



# MARYLAND MEDICAID PHARMACY PROGRAM

No. 166  
June 14, 2016

## 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, 2016

#### 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 July 1, 2016**. The Brand Preferred exceptions listed in this advisory has been updated to include 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 needed<sup>1</sup>. 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 Please maintain this Advisory as a reference in addition to any updates that follow. This information is 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%  
Baraclude  
Copaxone 20mg/ml  
Catapres TTS  
Diastat  
Differin cream  
EpiVir HBV  
Focalin  
Focalin XR  
Gabitril  
Hepsera  
Invega tablets  
Kadian  
Kitabis Pak  
Metadate CD  
Methylin Oral Solution  
Nasonex  
Parnate  
Pulmicort respules 0.25mg and 0.5mg  
Ritalin LA  
Tegretol suspension

### Non-Preferred Generics

amphetamine salt combo ER  
brimonidine 0.15%  
entecavir  
glatiramer acetate (Glatopa)  
clonidine patches  
diazepam rectal  
adapalene cream  
lamivudine HBV  
dexmethylphenidate  
dexmethylphenidate XR  
tiagabine  
adefovir  
paliperidone ER (*Invega is still a non-preferred drug and will require a prior authorization by the prescriber*)  
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 (no MedWatch form required)

Trileptal suspension

### Preferred generics

oxcarbazepine suspension

<sup>1</sup> Unless the Program has established clinical criteria for the drug. Clinical Criteria can be found by going to the below link:

<http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx>.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/16

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.

## ANALGESICS

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

Key: cc-Clinical criteria can be found at the link [here](#)  
 ql- Quantity limits can be found at the link [here](#)  
 All lowercase letters = generic product.  
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# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/16

## ANALGESICS

Drug Class	Preferred	Requires Prior Authorization
<b>Anti-Migraine Agents</b>	rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) <sup>ql</sup> sumatriptan (Imitrex) <sup>ql</sup> Relpax <sup>ql</sup>	almotriptan (Axert) <sup>ql</sup> naratriptan (Amerge) <sup>ql</sup> zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT) <sup>ql</sup> Frova <sup>ql</sup> Sumavel Treximet <sup>ql</sup> Zecuity <sup>ql</sup> Zomig nasal <sup>ql</sup>
<b>Neuropathic Pain</b>	capsaicin OTC duloxetine (Cymbalta) <sup>cc,ql</sup> gabapentin capsules (Neurontin) lidocaine patch Lyrica capsules <sup>ql</sup>	gabapentin tablets and solution (Neurontin) Gralise Horizant Irenka <sup>ql</sup> Lyrica solution Qutenza Savella
<b>Nonsteroidal Anti-Inflammatories (NSAIDs)</b>	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	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
<b>Opiate Dependence Treatments</b>	buprenorphine (Subutex) <sup>cc,ql</sup> naloxone (Narcan) naltrexone (Revia) <sup>cc</sup> Narcan nasal spray Zubsolv <sup>ql</sup>	buprenorphine/naloxone tablets (Suboxone) <sup>ql</sup> Bunavai <sup>ql</sup> Evzio <sup>cc</sup> Suboxone film <sup>ql</sup> Vivitrol <sup>cc,ql</sup>
<b>Skeletal Muscle Relaxants</b>	baclofen (Lioresal) chlorzoxazone (Parafon) cyclobenzaprine (Flexeril) dantrolene (Dantrium) methocarbamol (Robaxin) orphenadrine (Norflex) tizanidine tablets (Zanaflex)	carisoprodol 250mg (Soma) carisoprodol 350mg (Soma) carisoprodol compound (Soma Compound) metaxalone (Skelaxin) tizanidine capsules (Zanaflex) Amrix Lorzone

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# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/16

## ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
<b>Antibiotics, GI</b>	metronidazole tablets (Flagyl) neomycin vancomycin capsules (Vancocin) Alinia	metronidazole capsules (Flagyl capsules) paromomycin tinidazole (Tindamax) Difcid <sup>cc,ql</sup> Flagyl ER Xifaxan <sup>cc,ql</sup>
<b>Antibiotics, Inhaled</b>	Bethkis <sup>cc</sup> Kitabis Pak( <b>Brand only</b> ) <sup>cc,ql</sup> Tobi Podhaler <sup>cc,ql</sup> ( <b>Step therapy</b> )	tobramycin inhalation solution (Tobi) <sup>cc,ql</sup> tobramycin pak (Kitabis) ( <b>generic only</b> ) <sup>cc,ql</sup> Cayston <sup>cc,ql</sup>
<b>Antibiotics, Topical</b>	bacitracin OTC bacitracin/polymyxin OTC gentamicin mupirocin ointment (Bactroban Ointment) triple antibiotic OTC	mupirocin cream (Bactroban Cream) Altabax Centany
<b>Antibiotics, Vaginal</b>	clindamycin (Cleocin, Clindesse) metronidazole vaginal (Metrogel) Cleocin ovule	Nuversa Vandazole
<b>Antifungals, Oral</b>	clotrimazole troches (Mycelex) fluconazole (Diflucan) griseofulvin suspension (GriFulvin V) ketoconazole (Nizoral) nystatin suspension and tablets terbinafine (Lamisil)	flucytosine (Ancobon) griseofulvin tablets (Gris Peg, GriFulvin V) itraconazole (Sporanox) voriconazole (Vfend) Cresemba Lamisil granules Noxafil Onmel Oravig Terbinex
<b>Antifungals, Topical</b>	clotrimazole Rx and OTC clotrimazole/betamethasone (Lotrisone) ketoconazole cream and shampoo (Nizoral) miconazole OTC nystatin nystatin/triamcinolone (Mycolog) terbinafine OTC tolnaftate OTC	ciclopirox (Loprox, Loprox Shampoo, Penlac) econazole (Spectazole) ketoconazole foam (Ketodan) naftifine (Naftin) Bensal HP CNL-8 Ertaczo Exelderm Jublia Kerydin Lotrimin AF Luzu <sup>cc,ql</sup> Oxistat Pediaderm AF Vusion

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## ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
<b>Antiparasitics, Topical</b>	permethrin Rx and OTC (Elimite, Acticin) piperonyl/pyrethrins OTC piperonyl/pyrethrins/permethrin OTC Ulesfia	<i>lindane</i> <i>malathion (Ovide)</i> <i>spinosad (Natroba)</i> <i>Eurax</i> <i>Sklice</i> <sup>cc,ql</sup>
<b>Antivirals, Oral</b>	acyclovir (Zovirax) rimantadine (Flumadine) valacyclovir (Valtrex)	<i>famciclovir (Famvir)</i> <i>Relenza</i> <i>Sitavig</i> <i>Tamiflu</i>
<b>Antivirals, Topical</b>	Abreva OTC Denavir <b>Zovirax cream</b>	<b><i>acyclovir ointment (Zovirax ointment)</i></b> <i>Xerese</i>
<b>Cephalosporin and Related Agents</b>	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	<i>amoxicillin/clavulanate ER (Augmentin XR)</i> <i>cefadroxil suspension and tablets (Duricef)</i> <i>cefpodoxime (Vantin)</i> <i>ceftibuten (Cedax)</i> <i>Ceftin suspension</i> <i>Suprax tablets</i>
<b>Fluoroquinolones</b>	ciprofloxacin tablets (Cipro) levofloxacin tablets (Levaquin)	<i>ciprofloxacin ER (Cipro XR)</i> <i>ciprofloxacin suspension (Cipro)</i> <i>levofloxacin solution (Levaquin)</i> <i>moxifloxacin (Avelox)</i> <i>ofloxacin (Floxin)</i>
<b>Hepatitis B Agents</b>	Baraclude ( <b>Brand only</b> ) Epivir HBV ( <b>Brand only</b> ) Hepsera ( <b>Brand only</b> )	<i>adefovir (Hepsera) (generic only)</i> <i>entecavir (Baraclude) (generic only)</i> <i>lamivudine (Epivir HBV) (generic only)</i> <i>Tyzeka</i>
<b>Hepatitis C Agents</b>	ribavirin (Copegus, Rebetol) Daklinza <sup>cc</sup> Harvoni <sup>cc</sup> Pegasys PegIntron Sovaldi <sup>cc</sup> Technivie <sup>cc</sup> Viekira Pak <sup>cc</sup> <b>Zepatier</b> <sup>cc</sup>	<i>Moderiba</i> <i>Olysio</i> <sup>cc</sup> <i>Rebetol solution</i> <i>Ribapak</i> <i>Ribasphere</i>
<b>Macrolides/Ketolides</b>	azithromycin (Zithromax) clarithromycin tablets (Biaxin) erythromycin base capsule DR E.E.S. EryPed Ery-Tab Erythrocin	<i>clarithromycin suspension (Biaxin)</i> <i>clarithromycin ER (Biaxin XL)</i> <b><i>erythromycin base tablet</i></b> <i>Ketek</i> <i>PCE</i> <i>Zmax</i>

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# MARYLAND PREFERRED DRUG LIST

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## ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
Tetracyclines	doxycycline hyclate (Vibramycin) doxycycline monohydrate 50mg, 100mg (Monodox) minocycline capsules (Minocin) tetracycline (Sumycin)	demeclocycline (Declomycin) doxycycline hyclate DR (Doryx) doxycycline monohydrate 40mg, 75mg, 150mg (Oracea, Monodox, Adoxa) doxycycline monohydrate suspension (Vibramycin) minocycline tablets minocycline ER (Solodyn) Vibramycin syrup

