



Pharmacy

NEWS AND VIEWS

July 2020

COVID-19 Initiatives

Please visit the Maryland Medicaid Program's website at <https://mmcp.health.maryland.gov> for information dedicated to providers and participants.

These initiatives are to assist medical care providers and pharmacies in meeting the many challenges they are facing and also to make sure that the Maryland Medicaid participants continue to have access to their much needed medications during these uncertain times. In addition, starting May 29, the Secretary of the Department of Health issued a directive to allow pharmacists to collect specimens for COVID-19 testing. Our Point of Sale vendor has programmed their system to allow pharmacies to bill for this service.

Due to the Novel Coronavirus pandemic (COVID-19), the Maryland Department of Health (MDH) implemented multiple decisive measures, such as:

- Temporary waiver of early refill edits allowing one time 30-day early refill supply and up to 90-day supply on maintenance medication
- 14-day emergency supply if the prescriber is unable to obtain the necessary preauthorization due to COVID-19
- Signature less-deliveries of drugs to participants
- Temporary non-enforcement of certain Pharmacy Preauthorization Requirements that are pursuant to COMAR 10.09.03.06 (A)(1), (5), and (9)

Testing for COVID-19 by Medicaid Pharmacies

On May 28, 2020, the Maryland Department of Health released guidance related to testing for COVID-19 for Maryland Medicaid Pharmacies. The Fee-For-Service Point of Sale (POS) Electronic Claims Processing vendor, Conduent State Healthcare, made necessary system modifications to allow pharmacies to submit claims for specimen collection for COVID-19 testing through the POS claim processing system as of June 4, 2020. Pharmacies will be able to bill for dates of service retrospective to May 29, 2020. More information is available at <https://mmcp.health.maryland.gov/pap/Pages/ProviderAdvisories.aspx>.

Pharmacies may bill for specimen collection service for COVID-19 testing. Billing information is available at <http://mdrxprograms.com/ooep.html#PSI>.

Call Center Helpline Changes to Voicemail System

Effective 4/24/20, the Maryland Department of Health Office of Pharmacy Services Fee-for-Service Medicaid Helpline transitioned to a voicemail system ([See Voicemail Advisory](#)).

When callers dial 1-800-492-5231, option # 3, they are instructed to leave a voicemail with their name, Medicaid ID number or Provider number, and contact information. MDH staff will return their calls as soon as possible during normal business hours.

The voicemail option is available Monday through Friday from 8 AM to 5 PM.

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), formulary 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 July 1, 2020. The following brand name insulin medications are preferred over their corresponding generics: Humalog Junior Kwikpen, Humalog Mix 75/25 pen, Humalog pen and vial, Novolog cartridge, pen, vial and Novolog Mix 70/30.** Claims for these brand name insulin medications must be submitted with DAW 6 code and will be priced appropriately. A Maryland Department of Health (MDH) Medwatch form will not be required.

Claims with any other DAW code will reject. Please refer to our website for a complete list of the 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).

¹ No Medwatch or authorization needed unless the Program has established clinical criteria for the drug

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

Brand Preferred Exceptions

Preferred Brands

Cellcept Oral suspension

Copaxone 20mg/ml

Focalin XR capsules

Gabrilil tablets

Humalog Junior Kwikpen

Humalog Mix 75/25 pen

Humalog pen, vial

Kitabis Pak

Novolog cartridge, pen, vial

Novolog Mix 70/30 pen, vial

Prevacid Solutabs ODT

ProAir HFA inhalation

Pulmicort 1mg/2ml respules

Revatio Oral Suspension ²

Sabril Powder Packet ²

Sabril Tablets ²

Suboxone Film

Tegretol suspension

Transderm-Scop Transdermal Patches ³

Non-Preferred Generics

mycophenolate mofetil oral suspension

glatiramer acetate

dexmethylphenidate XR capsules

tiagabine tablets

insulin lispro Junior Kwikpen

insulin lispro mix pen

insulin lispro pen, vial

tobramycin pak

insulin aspart cartridge, pen, vial

insulin aspart protamine/insulin aspart pen, vial

lansoprazole ODT

albuterol HFA inhalation

budesonide inhalation 1mg/2ml suspension

sildenafil oral suspension ²

vigabatrin powder packet ²

vigabatrin tablets ²

buprenorphine/naloxone film

carbamazepine oral suspension

scopolamine transdermal patches ³

Generic vs Brand Status of Non-PDL Medications:

Norvir Tablets

ritonavir tablet

Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown here includes updates effective July 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 20).

