



Pharmacy News & Views

January 2014

Maryland Department of Health & Mental Hygiene / Office of Systems, Operations and Pharmacy

Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown includes updates effective January 1, 2014. 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 as they always have for Maryland Medicaid patients. *Note: for most multi-source products, the generic product(s) are usually preferred and branded innovator product(s) are non-preferred. PDL products that are new to the market require prior authorization until they are reviewed.*

Key: Green shaded drugs = PDL change; All lowercase letters = generic product; Leading capital letter = Brand name product
Brd = Brand; gen = generic. *Note: A 72-hour emergency supply of a non-preferred drug is available by calling 1-800-932-3918. A 30-day emergency supply is available for Tier 2 and Non-preferred Antipsychotic agents.*

ANALGESIC

Analgesics, Narcotics (Long Acting)

Preferred

fentanyl patch (*Duragesic*)
methadone (*Dolophine*)
morphine sulfate SR (*MS Contin*)
Kadian (Brd only)

Requires Prior Authorization

morphine sulfate ER (*Kadian*) (gen only)
oxymorphone ER (*Opana ER*)
tramadol ER (*Ultram ER, Ryzolt*)
Avinza
Butrans
Conzip
Exalgo
Nucynta ER
Oxycontin

Analgesics, Narcotics (Short Acting)

Preferred

apap w/codeine (*Tylenol w/Codeine*)
butalbital/apap/codeine/caffeine
butalbital/aspirin/codeine/caffeine
codeine tabs
dihydrocodeine/aspirin/caffeine (*Synalgos DC*)
hydrocodone/apap (*Vicodin*)
hydrocodone/ibuprofen (*Vicoprofen*)
hydromorphone tabs (*Dilaudid*)
morphine sulfate tabs
oxycodone
oxycodone/apap (*Percocet*)
oxycodone/aspirin (*Percodan*)
pentazocine/apap (*Talacen*)
pentazocine/naloxone (*Talwin NX*)
tramadol (*Ultram*)
tramadol/apap (*Ultracet*)

ANALGESIC

Analgesics, Narcotics (Short Acting) (continued)

Requires Prior Authorization

butorphanol nasal spray
carisoprodol/codeine/asa
codeine solution
dihydrocodeine/apap/caffeine
fentanyl transmucosal & buccal (*Actiq & Fentora*) *
hydromorphone supp & sol
levorphanol
meperidine (*Demerol*)
morphine supp
oxycodone/ibuprofen (*Combunox*)
oxymorphone (*Opana*)
Abstral *
Ibudone
Nucynta
Onsolis *
Oxecta
Primlev
Rybix ODT
Subsys
Zamicet
Zolvit

Anti-Hyperuricemics

Preferred

allopurinol (*Zyloprim*)
probenecid
probenecid/colchicine

Requires Prior Authorization

Colcrys
Uloric

* Clinical criteria apply. View criteria at: www.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx

ANALGESIC

Anti-Migraine Agents

Preferred

sumatriptain (*Imitrex*)
Relpax

Requires Prior Authorization

naratriptan (*Amerge*)
rizatriptan, rizatriptan ODT (*Maxalt, Maxalt MLT*)
zolmitriptan, zolmitriptan ODT (*Zomig, Zomig ZMT*)
Axert
Cambia
Frova
Sumavel Dosepro
Treximet
Zomig Nasal

Neuropathic Pain

Preferred

capsaicin OTC
gabapentin caps (*Neurontin*)
Cymbalta * (Brd only)
Lidoderm 5% patch (Brd only)
Lyrica caps

Requires Prior Authorization

duloxetine (*Cymbalta*) (gen only)
gabapentin tabs (*Neurontin*)
gabapentin solution
lidocaine 5% patch (gen only)
Gralise
Horizant
Lyrica solution
Quentza
Savella
Zostrix

Maryland Medicaid Preferred Drug List (effective January 1, 2014)

ANALGESIC

Nonsteroidal Anti-Inflammatories/ COX II Inhibitor (NSAIDs, Cyclooxygenase Inhibitor - Type)

Preferred

diclofenac, diclofenac XR (*Cataflam*,
Voltaren XR)
diflunisal (*Dolobid*)
etodolac, etodolac XL (*Lodine*, *Lodine XL*)
fenoprofen
flurbiprofen (*Ansaid*)
ibuprofen Rx & OTC (*Motrin*)
indomethacin, indomethacin SR
(*Indocin*, *Indocin SR*)
ketoprofen (*Orudis*, *Oruvail*)
ketorolac (*Toradol*)
meclofenamate (*Meclomen*)
meloxicam (*Mobic*)
nabumetone (*Relafen*)
naproxen OTC & Rx (*Aleve*, *Naprosyn*)
oxaprozin (*Daypro*)
piroxicam (*Feldene*)
sulindac (*Clinoril*)
Voltaren gel

Requires Prior Authorization

diclofenac/misoprostl (*Arthrotec*)
mefenamic acid (*Ponstel*)
tolmetin, tolmetin DS (*Tolectin*, *Tolectin DS*)
Celebrex
Duexis
Flector
Indocin supp & susp
Mobic susp
Pennsaid
Sprix nasal
Vimovo
Zipsor

Skeletal Muscle Relaxants

Preferred

baclofen (*Lioresal*)
carisoprodol 350mg (*Soma*)
chlorzoxazone (*Parafon*)
cyclobenzaprine (*Flexeril*)
dantrolene (*Dantrium*)
methocarbamol (*Robaxin*)
orphenadrine (*Norflex*)
tizanidine tabs (*Zanaflex*)

