

The Latest on Tardive Dyskinesia

Etiology

Tardive dyskinesia (TD) is a persistent, involuntary movement disorder that is medication-induced. Use of dopamine receptor-blocking agents is linked to TD. TD has been reported after exposure to all the available antipsychotic medications. Presenting symptoms often include involuntary movements of the tongue, lower face, jaw, and extremities. Symptoms can persist after discontinuing the causative agent and in some cases can be irreversible and life-long. Risk factors associated with TD include age \geq 55 years, female, white or African ethnicity, presence of a mood disorder, intellectual disability or central nervous system injury, and past or current akathisia, clinically significant parkinsonism, or acute dystonic reactions. TD can have significant effects on quality of life.

Screening

All patients receiving long-term antipsychotic medications should be regularly screened for TD. Early identification is important to limit the risk of developing irreversible symptoms and improve quality of life. Screening for TD is through direct observation. The clinician

should monitor the patient for and abnormal movements in the tongue, face, mouth, jaw, extremities, trunk, or limbs. Use of the Abnormal Involuntary Movement Scale (AIMS) can be used to document results of the screening. The AIMS includes ratings for abnormal movements that can be monitored over time. A link to the AIMS can be found at: <https://health.maryland.gov/mmcp/pap/docs/Antipsychotic%20Review%20Programs/Abnormal%20Involuntary%20Movement%20Scale.pdf>

Treatment

Initial management of TD is discontinuation of the causative agent. TD is often reversible, and the earlier the causative drug is discontinued, the better chance for resolution of symptoms. However, discontinuation of the causative agent is not always possible when considering the patient's underlying psychiatric illness. Further, worsening dyskinesia can occur during drug withdrawal and a slow taper is recommended. For these reasons, some patients may be considered for medication management of TD. The FDA has approved two medications for the treatment of TD: Ingrezza (valbenazine) and

Austedo (deutetrabenazine). Both are vesicular monoamine transporter type 2 (VMAT2) inhibitors that suppress TD by depleting dopamine storage in presynaptic vesicles. The VMAT2 inhibitors can be used with or without concurrent antipsychotic drugs. The Office of Pharmacy Services has developed clinical criteria for both agents that can be found at: <https://health.maryland.gov/mmcp/pap/pages/Clinical-Criteria.aspx>

Peer Review Program

In order to support providers who prescribe antipsychotics, the Office of Pharmacy Services established the Peer Review Program (PRP). The goal of the program is to ensure that children and adolescents receive optimal antipsychotic treatment in conjunction with appropriate non-pharmacologic measures in the safest manner possible. Due to success of the program, it has continued to be expanded since its inception. Today, the program reviews antipsychotic medication use in all participants age 18 and younger. The program includes a clinical review of the patient including AIMS and provider outreach.

References

- <https://psychiatryonline.org/doi/epdf/10.1176/appi.books.9780890424841>
- <https://www.tardiveimpact.com/what-is-td>
- <https://www.psychiatrytimes.com/view/aims-abnormal-involuntary-movement-scale>
- <https://mhanational.org/conditions/tardive-dyskinesia>
- <https://www.nami.org/About-Mental-Illness/Treatments/Mental-Health-Medications/Tardive-Dyskinesia>

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 PDL **effective January 1, 2023**. 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 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 tablet, suspension ²	rufinamide tablet, suspension ²
Anticonvulsants	Carbatrol capsule	carbamazepine ER capsule
Anticonvulsants	Depakote Sprinkle capsule	divalproex sprinkle capsule
Anticonvulsants	Diastat, Diastat Acudial ³	diazepam rectal ³
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)
Antidepressants, Other	Viibryd tablet, kit ²	vilazodone HCL tablet, kit ²
Bronchodilators, Beta Agonists	ProAir HFA (inhalation) ³	albuterol HFA (Pro Air HFA) generic ³
Bronchodilators, Beta Agonists	Proventil HFA, Ventolin HFA	albuterol HFA (Proventil HFA, Ventolin HFA) generic
Glucocorticoids, Inhaled	Flovent HFA	fluticasone propionate
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	Lantus-Solostar	insulin glargine Solostar
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	Daytrana	methiphenidate transdermal

