



# MARYLAND MEDICAID PHARMACY PROGRAM

No. 153 (Revised)\*  
December 19, 2014

## 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.*

**\*(Revision due to typographical errors in the original December 19, 2014 Advisory)**

### Maryland's Preferred Drug List - January 1, 2015

#### Generic vs. Brand Status on Maryland's Preferred Drug List

Medicaid's Preferred Drug List, encompassing about 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 Maryland Medicaid Pharmacy Program (MMPP) wants to alert you to changes in the exceptions to this rule that is included in the attached updated Preferred Drug List (PDL) that is **effective January 1, 2015**. Brand names **Vancocin®, Tobin® inhalation solution, Cymbalta®, Tricor® and Astelin® are no longer preferred over their generic equivalents. Brand Intuniv® is now preferred over its generic equivalent (guanfacine ER). Also, the brand Optipranolol® has been removed from both the multisource brand and the generic preferred list, leaving the generic (metipranolol) as preferred.** Please refer to our website for a complete list of the PDL at the following link: <https://mmcp.dhmh.maryland.gov/pap/SitePages/Preferred%20Drug%20List.aspx>

#### 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 equivalent, 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 Xerox 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 that is primary).

Please maintain this Advisory as a reference in addition to 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 Brand Preferred exceptions are as follows:**

### Preferred Brands

Adderall XR  
Alphagan P 0.15%  
Carbatrol ER  
Cardizem LA  
Catapres TTS  
Depakote Sprinkles  
Dexedrine ER  
Diastat  
Differin cream  
Focalin  
Focalin XR  
Gabitril  
Intuniv  
Kadian  
Lidoderm  
Metadate CD  
Methylin Oral Solution  
Parnate  
Pulmicort respules 0.25mg and 0.5mg  
Ritalin LA  
Tegretol suspension  
Tobradex drops  
Toprol XL  
Trileptal suspension

### Non-Preferred Generics

amphetamine salt combo ER  
brimonidine 0.15%  
carbamazepine ER  
diltiazem ER tablets  
clonidine patches  
divalproex sprinkles  
dextroamphetamine ER  
diazepam rectal  
adapalene cream  
dexmethylphenidate  
dexmethylphenidate XR  
tiagabine  
guanfacine ER  
morphine sulfate ER  
lidocaine patch  
methylphenidate CD capsules  
methylphenidate oral solution  
tranylcypromine  
budesonide respules  
methylphenidate ER capsules  
carbamazepine suspension  
tobramycin/dexamethasone drops  
metoprolol succinate XL  
oxcarbazepine suspension

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<sup>1</sup>Unless the Program has established clinical criteria for the drug. Clinical Criteria can be found by going to the below link:  
<http://mmcp.dhmd.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx>

# MARYLAND PREFERRED DRUG LIST

Effective Date 1/1/15

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 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.

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> )	hydromorphone ER (Exalgo) morphine sulfate ER (Kadian) ( <b>generic only</b> ) morphine sulfate ER (Avinza) oxymorphone ER (Opana ER) tramadol ER (Ultram ER, Ryzolt) Butrans Conzip Nucynta ER Oxycontin Zohydro ER*
<b>Analgesics, Narcotics (Short Acting)</b>	apap w/codeine (Tylenol w/codeine) butalbital/apap/codeine/caffeine butalbital/aspirin/codeine/caffeine codeine tablets hydrocodone/apap (Vicodin) hydrocodone/ibuprofen (Vicoprofen) hydromorphone tablets (Dilaudid) morphine sulfate tablets oxycodone oxycodone/apap (Percocet) pentazocine/apap (Talacen) tramadol (Ultram) tramadol/apap (Ultracet)	butorphanol nasal spray carisoprodol/codeine/asa codeine solution dihydrocodeine/apap/caffeine dihydrocodeine/aspirin/caffeine (Synalgos DC) fentanyl buccal (Actiq)* hydromorphone suppositories and solution levorphanol meperidine (Demerol) morphine suppositories oxycodone/aspirin (Percodan) oxycodone/ibuprofen (Combunox) oxymorphone (Opana) pentazocine/naloxone (Talwin NX) Abstral* Fentora* Nucynta Onsolis* Oxecta Primlev Subsys* <b>Xartemis XR*</b> Zamicet Zolvit
<b>Anti-Hyperuricemics</b>	allopurinol (Zyloprim) probenecid probenecid/colchicine	Colcrys Uloric

