Maryland
DEPARTMENT OF HEALTH

PHARMACY
News & Views

July 2025

Pharmacist Professional Services

The phased roll-out of enrollment for pharmacist professional services was finalized in April 2025.

Pharmacists have the option to enroll in Medicaid either as individual providers or in association with a pharmacy, physician, physician group practice, nurse practitioner, or podiatrist.

For more information, please refer to Advisory No. 272: **https://health.maryland.gov/mmcp/pap/Pages/Provider-Advisories.aspx**

Medicaid Pharmacy Program Pharmacists Professional Services

Maryland Medicaid Preferred Drug List

Prescribing medications from the Maryland Medicaid Fee-for-Service Preferred Drug List (PDL) has benefits for both prescribers and patients. Unlike non-preferred medications, most PDL medications do not require prior authorization. PDL medications are the most clinically effective, safe, and least expensive medications within the class of medications being prescribed. Prescribing PDL medications can also save patients money. Medications on the PDL have a lower copayment ($1) than non-preferred medications ($3).

The Maryland Medicaid Office of Pharmacy Services publishes the PDL twice each year in the months of January and July. The PDL is created based on the recommendations from the Maryland Medicaid Pharmacy and Therapeutics (P&T) Committee, which is comprised of external physicians, pharmacists, and consumer representatives. The Committee considers new medical literature and national treatment guidelines when recommending preferred or non- preferred status for medications on the PDL. The Committee's recommendations are based on the clinical effectiveness, safety, outcomes, and FDA-approved indications of all medications included in each PDL class. When medications within a class are clinically equivalent, the Committee considers the comparative cost-effectiveness of the medications in the class. The clinical data always takes precedence over cost considerations in the decision-making process of the P&T Committee.

CME/CE CREDITS

The Office of Pharmacy Services provides live continuing medical education (CME) and continuing education (CE) programs on timely issues with the latest research at no cost to participants twice a year. Previous seminars are available at: **https://mmppi.com/previous_seminars.htm**

Sign up for program notifications via email or text:

Email: mdpharmacynews@gmail.com
Text: Send YES CEs to 410.845.5551

Maryland Medicaid Preferred Drug List

Generic vs. Brand Status on the PDL:

Maryland Medicaid's Preferred Drug List (PDL), encompassing over 2100 drugs, covers most generic formulations of preferred multisource brand drugs without a prior authorization. If the prescription for a brand name drug is to be dispensed as written (DAW1), the prescriber must complete and submit a MedWatch form (**https://bit.ly/4eQlaeO**). The State's clinical pharmacy team will review the MedWatch form and notify the prescriber whether the request for the brand name drug is approved or denied. The State will forward the MedWatch form to the FDA when appropriate.

Exceptions to this rule are included in the attached PDL effective July 1, 2025. Claims for these brand name medications must be submitted with DAW 6 code and will be priced appropriately. A Maryland Department of Health MedWatch form will not be required. Claims with any other DAW code will reject. Please refer to complete PDL list at: **https://bit.ly/4cOVHk5**. Not all generics are preferred. In some instances, the State prefers the multisource brand name drug over its generic equivalent because the branded drug is more cost effective than its generic counterpart.

- When the brand name drug is preferred, no MedWatch nor authorization is needed [1,2].
- Pharmacy providers must 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 Conduent's 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).

The PDL shown here is effective as of July 1, 2025. 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 be covered for Maryland Medicaid participants. 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 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 new to market require prior authorization until they are reviewed.

Product Key:

- **PDL change = Red, bold, underlined**
- **Brand = Leading capital letter**
- **generic = all lowercase**

Note: A 72-hour emergency supply of a non-preferred drug is available by calling 800-932-3918. A 30-day emergency supply is available for Tier 2 and Non-preferred Anti-psychotic agents (see details on back page).

Therapeutic Class	Preferred BRAND	Non-Preferred GENERIC
Antibiotics, Inhaled	**Bethkis**	**tobramycin solution**
Anticonvulsants	Sabril tablet, Powder Packet [2]	vigabatrin tablet, powder packet [2]
Anticonvulsants	Trileptal suspension (oral)	oxcarbazepine suspension (oral)
Antipsychotics	Risperdal Consta	risperidone ER injection
COPD Agents	Spiriva Handihaler	tiotropium bromide capsule
Cytokine and CAM Antagonists	Cyltezo [3]	adalimumab-ADBM [3]
Glucocorticoids, Inhaled	Symbicort (inhalation)	budesonide/formoterol (inhalation)
Hypoglycemics, Insulins	Lantus Solostar [3]	insulin glargine Solostar [3]
Hypoglycemics, Insulins	Lantus vial [3]	insulin glargine vial [3]
Hypoglycemic, SGLT2 Inhibitors	Farxiga	dapagliflozin tablet
Opioid Use Disorder Treatments	Narcan Nasal Spray [3]	naloxone nasal spray [3]
Opioid Use Disorder Treatments	Suboxone Film	buprenorphine/naloxone film
Stimulants and Related Agents	Adderall XR capsule [3]	amphetamine salt combo ER capsule [3]
Stimulants and Related Agents	Concerta tablet	methylphenidate ER tablet
Stimulants and Related Agents	Daytrana	methylphenidate transdermal
Stimulants and Related Agents	Focalin XR [3]	dexmethylphenidate XR capsule [3]
Stimulants and Related Agents	**Ritalin LA [3]**	**methylphenidate ER capsule [3]**
Stimulants and Related Agents	Vyvanse	lisdexamfetamine capsule
Ulcerative Colitis Agents	Pentasa [3]	mesalamine ER capsule [3]

[1] *Unless the Program has established clinical criteria for the drug*
[2] *Is a non-preferred drug on the PDL and will require a prior authorization by the prescriber*
[3] *Both brand and generic are preferred*

ANALGESICS

Analgesics, Narcotics * (Long Acting)

** All drugs in this class are subject to review through the Opioid Drug Utililzation Review Program*

Preferred

fentanyl patch (All strengths except 37.5mcg, 62.5mcg, 87.5mcg) cc,ql
morphine sulfate SR (MS Contin) ql

Requires Prior Authorization

buprenorphine film (Belbuca) ql
buprenorphine patch (Butrans) ql
fentanyl patch (37.5mcg, 62.5mcg, 87.5mcg) cc,ql
hydrocodone ER (Hysingla ER, Zohydro ER) cc,ql
hydromorphone ER (Exalgo) ql
methadone (Dolophine) ql
morphine sulfate ER (Avinza, Kadian) ql
oxycodone ER (Oxycontin) ql
oxymorphone ER (Opana ER) ql
tramadol ER (Conzip, Ryzolt, Ultram ER) ql

ANALGESICS

Analgesics, Narcotics * (Short Acting)

Preferred

acetaminophen/codeine (Tylenol w/codeine) ql
hydrocodone/acetaminophen tablet (Lorcet, Norco, Vicodin) ql
hydromorphone tablet (Dilaudid)
morphine sulfate tablet, solution, ***syringe***
oxycodone capsule, tablet, solution
oxycodone/acetaminophen (Percocet) ql
tramadol 50 mg (Ultram) ql
tramadol/acetaminophen (Ultracet) ql

Requires Prior Authorization

butalbital/acetaminophen/codeine/caffeine ql
butalbital/aspirin/codeine/caffeine ql
butalbital compound w/codeine
butorphanol nasal spray
carisoprodol/codeine compound
codeine tablet
dihydrocodeine/acetaminophen/caffeine
fentanyl buccal (Actiq, Fentora) cc,ql
hydrocodone/acetaminophen solution (Lortab) ql
hydrocodone/ibuprofen (Vicoprofen)
hydromorphone solution, suppositories
levorphanol
meperidine (Demerol)
morphine suppositories
oxycodone concentrated solution
oxycodone syringe
oxycodone/acetaminophen (Prolate) ql
oxycodone/acetaminophen solution ql
oxymorphone (Opana)
pentazocine/naloxone (Talwin NX)
*tramadol 25mg, **75mg**, 100mg* ql
tramadol solution
Dsuvia
Seglentis

