



# MARYLAND MEDICAID PHARMACY PROGRAM

No. 128  
Dec. 28, 2012

## 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.*

### Updated Maryland Medicaid Preferred Drug List Effective January 1, 2013

The Maryland Medicaid Pharmacy Program has an open formulary with a Preferred Drug List (PDL) to ensure access to efficacious, safe, and cost-effective drug options. Five (5) new individual drugs (Primlev<sup>®</sup>, Subsys<sup>®</sup>, Sklice<sup>®</sup>, Omontys<sup>®</sup> and Janumet XR<sup>®</sup>) as well as drugs in 27 of the classes on the PDL were reviewed at the November 8, 2012 Pharmacy and Therapeutics Committee meeting

You will also notice that Fibromyalgia Agents have been added to a new group of Analgesics called **Neuropathic Pain** which contains those agents that have indications for Post-Herpetic Neuralgia (PHN), Diabetic Peripheral Neuropathic Pain (DPNP), Fibromyalgia and Neuropathic Pain.

As in the past, new strengths and dosage forms are handled as line extensions to current PDL agents where appropriate. Changes effective January 1, 2013 in the Preferred Drug List are **highlighted** in yellow.

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**Key:** All lowercase letters = generic product.  
Leading capital letter = brand name product.  
Posted 1/1/2013 – Effective Date 1/1/2013

# MARYLAND PREFERRED DRUG LIST

Posted 1/1/13  
Effective Date 1/1/13

Only drugs that are part of the listed therapeutic categories are affected by the PDL. Therapeutic categories not listed here are not part of the PDL and will continue to be covered as they always have for Maryland Medicaid patients.

**Note:** For most multi-source products, the generic product(s) are usually preferred and branded innovator product(s) are non-preferred. PDL products that are new to market require prior authorization until they are reviewed.

## ANALGESICS

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

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# MARYLAND PREFERRED DRUG LIST

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## ANALGESICS

Drug Class	Preferred	Requires Prior Authorization
<b>Anti-Migraine Agents</b>	sumatriptan (Imitrex) Relpax	<i>naratriptan (Amerge) (Brand and generic)</i> <i>Axert</i> <i>Cambia</i> <i>Frova</i> <i>Maxalt, Maxalt MLT</i> <i>Sumavel Dosepro</i> <i>Treximet</i> <i>Zomig, Zomig Nasal, Zomig ZMT</i>
<b>Neuropathic Pain</b> *Clinical criteria apply to Cymbalta. To view criteria, please refer to <a href="http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx">http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx</a> .	capsaicin OTC gabapentin (Neurontin) Lidoderm Lyrica Savella	<i>Cymbalta*</i> <i>Gralise</i> <b>Horizant</b> <i>Qutenza</i> <b>Zostrix OTC</b>
<b>Nonsteroidal Anti-Inflammatories/COX II Inhibitors (NSAIDS, Cyclooxygenase Inhibitors – Type II)</b>	diclofenac potassium (Cataflam) diclofenac sodium, diclofenac sodium XL (Voltaren, Voltaren XR) diflunisal (Dolobid) etodolac, etodolac XL (Lodine, Lodine XL) fenoprofen (Nalfon) 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 (Naprosyn) naproxen OTC naproxen sodium, naproxen sodium DS (Anaprox, Anaprox DS) oxaprozin (Daypro) piroxicam (Feldene) sulindac (Clinoril) <b>Voltaren Gel</b>	<i>diclofenac/misoprostol (Arthrotec) (Brand and generic)</i> <i>mefenamic acid (Ponstel)</i> <i>tolmetin, tolmetin DS (Tolectin, Tolectin DS)</i> <i>Celebrex</i> <i>Duexis</i> <b>Flector</b> <i>Indocin Rectal</i> <i>Indocin Suspension</i> <i>Mobic Suspension</i> <b>Pennsaid</b> <i>Sprix Nasal</i> <i>Vimovo</i> <i>Zipsor</i>
<b>Skeletal Muscle Relaxants</b>	baclofen (Lioresal) carisoprodol (Soma) carisoprodol compound (Soma Compound) chlorzoxazone (Parafon) cyclobenzaprine (Flexeril) dantrolene (Dantrium) methocarbamol (Robaxin) orphenadrine (Norflex) orphenadrine compound (Norflex Forte) tizanidine tablets (Zanaflex)	<i>cyclobenzaprine ER (Amrix) (Brand and generic)</i> <i>metaxalone (Skelaxin) (Brand and generic)</i> <i>tizanidine capsules (Zanaflex) (Brand and generic)</i> <i>Fexmid</i> <i>Lorzone</i> <i>Soma 250mg tablets</i>

