

Maryland Medicaid Preferred Drug List

The Maryland Medicaid Preferred Drug List (PDL) shown includes updates effective July 1, 2016. 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: 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 by the Pharmacy and Therapeutics Committee.

Key: Products in green print and underlined = 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 1-800-932-3918. A 30-day emergency supply is available for Tier 2 and Non-preferred Antipsychotic agents (more information available on page 12).

ANALGESICS	ANALGESICS	ANALGESICS
Analgesics, Narcotics (Long Acting)	Analgesics, Narcotics (Short Acting)	Analgesics, Narcotics (Short Acting) (continued)
<p>Preferred fentanyl patches (Duragesic) (All strengths except 37.5mg, 62.5mg, 87.5mg) ^{ql} morphine sulfate SR (MS Contin) ^{ql} Embeda Kadian (Brand only) ^{ql}</p> <p>Requires Prior Authorization fentanyl 37.5mg, 62.5mg, 87.5mg patches ^{ql} hydromorphone ER (Exalgo) ^{ql} methadone (Dolophine) ^{ql} morphine sulfate ER (Avinza) ^{ql} morphine sulfate ER (Kadian) (generic only) ^{ql} oxycodone ER (Opana ER) ^{ql} tramadol ER (Conzip, Ryzolt, Ultram ER) ^{ql} Belbuca ^{ql} Butrans ^{ql} Hysingla ER ^{cc,ql} Nucynta ER ^{ql} Oxycontin ^{ql} Zohydro ER ^{cc,ql}</p>	<p>Preferred apap w/codeine (Tylenol w/codeine) ^{ql} butalbital/apap/codeine/caffeine ^{ql} butalbital/aspirin/codeine/caffeine ^{ql} codeine tablets hydrocodone/apap tablets (Vicodin) ^{ql} hydrocodone/ibuprofen (Vicoprofen) hydromorphone tablets (Dilaudid) morphine sulfate tablets and solution oxycodone capsules, tablets and solution oxycodone/apap (Percocet) ^{ql} tramadol (Ultram) ^{ql} tramadol/apap (Ultracet) ^{ql}</p>	<p>Requires Prior Authorization butorphanol nasal spray carisoprodol/codeine/aspirin dihydrocodeine/aspirin/caffeine (Synalgos DC) fentanyl buccal (Actiq) ^{cc,ql} hydrocodone/apap solution hydromorphone suppositories and solution levorphanol meperidine (Demerol) morphine suppositories oxycodone concentrated solution oxycodone/aspirin (Percodan) oxycodone/ibuprofen (Combunox) oxycodone (Opana) pentazocine/naloxone (Talwin NX) Abstral ^{cc,ql} Fentora ^{cc,ql} Lazanda ^{cc,ql} Nucynta Primlev ^{ql} Subsys ^{cc,ql} Xartemis XR ^{cc,ql}</p>

ANALGESICS

Anti-Migraine Agents

Preferred

rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT)^{ql}
sumatriptan (Imitrex)^{ql}
Relpax^{ql}

Requires Prior Authorization

almotriptan (Axert)^{ql}
naratriptan (Amerge)^{ql}
zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT)^{ql}
Frova^{ql}
Sumavel
Treximet^{ql}
Zecuity^{ql}
Zomig nasal^{ql}

Neuropathic Pain

Preferred

capsaicin OTC
duloxetine (Cymbalta)^{cc,ql}
gabapentin capsules (Neurontin)
lidocaine patch
Lyrica capsules^{ql}

Requires Prior Authorization

gabapentin tablets and solution (Neurontin)
Gralise
Horizant
Irenka^{ql}
Lyrica solution
Qutenza
Savella

ANALGESICS

Nonsteroidal Anti-Inflammatories (NSAIDs)

Preferred

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

Requires Prior Authorization

celecoxib (Celebrex)
diclofenac solution (Pennsaid)
diclofenac/misoprostol (Arthrotec)
mefenamic acid (Ponstel)
tolmetin, tolmetin DS (Tolectin, Tolectin DS)
Dermacinrx Lexitral
Duexis
Flector
Indocin suppositories and suspension
Sprix
Tivorbex
Vimovo
Zipsor
Zorvolex

Opiate Dependence Treatments

Preferred

buprenorphine (Subutex)^{cc,ql}
naloxone (Narcan)
naltrexone (Revia)^{cc}
Narcan nasal spray
Zubsolv^{ql}

Requires Prior Authorization

buprenorphine/naloxone tablets (Suboxone)^{ql}
Bunavail^{ql}
Evzio^{cc}
Suboxone film^{ql}
Vivitrol^{cc,ql}

ANALGESICS

Skeletal Muscle Relaxants

Preferred

baclofen (Lioresal)
chlorzoxazone (Parafon)
cyclobenzaprine (Flexeril)
dantrolene (Dantrium)
methocarbamol (Robaxin)
orphenadrine (Norflex)
tizanidine tablets (Zanaflex)

Requires Prior Authorization

carisoprodol 250mg (Soma)
carisoprodol 350 mg (Soma)
carisoprodol compound (Soma Compound)
metaxalone (Skelaxin)
tizanidine capsules (Zanaflex)
Amrix
Lorzone

