

# MedStar Family Choice - Maryland HealthChoice Prescribing Guide 2020 (710)



## MedStar Family Choice

(07/01/2020)

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## INTRODUCTION

MedStar Family Choice is pleased to provide the *2020 MedStar Family Choice - Maryland HealthChoice Prescribing Guide* to be used when prescribing for patients covered by the pharmacy plan offered by MedStar Family Choice. This is a closed formulary and only those drugs listed in this formulary will be covered by MedStar Family Choice.

The drugs listed in the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* have been reviewed and approved by the MedStar Family Choice Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have drug benefits administered through MedStar Family Choice - Maryland HealthChoice. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the Medical Exception process.

*The information contained in this formulary and its appendices is provided solely for the convenience of medical providers. This formulary 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. MedStar Family Choice does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. MedStar Family Choice does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.*

## NONDISCRIMINATION STATEMENT

It is the policy of MedStar Family Choice not to discriminate on the basis of race, color, national origin, sex, age or disability. MedStar Family Choice has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the Compliance Department of MedStar Family Choice. The following individual has been designated to coordinate MedStar Family Choice's efforts to comply with Section 1557.

Ms. Jayne Hunt  
Director, Medicaid Contract Oversight, Maryland  
5233 King Avenue  
Suite 400  
Baltimore, MD 21237  
410-933-2283  
[Jayne.K.Hunt@medstar.net](mailto:Jayne.K.Hunt@medstar.net)

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for MedStar Family Choice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of MedStar Family Choice relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to

pursue further administrative or legal remedies, including but not limited to the ability to appeal to the President of MedStar Family Choice.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

MedStar Family Choice will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

#### Language Accessibility Statement

#### Interpreter Services Are Available for Free

*ATTENTION: If you speak [language], language assistance services, free of charge, are available to you. Call (800) 905-1722#1 (TTY:711).*

**Español/Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 905-1722 #1 (TTY:711).

**አማርኛ/Amharic**

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች በነጻ ሊያገኙዎት ተዘጋጅተዋል። ወደ ሚስተላው ቁጥር ይደውሉ (800) 905-1722 #1 (መከማቻ ለተላኛቸው: 711)።

**العربية/Arabic**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالجان. اتصل برقم (800) 905-1722#1 (رقم هاتف الصدم والبكم: 711).

**Bàsàṅ-wùdù-po-nyò /Bassa**

Dè dè nìà kè dyédé gbo: ɔ jù ké mè [Bàsàṅ wùdù-po-nyò] jù ní, níí, à wuɖu kà kò dò po-poɔ bɛ̀ìn m̀ gbo kpáa. Éá (800) 905-1722 (TTY: 711).

**中文/Chinese**

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (800) 905-1722 (TTY: 711)。

**فارسی/Farsi**

توجه: اگر به زبان فارسی گفتگو می کنید، سهیلات زبانی بصورت رایگان برای شما بگردد. نمکس (800-905-1722#1 TTY: 711) با بشد می فر

**Français/French**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (800) 905-1722 #1 (ATS : 711).

**ગુજરાતી/Gujarati**

**સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.**

**ફોન કરો**

(800)905-1722 #1 (TTY: 711).

**kreyòl ayisyen/Haitian Creole**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (800) 905-1722 #1 (TTY: 711).

**Igbo**

Ni: Ọ bụrụ na asụ lbo, asụsụ aka pasụ n'efu, defu, aka. Call (800) 905-1722 #1 (TTY: 711).

**한국어/Korean**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 905-1722 #1 (TTY: 711) 번으로 전화해 주십시오.

**Português/Portuguese**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (800) 905-1722 (TTY: 711).

**Русский/Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 905-1722 #1 (телетайп: 711).

**Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 905-1722 #1 (TTY: 711).

**اردو/Urdu**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمت مفت میں دستیاب ہیں۔ کال

(800) 905-1722 #1 (TTY: 711) کریں

**Tiếng Việt/Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 905-1722 #1 (TTY: 711).

**Yorùbá/Yoruba**

AKIYESI: Bí o bá nso èdè Yorùbú fẹ̀ ní iranlọwọ̀ lori èdè wa fun yin o. Ẹ pe ẹ̀ro-ìbanisọ̀rọ̀ yì (800) 905-1722 (TTY: 711).