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, 2023. 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 patch (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 patch (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 tablet
hydrocodone/acetaminophen tablet (Lorcet, Norco, Vicodin) ^{q1}
hydromorphone tablet (Dilaudid)
morphine sulfate tablet, solution
oxycodone capsule, tablet, 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
oxycodone/acetaminophen solution ^{q1}
oxycodone concentrated solution
oxymorphone (Opana)
pentazocine/naloxone (Talwin NX)
tramadol 100mg (Ultram) ^{q1}
Abstral ^{cc,q1}
Fentora ^{cc,q1}
Nucynta
Seglentis

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^{hc} HIGH COST FORM: health.maryland.gov/mmcp/pap/docs/PA%20Forms/High%20Cost%20Drug%20PA%20Form%20%2809.2009%29.pdf

ANALGESICS

Anti-Migraine Agents, Other*

*Appears in two places within PDL document

Preferred

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

Requires Prior Authorization

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

Anti-Migraine Agents, Triptans

Preferred

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

Requires Prior Authorization

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

ANALGESICS

Neuropathic Pain

Preferred

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

- 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 gel (Voltaren Gel)
diclofenac potassium tablet
 diclofenac sodium
 ibuprofen Rx, OTC (Motrin)
 indomethacin (Indocin)
 meloxicam tablet (Mobic)
 nabumetone (Relafen)
 naproxen
 naproxen sodium OTC
 sulindac (Clinoril)

Requires Prior Authorization

diclofenac epolamine patch
 (Flector)^{cc,ql}
 diclofenac potassium capsule
 diclofenac topical solution
 (Pennsaid)
 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 capsule (Vivlodex)
 naproxen CR, suspension
 naproxen EC
 naproxen sodium Rx
 naproxen/esomeprazole (Vimovo)
 oxaprozin (Daypro)
 piroxicam (Feldene)
 tolmetin sodium
 Licart Patch^{cc,ql}
 Relafen DS
 Zorvolex

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ANALGESICS

Opioid Use Disorder Treatments**Preferred**

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

Requires Prior Authorization

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

Skeletal Muscle Relaxants**Preferred**

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

Requires Prior Authorization

carisoprodol (Soma)
 carisoprodol compound (Soma Compound)
 cyclobenzaprine ER (Amrix)^{ql}
 dantrolene (Dantrium)
 metaxalone (Skelaxin)
 orphenadrine/aspirin/caffeine
 tizanidine capsule (Zanaflex)
 Flexsuvy
 Lorzone

Lyvispah

ANTI-INFECTIVES

Antibiotics, GI**Preferred**

metronidazole tablet (Flagyl)
 neomycin
 tinidazole (Tindamax)
 vancomycin capsule (Vancocin)
 Firvanq

Requires Prior Authorization

metronidazole capsule (Flagyl capsule)
 nitazoxanide tablet (Alinia)
 paromomycin
 vancomycin solution
 Difucid^{cc,ql}
 Solosec
 Xifaxan^{cc,ql}

Antibiotics, Inhaled**Preferred**

Bethkis **(Brand only)**^{cc,ql}
 Tobi Podhaler^{cc,ql}

Requires Prior Authorization

tobramycin inhalation solution (Tobi)^{cc,ql}
 tobramycin pak (Kitabis Pak)^{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
 Nuversa

Requires Prior Authorization

Vandazole
Xaciato

Antifungals, Oral**Preferred**

clotrimazole troches (Mycelex)
 fluconazole (Diflucan)
 griseofulvin suspension (GriFulvin V)
 ketoconazole (Nizoral)
 nystatin suspension, tablet
 terbinafine (Lamisil)

