

COVID-19 Resources

The Maryland Department of Health offers multiple measures to assist medical care providers and pharmacies through 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



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Maryland Medicaid Preferred Drug List (PDL)

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



The "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. **Effective July 1, 2022, the following brand name medications are preferred over their corresponding generics: Lantus Solostar and Flovent HFA.** 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 order for the State to enhance the benefit of the PDL, in some instances when manufacturer rebates are taken into consideration, the multisource brand name drug is Preferred over its generic equivalent because it is more cost effective. When the brand name drug is Preferred, no Medwatch nor authorization is needed¹. Enter a **DAW code of 6** on the claim to have it correctly priced. If any problems are encountered during the on-line claim adjudication of Preferred Brands, contact Conduent's 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (For example, when there is other insurance). Please maintain this Advisory as a reference in addition to any future updates.

Therapeutic Class	Preferred BRAND	Non-Preferred GENERIC
Antibiotics, Inhaled	Bethkis (inhalation)	tobramycin powder (inhalation)
Anticonvulsants	Banzel tablets, suspension ²	rufinamide tablets, suspension ²
Anticonvulsants	Carbatrol capsule	carbamazepine ER capsule
Anticonvulsants	Depakote Sprinkle capsule	divalproex sprinkle capsule
Anticonvulsants	Diastat, Diastat Acudial	diazepam rectal
Anticonvulsants	Sabril tablet, Powder Packet ²	vigabatrin tablet, powder packet ²
Anticonvulsants	Tegretol suspension (oral)	carbamazepine suspension (oral)
Anticonvulsants	Trileptal suspension (oral)	oxcarbazepine suspension (oral)
Bronchodilators, Beta Agonists	ProAir HFA (inhalation)	albuterol HFA (inhalation)
Glucocorticoids, Inhaled	Symbicort (inhalation)	budesonide/formoterol (inhalation)
Hypoglycemics, Insulins	Humalog Junior Kwikpen ³	insulin lispro Junior Kwikpen ³
Hypoglycemics, Insulins	Humalog Mix 75/25 pen ³	insulin lispro mix pen ³
Hypoglycemics, Insulins	Humalog pen, vial ³	insulin lispro pen, vial ³
Hypoglycemics, Insulins	Novolog cartridge, pen, vial ³	insulin aspart cartridge, pen, vial ³
Hypoglycemics, Insulins	Novolog Mix 70.30 pen, vial ³	insulin aspart protamine/insulin aspart pen, vial ³
Immunosuppressives, Oral	Cellcept suspension	mycophenolate mofetil suspension
Opioid Use Disorder Treatments	Narcan Nasal Spray ³	naloxone nasal spray ³
Opioid Use Disorder Treatments	Suboxone Film	buprenorphine/naloxone film
Proton Pump Inhibitors	Prevacide SoluTab ODT	lansoprazole ODT
Stimulants and Related Agents	Adderall XR capsule	amphetamine salt combo ER capsule
Stimulants and Related Agents	Concerta tablet	methylphenidate ER capsule
Stimulants and Related Agents	Focalin XR capsule	dexmethylphenidate XR capsule
Hypoglycemics, Insulins	Lantus-Solostar	insulin glargine Solostar
Glucocorticoids, Inhaled	Flovent HFA	fluticasone propionate

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

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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}
Nucynta ER ^{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

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}

ANALGESICS

Analgesics, Narcotics * (Short Acting) (continued)

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

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}

Nurtec ODT^{cc,q1}

Requires Prior Authorization

Aimovig (**Step Therapy**)^{cc,q1}

Emgality 100mg/ml

(**Step Therapy**)^{cc,q1}

Qulipta^{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, 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

ANALGESICS

Neuropathic Pain**Preferred**

capsaicin OTC

duloxetine (Cymbalta)^{cc,q1}

gabapentin capsules, tablets

(Neurontin)

lidocaine patch (Lidoderm)^{q1}

pregabalin capsules^{q1}

Requires Prior Authorization

duloxetine 40mg (Irenka)^{q1}

gabapentin solution (Neurontin)

pregabalin solution

pregabalin XR (Lyrica CR)

