



Pharmacy

NEWS AND VIEWS

Quantity Prescribed Field Required for Schedule II Drugs

On September 21, 2020, requirements were updated for processing pharmacy claims for controlled substances. Per the Centers for Medicare and Medicaid Services (CMS), CMS-0055-F Quantity Prescribed final rule requires the use of the Quantity Prescribed (460-ET) field for all Schedule II drug claims exchanged between HIPAA covered entities. This is an update to previously approved requirements established in 2007. This modification enables covered entities to determine whether a prescription is a “partial fill” (dispensed amount is less than the full amount prescribed), or a refill (full amount prescribed is dispensed). Overall, providing this additional information may help prevent unpermitted refills of Schedule II drugs, and be an important tool in combatting the current opioid epidemic.

The Controlled Substances Act (CSA) defines Schedule II drugs as those with a high potential for abuse which may lead to severe psychological or physical dependence. The Act prohibits the refill of Schedule II drugs, but does allow partial fills in specific situations, including when a pharmacist has less than the prescribed amount of a medication in stock, or if the prescription is for a patient residing in a long-term care facility or a patient with a terminal illness. It should be noted that State or local laws regarding scheduling of drugs and partial or refills of scheduled drugs should be consulted, and the more stringent laws should be used when processing these claims. For more information, please review [Maryland Department of Health Provider Advisory 216](#).

Reference:

Scheduling of controlled substances. 21 USC 812. Available at <https://www.govinfo.gov/content/pkg/USCODE-2018-title21/html/USCODE-2018-title21-chap13-subchapl-partB-sec812.htm>.

CMS-0055-F. Available at <https://www.federalregister.gov/documents/2020/01/24/2020-00551/administrative-simplification-modification-of-the-requirements-for-the-use-of-health-insurance>.

NCPDP Quantity Prescribed (460-ET) Implementation Timeline Guidance. Available at [https://www.ncdp.org/NCPDP/media/pdf/NCPDP-Quantity-Prescribed-\(460-ET\)-Implementation-Timeline-Guidance.pdf](https://www.ncdp.org/NCPDP/media/pdf/NCPDP-Quantity-Prescribed-(460-ET)-Implementation-Timeline-Guidance.pdf).

COVID-19 Response

Due to the Novel Coronavirus pandemic (COVID-19), the Maryland Department of Health (MDH) implemented multiple measures to assist medical care providers and pharmacies, including:

- 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).
- Allowing pharmacists to collect specimens for COVID-19 testing and bill for this service using NDC Code 11877001126 or NDC Code 22066000511.
- The Fee-for-Service Medicaid Helpline is transitioning to a voicemail system. Call 1-800-492-5231, select option #3. Leave a voicemail with name, Medicaid ID number or Provider number, and contact information. MDH staff will return calls as soon as possible.

COVID-19 Pandemic and Mental Health

The symptoms associated with COVID-19 infection include fever/chills, cough, shortness of breath, fatigue, new loss of taste or smell, congestion, nausea, vomiting and diarrhea.

As a response to the COVID-19 pandemic, most of the United States has experienced a major shift in every day life, including loss of employment or change in employment setting (working from home), mandatory social distancing or isolating, concerns regarding the availability of everyday resources, and conflicting information on when things may “go back to normal.” Additionally, most individuals are struggling with increased family demands, including caring for children or older family members. For healthcare providers, additional stress has been felt due to increased workload, caring for patients who are severely ill and deteriorating, and fears of contracting the virus or spreading it to others.

The current pandemic has also been associated with increased incidence of behavioral health disorders, including anxiety and depression. The Centers for Disease Control and Prevention (CDC) published findings in August 2020 that revealed the incidence of behavioral health disorders in the previous two months among adults in the United States.

Findings showed that behavioral health symptoms during the pandemic are being reported at a rate three times more than the same time frame in 2019.

CDC FINDINGS¹⁻⁴

- 30.9% reported symptoms of anxiety or depression
- 13.3% started or increased substance use to cope with stress and/or emotions associated with COVID-19
- 26.3% reported symptoms of trauma or a stress-related disorder
- 10.7% reporting seriously considering suicide in the past 30 days

Of those with a pre-existing behavioral health condition, a significant portion reported worsening of underlying symptoms. Risk factors included those living alone, high social media exposure and being a frontline healthcare worker.

