



# MARYLAND MEDICAID PHARMACY PROGRAM

No. 97  
June 30, 2011

## ADVISORY

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

### Updated Maryland Medicaid Preferred Drug List Effective July 1, 2011

The Maryland Medicaid Pharmacy Program has an open formulary with a Preferred Drug List (PDL) to ensure access to efficacious, safe, and cost-effective drug options. Effective July 1, 2011 the following changes have been made to the PDL:

- Antibiotics, Topical which was previously Impetigo Agents, Topical is now expanded to include other available treatment options for impetigo and other related infections.
- Antiemetics is now expanded to Antiemetics/Antivertigo Agents and also includes injectable formulations.
- Anticoagulants, Injectables is now expanded to include all Anticoagulants including oral formulations.
- Multiple Sclerosis Agents moved from INJECTIBLES to NEUROLOGICS with the addition of oral agents to the class.

## Maryland Preferred Drug List

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

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

### ANALGESICS

#### Analgesics/Anesthetics, Topical

##### Preferred

capsaicin OTC  
Lidoderm  
Voltaren Gel

##### Requires Prior Authorization

Flector  
Pennsaid  
Qutenza

#### Analgesics, Narcotics (Long Acting)

##### Preferred

fentanyl patch (*Duragesic*)  
methadone  
morphine sulfate SR (*MS Contin*)  
Kadian

##### Requires Prior Authorization

oxycodone ER (*Oxycontin*)  
(**Brand and generic**)  
tramadol ER (*Ultram ER*)  
(**Brand and generic**)  
Avinza  
Butrans  
Duragesic Matrix  
Embeda  
Exalgo  
Opana ER  
Ryzolt

#### Analgesics, Narcotics (Short Acting)

##### Preferred

apap w/codeine (*Tylenol w/Codeine*)  
aspirin w/codeine  
butalbital/apap/codeine/caffeine  
butalbital/apap/codeine  
codeine  
dihydrocodeine/aspirin/caff  
(*Synalgos DC*)  
dihydrocodeine/apap/caffeine  
(*Panlor SS*)  
hydrocodone/apap (*Vicodin*)  
hydrocodone/ibuprofen (*Vicoprofen*)  
hydromorphone (*Dilaudid*)  
morphine sulfate  
oxycodone  
oxycodone/apap (*Percocet*)

##### Requires Prior Authorization

fentanyl buccal (*Actiq*)  
(**Brand and generic**)\*  
levorphanol  
meperidine (*Demerol*)  
(**Brand and generic**)  
oxycodone/ibuprofen (*Combunox*)  
(**Brand and generic**)  
oxymorphone (*Opana*)  
(**Brand and generic**)  
Abstral\*  
Dilaudid Liquid  
Fentora  
Ibudone  
Nucynta  
Onsolis \*

oxycodone/aspirin (*Percodan*)  
pentazocine/apap (*Talacen*)  
pentazocine/naloxone (*Talwin NX*)  
tramadol (*Ultram*)  
tramadol/apap (*Ultracet*)

Panlor DC  
Reprexain  
Rybitz ODT  
Zamicet  
Zolvit

\*Clinical Criteria applies to fentanyl buccal tablets (Fentora) , fentanyl buccal lozenges (Actiq, generic) , Abstral (fentanyl sublingual tablets) and Onsolis (fentanyl buccal film) . **To view criteria, please refer to <http://www.dhmh.state.md.us/mma/mpap/forms.htm>**

#### Anti-Hyperuricemics

##### Preferred

allopurinol (*Zyloprim*)  
colchicine  
probenecid  
probenecid/colchicine

##### Requires Prior Authorization

Colcrys  
Uloric

#### Anti-Migraine Agents

##### Preferred

sumatriptan (*Imitrex*)  
Relpax

##### Requires Prior Authorization

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

#### Fibromyalgia Agents

##### Preferred

Lyrica  
Savella

##### Requires Prior Authorization

Cymbalta \*

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

Key: All lowercase letters = generic product.

Leading capital letter = brand name product.

