

### Pharmacist Professional Services

Currently, a pharmacist can enroll in Medicaid as an individual provider or in affiliation with a pharmacy. Starting January 1, 2025, a pharmacist will be able to enroll in affiliation with a Physician, Physician group practice, Nurse Practitioner, or Podiatrist. Enrollment for pharmacist professional services will be implemented in phases.

For more information, please refer to Advisory No. 272: <https://health.maryland.gov/mmcp/pap/Pages/Provider-Advisories.aspx>



Medicaid Pharmacy  
Program Pharmacists  
Professional Services

### Maryland Medicaid Preferred Drug List (PDL)

The Maryland Medicaid Preferred Drug List (PDL) shown in this newsletter is effective as of January 1, 2025. 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 on timely issues with latest research at no cost to participants twice a year. Check out previous seminars at:

[https://mmpipi.com/previous\\_seminars.htm](https://mmpipi.com/previous_seminars.htm)

Sign up for program notifications via email or text:

Email: [mdpharmacynews@gmail.com](mailto: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 2100 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 ([bit.ly/4eQlaeO](https://bit.ly/4eQlaeO)). 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, 2025. 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://bit.ly/4cOVHk5>.

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 <sup>1,2</sup>.
- 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	Sabril tablet, Powder Packet <sup>2</sup>	vigabatrin tablet, powder packet <sup>2</sup>
Anticonvulsants	Trileptal suspension (oral)	oxcarbazepine suspension (oral)
<b>Antipsychotics</b>	<b>Risperdal Consta</b>	<b>risperidone ER injection</b>
COPD Agents	Spiriva Handihaler	tiotropium bromide capsule
<b>Cytokine and CAM Antagonists</b>	<b>Cyltezo <sup>3</sup></b>	<b>adalimumab-ADBM <sup>3</sup></b>
Glucocorticoids, Inhaled	Flovent HFA <sup>3</sup>	fluticasone propionate <sup>3</sup>
Glucocorticoids, Inhaled	Symbicort (inhalation)	budesonide/formoterol (inhalation)
Hypoglycemics, Insulins	Lantus Solostar <sup>3</sup>	insulin glargine Solostar <sup>3</sup>
Hypoglycemics, Insulins	Lantus vial <sup>3</sup>	insulin glargine vial <sup>3</sup>
<b>Hypoglycemic, SGLT2 Inhibitors</b>	<b>Farxiga</b>	<b>dapagliflozin tablet</b>
Opioid Use Disorder Treatments	Narcan Nasal Spray <sup>3</sup>	naloxone nasal spray <sup>3</sup>
Opioid Use Disorder Treatments	Suboxone Film	buprenorphine/haloxone film
Stimulants and Related Agents	Adderall XR capsule <sup>3</sup>	amphetamine salt combo ER capsule <sup>3</sup>
Stimulants and Related Agents	Concerta tablet	methylphenidate ER tablet
Stimulants and Related Agents	Daytrana	methylphenidate transdermal
Stimulants and Related Agents	Focalin XR <sup>3</sup>	dexmethylphenidate XR capsule <sup>3</sup>
<b>Stimulants and Related Agents</b>	<b>Ritalin LA</b>	<b>methylphenidate ER capsule</b>
Stimulants and Related Agents	Vyvanse	lisdexamfetamine capsule
Ulcerative Colitis Agents	Pentasa <sup>3</sup>	mesalamine ER capsule <sup>3</sup>

<sup>1</sup> Unless the Program has established clinical criteria for the drug

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

<sup>3</sup> 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) <sup>cc,al</sup>  
morphine sulfate SR (MS Contin) <sup>al</sup>

**Requires Prior Authorization**

buprenorphine film (Belbuca) <sup>al</sup>  
buprenorphine patch (Butrans) <sup>al</sup>  
fentanyl patch (37.5mcg, 62.5mcg, 87.5mcg) <sup>cc,al</sup>  
hydrocodone ER (Hysingla ER, Zohydro ER) <sup>cc,al</sup>  
hydromorphone ER (Exalgo) <sup>al</sup>  
methadone (Dolophine) <sup>al</sup>  
morphine sulfate ER (Avinza, Kadian) <sup>al</sup>  
oxycodone ER (Oxycontin) <sup>al</sup>  
oxymorphone ER (Opana ER) <sup>al</sup>  
tramadol ER (Conzip, Ryzolt, Ultram ER) <sup>al</sup>

**ANALGESICS****Analgesics, Narcotics \*  
(Short Acting)****Preferred**

acetaminophen/codeine (Tylenol w/codeine) <sup>al</sup>  
hydrocodone/acetaminophen tablet (Lorcet, Norco, Vicodin) <sup>al</sup>  
hydromorphone tablet (Dilaudid)  
morphine sulfate tablet, solution  
oxycodone capsule, tablet, solution  
oxycodone/acetaminophen (Percocet) <sup>al</sup>  
tramadol 50 mg (Ultram) <sup>al</sup>  
tramadol/acetaminophen (Ultracet) <sup>al</sup>

**Requires Prior Authorization**

butalbital/acetaminophen/codeine/caffeine <sup>al</sup>  
butalbital/aspirin/codeine/caffeine <sup>al</sup>  
butalbital compound w/codeine  
butorphanol nasal spray  
carisoprodol/codeine compound  
codeine tablet  
dihydrocodeine/acetaminophen/caffeine  
fentanyl buccal (Actiq, Fentora) <sup>cc,al</sup>  
hydrocodone/acetaminophen solution (Lortab) <sup>al</sup>  
hydrocodone/ibuprofen (Vicoprofen)  
hydromorphone solution, suppositories  
levorphanol  
meperidine (Demerol)  
morphine suppositories  
oxycodone concentrated solution  
oxycodone syringe  
oxycodone/acetaminophen (Prolate) <sup>al</sup>  
oxycodone/acetaminophen solution <sup>al</sup>  
oxymorphone (Opana)  
pentazocine/naloxone (Talwin NX)  
tramadol 25mg and 100mg (Ultram) <sup>al</sup>  
tramadol solution  
Dsuvia  
Seglentis

