

DUR Board Seeks Nominations

The Maryland Department of Health (MDH) is currently accepting applications and nominations for licensed and actively practicing physicians and pharmacists to serve on the Maryland Drug Use Review (DUR) Board starting January 2024.

The state DUR Board meets quarterly to advise the Maryland Pharmacy Program. Based on their analysis of patterns of drug use among Medicaid recipients and their professional experience, the Board recommends policies, medical criteria, and programs to guide prescribers, providers and patients.

Board members are appointed to serve one term of three years with the option to serve an additional three-year term.

Interested physicians and pharmacists should submit an application by September 15, 2023 to the MDH Office of Appointments and Executive Nominations at: <https://mdhappointments.health.maryland.gov/BoardAppointments>



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Maryland Medicaid Preferred Drug List (PDL)

The Maryland Medicaid Preferred Drug List (PDL) shown in this newsletter is effective as of July 1, 2023 and includes updates effective July 19, 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 (see more detailed information on the back page).

CME/CE CREDITS

• CONTINUING EDUCATION CREDITS •

The MDH Office of Pharmacy Services provides live continuing medical education (CME) and continuing education (CE) programs at no cost to participants twice a year. Topics presented are timely issues providers and pharmacists face every day and include the latest research to keep participants up to date. Check out previous seminars and handouts at:

https://mmppi.com/previous_seminars.htm

Sign up for program notifications via email or text:

⇒ **Email:** mdpharmacynews@gmail.com

⇒ **Text:** Send YES CEs to 410.845.5551

Generic vs. Brand Status on Maryland's PDL

Maryland Medicaid's Preferred Drug List (PDL), encompassing over 1800 drugs, covers most generic formulations of preferred multisource brand drugs without a prior authorization. If the prescription for a brand name drug is to be dispensed as written (DAW1), 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 is 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 July 19, 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 some instances, the State prefers the multisource brand name drug over its generic equivalent because the branded drug is more cost effective than its generic counterpart.

- When the brand name drug is Preferred, no MedWatch nor authorization is needed¹.
- Pharmacy providers must enter a **DAW code of 6** on the claim to have it correctly priced.
- If any problems are encountered during the on-line claim adjudication of Preferred Brands, contact Conduent's 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (For example, when there is other insurance).

Therapeutic Class	Preferred BRAND	Non-Preferred GENERIC
Anticonvulsants	Depakote Sprinkle capsule	divalproex sprinkle capsule
Anticonvulsants	Sabril tablet ² , Powder Packet ²	vigabatrin tablet ² , powder packet ²
Anticonvulsants	Trileptal suspension (oral)	oxcarbazepine suspension (oral)
Glucocorticoids, Inhaled	Flovent HFA	fluticasone propionate
Glucocorticoids, Inhaled	Symbicort (inhalation)	budesonide/formoterol (inhalation)
Opioid Use Disorder Treatments	Narcan Nasal Spray ³	naloxone nasal spray ³
Opioid Use Disorder Treatments	Suboxone Film	buprenorphine/naloxone film
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

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}
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}

Requires Prior Authorization

benzhydrocodone/acetaminophen (Apadaz)
butalbital/acetaminophen/codeine/caffeine ^{q1}
butalbital/aspirin/codeine/caffeine ^{q1}
butorphanol nasal spray
carisoprodol/codeine/aspirin
codeine tablet
dihydrocodeine/acetaminophen/caffeine
fentanyl buccal (Actiq) ^{cc,q1}
hydrocodone/acetaminophen solution (Lortab) ^{q1}
hydrocodone/ibuprofen (Vicoprofen)
hydromorphone solution, suppositories
levorphanol
meperidine (Demerol)
morphine suppositories
oxycodone syringe
oxycodone/acetaminophen (Prolate) ^{q1}
oxycodone/acetaminophen solution ^{q1}
oxycodone concentrated solution
oxymorphone (Opana)
pentazocine/naloxone (Talwin NX)
tramadol 100mg (Ultram) ^{q1}
tramadol solution
Nucynta
Seglentis

ANALGESICS

Anti-Migraine Agents, Other*

*Appears in two places within PDL document

Preferred

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

Anti-Migraine Agents, Triptans

Preferred

naratriptan (Amerge) ^{q1}
rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) ^{q1}
sumatriptan nasal, tablet, vial (Imitrex) ^{q1}
zolmitriptan (Zomig) ^{q1}