ANALGESICS	ANALGESICS	ANALGESICS
Analgesics, Narcotics * (Long Acting)	Analgesics, Narcotics * (Short Acting)	Analgesics, Narcotics * (Short Acting) (continued)
<p><i>* All drugs in this class are subject to review through the Opioid Drug Utilization Review Program</i></p> <p><u>Preferred</u> fentanyl patches (All strengths except 37.5mcg, 62.5mcg, 87.5mcg) ^{cc,q1} morphine sulfate SR (MS Contin) ^{q1} <u>Xtampza ER</u></p> <p><u>Requires Prior Authorization</u> buprenorphine patch (Butrans) ^{q1} fentanyl patches (37.5mcg, 62.5mcg, 87.5mcg) ^{cc,q1} hydrocodone ER (Zohydro ER) ^{cc,q1} hydromorphone ER (Exalgo) ^{q1} methadone (Dolophine) ^{q1} morphine sulfate ER (Avinza) ^{q1} morphine sulfate ER (Kadian) ^{q1} oxycodone ER (Oxycontin) ^{q1} oxymorphone ER (Opana ER) ^{q1} tramadol ER (Conzip, Ryzolt, Ultram ER) ^{q1} Arymo ER Belbuca ^{q1} <u>Embeda</u> Hysingla ER ^{cc,q1} Morphabond ER Nucynta ER ^{q1}</p>	<p><u>Preferred</u> 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><u>Requires Prior Authorization</u> benzhydrocodone/acetaminophen (Apadaz) butalbital/aspirin/codeine/caffeine ^{q1} butorphanol nasal spray carisoprodol/codeine/aspirin dihydrocodeine/acetaminophen/caffeine fentanyl buccal (Actiq) ^{cc,q1} hydrocodone/acetaminophen solution (Lortab) ^{q1} hydrocodone/ibuprofen (Vicoprofen) hydromorphone solution, suppositories levorphanol meperidine (Demerol) morphine suppositories oxycodone syringe oxycodone/acetaminophen (Primlev, Prolate) ^{q1} oxycodone concentrated solution oxycodone/aspirin (Percodan) oxycodone/ibuprofen (Combunox) oxymorphone (Opana) pentazocine/naloxone (Talwin NX) Abstral ^{cc,q1} Fentora ^{cc,q1} Nucynta Oxaydo Roxybond</p>

ANALGESICS**Anti-Migraine Agents, Other***

*Appears in two places within PDL document

Preferred

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

Requires Prior Authorization

Aimovig (**Step Therapy**)^{cc,ql}

Emgality 100mg/mL

(**Step Therapy**)^{cc,ql}

Nurtec ODT

Reyvow

Ubrelvy

Anti-Migraine Agents, Triptans**Preferred**

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

Requires Prior Authorization

almotriptan (Axert)^{ql}
 eletriptan (Relpax)^{ql}
 frovatriptan (Frova)^{ql}
 naratriptan (Amerge)^{ql}
 sumatriptan kit (Imitrex)^{ql}
 sumatriptan/naproxen (Treximet)^{ql}
 zolmitriptan, zolmitriptan ODT
 (Zomig, Zomig ZMT)^{ql}
 Migranow Kit
 Onzetra Xsail
Tosymra
 Zembrace Symtouch
 Zomig nasal^{ql}

ANALGESICS**Neuropathic Pain****Preferred**

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

Requires Prior Authorization

duloxetine 40mg (Irenka)^{ql}
 gabapentin solution (Neurontin)
 pregabalin solution
 DermacinRx PHN Pak
Drizalma Sprinkle
Gabacaine Kit
 Gralise
 Horizant
 Lidopure
 Lyrica CR
 Qutenza Kit
 Savella
 Zilacaine Patch
 ZTlido

ANALGESICS**Nonsteroidal Anti-Inflammatories
(NSAIDs)****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)

Requires Prior Authorization

celecoxib (Celebrex)
 diclofenac epolamine patch
 (Flector)^{cc,ql}
 diclofenac potassium (Zipsor)
 diclofenac topical solution
 (Pennsaid)
 diclofenac/capsicum oleoresin kit
 diclofenac/misoprostol (Arthrotec)
 diclofenac SR (Voltaren XL)
 diflunisal (Dolobid)
 etodolac, etodolac XL (Lodine,
 Lodine XL)
 fenoprofen
 flurbiprofen (Ansaid)
 ibuprofen chewable tabs OTC
 indomethacin ER (Indocin ER)
 ketoprofen, ketoprofen ER (Orudis,
 Oruvail)
 ketorolac (Toradol)
 ketorolac nasal spray (Sprix)
 meclufenamate (Meclomen)
 mefenamic acid (Ponstel)
 meloxicam suspension
 naproxen/esomeprazole (Vimovo)
 naproxen sodium Rx
 naproxen CR, suspension
 oxaprozin (Daypro)
 piroxicam (Feldene)
 tolmetin, tolmetin DS (Tolectin,
 Tolectin DS)
 Duexis
 Indocin suppositories, suspension
 Pennsaid pump
 Qmiiiz ODT^{cc,ql}
Relafen DS
 Tivorbex
 Vivlodex
 Xrylix Kit
 Zorvolex