ANALGESICS

Anti-Migraine Agents, Other

Also appears under Central Nervous System

Preferred

Ajovy **(Step Therapy)** cc,ql
Emgality 120mg/mL **(Step Therapy)** cc,ql
Nurtec ODT cc,ql

Requires Prior Authorization

diclofenac potassium powder pack
dihydroergotamine (Migranal)
Aimovig ***(Step Therapy)*** cc,ql
Elyxyb
Emgality 100mg/mL ***(Step Therapy)*** cc,ql
Ergomar
Migerot
Qulipta cc,ql
Reyvow cc,ql
Ubrelvy cc,ql
Vyepti cc,ql
Zavzpret cc,ql

Anti-Migraine Agents, Triptans

Preferred

naratriptan (Amerge) ql
rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) ql
sumatriptan nasal, tablet, vial (Imitrex) ql
zolmitriptan (Zomig) ql

Requires Prior Authorization

almotriptan (Axert) ql
eletriptan (Relpax) ql
frovatriptan (Frova) ql
sumatriptan kit (Imitrex) ql
sumatriptan/naproxen (Treximet) ql
zolmitriptan nasal (Zomig) ql
zolmitriptan ODT (Zomig ZMT) ql

Maryland Medicaid Preferred Drug List

ANALGESICS

Neuropathic Pain and Select Agents

Preferred

capsaicin OTC
duloxetine (Cymbalta) cc,ql
gabapentin capsule, tablet (Neurontin)
lidocaine patch (Lidoderm) ql
pregabalin capsule ql

Requires Prior Authorization

duloxetine 40mg (Irenka) ql
gabapentin ER (Gralise)
gabapentin solution (Neurontin)
pregabalin solution (Lyrica solution)
pregabalin XR (Lyrica CR)
DermacinRx Lidocaine Patch
Drizalma Sprinkle cc
Gabarone
Horizant
Journavx cc,ql
Lidocan Patch
Qutenza Kit
Savella
Xyliderm
ZTlido

ANALGESICS

Nonsteroidal Anti-Inflammatories (NSAIDs)

Preferred

celecoxib (Celebrex)
diclofenac gel (Voltaren Gel)
diclofenac sodium
ibuprofen Rx, OTC (Motrin)
indomethacin (Indocin)
meloxicam tablet (Mobic)
nabumetone (Relafen)
naproxen
naproxen sodium OTC
sulindac (Clinoril)

Requires Prior Authorization

diclofenac epolamine patch (Flector) cc,ql
diclofenac potassium capsule, tablet
diclofenac topical solution (Pennsaid)
diclofenac/misoprostol (Arthrotec)
diclofenac SR (Voltaren XL)
diflunisal (Dolobid)
etodolac, etodolac XL (Lodine, Lodine XL)
fenoprofen
ibuprofen chewable tabs OTC
ibuprofen/famotidine (Duexis)
indomethacin ER (Indocin SR)
indomethacin rectal
ketoprofen, ketoprofen ER (Orudis, Oruvail)
ketorolac (Toradol)
ketorolac nasal spray (Sprix)
meclofenamate (Meclomen)
mefenamic acid (Ponstel)
meloxicam capsule (Vivlodex)
naproxen/esomeprazole (Vimovo)
naproxen CR, suspension
naproxen EC
naproxen sodium Rx
oxaprozin (Daypro)
piroxicam (Feldene)
tolmetin sodium
Lofena
Licart Patch cc,ql
Relafen DS

ANALGESICS

Opioid Use Disorder Treatments

Preferred

buprenorphine (Subutex) cc,ql
buprenorphine/naloxone tablet (Suboxone) ql
naloxone injectable (Narcan)
naloxone nasal spray (Narcan nasal spray) **(Brand, generic and OTC)**
naltrexone (Revia) cc,ql
Brixadi Monthly cc,ql
Brixadi Weekly cc,ql
Opvee nasal spray
Rextovy nasal spray
Sublocade cc,ql
Suboxone film **(Brand only)** ql
Vivitrol cc,ql
Zubsolv ql

Requires Prior Authorization

buprenorphine/naloxone film (Suboxone) ***(generic only)*** ql
lofexidine *(Lucemyra)* cc,ql
Kloxxado
Zimhi

Skeletal Muscle Relaxants

Preferred

baclofen (Lioresal)
chlorzoxazone (Parafon)
cyclobenzaprine (Flexeril) ql
methocarbamol (Robaxin)
orphenadrine ER (Norflex)
tizanidine tablet (Zanaflex)

Requires Prior Authorization

baclofen solution, suspension (Ozobax, Ozabax DS)
carisoprodol (Soma)
carisoprodol compound (Soma Compound)
cyclobenzaprine ER (Amrix) ql
dantrolene (Dantrium)
metaxalone (Skelaxin)
orphenadrine/aspirin/caffeine
tizanidine capsule (Zanaflex)
Lorzone
Lyvispah

ANTI-INFECTIVES

Antibiotics, GI

Preferred
metronidazole tablet (Flagyl)
neomycin
tinidazole (Tindamax)
vancomycin capsule (Vancocin)
vancomycin solution (Firvanq)

Requires Prior Authorization
metronidazole capsule (Flagyl capsule)
metronidazole 125mg tablet
nitazoxanide tablet (Alinia)
paromomycin
vancomycin solution 250mg/5mL
Aemcolo
Dificid cc,ql
Likmez
Rebyota enema
Solosec
Vowst
Xifaxan cc,ql

Antibiotics, Inhaled

Preferred
tobramycin inhalation solution (Tobi) cc,ql
Bethkis (Brand only) cc,ql
Tobi Podhaler cc,ql

Requires Prior Authorization
tobramycin pak (Kitabis Pak) cc,ql
tobramycin solution (Bethkis)
(generic only) cc,ql
Arikayce cc,ql
Cayston cc,ql

Antibiotics, Topical

Preferred
bacitracin OTC
bacitracin/polymyxin OTC
double antibiotic OTC
gentamicin
mupirocin ointment (Bactroban Ointment)
neomycin/polymyxin/pramoxine OTC
triple antibiotic OTC
triple antibiotic plus OTC

Requires Prior Authorization
mupirocin cream (Bactroban Cream)
Centany
Xepi

Antibiotics, Vaginal

Preferred
clindamycin (Cleocin)
metronidazole vaginal (Metrogel, Nuvessa)
Cleocin ovule

Requires Prior Authorization
Clindesse
Vandazole
Xaciato

Antifungals, Oral

Preferred
clotrimazole troches (Mycelex)
fluconazole (Diflucan)
griseofulvin suspension (GriFulvin V)
ketoconazole (Nizoral)
nystatin suspension, tablet
terbinafine (Lamisil)

Requires Prior Authorization
flucytosine (Ancobon)
griseofulvin tablet (Gris Peg, GriFulvin V)
itraconazole (Sporanox)
posaconazole (Noxafil)
voriconazole (Vfend)
Brexafemme
Cresemba
Noxafil suspension packet
Oravig buccal
Tolsura
Vivjoa

Antifungals, Topical

Preferred
ciclopirox cream, solution
clotrimazole cream Rx, OTC
clotrimazole/betamethasone cream (Lotrisone)
ketoconazole cream, shampoo (Nizoral)
miconazole cream OTC
nystatin cream, ointment, powder
nystatin/triamcinolone (Mycolog)
terbinafine OTC
tolnaftate cream, powder OTC

