

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.

The PDL shown in this newsletter is effective as of January 1, 2026. 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 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 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.

Product Key:

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

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 more details on back page).

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. Previous seminar recordings and handouts are available at: https://mmpipi.com/previous_seminars.htm

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Generic vs. Brand Status on Maryland's 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 (DAWI), the prescriber must complete and submit a MedWatch form (<https://bit.ly/4eQJaeO>). 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 January 1, 2026. 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).

Therapeutic Class	Preferred BRAND	Non-Preferred GENERIC
Antibiotics, Inhaled	Bethkis	tobramycin solution
Anticonvulsants	Sabril tablet ²	vigabatrin tablet ²
Anticonvulsants	Trileptal suspension (oral)	oxcarbazepine suspension (oral)
Antipsychotics	Risperdal Consta	risperidone ER injection
COPD Agents	Anoro Ellipta (inhalation)	umeclidinium/vilanterol (inhalation)
COPD Agents	Spiriva Handihaler	tiotropium bromide capsule
Cytokine and CAM Antagonists	Selarsdi	ustekinumab-AEKN
Glucocorticoids, Inhaled	Symbicort (inhalation)	budesonide/formoterol (inhalation)
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 ³	amphetamine salt combo ER capsule ³
Stimulants and Related Agents	Concerta tablet ³	methylphenidate ER tablet ³
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 Utilization Review Program

Preferred

fentanyl patch (All strengths except
37.5mcg, 62.5mcg, 87.5mcg) ^{cc,q1}
morphine sulfate SR (MS Contin) ^{q1}

Requires Prior Authorization

buprenorphine film (Belbuca) ^{q1}
buprenorphine patch (Butrans) ^{q1}
fentanyl patch (37.5mcg, 62.5mcg,
87.5mcg) ^{cc,q1}
hydrocodone ER (Hysingla ER,
Zohydro ER) ^{cc,q1}
hydromorphone ER (Exalgo) ^{q1}
methadone (Dolophine) ^{q1}
morphine sulfate ER (Avinza, Kadian) ^{q1}
oxycodone ER (Oxycontin) ^{q1}
oxymorphone ER (Opana ER) ^{q1}
tramadol ER (Conzip, Ryzolt,
Ultram ER) ^{q1}

ANALGESICS

**Analgesics, Narcotics *
(Short Acting)****Preferred**

acetaminophen/codeine (Tylenol
w/codeine) ^{q1}
hydrocodone/acetaminophen
tablet (Lorcet, Norco, Vicodin) ^{q1}
hydromorphone tablet (Dilaudid)
morphine sulfate tablet, solution,
syringe
oxycodone capsule, tablet, solution
oxycodone/acetaminophen (Percocet) ^{q1}
tramadol 50 mg (Ultram) ^{q1}
tramadol/acetaminophen (Ultracet) ^{q1}

Requires Prior Authorization

butalbital/acetaminophen/codeine/
caffeine ^{q1}
butalbital/aspirin/codeine/caffeine ^{q1}
butalbital compound w/codeine
butorphanol nasal spray
carisoprodol/codeine compound
codeine tablet
dihydrocodeine/acetaminophen/
caffeine
fentanyl buccal (Actiq, Fentora) ^{cc,q1}
hydrocodone/acetaminophen
solution (Lortab) ^{q1}
hydrocodone/ibuprofen (Vicoprofen)
hydromorphone solution, suppositories
levorphanol
meperidine (Demerol)
morphine suppositories
oxycodone concentrated solution
oxycodone syringe
oxycodone/acetaminophen (Prolate) ^{q1}
oxycodone/acetaminophen solution ^{q1}
oxymorphone (Opana)
pentazocine/naloxone (Talwin NX)
tramadol 25mg, 75mg, 100mg ^{q1}
tramadol solution
Dsuvia
Seglentis

ANALGESICS

Anti-Migraine Agents, Other

Also appears under Central Nervous System

Preferred

Ajovy (**Step Therapy**) ^{cc,q1}
Emgality 120mg/mL (**Step Therapy**) ^{cc,q1}
Nurtec ODT ^{cc,q1}

