

MedStar Family Choice - Maryland HealthChoice Quick Reference List

This **MedStar Family Choice - Maryland HealthChoice Quick Reference List** is not all-inclusive but represents a summary of prescription coverage within select therapeutic categories. This useful reference tool can assist medical providers in selecting therapeutically appropriate and cost-effective products for their patients.

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. This document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

Refer to the Formulary Booklet or visit the MedStar Family Choice (MFC) website at www.medstarfamilychoice.com for a complete list. You are welcome to call MFC at 1-800-905-1722 to inquire about coverage for any medication, formulary or non-formulary.

ANALGESICS

§ NSAIDs

ibuprofen OTC
naproxen sodium OTC
choline magnesium trisalicylate
diclofenac potassium
diclofenac sodium delayed-rel
etodolac
flurbiprofen
ibuprofen
indomethacin
ketorolac MDL
meloxicam
nabumetone
naproxen
oxaprozin
sulindac

§ COX-2 INHIBITORS

celecoxib

§ OPIOID ANALGESICS¹

butalbital-acetaminophen-caffeine-codeine MDL
butalbital-aspirin-caffeine-codeine MDL
codeine sulfate MDL
codeine-acetaminophen MDL
fentanyl
transdermal MDL, PA
hydrocodone-acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg MDL
hydrocodone-acetaminophen soln 7.5/325 mg/15 mL MDL
hydromorphone MDL
methadone MDL, PA
morphine MDL
morphine ext-rel beads MDL, PA
morphine ext-rel tabs MDL, PA

morphine supp MDL
oxycodone caps, tabs 5 mg MDL
oxycodone concentrate 20 mg/mL MDL
oxycodone tabs 10 mg, 15 mg, 20 mg, 30 mg, soln 5 mg/5 mL MDL
oxycodone-acetaminophen 5/325, 7.5/325 MDL
oxycodone-aspirin MDL
oxymorphone ext-rel MDL, PA
tramadol MDL

§ NON-OPIOID ANALGESICS

butalbital-acetaminophen MDL
butalbital-acetaminophen-caffeine MDL
butalbital-aspirin-caffeine MDL

ANTI-INFECTIVES

ANTIBACTERIALS

CEPHALOSPORINS

§ First Generation

cefadroxil
cephalexin caps 250 mg, 500 mg
cephalexin susp 125 mg/5 mL, 250 mg/5 mL

§ Second Generation

cefuroxime axetil

§ Third Generation

cefdinir
cefepodoxime tablets
ceftriaxone

§ ERYTHROMYCINS / MACROLIDES
azithromycin

clarithromycin
clarithromycin ext-rel
erythromycin base
erythromycin delayed-rel
erythromycin delayed-rel - Ery-tab
erythromycin ethylsuccinate
erythromycin stearate
DIFICID PA

§ FLUOROQUINOLONES

ciprofloxacin
levofloxacin
moxifloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
ampicillin
dicloxacillin
penicillin VK
BICILLIN C-R
BICILLIN L-A

§ SULFONAMIDES

sulfamethoxazole-trimethoprim
sulfamethoxazole-trimethoprim DS
SULFADIAZINE

§ TETRACYCLINES

doxycycline hyclate caps
doxycycline hyclate tabs 20 mg, 100 mg
doxycycline monohydrate susp
minocycline
tetracycline
SEYSARA PA

§ ANTIFUNGALS

clotrimazole troches
fluconazole MDL
griseofulvin microsize susp, tabs

griseofulvin ultramicrosized
nystatin
posaconazole PA
terbinafine tabs
voriconazole susp, tabs

MDL 150 mg only (4 tabs/23 days)

ANTIRETROVIRAL AGENTS

ANTIRETROVIRAL ADJUVANTS
TYBOST

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
abacavir-lamivudine-zidovudine
lamivudine-zidovudine
ATRIPLA
BIKTARVY
CIMDUO
COMPLERA
DELSTRIGO
DESCOVY
DOVATO
EVOTAZ
GENVOYA
JULUCA
ODEFSEY
PREZCOBIX
STRIBILD
SYMFI
SYMFI LO
SYMITUZA
TRIUMEQ
TRUVADA

