



MARYLAND MEDICAID PHARMACY PROGRAM

No. 156
June 22, 2015

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, 2015

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, 2015**. **Hepatitis B Agents** is a new drug class added to the PDL. Within this class, **brand names BARACLUDE[®], EPIVIR HBV[®] and HEPSERA[®] are preferred over their generic equivalents (entecavir, lamivudine HBV and adefovir)**. Also, **brand name Intuniv ER[®] is no longer preferred over its generic equivalent guanfacine ER**. 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>

Not All Generics are Preferred

In order for the State to enhance the benefit of the PDL, in some instances the multisource brand name drug is Preferred over its generic equivalent, because the branded drug is less costly than its generic counterpart. This happens most often in cases of newly released generics.

When manufacturer rebates are taken into consideration, the brand name drug has a lower net cost to the State. When the brand name drug is Preferred, no Medwatch nor authorization is needed¹. Enter a **DAW code of 6** on the claim to have it correctly priced. If any problems are encountered during the 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 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

Non-Preferred Generics

Abilify tablets	aripiprazole tablets
Adderall XR	amphetamine salt combo ER
Alphagan P 0.15%	brimonidine 0.15%
Baraclude	entecavir
Catapres TTS	clonidine patches
Depakote Sprinkles	divalproex sprinkles
Dexedrine ER	dextroamphetamine ER
Diastat	diazepam rectal
Differin cream	zadapalene cream
Epivir HBV	lamivudine HBV
Focalin	dexmethylphenidate
Focalin XR	dexmethylphenidate XR
Gabitril	tiagabine
Hepsera	adefovir
Kadian	morphine sulfate ER
Lidoderm	lidocaine patch
Metadate CD	methylphenidate CD capsules
Methylin Oral Solution	methylphenidate oral solution
Parnate	tranylcypromine
Pulmicort respules 0.25mg and 0.5mg	budesonide respules
Ritalin LA	methylphenidate ER capsules
Tegretol suspension	carbamazepine suspension
Trileptal suspension	oxcarbazepine suspension

¹ Unless the Program has established clinical criteria for the drug. Clinical Criteria can be found by going to the below link:
<http://mmcp.dhmdh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx>.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

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.

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

ANALGESICS

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

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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

