



MARYLAND MEDICAID PHARMACY PROGRAM

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ADVISORY

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

UPDATED MARYLAND MEDICAID PREFERRED DRUG LIST EFFECTIVE JANUARY 1, 2012

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. This updated PDL also contains changes in the following classes:

- COPD Agents, previously named "Bronchodilators, Anticholinergics", is now expanded to include other available treatment options for COPD.
- Two new classes were introduced: Antihypertensives, Sympatholytics and Ophthalmic Antibiotic/Steroid Combinations.

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

Maryland Preferred Drug List

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

Analgesics/Anesthetics, Topical

<u>Preferred</u>	<u>Requires Prior Authorization</u>
capsaicin OTC	Flector
Lidoderm	Pennsaid
Voltaren Gel	Qutenza

Analgesics, Narcotics (Long Acting)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
fentanyl patch (<i>Duragesic</i>)	oxycodone ER (<i>Oxycontin</i>) (Brand and generic)
methadone	tramadol ER (<i>Ultram ER</i>) (Brand and generic)
morphine sulfate SR (<i>MS Contin</i>)	Avinza
Kadian	Butrans
	Duragesic Matrix
	Embeda
	Exalgo
	Opana ER
	Ryzolt

Analgesics, Narcotics (Short Acting)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
apap w/codeine (<i>Tylenol w/Codeine</i>)	fentanyl buccal (<i>Actiq</i>) (Brand and generic)*
aspirin w/codeine	levorphanol
butalbital/apap/codeine/caffeine	meperidine (<i>Demerol</i>) (Brand and generic)
butalbital/apap/codeine	oxycodone/ibuprofen (<i>Combunox</i>) (Brand and generic)
codeine	oxymorphone (<i>Opana</i>) (Brand and generic)
dihydrocodeine/aspirin/caff (<i>Synalgos DC</i>)	Abstral*
dihydrocodeine/apap/caffeine (<i>Panlor SS</i>)	Dilaudid Liquid
hydrocodone/apap (<i>Vicodin</i>)	Fentora
hydrocodone/ibuprofen (<i>Vicoprofen</i>)	Ibudone
hydromorphone (<i>Dilaudid</i>)	Nucynta
morphine sulfate	Onsolis *
oxycodone	Panlor DC
oxycodone/apap (<i>Percocet</i>)	Reprexain
oxycodone/aspirin (<i>Percodan</i>)	Rybix ODT
pentazocine/apap (<i>Talacen</i>)	Zamicet
pentazocine/naloxone (<i>Talwin NX</i>)	Zolvit
tramadol (<i>Ultram</i>)	
tramadol/apap (<i>Ultracet</i>)	

*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 <http://www.dhmd.state.md.us/mma/mpap/forms.htm>**

Maryland Preferred Drug List

Anti-Hyperuricemics

Preferred
 allopurinol (*Zyloprim*)
 probenecid
 probenecid/colchicine

Requires Prior Authorization

Colcrys
 Uloric

Anti-Migraine Agents

Preferred
 sumatriptan (*Imitrex*)
 Relpax

Requires Prior Authorization

naratriptan (*Amerge*)
 (**Brand and generic**)
 Axert
 Cambia
 Frova
 Maxalt, Maxalt MLT
 Treximet
 Zomig, Zomig Nasal, Zomig ZMT

Fibromyalgia Agents

Preferred
 Lyrica
 Savella

Requires Prior Authorization

Cymbalta *

*Clinical criteria applies to Cymbalta. To view criteria, please refer to <http://www.dhmm.state.md.us/mma/mpap/clinicalcriteria.htm>

Nonsteroidal Anti-Inflammatories/COX II Inhibitor (NSAIDS, Cyclooxygenase Inhibitor – Type)

Preferred
 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*)

Requires Prior Authorization

mefenamic acid (*Ponstel*)
 tolmetin, tolmetin DS (*Tolectin, Tolectin DS*)
 Arthrotec
 Celebrex
 Indocin Rectal
 Indocin Suspension
 Sprix Nasal
 Vimovo
 Zipsor

ketoprofen (*Orudis, Oruvail*)
 ketorolac (*Toradol*)
 meclofenamate (*Meclomen*)
 meloxicam (*Mobic*)

 nabumetone (*Relafen*)
 naproxen (*Naprosyn*)
 naproxen OTC
 naproxen sodium, naproxen sodium DS (*Anaprox, Anaprox DS*)
 oxaprozin (*Daypro*)
 piroxicam (*Feldene*)
 sulindac (*Clinoril*)