ANALGESICS**Opioid Use Disorder Treatments****Preferred**

buprenorphine (Subutex) ^{cc,ql}
 naloxone (Narcan)
 naltrexone (Revia) ^{cc}
 Bunavail ^{ql}
 Narcan nasal spray
 Sublocade ^{cc,ql}
 Suboxone film (**Brand only**) ^{ql}
 Vivitrol ^{cc,ql}
 Zubsolv ^{ql}

Requires Prior Authorization

buprenorphine/naloxone film
 (Suboxone film) (**generic only**) ^{ql}
 buprenorphine/naloxone tablets
 (Suboxone) ^{ql}
 Lucemyra ^{ql}

Skeletal Muscle Relaxants**Preferred**

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

Requires Prior Authorization

carisoprodol (Soma)
 carisoprodol compound (Soma
 Compound)
 cyclobenzaprine ER (Amrix) ^{ql}
 dantrolene (Dantrium)
 metaxalone (Skelaxin)
 tizanidine capsules (Zanaflex)
 Lorzone
 Norgesic Forte

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

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

Requires Prior Authorization

metronidazole capsules (Flagyl
 capsules)
 paromomycin
 tinidazole (Tindamax)
vancomycin solution
 Difucid ^{cc,ql}
 Solosec
 Xifaxan ^{cc,ql}

Antibiotics, Inhaled**Preferred**

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

Requires Prior Authorization

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

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)^{ql}
 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)
 cephalixin capsules, suspension (Keflex)

ANTI-INFECTIVES**Cephalosporins and Related Antibiotics (continued)****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)
 cephalixin tablets (Keflex)
 Augmentin 125 suspension
 Suprax chewable

Fluoroquinolones, Oral**Preferred**

ciprofloxacin tablets (Cipro)
 levofloxacin tablets (Levaquin)

Requires Prior Authorization

ciprofloxacin suspension (Cipro)
 levofloxacin solution (Levaquin)
 moxifloxacin (Avelox)
 ofloxacin (Floxin)
 Baxdela

Hepatitis B Agents**Preferred**

entecavir (Baraclude)
 lamivudine HBV (Epivir HBV)

Requires Prior Authorization

adefovir dipivoxil (Hepsera)
 Baraclude solution
 Vemlidy

ANTI-INFECTIVES**Hepatitis C Agents****Preferred**

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

Requires Prior Authorization

Daklinza^{cc}
Ribapak
Ribasphere
Sovaldi^{cc}
Viekira Pak^{cc}

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, 100mg (Monodox)
 doxycycline monohydrate tablets
 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, Ximino)
Doryx MPC
Morgidox Kit
Nuzyra
Vibramycin syrup

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

allopurinol (Zyloprim)
 probenecid
 probenecid/colchicine

Requires Prior Authorization

colchicine capsules (Mitigare)^{qi}
colchicine tablets (Colcrys)^{qi}
febuxostat (Uloric)
Gloperba

Colony Stimulating Factors**Preferred**

Granix
 Neupogen

Requires Prior Authorization

Fulphila
Leukine
Neulasta
Nivestym
Udenyca
Zarxio
Ziextenzo

Erythropoiesis Stimulating Proteins**Preferred**

Aranesp
 Retacrit

Requires Prior Authorization

Epogen
Mircera
Procrit
Reblozyl

Phosphate Binders**Preferred**

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

Requires Prior Authorization

lanthanum carbonate (Fosrenol)
sevelamer carbonate powder pack (Renvela)
sevelamer HCl (Renagel)
Auryxia
Fosrenol powder pack
Magnebind 400 Rx
Phoslyra
Velphoro

BLOOD MODIFIERS**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 (Twyinsta)
trandolapril/verapamil (Tarka)

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)

olmesartan, olmesartan/HCTZ (Benicar, Benicar HCT)

quinapril, quinapril/HCTZ (Accupril, Accuretic)
 ramipril (Altace)
 valsartan, valsartan/HCTZ (Diovan, Diovan HCT)
 Entresto^{cc,qi}