Drizalma Sprinkle^{cc}

Gralise

Horizant

Qutenza Kit

Savella

ZTlido

WWW.MMPPI.COM

- Formulary Navigator
- MCO Contacts
- Continuing Education seminars, recordings and handouts
- Preferred Drug List
- Mental Health Formulary

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,q1}

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)

Diclotrex Kit

Ibupak Kit

Indocin suppositories, suspension

Licart Patch^{cc,q1}

Relafen DS

Vennigel One Kit

Zorvolex

ANTI-INFECTIVES

Opioid Use Disorder Treatments**Preferred**buprenorphine (Subutex) ^{cc,q1}**buprenorphine/naloxone tablets (Suboxone)** ^{q1}

naloxone injectable (Narcan)

naltrexone (Revia) ^{cc}

Nasal spray (Narcan nasal spray)

(Brand and generic)Sublocade ^{cc,q1}Suboxone film **(Brand only)** ^{q1}Vivitrol ^{cc}Zubsolv ^{q1}**Requires Prior Authorization**

buprenorphine/naloxone film

(Suboxone) (generic only) ^{q1}

Kloxxado

Lucemyra ^{q1}**Zimhi****Skeletal Muscle Relaxants****Preferred**

baclofen (Lioresal)

chlorzoxazone (Parafon)

cyclobenzaprine (Flexeril) ^{q1}

methocarbamol (Robaxin)

orphenadrine ER (Norflex)

tizanidine tablets (Zanaflex)

Requires Prior Authorization

carisoprodol (Soma)

carisoprodol compound

*(Soma Compound)*cyclobenzaprine ER (Amrix) ^{q1}

dantrolene (Dantrium)

metaxalone (Skelaxin)

orphenadrine/aspirin/caffeine

tizanidine capsules (Zanaflex)

Flexsuvy

Lorzone

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,q1}

Solosec

Xifaxan ^{cc,q1}**Antibiotics, Inhaled****Preferred**Bethkis **(Brand only)** ^{cc,q1}Tobi Podhaler ^{cc,q1}**Requires Prior Authorization**

tobramycin inhalation solution

(Tobi) ^{cc,q1}**tobramycin pak (Kitabis Pak)** ^{cc,q1}

tobramycin solution (Bethkis)

(generic only) ^{cc,q1}Arikayce ^{cc,q1}Cayston ^{cc,q1}**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

Nuversa

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/betamethasone cream (Lotrisone)
 ketoconazole cream, shampoo (Nizoral)
 miconazole cream OTC
 nystatin
 nystatin/triamcinolone (Mycolog)
 terbinafine OTC
 tolnaftate cream, powder, spray OTC

Requires Prior Authorization

clotripirox (*Loprox, Loprox Kit, Loprox Shampoo, Penlac*)
clotrimazole solution OTC, Rx
 clotrimazole/betamethasone lotion (Lotrisone)
 econazole (*Spectazole*)
 ketoconazole foam (*Ketodan*)
 luliconazole (*Luzu*)^{cc,ql}
 miconazole powder, spray OTC
 miconazole nitrate/zinc oxide/petrolatum (*Vusion*)
 naftifine (*Naftin*)
 oxiconazole cream (*Oxistat*)
 sulconazole nitrate cream, solution
tolnaftate solution OTC
 Alevazol OTC
 Bensal HP
 Ertaczo
 Fungoid OTC
 Jublia
 Kerydin
 Lamisil OTC
 Lotrimin AF, Ultra OTC
 Mentax
 Oxistat lotion
Triamazole Kit

ANTI-INFECTIVES

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

Antivirals, Oral

Preferred

acyclovir (*Zovirax*)
 oseltamivir (*Tamiflu*)^{ql}
 valacyclovir (*Valtrex*)