CHEMOKINE RECEPTOR ANTAGONISTS

SELZENTRY

FUSION INHIBITORS

FUZEON

INTEGRASE INHIBITORS

ISENTRESS

ISENTRESS HD
TIVICAY

MONOCLONAL ANTIBODY
TROGARZO

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

efavirenz
nevirapine
nevirapine ext-rel
EDURANT
INTELENCE
PIFELTRO
RESCRIPTOR

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir
didanosine delayed-rel
lamivudine
stavudine
zidovudine
EMTRIVA
VIDEX SOLN

§ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

tenofovir disoproxil fumarate

§ PROTEASE INHIBITORS

atazanavir
fosamprenavir
lopinavir-ritonavir
ritonavir
APTIVUS
CRIXIVAN
INVIRASE
PREZISTA
VIRACEPT

ANTIVIRALS

§ HERPES AGENTS

acyclovir caps, susp, tabs
famciclovir
valaciclovir

§ MISCELLANEOUS

pyrantel - Reese's Pinworm
Medicine **OTC**
albendazole **PA**
atovaquone
clindamycin
dapson tabs
ivermectin
linezolid
metronidazole
nitrofurantoin ext-rel
nitrofurantoin macrocrystals
nitrofurantoin susp **AL**
paromomycin
praziquantel
rifabutin
trimethoprim tabs
vancomycin
FIRVANQ
NEBUPENT
XIFAXAN 550 MG

AL Covered for younger than age 8

CARDIOVASCULAR

§ ACE INHIBITORS

benazepril
captopril
enalapril
fosinopril
lisinopril
moexipril
quinapril
ramipril
trandolapril

§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine-benazepril
trandolapril-verapamil ext-rel

§ ACE INHIBITOR / DIURETIC COMBINATIONS

benazepril-
hydrochlorothiazide
captopril-hydrochlorothiazide
enalapril-hydrochlorothiazide
fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ ADRENOLYTICS, CENTRAL

clonidine
clonidine transdermal
guanfacine

§ ALDOSTERONE RECEPTOR ANTAGONISTS

spironolactone

§ ALPHA BLOCKERS

doxazosin
prazosin
terazosin

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

candesartan / candesartan-
hydrochlorothiazide
irbesartan / irbesartan-
hydrochlorothiazide
losartan / losartan-
hydrochlorothiazide
valsartan / valsartan-
hydrochlorothiazide

§ ANTIARRHYTHMICS

amiodarone
disopyramide
dofetilide
flecainide
propafenone
sotalol

ANTILIPEMICS

§ BILE ACID RESINS

cholestyramine

§ CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe

§ FIBRATES

fenofibrate
fenofibrate, micronized
fenofibric acid
gemfibrozil

§ HMG-CoA REDUCTASE INHIBITORS / COMBINATIONS

atorvastatin
ezetimibe-simvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS

JUXTAPID PA

§ NIACINS

niacin **OTC**
niacin
niacin ext-rel

PCSK9 INHIBITORS REPATHA PA

§ BETA-BLOCKERS

atenolol
bisoprolol
carvedilol
carvedilol phosphate ext-rel
labetalol
metoprolol succinate ext-rel

metoprolol tartrate 25 mg,
50 mg, 100 mg
nadolol
pindolol
propranolol
propranolol ext-rel
timolol maleate tabs
HEMANGEOL AL

AL Covered for age 5 or younger

§ BETA-BLOCKER / DIURETIC COMBINATIONS

atenolol-chlorthalidone
bisoprolol-
hydrochlorothiazide

CALCIUM CHANNEL BLOCKERS

§ DIHYDROPYRIDINES
amlodipine
felodipine ext-rel
nicardipine
nifedipine
nifedipine ext-rel
nimodipine

§ NONDIHYDROPYRIDINES

diltiazem
diltiazem ext-rel
verapamil
verapamil ext-rel

§ DIGITALIS GLYCOSIDES

digoxin

DIURETICS

§ CARBONIC ANHYDRASE INHIBITORS

acetazolamide
acetazolamide ext-rel
methazolamide

§ LOOP DIURETICS

bumetanide
furosemide
torsemide

§ POTASSIUM-SPARING DIURETICS

amiloride
DYRENIUM

§ THIAZIDES AND THIAZIDE-LIKE DIURETICS

chlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
metolazone
DIURIL

§ DIURETIC COMBINATIONS

amiloride-hydrochlorothiazide
spironolactone-
hydrochlorothiazide
triamterene-
hydrochlorothiazide