Requires Prior Authorization

aliskiren (Tekturna)
candesartan, candesartan/HCTZ (Atacand, Atacand HCT)
captopril, captopril/HCTZ (Capozide)
eprosartan (Teveten)
fosinopril, fosinopril/HCTZ (Monopril, Monopril HCT)
moexipril (Univasc)
perindopril (Aceon)
telmisartan, telmisartan/HCTZ (Micardis, Micardis HCT)
trandolapril (Mavik)
Edarbi, Edarbyclor
Epaned solution
Qbrelis
Tekturna HCT

CARDIOVASCULAR**Anticoagulants****Preferred**

enoxaparin (Lovenox)^{ql}
 warfarin (Coumadin)
 Eliquis tablets
 Pradaxa^{ql}
 Xarelto Dose Pack
 Xarelto tablets (except 2.5mg)

Requires Prior Authorization

fondaparinux (Arixtra)^{ql}
Eliquis Dose Pack
Fragmin^{ql}
Savaysa
Xarelto 2.5mg tablets^{cc,ql}

Antihypertensives, Sympatholytics**Preferred**

clonidine patch (Catapres TTS)^{ql}
 clonidine tablets (Catapres)
 guanfacine (Tenex)
 methyl dopa (Aldomet)

Requires Prior Authorization

methyl dopa/HCTZ (Aldoril)

Beta Blockers**Preferred**

atenolol, atenolol/chlorthalidone
 (Tenormin, Tenoretic)
bisoprolol (Zebeta)
 bisoprolol/HCTZ (Ziac)
 carvedilol (Coreg)
 labetalol (Normodyne, Trandate)
 metoprolol succinate XL (Toprol XL)
 metoprolol tartrate (Lopressor)
nadolol (Corgard)
 propranolol (Inderal)
 propranolol LA (Inderal LA)
 sotalol, sotalol AF (Betapace,
 Betapace AF)

Requires Prior Authorization

acebutolol (Sectral)
betaxolol (Kerlone)
carvedilol ER (Coreg CR)
metoprolol/HCTZ (Lopressor HCT)
*nadolol/bendroflumethiazide
 (Corzide)*
pindolol (Visken)
propranolol/ HCTZ (Inderide)
timolol (Blocadren)
Bystolic
Hemangeol
Kapsargo
Sotylize

CARDIOVASCULAR**Calcium Channel Blockers****Preferred**

amlodipine (Norvasc)
 diltiazem (Cardizem)
 diltiazem ER capsules
 (Cardizem CD, Tiazac)
 nifedipine ER (Adalat CC,
 Procardia XL)
 verapamil (Calan)
 verapamil ER tablets (Calan SR)

Requires Prior Authorization

diltiazem ER tablets (Cardizem LA)
felodipine (Plendil)
isradipine (Dynacirc)
nicardipine (Cardene)
nifedipine (Adalat, Procardia)
nimodipine (Nimotop)
nisoldipine (Sular)
*verapamil ER capsules (Verelan,
 Verelan PM)*
Katerzia
Nymalize

Lipotropics, Other**Preferred**

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

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

CARDIOVASCULAR**Lipotropics, Statins****Preferred**

atorvastatin (Lipitor)
 lovastatin (Mevacor)
 pravastatin (Pravachol)
 rosuvastatin (Crestor)
 simvastatin (Zocor)

Requires Prior Authorization

amlodipine/atorvastatin (Caduet)
ezetimibe/simvastatin (Vytorin)
*fluvastatin, fluvastatin ER (Lescol,
 Lescol XL)*
Altoprev
Ezallor Sprinkle
Livalo
Zypitamag

Platelet Aggregation Inhibitors**Preferred**

clopidogrel (Plavix)^{ql}
 dipyridamole (Persantine)^{ql}
 prasugrel (Effient)^{ql}
 Brilinta^{ql}

Requires Prior Authorization

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

PAH Agents, Oral and Inhaled**Preferred**

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

Requires Prior Authorization

tadalafil (Adcirca)^{cc,ql}
Adempas
Opsumit^{cc,ql}
Orenitram ER^{cc,ql}
Revatio suspension^{cc,ql}
(Brand only)
Tracleer tablets for suspension
Tyvaso^{cc}
Uptravi^{cc,ql}
Ventavis

CENTRAL NERVOUS SYSTEM

CENTRAL NERVOUS SYSTEM

CENTRAL NERVOUS SYSTEM

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

Anticonvulsants

Preferred

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

Requires Prior Authorization

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

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,ql}
 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