Requires Prior Authorization

flucytosine (Ancobon)
 griseofulvin tablet (Gris Peg, GriFulvin V)
 itraconazole (Sporanox)
 posaconazole (Noxafil)
 voriconazole (Vfend)
 Brexafemme
 Cresemba
 Tolsura
Vivjoa

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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

ciclopirox (*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*)
 salicylic acid 3% ointment
 sulconazole nitrate cream, solution
 tolnaftate solution OTC
Alevazol OTC
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, ointment (*Zovirax*)
 docosanol 10% cream (*Abreva* OTC)

Requires Prior Authorization

penciclovir (*Denavir*)
Xerese

ANTI-INFECTIVES

Cephalosporins and Related Antibiotics**Preferred**

amoxicillin/clavulanate tablet, suspension (*Augmentin, Augmentin ES*)
 cefaclor capsule (*Ceclor*)
 cefadroxil capsule (*Duricef*)
 cefdinir (*Omnicef*)
 cefprozil (*Cefzil*)
 cefuroxime tablet (*Ceftin*)
 cephalexin capsule, suspension (*Keflex*)

Requires Prior Authorization

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

Fluoroquinolones, Oral**Preferred**

ciprofloxacin tablet (*Cipro*)
 levofloxacin tablet (*Levaquin*)

Requires Prior Authorization

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

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ANTI-INFECTIVES

Hepatitis B Agents

Preferred

entecavir (Baraclude)
lamivudine HBV tablet
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}

Macrolides/Ketolides

Preferred

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

Requires Prior Authorization

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

ANTI-INFECTIVES

Tetracyclines

Preferred

doxycycline hyclate (*Vibramycin*)
doxycycline monohydrate capsule 50mg, 100mg (*Monodox*)
doxycycline monohydrate tablet
minocycline capsule (*Minocin*)
tetracycline (*Sumycin*)

Requires Prior Authorization

demeclocycline (*Declomycin*)
doxycycline hyclate DR (*Doryx*)
doxycycline monohydrate capsule 75mg, 150mg
doxycycline monohydrate suspension (*Vibramycin*)
minocycline tablet
minocycline ER (*Solodyn, Ximino*)
Doryx MPC
Morgidox Kit
Nuzyra
Vibramycin syrup

BLOOD MODIFIERS

Antihyperuricemics

Preferred

allopurinol (*Zyloprim*)
colchicine tablet (*Colcrys*)^{ql}
probenecid
probenecid/colchicine

Requires Prior Authorization

colchicine capsule (*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
Epogen
Retacrit

Requires Prior Authorization

Mircera
Procrit
Reblozyl^{hc}

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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 (Twynsta)
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
Qbrelis
Tekturna HCT

CARDIOVASCULAR

Anticoagulants

Preferred

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

Requires Prior Authorization

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

Antihypertensives, Sympatholytics

Preferred

clonidine patch (Catapres TTS)^{ql}
clonidine tablet (Catapres)
guanfacine (Tenex)
methyldopa (Aldomet)

Requires Prior Authorization

methyldopa/HCTZ (Aldoril)

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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
 Kapspargo
 Sotylize

Calcium Channel Blockers**Preferred**

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

Requires Prior Authorization

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

Norliqva

Nymalize, Nymalize syringe

CARDIOVASCULAR

Lipotropics, Other**Preferred**

cholestyramine (Questran)
 colestipol tablet (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 tablet (Tracleer)
 sildenafil tablet (Revatio)^{cc,ql}
 tadalafil (Adcirca)^{cc,ql}

Requires Prior Authorization

sildenafil solution (Revatio)^{cc,ql}
 Adempas^{hc}
 Opsumit^{cc,ql}
 Orenitram ER^{cc,ql}
 Tracleer tablet for suspension
 Tyvaso, Tyvaso DPI^{cc,hc}
 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.