HEART FAILURE

ENTRESTO

NITRATES

§ ORAL

isosorbide dinitrate ext-rel
tabs
isosorbide dinitrate oral
isosorbide mononitrate
isosorbide mononitrate
ext-rel

§ SUBLINGUAL / TRANSLINGUAL

nitroglycerin lingual spray
nitroglycerin sublingual

§ TRANSDERMAL

nitroglycerin transdermal
NITRO-BID

PULMONARY ARTERIAL HYPERTENSION

ENDOTHELIN RECEPTOR ANTAGONISTS

LETAIRIS

OPSUMIT

§ PHOSPHODIESTERASE INHIBITORS

sildenafil

PROSTACYCLIN RECEPTOR AGONISTS

UPTRAVI

§ PROSTAGLANDIN VASODILATORS

epoprostenol sodium
ORENITRAM
REMODULIN
TYVASO

§ MISCELLANEOUS

hydralazine
methylodopa
methylodopa-
hydrochlorothiazide
midodrine
minoxidil
RANEXA

CENTRAL NERVOUS SYSTEM

§ ANTIANXIETY

Behavioral health (mental health and substance abuse) medications are carved out to the Maryland Department of Health (MDH). For more information and a list of medications, please visit the following link:
<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

§ ANTICONVULSANTS

Certain anticonvulsant medications are carved out to the Maryland Department of Health (MDH). If you do not see the medication you wish to prescribe below, it may be covered by MDH. For more information and a list of medications, please visit the following link:
<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

ethosuximide
phenobarbital
phenytoin
phenytoin sodium extended
primidone

§ ANTIDEMENTIA

donepezil
galantamine
memantine
rivastigmine caps, soln

§ ANTIDEPRESSANTS

Behavioral health (mental health and substance abuse) medications are carved out to the Maryland Department of Health (MDH). For more information and a list of medications, please visit the following link:
<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

§ ANTIPARKINSONIAN AGENTS

Certain Parkinson's medications are carved out to the Maryland Department of Health (MDH). If you do not see the medication you wish to prescribe below, it may be covered by MDH. For more information and a list of medications, please visit the following link:
<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

amantadine caps, syrup
bromocriptine
carbidopa
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-
entacapone
entacapone
pramipexole
ropinirole
selegiline caps, tabs
NEUPRO
NOURIANZ PA
XADAGO PA

§ ANTIPSYCHOTICS

Behavioral health (mental health and substance abuse) medications are carved out to the Maryland Department of Health (MDH). For more information and a list of medications, please visit the following link:
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§ ATTENTION DEFICIT HYPERACTIVITY DISORDER

Behavioral health (mental health and substance abuse) medications are carved out to the Maryland Department of Health (MDH). For more information and a list of medications, please visit the following link:
<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

Intuniv, Kapvay and their generics: For recipients 6-17 years old, Intuniv (guanfacine ext-rel) and Kapvay (clonidine ext-rel) are carved out to the MDH. For individuals not in this age range, a medical exception may be requested by calling MedStar Family Choice.

FIBROMYALGIA

Certain fibromyalgia medications are carved out to the Maryland Department of Health (MDH). If you do not see the medication you wish to prescribe below, it may be covered by MDH. For more information and a list of medications, please visit the following link:
<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

SAVELLA

§ HYPNOTICS

Behavioral health (mental health and substance abuse) medications are carved out to the Maryland Department of Health (MDH). For more information and a list of medications, please visit the following link:
<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

MIGRAINE

§ ERGOTAMINE DERIVATIVES
ergotamine-caffeine

§ SELECTIVE SEROTONIN AGONISTS

naratriptan MDL
rizatriptan MDL
sumatriptan MDL
sumatriptan injection MDL
sumatriptan nasal spray MDL
zolmitriptan tabs MDL

§ MULTIPLE SCLEROSIS AGENTS

dalfampridine ext-rel PA
glatiramer
AVONEX
COPAXONE 40 MG
EXTAVIA
GILENYA
MAYZENT
TECFIDERA

§ MUSCULOSKELETAL THERAPY AGENTS

Certain muscle relaxants are carved out to the Maryland Department of Health (MDH). If you do not see the medication you wish to prescribe below, it may be covered by MDH. For more information and a list of medications, please visit the following link:
<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

baclofen 10 mg, 20 mg
cyclobenzaprine 5 mg, 10 mg
dantrolene
methocarbamol
orphenadrine ext-rel
tizanidine tabs