## BLOOD MODIFIERS

Drug Class	Preferred	Requires Prior Authorization
Anti-Hyperuricemics	allopurinol (Zyloprim) probenecid probenecid/colchicine	colchicine (Colcrys) Mitigare Uloric
Colony Stimulating Factors	Granix Neupogen	Leukine Neulasta
Erythropoietins	Aranesp Procrit	Epogen Mircera
Phosphate Binders and Related Agents	calcium acetate (PhosLo) calphron OTC	Auryxia Fosrenol Magnebind 400 Rx Phoslyra Renagel Renvela Velphoro

## CARDIOVASCULAR

Drug Class	Preferred	Requires Prior Authorization
Angiotensin Modulator Combinations	amlodipine/benazepril (Lotrel) amlodipine/valsartan, amlodipine/valsartan/HCTZ (Exforge, Exforge HCT)	telmisartan/amlodipine (Twynta) trandolapril/verapamil (Tarka) Azor/TribenzorTekamlo/Amturnide Prestalia
Angiotensin Modulators	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 <sup>cc</sup>	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

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## CARDIOVASCULAR

Drug Class	Preferred	Requires Prior Authorization
<b>Anticoagulants</b>	enoxaparin (Lovenox) <sup>ql</sup> warfarin (Coumadin) Fragmin <sup>ql</sup>	<i>fondaparinux (Arixtra)<sup>ql</sup></i> <i>Eliquis</i> <i>Pradaxa<sup>ql</sup></i> <i>Savaysa</i> <i>Xarelto</i>
<b>Antihypertensives, Sympatholytics</b>	clonidine oral (Catapres) guanfacine (Tenex) methyldopa (Aldomet) methyldopa/HCTZ (Aldoril) Catapres TTS ( <b>Brand only</b> ) <sup>ql</sup>	<i>clonidine patch (<b>generic only</b>)<sup>ql</sup></i> <i>reserpine</i> <i>Clorpres</i>
<b>Beta Blockers</b>	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)	<i>acebutolol (Sectral)</i> <i>betaxolol (Kerlone)</i> <i>bisoprolol (Zebeta)</i> <i>metoprolol/HCTZ (Lopressor HCT)</i> <b><i>nadolol (Corgard)</i></b> <i>nadolol/bendroflumethiazide (Corzide)</i> <i>timolol (Blocadren)</i> <i>Bystolic</i> <i>Coreg CR</i> <i>Dutoprol</i> <i>Hemangeol</i> <i>Levatal</i> <i>Sotylize</i>
<b>Calcium Channel Blocking Agents</b>	amlodipine (Norvasc) diltiazem (Cardizem) <b>diltiazem ER capsules (Cardizem CD, Tiazac)</b> nicardipine (Cardene) <b>nifedipine (Adalat, Procardia)</b> nifedipine ER (Adalat CC, Procardia XL) verapamil (Calan) verapamil ER tablets (Calan SR, Verelan)	<b><i>diltiazem ER tablets (Cardizem LA)</i></b> <i>felodipine (Plendil)</i> <i>isradipine (Dynacirc)</i> <i>nimodipine (Nimotop)</i> <i>nisoldipine (Sular)</i> <i>verapamil ER capsules (Verelan PM)</i> <i>Nymalize</i>
<b>Lipotropics, Other</b>	colestipol tablet (Colestid) cholestyramine (Questran) fenofibrate nanocrystals (Tricor) fenofibric acid (Trilipix) gemfibrozil (Lopid) niacin ER (Niaspan ER) Niacor	<i>colestipol granules (Colestid)</i> <i>fenofibrate (Antara, Fenoglide, Lipofen, Lofibra)</i> <i>fenofibric acid (Fibricor)</i> <i>omega-3 ethyl esters (Lovaza)</i> <i>Juxtapid</i> <i>Kynamro</i> <i>Praluent<sup>cc</sup></i> <i>Repatha<sup>cc</sup></i> <i>Triglide</i> <i>Vascepa</i> <i>Welchol</i> <i>Zetia</i>

