Maryland
DEPARTMENT OF HEALTH

PHARMACY
News & Views

July 2026

Benefits of Prescribing Preferred Medications

Prescribing medications from the Maryland Medicaid Fee-for-Service Preferred Drug List (PDL) has benefits for both prescribers and patients. Unlike non-preferred medications, most PDL medications do not require prior authorization. PDL medications are the most clinically effective, safe, and least expensive medications within the class of medications being prescribed. Prescribing PDL medications can also save patients money. Medications on the PDL have a lower copayment ($1) than non-preferred medications ($3).

The Maryland Medicaid Office of Pharmacy Services publishes the PDL twice each year in the months of January and July. The PDL is created based on the recommendations from the Maryland Medicaid Pharmacy and Therapeutics (P&T) Committee, which is comprised of external physicians, pharmacists, and consumer representatives. The Committee considers new medical literature and national treatment guidelines when recommending preferred or non- preferred status for medications on the PDL. The Committee's recommendations are based on the clinical effectiveness, safety, outcomes, and FDA-approved indications of all medications included in each PDL class. When medications within a class are clinically equivalent, the Committee considers the comparative cost-effectiveness of the medications in the class. The clinical data always takes precedence over cost considerations in the decision-making process of the P&T Committee.

The PDL shown in this newsletter is effective as of July 1, 2026. 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 for Maryland Medicaid participants. 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.

Product Key:

- **PDL change = Red, underlined, bold**
- **Brand = Leading capital letter**
- **generic = all lowercase letters**

Note: A 72-hour emergency supply of a non-preferred drug is available by calling 800-932-3918. A 30-day emergency supply is available for Tier 2 and Non-preferred Anti-psychotic agents (see more details on back page).

CME/CE CREDITS

The Office of Pharmacy Services provides live continuing medical education (CME) and continuing education (CE) programs on timely issues with the latest research at no cost to participants. Previous seminar recordings and handouts are available at: **https://mmppi.com/previous_seminars.htm**

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Generic vs. Brand Status on Maryland's PDL

Maryland Medicaid's Preferred Drug List (PDL), encompassing over 2000 drugs, covers most generic formulations of preferred multisource brand drugs without a prior authorization. If the prescription for a brand name drug is to be dispensed as written (DAW1), the prescriber must complete and submit a MedWatch form (**https://bit.ly/4eQlaeO**). The State's clinical pharmacy team will review the MedWatch form and notify the prescriber whether the request for the brand name drug is approved or denied. The State will forward the MedWatch form to the FDA when appropriate.

Exceptions to this rule are included in the attached PDL effective July 1, 2026. Claims for these brand name medications must be submitted with DAW 6 code and will be priced appropriately. A Maryland Department of Health MedWatch form will not be required. Claims with any other DAW code will reject. Please refer to complete PDL list at: **https://bit.ly/4cOVHk5**.

Not all generics are preferred. In some instances, the State prefers the multisource brand name drug over its generic equivalent because the branded drug is more cost effective than its generic counterpart.

- When the brand name drug is preferred, no MedWatch nor authorization is needed [1,2].
- Pharmacy providers must 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 Conduent's 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).

Therapeutic Class	Preferred BRAND	Non-Preferred GENERIC
Antibiotics, Inhaled	Bethkis	tobramycin solution
Anticonvulsants	Sabril tablet [2]	vigabatrin tablet [2]
Anticonvulsants	Trileptal suspension (oral)	oxcarbazepine suspension (oral)
Antipsychotics	Risperdal Consta	risperidone ER injection
COPD Agents	Anoro Ellipta	umeclidinium/vilanterol
COPD Agents	Spiriva Handihaler	tiotropium bromide capsule
Cytokine and CAM Antagonists	Selarsdi	ustekinumab-AEKN
Glucocorticoids, Inhaled	Symbicort (inhalation)	budesonide/formoterol (inhalation)
Hypoglycemic, SGLT2 Inhibitors	Farxiga	dapagliflozin tablet
Opioid Use Disorder Treatments	Narcan Nasal Spray [3]	naloxone nasal spray [3]
Opioid Use Disorder Treatments	Suboxone Film	buprenorphine/naloxone film
Stimulants and Related Agents	Adderall XR capsule [3]	amphetamine salt combo ER capsule [3]
Stimulants and Related Agents	Concerta tablet [3]	methylphenidate ER tablet [3]
Stimulants and Related Agents	Focalin XR [3]	dexmethylphenidate XR capsule [3]
Stimulants and Related Agents	Ritalin LA [3]	methylphenidate ER capsule [3]
Stimulants and Related Agents	Vyvanse	lisdexamfetamine capsule
Ulcerative Colitis Agents	Pentasa [3]	mesalamine ER capsule [3]

[1] *Unless the Program has established clinical criteria for the drug*
[2] *Is a non-preferred drug on the PDL and will require a prior authorization by the prescriber*
[3] *Both brand and generic are preferred*

ANALGESICS

Analgesics, Narcotics * (Long Acting)

** All drugs in this class are subject to review through the Opioid Drug Utilization Review Program*

Preferred

fentanyl patch (All strengths except 37.5mcg, 62.5mcg, 87.5mcg) cc,ql
morphine sulfate SR (MS Contin) ql

Non-Preferred/Requires Prior Authorization

buprenorphine film (Belbuca) ql
buprenorphine patch (Butrans) ql
fentanyl patch (37.5mcg, 62.5mcg, 87.5mcg) cc,ql
hydrocodone ER (Hysingla ER, Zohydro ER) ql
hydromorphone ER (Exalgo) ql
methadone (Dolophine) ql
morphine sulfate ER (Avinza, Kadian) ql
oxycodone ER (Oxycontin) ql
oxymorphone ER (Opana ER) ql
tapentadol ER (Nucynta ER) ql
tramadol ER (Conzip, Ryzolt, Ultram ER) ql

ANALGESICS

Analgesics, Narcotics * (Short Acting)

Preferred

acetaminophen/codeine (Tylenol w/codeine) ql
hydrocodone/acetaminophen tablet (Lorcet, Norco, Vicodin) ql
hydromorphone tablet (Dilaudid)
morphine sulfate tablet, solution, syringe
oxycodone capsule, tablet, solution
oxycodone/acetaminophen (Percocet) ql
tramadol 50 mg (Ultram) ql
tramadol/acetaminophen (Ultracet) ql

Non-Preferred/Requires Prior Authorization

butalbital/acetaminophen/codeine/caffeine ql
butalbital compound w/codeine ql
butorphanol nasal spray
carisoprodol/codeine compound
codeine tablet
dihydrocodeine/acetaminophen/caffeine
fentanyl buccal (Actiq, Fentora) cc,ql
hydrocodone/acetaminophen solution (Lortab) ql
hydrocodone/ibuprofen (Vicoprofen)
hydromorphone solution, suppositories
levorphanol
meperidine (Demerol)
morphine suppositories
oxycodone concentrated solution
oxycodone syringe
oxycodone/acetaminophen (Prolate) ql
oxycodone/acetaminophen solution ql
oxymorphone (Opana)
pentazocine/naloxone (Talwin NX)
tapentadol (Nucynta)
tramadol 25mg, 75mg, 100mg ql
tramadol solution

ANALGESICS

Anti-Migraine Agents, Other

Also appears under Central Nervous System

Preferred

Ajovy **(Step Therapy)** cc,ql
Emgality 120mg/mL **(Step Therapy)** cc,ql
Nurtec ODT cc,ql
Qulipta cc,ql
Ubrelvy cc,ql

Non-Preferred/Requires Prior Authorization

diclofenac potassium powder pack
dihydroergotamine mesylate (Migranal)
Aimovig **(Step Therapy)** cc,ql
Brekiya
Elyxyb
Emgality 100mg/mL **(Step Therapy)** cc,ql
Ergomar
Migerot
Reyvow cc,ql
Vyepti cc,ql
Zavzpret cc,ql

Anti-Migraine Agents, Triptans

Preferred

naratriptan (Amerge) ql
rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT) ql
sumatriptan nasal, tablet, vial (Imitrex) ql
zolmitriptan (Zomig) ql