Requires Prior Authorization

carisoprodol 250mg (*Soma*)
carisoprodol compound (*Soma compound*)
metaxalone (Skelaxin)
orphenadrine compound (*Norflex Forte*)
tizanidine caps (*Zanaflex*)
Amrix
Fexmid
Lorzone

ANTI-INFECTIVES

Antibiotics, GI

Preferred

metronidazole tabs (*Flagyl*)
neomycin
Alinia
Vancocin (Brd only)

Requires Prior Authorization

metronidazole caps (*Flagyl caps*)
tinidazole (*Tindamax*)
vancomycin caps (*Vancocin*) (gen only)
Dificid
Flagyl ER
Xifaxan

Antibiotics, Inhaled

Preferred

TOBI Inhalation Sol (Brd only)

Requires Prior Authorization

tobramycin inhalation sol (*TOBI*)
(gen only)
Cayston
TOBI Podhaler

Antibiotics, Vaginal

Preferred

clindamycin (*Clindamax*)
metronidazole (*Metro-Gel*) (Brd & gen)
Cleocin ovules

Requires Prior Authorization

Cleocin cream
Vandazole

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

fluconazole (*Diflucan*)
griseofulvin ultra tabs (*Gris Peg*)
ketoconazole (*Nizoral*)
nystatin
terbinafine (*Lamisil*)

Requires Prior Authorization

clotrimazole troche (*Mycelex*)
flucytosine (*Ancobon*)
griseofulvin tabs & susp (*Fulvicin*,
GriFulvin V)
itraconazole (*Sporanox*)
voriconazole (*Vfend*)
Lamisil granules
Noxafil tabs & susp.
Onmel
Terbinex

ANTI-INFECTIVES

Antifungals, Topical (Topical Antifungals)

Preferred

clotrimazole OTC & Rx
clotrimazole/betamethasone (*Lotrisone*)
econazole (*Spectazole*)
ketoconazole cream & shampoo (*Nizoral*)
miconazole OTC
nystatin
nystatin/triamcinolone (*Mycolog*)
terbinafine OTC
tolnaftate aero powder
tolnaftate OTC

Requires Prior Authorization

butenafine OTC (*Mentax*)
ciclopirox (*Loprox*, *Loprox shampoo*,
Penlac)
ketoconazole foam
Bensal HP
CNL-8
Ertaczo
Exelderm
Extina
Naftin
Oxistat
Pediaderm AF
Pediprox-4
Vusion

Antiparasitics, Topical

Preferred

permethrin OTC & Rx (*Elimite*, *Acticin*)
piperonyl/pyrethrins OTC
piperonyl/pyrethrins/permethrin OTC
Eurax cream

Requires Prior Authorization

lindane
malathion (*Ovide*)
spinosad (*Natroba*)
Eurax lotion
Sklice
Ulesfia

Antivirals, Oral (Antivirals, General)

Preferred

acyclovir (*Zovirax*)
amantadine (*Symmetrel*)
rimantadine (*Flumadine*)
valacyclovir (*Valtrex*)

Requires Prior Authorization

famciclovir (*Famvir*)
Relenza
Tamiflu

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ANTI-INFECTIVES

Antivirals, Topical

Preferred

acyclovir ointment (Zovirax Ointment)
Abreva OTC
Denavir

Requires Prior Authorization

Xerese
Zovirax Cream

Cephalosporin & Related Agents

(Cephalosporins, Second & Third Generation, Penicillins)

Preferred

amoxicillin/clavulanate (*Augmentin*,
Augmentin ES)
cefaclor, cefaclor ER (*Ceclor*, *Ceclor CD*)
cefadroxil (*Duricef*)
cefdinir (*Omnicef*)
cefprozil (*Cefzil*)
cefuroxime (*Ceftin*)
cephalexin (*Keflex*)
ceftibuten (*Cedax*)
Suprax caps

Suprax tabs/solution

Requires Prior Authorization

amoxicillin/clav ER (*Augmentin XR*)
cefditoren (*Spectracef*)
cefopodoxime (*Vantin*)
Ceftin tabs/suspension
Suprax chewable

Fluoroquinolones (Quinolones)

Preferred

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

Requires Prior Authorization

ciprofloxacin ER (*Cipro XR*)
ofloxacin (*Floxin*)
Avelox
Cipro susp
Factive
Noroxin

Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)

Preferred

ribavirin (*Copegus*, *Rebetol*)
Incivek
Pegasys
Pegasys Proclick
Peg-Intron, Peg-Intron Redipen
Victrelis

Requires Prior Authorization

Infergen
Rebetol solution
Ribapak
Ribasphere

ANTI-INFECTIVES

Macrolides/Ketolides

Preferred

azithromycin (*Zithromax*)
erythromycin
E.E.S.
Ery-Tab
EryPed
Erythrocin

Requires Prior Authorization

clarithromycin, clarithromycin ER
(*Biaxin*, *Biaxin XL*)
Ketek
PCE
Zmax

Tetracyclines

Preferred

doxycycline hyclate (*Vibramycin*)
doxycycline monohydrate (*Monodox*)
minocycline (*Minocin*)
tetracycline (*Sumycin*)

Requires Prior Authorization

demeclocycline (*Declomycin*)
doxycycline hyclate DR (*Doryx*)
doxycycline monohydrates sol (*Vibramycin*)
minocycline ER
Adoxa
Morgidox
Oracea
Solodyn

Topical Antibiotics

Preferred

bacitracin OTC
bacitracin/polymyxin OTC
gentamicin
mupirocin (*Bactroban Ointment*)
triple antibiotic OTC