Requires Prior Authorization

diclofenac potassium powder pack
dihydroergotamine mesylate
(Migranal)
Aimovig (**Step Therapy**) ^{cc,q1}
Elyxyb
Emgality 100mg/mL (**Step Therapy**) ^{cc,q1}
Ergomar
Migerot
Qulipta ^{cc,q1}
Reyvow ^{cc,q1}
Ubrelvy ^{cc,q1}
Vyepti ^{cc,q1}
Zavzpret ^{cc,q1}

**Anti-Migraine Agents,
Triptans****Preferred**

naratriptan (Amerge) ^{q1}
rizatriptan, rizatriptan ODT (Maxalt,
Maxalt MLT) ^{q1}
sumatriptan nasal, tablet, vial
(Imitrex) ^{q1}
zolmitriptan (Zomig) ^{q1}

Requires Prior Authorization

almotriptan (Axert) ^{q1}
eletriptan (Relpax) ^{q1}
frovatriptan (Frova) ^{q1}
sumatriptan kit (Imitrex) ^{q1}
sumatriptan/naproxen (Treximet) ^{q1}
zolmitriptan nasal (Zomig) ^{q1}
zolmitriptan ODT (Zomig ZMT) ^{q1}
Symbravo

ANALGESICS

Neuropathic Pain and Select Agents

Preferred

capsaicin OTC
duloxetine (Cymbalta) ^{cc,q1}
gabapentin capsule, tablet (Neurontin)
lidocaine patch (Lidoderm) ^{q1}
pregabalin capsule ^{q1}

Requires Prior Authorization

duloxetine 40mg (Irenka) ^{q1}
gabapentin ER (Gralise)
gabapentin solution (Neurontin)
pregabalin solution (Lyrica solution)
pregabalin XR (Lyrica CR)
DermacinRx Lidocaine Patch
Drizalma Sprinkle ^{cc}
Gabarone
Horizant
Journavx ^{cc,q1}
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)
naproxen
naproxen sodium OTC
sulindac (Clinoril)

Requires Prior Authorization

diclofenac epolamine patch (Flector) ^{cc,q1}
diclofenac potassium capsule, tablet
diclofenac topical solution (Pennsaid)
diclofenac/misoprostol (Arthrotec)
diclofenac SR (Voltaren XL)
diflunisal (Dolobid)
etodolac, etodolac XL (Lodine, Lodine XL)
fenoprofen
flurbiprofen
ibuprofen 300mg ^{cc,q1}
ibuprofen chewable tabs OTC
ibuprofen/famotidine (Duexis)
indomethacin ER (Indocin SR)
indomethacin rectal
ketoprofen, ketoprofen ER (Orudis, Oruvail)
ketorolac (Toradol)
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
Licart Patch ^{cc,q1}
Lofena
Relafen DS

ANALGESICS

Opioid Use Disorder Treatments

Preferred

buprenorphine (Subutex) ^{cc,q1}
buprenorphine/naloxone tablet (Suboxone) ^{q1}
naloxone injectable (Narcan)
naloxone nasal spray (Narcan nasal spray) **(Brand, generic and OTC)**
naltrexone (Revia) ^{cc,q1}
Brixadi Monthly ^{cc,q1}
Brixadi Weekly ^{cc,q1}
Opvee nasal spray
Rextovy nasal spray
Sublocade ^{cc,q1}
Suboxone film **(Brand only)** ^{q1}
Vivitrol ^{cc,q1}
Zubsolv ^{q1}

Requires Prior Authorization

buprenorphine/naloxone film (Suboxone) **(generic only)** ^{q1}
lofexidine (Lucemyra) ^{cc,q1}
Kloxxado

Skeletal Muscle Relaxants

Preferred

baclofen (Lioresal)
chlorzoxazone (Parafon)
cyclobenzaprine (Flexeril) ^{q1}
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) ^{q1}
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,qf}
Likmez
Rebyota enema
Solosec
Vowst

Antibiotics, Inhaled

Preferred

tobramycin inhalation solution
(Tobi) ^{cc,qf}
Bethkis (**Brand only**) ^{cc,qf}
Tobi Podhaler ^{cc,qf}

