

Managing Migraines: Symptoms and Treatment

Migraine is the third most prevalent neurological disease with one billion people affected worldwide. Migraine prevalence peaks between the ages of 18 to 44. Women experience migraine three times more frequently than men do. Other high risk populations include patients with history of depression, anxiety, or sleep disorders, and those with a family history of migraine.

Migraine has a significant cost impact on our society. Patients are visiting the emergency room at a rate of 1.2 million visits per year. In 2015, the medical cost of treating chronic migraine was more than \$5.4 billion, however these sufferers

spent over \$41 billion on treating their entire range of conditions. Ninety percent of migraine patients report being unable to work or function normally during a migraine. This results in a significant loss of productivity, including 157 million lost workdays and an estimated \$36 billion deficit each year.

**In the United States,
39 million people,
approximately 12% of the
population, is affected.**

The symptoms of migraine can be disabling for many patients. It typically presents as a throbbing recurring pain,

on one side of the head. Other common symptoms are photophobia, phonophobia, nausea, vomiting, and aura. Aura can be visual, sensory, speech, language, brainstem, motor, or retinal and occurs in approximately 25% of cases. Migraine presentation can be unique. Some patients report their symptoms are the same with each migraine while other report their symptoms change from one migraine to the next or change gradually over time.

Mainstays of migraine treatment include preventive treatment options with medications such as antiepileptic drugs, triptans, beta-blockers, antidepressants, or botulinumtoxin and acute

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DRUG	DRUG CLASS	DOSE	THERAPEUTIC CATEGORY
Aimovig (erenumab)	CGRP	70 mg or 140 mg SubQ monthly	Preventive
Ajovy (fremanezumab)	CGRP	225 mg SubQ monthly or 675 mg SubQ q3 months	Preventive
Emgality (galcanezumab)	CGRP	240 mg SubQ loading dose followed by 120mg SubQ monthly	Preventive
Vyepti (eptinezumab)	CGRP	100 mg or 300 mg IV q3 months	Preventive
Reyvow (lasmiditan)	Serotonin 5HT1F receptor agonist	50 mg, 100 mg, or 200 mg PO single dose (max 1 dose/ 24 hours)	Acute
Ubrovelvy (ubrogepant)	CGRP	50 mg or 100 mg single dose. May repeat dose once after 2 hours (max 200 mg/ 24 hours)	Acute
Nurtec ODT (rimegepant)	CGRP	75 mg single dose (max 75 mg/ 24 hours)	Acute Preventive

Managing Migraines *(continued)*

treatment with medications such as NSAIDs, triptans, caffeine combination products, and ergotamine derivatives.

Since 2018, the FDA has approved seven new medications for migraine treatment, with more likely on the horizon. Most of these medications are from a new class of medications called the calcitonin gene-related peptide inhibitors (CGRP). The CGRPs enact their mechanism by binding to either the CGRP ligand or the CGRP receptor itself in order to block CGRP from reaching the receptor. CGRP is a peptide with potent vasodilation properties. It is released during a migraine headache. CGRP plays a role in nociceptive transmission and expression of head pain and other symptoms during a migraine. Blocking its reception can prevent or decrease many of the associated symptoms.

The first CGRP approved was Aimovig (erenumab). Aimovig is FDA approved for migraine prevention. It was followed by three more CGRPs for migraine prevention: Ajoovy (fremanezumab), Emgality (galcanezumab), and Vyepti (eptinezumab). Starting in 2019, the FDA also approved three new medications for acute migraine treatment. Reyvow (lasmiditan) is a 5HT_{1F} receptor agonist. Ubrelvy (ubrogepant) is a CGRP receptor agonist for acute migraine treatment.

Nurtec ODT (rimegepant) is unique in that it is currently the only CGRP that is approved for both acute and preventive migraine treatment.

The American Headache Society published guidelines to help practitioners integrate new migraine treatments into practice. These guidelines recommend reserving the newer migraine treatment options for those patients who have failed or are unable to tolerate more classic treatments. Because of this and because of budget impact, the new migraine medications are restricted on many formularies. The Maryland Medicaid Pharmacy Preferred Drug List includes Ajoovy and Emgality as preferred medications. All of the new medications, including the preferred agents, have clinical criteria and quantity limits.

