

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

capsaicin OTC
Lidoderm
Voltaren Gel

Requires Prior Authorization

Flector
Pennsaid
Qutenza

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
Butrans
Duragesic Matrix
Embeda
Exalgo
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*)
hydrocodone/apap (*Vicodin*)
hydrocodone/ibuprofen (*Vicoprofen*)
hydromorphone (*Dilaudid*)
morphine sulfate
oxycodone
oxycodone/apap (*Percocet*)
oxycodone/aspirin (*Percodan*)
pentazocine/apap (*Talacen*)
pentazocine/naloxone (*Talwin NX*)
tramadol (*Ultram*)
tramadol/apap (*Ultracet*)

Requires Prior Authorization

fentanyl buccal (*Actiq*)
(Brand and generic)*
levorphanol
meperidine (*Demerol*)
(Brand and generic)
oxycodone/ibuprofen (*Combunox*)
(Brand and generic)
oxymorphone (*Opana*)
(Brand and generic)
Abstral*
Dilaudid Liquid
Fentora
Ibudone
Nucynta
Onsolis*
Panlor DC
Reprexain
Rybix ODT
Zamicet
Zolvit

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

Maryland Preferred Drug List

Anti-Hyperuricemics

Preferred

allopurinol (*Zyloprim*)
 probenecid
 probenecid/colchicine

Requires Prior Authorization

Colcrys
 Uloric

Anti-Migraine Agents

Preferred

sumatriptan (*Imitrex*)
 Relpax

Requires Prior Authorization

naratriptan (*Amerge*)
 (**Brand and generic**)
 Axert
 Cambia
 Frova
 Maxalt, Maxalt MLT
 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.dhmh.state.md.us/ma/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*)
 diflunisal (*Dolobid*)
 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*)
 meloxicam (*Mobic*)
 nabumetone (*Relafen*)
 naproxen (*Naprosyn*)
 naproxen OTC
 naproxen sodium, naproxen sodium DS (*Anaprox, Anaprox DS*)
 oxaprozin (*Daypro*)
 piroxicam (*Feldene*)
 sulindac (*Clinoril*)

Requires Prior Authorization

mefenamic acid (*Ponstel*)
 tolmetin, tolmetin DS (*Tolectin, Tolectin DS*)
 Arthrotec
 Celebrex
 Indocin Rectal
 Indocin Suspension
 Sprix Nasal
 Vimovo
 Zipsor

Maryland Preferred Drug List

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

cyclobenzaprine ER (*Amrix*)
 (**Brand and generic**)
 metaxalone (*Skelaxin*)
 (**Brand and generic**)
 Fexmid
 Soma 250mg tablets
 Zanaflex Capsules

Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)

Preferred

fluconazole (*Diflucan*)
 ketoconazole (*Nizoral*)
 nystatin
 terbinafine (*Lamisil*)
 Gris Peg

Requires Prior Authorization

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

ANTI-INFECTIVES

Antibiotics, GI

Preferred

metronidazole (*Flagyl*)
 neomycin
 Alinia
 Tindamax
 Vancocin

Requires Prior Authorization

Dificid
 Flagyl ER
 Xifaxan

Antibiotics, Inhaled

Preferred

TOBI

Requires Prior Authorization

Cayston

Antibiotics, Vaginal

Preferred

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

Requires Prior Authorization

Clindesse Vaginal

Antifungals, Topical (Topical Antifungals)

Preferred

clotrimazole OTC
 clotrimazole Rx (*Lotrimin*)
 clotrimazole/betamethasone
 (*Lotrisone*)
 econazole (*Spectazole*)
 ketoconazole (*Nizoral*)
 miconazole OTC
 nystatin
 nystatin/triamcinolone (*Mycolog*)
 terbinafine OTC
 tolnaftate OTC

