



# MARYLAND MEDICAID PHARMACY PROGRAM

No. 141  
December 19, 2013

## ADVISORY

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

### Maryland's Preferred Drug List—Effective January 1, 2014

Medicaid's Preferred Drug List (PDL), encompassing over 1700 drugs, covers most of the generic versions of preferred multisource brand drugs without any type of prior authorization. If the prescription for a brand name drug is to be dispensed as written, the prescriber must complete and submit a Medwatch form (<http://mmcp.dhmh.maryland.gov/pap/docs/Maryland%20Medwatch%20Form.pdf>). The State's clinical pharmacy team will review the Medwatch form and notify the prescriber whether the request for the brand name drug was approved or denied. The State will forward the Medwatch form to the FDA.

The first two pages of this PDL Advisory is to alert you to changes\* in the exceptions to this rule that will become **effective January 1, 2014**. **Brand name Cymbalta®, Focalin® Tablets, Focalin® XR Capsules, Gabitril®, Ritalin LA® Capsules, Tegretol® Suspension, Trileptal® Suspension and Tobi® Inhalation Solution will be preferred** over their generic equivalents. Also, both Nasocort AQ and its generic (triamcinolone nasal) are now non-preferred.

#### Not All Generics are Preferred

In order for the State to enhance the benefit of the PDL, in some instances the multisource brand name drug is Preferred over its generic equivalents, because the branded drug is less costly than its generic counterpart. This happens most often in cases of newly released generics. When manufacturer rebates are taken into consideration, the brand name drug has a lower net cost to the State. When the brand name drug is Preferred, no Medwatch nor authorization is needed<sup>1</sup>. 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 the Xerox 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (for example, if the member has primary insurance).

<sup>1</sup> Unless the Program has established clinical criteria for the drug

\*Changes from the previous PDL are highlighted in yellow

Please maintain this for a reference together with any updates that follow. This information is available at <http://www.epocrates.com/> on your desktop computer or PDA/Smartphone. Epocrates is updated weekly. **The generic non-preferred exceptions are as follows:**

<b>Non-Preferred Generics</b>	<b>Preferred Brands</b>
adapalene	Differin
amphetamine salt combo ER	Adderall XR
azelastine	Astelin
brimonidine P 0.15%	Alphagan P 0.15%
budesonide respules	Pulmicort respules
carbamazepine XR and ER caps	Carbatrol ER capsules
carbamazepine suspension	Tegretol suspension
clonidine patches	Catapres TTS patches
cyclosporine	Sandimmune
dexmethylphenidate tablets	Focalin tablets
dexmethylphenidate XR caps	Focalin XR capsules
dextroamphetamine	Dexedrine spansules
diazepam rectal	Diastat
diltiazem ER	Cardizem LA
divalproex sprinkles	Depakote Sprinkles
dronabinol	Marinol
duloxetine delayed release caps	Cymbalta
enoxaparin	Lovenox
fenofibrate	Tricor
lidocaine 5% patch	Lidoderm 5% Patch
methylphenidate ER-LA caps	Ritalin LA capsules
methylphenidate CD caps	Metadate CD
methylphenidate liquid	Methylin Oral Solution
metoprolol succinate XL	Toprol XL
morphine sulfate ER	Kadian
oxcarbazepine suspension	Trileptal suspension
tiagabine	Gabitril
tobramycin inhalation soln	Tobi Inhalation Solution
tobramycin/dexamethasone	Tobradex
tranylcypromine	Parnate
vancomycin oral	Vancocin

In the following instances, both the multisource brand and the generic are preferred:

<b>Preferred generics</b>	<b>Brand also Preferred (no MedWatch form required)</b>
metipranolol	Optipranolol
metronidazole	Metrogel-vaginal

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# MARYLAND PREFERRED DRUG LIST

Effective Date 1/1/14

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

**Note: Brand names listed in parentheses are only listed as a reference.** For most multi-source products, the generic product(s) are usually preferred and branded innovator product(s) are non-preferred. If a generic product is non-preferred, the corresponding brand product is also non-preferred except where specifically noted as “**(generic only)**”. PDL products that are new to market require prior authorization until they are reviewed.

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

## Analgesics

Drug Class	Preferred	Requires Prior Authorization
<b>Analgesics, Narcotics (Long Acting)</b>	fentanyl patch (Duragesic) methadone (Dolophine) morphine sulfate SR (MS Contin) Kadian ( <b>Brand only</b> )	<i>morphine sulfate ER (Kadian) (<b>generic only</b>)</i> <i>oxymorphone ER (Opana ER)</i> <i>tramadol ER (Ultram ER, Ryzolt)</i> Avinza Butrans Conzip Exalgo Nucynta ER Oxycontin
<b>Analgesics, Narcotics (Short Acting)</b> *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 <a href="http://www.mdrxprograms.com/docs/medicaid/MD_FENTANYAL%20BUCCAL%20Rev%20Feb08.pdf">http://www.mdrxprograms.com/docs/medicaid/MD_FENTANYAL%20BUCCAL%20Rev%20Feb08.pdf</a> .	apap w/codeine (Tylenol w/Codeine) butalbital/apap/codeine/caffeine butalbital/aspirin/codeine/caffeine codeine tablets dihydrocodeine/aspirin/caff (Synalgos DC) hydrocodone/apap (Vicodin) hydrocodone/ibuprofen (Vicoprofen) hydromorphone tablets (Dilaudid) morphine sulfate tablets oxycodone oxycodone/apap (Percocet) oxycodone/aspirin (Percodan) pentazocine/apap (Talacen) pentazocine/naloxone (Talwin NX) tramadol (Ultram) tramadol/apap (Ultracet)	<i>butorphanol nasal spray</i> <i>carisoprodol/codeine/asa</i> <i>codeine solution</i> <i>dihydrocodeine/apap/caffeine</i> <i>fentanyl transmucosal and buccal (Actiq and Fentora)*</i> <i>hydromorphone suppositories and solution</i> <i>levorphanol</i> <i>meperidine (Demerol)</i> <i>morphine suppositories</i> <i>oxycodone/ibuprofen (Combunox)</i> <i>oxymorphone (Opana)</i> Abstral* Ibudone Nucynta Onsolis * Oxecta Primlev Rybix ODT Subsys Zamicet Zolvit
<b>Anti-Hyperuricemics</b>	allopurinol (Zyloprim) probenecid probenecid/colchicine	Colcrys Uloric