ANALGESICS

Drug Class	Preferred	Requires Prior Authorization
Anti-Migraine Agents	rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) ^{ql} sumatriptan (Imitrex) ^{ql} Relpax ^{ql}	<i>naratriptan (Amerge)^{ql}</i> <i>zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT)^{ql}</i> <i>Axert^{ql}</i> <i>Frova^{ql}</i> <i>Sumavel</i> <i>Treximet^{ql}</i> <i>Zomig nasal^{ql}</i>
Neuropathic Pain	capsaicin OTC duloxetine (Cymbalta) ^{cc,ql} gabapentin capsules (Neurontin) Lidoderm (Brand only) Lyrica capsules ^{ql}	<i>gabapentin tablets and solution (Neurontin)</i> <i>lidocaine patch (generic only)</i> <i>Gralise</i> <i>Horizant</i> <i>Lyrica solution</i> <i>Qutenza</i> <i>Savella</i>
Nonsteroidal Anti-Inflammatories (NSAIDs)	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	<i>celecoxib (Celebrex)</i> <i>diclofenac solution (Pennsaid)</i> <i>diclofenac/misoprostol (Arthrotec)</i> <i>mefenamic acid (Ponstel)</i> <i>tolmetin, tolmetin DS (Tolectin, Tolectin DS)</i> <i>Duexis</i> <i>Flector</i> <i>Indocin suppositories and suspension</i> <i>Sprix</i> <i>Vimovo</i> <i>Zipsor</i> <i>Zorvolex</i>
Opiate Dependence Treatments	buprenorphine (Subutex) ^{cc,ql} naloxone (Narcan) naltrexone (Revia) ^{cc} Suboxone film ^{ql}	<i>buprenorphine/naloxone tablets (Suboxone)^{ql}</i> Bunavail^{ql} <i>Evzio^{cc}</i> <i>Vivitrol^{cc,ql}</i> <i>Zubsolv^{ql}</i>
Skeletal Muscle Relaxants	baclofen (Lioresal) carisoprodol 350mg (Soma) chlorzoxazone (Parafon) cyclobenzaprine (Flexeril) dantrolene (Dantrium) methocarbamol (Robaxin) orphenadrine (Norflex) tizanidine tablets (Zanaflex)	<i>carisoprodol 250mg (Soma)</i> <i>carisoprodol compound (Soma Compound)</i> <i>metaxalone (Skelaxin)</i> <i>tizanidine capsules (Zanaflex)</i> <i>Amrix</i> <i>Lorzone</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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
Antibiotics, GI	metronidazole tablets (Flagyl) neomycin vancomycin capsules (Vancocin) Alinia	metronidazole capsules (Flagyl capsules) paromomycin tinidazole (Tindamax) Difcid ^{cc,ql} Flagyl ER Xifaxan ^{cc,ql}
Antibiotics, Inhaled	Bethkis ^{cc,ql} Kitabis Pak ^{cc,ql} Tobi Podhaler ^{cc,ql} (Step therapy)	tobramycin inhalation solution (Tobi) ^{cc,ql} Cayston ^{cc,ql}
Antibiotics, Topical	bacitracin OTC bacitracin/polymyxin OTC gentamicin mupirocin ointment (Bactroban Ointment) triple antibiotic OTC	mupirocin cream (Bactroban Cream) Altabax Centany AT Kit
Antibiotics, Vaginal	clindamycin (Clindamax) metronidazole vaginal (Metrogel) Cleocin ovule	Nuversa Vandazole
Antifungals, Oral	clotrimazole troches (Mycelx) 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) Lamisil granules Noxafil Onmel Oravig Terbinex
Antifungals, Topical	clotrimazole Rx and OTC clotrimazole/betamethasone (Lotrisone) econazole (Spectazole) ketoconazole cream and shampoo (Nizoral) miconazole OTC nystatin nystatin/triamcinolone (Mycolog) terbinafine OTC tolnaftate OTC	ciclopirox (Loprox, Loprox Shampoo, Penlac) Bensal HP CNL-8 Ertaczo Exelderm Jublia Ketodan Kerydin Luzu ^{cc,ql} Naftin Oxistat Pediaderm AF Vusion
Antiparasitics, Topical	permethrin Rx and OTC (Elimite, Acticin) piperonyl/pyrethrins OTC piperonyl/pyrethrins/permethrin OTC Ulesfia	lindane malathion (Ovide) spinosad (Natroba) Eurax Sklice

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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
Antivirals, Oral	acyclovir (Zovirax) rimantadine (Flumadine) valacyclovir (Valtrex)	<i>famciclovir (Famvir)</i> <i>Relenza</i> <i>Sitavig</i> <i>Tamiflu</i>
Antivirals, Topical	acyclovir ointment (Zovirax ointment) Abreva OTC Denavir	<i>Xerese</i> <i>Zovirax cream</i>
Cephalosporin and Related Agents	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/clav ER (Augmentin XR)</i> <i>cefadroxil suspension and tablets (Duricef)</i> <i>cefditoren (Spectracef)</i> <i>cefpodoxime (Vantin)</i> <i>ceftibuten (Cedax)</i> <i>Ceftin suspension</i> <i>Suprax chewables and tablets</i>
Fluoroquinolones	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> <i>Noroxin</i>
Hepatitis B Agents	Baraclude (Brand only) Epivir HBV (Brand only) Hepsera (Brand only)	<i>adefovir (Hepsera) (generic only)</i> <i>entecavir (Baraclude) (generic only)</i> <i>lamivudine (Epivir HBV) (generic only)</i> <i>Tyzeka</i>
Hepatitis C Agents	ribavirin (Copegus, Rebetol) Harvoni^{cc,ql} Pegasys PegIntron Sovaldi ^{cc,ql} VICTRELIS ^{cc,ql} Viekira Pak^{cc,ql}	<i>Moderiba</i> <i>Olysio^{cc,ql}</i> <i>Rebetol solution</i> <i>Ribapak</i> <i>Ribasphere</i>
Macrolides/Ketolides	azithromycin (Zithromax) clarithromycin tablets (Biaxin) erythromycin base E.E.S. EryPed Ery-Tab Erythrocin	<i>clarithromycin suspension (Biaxin)</i> <i>clarithromycin ER (Biaxin XL)</i> <i>Ketek</i> <i>PCE</i> <i>Zmax</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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
Tetracyclines	doxycycline hyclate (Vibramycin) doxycycline monohydrate 50mg, 100mg (Monodox) minocycline capsules (Minocin) tetracycline (Sumycin)	<i>demeclocycline (Declomycin)</i> <i>doxycycline hyclate DR (Doryx)</i> <i>doxycycline monohydrate 75mg, 150mg (Monodox)</i> <i>doxycycline monohydrate solution (Vibramycin)</i> <i>minocycline tablets</i> <i>minocycline ER</i> <i>Oracea</i> <i>Solodyn</i>