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## ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
<b>Antibiotics, GI</b>	Alinia metronidazole tablets (Flagyl) neomycin vancomycin (Vancocin)	metronidazole capsules (Flagyl capsules) tinidazole (Tindamax) Difucid Flagyl ER Neo-Fradin Xifaxan
<b>Antibiotics, Inhaled</b>	TOBI	Cayston
<b>Antibiotics, Vaginal</b>	clindamycin vaginal (Clindamax) metronidazole vaginal (Metro-Gel) <b>(Brand and generic)</b> Cleocin Ovules Vandazole Vaginal	Cleocin Cream
<b>Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)</b>	fluconazole (Diflucan) griseofulvin ultra (Gris Peg) ketoconazole (Nizoral) nystatin terbinafine (Lamisil)	clotrimazole troche (Mycelex) <b>(Brand and generic)</b> flucytosine (Ancobon) griseofulvin micro and suspension (Fulvicin, GriFulvin V) <b>(Brand and generic)</b> itraconazole (Sporanox) voriconazole (Vfend) <b>(Brand and generic)</b> Lamisil Granules Noxafil Terbinex
<b>Antifungals, Topical (Topical Antifungals)</b>	clotrimazole OTC clotrimazole Rx (Lotrimin) clotrimazole/betamethasone (Lotrisone) econazole (Spectazole) ketoconazole cream and shampoo(Nizoral) miconazole OTC nystatin nystatin/triamcinolone (Mycolog) terbinafine OTC tolnaftate OTC	butenafine OTC (Mentax) <b>(Brand and generic)</b> ciclopirox (Loprox) <b>(Brand and generic)</b> ciclopirox solution (Penlac) <b>(Brand and generic)</b> ciclopirox shampoo (Loprox Shampoo) <b>(Brand and generic)</b> ketoconazole foam tolnaftate aero powder Bensal HP CNL-8 Ertaczo Exelderm Extina Ketocon Plus Lamisil Solution Naftin Oxistat Pediaderm AF Pediprox-4 Vusion
<b>Antiparasitics, Topical</b>	malathion (Ovide) permethrin OTC permethrin Rx (Elimite, Acticin) piperonyl/pyrethrins OTC piperonyl/pyrethrins/permethrin OTC Eurax cream	lindane spinosad (Natroba) <b>(Brand and generic)</b> Eurax lotion Sklice Ulesfia