Key: All lowercase letters = generic product.  
 Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 1/1/14

## Analgesics

Drug Class	Preferred	Requires Prior Authorization
<b>Anti-Migraine Agents</b>	sumatriptan (Imitrex) Relpax	<i>naratriptan (Amerge)</i> <i>rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT)</i> <i>zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT)</i> <i>Axert</i> <i>Cambia</i> <i>Frova</i> <i>Sumavel Dosepro</i> <i>Treximet</i> <i>Zomig Nasal</i>
<b>Neuropathic Pain</b>  *Clinical criteria apply to Cymbalta. To view criteria, please refer to <a href="http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx">http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx</a> .	capsaicin OTC gabapentin capsules (Neurontin) <b>Cymbalta* (Brand only)</b> <b>Lidoderm (Brand only)</b> Lyrica capsules	<b><i>duloxetine (Cymbalta) (generic only)</i></b> <b><i>gabapentin tablets and solution (Neurontin)</i></b> <b><i>lidocaine patch (generic only)</i></b> <i>Gralise</i> <i>Horizant</i> <i>Lyrica solution</i> <i>Qutenza</i> <b><i>Savella</i></b> <i>Zostrix OTC</i>
<b>Nonsteroidal Anti-Inflammatories/COX II Inhibitors (NSAIDS, Cyclooxygenase Inhibitors – Type II)</b>	diclofenac, diclofenac XL (Cataflam, Voltaren XR) diflunisal (Dolobid) etodolac, etodolac XL (Lodine, Lodine XL) fenoprofen flurbiprofen (Ansaid) ibuprofen Rx and OTC (Motrin) indomethacin, indomethacin SR (Indocin, Indocin SR) ketoprofen (Orudis, Oruvail) ketorolac (Toradol) meclofenamate (Meclomen) meloxicam tablets (Mobic) nabumetone (Relafen) naproxen Rx and OTC (Aleve, Naprosyn) oxaprozin (Daypro) piroxicam (Feldene) sulindac (Clinoril) Voltaren gel	<i>diclofenac/misoprostol (Arthrotec)</i> <i>mefenamic acid (Ponstel)</i> <i>tolmetin, tolmetin DS (Tolectin, Tolectin DS)</i> <i>Celebrex</i> <i>Duexis</i> <i>Flector</i> <i>Indocin suppositories and suspension</i> <i>Mobic suspension</i> <i>Pennsaid</i> <i>Sprix Nasal</i> <i>Vimovo</i> <i>Zipsor</i>
<b>Skeletal Muscle Relaxants</b>	baclofen (Lioresal) carisoprodol 350mg (Soma) chlorzoxazone (Parafon) cyclobenzaprine (Flexeril) dantrolene (Dantrium) methocarbamol (Robaxin) orphenadrine (Norflex) tizanidine tablets (Zanaflex)	<i>carisoprodol 250mg (Soma)</i> <i>carisoprodol compound (Soma Compound)</i> <i>metaxalone (Skelaxin)</i> <i>orphenadrine compound (Norflex Forte)</i> <i>tizanidine capsules (Zanaflex)</i> <i>Amrix</i> <i>Fexmid</i> <i>Lorzone</i>

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# MARYLAND PREFERRED DRUG LIST

Effective Date 1/1/14

## Anti-Infectives

Drug Class	Preferred	Requires Prior Authorization
Antibiotics, GI	metronidazole tablets (Flagyl)	metronidazole capsules (Flagyl capsules)
	neomycin	tinidazole (Tindamax)
	Alinia	vancomycin capsules (Vancocin) <b>(generic only)</b>
	Vancocin <b>(Brand Only)</b>	Difcid Flagyl ER Xifaxan
Antibiotics, Inhaled	<b>Tobi nebulas (Brand Only)</b>	<b>tobramycin nebulas (Tobi) (generic only)</b>
		Cayston <b>Tobi Podhaler</b>
Antibiotics, Vaginal	clindamycin (Clindamax)	Cleocin cream
	metronidazole vaginal (Metro-Gel) <b>(Brand and generic)</b>	Vandazole
	Cleocin ovules	
Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)	fluconazole (Diflucan)	clotrimazole troche (Mycelex)
	griseofulvin ultra tablets (Gris Peg)	flucytosine (Ancobon)
	ketoconazole (Nizoral)	griseofulvin tablets and suspension (Fulvicin, GriFulvin V)
	nystatin	itraconazole (Sporanox)
	terbinafine (Lamisil)	voriconazole (Vfend)
		Lamisil granules
		Noxafil suspension
		Onmel Terbinex
Antifungals, Topical (Topical Antifungals)	clotrimazole Rx and OTC	butenafine OTC (Mentax)
	clotrimazole/betamethasone (Lotrisone)	ciclopirox (Loprox, Loprox Shampoo, Penlac)
	econazole (Spectazole)	ketoconazole foam
	ketoconazole cream and shampoo (Nizoral)	Bensal HP
	miconazole OTC	CNL-8
	nystatin	Ertaczo
	nystatin/triamcinolone (Mycolog)	Exelderm
	terbinafine OTC	Extina
	tolnaftate OTC	Oxistat
	tolnaftate aero powder	Pediaderm AF Pediprox-4 Vusion
Antiparasitics, Topical	permethrin Rx and OTC (Elimite, Acticin)	lindane
	piperonyl/pyrethrins OTC	malathion (Ovide)
	piperonyl/pyrethrins/permethrin OTC	spinosad (Natroba)
	Eurax cream	Eurax lotion
		Sklice Ulesfia

