



MARYLAND MEDICAID PHARMACY PROGRAM

No. 145
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ADVISORY

In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) Maryland Medicaid Pharmacy Program (MMPP) has developed the Maryland Medicaid Pharmacy Program Advisory. To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations. It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via DHMH, please contact the MMPP representative at 410-767-1455.

Maryland's Preferred Drug List—July 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 are included in the attached updated Preferred Drug List (PDL) that is **effective July 1, 2014**. **Brand name Sandimmune®, Marinol®, Lovenox® and Metrogel® are no longer preferred** over their generic equivalents. Please refer to our website for a complete list of the PDL at the following link: <https://mmcp.dhmh.maryland.gov/pap/SitePages/Preferred%20Drug%20List.aspx>. This PDL also contains three (3) new classes of drugs not previously reviewed: Opiate Dependence Treatments, Hypoglycemics-SGLT2 Inhibitors and Irritable Bowel Syndrome.

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, neither a Medwatch form 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 on-line 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, when there is other insurance that is primary). Please retain this Advisory as a reference in addition to any updates that follow. This information is also available at <http://www.epocrates.com/> on your desktop computer or PDA/Smartphone. Epocrates is updated weekly. **The Brand Preferred exceptions are as follows:**

Preferred Brands

Adderall XR
 Alphagan P 0.15%
 Astelin
 Carbatrol ER
 Cardizem LA
 Catapres TTS
 Cymbalta
 Depakote Sprinkles
 Dexedrine ER
 Diastat
 Differin cream
 Focalin
 Focalin XR
 Gabitril
 Kadian
 Lidoderm
 Metadate CD
 Methylin Oral Solution
 Parnate
 Pulmicort respules 0.25mg and 0.5mg
 Ritalin LA
 Tegretol suspension
 Tobi Inhalation Solution
 Tobradex drops
 Toprol XL
 Tricor
 Trileptal suspension
 Vancocin

Non-Preferred Generics

amphetamine salt combo ER
 brimonidine 0.15%
 azelastine nasal
 carbamazepine ER
 diltiazem ER tablets
 clonidine patches
 duloxetine
 divalproex sprinkles
 dextroamphetamine ER
 diazepam rectal
 adapalene cream
 dexmethylphenidate
 dexmethylphenidate XR
 tiagabine
 morphine sulfate ER
 lidocaine patch
 methylphenidate CD capsules
 methylphenidate oral solution
 tranlycypromine
 budesonide respules
 methylphenidate ER capsules
 carbamazepine suspension
 tobramycin inhalation solution
 tobramycin/dexamethasone drops
 metoprolol succinate XL
 fenofibrate nanocrystals
 oxcarbazepine suspension
 vancomycin capsules

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

Preferred Brand

Optipranolol

Preferred generic

metipranolol

¹ Unless the Program has established clinical criteria for the drug

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/14

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 product(s) are usually preferred and branded innovator product(s) are 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.

Changes in the Preferred Drug List are **highlighted** in yellow.

ANALGESICS

Drug Class	Preferred	Requires Prior Authorization
Analgesics, Narcotics (Long Acting)	fentanyl patch (Duragesic) methadone (Dolophine) morphine sulfate SR (MS Contin) Kadian (Brand only)	hydromorphone ER (Exalgo) morphine sulfate ER (Kadian) (generic only) morphine sulfate ER (Avinza) oxymorphone ER (Opana ER) tramadol ER (Ultram ER, Ryzolt) Butrans Conzip Nucynta ER Oxycontin Zohydro ER
Analgesics, Narcotics (Short Acting) *Clinical Criteria applies to oral fentanyl buccal tablets (Fentora), fentanyl buccal lozenges (Actiq, generic), Abstral (fentanyl sublingual tablets), Onsolis (fentanyl buccal film) and Subsys (fentanyl sublingual spray). To view criteria, please refer to http://www.mdrxprograms.com/docs/medicaid/MD_FENTANYAL%20BUCCAL%20Rev%20Feb08.pdf .	apap w/codeine (Tylenol w/codeine) butalbital/apap/codeine/caffeine butalbital/aspirin/codeine/caffeine codeine tablets hydrocodone/apap (Vicodin) hydrocodone/ibuprofen (Vicoprofen) hydromorphone tablets (Dilaudid) morphine sulfate tablets oxycodone oxycodone/apap (Percocet) pentazocine/apap (Talacen) tramadol (Ultram) tramadol/apap (Ultracet)	butorphanol nasal spray carisoprodol/codeine/asa codeine solution dihydrocodeine/apap/caffeine dihydrocodeine/aspirin/caffeine (Synalgos DC) fentanyl buccal (Actiq)* hydromorphone suppositories and solution levorphanol meperidine (Demerol) morphine suppositories oxycodone/aspirin (Percodan) oxycodone/ibuprofen (Combunox) oxymorphone (Opana) pentazocine/naloxone (Talwin NX) Abstral* Fentora* Nucynta Onsolis* Oxecta Primlev Rybix ODT Subsys* Zamicet Zolvit
Anti-Hyperuricemics	allopurinol (Zyloprim) probenecid probenecid/colchicine	Colcrys Uloric