**ANALGESICS****Anti-Migraine Agents, Other**

Also appears under Central Nervous System

**Preferred**

Ajovy (Step Therapy) <sup>cc,al</sup>  
Emgality 120mg/ml (Step Therapy) <sup>cc,al</sup>  
Nurtec ODT <sup>cc,al</sup>

**Requires Prior Authorization**

Aimovig (Step Therapy) <sup>cc,al</sup>  
Emgality 100mg/ml (Step Therapy) <sup>cc,al</sup>  
Qulipta <sup>cc,al</sup>  
Reyvow <sup>cc,al</sup>  
Ubrelvy <sup>cc,al</sup>  
Vyepti <sup>cc,al</sup>  
Zavzpret <sup>cc,al</sup>

**Anti-Migraine Agents, Triptans****Preferred**

naratriptan (Amerge) <sup>al</sup>  
rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) <sup>al</sup>  
sumatriptan nasal, tablet, vial (Imitrex) <sup>al</sup>  
zolmitriptan (Zomig) <sup>al</sup>

**Requires Prior Authorization**

almotriptan (Axert) <sup>al</sup>  
eletriptan (Relpax) <sup>al</sup>  
frovatriptan (Frova) <sup>al</sup>  
sumatriptan kit (Imitrex) <sup>al</sup>  
sumatriptan/naproxen (Treximet) <sup>al</sup>  
zolmitriptan nasal, zolmitriptan ODT (Zomig nasal, Zomig ZMT) <sup>al</sup>  
Tosymra  
Zembrace Symtouch

## ANALGESICS

## Neuropathic Pain

**Preferred**

capsaicin OTC  
 duloxetine (Cymbalta) <sup>cc,ql</sup>  
 gabapentin capsule, tablet  
 (Neurontin)  
 lidocaine patch (Lidoderm) <sup>ql</sup>  
 pregabalin capsule <sup>ql</sup>

**Requires Prior Authorization**

*duloxetine 40mg (Irenka)* <sup>ql</sup>  
*gabapentin ER (Gralise)*  
*gabapentin solution (Neurontin)*  
*pregabalin solution*  
*pregabalin XR (Lyrica CR)*  
*DermacinRx Lidocaine Patch*  
*Drizalma Sprinkle* <sup>cc</sup>  
*Horizant*  
*Lidocan Patch*  
*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)* <sup>cc,ql</sup>  
*diclofenac potassium capsule, tablet*  
*diclofenac topical solution (Pennsaid)*  
*diclofenac/misoprostol (Arthrotec)*  
*diclofenac SR (Voltaren XL)*  
*diffunisal (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* <sup>cc,ql</sup>  
*Relafen DS*

## ANALGESICS

Opioid Use Disorder  
Treatments**Preferred**

buprenorphine (Subutex) <sup>cc,ql</sup>  
 buprenorphine/naloxone tablet  
 (Suboxone) <sup>ql</sup>  
 naloxone injectable (Narcan)  
 naloxone nasal spray (Narcan nasal  
 spray) (Brand, generic and OTC)  
 naltrexone (Revia) <sup>cc,ql</sup>  
 Brixadi Monthly <sup>cc,ql</sup>  
 Brixadi Weekly <sup>cc,ql</sup>  
 Opvee nasal spray  
*Rextovy nasal spray*  
 Sublocade <sup>cc,ql</sup>  
 Suboxone film (Brand only) <sup>ql</sup>  
 Vivitrol <sup>cc,ql</sup>  
 Zubsolv <sup>ql</sup>

**Requires Prior Authorization**

*buprenorphine/naloxone film*  
*(Suboxone) (generic only)* <sup>ql</sup>  
*Kloxxado*  
*Lucemyra* <sup>cc,ql</sup>  
*Zimhi*

## Skeletal Muscle Relaxants

**Preferred**

baclofen (Lioresal)  
 chlorzoxazone (Parafon)  
 cyclobenzaprine (Flexeril) <sup>ql</sup>  
 methocarbamol (Robaxin)  
 orphenadrine ER (Norflex)  
 tizanidine tablet (Zanaflex)

**Requires Prior Authorization**

*baclofen solution, suspension*  
*(Ozobax, Ozabax DS)*  
*carisoprodol (Soma)*  
*carisoprodol compound*  
*(Soma Compound)*  
*cyclobenzaprine ER (Amrix)* <sup>ql</sup>  
*dantrolene (Dantrium)*  
*metaxalone (Skelaxin)*  
*orphenadrine/aspirin/caffeine*  
*tizanidine capsule (Zanaflex)*  
*Lorzone*  
*Lyvispah*

**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  
Difucid <sup>cc,ql</sup>  
Rebyota enema  
Solosec  
Vowst  
Xifaxan <sup>cc,ql</sup>

**Antibiotics, Inhaled****Preferred**

tobramycin inhalation solution (Tobi) <sup>cc,ql</sup>  
tobramycin solution (Bethkis) <sup>cc,ql</sup>  
Tobi Podhaler <sup>cc,ql</sup>

**Requires Prior Authorization**

tobramycin pak (Kitabis Pak) <sup>cc,ql</sup>  
Arikayce <sup>cc,ql</sup>  
Cayston <sup>cc,ql</sup>

**Antibiotics, Topical****Preferred**

bacitracin OTC  
bacitracin/polymyxin OTC  
double antibiotic 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, Nuversa)  
Cleocin ovule

**Requires Prior Authorization**

Clindesse  
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) <sup>cc,ql</sup>  
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  
Tripenicol OTC cream