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# MARYLAND PREFERRED DRUG LIST

Effective Date 1/1/14

## Anti-Infectives

Drug Class	Preferred	Requires Prior Authorization
<b>Antivirals, Oral (Antivirals, General)</b>	acyclovir (Zovirax)	<i>famciclovir (Famvir)</i>
	amantadine (Symmetrel)	<i>Relenza</i>
	rimantadine (Flumadine)	<i>Tamiflu</i>
	valacyclovir (Valtrex)	
<b>Antivirals, Topical</b>	acyclovir ointment (Zovirax Ointment)	<i>Xerese</i>
	Abreva OTC	<i>Zovirax Cream</i>
	Denavir	
<b>Cephalosporin and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)</b>	amoxicillin/clavulanate (Augmentin, Augmentin ES)	<i>amoxicillin/clav ER (Augmentin XR)</i>
	cefaclor, cefaclor ER (Ceclor, Ceclor CD)	<i>cefditoren (Spectracef)</i>
	cefadroxil (Duricef)	<i>cefpodoxime (Vantin)</i>
	cefdinir (Omnicef)	<i>ceftibuten (Cedax)</i>
	cefprozil (Cefzil)	<i>Ceftin tablets and suspension</i>
	cefuroxime (Ceftin)	<i>Suprax chewables</i>
	cephalexin (Keflex)	
	Suprax tablets, capsules and suspension	
<b>Fluoroquinolones (Quinolones)</b>	ciprofloxacin (Cipro)	<i>ciprofloxacin ER (Cipro XR)</i>
	levofloxacin (Levaquin)	<i>ofloxacin (Floxin)</i>
		<i>Avelox</i>
		<i>Cipro suspension</i>
		<i>Factive</i>
		<i>Noroxin</i>
<b>Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)</b>	ribavirin (Copegus, Rebetol)	<i>Infergen</i>
	Incivek	<i>Rebetol solution</i>
	Pegasys	<i>Ribapak</i>
	Pegasys Proclick	<i>Ribasphere</i>
	Peg-Intron	
	Peg-Intron Redipen	
	Vitreolis	
<b>Macrolides/Ketolides</b>	azithromycin (Zithromax)	<i>clarithromycin (Biaxin)</i>
	erythromycin base	<i>clarithromycin ER (Biaxin XL)</i>
	E.E.S.	<i>Ketek</i>
	Ery-Tab	<i>PCE</i>
	EryPed	<i>Zmax</i>
	Erythrocin	
<b>Tetracyclines</b>	doxycycline hyclate (Vibramycin)	<i>demeclocycline (Declomycin)</i>
	doxycycline monohydrate (Monodox)	<i>doxycycline hyclate DR (Doryx)</i>
	minocycline (Minocin)	<i>doxycycline monohydrate solution (Vibramycin)</i>
	tetracycline (Sumycin)	<i>minocycline ER</i>
		<i>Adoxa</i>
		<i>Morgidox</i>
		<i>Oracea</i>
		<i>Solodyn</i>

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# MARYLAND PREFERRED DRUG LIST

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## Anti-Infectives

Drug Class	Preferred	Requires Prior Authorization
Topical Antibiotics	bacitracin OTC	<i>mupirocin cream (Bactroban Cream)</i>
	bacitracin/polymyxin OTC	<i>Altabax</i>
	gentamicin	<i>Centany</i>
	mupirocin ointment (Bactroban Ointment)	
	triple antibiotic OTC	

## Cardiovascular

Drug Class	Preferred	Requires Prior Authorization
Angiotensin Modulator Combinations	amlodipine/benazepril (Lotrel)	<i>Tarka</i>
	Azor/Tribenzor	<i>Tekamlo/Amturnide</i>
	Exforge/Exforge HCT	<i>Twynsta</i>
Angiotensin Modulators	benazepril, benazepril HCTZ (Lotensin, Lotensin HCT)	<i>candesartan, candesartan HCTZ (Atacand, Atacand HCT)</i>
	captopril, captopril HCTZ (Capoten, Capozide)	<i>eprosartan (Teveten)</i>
	enalapril, enalapril HCTZ (Vasotec, Vaseretic)	<i>moexipril, moexipril HCTZ (Univasc, Uniretic)</i>
	fosinopril, fosinopril HCTZ (Monopril, Monopril HCT)	<i>perindopril (Aceon)</i>
	irbesartan, irbesartan HCTZ (Avapro, Avalide)	<i>trandolapril (Mavik)</i>
	lisinopril, lisinopril HCTZ (Prinivil, Zestril, Prinzide, Zestoretic)	<i>Benicar, Benicar HCT</i>
	losartan, losartan HCTZ (Cozaar, Hyzaar)	<i>Edarbi, Edarbyclor</i>
	quinapril, quinapril HCTZ (Accupril, Accuretic)	<i>Micardis, Micardis HCT</i>
	ramipril (Altace)	<i>Tekturna/Tekturna HCT</i>
	valsartan HCTZ (Diovan HCT)	<i>Teveten HCT</i>
Diovan		
Anticoagulants	warfarin (Coumadin)	<i>enoxaparin (generic only)</i>
	Fragmin	<i>fondaparinux (Arixtra)</i>
	Lovenox ( <b>Brand only</b> )	<i>Eliquis</i>
		<i>Pradaxa</i>
		<i>Xarelto</i>
Antihypertensives, Sympatholytics	clonidine oral (Catapres)	<i>clonidine transdermal (generic only)</i>
	guanfacine (Tenex)	<i>reserpine</i>
	methyldopa (Aldomet)	<i>Clorpres</i>
	methyldopa/HCTZ (Aldoril)	
	Catapres-TTS ( <b>Brand only</b> )	
Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)	atenolol (Tenormin), atenolol/chlorthalidone (Tenoretic)	<i>acebutolol (Sectral)</i>
	bisoprolol/HCTZ (Ziac)	<i>betaxolol (Kerlone)</i>
	carvedilol (Coreg)	<i>bisoprolol (Zebeta)</i>
	labetalol (Normodyne, Trandate)	<i>metoprolol/HCTZ (Lopressor HCT)</i>
	metoprolol tartrate (Lopressor)	<i>metoprolol succinate XL (Toprol XL) (generic only)</i>
	nadolol (Corgard)	<i>nadolol/bendroflumethiazide (Corzide)</i>
	pindolol (Visken)	<i>timolol (Blocadren)</i>
	propranolol (Inderal), propranolol/HCTZ (Inderide)	<i>Bystolic</i>
	propranolol LA (Inderal LA)	<i>Coreg CR</i>
	sotalol, sotalol AF (Betapace, Betapace AF)	<i>Dutoprol</i>