Key: All lowercase letters = generic product.
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MARYLAND PREFERRED DRUG LIST

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ANALGESICS

Drug Class	Preferred	Requires Prior Authorization
Anti-Migraine Agents	rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) sumatriptan (Imitrex) Relpax	naratriptan (Amerge) zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT) Axert Cambia Frova Sumavel Treximet Zomig nasal
Neuropathic Pain *Clinical criteria apply to Cymbalta. To view criteria, please refer to http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx.	capsaicin OTC gabapentin capsules (Neurontin) Cymbalta* (Brand only) Lidoderm (Brand only) Lyrica capsules	duloxetine (Cymbalta) (generic only) gabapentin tablets and solution (Neurontin) lidocaine patch (generic only) Gralise Horizant Lyrica solution Qutenza Savella Zostrix OTC
Nonsteroidal Anti-Inflammatories/COX II Inhibitors (NSAIDS, Cyclooxygenase Inhibitors – Type II)	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 (Orudis, Oruvail) ketorolac (Toradol) meclofenamate (Meclomen) meloxicam tablets (Mobic) nabumetone (Relafen) naproxen Rx and OTC (Aleve, Naprosyn) oxaprozin (Daypro) piroxicam (Feldene) sulindac (Clinoril) Voltaren gel	diclofenac/misoprostol (Arthrotec) mefenamic acid (Ponstel) tolmetin, tolmetin DS (Tolectin, Tolectin DS) Celebrex Duexis Flector Indocin suppositories and suspension Pennsaid Sprix Vimovo Zipsor Zorvolex
Opiate Dependence Treatments	buprenorphine (Subutex) naltrexone (Revia) Suboxone film	buprenorphine/naloxone tablets (Suboxone) Vivitrol Zubsolv
Skeletal Muscle Relaxants	baclofen (Lioresal) carisoprodol 350mg (Soma) chlorzoxazone (Parafon) cyclobenzaprine (Flexeril) dantrolene (Dantrium) methocarbamol (Robaxin) orphenadrine (Norflex) tizanidine tablets (Zanaflex)	carisoprodol 250mg (Soma) carisoprodol compound (Soma Compound) metaxalone (Skelaxin) orphenadrine compound (Norflex Forte) tizanidine capsules (Zanaflex) Amrix Lorzone

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MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/14

Anti-Infectives

Drug Class	Preferred	Requires Prior Authorization
Antibiotics, GI	metronidazole tablets (Flagyl) neomycin Alinia Vancocin (Brand Only)	metronidazole capsules (Flagyl capsules) tinidazole (Tindamax) vancomycin capsules (Vancocin) (generic only) Difcid Flagyl ER Xifaxan
Antibiotics, Inhaled *Step therapy for Tobi Podhaler will allow it to process with a trial of Tobi inhalation solution.	Tobi inhalation solution (Brand Only) Tobi Podhaler (Step therapy)*	tobramycin inhalation solution (Tobi) (generic only) Bethkis Cayston
Antibiotics, Vaginal	clindamycin (Clindamax) metronidazole vaginal (Metrogel) Cleocin ovule	Vandazole
Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)	fluconazole (Diflucan) griseofulvin suspension (GriFulvin V) ketoconazole (Nizoral) nystatin suspension and tablets terbinafine (Lamisil)	clotrimazole troche (Mycelex) flucytosine (Ancobon) griseofulvin tablets (Gris Peg, GriFulvin V) itraconazole (Sporanox) nystatin powder voriconazole (Vfend) Lamisil granules Noxafil Onmel Terbinex
Antifungals, Topical (Topical Antifungals)	clotrimazole Rx and OTC clotrimazole/betamethasone (Lotrisone) econazole (Spectazole) ketoconazole cream and shampoo (Nizoral) miconazole OTC nystatin nystatin/triamcinolone (Mycolog) terbinafine OTC tolnaftate OTC tolnaftate aero powder	butenafine OTC (Mentax) ciclopirox (Loprox, Loprox Shampoo, Penlac) ketoconazole foam Bensal HP CNL-8 Ertaczo Exelder Luzu Oxistat Pediaderm AF Pedipirox-4 Vusion
Antiparasitics, Topical	permethrin Rx and OTC (Elimite, Acticin) piperonyl/pyrethrins OTC piperonyl/pyrethrins/permethrin OTC Ulesfia	lindane malathion (Ovide) spinosad (Natroba) Eurax Sklice
Antivirals, Oral (Antivirals, General)	acyclovir (Zovirax) amantadine (Symmetrel) rimantadine (Flumadine) valacyclovir (Valtrex)	famciclovir (Famvir) Relenza Tamiflu

