

COVID-19 Resources

The Maryland Department of Health offers multiple measures to assist medical care providers and pharmacies during the Novel Coronavirus pandemic (COVID-19) including:

- COVID-19 Vaccine Payer Sheet under Payer Specific Information: Maryland Pharmacy Programs mdrxprograms.com
- COVID-19 vaccinations billing guidance (Advisories 219, 221, 224): health.maryland.gov/mmcp/pap/Pages/Provider-Advisories.aspx
- Medicaid-related Coronavirus updates: health.maryland.gov/mmcp
- General questions about Coronavirus: coronavirus.maryland.gov
- Follow us @MDHealthDept: [Facebook.com/MDHealthDept](https://www.facebook.com/MDHealthDept) and [Twitter.com/MDHealthDept](https://twitter.com/MDHealthDept)
- Fee-for-Service Medicaid Helpline: Call 1-800-492-5231, select option #3; leave a voicemail with name, Medicaid ID number or Provider number, and contact information



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Maryland Medicaid Preferred Drug List (PDL)

The Maryland Medicaid Preferred Drug List (PDL) shown here includes updates effective July 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 (see more detailed information on the back page).

GoVAX

Let's end COVID, Maryland.

The new "GoVAX" campaign encourages all Marylanders to protect themselves, their families, and their communities by getting vaccinated as soon as they become eligible.

The goal of GoVAX is to increase COVID-19 vaccine confidence, especially among Maryland citizens in historically underserved populations that have been disproportionately affected by the disease.

covidlink.maryland.gov

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://health.maryland.gov/mmcp/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. 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://health.maryland.gov/mmcp/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 needed ¹.
- Pharmacy providers must enter a **DAW code of 6** on the claim to have it correctly priced.
- If any problems are encountered during the on-line claim adjudication of Preferred Brands, 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 capsule
 Banzel suspension ³
 Bethkis (inhalation)
 Carbatrol capsule
 Cellcept suspension
 Concerta tablet
 Copaxone 20mg/ml
 Depakote Sprinkle capsule
 Focalin XR capsule
 Gabitril tablet
 Humalog Junior Kwikpen ²
 Humalog Mix 75/25 pen ²
 Humalog pen, vial ²
 Kitabis Pak (inhalation)
 Novolog cartridge, pen, vial ²
 Novolog Mix 70/30 pen, vial ²
 Prevacid Solutabs ODT
 ProAir HFA (inhalation)
 Pulmicort 1mg respules (inhalation)
 Sabril Powder Packet ³
 Sabril tablet ³
 Suboxone Film
 Tegretol suspension
 Trileptal suspension

Non-Preferred Generics

amphetamine salt combo ER capsule
rufinamide suspension ³
tobramycin powder (inhalation)
carbamazepine ER capsule
mycophenolate mofetil suspension
methylphenidate ER
glatiramer acetate
divalproex sprinkle capsule
dexmethylphenidate XR capsule
tiagabine tablet
insulin lispro Junior Kwikpen ²
insulin lispro mix pen ²
insulin lispro pen, vial ²
tobramycin pak (inhalation)
insulin aspart cartridge, pen, vial
insulin aspart protamine/insulin aspart pen, vial ²
lansoprazole ODT
albuterol HFA (inhalation)
budesonide 1mg suspension (inhalation)
vigabatrin powder packet ³
vigabatrin tablet ³
buprenorphine/naloxone film
carbamazepine oral suspension
oxcarbazepine suspension

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

ANALGESICS

Analgesics, Narcotics
(Long Acting)**Preferred**

fentanyl patches (All strengths except 37.5mcg, 62.5mcg, 87.5mcg) ^{cc,q1}
 morphine sulfate SR (MS Contin) ^{q1}
 Xtampza ER

Requires Prior Authorization

buprenorphine patch (Butrans) ^{q1}
 fentanyl patches (37.5mcg, 62.5mcg, 87.5mcg) ^{cc,q1}
 hydrocodone ER (Hysingla 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}
 Belbuca ^{q1}
 Morphabond ER
 Nucynta ER ^{q1}

ANALGESICS

Analgesics, Narcotics
(Short Acting)**Preferred**

acetaminophen/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 50mg (Ultram) ^{q1}
 tramadol/acetaminophen (Ultracet) ^{q1}