Requires Prior Authorization

Mupirocin cream (*Bactroban cream*)
Altabax
Centany

CARDIOVASCULAR

Angiotensin Modulators Combinations

Preferred

amlodipine/benazepril (*Lotrel*)
Azor/Tribenzor
Exforge/Exforge HCT

Requires Prior Authorization

Tarka
Tekamlo/Amturide
Twynsta

CARDIOVASCULAR

Angiotensin Modulators

Preferred

benazepril, benazepril HCTZ (*Lotensin*,
Lotensin HCT)
captopril, captopril HCTZ (*Capoten*,
Capozide)
enalapril, enalapril HCTZ (*Vasotec*,
Vaseretic)
fosinopril, fosinopril HCTZ (*Monopril*,
Monopril HCT)
irbesartan, irbesartan HCTZ
(*Avapro*, *Avalide*)
lisinopril, lisinopril HCTZ (*Prinivil*,
Zestril, *Prinzide*, *Zestoretic*)
losartan, losartan HCTZ (*Cozaar*, *Hyzaar*)
quinapril, quinapril HCTZ (*Accupril*,
Accuretic)
ramipril (*Altace*)
valsartan HCTZ (*Diovan HCT*)
Diovan

Requires Prior Authorization

candesartan, candesartan HCTZ
(*Atacand*, *Atacand HCT*)
eprosartan (*Teveten*)
moexipril, moexipril HCTZ (*Univasc*,
Uniretic)
perindopril (*Aceon*)
trandolapril (*Mavik*)
Benicar, Benicar HCT
Edarbi, Edarbyclor
Micardis, Micardis HCT
Tekturna, Tekturna HCT
Teveten HCT

Anticoagulants

Preferred

warfarin (*Coumadin*)
Fragmin
Lovenox (Brd only)

Requires Prior Authorization

enoxaparin (gen only)
fondaparinux (*Arixtra*)
Eliquis
Pradaxa
Xarelto

Antihypertensives, Sympatholytics

Preferred

clonidine oral (*Catapres*)
guanfacine (*Tenex*)
methyldopa (*Aldomet*)
methyldopa HCTZ (*Aldoril*)
Catapres-TTS (Brd only)

Requires Prior Authorization

clonidine transdermal (gen only)
reserpine
Clorpres

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CARDIOVASCULAR

Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)

Preferred

atenolol (*Tenormin*)
 atenolol/chlorthalidone (*Tenoretic*)
 bisoprolol HCTZ (*Ziac*)
 carvedilol (*Coreg*)
 labetalol (*Normodyne, Trandate*)
 metoprolol tartrate (*Lopressor*)
 nadolol (*Corgard*)
 pindolol (*Visken*)
 propranolol (*Inderal*) propranolol HCTZ (*Inderide*)
 propranolol LA (*Inderal LA*)
 sotalol, sotalol AF (*Betapace, Betapace AF*)
 Toprol XL (Brd only)

Requires Prior Authorization

acebutolol (*Sectral*)
 betaxolol (*Kerlone*)
 bisoprolol (*Zebeta*)
 metoprolol HCTZ (*Lopressor HCT*)
 metoprolol succinate XL (*Toprol XL*) (gen only)
 nadolol/bendroflumethizide (*Corzide*)
 timolol (*Blocadren*)
 Bystolic
 Coreg CR
 Dutropol
 Innopran XL
 Levatol

Calcium Channel Blocking Agents

Preferred

amlodipine (*Norvasc*)
 diltiazem (*Cardizem*)
 nifedipine (*Cardene*)
 nifedipine SR (*Adalat CC, Procardia XL*)
 verapamil (*Calan*)
 verapamil ER, verapamil SR (*Calan SR, Verelan*)
 Cardizem LA (Bd only)

Requires Prior Authorization

diltiazem ER caps (*Cardizem LA, Dilacor XR, Tiazac*)
 felodipine (*Plendil*)
 isradipine (*Dynacirc*)
 nifedipine (*Adalat, Procardia*)
 nimodipine (*Nimotop*)
 nisoldipine (*Sular*)
 verapamil ER caps (*Verelan PM*)
 DynaCirc CR
 Matzim LA (gen only)
 Nymalize

CARDIOVASCULAR

Bile Salt Sequestrants)

Preferred

cholestyramine (*Questran, Light*)
 fenofibric acid (*Trilipix*)
 gemfibrozil (*Lopid*)
 niacin ER (*Niaspan ER*)
 Niacor
 Tricor (Brand only)

Requires Prior Authorization

colestipol (*Colestid*)
 fenofibrate (*Lofibra*)
 fenofibrate nanocrystals (*Tricor*) (gen only)
 fenofibric acid (*Fibricor*)
 Lipofen
 Lovaza
 Triglide
 Welchol
 Zetia

Lipotropics, Statins (Lipotropics)

Preferred

atorvastatin (*Lipitor*)
 fluvastatin (*Lescol*)
 lovastatin (*Mevacor*)
 pravastatin (*Pravachol*)
 simvastatin (*Zocor*)
 Lescol XL
 Simcor

Requires Prior Authorization

amlodipine/atorvastatin (*Caduet*)
 Advicor
 Altoprev
 Crestor
 Liptruzet
 Livalo
 Vytorin

Platelet Aggregation Inhibitors

Preferred

clopidogrel (*Plavix*)
 dipyridamole (*Persantine*)
 ticlopidine (*Ticlid*)
 Aggrenox

Requires Prior Authorization

Brilinta
 Effient



GO GREEN!