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## CARDIOVASCULAR

Drug Class	Preferred	Requires Prior Authorization
<b>Lipotropics, Statins</b>	atorvastatin (Lipitor) lovastatin (Mevacor) pravastatin (Pravachol) simvastatin (Zocor)	<i>amlodipine/atorvastatin (Caduet)</i> <i>fluvastatin, fluvastatin ER (Lescol, Lescol XL)</i> <i>Advicor</i> <i>Altoprev</i> <i>Crestor</i> <i>Liptruzet</i> <i>Livalo</i> <i>Simcor</i> <i>Vytorin</i>
<b>Platelet Aggregation Inhibitors</b>	clopidogrel (Plavix) <sup>ql</sup> dipyridamole (Persantine) <sup>ql</sup> ticlopidine (Ticlid)	<b><i>aspirin/dipyridamole (Aggrenox)<sup>ql</sup></i></b> <i>Brilinta<sup>ql</sup></i> <i>Durlaza</i> <i>Effient<sup>ql</sup></i> <i>Zontivity</i>
<b>Pulmonary Arterial Hypertension, Oral and Inhaled Agents</b>	sildenafil (Revatio) <sup>cc,ql</sup> Letairis Tracleer Ventavis	<i>Adcirca<sup>cc,ql</sup></i> <i>Adempas</i> <i>Opsumit</i> <i>Orenitram ER<sup>cc,ql</sup></i> <i>Revatio suspension<sup>cc,ql</sup></i> <i>Tyvaso<sup>cc</sup></i> <b><i>Upravi</i></b>

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# MARYLAND PREFERRED DRUG LIST

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## CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out can be found at the link [here](#)

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

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# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/16

## CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out can be found at the link [here](#)

Drug Class	Preferred	Requires Prior Authorization
Antipsychotics	<b>1st Tier</b>	<i>clozapine ODT (Fazaclon)</i> <sup>cc,ql</sup>
	aripiprazole (Abilify) <sup>ql</sup> ( <b>generic only</b> ) ( <b>Age 17 and younger</b> )	<i>olanzapine/fluoxetine (Symbyax)</i> <sup>cc,ql</sup>
	aripiprazole ODT (Abilify Discmelt) <sup>ql</sup> ( <b>generic only</b> ) ( <b>Age 17 and younger</b> )	<i>Abilify IM</i> <sup>cc,ql</sup>
	chlorpromazine (Thorazine)	<i>Adasuve</i> <sup>cc,ql</sup>
	clozapine (Clozaril)	<i>Fanapt</i> <sup>cc,ql</sup>
	fluphenazine (Prolixin)	<i>Invega tablets (Brand only)</i> <sup>cc,ql</sup>
	fluphenazine decanoate inj (Prolixin Inj.)	<i>Rexulti</i> <sup>cc,ql</sup>
	haloperidol (Haldol)	<i>Saphris</i> <sup>cc,ql</sup>
	haloperidol decanoate inj (Haldol IM)	<i>Seroquel XR</i> <sup>cc,ql</sup>
	loxapine capsules (Loxitane)	<i>Versacloz</i> <sup>cc,ql</sup>
	perphenazine (Trilafon)	<b>Vraylar</b>
	perphenazine/amitriptyline (Triavil)	<i>Zyprexa Relprevv</i> <sup>cc,ql</sup>
	quetiapine (Seroquel) <sup>ql</sup>	
	risperidone, risperidone ODT (Risperdal) <sup>ql</sup>	
	thioridazine (Mellaril)	
	thiothixene (Navane)	
	trifluoperazine (Stelazine)	
	ziprasidone (Geodon) <sup>ql</sup>	
	Abilify Maintena	
	<b>Aristada</b> <sup>cc,ql</sup>	
	Geodon IM	
	Invega Sustenna <sup>ql</sup>	
	Invega Trinza <sup>cc,ql</sup>	
	Orap	
	Risperdal Consta <sup>ql</sup>	
	<b>2nd Tier</b>	
	aripiprazole (Abilify) <sup>cc,ql</sup> ( <b>generic only</b> ) ( <b>Age 18 or older</b> )	
	aripiprazole ODT (Abilify Discmelt) <sup>cc,ql</sup> ( <b>generic only</b> ) ( <b>Age 18 or older</b> )	
	olanzapine IM (Zyprexa IM) <sup>cc</sup>	
	olanzapine ODT (Zyprexa Zydis) <sup>cc,ql</sup>	
	olanzapine tablets (Zyprexa) <sup>cc,ql</sup>	
	Latuda <sup>cc,ql</sup>	

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# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/16

## CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out can be found at the link [here](#)

Drug Class	Preferred	Requires Prior Authorization
<b>Sedative Hypnotics</b>	flurazepam (Dalmane) <sup>ql</sup> temazepam 15mg, 30mg (Restoril) <sup>ql</sup> triazolam (Halcion) <sup>ql</sup> zaleplon (Sonata) <sup>ql</sup> zolpidem (Ambien) <sup>ql</sup>	estazolam (ProSom) <sup>ql</sup> eszopiclone (Lunesta) <sup>cc,ql</sup> temazepam 7.5mg, 22.5mg (Restoril) <sup>ql</sup> zolpidem ER (Ambien CR) Belsomra <sup>cc,ql</sup> Edluar <sup>ql</sup> Hetlio <sup>cc,ql</sup> Intermezzo <sup>ql</sup> Rozerem <sup>ql</sup> Silenor Zolpimist <sup>ql</sup>
<b>Stimulants and Related Agents</b>	<b>1st Tier</b> amphetamine salt combo (Adderall) dextroamphetamine capsules (Dexedrine ER) dextroamphetamine tablets guanfacine ER (Intuniv) <sup>cc,ql</sup> methylphenidate tablets (Ritalin) methylphenidate ER tablets (Ritalin SR) methylphenidate CR tablets (Concerta) Adderall XR ( <b>Brand only</b> ) Daytrana Focalin ( <b>Brand only</b> ) Focalin XR ( <b>Brand only</b> ) Metadate CD ( <b>Brand only</b> ) Methylin oral solution ( <b>Brand only</b> ) Quillivant XR Ritalin LA ( <b>Brand only</b> ) Vyvanse <b>2nd Tier</b> Strattera <sup>cc</sup>	amphetamine salt combo ER (Adderall XR) ( <b>generic only</b> ) armodafinil (Nuvigil) <sup>cc,ql</sup> clonidine ER (Kapvay) <sup>cc,ql</sup> dexmethylphenidate (Focalin) ( <b>generic only</b> ) dexmethylphenidate XR (Focalin XR) ( <b>generic only</b> ) dextroamphetamine solution (Procentra) methamphetamine (Desoxyn) methylphenidate CD capsules (Metadate CD) ( <b>generic only</b> ) methylphenidate ER capsules (Ritalin LA) ( <b>generic only</b> ) methylphenidate chewable (Methylin chewable) methylphenidate oral solution (Methylin) ( <b>generic only</b> ) modafinil (Provigil) <sup>cc,ql</sup> Aptensio XR Dyanavel XR Evekeo Quillichew ER Zenzedi

## ENDOCRINE

Drug Class	Preferred	Requires Prior Authorization
<b>Androgenic Agents</b>	testosterone gel (Androgel) testosterone gel (Testim)	testosterone gel (Vogelxo) testosterone gel pump (Fortesta) Androderm Axiron Natesto

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# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/16

## ENDOCRINE

Drug Class	Preferred	Requires Prior Authorization
<b>Bone Resorption Suppression and Related Agents</b>	alendronate tablets (Fosamax) <sup>ql</sup> calcitonin salmon nasal (Miacalcin) <sup>ql</sup> Fortical <sup>ql</sup>	<i>alendronate solution (Fosamax Solution)</i> <sup>ql</sup> <i>etidronate (Didrone)</i> <sup>ql</sup> <i>ibandronate (Boniva)</i> <sup>ql</sup> <i>raloxifene (Evista)</i> <sup>ql</sup> <i>risedronate (Atelvia)</i> <sup>ql</sup> <i>risedronate (Actonel)</i> <sup>ql</sup> <i>Binosto</i> <sup>ql</sup> <i>Forteo</i> <sup>cc,ql</sup> <i>Fosamax Plus D</i> <sup>ql</sup> <i>Prolia</i> <sup>cc,ql</sup>
<b>Growth Hormones</b>	Genotropin <sup>cc</sup> Norditropin <sup>cc</sup> Nutropin <sup>cc</sup> , Nutropin AQ <sup>cc</sup>	<i>Humatrope</i> <sup>cc</sup> <i>Omnitrope</i> <sup>cc</sup> <i>Saizen</i> <sup>cc</sup> <i>Serostim</i> <sup>cc</sup> <i>Zomacton</i> <sup>cc</sup> <i>Zorbtive</i> <sup>cc</sup>
<b>Hypoglycemics, Incretin Mimetics and Enhancers</b>	Bydureon Byetta Janumet, Janumet XR Januvia Jentadueto Symlin Tradjenta	<i>Glyxambi</i> <sup>cc,ql</sup> <i>Kazano</i> <i>Kombiglyze XR</i> <i>Nesina</i> <i>Onglyza</i> <i>Oseni</i> <i>Tanzeum</i> <i>Trulicity</i> <i>Victoza</i> <sup>ql</sup>
<b>Hypoglycemics, Insulins</b>	Humalog Humalog Mix <b>Humulin vial</b> Lantus Levemir NovoLog NovoLog Mix	<i>Afrezza</i> <i>Apidra</i> <i>Humalog 200unit/mL</i> <b><i>Humulin pen</i></b> <b><i>Humulin 70/30 pen</i></b> <i>Humulin 500unit/mL pen</i> <b><i>Novolin vial</i></b> <b><i>Novolin 70/30 vial</i></b> <i>Toujeo</i> <b><i>Tresiba</i></b> <sup>cc</sup>
<b>Hypoglycemics, Meglitinides</b>	nateglinide (Starlix) repaglinide (Prandin)	<i>repaglinide/metformin (Prandimet)</i>
<b>Hypoglycemics, SGLT2 Inhibitors</b>	Invokana <sup>cc,ql</sup> <b>(Step Therapy)</b> Invokamet <sup>cc,ql</sup> <b>(Step therapy)</b>	<i>Farxiga</i> <sup>cc,ql</sup> <i>Jardiance</i> <sup>cc,ql</sup> <i>Synjardy</i> <sup>cc,ql</sup> <i>Xigduo XR</i> <sup>cc,ql</sup>
<b>Hypoglycemics, TZDs</b>	pioglitazone (Actos)	<b><i>pioglitazone/glimepiride (Duetact)</i></b> <i>pioglitazone/metformin (ActoPlusMet)</i> <i>ActoPlusMet XR</i> <i>Avandia, Avandamet, Avandaryl</i>