Skeletal Muscle Relaxants

Preferred
 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*)

Requires Prior Authorization

cyclobenzaprine ER (*Amrix*)
 (**Brand and generic**)
 metaxalone (*Skelaxin*)
 (**Brand and generic**)
 Fexmid
 Soma 250mg tablets
 Zanaflex Capsules

Maryland Preferred Drug List

ANTI-INFECTIVES

Antibiotics, GI

Preferred

metronidazole (*Flagyl*)
neomycin
Alinia
Tindamax
Vancocin

Requires Prior Authorization

Difucid
Flagyl ER
Xifaxan

Antibiotics, Inhaled

Preferred

TOBI

Requires Prior Authorization

Cayston

Antibiotics, Vaginal

Preferred

clindamycin vaginal (*Clindamax*)
metronidazole vaginal (*Metro-Gel*)
Cleocin Ovules
Vandazole Vaginal

Requires Prior Authorization

Clindesse Vaginal

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

fluconazole (*Diflucan*)
ketoconazole (*Nizoral*)
nystatin
terbinafine (*Lamisil*)
Gris Peg

Requires Prior Authorization

clotrimazole troche (*Mycelex*)
(Brand and generic)
griseofulvin suspension (*Fulvicin, GriFulvin V*) **(Brand and generic)**
itraconazole (*Sporanox*)
voriconazole (*Vfend*)
(Brand and generic)
Ancobon
GriFulvin V
Lamisil Granules
Noxafil
Oravig
Terbinex

Antifungals, Topical (Topical Antifungals)

Preferred

clotrimazole OTC
clotrimazole Rx (*Lotrimin*)
clotrimazole/betamethasone (*Lotrisone*)
econazole (*Spectazole*)
ketoconazole (*Nizoral*)
miconazole OTC
nystatin
nystatin/triamcinolone (*Mycolog*)
terbinafine OTC
tolnaftate OTC

Requires Prior Authorization

butenafine OTC
ciclopirox (*Loprox*)
(Brand and generic)
ciclopirox solution (*Penlac*)
(Brand and generic)
ciclopirox shampoo (Loprox Shampoo) **(Brand and generic)**
Bensal HP
CNL-8
Ertaczo
Exelderm
Extina
Ketocon Plus
Lamisil Solution
Mentax
Naftin
Nuzole
Pediaderm AF
Oxistat
Vusion
Xolegel

Antiparasitics, Topical

Preferred

permethrin OTC
permethrin Rx (*Elimite, Acticin*)
Eurax
Ovide **(Brand ONLY)**

Requires Prior Authorization

lindane
malathion **(generic only)**
Natroba
Ulesfia

Antivirals, Oral (Antivirals, General)

Preferred

acyclovir (*Zovirax*)
amantadine (*Symmetrel*)
rimantadine (*Flumadine*)
Valtrex **(Brand ONLY)**

Requires Prior Authorization

famciclovir (*Famvir*)
(Brand and generic)
valacyclovir **(generic only)**
Relenza
Tamiflu

Maryland Preferred Drug List

Antivirals, Topical

Preferred

Abreva OTC
Denavir
Zovirax Ointment

Requires Prior Authorization

Xerese
Zovirax Cream

Cephalosporin and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)

Preferred

amoxicillin/clavulanate
(*Augmentin, Augmentin ES*)
cefaclor (*Ceclor, Ceclor CD*)
cefadroxil (*Duricef*)
cefdinir (*Omnicef*)
cefuroxime (*Ceftin*)
cefprozil (*Cefzil*)
cephalexin (*Keflex*)
Suprax

Requires Prior Authorization

amoxicillin/clav ER (Augmentin XR) (**Brand and generic**)
cefditoren (Spectracef) (**Brand and generic**)
cefpodoxime (*Vantin*) (**Brand and generic**)
Augmentin 125 Suspension
Augmentin 250 Suspension
Cedax
Ceftin Tablets/Suspension

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (*Cipro*)
levofloxacin (Levaquin)

Requires Prior Authorization

ofloxacin (*Floxin*) (**Brand and generic**)
ciprofloxacin ext-rel (*Cipro XR*) (**Brand and generic**)
Avelox
Cipro Suspension
Factive
Noroxin
Proquin XR

Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)

Preferred

ribavirin (*Copegus, Rebetol*)
Pegasys
Victrelis*

Requires Prior Authorization

Incivek*
Infergen
Peg-Intron
Peg-Intron Redipen
Ribapak

* Additional criteria may apply to the oral Hepatitis C Protease Inhibitors. Please see the website for details:

Macrolides/Ketolides

Preferred

azithromycin (*Zithromax*)
erythromycin

Requires Prior Authorization

clarithromycin (*Biaxin*) (**Brand and generic**)
clarithromycin ER (*Biaxin XL*) (**Brand and generic**)
Ketek
Zmax

Tetracyclines

Preferred

doxycycline hyclate
doxycycline hyclate DR
doxycycline monohydrate
minocycline (*Minocin*)
tetracycline (*Sumycin*)

Requires Prior Authorization

demeclocycline (*Declomycin*)
minocycline ER
Adoxa CK
Adoxa TT
Doryx
Nutridox
Oracea
Solodyn
Vibramycin Suspension

Topical Antibiotics

Preferred

bacitracin OTC
bacitracin/polymyxin OTC
gentamicin
mupirocin (*Bactroban Ointment*)

Requires Prior Authorization

Altabax
Bactroban Cream

Key: All lowercase letters = generic product.
Leading capital letter = brand name product.
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Maryland Preferred Drug List

CARDIOVASCULAR

Angiotensin Modulator Combinations

Preferred

amlodipine/benazepril (*Lotrel*)
Azor/Tribenzor
Exforge/Exforge HCT
Valturna

Requires Prior Authorization

trandolapril/verapamil (*Tarka*)
(**Brand and generic**)
Tekamlo/Amturnide
Twynsta

Angiotensin Modulators

Preferred

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*)
Benicar, Benicar HCT
Diovan, Diovan HCT

Requires Prior Authorization

moexipril (*Univasc*)
(**Brand and generic**)
moexipril HCTZ (*Uniretic*)
(**Brand and generic**)
perindopril (*Aceon*)
(**Brand and generic**)
trandolapril (*Mavik*)
(**Brand and generic**)
Atacand, Atacand HCT
Avapro, Avalide
Edarbi
Micardis, Micardis HCT
Tekturna/Tekturna HCT
Teveten, Teveten HCT

Anticoagulants

Preferred

warfarin (*Coumadin*)
Fragmin
Lovenox (**Brand only**)

Requires Prior Authorization

enoxaparin (**generic only**)
fondaparinux (*Arixtra*)
(**Brand and generic**)
Innohep
Pradaxa
Xarelto

Antihypertensives, Sympatholytics

Preferred

clonidine oral (*Catapres*)
guanfacine (*Tenex*)
methyldopa (*Aldomet*)
methyldopa/HCTZ (*Aldoril*)
Catapres-TTS (**Brand only**)

Requires Prior Authorization

clonidine transdermal
(**generic only**)
reserpine
Clorpres
Nexiclon XR Suspension
Nexiclon XR Tablets

Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)

Preferred

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 ext-rel (*Toprol XL*)
nadolol (*Corgard*)
nadolol/bendroflumethiazide (*Corzide*)
pindolol (*Visken*)
propranolol (*Inderal*)
propranolol LA (*Inderal LA*)
sotalol, sotalol AF
(*Betapace, Betapace AF*)
timolol (*Blocadren*)
Innopran XL
Levatol

Requires Prior Authorization

betaxolol (*Kerlone*)
(**Brand and generic**)
Bystolic
Coreg CR

Maryland Preferred Drug List

Calcium Channel Blocking Agents

Preferred

amlodipine (*Norvasc*)
 diltiazem (*Cardizem*)
 diltiazem SR, diltiazem ER
 (*Cardizem SR, Cardizem CD, Dilacor XR, Tiazac*)
 felodipine (*Plendil*)
 isradipine (*Dynacirc*)
 nifedipine (*Cardene*)
 nifedipine SR
 (*Adalat CC, Procardia XL*)
 verapamil (*Calan*)
 verapamil ER, verapamil SR
 (*Calan SR, Verelan*)