Posted 7/1/11– Effective Date 7/1/11

## Maryland Preferred Drug List

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

**Preferred**

diclofenac potassium (*Cataflam*)  
 diclofenac sodium, diclofenac sodium XL (*Voltaren, Voltaren XR*)  
 diflunisal (*Dolobid*)  
 etodolac, etodolac XL (*Lodine, Lodine XL*)  
 fenoprofen (*Nalfon*)  
 flurbiprofen (*Ansaid*)  
 ibuprofen Rx and OTC (*Motrin, Indocin, Indocin SR*)  
 indomethacin, indomethacin SR (*Indocin, Indocin SR*)  
 ketoprofen (*Orudis, Oruvail*)  
 ketorolac (*Toradol*)  
 meclofenamate (*Meclomen*)  
 meloxicam (*Mobic*)  
 nabumetone (*Relafen*)  
 naproxen (*Naprosyn*)  
 naproxen OTC  
 naproxen sodium, naproxen sodium DS (*Anaprox, Anaprox DS*)  
 oxaprozin (*Daypro*)  
 piroxicam (*Feldene*)  
 sulindac (*Clinoril*)

**Requires Prior Authorization**

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

### Skeletal Muscle Relaxants

**Preferred**

baclofen (*Lioresal*)  
 carisoprodol (*Soma*)  
 carisoprodol compound (*Soma Compound*)  
 chlorzoxazone (*Parafon*)  
 cyclobenzaprine (*Flexeril*)  
 dantrolene (*Dantrium*)  
 methocarbamol (*Robaxin*)  
 orphenadrine (*Norflex*)  
 orphenadrine compound (*Norflex Forte*)  
 tizanidine tablets (*Zanaflex*)