Requires Prior Authorization
ciclopirox gel, kit, shampoo, suspension
clotrimazole solution OTC, Rx
clotrimazole/betamethasone lotion (Lotrisone)
econazole (Spectazole)
ketoconazole foam (Ketodan)
luliconazole (Luzu) cc,ql
miconazole powder, solution, spray OTC
miconazole nitrate/zinc oxide/ petrolatum (Vusion)
naftifine (Naftin)
oxiconazole cream (Oxistat)
salicylic acid 3% ointment
sulconazole nitrate cream, solution
tavaborole (Kerydin)
Ertaczo
Jublia
Oxistat lotion
Tripenicol OTC cream

Maryland Medicaid Preferred Drug List

ANTI-INFECTIVES

Antiparasitics, Topical

Preferred
permethrin Rx, OTC (Elimite, Acticin)
pip butoxide/pyrethrins/permethrin kit OTC
piperonyl/pyrethrins OTC

Requires Prior Authorization
ivermectin lotion OTC (Sklice) [ql]
malathion (Ovide) [cc,ql]
spinosad (Natroba) [cc,ql]
Crotan
Eurax

Antivirals, Oral

Preferred
acyclovir (Zovirax)
oseltamivir (Tamiflu) [ql]
valacyclovir (Valtrex)

Requires Prior Authorization
famciclovir (Famvir)
rimantadine (Flumadine)
Relenza
Sitavig
Xofluza

Antivirals, Topical

Preferred
acyclovir cream, ointment (Zovirax)
docosanol 10% cream (Abreva OTC)

Requires Prior Authorization
penciclovir (Denavir)
Xerese

ANTI-INFECTIVES

Cephalosporins and Related Antibiotics

Preferred
amoxicillin/clavulanate tablet, suspension (Augmentin, Augmentin ES)
cefaclor capsule (Ceclor)
cefadroxil capsule, suspension (Duricef)
cefdinir (Omnicef)
cefprozil (Cefzil)
cefuroxime tablet (Ceftin)
cephalexin capsule, suspension (Keflex)

Requires Prior Authorization
amoxicillin/clavulanate chewable tablet (Augmentin)
amoxicillin/clavulanate ER (Augmentin XR)
cefaclor suspension, ER tablet (Ceclor, Ceclor CD)
cefadroxil tablet (Duricef)
cefixime capsule, suspension (Suprax)
cefpodoxime (Vantin)
cephalexin tablet (Keflex)
Augmentin 125 suspension

Fluoroquinolones, Oral

Preferred
ciprofloxacin tablet (Cipro)
levofloxacin tablet (Levaquin)

Requires Prior Authorization
ciprofloxacin suspension (Cipro)
levofloxacin solution (Levaquin)
moxifloxacin (Avelox)
ofloxacin (Floxin)
Baxdela

ANTI-INFECTIVES

Hepatitis B Agents

Preferred
entecavir (Baraclude)
lamivudine HBV tablet
Epivir HBV solution

Requires Prior Authorization
adefovir dipivoxil (Hepsera)
Baraclude solution
Vemlidy

Hepatitis C Agents

Preferred
ribavirin (Copegus, Rebetol)
sofosbuvir/velpatasvir (Epclusa) [cc]
Mavyret [cc]
Pegasys
Vosevi [cc]

Requires Prior Authorization
ledipasvir/sofosbuvir (Harvoni) [cc]
Harvoni Pellet Pack [cc]
Sovaldi [cc]
Sovaldi Pellet Pack [cc]
Zepatier [cc]

Macrolides / Ketolides

Preferred
azithromycin (Zithromax)
clarithromycin tablet (Biaxin)
erythromycin base DR capsule
erythromycin ethyl succinate oral suspension (EryPed, E.E.S.)

Requires Prior Authorization
clarithromycin suspension (Biaxin)
clarithromycin ER (Biaxin XL)
erythromycin base tablet
erythromycin base tablet DR
erythromycin ethylsuccinate tablet (E.E.S. 400)
Erythrocin

ANTI-INFECTIVES

Tetracyclines

Preferred
doxycycline hyclate (Vibramycin)
doxycycline monohydrate 50mg, 100mg capsule (Monodox)
doxycycline monohydrate tablet
minocycline capsule (Minocin)
tetracycline (Sumycin)

Requires Prior Authorization
demeclocycline (Declomycin)
doxycycline hyclate DR (Doryx)
doxycycline monohydrate 40mg, 75mg, 150mg capsule
doxycycline monohydrate suspension (Vibramycin)
minocycline tablet
minocycline ER (Solodyn, Ximino)
Doryx MPC
Morgidox Kit
Nuzyra

BLOOD MODIFERS

Antihyperuricemics

Preferred
allopurinol 100mg, 300mg (Zyloprim)
colchicine tablet (Colcrys) [ql]
febuxostat (Uloric)
probenecid
probenecid/colchicine

Requires Prior Authorization
allopurinol 200 mg
colchicine capsule (Mitigare) [ql]
Gloperba

Colony Stimulating Factors

Preferred
Fylnetra
Neupogen

Requires Prior Authorization
Fulphila
Granix syringe, vial
Leukine
Neulasta
Nivestym
Nyvepria
Releuko
Rolvedon
Stimufend
Udenyca, Udenyca OnBody [cc,ql]
Zarxio
Ziextenzo

BLOOD MODIFIERS

Erythropoiesis Stimulating Proteins

Preferred
Aranesp
Epogen
Retacrit

Requires Prior Authorization
Mircera
Procrit
Reblozyl
Retacrit Vifor

Phosphate Binders

Preferred
calcium acetate (PhosLo)
sevelamer carbonate (Renvela)
Calphron OTC

Requires Prior Authorization
lanthanum carbonate (Fosrenol)
sevelamer carbonate powder pack (Renvela)
sevelamer HCl (Renagel)
Auryxia
Fosrenol powder pack
Magnebind 400 Rx
Velphoro
Xphozah

Maryland Medicaid Preferred Drug List

BLOOD MODIFIERS

Angiotensin Modulator Combinations

Preferred
amlodipine/benazepril (Lotrel)
amlodipine/olmesartan (Azor)
amlodipine/valsartan (Exforge)

Requires Prior Authorization
amlodipine/olmesartan/HCTZ (Tribenzor)
amlodipine/telmisartan (Twynsta)
amlodipine/valsartan/HCTZ (Exforge HCT)
trandolapril/verapamil (Tarka)

Angiotensin Modulators

Preferred
benazepril, benazepril/HCTZ (Lotensin, Lotensin HCT)
enalapril, enalapril/HCTZ (Vasotec, Vaseretic)
irbesartan, irbesartan/HCTZ (Avapro, Avalide)
lisinopril, lisinopril/HCTZ (Prinivil, Zestril, Prinzide, Zestoretic)
losartan, losartan/HCTZ (Cozaar, Hyzaar)
olmesartan, olmesartan/HCTZ (Benicar, Benicar HCT)
ramipril (Altace)
valsartan, valsartan/HCTZ (Diovan, Diovan HCT)
Entresto [cc,ql]

Requires Prior Authorization
aliskiren (Tekturna)
candesartan, candesartan/HCTZ (Atacand, Atacand HCT)
captopril, captopril/HCTZ (Capozide)
enalapril solution (Epaned)
eprosartan (Teveten)
fosinopril, fosinopril/HCTZ (Monopril, Monopril HCT)
moexipril (Univasc)
perindopril (Aceon)
quinapril, quinapril/HCTZ (Accupril, Accuretic)
telmisartan, telmisartan/HCTZ (Micardis, Micardis HCT)
trandolapril (Mavik)
valsartan solution
Edarbi, Edarbyclor
Entresto Sprinkle
Qbrelis
Tekturna HCT

CARDIOVASCULAR

Anticoagulants

Preferred
dabigatran (Pradaxa) [ql]
enoxaparin (Lovenox) [ql]
warfarin (Coumadin)
Eliquis tablet
Xarelto Dose Pack
Xarelto tablet (except 2.5mg)