PSYCHOTHERAPEUTIC-MISCELLANEOUS

§ ALCOHOL DETERRENENTS

§ OPIOID ANTAGONISTS

§ PARTIAL OPIOID AGONISTS

§ PARTIAL OPIOID AGONIST / OPIOID ANTAGONIST COMBINATIONS

§ SMOKING DETERRENENTS

Alcohol Deterrenents, Opioid Antagonists, Partial Opioid Agonists, Partial Opioid Agonist/Opioid Antagonist Combinations and Smoking Deterrent medications are carved out to the Maryland Department of Health (MDH). For more information and a list of medications, please visit the following link:
<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

ENDOCRINE AND METABOLIC

ANTIDIABETICS

§ ALPHA-GLUCOSIDASE INHIBITORS

acarbose

§ BIGUANIDES

metformin MDL
metformin ext-rel

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin
glyburide-metformin

§ DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

alogliptin

§ DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS

alogliptin-metformin

§ DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / INSULIN SENSITIZER COMBINATIONS

alogliptin-pioglitazone

INCRETIN MIMETIC AGENTS

OZEMPIC
TRULICITY
VICTOZA

INCRETIN MIMETIC AGENT / INSULIN COMBINATIONS

SOLIQUA

INSULINS*

HUMULIN 70/30 OTC
HUMULIN N OTC
HUMULIN R OTC
NOVOLIN 70/30 OTC
NOVOLIN N OTC
NOVOLIN R OTC
ADMELOG
BASAGLAR
HUMALOG MIX 50/50
HUMALOG MIX 75/25
NOVOLOG
NOVOLOG MIX 70/30
TRESIBA

* Insulin cartridges and pens are covered for participants 0-18 years of age.
Basaglar and Tresiba pens are covered for all members regardless of age.
For members age 19 and older, insulin pens may be approved, via Prior Authorization (PA) for members with poor visual acuity, poor manual dexterity or educational challenges. Medical records may be required to support the PA request.

§ INSULIN SENSITIZERS

pioglitazone

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

pioglitazone-metformin

§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS

pioglitazone-glimepiride

§ MEGLITINIDES

nateglinide
repaglinide

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

INVOKANA
JARDIANCE PA*
STEGLATRO

PA* Covered for cardiovascular indication

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS / BIGUANIDE COMBINATIONS

SEGLUROMET
SYNJARDY PA*
SYNJARDY XR PA*

PA* Covered for cardiovascular indication

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE (DPP-4) INHIBITOR COMBINATIONS
STEGLUJAN

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel
glyburide
glyburide, micronized

SUPPLIES

ACCU-CHEK CONTROL SOLUTION OTC
ACCU-CHEK STRIPS AND KITS OTC
ALCOHOL SWABS OTC
CHEMSTRIP URINE TEST STRIPS OTC
INSULIN SYRINGES, NEEDLES OTC
KETOSTIX URINE TEST STRIPS OTC
LANCETS, LANCET DEVICES OTC
V-GO INSULIN INFUSION PUMP PA

CALCIUM REGULATORS

§ BISPHOSPHONATES

alendronate tabs
FOSAMAX PLUS D

CONTRACEPTIVES

EE = ethinyl estradiol

MONOPHASIC

10 mcg Estrogen
LO LOESTRIN FE PA

§ 20 mcg Estrogen

drospirenone-EE 3/20 - Gianvi
drospirenone-EE-levomefolate 3/20 and levomefolate
levonorgestrel-EE 0.1/20 - Aviane
norethindrone acetate-EE 1/20
norethindrone acetate-EE 1/20 and iron
norethindrone acetate-EE 1/20 and iron chewable PA
TAYTULLA PA

§ 25 mcg Estrogen

norethindrone-EE 0.8/25 chewable

§ 30 mcg Estrogen

desogestrel-EE 0.15/30 - Apri
drospirenone-EE 3/30
levonorgestrel-EE 0.15/30 - Levora
norethindrone acetate-EE 1.5/30
norethindrone acetate-EE 1.5/30 and iron
norgestrel-EE 0.3/30 - Low-Ogestrel