Non-Preferred/Requires Prior Authorization

almotriptan (Axert) ql
eletriptan (Relpax) ql
frovatriptan (Frova) ql
sumatriptan kit (Imitrex) ql
sumatriptan/naproxen (Treximet) ql
zolmitriptan nasal (Zomig) ql
zolmitriptan ODT (Zomig ZMT) ql
Symbravo ql
Tosymra
Zembrace

Maryland Medicaid Preferred Drug List

ANALGESICS

Neuropathic Pain and Select Agents

Preferred

capsaicin OTC
duloxetine (Cymbalta) cc,ql
gabapentin capsule, tablet (Neurontin)
lidocaine patch (Lidoderm) ql
pregabalin capsule ql

Non-Preferred/Requires Prior Authorization

duloxetine 40mg (Irenka) ql
gabapentin ER (Gralise)
gabapentin solution (Neurontin)
pregabalin solution (Lyrica solution)
pregabalin XR (Lyrica CR)
DermacinRx Lidocaine Patch
Drizalma Sprinkle cc,ql
Gabarone cc,ql
Horizant
Journavx cc,ql
Lidocan Patch
Qutenza Kit
Savella
Xyliderm
ZTlido

ANALGESICS

Nonsteroidal Anti-Inflammatories (NSAIDs)

Preferred

celecoxib (Celebrex)
diclofenac gel (Voltaren Gel)
diclofenac sodium
ibuprofen Rx, OTC (Motrin)
indomethacin (Indocin)
meloxicam tablet (Mobic)
nabumetone (Relafen)
naproxen
naproxen sodium OTC
sulindac (Clinoril)

Non-Preferred/Requires Prior Authorization

diclofenac epolamine patch (Flector) cc,ql
diclofenac potassium capsule, tablet
diclofenac topical solution (Pennsaid)
diclofenac/misoprostol (Arthrotec)
diclofenac SR (Voltaren XL)
diflunisal (Dolobid)
etodolac, etodolac XL (Lodine, Lodine XL)
fenoprofen
flurbiprofen
ibuprofen 300mg cc,ql
ibuprofen chewable tabs OTC
ibuprofen/famotidine (Duexis)
indomethacin ER (Indocin SR)
indomethacin rectal
ketoprofen, ketoprofen ER (Orudis, Oruvail)
ketorolac (Toradol)
meclofenamate (Meclomen)
mefenamic acid (Ponstel)
meloxicam capsule (Vivlodex)
naproxen/esomeprazole (Vimovo)
naproxen CR, suspension
naproxen EC
naproxen sodium Rx
oxaprozin (Daypro)
piroxicam (Feldene)
tolmetin sodium
Coxanto
Licart Patch cc,ql
Lofena
Relafen DS
Vyscoxa

ANALGESICS

Opioid Use Disorder Treatments

Preferred

buprenorphine (Subutex) cc,ql
buprenorphine/naloxone tablet (Suboxone) ql
naloxone injectable (Narcan)
naloxone nasal spray (Narcan nasal spray) **(Brand, generic and OTC)**
naltrexone (Revia) cc,ql
Brixadi Monthly cc,ql
Brixadi Weekly cc,ql
Opvee nasal spray
Rextovy nasal spray
Sublocade cc,ql
Suboxone film **(Brand only)** ql
Vivitrol cc,ql
Zubsolv ql

Non-Preferred/Requires Prior Authorization

buprenorphine/naloxone film (Suboxone) (generic only) ql
lofexidine (Lucemyra) cc,ql
Kloxxado
Zurnai

Skeletal Muscle Relaxants

Preferred

baclofen (Lioresal)
chlorzoxazone (Parafon)
cyclobenzaprine (Flexeril) ql
methocarbamol (Robaxin)
orphenadrine ER (Norflex)
tizanidine tablet (Zanaflex)

Non-Preferred/Requires Prior Authorization

baclofen solution, suspension (Ozobax, Ozabax DS)
carisoprodol (Soma)
carisoprodol compound (Soma Compound)
cyclobenzaprine ER (Amrix) ql
dantrolene (Dantrium)
metaxalone (Skelaxin)
orphenadrine/aspirin/caffeine
tizanidine capsule (Zanaflex)
Gablofen
Lyvispah
Ontralfy
Tanlor

PRODUCT KEY: PDL change = red, underlined, bold; Brand name = Leading capital letter; generic = all lowercase
cc CLINICAL CRITERIA: https://bit.ly/4cnJByk ql QUANTITY LIMITS: https://bit.ly/4laFqKL hc HIGH COST FORM: https://bit.ly/3LuxUu9

ANTI-INFECTIVES

Antibiotics, GI

Preferred

metronidazole tablet (Flagyl)
neomycin
tinidazole (Tindamax)
vancomycin capsule (Vancocin)
vancomycin solution (Firvanq)

Non-Preferred/Requires Prior Authorization

fidaxomicin (Dificid) cc,ql
metronidazole capsule (Flagyl capsule)
metronidazole 125mg tablet
nitazoxanide tablet (Alinia)
paromomycin
vancomycin solution 250mg/5mL
Dificid suspension cc,ql
Likmez
Rebyota enema
Solosec
Vowst

Antibiotics, Inhaled

Preferred

tobramycin inhalation solution (Tobi) cc,ql
Bethkis **(Brand only)** cc,ql
Tobi Podhaler cc,ql

Non-Preferred/Requires Prior Authorization

tobramycin pak (Kitabis Pak) cc,ql
*tobramycin solution (Bethkis) **(generic only)*** cc,ql
Arikayce cc,ql
Cayston cc,ql

ANTI-INFECTIVES

Antibiotics, Topical

Preferred

bacitracin OTC
bacitracin/polymyxin OTC
double antibiotic OTC
gentamicin
mupirocin ointment (Bactroban Ointment)
neomycin/polymyxin/pramoxine OTC
triple antibiotic OTC
triple antibiotic plus OTC

Non-Preferred/Requires Prior Authorization

mupirocin cream (Bactroban Cream)
Centany
Xepi

Antibiotics, Vaginal

Preferred

clindamycin (Cleocin)
metronidazole vaginal (Metrogel)
Cleocin ovule
Nuvessa
Xaciato

Non-Preferred/Requires Prior Authorization

Clindesse
Vandazole

Antifungals, Oral

Preferred

clotrimazole troches (Mycelex)
fluconazole (Diflucan)
griseofulvin suspension (GriFulvin V)
ketoconazole (Nizoral)
nystatin suspension, tablet
terbinafine (Lamisil)

Non-Preferred/Requires Prior Authorization

flucytosine (Ancobon)
griseofulvin tablet (Gris Peg, GriFulvin V)
itraconazole (Sporanox)
posaconazole (Noxafil)
voriconazole (Vfend)
Brexafemme
Cresemba
Noxafil suspension packet
Oravig buccal
Tolsura
Vivjoa

ANTI-INFECTIVES

Antifungals, Topical

Preferred

ciclopirox cream, solution
clotrimazole cream Rx, OTC
clotrimazole/betamethasone cream (Lotrisone)
ketoconazole cream, shampoo (Nizoral)
miconazole cream OTC
nystatin cream, ointment, powder
nystatin/triamcinolone (Mycolog)
terbinafine OTC
tolnaftate cream, powder OTC

Non-Preferred/Requires Prior Authorization

ciclopirox gel, kit, shampoo, suspension
clotrimazole solution OTC, Rx
clotrimazole/betamethasone lotion (Lotrisone)
econazole (Spectazole)
ketoconazole foam (Ketodan)
miconazole powder, solution, spray OTC
miconazole nitrate/zinc oxide/petrolatum (Vusion)
naftifine (Naftin)
oxiconazole cream (Oxistat)
salicylic acid 3% ointment
sulconazole nitrate cream, solution
tavaborole (Kerydin)
Ertaczo
Oxistat lotion
Tripenicol OTC cream