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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 suspension (Onfi) ^{q1}
 clobazam tablet (Onfi) ^{q1}
 clonazepam (Klonopin)
 diazepam rectal (Diastat, Diastat Acudial) **(Brand and generic)**
 divalproex, divalproex ER (Depakote, Depakote ER)
 lacosamide tablet (Vimpat) ^{q1}
 lamotrigine (Lamictal)
 levetiracetam tablet, solution (Keppra)
 oxcarbazepine tablet, 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 Sprinkles **(Brand only)**
 Nayzilam
 Tegretol suspension **(Brand only)**
 Trileptal suspension **(Brand only)**
 Valtoco

Anticonvulsants *(continued)***Requires Prior Authorization**

carbamazepine ER (Carbatrol) **(generic only)**
 carbamazepine suspension (Tegretol) **(generic only)**
 carbamazepine XR (Tegretol XR)
 clonazepam ODT (Klonopin ODT)
 divalproex sprinkles (Depakote sprinkles) **(generic only)**
 ethosuximide (Zarontin)
 felbamate (Felbatol)
 lamotrigine dose pack
 lamotrigine XR (Lamictal XR)
 lamotrigine ODT (Lamictal ODT)
 levetiracetam ER (Keppra XR)
 oxcarbazepine suspension **(generic only)**
 topiramate ER (Qudexy XR) ^{cc,q1}
 Aptiom ^{cc}
 Banzel tablet, suspension **(Brand only)** ^{cc,q1}
 Briviact
 Celontin
 Diacomit capsule, powder pack
 Elepsia XR
 Epidiolex ^{cc,q1}
 Eprontia solution
 Equetro
 Fintepla ^{cc,hc}
 Fycompa ^{cc}
 Lamictal XR dose pack
 Oxtellar XR
 Sabril powder pack, tablet **(Brand only)** ^{hc}
 Spritam
 Sympazan ^{cc,q1}
 Trokendi XR
 Xcopri
 Zonisade

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 capsule (Effexor XR)

Requires Prior Authorization

bupropion XL (Forfivo XL)
 desvenlafaxine fumarate ER
 nefazodone (Serzone)
 phenelzine (Nardil)
 tranylcypromine (Parnate)
venlafaxine besylate ER (Venbysi XR)
 venlafaxine ER tablet
 Aplenzin
 Emsam
 Fetzima
 Marplan
 Spravato ^{cc,q1}
 Trintellix
 Viibryd **(Brand only)**
 Zulresso ^{cc,q1}

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)**Preferred**

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

Requires Prior Authorization

citalopram capsule
 escitalopram solution (Lexapro)
 fluoxetine 60mg
 fluoxetine weekly (Prozac weekly)
 fluvoxamine ER (Luvox CR)
 paroxetine CR (Paxil CR)
 paroxetine mesylate 7.5mg capsule (Brisdelle) ^{cc,q1}
 paroxetine suspension (Paxil)
sertraline capsule
 Pexeva

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CENTRAL NERVOUS SYSTEM

Anti-Migraine Agents, Other*

*Excluded from Mental Health Formulary

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 100 mg/ml (**Step Therapy**)^{cc,q1}
 Qulipta^{cc,q1}
 Reyvow^{cc,q1}
 Ubrelvy^{cc,q1}
 Vyepeti^{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 capsule (Loxitane)
 olanzapine IM (Zyprexa IM)^{q1}
 olanzapine ODT (Zyprexa Zydis)^{q1}
 olanzapine tablet (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}
Latuda^{q1}
 Risperdal Consta^{q1}
2nd Tier
 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}
 Caplyta^{cc}
 Fanapt^{cc,q1}
 Invega Hafvera^{cc,hc,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}
ramelteon (Rozerem)^{q1}
 temazepam 15mg, 30mg (Restoril)^{q1}
 triazolam (Halcion)^{q1}
 zaleplon (Sonata)^{q1}
 zolpidem (Ambien)^{q1}
zolpidem ER (Ambien CR)