Requires Prior Authorization

nifedipine (*Adalat, Procardia*)
 (**Brand and generic**)
 nimodipine (*Nimotop*)
 (**Brand and generic**)
 nisoldipine (*Sular*)
 (**Brand and generic**)
 verapamil ER caps (*Verelan PM*) (**Brand and generic**)
 Cardizem LA
 Covera-HS
 Dynacirc CR

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

cholestyramine (*Questran, Light*)
 gemfibrozil (*Lopid*)
 Niacor
 Niaspan
 Tricor
 Trilipix

Requires Prior Authorization

colestipol (*Colestid*)
 (**Brand and generic**)
 fenofibrate (*Lofibra*)
 (**Brand and generic**)
 fenofibric acid (*Fibricor*)
 (**Brand and generic**)
 Antara
 Fenoglide
 Lipofen
 Lovaza
 Triglide
 Welchol
 Zetia

Lipotropics, Statins (Lipotropics)

Preferred

lovastatin (*Mevacor*)
 pravastatin (*Pravachol*)
 simvastatin (*Zocor*)
 Crestor
 Lescol, Lescol XL
Lipitor (Brand only)
 Simcor

Requires Prior Authorization

atorvastatin (generic only)
 Advicor
 Altoprev
 Caduet
 Livalo
 Vytorin

Platelet Aggregation Inhibitors

Preferred

dipyridamole (*Persantine*)
 ticlopidine (*Ticlid*)
 Aggrenox
 Plavix

Requires Prior Authorization

Effient

Pulmonary Arterial Hypertension, Oral and Inhaled Agents

Preferred

Adcirca*
 Letairis
 Revatio*
 Tracleer
 Ventavis

Requires Prior Authorization

Tyvaso

*Clinical Criteria applies to Adcirca and Revatio. **To view criteria, please refer to <http://www.dhmh.state.md.us/mma/mpap/forms.htm>**

CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at:

http://www.mdmahealthchoicex.com/healthchoice_docs/mmmh_form.pdf

Anticonvulsants

Preferred

carbamazepine (Tegretol)
 carbamazepine susp (Tegretol Susp) (**Brand and generic**)
 clonazepam (Klonopin)
 divalproex (Depakote, ER)
 gabapentin (Neurontin)
 lamotrigine (Lamictal)
 levetiracetam (Keppra)
 oxcarbazepine (Trileptal)
 oxcarbazepine suspension (Trileptal Suspension) (**Brand and generic**)
 phenobarbital
 phenytoin (Dilantin)
 primidone (Mysoline)
 topiramate (Topamax)
 valproic acid (Depakene)
 zonisamide (Zonegran)
 Carbatrol (**Brand only**)
 Celontin

Requires Prior Authorization

carbamazepine ER caps (**generic only**)
 carbamazepine XR (Tegretol XR)
 clonazepam ODT (Klonopin ODT)
 diazepam rectal (**generic only**)
 divalproex sprinkles (**generic only**)
 ethosuximide (Zarontin) (**Brand and generic**)
 felbamate (Felbatol)
 levetiracetam ER (Keppra XR) (**Brand and generic**)
 mephobarbital (Mebaral)
 topiramate sprinkles (Topamax Sprinkles) (**Brand and generic**)
 Banzel
Equetro
Gralise
 Lamictal ODT

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Maryland Preferred Drug List

Depakote Sprinkle (**Brand only**)
 Diastat Rectal (**Brand only**)
 Gabitril
 Peganone

Lamictal XR
 Phenytek
 Sabril
 Stavzor
 Vimpat

Antidepressants, Other (Alpha-2 Receptor Antagonist Antidepressants, Serotonin-2 Antagonist/Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake-Inhib, Norepinephrine and Dopamine Reuptake Inhib)

Preferred

bupropion, bupropion SR,
 bupropion XL (Wellbutrin,
 Wellbutrin SR, Wellbutrin XL)
 mirtazapine, mirtazapine soltab
 (Remeron, Remeron Soltab)
 phenelzine (Nardil)
 trazodone (Desyrel)
 venlafaxine (Effexor)
 venlafaxine ER caps (Effexor
 XR)
 Marplan
 Parnate (**Brand only**)
 Venlafaxine ER Tablets
 (**Brand only**)

Requires Prior Authorization

nefazodone (Serzone)
 tranlycypromine (**generic only**)
 venlafaxine ER tablets (**generic only**)
 Aplenzin
 Oleptro ER
 Emsam
 Pristiq
 Viibryd