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Effective Date 7/1/14

Anti-Infectives

Drug Class	Preferred	Requires Prior Authorization
Antivirals, Topical	acyclovir ointment (Zovirax ointment) Abreva OTC Denavir	Xerese Zovirax cream
Cephalosporin and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)	amoxicillin/clavulanate (Augmentin, Augmentin ES) cefaclor, cefaclor ER (Ceclor, Ceclor CD) cefadroxil capsules (Duricef) cefdinir (Omnicef) cefprozil (Cefzil) cefuroxime (Ceftin) cephalexin (Keflex) Suprax capsules and suspension	amoxicillin/clav ER (Augmentin XR) cefadroxil suspension and tablets (Duricef) cefditoren (Spectracef) cefpodoxime (Vantin) ceftibuten (Cedax) Ceftin suspension Suprax chewables and tablets
Fluoroquinolones (Quinolones)	ciprofloxacin (Cipro) levofloxacin tablets (Levaquin)	ciprofloxacin ER (Cipro XR) levofloxacin solution (Levaquin) moxifloxacin (Avelox) ofloxacin (Floxin) Cipro suspension Factive Noroxin
Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)	ribavirin (Copegus, Rebetol) Incivek Pegasys PegIntron Sovaldi VICTRELIS	Infergen Moderiba Olysio Rebetol solution Ribapak Ribasphere
Macrolides/Ketolides	azithromycin (Zithromax) erythromycin base E.E.S. Ery-Tab EryPed Erythrocin	clarithromycin (Biaxin) clarithromycin ER (Biaxin XL) Ketek PCE Zmax
Tetracyclines	doxycycline hyclate (Vibramycin) doxycycline monohydrate 50mg, 100mg (Monodox) minocycline capsules (Minocin) tetracycline (Sumycin)	demeclocycline (Declomycin) doxycycline hyclate DR (Doryx) doxycycline monohydrate 75mg, 150mg (Monodox) doxycycline monohydrate solution (Vibramycin) minocycline tablets minocycline ER Oracea Solodyn
Topical Antibiotics	bacitracin OTC bacitracin/polymyxin OTC gentamicin mupirocin ointment (Bactroban Ointment) triple antibiotic OTC	mupirocin cream (Bactroban Cream) Altabax

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MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/14

Cardiovascular

Drug Class	Preferred	Requires Prior Authorization
Angiotensin Modulator Combinations	amlodipine/benazepril (Lotrel) Azor/Tribenzor Exforge/Exforge HCT	<i>telmisartan/amlodipine (Twynsta)</i> <i>Tarka</i> <i>Tekamlo/Amturnide</i>
Angiotensin Modulators	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) telmisartan, telmisartan HCTZ (Micardis, Micardis HCT) valsartan HCTZ (Diovan HCT) Diovan	<i>candesartan, candesartan HCTZ (Atacand, Atacand HCT)</i> <i>eprosartan (Teveten)</i> <i>moexipril, moexipril HCTZ (Univasc, Uniretic)</i> <i>perindopril (Aceon)</i> <i>trandolapril (Mavik)</i> <i>Benicar, Benicar HCT</i> <i>Edarbi, Edarbyclor</i> <i>Tekturna/Tekturna HCT</i> <i>Teveten HCT</i>
Anticoagulants	enoxaparin (Lovenox) warfarin (Coumadin) Fragmin	<i>fondaparinux (Arixtra)</i> <i>Eliquis</i> <i>Pradaxa</i> <i>Xarelto</i>
Antihypertensives, Sympatholytics	clonidine oral (Catapres) guanfacine (Tenex) methyldopa (Aldomet) methyldopa/HCTZ (Aldoril) Catapres TTS (Brand only)	<i>clonidine patch (generic only)</i> <i>reserpine</i> <i>Clorpres</i>
Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)	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 (Brand only)	<i>acebutolol (Sectral)</i> <i>betaxolol (Kerlone)</i> <i>bisoprolol (Zebeta)</i> <i>metoprolol/HCTZ (Lopressor HCT)</i> <i>metoprolol succinate XL (Toprol XL) (generic only)</i> <i>nadolol/bendroflumethiazide (Corzide)</i> <i>timolol (Blocadren)</i> <i>Bystolic</i> <i>Coreg CR</i> <i>Dutoprol</i> <i>Levotal</i>
Calcium Channel Blocking Agents	amlodipine (Norvasc) diltiazem (Cardizem) nicardipine (Cardene) nifedipine SR (Adalat CC, Procardia XL) verapamil (Calan) verapamil ER tablets (Calan SR, Verelan) Cardizem LA (Brand only)	<i>diltiazem ER capsules (Cardizem CD, Tiazac)</i> <i>diltiazem ER tablets (Cardizem LA) (generic only)</i> <i>felodipine (Plendil)</i> <i>isradipine (Dynacirc)</i> <i>nifedipine (Adalat, Procardia)</i> <i>nimodipine (Nimotop)</i> <i>nisoldipine (Sular)</i> <i>verapamil ER capsules (Verelan PM)</i> <i>Nymalize</i>