There have been changes to help address healthcare needs, including behavioral health issues, during this time. Some have become easier to access for individuals. For instance, CMS issued a waiver for the duration of the COVID-19 pandemic that allows patients to be seen by a provider via video, as opposed to in person visits. This applies to Medicare and Medicaid services. Some private insurers have also changed coverage for telehealth services. It is important to contact member services to discuss options and coverage information. Additionally, many pharmacies have offered delivery or curbside pickup for medications, including those to treat mental health disorders.

Overall, it is important for those currently receiving treatment for a behavioral health condition, whether it be pharmacologic or non-pharmacologic therapies, continue those therapies and stay in contact with their healthcare provider(s) associated with those therapies.

There are several online resources that have been recommended to assist during this time, including:

- **SAMHSA’s Disaster Distress Helpline:** provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories: 1-800-985-5990
- **Maryland’s Crisis Helpline:** Call 211 and press 1, visit <https://pressone.211md.org>, or text 898-211 for information or to chat confidentially about local behavioral health services and programs.
- **MDH’s Operation Roll Call:** Maryland veterans can enroll in *Operation Roll Call*, a program that offers regular check-in calls for behavioral health concerns and a chance to talk to someone who can offer support: 1-877-770-4801.

COVID-19 Pandemic and Mental Health

In addition to outside resources, the Maryland Department of Health recommends avoiding excessive exposure to media coverage regarding COVID-19. The focus on what can be controlled – including social distancing, wearing masks, washing hands, and following State mandates regarding the pandemic – are important steps individuals can take to alleviate stress.

For Healthcare Providers

As healthcare providers, it can be overwhelming to not only manage personal stress related to your own health, but also for that of your family and friends, and the people you care for. As essential personnel, healthcare providers have

continued professional responsibilities without the ability to “socially distance” or work from home. It is especially important for healthcare providers to remember they may experience secondary trauma as a result of emotional involvement in stressful situations, such as caring for those who are infected, or who could be infected, and dealing with negative outcomes of a COVID-19 infection.

It is important to acknowledge that everyone will respond to stressful situations differently, including those with pre-existing behavioral health conditions. Some may exhibit no symptoms, while others may become more anxious about their current health status or that of others, experience

changes in sleeping or eating patterns, difficulty concentrating, and worsening of underlying chronic health conditions. In some instances, there may be increased use of alcohol, tobacco, or other drugs. There are many online resources and recommendations that can be used to self-monitor these behaviors and find help.

The Maryland Department of Health has recently updated its frequently asked questions (FAQ) information regarding behavioral health concerns during COVID-19.

Find information at:

https://phpa.health.maryland.gov/Documents/FAQ_covid19_Maintaining_Mental_Health.pdf



Proactive strategies to address additional healthcare stress include:

- Understand how a COVID-19 infection or outbreak in your work place will be handled by your employer
- Know what steps should be taken if a colleague experiences symptoms of the virus
- Monitor non-biased resources, including the Centers for Disease Control and Prevention (CDC) for information regarding COVID-19
- Continue to practice proper infection control techniques, including wearing a mask, washing hands, and socially distancing whenever possible.

References:

- ¹ Czeisler MÉ, Lane RI, Petrosky E, Wiley JF, Christensen A, Njai R, Weaver MD, Robbins R, Facer-Childs ER, Barger LK, Czeisler CA, Howard ME, Rajaratnam SMW. Mental health, substance use, and suicidal ideation during the COVID-19 pandemic- United States, June 24-30, 2020. *MMWR Morb Mortal Wkly Rep*. 2020 Aug 14;69(32):1049-57.
- ² Ettman CK, Abdalla SM, Cohen GH, Sampson L, Vivier PM, Galea S. Prevalence of depression symptoms in US adults before and during the COVID-19 pandemic. *JAMA Network Open*. 2020 Sep 2;3(9):1-12.
- ³ Vindegaard N, Benros ME. COVID-19 pandemic and mental health consequences: systematic review of the current evidence. *Brain Behavior and Immunity* [Internet]. 2020 May 30 [cited 2020 Oct 16];XX:1-12. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7260522/pdf/main.pdf>.
- ⁴ Pfefferbaum B, North CS. Mental Health and the Covid-19 pandemic. *New England Journal of Medicine*. 2020 Aug 6;383(6):510-12.

Generic vs. Brand Status on Maryland's PDL

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.