References:

- <https://migraineresearchfoundation.org/about-migraine/migraine-facts/>
- Digre KB, et al. "The American Headache Society Position Statement on Integrating New Migraine Treatments Into Clinical Practice." *Headache*, vol. 59, no. 1. Issue, Jan 2019, p. 1-18. <https://doi.org/10.1111/head.13456>
- Spindler BL, et al. "Medications Approved for Preventing Migraine Headaches." *Am J of Med*, vol. 133, Issue 6, Jun 2020, p. 664-667. <https://doi.org/10.1016/j.amjmed.2020.01.031>

SUPPORT Act Mandates

The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) established updated requirements for all programs that participate in the Medicaid program regarding drug utilization review (DUR). Effective October 1, 2019, all programs implement:

- Opioid prescription claims review at Point-of-Sale (POS)
- Retrospective reviews of opioid claims
- Management and monitoring of antipsychotic medications in children
- Identification of processes to detect fraud and abuse
- Mandatory DUR reporting

For the claims review process, pharmacists will continue to receive safety edits to identify therapeutic duplications, early refills, quantity limits and concurrent utilizers of opioids and benzodiazepines and opioids and antipsychotics.



<https://covidlink.maryland.gov>

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

New in 2021, prior authorization will be required for any prescription greater than 7 days for an opioid naïve patient (no opioids taken in the previous 90 days) and for opioid experiences patients with prescriptions for long-acting opioids, fentanyl products, methadone for pain or any opioid prescription >90 MME/day. Each program must also have a retrospective review process to identify these claims. Monitoring and management of antipsychotics in children must occur and be reported annually. A process must be in place to identify fraud and abuse of opioids by providers, pharmacies and participants. Each organization that participates in the Medicaid program must have a DUR Board and report the above activities annually.

The full regulation can be found at: Opioid Legislation <https://www.congress.gov/115/bills/hr6/BILLS-115hr6enr.pdf>

Pharmacy Provider Resources

- COVID-19 Vaccine Payer Sheet under Payer Specific Information: Maryland Pharmacy Programs <https://mdrxprograms.com>
- COVID-19 vaccine billing guidance (Advisories 219, 221, 224, 231): <https://health.maryland.gov/mmcp/pap/Pages/Provider-Advisories.aspx>
- Medicaid-related Coronavirus updates: <https://health.maryland.gov>
- General questions on Coronavirus: <https://coronavirus.maryland.gov>

Provider Advisories Updates

<https://health.maryland.gov/mmcp/pap/Pages/Provider-Advisories.aspx>

ADVISORY 232: Concurrent use of Opioids and Medication Assisted Treatment (MAT):

In accordance with Section 1006(b) of the SUPPORT Act, the Office of Pharmacy Services implemented coverage changes for MAT drugs effective October 18, 2021. If a patient has MAT drug on file (within 45 days) and an opioid claim is adjudicated, the Point of Sale Claims Processing system would look back 30 days. If no opioid is on file, it will allow up to a 7-day supply. If there is utilization of opioids within the last 30 days, the incoming opioid claim will deny and require prior authorization (PA). Patients requiring an opioid medication for greater than 7 days while undergoing MAT will require PA. Patients will have access to MAT regardless of a history or current therapy with an opioid.

ADVISORY 233: Hepatitis C is a bloodborne infection caused by the hepatitis C virus (HCV):

Acute hepatitis C symptoms typically appear 2-12 weeks after exposure to HCV and include fever, fatigue, dark urine or stool, abdominal pain, loss of appetite, nausea, vomiting, joint pain and jaundice. Chronic hepatitis C symptoms are less easily defined with some patients showing no symptoms at all. The CDC estimates that 2.4 million people in the U.S. are living with Hepatitis C and an estimated 50,300 acute hepatitis C cases occurred in 2018. With 7 HCV genotypes and 67 subtypes so far identified, development of a vaccine for HCV has been challenging. A great deal of progress has been made with regards to HCV treatments. Treatment regimens have been simplified and over 90% of people infected with HCV can be cured of their infection with 8-12 weeks of oral therapy. Effective November 15, 2021 Maryland Medicaid Fee-For-Service has updated the Hepatitis C Prior Authorization form, which is available at: <https://health.maryland.gov/mmcp/pap/Pages/Hepatitis-C-Therapy.aspx>, under Hepatitis C – PA form.