Requires Prior Authorization

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 (Prolate) ^{q1}
 oxycodone concentrated solution
 oxycodone/aspirin (Percodan)
 oxymorphone (Opana)
 pentazocine/naloxone (Talwin NX)
tramadol 100mg (Ultram) ^{q1}
 Abstral ^{cc,q1}
 Fentora ^{cc,q1}
 Nucynta
 Oxaydo

ANALGESICS

Anti-Migraine Agents, Other*

*Appears in two places within PDL document

Preferred

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

Requires Prior Authorization

Aimovig (**Step Therapy**) ^{cc,q1}
 Emgality 100mg/mL (**Step Therapy**) ^{cc,q1}
 Nurtec ODT ^{cc,q1}
 Reyvow ^{cc,q1}
 Ubrelvy ^{cc,q1}
Vyepti ^{cc,q1}

Anti-Migraine Agents, Triptans

Preferred

rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) ^{q1}
 sumatriptan nasal, syringe, tablets, vial (Imitrex) ^{q1}

Requires Prior Authorization

almotriptan (Axert) ^{q1}
 eletriptan (Relpax) ^{q1}
 frovatriptan (Frova) ^{q1}
 naratriptan (Amerge) ^{q1}
 sumatriptan kit (Imitrex) ^{q1}
 sumatriptan/naproxen (Treximet) ^{q1}
 zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT) ^{q1}
 Onzetra Xsail
 Tosymra
 Zembrace Symtouch
 Zomig nasal ^{q1}

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 XR (Lyrica CR)
pregabalin solution
Drizalma Sprinkle ^{ql}
Gralise
Horizant
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 (Vivlodex)
meloxicam suspension
naproxen/esomeprazole (Vimovo)
naproxen EC
naproxen sodium Rx
naproxen CR, suspension
oxaprozin (Daypro)
piroxicam (Feldene)
tolmetin, tolmetin DS (Tolectin, Tolectin DS)
Duexis
Ibupak Kit
Indocin suppositories, suspension
Licart Patch ^{cc,ql}
Pennsaid pump
Qmiiz ODT ^{cc,ql}
Relafen DS
Tivorbex
Venngel One 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}
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

ANTI-INFECTIVES

Antibiotics, GI

Preferred

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

Requires Prior Authorization

metronidazole capsules (Flagyl capsules)
nitazoxanide tablets (Alinia)
paromomycin
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
Oravig
Tolsura

ANTI-INFECTIVES

Antifungals, Topical

Preferred

clotrimazole cream Rx, OTC
clotrimazole solution 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 solution Rx
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
Trilociclo Kit

Antiparasitics, Topical

Preferred

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

Requires Prior Authorization

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

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)
Epivir HBV solution

Requires Prior Authorization

adefovir dipivoxil (Hepsera)
Baraclude solution
Vemlidy

Hepatitis C Agents

Preferred

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

Requires Prior Authorization

ledipasvir/sofosbuvir (Harvoni) ^{cc}
Harvoni Pellet Pack ^{cc}
Sovaldi ^{cc}
Sovaldi Pellet Pack ^{cc}
Viekira Pak ^{cc}
Zepatier ^{cc}

ANTI-INFECTIVES

Macrolides/Ketolides

Preferred

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

Requires Prior Authorization

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

Tetracyclines

Preferred

doxycycline hyclate (Vibramycin)
doxycycline monohydrate 50mg, 100mg
capsules (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 FactorsPreferred

Granix vial
Neupogen

Requires Prior Authorization

Fulphila
Granix syringe
Leukine
Neulasta
Nivestym
Nyvepria
Udenyca^{cc,q1}
Zarxio
Ziextenzo

Erythropoiesis Stimulating ProteinsPreferred

Aranesp
Retacrit

Requires Prior Authorization

Epogen
Mircera
Procrit
Reblozyl

Phosphate BindersPreferred

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/olmesartan (Azor)
amlodipine/valsartan (Exforge)
amlodipine/valsartan/HCTZ (Exforge HCT)

Requires Prior Authorization

amlodipine/olmesartan/HCTZ (Tribenzor)
amlodipine/telmisartan (Twynsta)
trandolapril/verapamil (Tarka)

Angiotensin ModulatorsPreferred

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, SympatholyticsPreferred

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
 Kapsargo
 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)
omega-3 ethyl esters (Lovaza)