Maryland Medicaid Preferred Drug List

ANTI-INFECTIVES

Antiparasitics, Topical

Preferred
permethrin Rx, OTC (Elimite, Acticin)
piperonyl/pyrethrins OTC

Non-Preferred/Requires Prior Authorization
ivermectin lotion OTC (Sklice) [ql]
malathion (Ovide) [ql]
spinosad (Natroba) [ql]
Crotan
Eurax

Antivirals, Oral

Preferred
acyclovir (Zovirax)
oseltamivir (Tamiflu) [ql]
valacyclovir (Valtrex)
Paxlovid

Non-Preferred/Requires Prior Authorization
famciclovir (Famvir)
rimantadine (Flumadine)
Relenza
Xofluza

Antivirals, Topical

Preferred
acyclovir cream, ointment (Zovirax)
docosanol 10% cream (Abreva OTC)

Non-Preferred/Requires Prior Authorization
penciclovir (Denavir)

ANTI-INFECTIVES

Cephalosporins and Related Antibiotics

Preferred
cefaclor capsule (Ceclor)
cefadroxil capsule, suspension (Duricef)
cefdinir (Omnicef)
cefprozil (Cefzil)
cefuroxime tablet (Ceftin)
cephalexin capsule, suspension (Keflex)

Non-Preferred/Requires Prior Authorization
cefaclor suspension, ER tablet (Ceclor, Ceclor CD)
cefadroxil tablet (Duricef)
*cefixime capsule, suspension, **tablet** (Suprax)*
cefpodoxime (Vantin)
cephalexin tablet (Keflex)

Fluoroquinolones, Oral

Preferred
ciprofloxacin tablet (Cipro)
levofloxacin tablet (Levaquin)

Non-Preferred/Requires Prior Authorization
ciprofloxacin suspension (Cipro)
levofloxacin solution (Levaquin)
moxifloxacin (Avelox)
ofloxacin (Floxin)
Baxdela

Hepatitis B Agents

Preferred
entecavir (Baraclude)
lamivudine HBV tablet

Non-Preferred/Requires Prior Authorization
adefovir dipivoxil (Hepsera)
Baraclude solution
Vemlidy

ANTI-INFECTIVES

Hepatitis C Agents

Preferred
ribavirin (Copegus, Rebetol)
sofosbuvir/velpatasvir (Epclusa) [cc]
Mavyret [cc]
Pegasys
Vosevi [cc]

Non-Preferred/Requires Prior Authorization
ledipasvir/sofosbuvir (Harvoni) [cc]
Harvoni Pellet Pack [cc]
Sovaldi [cc]
Sovaldi Pellet Pack [cc]
Zepatier [cc]

Macrolides / Ketolides

Preferred
azithromycin (Zithromax)
clarithromycin tablet (Biaxin)
erythromycin base DR capsule
erythromycin base tablet
erythromycin ethyl succinate oral suspension (EryPed, E.E.S.)

Non-Preferred/Requires Prior Authorization
clarithromycin suspension (Biaxin)
clarithromycin ER (Biaxin XL)
erythromycin base tablet DR
erythromycin ethylsuccinate tablet (E.E.S. 400)
Erythrocin

ANTI-INFECTIVES

Tetracyclines

Preferred
doxycycline hyclate (Vibramycin)
doxycycline monohydrate 50mg, 100mg capsule (Monodox)
doxycycline monohydrate tablet
minocycline capsule (Minocin)
tetracycline (Sumycin)

Non-Preferred/Requires Prior Authorization
demeclocycline (Declomycin)
doxycycline hyclate DR (Doryx)
doxycycline monohydrate 40mg, 75mg, 150mg capsule
doxycycline monohydrate suspension (Vibramycin)
minocycline tablet
minocycline ER (Solodyn, Ximino)
Doryx MPC
Morgidox Kit
Nuzyra

BLOOD MODIFERS

Antihyperuricemics

Preferred
allopurinol 100mg, 300mg (Zyloprim)
colchicine tablet (Colcrys) [ql]
febuxostat (Uloric)
probenecid
probenecid/colchicine

Non-Preferred/Requires Prior Authorization
allopurinol 200 mg
colchicine capsule (Mitigare) [ql]
Gloperba
Krystexxa

Colony Stimulating Factors

Preferred
Fylnetra
Neupogen

Non-Preferred/Requires Prior Authorization
Fulphila
Granix syringe, vial
Leukine
Neulasta
Nivestym
Nyvepria
Releuko
Rolvedon
Ryzneuta
Stimufend
Udenyca, Udenyca OnBody [cc,ql]
Zarxio
Ziextenzo

Erythropoiesis Stimulating Proteins

Preferred
Aranesp
Epogen
Retacrit

Non-Preferred/Requires Prior Authorization
Mircera
Procrit
Reblozyl
Retacrit Vifor

BLOOD MODIFIERS

Phosphate Binders

Preferred
calcium acetate (PhosLo)
sevelamer carbonate (Renvela)
Calphron OTC

Non-Preferred/Requires Prior Authorization
ferric citrate (Auryxia)
lanthanum carbonate (Fosrenol)
sevelamer carbonate powder pack (Renvela)
sevelamer HCl (Renagel)
Fosrenol powder pack
Magnebind 400 Rx
Velphoro
Xphozah

Sickle Cell Disease

Preferred
Droxia
Siklos [cc,ql]

Non-Preferred/Requires Prior Authorization
glutamine powder pack (Endari) [cc,ql]
Adakveo [cc]
Casgevy [cc]
Lyfgenia [cc]
Xromi

Angiotensin Modulator Combinations

Preferred
amlodipine/benazepril (Lotrel)
amlodipine/olmesartan (Azor)
amlodipine/valsartan (Exforge)

Non-Preferred/Requires Prior Authorization
amlodipine/olmesartan/HCTZ (Tribenzor)
amlodipine/telmisartan (Twynsta)
amlodipine/valsartan/HCTZ (Exforge HCT)
trandolapril/verapamil (Tarka)

Maryland Medicaid Preferred Drug List

CARDIOVASCULAR

Angiotensin Modulators

Preferred

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)
olmesartan, olmesartan/HCTZ (Benicar, Benicar HCT)
ramipril (Altace)
sacubitril/valsartan (Entresto) ql
valsartan, valsartan/HCTZ (Diovan, Diovan HCT)

Non-Preferred/Requires Prior Authorization

aliskiren (Tekturna)
candesartan, candesartan/HCTZ (Atacand, Atacand HCT)
captopril, captopril/HCTZ (Capozide)
enalapril solution (Epaned)
fosinopril, fosinopril/HCTZ (Monopril, Monopril HCT)
moexipril (Univasc)
perindopril (Aceon)
quinapril, quinapril/HCTZ (Accupril, Accuretic)
telmisartan, telmisartan/HCTZ (Micardis, Micardis HCT)
trandolapril (Mavik)
valsartan solution
Arbli suspension
Edarbi, Edarbyclor
Entresto Sprinkle cc,ql
Qbrelis
Tekturna HCT

CARDIOVASCULAR

Anticoagulants

Preferred

dabigatran (Pradaxa) ql
enoxaparin (Lovenox) ql
warfarin (Coumadin)
Eliquis **dose pack, sprinkle, suspension**, tablet
Xarelto Dose Pack
Xarelto tablet (except 2.5mg)

Non-Preferred/Requires Prior Authorization

fondaparinux (Arixtra) ql
rivaroxaban 2.5mg tablet (Xarelto) cc,ql
rivaroxaban suspension (Xarelto)
Fragmin ql
Pradaxa 110mg ql
Pradaxa Pellet Pack
Savaysa

Antihypertensives, Sympatholytics

Preferred

clonidine patch (Catapres TTS) ql
clonidine tablet (Catapres)
guanfacine (Tenex)
methyldopa (Aldomet)

Non-Preferred/Requires Prior Authorization

clonidine ER tablet (Nexiclon)
Javadin solution
Methyldopate

CARDIOVASCULAR

Beta Blockers

Preferred

atenolol, atenolol/chlorthalidone (Tenormin, Tenoretic)
bisoprolol (Zebeta)
bisoprolol/HCTZ (Ziac)
carvedilol (Coreg)
labetalol (Normodyne, Trandate)
metoprolol succinate XL (Toprol XL)
metoprolol tartrate (Lopressor)
nadolol (Corgard)
nebivolol (Bystolic)
propranolol, propranolol LA (Inderal, Inderal LA)
sotalol, sotalol AF (Betapace, Betapace AF)