**ANTI-INFECTIVES****Antiparasitics, Topical****Preferred**

permethrin Rx, OTC (Elimite,  
Acticin)  
pip butoxide/pyrethrins/permethrin  
kit OTC  
piperonyl/pyrethrins OTC

**Requires Prior Authorization**

*lindane shampoo*  
*malathion (Ovide)* <sup>cc,al</sup>  
*spinosad (Natroba)* <sup>cc,al</sup>  
CroTan  
Eurax

**Antivirals, Oral****Preferred**

acyclovir (Zovirax)  
oseltamivir (Tamiflu) <sup>al</sup>  
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) <sup>cc</sup>  
Mavyret <sup>cc</sup>  
Pegasys  
Vosevi <sup>cc</sup>

**Requires Prior Authorization**

*ledipasvir/sofosbuvir (Harvoni)* <sup>cc</sup>  
*Harvoni Pellet Pack* <sup>cc</sup>  
*Sovaldi* <sup>cc</sup>  
*Sovaldi Pellet Pack* <sup>cc</sup>  
*Zepatier* <sup>cc</sup>

**Macrolides / Ketolides****Preferred**

azithromycin (Zithromax)  
clarithromycin tablet (Biaxin)  
erythromycin base DR 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*

## ANTI-INFECTIVES

## Tetracyclines

**Preferred**

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

**Requires Prior Authorization**

demeclocycline (Declomycin)  
doxycycline hyclate DR (Doryx)  
doxycycline monohydrate **40mg,**  
75mg, 150mg capsule  
doxycycline monohydrate  
suspension (Vibramycin)  
minocycline tablet  
minocycline ER (Solodyn, Ximino)  
Doryx MPC  
Morgidox Kit  
Nuzyra

## BLOOD MODIFIERS

## Antihyperuricemics

**Preferred**

allopurinol 100mg, 300mg (Zyloprim)  
colchicine tablet (Colcrys) <sup>al</sup>  
febuxostat (Uloric)  
probenecid  
probenecid/colchicine

**Requires Prior Authorization**

allopurinol 200 mg  
colchicine capsule (Mitigare) <sup>al</sup>  
Gloperba

## Colony Stimulating Factors

**Preferred**

Flyntra  
Neupogen

**Requires Prior Authorization**

Fulphila  
Granix syringe, vial  
Leukine  
Neulasta  
Nivestym  
Nyvepria  
Releuko  
Rolvedon  
Stimufend  
Udenyca <sup>cc,al</sup>  
**Udenyca OnBody**  
Zarxio  
Ziextenzo

## BLOOD MODIFIERS

## Erythropoiesis Stimulating Proteins

**Preferred**

Aranesp  
Epogen  
Retacrit

**Requires Prior Authorization**

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  
Xphozah

**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 <sup>cc,ql</sup>

**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)  
valsartan solution  
Edarbi, Edarbyclor  
Entresto Sprinkle  
Qbrelis  
Tekturna HCT

**CARDIOVASCULAR****Anticoagulants****Preferred**

dabigatran (Pradaxa) <sup>ql</sup>  
enoxaparin (Lovenox) <sup>ql</sup>  
warfarin (Coumadin)  
Eliquis tablet  
Xarelto Dose Pack  
Xarelto tablet (except 2.5mg)

**Requires Prior Authorization**

fondaparinux (Arixtra) <sup>ql</sup>  
Eliquis Dose Pack  
Fragmin <sup>ql</sup>  
Pradaxa 110mg  
Pradaxa Pellet Pack  
Savaysa  
Xarelto 2.5mg tablet <sup>cc,ql</sup>  
Xarelto suspension

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

clonidine patch (Catapres TTS) <sup>ql</sup>  
clonidine tablet (Catapres)  
guanfacine (Tenex)  
methyldopa (Aldomet)

**Requires Prior Authorization**

clonidine ER tablet (Nexiclon)  
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  
Kapspargo  
Sotylize

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<sup>cc</sup> CLINICAL CRITERIA: <https://bit.ly/4cnJByk> <sup>ql</sup> QUANTITY LIMITS: <https://bit.ly/3XltvuO> <sup>hc</sup> HIGH COST FORM: <https://bit.ly/3LuxUu9>



**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*<sup>cc</sup>  
*Juxtapid*<sup>cc</sup>  
*Leqvio*<sup>cc</sup>  
*Nexletol*<sup>cc,ql</sup>  
*Nexlizet*<sup>cc,ql</sup>  
*Praluent*<sup>cc,ql</sup>  
*Repatha*<sup>cc,ql</sup>

**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)*  
*pitavastatin (Livalo)*  
*Altoprev*  
*Atorvaliq*  
*Ezallor Sprinkle*  
*Zypitamag*

**Platelet Aggregation Inhibitors****Preferred**

clopidogrel (Plavix)<sup>ql</sup>  
 dipyridamole (Persantine)<sup>ql</sup>  
 prasugrel (Effient)<sup>ql</sup>  
 Brilinta<sup>ql</sup>

**Requires Prior Authorization**

*aspirin/dipyridamole (Aggrenox)*<sup>ql</sup>

**CARDIOVASCULAR****PAH Agents, Oral and Inhaled****Preferred**

ambrisentan (Letairis)  
 bosentan tablet (Tracleer)  
 sildenafil tablet (Revatio)<sup>cc,ql</sup>  
 tadalafil (Adcirca)<sup>cc,ql</sup>

**Requires Prior Authorization**

*sildenafil solution (Revatio)*<sup>cc,ql</sup>  
*Adempas*  
*Liqrev*  
*Opsumit*<sup>cc,ql</sup>  
*Opsynvi*<sup>cc</sup>  
*Orenitram ER*<sup>cc,ql</sup>  
*Orenitram Titration kit*  
*Tadliq suspension*  
*Tracleer tablet for suspension*  
*Tyvaso, Tyvaso DPI*<sup>cc</sup>  
*Uptravi*<sup>cc,ql</sup>  
*Ventavis*