Requires Prior Authorization

tobramycin pak (Kitabis Pak) ^{cc,qf}
tobramycin solution (Bethkis)
(generic only) ^{cc,qf}
Arikayce ^{cc,qf}
Cayston ^{cc,qf}

ANTI-INFECTIVES

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, Nuessa)
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

ANTI-INFECTIVES

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)
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
Oxistat lotion
Tripenicol OTC cream

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) ^{al}
malathion (Ovide) ^{al}
spinosad (Natroba) ^{al}
 Crotan
 Eurax

Antivirals, Oral

Preferred

acyclovir (Zovirax)
 oseltamivir (Tamiflu) ^{al}
 valacyclovir (Valtrex)

Paxlovid**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)

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)
cefprozil (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) ^{ac}
 Mavyret ^{ac}
 Pegasys
 Vosevi ^{ac}

Requires Prior Authorization

ledipasvir/sofosbuvir (Harvoni) ^{ac}
Harvoni Pellet Pack ^{ac}
Sovaldi ^{ac}
Sovaldi Pellet Pack ^{ac}
Zepatier ^{ac}

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 MODIFIERS

Antihyperuricemics

Preferred

allopurinol 100mg, 300mg (Zyloprim)
colchicine tablet (Colcrys)^{al}
febuxostat (Uloric)
probenecid
probenecid/colchicine

Requires Prior Authorization

allopurinol 200 mg
colchicine capsule (Mitigare)^{al}
Gloperba
Krystexxa

Colony Stimulating Factors

Preferred

Fynetra
Neupogen

Requires Prior Authorization

Fulphila
Granix syringe, vial
Leukine
Neulasta
Nivestym
Nyvepria
Releuko
Rovedon
Ryzneuta
Stimufend
Udenyca, Udenyca OnBody^{cc,al}
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

Sickle Cell Disease

Preferred

Droxia
Siklos^{cc}

Requires Prior Authorization

glutamine powder pack (Endari)^{cc,al}
Adakveo^{cc}
Casgevy^{cc}
Lyfgenia^{cc}
Xromi

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,qf}

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 ^{cc}
Qbrelis
Tekturna HCT

CARDIOVASCULAR**Anticoagulants****Preferred**

dabigatran (Pradaxa) ^{qf}
enoxaparin (Lovenox) ^{qf}
warfarin (Coumadin)
Eliquis tablet
Xarelto Dose Pack
Xarelto tablet (except 2.5mg)

Requires Prior Authorization

fondaparinux (Arixtra) ^{qf}
Eliquis Dose Pack
Fragmin ^{qf}
Pradaxa 110mg ^{qf}
Pradaxa Pellet Pack
Savaysa
Xarelto 2.5mg tablet ^{cc,qf}
Xarelto suspension

**Antihypertensives,
Sympatholytics****Preferred**

clonidine patch (Catapres TTS) ^{qf}
clonidine tablet (Catapres)
guanfacine (Tenex)
methyldopa (Aldomet)

Requires Prior Authorization

clonidine ER tablet (Nexiclon)
methyldopa/HCTZ (Aldoril)
Methyldopate

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
Kapsargo
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}
Nexleto^{cc,q}
Nexlizet^{cc,q}
Praluent^{cc,q}
Repatha^{cc,q}
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)^q
 dipyridamole (Persantine)^q
 prasugrel (Effient)^q
 Brilinta^q

Requires Prior Authorization

aspirin/dipyridamole (Aggrenox)^q

CARDIOVASCULAR**PAH Agents, Oral and Inhaled****Preferred**

ambrisentan (Letairis)
 bosentan tablet (Tracleer)
 sildenafil tablet (Revatio)^{cc,q}
 tadalafil (Adcirca)^{cc,q}

Requires Prior Authorization

sildenafil solution (Revatio)^{cc,q}
Adempas
Opsumit^{cc,q}
Opsynvi^{cc,q}
Orenitram ER^{cc,q}
Orenitram Titration kit
Tadliq suspension
Tracleer tablet for suspension
Tyvaso, Tyvaso DPI^{cc}
Uptravi^{cc,q}
Ventavis