Non-Preferred/Requires Prior Authorization

acebutolol (Sectral)
betaxolol (Kerlone)
carvedilol ER (Coreg CR)
metoprolol/HCTZ (Lopressor HCT)
pindolol (Visken)
timolol (Blocadren)
Hemangeol
Kapspargo
Lopressor solution
Sotylize

CARDIOVASCULAR

Calcium Channel Blockers

Preferred
amlodipine (Norvasc)
diltiazem (Cardizem)
diltiazem ER capsule (Cardizem CD, Tiazac)
felodipine ER (Plendil)
nifedipine ER (Adalat CC, Procardia XL)
verapamil (Calan)
verapamil ER tablet (Calan SR)

Non-Preferred/Requires Prior Authorization
diltiazem ER tablet (Cardizem LA)
isradipine (Dynacirc)
levamlodipine (Conjupri)
nicardipine (Cardene)
nifedipine (Adalat, Procardia)
nimodipine (Nimotop)
nisoldipine (Sular)
verapamil ER capsule (Verelan, Verelan PM)
Cardamyst cc,ql
Katerzia
Norliqva
Nymalize, Nymalize syringe
Sdamlo solution

CARDIOVASCULAR

Lipotropics, Other

Preferred
cholestyramine
colestipol tablet (Colestid)
ezetimibe (Zetia)
fenofibrate capsule, tablet (Lofibra)
fenofibrate nanocrystals (Tricor)
gemfibrozil (Lopid)
niacin ER (Niaspan)
omega-3 ethyl esters (Lovaza)
Praluent cc,ql
Repatha cc,ql

Non-Preferred/Requires Prior Authorization
colesevelam (Welchol)
colestipol granules (Colestid)
fenofibrate (Antara, Fenoglide, Lipofen, Triglide)
fenofibric acid (Fibricor, Trilipix)
icosapent ethyl (Vascepa)
Evkeeza cc
Juxtapid cc
Leqvio cc,ql
Nexletol cc,ql
Nexlizet cc,ql
Redemplo
Tryngolza

Lipotropics, Statins

Preferred
atorvastatin (Lipitor)
ezetimibe/simvastatin (Vytorin)
lovastatin (Mevacor)
pravastatin (Pravachol)
rosuvastatin (Crestor)
simvastatin (Zocor)

Non-Preferred/Requires Prior Authorization
amlodipine/atorvastatin (Caduet)
fluvastatin, fluvastatin ER (Lescol, Lescol XL)
pitavastatin (Livalo)
Atorvaliq
Flolipid
Zypitamag

CARDIOVASCULAR

Platelet Aggregation Inhibitors

Preferred
clopidogrel (Plavix) ql
dipyridamole (Persantine) ql
prasugrel (Effient) ql
ticagrelor (Brilinta) ql

Non-Preferred/Requires Prior Authorization
aspirin/dipyridamole (Aggrenox) ql

PAH Agents, Oral and Inhaled

Preferred
ambrisentan (Letairis)
bosentan tablet (Tracleer)
sildenafil tablet (Revatio) cc,ql
tadalafil (Adcirca) cc,ql

Non-Preferred/Requires Prior Authorization
bosentan tablet for suspension (Tracleer)
sildenafil solution (Revatio) cc,ql
Adempas
Opsumit cc,ql
Opsynvi cc,ql
Orenitram ER cc,ql
Orenitram Titration kit
Tadliq suspension
Tyvaso, Tyvaso DPI cc
Uptravi cc,ql
Yutrepia

Maryland Medicaid Preferred Drug List

THE MENTAL HEALTH FORMULARY CAN BE FOUND AT: https://bit.ly/4wfdB9o

Anticonvulsants

Preferred

carbamazepine chewable, suspension, tablet (Tegretol)
carbamazepine ER (Carbatrol)
clobazam suspension, tablet (Onfi) ql
clonazepam (Klonopin)
diazepam rectal (Diastat, Diastat Acudial) ql
divalproex, divalproex ER, divalproex sprinkle (Depakote, Depakote ER, Depakote Sprinkle)
lacosamide solution, tablet (Vimpat) ql
lamotrigine (Lamictal)
levetiracetam tablet, solution (Keppra)
oxcarbazepine tablet (Trileptal)
phenobarbital
phenytoin, phenytoin ER (Dilantin, Dilantin Infatab, Phenytek)
primidone (Mysoline)
topiramate (Topamax)
topiramate sprinkle (Topamax Sprinkle)
valproic acid (Depakene)
zonisamide (Zonegran)
Nayzilam ql
Sezaby
Trileptal suspension **(Brand only)**
Valtoco ql

Non-Preferred/Requires Prior Authorization

carbamazepine XR (Tegretol XR)
clonazepam ODT (Klonopin ODT)
eslicarbazepine (Aptiom) cc
ethosuximide (Zarontin)
felbamate (Felbatol)
lamotrigine dose pack
lamotrigine XR, lamotrigine ODT (Lamictal XR, Lamictal ODT)
levetiracetam ER (Keppra XR)
methsuximide (Celontin)
oxcarbazepine ER (Oxtellar XR)
oxcarbazepine suspension (Trileptal suspension) ***(generic only)***
perampanel (Fycompa) cc,ql
rufinamide suspension, tablet (Banzel) cc,ql
tiagabine (Gabitril)
topiramate ER (Qudexy XR, Trokendi XR) cc,ql
topiramate solution
Briviact
Diacomit capsule, powder pack
Dilantin 30mg capsule

Anticonvulsants (continued)

Non-Preferred/Requires Prior Authorization

Elepsia XR
Epidiolex cc,ql
Eprontia solution
Equetro
Fintepla cc,ql
Fycompa suspension cc,ql
Lamictal XR dose pack
Motpoly XR
Sabril tablet ***(Brand only)*** cc
Spritam
Subvenite suspension
Sympazan cc,ql
Vigabatrin powder pack cc
Vigafyde solution cc
Vimpat starter pack
Xcopri
Zonisade
Ztalmy

Antidepressants, Other

Preferred

bupropion, bupropion SR ql, buproprion XL (Wellbutrin, Wellbutrin SR, Wellbutrin XL)
desvenlafaxine ER (Pristiq)
mirtazapine, mirtazapine ODT (Remeron, Remeron ODT)
trazodone (Desyrel)
venlafaxine (Effexor)
venlafaxine ER capsule (Effexor XR)
vilazodone (Viibryd)

Non-Preferred/Requires Prior Authorization

bupropion XL (Forfivo XL)
desvenlafaxine fumarate ER
nefazodone (Serzone)
phenelzine (Nardil)
tranylcypromine (Parnate)
venlafaxine besylate ER
venlafaxine ER tablet
Auvelity cc
Emsam
Fetzima, Fetzima Dose Pak
Marplan
Raldesy
Spravato cc,ql
Trintellix
Zurzuvae cc,ql

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)

Preferred

citalopram tablet, solution (Celexa) ql
escitalopram solution, tablet (Lexapro)
fluoxetine capsule, solution, tablet (all strengths except 60mg and weekly) (Prozac)
fluvoxamine (Luvox)
paroxetine (Paxil)
sertraline tablet, concentrated solution (Zoloft)

Non-Preferred/Requires Prior Authorization

citalopram capsule
fluoxetine 60mg
fluoxetine weekly (Prozac weekly)
fluvoxamine ER (Luvox CR)
paroxetine CR (Paxil CR)
paroxetine mesylate 7.5mg capsule (Brisdelle) cc,ql
paroxetine suspension (Paxil)
sertraline capsule

Anti-Migraine Agents, Other

Excluded from Mental Health Formulary

Preferred

Ajovy **(Step Therapy)** cc,ql
Emgality 120 mg/mL **(Step Therapy)** cc,ql
Nurtec ODT cc,ql
Qulipta cc,ql
Ubrelvy cc,ql