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

citalopram (Celexa)
 fluoxetine (Prozac)
 fluvoxamine (Luvox)
 paroxetine (Paxil)
 sertraline (Zoloft)
 Lexapro

Requires Prior Authorization

fluoxetine weekly (Prozac
 weekly) (**Brand and generic**)
 paroxetine CR (Paxil CR)
 (**Brand and generic**)
 selfemra (Sarafem)
 (**Brand and generic**)
 Luvox CR
 Pexeva

Antipsychotics**

Preferred

1st Tier-

chlorpromazine (Thorazine)
 clozapine (*Clozaril*)
 fluphenazine (Prolixin)
 fluphenazine decanoate inj
 (Prolixin Inj.)
 haloperidol (Haldol)
 haloperidol decanoate inj
 (Haldol IM)
 perphenazine (Trilafon)
 perphenazine/amitriptyline
 (Triavil)
 risperidone (Risperdal)
 thioridazine (Mellaril)
 thiothixene (Navane)
 trifluoperazine (Stelazine)
 Geodon
 Geodon IM
 Moban
 Orap
 Risperdal Consta
 Seroquel

2nd Tier-

olanzapine IM (Zyprexa IM)
 olanzapine ODT (Zyprexa Zydis)
 Abilify
 Zyprexa (**Brand only**)

Requires Prior Authorization

olanzapine (**generic only**)
 Abilify IM
 Fanapt
 Fazaclo
 Invega
 Invega Sustenna
 Latuda
 Saphris
 Seroquel XR
 Symbyax
 Zyprexa Relprev

**** Additional clinical edits may apply to the Tier 2 products. An adequate trial of a Tier 1 preferred drug is required prior to use of any Tier 2 product. To view criteria, please refer to <http://www.dhmm.state.md.us/mma/mpap/clinicalcriteria.htm>**

Maryland Preferred Drug List

Sedative Hypnotics

Preferred

chloral hydrate
flurazepam (Dalmane)
temazepam (Restoril)
triazolam (Halcion)
zaleplon (Sonata)
zolpidem (Ambien)

Requires Prior Authorization

estazolam (ProSom)
temazepam 7.5 mg
(Restoril 7.5mg)
(**Brand and generic**)
temazepam 22.5 mg
(Restoril 22.5mg)
(**Brand and generic**)
zolpidem ER (Ambien CR)
(**Brand and generic**)
Eduar
Doral
Lunesta *
Rozerem
Silenor
Somnote
Zolpimist

* Step therapy for Lunesta may allow it to process without a prior authorization. Please see specific STEP criteria located at:
<http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm>

Stimulants and Related Agents (Tx for Attention Deficit Hyperact (ADHD)/Narcolepsy; Adrenergics, Aromatic, Non-Catecholamine)

Preferred

1st Tier-

amphetamine salt combo
(*Adderall*)
dexamethylphenidate (Focalin)
(**Brand and generic**)
dextroamphetamine (*Dexedrine*)
methylphenidate (*Ritalin*)
methylphenidate ER
(*Ritalin-SR*)
Adderall XR (**Brand only**)
Concerta (**Brand only**)
Daytrana

Requires Prior Authorization

amphetamine salt combo ER
(**generic only**)
methamphetamine (Desoxyn)
(**Brand and generic**)
methylphenidate liquid
(Procentra) (**Brand and generic**)
methylphenidate controlled
release (**generic only**)
Kapvay
Provigil

Focalin XR
Intuniv**
Metadate CD
Methylin Chew and Solution
Vyvanse

2nd Tier-

Strattera *** (for ages 17 and under)

Nuvigil
Ritalin LA

** For recipients 6 – 17 years old, Intuniv is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, Intuniv continues to be part of the MCO pharmacy benefit.

*** To view criteria for Strattera, please refer to
<http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm>

ENDOCRINE

Androgenic Agents

Preferred

Androderm
Androgel

Requires Prior Authorization

Axiron
Fortesta
Testim

Bone Resorption Suppression and Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents – Parathyroid Hormone)

Preferred

alendronate (*Fosamax*)
Miacalcin (**Brand only**)

Requires Prior Authorization

calcitonin salmon nasal
(**generic only**)
etidronate (Didronel)
(**Brand and generic**)
Actonel
Actonel with Calcium
Atelvia
Boniva
Evista
Fosamax Plus D
Fosamax Solution
Forteo
Fortical
Prolia