BLOOD MODIFIERS

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

CARDIOVASCULAR

Drug Class	Preferred	Requires Prior Authorization
Angiotensin Modulator Combinations	amlodipine/benazepril (Lotrel) amlodipine/valsartan, amlodipine/valsartan/HCTZ (Exforge, Exforge HCT)	<i>telmisartan/amlodipine (Twynta)</i> Azor/Tribenzor <i>Tarka</i> <i>Tekamlo/Amturnde</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) valsartan, valsartan/HCTZ (Diovan, Diovan HCT)	<i>candesartan, candesartan/HCTZ (Atacand, Atacand HCT)</i> <i>eprosartan (Teveten)</i> <i>moexipril, moexipril/HCTZ (Univasc, Uniretic)</i> <i>perindopril (Aceon)</i> <i>telmisartan, telmisartan/HCTZ (Micardis, Micardis HCT)</i> <i>trandolapril (Mavik)</i> <i>Benicar, Benicar HCT</i> <i>Edarbi, Edarbyclor</i> Epaned <i>Tekturna, Tekturna HCT</i> <i>Teveten HCT</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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

CARDIOVASCULAR

Drug Class	Preferred	Requires Prior Authorization
Anticoagulants	enoxaparin (Lovenox) ^{ql} warfarin (Coumadin) Fragmin ^{ql}	<i>fondaparinux (Arixtra)^{ql}</i> <i>Eliquis</i> <i>Pradaxa^{ql}</i> Savaysa <i>Xarelto</i>
Antihypertensives, Sympatholytics	clonidine oral (Catapres) guanfacine (Tenex) methyldopa (Aldomet) methyldopa/HCTZ (Aldoril) Catapres TTS (Brand only) ^{ql}	<i>clonidine patch (generic only)^{ql}</i> <i>reserpine</i> <i>Clorpres</i>
Beta Blockers	atenolol, atenolol/chlorthalidone (Tenormin, Tenoretic) bisoprolol/HCTZ (Ziac) carvedilol (Coreg) labetalol (Normodyne, Trandate) metoprolol tartrate (Lopressor) metoprolol succinate XL (Toprol XL) nadolol (Corgard) 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> <i>nadolol/bendroflumethiazide (Corzide)</i> <i>timolol (Blocadren)</i> <i>Bystolic</i> <i>Coreg CR</i> <i>Dutoprol</i> <i>Hemangeol</i> <i>Levatol</i> Sotylize
Calcium Channel Blocking Agents	amlodipine (Norvasc) diltiazem, diltiazem ER tablets (Cardizem, Cardizem LA) nicardipine (Cardene) nifedipine ER (Adalat CC, Procardia XL) verapamil (Calan) verapamil ER tablets (Calan SR, Verelan)	<i>diltiazem ER capsules (Cardizem CD, Tiazac)</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>
Lipotropics, Other	colestipol (Colestid) cholestyramine (Questran) fenofibrate nanocrystals (Tricor) fenofibric acid (Trilipix) gemfibrozil (Lopid) niacin ER (Niaspan ER) Niacor	<i>fenofibrate (Antara, Lipofen, Lofibra)</i> <i>fenofibric acid (Fibricor)</i> <i>omega 3 ethyl esters (Lovaza)</i> <i>Fenoglide</i> Juxtapid Kynamro <i>Triglide</i> Vascepa <i>Welchol</i> <i>Zetia</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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

CARDIOVASCULAR

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

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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