ANTI-INFECTIVES

Antibiotics, GI

Preferred

metronidazole tablets (Flagyl)
neomycin
vancomycin capsules (Vancocin)
Alinia

Requires Prior Authorization

metronidazole capsules (Flagyl capsules)
paramomycin
tinidazole (Tindamax)
Difficid^{cc,ql}
Flagyl ER
Xifaxan^{cc,ql}

Antibiotics, Inhaled

Preferred

Bethkis^{cc,ql}
Kitabis Pak (**Brand only**)^{cc,ql}
Tobi Podhaler (**Step therapy**)^{cc,ql}

Requires Prior Authorization

tobramycin inhalation solution (Tobi)^{cc,ql}
tobramycin pak (Kitabis) (generic only)^{cc,ql}
Cayston^{cc,ql}

Antibiotics, Topical

Preferred

bacitracin OTC
bacitracin/polymyxin OTC
gentamicin
mupirocin ointment (Bactroban ointment)
triple antibiotic OTC

Requires Prior Authorization

mupirocin cream (Bactroban cream)
Altabax
Centany

ANTI-INFECTIVES

Antibiotics, Vaginal

Preferred

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

Requires Prior Authorization

Nuessa
Vandazole

Antifungals, Oral

Preferred

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

Requires Prior Authorization

flucytosine (Ancobon)
griseofulvin tablets (Gris Peg, GriFulvin V)
itraconazole (Sporanox)
voriconazole (Vfend)
Cresemba
Lamisil granules
Noxafil
Onmel
Oravig
Terbinex

Antifungals, Topical

Preferred

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

Requires Prior Authorization

ciclopirox (Loprox, Loprox Shampoo, Penlac)
econazole (Spectazole)
ketoconazole foam (Ketodan)
naftifine (Naftin)
Bensal HP
CNL-8
Ertaczo
Exelderm
Jublia
Kerydin
Lotrimin AF
Luzu ^{cc,q1}
Oxistat
Pediaderm AF
Vusion

ANTI-INFECTIVES

Antiparasitics, Topical

Preferred

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

Requires Prior Authorization

lindane
malathion (Ovide)
spinosad (Natroba)
Eurax
Sklice ^{cc,q1}

Antivirals, Oral

Preferred

acyclovir (Zovirax)
rimantadine (Flumadine)
valacyclovir (Valtrex)

Requires Prior Authorization

famciclovir (Famvir)
Relenza
Sitavig
Tamiflu

Antivirals, Topical

Preferred

Abreva OTC
Denavir
Zovirax cream

Requires Prior Authorization

acyclovir ointment (Zovirax ointment)
Xerese

Cephalosporin and Related Agents

Preferred

amoxicillin/clavulanate (Augmentin,
Augmentin ES)
cefaclor, cefaclor ER (Ceclor, Ceclor CD)
cefadroxil capsules (Duricef)
cefdinir (Omnicef)
cefixime suspension (Suprax)
cefprozil (Cefzil)
cefuroxime tablets (Ceftin)
cephalexin (Keflex)
Suprax capsules

Requires Prior Authorization

amoxicillin/clavulanate ER (Augmentin XR)
cefadroxil suspension and tablets (Duricef)
cefepodoxime (Vantin)
ceftibuten (Cedax)
Ceftin suspension
Suprax tablets

ANTI-INFECTIVES

Fluoroquinolones

Preferred

ciprofloxacin tablets (Cipro)
levofloxacin tablets (Levaquin)

Requires Prior Authorization

ciprofloxacin ER (Cipro XR)
ciprofloxacin suspension (Cipro)
levofloxacin solution (Levaquin)
moxifloxacin (Avelox)
ofloxacin (Floxin)

Hepatitis B Agents

Preferred

Baraclude (**Brand only**)
Epiriv HBV (**Brand only**)
Hepsera (**Brand only**)

Requires Prior Authorization

adefovir (Hepsera) (**generic only**)
entecavir (Baraclude) (**generic only**)
lamivudine (Epiriv HBV) (**generic only**)
Tyzeka

Hepatitis C Agents

Preferred

ribavirin (Copegus, Rebetol)
Daklinza ^{cc}
Harvoni ^{cc}
Pegasys
PegIntron
Sovaldi ^{cc}
Technivie ^{cc}
Viekira Pak ^{cc}
Zepatier ^{cc}

Requires Prior Authorization

Moderiba
Olysio ^{cc}
Rebetol solution
Ribapack
Ribasphere

Macrolides/Ketolides

Preferred

azithromycin (Zithromax)
clarithromycin tablets (Biaxin)
erythromycin base capsule DR
E.E.S.
EryPed
Ery-Tab
Erythrocin

Requires Prior Authorization

clarithromycin suspension (Biaxin)
clarithromycin ER (Biaxin XL)
erythromycin base tablet
Ketek
PCE
Zmax

ANTI-INFECTIVES

Tetracyclines

Preferred

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

Requires Prior Authorization

demeclocycline (Declomycin)
doxycycline hyclate DR (Doryx)
doxycycline monohydrate 40 mg, 75mg,
150mg (Oracea, Monodox, Adoxa)
doxycycline monohydrate suspension
(Vibramycin)
minocycline tablets
minocycline ER (Solodyn)
Vibramycin syrup

BLOOD MODIFIERS

Anti-Hyperuricemics

Preferred

allopurinol (Zyloprim)
probenecid
probenecid/colchicine

Requires Prior Authorization

colchicine (Colcrys)