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Cardiovascular

Drug Class	Preferred	Requires Prior Authorization
Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)	cholestyramine (Questran) fenofibric acid (Trilipix) gemfibrozil (Lopid) niacin ER (Niaspan ER) Niacor Tricor (Brand only)	<i>colestipol (Colestid)</i> <i>fenofibrate (Antara, Lofibra)</i> <i>fenofibrate nanocrystals (Tricor) (Generic only)</i> <i>fenofibric acid (Fibricor)</i> <i>omega 3 ethyl esters (Lovaza)</i> <i>Lipofen</i> <i>Triglide</i> <i>Welchol</i> <i>Zetia</i>
Lipotropics, Statins (Lipotropics)	atorvastatin (Lipitor) fluvastatin (Lescol) lovastatin (Mevacor) pravastatin (Pravachol) simvastatin (Zocor) Lescol XL Simcor	<i>amlodipine/atorvastatin (Caduet)</i> <i>Advicor</i> <i>Altoprev</i> <i>Crestor</i> <i>Liptruzet</i> <i>Livalo</i> <i>Vytorin</i>
Platelet Aggregation Inhibitors	clopidogrel (Plavix) dipyridamole (Persantine) ticlopidine (Ticlid) Aggrenox	<i>Brilinta</i> <i>Effient</i>
Pulmonary Arterial Hypertension, Oral and Inhaled Agents	sildenafil* (Revatio) Letairis Tracleer Ventavis	<i>Adcirca*</i> <i>Adempas</i> <i>Opsumit</i> <i>Tyvaso</i>

*Clinical Criteria applies to Adcirca and Revatio. To view criteria, please refer to <http://mmcp.dhmh.maryland.gov/pap/docs/PAH-Drugs-PA-form.pdf>.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/14

Central Nervous System

The Mental Health Carve Out link is located at: http://www.mdmahealthchoicex.com/healthchoice_docs/mmmh_form.pdf

Drug Class	Preferred	Requires Prior Authorization	
Anticonvulsants	carbamazepine (Tegretol)	carbamazepine ER (Carbatrol ER) (generic only)	
	clonazepam (Klonopin)	carbamazepine suspension (Tegretol) (generic only)	
	divalproex (Depakote, Depakote ER)	carbamazepine XR (Tegretol XR)	
	lamotrigine (Lamictal)	clonazepam ODT (Klonopin ODT)	
	levetiracetam (Keppra)	diazepam rectal (Diastat) (generic only)	
	oxcarbazepine tablets (Trileptal)	divalproex sprinkles (Depakote sprinkles) (generic only)	
	phenobarbital	ethosuximide (Zarontin)	
	phenytoin (Dilantin, Dilantin Infatabs)	felbamate (Felbatol)	
	primidone (Mysoline)	lamotrigine ER (Lamictal XR)	
	topiramate (Topamax)	levetiracetam ER (Keppra XR)	
	valproic acid (Depakene)	oxcarbazepine suspension (Trileptal Suspension) (generic only)	
	zonisamide (Zonegran)	tiagabine (Gabitril) (generic only)	
	Carbatrol ER (Brand only)	topiramate sprinkles (Topamax Sprinkles)	
	Celontin	Aptiom	
	Depakote sprinkles (Brand only)	Banzel	
	Diastat (Brand only)	Equetro	
	Gabitril (Brand only)	Fycompa	
	Peganone	Lamictal ODT	
	Tegretol suspension (Brand only)	Onfi	
Trileptal suspension (Brand only)	Potiga		
	Sabril		
	Stavzor		
	Trokendi XR		
	Vimpat		
Antidepressants, Other (Alpha-2 Receptor Antagonist)	bupropion, bupropion SR, bupropion XL (Wellbutrin, Wellbutrin SR, Wellbutrin XL)	nefazodone (Serzone)	
	Antidepressants, Serotonin-2 Antagonist/Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake-Inhib, Norepinephrine and Dopamine Reuptake Inhib)	mirtazapine, mirtazapine ODT (Remeron, Remeron Soltab)	tranylcypromine (generic only)
		phenelzine (Nardil)	venlafaxine ER tablets
		trazodone (Desyrel)	Aplenzin
		venlafaxine (Effexor)	Brintellix
		venlafaxine ER capsules (Effexor XR)	Emsam
		Marplan	Fetzima
		Parnate (Brand only)	Forfivo XL
			Khedezla
			Oleptro ER
	Pristiq		
	Viibryd		
Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	citalopram (Celexa)	fluoxetine 60mg	
	escitalopram (Lexapro)	fluoxetine weekly (Prozac weekly)	
	fluoxetine (all strengths except 60mg) (Prozac, Sarafem)	fluvoxamine ER (Luvox CR)	
	fluvoxamine (Luvox)	paroxetine CR (Paxil CR)	
	paroxetine (Paxil)	Brisdelle	
	sertraline (Zoloft)	Paxil suspension	
	Pexeva		