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CARDIOVASCULAR

Pulmonary Arterial Hypertension Agents, Oral and Inhaled Agents

Preferred

sildenafil* (*Revatio*)
 Adcirca *
 Letairis
 Tracleer
 Ventavis

Requires Prior Authorization

Tyvaso

CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

carbamazepine tabs (*Tegretol*)
 clonazepam (*Klonopin*)
 divalproex (*Depakote, Depakote ER*)
 lamotrigine (*Lamictal*)
 levetiracetam (*Keppra*)
 oxcarbazepine tabs (*Trileptal*)
 phenobarbital
 phenytoin (*Dilantin, Dilantin Infatabs*)
 primidone (*Mysoline*)
 topiramate (*Topamax*)
 valproic acid (*Depakene*)
 zonisamide (*Zonegran*)
 Carbatrol (Brd only)
 Celontin
 Depakote sprinkle (Brd only)
 Diastat rectal (Brd only)
 Gabitril (Brd only)
 Peganone
 Tegretol susp (Brd only)
 Trileptal susp (Brd only)

Requires Prior Authorization

carbamazepine ER caps (*Carbatrol*) (gen only)
 carbamazepine susp (*Tegretol susp*) (gen only)
 carbamazepine XR (*Tegretol XR*)
 clonazepam ODT (*Klonopin ODT*)
 diazepam rectal (*Diastat*) (gen only)
 divalproex sprinkles (*Depakote sprinkles*) (gen only)
 ethosuximide (*Zarontin*)
 felbamate (*Felbatol*)
 lamotrigine ER (*Lamictal XR*)
 levetiracetam ER (*Keppra XR*)
 oxcarbazepine susp (*Trileptal susp*)
 tiagabine (*Gabitril*) (gen only)
 topiramate sprinkles (*Topamax*)
 Banzel
 Equetro
 Lamictal ODT
 Onfi
 Phenytek
 Potiga
 Sabril
 Stavzor
 Trokendi XR
 Vimpat

* Clinical criteria apply. View criteria at: <http://mmcp.dhmh.maryland.gov/pap/docs/PAH-Drugs-PA-form.pdf>.

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CENTRAL NERVOUS SYSTEM

Antidepressants, Other (Alpha-2 Receptor Antagonist Antidepressants, Serotonin-2 Antagonist/ Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake-Inhib, Norepinephrine & Dopamine Reuptake Inhib)

Preferred

bupropion, bupropion SR, bupropion XL (*Wellbutrin, Wellbutrin SR, Wellbutrin XL*)
mirtazapine, mirtazapine soltab (*Remeron, Remeron Soltab*)
phenelzine (*Nardil*)
trazodone (*Desyrel*)
venlafaxine (*Effexor*)
venlafaxine ER caps (*Effexor XR*)
Marplan
Parnate (Brd only)

Requires Prior Authorization

nefazodone (*Serzone*)
tranylcypromine (gen only)
venlafaxine ER tabs
Aplenzin
Emsam
Forfivo XL
Oleptro ER
Pristiq
Viibryd

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

citalopram (*Celexa*)
escitalopram (*Lexapro*)
fluoxetine (all strengths except 60mg) (*Prozac, Sarafem*)
fluvoxamine (*Luvox*)
paroxetine (*Paxil*)
sertraline (*Zoloft*)

Requires Prior Authorization

fluoxetine 60 mg
fluoxetine weekly (*Prozac weekly*)
fluvoxamine ER (*Luvox CR*)
paroxetine CR (*Paxil CR*)
Brisdelle
Paxil susp
Pexeva

* Clinical criteria apply. View criteria at: www.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx

** Additional clinical edits may apply to Tier 2 products. An adequate trial of a Tier 1 preferred drug is required prior to use of any Tier 2 product.

*** Step therapy may allow it to process without a prior authorization.

**** For recipients 6-17 years old, *Intuniv* and *Kapvay* are part of the mental health formulary & billed fee-for-service. For individuals not in this age range, it continues to be part of the MCO pharmacy benefit.

CENTRAL NERVOUS SYSTEM

Antipsychotics

Preferred

FIRST TIER:
chlorpromazine (*Thorazine*)
clozapine (*Clozaril*)
fluphenazine (*Prolixin*)
fluphenazine decanoate inj (*Prolixin Inj*)
haloperidol (*Haldol*)
haloperidol decanoate inj (*Haldol IM*)
perphenazine (*Trilafon*)
perphenazine/amitriptyline (*Triavil*)
quetiapine (*Seroquel*)
risperidone (*Risperdal*)
thioridazine (*Mellaril*)
thiothixene (*Navane*)
trifluoperazine (*Stelazine*)
ziprasidone (*Geodon*)
Abilify (Age 17 and younger)

Abilify Maintena
Geodon IM
Invega Sustenna
Orap
Risperdal Consta
SECOND TIER: **
olanzapine (*Zyprexa*)
olanzapine IM (*Zyprexa IM*)
olanzapine ODT (*Zyprexa Zydis*)
Abilify (Age 18 or older)
Latuda

Requires Prior Authorization

clozapine ODT (*Fazaclio*)
olanzapine/fluoxetine (*Symbyax*)
Fanapt
Invega
Saphris
Seroquel XR
Zyprexa Relprevv

Sedative Hypnotics

Preferred

chloral hydrate
flurazepam (*Dalmane*)
temazepam, 15 mg, 30 mg (*Restoril*)
triazolam (*Halcion*)
zaleplon (*Sonata*)
zolpidem (*Ambien*)

Requires Prior Authorization

estazolam (*ProSom*)
temazepam 7.5 & 22.5mg (*Restoril*)
zolpidem ER (*Ambien CR*)
Doral
Edluar
Intermezzo
Lunesta ***
Rozerem
Silenor
Somnote
Zolpimist

CENTRAL NERVOUS SYSTEM

Stimulants & Related Agents

(Tx for Attention Deficit Hyperact (ADHD); Narcolepsy; Adrenergics, Aromatic, Non-Catecholamine)