Exceptions to this rule are included in the attached Preferred Drug List. **Effective January 1, 2021, the following brand name medications are preferred over their corresponding generics: Adderall XR, Banzel, Bethkis, Carbatrol, Concerta, Depakote and Trileptal.** Claims for these brand name medications must be submitted with DAW 6 code and will be priced appropriately. A Maryland Department of Health Medwatch form will not be required. Claims with any other DAW code will reject. Please refer to a complete PDL list at: <https://mmcp.health.maryland.gov/pap/Pages/Preferred-Drug-List.aspx>.

Not all Generics are Preferred*

In some instances the State prefers the multisource brand name drug over its generic equivalent because the branded drug is more cost effective than its generic counterpart.

- When the brand name drug is preferred, no Medwatch or authorization is needed¹.
- Pharmacy providers must enter a **DAW code of 6** on the claim to have it correctly priced.
- If any problems are encountered during the on-line claim adjudication of Preferred Brands, 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
 Banzel Suspension³
 Bethkis (Inhalation)
 Carbatrol Capsules
 Cellcept Suspension
 Concerta Tablets
 Copaxone 20mg/ml
 Depakote Sprinkle capsule
 Focalin XR capsules
 Gabitril tablets
 Humalog Junior Kwikpen
 Humalog Mix 75/25 pen
 Humalog pen, vial
 Kitabis Pak (Inhalation)
 Novolog cartridge, pen, vial
 Novolog Mix 70/30
 Prevacid Solutabs ODT
 ProAir HFA (Inhalation)²
 Pulmicort 1mg/2ml Respules
 Revatio Suspension³
 Sabril Powder Packet³
 Sabril Tablets³
 Suboxone Film
 Tegretol Suspension
 Transderm-Scop (Transderm)²
 Trileptal Suspension

Non-Preferred Generics

amphetamine salt combo ER
rufinamide suspension³
tobramycin powder (inhalation)
carbamazepine ER
mycophenolate mofetil oral suspension
methylphenidate ER
glatiramer acetate
divalproex sprinkle capsule
dexamethylphenidate 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
lansoprazole ODT
albuterol HFA inhalation²
budesonide inhalation 1mg/2ml suspension
sildenafil oral suspension³
vigabatrin powder packet³
vigabatrin tablets³
buprenorphine/naloxone film
carbamazepine oral suspension
scopolamine transdermal patches²
oxcarbazepine suspension

*Generic vs Brand Status of Non-PDL Medications

Norvir Tablets

ritonavir tablet

¹ Unless the Program has established clinical criteria for the drug.

² Both brand and generic are preferred

³ Is a non-preferred drug on the PDL and will require a prior authorization by the prescriber

The Maryland Medicaid Preferred Drug List (PDL) shown here includes updates effective January 1, 2021. 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 for Maryland Medicaid participants. 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, underlined, bold print**=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 Anti-psychotic agents (more information is available on back page).

ANALGESICS

Analgesics, Narcotics * (Long Acting)

* All drugs in this class are subject to review through the [Opioid Drug Utilization Review Program](#)

Preferred

fentanyl patches (All strengths except 37.5mcg, 62.5mcg, 87.5mcg) ^{cc,qf}
morphine sulfate SR (MS Contin) ^{qf}
Xtampza ER

Requires Prior Authorization

buprenorphine patch (Butrans) ^{qf}
fentanyl patches (37.5mcg, 62.5mcg, 87.5mcg) ^{cc,qf}
hydrocodone ER (Zohydro ER) ^{cc,qf}
hydromorphone ER (Exalgo) ^{qf}
methadone (Dolophine) ^{qf}
morphine sulfate ER (Avinza) ^{qf}
morphine sulfate ER (Kadian) ^{qf}
oxycodone ER (Oxycontin) ^{qf}
oxymorphone ER (Opana ER) ^{qf}
tramadol ER (Conzip, Ryzolt, Ultram ER) ^{qf}
Arymo ER
Belbuca ^{qf}
Hysingla ER ^{cc,qf}
Morphabond ER
Nucynta ER ^{qf}

ANALGESICS

Analgesics, Narcotics * (Short Acting)

Preferred

acetaminophen w/codeine (Tylenol w/codeine) ^{qf}
butalbital/acetaminophen/codeine/caffeine ^{qf}
codeine tablets
hydrocodone/acetaminophen tablets (Lorcet, Norco, Vicodin) ^{qf}
hydromorphone tablets (Dilaudid)
morphine sulfate tablets, solution
oxycodone capsules, tablets, solution
oxycodone/acetaminophen (Percocet) ^{qf}
tramadol (Ultram) ^{qf}
tramadol/acetaminophen (Ultracet) ^{qf}

