

Maryland Preferred Drug List

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

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

ANALGESICS

Analgesics/Anesthetics, Topical

Preferred

Lidoderm
Voltaren Gel

Requires Prior Authorization

Flector

Analgesics, Narcotics (Long Acting)

Preferred

fentanyl patch (*Duragesic*)

methadone

morphine sulfate SR(*MS Contin*)
Kadian

Requires Prior Authorization

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

Analgesics, Narcotics (Short Acting)

Preferred

apap w/codeine (*Tylenol w/Codeine*)
aspirin w/codeine
butalbital/apap/codeine/caffeine
butalbital/apap/codeine
codeine
dihydrocodeine/aspirin/caff
(*Synalgos DC*)
dihydrocodeine/apap/caffeine
(*Panlor SS, Panlor DC*)
hydrocodone/apap (*Vicodin*)
hydrocodone/ibuprofen (*Vicoprofen*)
hydromorphone (*Dilaudid*)
morphine sulfate
oxycodone
oxycodone/apap (*Percocet*)
oxycodone/aspirin (*Percodan*)
pentazocine/apap (*Talacen*)
pentazocine/naloxone (*Talwin NX*)
propoxyphene (*Darvon*)
propoxyphene HCl/apap (*Wygesic*)
propoxyphene /apap (*Darvocet*)
tramadol (*Ultram*)
tramadol/apap (*Ultracet*)
Ibudone
Reprexain
Zamicet

Requires Prior Authorization

fentanyl buccal (*Actiq*)
(Brand and generic)*
Levorphanol
meperidine (*Demero*)
(Brand and generic)
oxycodone/ibuprofen (*Combunox*)
(Brand and generic)
Darvon-N
Dilaudid Liquid
Fentora *
Nucynta
Onsolis *
Opana

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

Anti-Hyperuricemics

Preferred

allopurinol (*Zyloprim*)
colchicine
probenecid
probenecid/colchicine

Requires Prior Authorization

Colcrys
Uloric

Maryland Preferred Drug List

Anti-Migraine Agents, Triptans (Anti- Migraine Preparations)

Preferred

Imitrex (all forms - **Brand only**)
Maxalt, Maxalt MLT
Relpax

Requires Prior Authorization

sumatriptan (all forms - **generic only**)
Amerge
Axert
Frova
Treximet
Zomig, Zomig Nasal, Zomig ZMT

Fibromyalgia Agents

Preferred

Lyrica
Savella

Requires Prior Authorization

Cymbalta *

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

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

Preferred

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

Requires Prior Authorization

nabumetone (*Relafen*)
tolmetin, tolmetin DS (*Tolectin, Tolectin DS*)
Arthrotec
Celebrex
Prevacid NapraPac
Zipsor

Skeletal Muscle Relaxants

Preferred

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

Requires Prior Authorization

Amrix
Fexmid
Skelaxin
Soma 250mg tablets
Zanaflex Capsules

ANTI-INFECTIVES

Antibiotics, GI

Preferred

metronidazole (*Flagyl*)
neomycin
Alinia
Tindamax
Vancocin

Requires Prior Authorization

Flagyl ER
Xifaxan

Antibiotics, Vaginal

Preferred

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

Requires Prior Authorization

Key: All lowercase letters = generic product.
Leading capital letter = brand name product.
Posted 5/4/10– Effective Date 4/1/10

Maryland Preferred Drug List

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

fluconazole (*Diflucan*)

ketoconazole (*Nizoral*)

nystatin
terbinafine (*Lamisil*)
Ancobon
Gris Peg

Requires Prior Authorization

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

Antifungals, Topical (Topical Antifungals)

Preferred

clotrimazole OTC and Rx
(*Lotrimin*)
clotrimazole/betamethasone
(*Lotrisone*)
econazole (*Spectazole*)
ketoconazole (*Nizoral*)
nystatin

miconazole OTC
nystatin/triamcinolone (*Mycolog II*)
terbinafine OTC
tolnaftate OTC
Naftin
Oxistat