## CENTRAL NERVOUS SYSTEM

## CENTRAL NERVOUS SYSTEM

## CENTRAL NERVOUS SYSTEM

THE MENTAL HEALTH FORMULARY CAN BE FOUND AT <https://bit.ly/3Lgdbtz>

## Anticonvulsants

**Preferred**

carbamazepine chewable, suspension, tablet (Tegretol)  
 carbamazepine ER (Carbatrol)  
 clobazam suspension (Onfi) <sup>cc,qf</sup>  
 clobazam tablet (Onfi) <sup>qf</sup>  
 clonazepam (Klonopin)  
 diazepam rectal (Diastat, Diastat Acudial)  
 divalproex, divalproex ER, divalproex sprinkle (Depakote, Depakote ER, Depakote Sprinkle)  
 lacosamide solution, tablet (Vimpat) <sup>qf</sup>  
 lamotrigine (Lamictal)  
 levetiracetam tablet, solution (Keppra)  
 oxcarbazepine tablet (Trileptal)  
 phenobarbital  
 phenytoin, phenytoin ER (Dilantin, Dilantin Infatab, Phenytek)  
 primidone (Mysoline)  
 tiagabine (Gabitril)  
 topiramate, topiramate sprinkle (Topamax, Topamax Sprinkle)  
 valproic acid (Depakene)  
 zonisamide (Zonegran)  
 Nayzilam  
Sezaby  
 Trileptal suspension (Brand only)  
 Valtoco

## Anticonvulsants (continued)

**Requires Prior Authorization**

carbamazepine XR (Tegretol XR)  
 clonazepam ODT (Klonopin ODT)  
 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) <sup>cc,qf</sup>  
 topiramate ER (Qudexy XR) <sup>cc,qf</sup>  
 topiramate ER (Trokendi XR) <sup>cc,qf</sup>  
 Aptiom <sup>cc</sup>  
 Briviact  
 Diacomit capsule, powder pack  
 Dilantin 30mg capsule  
 Elepsia XR  
 Epidiolex <sup>cc,qf</sup>  
 Eprontia solution  
 Equetro  
 Fintepla <sup>cc</sup>  
 Fycompa <sup>cc</sup>  
 Lamictal XR dose pack  
Libervant  
 Motpoly XR  
 Oxtellar XR  
 Sabril powder pack, tablet <sup>cc</sup> (Brand only)  
 Spritam  
 Sympazan <sup>cc,qf</sup>  
Vigafyde solution  
 Vimpat starter pack  
 Xcopri  
 Zonisade  
 Ztalmy

## 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)  
 tranlycypromine (Parnate)  
 venlafaxine besylate ER  
 venlafaxine ER tablet  
 Aplenzin  
 Auvelity <sup>cc</sup>  
 Emsam  
 Fetzima capsule, **dose pack**  
 Marplan  
 Spravato <sup>cc,qf</sup>  
 Trintellix  
 Zulresso <sup>cc,qf</sup>  
 Zurzuvae <sup>cc,qf</sup>

## Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

**Preferred**

citalopram tablet, solution (Celexa) <sup>qf</sup>  
 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) <sup>cc,qf</sup>  
 paroxetine suspension (Paxil)  
 sertraline capsule

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## CENTRAL NERVOUS SYSTEM

THE MENTAL HEALTH FORMULARY CAN BE FOUND AT <https://bit.ly/3Lgdbtz>

## Anti-Migraine Agents, Other

Excluded from Mental Health Formulary

## Preferred

Ajovy (Step Therapy) <sup>cc,q1</sup>  
 Emgality 120 mg/ml (Step Therapy) <sup>cc,q1</sup>  
 Nurtec ODT <sup>cc,q1</sup>

## Requires Prior Authorization

Aimovig (Step Therapy) <sup>cc,q1</sup>  
 Emgality 100 mg/ml (Step Therapy) <sup>cc,q1</sup>  
 Qulipta <sup>cc,q1</sup>  
 Reyvow <sup>cc,q1</sup>  
 Ubrelvy <sup>cc,q1</sup>  
 Vyepti <sup>cc,q1</sup>  
 Zavzpret <sup>cc,q1</sup>

## Antipsychotics

Antipsychotic Review Programs

## Preferred

## 1st Tier

aripiprazole (Abilify) <sup>q1</sup>  
 aripiprazole ODT (Abilify Discmelt) <sup>q1</sup>  
 chlorpromazine (Thorazine)  
 clozapine (Clozaril)  
 fluphenazine (Prolixin)  
 fluphenazine decanoate inj  
 (Prolixin Inj) <sup>q1</sup>  
 haloperidol (Haldol)  
 haloperidol decanoate inj (Haldol IM) <sup>q1</sup>  
 haloperidol lactate oral, IM  
 loxapine capsule (Loxitane)  
 lurasidone (Latuda) <sup>q1</sup>  
 olanzapine IM (Zyprexa IM) <sup>q1</sup>  
 olanzapine ODT (Zyprexa Zydis) <sup>q1</sup>  
 olanzapine tablet (Zyprexa) <sup>q1</sup>  
 paliperidone (Invega) <sup>q1</sup>  
 perphenazine (Trilafon)  
 pimozide (Orap)  
 quetiapine (Seroquel) <sup>q1</sup>  
 quetiapine ER (Seroquel XR) <sup>q1</sup>  
 risperidone, risperidone ODT  
 thioridazine (Mellaril)  
 thiothixene (Navane)  
 trifluoperazine (Stelazine)  
 ziprasidone (Geodon) <sup>q1</sup>  
 ziprasidone IM (Geodon IM)  
 Abilify Asimtufii <sup>q1</sup>  
 Abilify Maintena <sup>q1</sup>  
 Aristada <sup>q1</sup>  
 Aristada Initio <sup>q1</sup>  
 Invega Hafyera <sup>cc,q1</sup>  
 Invega Sustenna <sup>q1</sup>  
 Invega Trinza <sup>cc,q1</sup>  
 Perseris <sup>q1</sup>  
**Risperdal Consta (Brand only) <sup>q1</sup>**