Mitigare

Uloric

Colony Stimulating Factors

Preferred

Granix
Neupogen

Requires Prior Authorization

Leukine
Neulasta

Erythropoietins

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epogen
Mircera

BLOOD MODIFIERS

Phosphate Binders and Related Agents

Preferred

calcium acetate (PhosLo)
calphron OTC

Requires Prior Authorization

Auryxia
Fosrenol
Magnebind 400 Rx
Phoslyra
Renagel
Renvela
Velphoro

CARDIOVASCULAR

Angiotensin Modulator Combinations

Preferred

amlodipine/benazepril (Lotrel)
amlodipine/valsartan,
amlodipine/valsartan/HCTZ (Exforge,
Exforge HCT)

Requires Prior Authorization

telmisartan/amlodipine (Twynta)
trandolapril/verapamil (Tarka)
Azor/Tribenzor

Prestalia

Tekamlo/Amturnide

Angiotensin Modulators

Preferred

benazepril, benazepril/HCTZ (Lotensin,
Lotensin HCT)
captopril/HCTZ (Capozide)
enalapril, enalapril/HCTZ (Vasotec,
Vaseretic)
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, valsartan/HCTZ (Diovan,
Diovan HCT)

Entresto^{cc}

CARDIOVASCULAR

Angiotensin Modulators (continued)

Requires Prior Authorization

candesartan, candesartan/HCTZ (Atacand,
Atacand HCT)

captopril

eprosartan (Teveten)
fosinopril, fosinopril/HCTZ (Monopril,
Monopril HCT)

moexipril, moexipril/HCTZ (Univasc,
Uniretic)

perindopril (Aceon)

telmisartan, telmisartan/HCTZ (Micardis,
Micardis HCT)

trandolapril (Mavik)

Benicar, Benicar HCT

Edarbi, Edarbyclor

Epaned

Tekturna, Tekturna HCT

Anticoagulants

Preferred

enoxaparin (Lovenox)^{ql}
warfarin (Coumadin)
Fragmin^{ql}

Requires Prior Authorization

fondaparinux (Arixtra)^{ql}
Eliquis
Pradaxa^{ql}
Savaysa
Xarelto

Antihypertensives, Sympatholytics

Preferred

clonidine oral (Catapres)
guanfacine (Tenex)
methyldopa (Aldomet)
methyldopa/HCTZ (Aldoril)
Catapres TTS (**Brand only**)^{ql}

Requires Prior Authorization

clonidine patch (**generic only**)^{ql}
reserpine
Clorpres

CARDIOVASCULAR

Beta Blockers

Preferred

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

Requires Prior Authorization

acebutolol (*Sectral*)
 betaxolol (*Kerlone*)
 bisoprolol (*Zebeta*)
 metoprolol/HCTZ (*Lopressor HCT*)
nadolol (*Corgard*)
 nadolol/bendroflumethiazide (*Corzide*)
 timolol (*Blocadren*)
 Bystolic
 Coreg CR
 Dutoprol
 Hemangeol
 Levatol
 Sotylize

Calcium Channel Blocking Agents

Preferred

amlodipine (Norvasc)
 diltiazem (Cardizem)
diltiazem ER capsules (*Cardizem CD, Tiazac*)
 nifedipine (Cardene)
nifedipine (*Adalat, Procardia*)
 nifedipine ER (Adalat CC, Procardia XL)
 verapamil (Calan)
 verapamil ER tablets (Calan SR, Verelan)

Requires Prior Authorization

diltiazem ER tablets (*Cardizem LA*)
 felodipine (*Plendil*)
 isradipine (*Dynacirc*)
 nimodipine (*Nimotop*)
 nisoldipine (*Sular*)
 verapamil ER capsules (*Verelan PM*)
 Nymalize

Lipotropics, Other

Preferred

colestipol tablet (Colestid)
 cholestyramine (Questran)
 fenofibrate nanocrystals (Tricor)
 fenofibric acid (Trilipix)
 gemfibrozil (Lopid)
 niacin ER (Niaspan ER)
 Niacor

CARDIOVASCULAR

Lipotropics, Other (continued)

Requires Prior Authorization

colestipol granules (*Colestid*)
 fenofibrate (*Antara, Fenoglide, Lipofen, Lofibra*)
 fenofibric acid (*Fibracor*)
 omega 3 ethyl esters (*Lovaza*)
 Juxtapid
 Kynamro
 Praluent^{cc}
 Repatha^{cc}
 Triglide
 Vascepa
 Welchol
 Zetia

Lipotropics, Statins

Preferred

atorvastatin (Lipitor)
 lovastatin (Mevacor)
 pravastatin (Pravachol)
 simvastatin (Zocor)

Requires Prior Authorization

amlodipine/atorvastatin (*Caduet*)
 fluvastatin, fluvastatin ER (*Lescol, Lescol XL*)
 rosuvastatin (*Crestor*)
 Advicor
 Altoprev
 Liptruzet
 Livalo
 Simcor
 Vytorin

Platelet Aggregation Inhibitors

Preferred

clopidogrel (Plavix)^{q1}
 dipyridamole (Persantine)^{q1}
 ticlopidine (Ticlid)