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# MARYLAND PREFERRED DRUG LIST

Effective Date 1/1/14

## Cardiovascular

Drug Class	Preferred	Requires Prior Authorization
	Toprol XL ( <b>Brand only</b> )	<i>Innopran XL</i> <i>LevatoI</i>
<b>Calcium Channel Blocking Agents</b>	amlodipine (Norvasc) diltiazem (Cardizem) nicardipine (Cardene) nifedipine SR (Adalat CC, Procardia XL) verapamil (Calan) verapamil ER tablets (Calan SR, Verelan) Cardizem LA ( <b>Brand only</b> )	<i>diltiazem ER capsules (Cardizem CD, Tiazac)</i> <i>felodipine (Plendil)</i> <i>isradipine (Dynacirc)</i> <i>nifedipine (Adalat, Procardia)</i> <i>nimodipine (Nimotop)</i> <i>nisoldipine (Sular)</i> <i>verapamil ER capsules (Verelan PM)</i> <i>Dynacirc CR</i> <i>Matzim LA (generic only)</i> <b>Nymalize</b>
<b>Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)</b>	cholestyramine (Questran, Light) fenofibric acid (Trilipix) niacin ER (Niaspan ER) gemfibrozil (Lopid) Niacor Tricor ( <b>Brand only</b> )	<i>colestipol (Colestid)</i> <i>fenofibrate (Antara, Lofibra)</i> <i>fenofibrate nanocrystals (Tricor) (Generic only)</i> <i>fenofibric acid (Fibricor)</i> <i>Lipofen</i> <i>Lovaza</i> <i>Triglide</i> <i>Welchol</i> <i>Zetia</i>
<b>Lipotropics, Statins (Lipotropics)</b>	atorvastatin (Lipitor) fluvastatin (Lescol) lovastatin (Mevacor) pravastatin (Pravachol) simvastatin (Zocor) Lescol XL Simcor	<i>amlodipine/atorvastatin (Caduet)</i> <i>Advicor</i> <i>Altoprev</i> <i>Crestor</i> <b>Liptruzet</b> <i>Livalo</i> <i>Vytorin</i>
<b>Platelet Aggregation Inhibitors</b>	clopidogrel (Plavix) dipyridamole (Persantine) ticlopidine (Ticlid) Aggrenox	<i>Brilinta</i> <i>Effient</i>
<b>Pulmonary Arterial Hypertension, Oral and Inhaled Agents</b>	sildenafil* (Revatio) Adcirca* Letairis Tracleer Ventavis	<i>Tyvaso</i>

\*Clinical Criteria applies to Adcirca and Revatio. To view criteria, please refer to <http://mmcp.dhmh.maryland.gov/pap/docs/PAH-Drugs-PA-form.pdf>.