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

Requires Prior Authorization

Aimovig (**Step Therapy**)^{cc,ql}
Emgality 100 mg/ml
 (**Step Therapy**)^{cc,ql}
Nurtec ODT
Reyvow
Ubrelvy

CENTRAL NERVOUS SYSTEM**CENTRAL NERVOUS SYSTEM****CENTRAL NERVOUS SYSTEM**

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

AntipsychoticsAntipsychotic Review Programs**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}
 ziprasidone (Geodon IM)
 Abilify Maintena ^{ql}
 Aristada ^{ql}
 Aristada Initio ^{ql}
 Invega Sustenna ^{ql}
 Invega Trinza ^{cc,ql}
 Risperdal Consta ^{ql}

2nd Tier

Latuda ^{cc,ql}

Requires Prior Authorization

clozapine ODT (Fazacllo) ^{cc}
 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}
Secuado
 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

doxepin (Silenor)
 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}

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

amphetamine salt combo (Adderall)
 amphetamine salt combo ER (Adderall ER)
 clonidine ER tablets (Kapvay) ^{cc,ql}
 dexamethylphenidate tablets (Focalin)
 dextroamphetamine capsules (Dexedrine ER)
 dextroamphetamine tablets
 guanfacine ER (Intuniv) ^{cc,ql}
 methylphenidate CD capsules (Metadate CD)
 methylphenidate CR tablets (All strengths except 72mg) (Concerta)
 methylphenidate ER capsules (Ritalin LA)
 methylphenidate ER tablets (Ritalin SR)
 methylphenidate oral solution (Methylin)
 methylphenidate tablets (Ritalin)
 Daytrana
 Focalin XR (**Brand only**)
 Quillivant XR
 Vyvanse
 Vyvanse chewable tablets ^{cc}
2nd Tier
 atomoxetine (Strattera) ^{cc}

Requires Prior Authorization

amphetamine ER suspension (Adzenys ER)
 amphetamine sulfate (Evekeo)
 armodafinil (Nuvigil) ^{cc,ql}
 dexamethylphenidate XR (Focalin XR) (**generic only**)
 dextroamphetamine solution (Procentra)
 methamphetamine (Desoxyn)
 methylphenidate chewable (Methylin chewable)
 methylphenidate CR tablets 72mg
 modafinil (Provigil) ^{cc,ql}
 Adhansia XR
 Adzenys XR ODT ^{cc}
 Aptensio XR
 Cotempla XR ODT
 Dyanavel XR
 Evekeo ODT
 Jornay PM
 Mydayis ER
 Quillichew ER
 Sunosi
Wakix
 Zenzedi

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

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

Requires Prior Authorization**testosterone gel packet (AndroGel)**

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

Bone Resorption Suppression and Related Agents**Preferred**

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

Requires Prior Authorization

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

Growth Hormones**Preferred**

Genotropin ^{cc}
Norditropin ^{cc}
Nutropin AQ ^{cc}

Requires Prior Authorization

Humatrope ^{cc}
Omnitrope ^{cc}
Saizen ^{cc}
Serostim ^{cc}
Zomacton ^{cc}
Zorbtive ^{cc}

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

Bydureon
Byetta
Glyxambi ^{cc,ql}
Janumet, Janumet XR
Januvia
Jentadueto
Onglyza
Symlin
Tradjenta
Trulicity
Victoza ^{ql}

Requires Prior Authorization

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

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

Humalog cartridge
Humalog Junior Kwikpen (Brand only)
Humalog Mix 50/50 pen, vial
Humalog Mix 75/25 pen (Brand only)
Humalog Mix 75/25 vial
Humalog pen, vial (Brand only)
Humulin **pen, vial**
Humulin 70/30 vial
Lantus
Levemir
Novolin pen
NovoLog (Brand only)
NovoLog Mix 70/30 (Brand only)

Requires Prior Authorization

insulin aspart (Novolog) (generic only)
insulin aspart protamine/insulin aspart (Novolog Mix) (generic only)
insulin lispro Junior Kwikpen (Humalog Junior Kwikpen) (generic only)
insulin lispro mix pen (Humalog Mix 75/25) (generic only)
insulin lispro pen, vial (Humalog) (generic only)
Admelog
Afrezza
Apidra
Basaglar
Fiasp
Humalog 200 unit/mL pen
Humulin 70/30 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)

ENDOCRINE**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}
metformin solution (Riomet)

Riomet ER suspension**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
Bonjesta
Cinvanti
Emend powder packets ^{ql}
Sancuso ^{ql}
Sustol
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,ql}
Linzess ^{cc,ql}
Movantik ^{cc,ql}