Requires Prior Authorization

aspirin/dipyridamole (*Aggrenox*)^{q1}
 Brilinta^{q1}
 Durlaza
 Effient^{q1}
 Zontivity

Pulmonary Arterial Hypertension, Oral and Inhaled Agents

Preferred

sildenafil (Revatio)^{cc,q1}
 Letairis
 Tracleer
 Ventavis

Requires Prior Authorization

Adcirca^{cc,q1}
 Adempas
 Opsumit
 Orenitram ER^{cc,q1}
 Revatio suspension^{cc,q1}
 Tyvaso^{cc}
Uptravi

CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at
mmcp.dhmh.maryland.gov/pap/docs/MMPP_MHF.pdf

Anticonvulsants

Preferred

carbamazepine tablets (Tegretol)
 carbamazepine ER (Carbatrol ER)
 clonazepam (Klonopin)
 divalproex, divalproex ER (Depakote, Depakote ER)
 divalproex sprinkles (Depakote sprinkles)
 lamotrigine (Lamictal)
 levetiracetam (Keppra)
 oxcarbazepine tablets (Trileptal)
 oxcarbazepine suspension (Trileptal)
 (Brand and generic)
 phenobarbital
 phenytoin, phenytoin ER (Dilantin, Dilantin Infatabs)
 primidone (Mysoline)
 topiramate (Topamax)
 valproic acid (Depakene)
 zonisamide (Zonegran)
 Celontin
 Diastat (Brand only)
 Gabitril (Brand only)
 Peganone
 Tegretol suspension (Brand only)

Requires Prior Authorization

carbamazepine suspension (Tegretol)
 (generic only)
 carbamazepine XR (Tegretol XR)
 clonazepam ODT (Klonopin ODT)
 diazepam rectal (Diastat) (generic only)
 ethosuximide (Zarontin)
 felbamate (Felbatol)
 lamotrigine ER (Lamictal XR)
 lamotrigine ODT (Lamictal ODT)
 levetiracetam ER (Keppra XR)
 tiagabine (Gabitril) (generic only)
 topiramate ER (Qudexy XR)^{cc,q1}
 topiramate sprinkles (Topamax sprinkles)
 Aptiom^{cc}
 Banzel^{cc,q1}
 Equetro
 Fycompa^{cc}
 Onfi^{cc,q1}
 Oxtellar XR
 Potiga
 Sabril
 Stavzor
 Trokendi XR
 Vimpat

CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at mmcp.dhmm.maryland.gov/pap/docs/MMPP_MHF.pdf

Antidepressants, Other

Preferred

bupropion, bupropion SR, bupropion XL (Wellbutrin, Wellbutrin SR, Wellbutrin XL)
 mirtazapine, mirtazapine ODT (Remeron, Remeron Soltab)
 phenelzine (Nardil)
 trazodone (Desyrel)
 venlafaxine (Effexor)
 venlafaxine ER capsules (Effexor XR)
 Marplan
 Parnate (**Brand only**)
 Pristiq

Requires Prior Authorization

desvenlafaxine ER
nefazodone (Serzone)
tranylcypromine (generic only)
venlafaxine ER tablets
Aplenzin
Emsam
Fetzima
Forfivo XL
Khedezla
Oleptro ER
Trintellix
Viibryd

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

citalopram (Celexa)^{ql}
 escitalopram tablets (Lexapro)
 fluoxetine (all strengths except 60mg) (Prozac, Sarafem)
 fluvoxamine (Luvox)
 paroxetine (Paxil)
 sertraline (Zoloft)

Requires Prior Authorization

escitalopram solution (Lexapro)
fluoxetine 60mg
fluoxetine weekly (Prozac weekly)
fluvoxamine ER (Luvox CR)
paroxetine CR (Paxil CR)
Brisdelle^{cc,ql}
Paxil suspension
Pexeva

CENTRAL NERVOUS SYSTEM

Antipsychotics

Preferred

1st Tier
 aripiprazole (Abilify) (**generic only**) (**Age 17 and younger**)^{ql}
 aripiprazole ODT (Abilify Discmelt) (**generic only**) (**Age 17 and younger**)^{ql}
 chlorpromazine (Thorazine)
 clozapine (Clozaril)
 fluphenazine (Prolixin)
 fluphenazine decanoate inj (Prolixin)
 haloperidol (Haldol)
 haloperidol decanoate inj (Haldol IM)
 loxapine capsules (Loxitane)
 perphenazine (Trilafon)
 perphenazine/amitriptyline (Triavil)
 quetiapine (Seroquel)^{ql}
 risperidone, risperidone ODT (Risperdal)^{ql}
 thioridazine (Mellaril)
 thiothixene (Navane)
 trifluoperazine (Stelazine)
 ziprasidone (Geodon)^{ql}
 Abilify Maintena
Aristada^{cc,ql}
 Geodon IM
 Invega Sustenna^{ql}
 Invega Trinza^{cc,ql}
 Orap
 Risperdal Consta^{ql}
2nd Tier
 aripiprazole (Abilify) (**generic only**) (**Age 18 or older**)^{cc,ql}
 aripiprazole ODT (Abilify Discmelt) (**generic only**) (**Age 18 or older**)^{cc,ql}
 olanzapine IM (Zyprexa IM)^{cc}
 olanzapine ODT (Zyprexa Zydis)^{cc,ql}
 olanzapine tablets (Zyprexa)^{cc,ql}
 Latuda^{cc,ql}