Requires Prior Authorization

doxepin (Silenor)
 estazolam (ProSom)^{q1}
 temazepam 7.5mg, 22.5mg^{q1}
 zolpidem SL (Intermezzo)^{q1}
 Belsomra^{cc,q1}
 Dayvigo^{cc,q1}
 Edluar^{q1}
 Hetlioz^{cc,hc,q1}
 Hetlioz LQ^{cc}
Igalmi
Quviviq^{cc,q1}

CENTRAL NERVOUS SYSTEM

Stimulants and Related Agents**Preferred**

amphetamine salt combo (Adderall)
 atomoxetine (Strattera)^{cc}
 clonidine ER tablet (Kapvay)^{cc,q1}
 dexamethylphenidate tablet (Focalin)
 dexamethylphenidate XR
 (Focalin XR) (generic only)
 dextroamphetamine capsule
 (Dexedrine ER)
 dextroamphetamine tablet
 guanfacine ER (Intuniv)^{cc,q1}
 methylphenidate CD capsule
 (Metadate CD)
 methylphenidate ER capsule
 (Ritalin LA)
 methylphenidate ER tablet
 (Metadate ER, Ritalin SR)
 methylphenidate oral solution
 (Methylin)
 methylphenidate tablet (Ritalin)
 modafinil (Provigil)^{cc,q1}
 Adderall XR (**Brand only**)
 Concerta (**Brand only**)
 Daytrana
Quillivant XR
 Vyvanse
 Vyvanse chewable tablet^{cc}
Requires Prior Authorization
 amphetamine salt combo ER
 (Adderall XR) (**generic only**)
 amphetamine sulfate (Evekeo)
 armodafinil (Nuvigil)^{cc,q1}
 dextroamphetamine solution
 (Procentra)
 methamphetamine (Desoxyn)
 methylphenidate chewable
 (Methylin chewable)
 methylphenidate CR tablet (All
 strengths except 72mg) (Concerta)
(generic only)
 methylphenidate CR tablet 72mg
 (Relexxii)
 methylphenidate ER capsule
 (Aptensio XR)
 methylphenidate patch TD24
 (Daytrana) (generic only)
 Adhansia XR
 Adzenys XR ODT^{cc}
 Azstarys
 Cotempla XR ODT
Dyanavel XR suspension, tablet
 Evekeo ODT
 Jornay PM
 Mydayis ER
 Qelbree^{cc}
 Quillichew ER
 Sunosi^{cc,q1}
 Wakix^{cc,hc,q1}
 Zenzedi

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ENDOCRINE

Androgenic Agents**Preferred**

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

Requires Prior Authorization

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

Bone Resorption Suppression and Related Agents**Preferred**

alendronate tablet (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}
Zorbive ^{cc}

ENDOCRINE

Hypoglycemics, Incretin Mimetics and Enhancers**Preferred**

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

Requires Prior Authorization

alogliptin (Nesina)
alogliptin/metformin (Kazano)
alogliptin/pioglitazone (Oseni)
Adlyxin
Bydureon BCise
Jentadueto XR
Kombiglyze XR
Mounjaro
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 only)**
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 degludec (Tresiba)
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

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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, tablet,
vial (Reglan)
ondansetron ODT, solution, tablet,
vial (Zofran)^{ql}
prochlorperazine tablet
(Compazine)
promethazine injectable, solution,
tablet (Phenergan)
promethazine suppositories
(except 50mg)
scopolamine patch
(TransDerm-Scop)

Requires Prior Authorization

aprepitant capsule, 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 capsule^{cc}
Akynzeo IV^{cc}
Bonjesta
Cinvanti
Emend powder packet^{ql}
Sancuso^{ql}
Sustol
Varubi

GASTROINTESTINAL

Bile Salts**Preferred**

ursodiol capsule (Actigall)
ursodiol tablet (URSO, URSO Forte)