Requires Prior Authorization

alosetron (Lotronex)
Motegrity ^{cc,ql}
Relistor ^{cc,ql}
Symproic ^{cc,ql}
Trulance ^{cc,ql}
Viberzi

Pancreatic Enzymes**Preferred**

Creon ^{ql}
Zenpep ^{ql}

Requires Prior Authorization

Pancreaze ^{ql}
Pertzye ^{ql}
Viokace ^{ql}

GASTROINTESTINAL**Proton Pump Inhibitors****Preferred**

esomeprazole packet for suspension (Nexium)
 lansoprazole capsules (Prevacid)
 omeprazole capsules (Prilosec)
 pantoprazole (Protonix)
 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 Sprinkles
 Dexilant
 Esomep-EZS
 Prilosec suspension

Ulcerative Colitis Agents**Preferred**

balsalazide (Colazal)
 mesalamine enema (sfRowasa)
 sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR)

Pentasa**Requires Prior Authorization**

budesonide ER (Uceris)
 mesalamine (Lialda)
mesalamine ER (Apriso)
 mesalamine DR (Delzicol)
 mesalamine HD (Asacol HD)
 mesalamine rectal kit (Rowasa)
 mesalamine rectal (Canasa)
 Dipentum
 Uceris Rectal

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

Enbrel
 Humira
 Otezla (**Step Therapy**)^{cc,ql}

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,ql}
 Remicade^{cc}
 Renflexis^{cc}
 Rinvoq ER^{cc}
 Siliq^{cc}
 Simponi^{cc}
 Skyrizi^{cc}
 Stelara^{cc,ql}
 Taltz^{cc,ql}
 Tremfya^{cc}
 Xeljanz, Xeljanz XR^{cc,ql}

IMMUNOLOGICS**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)
 everolimus (Zortress)
 mycophenolate mofetil suspension (**generic only**)
 Astagraf XL
 Envarsus XR
 Prograf Granules Pack
 Sandimmune solution

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- ◆ Web-based open access – no login required!
- ◆ Multiple search options to find products by alphabet, brand and generic, and/or therapeutic class
- ◆ More detailed information on product restrictions and prescribing requirements
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www.mmppi.com

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
Nourianz
 Osmolex ER
 Rytary
 Xadago
 Zelapar

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

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

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^{cc}
 Mayzent
 Ocrevus^{cc,q1}
 Plegridy^{cc}
Rebif
 Tecfidera^{cc,q1}
 Tysabri
Vumerity

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
 Lastacraft

Ophthalmics, Antibiotics**Preferred**

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

Requires Prior Authorization

bacitracin
 gatifloxacin (Zymaxid)
 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)
travoprost (Travatan Z)
Combigan
Rhopressa