§ 35 mcg Estrogen

ethynodiol diacetate-EE 1/35 - Zovia 1/35
norethindrone-EE 0.4/35 - Briellyn
norethindrone-EE 0.4/35 chewable - Wymzya FE
norethindrone-EE 0.5/35 - Necon 0.5/35
norethindrone-EE 1/35
norgestimate-EE 0.25/35

§ 50 mcg Estrogen

ethynodiol diacetate-EE 1/50 - Kelnor 1/50
norgestrel-EE 0.5/50 - Ogestrel

§ BIPHASIC

desogestrel-EE

§ TRIPHASIC

desogestrel-EE - Velivet
levonorgestrel-EE - Trivora
norethindrone acetate-EE and iron
norethindrone-EE
norgestimate-EE

FOUR PHASE

NATAZIA PA

§ EXTENDED CYCLE

levonorgestrel-EE 0.1/20 and EE 10
levonorgestrel-EE 0.15/20, 0.15/25, 0.15/30 and EE 10
levonorgestrel-EE 0.15/30
levonorgestrel-EE 0.15/30 and EE 10

§ PROGESTIN ONLY

norethindrone

§ EMERGENCY CONTRACEPTION

levonorgestrel MDL, OTC
ELLA MDL

§ INJECTABLE

medroxyprogesterone acetate 150 mg/mL

INTRAUTERINE DEVICES

KYLEENA
LILETTA
MIRENA
PARAGARD T 380A
SKYLA

§ TRANSDERMAL

norelgestromin-EE

VAGINAL

NUVARING

MISCELLANEOUS

CONDOMS,
MALE OTC, MDL

GYNOL II OTC
SHUR-SEAL OTC
NEXPLANON

ESTROGENS

§ INJECTABLE
estradiol valerate
DEPO-ESTRADIOL

§ ORAL

estradiol

§ TRANSDERMAL

estradiol
ALORA

VAGINAL

ESTRACE
FEMRING

ESTROGEN / PROGESTINS

§ ORAL

EE-norethindrone acetate
EE-norethindrone acetate -
Jinteli

PREMPHASE
PREMPRO

TRANSDERMAL

CLIMARA PRO
COMBIPATCH

§ GLUCOCORTICOIDS

cortisone acetate
dexamethasone
fludrocortisone
hydrocortisone
methylprednisolone
prednisolone sodium
phosphate soln 5 mg/5 mL,
15 mg/5 mL, 25 mg/5 mL
prednisolone syrup
prednisone

PROGESTINS

§ INJECTABLE

hydroxyprogesterone
caproate

§ ORAL

medroxyprogesterone
acetate
megestrol acetate susp
norethindrone acetate
progesterone, micronized

**§ SELECTIVE ESTROGEN
RECEPTOR MODULATORS**

raloxifene

THYROID AGENTS

§ THYROID SUPPLEMENTS

levothyroxine
levothyroxine - Levoxyl
liothyronine

GASTROINTESTINAL

§ ANTACIDS

aluminum hydroxide OTC

aluminum hydroxide-
magnesium
hydroxide OTC
calcium carbonate OTC
sodium bicarbonate OTC

§ ANTIEMETICS

dextrose-fructose-
phosphoric acid OTC
dimenhydrinate OTC
meclizine OTC
aprepitant caps
doxylamine-pyridoxine
delayed-rel MDL
granisetron MDL
meclizine
metoclopramide
ondansetron
prochlorperazine
promethazine syrup MDL
promethazine, except
suppository
scopolamine transdermal
trimethobenzamide

**§ H₂ RECEPTOR
ANTAGONISTS**

famotidine OTC
ranitidine 75 mg OTC, MDL
ranitidine 150 mg OTC
PEPCID AC
CHEWABLE OTC
cimetidine
famotidine
ranitidine

**§ LAXATIVES /
STOOL SOFTENERS**

docusate sodium caps,
liquid OTC
methylcellulose OTC
mineral oil OTC
polyethylene glycol
3350 OTC
psyllium-aspartame OTC
sennosides OTC
lactulose soln
peg 3350-electrolytes