**Requires Prior Authorization**

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

### ANTI-INFECTIVES

#### Antibiotics, GI

**Preferred**

metronidazole (*Flagyl*)  
 neomycin  
 Alinia  
 Tindamax  
 Vancocin

**Requires Prior Authorization**

Flagyl ER  
 Xifaxan

#### Antibiotics, Inhaled

**Preferred**

TOBI

**Requires Prior Authorization**

Cayston

#### Antibiotics, Vaginal

**Preferred**

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

**Requires Prior Authorization**

Clindesse Vaginal

#### Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

**Preferred**

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

**Requires Prior Authorization**

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

## Maryland Preferred Drug List

### Antifungals, Topical (Topical Antifungals)

**Preferred**

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

**Requires Prior Authorization**

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

### Antiparasitics, Topical

**Preferred**

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

**Requires Prior Authorization**

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

### Antivirals, Oral (Antivirals, General)

**Preferred**

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

**Requires Prior Authorization**

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

### Antivirals, Topical

**Preferred**

Abreva OTC  
 Denavir  
 Zovirax Ointment

**Requires Prior Authorization**

Xerese  
 Zovirax Cream

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

**Preferred**

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

**Requires Prior Authorization**

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

### Fluoroquinolones (Quinolones)

**Preferred**

ciprofloxacin (*Cipro*)  
 Levaquin

**Requires Prior Authorization**

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

### Macrolides/Ketolides

**Preferred**

azithromycin (*Zithromax*)  
 erythromycin

**Requires Prior Authorization**

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

### Tetracyclines

## Maryland Preferred Drug List

<p><b><u>Preferred</u></b> doxycycline hyclate doxycycline hyclate DR doxycycline monohydrate minocycline (<i>Minocin</i>) tetracycline (<i>Sumycin</i>)</p>	<p><b><u>Requires Prior Authorization</u></b> demeclocycline (<i>Declomycin</i>) minocycline ER Adoxa CK Adoxa TT Doryx Nutridox Oracea Solodyn Vibramycin Suspension</p>	<p>ramipril (Altace) Benicar, Benicar HCT Diovan, Diovan HCT</p>					
<p><b>Topical Antibiotics</b></p> <p><b><u>Preferred</u></b> bacitracin OTC bacitracin/polymyxin OTC gentamicin mupirocin (<i>Bactroban Ointment</i>)</p>		<p><b><u>Requires Prior Authorization</u></b> Altanax Bactroban Cream</p>					
<p><b>CARDIOVASCULAR</b></p>							
<p><b>Angiotensin Modulator Combinations</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <p><b><u>Preferred</u></b> amlodipine/benazepril (<i>Lotrel</i>) Azor/Tribenzor Exforge/Exforge HCT Valturna</p> </td> <td style="width: 25%; vertical-align: top;"> <p><b><u>Requires Prior Authorization</u></b> trandolapril/verapamil (Tarka) <b>(Brand and generic)</b> Tekamlo/Amturnide Twynsta</p> </td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				<p><b><u>Preferred</u></b> amlodipine/benazepril (<i>Lotrel</i>) Azor/Tribenzor Exforge/Exforge HCT Valturna</p>	<p><b><u>Requires Prior Authorization</u></b> trandolapril/verapamil (Tarka) <b>(Brand and generic)</b> Tekamlo/Amturnide Twynsta</p>		
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<p><b>Anticoagulants</b></p> <p><b><u>Preferred</u></b> warfarin (Coumadin) Fragmin Lovenox (<b>Brand only</b>)</p>		<p><b><u>Requires Prior Authorization</u></b> enoxaparin (<b>generic only</b>) Arixtra Innohep Pradaxa</p>					
<p><b>Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <p><b><u>Preferred</u></b> acebutolol (<i>Sectral</i>) atenolol (<i>Tenormin</i>) atenolol/chlorthalidone (Tenoretic) bisoprolol (<i>Zebeta</i>) bisoprolol/HCTZ (<i>Ziac</i>) carvedilol (<i>Coreg</i>) labetalol (<i>Normodyne, Trandate</i>) metoprolol tartrate (<i>Lopressor</i>) metoprolol tartr/HCTZ (<i>Lopressor HCT</i>) metoprolol succinate ext-rel (<i>Toprol XL</i>) nadolol (<i>Corgard</i>) nadolol/bendroflumethiazide (<i>Corzide</i>) pindolol (<i>Visken</i>) propranolol (<i>Inderal</i>) propranolol LA (<i>Inderal LA</i>) sotalol, sotalol AF (<i>Betapace, Betapace AF</i>) timolol (<i>Blocadren</i>) Innopran XL Levatol</p> </td> <td style="width: 25%; vertical-align: top;"> <p><b><u>Requires Prior Authorization</u></b> betaxolol (<i>Kerlone</i>) <b>(Brand and generic)</b> Bystolic Coreg CR</p> </td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				<p><b><u>Preferred</u></b> acebutolol (<i>Sectral</i>) atenolol (<i>Tenormin</i>) atenolol/chlorthalidone (Tenoretic) bisoprolol (<i>Zebeta</i>) bisoprolol/HCTZ (<i>Ziac</i>) carvedilol (<i>Coreg</i>) labetalol (<i>Normodyne, Trandate</i>) metoprolol tartrate (<i>Lopressor</i>) metoprolol tartr/HCTZ (<i>Lopressor HCT</i>) metoprolol succinate ext-rel (<i>Toprol XL</i>) nadolol (<i>Corgard</i>) nadolol/bendroflumethiazide (<i>Corzide</i>) pindolol (<i>Visken</i>) propranolol (<i>Inderal</i>) propranolol LA (<i>Inderal LA</i>) sotalol, sotalol AF (<i>Betapace, Betapace AF</i>) timolol (<i>Blocadren</i>) Innopran XL Levatol</p>	<p><b><u>Requires Prior Authorization</u></b> betaxolol (<i>Kerlone</i>) <b>(Brand and generic)</b> Bystolic Coreg CR</p>		
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# Maryland Preferred Drug List

## Calcium Channel Blocking Agents

### Preferred

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

### Requires Prior Authorization

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

## Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

### Preferred

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

### Requires Prior Authorization

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

## Lipotropics, Statins (Lipotropics)

### Preferred

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

### Requires Prior Authorization

Advicor  
 Altoprev  
 Caduet  
 Livalo  
 Vytorin

## Platelet Aggregation Inhibitors

### Preferred

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

### Requires Prior Authorization

Effient

## Pulmonary Arterial Hypertension, Oral and Inhaled Agents

### Preferred

Adcirca\*  
 Letairis  
 Revatio\*  
 Tracleer  
 Ventavis

### Requires Prior Authorization

Tyvaso

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

## CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at:

[http://www.mdmahealthchoicex.com/healthchoice\\_docs/mmmh\\_form.pdf](http://www.mdmahealthchoicex.com/healthchoice_docs/mmmh_form.pdf)