Key: \*Clinical criteria can be found at the following link: <https://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx>  
All lowercase letters = generic product.  
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# MARYLAND PREFERRED DRUG LIST

Effective Date 1/1/15

## ANALGESICS

Drug Class	Preferred	Requires Prior Authorization
<b>Anti-Migraine Agents</b>	rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) sumatriptan (Imitrex) Relpax	<i>naratriptan (Amerge)</i> <i>zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT)</i> <i>Axert</i> <i>Frova</i> <i>Sumavel</i> <i>Treximet</i> <i>Zomig nasal</i>
<b>Neuropathic Pain</b>	capsaicin OTC duloxetine (Cymbalta)* gabapentin capsules (Neurontin) Lidoderm ( <b>Brand only</b> ) Lyrica capsules	<i>gabapentin tablets and solution (Neurontin)</i> <i>lidocaine patch (generic only)</i> <i>Gralise</i> <i>Horizant</i> <i>Lyrica solution</i> <i>Qutenza</i> <i>Savella</i> <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 (Mobic) nabumetone (Relafen) naproxen Rx and OTC (Aleve, Naprosyn) oxaprozin (Daypro) piroxicam (Feldene) sulindac (Clinoril) Voltaren gel	<i>diclofenac solution (Pennsaid)</i> <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>Sprix</i> <i>Vimovo</i> <i>Zipsor</i> <i>Zorvolex</i>
<b>Opiate Dependence Treatments</b>	buprenorphine (Subutex)* naltrexone (Revia)* naloxone (Narcan) Suboxone film	<i>buprenorphine/naloxone tablets (Suboxone)</i> <b>Evzio*</b> <i>Vivitrol*</i> <i>Zubsolv</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>Lorzone</i>

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# MARYLAND PREFERRED DRUG LIST

Effective Date 1/1/15

## ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
<b>Antibiotics, GI</b>	metronidazole tablets (Flagyl) neomycin Alinia vancomycin capsules (Vancocin)	metronidazole capsules (Flagyl capsules) tinidazole (Tindamax) Difcid* Flagyl ER Xifaxan*
<b>Antibiotics, Inhaled</b>	tobramycin inhalation solution (Tobi)* Tobi Podhaler (Step therapy)*	Bethkis* Cayston*
<b>Antibiotics, Vaginal</b>	clindamycin (Clindamax) metronidazole vaginal (Metrogel) Cleocin ovule	Vandazole
<b>Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)</b>	fluconazole (Diflucan) griseofulvin suspension (GriFulvin V) ketoconazole (Nizoral) nystatin suspension and tablets terbinafine (Lamisil)	clotrimazole troche (Mycelex) flucytosine (Ancobon) griseofulvin tablets (Gris Peg, GriFulvin V) itraconazole (Sporanox) voriconazole (Vfend) Lamisil granules Noxafil Onmel Terbinex
<b>Antifungals, Topical (Topical Antifungals)</b>	clotrimazole Rx and OTC clotrimazole/betamethasone (Lotrisone) econazole (Spectazole) ketoconazole cream and shampoo (Nizoral) miconazole OTC nystatin nystatin/triamcinolone (Mycolog) terbinafine OTC tolnaftate OTC tolnaftate aero powder	butenafine OTC (Mentax) ciclopirox (Loprox, Loprox Shampoo, Penlac) ketoconazole foam Bensal HP CNL-8 Ertaczo Exelder Jublia Luzu* Oxistat Pediaderm AF Pedipirox-4 Vusion
<b>Antiparasitics, Topical</b>	permethrin Rx and OTC (Elimite, Acticin) piperonyl/pyrethrins OTC piperonyl/pyrethrins/permethrin OTC Ulesfia	lindane malathion (Ovide) spinosad (Natroba) Eurax Sklice
<b>Antivirals, Oral (Antivirals, General)</b>	acyclovir (Zovirax) amantadine (Symmetrel) rimantadine (Flumadine) valacyclovir (Valtrex)	famciclovir (Famvir) Relenza Sitavig Tamiflu
<b>Antivirals, Topical</b>	acyclovir ointment (Zovirax ointment) Abreva OTC Denavir	Xerese Zovirax cream