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

**§ PROTON PUMP
INHIBITORS**

lansoprazole
delayed-rel OTC
omeprazole-sodium
bicarbonate OTC
NEXIUM 24HR OTC, MDL
PRILOSEC OTC OTC
lansoprazole
delayed-rel MDL
lansoprazole orally
disintegrating tabs
15 mg*, MDL
omeprazole delayed-rel
caps MDL

pantoprazole
delayed-rel MDL

* Covered for members eight years of
age and under

§ MISCELLANEOUS

probiotics OTC
simethicone OTC
sucralfate

GENITOURINARY

**§ BENIGN PROSTATIC
HYPERPLASIA**

alfuzosin ext-rel
doxazosin
dutasteride
finasteride
tamsulosin
terazosin

**§ VAGINAL
ANTI-INFECTIVES**

clotrimazole OTC
miconazole OTC
clindamycin crm
metronidazole
terconazole

HEMATOLOGIC

ANTICOAGULANTS

§ INJECTABLE

enoxaparin

§ ORAL

warfarin
ELIQUIS
PRADAXA
XARELTO

**HEMATOPOIETIC GROWTH
FACTORS**

ARANESP
EPOGEN
LEUKINE
PROCRIT
ZARXIO

**§ PLATELET AGGREGATION
INHIBITORS**

clopidogrel
dipyridamole
dipyridamole ext-rel-aspirin
prasugrel
BRILINTA
ZONTIVITY PA

**IMMUNOLOGIC
AGENTS**

AUTOIMMUNE AGENTS

COSENTYX
ENBREL
HUMIRA
KEVZARA
OTEZLA PA
SILIQ
XELJANZ
XELJANZ XR

IMMUNOSUPPRESSANTS

§ ANTIMETABOLITES

azathioprine
mycophenolate mofetil

§ CALCINEURIN INHIBITORS

cyclosporine
cyclosporine, modified
tacrolimus

§ RAPAMYCIN DERIVATIVES

sirolimus

**NUTRITIONAL /
SUPPLEMENTS**

ELECTROLYTES

§ POTASSIUM

potassium chloride
effervescent
potassium chloride ext-rel
potassium chloride liquid
potassium chloride powder
25 mEq

§ SODIUM

sodium chloride tabs
1 gm OTC

VITAMINS AND MINERALS

§ FOLIC ACID AGENTS

folic acid

§ PRENATAL VITAMINS

prenatal vitamins-
folic acid OTC
ONE DAILY
PRENATAL OTC
prenatal vitamins-folic acid
CITRANATAL DHA

§ MISCELLANEOUS

alpha-lipoic acid OTC
cholecalciferol (D3) OTC
cyanocobalamin tabs
1000 mg OTC
ergocalciferol (D2)
drops OTC
ferrous gluconate OTC
ferrous sulfate OTC
ferrous sulfate
delayed-rel OTC
lutein OTC
magnesium oxide OTC
melatonin OTC
multivitamins drops OTC
multivitamins-iron drops OTC
polysaccharide iron complex
150 mg - Nu-Iron 150 OTC
polysaccharide iron complex-
vitamin B12-folic acid -
Ferrex 150 OTC
pyridoxine 25 mg,
50 mg OTC
vitamin ADC drops OTC
FERRIMIN 150 OTC
TRI-VI-SOL DROPS OTC
cyanocobalamin inj
ergocalciferol (D2) caps

ferrous fumarate-
polysaccharide iron
complex-folic acid-
B complex-vitamin C-
minerals
fluoride drops, tabs
multivitamins-fluoride drops,
tabs
multivitamins-fluoride-iron
drops, tabs
phytonadione
vitamin ADC-fluoride drops
vitamin ADC-fluoride-iron
drops
vitamin B complex-vitamin C-
folic acid
GALZIN

RESPIRATORY

**§ ANAPHYLAXIS
TREATMENT AGENTS**

epinephrine auto-injector
EPIPEN
EPIPEN JR.

§ ANTICHOLINERGICS

ipratropium inhalation
solution
INCRUSE ELLIPTA
SPIRIVA RESPIMAT

**ANTICHOLINERGIC / BETA
AGONIST COMBINATIONS**

§ SHORT ACTING
ipratropium-albuterol
inhalation solution
COMBIVENT RESPIMAT

LONG ACTING

ANORO ELLIPTA
STIOLTO RESPIMAT

**§ ANTIHISTAMINES,
LOW SEDATING**

cetirizine,
except chewable OTC
levocetirizine

**§ ANTIHISTAMINES,
NONSEDATING**

fexofenadine susp, tabs OTC
loratadine OTC

**§ ANTIHISTAMINES,
SEDATING**

Certain antihistamine medications are
carved out to the Maryland Department
of Health (MDH). If you do not see the
medication you wish to prescribe below,
it may be covered by MDH. For more
information and a list of medications,
please visit the following link:
[https://mmcp.health.maryland.gov/pap/
Pages/paphome.aspx](https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx)

chlorpheniramine OTC
diphenhydramine*, OTC
clemastine
cyproheptadine

**§ ANTIHISTAMINE /
DECONGESTANT
COMBINATIONS**

*cetirizine-pseudoephedrine
ext-rel* **OTC**
*chlorpheniramine-
phenylephrine* **OTC**
*loratadine-pseudoephedrine
ext-rel* **OTC**