## Anticonvulsants

### Preferred

carbamazepine (*Tegretol, XR*)  
 clonazepam (*Klonopin*)  
 diazepam rectal (*Diastat*)  
 divalproex (*Depakote, ER*)  
 ethosuximide (*Zarontin*)  
 gabapentin (*Neurontin*)  
 lamotrigine (*Lamictal*)  
 levetiracetam (*Keppra*)  
 mephobarbital (*Mebaral*)  
 oxcarbazepine (*Trileptal*)  
 phenobarbital  
 phenytoin (*Dilantin*)  
 primidone (*Mysoline*)  
 topiramate (*Topamax*)  
 valproic acid (*Depakene*)  
 zonisamide (*Zonegran*)  
 Carbatrol (*Brand only*)  
 Celontin  
 Depakote Sprinkle  
 Equetro  
 Felbatol  
 Gabitril

### Requires Prior Authorization

carbamazepine ER caps (*generic only*)  
 Banzel  
 Lamictal ODT  
 Lamictal XR  
 Phenytek  
 Sabril  
 Stavzor  
 Vimpat

## Maryland Preferred Drug List

Kepra XR  
Peganone

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

**Preferred**

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

**Requires Prior Authorization**

nefazodone (*Serzone*)  
tranylcypromine (***generic only***)  
venlafaxine ER caps (*Effexor XR*)  
(***Brand and generic***)  
Aplenzin  
Oleptro ER  
Emsam  
Pristiq

### Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

**Preferred**

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

**Requires Prior Authorization**

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

### Antipsychotics\*\*

**Preferred**

**1<sup>st</sup> Tier-**

chlorpromazine (*Thorazine*)  
clozapine (*Clozaril*)  
fluphenazine (*Prolixin*)  
fluphenazine decanoate inj  
(*Prolixin Inj.*)  
haloperidol (*Haldol*)  
haloperidol decanoate inj  
(*Haldol IM*)  
perphenazine (*Trilafon*)  
perphenazine/amitriptyline  
(*Triavil*)  
risperidone (*Risperdal*)  
thioridazine (*Mellaril*)  
thiothixene (*Navane*)  
trifluoperazine (*Stelazine*)  
Fanapt  
Geodon  
Geodon IM  
Moban  
Orap  
Risperdal Consta  
Seroquel  
**2nd Tier-**  
Abilify  
Zyprexa  
Zyprexa IM

**Requires Prior Authorization**

Fazaclo  
Invega  
Invega Sustenna  
Latuda  
Seroquel XR  
Saphris  
Symbyax  
Zyprexa Relprevv

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

## Maryland Preferred Drug List

### Sedative Hypnotics

#### Preferred

chloral hydrate  
 estazolam (*ProSom*)  
 flurazepam (*Dalmane*)  
 temazepam (*Restoril*)  
 triazolam (*Halcion*)  
 zaleplon (*Sonata*)  
 zolpidem (*Ambien*)  
 Rozerem

#### Requires Prior Authorization

temazepam 7.5 mg  
 (Restoril 7.5mg)  
 (**Brand and generic**)  
 temazepam 22.5 mg  
 (Restoril 22.5mg)  
 (**Brand and generic**)  
 zolpidem ER (*Ambien CR*)  
 (**Brand and generic**)  
 Edluar  
 Doral  
 Lunesta \*  
 Silenor  
 Zolpimist

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

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

#### Preferred

#### 1<sup>st</sup> Tier-

amphetamine salt combo  
 (*Adderall*)  
 dexamethylphenidate (*Focalin*)  
 (**Brand and generic**)  
 dextroamphetamine (*Dexedrine*)  
 methylphenidate (*Ritalin*)  
 methylphenidate ER  
 (*Ritalin-SR*)  
 Adderall XR (**Brand only**)  
 Concerta (**Brand only**)  
 Daytrana  
 Focalin XR  
 Intuniv\*\*  
 Metadate CD  
 Methylin Chew and Solution  
 Vyvanse