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## ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
<b>Cephalosporin and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)</b>	amoxicillin/clavulanate (Augmentin, Augmentin ES) cefaclor, cefaclor ER (Ceclor, Ceclor CD) cefadroxil capsules (Duricef) cefdinir (Omnicef) cefprozil (Cefzil) cefuroxime (Ceftin) cephalexin (Keflex) Suprax capsules and suspension	<i>amoxicillin/clav ER (Augmentin XR)</i> <i>cefadroxil suspension and tablets (Duricef)</i> <i>cefditoren (Spectracef)</i> <i>cefpodoxime (Vantin)</i> <i>ceftibuten (Cedax)</i> <i>Ceftin suspension</i> <i>Suprax chewables and tablets</i>
<b>Fluoroquinolones (Quinolones)</b>	ciprofloxacin tablets (Cipro) levofloxacin tablets (Levaquin)	<i>ciprofloxacin ER (Cipro XR)</i> <i>ciprofloxacin suspension (Cipro)</i> <i>levofloxacin solution (Levaquin)</i> <i>moxifloxacin (Avelox)</i> <i>ofloxacin (Floxin)</i> <i>Factive</i> <i>Noroxin</i>
<b>Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)</b>	ribavirin (Copegus, Rebetol) Pegasys PegIntron Sovaldi* Victrelis*	<i>Infergen</i> <i>Moderiba</i> <i>Olysio*</i> <i>Rebetol solution</i> <i>Ribapak</i> <i>Ribasphere</i>
<b>Macrolides/Ketolides</b>	azithromycin (Zithromax) erythromycin base E.E.S. EryPed Ery-Tab Erythrocin	<i>clarithromycin (Biaxin)</i> <i>clarithromycin ER (Biaxin XL)</i> <i>Ketek</i> <i>PCE</i> <i>Zmax</i>
<b>Tetracyclines</b>	doxycycline hyclate (Vibramycin) doxycycline monohydrate 50mg, 100mg (Monodox) minocycline capsules (Minocin) tetracycline (Sumycin)	<i>demeclocycline (Declomycin)</i> <i>doxycycline hyclate DR (Doryx)</i> <i>doxycycline monohydrate 75mg, 150mg (Monodox)</i> <i>doxycycline monohydrate solution (Vibramycin)</i> <i>minocycline tablets</i> <i>minocycline ER</i> <i>Oracea</i> <i>Solodyn</i>
<b>Topical Antibiotics</b>	bacitracin OTC bacitracin/polymyxin OTC gentamicin mupirocin ointment (Bactroban Ointment) triple antibiotic OTC	<i>mupirocin cream (Bactroban Cream)</i> <i>Altabax</i>

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# MARYLAND PREFERRED DRUG LIST

Effective Date 1/1/15

## CARDIOVASCULAR

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

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# MARYLAND PREFERRED DRUG LIST

Effective Date 1/1/15

## CARDIOVASCULAR

Drug Class	Preferred	Requires Prior Authorization
<b>Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)</b>	cholestyramine (Questran) fenofibrate nanocrystals (Tricor) fenofibric acid (Trilipix) gemfibrozil (Lopid) niacin ER (Niaspan ER) Niacor	<i>colestipol (Colestid)</i> <i>fenofibrate (Antara, Lofibra)</i> <i>fenofibric acid (Fibricor)</i> <i>omega 3 ethyl esters (Lovaza)</i> <i>Lipofen</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> <i>Liptruzet</i> <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>Zontivity</b>
<b>Pulmonary Arterial Hypertension, Oral and Inhaled Agents</b>	sildenafil (Revatio)* Letairis Tracleer Ventavis	<i>Adcirca*</i> <i>Adempas</i> <i>Opsumit</i> <b>Orenitram ER*</b> <i>Tyvaso*</i>

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# MARYLAND PREFERRED DRUG LIST