Requires Prior Authorization
fondaparinux (Arixtra) [ql]
Eliquis Dose Pack
Fragmin [ql]
Pradaxa 110mg [ql]
Pradaxa Pellet Pack
Savaysa
Xarelto 2.5mg tablet [cc,ql]
Xarelto suspension

Antihypertensives, Sympatholytics

Preferred
clonidine patch (Catapres TTS) [ql]
clonidine tablet (Catapres)
guanfacine (Tenex)
methyldopa (Aldomet)

Requires Prior Authorization
clonidine ER tablet (Nexiclon)
methyldopa/HCTZ (Aldoril)

CARDIOVASCULAR

Beta Blockers

Preferred
atenolol, atenolol/chlorthalidone (Tenormin, Tenoretic)
bisoprolol (Zebeta)
bisoprolol/HCTZ (Ziac)
carvedilol (Coreg)
labetalol (Normodyne, Trandate)
metoprolol succinate XL (Toprol XL)
metoprolol tartrate (Lopressor)
nadolol (Corgard)
nebivolol (Bystolic)
propranolol, propranolol LA (Inderal, Inderal LA)
sotalol, sotalol AF (Betapace, Betapace AF)

Requires Prior Authorization
acebutolol (Sectral)
betaxolol (Kerlone)
carvedilol ER (Coreg CR)
metoprolol/HCTZ (Lopressor HCT)
pindolol (Visken)
propranolol/ HCTZ (Inderide)
timolol (Blocadren)
Hemangeol
Kapspargo
Sotylize

CARDIOVASCULAR

Calcium Channel Blockers

Preferred
amlodipine (Norvasc)
diltiazem (Cardizem)
diltiazem ER capsule (Cardizem CD, Tiazac)
felodipine ER (Plendil)
nifedipine ER (Adalat CC, Procardia XL)
verapamil (Calan)
verapamil ER tablet (Calan SR)

Requires Prior Authorization
diltiazem ER tablet (Cardizem LA)
isradipine (Dynacirc)
levamlodipine (Conjupri)
nicardipine (Cardene)
nifedipine (Adalat, Procardia)
nimodipine (Nimotop)
nisoldipine (Sular)
verapamil ER capsule (Verelan, Verelan PM)
Katerzia
Norliqva
Nymalize, Nymalize syringe

Lipotropics, Other

Preferred
cholestyramine
colestipol tablet (Colestid)
ezetimibe (Zetia)
fenofibrate capsule, tablet (Lofibra)
fenofibrate nanocrystals (Tricor)
gemfibrozil (Lopid)
niacin ER (Niaspan)
omega-3 ethyl esters (Lovaza)

Requires Prior Authorization
colesevelam (Welchol)
colestipol granules (Colestid)
fenofibrate (Antara, Fenoglide, Lipofen, Triglide)
fenofibric acid (Fibricor, Trilipix)
icosapent ethyl (Vascepa)
Evkeeza [cc]
Juxtapid [cc]
Leqvio [cc]
Nexletol [cc,ql]
Nexlizet [cc,ql]
Praluent [cc,ql]
Repatha [cc,ql]
Tryngolza

CARDIOVASCULAR

Lipotropics, Statins

Preferred
atorvastatin (Lipitor)
ezetimibe/simvastatin (Vytorin)
lovastatin (Mevacor)
pravastatin (Pravachol)
rosuvastatin (Crestor)
simvastatin (Zocor)

Requires Prior Authorization
amlodipine/atorvastatin (Caduet)
fluvastatin, fluvastatin ER (Lescol, Lescol XL)
pitavastatin (Livalo)
Altoprev
Atorvaliq
Ezallor Sprinkle
Flolipid
Zypitamag

Platelet Aggregation Inhibitors

Preferred
clopidogrel (Plavix) [ql]
dipyridamole (Persantine) [ql]
prasugrel (Effient) [ql]
Brilinta [ql]

Requires Prior Authorization
aspirin/dipyridamole (Aggrenox) [ql]

CARDIOVASCULAR

PAH Agents, Oral and Inhaled

Preferred
ambrisentan (Letairis)
bosentan tablet (Tracleer)
sildenafil tablet (Revatio) [cc,ql]
tadalafil (Adcirca) [cc,ql]

Requires Prior Authorization
sildenafil solution (Revatio) [cc,ql]
Adempas
Opsumit [cc,ql]
Opsynvi [cc]
Orenitram ER [cc,ql]
Orenitram Titration kit
Tadliq suspension
Tracleer tablet for suspension
Tyvaso, Tyvaso DPI [cc]
Uptravi [cc,ql]
Ventavis

Maryland Medicaid Preferred Drug List

THE MENTAL HEALTH FORMULARY CAN BE FOUND AT https://bit.ly/3Lgdbtz

Anticonvulsants

Preferred

carbamazepine chewable, suspension, tablet (Tegretol)
carbamazepine ER (Carbatrol)
clobazam suspension, tablet (Onfi) [ql]
clonazepam (Klonopin)
diazepam rectal (Diastat, Diastat Acudial)
divalproex, divalproex ER, divalproex sprinkle (Depakote, Depakote ER, Depakote Sprinkle)
lacosamide solution, tablet (Vimpat) [ql]
lamotrigine (Lamictal)
levetiracetam tablet, solution (Keppra)
oxcarbazepine tablet (Trileptal)
phenobarbital
phenytoin, phenytoin ER (Dilantin, Dilantin Infatab, Phenytek)
primidone (Mysoline)
tiagabine (Gabitril)
topiramate, topiramate sprinkle (Topamax, Topamax Sprinkle)
valproic acid (Depakene)
zonisamide (Zonegran)
Nayzilam
Sezaby
Trileptal suspension **(Brand only)**
Valtoco

Requires Prior Authorization

carbamazepine XR (Tegretol XR)
clonazepam ODT (Klonopin ODT)
ethosuximide (Zarontin)
felbamate (Felbatol)
lamotrigine dose pack
lamotrigine XR, lamotrigine ODT (Lamictal XR, Lamictal ODT)
levetiracetam ER (Keppra XR)
methsuximide (Celontin)
rufinamide suspension, tablet (Banzel) [cc,ql]
topiramate ER (Qudexy XR) [cc,ql]
topiramate ER (Trokendi XR) [cc,ql]
Aptiom [cc]
Briviact
Diacomit capsule, powder pack
Dilantin 30mg capsule
Elepsia XR
Epidiolex [cc,ql]
Eprontia solution

Anticonvulsants (continued)

Requires Prior Authorization

Equetro
Fintepla [cc]
Fycompa [cc]
Lamictal XR dose pack
Libervant
Motpoly XR
Oxtellar XR
Sabril powder pack, tablet ***(Brand only)*** [cc]
Spritam
Sympazan [cc,ql]
Vigafyde solution
Vimpat starter pack
Xcopri
Zonisade
Ztalmy

Antidepressants, Other

Preferred

bupropion, bupropion SR, buproprion XL (Wellbutrin, Wellbutrin SR, Wellbutrin XL)
desvenlafaxine ER (Pristiq)
mirtazapine, mirtazapine ODT (Remeron, Remeron ODT)
trazodone (Desyrel)
venlafaxine (Effexor)
venlafaxine ER capsule (Effexor XR)
vilazodone (Viibryd)

Requires Prior Authorization

bupropion XL (Forfivo XL)
desvenlafaxine fumarate ER
nefazodone (Serzone)
phenelzine (Nardil)
tranylcypromine (Parnate)
venlafaxine besylate ER
venlafaxine ER tablet
Aplenzin
Auvelity [cc]
Emsam
Fetzima
Marplan
Spravato [cc,ql]
Trintellix
Zurzuvae [cc,ql]

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

citalopram tablet, solution (Celexa) [ql]
escitalopram solution, tablet (Lexapro)
fluoxetine capsule, solution, tablet (all strengths except 60mg and weekly) (Prozac)
fluvoxamine (Luvox)
paroxetine (Paxil)
sertraline tablet, concentrated solution (Zoloft)