Requires Prior Authorization

famciclovir (*Famvir*)
 rimantadine (*Flumadine*)
 Relenza
 Sitavig
 Xofluza

Antivirals, Topical

Preferred

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

Requires Prior Authorization

Denavir
 Xerese

ANTI-INFECTIVES

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

Fluoroquinolones, Oral

Preferred

ciprofloxacin tablets (*Cipro*)
 levofloxacin tablets (*Levaquin*)

Requires Prior Authorization

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

ANTI-INFECTIVES

Hepatitis B Agents

Preferred

entecavir (Baraclude)
lamivudine HBV (Epiriv HBV)
Epiriv 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}

Macrolides/Ketolides

Preferred

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

Requires Prior Authorization

clarithromycin suspension (*Biaxin*)
clarithromycin ER (*Biaxin XL*)
erythromycin base tablets
Erythromycin base tablet DR
erythromycin ethylsuccinate tablets (EES 400)
Erythrocin

ANTI-INFECTIVES

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}
Releuko
Zarxio
Ziextenzo

Erythropoiesis Stimulating Proteins

Preferred

Aranesp
Retacrit

Requires Prior Authorization

Epogen
Mircera
Procrit
Reblozyl

BLOOD MODIFIERS**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)

Requires Prior Authorization

amlodipine/olmesartan/HCTZ (Tribenzor)
amlodipine/telmisartan (Twynta)
amlodipine/valsartan/HCTZ (Exforge HCT)

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
Qbreliis
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}
Xarelto suspension

Antihypertensives, Sympatholytics**Preferred**

clonidine patch (Catapres TTS) ^{ql}
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)
 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 (Fibracor, Trilipix)
 Evkeeza^{cc}
 Juxtapid^{cc}
Leqvio
 Nexleto^{cc,ql}
 Nexlizet^{cc,ql}
 Praluent^{cc,ql}
 Repatha^{cc,ql}
 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)^{ql}
 dipyridamole (Persantine)^{ql}
 prasugrel (Effient)^{ql}
 Brilinta^{ql}

Requires Prior Authorization

aspirin/dipyridamole (Aggrenox)^{ql}
 Zontivity

PAH Agents, Oral and Inhaled**Preferred**

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

Requires Prior Authorization

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

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

Pharmacists should call

1-800-932-3918

to request authorization to dispense.

CENTRAL NERVOUS SYSTEM

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%202006.01.21.pdf

Anticonvulsants**Preferred**

carbamazepine (Tegretol)
 clobazam tablets (Onfi)^{ql}
 clonazepam (Klonopin)
 divalproex, divalproex ER
 (Depakote, Depakote ER)
 lacosamide tablet (Vimpat)^{ql}
 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 solution^{ql}

Anticonvulsants (continued)**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}
Eprontia solution
 Equetro
 Fintepla^{cc}
 Fycompa^{cc}
 Lamictal XR dose pack
 Oxtellar XR
 Sabril powder pack, tablets
 (**Brand only**)
 Spritam
 Sympazan^{cc,ql}
 Trokendi XR
 Xcopri

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}

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

CENTRAL NERVOUS SYSTEM

Anti-Migraine Agents, Other*

*Excluded from Mental Health Formulary

PreferredAjovy (**Step Therapy**)^{cc,q1}

Emgality 120 mg/ml

(Step Therapy)^{cc,q1}**Nurtec ODT**^{cc,q1}**Requires Prior Authorization**Aimovig (**Step Therapy**)^{cc,q1}Emgality 100 mg/ml (**Step Therapy**)^{cc,q1}**Qulipta**^{cc,q1}Reyvow^{cc,q1}Ubrelvy^{cc,q1}Vyepiti^{cc,q1}**Antipsychotics**[Antipsychotic Review Programs](#)**Preferred****1st Tier**aripiprazole (Abilify)^{q1}aripiprazole ODT (Abilify Discmelt)^{q1}