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## 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 tablets (Tegretol) clonazepam (Klonopin) divalproex (Depakote, Depakote ER) lamotrigine (Lamictal) levetiracetam (Keppra) oxcarbazepine tablets (Trileptal) phenobarbital phenytoin (Dilantin, Dilantin Infatabs) primidone (Mysoline) topiramate (Topamax) valproic acid (Depakene) zonisamide (Zonegran) Carbatrol ER ( <b>Brand only</b> ) Celontin Depakote sprinkles ( <b>Brand only</b> ) Diastat ( <b>Brand only</b> ) Gabitril ( <b>Brand only</b> ) Peganone Tegretol suspension ( <b>Brand only</b> ) Trileptal suspension ( <b>Brand only</b> )	carbamazepine ER (Carbatrol ER) ( <b>generic only</b> ) carbamazepine suspension (Tegretol) ( <b>generic only</b> ) carbamazepine XR (Tegretol XR) clonazepam ODT (Klonopin ODT) diazepam rectal (Diastat) ( <b>generic only</b> ) divalproex sprinkles (Depakote sprinkles) ( <b>generic only</b> ) ethosuximide (Zarontin) felbamate (Felbatol) lamotrigine ER (Lamictal XR) levetiracetam ER (Keppra XR) oxcarbazepine suspension (Trileptal Suspension) ( <b>generic only</b> ) tiagabine (Gabitril) ( <b>generic only</b> ) topiramate ER (Qudexy XR)* topiramate sprinkles (Topamax Sprinkles) Aptiom* Banzel* Equetro Fycompa* Lamictal ODT Onfi* Oxtellar XR Potiga Sabril Stavzor Trokendi XR Vimpat
<b>Antidepressants, Other (Alpha-2 Receptor Antagonist)</b> <b>Antidepressants, Serotonin-2 Antagonist/Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake-Inhib, Norepinephrine and Dopamine Reuptake Inhib)</b>	bupropion, bupropion SR, bupropion XL (Wellbutrin, Wellbutrin SR, Wellbutrin XL) mirtazapine, mirtazapine ODT (Remeron, Remeron Soltab) phenelzine (Nardil) trazodone (Desyrel) venlafaxine (Effexor) venlafaxine ER capsules (Effexor XR) Marplan Parnate ( <b>Brand only</b> )	desvenlafaxine ER nefazodone (Serzone) tranylcypromine ( <b>generic only</b> ) venlafaxine ER tablets Aplenzin Brintellix Emsam Fetzima Forfivo XL Khedezla Oleptro ER Pristiq Viibryd

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## 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>Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)</b>	citalopram (Celexa)	<i>escitalopram solution (Lexapro)</i>
	escitalopram tablets (Lexapro)	<i>fluoxetine 60mg</i>
	fluoxetine (all strengths except 60mg) (Prozac, Sarafem)	<i>fluoxetine weekly (Prozac weekly)</i>
	fluvoxamine (Luvox)	<i>fluvoxamine ER (Luvox CR)</i>
	paroxetine (Paxil)	<i>paroxetine CR (Paxil CR)</i>
	sertraline (Zoloft)	<i>Brisdelle*</i> <i>Paxil suspension</i> <i>Pexeva</i>
<b>Antipsychotics*</b>	<b>1st Tier</b>	<i>clozapine ODT (Fazaclo)</i>
	chlorpromazine (Thorazine)	<i>olanzapine/fluoxetine (Symbyax)</i>
	clozapine (Clozaril)	<i>Abilify IM</i>
	fluphenazine (Prolixin)	<i>Adasuve</i>
	fluphenazine decanoate inj (Prolixin Inj.)	<i>Fanapt</i>
	haloperidol (Haldol)	<i>Invega</i>
	haloperidol decanoate inj (Haldol IM)	<i>Saphris</i>
	loxapine capsules (Loxitane)	<i>Seroquel XR</i>
	perphenazine (Trilafon)	<i>Versacloz</i>
	perphenazine/amitriptyline (Triavil)	<i>Zyprexa Relprevv</i>
	quetiapine (Seroquel)	
	risperidone (Risperdal)	
	thioridazine (Mellaril)	
	thiothixene (Navane)	
	trifluoperazine (Stelazine)	
	ziprasidone (Geodon)	
	Abilify (Age 17 and younger)	
	Abilify Maintena	
	Geodon IM	
	Invega Sustenna	
	Orap	
	Risperdal Consta	
	<b>2nd Tier*</b>	
	olanzapine IM (Zyprexa IM)	
	olanzapine ODT (Zyprexa Zydys)	
	olanzapine (Zyprexa)	
	Abilify (Age 18 or older)	
	Latuda	

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# MARYLAND PREFERRED DRUG LIST

