



PHARMACY

News & Views

January 2024

Change to Policy for Unenrolled Prescribers

Effective January 3, 2024, pharmacy claims for any Fee-for-Service Medicaid participant for any non-behavioral health medications that are prescribed to the participant by a prescriber who is not enrolled as a Medicaid provider with Maryland Medicaid will deny with the following message:

“UNENROLLED PRESCRIBER.
MEDICAID RX WILL CONTINUE
TO DENY UNLESS PRESCRIBER
ENROLLS WITH MEDICAID
VIA EPREP.”

Pharmacy claims for behavioral health medications being prescribed by unenrolled prescribers will continue to pay until July 1, 2024 with the following pay and report message:

“M/I prescriber identification number.
UNENROLLED PRESCRIBER.
FUTURE MEDICAID RX WILL DENY
UNLESS PRESCRIBER ENROLLS
WITH MEDICAID VIA EPREP.”

After July 1, 2024 all claims from unenrolled prescribers will be denied. Please visit <https://health.maryland.gov/mmcp/provider/Pages/enrollment.aspx>, or <https://eprep.health.maryland.gov/sso/login.do?> for more information.

View OPS advisory here: <https://health.maryland.gov/mmcp/pap/Documents/Advisory%20255%20Maryland%20Medicaid%20Prescriber%20Enrollment%20%26%20Pharmacy%20Claim%20Processing%20Requirement.pdf>

Maryland Medicaid Preferred Drug List (PDL)

The Maryland Medicaid Preferred Drug List (PDL) shown in this newsletter is effective as of January 1, 2024. 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://mmpipi.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 January 1, 2024**. 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 needed^{1,2}.
- Pharmacy providers must enter a **DAW code of 6** on the claim to have it correctly priced.
- If any problems are encountered during the on-line claim adjudication of Preferred Brands, contact Conduent's 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (For example, when there is other insurance).

Therapeutic Class	Preferred BRAND	Non-Preferred GENERIC
Anticonvulsants	Depakote Sprinkle capsule	divalproex sprinkle capsule
Anticonvulsants	Sabril tablet, Powder Packet ²	vigabatrin tablet, powder packet ²
Anticonvulsants	Trileptal suspension (oral) ³	oxcarbazepine suspension (oral) ³
COPD Agents	Spiriva Handihaler	tiotropium bromide capsule
Glucocorticoids, Inhaled	Flovent HFA ³	fluticasone propionate ³
Glucocorticoids, Inhaled	Symbicort (inhalation)	budesonide/formoterol (inhalation)
Hypoglycemics, Insulins	Lantus Solostar ³	insulin glargine Solostar ³
Hypoglycemics, Insulins	Lantus vial ³	insulin glargine vial ³
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 tablet
Stimulants and Related Agents	Daytrana	methylphenidate transdermal
Stimulants and Related Agents	Vyvanse	lisdexamfetamine capsule
Ulcerative Colitis Agents	Pentasa ³	mesalamine ER capsule ³

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}

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, Fentora) ^{cc,q1}
hydrocodone/acetaminophen solution (Lortab) ^{q1}
hydrocodone/ibuprofen (Vicoprofen)
hydromorphone solution, suppositories
levorphanol
meperidine (Demerol)
morphine suppositories
oxycodone concentrated solution
oxycodone syringe
oxycodone/acetaminophen (Prolate) ^{q1}
oxycodone/acetaminophen solution ^{q1}
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}
Vyepi ^{cc,q1}
Zavzpret ^{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

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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,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)

Dermacin RX Lidocaine Patch

Drizalma Sprinkle ^{cc}
Gralise
Horizant
Qutenza Kit
Savella
Xyliderm
ZTlido

ANALGESICS

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

celecoxib (Celebrex)
diclofenac gel (Voltaren Gel)
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, **tablet**
diclofenac topical solution
(Pennsaid)
diclofenac/misoprostol (Arthrotec)
diclofenac SR (Voltaren XL)
diflunisal (Dolobid)
etodolac, etodolac XL (Lodine,
Lodine XL)
fenoprofen
ibuprofen chewable tabs OTC
ibuprofen/famotidine (Duexis)
indomethacin ER (Indocin SR)
indomethacin rectal
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
Lofena
Licart Patch ^{cc,ql}
Relafen DS

