



# MARYLAND MEDICAID PHARMACY PROGRAM

No. 176  
June 21, 2017

## 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 - July 1, 2017

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

Medicaid's Preferred Drug List, encompassing over 1800 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 July 1, 2017**. Brands **Baraclude®** and **Epivir HBV®** are **no longer preferred over their respective generics (entecavir and lamivudine HBV)**. Additionally, **brand Kadian®** is **no longer preferred over its non-preferred generic equivalent (morphine sulfate ER)**.

**Other changes to the Generic vs. Brand status included in this PDL are as follows: brands Androgel® topical packets and pump, Emend® capsules and Cellcept® oral suspension are now preferred over their respective generics (testosterone packets and pump, aprepitant capsules and mycophenolate mofetil oral suspension). This PDL also contains one (1) new class of drugs not previously reviewed: Hypoglycemics, Metformins.**

Please refer to our website for a complete list of the PDL at the following link: <https://mmcp.dhmh.maryland.gov/pap/Pages/druglist.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). Please maintain this Advisory as a reference in addition to any updates that follow.

**The Brand Preferred exceptions are as follows:**

**Preferred Brands**

**Non-Preferred Generics**

Adderall XR	amphetamine salt combo ER
Alphagan P 0.15%	brimonidine 0.15%
Androgel topical packets and pump	testosterone topical packets and pump
Copaxone 20mg/ml	glatiramer acetate (Glatopa)
Catapres TTS	clonidine patches
Cellcept Oral Suspension	mycophenolate mofetil oral suspension
Diastat	diazepam rectal
Differin cream	adapalene cream
Emend capsules	aprepitant capsules
E.E.S 200mg/5ml Granules	erythromycin 200mg/5ml granules
Eryped 200mg/5ml Suspension	erythromycin 200mg/5ml suspension
Focalin	dexmethylphenidate
Focalin XR	dexmethylphenidate XR
Gabitril	tiagabine
Hepsera	adefovir
Invega tablets	paliperidone ER ( <i>Invega is still a non-preferred drug and will require a prior authorization by the prescriber</i> )
Kapvay ER	clonidine ER
Kitabis Pak	tobramycin pak
Methylin Oral Solution	methylphenidate oral solution
Parnate	tranylcypromine
Pulmicort Respules (all strengths)	budesonide inhalation suspension
Ritalin LA	methylphenidate ER capsules
Tegretol suspension	carbamazepine suspension

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

**Brand also Preferred (no MedWatch form required)**

Trileptal suspension

**Preferred generics**

oxcarbazepine suspension

<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.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx>.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

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 patches (Duragesic) (All strengths except 37.5 mcg, 62.5 mcg, and 87.5 mcg) <sup>cc,ql</sup> morphine sulfate SR (MS Contin) <sup>ql</sup> Embeda	fentanyl 37.5 mcg, 62.5 mcg, and 87.5 mcg patches <sup>cc,ql</sup> hydromorphone ER (Exalgo) <sup>ql</sup> methadone (Dolophine) <sup>ql</sup> morphine sulfate ER (Avinza) <sup>ql</sup> <b>morphine sulfate ER (Kadian)<sup>ql</sup></b> oxymorphone ER (Opana ER) <sup>ql</sup> tramadol ER (Conzip, Ryzolt, Ultram ER) <sup>ql</sup> <b>Arymo ER</b> Belbuca <sup>ql</sup> Butrans <sup>ql</sup> Hysingla ER <sup>cc,ql</sup> Nucynta ER <sup>ql</sup> Oxycontin <sup>ql</sup> Xtampza ER Zohydro ER <sup>cc,ql</sup>
<b>Analgesics, Narcotics (Short Acting)</b>	apap w/codeine (Tylenol w/codeine) <sup>ql</sup> butalbital/apap/codeine/caffeine <sup>ql</sup> butalbital/aspirin/codeine/caffeine <sup>ql</sup> codeine tablets hydrocodone/apap tablets (Vicodin) <sup>ql</sup> hydrocodone/ibuprofen (Vicoprofen) hydromorphone tablets (Dilaudid) morphine sulfate tablets, solution oxycodone capsules, tablets, solution oxycodone/apap (Percocet) <sup>ql</sup> tramadol (Ultram) <sup>ql</sup> tramadol/apap (Ultracet) <sup>ql</sup>	butorphanol nasal spray carisoprodol/codeine/asa dihydrocodeine/aspirin/caffeine (Synalgos DC) fentanyl buccal (Actiq) <sup>cc,ql</sup> hydrocodone/apap solution hydromorphone suppositories and solution levorphanol meperidine (Demerol) morphine suppositories oxycodone concentrated solution oxycodone/aspirin (Percodan) oxycodone/ibuprofen (Combunox) oxymorphone (Opana) pentazocine/naloxone (Talwin NX) Abstral <sup>cc,ql</sup> Fentora <sup>cc,ql</sup> Lazanda <sup>cc,ql</sup> Nucynta Primlev <sup>ql</sup> Subsys <sup>cc,ql</sup> Xartemis XR <sup>cc,ql</sup>

Key: cc-Clinical criteria can be found at the link [here](#)  
ql- Quantity limits can be found at the link [here](#)  
All lowercase letters = generic product.  
Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## ANALGESICS