ADVISORY 234: Update of Nutritional Prior Authorization (DHMH 3495) Form:

In February 2021, the Office of Pharmacy Services announced changes to Parenteral and Enteral Nutrition (PEN) products for Fee-For-Service patients, moving their coverage to the Maryland Disposable Medical supplies/Durable Medical Equipment Program, Division of Community Support Services ([Advisory 223](#)). Beginning November 18, 2021 the prior authorization form for these products has been updated and is available at: <https://health.maryland.gov/mmcp/pap/pages/Pharmacy-Program-Forms.aspx>, under Nutritional Supplement PA Forms.

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/PA%20Forms/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, 2022, the brand name medications **Diastat**, **Diastat Acudial** and **Symbicort** are preferred over their corresponding generics. 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.

As of January 1, 2022, the brand **Gabitril tablet**, **Pulmicort 1 mg Respules (inhalation)** and **Copaxone 20 mg/ml (subcutaneous)** are no longer preferred over their respective generic equivalents. Claims for these brands will now adjudicate only if there is a prior authorization based on a submitted Medwatch form.

Please refer to 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 ^{1,2}.
- 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

<u>Preferred Brands</u>	<u>Non-Preferred Generics</u>
Adderall XR capsules	amphetamine salt combo ER
Banzel tablets , suspension ²	rufinamide tablets , suspension ²
Bethkis (inhalation)	tobramycin powder (inhalation)
Carbatrol capsules	carbamazepine ER capsule
Cellcept suspension	mycophenolate mofetil suspension
Concerta tablets	methylphenidate ER capsule
Depakote Sprinkle capsule	divalproex sprinkle capsule
Diastat , Diastat Acudial	diazepam rectal
Focalin XR capsules	dexamethylphenidate XR capsules
Humalog Junior Kwikpen ³	insulin lispro Junior Kwikpen ³
Humalog Mix 75/25 pen ³	insulin lispro mix pen ³
Humalog pen, vial ³	insulin lispro pen, vial ³
Kitabis Pak (inhalation)	tobramycin pak (inhalation)
Novolog cartridge, pen, vial ³	insulin aspart cartridge, pen, vial ³
Novolog Mix 70/30 pen, vial ³	insulin aspart protamine/insulin aspart pen, vial ³
Prevacid Solutabs ODT	lansoprazole ODT
ProAir HFA (inhalation)	albuterol HFA (inhalation)
Sabril tablet, powder packet ²	vigabatrin powder packet ²
Suboxone film	buprenorphine/naloxone film
Symbicort (inhalation)	budesonide/formoterol (inhalation)
Tegretol suspension (oral)	carbamazepine suspension (oral)
Trileptal suspension (oral)	oxcarbazepine suspension (oral)

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

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

³ Both brand and generic are preferred

The Maryland Medicaid Preferred Drug List (PDL) shown here includes updates effective January 1, 2022. 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,q1}
morphine sulfate SR (MS Contin) ^{q1}
Xtampza ER

Requires Prior Authorization

buprenorphine film (Belbuca) ^{q1}
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, Kadian) ^{q1}
oxycodone ER (Oxycontin) ^{q1}
oxymorphone ER (Opana ER) ^{q1}
tramadol ER (Conzip, Ryzolt, Ultram ER) ^{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 50 mg (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 nasal, zolmitriptan ODT (Zomig, Zomig nasal, 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 solution
pregabalin XR (Lyrica CR)
Drizalma Sprinkle ^{cc}
Gralise
Horizant
Qutenza Kit
Savella
ZTlido

[WWW.MMPPI.COM](http://www.MMPPI.COM)

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- Preferred Drug List
- Mental Health Formulary
- And more

ANALGESICS

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

celecoxib (Celebrex)
diclofenac sodium
diclofenac gel (Voltaren Gel)
ibuprofen Rx, OTC (Motrin)
indomethacin (Indocin)
meloxicam tablets (Mobic)
nabumetone (Relafen)
naproxen, naproxen sodium OTC
sulindac (Clinoril)