Requires Prior Authorization

Bylvy Capsule, Pellet
Chenodal
Cholbam
Livmarli^{hc}
Ocaliva
Reltone

GI Motility, Chronic**Preferred**

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

Requires Prior Authorization

alosetron (Lotronex)

Ibsrela

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}

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GASTROINTESTINAL

Proton Pump Inhibitors

Preferred

esomeprazole packet for suspension (Nexium)
 lansoprazole capsule (Prevacid)
 omeprazole capsule (Prilosec)
 Pantoprazole capsule, 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 DR (Delzicol)
 mesalamine ER (Apriso)
 mesalamine HD (Asacol HD)
 mesalamine rectal (Canasa)
 mesalamine rectal kit (Rowasa)
 Dipentum
 Uceris Rectal

IMMUNOLOGICS

Cytokine and CAM Antagonists

Preferred

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

Requires Prior Authorization

Infliximab (Remicaid) ^{cc}
 Actemra ^{cc}
 Arcalyst ^{cc}
 Avsola ^{cc}
 Cibinqo
 Cimzia ^{cc,hc}
 Cosentyx ^{cc}
 Enspryng ^{cc}
 Entyvio ^{cc}
 Ilaris ^{cc}
 Illumya ^{cc}
 Inflectra ^{cc}
 Kevzara ^{cc}
 Kineret ^{cc}
 Olumiant ^{cc,ql}
 Orenzia ^{cc,ql}
 Renflexis ^{cc}
 Rinvoq ER ^{cc}
 Siliq ^{cc}
 Simponi, Simponi Ario ^{cc}
 Skyrizi ^{cc,hc}
Skyrizi On-body ^{cc}
Skyrizi vial ^{cc}
 Stelara ^{cc,hc,ql}
 Taltz ^{cc,hc,ql}
 Tremfya ^{cc}
 Uplizna ^{cc}
 Xeljanz tablet, solution,
 Xeljanz XR ^{cc,ql}

IMMUNOLOGICS

Immunosuppressives, Oral

Preferred

azathioprine (Imuran)
 cyclosporine modified capsule, solution (Neoral)
 mycophenolic acid (Myfortic)
 mycophenolate mofetil capsule, tablet (Cellcept)
 sirolimus (Rapamune)
 tacrolimus (Prograf)
 Cellcept suspension (**Brand only**)

Requires Prior Authorization

cyclosporine capsule (Sandimmune)
 cyclosporine modified Softgel (Gengraf)
 everolimus (Zortress) ^{hc}
 mycophenolate mofetil suspension (**generic only**)
 Astagraf XL
 Envarsus XR
 Prograf Granules Pack
 Rezurock
 Sandimmune solution
 Tavneos

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NEUROLOGICS

Alzheimer's Agents**Preferred**

donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT)
 memantine tablet (Namenda)
 rivastigmine capsule, patch (Exelon)^{ql}

Requires Prior Authorization

donepezil 23mg (Aricept)
 galantamine, galantamine ER (Razadyne, Razadyne ER)
 memantine dose pack
 memantine solution
 memantine ER (Namenda XR)

Adlarity

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)^{ql}
 glatiramer acetate 20mg (Copaxone, Glatopa)
 Avonex
 Betaseron Kit

Requires Prior Authorization

dalfampridine ER (Ampyra)^{cc,ql}
 fingolimod (Gilenya)^{cc,ql}
 glatiramer acetate 40mg (Copaxone, Glatopa)
 Aubagio^{cc,ql}
 Bafiertam^{cc,ql}
 Extavia Kit^{cc,ql}
 Kesimpta^{cc}
 Lemtrada^{cc,ql}
 Mavenclad^{cc,ql}
 Mayzent^{cc}
 Ocrevus^{cc,hc,ql}
 Plegridy, Plegridy IM^{cc,ql}
 Ponvory starter pack, tablet^{cc}
 Rebif

Tascenso ODT

Tysabri^{cc,ql}
 Vumerity^{cc,ql}
 Zeposia^{cc,ql}

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.