# MARYLAND PREFERRED DRUG LIST

Effective Date 1/1/14

## 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)

Drug Class	Preferred	Requires Prior Authorization	
<b>Anticonvulsants</b>	carbamazepine (Tegretol)	carbamazepine ER caps (Carbatrol) <b>(generic only)</b>	
	clonazepam (Klonopin)	carbamazepine suspension (Tegretol) <b>(generic only)</b>	
	divalproex (Depakote, Depakote ER)	carbamazepine XR (Tegretol XR)	
	lamotrigine (Lamictal)	clonazepam ODT (Klonopin ODT)	
	levetiracetam (Keppra)	diazepam rectal (Diastat) <b>(generic only)</b>	
	oxcarbazepine tablets (Trileptal)	divalproex sprinkles (Depakote sprinkles) <b>(generic only)</b>	
	phenobarbital	ethosuximide (Zarontin)	
	phenytoin (Dilantin, Dilantin Infatabs)	felbamate (Felbatol)	
	primidone (Mysoline)	lamotrigine ER (Lamictal XR)	
	topiramate (Topamax)	levetiracetam ER (Keppra XR)	
	valproic acid (Depakene)	oxcarbazepine suspension (Trileptal Suspension) <b>(generic only)</b>	
	zonisamide (Zonegran)	tiagabine (Gabitril) <b>(generic only)</b>	
	Carbatrol <b>(Brand only)</b>	topiramate sprinkles (Topamax Sprinkles)	
	Celontin	Banzel	
	Depakote sprinkles <b>(Brand only)</b>	Equetro	
	Diastat rectal <b>(Brand only)</b>	Lamictal ODT	
	Gabitril <b>(Brand only)</b>	Onfi	
	Peganone	Phenytek	
	Tegretol Suspension <b>(Brand only)</b>	Potiga	
	Trileptal Suspension <b>(Brand only)</b>	Sabril	
	Stavzor		
	Trokendi XR		
	Vimpat		
<b>Antidepressants, Other (Alpha-2 Receptor Antagonist)</b>	bupropion, bupropion SR, bupropion XL (Wellbutrin, Wellbutrin SR, Wellbutrin XL)	nefazodone (Serzone)	
	<b>Antidepressants, Serotonin-2 Antagonist/Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake-Inhib, Norepinephrine and Dopamine Reuptake Inhib)</b>	mirtazapine, mirtazapine soltab (Remeron, Remeron Soltab)	tranylcypromine <b>(generic only)</b>
		phenelzine (Nardil)	venlafaxine ER tablets
		trazodone (Desyrel)	Aplenzin
		venlafaxine (Effexor)	Emsam
		venlafaxine ER capsules (Effexor XR)	Forfivo XL
		Marplan	Oleptro ER
		Parnate <b>(Brand only)</b>	Pristiq
	Viibryd		
<b>Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)</b>	citalopram (Celexa)	fluoxetine 60mg	
	escitalopram (Lexapro)	fluoxetine weekly (Prozac weekly)	
	fluoxetine (all strengths except 60mg) (Prozac, Sarafem)	fluvoxamine ER (Luvox CR)	
	fluvoxamine (Luvox)	paroxetine CR (Paxil CR)	
	paroxetine (Paxil)	Brisdelle	
	sertraline (Zoloft)	Paxil suspension	
	Pexeva		

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# MARYLAND PREFERRED DRUG LIST

Effective Date 1/1/14

## 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)

Drug Class	Preferred	Requires Prior Authorization
<p><b>Antipsychotics**</b></p> <p>** 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 <a href="http://mmcp.dhmm.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx">http://mmcp.dhmm.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx</a>.</p> <p>**All antipsychotics for patients 17 years of age and under must be approved through the peer review process through the University of Maryland. To view criteria, please refer to <a href="http://mmcp.dhmm.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx">http://mmcp.dhmm.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx</a>.</p>	<p><b>1st Tier</b></p> <p>chlorpromazine (Thorazine)</p> <p>clozapine (Clozaril)</p> <p>fluphenazine (Prolixin)</p> <p>fluphenazine decanoate inj (Prolixin Inj.)</p> <p>haloperidol (Haldol)</p> <p>haloperidol decanoate inj (Haldol IM)</p> <p>perphenazine (Trilafon)</p> <p>perphenazine/amitriptyline (Triavil)</p> <p>quetiapine (Seroquel)</p> <p>risperidone (Risperdal)</p> <p>thioridazine (Mellaril)</p> <p>thiothixene (Navane)</p> <p>trifluoperazine (Stelazine)</p> <p>ziprasidone (Geodon)</p> <p>Abilify (<b>Age 17 and younger</b>)</p> <p>Abilify Maintena</p> <p>Geodon IM</p> <p>Invega Sustenna</p> <p>Orap</p> <p>Risperdal Consta</p> <p><b>2nd Tier</b></p> <p>olanzapine IM (Zyprexa IM)</p> <p>olanzapine ODT (Zyprexa Zydys)</p> <p>olanzapine (Zyprexa)</p> <p>Abilify (<b>Age 18 or older</b>)</p> <p>Latuda</p>	<p>clozapine ODT (Fazacllo)</p> <p>olanzapine/fluoxetine (Symbyax)</p> <p>Abilify IM</p> <p>Fanapt</p> <p>Invega</p> <p>Saphris</p> <p>Seroquel XR</p> <p>Zyprexa Relprevv</p>
<p><b>Sedative Hypnotics</b></p> <p>* Step therapy for Lunesta may allow it to process without a prior authorization. Please see specific STEP criteria located at: <a href="http://mmcp.dhmm.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx">http://mmcp.dhmm.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx</a>.</p>	<p>chloral hydrate</p> <p>flurazepam (Dalmane)</p> <p>temazepam 15mg, 30mg (Restoril)</p> <p>triazolam (Halcion)</p> <p>zaleplon (Sonata)</p> <p>zolpidem (Ambien)</p>	<p>estazolam (ProSom)</p> <p>temazepam 7.5mg, 22.5mg (Restoril)</p> <p>zolpidem ER (Ambien CR)</p> <p>Doral</p> <p>Edluar</p> <p>Intermezzo</p> <p>Lunesta*</p> <p>Rozerem</p> <p>Silenor</p> <p>Somnote</p> <p>Zolpimist</p>