Requires Prior Authorization

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

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^{hc} HIGH COST FORM: <https://health.maryland.gov/mmcp/pap/docs/High%20Cost%20Drug%20PA%20Form.Final.pdf>

ANALGESICS

Neuropathic Pain

Preferred

capsaicin OTC
duloxetine (Cymbalta) ^{cc,q1}
gabapentin capsule, tablet
(Neurontin)
lidocaine patch (Lidoderm) ^{q1}
pregabalin capsule ^{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

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,q1}
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,q1}
Relafen DS
Zorvolex

ANALGESICS

Opioid Use Disorder
Treatments**Preferred**

buprenorphine (Subutex) ^{cc,q1}
buprenorphine/naloxone tablet
(Suboxone) ^{q1}
naloxone injectable (Narcan)
naltrexone (Revia) ^{cc,q1}
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 tablet (Zanaflex)

Requires Prior Authorization

baclofen solution, suspension
carisoprodol (Soma)
carisoprodol compound
(Soma Compound)
cyclobenzaprine ER (Amrix) ^{q1}
dantrolene (Dantrium)
metaxalone (Skelaxin)
orphenadrine/aspirin/caffeine
tizanidine capsule (Zanaflex)
Lorzzone
Lyvispah

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ANTI-INFECTIVES

Antibiotics, GI

Preferred

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

Requires Prior Authorization

metronidazole capsule (Flagyl capsule)
nitazoxanide tablet (Alinia)
paromomycin
vancomycin solution 250mg/5ml

Aemcolo

Dificid ^{cc,ql}

Rebyota enema

Solosec
Xifaxan ^{cc,ql}

Antibiotics, Inhaled

Preferred**tobramycin inhalation solution**

(Tobi) ^{cc,ql}

tobramycin solution (Bethkis) ^{cc,ql}

Tobi Podhaler ^{cc,ql}

Requires Prior Authorization

tobramycin pak (Kitabis Pak) ^{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
Xepi

ANTI-INFECTIVES

Antibiotics, Vaginal

Preferred

clindamycin (Cleocin)
metronidazole vaginal (Metrogel)
Cleocin ovule
Clindesse
Nuessa

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

Noxafil suspension packet**Oravig**

Tolsura
Vivjoa

ANTI-INFECTIVES

Antifungals, Topical

Preferred**ciclopirox cream, solution**

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

Requires Prior Authorization

ciclopirox gel, kit, shampoo, suspension
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
tavaborole (Kerydin)
Ertaczo
Jublia
Mentax
Oxistat lotion

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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)
cefadroxil suspension
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 tablet (Duricef)
cefixime capsule, suspension (Suprax)
cefepodoxime (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

ANTI-INFECTIVES

Hepatitis B Agents

Preferred

entecavir (Baraclude)
lamivudine HBV tablet
Epivir HBV solution

Requires Prior Authorization

adefovir dipivoxil (Hepsera)
Baraclude solution
Vemlidy

Hepatitis C Agents

Preferred

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

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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 100mg, 300mg
(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
Fylnetra
Granix syringe
Leukine
Neulasta
Nivestym
Nyvepria
Udenyca^{cc,ql}
Releuko
Rolvedon
Stimufend
Zarxio
Ziextenzo

BLOOD MODIFIERS

Erythropoiesis Stimulating Proteins

Preferred

Aranesp
Epogen
Retacrit

Requires Prior Authorization

Mircera
Procrit
Reblozyl

Phosphate Binders

Preferred

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

Requires Prior Authorization

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

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)
trandolapril/verapamil (Tarka)

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BLOOD MODIFIERS**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,q1}

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
 Obrelis
 Tekturna HCT

CARDIOVASCULAR**Anticoagulants****Preferred**

dabigatran (Pradaxa) ^{q1}
 enoxaparin (Lovenox) ^{q1}
 warfarin (Coumadin)
 Eliquis tablet
 Xarelto Dose Pack
 Xarelto tablet (except 2.5mg)

Requires Prior Authorization

fondaparinux (Arixtra) ^{q1}
Eliquis Dose Pack
Fragmin ^{q1}
Pradaxa Pellet Pack
 Savaysa
 Xarelto 2.5mg tablet ^{cc,q1}
 Xarelto suspension