Requires Prior Authorization

ciclopirox (*Loprox*)
(Brand and generic)
ciclopirox solution (*Penlac*)
(Brand and generic)
ciclopirox shampoo (Loprox Shampoo) (Brand and generic)
CNL-8
Ertaczo
Extina
Mentax
Vusion
Xolegel

Antiparasitics, Topical

Preferred

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

Requires Prior Authorization

lindane
malathion **(generic only)**

Antivirals (Antivirals, General)

Preferred

acyclovir (*Zovirax*)
amantadine (*Symmetrel*)
rimantadine (*Flumadine*)
valacyclovir (*Valtrex*)

Requires Prior Authorization

Famvir
Relenza**
Tamiflu**

** Due to the risk of flu epidemic associated with influenza B and H1N1 pandemic, the State lifted the PDL prior authorization requirement on Relenza and Tamiflu on October 14, 2009.

Antivirals, Topical

Preferred

Denavir

Requires Prior Authorization

Zovirax Cream
Zovirax Ointment

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

Preferred

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

Requires Prior Authorization

cefditoren (*Spectracef*)
(Brand and generic)
cefepodoxime (*Vantin*)
(Brand and generic)
Augmentin XR
Augmentin 250 Susp
Augmentin 125 Susp
Cedax

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (*Cipro*)
Avelox

Requires Prior Authorization

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

Maryland Preferred Drug List

Macrolides/Ketolides

Preferred

azithromycin (*Zithromax*)
erythromycin

Requires Prior Authorization

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

Tetracyclines

Preferred

doxycycline (*Vibramycin*)
minocycline (*Minocin*)
tetracycline (*Sumycin*)

Requires Prior Authorization

demeclocycline (*Declomycin*)
Adoxa CK
Adoxa TT
Nutridox
Oracea
Solodyn

Topical Impetigo Agents

Preferred

mupirocin (*Bactroban Ointment*)

Requires Prior Authorization

Altabax
Bactroban Cream

CARDIOVASCULAR

Angiotensin Modulator Combinations

Preferred

amlodipine/benazepril (*Lotrel*)
(Brand and Generic)
Azor
Exforge/Exforge HCT
Valturna

Requires Prior Authorization

Tarka
Twynsta

Angiotensin Modulators

Preferred

benazepril, benazepril HCTZ
(*Lotensin, Lotensin HCT*)
captopril, captopril HCTZ
(*Capoten, Capozide*)
enalapril, enalapril HCTZ
(*Vasotec, Vaseretic*)
fosinopril, fosinopril HCTZ
(*Monopril, Monopril HCT*)
lisinopril, lisinopril HCTZ
(*Prinivil, Zestril, Prinzide, Zestoretic*)
quinapril (*Accupril*)
quinaretic (*Accuretic*)
ramipril (*Altace*)
Cozaar, Hyzaar
Diovan, Diovan HCT
Micardis, Micardis HCT

Requires Prior Authorization

moexipril (*Univasc*)
(Brand and generic)
moexipril HCTZ (*Uniretic*)
(Brand and generic)
perindopril (*Aceon*)
(Brand and generic)
trandolapril (*Mavik*)
(Brand and generic)
Avapro, Avalide
Benicar, Benicar HCT
Atacand, Atacand HCT
Tekturna/Tekturma HCT
Teveten, Teveten HCT

Maryland Preferred Drug List

Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)

Preferred

acebutolol (*Sectral*)
 atenolol (*Tenormin*)
 atenolol/chlorthalidone (*Tenoretic*)
 bisoprolol (*Zebeta*)
 bisoprolol/HCTZ (*Ziac*)
 carvedilol (*Coreg*)
 labetalol (*Normodyne, Trandate*)
 metoprolol tartrate (*Lopressor*)
 metoprolol tartr/HCTZ (*Lopressor HCT*)
 metoprolol succinate ext-rel (*Toprol XL*)
(Brand and generic)
 nadolol (*Corgard*)
 nadolol/bendroflumethiazide (*Corzide*)
 pindolol (*Visken*)
 propranolol (*Inderal*)
 propranolol LA (*Inderal LA*)
 sotalol, sotalol AF
(Betapace, Betapace AF)
 timolol (*Blocadren*)
 Innopran XL
 Levatol