CENTRAL NERVOUS SYSTEM

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

Drug Class	Preferred	Requires Prior Authorization
Anticonvulsants	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>
	lamotrigine (Lamictal)	<i>divalproex sprinkles (Depakote sprinkles) (generic only)</i>
	levetiracetam (Keppra)	<i>ethosuximide (Zarontin)</i>
	oxcarbazepine tablets (Trileptal)	<i>felbamate (Felbatol)</i>
	phenobarbital	<i>lamotrigine ER (Lamictal XR)</i>
	phenytoin, phenytoin ER (Dilantin, Dilantin Infatabs)	<i>lamotrigine ODT (Lamictal ODT)</i>
	primidone (Mysoline)	<i>levetiracetam ER (Keppra XR)</i>
	topiramate (Topamax)	<i>oxcarbazepine suspension (Trileptal Suspension) (generic only)</i>
	valproic acid (Depakene)	<i>tiagabine (Gabitril) (generic only)</i>
	zonisamide (Zonegran)	<i>topiramate ER (Qudexy XR)^{cc,ql}</i>
	Celontin	<i>topiramate sprinkles (Topamax Sprinkles)</i>
	Depakote sprinkles (Brand only)	<i>Aptiom^{cc,ql}</i>
	Diastat (Brand only)	<i>Banze^{cc,ql}</i>
	Gabitril (Brand only)	<i>Equetro</i>
	Peganone	<i>Fycompa^{cc}</i>
	Tegretol suspension (Brand only)	<i>Onfi^{cc,ql}</i>
	Trileptal suspension (Brand only)	<i>Oxtellar XR</i>
	<i>Potiga</i>	
	<i>Sabril</i>	
	<i>Stavzor</i>	
	<i>Trokendi XR</i>	
	<i>Vimpat</i>	
Antidepressants, Other	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>Brintellix</i>
	Marplan	<i>Emsam</i>
	Parnate (Brand only)	<i>Fetzima</i>
		<i>Forfivo XL</i>
		<i>Khedeza</i>
	<i>Oleptro ER</i>	
	<i>Pristiq</i>	
	<i>Viibryd</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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

CENTRAL NERVOUS SYSTEM

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

Drug Class	Preferred	Requires Prior Authorization
Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	citalopram (Celexa) ^{ql} escitalopram tablets (Lexapro) fluoxetine (all strengths except 60mg) (Prozac, Sarafem) fluvoxamine (Luvox, Luvox CR) paroxetine (Paxil) sertraline (Zoloft)	escitalopram solution (Lexapro) fluoxetine 60mg fluoxetine weekly (Prozac weekly) fluvoxamine ER (Luvox CR) paroxetine CR (Paxil CR) Brisdelle ^{cc,ql} Paxil suspension Pexeva
Antipsychotics	<u>1st Tier</u> chlorpromazine (Thorazine) clozapine (Clozaril) fluphenazine (Prolixin) fluphenazine decanoate inj (Prolixin Inj.) haloperidol (Haldol) haloperidol decanoate inj (Haldol IM) loxapine capsules (Loxitane) perphenazine (Trilafon) perphenazine/amitriptyline (Triavil) quetiapine (Seroquel) ^{ql} risperidone, risperidone ODT (Risperdal) ^{ql} thioridazine (Mellaril) thiothixene (Navane) trifluoperazine (Stelazine) ziprasidone (Geodon) ^{ql} Abilify ^{ql} (Brand only) (Age 17 and younger) Abilify Discmelt ^{ql} (Age 17 and younger) Abilify Maintena Geodon IM Invega Sustenna ^{ql} Orap Risperdal Consta ^{ql} <u>2nd Tier</u> olanzapine IM (Zyprexa IM) ^{cc} olanzapine ODT (Zyprexa Zydis) ^{cc,ql} olanzapine tablets (Zyprexa) ^{cc,ql} Abilify ^{cc,ql} (Brand only) (Age 18 or older) Abilify Discmelt ^{cc,ql} (Age 18 or older) Latuda ^{cc,ql}	aripiprazole (Abilify) ^{cc,ql} (generic only) clozapine ODT (Fazaclor) ^{cc,ql} olanzapine/fluoxetine (Symbyax) ^{cc,ql} Abilify IM ^{cc,ql} Adasuve ^{cc,ql} Fanapt ^{cc,ql} Invega ^{cc,ql} Saphris ^{cc,ql} Seroquel XR ^{cc,ql} Versacloz ^{cc,ql} Zyprexa Relprevv ^{cc,ql}