Drug Class	Preferred	Requires Prior Authorization
<b>Anti-Migraine Agents</b>	rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) <sup>ql</sup> sumatriptan nasal, syringe, tablets (Imitrex) <sup>ql</sup> Relpax <sup>ql</sup>	almotriptan (Axert) <sup>ql</sup> naratriptan (Amerge) <sup>ql</sup> sumatriptan kit, vial (Imitrex) <sup>ql</sup> zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT) <sup>ql</sup> Frova <sup>ql</sup> Migranow Kit Onzetra Xsail Sumavel Treximet <sup>ql</sup> Zecuity <sup>ql</sup> Zembrace Symtouch Zomig nasal <sup>ql</sup>
<b>Neuropathic Pain</b>	capsaicin OTC duloxetine (Cymbalta) <sup>cc,ql</sup> gabapentin capsules gabapentin tablets lidocaine patch Lyrica capsules <sup>ql</sup>	gabapentin solution DermacinRx PHN Pak Gralise Horizant Irenka <sup>ql</sup> Lyrica solution Neurontin Qutenza Kit Savella
<b>Nonsteroidal Anti-Inflammatories (NSAIDS)</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, ketoprofen ER (Orudis, Oruvail) ketorolac (Toradol) meclufenamate (Meclomen) meloxicam (Mobic) nabumetone (Relafen) naproxen Rx and OTC (Aleve, Naprosyn) oxaprozin (Daypro) piroxicam (Feldene) sulindac (Clinoril) Voltaren gel	celecoxib (Celebrex) diclofenac solution (Pennsaid) diclofenac/misoprostol (Arthrotec) mefenamic acid (Ponstel) tolmetin, tolmetin DS (Tolectin, Tolectin DS) Dermacinrx Lexitral Duexis Flector Indocin suppositories and suspension Sprix Tivorbex Vimovo Vivlodex Vopac MDS Xrylix Kit Zipsor Zorvolex
<b>Opiate Dependence Treatments</b>	buprenorphine (Subutex) <sup>cc,ql</sup> naloxone (Narcan) naltrexone (Revia) <sup>sc</sup> Bunavail <sup>ql</sup> Narcan nasal spray Suboxone film <sup>ql</sup> Vivitrol <sup>cc,ql</sup> Zubsolv <sup>ql</sup>	buprenorphine/naloxone tablets (Suboxone) <sup>ql</sup>

Key: cc-Clinical criteria can be found at the link [here](#)  
 ql- Quantity limits can be found at the link [here](#)  
 All lowercase letters = generic product.  
 Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## ANALGESICS

Drug Class	Preferred	Requires Prior Authorization
Skeletal Muscle Relaxants	baclofen (Lioresal) chlorzoxazone (Parafon) cyclobenzaprine (Flexeril) methocarbamol (Robaxin) orphenadrine (Norflex) tizanidine tablets (Zanaflex)	carisoprodol 250mg (Soma) carisoprodol 350mg (Soma) carisoprodol compound (Soma Compound) <b>dantrolene (Dantrium)</b> metaxalone (Skelaxin) tizanidine capsules (Zanaflex) Amrix Lorzone

## ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
Antibiotics, GI	metronidazole tablets (Flagyl) neomycin vancomycin capsules (Vancocin) Alinia suspension	metronidazole capsules (Flagyl capsules) paromomycin tinidazole (Tindamax) <b>Alinia tablet</b> Difidia <sup>cc,ql</sup> Flagyl ER Xifaxan <sup>cc,ql</sup>
Antibiotics, Inhaled	Bethkis <sup>cc,ql</sup> Kitabis Pak( <b>Brand only</b> ) <sup>cc,ql</sup> Tobi Podhaler ( <b>Step therapy</b> ) <sup>cc,ql</sup>	tobramycin inhalation solution (Tobi) <sup>cc,ql</sup> tobramycin pak (Kitabis) ( <b>generic only</b> ) <sup>cc,ql</sup> Cayston <sup>cc,ql</sup>
Antibiotics, Topical	bacitracin OTC bacitracin/polymyxin OTC gentamicin mupirocin ointment (Bactroban Ointment) triple antibiotic OTC	mupirocin cream (Bactroban Cream) Altabax Centany
Antibiotics, Vaginal	clindamycin (Cleocin) metronidazole vaginal (Metrogel) <b>Clindesse</b> Cleocin ovule	Nuvessa Vandazole
Antifungals, Oral	clotrimazole troches (Mycelex) fluconazole (Diflucan) griseofulvin suspension (GriFulvin V) ketoconazole (Nizoral) nystatin suspension and tablets terbinafine (Lamisil)	flucytosine (Ancobon) griseofulvin tablets (Gris Peg, GriFulvin V) itraconazole (Sporanox) voriconazole (Vfend) Cresemba Lamisil granules Noxafil Onmel Oravig Terbinex

Key: cc-Clinical criteria can be found at the link [here](#)  
 ql- Quantity limits can be found at the link [here](#)  
 All lowercase letters = generic product.  
 Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
<b>Antifungals, Topical</b>	clotrimazole Rx and OTC clotrimazole/betamethasone cream (Lotrisone) ketoconazole cream and shampoo (Nizoral) miconazole cream OTC nystatin nystatin/triamcinolone (Mycolog) terbinafine OTC tolnaftate OTC	<i>ciclopirox (Loprox, Loprox Kit, Loprox Shampoo, Penlac)</i> <b>clotrimazole/betamethasone lotion (Lotrisone)</b> <i>econazole (Spectazole)</i> <i>ketoconazole foam (Ketodan)</i> <b>miconazole ointment, powder, spray OTC</b> <i>naftifine (Naftin)</i> <i>Bensal HP</i> <i>CNL-8</i> <b>DermacinRx Therazole Pak</b> <b>Desenex spray powder</b> <i>Ertaczo</i> <i>Exelderm</i> <b>Fungoid OTC</b> <i>Jublia</i> <i>Kerydin</i> <b>Lamisil OTC</b> <i>Lotrimin AF</i> <i>Luzu<sup>cc,al</sup></i> <i>Oxistat</i> <i>Pediaderm AF</i> <i>Vusion</i>
<b>Antiparasitics, Topical</b>	permethrin Rx and OTC (Elimite, Acticin) piperonyl/pyrethrins OTC piperonyl/pyrethrins/permethrin OTC	<i>lindane shampoo</i> <i>malathion (Ovide)</i> <i>spinosad (Natroba)</i> <i>Eurax</i> <i>Sklice<sup>cc,al</sup></i> <b>Ulesfia</b>
<b>Antivirals, Oral</b>	acyclovir (Zovirax) valacyclovir (Valtrex)	<i>famciclovir (Famvir)</i> <i>oseltamivir (Tamifu)</i> <b>rimantadine (Flumadine)</b> <i>Relenza</i> <i>Sitavig</i>
<b>Antivirals, Topical</b>	Abreva OTC Zovirax cream	<i>acyclovir ointment (Zovirax ointment)</i> <b>Denavir</b> <i>Xerese</i>
<b>Cephalosporin and Related Agents</b>	amoxicillin/clavulanate (Augmentin, Augmentin ES) cefaclor capsules (Ceclor) cefadroxil capsules (Duricef) cefdinir (Omnicef) cefixime suspension (Suprax) cefprozil (Cefzil) cefuroxime tablets (Ceftin) cephalexin (Keflex) Suprax capsules	<i>amoxicillin/clavulanate ER (Augmentin XR)</i> <b>cefaclor suspension, tablets ER (Ceclor, Ceclor CD)</b> <i>cefadroxil suspension and tablets (Duricef)</i> <i>cefpodoxime (Vantin)</i> <i>ceftibuten (Cedax)</i> <i>Ceftin suspension</i> <i>Suprax tablets</i>

Key: cc-Clinical criteria can be found at the link [here](#)

ql- Quantity limits can be found at the link [here](#)

All lowercase letters = generic product.

Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
<b>Fluoroquinolones</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>
<b>Hepatitis B Agents</b>	entecavir (Baraclude) lamivudine HBV (EpiVir HBV) Hepsera ( <b>Brand only</b> )	adefovir (Hepsera) ( <b>generic only</b> ) Vemlidy
<b>Hepatitis C Agents</b>	ribavirin (Copegus, Rebetol) Epclusa <sup>cc</sup> Harvoni <sup>cc</sup> Pegasys PegIntron Technivie <sup>cc</sup> Viekira Pak <sup>cc</sup> Viekira XR <sup>cc</sup> Zepatier <sup>cc</sup>	Daklinza <sup>cc</sup> Moderiba Olysio <sup>cc</sup> Rebetol solution Ribapak Ribasphere Sovald <sup>cc</sup>
<b>Macrolides/Ketolides</b>	azithromycin (Zithromax) clarithromycin tablets (Biaxin) erythromycin base capsule DR E.E.S. EryPed ( <b>Brand Only</b> ) Ery-Tab Erythrocin	<i>clarithromycin suspension (Biaxin)</i> <i>clarithromycin ER (Biaxin XL)</i> <i>erythromycin base tablet</i> <i>erythromycin ethyl succinate granules for suspension (generic only)</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, Doryx MPC)</i> <i>doxycycline monohydrate 40mg, 75mg, 150mg (Oracea, Monodox, Adoxa)</i> <i>doxycycline monohydrate suspension (Vibramycin)</i> <i>minocycline tablets</i> <i>minocycline ER (Solodyn)</i> <i>Vibramycin syrup</i>

Key: cc-Clinical criteria can be found at the link [here](#)  
 ql- Quantity limits can be found at the link [here](#)  
 All lowercase letters = generic product.  
 Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## BLOOD MODIFIERS

Drug Class	Preferred	Requires Prior Authorization
Anti-Hyperuricemics	allopurinol (Zyloprim) probenecid probenecid/colchicine	colchicine (Colcrys) Mitigare Uloric Zurampic
Colony Stimulating Factors	Granix Neupogen	Leukine Neulasta
Erythropoietins	Aranesp Procrit	Epogen Mircera
Phosphate Binders and Related Agents	calcium acetate (PhosLo) calphron OTC	Auryxia Fosrenol Magnebind 400 Rx Phoslyra Renagel Renvela Velphoro

## CARDIOVASCULAR

Drug Class	Preferred	Requires Prior Authorization
Angiotensin Modulator Combinations	amlodipine/benazepril (Lotrel) amlodipine/valsartan (Exforge) amlodipine/valsartan/HCTZ (Exforge HCT)	amlodipine/olmesartan (Azor) amlodipine/olmesartan/HCTZ (Tribenzor) telmisartan/amlodipine (Twynsta) trandolapril/verapamil (Tarka) Tekamlo/Amturnide Byvalson Prestalia
Angiotensin Modulators	benazepril, benazepril/HCTZ (Lotensin, Lotensin HCT) enalapril, enalapril/HCTZ (Vasotec, Vaseretic) irbesartan, irbesartan/HCTZ (Avapro, Avalide) lisinopril, lisinopril/HCTZ (Prinivil, Zestril, Prinzide, Zestoretic) losartan, losartan/HCTZ (Cozaar, Hyzaar) quinapril, quinapril/HCTZ (Accupril, Accuretic) ramipril (Altace) valsartan, valsartan/HCTZ (Diovan, Diovan HCT) Entresto <sup>cc,ql</sup>	candesartan, candesartan/HCTZ (Atacand, Atacand HCT) captopril captopril/HCTZ (Capozide) eprosartan (Teveten) fosinopril, fosinopril/HCTZ (Monopril, Monopril HCT) moexipril, moexipril/HCTZ (Univasc, Uniretic) olmesartan, olmesartan/HCTZ (Benicar, Benicar HCT) perindopril (Aceon) telmisartan, telmisartan/HCTZ (Micardis, Micardis HCT) trandolapril (Mavik) Edarbi, Edarbyclor Epaned solution Tekturna, Tekturna HCT Qbrelis
Anticoagulants	enoxaparin (Lovenox) <sup>ql</sup> warfarin (Coumadin) Eliquis Fragmin <sup>ql</sup> Xarelto	fondaparinux (Arixtra) <sup>ql</sup> Pradaxa <sup>ql</sup> Savaysa Xarelto Dose Pack

Key: cc-Clinical criteria can be found at the link [here](#)

ql- Quantity limits can be found at the link [here](#)

All lowercase letters = generic product.

Leading capital letter = brand name product.



# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## CARDIOVASCULAR

Drug Class	Preferred	Requires Prior Authorization
<b>Antihypertensives, Sympatholytics</b>	clonidine oral (Catapres) guanfacine (Tenex) methyldopa (Aldomet) methyldopa/HCTZ (Aldoril) Catapres TTS <b>(Brand only)</b> <sup>ql</sup>	<i>clonidine patch (generic only)</i> <sup>ql</sup> <i>reserpine</i> <i>Clorpres</i>
<b>Beta Blockers</b>	atenolol, atenolol/chlorthalidone (Tenormin, Tenoretic) bisoprolol/HCTZ (Ziac) carvedilol (Coreg) labetalol (Normodyne, Trandate) metoprolol tartrate (Lopressor) metoprolol succinate XL (Toprol XL) pindolol (Visken) propranolol, propranolol/HCTZ (Inderal, Inderide) propranolol LA (Inderal LA) sotalol, sotalol AF (Betapace, Betapace AF)	<i>acebutolol (Sectral)</i> <i>betaxolol (Kerlone)</i> <i>bisoprolol (Zebeta)</i> <i>metoprolol/HCTZ (Lopressor HCT)</i> <i>nadolol (Corgard)</i> <i>nadolol/bendroflumethiazide (Corzide)</i> <i>timolol (Blocadren)</i> <i>Bystolic</i> <i>Coreg CR</i> <i>Dutoprol</i> <i>Hemangeol</i> <i>Levatal</i> <i>Sotylize</i>
<b>Calcium Channel Blocking Agents</b>	amlodipine (Norvasc) diltiazem (Cardizem) diltiazem ER capsules (Cardizem CD, Tiazac) nicardipine (Cardene) nifedipine (Adalat, Procardia) nifedipine ER (Adalat CC, Procardia XL) verapamil (Calan) verapamil ER tablets (Calan SR)	<i>diltiazem ER tablets (Cardizem LA)</i> <i>felodipine (Plendil)</i> <i>isradipine (Dynacirc)</i> <i>nimodipine (Nimotop)</i> <i>nisoldipine (Sular)</i> <b><i>verapamil ER capsules (Verelan, Verelan PM)</i></b> <i>Nymalize</i>
<b>Lipotropics, Other</b>	colestipol tablet (Colestid) cholestyramine (Questran) fenofibrate nanocrystals (Tricor) fenofibric acid (Trilipix) gemfibrozil (Lopid) niacin ER (Niaspan ER) Niacor	<i>colestipol granules (Colestid)</i> <i>ezetimibe (Zetia)</i> <i>fenofibrate (Antara, Fenoglide, Lipofen, Lofibra)</i> <i>fenofibric acid (Fibricor)</i> <i>omega-3 ethyl esters (Lovaza)</i> <i>Juxtapid</i> <i>Kynamro</i> <i>Praluent</i> <sup>cc</sup> <i>Repatha</i> <sup>cc</sup> <i>Triglide</i> <i>Vascepa</i> <i>Welchol</i>
<b>Lipotropics, Statins</b>	atorvastatin (Lipitor) lovastatin (Mevacor) pravastatin (Pravachol) <b>rosuvastatin (Crestor)</b> simvastatin (Zocor)	<i>amlodipine/atorvastatin (Caduet)</i> <i>ezetimibe-simvastatin (Vytorin)</i> <i>fluvastatin, fluvastatin ER (Lescol, Lescol XL)</i> <i>Advicor</i> <i>Altoprev</i> <i>Liptruzet</i> <i>Livalo</i> <i>Simcor</i>

Key: cc-Clinical criteria can be found at the link [here](#)

ql- Quantity limits can be found at the link [here](#)

All lowercase letters = generic product.

Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## CARDIOVASCULAR

Drug Class	Preferred	Requires Prior Authorization
Platelet Aggregation Inhibitors	clopidogrel (Plavix) <sup>ql</sup> dipyridamole (Persantine) <sup>ql</sup> ticlopidine (Ticlid)	aspirin/dipyridamole (Aggrenox) <sup>ql</sup> Brilinta <sup>ql</sup> Durlaza Effient <sup>ql</sup> Zontivity
Pulmonary Arterial Hypertension, Oral and Inhaled Agents	sildenafil (Revatio) <sup>cc,ql</sup> Letairis Tracleer Ventavis	Adcirca <sup>cc,ql</sup> Adempas Opsumit Orenitram ER <sup>cc,ql</sup> Revatio suspension <sup>cc,ql</sup> Tyvaso <sup>cc</sup> Uptravi

## CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out can be found at the link [here](#)

Drug Class	Preferred	Requires Prior Authorization
Anticonvulsants	carbamazepine tablets (Tegretol) carbamazepine ER (Carbatrol ER) clonazepam (Klonopin) divalproex, divalproex ER (Depakote, Depakote ER) divalproex sprinkles (Depakote sprinkles) lamotrigine (Lamictal) levetiracetam (Keppra) oxcarbazepine tablets (Trileptal) oxcarbazepine suspension (Trileptal) <b>(Brand and generic)</b> phenobarbital phenytoin, phenytoin ER (Dilantin, Dilantin Infatabs) primidone (Mysoline) topiramate (Topamax) valproic acid (Depakene) zonisamide (Zonegran) Celontin Diastat <b>(Brand only)</b> Gabitril <b>(Brand only)</b> Peganone Tegretol suspension <b>(Brand only)</b>	carbamazepine suspension (Tegretol) <b>(generic only)</b> carbamazepine XR (Tegretol XR) clonazepam ODT (Klonopin ODT) diazepam rectal (Diastat) <b>(generic only)</b> ethosuximide (Zarontin) felbamate (Felbatol) lamotrigine ER (Lamictal XR) lamotrigine ODT (Lamictal ODT) levetiracetam ER (Keppra XR) tiagabine (Gabitril) <b>(generic only)</b> topiramate ER (Qudexy XR) <sup>cc,ql</sup> topiramate sprinkles (Topamax Sprinkles) Aptiom <sup>cc</sup> Banze <sup>cc,ql</sup> Briviact Equetro Fycompa <sup>cc</sup> Onfi <sup>cc,ql</sup> Oxtellar XR Potiga Sabril Spritam Stavzor Trokendi XR Vimpat

Key: cc-Clinical criteria can be found at the link [here](#)

ql- Quantity limits can be found at the link [here](#)

All lowercase letters = generic product.

Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out can be found at the link [here](#)

Drug Class	Preferred	Requires Prior Authorization
<b>Antidepressants, Other</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) Parnate ( <b>Brand only</b> )	<i>desvenlafaxine ER (Khedezla, Pristiq)</i> <i>nefazodone (Serzone)</i> <i>tranylcypromine (<b>generic only</b>)</i> <i>venlafaxine ER tablets</i> <i>Aplenzin</i> <i>Emsam</i> <i>Fetzima</i> <i>Forfivo XL</i> <i>Marplan</i> <i>Olepto ER</i> <i>Trintellix</i> <i>Viibryd</i>
<b>Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)</b>	citalopram (Celexa) <sup>ql</sup> escitalopram tablets (Lexapro) fluoxetine capsules (all strengths except 60mg) (Prozac, Sarafem) fluvoxamine (Luvox) paroxetine (Paxil) sertraline (Zoloft)	<i>escitalopram solution (Lexapro)</i> <i>fluoxetine capsules 60mg</i> <i>fluoxetine tablets (all strengths)</i> <i>fluoxetine weekly (Prozac weekly)</i> <i>fluvoxamine ER (Luvox CR)</i> <i>paroxetine CR (Paxil CR)</i> <i>Brisdelle<sup>cc,ql</sup></i> <i>Paxil suspension</i> <i>Pexeva</i>

Key: cc-Clinical criteria can be found at the link [here](#)  
ql- Quantity limits can be found at the link [here](#)  
All lowercase letters = generic product.  
Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out can be found at the link [here](#)

Drug Class	Preferred	Requires Prior Authorization
<b>Antipsychotics</b>	<b>1st Tier</b>	<i>clozapine ODT (Fazaclon)<sup>cc</sup></i>
	aripiprazole (Abilify) ( <b>generic only</b> ) <sup>cc,ql</sup>	<i>olanzapine/fluoxetine (Symbyax)<sup>cc,ql</sup></i>
	aripiprazole ODT(Abilify Discmelt ( <b>generic only</b> ) <sup>cc,ql</sup>	<i>quetiapine ER (Seroquel XR)<sup>cc,ql</sup></i>
	chlorpromazine (Thorazine)	<i>Abilify IM<sup>cc,ql</sup></i>
	clozapine (Clozaril)	<i>Adasuve<sup>cc</sup></i>
	fluphenazine (Prolixin)	<i>Aristada<sup>cc,ql</sup></i>
	fluphenazine decanoate inj (Prolixin Inj.)	<i>Fanapt<sup>cc,ql</sup></i>
	haloperidol (Haldol)	<i>Invega tablets (<b>Brand only</b>)<sup>cc,ql</sup></i>
	haloperidol decanoate inj (Haldol IM)	<i>Nuplazid<sup>cc</sup></i>
	loxapine capsules (Loxitane)	<i>Rexulti<sup>cc,ql</sup></i>
	olanzapine IM (Zyprexa IM) <sup>cc,ql</sup>	<i>Saphris<sup>cc,ql</sup></i>
	olanzapine ODT (Zyprexa Zydys) <sup>cc,ql</sup>	<i>Versacloz<sup>cc</sup></i>
	olanzapine tablets (Zyprexa) <sup>cc,ql</sup>	<i>Vraylar<sup>ql</sup></i>
	perphenazine (Trilafon)	<i>Zyprexa Relprevv<sup>cc,ql</sup></i>
	perphenazine/amitriptyline (Triavil)	
	quetiapine (Seroquel) <sup>cc,ql</sup>	
	risperidone, risperidone ODT (Risperdal) <sup>cc,ql</sup>	
	thioridazine (Mellaril)	
	thiothixene (Navane)	
	trifluoperazine (Stelazine)	
	ziprasidone (Geodon) <sup>cc,ql</sup>	
	Abilify Maintena	
	Geodon IM	
	Invega Sustenna <sup>ql</sup>	
	Invega Trinza <sup>cc,ql</sup>	
	Orap	
	Risperdal Consta <sup>ql</sup>	
<b>2nd Tier</b>		
Latuda <sup>cc,ql</sup>		
<b>Sedative Hypnotics</b>	flurazepam (Dalmane) <sup>ql</sup>	<i>estazolam (ProSom)<sup>ql</sup></i>
	temazepam 15mg, 30mg (Restoril) <sup>ql</sup>	<i>eszopiclone (Lunesta)<sup>cc,ql</sup></i>
	triazolam (Halcion) <sup>ql</sup>	<i>temazepam 7.5mg, 22.5mg (Restoril)<sup>ql</sup></i>
	zaleplon (Sonata) <sup>ql</sup>	<i>zolpidem ER (Ambien CR)</i>
	zolpidem (Ambien) <sup>ql</sup>	<i>Belsomra<sup>cc,ql</sup></i>
		<i>Edluar<sup>ql</sup></i>
		<i>Hetlioz<sup>cc,ql</sup></i>
		<i>Intermezzo<sup>ql</sup></i>
	<i>Rozerem<sup>ql</sup></i>	
	<i>Silenor</i>	
	<i>Zolpimist<sup>ql</sup></i>	

Key: cc-Clinical criteria can be found at the link [here](#)

ql- Quantity limits can be found at the link [here](#)

All lowercase letters = generic product.

Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out can be found at the link [here](#)

Drug Class	Preferred	Requires Prior Authorization
<b>Stimulants and Related Agents</b>	<b>1st Tier</b>	<i>amphetamine salt combo ER (Adderall XR)</i> <b>(generic only)</b>
	amphetamine salt combo (Adderall)	<i>armodafinil (Nuvigil)</i> <sup>cc,ql</sup>
	dextroamphetamine capsules (Dexedrine ER)	<i>clonidine ER (generic only)</i> <sup>cc,ql</sup>
	dextroamphetamine tablets	<i>dexmethylphenidate (Focalin)</i> <b>(generic only)</b>
	guanfacine ER (Intuniv)	<i>dexmethylphenidate XR (Focalin XR)</i> <b>(generic only)</b>
	methylphenidate tablets (Ritalin)	<i>dextroamphetamine solution (Procentra)</i>
	methylphenidate ER tablets (Ritalin SR)	<i>methamphetamine (Desoxyn)</i>
	methylphenidate CD capsules (Metadate CD)	<i>methylphenidate ER capsules (Ritalin LA)</i> <b>(generic only)</b>
	methylphenidate CR tablets (Concerta)	<i>methylphenidate chewable (Methylin chewable)</i>
	Adderall XR <b>(Brand only)</b>	<i>methylphenidate oral solution (Methylin)</i> <b>(generic only)</b>
	Daytrana	<i>modafinil (Provigil)</i> <sup>cc,ql</sup>
	Focalin <b>(Brand only)</b>	<i>Adzenys XR ODT</i>
	Focalin XR <b>(Brand only)</b>	<i>Aptensio XR</i>
	Kapvay <b>(Brand only)</b> <sup>cc,ql</sup>	<i>Dyanavel XR</i>
	Methylin oral solution <b>(Brand only)</b>	<i>Evekeo</i>
	Quillivant XR	<i>Quillichew ER</i>
	Ritalin LA <b>(Brand only)</b>	<i>Zenzedi</i>
	Vyvanse	
	Vyvanse chewable tablets	
	<b>2nd Tier</b>	
	atomoxetine (Strattera) <sup>cc</sup>	