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## Central Nervous System

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Drug Class	Preferred	Requires Prior Authorization
<b>Stimulants and Related Agents (Tx for Attention Deficit Hyperact (ADHD)/Narcolepsy; Adrenergics, Aromatic, Non-Catecholamine)</b>  ** For recipients 6–17 years old, Kapvay and Intuniv is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, Intuniv and Kapvay continue to be part of the MCO pharmacy benefit.  *** To view criteria for Strattera, please refer to <a href="http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx">http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx</a> .	<b>1st Tier</b> amphetamine salt combo (Adderall) dextroamphetamine tablets methylphenidate tablets (Ritalin) methylphenidate ER tablets (Ritalin SR) methylphenidate CR tablets (Concerta) Adderall XR ( <b>Brand only</b> ) Daytrana Dexedrine ER ( <b>Brand Only</b> ) Focalin ( <b>Brand Only</b> ) Focalin XR ( <b>Brand Only</b> ) Intuniv** Metadate CD ( <b>Brand Only</b> ) Methylin liquid ( <b>Brand Only</b> ) Quillivant XR Ritalin LA ( <b>Brand Only</b> ) Vyvanse  <b>2nd Tier</b> Strattera *** (for ages 17 and under)	amphetamine salt combo ER (Adderall XR) ( <b>generic only</b> ) clonidine ER (Kapvay)** dexmethylphenidate (Focalin) ( <b>generic only</b> ) dexmethylphenidate XR (Focalin XR) ( <b>generic only</b> ) dextroamphetamine ER capsules (Dexedrine ER) ( <b>generic only</b> ) dextroamphetamine solution (Procentra) methamphetamine (Desoxyn) methylphenidate CD capsules (Metadate CD) ( <b>generic only</b> ) methylphenidate ER capsules (Ritalin LA) ( <b>generic only</b> ) methylphenidate liquid (Methylin) ( <b>generic only</b> ) modafinil (Provigil) Methylin chewable Nuvigil

## Endocrine

Drug Class	Preferred	Requires Prior Authorization
<b>Androgenic Agents</b>	Androgel	Androderm
	Testim	Axiron Fortesta
<b>Bone Resorption Suppression and Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents – Parathyroid Hormone)</b>	alendronate (Fosamax)	alendronate solution (Fosamax Solution)
	calcitonin salmon nasal (Miacalcin)	etidronate (Didronel)
	Fortical	ibandronate (Boniva)
		Actonel
		Atelvia
		Binosto
		Evista
		Forteo
		Fosamax Plus D
		Prolia
<b>Hypoglycemics, Incretin Mimetics and Enhancers</b>	Byetta	Bydureon
	Januvia	Kazano
	Janumet, Janumet XR	Kombiglyze XR
	Juvisync	Nesina
	Jentadueto	Onglyza
	Symlin	Oseni
	Tradjenta	Victoza

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## Endocrine

Drug Class	Preferred	Requires Prior Authorization
Hypoglycemics, Insulins and Related Agents	Humalog	<i>Apidra</i>
	Humalog Mix	
	Humulin	
	Lantus	
	Levemir	
	Novolin	
	NovoLog	
	NovoLog Mix	
Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)	nateglinide (Starlix)	<i>Prandimet</i>
	repaglinide (Prandin)	
Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)	pioglitazone (Actos)	<i>pioglitazone/metformin (ActoPlusMet)</i>
	pioglitazone/glimepiride (Duetact)	<i>ActoPlusMet XR</i>
		<i>Avandia, Avandamet, Avandaryl</i>

## Gastrointestinal

Drug Class	Preferred	Requires Prior Authorization
Antiemetic/Antivertigo Agents	dimenhydrinate Rx and OTC	<i>dronabinol (generic only)</i>
	meclizine Rx and OTC (Bonine, Antivert)	<i>granisetron (Kytril)</i>
	metoclopramide (Reglan)	<i>trimethobenzamide (Tigan)</i>
	ondansetron (Zofran, Zofran ODT)	<i>Aloxi</i>
	prochlorperazine (Compazine, Compro)	<i>Anzemet</i>
	promethazine (Phenergan)	<i>Cesamet</i>
	Emend capsules	<b><i>Diclegis</i></b>
	Marinol ( <b>Brand only</b> )	<i>Emend IV</i>
	TransDerm-Scop	<i>Metozolv ODT</i> <i>Sancuso</i>
Bile Salts	ursodiol capsule (Actigall)	<i>ursodiol tablet (URSO Forte)</i>
		<i>Chenodal</i>
Pancreatic Enzymes	pancrelipase	<i>Pancreaze</i>
	Creon	<i>Pertzye</i>
	Zenpep	<i>Ultresa</i>
		<i>Viokace</i>
Phosphate Binders and Related Agents	Calphron OTC	<i>Eliphos</i>
	calcium acetate (PhosLo)	<i>Fosrenol</i>
		<i>Magnebind 400 RX</i>
		<i>Phoslyra</i>
		<i>Renagel</i> <i>Renvela</i>

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## Gastrointestinal

Drug Class	Preferred	Requires Prior Authorization
<b>Proton Pump Inhibitors (Gastric Acid Secretion Reducers)</b>	lansoprazole Rx and OTC (Prevacid) omeprazole (Prilosec) pantoprazole (Protonix) Prevacid Solutab Protonix suspension	<i>omeprazole/sodium bicarb (Zegerid OTC)</i> <i>rabeprazole (Aciphex)</i> <i>Dexilant</i> <i>Nexium</i> <i>Prilosec suspension</i>
<b>Ulcerative Colitis Agents</b>	balsalazide (Colazal) sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR) Asacol Canasa Delzicol	<i>mesalamine enemas (Rowasa)</i> <i>Apriso</i> <i>Asacol HD</i> <i>Dipentum</i> <i>Giazo</i> <i>Lialda</i> <i>Pentasa</i> <i>Rowasa, sfRowasa</i>

## Immunologics

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

## Injectables

Drug Class	Preferred	Requires Prior Authorization
<b>Colony Stimulating Factors</b>	Neupogen	<i>Leukine</i> <i>Neulasta</i>
<b>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)</b>	Enbrel Humira	<i>Actemra</i> <i>Cimzia</i> <i>Kineret</i> <i>Orencia</i> <i>Remicade</i> <i>Simponi</i> <i>Stelara</i> <i>Xeljanz</i>
<b>Erythropoietins (Hematinics, Other)</b>	Aranesp Procrit	<i>Epogen</i>
<b>Growth Hormones (CLINICAL PA REQUIRED)</b>	Genotropin Norditropin Nutropin/Nutropin AQ	<i>Humatrope</i> <i>Omnitrope</i> <i>Saizen</i> <i>Serostim</i> <i>Tev-Tropin</i>