**Antihypertensives,
Sympatholytics****Preferred**

clonidine patch (Catapres TTS) ^{q1}
 clonidine tablet (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)
nebivolol (Bystolic)
 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)
pindolol (Visken)
propranolol/ HCTZ (Inderide)
timolol (Blocadren)
Hemangeol
Kapsargo
Sotylize

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CARDIOVASCULAR

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)
levamlodipine (Conjupri)
 nicardipine (Cardene)
 nifedipine (Adalat, Procardia)
 nimodipine (Nimotop)
 nisoldipine (Sular)
 verapamil ER capsule
 (Verelan, Verelan PM)
 Katerzia
 Norliqva
 Nymalize, Nymalize syringe

Lipotropics, Other

Preferred

cholestyramine (Questran)
 colestipol tablet (Colestid)
 ezetimibe (Zetia)
fenofibrate capsule, tablet (Lofibra)
 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, Triglide)
 fenofibric acid (Fibricor, Trilipix)
icosapent ethyl (Vascepa)
 Evkeeza^{cc}
 Juxtapid^{cc}
 Leqvio^{cc}
 Nexletol^{cc,q1}
 Nexlizet^{cc,q1}
 Praluent^{cc,q1}
 Repatha^{cc,q1}

CARDIOVASCULAR

Lipotropics, Statins

Preferred

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

Requires Prior Authorization

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

Platelet Aggregation Inhibitors

Preferred

clopidogrel (Plavix)^{q1}
 dipyridamole (Persantine)^{q1}
 prasugrel (Effient)^{q1}
 Brilinta^{q1}

Requires Prior Authorization

aspirin/dipyridamole (Aggrenox)^{q1}
 Zontivity

CARDIOVASCULAR

PAH Agents, Oral and Inhaled

Preferred

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

Requires Prior Authorization

sildenafil solution (Revatio)^{cc,q1}
 Adempas
 Opsumit^{cc,q1}
 Orenitram ER^{cc,q1}
Orenitram Titration Kit
Tadliq suspension
 Tracleer tablet for suspension
 Tyvaso, Tyvaso DPI^{cc,hc}
 Uptravi^{cc,q1}
 Ventavis

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CENTRAL NERVOUS SYSTEM

The Mental Health Formulary can be found at health.maryland.gov/mmcp/pap/docs/%5EMental%20Health%20Carve%20Out%20Formulary%20Update%20FINAL%2006.01.21.pdf

Anticonvulsants

Preferred

carbamazepine chewable, **suspension**, tablets (Tegretol)
carbamazepine ER (Carbatrol)
clobazam suspension (Onfi) ^{cc,q1}
 clobazam tablet (Onfi) ^{q1}
 clonazepam (Klonopin)
 diazepam rectal (Diastat, Diastat Acudial)
 divalproex, divalproex ER (Depakote, Depakote ER)
 lacosamide solution, tablet (Vimpat) ^{q1}
 lamotrigine (Lamictal)
 levetiracetam tablet, solution (Keppra)
 oxcarbazepine tablet (Trileptal)
 phenobarbital
 phenytoin, phenytoin ER (Dilantin, Dilantin Infatabs, Phenytek)
 primidone (Mysoline)
 tiagabine (Gabitril)
 topiramate (Topamax)
 topiramate sprinkles (Topamax Sprinkles)
 valproic acid (Depakene)
 zonisamide (Zonegran)
Depakote Sprinkles (Brand only)
 Nayzilam
 Trileptal suspension (**Brand only**)
 Valtoco

CENTRAL NERVOUS SYSTEM

Anticonvulsants (continued)

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)
methsuximide (Celontin)
 oxcarbazepine suspension (**generic only**)
 rufinamide suspension, tablets (Banzel) ^{cc,q1}
 topiramate ER (Qudexy XR) ^{cc,q1}
topiramate ER (Trokendi XR) ^{cc,q1}
 Aptiom ^{cc}
 Briviact
 Diacomit capsule, powder pack
 Elepsia XR
 Epidiolex ^{cc,q1}
 Eprontia solution
 Equetro
 Fintepla ^{cc}
 Fycompa ^{cc}
 Lamictal XR dose pack
 Oxtellar XR
 Sabril powder pack, tablet (**Brand only**)
 Spritam
 Sympazan ^{cc,q1}
 Xcopri
 Zonisade
Ztalmly

