

# 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)**  
Avinza  
Opana ER  
Ultram ER

### 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*)  
meperidine (*Demerol*)  
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*)

**Requires Prior Authorization**

fentanyl buccal (*Actiq*)  
**(Brand and generic)\***  
levorphanol  
oxycodone/ibuprofen (*Combunox*)  
**(Brand and generic)**  
Darvon-N  
Dilaudid Liquid  
Fentora \*  
Opana

\*Clinical Criteria applies to fentanyl buccal tablets (Fentora) and fentanyl buccal lozenges (Actiq, generic). **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**

Uloric

## Maryland Preferred Drug List

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### 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

### 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

### 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 (**Brand only**)  
Vancocin

#### Requires Prior Authorization

tinidazole (**generic only**)  
Flagyl ER  
Xifaxan

### Antibiotics, Vaginal

#### Preferred

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

#### Requires Prior Authorization

## 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  
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)**  
CNL-8  
Ertaczo  
Extina  
Loprox Shampoo  
Mentax  
Vusion  
Xolegel

### Antiparasitics, Topical

#### Preferred

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

#### Requires Prior Authorization

lindane  
malathion **(generic only)**

### Antivirals (Antivirals, General)

#### Preferred

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

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

### 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 Modulators/CCB Combinations

#### Preferred

amlodipine/benazepril (*Lotrel*)  
Azor  
Exforge

#### Requires Prior Authorization

Tarka

## 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*)  
Aceon  
Avapro, Avalide  
Benicar, Benicar HCT  
Cozaar, Hyzaar  
Diovan, Diovan HCT  
Micardis, Micardis HCT

### Requires Prior Authorization

moexipril (*Univasco*)  
**(Brand and generic)**  
moexipril HCTZ (*Uniretic*)  
**(Brand and generic)**  
quinapril (*Accupril*)  
**(Brand and generic)**  
quinaretic (*Accuretic*)  
**(Brand and generic)**  
ramipril (*Altace*)  
**(Brand and generic)**  
trandolapril (*Mavik*)  
**(Brand and generic)**  
Atacand, Atacand HCT  
Tekturna/Tekturna HCT  
Teveten, Teveten HCT

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

#### Preferred

acebutolol (*Sectral*)  
atenolol (*Tenormin*)  
bisoprolol (*Zebeta*)  
carvedilol (*Coreg*)  
labetalol (*Normodyne, Trandate*)  
metoprolol tartrate (*Lopressor*)  
metoprolol succinate ext-rel (*Toprol XL*)  
nadolol (*Corgard*)  
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

## Maryland Preferred Drug List

### Calcium Channel Blocking Agents

#### Preferred

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

#### 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

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

#### Preferred

cholestyramine (*Questran, Light*)  
 colestipol (*Colestid*)  
 fenofibrate (*Lofibra*)  
 gemfibrozil (*Lopid*)  
 niacin  
 Niacor  
 Niaspan  
 Tricor  
 Trilipix

#### Requires Prior Authorization

Antara  
 Fenoglide  
 Lipofen  
 Lovaza (formerly Omacor)  
 Triglide  
 Welchol  
 Zetia

### Lipotropics, Statins (Lipotropics)

#### Preferred

lovastatin (*Mevacor*)  
 pravastatin (*Pravachol*)  
 simvastatin (*Zocor*)  
 Crestor  
 Lipitor

#### Requires Prior Authorization

Advicor  
 Altoprev  
 Caduet  
 Lescol, Lescol XL  
 Simcor  
 Vytorin

### Platelet Aggregation Inhibitors

#### Preferred

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

#### Requires Prior Authorization

### Pulmonary Arterial Hypertension, Oral Agents

#### Preferred

Letairis  
 Revatio\*

#### Requires Prior Authorization

Tracleer

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

## 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  
 Diastat  
 Felbatol  
 Gabitril  
 Keppra XR  
 Peganone

#### Requires Prior Authorization

Banzel  
 Equetro  
 Lyrica  
 Phenytek  
 Stavzor  
 Vimpat

## Maryland Preferred Drug List

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### 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*)  
 Cymbalta\*  
 Marplan  
 Nardil  
 Parnate (**Brand only**)  
 Venlafaxine ER Tablets

**Requires Prior Authorization**

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

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

### 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

### Antipsychotics\*\*

**Preferred**

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

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

**2nd Tier-**

Abilify  
 Zyprexa  
 Zyprexa IM

**Requires Prior Authorization**

Invega  
 Risperdal Consta  
 Seroquel XR  
 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.dhmm.state.md.us/mma/mpap/clinicalcriteria.htm>**