Preferred

FIRST TIER:
amphetamine salt combo (*Adderall*)
dextroamphetamine tabs (*Dexedrine*)
methylphenidate, methylphenidate ER (*Ritalin, Ritalin-SR*)
methylphenidate CR (*Concerta*)
Adderall XR (Brd only)
Daytrana
Dexedrine ER caps (Brd only)
Focalin tabs (Brd only)
Focalin XR (Brd only)
Intuniv **
Metadate CD (Brd only)
Methylin sol (Brd only)
Quillivant XR
Ritalin LA (Brd only)
Vyvanse
SECOND TIER:
Strattera * (for ages 17 and under)

Requires Prior Authorization

amphetamine salt combo ER (*Adderall XR*) (gen only)
clonidine ER (*Kapvay*) ****
dexmethylphenidate tabs & XR (*Focalin*) (gen only)
dextroamphetamine ER caps (*Dexedrine ER*) (gen only)
dextroamphetamine sol (*Procentra*)
methamphetamine (*Desoxyn*)
methylphenidate CD caps (*Metadate CD*) (gen only)
methylphenidate liquid (*Methylin*) (gen only)
methylphenidate ER caps (*Ritalin LA*) (gen only)
modafinil (*Provigil*)
Methylin chew
Nuvigil

ENDOCRINE

Androgenic Agents

Preferred

Androgel
Testim

Requires Prior Authorization

Androderm
Axiron
Fortesta

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ENDOCRINE

Bone Resorption Suppression & Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents - Parathyroid Hormone)

Preferred

alendronate (*Fosamax*)
calcitonin salmon nasal (*Miacalcin*)
Fortical

Requires Prior Authorization

alendronate sol (*Fosamax sol*)
etidronate (*Didronel*)
ibandronate (*Boniva*)
Actonel
Atelvia
Binosto
Evista
Forteo
Fosamax Plus D
Prolia

Hypoglycemics, Incretin Mimetics & Enhancers

Preferred

Byetta
Janumet
Janumet XR
Januvia
Jentadueto
Symlin
Tradjenta

Requires Prior Authorization

Bydureon
Kazano
Kombiglyze XR
Nesina
Onglyza
Oseni
Victoza

Hypoglycemics, Insulins

Preferred

Humalog, Humalog Mix
Humulin
Lantus
Levemir
Novolin
Novolog, Novolog Mix

Requires Prior Authorization

Apidra

Hypoglycemics, Meglitinides

(Hypoglycemics, Insulin Release Stimulant Type)

Preferred

nateglinide (*Starlix*)
repaglinide (*Prandin*)

Requires Prior Authorization

Prandimet

ENDOCRINE

Hypoglycemics, TZDs

(Hypoglycemics, Insulin-Response Enhancers)

Preferred

pioglitazone (*Actos*)
pioglitazone/glimepiride (*Duetact*)

Requires Prior Authorization

pioglitazone/metformin (*ActoPlusMet*)
ActoPlusMet XR
Avandamet
Avandaryl
Avandia

GASTROINTESTINAL

Antiemetic/Antivertigo Agents

Preferred

dimenhydrinate Rx & OTC
meclizine Rx & OTC (*Bonine, Antivert*)
metoclopramide (*Reglan*)
ondansetron (*Zofran, Zofran ODT*)
prochlorperazine (*Compazine, Compro*)
promethazine (*Phenergan*)
Emend caps
Marinol (Brd only)
TransDerm-Scop

Requires Prior Authorization

dronabinol (gen only)
granisetron (*Kytril*)
trimethobenzamide (*Tigan*)
Aloxi
Anzemet
Cesamet
Diclegis
Emend IV
Metozolv ODT
Sancuso

Bile Salts

Preferred

ursodiol capsule (*Actigall*)

Requires Prior Authorization

ursodiol tab (*URSO Forte*)
Chenodal

Pancreatic Enzymes

Preferred

pancrelipase
Creon
Zenpep

Requires Prior Authorization

Pancreaze
Pertyze
Ultresa
Viokace

GASTROINTESTINAL

Phosphate Binders & Related Agents

Preferred

calcium acetate (*PhosLo*)
Calphron OTC

Requires Prior Authorization

Eliphos
Fosrenol
Magnebind 400 RX
Phoslyra
Renagel
Renvela

Proton Pump Inhibitors

(Gastric Acid Secretion Reducers)

Preferred

lansoprazole Rx & OTC (*Prevacid*)
omeprazole (*Prilosec*)
pantoprazole (*Protonix*)
Prevacid solutab
Protonix Suspension

Requires Prior Authorization

omeprazole/sodium bicarb (*Zegerid OTC*)
rabeprazole (*Aciphex*)
Dexilant
Nexium
Prilosec Suspension

Ulcerative Colitis Agents

Preferred

balsalazide (*Colaza*)
sulfasalazine, sulfasalazine DR
(*Azulfidine, Azulfidine DR*)
Asacol
Canasa
Delzicol

Requires Prior Authorization

mesalamine enemas (*Rowasa*)
Apriso
Asacol HD
Dipentum
Giazo
Lialda
Pentasa
Rowasa, sFRowasa



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Maryland Medicaid Preferred Drug List (effective January 1, 2014)

IMMUNOLOGICS

Immunosuppressives, Oral

Preferred

azathioprine (*Imuran*)
 cyclosporine modified (*Gengraf, Neoral*)
 mycophenolate mofetil (*Cellcept*)
 tacrolimus (*Prograf*)
 Rapamune
 Sandimmune (Brd only)