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<b>Antivirals, Oral (Antivirals, General)</b>	acyclovir (Zovirax) amantadine (Symmetrel) rimantadine (Flumadine) valacyclovir (Valtrex) <b>(Brand and generic)</b>	<i>famciclovir (Famvir) (Brand and generic)</i> <i>Relenza</i> <i>Tamiflu</i>
<b>Antivirals, Topical</b>	Abreva OTC Denavir Zovirax Ointment	<i>Xerese</i> <i>Zovirax Cream</i>
<b>Cephalosporin and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)</b>	amoxicillin/clavulanate (Augmentin, Augmentin ES) cefaclor, cefaclor ER (Ceclor, Ceclor CD) cefadroxil (Duricef) cefdinir (Omnicef) cefuroxime (Ceftin) cefprozil (Cefzil) cephalexin (Keflex) Suprax	<i>amoxicillin/clav ER (Augmentin XR) (Brand and generic)</i> <i>cefditoren (Spectracef) (Brand and generic)</i> <i>cefepodoxime (Vantin) (Brand and generic)</i> <i>Cedax</i> <i>Ceftin Tablets/Suspension</i>
<b>Fluoroquinolones (Quinolones)</b>	ciprofloxacin (Cipro) levofloxacin (Levaquin)	<i>ciprofloxacin ER (Cipro XR) (Brand and generic)</i> <i>ofloxacin (Floxin) (Brand and generic)</i> <i>Avelox</i> <i>Cipro Suspension</i> <i>Factive</i> <i>Noroxin</i>
<b>Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)</b>	ribavirin (Copegus, Rebetol) Pegasys Peg-Intron Peg-Intron Redipen Incivek VICTRELIS	<i>Infergen</i> <i>Pegasys Proclick</i> <i>Ribapak</i> <i>Ribasphere</i>
<b>Macrolides/Ketolides</b>	azithromycin (Zithromax) E.E.S. Ery-Tab EryPed Erythrocin erythromycin base	<i>clarithromycin (Biaxin) (Brand and generic)</i> <i>clarithromycin ER (Biaxin XL) (Brand and generic)</i> <i>Ketek</i> <i>PCE</i> <i>Zmax</i>
<b>Tetracyclines</b>	doxycycline hyclate doxycycline hyclate DR doxycycline monohydrate minocycline (Minocin) tetracycline (Sumycin)	<i>demeclocycline (Declomycin)</i> <i>minocycline ER</i> <i>Adoxa CK</i> <i>Adoxa TT</i> <i>Doryx</i> <i>Morgidox</i> <i>Oracea</i> <i>Solodyn</i> <i>Vibramycin Capsules and Suspension</i>
<b>Topical Antibiotics</b>	bacitracin OTC bacitracin/polymyxin OTC gentamicin mupirocin (Bactroban Ointment) triple antibiotic cream, ointment, and packet OTC	<i>Altabax</i> <i>Bactroban Cream</i> <i>Centany</i>

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## CARDIOVASCULAR

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<b>Angiotensin Modulator Combinations</b>	amlodipine/benazepril (Lotrel) Azor/Tribenzor Exforge/Exforge HCT Valturna	<i>trandolapril/verapamil (Tarka) (Brand and generic)</i> <i>Tekamlo/Amturnide</i> <i>Twynsta</i>
<b>Angiotensin Modulators</b>	benazepril, benazepril HCTZ (Lotensin, Lotensin HCT) captopril, captopril HCTZ (Capoten, Capozide) enalapril, enalapril HCTZ (Vasotec, Vaseretic) fosinopril, fosinopril HCTZ (Monopril, Monopril HCT) lisinopril, lisinopril HCTZ (Prinivil, Zestril, Prinzide, Zestoretic) losartan (Cozaar) losartan/HCTZ (Hyzaar) quinapril (Accupril) quinaretic (Accuretic) ramipril (Altace) valsartan valsartan HCTZ (Diovan, Diovan HCT)	<i>eprosartan (Teveten) (Brand and generic)</i> <i>irbesartan, irbesartan HCTZ (Avapro, Avalide) (Brand and generic)</i> <i>moexipril (Univasc) (Brand and generic)</i> <i>moexipril HCTZ (Uniretic) (Brand and generic)</i> <i>perindopril (Aceon) (Brand and generic)</i> <i>trandolapril (Mavik) (Brand and generic)</i> <i>Atacand, Atacand HCT (Brand and generic)</i> <i>Benicar, Benicar HCT</i> <i>Edarbi, Edarbiclor</i> <i>Micardis, Micardis HCT</i> <i>Tekturna/Tekturna HCT</i> <i>Teveten HCT</i>
<b>Anticoagulants</b>	warfarin (Coumadin) Fragmin Lovenox ( <b>Brand only</b> )	<i>enoxaparin (generic only)</i> <i>fondaparinux (Arixtra) (Brand and generic)</i> <i>Pradaxa</i> <i>Xarelto</i>
<b>Antihypertensives, Sympatholytics</b>	clonidine oral (Catapres) guanfacine (Tenex) methyldopa (Aldomet) methyldopa/HCTZ (Aldoril) Catapres-TTS ( <b>Brand only</b> )	<i>clonidine transdermal (generic only)</i> <i>reserpine</i> <i>Clorpres</i>
<b>Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)</b>	acebutolol (Sectral) atenolol (Tenormin) atenolol/chlorthalidone (Tenoretic) bisoprolol (Zebeta) bisoprolol/HCTZ (Ziac) carvedilol (Coreg) labetalol (Normodyne, Trandate) metoprolol tartrate (Lopressor) metoprolol tartr/HCTZ (Lopressor HCT) metoprolol succinate XL (Toprol XL) nadolol (Corgard) nadolol/bendroflumethiazide (Corzide) pindolol (Visken) propranolol (Inderal) propranolol/HCTZ (Inderide) propranolol LA (Inderal LA) sotalol, sotalol AF (Betapace, Betapace AF) timolol (Blocadren)	<i>betaxolol (Kerlone) (Brand and generic)</i> <i>Bystolic</i> <i>Coreg CR</i> <i>Dutoprol</i> <i>Innopran XL</i> <i>Levatol</i>