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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

CENTRAL NERVOUS SYSTEM

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

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

ENDOCRINE

Drug Class	Preferred	Requires Prior Authorization
Androgenic Agents	testosterone gel (Androgel) testosterone gel (Testim)	testosterone gel (Vogelxo) testosterone gel pump (Fortesta) Androderm Axiron

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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

ENDOCRINE

Drug Class	Preferred	Requires Prior Authorization
Bone Resorption Suppression and Related Agents	alendronate tablets (Fosamax) ^{al} calcitonin salmon nasal (Miacalcin) ^{al} Fortical ^{al}	alendronate solution (Fosamax Solution) ^{al} etidronate (Didrone) ^{al} ibandronate (Boniva) ^{al} raloxifene (Evista) ^{al} risedronate (Atelvia) ^{al} risedronate 150mg (Actonel) ^{al} Actonel 5mg, 30mg, 35mg ^{al} Binosto ^{al} Forteo ^{cc,al} Fosamax Plus D ^{al} Prolia ^{cc,al}
Growth Hormones	Genotropin ^{cc} Norditropin ^{cc} Nutropin ^{cc} , Nutropin AQ ^{cc}	Humatrope ^{cc} Omnitrope ^{cc} Saizen ^{cc} Serostim ^{cc} Tev-Tropin ^{cc} Zorbtive ^{cc}
Hypoglycemics, Incretin Mimetics and Enhancers	Byetta Bydureon Janumet, Janumet XR Januvia Jentadueto Symlin Tradjenta	Glyxambi ^{cc,al} Kazano Kombiglyze XR Nesina Onglyza Oseni Tanzeum Trulicity Victoza ^{al}
Hypoglycemics, Insulins	Humalog Humalog Mix Humulin Lantus Levemir Novolin NovoLog NovoLog Mix	Afrezza Apidra Toujeo
Hypoglycemics, Meglitinides	nateglinide (Starlix) repaglinide (Prandin)	Prandimet
Hypoglycemics, SGLT2 Inhibitors	Invokana ^{cc,al} (Step Therapy) Invokamet ^{cc,al} (Step therapy)	Farxiga ^{cc,al} Jardiance ^{cc,al} Xigduo XR ^{cc,al}
Hypoglycemics, TZDs	pioglitazone (Actos) pioglitazone/glimepiride (Duetact)	pioglitazone/metformin (ActoPlusMet) ActoPlusMet XR Avandia, Avandamet, Avandaryl

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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

GASTROINTESTINAL

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

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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

IMMUNOLOGICS

Drug Class	Preferred	Requires Prior Authorization
Cytokine and CAM Antagonists	Enbrel Humira	Actemra Arcalyst Cimzia Cosentyx Entyvio Ilaris Kineret Orencia Otezla ^{cc} Remicade Simponi Stelara Xeljanz
Immunosuppressives, Oral	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 Zortress

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, galantamine ER (Razadyne, Razadyne ER) Namenda XR
Anti-Parkinson's Agents	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 Neupro Rytary Zelapar

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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

NEUROLOGICS

Drug Class	Preferred	Requires Prior Authorization
Multiple Sclerosis Agents	Avonex Betaseron Copaxone 20mg Rebif	Ampyra ^{cc,ql} Aubagio ^{cc,ql} Copaxone 40mg Extavia Gilenya ^{cc,ql} Lemtrada ^{cc,ql} Plegridy ^{cc} Tecfidera ^{cc,ql}

OPHTHALMICS

Drug Class	Preferred	Requires Prior Authorization
Ophthalmics, Allergic Conjunctivitis	cromolyn (Crolom) ketotifen OTC (Zaditor OTC) Alrex Pataday Pazeo	azelastine (Optivar) epinastine (Elestat) Alocril Alomide Bepreve Emadine Lastacaft Patanol
Ophthalmics, Antibiotics	bacitracin/polymixin ciprofloxacin solution (Ciloxan) erythromycin gentamicin (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
Ophthalmics, Antibiotic/Steroid Combinations	neomycin/poly/dexamethasone (Maxitrol) sulfacetamide/prednisolone tobramycin/dexamethasone drops (Tobradex) Pred-G Tobradex ointment	neomycin/bacitracin/polymyxin/HC neomycin/polymyxin/HC Blephamide, Blephamide S.O.P. Tobradex ST Zylet