Requires Prior Authorization

betaxolol (*Kerlone*)
(Brand and generic)

 Bystolic

 Coreg CR

Calcium Channel Blocking Agents

Preferred

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

Requires Prior Authorization

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

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

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

Requires Prior Authorization

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

Lipotropics, Statins (Lipotropics)

Preferred

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

Requires Prior Authorization

Advicor
 Altoprev
 Caduet
 Vytorin

Platelet Aggregation Inhibitors

Preferred

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

Requires Prior Authorization

Effient

Pulmonary Arterial Hypertension, Oral and Inhaled Agents

Preferred

Letairis
 Revatio*
 Tracleer
 Ventavis

Requires Prior Authorization

Adcirca*
 Tyvaso

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

Maryland Preferred Drug List

CENTRAL NERVOUS SYSTEM

Anticonvulsants

Preferred

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

Requires Prior Authorization

Banzel
 Lamictal ODT
 Lamictal XR
 Phenytek
 Sabril
 Stavzor
 Vimpat

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

Preferred

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

Requires Prior Authorization

nefazodone (*Serzone*)
 tranylcypromine (generic only)
 Aplenzin
 Effexor XR
 Emsam
 Pristiq

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

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

Requires Prior Authorization

paroxetine CR (*Paxil CR*)
 Luvox CR
 Pexeva
 Prozac Weekly
 Sarafem

Maryland Preferred Drug List

Antipsychotics**

Preferred

1st Tier-

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

Requires Prior Authorization

Invega
 Invega Sustenna
 Risperdal Consta
 Seroquel XR
 Saphris
 Symbyax

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

Sedative Hypnotics

Preferred

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

Requires Prior Authorization

temazepam 7.5 mg
 (Restoril 7.5mg)
 (Brand and generic)
 temazepam 22.5 mg
 (Restoril 22.5mg)
 (Brand and generic)
 Ambien CR
 Edluar
 Doral
 Lunesta *

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

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

Preferred

1st Tier-

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

Requires Prior Authorization

Desoxyn
 Nuvigil
 Procentra
 Provigil
 Ritalin LA

2nd Tier-

Strattera *** (for ages 17 and under)

*** To view criteria for Strattera, please refer to

<http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm>

Maryland Preferred Drug List

ENDOCRINE

Androgenic Agents

Preferred

Androderm
Androgel

Requires Prior Authorization

Testim

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

Preferred

alendronate (*Fosamax*)
Actonel
Actonel with Calcium
Boniva
Miacalcin (**Brand only**)

Requires Prior Authorization

calcitonin salmon nasal
(generic only)
etidronate (Didronel)
(Brand and generic)
Evista
Fosamax Plus D
Fosamax Solution
Forteo
Fortical

Hypoglycemics, Incretin Mimetics and Enhancers

Preferred

Byetta
Janumet
Januvia
Onglyza
Symlin

Requires Prior Authorization

Hypoglycemics, Insulins and Related Agents

Preferred

Humalog
Humalog Mix
Humulin
Lantus
Novolin
NovoLog
NovoLog Mix

Requires Prior Authorization

Apidra
Levemir

Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)

Preferred

nateglinide (Starlix)
Prandin

Requires Prior Authorization

Prandimet

Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

Preferred

ActoPlusMet
Actos
Avandamet
Avandaryl
Avandia
Duetact

Requires Prior Authorization

GASTROINTESTINAL

Antiemetics

Preferred

ondansetron, ondansetron ODT
(*Zofran, Zofran ODT*)
Marinol (**Brand only**)

Requires Prior Authorization

dronabinol (**generic only**)
granisetron (*Kytril*)
(Brand and generic)
Anzemet
Cesamet
Emend
Sancuso