Requires Prior Authorization

butenafine OTC
 ciclopirox (*Loprox*)
 (**Brand and generic**)
 ciclopirox solution (*Penlac*)
 (**Brand and generic**)
 ciclopirox shampoo (*Loprox*
 Shampoo) (**Brand and
 generic**)
 Bensal HP
 CNL-8
 Ertaczo
 Exelderm
 Extina
 Ketocon Plus
 Lamisil Solution
 Mentax
 Naftin
 Nuzole
 Pediaderm AF
 Oxistat
 Vusion
 Xolegel

Maryland Preferred Drug List

Antiparasitics, Topical

Preferred

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

Requires Prior Authorization

lindane
malathion (**generic only**)
Natroba
Ulesfia

Antivirals, Oral (Antivirals, General)

Preferred

acyclovir (*Zovirax*)
amantadine (*Symmetrel*)
rimantadine (*Flumadine*)
Valtrex (**Brand ONLY**)

Requires Prior Authorization

famciclovir (*Famvir*)
(**Brand and generic**)
valacyclovir (**generic only**)
Relenza
Tamiflu

Antivirals, Topical

Preferred

Abreva OTC
Denavir
Zovirax Ointment

Requires Prior Authorization

Xerese
Zovirax Cream

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

amoxicillin/clav ER (*Augmentin XR*) (**Brand and generic**)
cefditoren (*Spectracef*)
(**Brand and generic**)
cefpodoxime (*Vantin*)
(**Brand and generic**)
Augmentin 125 Suspension
Augmentin 250 Suspension
Cedax
Ceftin Tablets/Suspension

Fluoroquinolones (Quinolones)

Preferred

ciprofloxacin (*Cipro*)
levofloxacin (*Levaquin*)

Requires Prior Authorization

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

Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)

Preferred

ribavirin (*Copegus, Rebetol*)
Pegasys
Victrelis*

Requires Prior Authorization

Incivek*
Infergen
Peg-Intron
Peg-Intron Redipen
Ribapak

* Additional criteria apply to the oral Hepatitis C Protease Inhibitors. Please see the website for details:

Macrolides/Ketolides

Preferred

azithromycin (*Zithromax*)
erythromycin

Requires Prior Authorization

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

Maryland Preferred Drug List

Tetracyclines

Preferred

doxycycline hyclate
doxycycline hyclate DR
doxycycline monohydrate
minocycline (*Minocin*)
tetracycline (*Sumycin*)

Requires Prior Authorization

demeclocycline (*Declomycin*)
minocycline ER
Adoxa CK
Adoxa TT
Doryx
Nutridox
Oracea
Solodyn
Vibramycin Suspension

Topical Antibiotics

Preferred

bacitracin OTC
bacitracin/polymyxin OTC
gentamicin
mupirocin (*Bactroban Ointment*)

Requires Prior Authorization

Altabax
Bactroban Cream

CARDIOVASCULAR

Angiotensin Modulator Combinations

Preferred

amlodipine/benazepril (*Lotrel*)
Azor/Tribenzor
Exforge/Exforge HCT
Valturna

Requires Prior Authorization

trandolapril/verapamil (Tarka)
(**Brand and generic**)
Tekamlo/Amturide
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*)
losartan (Cozaar)
losartan/HCTZ (Hyzaar)
quinapril (*Accupril*)
quinaretic (*Accuretic*)
ramipril (Altace)
Benicar, Benicar HCT
Diovan, Diovan 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**)
Atacand, Atacand HCT
Avapro, Avalide
Edarbi
Micardis, Micardis HCT
Tekturna/Tekturna HCT
Teveten, Teveten HCT

Anticoagulants

Preferred

warfarin (*Coumadin*)
Fragmin
Lovenox (**Brand only**)

Requires Prior Authorization

enoxaparin (**generic only**)
fondaparinux (*Arixtra*)
(**Brand and generic**)
Innohep
Pradaxa
Xarelto

Antihypertensives, Sympatholytics

Preferred

clonidine oral (Catapres)
guanfacine (Tenex)
methyldopa (Aldomet)
methyldopa/HCTZ (Aldoril)
Catapres-TTS (**Brand only**)

Requires Prior Authorization

clonidine transdermal
(**generic only**)
reserpine
Clorpres
Nexiclon XR Suspension
Nexiclon XR Tablets