chlorpromazine (Thorazine)

clozapine (Clozaril)

fluphenazine (Prolixin)

fluphenazine decanoate inj

(Prolixin Inj)^{q1}

haloperidol (Haldol)

haloperidol decanoate inj (Haldol IM)^{q1}

haloperidol lactate oral, IM

loxapine capsules (Loxitane)

olanzapine IM (Zyprexa IM)^{q1}olanzapine ODT (Zyprexa Zydis)^{q1}olanzapine tablets (Zyprexa)^{q1}

perphenazine (Trilafon)

perphenazine/amitriptyline (Triavil)

pimozide (Orap)

quetiapine (Seroquel)^{q1}quetiapine ER (Seroquel XR)^{q1}

risperidone, risperidone ODT

(Risperdal)^{q1}

thioridazine (Mellaril)

thiothixene (Navane)

trifluoperazine (Stelazine)

ziprasidone (Geodon)^{q1}

ziprasidone (Geodon IM)

Abilify Maintena^{q1}Aristada^{q1}Aristada Initio^{q1}Invega Sustenna^{q1}Invega Trinza^{cc,q1}Risperdal Consta^{q1}**2nd Tier**Latuda^{cc,q1}Vraylar^{cc,q1}

CENTRAL NERVOUS SYSTEM

Antipsychotics (continued)**Requires Prior Authorization**asenapine (Saphris)^{cc,q1}clozapine ODT (Fazacllo)^{cc}molindone^{cc}olanzapine/fluoxetine (Symbyax)^{cc,q1}paliperidone (Invega)^{cc,q1}Abilify MyCite^{cc}Adasuve^{cc}Caplyta^{cc}Fanapt^{cc,q1}**Invega Hafvera**^{cc,q1}**Lybalvi**^{cc,q1}Nuplazid^{cc,q1}Perseris^{cc,q1}Rexulti^{cc,q1}Secuado^{cc}Versacloz^{cc}Zyprexa Relprevv^{cc,q1}**Sedative Hypnotics****Preferred**

eszopiclone (Lunesta)

(Step Therapy)^{cc,q1}flurazepam (Dalmane)^{q1}temazepam 15mg, 30mg (Restoril)^{q1}triazolam (Halcion)^{q1}zaleplon (Sonata)^{q1}zolpidem (Ambien)^{q1}**Requires Prior Authorization**

doxepin (Silenor)

estazolam (ProSom)^{q1}ramelteon (Rozerem)^{q1}temazepam 7.5mg, 22.5mg^{q1}zolpidem SL (Intermezzo)^{q1}

zolpidem ER (Ambien CR)

Belsomra^{cc,q1}Dayvigo^{cc,q1}Edluar^{q1}Hetlioz^{cc,q1}Hetlioz LQ^{cc}

CENTRAL NERVOUS SYSTEM

Stimulants and Related Agents**Preferred**

amphetamine salt combo (Adderall)

atomoxetine (Strattera)^{cc}clonidine ER tablets (Kapvay)^{cc,q1}

dexamethylphenidate tablets (Focalin)

dextroamphetamine capsules

(Dexedrine ER)

dextroamphetamine tablets

guanfacine ER (Intuniv)^{cc,q1}

methylphenidate CD capsules

(Metadate CD)

methylphenidate ER capsules

(Ritalin LA)

methylphenidate ER tablets

(Metadate ER, Ritalin SR)

methylphenidate oral solution

(Methylin)

methylphenidate tablets (Ritalin)

modafinil (Provigil)^{cc,q1}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,q1}

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

Quilivant XR

Sunosi^{cc,q1}Wakix^{cc,q1}

Zenzedi

ENDOCRINE

Androgenic Agents

Preferred

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

Requires Prior Authorization

testosterone gel packet (Androgel)
testosterone gel (Vogelxo)
testosterone gel pump
(Axiron, Fortesta)
Natesto
Testim