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## 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>Sedative Hypnotics</b>	flurazepam (Dalmane) temazepam 15mg, 30mg (Restoril) triazolam (Halcion) zaleplon (Sonata) zolpidem (Ambien)	estazolam (ProSom) eszopiclone (Lunesta)* temazepam 7.5mg, 22.5mg (Restoril) zolpidem ER (Ambien CR) Edluar Hetlioz* Intermezzo Rozerem Silenor Zolpimist
<b>Stimulants and Related Agents (Tx for Attention Deficit Hyperact (ADHD)/Narcolepsy; Adrenergics, Aromatic, Non-Catecholamine)</b>	<u>1st Tier</u> 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 ( <b>Brand only</b> )* Metadate CD ( <b>Brand only</b> ) Methylin oral solution ( <b>Brand only</b> ) Quillivant XR Ritalin LA ( <b>Brand only</b> ) Vyvanse <u>2nd Tier</u> Strattera*	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 (Dexedrine ER) ( <b>generic only</b> ) dextroamphetamine solution (Procentra) guanfacine ER (Intuniv) ( <b>generic only</b> )* methamphetamine (Desoxyn) methylphenidate CD capsules (Metadate CD) ( <b>generic only</b> ) methylphenidate ER capsules (Ritalin LA) ( <b>generic only</b> ) methylphenidate oral solution (Methylin) ( <b>generic only</b> ) modafinil (Provigil) Methylin chewable Nuvigil

## ENDOCRINE

Drug Class	Preferred	Requires Prior Authorization
<b>Androgenic Agents</b>	testosterone gel (Testim) Androgel	testosterone gel (Vogelxo) testosterone gel pump (Fortesta) Androderm Axiron

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## ENDOCRINE

Drug Class	Preferred	Requires Prior Authorization
<b>Bone Resorption Suppression and Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents – Parathyroid Hormone)</b>	alendronate (Fosamax) calcitonin salmon nasal (Miacalcin) Fortical	<i>alendronate solution (Fosamax Solution)</i> <i>etidronate (Didronel)</i> <i>ibandronate (Boniva)</i> <i>raloxifene (Evista)</i> <i>risedronate 150mg (Actonel)</i> <i>Actonel 5mg, 30mg, 35mg</i> <i>Atelvia</i> <i>Binosto</i> <i>Forteo</i> <i>Fosamax Plus D</i> <i>Prolia</i>
<b>Hypoglycemics, Incretin Mimetics and Enhancers</b>	Byetta Janumet, Janumet XR Januvia Jentadueto Juvisync Symlin Tradjenta	<i>Bydureon</i> <i>Kazano</i> <i>Kombiglyze XR</i> <i>Nesina</i> <i>Onglyza</i> <i>Oseni</i> <b>Tanzeum</b> <i>Victoza</i>
<b>Hypoglycemics, Insulins and Related Agents</b>	Humalog Humalog Mix Humulin Lantus Levemir Novolin NovoLog NovoLog Mix	<i>Apidra</i>
<b>Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)</b>	nateglinide (Starlix) repaglinide (Prandin)	<i>Prandimet</i>
<b>Hypoglycemics, SGLT2 Inhibitors (Hypoglycemics, Sodium-Glucose Co-Transporter 2 Type)</b>	Invokana ( <b>Step Therapy</b> )* <b>Invokamet (Step therapy)*</b>	<i>Farxiga*</i> <b>Jardiance*</b>
<b>Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)</b>	pioglitazone (Actos) pioglitazone/glimepiride (Duetact)	<i>pioglitazone/metformin (ActoPlusMet)</i> <i>ActoPlusMet XR</i> <i>Avandia, Avandamet, Avandaryl</i>