Maryland Preferred Drug List

GASTROINTESTINAL

Hypoglycemics, Incretin Mimetics and Enhancers

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Byetta	Janumet
Kombiglyze XR	Januvia
Onglyza	Victoza
Symlin	
Tradjenta	

Hypoglycemics, Insulins and Related Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Humalog	Apidra
Humalog Mix	Levemir
Humulin	
Lantus	
Novolin	
NovoLog	
NovoLog Mix	

Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
nateglinide (Starlix)	Prandimet
Prandin	

Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Actos	ActoPlusMet
Avandia	ActoPlusMet XR
	Avandamet
	Avandaryl
	Duetact

Antiemetic/Antivertigo Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
dimenhydrinate inj. and OTC	dronabinol (generic only)
meclizine Rx and OTC (Bonine, Antivert)	granisetron oral and IV (<i>Kytril</i>) (Brand and generic)
metoclopramide oral and IV (Reglan)	trimethobenzamide (all forms) (Tigan) (Brand and generic)
ondansetron, ondansetron ODT (all forms) (Zofran, Zofran ODT)	Aloxi IV
prochlorperazine (all forms) (Compazine, Compro)	Anzemet (oral and IV)
promethazine (oral and rectal) (Phenergan)	Cesamet
Marinol (Brand only)	Emend IV
Emend (oral only)	Sancuso
Metozolv ODT	Zuplenz
Scopace	
TransDerm-Scop	

Bile Salts

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ursodiol capsule (Actigall)	ursodiol tablet (URSO Forte)
	Chenodal

Pancreatic Enzymes

<u>Preferred</u>	<u>Requires Prior Authorization</u>
pancrelipase	
Creon	
Pancreaze	
Zenpep	

Maryland Preferred Drug List

Phosphate Binders and Related Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Calphron OTC	calcium acetate (<i>generic only</i>)
PhosLo (<i>Brand Only</i>)	Eliphos
Renagel	Fosrenol
	Renvela

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
lansoprazole (<i>Prevacid</i>)	pantoprazole (<i>Protonix</i>)
lansoprazole solutab (<i>Prevacid Solutab</i>)	(<i>Brand and generic</i>)
omeprazole (<i>Prilosec</i>)	Aciphex
omeprazole OTC (<i>Prilosec OTC</i>)	Dexilant
	Prevacid OTC
	Prilosec Suspension
	Nexium (all forms)
	Zegerid OTC

Ulcerative Colitis Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
balsalazide (<i>Colaza</i>)	mesalamine enemas (<i>Rowasa</i>)
sulfasalazine (<i>Azulfidine</i>)	(<i>Brand and generic</i>)
Apriso	Asacol HD
Asacol	Dipentum
Canasa	Lialda
	Pentasa
	sFRowasa

IMMUNOLOGICS

Immunosuppressives, Oral

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

INJECTABLES

Colony Stimulating Factors

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Neupogen	Leukine
	Neulasta

Cytokine and CAM Antagonists (Anti-Inflammatory, Pyrimidine Synthesis Inhibitor, Anti-Inflammatory, Tumor Necrosis Factor Inhibitor, Anti-Flam, Interleukin-1 Receptor Antagonist, Drugs to Tx Chronic Inflamm Disease of Colon, Antimetabolites)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Cimzia	Actemra
Enbrel	Amevive
Humira	Kineret
	Orencia
	Orencia Sub-Q
	Remicade
	Simponi
	Stelara

Erythropoietins (Hematinics, Other)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Aranesp	Epogen
Procrit	

Growth Hormones (CLINICAL PA REQUIRED)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Genotropin	Humatrope
Norditropin	Omnitrope
Nutropin/ Nutropin AQ	Saizen
	Serostim
	Tev-Tropin
	Zorbtive

Maryland Preferred Drug List

NEUROLOGICS

Alzheimer's Agents

Preferred

donepezil/donepezil ODT
(Aricept/Aricept ODT)
rivastigmine (Exelon)
Exelon Transdermal Patch
Namenda

Requires Prior Authorization

galantamine (*Razadyne, ER*)
(**Brand and generic**)
Exelon Solution

Anti-Parkinson's Agents

Preferred

benztropine (*Cogentin*)
levodopa/carbidopa Immediate
and Extended Release
(*Sinemet, Sinemet CR*)
ropinirole (*Requip*)
pramipexole (*Mirapex*)
trihexyphenidyl (*Artane*)
Stalevo