Requires Prior Authorization

diclofenac epolamine patch (Flector) ^{cc,ql}
diclofenac potassium
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
ibuprofen/famotidine (Duexis)
indomethacin ER (Indocin SR)
ketoprofen, ketoprofen ER (Orudis, Oruvail)
ketorolac (Toradol)
ketorolac nasal spray (Sprix)
meclofenamate (Meclomen)
mefenamic acid (Ponstel)
meloxicam capsules (Vivlodex)
naproxen/esomeprazole (Vimovo)
naproxen EC
naproxen sodium Rx
naproxen CR, suspension
oxaprozin (Daypro)
piroxicam (Feldene)
tolmetin, tolmetin DS (Tolectin, Tolectin DS)
Dicloretx Kit
Ibupak Kit
Indocin suppositories, suspension
Licart Patch ^{cc,ql}
Pennsaid pump
Relafen DS
Venngel One Kit
Zipsor
Zorvolex

ANALGESICS

Opioid Use Disorder Treatments

Preferred

buprenorphine (Subutex) ^{cc,ql}
naloxone injectable, nasal spray (Narcan)
naltrexone (Revia) ^{cc}
Bunavail ^{ql}
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}
Kloxxado
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
Difcid^{cc,ql}
Solosec
Xifaxan^{cc,ql}

Antibiotics, Inhaled

Preferred

Bethkis (Brand only)^{cc,ql}
Kitabis Pak (Brand only)^{cc,ql}
Tobi Podhaler^{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)
Brexafemme
Cresemba
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)
cefaclor capsules (Ceclor)
cefadroxil capsules (Duricef)
cefdinir (Omnicef)
cefprozil (Cefzil)
cefuroxime tablets (Ceftin)
cephalexin capsules, suspension (Keflex)

Requires Prior Authorization

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

ANTI-INFECTIVES

Fluoroquinolones, Oral

Preferred

ciprofloxacin tablets (Cipro)
levofloxacin tablets (Levaquin)

Requires Prior Authorization

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

Hepatitis B Agents

Preferred

entecavir (Baraclude)
lamivudine HBV (Epivir HBV)
Epiver 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
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 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)
colchicine tablets (Colcrys)^{ql}
 probenecid
 probenecid/colchicine

Requires Prior Authorization

colchicine capsules (Mitigare)^{ql}
febuxostat (Uloric)
Gloperba

Colony Stimulating Factors**Preferred**

Granix
 Neupogen

Requires Prior Authorization

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

Erythropoiesis Stimulating Proteins**Preferred**

Aranesp
 Retacrit

Requires Prior Authorization

Epogen
Mircera
Procrit
Reblozyl

Phosphate Binders**Preferred**

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

Requires Prior Authorization

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

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 Modulators**Preferred**

benazepril, benazepril/HCTZ (Lotensin, Lotensin HCT)
 enalapril, enalapril/HCTZ (Vasotec, Vaseretic)
 irbesartan, irbesartan/HCTZ (Avapro, Avalide)
 lisinopril, lisinopril/HCTZ (Prinivil, Zestril, Prinzide, Zestoretic)
 losartan, losartan/HCTZ (Cozaar, Hyzaar)
 olmesartan, olmesartan/HCTZ (Benicar, Benicar HCT)
 quinapril, quinapril/HCTZ (Accupril, Accuretic)
 ramipril (Altace)
 valsartan, valsartan/HCTZ (Diovan, Diovan HCT)
 Entresto^{cc,ql}

Requires Prior Authorization

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

CARDIOVASCULAR**Anticoagulants****Preferred**

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

Requires Prior Authorization

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

Antihypertensives, Sympatholytics**Preferred**

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

Requires Prior Authorization

methyl dopa/HCTZ (Aldoril)

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)
 nebivolol (Bystolic)
 pindolol (Visken)
 propranolol/HCTZ (Inderide)
 timolol (Blocadren)
 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
 Nexletol^{cc,q1}
 Nexlizet^{cc,q1}
 Praluent^{cc,q1}
 Repatha^{cc,q1}
 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)^{q1}
 dipyridamole (Persantine)^{q1}
 prasugrel (Effient)^{q1}
 Brilinta^{q1}