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## GASTROINTESTINAL

Drug Class	Preferred	Requires Prior Authorization
<b>Antiemetic/Antivertigo Agents</b>	dimenhydrinate Rx and OTC meclizine Rx and OTC (Bonine, Antivert) metoclopramide (Reglan) ondansetron (Zofran, Zofran ODT) prochlorperazine (Compazine, Compro) promethazine (Phenergan) Emend capsules TransDerm-Scop	<i>dronabinol (Marinol)*</i> <i>granisetron (Kytril)</i> <i>trimethobenzamide (Tigan)</i> <i>Aloxi</i> <i>Anzemet</i> <i>Cesamet</i> <i>Diclegis*</i> <i>Emend IV</i> <i>Metozolv ODT</i> <i>Sancuso</i>
<b>Bile Salts</b>	ursodiol capsules (Actigall)	<i>ursodiol tablets (URSO Forte)</i> <i>Chenodal</i>
<b>Irritable Bowel Syndrome</b>	Amitiza Linzess*	<i>Lotronex</i>
<b>Pancreatic Enzymes</b>	pancrelipase Creon Zenpep	<i>Pancreaze</i> <i>Pertzye</i> <i>Ultresa</i> <i>Viokace</i>
<b>Phosphate Binders and Related Agents</b>	calcium acetate (PhosLo) calphron OTC	<i>sevelamer (Renvela)</i> <i>Fosrenol</i> <i>Magnebind 400 Rx</i> <i>Phoslyra</i> <i>Renagel</i> <i>Velphoro</i>
<b>Proton Pump Inhibitors (Gastric Acid Secretion Reducers)</b>	lansoprazole (Prevacid) omeprazole (Prilosec) pantoprazole (Protonix) Prevacid Solutab Protonix suspension	<i>esomeprazole strontium</i> <i>omeprazole/sodium bicarb (Zegerid)</i> <i>rabeprazole (Aciphex)</i> <i>Aciphex Sprinkle</i> <i>Dexilant</i> <i>Nexium</i> <i>Prilosec suspension</i>
<b>Ulcerative Colitis Agents</b>	balsalazide (Colazal) sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR) Apriso Asacol Canasa Delzicol	<i>mesalamine enemas (Rowasa, sfRowasa)</i> <i>Asacol HD</i> <i>Dipentum</i> <i>Giazo</i> <i>Lialda</i> <i>Pentasa</i>

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## IMMUNOLOGICS

Drug Class	Preferred	Requires Prior Authorization
Immunosuppressives, Oral	azathioprine (Imuran) cyclosporine (Sandimmune) cyclosporine modified (Gengraf, Neoral) mycophenolate mofetil (Cellcept) sirolimus (Rapamune) tacrolimus (Prograf)	<i>mycophenolic acid (Myfortic)</i> <i>Astagraf XL</i> <i>Azasan</i> <i>Zortress</i>

## INJECTABLES

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

## NEUROLOGICS

Drug Class	Preferred	Requires Prior Authorization
Alzheimer's Agents	donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT) rivastigmine capsules (Exelon) Exelon patch Namenda	<i>donepezil 23mg (Aricept)</i> <i>galantamine (Razadyne ER)</i> <i>Namenda XR</i>

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## NEUROLOGICS

Drug Class	Preferred	Requires Prior Authorization
<b>Anti-Parkinson's Agents</b>	benzotropine (Cogentin) levodopa/carbidopa IR, levodopa/carbidopa ER (Sinemet, Sinemet CR) levodopa/carbidopa/entacapone (Stalevo) pramipexole (Mirapex) ropinirole (Requip) selegiline tablets (Eldepryl) trihexyphenidyl (Artane)	<i>bromocriptine (Parlodel)</i> <i>carbidopa (Lodosyn)</i> <i>entacapone (Comtan)</i> <i>levodopa/carbidopa ODT (Parcopa)</i> <i>ropinirole ER (Requip XL)</i> <i>selegiline capsules (Eldepryl)</i> <i>Azilect</i> <i>Mirapex ER</i> <i>Neupro</i> <i>Tasmar</i> <i>Zelapar</i>
<b>Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)</b>	Avonex Betaseron Copaxone 20mg Rebif	<i>Ampyra*</i> <i>Aubagio*</i> <i>Copaxone 40mg</i> <i>Extavia</i> <i>Gilenya*</i> <i>Tecfidera*</i>

