dorzolamide (Trusopt)
 dorzolamide/timolol (Cosopt)
 latanoprost (Xalatan)
 levobunolol (Betagan)
 pilocarpine (Pilocar)
 timolol (Timoptic, Timoptic XE)
 Combigan
Rhopressa
 Travatan Z

Requires Prior Authorization

apraclonidine (Iopidine)
betaxolol
bimatoprost 0.03% (Lumigan)
timolol (Istalol)
Azopt
 Betoptic S
 Cosopt PF
 Lumigan 0.01%
 Phospholine Iodide
Rocklatan
Simbrinza
 Timoptic Ocudose
 Vyzulta
 Xelpros
 Zioptan

OPHTHALMICS

Ophthalmics, Anti-Inflammatories

Preferred

diclofenac (Voltaren)
 fluorometholone (FML)
 ketorolac (Acular)
prednisolone acetate (Pred Forte)
 Durezol
 Ilevro
 Pred Mild

Requires Prior Authorization

bromfenac (Xibrom)
dexamethasone (Decadron)
flurbiprofen (Ocufen)
ketorolac LS (Acular LS)
loteprednol (Lotemax drops)
prednisolone sodium
 Acuvail
 Bromsite
Dextenza
Dexycu
Flarex
 FML Forte
FML SOP
 Iluvien
 Inveltys
 Lotemax gel, ointment
Maxidex
 Nevanac
 Ozurdex
 Prolensa
 Retisert
 Triesence
 Yutiq

OTIC

Ophthalmics, Anti-Inflammatory/Immunomodulator

Preferred

Restasis multidose
 Restasis single-use

Requires Prior Authorization

Cequa
Xiidra

Otic Antibiotics

Preferred

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

Requires Prior Authorization

ciprofloxacin
Cipro HC
Coly-Mycin S
Cortisporin TC
Otiprio
Otovel

Have you tried Formulary Navigator?

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- ◆ Multiple search options to find products by alphabet, brand and generic, and/or therapeutic class
- ◆ More detailed information on product restrictions and prescribing requirements

www.mmppi.com

RESPIRATORY**Antihistamines, Minimally Sedating****Preferred**

cetirizine, cetirizine D tablets, solution, 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**cetirizine capsules, chewable, 5mg/5ml solution OTC**

desloratadine, desloratadine ODT (Clarinet, Clarinet RDT)
fexofenadine ODT, OTC
fexofenadine D OTC (Allegra D)
levocetirizine solution (Xyzal)
loratadine capsules OTC
Clarinet D
Semprex D

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 (**Brand only**)^{ql}
 Serevent

Requires Prior Authorization

albuterol tablets
albuterol ER (Vospire ER)
albuterol HFA (ProAir HFA) (generic only)^{ql}
albuterol HFA (Proventil, Ventolin HFA)^{ql}
levalbuterol neb (Xopenex)
levalbuterol HFA (Xopenex HFA)^{ql}
metaproterenol (Alupent)
terbutaline (Brethine)
Arcapta Neohaler
Brovana
Perforomist
ProAir Respiclick^{ql}
Striverdi Respimat

RESPIRATORY**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
Yupelri

Glucocorticoids, Inhaled**Preferred**

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

Requires Prior Authorization**budesonide inhalation suspension 1mg (generic only)****fluticasone/salmeterol (Advair Diskus)**

fluticasone/salmeterol (AirDuo

Respiclick)

wixela inhub (Advair Diskus)

Alvesco
Arnuity Ellipta
Asmanex HFA
Breo Ellipta
Flovent Diskus
Pulmicort Flexhaler^{ql}
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)^{ql}
 epinephrine 0.3mg (EpiPen)^{ql}

Requires Prior Authorization

epinephrine 0.15mg (AdrenaClick)^{ql}
epinephrine 0.3mg (AdrenaClick)^{ql}
Symjepi

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

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

Requires Prior Authorization

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

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

tacrolimus ointment (Protopic)
 pimecrolimus (Elidel)

Eucrisa**Requires Prior Authorization**

Dupixent

UROLOGIC**BPH Treatments****Preferred**

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

Requires Prior Authorization

dutasteride/tamsulosin (Jalyn)
 silodosin (Rapaflo)
 Cardura XL

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

Larry Hogan, Governor

Boyd K. Rutherford, Lt. Governor

Robert R. Neall, Secretary

**OFFICE OF
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Atypical Antipsychotic Agents: 30-day Emergency Supply

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