CENTRAL NERVOUS SYSTEM

CENTRAL NERVOUS SYSTEM

CENTRAL NERVOUS SYSTEM

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)
topiramate (Topamax)
topiramate sprinkle (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)
eslicarbazepine (Aptiom)^{cc,ql}
ethosuximide (Zarontin)
felbamate (Felbatol)
lamotrigine dose pack
lamotrigine XR, lamotrigine ODT
(Lamictal XR, Lamictal ODT)
levetiracetam ER (Keppra XR)
methsuximide (Celontin)
oxcarbazepine ER (Oxtellar XR)
**oxcarbazepine suspension (Trileptal
suspension) (generic only)**
perampfenal (Fycompa)^{cc}
rufinamide suspension, tablet
(Banzel)^{cc,ql}
tiagabine (Gabitril)
topiramate ER (Qudexy XR,
Trokendi XR)^{cc,ql}
topiramate solution
vigabatrin powder pack^{cc}

Anticonvulsants (continued)

Requires Prior Authorization

Briviact
Diacomit capsule, powder pack
Dilantin 30mg capsule
Elepsia XR
Epidiolex^{cc,ql}
Eprontia solution
Equetro
Fintepla^{cc}
Fycompa suspension^{cc}
Lamictal XR dose pack
Libervant
Motpoly XR
Sabril tablet (**Brand only**)^{cc}
Spritam
Sympazan^{cc,ql}
Vigafyde solution^{cc}
Vimpat starter pack
Xcopri
Zonisade
Ztalmu

Antidepressants, Other

Preferred

bupropion, bupropion SR, bupropion 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
Auvelity^{cc}
Emsam
Fetzima, Fetzima Dose Pak
Marplan
Raldesyl
Spravato^{cc,ql}
Trintellix
Zuruvae^{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 mesylate
(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

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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 Zydys) ^{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)**
Uzedly ^{ql}

Preferred

2nd Tier

Vraylar ^{cc,ql}

Antipsychotics (continued)

Requires Prior Authorization

asenapine (Saphris) ^{cc,ql}
 clozapine ODT (Fazaclo) ^{cc}
 molindone ^{cc}
 olanzapine/fluoxetine (Symbyax) ^{cc,ql}
 perphenazine/ amitriptyline (Triavil) ^{cc}
 risperidone intramuscular (Risperdal
 Consta) **(generic only)** ^{ql}
 Adasuve ^{cc}
 Caplyta ^{cc}
 Cobenfy ^{cc}
 Cobenfy Starter pack ^{cc}
 Erzofri ^{cc}
 Fanapt ^{cc,ql}
 Lybalvi ^{cc,ql}
 Nuplazid ^{cc,ql}
 Opipza film ^{cc}
 Rexulti ^{cc,ql}
 Rykindo ^{cc,ql}
 Secuado ^{cc}
 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,ql}

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}
 dextmethylphenidate tablet (Focalin)
 dextmethylphenidate 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
(Concerta) **(Brand and generic)**
 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}
 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 (Relexxii)
 methylphenidate ER capsule
 (Aptensio XR)
 methylphenidate patch TD24
 (Daytrana) **(generic only)**
 Adzenys XR ODT ^{cc}
 Azstarys
 Cotempla XR ODT
Dexedrine Spansule
 Dyanavel XR suspension, tablet
 Evekeo ODT
 Jornay PM
 Onyda XR suspension ^{cc}
 Quillichew ER
 Sunosi ^{cc,ql}
 Wakix ^{cc,ql}
 Xelstrym
 Zenzedi

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}
Jubbonti
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
Tadjenta
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) (**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
Lantus Solostar

Requires Prior Authorization

insulin degludec (*Tresiba*)
insulin glargine pen, 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
Kirsty pen, vial
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, metformin ER
(Glucophage, Glucophage XR)

Requires Prior Authorization

metformin 625mg, 750mg
metformin ER (Fortamet, Glumetza)^{cc,qf}
metformin solution (Riomet)

Hypoglycemics, SGLT2 Inhibitors

Preferred

dapagliflozin/metformin (Xigduo XR)
(**Step Therapy**)^{cc,qf}
Farxiga (**Brand only**)^{cc,qf}
Invokana^{cc,qf}
Jardiance^{cc,qf}
Synjardy, Synjardy XR (**Step Therapy**)^{cc,qf}