## OPHTHALMIC

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

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## OPHTHALMIC

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

## OTIC

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

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## RESPIRATORY

Drug Class	Preferred	Requires Prior Authorization
<b>Antihistamines, Minimally Sedating (Antihistamines)</b>	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 (Clarinex, Clarinex D, Clarinex RDT)</i> <i>fexofenadine Rx (Allegra)</i> <i>fexofenadine D (Allegra D)</i> <i>levocetirizine solution (Xyzal)</i> <i>Semprex D</i>
<b>Beta<sub>2</sub>-Agonist Bronchodilators (Beta-Adrenergic Agents)</b>	albuterol neb 0.083% and 5mg/ml albuterol syrup and tablets (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>levabuterol (Xopenex)</i> <i>metaproterenol (Alupent)</i> <i>Arcapta</i> <i>Brovana</i> <i>Maxair</i> <i>Perforomist</i> <i>Serevent</i> <b>Striverdi Respimat</b> <i>Ventolin HFA</i> <i>Xopenex HFA</i>
<b>COPD Agents</b>	ipratropium neb (Atrovent) ipratropium/albuterol neb (DuoNeb) Atrovent HFA Combivent Respimat Spiriva	<i>Anoro Ellipta</i> <i>Daliresp</i> <i>Tudorza</i>
<b>Glucocorticoids, Inhaled (Beta-Adrenergics and Glucocorticoids Combination, Glucocorticoids)</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 (<b>generic</b>) (All ages)</i> <i>Aerospan</i> <i>Alvesco</i> <i>Breo Ellipta</i> <i>Pulmicort Respules 1mg</i>
<b>Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)</b>	<b>azelastine nasal (Astelin, Astepro)</b> fluticasone nasal (Flonase) ipratropium (Atrovent Nasal) olopatadine (Patanase) Nasonex	<i>budesonide nasal (Rhinocort Aqua)</i> <i>flunisolide (Nasarel, Nasalide)</i> <i>triamcinolone nasal (Nasacort AQ)</i> <i>Beconase AQ</i> <i>Dymista</i> <i>Omnaris</i> <i>QNasal</i> <i>Veramyst</i> <i>Zetonna</i>
<b>Leukotriene Modifiers</b>	montelukast chewables and tablets (Singulair) zafirlukast (Accolate)	<i>montelukast granules (Singulair Granules)</i> <i>Zyflo, Zyflo CR</i>

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## TOPICAL DERMATOLOGICS

Drug Class	Preferred	Requires Prior Authorization
Acne Agents, Topical	benzoyl peroxide Rx and OTC clindamycin (all forms except the foam) erythromycin tretinoin* Azelex Differin cream <b>(Brand only)*</b> Differin lotion* Panoxyl 4 OTC Panoxyl 8 OTC	<i>adapalene cream (generic only)*</i> <i>adapalene gel (Differin gel)*</i> <i>benzoyl peroxide cleanser</i> <i>benzoyl peroxide gel</i> <i>benzoyl peroxide kit</i> <i>benzoyl peroxide towelette</i> <i>bp-10-1</i> <i>clindamycin foam</i> <i>clindamycin/benzoyl peroxide</i> <i>erythromycin/benzoyl peroxide</i> <i>sulfacetamide</i> <i>sulfacetamide/sulfur</i> <i>sulfacetamide/sulfur/urea</i> <i>tretinoin micro (Retin-A Micro)*</i> <i>Acanya</i> <i>Aczone</i> <i>Akne-Mycin</i> <i>Atralin</i> <i>Avar</i> <i>BenzaClin</i> <i>Cerisa</i> <i>Clindacin</i> <i>Epiduo</i> <i>Fabior</i> <i>Inova</i> <i>Ovace</i> <i>Pacnex</i> <i>SE 10-5</i> <i>SE BPO</i> <i>SSS 10-4</i> <i>Sumadan</i> <i>Sumadan XLT</i> <i>Sumaxin</i> <i>Tazorac*</i> <i>Veltin</i> <i>Ziana</i>
Atopic Dermatitis	Elidel	<i>tacrolimus ointment (Protopic)</i>

## UROLOGIC

Drug Class	Preferred	Requires Prior Authorization
Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)	alfuzosin (Uroxatral) doxazosin (Cardura) finasteride (Proscar) tamsulosin (Flomax) terazosin (Hytrin)	<i>Avodart</i> <i>Cardura XL</i> <i>Jalyn</i> <i>Rapaflo</i>

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## UROLOGIC

Drug Class	Preferred	Requires Prior Authorization
<b>Bladder Relaxant Preparations (Urinary Tract Antispasmodic/ Anti-incontinence Agents)</b>	oxybutynin, oxybutynin ER (Ditropan, Ditropan XL) Toviaz	<i>flavoxate</i> <i>tolterodine, tolterodine ER (Detrol, Detrol LA)</i> <i>tropium, tropium ER (Sanctura, Sanctura XR)</i> <i>Enablex</i> <i>Gelnique</i> <i>Myrbetriq</i> <i>Oxytrol</i> <i>Vesicare</i>

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