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}
Skytrofa
Zomacton ^{cc}
Zorbtive ^{cc}

ENDOCRINE

Hypoglycemics, Incretin Mimetics and Enhancers

Preferred

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

Requires Prior Authorization

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

ENDOCRINE

Hypoglycemics, Insulins

Preferred

insulin aspart (Novolog)
(Brand and generic)
insulin aspart mix 70/30 (Novolog
70/30 Mix) **(Brand and generic)**
insulin glargine vial (Lantus vial)
(generic)
insulin lispro pen, vial (Humalog
pen, vial) **(Brand and generic)**
insulin lispro Junior Kwikpen
(Humalog Junior Kwikpen)
(Brand and generic)
insulin lispro mix 75/25 pen
(Humalog Mix 75/25 pen)
(Brand and generic)
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 **(Brand only)**
Levemir

Requires Prior Authorization**insulin glargine-YFGN**
(Semglee-YFGN)

insulin glargine Solostar
(generic only)
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,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)

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)
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^{ql}
Sancuso^{ql}
Sustol
Varubi

GASTROINTESTINAL**Bile Salts****Preferred**

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

Requires Prior Authorization

Bylvy Capsule, Pellet
Chenodal
Cholbam
Livmarli
Ocaliva
Reltone

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}
Pancreaze^{ql}
Zenpep^{ql}

Requires Prior Authorization

Pertzye^{ql}
Viokace^{ql}

GASTROINTESTINAL

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

Dexlansoprazole (Dexilant)
 esomeprazole magnesium (Nexium)
 esomeprazole OTC
 lansoprazole OTC
 lansoprazole ODT (**generic only**)
 omeprazole OTC
 omeprazole/sodium bicarb (Zegerid)
 rabeprazole (Aciphex)
 Prilosec suspension

Ulcerative Colitis Agents

Preferred

balsalazide (Colazal)
 mesalamine enema (Rowasa)
 mesalamine ER (Pentasa)
 sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR)

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

Infliximab (Remicaid)^{cc}
 Actemra^{cc}
 Arcalyst^{cc}
 Avsola^{cc}
Cibinqo
 Cimzia^{cc}
 Cosentyx^{cc}
 Enspryng^{cc}
 Entyvio^{cc}
 Ilaris^{cc}
 Ilumya^{cc}
 Inflectra^{cc}
 Kevzara^{cc}
 Kineret^{cc}
 Olumiant^{cc}
 Orencia^{cc,ql}
 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
Rezurock
 Sandimmune solution
Tavneos

NEUROLOGICS

Alzheimer's Agents

Preferred

donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT)
 memantine tablets (Namenda)
 rivastigmine capsules, patches (Exelon)^{q1}

Requires Prior Authorization

donepezil 23mg (Aricept)
 galantamine, galantamine ER (Razadyne, Razadyne ER)
 memantine dose pack
 memantine solution
 memantine ER (Namenda XR)
 Aduhelm^{cc}
 Namzaric, Namzaric dose pack

NEUROLOGICS

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 (Eldepryl)
 trihexyphenidyl (Artane)

Requires Prior Authorization

apomorphine (Apokyn)
 bromocriptine (Parlodel)
 carbidopa (Lodosyn)
 carbidopa/levodopa ODT (Parcopa)
 entacapone (Comtan)
 pramipexole ER (Mirapex ER)
 rasagiline (Azilect)
 ropinirole ER (Requip XL)
 tolcapone (Tasmar)
 Duopa
 Gocovri
 Inbrija
 Kynmobi
 Neupro
 Nourianz
 Ongentys
 Osmolex ER
 Rytary
 Xadago
 Zelapar

NEUROLOGICS

Multiple Sclerosis Agents

Preferred

dimethyl fumarate DR (Tecfidera)^{q1}
 glatiramer acetate 20mg (Copaxone, Glatopa)
 Avonex
 Betaseron Kit