Requires Prior Authorization

bromocriptine (*Parlodel*)
(**Brand and generic**)
levodopa/carbidopa ODT
(*Parcopa*) (**Brand and generic**)
selegiline (*Eldepryl*) (**Brand and generic**)
Azilect
Comtan
Mirapex ER
Requip XL
Tasmar
Zelapar

Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)

Preferred

Ampyra
Avonex
Betaseron
Copaxone

Requires Prior Authorization

Extavia
Gilenya
Rebif

OPHTHALMIC

Ophthalmics, Allergic Conjunctivitis (Eye Antiinflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)

Preferred

cromolyn (*Crolom*)
ketotifen OTC (*Zaditor OTC*)
Alrex
Pataday
Patanol

Requires Prior Authorization

azelastine (Optivar)
(**Brand and generic**)
epinastine (Elestat)
(**Brand and generic**)
Alamast
Alocril
Alomide
Bepreve
Elestat
Emadine
Lastacaft

Ophthalmics, Antibiotics

Preferred

bacitracin
bacitracin/polymixin
ciprofloxacin solution (*Ciloxan*)
erythromycin
gentamicin (*Garamycin*) (**Brand and generic**)
neomycin/polymixin/gramicidin
ofloxacin (*Ocuflox*)
polymyxin/trimethoprim
(*Polytrim*)
sulfacetamide
terramycin/polymyxin
tobramycin
triple antibiotic
Besivance
Ciloxan Ointment
Tobrex Ointment
Vigamox
Zymar

Requires Prior Authorization

levofloxacin (Quixin)
(**Brand and generic**)
AzaSite
Iquix
Moxeza
Natacyn
Zymaxid

Maryland Preferred Drug List

Ophthalmics, Antibiotic/Steroid Combinations

Preferred

neomycin/bacitracin/polymyxin/HC
 neomycin/poly/dexamethasone
 neomycin/poly/dexamethasone
 neomycin/polymyxin/HC
 sulfacetamide/prednisolone
 tobramycin/dexamethasone susp
 Blephamide
 Blephamide SOP
 Pred-G Ointment, Drops
 Tobradex Ointment
 Zylet

Requires Prior Authorization

Tobradex ST

Ophthalmics, Glaucoma Agents

Preferred

betaxolol
 brimonidine
 carteolol (*Ocupress*)
 dorzolamide (*Trusopt*)
 dorzolamide/timolol (*Cosopt*)
 latanoprost (*Xalatan*)
 levobunolol (*Betagan*)
 metipranolol (*OptiPranolol*)
(Brand and generic)
 pilocarpine (*Pilocar*)
 timolol (*Timoptic, Timoptic XE*)
 Alphagan P 0.15% (**Brand only**)
 Azopt
 Betimol
 Betoptic S
 Combigan
 Istalol
 Propine
 Travatan/Travatan Z

Requires Prior Authorization

apraclonidine (lopidine) (**Brand and generic**)
 brimonidine tartrate 0.15%
(generic only)
 Alphagan P 0.1%
 Lumigan

Ophthalmics, Anti-Inflammatories

Preferred

dexamethasone (*Decadron*)
 diclofenac (*Voltaren*)
 fluorometholone (*FML*)
 flurbiprofen (*Ocufen*)
 ketorolac (*Acular*)
 ketorolac LS (*Acular LS*)
 prednisolone acetate
 prednisolone sodium
 FML Forte
 FML SOP
 Lotemax
 Maxidex
 Omnipred
 Pred Mild

Requires Prior Authorization

bromfenac (*Xibrom*)
 Acuvail
 Bromday
 Durezol
 Flarex
 Nevanac
 Ozurdex
 Pred Forte
 Retisert
 Triescence
 Vexol

OTIC

Otic Antibiotics

Preferred

neomycin/polymyxin/HC
 (*Cortisporin*)
 ofloxacin otic (*Floxin Otic*)
 Ciprodex
 Coly-Mycin S
 Cortisporin TC

Requires Prior Authorization

Cetraxal
 Cipro HC

RESPIRATORY

Antihistamines, Minimally Sedating (Antihistamines)

Preferred

cetirizine, cetirizine-D
 (Rx and OTC)
 fexofenadine OTC 60 mg
 fexofenadine OTC 180 mg
 levocetirizine (*Xyzal*)
 loratadine, loratadine-D
 (Rx and OTC)