Requires Prior Authorization

cyclosporine (gen only)
 Azasan
 Myfortic
 Zortress

INJECTABLES

Colony Stimulating Factors

Preferred

Neupogen

Requires Prior Authorization

Leukine
 Neulasta

Cytokine & CAM Antagonists

(AntiInflammatory, Pyrimidine Synthesis Inhibitor, Anti-Inflammatory, Tumor Necrosis Factor Inhibitor, Anti-Flam, Interleukin-1 Receptor Antagonist, Drugs to Tx Chronic Inflamm Disease of Colon, Antimetabolites)

Preferred

Enbrel
 Humira

Requires Prior Authorization

Actemra
 Cimzia
 Kineret
 Orencia
 Remicade
 Simponi
 Stelara
 Xeljanz

Erythropoietins (Hematinics, Other)

Preferred

Aranesp
 Procrit

Requires Prior Authorization

Epogen

Growth Hormones (Clinical PA Required)

Preferred

Genotropin
 Norditropin
 Nutropin, Nutropin AQ

Requires Prior Authorization

Humatrope
 Omnitrope
 Saizen
 Serostim
 Tev-Tropin

NEUROLOGICS

Alzheimer's Agents

Preferred

donepezil, donepezil ODT (all strengths except 23 mg) (*Aricept, Aricept ODT*)
 rivastigmine (*Exelon*)
 Exelon Patch
 Namenda

Requires Prior Authorization

donepezil (23 mg) (*Aricept*)
 galantamine (*Razadyne ER*)
 Exelon solution
 Namenda XR

Anti-Parkinson's Agents

Preferred

benztropine (*Cogentin*)
 levodopa/carbidopa IR & ER (*Sinemet, Sinemet CR*)
 levodopa/carbidopa/entacapone (*Stalevo*)
 pramipexole (*Mirapex*)
 ropinirole (*Requip*)
 selegiline tabs (*Eldepryl*)
 trihexyphenidyl (*Artane*)

Requires Prior Authorization

bromocriptine (*Parlodel*)
 entacapone (*Comtan*)
 levodopa/carbidopa ODT (*Parcopa*)
 ropinirole ER (*Requip XL*)
 selegiline caps (*Eldepryl*)
 Azilect
 Mirapex ER
 Neupro
 Tasmar
 Zelapar

Multiple Sclerosis Agents

Preferred

Avonex
 Betaseron
 Copaxone
 Rebif

Requires Prior Authorization

Ampyra
 Aubagio
 Extavia
 Gilenya
 Tecfidera

OPHTHALMICS

Ophthalmics, Allergic Conjunctivitis

(Eye AntiInflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)

Preferred

cromolyn (*Crolom*)
 ketotifen OTC (*Zaditor OTC*)
 Alrex
 Pataday

Requires Prior Authorization

azelastine (*Optivar*)
 epinastine (*Elestat*)
 Alocril
 Alomide
 Bepreve
 Emadine
 Lastacaft
 Patanol

Ophthalmics, Antibiotics

Preferred

bacitracin/polymixin
 ciprofloxacin solution (*Ciloxan*)
 erythromycin
 gentamicin drops (*Garamycin*)
 neomycin/polymixin/gramicidin (*Neosporin*)
 ofloxacin (*Ocuflox*)
 polymyxin/trimethoprim (*Polytrim*)
 sulfacetamide sol (*Bleph-10*)
 tobramycin drops (*Tobrex*)
 triple antibiotic
 Ciloxan ointment
 Moxeza
 Tobrex ointment
 Vigamox

Requires Prior Authorization

bacitracin
 gatifloxacin (*Zymaxid*)
 levofloxacin (*Quixin*)
 sulfacetamide ointment
 AzaSite
 Besivance
 Natacyn



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Maryland Medicaid Preferred Drug List (effective January 1, 2014)

OPHTHALMICS

Ophthalmics, Antibiotic/Steroid Combinations

Preferred

neomycin/bacitracin/polymyxin/HC
neomycin/polymyxin/dexamethasone
(*Maxitrol*)
sulfacetamide/prednisolone
Blephamide
Pred-G
Tobradex susp (Brd only)
Tobradex ointment

Requires Prior Authorization

neomycin/polymyxin/HC
tobramycin/dexamethasone susp
(gen only)
Tobradex ST
Zylet

Ophthalmics, Glaucoma Agents

Preferred

betaxolol
brimonidine (*Alphagan P 0.1%*)
carteolol (*Ocupress*)
dorzolamide (*Trusopt*)
dorzolamide/timolol (*Cosopt*)
latanaprost (*Xalatan*)
levobunolol (*Betagan*)
metipranolol (*OptiPranolol*) (Brd & gen)
pilocarpine (*Pilocar*)
timolol (*Timoptic, Timoptic XE*)
Alphagan P 0.15% (Brd only)
Azopt
Betimol
Betoptic S
Istalol
Simbrinza
Travatan Z

Requires Prior Authorization

apraclonidine (*Iopidine*)
brimonidine tartrate 0.15% (*Alphagan P*)
(gen only)
travoprost
Combigan
Cosopt PF
Lumigan
Rescula
Zioptan

OPHTHALMICS

Ophthalmics, Anti-Inflammatories

Preferred

dexamethasone (*Decadron*)
diclofenac (*Voltaren*)
fluorometholone (*FML*)
flurbiprofen (*Ocufen*)
ketorolac, ketorolac LS (*Acular, Acular LS*)
prednisolone acetate (*Omnipred*)
prednisolone sodium (*Pred Forte*)

Durezol

Flarex
FML Forte
FML SOP
Lotemax Drops
Maxidex
Pred Mild

Requires Prior Authorization

bromfenac (*Xibrom*)
Acuvail
Bromday
Ilevro
Lotemax ointment & gel
Nevanac
Ozurdex
Prolensa
Retisert
Triesence
Vexol

OTIC

Otic Antibiotics

Preferred

neomycin/polymyxin/HC solution
(*Cortisporin*)
ofloxacin otic (*Floxin Otic*)
Ciprodex