Requires Prior Authorization

aspirin/dipyridamole (Aggrenox)^{q1}
 Zontivity

PAH Agents, Oral and Inhaled**Preferred**

ambrisentan (Letairis)
 bosentan tablets (Tracleer)
 sildenafil tablets (Revatio)^{cc,q1}
 tadalafil (Adcirca)^{cc,q1}

Requires Prior Authorization

sildenafil solution (Revatio)^{cc,q1}
 Adempas
 Opsumit^{cc,q1}
 Orenitram ER^{cc,q1}
 Tracleer tablets for suspension
 Tyvaso^{cc}
 Uptravi^{cc,q1}
 Ventavis

CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

carbamazepine (Tegretol)
 clobazam tablets (Onfi)^{ql}
 clonazepam (Klonopin)
 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)
tiagabine (Gabitril)
 topiramate (Topamax)
 topiramate sprinkles (Topamax Sprinkles)
 valproic acid (Depakene)
 zonisamide (Zonegran)
 Carbatrol (Brand only)
 Depakote Sprinkle (Brand only)
Diastat, Diastat Acudial (Brand only)
Nayzilam
 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)
diazepam rectal (Diastat, Diastat Acudial) (generic only)
 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)
 topiramate ER (Qudexy XR)^{cc,ql}
 Aptiom^{cc}
Banzel tablets, suspension (Brand only)^{cc,ql}
 Briviact
 Celontin
 Diacomit capsules, powder pack
 Elepsia XR
 Epidiolex^{cc,ql}
 Equetro
 Fintepla
 Fycompa^{cc}
 Lamictal XR dose pack
 Oxtellar XR
 Sabril powder pack, tablets (Brand only)
 Spritam
 Sympazan^{cc,ql}
 Trokendi XR
 Xcopri

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

CENTRAL NERVOUS SYSTEM

The Mental Health Formulary can be found at

<https://health.maryland.gov/mmcp/pap/docs/%5EMental%20Health%20Carve%20Out%20Formulary%20Update%20FINAL%202006.01.21.pdf>

Antidepressants, Other

Preferred

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

Requires Prior Authorization

bupropion XL (Forfivo XL)
 desvenlafaxine fumarate ER
 nefazodone (Serzone)
 phenelzine (Nardil)
 tranylcypromine (Parnate)
 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, tablets
 (all strengths except 60mg and weekly)
 (Prozac)
 fluvoxamine (Luvox)
 paroxetine (Paxil)
 sertraline tablets, concentrated
 solution (Zoloft)

Requires Prior Authorization

escitalopram solution (Lexapro)
 fluoxetine 60mg
 fluoxetine weekly (Prozac weekly)
 fluvoxamine ER (Luvox CR)
 paroxetine CR (Paxil CR)
 paroxetine mesylate 7.5mg capsules
 (Brisdelle)^{cc,ql}
 paroxetine suspension (Paxil)
 sertraline capsules
 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
 Ubrelvy^{cc,ql}
 Vyepti^{cc,ql}

^{cc} Clinical Criteria: health.maryland.gov/mmcp/pap/Pages/Clinical-Criteria.aspx

^{ql} Quantity Limits: health.maryland.gov/mmcp/pap/docs/QL.pdf

CENTRAL NERVOUS SYSTEM

CENTRAL NERVOUS SYSTEM

CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at health.maryland.gov/mmcp/pap/docs/%5eMental%20Health%20Carve%20Out%20Formulary%20Update%20FINAL%2006.01.21.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}
 haloperidol lactate oral, IM
 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 (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}
 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)
 atomoxetine (Strattera) ^{cc}
 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
 (Metadate ER, 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}