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## Neurologics

Drug Class	Preferred	Requires Prior Authorization
<b>Alzheimer's Agents</b>	donepezil/donepezil ODT (all strengths except 23mg) (Aricept/Aricept ODT)	donepezil 23mg (Aricept) galantamine (Razadyne ER)
	rivastigmine capsules (Exelon)	Exelon solution <b>Namenda XR</b>
	Exelon patch	
	Namenda	
<b>Anti-Parkinson's Agents</b>	benztropine (Cogentin)	bromocriptine (Parlodel)
	levodopa/carbidopa IR, levodopa/carbidopa ER (Sinemet, Sinemet CR)	entacapone (Comtan) levodopa/carbidopa ODT (Parcopa)
	levodopa/carbidopa/entacapone (Stalevo)	ropinirole ER (Requip XL)
	pramipexole (Mirapex)	selegiline capsules (Eldepryl)
	ropinirole (Requip)	Azilect Mirapex ER
	selegiline tablets (Eldepryl)	Neupro
	trihexyphenidyl (Artane)	Tasmar Zelapar
<b>Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)</b>	Avonex	Ampyra
	Betaseron	Aubagio
	Copaxone	Extavia
	Rebif	Gilenya <b>Tecfidera</b>

## Ophthalmic

Drug Class	Preferred	Requires Prior Authorization
<b>Ophthalmics, Allergic Conjunctivitis (Eye Antiinflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)</b>	cromolyn (Crolom)	azelastine (Optivar)
	ketotifen OTC (Zaditor OTC)	epinastine (Elestat)
	Alrex	Alocril
	Pataday	Alomide Bepreve Emadine Lastacaft Patanol
<b>Ophthalmics, Antibiotics</b>	bacitracin/polymixin	<b>bacitracin</b>
	ciprofloxacin solution (Ciloxan)	gatifloxacin (Zymaxid)
	erythromycin	levofloxacin (Quixin)
	gentamicin drops (Garamycin)	<b>sulfacetamide ointment</b>
	neomycin/polymixin/gramicidin (Neosporin)	AzaSite
	ofloxacin (Ocuflox)	<b>Besivance</b>
	polymyxin/trimethoprim (Polytrim)	Natacyn
	sulfacetamide solution (Bleph-10)	
	tobramycin (Tobrex Drops)	
	triple antibiotic	
	Ciloxan Ointment	
	Moxeza	

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## Ophthalmic

Drug Class	Preferred	Requires Prior Authorization
	Tobrex Ointment Vigamox	
<b>Ophthalmics, Antibiotic/Steroid Combinations</b>	neomycin/bacitracin/polymyxin/HC neomycin/poly/dexamethasone (Maxitrol) sulfacetamide/prednisolone Blephamide Pred-G Tobradex suspension ( <b>Brand Only</b> ) Tobradex ointment	<b>neomycin/polymyxin/HC</b> <i>tobramycin/dexamethasone suspension (generic only)</i> <i>Tobradex ST</i> <i>Zylet</i>
<b>Ophthalmics, Glaucoma Agents</b>	betaxolol brimonidine (Alphagan P 0.1%) carteolol (Ocupress) dorzolamide (Trusopt) dorzolamide/timolol (Cosopt) latanoprost (Xalatan) levobunolol (Betagan) metipranolol (OptiPranolol) ( <b>Brand and generic</b> ) pilocarpine (Pilocar) timolol (Timoptic, Timoptic XE) Alphagan P 0.15% ( <b>Brand only</b> ) Azopt Betimol Betoptic S Istalol <b>Simbrinza</b> Travatan Z	<i>apraclonidine (Iopidine)</i> <i>brimonidine tartrate 0.15% (Alphagan P) (generic only)</i> <i>travoprost</i> <b>Combigan</b> <i>Cosopt PF</i> <i>Lumigan</i> <b>Rescula</b> <i>Zioptan</i>
<b>Ophthalmics, Anti-Inflammatories</b>	dexamethasone (Decadron) diclofenac (Voltaren) fluorometholone (FML) flurbiprofen (Ocufen) ketorolac (Acular) ketorolac LS (Acular LS) prednisolone acetate (Omnipred) prednisolone sodium (Pred Forte) <b>Durezol</b> Flarex FML Forte FML SOP Lotemax Drops Maxidex Pred Mild	<i>bromfenac (Xibrom)</i> <i>Acuvail</i> <i>Bromday</i> <i>Ilevro</i> <i>Lotemax ointment and gel</i> <i>Nevanac</i> <i>Ozurdex</i> <b>Prolensa</b> <i>Retisert</i> <i>Triesence</i> <i>Vexol</i>

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## Otic

Drug Class	Preferred	Requires Prior Authorization
Otic Antibiotics	neomycin/polymyxin/HC solution (Cortisporin) ofloxacin otic (Floxin Otic) Ciprodex	<i>Cipro HC</i> <i>Coly-Mycin S</i>