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*)
 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*)
 (**Brand and generic**)
 verapamil ER caps (*Verelan*
 PM) (**Brand and generic**)
 Cardizem LA
 Covera-HS
 Dynacirc CR

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

Preferred

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

Requires Prior Authorization

colestipol (*Colestid*)
 (**Brand and generic**)
 fenofibrate (*Lofibra*)
 (**Brand and generic**)
 fenofibric acid (*Fibricor*)
 (**Brand and generic**)
 Antara
 Fenoglide
 Lipofen
 Lovaza
 Triglide
 Welchol
 Zetia

Lipotropics, Statins (Lipotropics)

Preferred

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

Requires Prior Authorization

atorvastatin (**generic only**)
 Advicor
 Altoprev
 Caduet
 Livalo
 Vytorin

Platelet Aggregation Inhibitors

Preferred

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

Requires Prior Authorization

Effient

Pulmonary Arterial Hypertension, Oral and Inhaled Agents

Preferred

Adcirca*
 Letairis
 Revatio*
 Tracleer
 Ventavis

Requires Prior Authorization

Tyvaso

Maryland Preferred Drug List

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

CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at:
http://www.mdmahealthchoicercx.com/healthchoice_docs/mmmh_form.pdf

Anticonvulsants

Preferred

carbamazepine (Tegretol)
 carbamazepine susp (Tegretol Susp) (**Brand and generic**)
 clonazepam (Klonopin)
 divalproex (Depakote, ER)
 gabapentin (Neurontin)
 lamotrigine (Lamictal)
 levetiracetam (Keppra)
 oxcarbazepine (Trileptal)
 oxcarbazepine suspension (Trileptal Suspension) (**Brand and generic**)
 phenobarbital
 phenytoin (Dilantin)
 primidone (Mysoline)
 topiramate (Topamax)
 valproic acid (Depakene)
 zonisamide (Zonegran)
 Carbatrol (**Brand only**)
 Celontin
 Depakote Sprinkle (**Brand only**)
 Diastat Rectal (**Brand only**)
 Gabitril
 Peganone

Requires Prior Authorization

carbamazepine ER caps (**generic only**)
 carbamazepine XR (Tegretol XR)
 clonazepam ODT (Klonopin ODT)
 diazepam rectal (**generic only**)
 divalproex sprinkles (**generic only**)
 ethosuximide (Zarontin) (**Brand and generic**)
 felbamate (Felbatol)
 levetiracetam ER (Keppra XR) (**Brand and generic**)
 mephobarbital (Mebaral)
 topiramate sprinkles (Topamax Sprinkles) (**Brand and generic**)
 Banzel
 Equetro
 Gralise
 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)
 phenelzine (Nardil)
 trazodone (Desyrel)
 venlafaxine (Effexor)
 venlafaxine ER caps (Effexor XR)
 Marplan
 Parnate (**Brand only**)
 Venlafaxine ER Tablets (**Brand only**)

Requires Prior Authorization

nefazodone (Serzone)
 tranylcypromine (**generic only**)
 venlafaxine ER tablets (**generic only**)
 Aplenzin
 Oleptro ER
 Emsam
 Pristiq
 Viibryd

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

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

Requires Prior Authorization

fluoxetine weekly (Prozac weekly) (**Brand and generic**)
 paroxetine CR (Paxil CR) (**Brand and generic**)
 selfemra (Sarafem) (**Brand and generic**)
 Luvox CR
 Pexeva

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)
 Geodon
 Geodon IM
 Moban
 Orap
 Risperdal Consta
 Seroquel

2nd Tier-

olanzapine IM (Zyprexa IM)
 olanzapine ODT (Zyprexa Zydis)
 Abilify
 Zyprexa (**Brand only**)

Requires Prior Authorization

olanzapine (**generic only**)
 Abilify IM
 Fanapt
 Fazaclo
 Invega
 Invega Sustenna
 Latuda
 Saphris
 Seroquel XR
 Symbyax
 Zyprexa Relprevv