Pancreatic Enzymes

Preferred

pancrelipase
Creon

Requires Prior Authorization

Zenpep

Maryland Preferred Drug List

Phosphate Binders and Related Agents

Preferred

Fosrenol
PhosLo (Brand Only)
Renagel

Requires Prior Authorization

calcium acetate (generic only)
Eliphos
Renvela

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

Preferred

lansoprazole (Prevacid)
omeprazole (Prilosec)
omeprazole OTC (Prilosec OTC)

Requires Prior Authorization

pantoprazole (Protonix)
(Brand and generic)
Aciphex
Dexilant (formerly Kapidex)
Prevacid OTC
Prilosec Suspension
Nexium (all forms)
Zegerid

Ulcerative Colitis Agents

Preferred

balsalazide (Colaza)
sulfasalazine (Azulfidine)
Asacol
Canasa

Requires Prior Authorization

mesalamine enemas (Rowasa)
Apriso
Dipentum
Lialda
Pentasa
sFRowasa

IMMUNOLOGICS

Immunosuppressives, Oral

Preferred

azathioprine (Imuran)
cyclosporine modified
mycophenolate mofetil (Cellcept)
(Brand and Generic)
Gengraf
Neoral
Prograf (Brand only)
Rapamune
Sandimmune

Requires Prior Authorization

cyclosporine (generic only)
tacrolimus (generic only)
Azasan
Myfortic

INJECTABLES

Anticoagulants, Injectable

Preferred

Arixtra
Fragmin
Lovenox

Requires Prior Authorization

Colony Stimulating Factors

Preferred

Leukine
Neupogen

Requires Prior Authorization

Neulasta

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

Preferred

Cimzia
Enbrel
Humira
Kineret

Requires Prior Authorization

Amevive
Orencia
Remicade
Simponi
Stelara

Erythropoietins (Hematinics, Other)

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epogen

Growth Hormones (CLINICAL PA REQUIRED)

Preferred

Genotropin
Norditropin
Nutropin/ Nutropin AQ

Requires Prior Authorization

Humatrope
Omnitrope
Saizen
Serostim
Tev-Tropin
Zorbtive

Maryland Preferred Drug List

Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)

Preferred

ribavirin (*Copegus, Rebetol*)
Pegasys

Requires Prior Authorization

Infergen
Peg-Intron
Peg-Intron Redipen

Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)

Preferred

Betaseron
Copaxone
Rebif

Requires Prior Authorization

Avonex
Extavia

NEUROLOGICS

Alzheimer's Agents

Preferred

Aricept/Aricept ODT
Exelon
Exelon Transdermal Patch
Namenda

Requires Prior Authorization

galantamine (*Razadyne, ER*)
(Brand and generic)
Cognex
Exelon Solution

Anti-Parkinson's Agents

Preferred

benzotropine (*Cogentin*)
levodopa/carbidopa Immediate and Extended Release (*Sinemet, Sinemet CR*)

ropinirole (*Requip*)
selegiline (*Eldepryl*)
trihexyphenidyl (*Artane*)
Stalevo

Requires Prior Authorization

bromocriptine (*Parlodel*)
levodopa/carbidopa ODT (*Parcopa*) **(Brand and generic)**
pramipexole (*Mirapex*)
(Brand and generic)
Azilect
Comtan
Requip XL
Tasmar
Zelapar

OPHTHALMIC

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

Preferred

cromolyn (*Crolom*)

ketotifen OTC and Rx
Alrex
Pataday
Patanol

Requires Prior Authorization

azelastine (*Optivar*)
(Brand and generic)
ketorolac (*Acular*)
(Brand and generic)
Alamast
Alocril
Alomide
Bepreve
Elestat
Emadine
Optivar

Ophthalmics, Antibiotics

Preferred

bacitracin
bacitracin/polymixin
ciprofloxacin solution (*Ciloxan*)
erythromycin
gentamicin
neomycin/polymixin/gramicidin
ofloxacin (*Ocuflox*)
sulfacetamide
tobramycin
triple antibiotic
Ciloxan Ointment
Tobrex Ointment
Vigamox