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
 (Relexxii)
 methylphenidate ER capsules (Aptensio XR)
 Adhansia XR
 Adzenys XR ODT ^{cc}
Azstarys
 Cotempla XR ODT
 Dyanavel XR
 Evekeo ODT
 Jornay PM
 Mydayis ER
Qelbree ^{cc}
 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}
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}
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**

insulin aspart (Novolog)
insulin aspart mix 70/30
(Novolog 70/30 Mix)
insulin lispro pen, vial (Humalog pen, vial)
insulin lispro Junior Kwikpen
(Humalog Junior Kwikpen)
insulin lispro mix 75/25 pen
(Humalog Mix 75/25 pen)
Humalog cartridge
Humalog Mix 50/50 pen, vial
Humalog Mix 75/25 vial
Humulin pen, vial
Humulin 70/30 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
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,q1}
metformin ER (Glumetza) ^{cc,q1}
metformin solution (Riomet)
Riomet ER suspension

Hypoglycemics, SGLT2 Inhibitors**Preferred**

Farxiga (Step Therapy) ^{cc,q1}
Invokana (Step Therapy) ^{cc,q1}
Jardiance (Step Therapy) ^{cc,q1}

Requires Prior Authorization

Invokamet (Step Therapy) ^{cc,q1}
Invokamet XR (Step Therapy) ^{cc,q1}
Segluromet (Step Therapy) ^{cc,q1}
Steglatro (Step Therapy) ^{cc,q1}
Synjardy, Synjardy XR (Step Therapy) ^{cc,q1}
Xigduo XR (Step Therapy) ^{cc,q1}

Hypoglycemics, TZDs**Preferred**

pioglitazone (Actos)
pioglitazone/metformin (ActoPlusMet)

Requires Prior Authorization

pioglitazone/glimepiride (Duetact)

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

dimenhydrinate OTC
meclizine Rx, OTC (Bonine, Antivert)
metoclopramide solution, tablets, vial (Reglan)
ondansetron ODT, solution, tablets, vial (Zofran) ^{q1}
prochlorperazine tablets (Compazine)
promethazine injectable, solution, tablets (Phenergan)
promethazine suppositories (except 50mg)
scopolamine patches (TransDerm-Scop)

Requires Prior Authorization

aprepitant capsules, tripack (Emend) ^{q1}
dimenhydrinate Rx
doxylamine/pyridoxine (Diclegis) ^{cc,q1}
dronabinol (Marinol) ^{cc,q1}
fosaprepitant dimeglumine IV (Emend)
granisetron (Kytril) ^{q1}
metoclopramide ODT (Metozolv ODT)
metoclopramide 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 ^{q1}
Sancuso ^{q1}
Sustol
Varubi

Bile Salts**Preferred**

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

Requires Prior Authorization

Bylvay Capsule, Pellet
Chenodal
Cholbam
Ocaliva
Reltone

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

lubiprostone (Amitiza) ^{cc,q1}
Linzess ^{cc,q1}
Movantik ^{cc,q1}

Requires Prior Authorization

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

Pancreatic Enzymes**Preferred**

Creon ^{q1}
Zenpep ^{q1}

Requires Prior Authorization

Pancrease ^{q1}
Pertzze ^{q1}
Viokace ^{q1}

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, Simponi Ario ^{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 tablets (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)
Aduhelm^{cc}
 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 (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

glatiramer acetate 20mg (Copaxone, Glatopa)
 Avonex
 Betaseron Kit

Requires Prior Authorization

dalfampridine ER (Ampyra)^{cc,ql}
 dimethyl fumarate DR (Tecfidera)^{cc,ql}
 glatiramer acetate 20mg (Copaxone, Glatopa) (generic only)
 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}
Ponvory starter pack, tablet^{cc}
 Rebif
 Tysabri^{cc,ql}
 Vumerity^{cc,ql}
 Zeposia^{cc,ql}

OPHTHALMICS

Ophthalmics, Allergic Conjunctivitis

Preferred

cromolyn (Crolom)
 ketotifen OTC (Zaditor OTC)
olopatadine (Patanol)
 Alrex

Requires Prior Authorization

azelastine (Optivar)
 bepotastine (Bepreve)
 epinastine (Elestat)
 olopatadine Rx, OTC (Pataday)
 Alocril
 Alomide
 Lastacaft
 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 (Zymarid)
 gentamicin ointment
 levofloxacin (Quixin)
 moxifloxacin (Moxeza)
 neomycin/polymyxin/gramicidin (Neosporin)
 sulfacetamide ointment
 AzaSite
 Besivance
 Natacyl