Requires Prior Authorization

dalfampridine ER (Ampyra)^{cc,q1}
 glatiramer acetate 40mg (Capaxone, Glatopa)
 Aubagio^{cc,q1}
 Bafiertam^{cc,q1}
 Extavia Kit^{cc,q1}
 Gilenya^{cc,q1}
 Kesimpta^{cc}
 Lemtrada^{cc,q1}
 Mavenclad^{cc,q1}
 Mayzent^{cc}
 Ocrevus^{cc,q1}
 Plegridy, Plegridy IM^{cc,q1}
 Ponvory starter pack, tablet^{cc}
 Rebif
 Tysabri^{cc,q1}
 Vumerity^{cc,q1}
 Zeposia^{cc,q1}

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.

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
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
Natacyc

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

**Ophthalmics, Glaucoma
Agents****Preferred**

brimonidine 0.2%
brimonidine P 0.15% (Alphagan P)
brimonidine/timolol (Combigan)
carteolol (Ocupress)
dorzolamide (Trusopt)
dorzolamide/timolol (Cosopt)
latanoprost (Xalatan)
levobunolol (Betagan)
pilocarpine (Pilocar)
timolol (Timoptic, Timoptic XE)
travoprost (Travatan Z)
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%
Simbrinza
Timoptic Ocudose 0.25%

Vuity

Vyzulta
Xelpros
Zioptan

OPHTHALMICS

**Ophthalmics,
Anti-Inflammatories****Preferred**

diclofenac (Voltaren)
difluprednate (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**

cyclosporine (Restasis single-use)
Restasis multi-dose
Xiidra

Requires Prior Authorization

Cequa
Eysuvis
Tyrvaya Spray

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

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**)^{q1}
Serevent

Requires Prior Authorization

albuterol tablets
albuterol ER (Vospire ER)
albuterol HFA (ProAir HFA)
(generic only)^{q1}
albuterol HFA (Proventil,
Ventolin HFA)^{q1}
arformoterol (Brovana)
formoterol (Perforomist)
levalbuterol neb (Xopenex)
levalbuterol HFA (Xopenex HFA)^{q1}
metaproterenol (Alupent)
terbutaline (Brethine)
ProAir Digihaler
ProAir Respiclick^{q1}
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

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

RESPIRATORY

Glucocorticoids, Inhaled**Preferred**

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

Requires Prior Authorization

budesonide/formoterol (Symbicort)
 (**generic only**)
 fluticasone propionate
 (Flovent HFA) (**generic only**)
 fluticasone/salmeterol
 (Advair Diskus)
 fluticasone/salmeterol
 (AirDuo Resplick)
 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
 Zflo

TOPICAL DERMATOLOGICS

Acne Agents, Topical**Preferred**

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

Requires Prior Authorization

adapalene cream, gel (Differin) ^{cc}
 adapalene/benzoyl peroxide (Epiduo< Epiduo Forte)
 benzoyl peroxide 9% cleanser OTC bp-10-1
 clindamycin (Clindagel)
 clindamycin foam, lotion
 clindamycin/benzoyl peroxide (Acanya, Benzaclin)
 clindamycin/tretinoin (Ziana)
 dapsons (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
 Onexton
 Ovace
 Retin-A Micro 0.06%, 0.08% ^{cc}
 Sumaxin CP Kit
 Tazorac gel ^{cc}

Twynéo cream**Winlevi**

TOPICAL DERMATOLOGICS

Immunomodulators, Atopic Dermatitis**Preferred**

pimecrolimus (Elidel)
 tacrolimus (Protopic)
 Eucrisa

Requires Prior Authorization**Adbry**Dupixent ^{cc}**Opzelura**

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

Larry Hogan, Governor

Boyd K. Rutherford, Lt. Governor

Dennis R. Schrader, Secretary

OFFICE OF PHARMACY SERVICES

300 West Preston Street
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.