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<b>Calcium Channel Blocking Agents</b>	amlodipine (Norvasc) diltiazem (Cardizem) diltiazem CD, diltiazem ER (Cardizem SR, Cardizem CD, Dilacor XR, Tiazac) felodipine (Plendil) isradipine (Dynacirc) nicardipine (Cardene) nifedipine SR (Adalat CC, Procardia XL) verapamil (Calan) verapamil ER, verapamil SR (Calan SR, Verelan)	<i>nifedipine (Adalat, Procardia) (Brand and generic)</i> <i>nimodipine (Nimotop) (Brand and generic)</i> <i>nisoldipine (Sular) (Brand and generic)</i> <i>verapamil ER caps (Verelan PM) (Brand and generic)</i> <i>Cardizem LA</i> <i>Covera-HS</i> <i>Dynacirc CR</i> <i>Matzim LA</i>
<b>Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)</b>	cholestyramine (Questran, Light) fenofibrate nanocrystals (Tricor) gemfibrozil (Lopid) Niacor Niaspan ER Trilipix	<i>colestipol (Colestid) (Brand and generic)</i> <i>fenofibrate (Lofibra) (Brand and generic)</i> <i>fenofibric acid (Fibricor) (Brand and generic)</i> <i>Antara</i> <i>Lipofen</i> <i>Lovaza</i> <i>Triglide</i> <i>Welchol</i> <i>Zetia</i>
<b>Lipotropics, Statins (Lipotropics)</b>	atorvastatin (Lipitor) lovastatin (Mevacor) pravastatin (Pravachol) simvastatin (Zocor) fluvastatin (Lescol) Lescol XL Simcor	<i>amlodipine/atorvastatin (Caduet) (Brand and generic)</i> <i>Advicor</i> <i>Altoprev</i> <i>Crestor</i> <i>Livalo</i> <i>Vytorin</i>
<b>Platelet Aggregation Inhibitors</b>	clopidogrel (Plavix) dipyridamole (Persantine) ticlopidine (Ticlid) Aggrenox	<i>Brilinta</i> <i>Effient</i>
<b>Pulmonary Arterial Hypertension, Oral and Inhaled Agents</b>	sildenafil* (Revatio) Adcirca* Letairis Tracleer Ventavis	<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>.

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## CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at: [http://www.mdmahealthchoicex.com/healthchoice\\_docs/mmmh\\_form.pdf](http://www.mdmahealthchoicex.com/healthchoice_docs/mmmh_form.pdf)

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

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Drug Class	Preferred	Requires Prior Authorization
<b>Antipsychotics**</b> ** 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 <a href="http://mmcp.dhmf.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx">http://mmcp.dhmf.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx</a> .	<b>1st Tier</b> 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) Geodon IM Invega Sustenna Orap Risperdal Consta <b>2nd Tier**</b> olanzapine IM (Zyprexa IM) olanzapine ODT (Zyprexa Zydis) olanzapine (Zyprexa) Abilify	olanzapine/fluoxetine (Symbyax) ( <b>Brand and generic</b> ) Abilify IM Fanapt Fazacllo Invega Latuda Saphris Seroquel XR Zyprexa Relprevv
<b>Sedative Hypnotics</b> * Step therapy for Lunesta may allow it to process without a prior authorization. Please see specific STEP criteria located at: <a href="http://mmcp.dhmf.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx">http://mmcp.dhmf.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx</a> .	chloral hydrate flurazepam (Dalmane) temazepam 15mg, 30mg (Restoril) triazolam (Halcion) zaleplon (Sonata) zolpidem (Ambien)	estazolam (ProSom) temazepam 7.5mg and 22.5mg (Restoril 7.5mg and Restoril 22.5mg ) ( <b>Brand and generic</b> ) zolpidem ER (Ambien CR) ( <b>Brand and generic</b> ) Doral Edluar Intermezzo Lunesta* Rozerem Silenor Somnote Zolpimist