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Central Nervous System

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Drug Class	Preferred	Requires Prior Authorization
Antipsychotics** ** Additional clinical edits may apply to the Tier 2 products. An adequate trial of a Tier 1 preferred drug is required prior to use of any Tier 2 product. To view criteria, please refer to http://mmcp.dhmf.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx . **All antipsychotics for patients 17 years of age and under must be approved through the peer review process through the University of Maryland. To view criteria, please refer to http://mmcp.dhmf.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx .	1st 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 2nd Tier olanzapine IM (Zyprexa IM) olanzapine ODT (Zyprexa Zydis) olanzapine (Zyprexa) Abilify (Age 18 or older) Latuda	clozapine ODT (Fazacllo) olanzapine/fluoxetine (Symbyax) Abilify IM Adasuve Fanapt Invega Saphris Seroquel XR Versacloz Zyprexa Relprev
Sedative Hypnotics * Step therapy for eszopiclone may allow it to process without a prior authorization. Please see specific STEP criteria located at: http://mmcp.dhmf.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx .	chloral hydrate flurazepam (Dalmane) temazepam 15mg, 30mg (Restoril) triazolam (Halcion) zaleplon (Sonata) zolpidem (Ambien)	estazolam (ProSom) eszopiclone (Lunesta)* temazepam 7.5mg, 22.5mg (Restoril) zolpidem ER (Ambien CR) Doral Edluar Intermezzo Rozerem Silenor Zolpimist

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The Mental Health Carve Out link is located at: http://www.mdmahealthchoicex.com/healthchoice_docs/mmmh_form.pdf

Drug Class	Preferred	Requires Prior Authorization
Stimulants and Related Agents (Tx for Attention Deficit Hyperact (ADHD)/Narcolepsy; Adrenergics, Aromatic, Non-Catecholamine) ** For recipients 6–17 years old, Kapvay and Intuniv is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, Intuniv and Kapvay continue to be part of the MCO pharmacy benefit. *** To view criteria for Strattera, please refer to http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx .	1st Tier amphetamine salt combo (Adderall) dextroamphetamine tablets methylphenidate tablets (Ritalin) methylphenidate ER tablets (Ritalin SR) methylphenidate CR tablets (Concerta) Adderall XR (Brand only) Daytrana Dexedrine ER (Brand Only) Focalin (Brand Only) Focalin XR (Brand Only) Intuniv** Metadate CD (Brand Only) Methylin oral solution (Brand Only) Quillivant XR Ritalin LA (Brand Only) Vyvanse 2nd Tier Strattera *** (for ages 17 and under)	<i>amphetamine salt combo ER (Adderall XR) (generic only)</i> <i>clonidine ER (Kapvay)**</i> <i>dexmethylphenidate (Focalin) (generic only)</i> <i>dexmethylphenidate XR (Focalin XR) (generic only)</i> <i>dextroamphetamine ER (Dexedrine ER) (generic only)</i> <i>dextroamphetamine solution (Procentra)</i> <i>methamphetamine (Desoxyn)</i> <i>methylphenidate CD capsules (Metadate CD) (generic only)</i> <i>methylphenidate ER capsules (Ritalin LA) (generic only)</i> <i>methylphenidate oral solution (Methylin) (generic only)</i> <i>modafinil (Provigil)</i> <i>Methylin chewable</i> <i>Nuvigil</i>

Endocrine

Drug Class	Preferred	Requires Prior Authorization
Androgenic Agents	Androgel Testim	<i>Androderm</i> <i>Axiron</i> <i>Fortesta</i>
Bone Resorption Suppression and Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents – Parathyroid Hormone)	alendronate (Fosamax) calcitonin salmon nasal (Miacalcin) Fortical	<i>alendronate solution (Fosamax Solution)</i> <i>etidronate (Didronel)</i> <i>ibandronate (Boniva)</i> <i>raloxifene (Evista)</i> <i>Actonel</i> <i>Atelvia</i> <i>Binosto</i> <i>Forteo</i> <i>Fosamax Plus D</i> <i>Prolia</i>
Hypoglycemics, Incretin Mimetics and Enhancers	Byetta Janumet, Janumet XR Januvia Jentadueto Juvisync Symlin Tradjenta	<i>Bydureon</i> <i>Kazano</i> <i>Kombiglyze XR</i> <i>Nesina</i> <i>Onglyza</i> <i>Oseni</i> <i>Victoza</i>