Requires Prior Authorization

citalopram capsule
fluoxetine 60mg
fluoxetine weekly (Prozac weekly)
fluvoxamine ER (Luvox CR)
paroxetine CR (Paxil CR)
paroxetine mesylate 7.5mg capsule (Brisdelle) [cc,ql]
paroxetine suspension (Paxil)
sertraline capsule

Anti-Migraine Agents, Other

Excluded from Mental Health Formulary

Preferred

Ajovy **(Step Therapy)** [cc,ql]
Emgality 120 mg/mL **(Step Therapy)** [cc,ql]
Nurtec ODT [cc,ql]

Requires Prior Authorization

diclofenac potassium powder pack
dihydroergotamine (Migranal)
Aimovig ***(Step Therapy)*** [cc,ql]
Elyxyb
Emgality 100 mg/mL ***(Step Therapy)*** [cc,ql]
Ergomar
Migerot
Qulipta [cc,ql]
Reyvow [cc,ql]
Ubrelvy [cc,ql]
Vyepti [cc,ql]
Zavzpret [cc,ql]

CENTRAL NERVOUS SYSTEM

CENTRAL NERVOUS SYSTEM CENTRAL NERVOUS SYSTEM

THE MENTAL HEALTH FORMULARY CAN BE FOUND AT https://bit.ly/3Lgdbtz

Antipsychotics
Antipsychotic Review Programs

Preferred
1st Tier
aripiprazole (Abilify) ql
aripiprazole ODT (Abilify Discmelt) ql
chlorpromazine (Thorazine)
clozapine (Clozaril)
fluphenazine (Prolixin)
fluphenazine decanoate inj (Prolixin Inj) ql
haloperidol (Haldol)
haloperidol decanoate inj (Haldol IM) ql
haloperidol lactate oral, IM
loxapine capsule (Loxitane)
lurasidone (Latuda) ql
olanzapine IM (Zyprexa IM) ql
olanzapine ODT (Zyprexa Zydis) ql
olanzapine tablet (Zyprexa) ql
paliperidone (Invega) ql
perphenazine (Trilafon)
pimozide (Orap)
quetiapine, quetiapine ER (Seroquel ER, Seroquel XR) ql
risperidone, risperidone ODT ql
thioridazine (Mellaril)
thiothixene (Navane)
trifluoperazine (Stelazine)
ziprasidone (Geodon) ql
ziprasidone IM (Geodon IM)
Abilify Asimtufii ql
Abilify Maintena ql
Aristada ql
Aristada Initio ql
Invega Hafyera cc,ql
Invega Sustenna ql
Invega Trinza cc,ql
Perseris ql
Risperdal Consta ql **(Brand only)**

Preferred
2nd Tier
Vraylar cc,ql

Antipsychotics (continued)

Requires Prior Authorization
asenapine (Saphris) cc,ql
clozapine ODT (Fazaclo)
molindone cc
olanzapine/fluoxetine (Symbyax) cc,ql
perphenazine/amitriptyline (Triavil)
risperidone intramuscular (Risperdal Consta) ***(generic only)*** ql
Abilify MyCite cc
Adasuve
Caplyta cc
Cobenfy cc
Cobenfy Starter pack cc
Erzofri
Fanapt ql
Lybalvi cc,ql
Nuplazid cc,ql
Opipza film
Rexulti cc,ql
Rykindo cc,ql
Secuado cc
Uzedy cc,ql
Versacloz cc
Zyprexa Relprevv cc,ql

Sedative Hypnotics

Preferred
eszopiclone (Lunesta) **(Step Therapy)** cc,ql
ramelteon (Rozerem) ql
temazepam 15mg, 30mg (Restoril) ql
triazolam (Halcion) ql
zaleplon (Sonata) ql
zolpidem tablet (Ambien) ql
zolpidem ER (Ambien CR)

Requires Prior Authorization
doxepin (Silenor)
estazolam (ProSom) ql
flurazepam ql
quazepam (Doral) ql
tasimelteon (Hetlioz) cc,ql
temazepam 7.5mg, 22.5mg ql
zolpidem capsule ql
zolpidem SL (Intermezzo) ql
Belsomra cc,ql
Dayvigo cc,ql
Edluar ql
Hetlioz LQ cc
Igalmi
Quviviq cc

Stimulants and Related Agents

Preferred
amphetamine salt combo (Adderall)
amphetamine salt combo ER (Adderall XR) **(Brand and generic)**
atomoxetine (Strattera) cc
clonidine ER tablet (Kapvay) cc,ql
dexmethylphenidate tablet (Focalin)
dexmethylphenidate XR (Focalin XR) **(Brand and generic)**
dextroamphetamine capsule (Dexedrine ER)
dextroamphetamine tablet
guanfacine ER (Intuniv) cc,ql
lisdexamfetamine chewable tablet (Vyvanse) cc
methylphenidate CD capsule (Metadate CD)
methylphenidate ER tablet (Metadate ER, Ritalin SR)
methylphenidate LA capsule (Ritalin LA) (Brand and generic)
methylphenidate solution (Methylin)
methylphenidate tablet (Ritalin)
modafinil (Provigil) cc,ql
Concerta **(Brand only)**
Daytrana **(Brand only)**
Qelbree cc,ql
Quillivant XR
Vyvanse capsule **(Brand only)**

Requires Prior Authorization
amphetamine salt comb ER (Mydayis)
amphetamine sulfate (Evekeo)
armodafinil (Nuvigil) cc,ql
dextroamphetamine solution (Procentra)
lisdexamfetamine capsule ***(generic only)***
methamphetamine (Desoxyn)
methylphenidate chewable (Methylin chewable)
methylphenidate CR tablet (All strengths except 72mg) (Concerta) ***(generic only)***
methylphenidate CR tablet (Relexxii)
methylphenidate ER capsule (Aptensio XR) ***(generic only)***
methylphenidate patch TD24 (Daytrana) ***(generic only)***
Adzenys XR ODT cc
Azstarys
Cotempla XR ODT
Dyanavel XR suspension, tablet
Evekeo ODT
Jornay PM
Mydayis ER
Onyda XR suspension cc
Quillichew ER
Sunosi cc,ql
Wakix cc,ql
Xelstrym
Zenzedi

PRODUCT KEY: PDL change = red, underlined, bold; Brand name = Leading capital letter; generic = all lowercase
cc CLINICAL CRITERIA: https://bit.ly/4cnJByk ql QUANTITY LIMITS: https://bit.ly/4laFqKL hc HIGH COST FORM: https://bit.ly/3LuxUu9

Maryland Medicaid Preferred Drug List

ENDOCRINE

Androgenic Agents

Preferred
testosterone gel packet (Vogelxo)
testosterone gel pump (Androgel)

Requires Prior Authorization
testosterone gel packet (Androgel)
testosterone gel (Vogelxo)
*testosterone gel pump (Axiron, Foresta, **Vogelxo**)*
Natesto
Testim

Bone Resorption Suppression and Related Agents

Preferred
alendronate tablet (Fosamax) [ql]
calcitonin salmon nasal (Miacalcin) [ql]
ibandronate (Boniva) [ql]
raloxifene (Evista) [ql]
risedronate (Actonel) [ql]

Requires Prior Authorization
alendronate solution (Fosamax Solution) [ql]
risedronate DR (Atelvia) [ql]
teriparatide (Forteo) [cc,ql]
Binosto
Evenity [cc]
Fosamax Plus D [ql]
Prolia [cc,ql]
Teriparatide [cc,ql]
Tymlos [cc,ql]

Growth Hormones

Preferred
Genotropin [cc]
Norditropin [cc]

Requires Prior Authorization
Humatrope [cc]
Ngenla [cc]
Nutropin AQ [cc]
Omnitrope [cc]
Serostim [cc]
Skytrofa
Sogroya [cc]
Zomacton [cc]