## Respiratory

Drug Class	Preferred	Requires Prior Authorization
Antihistamines, Minimally Sedating (Antihistamines)	cetirizine, cetirizine-D Rx and OTC (Zyrtec, Zyrtec D) fexofenadine OTC (Allegra) levocetirizine tablets (Xyzal) loratadine, loratadine-D Rx and OTC (Claritin, Claritin D)	<i>desloratadine (Clarinet, Clarinet-D, Clarinet RDT)</i> <i>fexofenadine (Allegra)</i> <i>fexofenadine D 12 hr, 24 hr (Allegra D)</i> <b><i>levocetirizine solution (Xyzal)</i></b> <i>Semprex-D</i>
Beta <sub>2</sub> -Agonist Bronchodilators (Beta-Adrenergic Agents)	albuterol neb 0.083% and 5mg/ml albuterol syrup and tablet (Proventil, Ventolin) terbutaline (Brethine) Foradil ProAir HFA Proventil HFA	<i>albuterol ER (Vospire ER)</i> <i>albuterol neb 0.63mg/3ml and 1.25mg/3ml (Accuneb)</i> <i>levalbuterol (Xopenex)</i> <i>metaproterenol (Alupent)</i> <i>Arcapta</i> <i>Brovana</i> <b><i>Maxair</i></b> <i>Perforomist</i> <i>Serevent</i> <i>Ventolin HFA</i> <i>Xopenex HFA</i>
COPD Agents	ipratropium neb (Atrovent) ipratropium neb/albuterol (DuoNeb) Atrovent HFA Combivent Respimat Spiriva	<i>Daliresp</i> <i>Tudorza</i>
Glucocorticoids, Inhaled (Beta-Adrenergics and Glucocorticoids Combination, Glucocorticoids) <b>* Pulmicort Respules are available without prior authorization for children who are 1 to 8 years of age.</b>	Advair Diskus, Advair HFA Asmanex Dulera Flovent Diskus, Flovent HFA Pulmicort Flexhaler Pulmicort Respules 0.25mg and 0.5mg ( <b>Brand only</b> )* QVAR Symbicort	<i>budesonide respules (generic) (All ages)</i> <i>Alvesco</i> <i>Pulmicort 1mg Respules</i>



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## Respiratory

Drug Class	Preferred	Requires Prior Authorization
Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)	fluticasone nasal (Flonase)	<i>azelastine nasal (Astelin) (generic only)</i>
	ipratropium (Atrovent Nasal)	<i>flunisolide (Nasarel, Nasalide)</i>
	Astelin ( <b>Brand only</b> )	<i>triamcinolone nasal (Nasacort AQ)</i>
	Astepro	<i>Beconase AQ</i>
	Nasonex	<i>Dymista</i>
	Patanase	<i>Omnaris</i>
		<i>QNasal</i>
		<i>Rhinocort Aqua</i>
		<i>Veramyst</i>
		<i>Zetonna</i>
Leukotriene Modifiers	montelukast chewables and tablets (Singulair)	<b>montelukast granules (Singulair Granules)</b>
	zafirlukast (Accolate)	<i>Zyflo, Zyflo CR</i>

## Topical Dermatologics

Drug Class	Preferred	Requires Prior Authorization
Acne Agents, Topical	benzoyl peroxide cleanser	<i>adapalene (generic only)</i>
	benzoyl peroxide gel	<i>benzoyl peroxide OTC (all forms, strengths)</i>
	clindamycin (all forms except the foam)	<i>benzoyl peroxide kit</i>
	erythromycin	<i>benzoyl peroxide towelette</i>
	panoxyl-8 OTC	<i>bp-10-1</i>
	tretinoin	<i>cerisa</i>
	tretinoin micro (Retin-A Micro) (all forms except the pump)	<i>clindamycin foam</i>
	Azelex	<i>clindamycin-benzoyl peroxide</i>
	Desquam-X OTC	<i>erythromycin-benzoyl peroxide</i>
	Differin ( <b>Brand only</b> )	<i>sulfacetamide</i>
		<i>sulfacetamide/sulfur</i>
		<i>sulfacetamide/sulfur/urea</i>
		<i>tretinoin micro pump (Retin-A Micro)</i>
		<i>Acanya</i>
		<i>Aczone</i>
		<i>Akne-Mycin</i>
		<i>Atralin</i>
		<i>Avar (all forms, strengths)</i>
		<i>Avita</i>
	<i>BenzaClin</i>	
	<i>Benzamycin</i>	
	<i>Benzefoam (all forms, strengths)</i>	
	<i>Cleocin T (all forms, strengths)</i>	
	<i>Clindacin Pac Kit</i>	
	<i>Clindagel</i>	
	<i>Duac</i>	
	<i>Epiduo</i>	
	<i>Evoclin</i>	
	<i>Inova (all forms, strengths)</i>	
	<i>Klaron</i>	

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## Topical Dermatologics

Drug Class	Preferred	Requires Prior Authorization
		<i>Levoclen (all forms, strengths)</i> <i>Ovace (all forms, strengths)</i> <i>Pacnex (all forms, strengths)</i> <i>Panoxyl-4 OTC</i> <i>Plexicon</i> <i>Prascion RA</i> <i>SE BPO Cleanser</i> <i>SSS 10-4</i> <i>SSS 10-5 foam</i> <i>Sumadan(all forms, strengths)</i> <i>Sumaxin (all forms, strengths)</i> <i>Tazorac (all forms, strengths)</i> <i>Veltin</i> <i>Ziana</i>
<b>Atopic Dermatitis</b>	Elidel	<i>Protopic</i>

## Urologic

Drug Class	Preferred	Requires Prior Authorization
<b>Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)</b>	alfuzosin (Uroxatral) doxazosin (Cardura) finasteride (Proscar) tamsulosin (Flomax) terazosin (Hytrin)	<i>Avodart</i> <i>Cardura XL</i> <i>Jalyn</i> <i>Rapaflo</i>
<b>Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Anti-incontinence Agent)</b>	oxybutynin, oxybutynin ER (Ditropan, Ditropan XL) Toviaz	<i>flavoxate</i> <i>tolterodine (Detrol)</i> <i>trospium, trospium ER (Sanctura, Sanctura XR)</i> <i>Detrol LA</i> <i>Enablex</i> <i>Gelnique</i> <i>Myrbetriq</i> <i>Oxytrol</i> <i>Vesicare</i>