Requires Prior Authorization

benzhydrocodone/acetaminophen (Apadaz)
butalbital/aspirin/codeine/caffeine ^{qf}
butorphanol nasal spray
carisoprodol/codeine/aspirin
dihydrocodeine/acetaminophen/caffeine
fentanyl buccal (Actiq) ^{cc,qf}
hydrocodone/acetaminophen solution (Lortab) ^{qf}
hydrocodone/ibuprofen (Vicoprofen)
hydromorphone solution, suppositories
levorphanol
meperidine (Demerol)
morphine suppositories
oxycodone syringe
oxycodone/acetaminophen (Prolate) ^{qf}
oxycodone concentrated solution
oxycodone/aspirin (Percodan)
oxycodone/ibuprofen (Combunox)
oxymorphone (Opana)
pentazocine/naloxone (Talwin NX)
Abstral ^{cc,qf}
Fentora ^{cc,qf}
Nucynta
Oxaydo

ANALGESICS

Anti-Migraine Agents, Other*

*Appears in two places within PDL document

Preferred

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

Requires Prior Authorization

Aimovig (Step Therapy) ^{cc,qf}
Emgality 100mg/mL (Step Therapy) ^{cc,qf}
Nurtec ODT ^{cc,qf}
Reyvow
Ubrelvy ^{cc,qf}

Anti-Migraine Agents, Triptans

Preferred

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

Requires Prior Authorization

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

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
Drizalma Sprinkle
Gralise
Horizant
Lyrica CR
Qutenza Kit
Savella
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 SR)
ketoprofen, ketoprofen ER
(Orudis, Oruvail)
ketorolac (Toradol)
ketorolac nasal spray (Sprix)
meclofenamate (Meclomen)
mefenamic acid (Ponstel)
meloxicam suspension
naproxen/esomeprazole (Vimovo)
naproxen EC
naproxen sodium Rx
naproxen CR, suspension
oxaprozin (Daypro)
piroxicam (Feldene)
tolmetin, tolmetin DS (Tolectin,
Tolectin DS)
Duexis
Indocin suppositories, suspension
Licart Patch
Pennsaid pump
Qmiiz ODT ^{cc,ql}
Relafen DS
Tivorbex
Vivlodex
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) (**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

**Mark your
Calendar**

Feb 27, 2021

**Continuing
Education
Virtual Seminar
on COVID-19**

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 (**Brand only**) ^{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}
tobramycin solution (Bethkis)
(**generic only**) ^{cc,ql}
Arikayce ^{cc,ql}
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
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) [¶]
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)
cefactor 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)
cefactor 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 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

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

Harvoni Pellet Pack ^{cc}
Ribapak
Ribasphere
Sovaldi ^{cc}
Sovaldi Pellet Pack ^{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 capsules
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)^{q1}
colchicine tablets (Colcrys)^{q1}
febuxostat (Uloric)
Gloperba

Colony Stimulating Factors**Preferred**

Granix
Neupogen

Requires Prior Authorization

Fulphila
Granix syringe
Leukine
Neulasta
Nivestym
Udenyca
Zarxio
Ziextenzo

Erythropoiesis Stimulating Proteins**Preferred**

Aranesp
Retacrit

Requires Prior Authorization

Epogen
Mircera
Procrit
Rebloyl

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

CARDIOVASCULAR**Angiotensin Modulator Combinations****Preferred**

amlodipine/benazepril (Lotrel)
amlodipine/valsartan (Exforge)
amlodipine/valsartan/HCTZ (Exforge HCT)

Requires Prior Authorization

amlodipine/olmesartan (Azor)
amlodipine/olmesartan/HCTZ (Tribenzor)
amlodipine/telmisartan (Twynta)
trandolapril/verapamil (Tarka)

Angiotensin Modulators**Preferred**

benazepril, benazepril/HCTZ (Lotensin, Lotensin HCT)
enalapril, enalapril/HCTZ (Vasotec, Vasertec)
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,q1}

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)^{q1}
warfarin (Coumadin)
Eliquis tablets
Pradaxa^{q1}
Xarelto Dose Pack
Xarelto tablets (except 2.5mg)