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# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/16

## GASTROINTESTINAL

Drug Class	Preferred	Requires Prior Authorization
<b>Antiemetic/Antivertigo Agents</b>	dimenhydrinate Rx and OTC meclizine Rx and OTC (Bonine, Antivert) metoclopramide (Reglan) ondansetron, ondansetron ODT (Zofran) <sup>ql</sup> prochlorperazine (Compazine, Compro) promethazine (Phenergan) Emend capsules <sup>ql</sup> TransDerm-Scop	dronabinol (Marinol) <sup>cc,ql</sup> granisetron (Kytril) <sup>ql</sup> metoclopramide ODT (Metozolv ODT) trimethobenzamide (Tigan) Aloxi Akynzeo <sup>cc</sup> Anzemet <sup>ql</sup> Cesamet <sup>ql</sup> Diclegis <sup>cc,ql</sup> Emend IV Sancuso <sup>ql</sup> Varubi Zuplenz
<b>Bile Salts</b>	ursodiol capsules (Actigall) ursodiol tablets (URSO Forte)	Chenodal Cholbam
<b>Gastrointestinal Motility, Chronic</b>	Amitiza Linzess <sup>cc</sup>	alosetron (Lotronex) Movantik Relistor Viberzi
<b>Pancreatic Enzymes</b>	pancrelipase Creon Zenpep	Pancreaze Pertzye Ultresa Viokace
<b>Proton Pump Inhibitors</b>	lansoprazole capsules (Prevacid) omeprazole capsules (Prilosec) pantoprazole (Protonix) Nexium packet for suspension Prevacid Solutab Protonix suspension	esomeprazole magnesium (Nexium) lansoprazole OTC omeprazole OTC omeprazole/sodium bicarb (Zegerid) rabeprazole (Aciphex) Aciphex Sprinkle Dexilant Prilosec suspension
<b>Ulcerative Colitis Agents</b>	balsalazide (Colazal) sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR) Apriso Canasa	mesalamine enemas (Rowasa, sfRowasa) Asacol HD Delzicol Dipentum Giazo Lialda Pentasa Uceris

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# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/16

## IMMUNOLOGICS

Drug Class	Preferred	Requires Prior Authorization
<b>Cytokine and CAM Antagonists</b>	Enbrel Humira	Actemra Arcalyst Cimzia Cosentyx Entyvio Ilaris Kineret Orencia Otezla <sup>cc</sup> Remicade Simponi Stelara Xeljanz Xeljanz XR
<b>Immunosuppressives, Oral</b>	azathioprine (Imuran) cyclosporine (Sandimmune) cyclosporine modified (Gengraf, Neoral) mycophenolate mofetil capsules, tablets (Cellcept) sirolimus (Rapamune) tacrolimus (Prograf) Rapamune solution Sandimmune solution	mycophenolate mofetil suspension (Cellcept) mycophenolic acid (Myfortic) Astagraf XL Azasan Envarsus XR Zortress

## NEUROLOGICS

Drug Class	Preferred	Requires Prior Authorization
<b>Alzheimer's Agents</b>	donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT) rivastigmine capsules (Exelon) Exelon patch Namenda	donepezil 23mg (Aricept) galantamine, galantamine ER (Razadyne, Razadyne ER) Namenda XR Namzaric
<b>Anti-Parkinson's Agents</b>	amantadine (Symmetrel) benztropine (Cogentin) levodopa/carbidopa IR, levodopa/carbidopa ER (Sinemet, Sinemet CR) levodopa/carbidopa/entacapone (Stalevo) pramipexole (Mirapex) ropinirole (Requip) selegiline tablets (Eldepryl) trihexyphenidyl (Artane)	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

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# MARYLAND PREFERRED DRUG LIST

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## NEUROLOGICS

Drug Class	Preferred	Requires Prior Authorization
<b>Multiple Sclerosis Agents</b>	Avonex Betaseron Copaxone 20mg ( <b>Brand only</b> ) Rebif	<i>glatiramer acetate 20mg (Glatopa) (generic only)</i> <i>Ampyra</i> <sup>cc,ql</sup> <i>Aubagio</i> <sup>cc,ql</sup> <i>Copaxone 40mg</i> <i>Extavia</i> <i>Gilenya</i> <sup>cc,ql</sup> <i>Lemtrada</i> <sup>cc,ql</sup> <i>Plegridy</i> <sup>cc</sup> <i>Tecfidera</i> <sup>cc,ql</sup>