ANALGESICS

Opioid Use Disorder
Treatments**Preferred**

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

Brixadi Monthly**Brixadi Weekly****Narcan OTC****Naloxone OTC****Opvee nasal spray**

Sublocade ^{cc,ql}
Suboxone film (**Brand only**) ^{ql}
Vivitrol ^{cc}
Zubsolv ^{ql}

Requires Prior Authorization

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

Skeletal Muscle Relaxants

Preferred

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

Requires Prior Authorization

baclofen solution, suspension
carisoprodol (Soma)
carisoprodol compound
(Soma Compound)
cyclobenzaprine ER (Amrix) ^{ql}
metaxalone (Skelaxin)
orphenadrine/aspirin/caffeine
tizanidine capsule (Zanaflex)
Lorzone
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
Vowst
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 buccal
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 OTC

Requires Prior Authorization

ciclopirox gel, kit, shampoo, suspension
clotrimazole solution Rx
clotrimazole/betamethasone lotion (Lotrisone)
econazole (Spectazole)
ketoconazole foam (Ketodan)
luliconazole (Luzu) ^{cc,ql}
miconazole powder, **solution**, 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
Oxistat lotion

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ANTI-INFECTIVES

Antiparasitics, Topical

Preferred

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

Requires Prior Authorization

lindane shampoo^{cc}
malathion (Ovide)^{cc,qf}
spinosad (Natroba)^{cc,qf}
Eurax

Antivirals, Oral

Preferred

acyclovir (Zovirax)
oseltamivir (Tamiflu)^{qf}
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, suspension (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 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 (E.E.S. 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}
febuxostat (Uloric)
probenecid
probenecid/colchicine

Requires Prior Authorization

allopurinol 200 mg
colchicine capsule (Mitigare)^{ql}
Gloperba

Colony Stimulating Factors

Preferred

Fynetra
Neupogen

Requires Prior Authorization

Fulphila
Granix syringe, **vial**
Leukine
Neulasta
Nivestym
Nyvepria
Udenyca^{cc,ql}
Releuko
Rovedon
Stimufend
Zarxio
Ziextenzo

BLOOD MODIFIERS

Erythropoiesis Stimulating Proteins

Preferred

Aranesp
Epogen
Retacrit

Requires Prior Authorization**Jesduvoroq**

Mircera
Procrit
Reblozyl

Retacrit Vifor

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

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BLOOD MODIFIERS**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)

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)
methyl dopa (Aldomet)

Requires Prior Authorization

clonidine ER tablet (Nexiclon)
methyl dopa/HCTZ (Aldoril)

CARDIOVASCULAR**Beta Blockers****Preferred**

atenolol, atenolol/chlorthalidone
(Tenormin, Tenoretic)
bisoprolol (Zebeta)
bisoprolol/HCTZ (Ziac)
carvedilol (Coreg)
labetalol (Normodyne, Trandate)
metoprolol succinate XL (Toprol XL)
metoprolol tartrate (Lopressor)
nadolol (Corgard)
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
 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
Atorvaliq
 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