Requires Prior Authorization

fondaparinux (Arixtra)^{q1}
Eliquis Dose Pack
Fragmin^{q1}
Savaysa
Xarelto 2.5mg tablets^{cc,q1}

Antihypertensives, Sympatholytics**Preferred**

clonidine patch (Catapres TTS)^{q1}
clonidine tablets (Catapres)
guanfacine (Tenex)
methyldopa (Aldomet)

Requires Prior Authorization

methyldopa/HCTZ (Aldoril)

CARDIOVASCULAR

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
 Kapspargo
 Sotylize

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
Nymalize syringe

CARDIOVASCULAR

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
Nexleto!
Nexlizet
 Praluent^{cc}
 Repatha^{cc}
 Vascepa

Lipotropics, Statins

Preferred

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

Requires Prior Authorization

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

CARDIOVASCULAR

Platelet Aggregation Inhibitors

Preferred

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

Requires Prior Authorization

aspirin/dipyridamole (Aggrenox)^{ql}
 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 (**Brand only**)^{cc,ql}
 Tracleer tablets for suspension
 Tyvaso^{cc}
 Uptravi^{cc,ql}
 Ventavis

CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

carbamazepine (Tegretol)
 clobazam tablets (Onfi)^{q1}
 clonazepam (Klonopin)
 diazepam rectal (Diastat, Diastat Acudial)
 divalproex, divalproex ER (Depakote, Depakote ER)
 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)
Carbatrol (Brand only)
Depakote Sprinkle (Brand only)
 Gabitril (Brand only)
 Tegretol suspension (Brand only)
Trileptal suspension (Brand only)
Valtoco
 Vimpat^{q1}

Requires Prior Authorization

carbamazepine ER (Carbatrol) (generic only)
 carbamazepine suspension (Tegretol) (generic only)
 carbamazepine XR (Tegretol XR)
 clobazam suspension (Onfi)^{cc,q1}
 clonazepam ODT (Klonopin ODT)
divalproex sprinkles (Depakote sprinkles (generic only))
 ethosuximide (Zarontin)
 felbamate (Felbatol)
 lamotrigine dose pack
 lamotrigine XR (Lamictal XR)
 lamotrigine ODT (Lamictal ODT)
 levetiracetam ER (Keppra XR)
oxcarbazepine suspension (generic only)
 tiagabine (Gabitril) (generic only)
 topiramate ER (Qudexy XR)^{cc,q1}
 Aptiom^{cc}
 Banzel suspension (Brand only)^{cc,q1}
 Banzel tablets^{cc,q1}
 Briviact
 Celontin
 Diacomit capsules, powder pack
 Epidiolex^{cc,q1}
 Equetro
Fintepla
 Fycompa^{cc}
 Lamictal XR dose pack
 Nayzilam
 Oxtellar XR
 Peganone
 Sabril powder pack, tablets (Brand only)
 Spritam
 Sympazan^{cc,q1}
 Trokendi XR^{cc,q1}
Xcopri

CENTRAL NERVOUS SYSTEM

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 (Pristiq)
 desvenlafaxine fumarate ER
 nefazodone (Serzone)
 phenelzine (Nardil)
 tranylcypromine (Pamate)
 venlafaxine ER tablets
 Aplenzin
 Emsam
 Fetzima
 Marplan
 Spravato^{cc,q1}
 Trintellix
 Viibryd
 Zulresso^{cc,q1}

CENTRAL NERVOUS SYSTEM

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

citalopram tablets, solution (Celexa)^{q1}
 escitalopram tablets (Lexapro)
 fluoxetine capsules, solution
 (all strengths except 60mg) (Prozac)
 fluvoxamine (Luvox)
 paroxetine (Paxil)
 sertraline tablets, concentrated
 solution (Zoloft)

Requires Prior Authorization

escitalopram solution (Lexapro)
 fluoxetine capsules 60mg
 fluoxetine tablets (Sarafem)
 fluoxetine weekly (Prozac weekly)
 fluvoxamine ER (Luvox CR)
 paroxetine CR (Paxil CR)
 paroxetine 7.5mg capsules (Brisdelle)^{cc,q1}
 Paxil suspension
 Pexeva