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## CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at: [http://www.mdmahealthchoicex.com/healthchoice\\_docs/mmmh\\_form.pdf](http://www.mdmahealthchoicex.com/healthchoice_docs/mmmh_form.pdf)

Drug Class	Preferred	Requires Prior Authorization
<b>Stimulants and Related Agents (Tx for Attention Deficit Hyperact (ADHD)/Narcolepsy; Adrenergics, Aromatic, Non-Catecholamine)</b> ** 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 <a href="http://mmcp.dhmdh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx">http://mmcp.dhmdh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx</a> .	<b>1st Tier</b> amphetamine salt combo (Adderall) dexmethylphenidate (Focalin) <b>(Brand and generic)</b> dextroamphetamine Tabs methylphenidate Tabs (Ritalin) methylphenidate ER Tabs (Ritalin SR) methylphenidate CR Tabs (Concerta) Adderall XR <b>(Brand only)</b> Daytrana Dexedrine ER <b>(Brand Only)</b> Focalin XR Intuniv** Metadate CD <b>(Brand Only)</b> Methylin Chew and Solution Vyvanse <b>2nd Tier</b> Strattera *** (for ages 17 and under)	amphetamine salt combo ER <b>(generic only)</b> dextroamphetamine ER Caps <b>(generic only)</b> methamphetamine (Desoxyn) <b>(Brand and generic)</b> methylphenidate CD Caps <b>(generic only)</b> methylphenidate ER Caps (Ritalin LA) <b>(Brand and generic)</b> methylphenidate liquid (Procentra) <b>(Brand and generic)</b> modafinil (Provigil) <b>(Brand and generic)</b> Kapvay** Nuvigil

## ENDOCRINE

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

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<b>Hypoglycemics, Insulins and Related Agents</b>	Humalog Humalog Mix Humulin Lantus Novolin NovoLog NovoLog Mix	<i>Apidra</i> <i>Levemir</i>
<b>Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)</b>	nateglinide (Starlix) Prandin	<i>Prandimet</i>
<b>Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)</b>	ActoPlusMet pioglitazone (Actos) Duetact	<i>ActoPlusMet XR</i> <i>Avandamet</i> <i>Avandaryl</i> <i>Avandia</i>

## GASTROINTESTINAL

Drug Class	Preferred	Requires Prior Authorization
<b>Antiemetic/Antivertigo Agents</b>	dimenhydrinate inj. and OTC meclizine Rx and OTC (Bonine, Antivert) metoclopramide oral and IV (Reglan) ondansetron, ondansetron ODT (all forms) (Zofran, Zofran ODT) prochlorperazine (all forms) (Compazine, Compro) promethazine (oral and rectal) (Phenergan) <b>Marinol (Brand only)</b> Emend (oral only) Metozolv ODT TransDerm-Scop	<i>dronabinol (generic only)</i> <i>granisetron oral and IV (Kytril) (Brand and generic)</i> <i>trimethobenzamide (all forms) (Tigan) (Brand and generic)</i> <i>Aloxi IV</i> <i>Anzemet (oral and IV)</i> <i>Cesamet</i> <i>Emend IV</i> <i>Sancuso</i> <i>Zuplenz</i>
<b>Bile Salts</b>	ursodiol capsule (Actigall)	<i>ursodiol tablet (URSO Forte)</i> <i>Chenodal</i>
<b>Pancreatic Enzymes</b>	pancrelipase Creon Zenpep	<i>Pancreaze</i>
<b>Phosphate Binders and Related Agents</b>	Calphron OTC Eliphos <b>PhosLo (Brand Only)</b> Renagel Renvela tablet	<i>calcium acetate (generic only)</i> <i>Fosrenol</i> <i>Magnebind 400 RX</i> <i>Phoslyra</i> <i>Renvela powder packet</i>
<b>Proton Pump Inhibitors (Gastric Acid Secretion Reducers)</b>	lansoprazole (Prevacid) lansoprazole OTC (Prevacid OTC) omeprazole (Prilosec) omeprazole OTC (Prilosec OTC) pantoprazole (Protonix) Prevacid Solutab Protonix Suspension	<i>omeprazole/sodium bicarb (Zegerid OTC) (Brand and generic)</i> <i>Aciphex</i> <i>Dexilant</i> <i>Prilosec Suspension</i> <i>Nexium (all forms)</i>