Requires Prior Authorization

Cipro HC
Coly-Mycin S

RESPIRATORY

Antihistamines, Minimally Sedating

Preferred

cetirizine, cetirizine-D Rx & OTC (*Zyrtec, Zyrtec D*)
fexofenadine OTC (*Allegra*)
levocetirizine tabs (*Xyza*)
loratadine, loratadine-D Rx & OTC
(*Claritin, Claritin-D*)

Requires Prior Authorization

desloratadine (*Clarinex, Clarinex-D*)
fexofenadine (*Allegra*)
fexofenadine D, 12 & 24 hour (*Allegra-D*)
levocetirizine (Xyza)
Semprex-D

Beta₂-Agonist Bronchodilators

(Beta-Adrenergic Agents)

Preferred

albuterol neb (0.083% & 5mg/ml)
albuterol syrup & tab (*Proventil, Ventolin*)
terbutaline (*Brethine*)
Foradil
ProAir HFA
Proventil HFA

Requires Prior Authorization

albuterol ER (*Vospire ER*)
albuterol neb low dose (*Accuneb*)
levalbuterol neb (*Xopenex*)
metaproterenol (*Alupent*)
Arcapta
Brovana
Maxair
Perforomist
Serevent
Ventolin HFA
Xopenex HFA

COPD Agents

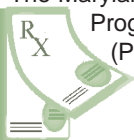
Preferred

ipratropium neb (*Atrovent*)
ipratropium neb/albuterol (*DuoNeb*)
Atrovent HFA
Combivent Respimat
Spiriva

Requires Prior Authorization

Daliresp
Tudorza

The Maryland Medicaid Pharmacy Program Preferred Drug List (PDL) is included on Epocrates and updated weekly.



Visit www.epocrates.com and click on "Epocrates Online" or "My Account" to register for your free online account.

Maryland Medicaid Preferred Drug List (effective January 1, 2014)

RESPIRATORY

Glucocorticoids, Inhaled (Beta-Adrenergics & Glucocorticoids Combination, Glucocorticoids)

Preferred

Advair Diskus, Advair HFA
Asmanex
Dulera
Flovent Diskus, Flovent HFA
Pulmicort Flexhaler
Pulmicort Respules 0.25 & 0.5 mg (Brd only) *
Qvar
Symbicort

Requires Prior Authorization

budesonide respules (generic / all ages)
Alvesco
Pulmicort 1mg respules

Intranasal Rhinitis Agents

(Nasal Anti-Inflammatory Steroids)

Preferred

fluticasone nasal (*Flonase*)
ipratropium (*Atrovent Nasal*)
Astelin (Brd only)
Astepro
Nasonex
Patanase

Requires Prior Authorization

azelastine nasal (*Astelin*) (gen only)
flunisolide (*Nasarel, Nasalide*)
triamcinolone nasal (*Nasacort AQ*) (Brd & gen only)
Beconase AQ
Dymista
Omnaris
QNasal
Rhinocort Aqua
Veramyst
Zetonna

Leukotriene Modifiers

Preferred

montelukast cher & tabs (*Singulair*)
zafirlukast (*Accolate*)

Requires Prior Authorization

montelukast granules (*Singulair Granules*)
Zyflo, Zyflo CR

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide cleanser, gel, med pad
clindamycin (all forms except foam)
erythromycin
panoxyl-8 OTC
tretinoin
tretinoin micro (*Retin-A Micro*) (all forms except pump)
Azelex
Desquam-X OTC
Differin (Brd only)
TL 4.25% BPO MX Cleanser OTC

Requires Prior Authorization

adapalene (gen only)
benzoyl peroxide OTC (all forms, strengths)
benzoyl peroxide kit, towelette
bp-10-1
cerisa
clindamycin foam
clindamycin-benzoyl peroxide
erythromycin-benzoyl peroxide
sulfacetamide
sulfacetamide/sulfur
sulfacetamide/sulfur/urea
tretinoin micro pump (*Retin-A Micro*)
Acanya
Aczone
Akne-Mycin
Atralin
Avar (all forms, strengths)
Avita
BenzaClin
Benzamycin
Benzefoam (all forms, strengths)
Cleocin T (all forms, strengths)
Clindacin Pac Kit
Clindagel
Duac
Epiduo
Evoclin
Inova (all forms, strengths)
Klaron
Ovace (all forms, strengths)
Pacnex (all forms, strengths)
Panoxyl-4 OTC
Plexicon
Prascion RA
SE BPO Cleanser
SSS 10-4
SSS 10-5 foam
Sumadan (all forms, strengths)
Sumaxin (all forms, strengths)
Tazorac (all forms, strengths)
Veltin
Ziana

TOPICAL DERMATOLOGICS

Atopic Dermatitis

Preferred

Elidel

Requires Prior Authorization

Protopic

UROLOGIC

Benign Prostatic Hyperplasia

(Alpha-Adrenergic Blocking Agents)

Preferred

alfuzosin (*Uroxatral*)
doxazosin (*Cardura*)
finasteride (*Proscar*)
tamsulosin (*Flomax*)
terazosin (*Hytrin*)

Requires Prior Authorization

Avodart
Cardura XL
Jalyn
Rapaflo

Bladder Relaxant Preparations

(Urinary Tract Antispasmodic/Antiincontinence Agent)

Preferred

oxybutynin, oxybutynin ER (*Ditropan, Ditropan XL*)
Toviaz

Requires Prior Authorization

flavoxate
tolteradine (*Detrol*)
trospium, trospium ER (*Sanctura, Sanctura ER*)
Detrol LA
Enablex
Gelnique
Myrbetriq
Oxytrol
Vesicare



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* Available without prior authorization for children 1 to 8 years of age.