CENTRAL NERVOUS SYSTEM

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
vilazodone (Viibryd)
 Aplenzin
Auvelity
 Emsam
 Fetzima
 Marplan
 Spravato ^{cc,q1}
 Trintellix
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,ql}
 Emgality 120 mg/ml
(Step Therapy)^{cc,ql}
 Nurtec ODT^{cc,ql}

Requires Prior Authorization

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

Antipsychotics

[Antipsychotic Review Programs](#)**Preferred****1st Tier**

aripiprazole (Abilify)^{ql}
 aripiprazole ODT (Abilify Discmelt)^{ql}
 chlorpromazine (Thorazine)
 clozapine (Clozaril)
 fluphenazine (Prolixin)
 fluphenazine decanoate inj
 (Prolixin Inj)^{ql}
 haloperidol (Haldol)
 haloperidol decanoate inj (Haldol IM)^{ql}
 haloperidol lactate oral, IM
 loxapine capsule (Loxitane)

lurasidone (Latuda)^{ql}

olanzapine IM (Zyprexa IM)^{ql}
 olanzapine ODT (Zyprexa Zydis)^{ql}
 olanzapine tablet (Zyprexa)^{ql}
 perphenazine (Trilafon)
 perphenazine/amitriptyline (Triavil)
 pimozide (Orap)
 quetiapine (Seroquel)^{ql}
 quetiapine ER (Seroquel XR)^{ql}
 risperidone, risperidone ODT
 (Risperdal)^{ql}
 thioridazine (Mellaril)
 thiothixene (Navane)
 trifluoperazine (Stelazine)
 ziprasidone (Geodon)^{ql}
 ziprasidone (Geodon IM)
 Abilify Maintena^{ql}
 Aristada^{ql}
 Aristada Initio^{ql}
 Invega Sustenna^{ql}
 Invega Trinza^{cc,ql}
 Risperdal Consta^{ql}

2nd TierVraylar^{cc,ql}

CENTRAL NERVOUS SYSTEM

Antipsychotics (continued)

Requires Prior Authorization

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

Sedative Hypnotics

Preferred

eszopiclone (Lunesta)
(Step Therapy)^{cc,ql}
 flurazepam (Dalmane)^{ql}
 ramelteon (Rozerem)^{ql}
 temazepam 15mg, 30mg (Restoril)^{ql}
 triazolam (Halcion)^{ql}
 zaleplon (Sonata)^{ql}
 zolpidem (Ambien)^{ql}
 zolpidem ER (Ambien CR)

Requires Prior Authorization

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

CENTRAL NERVOUS SYSTEM

Stimulants and Related Agents

Preferred

amphetamine salt combo (Adderall)
 atomoxetine (Strattera)^{cc}
 clonidine ER tablet (Kapvay)^{cc,ql}
 dexamethylphenidate tablet (Focalin)
 dexamethylphenidate XR
 (Focalin XR)
 dextroamphetamine capsule
 (Dexedrine ER)
 dextroamphetamine tablet
 guanfacine ER (Intuniv)^{cc,ql}
 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,ql}
 Adderall XR (**Brand only**)
 Concerta (**Brand only**)
 Daytrana (**Brand only**)
 Quillivant XR
 Vyvanse
 Vyvanse chewable tablet^{cc}

Requires Prior Authorization

amphetamine salt combo ER
 (Adderall XR) (**generic only**)
 amphetamine sulfate (Evekeo)
 armodafinil (Nuvigil)^{cc,ql}
 dextroamphetamine solution
 (Procentra)
 methamphetamine (Desoxyn)
 methylphenidate chewable
 (Methylin chewable)
 methylphenidate CR tablet (All
 strengths except 72mg) (Concerta)
(generic only)
 methylphenidate CR tablet (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,ql}
 Wakix^{cc,hc,ql}
Xelstrym
 Zenzedi

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ENDOCRINE

Androgenic Agents

Preferred**testosterone gel packet (Vogelxo)**

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}
ibandronate (Boniva) ^{ql}
risedronate (Actonel) ^{ql}

Requires Prior Authorization

alendronate solution
(Fosamax Solution) ^{ql}
raloxifene (Evista) ^{ql}
Risedronate DR (Atelvia) ^{ql}
teriparatide ^{cc,ql}
Evenity ^{cc}
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