## ENDOCRINE

Drug Class	Preferred	Requires Prior Authorization
<b>Androgenic Agents</b>	Androderm <sup>cc,ql</sup>	<i>testosterone gel packet and gel pump (Androgel)</i> <b>(generic only)</b>
	Androgel gel packet and gel pump <b>(Brand only)</b>	<i>testosterone gel (Testim)</i> <i>testosterone gel (Vogelxo)</i> <i>testosterone gel pump (Fortesta)</i> <i>Axiron</i> <i>Natesto</i>
<b>Bone Resorption Suppression and Related Agents</b>	alendronate tablets (Fosamax) <sup>ql</sup>	<i>alendronate solution (Fosamax Solution)</i> <sup>ql</sup>
	calcitonin salmon nasal (Miacalcin) <sup>ql</sup>	<i>etidronate (Didronel)</i> <sup>ql</sup>
	Fortical <sup>ql</sup>	<i>ibandronate (Boniva)</i> <sup>ql</sup>
		<i>raloxifene (Evista)</i> <sup>ql</sup>
		<i>risedronate (Atelvia)</i> <sup>ql</sup>
		<i>risedronate (Actonel)</i> <sup>ql</sup>
		<i>Binosto</i> <sup>ql</sup>
		<i>Forteo</i> <sup>cc,ql</sup>
		<i>Fosamax Plus D</i> <sup>ql</sup>
		<i>Prolia</i> <sup>cc,ql</sup>

Key: cc-Clinical criteria can be found at the link [here](#)

ql- Quantity limits can be found at the link [here](#)

All lowercase letters = generic product.

Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## ENDOCRINE

Drug Class	Preferred	Requires Prior Authorization
<b>Growth Hormones</b>	Genotropin <sup>cc</sup> Norditropin <sup>cc</sup> Nutropin <sup>cc</sup> , Nutropin AQ <sup>cc</sup>	Humatrope <sup>cc</sup> Omnitrope <sup>cc</sup> Saizen <sup>cc</sup> Serostim <sup>cc</sup> Zomacton <sup>cc</sup> Zorbtive <sup>cc</sup>
<b>Hypoglycemics, Incretin Mimetics and Enhancers</b>	Bydureon Byetta Janumet, Janumet XR Januvia Jentadueto Symlin Tradjenta	Alogliptin (Nesina) Alogliptin/metformin (Kazano) Alogliptin/pioglitazone (Oseni) Adlyxin Glyxambi <sup>cc,ql</sup> Jentadueto XR Kombiglyze XR Onglyza Soliqua Tanzeum Trulicity Victoza <sup>ql</sup> Xultophy
<b>Hypoglycemics, Insulins</b>	Humalog cartridge, vial Humalog Mix vial Humulin vial Lantus Levemir NovoLog NovoLog Mix	Afrezza Apidra Basaglar Humalog pen Humalog Mix pen Humulin pen Humulin 70/30 pen Humulin 500unit/mL pen Novolin vial Novolin 70/30 vial Toujeo Tresiba
<b>Hypoglycemics, Meglitinides</b>	nateglinide (Starlix) repaglinide (Prandin)	repaglinide/metformin (Prandimet)
<b>Hypoglycemics, Metformins</b>	glipizide/metformin (Metaglip) glyburide/metformin (Glucovance) metformin (Glucophage) metformin ER (Glucophage XR)	metformin ER (Fortamet) <sup>cc,ql</sup> metformin ER (Glumetza) <sup>cc,ql</sup>
<b>Hypoglycemics, SGLT2 Inhibitors</b>	Farxiga (Step Therapy) <sup>cc,ql</sup> Invokana (Step Therapy) <sup>cc,ql</sup>	Invokamet <sup>cc,ql</sup> Invokamet XR <sup>cc,ql</sup> Jardiance <sup>cc,ql</sup> Synjardy <sup>cc,ql</sup> Xigduo XR <sup>cc,ql</sup>
<b>Hypoglycemics, TZDs</b>	pioglitazone (Actos)	pioglitazone/glimepiride (Duetact) pioglitazone/metformin (ActoPlusMet) ActoPlusMet XR Avandia, Avandamet, Avandaryl

Key: cc-Clinical criteria can be found at the link [here](#)  
ql- Quantity limits can be found at the link [here](#)  
All lowercase letters = generic product.  
Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## GASTROINTESTINAL

Drug Class	Preferred	Requires Prior Authorization
<b>Antiemetic/Antivertigo Agents</b>	meclizine Rx and OTC (Bonine, Antivert) metoclopramide (Reglan) ondansetron, ondansetron ODT (Zofran) <sup>ql</sup> prochlorperazine oral (Compazine, Compro) promethazine (Phenergan) Emend capsules <sup>ql</sup> <b>(Brand only)</b> TransDerm-Scop	<b>aprepitant capsules, pack (generic only)</b> <b>dimenhydrinate Rx and OTC</b> dronabinol (Marinol) <sup>cc,ql</sup> granisetron (Kytril) <sup>ql</sup> metoclopramide ODT (Metozolv ODT) <b>prochlorperazine rectal (Compro)</b> trimethobenzamide (Tigan) Aloxi Akynzeo <sup>cc</sup> Anzemet <sup>ql</sup> Cesamet <sup>ql</sup> Diclegis <sup>cc,ql</sup> Emend IV <b>Emend pack</b> Emend powder packets <sup>ql</sup> Sancuso <sup>ql</sup> <b>Sustol</b> Varubi Zuplenz
<b>Bile Salts</b>	ursodiol capsules (Actigall) ursodiol tablets (URSO, URSO Forte)	Chenodal Cholbam Ocaliva
<b>Gastrointestinal Motility, Chronic</b>	Amitiza Linzess <sup>cc,ql</sup> <b>Movantik</b> <sup>cc,ql</sup>	alosetron (Lotronex) Relistor <sup>cc,ql</sup> <b>Trulance</b> Viberzi
<b>Pancreatic Enzymes</b>	Creon Zenpep	Pancreaze Pertzye Ultresa Viokace
<b>Proton Pump Inhibitors</b>	lansoprazole capsules (Prevacid) omeprazole capsules (Prilosec) pantoprazole (Protonix) Nexium packet for suspension Prevacid Solutab Protonix suspension	esomeprazole magnesium (Nexium) lansoprazole OTC omeprazole OTC omeprazole/sodium bicarb (Zegerid) rabeprazole (Aciphex) Aciphex Sprinkle Dexilant Prilosec suspension
<b>Ulcerative Colitis Agents</b>	balsalazide (Colazal) sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR) Apriso Canasa	mesalamine enemas (Rowasa, sfRowasa) Asacol HD Delzicol Dipentum Giaso Lialda Pentasa Uceris