Non-Preferred/Requires Prior Authorization

diclofenac potassium powder pack
dihydroergotamine mesylate (Migranal)
Aimovig ***(Step Therapy)*** cc,ql
Brekiya
Elyxyb
Emgality 100 mg/mL ***(Step Therapy)*** cc,ql
Ergomar
Migerot
Reyvow cc,ql
Vyepti cc,ql
Zavzpret cc,ql

CENTRAL NERVOUS SYSTEM

THE MENTAL HEALTH FORMULARY CAN BE FOUND AT: https://bit.ly/4wfdB9o

Antipsychotics*
Antipsychotic Review Programs

* All antipsychotic use for ages 17 and under requires prior authorization

Preferred
1st Tier
aripiprazole (Abilify) ql
aripiprazole ODT (Abilify Discmelt) ql
chlorpromazine (Thorazine)
clozapine (Clozaril)
fluphenazine (Prolixin)
fluphenazine decanoate inj (Prolixin Inj) ql
haloperidol (Haldol)
haloperidol decanoate inj (Haldol IM) ql
haloperidol lactate oral, IM
loxapine capsule (Loxitane)
lurasidone (Latuda) ql
olanzapine IM (Zyprexa IM) ql
olanzapine ODT (Zyprexa Zydis) ql
olanzapine tablet (Zyprexa) ql
paliperidone (Invega) ql
perphenazine (Trilafon)
pimozide (Orap)
quetiapine, quetiapine ER (Seroquel ER, Seroquel XR) ql
risperidone, risperidone ODT ql
thioridazine (Mellaril)
thiothixene (Navane)
trifluoperazine (Stelazine)
ziprasidone (Geodon) ql
ziprasidone IM (Geodon IM)
Abilify Asimtufii ql
Abilify Maintena ql
Aristada ql
Aristada Initio ql
Invega Hafyera cc,ql
Invega Sustenna ql
Invega Trinza cc,ql
Perseris ql
Risperdal Consta ql **(Brand only)**
Uzedy ql

2nd Tier
Vraylar cc,ql

Antipsychotics (continued)

Non-Preferred/Requires Prior Authorization
asenapine (Saphris) cc,ql
clozapine ODT (Fazaclo) cc
molindone cc
olanzapine/fluoxetine (Symbyax) cc,ql
perphenazine/amitriptyline (Triavil) cc
risperidone intramuscular (Risperdal Consta) (generic only) ql
Adasuve cc
Caplyta cc,ql
Cobenfy cc,ql
Cobenfy Starter pack cc,ql
Erzofri cc,ql
Fanapt cc,ql
Lybalvi cc,ql
Nuplazid cc,ql
Opipza film ~~cc,ql~~
Rexulti cc,ql
Secuado cc
Versacloz cc
Zyprexa Relprevv cc,ql

Sedative Hypnotics

Preferred
eszopiclone (Lunesta) **(Step Therapy)** cc,ql
ramelteon (Rozerem) ql
temazepam 15mg, 30mg (Restoril) ql
triazolam (Halcion) ql
zaleplon (Sonata) ql
zolpidem tablet (Ambien) ql
zolpidem ER (Ambien CR) ql

Non-Preferred/Requires Prior Authorization
doxepin (Silenor)
estazolam (ProSom) ql
flurazepam ql
quazepam (Doral) ql
tasimelteon (Hetlioz) cc,ql
temazepam 7.5mg, 22.5mg ql
zolpidem capsule ql
zolpidem SL (Intermezzo) ql
Belsomra cc,ql
Dayvigo cc,ql
Edluar ql
Hetlioz LQ cc
Igalmi
Quviviq cc, ql

Stimulants and Related Agents

Preferred
amphetamine salt combo (Adderall)
amphetamine salt combo ER (Adderall XR) **(Brand and generic)**
atomoxetine (Strattera) cc
clonidine ER tablet (Kapvay) cc,ql
dexmethylphenidate tablet (Focalin)
dexmethylphenidate XR (Focalin XR) **(Brand and generic)**
dextroamphetamine capsule (Dexedrine ER)
dextroamphetamine tablet
guanfacine ER (Intuniv) cc,ql
lisdexamfetamine chewable tablet (Vyvanse) cc
methylphenidate CD capsule (Metadate CD)
methylphenidate ER tablet (Concerta) **(Brand and generic)**
methylphenidate ER tablet (Metadate ER, Ritalin SR)
methylphenidate LA capsule (Ritalin LA) **(Brand and generic)**
methylphenidate patch TD24 (Daytrana)
methylphenidate solution (Methylin)
methylphenidate tablet (Ritalin)
modafinil (Provigil) cc,ql
Qelbree cc,ql
Quillivant XR
Vyvanse capsule **(Brand only)**

Non-Preferred/Requires Prior Authorization
amphetamine salt comb ER (Mydayis)
amphetamine sulfate (Evekeo)
armodafinil (Nuvigil) cc,ql
dextroamphetamine solution (Procentra)
lisdexamfetamine capsule **(generic only)**
methamphetamine (Desoxyn)
methylphenidate chewable (Methylin chewable)
methylphenidate CR tablet (Relexxii)
methylphenidate ER capsule (Aptensio XR)
Adzenys XR ODT cc
Azstarys
Cotempla XR ODT
Dexedrine Spansule
Dyanavel XR suspension, tablet
Evekeo ODT
Jornay PM
Onyda XR suspension cc
Quillichew ER
Sunosi cc,ql
Wakix cc,ql
Xelstrym
Zenzedi

Maryland Medicaid Preferred Drug List

ENDOCRINE

Androgenic Agents

Preferred
testosterone gel packet (Vogelxo)
testosterone gel pump (Androgel)

Non-Preferred/Requires Prior Authorization
testosterone gel packet (Androgel)
testosterone gel (Vogelxo)
testosterone gel pump (Axiron, Foresta, Vogelxo)
Natesto
Testim

Bone Resorption Suppression and Related Agents

Preferred
alendronate tablet (Fosamax) ql
calcitonin salmon nasal (Miacalcin) ql
ibandronate (Boniva) ql
raloxifene (Evista) ql
risedronate (Actonel) ql
Enoby cc,ql

Non-Preferred/Requires Prior Authorization
alendronate solution (Fosamax Solution) ql
risedronate DR (Atelvia) ql
teriparatide (Forteo) cc,ql
Bildyos cc,ql
Binosto
Conexxence cc,ql
Evenity cc,ql
Fosamax Plus D ql
Jubbonti cc,ql
Prolia cc,ql
Stoboclo cc,ql
Teriparatide cc,ql
Tymlos cc,ql

Growth Hormones

Preferred
Genotropin cc
Norditropin cc

Non-Preferred/Requires Prior Authorization
Humatrope cc
Ngenla cc
Nutropin AQ cc
Omnitrope cc
Serostim cc
Skytrofa cc
Sogroya cc
Zomacton cc

ENDOCRINE

Hypoglycemics, Incretin Mimetics and Enhancers

Preferred
liraglutide (Victoza) ql
saxagliptin (Onglyza)
Glyxambi cc,ql
Janumet, Janumet XR
Januvia
Jentadueto
Mounjaro
Ozempic
Tradjenta
Trulicity

Non-Preferred/Requires Prior Authorization
alogliptin (Nesina)
alogliptin/metformin (Kazano)
alogliptin/pioglitazone (Oseni)
exenatide (Byetta)
saxagliptin/metformin ER (Kombiglyze XR)
sitagliptin (Zituvio)
sitagliptin/metformin (Zituvimet)
sitagliptin/metformin ER (Zituvimet XR)
Brynovin
Jentadueto XR
Qtern cc,ql
Rybelsus
Soliqua
Steglujan cc,ql
Symlin
Trijardy XR cc,ql
Xultophy