Requires Prior Authorization

AzaSite
Besivance
Iquix
Natacyn
Quixin
Zymar

Maryland Preferred Drug List

Ophthalmics, Glaucoma Agents

Preferred

betaxolol
brimonidine
carteolol (*Ocupress*)
brimonidine tartrate 0.15%
(*Alphagan P*)
levobunolol (*Betagan*)
metipranolol (*OptiPranolol*)
pilocarpine (*Pilocar*)
timolol (*Timoptic, Timoptic XE*)
Azopt
Betimol
Betoptic S
Combigan
Cosopt (**Brand only**)
Istalol
Propine
Travatan/Travatan Z
Trusopt (**Brand only**)
Xalatan

Requires Prior Authorization

dorzolamide (**generic only**)
dorzolamide/timolol
(**generic only**)
Lumigan

Ophthalmics, Anti-Inflammatories

Preferred

dexamethasone (*Decadron*)
diclofenac (*Voltaren*)
fluorometholone (*FML*)
flurbiprofen (*Ocufer*)
Flarex
FML Forte
FML SOP
Lotemax
Maxidex
Pred Mild

Requires Prior Authorization

ketorolac LS (*Acular LS*)
(**Brand and generic**)
Acular PF
Acuvail
Durezol
Nevanac
Ozurdex
Retisert
Triesence
Vexol
Xibrom

OTIC

Otic Antibiotics

Preferred

neomycin/polymyxin/HC
ofloxacin otic (*Floxin Otic*)
Ciprodex
Colymycin S
Cortisporin TC

Requires Prior Authorization

Cetraxal
Cipro HC

RESPIRATORY

Antihistamines, Minimally Sedating (Antihistamines)

Preferred

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

Requires Prior Authorization

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

Bronchodilators, Anticholinergics

Preferred

ipratropium neb (*Atrovent*)
Atrovent HFA
Combivent
Spiriva

Requires Prior Authorization

albuterol/ipratropium neb
(*DuoNeb*)(**Brand and generic**)

Maryland Preferred Drug List

Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)

Preferred

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

Requires Prior Authorization

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

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

Preferred

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

Requires Prior Authorization

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

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

Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)

Preferred

flunisolide (*Nasalide*)
 fluticasone nasal (*Flonase*)
 Astelin
 Astepro
 Nasacort AQ
 Nasonex
 Veramyst

Requires Prior Authorization

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

Leukotriene Modifiers

Preferred

Accolate
 Singulair

Requires Prior Authorization

Zyflo CR

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide
 clindamycin topical
 erythromycin
 sulfacetamide-sulfur
 tretinoin
 Azelex
 Benzaclin
 Clinac BPO
 Differin
 Epiduo
 Nuox
 Retin-A Micro

Requires Prior Authorization

clindamycin-benzoyl peroxide
 erythromycin-benzoyl peroxide
 sodium sulfa-sulfur-meratan
 sulfacetamide lotion (*Klaron*)
 Acanya
 Aczone
 Akne-Mycin
 Atralin
 Benzefoam
 Brevoxyl
 Clarifoam EF
 Clindagel
 Clindareach
 Duac
 Evoclin
 Inova
 Lavoclen
 Neobenz Micro
 Sulfoxyl
 Tazorac
 Triaz
 Zacare
 Zaclar
 Ziana
 Zoderm

Atopic Dermatitis

Preferred

Elidel
 Protopic

Requires Prior Authorization

Maryland Preferred Drug List

UROLOGIC

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

Preferred

doxazosin (*Cardura*)
tamsulosin (*Flomax*)
terazosin (*Hytrin*)
Proscar (**Brand only**)
Uroxatral

Requires Prior Authorization

finasteride (**generic only**)
Avodart
Cardura XL
Rapaflo

Bladder Relaxant Preparations (Urinary Tract Antispasmodic/ Antiincontinence Agent)

Preferred

oxybutynin (*Ditropan*)
Enablex
Gelnique
Toviaz
Vesicare

Requires Prior Authorization

oxybutynin XL (*Ditropan XL*)
Detrol
Detrol LA
Oxytrol
Sanctura/Sanctura XR