Requires Prior Authorization

clozapine ODT (Fazacllo)^{cc,ql}
olanzapine/fluoxetine (Symbyax)^{cc,ql}
Abilify IM^{cc,ql}
Adasuve^{cc,ql}
Fanapt^{cc,ql}
Invega tablets (Brand only)^{cc,ql}
Rexulti^{cc,ql}
Saphris^{cc,ql}
Seroquel XR^{cc,ql}
Versacloz^{cc,ql}
Vraylar^{ql}
Zyprexa Relprevv^{cc,ql}

Sedative Hypnotics

Preferred

flurazepam (Dalmane)^{ql}
 temazepam 15mg, 30mg (Restoril)^{ql}
 triazolam (Halcion)^{ql}
 zaleplon (Sonata)^{ql}
 zolpidem (Ambien)^{ql}

CENTRAL NERVOUS SYSTEM

Sedative Hypnotics (continued)

Requires Prior Authorization

estazolam (ProSom)^{ql}
eszopiclone (Lunesta)^{cc,ql}
temazepam 7.5mg, 22.5mg (Restoril)^{ql}
zolpidem ER (Ambien CR)^{ql}
Belsomra^{cc,ql}
Edluar^{ql}
Hetlioz^{cc,ql}
Intermezzo^{ql}
Rozerem^{ql}
Silenor
Zolpimist^{ql}

Stimulants and Related Agents

Preferred

1st Tier
 amphetamine salt combo (Adderall)
 dextroamphetamine capsules (Dexedrine ER)
 dextroamphetamine tablets
 guanfacine ER (Intuniv)^{cc,ql}
 methylphenidate tablets (Ritalin)
 methylphenidate CR tablets (Concerta)
 methylphenidate ER tablets (Ritalin SR)
 Adderall XR (**Brand only**)
 Daytrana
 Focalin (**Brand only**)
 Focalin XR (**Brand only**)
 Metadate CD (**Brand only**)
 Methylin oral solution (**Brand only**)
 Quillivant XR
 Ritalin LA (**Brand only**)
 Vyvanse
2nd Tier
 Stratterra^{cc}

Requires Prior Authorization

amphetamine salt combo ER (Adderall XR) (**generic only**)
armodafinil (Nuvigil)^{cc,ql}
clonidine ER (Kapvay)^{cc,ql}
dexmethylphenidate (Focalin) (**generic only**)
dexmethylphenidate XR (Focalin XR) (**generic only**)
dextroamphetamine solution (Procentra)
methamphetamine (Desoxyn)
methylphenidate CD capsules (Metadate CD) (**generic only**)
methylphenidate chewable (Methylin chewable)
methylphenidate ER capsules (Ritalin LA) (**generic only**)
methylphenidate oral solution (Methylin) (**generic only**)
modafinil (Provigil)^{cc,ql}
Aptensio XR
Dyanavel XR
Evekeo
Quillichew ER
Zenzedi

ENDOCRINE

Androgenic Agents

Preferred

testosterone gel (Androgel)
testosterone gel (Testim)

Requires Prior Authorization

testosterone gel (Vogelxo)
testosterone gel pump (Fortesta)
Androderm
Axiron
Natesto

Bone Resorption Suppression
and Related Agents**Preferred**

alendronate tablets (Fosamax)^{q1}
calcitonin salmon nasal (Miacalcin)^{q1}
Fortical^{q1}

Requires Prior Authorization

alendronate solution (Fosamax solution)^{q1}
etidronate (Didronel)^{q1}
ibandronate (Boniva)^{q1}
raloxifene (Evista)^{q1}
risedronate (Atelvia)^{q1}
risedronate (Actonel)^{q1}
Binosto^{q1}
Forteo^{cc,q1}
Fosamax Plus D^{q1}
Prolia^{cc,q1}

Growth Hormones

Preferred

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

Requires Prior Authorization

Humatrope^{cc}
Omnitrope^{cc}
Saizen^{cc}
Serostim^{cc}
Zomacton^{cc}
Zorbtive^{cc}

ENDOCRINE

Hypoglycemics, Incretin Mimetics
and Enhancers**Preferred**

Bydureon
Byetta
Janumet, Janumet XR
Januvia
Jentadueto
Symlin
Tradjenta

Requires Prior Authorization

Glyxambi^{cc,q1}
Kazano
Kombiglyze XR
Nesina
Onglyza
Oseni
Tanzeum
Trulicity
Victoza^{q1}

Hypoglycemics, Insulins

Preferred

Humalog
Humalog Mix
Humulin vial
Lantus
Levemir
NovoLog
NovoLog Mix

Requires Prior Authorization

Afrezza
Apidra
Humalog 200 unit/mL
Humulin pen
Humulin 70/30 pen
Humulin 500 unit/mL pen
Novolin vial
Novolin 70/30 vial
Toujeo
Tresiba^{cc}

Hypoglycemics, Meglitinides

Preferred

nateglinide (Starlix)
repaglinide (Prandin)

Requires Prior Authorization

repaglinide/metformin (Prandimet)