Key: cc-Clinical criteria can be found at the link [here](#)  
 ql- Quantity limits can be found at the link [here](#)  
 All lowercase letters = generic product.  
 Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## IMMUNOLOGICS

Drug Class	Preferred	Requires Prior Authorization
<b>Cytokine and CAM Antagonists</b>	Enbrel Humira	Actemra Arcalyst Cimzia Cosentyx Entyvio Ilaris Inflectra Kineret Orencia Otezla <sup>cc</sup> Remicade Simponi Stelara Taltz Xeljanz Xeljanz XR
<b>Immunosuppressives, Oral</b>	azathioprine (Imuran) cyclosporine (Sandimmune) cyclosporine modified (Gengraf, Neoral) mycophenolic acid (Myfortic) mycophenolate mofetil capsules, tablets (Cellcept) sirolimus (Rapamune) tacrolimus (Prograf) Cellcept suspension (brand only) Rapamune solution Sandimmune solution	mycophenolate mofetil suspension (Cellcept) (generic only) Astagraf XL Azasan Envarsus XR Zortress

## NEUROLOGICS

Drug Class	Preferred	Requires Prior Authorization
<b>Alzheimer's Agents</b>	donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT) memantine (Namenda) rivastigmine capsules, patches (Exelon) <sup>ql</sup>	donepezil 23mg (Aricept) galantamine, galantamine ER (Razadyne, Razadyne ER) Namenda XR Namzaric and Namzaric dose pack
<b>Anti-Parkinson's Agents</b>	amantadine (Symmetrel) benztropine (Cogentin) levodopa/carbidopa IR, levodopa/carbidopa ER (Sinemet, Sinemet CR) levodopa/carbidopa/entacapone (Stalevo) pramipexole (Mirapex) ropinirole (Requip) selegiline tablets (Eldepryl) trihexyphenidyl (Artane)	bromocriptine (Parlodel) carbidopa (Lodosyn) entacapone (Comtan) levodopa/carbidopa ODT (Parcopa) pramipexole ER (Mirapex ER) ropinirole ER (Requip XL) rasagiline (Azilect) selegiline capsules (Eldepryl) tolcapone (Tasmar) Duopa Neupro Rytary Zelapar

Key: cc-Clinical criteria can be found at the link [here](#)

ql- Quantity limits can be found at the link [here](#)

All lowercase letters = generic product.

Leading capital letter = brand name product.



# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## NEUROLOGICS

Drug Class	Preferred	Requires Prior Authorization
Multiple Sclerosis Agents	Avonex Betaseron Copaxone 20mg ( <b>Brand only</b> ) Rebif	<i>glatiramer acetate 20mg (Glatopa) (generic only)</i> <i>Ampyra</i> <sup>cc,q1</sup> <i>Aubagio</i> <sup>cc,q1</sup> <i>Copaxone 40mg</i> <i>Extavia</i> <i>Gilenya</i> <sup>cc,q1</sup> <i>Lemtrada</i> <sup>cc</sup> <i>Plegridy</i> <sup>cc</sup> <i>Tecfidera</i> <sup>cc,q1</sup> <i>Zinbryta</i>

## OPHTHALMICS

Drug Class	Preferred	Requires Prior Authorization
Ophthalmics, Allergic Conjunctivitis	cromolyn (Crolom) ketotifen OTC (Zaditor OTC) Alrex Pataday Pazeo	<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>
Ophthalmics, Antibiotics	bacitracin/polymixin ciprofloxacin solution (Ciloxan) erythromycin gentamicin (Garamycin) neomycin/polymixin/gramicidin (Neosporin) ofloxacin (Ocuflox) polymyxin/trimethoprim (Polytrim) sulfacetamide solution (Bleph-10) tobramycin (Tobrex Drops) 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>
Ophthalmics, Antibiotic/Steroid Combinations	neomycin/poly/dexamethasone (Maxitrol) sulfacetamide/prednisolone tobramycin/dexamethasone drops (Tobradex) Tobradex ointment	<i>neomycin/bacitracin/polymyxin/HC</i> <i>neomycin/polymyxin/HC</i> <i>Blephamide, Blephamide S.O.P.</i> <i>Pred-G</i> <i>Tobradex ST</i> <i>Zylet</i>

Key: cc-Clinical criteria can be found at the link [here](#)  
q1- Quantity limits can be found at the link [here](#)  
All lowercase letters = generic product.  
Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## OPHTHALMICS

Drug Class	Preferred	Requires Prior Authorization
<b>Ophthalmics, Glaucoma Agents</b>	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 Combigan Simbrinza Travatan Z	<i>apraclonidine (Iopidine)</i> <i>betaxolol</i> <i>bimatoprost 0.03% (Lumigan)</i> <i>brimonidine 0.15% (Alphagan P) (generic only)</i> <i>travoprost</i> <i>Betoptic S</i> <i>Cosopt PF</i> <i>Istalol</i> <i>Lumigan 0.01%</i> <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) Durezol Flarex FML SOP Ilevro Lotemax drops Maxidex Pred Mild	<i>bromfenac (Xibrom)</i> <i>prednisolone sodium (Pred Forte)</i> <i>Acuvail</i> <b>Bromsite</b> <i>FML Forte</i> <i>Iluvien</i> <i>Lotemax ointment and gel</i> <i>Nevanac</i> <i>Ozurdex</i> <i>Prolensa</i> <i>Retisert</i> <i>Triesence</i> <i>Vexol</i>
<b>Ophthalmics, Anti-Inflammatory/Immunomodulator</b>	Restasis single-use	<b>Restasis multidose</b> <i>Xiidra</i>