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OPHTHALMICS

Allergic Conjunctivitis**Preferred****azelastine (Optivar)**

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

Requires Prior Authorization

bepotastine (Bepreve)
epinastine (Elestat)
olopatadine Rx, OTC (Pataday)
Alocril
Alomide
Pataday OTC
Zerviate

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

Anti-Inflammatory / Immunomodulator**Preferred**

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

Requires Prior Authorization

Cequa
Eysuvis
Tyrvaya Spray

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

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 S.O.P.
Pred-G ointment
Tobradex ST
Zylet

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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)
tafluprost/PF (Zioptan)
timolol (Istalol)
timolol 0.5% (Timoptic Ocudose)
Betimal
Betoptic S
Cosopt PF
Lumigan 0.01%
Simbrinza
Timoptic Ocudose 0.25%
Vuity
Vyzulta
Xelpros

OTIC

Otic Antibiotics

Preferred

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

Requires Prior Authorization

ciprofloxacin
ciprofloxacin/fluocinolone
Cipro HC
Cortisporin TC

RESPIRATORY

Antihistamines, Minimally Sedating

Preferred

cetirizine, cetirizine D tablet,
solution, Rx, OTC (Zyrtec, Zyrtec D)
desloratadine (Clarinex)
fexofenadine tablet, OTC
(Allegra OTC)
levocetirizine tablet Rx, OTC (Xyzal)
loratadine, loratadine D, loratadine
ODT; Rx, OTC (Claritin, Claritin D)

Requires Prior Authorization

cetirizine capsule, chewable,
5mg/5ml solution OTC
desloratadine ODT (Clarinex RDT)
fexofenadine D OTC (Allegra D)
levocetirizine solution (Xyzal)
loratadine capsule OTC
Clarinex D

Bronchodilators, Beta Agonists

Preferred

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

Requires Prior Authorization

albuterol tablet
albuterol ER (Vospire ER)
albuterol HFA (**generic**) ^{ql}
arformoterol (Brovana)
formoterol (Perforomist)
levalbuterol neb (Xopenex)
levalbuterol HFA (Xopenex HFA) ^{ql}
metaproterenol (Alupent)
terbutaline (Brethine)
ProAir Digihaler
ProAir Respiclick ^{ql}
Striverdi Respimat

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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

roflumilast (*Daliresp*)
Bevespi Aerosphere
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*)
Fluticasone/vilanterol (*Breo Ellipta*)
AirDuo Digihaler
Alvesco
Armon Air Digihaler
Arnuity Ellipta
Asmanex HFA
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*)
mometasone nasal (*Nasonex*)
olopatadine (*Patanase*)
triamcinolone OTC (*Nasacort OTC*)
Beconase AQ
Omnaris
Qnasl
Ryaltris
Xhance
Zetonna

Leukotriene Modifiers**Preferred**

montelukast chewable, tablet
 (*Singulair*)
 zafirlukast (*Accolate*)

Requires Prior Authorization

montelukast granules
 (*Singulair Granules*)
zileuton ER
Zyflo

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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)
 dapsona (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
 Twyneo cream
 Winlevi

TOPICAL DERMATOLOGICS

Immunomodulators, Atopic Dermatitis**Preferred**

pimecrolimus (Elidel)
 tacrolimus (Protopic)
 Eucrisa

Requires Prior Authorization

Adbry
 Dupixent ^{cc}
 Opzelura ^{cc,qf}

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**

fesoterodine ER (Toviaz)
 oxybutynin, oxybutynin ER (Ditropan, Ditropan XL)
 solifenacin (Vesicare)

Requires Prior Authorization

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

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Larry Hogan, Governor

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 anti-psychotic, 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.