ENDOCRINE

Hypoglycemics, Insulins

Preferred
insulin lispro pen, vial (Humalog pen, vial)
insulin lispro Junior Kwikpen (Humalog Junior Kwikpen)
insulin lispro mix 75/25 pen (Humalog Mix 75/25 pen)
Humalog cartridge
Humalog Mix 50/50 pen, vial
Humalog Mix 75/25 vial
Humulin vial
Humulin 70/30 pen, vial
Humulin R U-500 pen, vial
Lantus Solostar
Lantus Vial

Non-Preferred/Requires Prior Authorization
insulin degludec (Tresiba)
insulin glargine pen, max pen (Toujeo, Toujeo Max)
insulin glargine-YFGN (Semglee-YFGN)
Admelog
Afrezza
Apidra
Basaglar, Basaglar Tempo
Fiasp, Fiasp pumpcart
Humalog 200 unit/mL pen
Humalog Tempo
Humulin pen
Kirsty pen, vial
Levemir
Lyumjev, Lyumjev Tempo
Merilog Solostar, vial
Myxredlin
Novolog
Novolog 70/30
Novolin pen, vial
Novolin 70/30
Rezvoglar Kwikpen

PRODUCT KEY: PDL change = red, underlined, bold; Brand name = Leading capital letter; generic = all lowercase
cc CLINICAL CRITERIA: https://bit.ly/4cnJByk ql QUANTITY LIMITS: https://bit.ly/4laFqKL hc HIGH COST FORM: https://bit.ly/3LuxUu9

ENDOCRINE

Hypoglycemics, Meglitinides

Preferred
nateglinide (Starlix)
repaglinide (Prandin)

Hypoglycemics, Metformins

Preferred
glipizide/metformin (Metaglip)
glyburide/metformin (Glucovance)
metformin, metformin ER (Glucophage, Glucophage XR)

Non-Preferred/Requires Prior Authorization
metformin 625mg, 750mg
metformin ER (Fortamet, Glumetza) cc,ql
metformin solution (Riomet)

Hypoglycemics, SGLT2 Inhibitors

Preferred
Farxiga **(Brand only)** cc,ql
Jardiance cc,ql
Synjardy, Synjardy XR **(Step Therapy)** cc,ql

Non-Preferred/Requires Prior Authorization
dapagliflozin ***(generic only)*** cc,ql
dapagliflozin/metformin (Xigduo XR) (Step Therapy) cc,ql
Inpefa cc,ql
Invokamet, Invokamet XR ***(Step Therapy)*** cc,ql
Invokana cc,ql
Segluromet ***(Step Therapy)*** cc,ql
Steglatro ***(Step Therapy)*** cc,ql

Hypoglycemics, TZDs

Preferred
pioglitazone (Actos)
pioglitazone/metformin (ActoPlusMet)

Non-Preferred/Requires Prior Authorization
pioglitazone/glimepiride (Duetact)

GASTROINTESTINAL

Antiemetic/Antivertigo Agents

Preferred
dimenhydrinate OTC
meclizine Rx, OTC (Bonine, Antivert)
metoclopramide solution, tablet, vial (Reglan)
ondansetron ODT **(4mg, 8mg only)**, solution, tablet, vial (Zofran) ql
prochlorperazine tablet (Compazine)
promethazine injectable, solution, tablet (Phenergan)
promethazine suppository (except 50mg)
scopolamine patch (TransDerm-Scop)

Non-Preferred/Requires Prior Authorization
aprepitant capsule, tripack (Emend) ql
dimenhydrinate Rx
doxylamine/pyridoxine (Diclegis) cc,ql
dronabinol (Marinol) cc,ql
fosaprepitant dimeglumine IV (Emend)
granisetron (Kytril) ql
metoclopramide syringe
ondansetron ODT 16mg
ondansetron syringe (Zofran)
palonosetron (Aloxi)
phosphoric acid/dextrose/fructose solution
prochlorperazine injectable, suppository (Compro)
promethazine 50mg suppository
trimethobenzamide (Tigan)
Akynzeo capsule, IV cc
Aponvie vial
Barhemsys vial
Bonjesta
Cinvanti
Emend powder packet ql
Focinvez vial
Gimoti
Sancuso ql
Sustol

GASTROINTESTINAL

Bile Salts

Preferred
ursodiol capsule (Actigall)
ursodiol tablet (URSO, URSO Forte)

Non-Preferred/Requires Prior Authorization
Bylvay capsule, pellet cc,ql
Chenodal
Cholbam
Ctexli
Iqirvo
Livdelzi
Livmarli solution, tablet
Ocaliva
Reltone

GI Motility, Chronic

Preferred
lubiprostone (Amitiza) cc,ql
prucalopride (Motegrity) cc,ql
Linzess cc,ql
Movantik cc,ql

Non-Preferred/Requires Prior Authorization
alosetron (Lotronex)
Ibsrela
Symproic cc,ql
Viberzi cc,ql

Pancreatic Enzymes

Preferred
Creon ql
Zenpep ql

Non-Preferred/Requires Prior Authorization
Pertzye ql
Viokace ql

Maryland Medicaid Preferred Drug List

GASTROINTESTINAL

Proton Pump Inhibitors

Preferred

esomeprazole packet for suspension (Nexium)
lansoprazole capsule (Prevacid)
lansoprazole ODT (Prevacid Solutab)
omeprazole capsule (Prilosec)
pantoprazole suspension, tablet (Protonix)

Non-Preferred/Requires Prior Authorization

dexlansoprazole (Dexilant)
esomeprazole magnesium (Nexium)
esomeprazole OTC
lansoprazole OTC
omeprazole OTC
omeprazole/sodium bicarb (Zegerid)
rabeprazole (Aciphex)
Konvomep
Prilosec suspension

Ulcerative Colitis Agents

Preferred

balsalazide (Colazal)
mesalamine DR (Lialda)
mesalamine ER (Pentasa) **(Brand and generic)**
mesalamine rectal (Canasa)
sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR)

Non-Preferred/Requires Prior Authorization

budesonide ER (Uceris)
budesonide rectal foam (Uceris rectal)
mesalamine DR (Delzicol)
mesalamine ER (Apriso)
mesalamine HD (Asacol HD)
mesalamine kit
mesalamine rectal (Rowasa, Sfrowasa)
Dipentum

Urea Cycle Disorders

Preferred

carglumic acid
sodium phenylbutyrate powder, tablet cc
Pheburane

Non-Preferred/Requires Prior Authorization

Olpruva cc,ql
Ravicti cc,ql

IMMUNOLOGICS

Cytokine and CAM Antagonists

Preferred

adalimumab-ADAZ (Hyrimoz)
adalimumab-ADBM (Cyltezo)
infliximab (Remicade) cc
Enbrel
Hadlima
Humira
Otezla **(Step Therapy)** cc,ql
Selarsdi **(Brand only)** cc
Starjemza cc
Steqeyma cc
Tyenne syringe

Non-Preferred/Requires Prior Authorization

adalimumab-AACF (Idacio)
adalimumab-AATY (Yuflyma)
adalimumab-ADBM
adalimumab-FKJP (Hulio)
adalimumab-RYVK (Simlandi)
ustekinumab (Stelara) cc
ustekinumab-AEKN (Selarsdi) (generic only) cc
ustekinumb-TTWE (Pyzchiva) cc
Abrilada
Actemra cc
Amjevita
Arcalyst cc
Avsola cc
Bimzelx cc,ql
Cibinqo cc,ql
Cimzia cc
Cosentyx cc
Enspryng cc
Entyvio cc
Ilaris cc,ql
Ilumya cc
Imuldosa
Inflectra cc
Kevzara cc,ql
Kineret cc,ql
Leqselvi
Litfulo
Olumiant cc,ql
Omvoh cc
Orencia cc,ql
Otezla XR cc,ql
Otezla XR initiation pack cc
Otulfi cc

IMMUNOLOGICS

Cytokine and CAM Antagonists (continued)

Non-Preferred/Requires Prior Authorization

Renflexis cc
Rinvoq ER, Rinvoq LQ cc
Simlandi kit 80mg/0.8mL
Simponi, Simponi Aria cc
Skyrizi, Skyrizi On-body cc
Sotyktu cc,ql
Spevigo cc
Taltz cc,ql
Tofidence cc
Tremfya cc
Tyenne autoinjector, vial
Uplizna cc
Velsipity cc,ql
Xeljanz tablet, solution cc,ql
Xeljanz XR cc,ql
Yesintek cc
Yusimry
Zymfentra cc,ql