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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

OPHTHALMICS

Drug Class	Preferred	Requires Prior Authorization
Ophthalmics, Glaucoma Agents	betaxolol	<i>apraclonidine (Iopidine)</i>
	brimonidine (Alphagan P 0.1%)	<i>bimatoprost 0.03% (Lumigan)</i>
	carteolol (Ocupress)	<i>brimonidine 0.15% (Alphagan P) (generic only)</i>
	dorzolamide (Trusopt)	<i>travoprost</i>
	dorzolamide/timolol (Cosopt)	<i>Combigan</i>
	latanoprost (Xalatan)	<i>Cosopt PF</i>
	levobunolol (Betagan)	<i>Lumigan 0.01%</i>
	metipranolol (OptiPranolol)	<i>Rescula</i>
	pilocarpine (Pilocar)	<i>Zioptan</i>
	timolol (Timoptic, Timoptic XE)	
	Alphagan P 0.15% (Brand only)	
	Azopt	
	Betimol	
	Betoptic S	
	Simbrinza	
Travatan Z		
Ophthalmics, Anti-Inflammatories	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)	Iluvien
	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
Otic Antibiotics	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
Antihistamines, Minimally Sedating	cetirizine, cetirizine D Rx and OTC (Zyrtec, Zyrtec D)	<i>desloratadine, desloratadine D, desloratadine ODT (Clarinex, Clarinex D, Clarinex 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>

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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

RESPIRATORY

Drug Class	Preferred	Requires Prior Authorization
Bronchodilators, Beta Agonists	albuterol neb 0.083% and 5mg/ml albuterol syrup and tablets (Proventil, Ventolin) terbutaline (Brethine) Foradil ProAir HFA ^{ql} Proventil HFA ^{ql}	<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^{ql}</i> <i>Perforomist</i> <i>Serevent</i> <i>Striverdi Respimat</i> <i>Ventolin HFA^{ql}</i> <i>Xopenex HFA^{ql}</i>
COPD Agents	ipratropium neb (Atrovent) ipratropium/albuterol neb (DuoNeb) Atrovent HFA Combivent Respimat ^{ql} Spiriva	<i>Anoro Ellipta</i> <i>Daliresp</i> <i>Incruse Ellipta</i> <i>Spiriva Respimat</i> <i>Tudorza</i>
Glucocorticoids, Inhaled	Advair Diskus, Advair HFA Asmanex Dulera Flovent Diskus, Flovent HFA Pulmicort Flexhaler ^{ql} Pulmicort Respules 0.25mg and 0.5mg (Brand only) QVAR Symbicort	<i>budesonide respules (generic) (All ages)</i> <i>Aerospan</i> <i>Alvesco</i> <i>Arnuity Ellipta</i> <i>Asmanex HFA</i> <i>Breo Ellipta</i> <i>Pulmicort Respules 1mg</i>
Intranasal Rhinitis Agents	azelastine nasal (Astelin, Astepro) fluticasone nasal (Flonase) ipratropium (Atrovent Nasal) olopatadine (Patanase) Nasonex	<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>

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.

MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/15

TOPICAL DERMATOLOGICS

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

UROLOGIC

Drug Class	Preferred	Requires Prior Authorization
Benign Prostatic Hyperplasia	alfuzosin (Uroxatral) doxazosin (Cardura) finasteride (Proscar) tamsulosin (Flomax) terazosin (Hytrin)	Avodart Cardura XL Jalyn Rapaflo
Bladder Relaxant Preparations	oxybutynin, oxybutynin ER (Ditropan, Ditropan XL) Toviaz	flavoxate tolterodine, tolterodine ER (Detrol, Detrol LA) trospium, trospium ER (Sanctura, Sanctura XR) Enablex Gelnique Myrbetriq Oxytrol Vesicare

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.