Sedative Hypnotics

Preferred

chloral hydrate
 flurazepam (Dalmane)
 temazepam (Restoril)
 triazolam (Halcion)
 zaleplon (Sonata)
 zolpidem (Ambien)

Requires Prior Authorization

estazolam (ProSom)
 temazepam 7.5 mg
 (Restoril 7.5mg)
 (**Brand and generic**)
 temazepam 22.5 mg
 (Restoril 22.5mg)
 (**Brand and generic**)
 zolpidem ER (Ambien CR)
 (**Brand and generic**)
 Edluar
 Doral
 Lunesta *
 Rozerem
 Silenor
 Somnote
 Zolpimist

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

**** 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.dhmd.state.md.us/mma/mpap/clinicalcriteria.htm>**

Maryland Preferred Drug List

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

Preferred

1st Tier-

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

2nd Tier-

Strattera *** (for ages 17 and under)

Requires Prior Authorization

amphetamine salt combo ER
(generic only)
methamphetamine (Desoxyn)
(Brand and generic)
methylphenidate liquid
(Procentra) (**Brand and generic**)
methylphenidate controlled release (**generic only**)
Kapvay
Provigil
Nuvigil
Ritalin LA

** For recipients 6 – 17 years old, Intuniv is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, Intuniv continues to be part of the MCO pharmacy benefit.

*** 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

Axiron
Fortesta
Testim

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

Preferred

alendronate (*Fosamax*)
Miacalcin (**Brand only**)

Requires Prior Authorization

calcitonin salmon nasal
(generic only)
etidronate (Didronel)
(Brand and generic)
Actonel
Actonel with Calcium
Atelvia
Boniva
Evista
Fosamax Plus D
Fosamax Solution
Forteo
Fortical
Prolia

Hypoglycemics, Incretin Mimetics and Enhancers

Preferred

Byetta
Kombiglyze XR
Onglyza
Symlin
Tradjenta

Requires Prior Authorization

Janumet
Januvia
Victoza

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)

Preferred

nateglinide (Starlix)
Prandin

Requires Prior Authorization

Prandimet

Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)

Preferred

Actos
Avandia

Requires Prior Authorization

ActoPlusMet
ActoPlusMet XR
Avandamet
Avandaryl
Duetact

GASTROINTESTINAL

Antiemetic/Antivertigo Agents

Preferred

dimenhydrinate inj. and OTC
meclizine Rx and OTC
(Bonine, Antivert)
metoclopramide oral and IV
(Reglan)
ondansetron, ondansetron ODT
(all forms) (Zofran, Zofran
ODT)
prochlorperazine (all forms)
(Compazine, Compro)
promethazine (oral and rectal)
(Phenergan)
Marinol (**Brand only**)
Emend (oral only)
Metozolv ODT
Scopace
TransDerm-Scop

Requires Prior Authorization

dronabinol (**generic only**)
granisetron oral and IV (*Kytril*)
(**Brand and generic**)
trimethobenzamide (all forms)
(Tigan) (**Brand and generic**)
Aloxi IV
Anzemet (oral and IV)
Cesamet
Emend IV
Sancuso
Zuplenz

Bile Salts

Preferred

ursodiol capsule (Actigall)

Requires Prior Authorization

ursodiol tablet (URSO Forte)
Chenodal

Pancreatic Enzymes

Preferred

pancrelipase
Creon
Pancreaze
Zenpep

Requires Prior Authorization

Phosphate Binders and Related Agents

Preferred

Calphron OTC
PhosLo (**Brand Only**)
Renagel

Requires Prior Authorization

calcium acetate (**generic only**)
Eliphos
Fosrenol
Renvela

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

Preferred

lansoprazole (*Prevacid*)
lansoprazole solutab (*Prevacid*
Solutab)
omeprazole (*Prilosec*)
omeprazole OTC (*Prilosec* OTC)