Anti-Migraine Agents, Other*

*Excluded from the Mental Health Formulary

Preferred

Ajovy (Step Therapy)^{cc,q1}
 Emgality 120 mg/ml (Step Therapy)^{cc,q1}

Requires Prior Authorization

Aimovig (Step Therapy)^{cc,q1}
 Emgality 100 mg/ml (Step Therapy)^{cc,q1}
 Nurtec ODT^{cc,q1}
 Reyvow
 Ubrovelvy^{cc,q1}

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

Antipsychotics

[Antipsychotic Review Programs](#)Preferred1st 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 Zydys) ^{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}
[Vraylar](#) ^{cc,ql}

Requires Prior Authorization

clozapine ODT (Fazacllo) ^{cc}
 molindone ^{cc}
 olanzapine/fluoxetine (Symbyax) ^{cc,ql}
 paliperidone (Invega) ^{cc,ql}
 Abilify MyCite ^{cc}
 Adasuve ^{cc}
[Caplyta](#) ^{cc}
 Fanapt ^{cc,ql}
 Nuplazid ^{cc,ql}
 Perseris ^{cc,ql}
 Rexulti ^{cc,ql}
 Saphris ^{cc,ql}
 Secuado ^{cc}
 Versacloz ^{cc}
 Zyprexa Relprevv ^{cc,ql}

Sedative Hypnotics

Preferred

[eszopiclone \(Lunesta\) \(Step Therapy\)](#) ^{ql}
 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}
 ramelteon (Rozerem) ^{ql}
 temazepam 7.5mg, 22.5mg ^{ql}
 zolpidem SL (Intermezzo) ^{ql}
 zolpidem ER (Ambien CR)
 Belsomra ^{cc,ql}
[Dayvigo](#)
 Edluar ^{ql}
 Hetlioz ^{cc,ql}

Stimulants and Related Agents

Preferred1st Tier

amphetamine salt combo (Adderall)
 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 ER capsules
 (Ritalin LA)
 methylphenidate ER tablets (Ritalin SR)
 methylphenidate oral solution (Methylin)
 methylphenidate tablets (Ritalin)
[modafinil \(Provigil\)](#) ^{cc,ql}
[Adderall XR \(Brand only\)](#)
[Concerta \(Brand only\)](#)
 Daytrana
 Focalin XR (Brand only)
 Vyvanse
 Vyvanse chewable tablets ^{cc}
2nd Tier
 atomoxetine (Strattera) ^{cc}

Requires Prior Authorization

amphetamine ER suspension
 (Adzenys ER)
[amphetamine salt combo ER
 \(Adderall XR\) \(generic only\)](#)
 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 \(All
 strengths except 72mg\) \(Concerta\)
 \(generic only\)](#)
 methylphenidate CR tablets 72mg
 Adhansia XR
 Adzenys XR ODT ^{cc}
 Aptensio XR
 Cotempla XR ODT
 Dyanavel XR
 Evekeo ODT
 Jornay PM
 Mydayis ER
 Quillichew ER
[Quillivant XR](#)
 Sunosi ^{cc,ql}
 Wakix ^{cc,ql}
 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
Otern ^{cc,ql}
Rybelsus
Soliqua
Steglujan ^{cc,ql}
Trijardy XR
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**)
Afmelog
Afrezza
Apidra
Basaglar
Fiasp
Humalog 200 unit/mL pen
Humulin 70/30 pen
Lyumjev
Novolin vial
Novolin 70/30 vial
Semglee
Toujeo Solostar, Toujeo Max Solostar
Tresiba

ENDOCRINE

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}
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)
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

Bile Salts

Preferred

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

Requires Prior Authorization

Chenodal
Cholbam
Ocaliva

GASTROINTESTINAL

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

Pancrease^{ql}
Pertzeye^{ql}
Viokace^{ql}

Proton Pump Inhibitors

Preferred

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

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
Prilosec suspension

GASTROINTESTINAL

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}
Avsola^{cc}
Cimzia^{cc}
Cosentyx^{cc}
Enspryng^{cc}
Entyvio^{cc}
Illaris^{cc}
Ilumya^{cc}
Inflixtra^{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}
Uplizna^{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

CURRENT ON COVID?



Stay up to date on the coronavirus in Maryland.

Visit the Maryland Department of Health
COVID-19 site at

<https://coronavirus.maryland.gov>

for more information.