Requires Prior Authorization

fexofenadine (*Allegra*)
 fexofenadine D 12 hr, 24 hr
 (*Allegra D*)
(Brand and generic)
 Allegra Syrup
 Allegra ODT
 Claritin, Claritin-D (Rx)
 Claritin, Claritin-D (OTC)

Maryland Preferred Drug List

Claritin Chewable (OTC)
 Claritin LiquiGel (OTC)
 Clarinex, Clarinex-D
 Semprex-D
 Xyzal Syrup

** Pulmicort Respules are available without prior authorization for children who are 1 to 8 years of age.*

Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)

Preferred

albuterol syrup and tablet
 (*Proventil, Ventolin*)
 terbutaline (*Brethine*)
 Foradil
 Maxair
 ProAir HFA
 Proventil HFA

Requires Prior Authorization

albuterol ext-rel (*Vospire ER*)
 albuterol neb low dose
 levalbuterol neb (*Xopenex*)
 (**Brand and generic**)
 metaproterenol (*Alupent*)
Arcapta
 Brovana
 Perforomist
 Serevent
Ventolin HFA
 Xopenex HFA

Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)

Preferred

flunisolide (*Nasalide*)
 fluticasone nasal (*Flonase*)
Astelin (Brand only)
 Astepro
Beconase AQ
Nasacort AQ (Brand only)
 Nasonex
Patanase

Requires Prior Authorization

azelastine nasal (generic only)
 flunisolide (*Nasarel*)
 (**Brand and generic**)
 ipratropium (*Atrovent Nasal*)
 (**Brand and generic**)
triamcinolone nasal (generic only)
 Omnaris
 Rhinocort Aqua
 Veramyst

COPD Agents

Preferred

ipratropium neb (*Atrovent*)
 ipratropium neb/albuterol
 (*DuoNeb*)
 Atrovent HFA
 Combivent
 Spiriva

Requires Prior Authorization

Daliresp

Leukotriene Modifiers

Preferred

zafirlukast (*Accolate*)
 Singulair

Requires Prior Authorization

Zyflo CR

Glucocorticoids, Inhaled (Beta-Adrenergics and Glucocorticoids Combination, Glucocorticoids)

Preferred

Advair Diskus/Advair HFA
 Aerobid, Aerobid M
Asmanex
Dulera
 Flovent Diskus/Flovent HFA
 Qvar
 Symbicort

Requires Prior Authorization

budesonide respules
 (*Pulmicort Respules*) *
 (**Brand and generic**)
 (Over Age 8, Under Age 1)
 Alvesco
 Pulmicort Flexhaler

Key: All lowercase letters = generic product.
 Leading capital letter = brand name product.
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Maryland Preferred Drug List

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide
 clindamycin topical
 erythromycin
 sulfacetamide-sulfur
 tretinoin
 Azelex
 BenzaClin
 Differin (**Brand only**)
 Epiduo
 Retin-A Micro

Requires Prior Authorization

adapalene (**generic only**)
 benzoyl peroxide OTC
 clindamycin-benzoyl peroxide
 erythromycin-benzoyl peroxide
 sodium sulfa-sulfur-meratan
 sulfacetamide lotion (*Klaron*)
 Acanya
 Aczone
 Akne-Mycin
 Atralin
 Benzefoam
 Brevoxyl
 Clarifoam EF
 Clinac BPO
 Clindagel
 Clindareach
 Duac
 Evoclin
 Inova
 Lavoclen
 Neobenz Micro
 Nuox
 SE BPO
 Sulfoxyl
 Tazorac
 Triaz
 Veltin
 Zaclir
 Ziana
 Zoderm

Atopic Dermatitis

Preferred

Elidel

Requires Prior Authorization

Protopic

UROLOGIC

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

Preferred

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

Requires Prior Authorization

Avodart
 Cardura XL
 Jalyn
 Rapaflo

Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Anti-incontinence Agent)

Preferred

oxybutynin (*Ditropan*)
 Toviaz
 Vesicare

Requires Prior Authorization

oxybutynin XL (*Ditropan XL*)
 (**Brand and generic**)
 trospium (*Sanctura*)
 (**Brand and generic**)
 Detrol
 Detrol LA
 Enablex
 Gelnique
 Oxytrol
 Sanctura XR