Requires Prior Authorization

dapagliflozin (**generic only**)^{cc,qf}
Inpefa^{cc}
Invokamet, Invokamet XR
(**Step Therapy**)^{cc,qf}
Segluromet (**Step Therapy**)^{cc,qf}
Steglatro (**Step Therapy**)^{cc,qf}

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)^{qf}
prochlorperazine tablet (Compazine)
promethazine injectable, solution,
tablet (Phenergan)
promethazine suppository (except
50mg)
scopolamine patch (TransDerm-Scop)

Requires Prior Authorization

aprepitant capsule, tripack
(Emend)^{qf}
dimenhydrinate Rx
doxylamine/pyridoxine (Diclegis)^{cc,qf}
dronabinol (Marinol)^{cc,qf}
fosaprepitant dimeglumine IV
(Emend)
granisetron (Kytrel)^{qf}
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^{qf}
Focinvez vial
Gimoti
Sancuso^{qf}
Sustol

GASTROINTESTINAL

Bile Salts

Preferred

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

Requires Prior Authorization

Bylvy capsule, pellet^{cc}
Chenodal
Cholbam
Ctexli
Iqirvo
Livdelzi
Livmarli solution, tablet
Ocaliva
Reltone

GI Motility, Chronic

Preferred

lubiprostone (Amitiza)^{cc,qf}
Linzess^{cc,qf}
Movantik^{cc,qf}

Requires Prior Authorization

alosetron (Lotronex)
prucalopride (Motegrity)^{cc,qf}
Ibsrela
Symproic^{cc,qf}
Viberzi^{cc,qf}

Pancreatic Enzymes

Preferred

Creon^{qf}
Zenpep^{qf}

Requires Prior Authorization

Pertzye^{qf}
Viokace^{qf}

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, Sflowasa)
 Dipentum

Urea Cycle Disorders

Preferred

carglumic acid
 sodium phenylbutyrate powder, tablet ^{cc}
 Pheburane

Requires Prior Authorization

Olpruva ^{cc}
 Ravicti ^{cc}

IMMUNOLOGICS

Cytokine and CAM Antagonists

Preferred

adalimumab-ADAZ (Hyrimoz)
 adalimumab-ADBM (Cyltezo)
 infliximab (Remicade) ^{cc}
 Enbrel
 Hadlima
 Humira
 Otezla **(Step Therapy)** ^{cc,ql}
Selarsdi (Brand only) ^{cc}
Stegeyma ^{cc}
 Tyenne syringe

Requires Prior Authorization

adalimumab-AACF (Idacio)
adalimumab-AATY (Yuflyma)
 adalimumab-ADBM
 adalimumab-FKJP (Hulio)
 adalimumab-RYVK (Simlandi)
ustekinumab (Stelara) ^{cc}
ustekinumab-AEKN (Selarsdi)
(generic only) ^{cc}
ustekinkumb-TTWE (Pyzchiva) ^{cc}
 Abrilada
 Actemra ^{cc}
 Amjevita
 Arcalyst ^{cc}
 Avsola ^{cc}
 Bimzelx ^{cc}
 Cibinqo ^{cc,ql}
 Cimzia ^{cc}
 Cosentyx ^{cc}
 Enspryng ^{cc}
 Entyvio ^{cc}
 Ilaris ^{cc,ql}
 Ilumya ^{cc}
Imuldosa
 Inflectra ^{cc}
 Kevzara ^{cc}
 Kineret ^{cc,ql}
Legselvi
 Litfulo
 Olumiant ^{cc,ql}
 Omvoh ^{cc}
 Orencia ^{cc,ql}
 Otulfi ^{cc}
 Renflexis ^{cc}
 Rinvoq ER, Rinvoq LQ ^{cc}
 Simlandi kit 80mg/0.8mL
 Simponi, Simponi Aria ^{cc}
 Skyrizi, Skyrizi On-body ^{cc}
 Sotyktu ^{cc}

IMMUNOLOGICS

Cytokine and CAM Antagonists (continued)

Requires Prior Authorization

Spevigo ^{cc}
 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/donepezil ER (Namzaric)

memantine ER (Namenda XR)