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MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/14

Endocrine

Drug Class	Preferred	Requires Prior Authorization
Hypoglycemics, Insulins and Related Agents	Humalog Humalog Mix Humulin Lantus Levemir Novolin NovoLog NovoLog Mix	<i>Apidra</i>
Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)	nateglinide (Starlix) repaglinide (Prandin)	<i>Prandimet</i>
Hypoglycemics, SGLT2 Inhibitors (Hypoglycemics, Sodium-Glucose Co-Transporter 2 Type)	Invokana (Step Therapy)*	Farxiga
*Step therapy for Invokana will allow it to process with a trial of metformin.		
Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)	pioglitazone (Actos) pioglitazone/glimepiride (Duetact)	<i>pioglitazone/metformin (ActoPlusMet)</i> <i>ActoPlusMet XR</i> <i>Avandia, Avandamet, Avandaryl</i>

Gastrointestinal

Drug Class	Preferred	Requires Prior Authorization
Antiemetic/Antivertigo Agents	dimenhydrinate Rx and OTC meclizine Rx and OTC (Bonine, Antivert) metoclopramide (Reglan) ondansetron (Zofran, Zofran ODT) prochlorperazine (Compazine, Compro) promethazine (Phenergan) Emend capsules TransDerm-Scop	dronabinol (Marinol) <i>granisetron (Kytril)</i> <i>trimethobenzamide (Tigan)</i> <i>Aloxi</i> <i>Anzemet</i> <i>Cesamet</i> <i>Diclegis</i> <i>Emend IV</i> <i>Metozolv ODT</i> <i>Sancuso</i>
Bile Salts	ursodiol capsules (Actigall)	<i>ursodiol tablets (URSO Forte)</i> <i>Chenodal</i>
Irritable Bowel Syndrome	Amitiza Linzess	Lotronex
Pancreatic Enzymes	pancrelipase Creon Zenpep	<i>Pancreaze</i> <i>Pertzye</i> <i>Ultresa</i> <i>Viokace</i>
Phosphate Binders and Related Agents	calcium acetate (PhosLo) calphron OTC	<i>sevelamer (Renvela)</i> <i>Fosrenol</i> <i>Phoslyra</i> <i>Renagel</i> Velphoro

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MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/14

Gastrointestinal

Drug Class	Preferred	Requires Prior Authorization
Proton Pump Inhibitors (Gastric Acid Secretion Reducers)	lansoprazole (Prevacid) omeprazole (Prilosec) pantoprazole (Protonix) Prevacid Solutab Protonix suspension	esomeprazole strontium omeprazole/sodium bicarb (Zegerid) rabeprazole (Aciphex) Aciphex Sprinkle Dexilant Nexium Prilosec suspension
Ulcerative Colitis Agents	balsalazide (Colazal) sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR) Apriso Asacol Canasa Delzicol	mesalamine enemas (Rowasa, sfRowasa) Asacol HD Dipentum Giazo Lialda Pentasa

Immunologics

Drug Class	Preferred	Requires Prior Authorization
Immunosuppressives, Oral	azathioprine (Imuran) cyclosporine (Sandimmune) cyclosporine modified (Gengraf, Neoral) mycophenolate mofetil (Cellcept) sirolimus (Rapamune) tacrolimus (Prograf)	mycophenolic acid (Myfortic) Astagraf XL Azasan Zortress

Injectables

Drug Class	Preferred	Requires Prior Authorization
Colony Stimulating Factors	Neupogen	Granix Leukine Neulasta
Cytokine and CAM Antagonists (Anti-Inflammatory, Pyrimidine Synthesis Inhibitor, Anti-Inflammatory, Tumor Necrosis Factor Inhibitor, Anti-Flam, Interleukin-1 Receptor Antagonist, Drugs to Tx Chronic Inflamm Disease of Colon, Antimetabolites)	Enbrel Humira	Actemra Cimzia Kineret Orencia Remicade Simponi Stelara Xeljanz
Erythropoietins (Hematinics, Other)	Aranesp Procrit	Epogen
Growth Hormones (CLINICAL PA REQUIRED)	Genotropin Norditropin Nutropin/Nutropin AQ	Humatrope Omnitrope Saizen Serostim Tev-Tropin

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MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/14