Requires Prior Authorization

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

Maryland Preferred Drug List

Ulcerative Colitis Agents

Preferred

balsalazide (*Colaza*)
 sulfasalazine (*Azulfidine*)
 Apriso
 Asacol
 Canasa

Requires Prior Authorization

mesalamine enemas (*Rowasa*)
 (**Brand and generic**)
 Asacol HD
 Dipentum
 Lialda
 Pentasa
 sFRowasa

IMMUNOLOGICS

Immunosuppressives, Oral

Preferred

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

Requires Prior Authorization

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

INJECTABLES

Colony Stimulating Factors

Preferred

Neupogen

Requires Prior Authorization

Leukine
 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

Requires Prior Authorization

Actemra
 Amevive
 Kineret
 Orencia
 Orencia Sub-Q
 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

NEUROLOGICS

Alzheimer's Agents

Preferred

donepezil/donepezil ODT
 (Aricept/Aricept ODT)
 rivastigmine (Exelon)
 Exelon Transdermal Patch
 Namenda

Requires Prior Authorization

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

Maryland Preferred Drug List

Anti-Parkinson's Agents

Preferred

benztropine (*Cogentin*)
 levodopa/carbidopa Immediate and Extended Release (*Sinemet, Sinemet CR*)
 ropinirole (*Requip*)
 pramipexole (*Mirapex*)
 trihexyphenidyl (*Artane*)
 Stalevo

Requires Prior Authorization

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

Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)

Preferred

Ampyra
 Avonex
 Betaseron
 Copaxone

Requires Prior Authorization

Extavia
 Gilenya
 Rebif

OPHTHALMIC

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

Preferred

cromolyn (*Crolom*)
 ketotifen OTC (*Zaditor OTC*)
 Alex
 Pataday
 Patanol

Requires Prior Authorization

azelastine (*Optivar*)
 (**Brand and generic**)
 epinastine (*Elestat*)
 (**Brand and generic**)
 Alamast
 Alocril
 Alomide
 Bepreve
 Elestat
 Emadine
 Lastacaft

Ophthalmics, Antibiotics

Preferred

bacitracin
 bacitracin/polymyxin
 ciprofloxacin solution (*Ciloxan*)
 erythromycin
 gentamicin (*Garamycin*) (**Brand and generic**)
 neomycin/polymyxin/gramicidin
 ofloxacin (*Ocuflox*)
 polymyxin/trimethoprim (*Polytrim*)
 sulfacetamide
 terramycin/polymyxin
 tobramycin
 triple antibiotic
 Besivance
 Ciloxan Ointment
 Tobrex Ointment
 Vigamox
 Zymar

Requires Prior Authorization

levofloxacin (*Quixin*)
 (**Brand and generic**)
 AzaSite
 Iquix
 Moxeza
 Natacyn
 Zymaxid

Ophthalmics, Antibiotic/Steroid Combinations

Preferred

neomycin/bacitracin/polymyxin/HC
 neomycin/poly/dexamethasone
 neomycin/poly/dexamethasone
 neomycin/polymyxin/HC
 sulfacetamide/prednisolone
 tobramycin/dexamethasone susp
 Blephamide
 Blephamide SOP
 Pred-G Ointment, Drops
 Tobradex Ointment
 Zylet

Requires Prior Authorization

Tobradex ST

Maryland Preferred Drug List

Ophthalmics, Glaucoma Agents

Preferred

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

Requires Prior Authorization

apraclonidine (Iopidine) (**Brand and generic**)
brimonidine tartrate 0.15%
(generic only)
Alphagan P 0.1%
Lumigan

Ophthalmics, Anti-Inflammatories

Preferred

dexamethasone (*Decadron*)
diclofenac (*Voltaren*)
fluorometholone (*FML*)
flurbiprofen (*Ocufen*)
ketorolac (*Acular*)
ketorolac LS (*Acular LS*)
prednisolone acetate
prednisolone sodium
FML Forte
FML SOP
Lotemax
Maxidex
Omnipred
Pred Mild

Requires Prior Authorization

bromfenac (*Xibrom*)
Acuvail
Bromday
Durezol
Flarex
Nevanac
Ozurdex
Pred Forte
Retisert
Triesence
Vexol