Liqrev

Opsumit^{cc,q1}
 Orenitram ER^{cc,q1}
 Orenitram Titration kit
 Tadiq suspension
 Tracleer tablet for suspension
 Tyvaso, Tyvaso DPI^{cc}
 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, tablet (Tegretol)
 carbamazepine ER (Carbatrol)
 clobazam suspension (Onfi)^{cc,ql}
 clobazam tablet (Onfi)^{ql}
 clonazepam (Klonopin)
 diazepam rectal (Diastat, Diastat Acudial)
 divalproex, divalproex ER (Depakote, Depakote ER)
 lacosamide solution, tablet (Vimpat)^{ql}
 lamotrigine (Lamictal)
 levetiracetam tablet, solution (Keppra)
 oxcarbazepine **suspension**, tablet (Trileptal)
 phenobarbital
 phenytoin, phenytoin ER (Dilantin, Dilantin Infatab, Phenytek)
 primidone (Mysoline)
 tiagabine (Gabitril)
 topiramate (Topamax)
 topiramate sprinkle (Topamax Sprinkle)
 valproic acid (Depakene)
 zonisamide (Zonegran)
 Depakote Sprinkle (**Brand only**)
 Nayzilam
 Trileptal suspension
 Valtoco

CENTRAL NERVOUS SYSTEM

Anticonvulsants (continued)

Requires Prior Authorization

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

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)
vilazodone (Viibryd)

Requires Prior Authorization

bupropion XL (Forfivo XL)
 desvenlafaxine fumarate ER
 nefazodone (Serzone)
 phenelzine (Nardil)
 tranylcypromine (Parnate)
 venlafaxine besylate ER
 venlafaxine ER tablet
 Aplenzin
 Auvelity
 Emsam
 Fetzima
 Marplan
 Spravato^{cc,ql}
 Trintellix
 Zulresso^{cc,ql}

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

citalopram tablet, solution (Celexa)^{ql}
 escitalopram **solution**, 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
 fluoxetine 60mg
 fluoxetine weekly (Prozac weekly)
 fluvoxamine ER (Luvox CR)
 paroxetine CR (Paxil CR)
 paroxetine mesylate 7.5mg capsule (Brisdelle)^{cc,ql}
 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}
 Vyepti^{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)
 lurasidone (Latuda)^{q1}
 olanzapine IM (Zyprexa IM)^{q1}
 olanzapine ODT (Zyprexa Zydis)^{q1}
 olanzapine tablet (Zyprexa)^{q1}
paliperidone (Invega)^{q1}
 perphenazine (Trilafon)
 perphenazine/amitriptyline (Triavil)
 pimozone (Orap)
 quetiapine (Seroquel)^{q1}
 quetiapine ER (Seroquel XR)^{q1}
 risperidone, risperidone ODT
 (Risperdal)^{q1}
 thioridazine (Mellaril)
 thiothixene (Navane)
 trifluoperazine (Stelazine)
 ziprasidone (Geodon)^{q1}
 ziprasidone IM (Geodon IM)

Abilify Asimtufii^{q1}

Abilify Maintena^{q1}
 Aristada^{q1}

Aristada Initio^{q1}**Invega Hafyera**^{cc,q1}

Invega Sustenna^{q1}
 Invega Trinza^{cc,q1}

Perseris^{q1}Risperdal Consta^{q1}

CENTRAL NERVOUS SYSTEM

Antipsychotics (continued)

Preferred**2nd Tier**Vraylar^{cc,q1}**Requires Prior Authorization**

asenapine (Saphris)^{cc,q1}
 clozapine ODT (Fazaclor)^{cc}
 molindone^{cc}
 olanzapine/fluoxetine (Symbyax)^{cc,q1}
 Abilify MyCite^{cc}

Adasuve

Caplyta^{cc}
 Fanapt^{cc,q1}
 Lybalvi^{cc,q1}
 Nuplazid^{cc,q1}
 Rexulti^{cc,q1}
Rykindo^{cc,q1}
 Secuado^{cc}
Uzedy^{cc,q1}
 Versacloz^{cc}
 Zyprexa Relprevv^{cc,q1}

Sedative Hypnotics

Preferred

eszopiclone (Lunesta)
 (**Step Therapy**)^{cc,q1}
 ramelteon (Rozerem)^{q1}
 temazepam 15mg, 30mg (Restoril)^{q1}
 triazolam (Halcion)^{q1}
 zaleplon (Sonata)^{q1}
 zolpidem tablet (Ambien)^{q1}
 zolpidem ER (Ambien CR)