#### Requires Prior Authorization

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

#### 2nd Tier-

Strattera \*\*\* (for ages 17 and under)

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

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

## ENDOCRINE

### Androgenic Agents

#### Preferred

Androderm  
 Androgel

#### Requires Prior Authorization

Fortesta  
 Testim

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

#### Preferred

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

#### Requires Prior Authorization

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

### Hypoglycemics, Incretin Mimetics and Enhancers

#### Preferred

Byetta  
 Kombiglyze XR  
 Onglyza  
 Symlin

#### Requires Prior Authorization

Janumet  
 Januvia  
 Victoza



## Maryland Preferred Drug List

### Hypoglycemics, Insulins and Related Agents

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

### Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

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

### Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

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

## GASTROINTESTINAL

### Antiemetic/Antivertigo Agents

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

### Bile Salts

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ursodiol URSO URSO Forte	Chenodal

### Pancreatic Enzymes

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

### Phosphate Binders and Related Agents

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

### Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

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

### Ulcerative Colitis Agents

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

# Maryland Preferred Drug List

## IMMUNOLOGICS

### Immunosuppressives, Oral

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

## INJECTABLES

### Colony Stimulating Factors

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

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

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

### Erythropoietins (Hematinics, Other)

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

### Growth Hormones (CLINICAL PA REQUIRED)

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

### Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ribavirin ( <i>Copegus, Rebetol</i> )	Infergen
Pegasys	Peg-Intron
	Peg-Intron Redipen

## NEUROLOGICS

### Alzheimer's Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
donepezil/donepezil ODT (Aricept/Aricept ODT)	galantamine ( <i>Razadyne, ER</i> ) ( <b>Brand and generic</b> )
rivastigmine (Exelon)	Exelon Solution
Exelon Transdermal Patch	
Namenda	

### Anti-Parkinson's Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
benztropine ( <i>Cogentin</i> )	bromocriptine ( <i>Parlodel</i> ) ( <b>Brand and generic</b> )
levodopa/carbidopa Immediate and Extended Release ( <i>Sinemet, Sinemet CR</i> )	levodopa/carbidopa ODT (Parcopa) ( <b>Brand and generic</b> )
ropinirole ( <i>Requip</i> )	pramipexole (Mirapex) ( <b>Brand and generic</b> )
selegiline ( <i>Eldepryl</i> )	Azilect
trihexyphenidyl ( <i>Artane</i> )	Comtan
Stalevo	Mirapex ER
	Requip XL
	Tasmar
	Zelapar

# Maryland Preferred Drug List

## Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Ampyra Avonex Betaseron Copaxone	Extavia Gilenya Rebif

## OPHTHALMIC

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cromolyn ( <i>Crolom</i> ) ketotifen OTC Alrex Pataday Patanol	azelastine (Optivar) <b>(Brand and generic)</b> Alamast Alocril Alomide Bepreve Elestat Emadine Lastacaft

### Ophthalmics, Antibiotics

<u>Preferred</u>	<u>Requires Prior Authorization</u>
bacitracin bacitracin/polymixin ciprofloxacin solution ( <i>Ciloxan</i> ) erythromycin gentamicin neomycin/polymixin/gramicidin ofloxacin ( <i>Ocuflox</i> ) polymyxin/trimethoprim <i>(Polytrim)</i> sulfacetamide tobramycin triple antibiotic Tobrex Ointment Vigamox	levofloxacin (Quixin) <b>(Brand and generic)</b> AzaSite Besivance Ciloxan Ointment Iquix Moxeza Natacyn Zymar Zymaxid