Adlarity

Aduhelm ^{cc}

Kisunla

Leqembi ^{cc}

Namzaric dose pack

Zunveyl tablet DR

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

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 ^{cc,ql}
Plegridy, Plegridy IM ^{cc,ql}
Ponvory starter pack, tablet ^{cc,ql}
Rebif
Tascenso ODT
Tysabri ^{cc,ql}
Vumerity ^{cc,ql}
Zeposia ^{cc,ql}

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

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

OPHTHALMICS

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)
 Tobrex ointment

Requires Prior Authorization

bacitracin
 gatifloxacin (Zymaxid)
 moxifloxacin (Moxeza)
 neomycin/polymyxin/gramicidin (Neosporin)
 sulfacetamide ointment
 AzaSite
 Besivance
Ciloxan ointment
 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

OPHTHALMICS

Dry Eye Agents

Preferred

cyclosporine (Restasis single-use)
Eysuvis
Xiidra

Requires Prior Authorization

Cequa
Miebo
Restasis multidose
Tryptyr
Tyrvaya Spray
Verkazia
Vevye

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 (*lopidine*)
betaxolol
bimatoprost 0.03% (*Lumigan*)
brimonidine 0.1% (*Alphagan P*)
brinzolamide (*Azopt*)
dorzolamide/timolol PF
tafluprost (*Zioptan*)
timolol (Betimol, Istalol)
timolol (*Timoptic Ocudose*)
Betoptic S
Durysta Implant
Iyuzeh
Lumigan 0.01%
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 (Clarinet)
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 (*Clarinet RDT*)
fexofenadine D OTC (*Allegra D*)
fexofenadine suspension OTC
(Allegra suspension)
levocetirizine solution (*Xyzal solution*)
loratadine chewable OTC
Clarinet D

Bronchodilators, Beta Agonists

Preferred

albuterol HFA (Proair HFA,
Proventil HFA, Ventolin HFA) ^{a1}
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*) ^{a1}
terbutaline (*Brethine*)
ProAir Digihaler
ProAir Respiclick ^{a1}
Striverdi Respimat

RESPIRATORY

COPD Agents

Preferred

ipratropium neb (Atrovent)
 ipratropium/albuterol neb (DuoNeb)
 roflumilast (Daliresp)
 Anoro Ellipta (**Brand only**)
 Atrovent HFA
 Combivent Respimat ^{al}
 Spiriva Handihaler (**Brand only**)
 Spiriva Respimat
 Stiolto Respimat

Requires Prior Authorization

tiotropium (Spiriva Handihaler)
 (generic only)

umeclidinium/vilanterol (Anoro Ellipta) (generic only)

Bevespi Aerosphere
 Duaklir Pressair
 Incruse Ellipta
 Ohtuvayre
 Tudorza Pressair
 Yupelri

Epinephrine, Self-Injected

Preferred

epinephrine 0.15mg (EpiPen Jr) ^{al}
 epinephrine 0.3mg (EpiPen) ^{al}

Requires Prior Authorization

epinephrine 0.15mg, 0.3mg
 (Adrenaclick) ^{al}

Auvi-Q
 Neffy Spray
 Symjepi

RESPIRATORY

Glucocorticoids, Inhaled

Preferred

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

Requires Prior Authorization

budesonide/formoterol (Symbicort)
 (generic only)

fluticasone diskus (Flovent Diskus)
 fluticasone/salmeterol (Advair Diskus,
 AirDuo Respiclick)
 fluticasone/vilanterol (Breo Ellipta)
 AirDuo Digihaler
 AirSupra HFA
 Alvesco
 ArmonAir Digihaler
 Breztri Aerosphere
 Pulmicort Flexhaler ^{al}
Trelegy Ellipta

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)
 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}
 Avar
 Clindacin
 Differin lotion
 Ovace
 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}

Anzupgo

Dupixent ^{cc}

Ebglyss ^{cc}

Nemlurio ^{cc}

Opzelura ^{cc,ql}

Vtama

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

Tezruy

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

Wes Moore
Governor

Aruna Miller
Lt. Governor

Meena Seshamani, MD, PhD
Secretary

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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.