ENDOCRINE

Hypoglycemics, Incretin Mimetics and Enhancers

Preferred
exenatide (Byetta)
liraglutide (Victoza) [ql]
saxagliptin (Onglyza)
Glyxambi [cc,ql]
Janumet, Janumet XR
Januvia
Jentadueto
Ozempic
Tradjenta
Trulicity

Requires Prior Authorization
alogliptin (Nesina)
alogliptin/metformin (Kazano)
alogliptin/pioglitazone (Oseni)
saxagliptin/metformin ER (Kombiglyze XR)
sitagliptin (Zituvio)
sitagliptin/metformin (Zituvimet)
sitagliptin/metformin ER (Zituvimet XR)
Bydureon BCise
Jentadueto XR
Mounjaro
Qtern [cc,ql]
Rybelsus
Soliqua
Steglujan [cc,ql]
Symlin
Trijardy XR [cc,ql]
Xultophy

ENDOCRINE

Hypoglycemics, Insulins

Preferred
insulin aspart (Novolog)
insulin aspart mix 70/30 (Novolog 70/30 Mix)
insulin glargine (Lantus, Lantus Solostar) (Brand and generic)
insulin lispro pen, vial (Humalog pen, vial)
insulin lispro Junior Kwikpen (Humalog Junior Kwikpen)
insulin lispro mix 75/25 pen (Humalog Mix 75/25 pen)
Humalog cartridge
Humalog Mix 50/50 pen, vial
Humalog Mix 75/25 vial
Humulin vial
Humulin 70/30 pen, vial
Humulin R U-500 pen, vial

Requires Prior Authorization
insulin degludec (Tresiba)
insulin glargine pen and max pen (Toujeo, Toujeo Max)
insulin glargine-YFGN (Semglee-YFGN)
Admelog
Afrezza
Apidra
Basaglar, Basaglar Tempo
Fiasp, Fiasp pumpcart
Humalog 200 unit/mL pen
Humalog Tempo
Humulin pen
Levemir
Lyumjev, Lyumjev Tempo
Myxredlin
Novolin pen, vial
Novolin 70/30
Rezvoglar Kwikpen

ENDOCRINE

Hypoglycemics, Meglitinides

Preferred
nateglinide (Starlix)
repaglinide (Prandin)

Hypoglycemics, Metformins

Preferred
glipizide/metformin (Metaglip)
glyburide/metformin (Glucovance)
metformin (Glucophage)
metformin ER (Glucophage XR)

Requires Prior Authorization
*metformin 625mg, **750mg***
metformin ER (Fortamet, Glumetza) cc,ql
metformin solution (Riomet)

Hypoglycemics, SGLT2 Inhibitors

Preferred
dapagliflozin/metformin (Xigduo XR) **(Step Therapy)** cc,ql
Farxiga **(Brand only)** cc,ql
Invokana cc,ql
Synjardy (Step Therapy) cc,ql
Synjardy XR (Step Therapy) cc,ql

Requires Prior Authorization
*dapagliflozin **(generic only)*** cc,ql
Inpefa cc
*Invokamet, Invokamet XR **(Step Therapy)*** cc,ql
*Segluromet **(Step Therapy)*** cc,ql
*Steglatro **(Step Therapy)*** cc,ql

Hypoglycemics, TZDs

Preferred
pioglitazone (Actos)
pioglitazone/metformin (ActoPlusMet)

Requires Prior Authorization
pioglitazone/glimepiride (Duetact)

GASTROINTESTINAL

Antiemetic/Antivertigo Agents

Preferred
dimenhydrinate OTC
meclizine Rx, OTC (Bonine, Antivert)
metoclopramide solution, tablet, vial (Reglan)
ondansetron ODT, solution, tablet, vial (Zofran) ql
prochlorperazine tablet (Compazine)
promethazine injectable, solution, tablet (Phenergan)
promethazine suppository (except 50mg)
scopolamine patch (TransDerm-Scop)

Requires Prior Authorization
aprepitant capsule, tripack (Emend) ql
dimenhydrinate Rx
doxylamine/pyridoxine (Diclegis) cc,ql
dronabinol (Marinol) cc,ql
fosaprepitant dimeglumine IV (Emend)
granisetron (Kytril) ql
metoclopramide ODT, syringe
ondansetron syringe (Zofran)
palonosetron (Aloxi)
phosphoric acid/dextrose/fructose solution
prochlorperazine injectable, suppository (Compro)
promethazine 50mg suppository
trimethobenzamide (Tigan)
Akynzeo capsule, IV cc
Aponvie vial
Barhemsys vial
Bonjesta
Cinvanti
Emend powder packet ql
Focinvez vial
Gimoti
Sancuso ql
Sustol

GASTROINTESTINAL

Bile Salts

Preferred
ursodiol capsule (Actigall)
ursodiol tablet (URSO, URSO Forte)

Requires Prior Authorization
Bylvay capsule, pellet cc
Chenodal
Cholbam
Iqirvo
Livdelzi
Livmarli
Ocaliva
Reltone

GI Motility, Chronic

Preferred
lubiprostone (Amitiza) cc,ql
Linzess cc,ql
Movantik cc,ql

Requires Prior Authorization
alosetron (Lotronex)
prucalopride (Motegrity) cc,ql
Ibsrela
Relistor cc,ql
Symproic cc,ql
Trulance cc,ql
Viberzi cc,ql

Pancreatic Enzymes

Preferred
Creon ql
Zenpep ql

Requires Prior Authorization
Pertzye ql
Viokace ql

Maryland Medicaid Preferred Drug List

GASTROINTESTINAL

Proton Pump Inhibitors

Preferred
esomeprazole packet for suspension (Nexium)
lansoprazole capsule (Prevacid)
lansoprazole ODT (Prevacid Solutab)
omeprazole capsule (Prilosec)
pantoprazole suspension, tablet (Protonix)

Requires Prior Authorization
dexlansoprazole (Dexilant)
esomeprazole magnesium (Nexium)
esomeprazole OTC
lansoprazole OTC
omeprazole OTC
omeprazole/sodium bicarb (Zegerid)
rabeprazole (Aciphex)
Konvomep
Prilosec suspension

Ulcerative Colitis Agents

Preferred
balsalazide (Colazal)
mesalamine ER (Pentasa) **(Brand and generic)**
mesalamine rectal (Canasa)
sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR)

Requires Prior Authorization
budesonide ER (Uceris)
budesonide rectal foam (Uceris rectal)
mesalamine DR (Delzicol, Lialda)
mesalamine ER (Apriso)
mesalamine HD (Asacol HD)
mesalamine kit
*mesalamine rectal (Rowasa, **Sfrowasa**)*
Dipentum

Urea Cycle Disorders

Preferred
carglumic acid
sodium phenylbutyrate powder, tablet
Pheburane

Requires Prior Authorization
Olpruva cc
Ravicti cc

IMMUNOLOGICS

Cytokine and CAM Antagonists

Preferred
adalimumab-ADAZ (Hyrimoz)
adalimumab-ADBM (Cyltezo) **(Brand and generic)**
adalimumab-AATY (Yuflyma)
infliximab (Remicade) cc
Enbrel
Hadlima
Humira
Otezla **(Step Therapy)** cc,ql
Tyenne syringe

Requires Prior Authorization
adalimumab-AACF (Idacio)
adalimumab-ADBM
adalimumab-FKJP (Hulio)
adalimumab-RYVK (Simlandi)
Abrilada
Actemra cc
Amjevita autoinjector, syringe
Arcalyst cc
Avsola cc
Bimzelx cc
Cibinqo cc, ql
Cimzia cc
Cosentyx cc
Enspryng cc
Entyvio cc
Ilaris cc,ql
Ilumya cc
Inflectra cc
Kevzara cc
Kineret cc,ql
Litfulo
Olumiant cc,ql
Omvoh cc
Orencia cc,ql
Otulfi cc
Pyzchiva cc
Renflexis cc
Rinvoq ER, Rinvoq LQ cc
Selsardi cc
Siliq cc
Simlandi kit 80mg/0.8mL
Simponi, Simponi Aria cc
Skyrizi, Skyrizi On-body, Skyrizi vial cc
Sotyktu cc
Spevigo cc
Stelara cc,ql
Steqeyma cc