## CENTRAL NERVOUS SYSTEM

## Antipsychotics (continued)

## Preferred

## 2nd Tier

Vraylar <sup>cc,q1</sup>

## Requires Prior Authorization

asenapine (Saphris) <sup>cc,q1</sup>  
 clozapine ODT (Fazacllo) <sup>cc,q1</sup>  
 molindone <sup>cc</sup>  
 olanzapine/fluoxetine (Symbyax) <sup>cc,q1</sup>  
perphenazine/ amitriptyline (Triavil)  
risperidone intramuscular (Risperdal  
Consta) (generic only)  
 Abilify MyCite <sup>cc</sup>  
 Adasuve  
 Caplyta <sup>cc</sup>  
 Fanapt <sup>cc,q1</sup>  
 Lybalvi <sup>cc,q1</sup>  
 Nuplazid <sup>cc,q1</sup>  
 Rexulti <sup>cc,q1</sup>  
 Rykindo <sup>cc,q1</sup>  
 Secuado <sup>cc</sup>  
 Uzedly <sup>cc,q1</sup>  
 Versacloz <sup>cc</sup>  
 Zyprexa Relprew <sup>cc,q1</sup>

## Sedative Hypnotics

## Preferred

eszopiclone (Lunesta) (Step Therapy) <sup>cc,q1</sup>  
 ramelteon (Rozerem) <sup>q1</sup>  
 temazepam 15mg, 30mg (Restoril) <sup>q1</sup>  
 triazolam (Halcion) <sup>q1</sup>  
 zaleplon (Sonata) <sup>q1</sup>  
 zolpidem tablet (Ambien) <sup>q1</sup>  
 zolpidem ER (Ambien CR)

## Requires Prior Authorization

doxepin (Silenor)  
 estazolam (ProSom) <sup>q1</sup>  
flurazepam <sup>q1</sup>  
 quazepam (Doral) <sup>q1</sup>  
 tasimelteon (Hetlioz) <sup>cc,q1</sup>  
 temazepam 7.5mg, 22.5mg <sup>q1</sup>  
 zolpidem capsule <sup>q1</sup>  
 zolpidem SL (Intermezzo) <sup>q1</sup>  
 Belsomra <sup>cc,q1</sup>  
 Dayvigo <sup>cc,q1</sup>  
 Edluar <sup>q1</sup>  
 Hetlioz LQ <sup>cc</sup>  
 Igalmi  
 Quviviq <sup>cc</sup>

## CENTRAL NERVOUS SYSTEM

## Stimulants and Related Agents

## Preferred

amphetamine salt combo (Adderall)  
amphetamine salt combo ER  
(Adderall XR) (Brand and generic)  
 atomoxetine (Strattera) <sup>cc</sup>  
 clonidine ER tablet (Kapvay) <sup>cc,q1</sup>  
 dexamethylphenidate tablet (Focalin)  
 dexamethylphenidate XR (Focalin XR)  
 (Brand and generic)  
 dextroamphetamine capsule  
 (Dexedrine ER)  
 dextroamphetamine tablet  
 guanfacine ER (Intuniv) <sup>cc,q1</sup>  
 lisdexamfetamine chewable tablet  
 (Vyvanse) <sup>cc</sup>  
 methylphenidate CD capsule  
 (Metadate CD)  
 methylphenidate ER tablet  
 (Metadate ER, Ritalin SR)  
 methylphenidate solution (Methylin)  
 methylphenidate tablet (Ritalin)  
 modafinil (Provigil) <sup>cc,q1</sup>  
 Concerta (Brand only)  
 Daytrana (Brand only)  
 Qelbree <sup>cc,q1</sup>  
 Quillivant XR  
Ritalin LA (Brand only)  
 Vyvanse capsule (Brand only)

## Requires Prior Authorization

amphetamine salt comb ER (Mydayis)  
 amphetamine sulfate (Evekeo)  
 armodafinil (Nuvigil) <sup>cc,q1</sup>  
 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 ER capsule  
(Ritalin LA) (generic only)  
 methylphenidate patch TD24  
 (Daytrana) (generic only)  
 Adzenys XR ODT <sup>cc</sup>  
 Azstarys  
 Cotempla XR ODT  
 Dyanavel XR suspension, tablet  
 Evekeo ODT  
 Jornay PM  
 Mydayis ER  
Onyda XR suspension <sup>cc</sup>  
 Quillichew ER  
 Sunosi <sup>cc,q1</sup>  
 Wakix <sup>cc,q1</sup>  
 Xelstrym  
 Zenzedi

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## ENDOCRINE

## Androgenic Agents

**Preferred**

testosterone gel packet (Vogelxo)  
testosterone gel pump (AndroGel)  
Androderm <sup>cc,ql</sup>

**Requires Prior Authorization**

testosterone gel packet (AndroGel)  
testosterone gel (Vogelxo)  
testosterone gel pump (Aviron,  
Foresta)  
Natesto  
Testim

## Bone Resorption Suppression and Related Agents

**Preferred**

alendronate tablet (Fosamax) <sup>ql</sup>  
calcitonin salmon nasal (Miacalcin) <sup>ql</sup>  
ibandronate (Boniva) <sup>ql</sup>  
risedronate (Actonel) <sup>ql</sup>