## OPHTHALMICS

Drug Class	Preferred	Requires Prior Authorization
<b>Ophthalmics, Allergic Conjunctivitis</b>	cromolyn (Crolom) ketotifen OTC (Zaditor OTC) Alrex Pataday Pazeo	<i>azelastine (Optivar)</i> <i>epinastine (Elestat)</i> <i>Alocril</i> <i>Alomide</i> <i>Bepreve</i> <i>Emadine</i> <i>Lastacaft</i> <i>Patanol</i>
<b>Ophthalmics, Antibiotics</b>	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	<i>bacitracin</i> <i>gatifloxacin (Zymaxid)</i> <i>levofloxacin (Quixin)</i> <i>sulfacetamide ointment</i> <i>AzaSite</i> <i>Besivance</i> <i>Natacyn</i>
<b>Ophthalmics, Antibiotic/Steroid Combinations</b>	neomycin/poly/dexamethasone (Maxitrol) sulfacetamide/prednisolone tobramycin/dexamethasone drops (Tobradex) Tobradex ointment	<i>neomycin/bacitracin/polymyxin/HC</i> <i>neomycin/polymyxin/HC</i> <i>Blephamide, Blephamide S.O.P.</i> <i>Pred-G</i> <i>Tobradex ST</i> <i>Zylet</i>

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## OPHTHALMICS

Drug Class	Preferred	Requires Prior Authorization
<b>Ophthalmics, Glaucoma Agents</b>	brimonidine (Alphagan P 0.1%)	<i>apraclonidine (Iopidine)</i>
	carteolol (Ocupress)	<i>betaxolol</i>
	dorzolamide (Trusopt)	<i>bimatoprost 0.03% (Lumigan)</i>
	dorzolamide/timolol (Cosopt)	<i>brimonidine 0.15% (Alphagan P) (generic only)</i>
	latanoprost (Xalatan)	<i>travoprost</i>
	levobunolol (Betagan)	<i>Betoptic S</i>
	metipranolol (OptiPranolol)	<i>Cosopt PF</i>
	pilocarpine (Pilocar)	<i>Istalol</i>
	timolol (Timoptic, Timoptic XE)	<i>Lumigan 0.01%</i>
	Alphagan P 0.15% <b>(Brand only)</b>	<i>Rescula</i>
	Azopt	<i>Zioptan</i>
	Betimol	
	Combigan	
	Simbrinza	
Travatan Z		
<b>Ophthalmics, Anti-Inflammatories</b>	dexamethasone (Decadron)	<i>bromfenac (Xibrom)</i>
	diclofenac (Voltaren)	<i>prednisolone sodium (Pred Forte)</i>
	fluorometholone (FML)	<i>Acuvail</i>
	flurbiprofen (Ocufen)	<i>FML Forte</i>
	ketorolac (Acular)	<i>Ilevro</i>
	ketorolac LS (Acular LS)	<i>Iluvien</i>
	prednisolone acetate (Omnipred)	<i>Lotemax ointment and gel</i>
	Durezol	<i>Nevanac</i>
	Flarex	<i>Ozurdex</i>
	FML SOP	<i>Prolensa</i>
	Lotemax drops	<i>Retisert</i>
	Maxidex	<i>Triesence</i>
	Pred Mild	<i>Vexol</i>

## OTIC

Drug Class	Preferred	Requires Prior Authorization
<b>Otic Antibiotics</b>	neomycin/polymyxin/HC (Cortisporin)	<i>ciprofloxacin</i>
	ofloxacin otic (Floxin Otic)	<i>Cipro HC</i>
	Ciprodex	<i>Coly-Mycin S</i>

## RESPIRATORY

Drug Class	Preferred	Requires Prior Authorization
<b>Antihistamines, Minimally Sedating</b>	cetirizine, cetirizine D Rx and OTC (Zyrtec, Zyrtec D)	<i>desloratadine, desloratadine D, desloratadine ODT (Clarinet, Clarinet D, Clarinet RDT)</i>
	fexofenadine OTC (Allegra)	<i>fexofenadine Rx (Allegra)</i>
	levocetirizine tablets (Xyzal)	<i>fexofenadine D (Allegra D)</i>
	loratadine, loratadine D, loratadine ODT Rx and OTC (Claritin, Claritin D)	<i>levocetirizine solution (Xyzal)</i>
		<i>Semprex D</i>

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# MARYLAND PREFERRED DRUG LIST