IMMUNOLOGICS

Cytokine and CAM Antagonists (continued)

Requires Prior Authorization
Taltz cc,ql
Tofidence cc
Tremfya cc
Tyenne autoinjector, vial
Uplizna cc
Velsipity cc
Xeljanz tablet, solution, Xeljanz XR cc,ql
Yesintek cc
Yusimry
Zymfentra cc,ql

Immunosuppressives, Oral

Preferred
azathioprine
cyclosporine modified capsule, solution (Neoral)
mycophenolic acid (Myfortic)
mycophenolate mofetil capsule, suspension, tablet (Cellcept)
sirolimus (Rapamune)
tacrolimus (Prograf)

Requires Prior Authorization
cyclosporine capsule (Sandimmune)
cyclosporine modified softgel (Gengraf)
everolimus (Zortress)
Astagraf XL
Envarsus XR
Myhibbin suspension
Prograf Granules Pack
Rezurock
Tavneos

NEUROLOGICS

Alzheimer's Agents

Preferred

donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT)
memantine tablet (Namenda)
rivastigmine capsule, patch (Exelon) [ql]

Requires Prior Authorization

donepezil 23mg (Aricept)
galantamine, galantamine ER (Razadyne, Razadyne ER)
memantine dose pack, solution
memantine ER (Namenda XR)
Adlarity
Aduhelm [cc]
Leqembi [cc]
Namzaric, Namzaric dose pack

NEUROLOGICS

Anti-Parkinson's Agents

Preferred

amantadine (Symmetrel)
benztropine (Cogentin)
carbidopa/levodopa IR (Sinemet)
carbidopa/levodopa ER (Sinemet CR)
carbidopa/levodopa/entacapone (Stalevo)
entacapone (Comtan)
pramipexole (Mirapex)
ropinirole (Requip)
selegiline (Eldepryl)
trihexyphenidyl (Artane)

Requires Prior Authorization

apomorphine (Apokyn)
bromocriptine (Parlodel)
carbidopa (Lodosyn)
carbidopa/levodopa ODT (Parcopa)
pramipexole ER (Mirapex ER)
rasagiline (Azilect)
ropinirole ER (Requip XL)
tolcapone (Tasmar)
Crexont
Dhivy
Duopa [cc]
Gocovri
Inbrija
Neupro
Nourianz
Onapgo
Ongentys
Osmolex ER
Rytary
Vyalev
Xadago
Zelapar

NEUROLOGICS

Multiple Sclerosis Agents

Preferred

dalfampridine ER (Ampyra) [cc,ql]
dimethyl fumarate DR (Tecfidera) [ql]
fingolimod (Gilenya) [cc,ql]
glatiramer acetate 20mg/mL, 40mg/mL
Avonex
Betaseron kit

Requires Prior Authorization

teriflunomide (Aubagio) [cc,ql]
Bafiertam [cc,ql]
Briumvi [cc]
Kesimpta [cc]
Lemtrada [cc,ql]
Mavenclad [cc,ql]
Mayzent [cc]
Ocrevus [cc,ql]
Ocrevus Zunovo
Plegridy, Plegridy IM [cc,ql]
Ponvory starter pack, tablet [cc,ql]
Rebif
Tascenso ODT
Tysabri [cc,ql]
Vumerity [cc,ql]
Zeposia [cc,ql]

Maryland Medicaid Preferred Drug List

OPHTHALMICS

Allergic Conjunctivitis

Preferred
azelastine (Optivar)
cromolyn (Crolom)
ketotifen OTC (Zaditor OTC)
loteprednol etabonate (Alrex)
olopatadine (Patanol)
olopatadine Rx (Pataday)

Requires Prior Authorization
bepotastine (Bepreve)
epinastine (Elestat)
Alocril
Alomide
Zerviate

OPHTHALMICS

Antibiotic / Steroid Combinations

Preferred
neomycin/polymyxin/dexamethasone (Maxitrol)
sulfacetamide/prednisolone
tobramycin/dexamethasone drop (Tobradex)
Tobradex ointment

Requires Prior Authorization
neomycin/bacitracin/polymyxin/hydrocortisone
neomycin/polymyxin/hydrocortisone
Tobradex ST
Zylet

Antibiotics

Preferred
bacitracin/polymyxin B ointment
ciprofloxacin solution (Ciloxan)
erythromycin
gentamicin (Garamycin)
moxifloxacin (Vigamox)
neomycin/bacitracin/polymyxin ointment
ofloxacin (Ocuflox)
polymyxin/trimethoprim (Polytrim)
sulfacetamide solution (Bleph-10)
tobramycin (Tobrex Drops)
Ciloxan ointment
Tobrex ointment

Requires Prior Authorization
bacitracin
gatifloxacin (Zymaxid)
moxifloxacin (Moxeza)
neomycin/polymyxin/gramicidin (Neosporin)
sulfacetamide ointment
AzaSite
Besivance
Natacyn

OPHTHALMICS

Anti-Inflammatories

Preferred
diclofenac (Voltaren)
difluprednate (Durezol)
fluorometholone (FML)
ketorolac (Acular)
prednisolone acetate (Pred Forte)
Nevanac
Pred Mild

Requires Prior Authorization
bromfenac (Xibrom)
dexamethasone (Decadron)
flurbiprofen (Ocufen)
ketorolac LS (Acular LS)
loteprednol (Lotemax drops, gel)
prednisolone sodium
Acuvail
Bromsite
Dextenza
Dexycu
Flarex
FML Forte
FML SOP
Ilevro
Iluvien
Inveltys
Lotemax ointment
Maxidex
Ozurdex
Prolensa
Retisert
Triesence
Xipere
Yutiq

Anti-Inflammatory / Immunomodulator

Preferred
cyclosporine (Restasis single-use)
Eysuvis
Xiidra

Requires Prior Authorization
Cequa
Miebo
Restasis multidose
Tyrvaya Spray
Verkazia
Vevye

OPHTHALMICS

Glaucoma Agents

Preferred
brimonidine 0.2%
brimonidine 0.15% (Alphagan P)
brimonidine/timolol (Combigan)
carteolol (Ocupress)
dorzolamide (Trusopt)
dorzolamide/timolol (Cosopt)
latanoprost (Xalatan)
levobunolol (Betagan)
pilocarpine (Pilocar)
timolol (Timoptic, Timoptic XE)
travoprost (Travatan Z)
Rhopressa
Rocklatan

Requires Prior Authorization
apraclonidine (Iopidine)
betaxolol
bimatoprost 0.03% (Lumigan)
brimonidine 0.1% (Alphagan P)
brinzolamide (Azopt)
dorzolamide/timolol PF
tafluprost (Zioptan)
timolol (Istalol)
timolol (Timoptic Ocudose)
Betimol
Betoptic S
Durysta Implant
Iyuzeh
Lumigan 0.01%
Phospholine Iodide
Simbrinza
Vuity
Vyzulta
Xelpros

OTIC

Otic Antibiotics

Preferred
ciprofloxacin/dexamethasone (Ciprodex)
neomycin/polymyxin/HC (Cortisporin)
ofloxacin (Floxin otic)

Requires Prior Authorization
ciprofloxacin
ciprofloxacin/fluocinolone
Cipro HC
Cortisporin TC

RESPIRATORY

Antihistamines, Minimally Sedating

Preferred
cetirizine, cetirizine D tablet, solution, Rx, OTC (Zyrtec, Zyrtec D)
desloratadine (Clarinex)
fexofenadine tablet, OTC (Allegra OTC)
levocetirizine tablet Rx, OTC (Xyzal)
loratadine, loratadine D, loratadine ODT, Rx, OTC (Claritin, Claritin D)