ENDOCRINE

Hypoglycemics, SGLT2 Inhibitors

Preferred

Invokana (Step therapy)^{cc,q1}
Invokamet (Step therapy)^{cc,q1}

Requires Prior Authorization

Farxiga^{cc,q1}
Jardiance^{cc,q1}
Synjardy^{cc,q1}
Xigduo XR^{cc,q1}

Hypoglycemics, TZDs

Preferred

pioglitazone (Actos)

Requires Prior Authorization

pioglitazone/glimepiride (Duetact)
pioglitazone/metformin (ActoPlusMet)
ActoPlusMet XR
Avandia, Avandamet, Avandaryl

GASTROINTESTINAL

Antiemetic/Antivertigo Agents

Preferred

dimenhydrinate Rx and OTC
meclizine Rx and OTC (Bonine, Antivert)
metoclopramide (Reglan)
ondansetron, ondansetron ODT (Zofran)^{q1}
prochlorperazine (Compazine, Compro)
promethazine (Phenergan)
Emend capsules^{q1}
TransDerm-Scop

Requires Prior Authorization

dronabinol (Marinol)^{cc,q1}
granisetron (Kytril)^{q1}
metoclopramide ODT (Metozolv ODT)
trimethobenzamide (Tigan)
Aloxi
Akynzeo^{cc}
Anzemet^{q1}
Cesamet^{q1}
Diclegis^{cc,q1}
Emend IV
Sancuso^{q1}
Varubi
Zuplenz

Bile Salts

Preferred

ursodiol capsules (Actigall)
ursodiol tablets (URSO Forte)

Requires Prior Authorization

Chenodal
Cholbam

GASTROINTESTINAL**Gastrointestinal Motility, Chronic****Preferred**

Amitiza
Linzess^{cc}

Requires Prior Authorization

alosetron (Lotronex)
Movantik^{cc,ql}
Relistor^{cc,ql}
Viberzi

Pancreatic Enzymes**Preferred**

pancrelipase
Creon
Zenpep

Requires Prior Authorization

Pancreaze
Pertzeye
Ultresa
Viokace

Proton Pump Inhibitors**Preferred**

lansoprazole capsules (Prevacid)
omeprazole capsules (Prilosec)
pantoprazole (Protonix)

Nexium packet for suspension

Prevacid Solutab
Protonix suspension

Requires Prior Authorization

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

Ulcerative Colitis Agents**Preferred**

balsalazide (Colazal)
sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR)
Apriso
Canasa

Requires Prior Authorization

mesalamine enemas (Rowasa, sfRowasa)
Asacol HD
Delzicol
Dipentum
Giazo
Lialda
Pentasa
Uceris

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

Enbrel
Humira

Requires Prior Authorization

Actemra
Arcalyst
Cimzia
Cosentyx
Entyvio
Ilaris
Kineret
Orencia
Otezla^{cc}
Remicade
Simponi
Stelara
Xeljanz
Xeljanz XR

Immunosuppressives, Oral**Preferred**

azathioprine (Imuran)
cyclosporine (Sandimmune)
cyclosporine modified (Gengraf, Neoral)
mycophenolate mofetil capsules, tablets (Cellcept)
sirolimus (Rapamune)
tacrolimus (Prograf)
Rapamune solution
Sandimmune solution

Requires Prior Authorization

mycophenolate mofetil suspension (Cellcept)
mycophenolic acid (Myfortic)
Astagraf XL
Azasan
Envarsus XR
Zortress

NEUROLOGICS**Alzheimer's Agents****Preferred**

donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT)
rivastigmine capsules (Exelon)
Exelon patch
Namenda

Requires Prior Authorization

donepezil 23mg (Aricept)
galantamine, galantamine ER (Razadyne, Razadyne ER)
Namenda XR
Namzaric

NEUROLOGICS**Anti-Parkinson's Agents****Preferred**

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

Requires Prior Authorization

bromocriptine (Parlodel)
carbidopa (Lodosyn)
entacapone (Comtan)
levodopa/carbidopa ODT (Parcopa)
pramipexole ER (Mirapex ER)
ropinirole ER (Requip XL)
selegiline capsules (Eldepryl)
tolcapone (Tasmar)
Azilect
Duopa
Neupro
Rytary
Zelapar

Multiple Sclerosis Agents**Preferred**

Avonex
Betaseron
Copaxone 20mg (Brand only)
Rebif

Requires Prior Authorization

glatiramer acetate 20mg (Glatopa) (generic only)
Ampyra^{cc,ql}
Aubagio^{cc,ql}
Copaxone 40mg
Extavia
Gilenya^{cc,ql}
Lemtrada^{cc,ql}
Plegridy^{cc}
Tecfidera^{cc,ql}

OPHTHALMICS

Ophthalmics, Allergic Conjunctivitis

Preferred

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

Requires Prior Authorization

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

Ophthalmics, Antibiotics

Preferred

bacitracin/polymyxin
ciprofloxacin solution (Ciloxan)
erythromycin
gentamicin (Garamycin)
neomycin/polymyxin/gramicidin (Neosporin)
ofloxacin (Ocuflox)
polymyxin/trimethoprim (Polytrim)
sulfacetamide solution (Bleph-10)
tobramycin (Tobrex Drops)
Ciloxan ointment
Moxeza
Tobrex ointment
Vigamox