**Requires Prior Authorization**

alendronate solution (Fosamax  
Solution) <sup>ql</sup>  
raloxifene (Evista) <sup>ql</sup>  
risedronate DR (Atelvia) <sup>ql</sup>  
teriparatide (Forteo) <sup>cc,ql</sup>  
Binosto  
Evenity <sup>cc</sup>  
Fosamax Plus D <sup>ql</sup>  
Prolia <sup>cc,ql</sup>  
Teriparatide <sup>cc,ql</sup>  
Tymlos <sup>cc,ql</sup>

## Growth Hormones

**Preferred**

Genotropin <sup>cc</sup>  
Norditropin <sup>cc</sup>

**Requires Prior Authorization**

Humatrope <sup>cc</sup>  
Ngenla <sup>cc</sup>  
Nutropin AQ <sup>cc</sup>  
Omnitrope <sup>cc</sup>  
Saizen <sup>cc</sup>  
Serostim <sup>cc</sup>  
Skytrofa  
Sogroya <sup>cc</sup>  
Zomacton <sup>cc</sup>

## ENDOCRINE

## Hypoglycemics, Incretin Mimetics and Enhancers

**Preferred**

saxagliptin (Onglyza)  
Byetta  
Glyxambi <sup>cc,ql</sup>  
Janumet, Janumet XR  
Januvia  
Jentaduetto  
Ozempic  
Tadjenta  
Trulicity  
Victoza <sup>ql</sup>

**Requires Prior Authorization**

alogliptin (Nesina)  
alogliptin/metformin (Kazano)  
alogliptin/pioglitazone (Oseni)  
saxagliptin/metformin ER  
(Kombiglyze XR)  
Bydureon BCise  
Jentaduetto XR  
Mounjaro  
Qtern <sup>cc,ql</sup>  
Rybelsus  
Soliqua  
Steglujan <sup>cc,ql</sup>  
Symlin  
Trijardy XR <sup>cc,ql</sup>  
Xultophy  
Zituvio

## ENDOCRINE

## Hypoglycemics, Insulins

**Preferred**

insulin aspart (Novolog)  
insulin aspart mix 70/30 (Novolog  
70/30 Mix)  
insulin glargine (Lantus,  
Lantus Solostar) (Brand and generic)  
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

**Requires Prior Authorization**

insulin degludec (Tresiba)  
insulin glargine pen and max pen  
(Toujeo, Toujeo Max)  
insulin glargine-YFGN  
(Semglee-YFGN)  
Admelog  
Afrezza  
Apidra  
Basaglar, Basaglar Tempo  
Fiasp  
Fiasp pumpcart  
Humalog 200 unit/ml pen  
Humalog Tempo  
Humulin pen  
Levemir  
Lyumjev, Lyumjev Tempo  
Novolin pen, vial  
Novolin 70/30  
Rezvoglar Kwikpen

## ENDOCRINE

## Hypoglycemics, Meglitinides

**Preferred**

nateglinide (Starlix)  
repaglinide (Prandin)

## Hypoglycemics, Metformins

**Preferred**

glipizide/metformin (Metaglip)  
glyburide/metformin (Glucovance)  
metformin (Glucophage)  
metformin ER (Glucophage XR)

**Requires Prior Authorization**

metformin 625mg  
metformin ER (Fortamet)<sup>cc,al</sup>  
metformin ER (Glumetza)<sup>cc,al</sup>  
metformin solution (Riomet)  
Riomet ER suspension

## Hypoglycemics, SGLT2 Inhibitors

**Preferred**

dapagliflozin/metformin (Xigduo XR)<sup>cc,al</sup>  
**Farxiga (Brand only)**<sup>cc,al</sup>  
Invokana<sup>cc,al</sup>  
Jardiance<sup>cc,al</sup>

**Requires Prior Authorization**

**dapagliflozin (generic only)**<sup>cc,al</sup>  
Inpefa<sup>cc</sup>  
Invokamet (Step Therapy)<sup>cc,al</sup>  
Invokamet XR (Step Therapy)<sup>cc,al</sup>  
Segluromet (Step Therapy)<sup>cc,al</sup>  
Steglatro (Step Therapy)<sup>cc,al</sup>  
Synjardy (Step Therapy)<sup>cc,al</sup>  
Synjardy XR (Step Therapy)<sup>cc,al</sup>

## 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)<sup>al</sup>  
prochlorperazine tablet (Compazine)  
promethazine injectable, solution,  
tablet (Phenergan)  
promethazine suppository (except  
50mg)  
scopolamine patch (TransDerm-Scop)

**Requires Prior Authorization**

aprepitant capsule, tripack  
(Emend)<sup>al</sup>  
dimenhydrinate Rx  
doxylamine/pyridoxine (Diclegis)<sup>cc,al</sup>  
dronabinol (Marinol)<sup>cc,al</sup>  
fosaprepitant dimeglumine IV  
(Emend)  
granisetron (Kytril)<sup>al</sup>  
ondansetron syringe (Zofran)  
palonosetron (Aloxi)  
phosphoric acid/dextrose/fructose  
solution  
prochlorperazine injectable,  
suppository (Compro)  
promethazine 50mg suppository  
trimethobenzamide (Tigan)  
Akynzeo capsule<sup>cc</sup>  
Akynzeo IV<sup>cc</sup>  
Anzemet  
Barhemsys vial  
Bonjesta  
Cinvanti  
Emend powder packet<sup>al</sup>  
**Focinvez vial**  
Gimoti  
Sancuso<sup>al</sup>  
Sustol

## GASTROINTESTINAL

## Bile Salts

**Preferred**

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

**Requires Prior Authorization**

Bylvay capsule, pellet<sup>cc</sup>  
Chenodal  
Cholbam  
**Iqirvo**  
**Livdelzi**  
Livmarli  
Ocaliva  
Reltone

## GI Motility, Chronic

**Preferred**

lubiprostone (Amitiza)<sup>cc,al</sup>  
Linzess<sup>cc,al</sup>  
Movantik<sup>cc,al</sup>