Requires Prior Authorization
cetirizine capsule, chewable, 5mg/5mL solution OTC
desloratadine ODT (Clarinex RDT)
fexofenadine D OTC (Allegra D)
levocetirizine solution (Xyzal)
loratadine chewable OTC
Clarinex D

Bronchodilators, Beta Agonists

Preferred
albuterol HFA (Proair HFA, Proventil HFA, Ventolin HFA) [ql]
albuterol neb 0.083%, 5mg/mL
albuterol neb 0.63mg/3mL, 1.25mg/3mL (AccuNeb)
albuterol syrup (Proventil, Ventolin)
Serevent

Requires Prior Authorization
albuterol tablet
albuterol ER (Vospire ER)
arformoterol (Brovana)
formoterol (Perforomist)
levalbuterol neb (Xopenex)
levalbuterol HFA (Xopenex HFA) [ql]
terbutaline (Brethine)
ProAir Digihaler
ProAir Respiclick [ql]
Striverdi Respimat

Maryland Medicaid Preferred Drug List

RESPIRATORY

COPD Agents

Preferred
ipratropium neb (Atrovent)
ipratropium/albuterol neb (DuoNeb)
roflumilast (Daliresp)
Anoro Ellipta
Atrovent HFA
Combivent Respimat [ql]
Spiriva Handihaler **(Brand only)**
Spiriva Respimat
Stiolto Respimat

Requires Prior Authorization
*tiotropium (Spiriva Handihaler) **(generic only)***
Bevespi Aerosphere
Duaklir Pressair
Incruse Ellipta
Ohtuvayre
Tudorza Pressair
Yupelri

Epinephrine, Self-Injected

Preferred
epinephrine 0.15mg (EpiPen Jr) [ql]
epinephrine 0.3mg (EpiPen) [ql]

Requires Prior Authorization
epinephrine 0.15mg, 0.3mg (Adrenaclick) [ql]
Auvi-Q
Neffy Spray
Symjepi

RESPIRATORY

Glucocorticoids, Inhaled

Preferred
budesonide inhalation suspension (Pulmicort Respules)
fluticasone proprionate (Flovent HFA)
fluticasone/salmeterol HFA (Advair HFA)
Arnuity Ellipta
Asmanex Twisthaler, HFA
Dulera
QVAR Redihaler
Symbicort **(Brand only)**
Trelegy Ellipta

Requires Prior Authorization
*budesonide/formoterol (Symbicort) **(generic only)***
fluticasone/salmeterol (Advair Diskus, AirDuo Respiclick)
fluticasone/vilanterol (Breo Ellipta)
AirDuo Digihaler
AirSupra HFA
Alvesco
ArmonAir Digihaler
Breztri Aerosphere
Flovent Diskus
Pulmicort Flexhaler [ql]

RESPIRATORY

Intranasal Rhinitis Agents

Preferred
azelastine nasal (Astelin)
fluticasone nasal (Flonase)
ipratropium (Atrovent Nasal)

Requires Prior Authorization
azelastine nasal (Astepro)
azelastine/fluticasone nasal (Dymista)
budesonide nasal (Rhinocort Allergy OTC)
flunisolide (Nasarel, Nasalide)
mometasone nasal (Nasonex)
olopatadine (Patanase)
triamcinolone OTC (Nasacort OTC)
Omnaris
Qnasl
Ryaltris
Xhance
Zetonna

Leukotriene Modifiers

Preferred
montelukast (Singulair)
zafirlukast (Accolate)

Requires Prior Authorization
zileuton ER
Zyflo

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

adapalene gel (Differin)
adapalene/benzoyl peroxide (Epiduo)
benzoyl peroxide OTC (except foaming cloth)
clindamycin gel, solution, swab (excludes generic Clindagel)
clindamycin/benzoyl peroxide (Benzaclin, Duac)
erythromycin **gel**, solution
erythromycin/benzoyl peroxide (Benzamycin)
tretinoin (Avita, Retin-A) cc

Requires Prior Authorization

*adapalene cream, **gel pump** (Differin)* cc
adapalene/benzoyl peroxide (Epiduo Forte)
benzoyl peroxide foaming cloths Rx
bp-10-1
clindamycin (Clindagel)
clindamycin foam, lotion
clindamycin/benzoyl peroxide pump (Acanya)
clindamycin/tretinoin (Ziana)
dapsone (Aczone)
erythromycin pledget
sulfacetamide
sulfacetamide/sulfur
sulfacetamide/sulfur/urea
tazarotene cream, gel, foam (Fabior, Tazorac) cc
tretinoin microspheres gel pump 0.04%, 0.08%, 0.1% (Retin-A Micro) cc
Altreno
Arazlo
Avar
Cabtreo
Clindacin
Differin lotion
Onexton
Ovace
Retin-A Micro 0.06% cc
Sumaxin CP Kit
Twyneo
Winlevi
ZMA Clear Cleanser

TOPICAL DERMATOLOGICS

Immunomodulators, Atopic Dermatitis

Preferred

pimecrolimus (Elidel)
tacrolimus (Protopic)
Eucrisa

Requires Prior Authorization

Adbry cc,ql
Dupixent cc
Ebglyss
Nemluvio
Opzelura cc,ql
Zoryve Cream cc
Zoryve Foam cc

UROLOGIC

BPH Treatments

Preferred

alfuzosin (Uroxatral)
doxazosin (Cardura)
dutasteride (Avodart)
finasteride (Proscar)
tamsulosin (Flomax)
terazosin (Hytrin)

Requires Prior Authorization

dutasteride/tamsulosin (Jalyn)
silodosin (Rapaflo)
Cardura XL

Bladder Relaxant Preparations

Preferred

fesoterodine ER (Toviaz)
mirabegron (Myrbetriq) cc
oxybutynin syrup, 5mg tablet (Ditropan)
oxybutynin ER (Ditropan XL)
solifenacin (Vesicare)

Requires Prior Authorization

darifenacin ER (Enablex)
flavoxate
oxybutynin 2.5mg
tolterodine, tolterodine ER (Detrol, Detrol LA)
trospium, trospium ER (Sanctura, Sanctura XR)
Gelnique
Gemtesa
Myrbetriq granules cc
Oxytrol
Vesicare LS

Maryland
DEPARTMENT OF HEALTH

OFFICE OF PHARMACY SERVICES

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CONTACT NUMBERS

- **Conduent Technical Assistance**
  800-932-3918
  24 hours a day, 7 days a week
- **Maryland Medicaid Pharmacy Access Hotline**
  833-325-0105
  Monday-Friday, 8:00 am - 5:00 pm
- **Kidney Disease Program**
  410-767-5000 or 5002
  Monday-Friday, 8:00 am - 5:00 pm
- **Breast and Cervical Cancer Diagnosis and Treatment**
  410-767-6787
  Monday-Friday, 8:00 am - 4:30 pm
- **Maryland AIDS Drug Assistance Program**
  410-767-6535
  Monday-Friday, 8:30 am - 4:30 pm
- **Peer Review Program**
  855-283-0876
  Monday-Friday, 8:00 am - 6:00 pm

Atypical Antipsychotic Agents: 30-day Emergency Supply

When the prescriber is not available to obtain prior authorization for an antipsychotic medication that is non-preferred or second tier, the pharmacist can obtain a one-time only authorization to dispense up to a 30-day emergency supply. Do not let patients leave the pharmacy without medication if there is concern that the patient will be unwilling or unable to return at a later time that day after prior authorization is approved.

To obtain authorization for an emergency supply of an anti-psychotic, call Conduent Technical Assistance at 800-932-3918. During the 30-day window, the pharmacist must notify the prescriber of the need to obtain a PA before the prescription can be filled a second time and make a note for his or her records of the date, time and person contacted at the prescriber's office.