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## GASTROINTESTINAL

Drug Class	Preferred	Requires Prior Authorization
Ulcerative Colitis Agents	balsalazide (Colazal) sulfasalazine (Azulfidine) sulfasalazine DR (Azulfidine DR) Apriso Asacol Canasa	<i>mesalamine enemas (Rowasa) (Brand and generic)</i> Asacol HD Dipentum Lialda Pentasa sfRowasa

## IMMUNOLOGICS

Drug Class	Preferred	Requires Prior Authorization
Immunosuppressives, Oral	azathioprine (Imuran) cyclosporine modified (Gengraf, Neoral) mycophenolate mofetil (Cellcept) tacrolimus (Prograf) Rapamune Sandimmune (Brand only)	<i>cyclosporine (generic only)</i> Azasan Myfortic Zortress

## INJECTABLES

Drug Class	Preferred	Requires Prior Authorization
Colony Stimulating Factors	Neupogen	<i>Leukine</i> <i>Neulasta</i>
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	<i>Actemra</i> <b>Cimzia</b> <i>Kineret</i> <i>Orencia IV and Sub-Q</i> <i>Remicade</i> <i>Simponi</i> <i>Stelara</i>
Erythropoietins (Hematinics, Other)	Aranesp Procrit	<i>Epogen</i> <b>Omontys</b>
Growth Hormones (CLINICAL PA REQUIRED)	Genotropin Norditropin Nutropin/Nutropin AQ	<i>Humatrope</i> <i>Omnitrope</i> <i>Saizen</i> <i>Serostim</i> <i>Tev-Tropin</i>

## NEUROLOGICS

Drug Class	Preferred	Requires Prior Authorization
Alzheimer's Agents	donepezil/donepezil ODT (Aricept/Aricept ODT) rivastigmine capsules (Exelon) Exelon Transdermal Patch Namenda	<i>galantamine (Razadyne, ER) (Brand and generic)</i> <i>Exelon Solution</i>

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## NEUROLOGICS

Drug Class	Preferred	Requires Prior Authorization
<b>Anti-Parkinson's Agents</b>	benztropine (Cogentin) levodopa/carbidopa Immediate and Extended Release (Sinemet, Sinemet CR) levodopa/carbidopa/entacapone (Stalevo) ropinirole (Requip) pramipexole (Mirapex) trihexyphenidyl (Artane) selegiline tablets (Eldepryl)	<i>bromocriptine (Parlodel) (Brand and generic)</i> <i>entacapone (Comtan) (Brand and generic)</i> <i>levodopa/carbidopa ODT (Parcopa) (Brand and generic)</i> <i>ropinirole ER (Requip XL) (Brand and generic)</i> <i>selegiline capsules (Eldepryl) (Brand and generic)</i> Azilect Mirapex ER Neupro Tasmar Zelapar
<b>Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)</b>	Avonex Betaseron Copaxone Rebif	Ampyra Extavia Gilenya