**ANTITUSSIVE
COMBINATIONS**

§ NON-OPIOID

*dextromethorphan-
chlorpheniramine
liquid* **OTC**
*dextromethorphan-
guaifenesin ext-rel* **OTC**
*dextromethorphan-
guaifenesin syrup* **OTC**
*dextromethorphan-
guaifenesin-
pseudoephedrine liq
10 mg/100 mg/
30 mg/5 mL* **OTC**
*dextromethorphan-
pyrilamine-phenylephrine -
Codituss DM* **OTC**
*dextromethorphan-
brompheniramine-
pseudoephedrine -
Bromfed DM*
*dextromethorphan-
promethazine* **MDL**

BETA AGONISTS

INHALANTS

§ Short Acting

albuterol inhalation solution
*albuterol sulfate CFC-free
aerosol*
*levalbuterol inhalation
solution*
*levalbuterol tartrate,
CFC-free aerosol*
PROAIR RESPICLICK

Long Acting

*Hand-held Active Inhalation
SEREVENT*

§ ORAL AGENTS

albuterol
albuterol ext-rel
terbutaline

§ DECONGESTANTS

oxymetazoline **OTC**
phenylephrine **OTC**
pseudoephedrine **OTC**

**§ DECONGESTANT /
EXPECTORANT
COMBINATIONS**

*pseudoephedrine-
guaifenesin ext-rel* **OTC**
*phenylephrine-guaifenesin
syrup*

§ EXPECTORANTS

guaifenesin ext-rel **OTC**
guaifenesin liq **OTC**
MUCINEX FOR KIDS **OTC**

**§ LEUKOTRIENE
MODULATORS**

montelukast
zafirlukast

§ MAST CELL STABILIZERS

cromolyn inhalation solution

§ NASAL ANTIHISTAMINES

azelastine spray 0.1% MDL
olopatadine spray

§ NASAL STEROIDS

fluticasone spray **OTC**
*triamcinolone acetonide
spray* **OTC**
FLONASE SENSIMIST **OTC**
flunisolide spray
fluticasone spray

**STEROID / BETA AGONIST
COMBINATIONS**

fluticasone-salmeterol
ADVAIR HFA
DULERA
SYMBICORT

§ STEROID INHALANTS

*budesonide inhalation
suspension**
FLOVENT DISKUS
FLOVENT HFA
QVAR REDIHALER

* Covered for individuals one through three years of age

§ XANTHINES

aminophylline liquid, tabs
theophylline ext-rel tabs
ELIXOPHYLLIN

TOPICAL

DERMATOLOGY

§ ACTINIC KERATOSIS

fluorouracil **crm 5%**
FLUOROPLEX

§ ANTIBIOTICS

bacitracin **OTC**
*neomycin-polymyxin B
crm* **OTC**
*neomycin-polymyxin B-
bacitracin-lidocaine
ointment* **OTC**
polymyxin B-bacitracin **OTC**
gentamicin **crm, oint 0.1%**
mupirocin **ointment**
silver sulfadiazine

§ ANTIFUNGALS

clotrimazole **crm 1%*, OTC**
miconazole **OTC**
LAMISIL AT **OTC**
LOTRIMIN ULTRA **OTC**
ciclopirox **crm, susp** **ST**
ciclopirox topical **soln 8%**
ketoconazole **crm 2%**
nystatin

* Both OTC and Rx products covered
ST Clotrimazole, ketoconazole or
nystatin required before ciclopirox
crm or susp

CORTICOSTEROIDS

§ Low Potency

hydrocortisone **crm, oint
0.5%, 1%** **OTC**
alclometasone **crm, oint
0.05%**
desonide **ointment 0.05%**
fluocinolone acetonide **soln
0.01%**
hydrocortisone **crm 2.5%**