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

Requires Prior Authorization

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

ENDOCRINE

Hypoglycemics, Insulins

Preferred

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

Requires Prior Authorization

insulin degludec (Tresiba)
insulin glargine-YFGN (Semglee-YFGN)
Admelog
Afrezza
Apidra
Basaglar
Basaglar Tempo
Fiasp
Humalog 200 unit/ml pen
Humalog Tempo
Humulin pen
Lyumjev
Lyumjev Tempo
Novolin pen, vial
Novolin 70/30
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}
Xigduo XR (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}

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}
Anzemet
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

Bylvay 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)
lbsrela
Motegrity^{cc,ql}
Relistor^{cc,ql}
Symproic^{cc,ql}
Trulance^{cc,ql}
Viberzi^{cc,ql}

Pancreatic Enzymes**Preferred**

Creon^{ql}
Zenpep^{ql}

Requires Prior Authorization

Pertzye^{ql}
Viokace^{ql}

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GASTROINTESTINAL

Proton Pump Inhibitors

Preferred

esomeprazole packet for suspension (Nexium)

lansoprazole capsule (Prevacid)
lansoprazole ODT (Prevacid Solutab)

omeprazole capsule (Prilosec)
pantoprazole capsule, suspension (Protonix)

Requires Prior Authorization

dexlansoprazole (Dexilant)
esomeprazole magnesium (Nexium)
esomeprazole OTC
lansoprazole OTC
omeprazole OTC
omeprazole/sodium bicarb (Zegerid)
rabeprazole (Aciphex)
Prilosec suspension
Konvomep

Ulcerative Colitis Agents

Preferred

balsalazide (Colazal)
mesalamine ER (Pentasa)
mesalamine rectal (Canasa)
sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR)

Requires Prior Authorization

budesonide ER (Uceris)
budesonide rectal foam (Uceris rectal)
mesalamine (Lialda)
mesalamine DR (Delzicol)
mesalamine ER (Apriso)
mesalamine HD (Asacol HD)
mesalamine kit
mesalamine rectal kit (Rowasa)
Dipentum

IMMUNOLOGICS

Cytokine and CAM Antagonists

Preferred

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

Requires Prior Authorization

Infliximab (Remicade)^{cc}
Actemra^{cc}
Amjevita Autoinjector, syringe
Arcalyst^{cc}
Avsola^{cc}
Cibinqo^{cc}
Cimzia^{cc}
Cosentyx^{cc}
Enspryng^{cc}
Entyvio^{cc}
Ilaris^{cc}
Ilumya^{cc}
Inflectra^{cc}
Kevzara^{cc}
Kineret^{cc,ql}
Olumiant^{cc,ql}
Orencia^{cc,ql}
Renflexis^{cc}
Rinvoq ER^{cc}
Siliq^{cc}
Simponi, Simponi Aria^{cc}
Skyrizi^{cc}
Skyrizi On-body^{cc}
Skyrizi vial^{cc}
Sotyktu^{cc}
Spevigo
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 capsule, solution (Neoral)
mycophenolic acid (Myfortic)
mycophenolate mofetil capsules, **suspension**, tablets (Cellcept)
sirolimus (Rapamune)
tacrolimus (Prograf)

Requires Prior Authorization

cyclosporine capsule (Sandimmune)
cyclosporine modified Softgel (Gengraf)
everolimus (Zortress)
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}
Leqembi^{cc}
 Namzaric, Namzaric dose pack

NEUROLOGICS

Anti-Parkinson's Agents

Preferred

amantadine (Symmetrel)
 benztropine (Cogentin)
 carbidopa/levodopa IR (Sinemet)
 carbidopa/levodopa ER (Sinemet CR)
 carbidopa/levodopa/entacapone (Stalevo)
 pramipexole (Mirapex)
 ropinirole (Requip)
 selegiline (Eldepryl)
 trihexyphenidyl (Artane)

Requires Prior Authorization

apomorphine (Apokyn)
 bromocriptine (Parlodel)
 carbidopa (Lodosyn)
 carbidopa/levodopa ODT (Parcopa)
 entacapone (Comtan)
 pramipexole ER (Mirapex ER)
 rasagiline (Azilect)
 ropinirole ER (Requip XL)
 tolcapone (Tasmar)