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

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

Restasis multidose
Restasis single-use

Requires Prior Authorization

Cequa
Xiidra

OPHTHALMICS**Otic Antibiotics****Preferred**

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

Requires Prior Authorization

ciprofloxacin
Cipro HC
Coly-Mycin S
Cortisporin TC
Otiprio
Otover

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

Pharmacists should call

1-800-932-3918

**to request authorization
to dispense.**

RESPIRATORY	RESPIRATORY	RESPIRATORY
<p>Antihistamines, Minimally Sedating</p> <p>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)</p> <p>Requires Prior Authorization cetirizine capsules, chewable, 5mg/5ml solution OTC desloratadine, desloratadine ODT (Clarinex, Clarinex RDT) fexofenadine ODT, OTC fexofenadine D OTC (Allegra D) levocetirizine solution (Xyzal) loratadine capsules OTC Clarinex D Quzyttir Semprex D</p>	<p>COPD Agents</p> <p>Preferred ipratropium neb (Atrovent) ipratropium/albuterol neb (DuoNeb) Atrovent HFA Combivent Respimat^{q1} Spiriva Handihaler Stiolto Respimat</p> <p>Requires Prior Authorization Anoro Ellipta Bevespi Aerosphere Daliresp Duaklir Pressair Incruse Ellipta Lonhala Magnair Seebri Neohaler Spiriva Respimat Tudorza Pressair Utibron Neohaler Yupelri</p>	<p>Intranasal Rhinitis Agents</p> <p>Preferred azelastine nasal (Astelin) fluticasone nasal (Flonase) ipratropium (Atrovent Nasal)</p> <p>Requires Prior Authorization azelastine nasal (Astepro) azelastine/fluticasone nasal (Dymista) budesonide nasal (Rhinocort Allergy OTC) flunisolide (Nasarel, Nasalide) fluticasone (Ticanase) mometasone nasal (Nasonex) olopatadine (Patanase) triamcinolone OTC (Nasacort OTC) Beconase AQ Flonase OTC Omnaris Qnasl Xhance Zetonna</p>
<p>Bronchodilators, Beta Agonists</p> <p>Preferred albuterol neb 0.083%, 5mg/ml albuterol neb 0.63mg/3ml, 1.25mg/3ml (AccuNeb) albuterol syrup (Proventil, Ventolin) ProAir HFA (Brand only)^{q1} Serevent</p> <p>Requires Prior Authorization albuterol tablets albuterol ER (Vospire ER) albuterol HFA (ProAir HFA) (generic only)^{q1} albuterol HFA (Proventil, Ventolin HFA)^{q1} levalbuterol neb (Xopenex) levalbuterol HFA (Xopenex HFA)^{q1} metaproterenol (Alupent) terbutaline (Brethine) Arcapta Neohaler Brovana Perforomist ProAir Digihaler ProAir Respiclick^{q1} Striverdi Respimat</p>	<p>Glucocorticoids, Inhaled</p> <p>Preferred budesonide/formoterol (Symbicort) budesonide inhalation suspension 0.25mg, 0.5mg (Pulmicort Respules) Advair HFA Asmanex Dulera Flovent HFA Pulmicort Respules 1mg (Brand only)</p> <p>Requires Prior Authorization budesonide inhalation suspension 1mg (generic only) fluticasone/salmeterol (Advair Diskus) fluticasone/salmeterol (AirDuo Respiclick) Alvesco Arnuity Ellipta Asmanex HFA Breo Ellipta Flovent Diskus Pulmicort Flexhaler^{q1} QVAR Redihaler Trelegy Ellipta</p>	<p>Leukotriene Modifiers</p> <p>Preferred montelukast chewables, tablets (Singulair) zafirlukast (Accolate)</p> <p>Requires Prior Authorization montelukast granules (Singulair Granules) zileuton CR (Zyflo CR) Zyflo</p> <p>Epinephrine, Self-Injected</p> <p>Preferred epinephrine 0.15mg (EpiPen Jr)^{q1} epinephrine 0.3mg (EpiPen)^{q1}</p> <p>Requires Prior Authorization epinephrine 0.15mg (Adrenaclick)^{q1} epinephrine 0.3mg (Adrenaclick)^{q1} Symjepi</p>

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

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

Requires Prior Authorization

adapalene **cream**, gel, solution (Differin)^{cc}
 adapalene/benzoyl peroxide (Epiduo)
 benzoyl peroxide 9% cleanser OTC bp-10-1
 clindamycin foam, **lotion**
 clindamycin/benzoyl peroxide (Acanya, Benzaclin)
 clindamycin/tretinoin (Ziana)
 dapsona (Aczone)
 erythromycin gel, **pledgets**
 erythromycin/benzoyl peroxide (Benzamycin)
 sulfacetamide
 sulfacetamide/sulfur
 sulfacetamide/sulfur/urea
 tazarotene cream (Tazorac)^{cc}
 tretinoin micro (Retin-A Micro)^{cc}
 Acne-Free Clearing System
Aklief
 Altreno
Amzeeq
 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)
solifenacin (Vesicare)
 Toviaz

Requires Prior Authorization

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

Recommendations for the Treatment of Asthma in Adults and Children

The Global Initiative for Asthma (GINA) released an interim guidance addressing the COVID-19 Pandemic and management of asthma. It is estimated that asthma impacts 300 million people worldwide. Statistics reported for Maryland reveal a little over 9% of the population currently has a diagnosis of asthma. The proper maintenance and prevention of asthma exacerbations is of greater importance due to the widespread respiratory virus that is impacting patients and providers.

Recommendations regarding COVID-19 management include:

- Continuation of prescribed medications including inhaled corticosteroids (ICS), and oral corticosteroids (OCS) or other adjunct treatments
- Creating an asthma action plan to address exacerbations
- Avoiding the use of nebulizers spirometers when possible to decrease risk of transmission to others
- Following current hygiene strategies

GINA reiterated recent changes in recommendations for the initial and maintenance pharmacologic treatment of asthma. These include avoiding the use of short-acting bronchodilators (SABA) as monotherapy, use of an ICS-containing controller treatment (either symptom driven or daily depending on staging of asthma), and use of reliever inhaler (low dose ICS-formoterol or SABA) in adults and adolescents.

Additional references are available regarding diagnosis, full listing of available treatment options, and clinical data to support the use of specific agents in special populations.