Requires Prior Authorization

doxepin (Silenor)
 estazolam (ProSom)^{q1}
quazepam (Doral)^{q1}
 tasimelteon (Hetlioz)^{cc,q1}
 temazepam 7.5mg, 22.5mg^{q1}
zolpidem capsule^{q1}
 zolpidem SL (Intermezzo)^{q1}
 Belsomra^{cc,q1}
 Dayvigo^{cc,q1}
 Edluar^{q1}
 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,q1}
 dexamethylphenidate tablet (Focalin)
 dexamethylphenidate XR (Focalin XR)
 dextroamphetamine capsule
 (Dexedrine ER)
 dextroamphetamine tablet
 guanfacine ER (Intuniv)^{cc,q1}
**lisdexamfetamine chewable
 tablet (Vyvanse)**^{cc}
 methylphenidate CD capsule
 (Metadate CD)
 methylphenidate ER capsule (Ritalin LA)
 methylphenidate ER tablet
 (Metadate ER, Ritalin SR)
 methylphenidate solution (Methylin)
 methylphenidate tablet (Ritalin)
 modafinil (Provigil)^{cc,q1}
 Adderall XR (**Brand only**)
 Concerta (**Brand only**)
 Daytrana (**Brand only**)
Qelbree^{cc,q1}
 Quillivant XR
 Vyvanse capsule (**Brand only**)

Requires Prior Authorization

amphetamine salt combo ER
 (Adderall XR) (**generic only**)
 amphetamine sulfate (Evekeo)
 armodafinil (Nuvigil)^{cc,q1}
 dextroamphetamine solution (Procentra)
**lisdexamfetamine capsule (generic
 only)**
 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**)
 Adzenys XR ODT^{cc}
 Azstarys
 Cotempla XR ODT
 Dyanavel XR suspension, tablet
 Evekeo ODT
 Jornay PM
 Mydayis ER
 Quillichew ER
 Sunosi^{cc,q1}
 Wakix^{cc,q1}
 Xelstrym
 Zenzedi

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ENDOCRINE

Androgenic Agents

Preferred

testosterone gel packet (Vogelxo)
testosterone gel pump (Androgel)
Androderm ^{cc,q1}

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) ^{q1}
calcitonin salmon nasal (Miacalcin) ^{q1}
ibandronate (Boniva) ^{q1}
risedronate (Actonel) ^{q1}

Requires Prior Authorization

alendronate solution
(Fosamax Solution) ^{q1}
raloxifene (Evista) ^{q1}
risedronate DR (Atelvia) ^{q1}
teriparatide ^{cc,q1}
Evenity ^{cc}
Forteo ^{cc,q1}
Fosamax Plus D ^{q1}
Prolia ^{cc,q1}
Teriparatide ^{cc,q1}
Tymlos ^{cc,q1}

Growth Hormones

Preferred

Genotropin ^{cc}
Norditropin ^{cc}
Nutropin AQ ^{cc}

Requires Prior Authorization

Humatrope ^{cc}
Ngenla ^{cc}
Omnitrope ^{cc}
Saizen ^{cc}
Serostim ^{cc}
Skytrofa
Sogroya ^{cc}
Zomacton ^{cc}
Zorbtive ^{cc}

ENDOCRINE

Hypoglycemics, Incretin Mimetics and Enhancers

Preferred

saxagliptin (Onglyza)
Byetta
Glyxambi ^{cc,q1}
Janumet, Janumet XR
Januvia
Jentaduetto
Ozempic
Tradjenta
Trulicity
Victoza ^{q1}