Maryland's Preferred Drug List - January 1, 2014

Generic vs. Brand Status on Maryland's Preferred Drug List

Medicaid's Preferred Drug List, encompassing about 1700 drugs, covers most of the generic versions of preferred multisource brand drugs without any type of prior authorization.

If the prescription for a brand name drug is to be dispensed as written, the prescriber must complete and submit a Medwatch form (<http://mmcp.dhmh.maryland.gov/pap/docs/Maryland%20Medwatch%20Form.pdf>).

The State's clinical pharmacy team will review the Medwatch form and notify the prescriber whether the request for the brand name drug was approved or denied. The State will forward the Medwatch form to the FDA.

The Maryland Medicaid Pharmacy Program (MMPP) wants to alert you to changes in the exceptions to this rule that is included in the attached updated Preferred Drug List (PDL) that is effective January 1, 2014.

The following Brand names will be preferred over their generic equivalents:

- Cymbalta
- Focalin Tablets
- Focalin XR Capsules
- Gabitril
- Ritalin LA Capsules
- Tegretol Suspension
- Trileptal Suspension
- Tobi Inhalation Solution

Also both Nasocort AQ and its generic (triamcinolone nasal) are now non-preferred.

Not All Generics Are Preferred

In order for the State to enhance the benefit of the PDL, in some instances the multisource brand name drug is Preferred over its generic equivalents, because the branded drug is less costly than its generic counterpart. This happens most often in cases of newly released generics. When manufacturer rebates are taken into consideration, the brand name drug has a lower net cost

to the State. When the brand name drug is Preferred, no Medwatch nor authorization is needed (*unless the Program has established clinical criteria for the drug*). Enter a **DAW code of 6** on the claim to have it correctly priced.

If problems are encountered during the online claim adjudication of Preferred Brands,

contact Xerox 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (*for example, if the member has primary insurance*).

The generic non-preferred exceptions are listed on the following page.

Please maintain this list for a reference together with any updates that follow.

This information is available at

www.epocrates.com

on your computer or PDA/Smartphone. Epocrates is updated weekly.

Generic Non-Preferred Exceptions

Non-Preferred Generics

adapalene
 amphetamine salt combo ER
 azelastine
 brimonidine P 0.15%
 budesonide respules
 carbamazepine XR and ER capsules
 carbamazepine suspension
 clonidine patches
 cyclosporine
 dexmethylphenidate tablets
 dexmethylphenidate XR caps
 dextroamphetamine
 diazepam rectal
 diltiazem ER
 divalproex sprinkles
 dronabinol
 duloxetine delayed release caps
 enoxaparin
 fenofibrate
 lidocaine 5% patch
 methylphenidate ER-LA caps
 methylphenidate CD caps
 methylphenidate liquid
 metoprolol succinate XL
 morphine sulfate ER
 oxcarbazepine suspension
 tiagabine
 tobramycin inhalation soln
 tobramycin/dexamethasone
 tranlycypromine
 vancomycin oral

Preferred Brands

Differin
 Adderall XR
 Astelin
 Alphagan P 0.15%
 Pulmicort respules
 Carbatrol ER capsules
 Tegretol suspension
 Catapres TTS patches
 Sandimmune
 Focalin tablets
 Focalin XR capsules
 Dexedrine spansules
 Diastat
 Cardizem LA
 Depakote Sprinkles
 Marinol
 Cymbalta
 Lovenox
 Tricor
 Lidoderm 5% Patch
 Ritalin LA capsules
 Metadate CD
 Methylin Oral Solution
 Toprol XL
 Kadian
 Trileptal suspension
 Gabitril
 Tobi Inhalation Solution
 Tobradex
 Parnate
 Vancocin

In the following instances, both the multisource brand and the generic are preferred and no MedWatch form is required:

Preferred Generics

metipranolol
metronidazole

Brand Also Preferred

Optipranolol
Metrogel-vaginal



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Antipsychotic Review Program Updates: Starting in Mid-January 2014

Peer Review Program:

This program will expand to cover children **under age 18** by the middle of January 2014. Please refer to this link:

<https://mmcp.dhmdh.maryland.gov/pap/SitePages/paphome.aspx>

Tier 2 and Non-Preferred Antipsychotic Review Process:

This program will cover all patients **age 18 and above** starting in the middle of January 2014. Please refer to this link at:

[http://mmcp.dhmdh.maryland.gov/pap/docs/Tier\\$202\\$20and\\$20NPD%Antipsychotic\\$20PA.pdf](http://mmcp.dhmdh.maryland.gov/pap/docs/Tier$202$20and$20NPD%Antipsychotic$20PA.pdf)



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Martin O'Malley, *Governor*
Anthony G. Brown, *Lt. Governor*
Joshua M. Sharfstein, MD, *Secretary, DHMH*

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30-day Emergency Supply of Atypical Antipsychotic Agents

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 antipsychotic*, call Xerox Technical Assistance (ACS) 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.

TELEPHONE NUMBERS

Xerox Technical Assistance
1-800-932-3918
24 hours a day, 7 days a week

Maryland Medicaid Pharmacy Access Hotline
1-800-492-5231 (*select option three*)
Monday-Friday, 8:00 am to 5:00 pm

Kidney Disease Program
1-410-767-5000 or 5002
Monday-Friday, 8:00 am to 5:00 pm

Breast & Cervical Cancer Diagnosis and Treatment
1-410-767-6787
Monday-Friday, 8:00 am to 4:30 pm

Maryland AIDS Drug Assistance Program
1-410-767-6535
Monday-Friday, 8:30 am to 4:30 pm