Requires Prior Authorization

colesevelam (Welchol)
 colestipol granules (Colestid)
 fenofibrate (Antara, Fenoglide, Lipofen, Lofibra, Triglide)
 fenofibric acid (Fibricor, Trilipix)
Evkeeza ^{cc}
 Juxtapid ^{cc}
 Nexletol ^{cc,qf}
 Nexlizet ^{cc,qf}
 Praluent ^{cc,qf}
 Repatha ^{cc,qf}
 Vascepa

Lipotropics, Statins

Preferred

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

Requires Prior Authorization

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

CARDIOVASCULAR

Platelet Aggregation Inhibitors

Preferred

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

Requires Prior Authorization

aspirin/dipyridamole (Aggrenox) ^{qf}
 Zontivity

PAH Agents, Oral and Inhaled

Preferred

ambrisentan (Letairis)
 bosentan tablets (Tracleer)
 sildenafil tablets (Revatio) ^{cc,qf}
tadalafil (Adcirca) ^{cc,qf}

Requires Prior Authorization

sildenafil suspension (Revatio) ^{cc,qf}
 Adempas
 Opsumit ^{cc,qf}
 Orenitram ER ^{cc,qf}
 Tracleer tablets for suspension
 Tyvaso ^{cc}
 Uptravi ^{cc,qf}
 Ventavis

CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

carbamazepine (Tegretol)
 clobazam tablets (Onfi)^{ql}
 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^{ql}

Requires Prior Authorization

carbamazepine ER (Carbatrol) (**generic only**)
 carbamazepine suspension (Tegretol) (**generic only**)
 carbamazepine XR (Tegretol XR)
 clobazam suspension (Onfi)^{cc,ql}
 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**)
 rufinamide tablets (Banzel)^{cc,ql}
 tiagabine (Gabitril) (**generic only**)
 topiramate ER (Qudexy XR)^{cc,ql}
 Aptiom^{cc}
 Banzel suspension (**Brand only**)^{cc,ql}
 Briviact
 Celontin
 Diacomit capsules, powder pack
 Epidiolex^{cc,ql}
 Equetro
 Fintepla^{cc}
 Fycompa^{cc}
 Lamictal XR dose pack
 Nayzilam
 Oxtellar XR
 Peganone
 Sabril powder pack, tablets (**Brand only**)
 Spritam
 Sympazan^{cc,ql}
 Trokendi XR^{cc,ql}
 Xcopri

CENTRAL NERVOUS SYSTEM

The Mental Health Formulary can be found at: <https://health.maryland.gov/mmcp/pap/docs/Mental%20Health%20Carve%20Out%20Formulary%20Update%20FINAL%202006.01.21.pdf>

Antidepressants, Other

Preferred

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

Requires Prior Authorization

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

CENTRAL NERVOUS SYSTEM

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^{cc,ql}
 Reyvow^{cc,ql}
 Ubrelvy^{cc,ql}
 Vyepti^{cc,ql}

CENTRAL NERVOUS SYSTEM

CENTRAL NERVOUS SYSTEM

CENTRAL NERVOUS SYSTEM

The Mental Health Formulary can be found at: <https://health.maryland.gov/mmcp/pap/docs/Mental%20Health%20Carve%20Out%20Formulary%20Update%20FINAL%202006.01.21.pdf>

Antipsychotics

*Antipsychotic 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)
 pimozone (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

asenapine (Saphris) ^{cc,ql}
 clozapine ODT (Fazaclio) ^{cc,ql}
 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}
 Secuado ^{cc}
 Versacloz ^{cc}
 Zyprexa Relprevv ^{cc,ql}

Sedative Hypnotics

Preferred

eszopiclone (Lunesta) (**Step Therapy**) ^{cc,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 ^{cc,ql}
 Edluar ^{ql}
 Hetlioz ^{cc,ql}
Hetlioz LQ ^{cc}

Stimulants and Related Agents

Preferred**1st 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
 methylphenidate ER capsules
 (Aptensio XR)
 Adhansia XR
 Adzenys XR ODT ^{cc}
 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}
Teriparatide ^{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}
Zorbitive ^{cc}