OTIC

Otic Antibiotics

Preferred

neomycin/polymyxin/HC
(*Cortisporin*)
ofloxacin otic (*Floxin Otic*)
Ciprodex
Coly-Mycin S
Cortisporin TC

Requires Prior Authorization

Cetraxal
Cipro HC

RESPIRATORY

Antihistamines, Minimally Sedating (Antihistamines)

Preferred

cetirizine, cetirizine-D
(Rx and OTC)
fexofenadine OTC 60 mg
fexofenadine OTC 180 mg
levocetirizine (*Xyzal*)
loratadine, loratadine-D
(Rx and OTC)

Requires Prior Authorization

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

Maryland Preferred Drug List

Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)

Preferred

albuterol syrup and tablet
(*Proventil, Ventolin*)
terbutaline (*Brethine*)
Foradil
Maxair
ProAir HFA
Proventil HFA

Requires Prior Authorization

albuterol ext-rel (*Vospire ER*)
albuterol neb low dose
levalbuterol neb (*Xopenex*)
(Brand and generic)
metaproterenol (*Alupent*)
Arcapta
Brovana
Perforomist
Serevent
Ventolin HFA
Xopenex HFA

COPD Agents

Preferred

ipratropium neb (*Atrovent*)
ipratropium neb/albuterol
(*DuoNeb*)
Atrovent HFA
Combivent
Spiriva

Requires Prior Authorization

Daliresp

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

Preferred

Advair Diskus/Advair HFA
Aerobid, Aerobid M
Asmanex
Dulera
Flovent Diskus/Flovent HFA
Qvar
Symbicort

Requires Prior Authorization

budesonide respules
(*Pulmicort Respules*) *
(Brand and generic)
(Over Age 8, Under Age 1)
Alvesco
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 (**Brand only**)
Astepro
Beconase AQ
Nasacort AQ (**Brand only**)
Nasonex
Patanase

Requires Prior Authorization

azelastine nasal (**generic only**)
flunisolide (*Nasarel*)
(Brand and generic)
ipratropium (*Atrovent Nasal*)
(Brand and generic)
triamcinolone nasal (**generic only**)
Omnaris
Rhinocort Aqua
Veramyst

Leukotriene Modifiers

Preferred

zafirlukast (*Accolate*)
Singulair

Requires Prior Authorization

Zyflo CR

Maryland Preferred Drug List

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

benzoyl peroxide
 clindamycin topical
 erythromycin
 sulfacetamide-sulfur
 tretinoin
 Azelex
 BenzaClin
 Differin (**Brand only**)
 Epiduo
 Retin-A Micro

Requires Prior Authorization

adapalene (**generic only**)
 benzoyl peroxide OTC
 clindamycin-benzoyl peroxide
 erythromycin-benzoyl peroxide
 sodium sulfa-sulfur-meratan
 sulfacetamide lotion (*Klaron*)
 Acanya
 Aczone
 Akne-Mycin
 Atralin
 Benzefoam
 Brevoxyl
 Clarifoam EF
 Clinac BPO
 Clindagel
 Clindareach
 Duac
 Evoclin
 Inova
 Lavoclen
 Neobenz Micro
 Nuox
 SE BPO
 Sulfoxyl
 Tazorac
 Triaz
 Veltin
 Zaclir
 Ziana
 Zoderm

Atopic Dermatitis

Preferred

Elidel

Requires Prior Authorization

Protopic

UROLOGIC

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

Preferred

doxazosin (*Cardura*)
 finasteride (*Proscar*)
 tamsulosin (Flomax)
 terazosin (*Hytrin*)
 Uroxatral

Requires Prior Authorization

Avodart
 Cardura XL
 Jalyn
 Rapaflo

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

Preferred

oxybutynin (*Ditropan*)
 Toviaz
 Vesicare

Requires Prior Authorization

oxybutynin XL (*Ditropan XL*)
(Brand and generic)
 trospium (Sanctura)
(Brand and generic)
 Detrol
 Detrol LA
 Enablex
 Gelnique
 Oxytrol
 Sanctura XR