## OPHTHALMIC

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

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## OPHTHALMIC

Drug Class	Preferred	Requires Prior Authorization
Ophthalmics, Antibiotic/Steroid Combinations	neomycin/bacitracin/polymyxin/HC	<b>tobramycin/dexamethasone susp (generic only)</b>
	neomycin/poly/dexamethasone (Maxitrol)	Tobradex ST
	neomycin/polymyxin/HC	<b>Zylet</b>
	sulfacetamide/prednisolone	
	Blephamide	
	Blephamide SOP	
	Pred-G Ointment, Drops	
	<b>Tobradex Susp (Brand Only)</b>	
	Tobradex Ointment	
Ophthalmics, Glaucoma Agents	betaxolol	<i>apraclonidine (Iopidine) (Brand and generic)</i>
	<i>brimonidine (Alphagan P 0.1%)</i>	<i>brimonidine tartrate 0.15% (generic only)</i>
	carteolol (Ocupress)	<i>Lumigan</i>
	dorzolamide (Trusopt)	<i>Zioptan</i>
	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	
	Combigan	
	Istalol	
Travatan/Travatan Z		
Ophthalmics, Anti-Inflammatories	dexamethasone (Decadron)	<i>bromfenac (Xibrom)</i>
	diclofenac (Voltaren)	<i>Acuvail</i>
	fluorometholone (FML)	<i>Bromday</i>
	flurbiprofen (Ocufen)	<i>Durezol</i>
	ketorolac (Acular)	<i>Nevanac</i>
	ketorolac LS (Acular LS)	<b>Lotemax Ointment</b>
	prednisolone acetate (Omnipred)	<i>Ozurdex</i>
	prednisolone sodium (Pred Forte)	<i>Pred Forte</i>
	<b>Flarex</b>	<i>Retisert</i>
	FML Forte	<i>Triesence</i>
	FML SOP	<i>Vexol</i>
	Lotemax Drops	
	Maxidex	
Pred Mild		
<b>OTIC</b>		
Drug Class	Preferred	Requires Prior Authorization
Otic Antibiotics	neomycin/polymyxin/HC solution (Cortisporin)	<i>Cipro HC</i>
	ofloxacin otic (Floxin Otic)	<b>Coly-Mycin S</b>
	Ciprodex	<b>Cortisporin TC</b>

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## RESPIRATORY

Drug Class	Preferred	Requires Prior Authorization
<b>Antihistamines, Minimally Sedating (Antihistamines)</b>	cetirizine, cetirizine-D (Rx and OTC) fexofenadine OTC (Allegra) levocetirizine (Xyzal) loratadine, loratadine-D (Claritin, Claritin D) (Rx and OTC)	<i>desloratadine (Clarinex, Clarinex-D) (Brand and generic)</i> <i>fexofenadine (Allegra)</i> <i>fexofenadine D 12 hr, 24 hr (Allegra D) (Brand and generic)</i> <i>Semprex-D</i> <i>Xyzal Syrup</i>
<b>Beta<sub>2</sub>-Agonist Bronchodilators (Beta-Adrenergic Agents)</b>	albuterol neb 0.083% and 5mg/ml albuterol syrup and tablet (Proventil, Ventolin) terbutaline (Brethine) Foradil Maxair ProAir HFA Proventil HFA	<i>albuterol ext-rel (Vospire ER)</i> <i>albuterol neb 0.63mg/3ml and 1.25mg/3ml (Accuneb)</i> <i>levalbuterol neb (Xopenex) (Brand and generic)</i> <i>metaproterenol (Alupent)</i> <i>Arcapta</i> <i>Brovana</i> <i>Perforomist</i> <i>Serevent</i> <i>Ventolin HFA</i> <i>Xopenex HFA</i>
<b>COPD Agents</b>	ipratropium neb (Atrovent) ipratropium neb/albuterol (DuoNeb) Atrovent HFA Combivent Spiriva	<b>Combivent Respimat</b> <i>Daliresp</i>
<b>Glucocorticoids, Inhaled (Beta-Adrenergics and Glucocorticoids Combination, Glucocorticoids)</b> <b>* Pulmicort Respules are available without prior authorization for children who are 1 to 8 years of age.</b>	Advair Diskus/Advair HFA Asmanex Dulera Flovent Diskus/Flovent HFA Qvar <b>Pulmicort Flexhaler</b> <b>Pulmicort Respules 0.25mg and 0.5mg (Brand only)*</b> Symbicort	<i>budesonide respules (generic) (All ages)</i> <i>Alvesco</i> <i>Pulmicort 1mg Respules</i>
<b>Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)</b>	fluticasone nasal (Flonase) <b>ipratropium (Atrovent Nasal)</b> Astelin <b>(Brand only)</b> Astepro Nasacort AQ <b>(Brand only)</b> Nasonex Patanase	<i>azelastine nasal (generic only)</i> <b><i>flunisolide (Nasarel, Nasalide) (Brand and generic)</i></b> <i>triamcinolone nasal (generic only)</i> <b><i>Beconase AQ</i></b> <b><i>Dymista</i></b> <i>Omnaris</i> <b><i>QNasal</i></b> <i>Rhinocort Aqua</i> <i>Veramyst</i> <b><i>Zetonna</i></b>
<b>Leukotriene Modifiers</b>	montelukast (Singulair) chewables, tablets zafirlukast (Accolate)	<b><i>Singulair Granules</i></b> <i>Zyflo/Zyflo CR</i>