**Requires Prior Authorization**

alosetron (Lotronex)  
Ibsrela  
Motegrity<sup>cc,al</sup>  
Relistor<sup>cc,al</sup>  
Symproic<sup>cc,al</sup>  
Trulance<sup>cc,al</sup>  
Viberzi<sup>cc,al</sup>

## Pancreatic Enzymes

**Preferred**

Creon<sup>al</sup>  
Zenpep<sup>al</sup>

**Requires Prior Authorization**

Pertzye<sup>al</sup>  
Viokace<sup>al</sup>

## 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*<sup>cc</sup>  
*Ravicti*<sup>cc</sup>

## IMMUNOLOGICS

## Cytokine and CAM Antagonists

**Preferred**

adalimumab-ADAZ (Hyrimoz)  
adalimumab-ADBM (Cyltezo) (Brand and generic)  
adalimumab-AATY (Yuflyma)  
 infliximab (Remicade)<sup>cc</sup>  
 Enbrel  
 Hadlima  
 Humira  
 Otezla (Step Therapy)<sup>cc,ql</sup>  
 Tyenne syringe

**Requires Prior Authorization**

adalimumab-AACF (Idacio)  
adalimumab-ADBM  
adalimumab-RYVK (Simlandi)  
 Abrilada  
 Actemra<sup>cc</sup>  
 Amjevita autoinjector, syringe  
 Arcalyst<sup>cc</sup>  
 Avsola<sup>cc</sup>  
 Bimzex<sup>cc</sup>  
 Cibirgo<sup>cc,ql</sup>  
 Cimzia<sup>cc</sup>  
 Cosentyx<sup>cc</sup>  
 Enspryng<sup>cc</sup>  
 Entyvio<sup>cc</sup>  
 Ilaris<sup>cc,ql</sup>  
 Ilumya<sup>cc</sup>  
 Inflectra<sup>cc</sup>  
 Kevzara<sup>cc</sup>  
 Kineret<sup>cc,ql</sup>  
 Litfulo  
 Olumiant<sup>cc,ql</sup>  
 Omvoh pen, syringe, vial<sup>cc</sup>  
 Orencia<sup>cc,ql</sup>  
 Renflexis<sup>cc</sup>  
 Rinvoq ER  
 Rinvoq LQ<sup>cc</sup>  
 Siliq<sup>cc</sup>  
 Simponi, Simponi Aria<sup>cc</sup>  
 Skyrizi, Skyrizi On-body, Skyrizi vial<sup>cc</sup>  
 Sotyktu<sup>cc</sup>  
 Spevigo<sup>cc</sup>  
 Stelara<sup>cc,ql</sup>  
 Taltz<sup>cc,ql</sup>  
 Tofidence  
 Tremfya<sup>cc</sup>  
 Tyenne autoinjector, vial  
 Uplizna<sup>cc</sup>  
 Velsipity<sup>cc</sup>  
 Xeljanz tablet, solution, Xeljanz XR<sup>cc,ql</sup>  
 Yusimry  
 Zymfentra

## 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  
 Myhibbin suspension  
 Prograf Granules Pack  
 Rezurock  
 Sandimmune solution  
 Tavneos

## NEUROLOGICS

## Alzheimer's Agents

**Preferred**

donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT)  
 memantine tablet (Namenda)  
 rivastigmine capsule, patch (Exelon) <sup>ql</sup>

**Requires Prior Authorization**

*donepezil 23mg (Aricept)*  
*galantamine, galantamine ER (Razadyne, Razadyne ER)*  
*memantine dose pack*  
*memantine solution*  
*memantine ER (Namenda XR)*  
 Adlarity  
 Aduhelm <sup>cc</sup>  
 Leqembi <sup>cc</sup>  
 Namzaric, Namzaric dose pack

## NEUROLOGICS

## Anti-Parkinson's Agents

**Preferred**

amantadine (Symmetrel)  
 benzotropine (Cogentin)  
 carbidopa/levodopa IR (Sinemet)  
 carbidopa/levodopa ER (Sinemet CR)  
 carbidopa/levodopa/entacapone (Stalevo)  
 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)*  
Crexont  
 Dhivy  
 Duopa <sup>cc</sup>  
 Gocovri  
 Inbrija  
 Neupro  
 Nourianz  
 Ongentys  
 Osmolex ER  
 Rytary  
 Xadago  
 Zelapar

## NEUROLOGICS

## Multiple Sclerosis Agents

**Preferred**

dalfampridine ER (Ampyra) <sup>cc,ql</sup>  
 dimethyl fumarate DR (Tecfidera) <sup>ql</sup>  
 fingolimod (Gilenya) <sup>cc,ql</sup>  
 glatiramer acetate 20mg/ml, 40mg/ml  
 Avonex  
 Betaseron kit

**Requires Prior Authorization**

*teriflunomide (Aubagio) <sup>cc,ql</sup>*  
*Bafiertam <sup>cc,ql</sup>*  
*Briumvi <sup>cc</sup>*  
*Extavia kit <sup>cc,ql</sup>*  
*Kesimpta <sup>cc</sup>*  
*Lemtrada <sup>cc,ql</sup>*  
*Mavenclad <sup>cc,ql</sup>*  
*Mayzent <sup>cc</sup>*  
*Ocrevus <sup>cc,ql</sup>*  
*Plegridy, Plegridy IM <sup>cc,ql</sup>*  
*Ponvory starter pack, tablet <sup>cc,ql</sup>*  
 Rebif  
 Tascenso ODT  
 Tysabri <sup>cc,ql</sup>  
 Vumerity <sup>cc,ql</sup>  
 Zeposia <sup>cc,ql</sup>