Neurologics

Drug Class	Preferred	Requires Prior Authorization
Alzheimer's Agents	donepezil/donepezil ODT (all strengths except 23mg) (Aricept/Aricept ODT) rivastigmine capsules (Exelon) Exelon patch Namenda	donepezil 23mg (Aricept) galantamine (Razadyne ER) Exelon solution Namenda XR
Anti-Parkinson's Agents	benztropine (Cogentin) carbidopa (Lodosyn) levodopa/carbidopa IR, levodopa/carbidopa ER (Sinemet, Sinemet CR) levodopa/carbidopa/entacapone (Stalevo) pramipexole (Mirapex) ropinirole (Requip) selegiline tablets (Eldepryl) trihexyphenidyl (Artane)	bromocriptine (Parlodel) entacapone (Comtan) levodopa/carbidopa ODT (Parcopa) ropinirole ER (Requip XL) selegiline capsules (Eldepryl) Azilect Mirapex ER Neupro Tasmar Zelapar
Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)	Avonex Betaseron Copaxone 20mg Rebif	Ampyra Aubagio Copaxone 40mg Extavia Gilenya Tecfidera

Ophthalmic

Drug Class	Preferred	Requires Prior Authorization
Ophthalmics, Allergic Conjunctivitis (Eye Antiinflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)	cromolyn (Crolom) ketotifen OTC (Zaditor OTC) Alrex Pataday	azelastine (Optivar) epinastine (Elestat) Alocril Alomide Bepreve Emadine Lastacaft Patanol
Ophthalmics, Antibiotics	bacitracin/polymixin ciprofloxacin solution (Ciloxan) erythromycin gentamicin drops (Garamycin) neomycin/polymixin/gramicidin (Neosporin) ofloxacin (Ocuflox) polymyxin/trimethoprim (Polytrim) sulfacetamide solution (Bleph-10) tobramycin (Tobrex Drops) triple antibiotic Ciloxan ointment Moxeza Tobrex ointment Vigamox	bacitracin gatifloxacin (Zymaxid) levofloxacin (Quixin) sulfacetamide ointment AzaSite Besivance Natacyn

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MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/14

Ophthalmic

Drug Class	Preferred	Requires Prior Authorization
Ophthalmics, Antibiotic/Steroid Combinations	neomycin/bacitracin/polymyxin/HC neomycin/poly/dexamethasone (Maxitrol) sulfacetamide/prednisolone Blephamide Pred-G Tobradex drops (Brand Only) Tobradex ointment	<i>neomycin/polymyxin/HC</i> <i>tobramycin/dexamethasone drops (generic only)</i> <i>Tobradex ST</i> <i>Zylet</i>
Ophthalmics, Glaucoma Agents	betaxolol brimonidine (Alphagan P 0.1%) carteolol (Ocupress) dorzolamide (Trusopt) dorzolamide/timolol (Cosopt) latanoprost (Xalatan) levobunolol (Betagan) metipranolol (OptiPranolol) (Brand and generic) pilocarpine (Pilocar) timolol (Timoptic, Timoptic XE) Alphagan P 0.15% (Brand only) Azopt Betimol Betoptic S Simbrinza Travatan Z	<i>apraclonidine (Iopidine)</i> <i>brimonidine 0.15% (Alphagan P) (generic only)</i> <i>travoprost</i> <i>Combigan</i> <i>Cosopt PF</i> <i>Lumigan</i> <i>Rescula</i> <i>Zioptan</i>
Ophthalmics, Anti-Inflammatories	dexamethasone (Decadron) diclofenac (Voltaren) fluorometholone (FML) flurbiprofen (Ocufen) ketorolac (Acular) ketorolac LS (Acular LS) prednisolone acetate (Omnipred) prednisolone sodium (Pred Forte) Durezol Flarex FML Forte FML SOP Lotemax drops Maxidex Pred Mild	<i>bromfenac (Xibrom)</i> <i>Acuvail</i> <i>Ilevro</i> <i>Lotemax ointment and gel</i> <i>Nevanac</i> <i>Ozurdex</i> <i>Prolensa</i> <i>Retisert</i> <i>Triesence</i> <i>Vexol</i>
Otic		
Drug Class	Preferred	Requires Prior Authorization
Otic Antibiotics	neomycin/polymyxin/HC solution (Cortisporin) ofloxacin otic (Floxin Otic) Ciprodex	<i>Cipro HC</i> <i>Coly-Mycin S</i>

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MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/14