Requires Prior Authorization

alogliptin (Nesina)
alogliptin/metformin (Kazano)
alogliptin/pioglitazone (Oseni)
saxagliptin/metformin ER
(Kombiglyze XR)
Adlyxin
Bydureon BCise
Jentaduetto XR
Mounjaro
Otern ^{cc,q1}
Rybelsus
Soliqua
Steglujan ^{cc,q1}
Symlin
Trijardy XR ^{cc,q1}
Xultophy

ENDOCRINE

Hypoglycemics, Insulins

Preferred

insulin aspart (Novolog)
insulin aspart mix 70/30 (Novolog 70/30 Mix)
insulin glargine pen, 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 R U-500 pen, vial
Lantus vial
Lantus Solostar
Levemir

Requires Prior Authorization

insulin degludec (Tresiba)
insulin glargine-YFGN
(Semglee-YFGN)
Admelog
Afrezza
Apidra
Basaglar, Basaglar Tempo
Fiasp

Fiasp pumpcart

Humalog 200 unit/ml pen
Humalog Tempo
Humulin pen
Lyumjev, Lyumjev Tempo
Novolin pen, vial
Novolin 70/30

Rezvoglar Kwikpen

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**Inpefa**^{cc}

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 suppository
(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,
suppository (Compro)
promethazine 50mg suppository
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

Bylva capsule, pellet^{cc}
Chenodal
Cholbam
Livmarli
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}
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 suspension, tablet (Protonix)

Requires Prior Authorization

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

Ulcerative Colitis Agents**Preferred**

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

Requires Prior Authorization

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

Urea Cycle Disorders**Preferred**

carglumic acid
sodium phenylbutyrate powder,
tablet
Pheburane

Requires Prior Authorization

Olpruva^{cc}
Ravicti^{cc}

IMMUNOLOGICS**Cytokine and CAM Antagonists****Preferred**

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

Requires Prior Authorization

adalimumab-ADAZ (Hyrimoz)
adalimumab-ADBM (Cyltezo)
adalimumab-FKJP (Hulio)
 Actemra^{cc}
 Amjevita Autoinjector, syringe
 Arcalyst^{cc}
 Avsola^{cc}
 Cibirgo^{cc}
 Cimzia^{cc}
 Cosentyx^{cc}
 Enspryng^{cc}
 Entyvio^{cc}
Hadlima
Idacio

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^{cc}
 Stelara^{cc,ql}
 Taltz^{cc,ql}
 Tremfya^{cc}
 Uplizna^{cc}
 Xeljanz tablet, solution,
 Xeljanz XR^{cc,ql}

Yuflyma
Yusimry

IMMUNOLOGICS**Immunosuppressives, Oral****Preferred**

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

Requires Prior Authorization

cyclosporine capsule (Sandimmune)
 cyclosporine modified Softgel (Gengraf)
 everolimus (Zortress)
 Astagraf XL
 Envarsus XR
 Prograf Granules Pack
 Rezero
 Sandimmune solution
 Tavneos

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

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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)

entacapone (Comtan)

pramipexole (Mirapex)
 ropinirole (Requip)
 selegiline (Eldepryl)
 trihexyphenidyl (Artane)

Requires Prior Authorization

apomorphine (Apokyn)
 bromocriptine (Parlodel)
 carbidopa (Lodosyn)
 carbidopa/levodopa ODT (Parcopa)
 pramipexole ER (Mirapex ER)
 rasagiline (Azilect)
 ropinirole ER (Requip XL)
 tolcapone (Tasmar)
 Dhivy
 Duopa
 Gocovri
 Inbrija
 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^{cc}
 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}

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

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OPHTHALMICS

Allergic Conjunctivitis

Preferred

azelastine (Optivar)
 cromolyn (Crolom)
 ketotifen OTC (Zaditor OTC)
 olopatadine (Patanol)
olopatadine Rx (Pataday)
 Alrex