# Maryland Preferred Drug List

## Sedative Hypnotics

### Preferred

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

### Requires Prior Authorization

Ambien CR  
 Doral  
 Lunesta \*  
 Restoril 7.5mg

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

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

### Preferred

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

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

### Requires Prior Authorization

Desoxyn  
 Procentra  
 Provigil  
 Ritalin LA

#### 2<sup>nd</sup> 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>

## 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  
 Symlin

#### Requires Prior Authorization

### Hypoglycemics, Insulins and Related Agents

#### Preferred

Humalog  
 Humalog Mix  
 Humulin  
 Lantus  
 Novolin  
 NovoLog  
 NovoLog Mix

#### Requires Prior Authorization

Apidra  
 Levemir

# Maryland Preferred Drug List

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

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Prandin Starlix	Prandimet

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

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

## GASTROINTESTINAL

### Antiemetics

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ondansetron, ondansetron ODT (Zofran, Zofran ODT) Marinol (Brand only)	dronabinol (generic only) granisetron (Kytrel) (Brand and generic) Anzemet Cesamet Emend Sancuso

### Pancreatic Enzymes

<u>Preferred</u>	<u>Requires Prior Authorization</u>
pancrelipase Creon Pancrease MT Viokase	Pancrecarb MS Ultrase

## Phosphate Binders and Related Agents

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

## Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

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

## Ulcerative Colitis Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
balsalazide (Colaza) sulfasalazine (Azulfidine) mesalamine enemas (Rowasa) Asacol Canasa sFRowasa	Apriso Dipentum Lialda Pentasa

## INJECTABLES

### Anticoagulants, Injectable

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Arixtra Fragmin Lovenox	Innohep

## Maryland Preferred Drug List

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### 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

### 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

### 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**

Avonex  
Betaseron  
Copaxone  
Rebif

**Requires Prior Authorization**

## 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**)  
Azilect  
Comtan  
Mirapex  
Requip XL  
Tasmar  
Zelapar

# Maryland Preferred Drug List

## 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**

Acular  
Alamast  
Alocril  
Alomide  
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  
Iquix  
Natacyn  
Quixin  
Zymar

### Ophthalmics, Glaucoma Agents

**Preferred**

betaxolol  
brimonidine  
carteolol (*Ocupress*)  
levobunolol (*Betagan*)  
metipranolol (*OptiPranolol*)  
pilocarpine (*Pilocar*)  
timolol (*Timoptic, Timoptic XE*)  
Alphagan P  
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 (*Ocufen*)  
Flarex  
FML Forte  
FML SOP  
Lotemax  
Maxidex  
Pred Mild

**Requires Prior Authorization**

Acular LS  
Acular PF  
Durezol  
Nevanac  
Retisert  
Triesence  
Vexol  
Xibrom

## OTIC

### Otic Fluoroquinolones

**Preferred**

ofloxacin otic (Floxin Otic)  
Ciprodex

**Requires Prior Authorization**

Cipro HC

## Maryland Preferred Drug List

### RESPIRATORY

#### Antihistamines, Minimally Sedating (Antihistamines)

##### Preferred

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

##### Requires Prior Authorization

fexofenadine (*Allegra*)  
Allegra Syrup  
Allegra-D  
Allegra ODT  
Claritin, Claritin-D (Rx)  
Claritin, Claritin-D (OTC)  
Claritin Chewable (OTC)  
Clarinex, Clarinex-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**)

#### Beta<sub>2</sub>-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  
metaproterenol (*Alupent*)  
Brovana  
Maxair  
Perforomist  
Proventil HFA  
Xopenex  
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

# Maryland Preferred Drug List

## TOPICAL DERMATOLOGICS

### Acne Agents, Topical

#### Preferred

benzoyl peroxide  
 clindamycin topical  
 erythromycin  
 tretinoin  
 Azelex  
 Clinac BPO  
 Differin  
 Duac  
 Retin-A Micro

#### Requires Prior Authorization

erythromycin-benzoyl peroxide  
 sodium sulfa-sulfur-meratan  
 sulfacetamide lotion (*Klaron*)  
 sulfacetamide-sulfur  
 Aczone  
 Akne-Mycin  
 Atralin  
 Benzaclin  
 Benzamycin  
 Brevoxyl  
 Clarifoam EF  
 Clindagel  
 Clindareach  
 Evoclin  
 Inova  
 Lavoclen  
 Neobenz Micro  
 Nuox  
 Sulfoxy  
 Tazorac  
 Triaz  
 Zacare  
 Zaclir  
 Ziana  
 Zoderm

### Atopic Dermatitis

#### Preferred

Elidel  
 Protopic

#### Requires Prior Authorization

## UROLOGIC

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

#### Preferred

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

#### Requires Prior Authorization

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

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

#### Preferred

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

#### Requires Prior Authorization

Toviaz