Requires Prior Authorization

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

Ophthalmics, Antibiotic/Steroid Combinations

Preferred

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

Requires Prior Authorization

neomycin/bacitracin/polymyxin/HC
neomycin/polymyxin/HC
Blephamide, Blephamide S.O.P.
Pred-G
Tobradex ST
Zylet

OPHTHALMICS

Ophthalmics, Glaucoma Agents

Preferred

brimonidine (Alphagan P 0.1%)
carteolol (Ocupress)
dorzolamide (Trusopt)
dorzolamide/timolol (Cosopt)
latanoprost (Xalatan)
levobunolol (Betagan)
metipranolol (OptiPranolol)
pilocarpine (Pilocar)
timolol (Timoptic, Timoptic XE)
Alphagan P 0.15% (Brand only)
Azopt
Betimol
Combigan
Simbrinza
Travatan Z

Requires Prior Authorization

apraclonidine (Iopidine)
betaxolol
bimatoprost 0.03% (Lumigan)
brimonidine 0.15% (Alphagan P) (generic only)
travoprost
Betoptic S
Cosopt PF
Istalol
Lumigan 0.01%
Rescula
Zioptan

Ophthalmics, Anti-Inflammatories

Preferred

dexamethasone (Decadron)
diclofenac (Voltaren)
fluorometholone (FML)
flurbiprofen (Ocufen)
ketorolac (Acular)
ketorolac LS (Acular LS)
prednisolone acetate (Omnipred)
Durezol
Flarex
FML SOP
Lotemax drops
Maxidex
Pred Mild

Requires Prior Authorization

bromfenac (Xibrom)
prednisolone sodium (Pred Forte)
Acuvail
FML Forte
Ilevro
Iluvien
Lotemax ointment and gel
Nevanac
Ozurdex
Prolensa
Retisert
Triesence
Vexol

OTIC

Otic Antibiotics

Preferred

neomycin/polymyxin/HC (Cortisporin)
ofloxacin otic (Floxin)
Ciprodex

Requires Prior Authorization

ciprofloxacin
Cipro HC
Coly-Mycin S

RESPIRATORY

Antihistamines, Minimally Sedating

Preferred

cetirizine, cetirizine D Rx and OTC (Zyrtec, Zyrtec D)
fexofenadine OTC (Allegra)
levocetirizine tablets (Xyzal)
loratadine, loratadine D, loratadine ODT Rx and OTC (Claritin, Claritin D)

Requires Prior Authorization

desloratadine, desloratadine D, desloratadine ODT (Clarinex, Clarinex D, Clarinex RDT)
fexofenadine Rx (Allegra)
fexofenadine D (Allegra D)
levocetirizine solution (Xyzal)
Semprex D

Bronchodilators, Beta Agonists

Preferred

albuterol neb 0.083% and 5mg/ml
albuterol syrup and tablets (Proventil, Ventolin)
terbutaline (Brethine)
Foradil
ProAir HFA ^{ql}
Proventil HFA ^{ql}
Serevent

Requires Prior Authorization

albuterol ER (Vospire ER)
albuterol neb 0.63mg/3ml and 1.25mg/3ml (AccuNeb)
levalbuterol (Xopenex)
metaproterenol (Alupent)
Arcapta
Brovana
Maxair ^{ql}
Perforomist
ProAir Respiclick ^{ql}
Striverdi Respimat
Ventolin HFA ^{ql}
Xopenex HFA ^{ql}

RESPIRATORY

COPD Agents

Preferred

ipratropium neb (Atrovent)
 ipratropium/albuterol neb (DuoNeb)
 Atrovent HFA
 Combivent Respimat^{q1}
 Spiriva

Requires Prior Authorization

Anoro Ellipta
 Daliresp
 Incruse Ellipta
Seebri Neohaler
 Spiriva Respimat
 Stiolto Respimat
 Tudorza
Utibron Neohaler

Glucocorticoids, Inhaled

Preferred

Advair Diskus, Advair HFA
 Aerospan
 Asmanex
 Dulera
 Pulmicort Respules 0.25mg, 0.5mg
 (Brand only)
 QVAR
 Symbicort

Requires Prior Authorization

budesonide respules (generic only) (All ages)
 Alvesco
 Arnuity Ellipta
 Asmanex HFA
 Breo Ellipta
 Flovent Diskus, Flovent HFA
 Pulmicort Flexhaler^{q1}
 Pulmicort Respules 1mg

Intranasal Rhinitis Agents

Preferred

azelastine nasal (Astelin)
 fluticasone nasal (Flonase)
 ipratropium (Atrovent Nasal)
 Nasonex (Brand only)

Requires Prior Authorization

azelastine nasal (Astepro)
 budesonide nasal (Rhinocort Aqua)
 flunisolide (Nasarel, Nasalide)
 mometasone (generic only)
 olopatadine (Patanose)
 triamcinolone nasal (Nasacort AQ)
 Beconase AQ
 Dymista
 Omnaris
 QNasal
Ticanase
 Veramyst
 Zetonna

RESPIRATORY

Leukotriene Modifiers

Preferred

montelukast chewables and tablets
 (Singulair)
 zafirlukast (Accolate)