Requires Prior Authorization

bepotastine (Bepreve)
 epinastine (Elestat)
 Alocril
 Alomide
 Zerviate

OPHTHALMICS

Anti-Inflammatories

Preferred

diclofenac (Voltaren)
 difluprednate (Durezol)
 fluorometholone (FML)
 ketorolac (Acular)
 prednisolone acetate (Pred Forte)
Nevanac
 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
Ilevro
 Iluvien
 Inveltys
 Lotemax ointment
 Maxidex
 Ozurdex
 Prolensa
 Retisert
 Triesence
 Xipere
 Yutiq

Anti-Inflammatory /
Immunomodulator**Preferred**

cyclosporine (Restasis single-use)
Eysuvis
 Xiidra

Requires Prior Authorization

Cequa
Miebo
Restasis multidose
 Tyrvaya Spray
 Verkazia

OPHTHALMICS

Antibiotic/Steroid
Combinations**Preferred**

neomycin/polymyxin/
 dexamethasone (Maxitrol)
 sulfacetamide/prednisolone
 tobramycin/dexamethasone drops
 (Tobradex)
 Tobradex ointment

Requires Prior Authorization

neomycin/bacitracin/polymyxin/
 hydrocortisone
 neomycin/polymyxin/
 hydrocortisone
 Tobradex ST
 Zylet

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)
 moxifloxacin (Moxeza)
 neomycin/polymyxin/gramicidin
 (Neosporin)
 sulfacetamide ointment
 AzaSite
 Besivance
Natacyn

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OPHTHALMICS

Glaucoma Agents

Preferred

brimonidine 0.2%
brimonidine 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)
brimonidine 0.1% (Alphagan P)
brinzolamide (Azopt)
dorzolamide/timolol PF
Tafluprost (Zioptan)
timolol (Istalol)
timolol (Timoptic Ocudose)
Betimol
Betoptic S
Lumigan 0.01%
Phospholine Iodide
Simbrinza
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}
terbutaline (Brethine)
ProAir Digihaler
ProAir Respiclick^{ql}
Striverdi Respimat

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RESPIRATORY

COPD Agents

Preferred

ipratropium neb (Atrovent)
ipratropium/albuterol neb
(DuoNeb)

roflumilast (Daliresp)

Anoro Ellipta
Atrovent HFA
Combivent Respimat ^{ql}
Spiriva Handihaler (**Brand only**)
Spiriva Respimat
Stiolto Respimat

Requires Prior Authorization**tiotropium (Spiriva Handihaler)**
(generic only)

Bevespi Aerosphere
Duaklir Pressair
Incruse Ellipta
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 HFA (Flovent HFA)

fluticasone/salmeterol HFA
(Advair HFA)

Arnuity Ellipta

Asmanex
Dulera
Symbicort (**Brand only**)

Trelegy Ellipta**Requires Prior Authorization**

budesonide/formoterol (Symbicort)
(generic only)

fluticasone/salmeterol
(Advair Diskus)

fluticasone/salmeterol
(AirDuo Resplick)

fluticasone/vilanterol (Breo Ellipta)
AirDuo Digihaler

AirSupra HFA

Alvesco
Armon Air Digihaler
Asmanex HFA
Breztri Aerosphere
Flovent Diskus
Pulmicort Flexhaler ^{ql}
QVAR Redihaler

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)
Omnaris
Qnasl
Ryaltris
Xhance
Zetonna

Leukotriene Modifiers

Preferred

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

Requires Prior Authorization

zileuton ER
Zyflo

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TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide OTC (except foaming cloth)
 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% ^{cc}
 Sumaxin CP Kit
 Winlevi

ZMA Clear Cleanser

TOPICAL DERMATOLOGICS

Immunomodulators, Atopic Dermatitis

Preferred

pimecrolimus (Elidel)
 tacrolimus (Protopic)
 Eucrisa

Requires Prior Authorization

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

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 **syrup**, 5mg tablet (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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- ◆ **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
- ◆ **Peer Review Program**
855-283-0876
Monday-Friday, 8:00 am - 6:00 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.