The full report is available at <https://ginasthma.org/reports/>

Review of Cystic Fibrosis

Cystic Fibrosis (CF) is a genetic disease in which mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene cause proteins to become dysfunctional. Normal functioning CFTR proteins regulate chloride transport in mucosal cells in order to attract water to mucus to decrease its viscosity. This can cause health issues in multiple organ systems, and primarily causes respiratory issues including inflammation and infection since the person is unable to effectively clear thick mucus from the lungs. People with CF also commonly have digestive issues due to effects on the secretory system of the pancreas. With this genetic disorder, both parents must have at least one copy of the defective gene.

Currently, there are over 1,700 known mutations of CF. Most people are diagnosed with CF at an early age (by 2 years).

Treatment approach is multimodal and depends on the organ system that is impacted. For pancreatic symptoms, pancreatic enzymes are used with meals and snacks to promote appropriate absorption of nutrients. For respiratory symptoms, inhaled antibiotics may be used to minimize growth of trapped bacteria. Additionally, inhaled agents to promote thinning of the mucus (acetylcysteine) and bronchodilation (inhaled beta agonists) are used to clear mucus from the lungs. Oral agents called CFTR modulators are used to correct the dysfunctional CFTR proteins.

There are currently four FDA-approved CFTR modulators:

- Kalydeco® (ivacaftor)
- Orkambi® (lumacaftor/ivacaftor)
- Symdeko® (tezacaftor/ivacaftor)
- Trikafta® (elexacaftor/tezacaftor/ivacaftor)

These agents are approved for specific mutations and age ranges. Non-pharmacologic approach includes limiting exposure to germs/bacteria and airway clearance techniques, including chest physical therapy and various breathing exercises to promote clearing mucus from the lungs.

More information is available from the Cystic Fibrosis Foundation at www.cff.org

Withdrawal Symptoms from Discontinuation of Psychotropic Medications

Recent literature has focused on the presence of acute and persistent withdrawal following a change (dose decrease, discontinuation, or switch in medication regimen) of psychotropic agents. Current literature suggests up to 54% of patients experience these symptoms, which range from mild to severe.

Withdrawal symptoms have been classified into the following categories: acute withdrawal or rebound symptoms, or persistent withdrawal symptoms. Acute symptoms are likely to begin within 1-4 days of a change in therapy, may be transient in nature, will likely last for a few weeks and are reversible. Rebound symptoms, or the return of symptoms that were being treated

by the medication, are common upon change in medication regimen. Similar to acute symptoms, these issues will resolve with restarting medication management. Persistent symptoms will have the same course though will last longer than a 4-6 week period and may be irreversible.

The withdrawal symptoms may impact one or more major systems, including cardiovascular, gastrointestinal, neurologic, neuromuscular, cognitive, and affective/behavioral functioning, and also depend on the medication. In general, withdrawal symptoms are seen more commonly in medications with a shorter half-life and higher potency, though some symptoms will occur regardless of dose or treatment length.

In most instances, a slow taper or cross-titration of medications as well as non-pharmacologic interventions (e.g. cognitive-behavioral therapy) can mitigate any potential negative impact of a medication's regimen change.

With increased use of psychotropic medications (monotherapy, adjunct treatment, off-label use), it is important for providers to recognize the potential for short- and long-term withdrawal symptoms and to counsel patients appropriately. As with any medication change, it is important that the prescriber and patient be made aware of any potential adverse effects and be prepared to manage any symptoms that arise during any medication management change.

Medication Class	Medication(s)	Acute Symptoms	Persistent Symptoms
Benzodiazepine/ Nonbenzodiazepine benzodiazepine receptor agonists	benzodiazepines, eszopiclone, zaleplon, zolpidem	sweating, tachycardia, nausea, tremor, restlessness, rebound insomnia/anxiety, seizures	anxiety, depression, insomnia, psychosis, sensory/motor phenomena
Antidepressants	Tricyclic antidepressants (TCA), Monoamine oxidase inhibitors (MAOI), Selective serotonin reuptake inhibitors (SSRI), Selective serotonin norepinephrine reuptake inhibitors (SNRI)	flu-like symptoms, change in appetite, sleep disturbances, "brain zaps", tremor/ muscle spasms	prolonged mood disturbances (including treatment refractory symptoms), neurologic disturbances, psychosexual/ genitourinary disturbances, post-SSRI sexual dysfunction
Antipsychotics	first generation antipsychotics (haldol, fluphenazine), second generation antidepressants (olanzapine, risperidone)	flu-like symptoms, mood disorders, motor function impairment	tardive dyskinesia, supersensitivity psychosis



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www.mmppi.com

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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 3)
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