## OPHTHALMICS

## Allergic Conjunctivitis

**Preferred**

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

**Requires Prior Authorization**

bepotastine (Bepreve)  
 epinastine (Elestat)  
 Alocril  
 Alomide  
 Zerviate

## OPHTHALMICS

## Antibiotic / Steroid Combinations

**Preferred**

neomycin/polymyxin/dexamethasone (Maxitrol)  
 sulfacetamide/prednisolone  
 tobramycin/dexamethasone drop (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

## 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  
 Vevye



## 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*  
*Durysta Implant*  
*lyuzeh*  
*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) <sup>a1</sup>  
 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) <sup>a1</sup>*  
*terbutaline (Brethine)*  
*ProAir Digihaler*  
*ProAir Respiclick <sup>a1</sup>*  
*Striverdi Respimat*

## RESPIRATORY

## COPD Agents

**Preferred**

ipratropium neb (Atrovent)  
 ipratropium/albuterol neb (DuoNeb)  
 roflumilast (Daliresp)  
 Anoro Ellipta  
 Atrovent HFA  
 Combivent Respimat <sup>al</sup>  
 Spiriva Handihaler (Brand only)  
 Spiriva Respimat  
 Stiolto Respimat

**Requires Prior Authorization**

*tiotropium (Spiriva Handihaler)*  
*(generic only)*  
*Bevespi Aerosphere*  
*Duaklir Pressair*  
*Incruse Ellipta*  
*Ohtuvayre*  
*Tudorza Pressair*  
*Yupelri*

## Epinephrine, Self-Injected

**Preferred**

epinephrine 0.15mg (EpiPen Jr) <sup>al</sup>  
 epinephrine 0.3mg (EpiPen) <sup>al</sup>

**Requires Prior Authorization**

*epinephrine 0.15mg, 0.3mg*  
*(Adrenaclick) <sup>al</sup>*  
*Auvi-Q*  
*Symjepi*

## RESPIRATORY

## Glucocorticoids, Inhaled

**Preferred**

budesonide inhalation suspension  
 (Pulmicort Respules)  
 fluticasone propionate (Flovent HFA)  
 (Brand and generic)  
 fluticasone/salmeterol HFA  
 (Advair HFA)  
 Arnuity Ellipta  
 Asmanex Twisthaler, **HFA**  
 Dulera  
*QVAR Redihaler*  
 Symbicort (Brand only)  
 Trelegy Ellipta

**Requires Prior Authorization**

*budesonide/formoterol (Symbicort)*  
*(generic only)*  
*fluticasone/salmeterol (Advair Diskus)*  
*fluticasone/salmeterol*  
*(AirDuo Respiclick)*  
*fluticasone/vilanterol (Breo Ellipta)*  
*AirDuo Digihaler*  
*AirSupra HFA*  
*Alvesco*  
*ArmonAir Digihaler*  
*Breztri Aerosphere*  
*Flovent Diskus*  
*Pulmicort Flexhaler <sup>al</sup>*

## 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*  
*Khance*  
*Zetonna*

## Leukotriene Modifiers

**Preferred**

montelukast (Singulair)  
 zafirlukast (Accolate)

**Requires Prior Authorization**

*zileuton ER*  
*Zyflo*

## 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) <sup>cc</sup>

**Requires Prior Authorization**

adapalene cream, gel (Differin) <sup>cc</sup>  
 adapalene/benzoyl peroxide (Epiduo, Epiduo Forte)  
 bp-10-1  
 clindamycin (Clindagel)  
 clindamycin foam, lotion  
 clindamycin/benzoyl peroxide pump (Acanya)  
 clindamycin/tretinoin (Ziana)  
 dapsone (Aczone)  
 erythromycin gel, pledget  
 erythromycin/benzoyl peroxide (Benzamycin)  
 sulfacetamide  
 sulfacetamide/sulfur  
 sulfacetamide/sulfur/urea  
 tazarotene cream, gel, foam (Fabior, Tazorac) <sup>cc</sup>  
 tretinoin microspheres gel pump 0.04%, 0.08%, 0.1% (Retin-A Micro) <sup>cc</sup>  
 Altreno  
 Amzeeq  
 Arazlo  
 Avar  
 Cabtreo  
 Clindacin  
 Onexton  
 Ovace  
 Retin-A Micro 0.06% <sup>cc</sup>  
 Sumaxin CP Kit  
 Winlevi  
 ZMA Clear Cleanser

## TOPICAL DERMATOLOGICS

## Immunomodulators, Atopic Dermatitis

**Preferred**

pimecrolimus (Elidel)  
 tacrolimus (Protopic)  
 Eucrisa

**Requires Prior Authorization**

Adbry *auto-injector*, syringe <sup>cc</sup>  
 Dupixent <sup>cc</sup>  
 Opzelura <sup>cc,al</sup>  
 Zoryve Cream <sup>cc</sup>  
 Zoryve Foam <sup>cc</sup>

## 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 <sup>cc</sup>

## Bladder Relaxant Preparations

**Preferred**

fesoterodine ER (Toviaz)  
 mirabegron (Myrbetriq) <sup>cc</sup>  
 oxybutynin syrup, 5mg tablet (Ditropan)  
 oxybutynin ER (Ditropan XL)  
 solifenacin (Vesicare)

**Requires Prior Authorization**

darifenacin ER (Enablex)  
 flavoxate  
 oxybutynin 2.5mg  
 tolterodine, tolterodine ER (Detrol, Detrol LA)  
 trospium, trospium ER (Sanctura, Sanctura XR)  
 Gelnique  
 Gemtesa  
 Myrbetriq granules <sup>cc</sup>  
 Oxytrol  
 Vesicare LS

*Wes Moore, Governor*

*Aruna Miller, Lt. Governor*

*Laura Herrera Scott, MD, Secretary*

**OFFICE OF  
PHARMACY SERVICES**

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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
- **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.