Immunosuppressives, Oral

Preferred

azathioprine
cyclosporine modified capsule, solution (Neoral)
mycophenolic acid (Myfortic)
mycophenolate mofetil capsule, suspension, tablet (Cellcept)
sirolimus (Rapamune)
tacrolimus (Prograf)

Non-Preferred/Requires Prior Authorization

cyclosporine capsule (Sandimmune)
cyclosporine modified softgel (Gengraf)
everolimus (Zortress)
Astagraf XL
Envarsus XR
Myhibbin suspension
Prograf Granules Pack
Rezurock cc,ql
Tavneos

NEUROLOGICS

Alzheimer's Agents

Preferred

donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT)
memantine tablet (Namenda)
rivastigmine capsule, patch (Exelon) [ql]

Non-Preferred/Requires Prior Authorization

donepezil 23mg (Aricept)
galantamine, galantamine ER (Razadyne, Razadyne ER)
memantine dose pack, solution
memantine ER (Namenda XR)
memantine/donepezil ER (Namzaric)
Adlarity
Aduhelm [cc]
Kisunla
Leqembi [cc,ql]
Namzaric dose pack
Zunveyl tablet DR

NEUROLOGICS

Anti-Parkinson's Agents

Preferred

amantadine (Symmetrel)
benztropine (Cogentin)
carbidopa/levodopa IR (Sinemet)
carbidopa/levodopa ER (Sinemet CR)
carbidopa/levodopa/entacapone (Stalevo)
entacapone (Comtan)
pramipexole (Mirapex)
ropinirole (Requip)
selegiline (Eldepryl)
trihexyphenidyl (Artane)

Non-Preferred/Requires Prior Authorization

apomorphine (Apokyn)
bromocriptine (Parlodel)
carbidopa (Lodosyn)
carbidopa/levodopa ODT (Parcopa)
pramipexole ER (Mirapex ER)
rasagiline (Azilect)
ropinirole ER (Requip XL)
tolcapone (Tasmar)
Crexont
Dhivy
Duopa [cc,ql]
Gocovri
Inbrija
Neupro
Nourianz
Onapgo
Ongentys
Osmolex ER
Rytary
Vyalev
Xadago

NEUROLOGICS

Multiple Sclerosis Agents

Preferred

dalfampridine ER (Ampyra) [cc,ql]
dimethyl fumarate DR (Tecfidera) [ql]
fingolimod (Gilenya) [cc,ql]
glatiramer acetate 20mg/mL, 40mg/mL
Avonex
Betaseron kit

Non-Preferred/Requires Prior Authorization

cladribine (Mavenclad) [cc,ql]
teriflunomide (Aubagio) [cc,ql]
Bafiertam [cc,ql]
Briumvi [cc]
Kesimpta [cc]
Lemtrada [cc,ql]
Mayzent [cc]
Ocrevus [cc,ql]
Ocrevus Zunovo [cc,ql]
Plegridy, Plegridy IM [cc,ql]
Ponvory starter pack, tablet [cc,ql]
Rebif
Tascenso ODT
Tysabri [cc,ql]
Vumerity [cc,ql]
Zeposia [cc,ql]

Maryland Medicaid Preferred Drug List

OPHTHALMICS

Allergic Conjunctivitis

Preferred
azelastine (Optivar)
cromolyn (Crolom)
ketotifen OTC (Zaditor OTC)
loteprednol etabonate (Alrex)
olopatadine (Patanol)
olopatadine Rx (Pataday)

Non-Preferred/Requires Prior Authorization
bepotastine (Bepreve)
epinastine (Elestat)
Alocril
Alomide
Zerviate

Antibiotic / Steroid Combinations

Preferred
neomycin/polymyxin/dexamethasone (Maxitrol)
sulfacetamide/prednisolone
tobramycin/dexamethasone drop (Tobradex)
Tobradex ointment

Non-Preferred/Requires Prior Authorization
neomycin/bacitracin/polymyxin/hydrocortisone
neomycin/polymyxin/hydrocortisone
Tobradex ST
Zylet

OPHTHALMICS

Antibiotics

Preferred
bacitracin/polymyxin B ointment
ciprofloxacin solution (Ciloxan)
erythromycin
gentamicin (Garamycin)
moxifloxacin (Vigamox)
neomycin/bacitracin/polymyxin ointment
ofloxacin (Ocuflox)
polymyxin/trimethoprim (Polytrim)
sulfacetamide solution (Bleph-10)
tobramycin (Tobrex Drops)
Tobrex ointment

Non-Preferred/Requires Prior Authorization
bacitracin
gatifloxacin (Zymaxid)
moxifloxacin (Moxeza)
neomycin/polymyxin/gramicidin (Neosporin)
sulfacetamide ointment
AzaSite
Besivance
Ciloxan ointment
Natacyn

OPHTHALMICS

Anti-Inflammatories

Preferred
diclofenac (Voltaren)
difluprednate (Durezol)
fluorometholone (FML)
ketorolac (Acular)
prednisolone acetate (Pred Forte)
Nevanac
Pred Mild

Non-Preferred/Requires Prior Authorization
bromfenac (Xibrom)
dexamethasone (Decadron)
flurbiprofen (Ocufen)
ketorolac LS (Acular LS)
loteprednol (Lotemax drops, gel)
prednisolone sodium
Acuvail
Bromsite
Dextenza
Dexycu
Flarex
FML Forte
FML SOP
Ilevro
Iluvien
Inveltys
Lotemax ointment
Maxidex
Ozurdex
Prolensa
Retisert
Triesence
Xipere
Yutiq

OPHTHALMICS

Dry Eye Agents

Preferred
cyclosporine (Restasis single-use)
Eysuvis
Xiidra

Non-Preferred/Requires Prior Authorization
Cequa
Miebo
Restasis multidose
Tryptyr
Tyrvaya Spray
Verkazia
Vevye

Glaucoma Agents

Preferred
brimonidine 0.2%
brimonidine 0.15% (Alphagan P)
brimonidine/timolol (Combigan)
carteolol (Ocupress)
dorzolamide (Trusopt)
dorzolamide/timolol (Cosopt)
latanoprost (Xalatan)
levobunolol (Betagan)
pilocarpine (Pilocar)
timolol (Timoptic, Timoptic XE)
travoprost (Travatan Z)
Rhopressa
Rocklatan

Non-Preferred/Requires Prior Authorization
apraclonidine (Iopidine)
betaxolol
bimatoprost 0.03% (Lumigan)
brimonidine 0.1% (Alphagan P)
brinzolamide (Azopt)
dorzolamide/timolol PF
tafluprost (Zioptan)
timolol (Betimol, Istalol, Timoptic Ocudose)
Betoptic S
Durysta Implant
Iyuzeh
Lumigan 0.01%
Simbrinza
Vuity
Vyzulta
Xelpros

OTIC

Otic Antibiotics

Preferred
ciprofloxacin/dexamethasone (Ciprodex)
neomycin/polymyxin/HC (Cortisporin)
ofloxacin (Floxin otic)

Non-Preferred/Requires Prior Authorization
ciprofloxacin
ciprofloxacin/fluocinolone
Cipro HC
Cortisporin TC

RESPIRATORY

Antihistamines, Minimally Sedating

Preferred
cetirizine, cetirizine D tablet, solution, Rx, OTC (Zyrtec, Zyrtec D)
desloratadine (Clarinex)
fexofenadine tablet, OTC (Allegra OTC)
levocetirizine tablet Rx, OTC (Xyzal)
loratadine, loratadine D, loratadine ODT, Rx, OTC (Claritin, Claritin D)

Non-Preferred/Requires Prior Authorization
cetirizine capsule, chewable, 5mg/5mL solution OTC
desloratadine ODT (Clarinex RDT)
fexofenadine D OTC (Allegra D)
fexofenadine suspension OTC (Allegra suspension)
levocetirizine solution (Xyzal solution)
loratadine chewable OTC
Clarinex D