§ Medium Potency

betamethasone valerate **crm,
lotion, oint 0.1%**
fluocinolone acetonide **crm,
ointment 0.025%**
hydrocortisone valerate **crm,
ointment 0.2%**
mometasone **crm, oint, soln
0.1%**
*triamcinolone acetonide
cream, lotion 0.025%*
triamcinolone acetonide **crm,
lotion, oint 0.1%**

§ High Potency

betamethasone dipropionate
crm, lotion, oint 0.05%
fluocinonide **crm, gel, oint,
soln 0.05%**
triamcinolone acetonide **crm
0.5%**

§ Very High Potency

clobetasol propionate **soln
0.05%**
halobetasol propionate **crm,
ointment 0.05%**

**§ MISCELLANEOUS SKIN
AND MUCOUS MEMBRANE**

ammonium lactate **12%** **OTC**
calamine **lotion** **OTC**
chlorhexidine **OTC**
docosanol **OTC**
oatmeal, colloidal **OTC**
petrolatum-mineral oil **OTC**
salicylic acid gel 17% **OTC**
*salicylic acid pad, plaster
40%* **OTC**
urea **crm 20%** **OTC**
urea **lotion 10%** **OTC**
AVEENO **OTC**
CETAPHIL **OTC**
imiquimod
podofilox
urea **crm 40%** **ST**
urea **lotion 40%, 45%**
DRYSOL
REGRANEX
SANTYL PA

ST **OTC** Lac-Hydrin required first

OPHTHALMIC

§ ANTIALLERGICS

ketotifen **OTC**
azelastine
cromolyn sodium

§ ANTI-INFECTIVES

bacitracin
ciprofloxacin **soln**
erythromycin
gentamicin
*neomycin-polymyxin B-
gramicidin*
ofloxacin
polymyxin B-bacitracin
polymyxin B-trimethoprim
sulfacetamide **soln 10%**
tobramycin **soln**
TOBEX **OINTMENT**

ANTI-INFLAMMATORIES

§ Nonsteroidal

flurbiprofen
ketorolac

§ Steroidal

*dexamethasone sodium
phosphate*
fluorometholone 0.1%
loteprednol susp 0.5%

prednisolone acetate 1%
FML FORTE
FML S.O.P.
LOTEMAX OINTMENT
PRED MILD
**PREDNISOLONE
PHOSPHATE 1%**

BETA-BLOCKERS

§ Nonselective

carteolol
levobunolol
timolol maleate
timolol maleate gel
BETIMOL

§ Selective

betaxolol 0.5%

**CARBONIC ANHYDRASE
INHIBITORS**

§ Topical

dorzolamide
AZOPT

**§ CARBONIC ANHYDRASE
INHIBITOR / BETA-
BLOCKER COMBINATIONS**

dorzolamide-timolol maleate

§ PROSTAGLANDINS

latanoprost
LUMIGAN

§ SYMPATHOMIMETICS

brimonidine 0.15%, 0.2%
ALPHAGAN P 0.1%

**SYMPATHOMIMETIC / BETA-
BLOCKER COMBINATIONS**
COMBIGAN

OTIC

§ ANTI-INFECTIVES

acetic acid
ciprofloxacin **otic**
ofloxacin **otic**

**§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS**

*neomycin-polymyxin B-
hydrocortisone*

FOR YOUR INFORMATION: This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. In most instances, a brand-name drug for which a generic product becomes available will require prior authorization or will no longer be covered upon release of the generic product to the market. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed.

An exception process may exist for specific clinical or regulatory circumstances that require coverage of a removed medication.

§ Generics are available in this class and should be considered the first line of prescribing.

¹ MedStar Family Choice limits "new" opioid analgesic prescriptions to a 7-day supply. A "new" prescription means that a patient has not had an opioid medication filled under MedStar Family Choice in the preceding 90 days or had one short-acting opioid at ≤ 50 morphine milligram equivalents (MME) per day in the previous 90 days, filled within 7 days of a subsequent request. New prescriptions for more than 7-day supply will require Prior Authorization.

For complete information regarding the requirements of the Maryland Medicaid Opioid Drug Utilization Review for opioid prescribing, please visit:
<https://www.medstarfamilychoice.com/maryland-healthchoice/for-maryland-healthchoice-physicians/pharmacy/opioid/>

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