ENDOCRINE

Hypoglycemics, Incretin Mimetics and Enhancers

Preferred

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

Requires Prior Authorization

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

ENDOCRINE

Hypoglycemics, Insulins

Preferred

insulin aspart (Novolog)
insulin aspart mix 70/30 (Novolog 70/30 Mix)
insulin lispro Junior Kwikpen (Humalog Junior Kwikpen)
insulin lispro mix 75/25 pen (Humalog Mix 75/25 pen)
insulin lispro pen, vial (Humalog pen, vial)
Humalog cartridge
Humalog Mix 50/50 pen, vial
Humalog Mix 75/25 vial
Humulin pen, vial
Humulin 70/30 pen, vial
Humulin 500 pen, vial
Lantus
Levemir

Requires Prior Authorization

Admelog
Afrezza
Apidra
Basaglar
Fiasp
Humalog 200 unit/mL pen
Lyumjev
Novolin pen, 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 solution, tablets, vial (Reglan)
ondansetron ODT, solution, tablets, vial (Zofran)^{ql}
prochlorperazine tablets (Compazine)
promethazine injectable, solution, tablets (Phenergan)
promethazine suppositories (except 50mg)
scopolamine patches (TransDerm-Scop)

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)
ondansetron syringe (Reglan)
ondansetron syringe (Zofran)
palonosetron (Aloxi)
prochlorperazine injectable, suppositories (Compro)
promethazine 50mg suppositories
trimethobenzamide (Tigan)
Akynzeo capsules^{cc}
Akynzeo IV^{cc}
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

lubiprostone (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^{cc,ql}

Pancreatic Enzymes

Preferred

Creon^{ql}
Zenpep^{ql}

Requires Prior Authorization

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

Proton Pump Inhibitors

Preferred

esomeprazole packet for suspension (Nexium)
lansoprazole capsules (Prevacid)
omeprazole capsules (Prilosec)
pantoprazole capsules, 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}
Ilaris^{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 tablet, solution, 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)
 benzotropine (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^{cc,ql}
 Extavia kit^{cc,ql}
 Gilenya^{cc,ql}
 Kesimpta^{cc}
 Lemtrada^{cc,ql}
 Mavenclad^{cc,ql}
 Mayzent^{cc}
 Ocrevus^{cc,ql}
 Plegridy, **Plegridy IM**^{cc,ql}
 Rebif
 Tysabri^{cc,ql}
 Vumerity^{cc,ql}
 Zeposia^{cc,ql}

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
 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)
brinzolamide (Azopt)
timolol (Istalol)
Betoptic S
Cosopt PF
Lumigan 0.01%
Phospholine Iodide
Simbrinza
Timoptic Oudose
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, Lotemax gel)
prednisolone sodium
Acuvail
Bromsite
Dextenza
Dexycu
Eysuvis
Flarex
FML Forte
FML SOP
Iluvien
Inveltys
Lotemax ointment
Maxidex
Nevanac
Ozurdex
Prolensa
Retisert
Triesence
Yutiq

Ophthalmics, Anti-Inflammatory/ Immunomodulator

Preferred

Restasis multidosage
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, 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)
 AirDuo Digihaler
 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}
 Differin lotion ^{cc}

Requires Prior Authorization

adapalene cream, gel (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)
dapsone (Aczone)
erythromycin gel, pledgets
erythromycin/benzoyl peroxide (Benzamycin)
sulfacetamide
sulfacetamide/sulfur
sulfacetamide/sulfur/urea
tazarotene cream, foam (Tazorac, Fabior) ^{cc}
tretinoin micro (Retin-A Micro) ^{cc}
 Acne-Free Clearing System
 Aklief
 Altreno
 Amzeeq
 Arazlo
 Avar
 Clindacin
 Differin Gel OTC
 Epiduo Forte Gel w/Pump
 Neuc
 Onexton
 Ovace
 Retin-A Micro 0.06%, 0.08% ^{cc}
 Sumaxin CP Kit
 Tazorac gel ^{cc}

TOPICAL DERMATOLOGICS

Immunomodulators, Atopic Dermatitis

Preferred

pimecrolimus (Elidel)
 tacrolimus ointment (Protopic)
 Eucrisa

Requires Prior Authorization

Dupixent ^{cc}

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)
tropium, tropium ER (Sanctura, Sanctura XR)
 Gelnique
 Myrbetriq
 Oxytrol
Vesicare LS

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Baltimore, MD 21201

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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://health.maryland.gov/mmcp/pap/Pages/Antipsychotics-Review-Programs.aspx>.