Respiratory

Drug Class	Preferred	Requires Prior Authorization
Antihistamines, Minimally Sedating (Antihistamines)	cetirizine, cetirizine D Rx and OTC (Zyrtec, Zyrtec D) fexofenadine OTC (Allegra) levocetirizine tablets (Xyzal) loratadine, loratadine D Rx and OTC (Claritin, Claritin D)	<i>desloratadine (Clarinex, Clarinex D, Clarinex RDT)</i> <i>fexofenadine Rx (Allegra)</i> <i>fexofenadine D (Allegra D)</i> <i>levocetirizine solution (Xyzal)</i> <i>Semprex D</i>
Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)	albuterol neb 0.083% and 5mg/ml albuterol syrup and tablets (Proventil, Ventolin) terbutaline (Brethine) Foradil ProAir HFA Proventil HFA	<i>albuterol ER (Vospire ER)</i> <i>albuterol neb 0.63mg/3ml and 1.25mg/3ml (Accuneb)</i> <i>levalbuterol (Xopenex)</i> <i>metaproterenol (Alupent)</i> <i>Arcapta</i> <i>Brovana</i> <i>Maxair</i> <i>Perforomist</i> <i>Serevent</i> <i>Ventolin HFA</i> <i>Xopenex HFA</i>
COPD Agents	ipratropium neb (Atrovent) ipratropium neb/albuterol (DuoNeb) Atrovent HFA Combivent Respimat Spiriva	Anoro Ellipta <i>Daliresp</i> <i>Tudorza</i>
Glucocorticoids, Inhaled (Beta-Adrenergics and Glucocorticoids Combination, Glucocorticoids) * Pulmicort Respules are available without prior authorization for children who are 1 to 8 years of age.	Advair Diskus, Advair HFA Asmanex Dulera Flovent Diskus, Flovent HFA Pulmicort Flexhaler Pulmicort Respules 0.25mg and 0.5mg (Brand only)* QVAR Symbicort	<i>budesonide respules (generic) (All ages)</i> Aerospan <i>Alvesco</i> Breo Ellipta <i>Pulmicort Respules 1mg</i>
Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)	azelastine nasal (Astepro) fluticasone nasal (Flonase) ipratropium (Atrovent Nasal) Astelin (Brand only) Nasonex Patanase	<i>azelastine nasal (Astelin) (generic only)</i> <i>budesonide nasal (Rhinocort Aqua)</i> <i>flunisolide (Nasarel, Nasalide)</i> <i>triamcinolone nasal (Nasacort AQ)</i> <i>Beconase AQ</i> <i>Dymista</i> <i>Omnaris</i> <i>QNasal</i> <i>Veramyst</i> <i>Zetonna</i>
Leukotriene Modifiers	montelukast chewables and tablets (Singulair) zafirlukast (Accolate)	<i>montelukast granules (Singulair Granules)</i> <i>Zyflo, Zyflo CR</i>

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MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/14

Topical Dermatologics

Drug Class	Preferred	Requires Prior Authorization
Acne Agents, Topical	benzoyl peroxide Rx and OTC	adapalene cream (<i>generic only</i>)
	clindamycin (all forms except the foam)	adapalene gel (<i>Differin gel</i>)
	erythromycin	benzoyl peroxide cleanser
	tretinoin	benzoyl peroxide gel
	Azelex	benzoyl peroxide kit
	Differin cream (Brand only)	benzoyl peroxide towelette
	Differin lotion	bp-10-1
	Panoxyl 4 OTC	cerisa
	Panoxyl 8 OTC	clindamycin foam
		clindamycin/benzoyl peroxide
		erythromycin/benzoyl peroxide
		sulfacetamide
		sulfacetamide/sulfur
		sulfacetamide/sulfur/urea
		tretinoin micro (<i>Retin-A Micro</i>)
		Acanya
		Aczone
	Akne-Mycin	
	Atralin	
	Avar	
	BenzaClin	
	Clindacin	
	Epiduo	
	Fabior	
	Inova	
	Ovace	
	Pacnex	
	SE 10-5	
	SE BPO	
	SSS 10-4	
	Sumadan	
	Sumadan XLT	
	Sumaxin	
	Tazorac	
	Veltin	
	Ziana	
Atopic Dermatitis	Elidel	Protopic

Urologic

Drug Class	Preferred	Requires Prior Authorization
Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)	alfuzosin (Uroxatral)	Avodart
	doxazosin (Cardura)	Cardura XL
	finasteride (Proscar)	Jalyn
	tamsulosin (Flomax)	Rapaflo
	terazosin (Hytrin)	

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MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/14

Urologic

Drug Class	Preferred	Requires Prior Authorization
Bladder Relaxant Preparations (Urinary Tract Antispasmodic/ Anti-incontinence Agent)	oxybutynin, oxybutynin ER (Ditropan, Ditropan XL) Toviaz	<i>flavoxate</i> <i>tolterodine, tolterodine ER (Detrol, Detrol LA)</i> <i>trospium, trospium ER (Sanctura, Sanctura XR)</i> <i>Enablex</i> <i>Gelnique</i> <i>Myrbetriq</i> <i>Oxytrol</i> <i>Vesicare</i>