Dhivy

Duopa
 Gocovri
 Inbrija
 Kynmobi
 Neupro
 Nourianz
 Ongentys
 Osmolex ER
 Rytary
 Xadago
 Zelapar

NEUROLOGICS

Multiple Sclerosis Agents

Preferred

dalfampridine ER (Ampyra)^{cc,ql}
 dimethyl fumarate DR (Tecfidera)^{ql}
 fingolimod (Gilenya)^{cc,ql}
 glatiramer acetate 20mg/ml,
40mg/ml
 Avonex
 Betaseron Kit

Requires Prior Authorization

teriflunomide (Aubagio)^{cc,ql}
 Bafiertam^{cc,ql}
Briumvi
 Extavia Kit^{cc,ql}
 Kesimpta^{cc}
 Lemtrada^{cc,ql}
 Mavenclad^{cc,ql}
 Mayzent^{cc}
 Ocrevus^{cc,ql}
 Plegridy, Plegridy IM^{cc,ql}
 Ponvory starter pack, tablet^{cc}
 Rebif
 Tascenso ODT
 Tysabri^{cc,ql}
 Vumerity^{cc,ql}
 Zeposia^{cc,ql}

WWW.MMPPI.COM

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

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^{hc} HIGH COST FORM: <https://health.maryland.gov/mmcp/pap/docs/High%20Cost%20Drug%20PA%20Form.Final.pdf>

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
 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
Xipere
 Yutiq

Anti-Inflammatory /
Immunomodulator**Preferred**

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

Requires Prior Authorization

Cequa
 Eysuvis
 Tyrvaya Spray
Verkazia

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)
Betimol
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 chewable OTC
Clarinex D

Bronchodilators, Beta Agonists

Preferred

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

Requires Prior Authorization

albuterol tablet
albuterol ER (Vospire ER)
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}

Auvi-Q

Symjepi

RESPIRATORY

Glucocorticoids, Inhaled

Preferred

budesonide inhalation suspension
 (Pulmicort Respules)
 fluticasone/salmeterol HFA
 (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 Respiclick*)
 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
Onasl
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 foaming cloths)

clindamycin gel, solution, swab (excludes generic Clindagel)
clindamycin/benzoyl peroxide (**Benzaclin**, Duac)
erythromycin solution
tretinoin (Avita, Retin-A) ^{cc}

Requires Prior Authorization

adapalene cream, gel (Differin) ^{cc}
adapalene/benzoyl peroxide (Epiduo, Epiduo Forte)
bp-10-1
clindamycin (Clindagel)
clindamycin foam, lotion
clindamycin/benzoyl peroxide pump (Acanya)
clindamycin/tretinoin (Ziana)
dapson (Aczone)
erythromycin gel, pledget
erythromycin/benzoyl peroxide (Benzamycin)
sulfacetamide
sulfacetamide/sulfur
sulfacetamide/sulfur/urea
tazarotene cream, gel, foam (Fabior, Tazorac) ^{cc}
tretinoin micro (Retin-A Micro) ^{cc}
Altreno
Amzeeq
Arazlo
Avar
Clindacin
Onexton
Ovace
Retin-A Micro 0.06%, 0.08% ^{cc}
Sumaxin CP Kit
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
Entadfi ^{cc}

Bladder Relaxant Preparations

Preferred

fesoterodine ER (Toviaz)
oxybutynin 5mg (Ditropan)
oxybutynin ER (Ditropan XL)
solifenacin (Vesicare)
Myrbetriq ^{cc}

Requires Prior Authorization

darifenacin ER (Enablex)
flavoxate
tolterodine, tolterodine ER (Detrol, Detrol LA)
trospium, trospium ER (Sanctura, Sanctura XR)
Gelnique
Gemtesa
Myrbetriq granule ^{cc}
Oxytrol
Vesicare LS

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Wes Moore, Governor

Aruna Miller, Lt. Governor

Laura Herrera Scott, MD, Secretary

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Baltimore, MD 21201

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CONTACT NUMBERS

- ◆ **Conduent Technical Assistance**
800-932-3918
24 hours a day, 7 days a week
- ◆ **Maryland Medicaid
Pharmacy Access Hotline**
833-325-0105
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.