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## TOPICAL DERMATOLOGICS

Drug Class	Preferred	Requires Prior Authorization
Acne Agents, Topical	benzoyl peroxide cleanser	<i>adapalene (generic only)</i>
	benzoyl peroxide gel	<i>benzoyl peroxide OTC (all forms, strengths)</i>
	benzoyl peroxide kit	<i>clindamycin-benzoyl peroxide</i>
	benzoyl peroxide med. pad	<i>erythromycin-benzoyl peroxide</i>
	benzoyl peroxide towelette	<i>sodium sulfa-sulfur-meratan</i>
	clindamycin foam	<i>sulfacetamide</i>
	clindamycin gel	<i>Acanya</i>
	clindamycin lotion	<i>Aczone</i>
	clindamycin med. Swab	<i>Akne-Mycin</i>
	clindamycin solution	<i>Atralin</i>
	erythromycin gel	<i>Avar (all forms, strengths)</i>
	erythromycin med. swab	<i>Avita</i>
	erythromycin solution	<i>BenzaClin</i>
	sulfacetamide/sulfur/urea	<i>Benzamycin</i>
	sulfacetamide/sulfur (all forms, strengths)	<i>Benzefoam (all forms, strengths)</i>
	tretinoin	<i>Benziq</i>
	Azelex	<i>BP-10</i>
	Desquam-X OTC	<i>Brevoxyl</i>
	Differin ( <b>Brand only</b> )	<i>Cerisa</i>
	Panoxyl-8 OTC	<i>Clarifoam EF</i>
	Retin-A (all forms, strengths)	<i>Clenia</i>
	SE BPO 7-5.5 Wash Kit	<i>Cleocin T (all forms, strengths)</i>
	SSS 10-4	<i>Clindacin Pac Kit</i>
	TL 4.25% BPO MX Cleanser OTC	<i>Clindagel</i>
		<i>Delos</i>
		<i>Duac</i>
		<i>Epiduo</i>
		<i>Evoclin</i>
		<i>Garimide</i>
		<i>Klaron</i>
	<i>Inova (all forms, strengths)</i>	
	<i>Lavoclen(all forms, strengths)</i>	
	<i>Nuox</i>	
	<i>Ovace (all forms, strengths)</i>	
	<i>Pacnex (all forms, strengths)</i>	
	<i>Panoxyl-4 OTC</i>	
	<i>Plexicon</i>	
	<i>Prascion RA</i>	
	<i>Sastid</i>	
	<i>SE 10-5</i>	
	<i>SE BPO Cleanser</i>	
	<i>Slufo-Lo OTC</i>	
	<i>Sulfo-Lac</i>	
	<i>Sumadan(all forms, strengths)</i>	
	<i>Sumaxin (all forms, strengths)</i>	
	<i>Tazorac (all forms, strengths)</i>	
	<i>Veltin</i>	
	<i>Ziana</i>	

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## TOPICAL DERMATOLOGICS

Drug Class	Preferred	Requires Prior Authorization
Atopic Dermatitis	Elidel	Protopic

## UROLOGIC

Drug Class	Preferred	Requires Prior Authorization
<b>Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)</b>	alfuzosin (Uroxatral)	Avodart
	doxazosin (Cardura)	Cardura XL
	finasteride (Proscar)	Jalyn
	tamsulosin (Flomax)	Rapaflo
	terazosin (Hytrin)	
<b>Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Anti-incontinence Agent)</b>	oxybutynin (Ditropan)	flavoxate
	Toviaz	oxybutynin ER (Ditropan XL) <b>(Brand and generic)</b>
	Vesicare	tolterodine (Detrol) <b>(Brand and generic)</b>
		trospium (Sanctura) <b>(Brand and generic)</b>
		trospium ER (Sanctura XR) <b>(Brand and generic)</b>
		Detrol LA
		Enablex
		Gelnique
	Oxytrol	