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## RESPIRATORY

Drug Class	Preferred	Requires Prior Authorization
<b>Bronchodilators, Beta Agonists</b>	albuterol neb 0.083% and 5mg/ml albuterol syrup and tablets (Proventil, Ventolin) terbutaline (Brethine) Foradil ProAir HFA <sup>ql</sup> Proventil HFA <sup>ql</sup> Serevent	<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<sup>ql</sup></i> <i>Perforomist</i> <i>ProAir Respiclick<sup>ql</sup></i> <i>Striverdi Respimat</i> <i>Ventolin HFA<sup>ql</sup></i> <i>Xopenex HFA<sup>ql</sup></i>
<b>COPD Agents</b>	ipratropium neb (Atrovent) ipratropium/albuterol neb (DuoNeb) Atrovent HFA Combivent Respimat <sup>ql</sup> Spiriva	<i>Anoro Ellipta</i> <i>Daliresp</i> <i>Incruse Ellipta</i> <b>Seebri Neohaler</b> <i>Spiriva Respimat</i> <i>Stiolto Respimat</i> <i>Tudorza</i> <b>Utibron Neohaler</b>
<b>Glucocorticoids, Inhaled</b>	Advair Diskus, Advair HFA Aerospan Asmanex Dulera Pulmicort Respules 0.25mg and 0.5mg <b>(Brand only)</b> QVAR Symbicort	<i>budesonide respules (generic) (All ages)</i> <i>Alvesco</i> <i>Arnuity Ellipta</i> <i>Asmanex HFA</i> <i>Breo Ellipta</i> <i>Flovent Diskus, Flovent HFA</i> <i>Pulmicort Flexhaler<sup>ql</sup></i> <i>Pulmicort Respules 1mg</i>
<b>Intranasal Rhinitis Agents</b>	azelastine nasal (Astelin) fluticasone nasal (Flonase) ipratropium (Atrovent Nasal) Nasonex <b>(Brand only)</b>	<i>azelastine nasal (Astepro)</i> <i>budesonide nasal (Rhinocort Aqua)</i> <i>flunisolide (Nasarel, Nasalide)</i> <i>mometasone nasal (generic only)</i> <i>olopatadine (Patanase)</i> <i>triamcinolone nasal (Nasacort AQ)</i> <i>Beconase AQ</i> <i>Dymista</i> <i>Omnaris</i> <i>Qnasal</i> <b>Ticanase</b> <i>Veramyst</i> <i>Zetonna</i>
<b>Leukotriene Modifiers</b>	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

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## TOPICAL DERMATOLOGICS

Drug Class	Preferred	Requires Prior Authorization
<b>Acne Agents, Topical</b>	benzoyl peroxide OTC erythromycin/benzoyl peroxide clindamycin (all forms except the foam) erythromycin tretinoin <sup>cc</sup> Azelex Differin cream <sup>cc</sup> <b>(Brand only)</b> Differin lotion <sup>cc</sup>	<i>adapalene cream (Differin cream)<sup>cc</sup> (generic only)</i> <i>adapalene gel (Differin gel)<sup>cc</sup></i> <i>benzoyl peroxide Rx</i> <i>bp-10-1</i> <i>clindamycin foam</i> <i>clindamycin/benzoyl peroxide</i> <i>sulfacetamide</i> <i>sulfacetamide/sulfur</i> <i>sulfacetamide/sulfur/urea</i> <i>tretinoin micro (Retin-A Micro)<sup>cc</sup></i> <i>Acanya</i> <i>Aczone</i> <i>Akne-Mycin</i> <i>Atralin</i> <i>Avar</i> <i>BenzaClin</i> <i>Benzamycin</i> <i>Clindacin</i> <i>Epiduo</i> <i>Epiduo Forte Gel w/Pump</i> <i>Fabior</i> <i>Neuac</i> <i>Onexton</i> <i>Ovace</i> <i>Sumaxin CP Kit</i> <i>Tazorac<sup>cc</sup></i> <i>Veltin</i> <i>Ziana</i>
<b>Atopic Dermatitis</b>	Elidel	<i>tacrolimus ointment (Protopic)</i>

## UROLOGIC

Drug Class	Preferred	Requires Prior Authorization
<b>Benign Prostatic Hyperplasia</b>	alfuzosin (Uroxatral) doxazosin (Cardura) finasteride (Proscar) tamsulosin (Flomax) terazosin (Hytrin)	<i>dutasteride (Avodart)</i> <i>dutasteride/tamsulosin (Jalyn)</i> <i>Cardura XL</i> <i>Rapaflo</i>
<b>Bladder Relaxant Preparations</b>	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>

Key: cc-Clinical criteria can be found at the link [here](#)  
 ql- Quantity limits can be found at the link [here](#)  
 All lowercase letters = generic product.  
 Leading capital letter = brand name product.