### Ophthalmics, Glaucoma Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
betaxolol brimonidine carteolol ( <i> Ocupress</i> ) latanoprost ( <i>Xalatan</i> ) levobunolol ( <i>Betagan</i> ) metipranolol ( <i>OptiPranolol</i> ) pilocarpine ( <i>Pilocar</i> ) timolol ( <i>Timoptic, Timoptic XE</i> ) Alphagan P <b>(Brand only)</b> Azopt Betimol Betoptic S Combigan Cosopt <b>(Brand only)</b> Istalol Propine Travatan/Travatan Z Trusopt <b>(Brand only)</b>	brimonidine tartrate 0.15% <b>(generic only)</b> dorzolamide <b>(generic only)</b> dorzolamide/timolol <b>(generic only)</b> Lumigan

### Ophthalmics, Anti-Inflammatories

<u>Preferred</u>	<u>Requires Prior Authorization</u>
dexamethasone ( <i>Decadron</i> ) diclofenac ( <i>Voltaren</i> ) fluorometholone ( <i>FML</i> ) flurbiprofen ( <i>Ocufen</i> ) ketorolac (Acular) ketorolac LS (Acular LS) Flarex FML Forte FML SOP Lotemax Maxidex Pred Mild	bromfenac (Xibrom) Acuvail Bromday Durezol Nevanac Ozurdex Retisert Triesence Vexol

## Maryland Preferred Drug List

### OTIC

#### Otic Antibiotics

##### Preferred

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

##### Requires Prior Authorization

Cetraxal  
Cipro HC

### RESPIRATORY

#### Antihistamines, Minimally Sedating (Antihistamines)

##### Preferred

cetirizine, cetirizine-D  
(Rx and OTC)  
loratadine, loratadine-D  
(Rx and OTC)

##### Requires Prior Authorization

fexofenadine (*Allegra*)  
fexofenadine D 12 hour  
(Allegra D)  
(**Brand and generic**)  
levocetirizine (Xyzal)  
(**Brand and generic**)  
Allegra Syrup  
Allegra-D 24 hour  
Allegra ODT  
Claritin, Claritin-D (Rx)  
Claritin, Claritin-D (OTC)  
Claritin Chewable (OTC)  
Claritin LiquiGel (OTC)  
Clarinex, Clarinex-D  
Semprex-D  
Xyzal Syrup

#### Bronchodilators, Anticholinergics

##### Preferred

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

##### Requires Prior Authorization

#### Beta<sub>2</sub>-Agonist Bronchodilators (Beta-Adrenergic Agents)

##### Preferred

albuterol (*Proventil, Ventolin*)  
albuterol ext-rel (*Vospire ER*)  
terbutaline (*Brethine*)  
Maxair  
ProAir HFA  
Proventil HFA  
Ventolin HFA

##### Requires Prior Authorization

albuterol neb low dose  
levalbuterol neb (*Xopenex*)  
(**Brand and generic**)  
metaproterenol (*Alupent*)  
Brovana  
Foradil  
Perforomist  
Serevent  
Xopenex HFA

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

##### Preferred

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

##### Requires Prior Authorization

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

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

#### Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)

##### Preferred

azelastine (*Astelin*)  
flunisolide (*Nasalide*)  
fluticasone nasal (*Flonase*)  
Astepro

##### Requires Prior Authorization

flunisolide (*Nasarel*)  
(**Brand and generic**)  
ipratropium (*Atrovent Nasal*)  
(**Brand and generic**)  
Beconase AQ  
Nasacort AQ  
Nasonex  
Omnaris  
Patanase  
Rhinocort Aqua  
Veramyst

#### Leukotriene Modifiers

##### Preferred

zafirlukast (*Accolate*)  
Singulair

##### Requires Prior Authorization

Zyflo CR

# Maryland Preferred Drug List

## TOPICAL DERMATOLOGICS

### Acne Agents, Topical

#### Preferred

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

#### Requires Prior Authorization

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

### Atopic Dermatitis

#### Preferred

Elidel  
 Protopic

#### Requires Prior Authorization

## UROLOGIC

### Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

#### Preferred

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

#### Requires Prior Authorization

Avodart  
 Cardura XL  
 Jalyn  
 Rapaflo

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

#### Preferred

oxybutynin (*Ditropan*)  
 Toviaz  
 Vesicare

#### Requires Prior Authorization

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