## OTIC

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

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## RESPIRATORY

Drug Class	Preferred	Requires Prior Authorization
<b>Antihistamines, Minimally Sedating</b>	cetirizine, cetirizine D Rx and OTC (Zyrtec, Zyrtec D) fexofenadine OTC (Allegra) levocetirizine tablets (Xyzal) loratadine, loratadine D, loratadine ODT Rx and OTC (Claritin, Claritin D)	<i>desloratadine, desloratadine D, desloratadine ODT (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>Bronchodilators, Beta Agonists</b>	albuterol neb 0.083% and 5mg/ml albuterol neb 0.63mg/3ml and 1.25mg/3ml (AccuNeb) albuterol syrup and tablets (Proventil, Ventolin) terbutaline (Brethine) Foradil ProAir HFA <sup>ql</sup> Proventil HFA <sup>ql</sup> Serevent	<i>albuterol ER (Vospire ER)</i> <i>levalbuterol (Xopenex)</i> <i>levalbuterol HFA (Xopenex HFA)<sup>ql</sup></i> <i>metaproterenol (Alupent)</i> <i>Arcapta</i> <i>Brovana</i> <i>Maxair<sup>ql</sup></i> <i>Perforomist</i> <i>ProAir Respiclick<sup>ql</sup></i> <i>Striverdi Respimat</i> <i>Ventolin HFA<sup>ql</sup></i>
<b>COPD Agents</b>	ipratropium neb (Atrovent) ipratropium/albuterol neb (DuoNeb) Atrovent HFA Combivent Respimat <sup>ql</sup> Spiriva	<i>Anoro Ellipta</i> <i>Bevespi Aerosphere</i> <i>Daliresp</i> <i>Incruse Ellipta</i> <i>Seebri Neohaler</i> <i>Spiriva Respimat</i> <i>Stiolto Respimat</i> <i>Tudorza</i> <i>Utibron Neohaler</i>
<b>Glucocorticoids, Inhaled</b>	Advair Diskus, Advair HFA Asmanex Dulera Pulmicort Respules, 0.25mg, 0.5mg and 1mg <b>(Brand only)</b> QVAR Symbicort	<i>budesonide inhalation susp. (generic only)</i> <i>Aerospan</i> <i>Alvesco</i> <i>Arnuity Ellipta</i> <i>Asmanex HFA</i> <i>Breo Ellipta</i> <i>Flovent Diskus, Flovent HFA</i> <i>Pulmicort Flexhaler<sup>ql</sup></i>
<b>Intranasal Rhinitis Agents</b>	azelastine nasal (Astelin) fluticasone nasal (Flonase) ipratropium (Atrovent Nasal)	<i>azelastine nasal (Astepro)</i> <i>budesonide nasal (Rhinocort Aqua)</i> <i>flunisolide (Nasarel, Nasalide)</i> <i>fluticasone (Ticanase)</i> <i>mometasone nasal (Nasonex)</i> <i>olopatadine (Patanase)</i> <i>triamcinolone nasal (Nasacort AQ)</i> <i>Beconase AQ</i> <b>Flonase OTC</b> <i>Dymista</i> <i>Omnaris</i> <i>Qnasl</i> <i>Veramyst</i> <i>Zetonna</i>

Key: cc-Clinical criteria can be found at the link [here](#)  
ql- Quantity limits can be found at the link [here](#)  
All lowercase letters = generic product.  
Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## RESPIRATORY

Drug Class	Preferred	Requires Prior Authorization
Leukotriene Modifiers	montelukast chewables and tablets (Singulair) zafirlukast (Accolate)	montelukast granules (Singulair Granules) Zyflo, Zyflo CR

## TOPICAL DERMATOLOGICS

Drug Class	Preferred	Requires Prior Authorization
Acne Agents, Topical	benzoyl peroxide OTC erythromycin/benzoyl peroxide clindamycin (all forms except the foam) erythromycin tretinoin (Avita, Retin-A) <sup>cc</sup> Azelex Differin cream (Brand only) <sup>cc</sup> Differin lotion <sup>cc</sup>	adapalene cream (Differin cream) (generic only) <sup>cc</sup> adapalene gel (Differin gel) <sup>cc</sup> benzoyl peroxide Rx bp-10-1 clindamycin foam clindamycin/benzoyl peroxide clindamycin/tretinoin (Veltin) sulfacetamide sulfacetamide/sulfur sulfacetamide/sulfur/urea tazarotene (Tazorac) <sup>cc</sup> tretinoin micro (Retin-A Micro) <sup>cc</sup> Acanya Aczone Gel and Gel w/Pump Akne-Mycin Atralin Avar BenzaClin Benzamycin Clindacin Epiduo Epiduo Forte Gel w/Pump Fabior Neuac Onexton Ovace Sumaxin CP Kit Ziana
Immunomodulators, Atopic Dermatitis	Elidel	tacrolimus ointment (Protopic) Eucrisa

## UROLOGIC

Drug Class	Preferred	Requires Prior Authorization
Benign Prostatic Hyperplasia	alfuzosin (Uroxatral) doxazosin (Cardura) dutasteride (Avodart) finasteride (Proscar) tamsulosin (Flomax) terazosin (Hytrin)	dutasteride/tamsulosin (Jalyn) Cardura XL Rapaflo

Key: cc-Clinical criteria can be found at the link [here](#)  
 ql- Quantity limits can be found at the link [here](#)  
 All lowercase letters = generic product.  
 Leading capital letter = brand name product.

# MARYLAND PREFERRED DRUG LIST

Effective Date 7/1/17

## UROLOGIC

Drug Class	Preferred	Requires Prior Authorization
<b>Bladder Relaxant Preparations</b>	oxybutynin, oxybutynin ER (Ditropan, Ditropan XL) Toviaz	<i>flavoxate</i> <i>tolterodine, tolterodine ER (Detrol, Detrol LA)</i> <i>trospium, trospium ER (Sanctura, Sanctura XR)</i> <i>Enablex</i> <i>Gelnique</i> <i>Myrbetriq</i> <i>Oxytrol</i> <i>Vesicare</i>