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 0.2%
brimonidine P 0.15% (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)
timolol 0.5% (Timoptic Ocudose)

Betimal

Betoptic S
Cosopt PF
Lumigan 0.01%
Phospholine Iodide
Simbrinza
Timoptic Ocudose
Vyzulta
Xelpros
Zioptan

OPHTHALMICS

Ophthalmics, Anti-Inflammatories

Preferred

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

Requires Prior Authorization

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

Ophthalmics, Anti-Inflammatory/ Immunomodulator

Preferred

Restasis multidose
Restasis single-use
Xiidra

Requires Prior Authorization

Cequa
Eysuvis

OTIC

Otic Antibiotics

Preferred

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

Requires Prior Authorization

ciprofloxacin
ciprofloxacin/fluocinolone
Cipro HC
Cortisporin TC
Otiprio

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

Bronchodilators, Beta Agonists

Preferred

albuterol neb 0.083%, 5mg/ml
albuterol neb 0.63mg/3ml, 1.25mg/3ml (AccuNeb)
albuterol syrup (Proventil, Ventolin)
ProAir HFA (Brand only) ^{ql}
Serevent

Requires Prior Authorization

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

RESPIRATORY

COPD Agents

Preferred

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

Requires Prior Authorization

Bevespi Aerosphere
Daliresp
Duaklir Pressair
Incruse Ellipta
Lonhala Magnair
Tudorza Pressair
Yupelri

Glucocorticoids, Inhaled

Preferred

budesonide inhalation suspension (Pulmicort Respules)
Advair HFA
Asmanex
Dulera
Flovent HFA
Symbicort (Brand only)

Requires Prior Authorization

budesonide/formoterol (Symbicort) (generic only)
fluticasone/salmeterol (Advair Diskus)
fluticasone/salmeterol (AirDuo Respiclick)
AirDuo Digihaler
Alvesco
Armon Air Digihaler
Arnuity Ellipta
Asmanex HFA
Breo Ellipta
Breztri Aerosphere
Flovent Diskus
Pulmicort Flexhaler ^{ql}
QVAR Redihaler
Trelegy Ellipta

RESPIRATORY

Intranasal Rhinitis Agents

Preferred

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

Requires Prior Authorization

azelastine nasal (Astepro)
azelastine/fluticasone nasal (Dymista)
budesonide nasal (Rhinocort Allergy OTC)
flunisolide (Nasarel, Nasalide)
fluticasone OTC
mometasone nasal (Nasonex)
olopatadine (Patanase)
triamcinolone OTC (Nasacort OTC)
Beconase AQ
Omnaris
Onasl
Xhance
Zetonna

Leukotriene Modifiers

Preferred

montelukast chewables, tablets (Singulair)
zafirlukast (Accolate)

Requires Prior Authorization

montelukast granules (Singulair Granules)
zileuton ER
Zyflo

Epinephrine, Self-Injected

Preferred

epinephrine 0.15mg (EpiPen Jr) ^{ql}
epinephrine 0.3mg (EpiPen) ^{ql}

Requires Prior Authorization

epinephrine 0.15mg, 0.3mg (Adrenaclick) ^{ql}
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, 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)
 dapsone (Aczone)
 erythromycin gel, pledgets
 erythromycin/benzoyl peroxide (Benzamycin)
 sulfacetamide
 sulfacetamide/sulfur
 sulfacetamide/sulfur/urea
 tazarotene cream, foam (Fabior, Tazorac)^{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
 Neuac
 Onexton
 Ovace
 Retin-A Micro 0.06%, 0.08%
 Sumaxin CP Kit
 Tazorac gel^{cc}

TOPICAL DERMATOLOGICS

Immunomodulators, Atopic Dermatitis

Preferred

pimecrolimus (Elidel)
 tacrolimus (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)
 trospium, trospium ER (Sanctura, Sanctura XR)
 Gelnique
 Myrbetriq, **Myrbetriq granules**
 Oxytrol
 Vesicare LS

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Boyd K. Rutherford, Lt. Governor

Dennis R. Schrader, Secretary

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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>.