Requires Prior Authorization

montelukast granules (Singulair)
 Zyflo, Zyflo CR

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide OTC
 erythromycin/benzoyl peroxide
 clindamycin (all forms except foam)
 erythromycin
 tretinoin^{cc}
 Azelex
 Differin cream (Brand only)^{cc}
 Differin lotion^{cc}

Requires Prior Authorization

adapalene cream (Differin) (generic only)^{cc}
 adapalene gel (Differin)^{cc}
 benzoyl peroxide Rx
 bp-10-1
 clindamycin foam
 clindamycin/benzoyl peroxide
 sulfacetamide
 sulfacetamide/sulfur
 sulfacetamide/sulfur/urea
 tretinoin micro (Retin-A Micro)^{cc}
 Acanya
 Aczone
 Akne-Mycin
 Atralin
 Avar
 BenzaClin
 Benzamycin
 Clindacin
 Epiduo
 Epiduo Forte Gel w/Pump
 Fabior
 Neuac
 Onexton
 Ovace
 Sumaxin CP Kit
 Tazorac^{cc}
 Veltin
 Ziana

ANALGESICS

Atopic Dermatitis

Preferred

Elidel

Requires Prior Authorization

tacrolimus ointment (Protopic)

UROLOGIC

Benign Prostatic Hyperplasia

Preferred

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

Requires Prior Authorization

dutasteride (Avodart)
 dutasteride/tamsulosin (Jalyn)
 Cardura XL
 Rapaflo

Bladder Relaxant Preparations

Preferred

oxybutynin, oxybutynin ER (Ditropan,
 Ditropan XL)
 Toviaz

Requires Prior Authorization

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

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 (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 this updated Preferred Drug List (PDL) that is **effective July 1, 2016**. The Brand Preferred exception listed in this advisory has been updated to include that the **brand Kitabis Pak® is preferred over its generic equivalent (tobramycin pak)**. Please refer to our website for a complete list of the PDL at the following link:

<https://mmcp.dhmh.maryland.gov/pap/Pages/druglist.aspx>

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 equivalent, 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 needed¹. Enter a **DAW code of 6** on the claim to have it correctly priced. If any problems are encountered during the online claim adjudication of Preferred Brands, contact the Xerox 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (for example, when there is other insurance).

Please maintain this newsletter as a reference, in addition to any updates that follow. This information is available at www.epocrates.com, on your desktop computer or PDA/smartphone. Epocrates is updated weekly.

¹ Unless the Program has established clinical criteria for the drug. Clinical Criteria can be found at: mmcp.dhmh.maryland.gov/pap/Pages/Clinical-Criteria.aspx.

Brand Preferred Exceptions

Preferred Brands

Adderall XR
Alphagan P 0.15%
Baraclude
Catapres TTS
Copaxone 20mg/ml
Diastat
Differin cream
Epivir HBV
Focalin
Focalin XR
Gabitril
Hepsera
Invega tablets
Kadian
Kitabis Pak
Metadate CD
Methylin Oral Solution
Nasonex
Parnate
Pulmicort Respules 0.25 and 0.5mg
Ritalin LA
Tegretol suspension

Non-Preferred Generics

amphetamine salt combo ER
brimonidine 0.15%
entecavir
clonidine patches
glatiramer acetate (Glatopa)
diazepam rectal
adapalene cream
lamivudine HBV
dexmethylphenidate
dexmethylphenidate XR
tiagabine
adefovir
paliperidone ER
morphine sulfate ER
tobramycin pak
methylphenidate CD capsules
methylphenidate oral solution
mometasone nasal spray
tranylcypromine
budesonide respules
methylphenidate ER capsules
carbamazepine suspension


In the following instance, **both** the multisource brand and the generic are preferred:

Brand also Preferred

Trileptal suspension
(no MedWatch form required)

Preferred Generics

oxcarbazepine suspension



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

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Maryland Medicaid Pharmacy Program
201 West Preston Street, 4th Floor
Baltimore, Maryland 21201

1-800-492-5231 (select option 3)
<http://mmcp.dhmh.maryland.gov/pap>

Larry Hogan, Governor
Boyd Rutherford, Lt. Governor
Van Mitchell, Secretary

> GO GREEN



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marylandmedicaidpharmacyinformation.com](http://www.marylandmedicaidpharmacyinformation.com)*

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 an antipsychotic, call Xerox 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.

Tier 2 and Non-Preferred Antipsychotic Review Process

All claims for Tier 2 or non-preferred antipsychotics for patients age 18 or older require authorization. The claim will deny at point of service and will not process. An electronic message will display on your system with instructions as to how to proceed. The Tier 2 and Non-Preferred Prior Authorization Form can be found at:
mmcp.dhmh.maryland.gov/pap/docs/Tier2%20and%20NPD%20Antipsychotic%20PA.pdf

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 (option three)
Monday-Friday, 8:00 am - 5:00 pm
- ◆ **Kidney Disease Program**
1-410-767-5000 or 5002
Monday-Friday, 8:00 am - 5:00 pm
- ◆ **Breast and Cervical Cancer Diagnosis and Treatment**
1-410-767-6787
Monday-Friday, 8:00 am - 4:30 pm
- ◆ **Maryland AIDS Drug Assistance Program**
1-410-767-6535
Monday-Friday, 8:30 am - 4:30 pm
- ◆ **Peer Review Program**
1-855-283-0876
Monday-Friday, 8:00 am - 6:00 pm