Bronchodilators, Beta Agonists

Preferred
albuterol HFA (Proair HFA, Proventil HFA, Ventolin HFA) [ql]
albuterol neb 0.083%, 5mg/mL
albuterol neb 0.63mg/3mL, 1.25mg/3mL (AccuNeb)
albuterol syrup (Proventil, Ventolin)
Serevent

Non-Preferred/Requires Prior Authorization
albuterol tablet
albuterol ER (Vospire ER)
arformoterol (Brovana)
formoterol (Perforomist)
levalbuterol neb (Xopenex)
levalbuterol HFA (Xopenex HFA) [ql]
terbutaline (Brethine)
ProAir Digihaler
ProAir Respiclick [ql]
Striverdi Respimat

Maryland Medicaid Preferred Drug List

RESPIRATORY

COPD Agents

Preferred

ipratropium neb (Atrovent)
ipratropium/albuterol neb (DuoNeb)
roflumilast (Daliresp)
Anoro Ellipta **(Brand only)**
Atrovent HFA
Combivent Respimat ql
Spiriva Handihaler **(Brand only)**
Spiriva Respimat
Stiolto Respimat

Non-Preferred/Requires Prior Authorization

*tiotropium (Spiriva Handihaler) **(generic only)***
*umeclidinium/vilanterol (Anoro Ellipta) **(generic only)***
Bevespi Aerosphere
Duaklir Pressair
Incruse Ellipta
Ohtuvayre
Tudorza Pressair
Yupelri

Epinephrine, Self-Injected

Preferred

epinephrine 0.15mg (EpiPen Jr) ql
epinephrine 0.3mg (EpiPen) ql

Non-Preferred/Requires Prior Authorization

epinephrine 0.15mg, 0.3mg (Adrenaclick) ql
Auvi-Q ql
Neffy Spray ql
Symjepi

RESPIRATORY

Glucocorticoids, Inhaled

Preferred

budesonide inhalation suspension (Pulmicort Respules)
fluticasone proprionate (Flovent HFA)
fluticasone/salmeterol HFA (Advair HFA)
Arnuity Ellipta
Asmanex Twisthaler, HFA
Dulera
QVAR Redihaler
Symbicort **(Brand only)**

Non-Preferred/Requires Prior Authorization

*budesonide/formoterol (Symbicort) **(generic only)***
fluticasone diskus (Flovent Diskus)
fluticasone/salmeterol (Advair Diskus, AirDuo Respiclick)
fluticasone/vilanterol (Breo Ellipta)
AirDuo Digihaler
AirSupra HFA
Alvesco
ArmonAir Digihaler
Breztri Aerosphere
Pulmicort Flexhaler ql
Trelegy Ellipta

RESPIRATORY

Intranasal Rhinitis Agents

Preferred

azelastine nasal (Astelin)
fluticasone nasal (Flonase)
ipratropium (Atrovent Nasal)

Non-Preferred/Requires Prior Authorization

azelastine nasal (Astepro)
azelastine/fluticasone nasal (Dymista)
budesonide nasal (Rhinocort Allergy OTC)
flunisolide (Nasarel, Nasalide)
mometasone nasal (Nasonex)
olopatadine (Patanase)
triamcinolone OTC (Nasacort OTC)
Omnaris
Qnasl
Ryaltris
Xhance
Zetonna

Leukotriene Modifiers

Preferred

montelukast (Singulair)
zafirlukast (Accolate)

Non-Preferred/Requires Prior Authorization

zileuton ER
Zyflo

TOPICAL DERMATOLOGICS

Acne Agents, Topical

Preferred

adapalene gel (Differin)
adapalene/benzoyl peroxide (Epiduo)
benzoyl peroxide OTC (except foaming cloth)
clindamycin gel, **lotion**, solution, swab (excludes generic Clindagel)
clindamycin/benzoyl peroxide (Benzaclin, Duac)
erythromycin gel, solution
erythromycin/benzoyl peroxide (Benzamycin)
tretinoin (Avita, Retin-A) [cc]

Non-Preferred/Requires Prior Authorization

adapalene cream, gel pump (Differin)
adapalene/benzoyl peroxide (Epiduo Forte)
benzoyl peroxide foaming cloths Rx
bp-10-1
clindamycin (Clindagel)
clindamycin foam
clindamycin/benzoyl peroxide pump (Acanya)
clindamycin/tretinoin (Ziana)
dapsone (Aczone)
erythromycin pledget
sulfacetamide
sulfacetamide/sulfur
sulfacetamide/sulfur/urea
tazarotene cream, gel, foam (Fabior, Tazorac) [cc]
tretinoin microspheres gel pump 0.04%, 0.08%, 0.1% (Retin-A Micro) [cc]
Aklief
Avar
Clindacin
Differin lotion
Sumaxin CP Kit
Twyneo [cc]
Winlevi

TOPICAL DERMATOLOGICS

Immunomodulators, Atopic Dermatitis

Preferred

pimecrolimus (Elidel)
tacrolimus (Protopic)
Eucrisa

Non-Preferred/Requires Prior Authorization

Adbry [cc,ql]
Anzupgo
Dupixent [cc]
Ebglyss [cc,ql]
Nemluvio [cc,ql]
Opzelura [cc,ql]
Vtama
Zoryve Cream [cc,ql]
Zoryve Foam [cc,ql]

UROLOGIC

BPH Treatments

Preferred

alfuzosin (Uroxatral)
doxazosin (Cardura)
dutasteride (Avodart)
finasteride (Proscar)
tamsulosin (Flomax)
terazosin (Hytrin)

Non-Preferred/Requires Prior Authorization

dutasteride/tamsulosin (Jalyn)
silodosin (Rapaflo)
Cardura XL
Tezruly

Bladder Relaxant Preparations

Preferred

fesoterodine ER (Toviaz)
mirabegron (Myrbetriq) [cc,ql]
oxybutynin syrup, 5mg tablet (Ditropan)
oxybutynin ER (Ditropan XL)
solifenacin (Vesicare)

Non-Preferred/Requires Prior Authorization

darifenacin ER (Enablex)
flavoxate
oxybutynin 2.5mg
tolterodine, tolterodine ER (Detrol, Detrol LA)
trospium, trospium ER (Sanctura, Sanctura XR)
Gemtesa
Myrbetriq granules [cc,ql]
Oxytrol
Vesicare LS

Maryland
DEPARTMENT OF HEALTH

OFFICE OF PHARMACY SERVICES

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Baltimore, MD 21201

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CONTACT NUMBERS

- **Conduent Technical Assistance**
  800-932-3918
  24 hours a day, 7 days a week
- **Maryland Medicaid Pharmacy Access Hotline**
  833-325-0105
  Monday-Friday, 8:00 am - 5:00 pm
- **Kidney Disease Program**
  410-767-5000 or 5002
  Monday-Friday, 8:00 am - 5:00 pm
- **Breast and Cervical Cancer Diagnosis and Treatment**
  410-767-6787
  Monday-Friday, 8:00 am - 4:30 pm
- **Maryland AIDS Drug Assistance Program**
  410-767-6535
  Monday-Friday, 8:30 am - 4:30 pm
- **Peer Review Program**
  855-283-0876
  Monday-Friday, 8:00 am - 6:00 pm

Atypical Antipsychotic Agents: 30-day Emergency Supply

When the prescriber is not available to obtain prior authorization for an antipsychotic medication that is non-preferred or second tier, the pharmacist can obtain a one-time only authorization to dispense up to a 30-day emergency supply. Do not let patients leave the pharmacy without medication if there is concern that the patient will be unwilling or unable to return at a later time that day after prior authorization is approved.

To obtain authorization for an emergency supply of an anti-psychotic, call Conduent Technical Assistance at 800-932-3918. During the 30-day window, the pharmacist must notify the prescriber of the need to obtain a PA before the prescription can be filled a second time and make a note for his or her records of the date, time and person contacted at the prescriber's office.