NEUROLOGICS

Alzheimer's Agents

Preferred

donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT)
memantine (Namenda)
rivastigmine capsules, patches (Exelon)^{ql}

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)

Apokyn

Duopa
Gocovri
Inbrija

Kynmobi

Neupro
Nourianz

Ongentys

Osmolex ER
Rytary
Xadago
Zelapar

NEUROLOGICS

Multiple Sclerosis Agents

Preferred

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

Requires Prior Authorization

dalfampridine ER (Ampyra)^{cc,ql}
dimethyl fumarate DR (Tecfidera)^{cc,ql}
glatiramer acetate 20mg (Glatopa)
(generic only)
glatiramer acetate 40mg (Copaxone)
Aubagio^{cc,ql}

Bafiertam

Extavia kit^{cc}
Gilenya^{cc,ql}

Kesimpta

Lemtrada^{cc}
Mavenclad^{cc}
Mayzent^{cc}
Ocrevus^{cc,ql}
Plegridy^{cc}
Rebif
Tecfidera^{cc,ql}
Tysabri^{cc,ql}
Vumerity^{cc,ql}
Zeposia

OPHTHALMICS

Ophthalmics, Allergic Conjunctivitis

Preferred

cro-molyn (Crolom)
ketotifen OTC (Zaditor OTC)
Alrex
Pazeo

Requires Prior Authorization

azelastine (Optivar)
epinastine (Elestat)
olopatadine (Pataday, Patanol)
Alocril
Alomide
Bepreve
Lastacft
Pataday OTC
Zerviate

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
Tobrex ointment

Requires Prior Authorization

bacitracin
gatifloxacin (Zymaxid)
gentamicin ointment
levofloxacin (Quixin)
moxifloxacin (Moxeza)
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
Rocklatan

Requires Prior Authorization

apraclonidine (Iopidine)
betaxolol
bimatoprost 0.03% (Lumigan)
timolol (Istalol)
Azopt
Betoptic S
Cosopt PF
Lumigan 0.01%
Phospholine Iodide
Simbrinza
Timoptic Ocodose
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 (Ocufer)
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
Xiidra

Requires Prior Authorization

Cequa

OTIC

Otic Antibiotics

Preferred

ciprofloxacin/dexamethasone (Ciprodex)
neomycin/polymyxin/HC (Cortisporin)
ofloxacin (Floxin Otic)

Requires Prior Authorization

ciprofloxacin
Cipro HC
Cortisporin TC
Otiprio
Otovel

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

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 (Clarinex, Clarinex RDT)
 fexofenadine ODT OTC
 fexofenadine D OTC (Allegra D)
 levocetirizine solution (Xyzal)
 loratadine capsules OTC
 Clarinex D
 Quzyttir

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**)^{q1}
 Serevent

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

RESPIRATORY

COPD Agents

Preferred

ipratropium neb (Atrovent)
 ipratropium/albuterol neb (DuoNeb)
Anoro Ellipta
 Atrovent HFA
 Combivent Respimat^{q1}
 Spiriva Handihaler
 Stiolto Respimat

Requires Prior Authorization

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

Glucocorticoids, Inhaled

Preferred

budesonide/formoterol (Symbicort)
 budesonide inhalation suspension 0.25mg, 0.5mg (Pulmicort Respules)
 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)
 Alvesco
 Arnuity Ellipta
 Asmanex HFA
 Breo Ellipta
Breztri Aerosphere
 Flovent Diskus
 Pulmicort Flexhaler^{q1}
 QVAR Redihaler
 Trelegy Ellipta

RESPIRATORY

Intranasal Rhinitis Agents

Preferred

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

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

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)^{q1}
 epinephrine 0.3mg (EpiPen)^{q1}

Requires Prior Authorization

epinephrine 0.15mg (Adrenacllick)^{q1}
 epinephrine 0.3mg (Adrenacllick)^{q1}
 Symjepi

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
 Akliel
 Altreno
 Amzeeq
Arazlo
 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

pimecrolimus (Elidel)
 tacrolimus ointment (Protopic)
 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

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- ◆ Multiple search options to find products by alphabet, brand and generic, and/or therapeutic class
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Dennis R. Schrader, Acting Secretary

OFFICE OF PHARMACY SERVICES

300 West Preston Street
Baltimore, MD 21201

800-492-5231 (Select option 3)

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CONTACT 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

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. More information on the Peer Review Program, including prior authorization forms, can be found at <https://mmcp.health.maryland.gov/pap/Pages/Antipsychotics-Review-Programs.aspx>.