**PREFACE**

The *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. All drugs listed were selected to be on this formulary. Products are listed by generic name. Brand-name products are included as a reference to assist in product recognition. Unless exceptions are noted, generally all dosage forms and strengths of the drug cited are covered.

This formulary covers selected over-the-counter (OTC) products. You are encouraged to prescribe them when clinically appropriate. A prescription (written or telephoned) is required and refills are permitted. The prescription expires under Maryland Pharmacy Law in 12 months. Condoms do not require a prescription. For covered products refer to the Over-The-Counter (OTC) Drug Coverage section that is located near the end of the introductory sections of this formulary.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The MedStar Family Choice P&T Committee includes physicians, pharmacists, and nurses. The Committee meets bimonthly to evaluate drugs for formulary inclusion and to develop policies concerning formulary and drug utilization management. Please visit the MedStar Family Choice website at [www.medstarfamilychoice.com](http://www.medstarfamilychoice.com) to view the decisions of the MedStar Family Choice P&T Committee and any applicable changes. The main features of the MedStar Family Choice P&T Policies are also on the website in the FAQs.

Please visit [www.marylandmedicaidpharmacyinformation.com/formulary\\_navigator.htm](http://www.marylandmedicaidpharmacyinformation.com/formulary_navigator.htm) to view the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide*. This Maryland Department of Health (MDH) sponsored site contains the formularies of all the Managed Care Organizations (MCO) and is updated frequently.

## PRODUCT SELECTION CRITERIA

The MedStar Family Choice Pharmacy and Therapeutics Committee considers clinical information on new-to-market drugs that are typically included in an outpatient pharmacy benefit. The evaluation includes all or part of the following:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* is reviewed on an annual basis.

*All the information in the MedStar Family Choice - Maryland HealthChoice Prescribing Guide is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.*

## GENERIC AVAILABILITY

**Boldface** type of a generic drug name in this book indicates generic availability of that product. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In some cases, the brand name listed is a generic drug. Examples of the latter include Ery-tab and Zovia.

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand-name product.
2. The FDA has given the generic an "A" rating compared to the branded product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional



clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand-name product.

It is recommended that generic substitution not be exercised by the pharmacist with multisource products that appear in the Orange Book and carry a "B" rating, indicating that these products cannot be considered therapeutically equivalent to other products in the group.

## MAIL SERVICE PRESCRIPTIONS

Mail order is available for chronic medications. A 90-day supply will be provided to members using mail order services. To start the process, prescribers may call CVS Caremark Mail Service Pharmacy™ at 1-800-996-5772 or they may submit a prescription to the CVS Caremark Mail Service Pharmacy. Additional information can be found at the MedStar Family Choice website, [www.medstarfamilychoice.com](http://www.medstarfamilychoice.com) or at [www.caremark.com](http://www.caremark.com).

Simply write the prescription(s) for a 90-day supply and have the member submit it with their mail-service request forms to the address listed on the Mail Service Order Form. Prescribers may also call 1-800-996-5772 to start the process.

Please note that medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. As such, please advise members to allow up to 14 days for delivery from the time mail service receives the request. Any prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

Members are also able to order their prescriptions from CVS Caremark Mail Service Pharmacy. Receiving a 90-day supply of medication by mail may prove to be more convenient for members, especially when filling prescriptions for routine or maintenance type medications. Mail service may also help members stay compliant with their medications.

## MEDICAL EXCEPTION

If a non-covered drug is desired for medical management of a patient, a medication exception may be requested by calling MedStar Family Choice at: 1-800-905-1722. Option 2.

## PRIOR AUTHORIZATION (PA)

The following drugs and generic versions, if available, require prior authorization. This list is subject to change.

Drugs requiring Prior Authorization		
AIMOVIG	ENDARI	LO LOESTRIN FE
ALECENSA	ENHERTU	LORBRENA
ALUNBRIG	ERWINAZE	LOVAZA
AMITIZA	ESBRIET	LUMOXITI
AMPYRA	FASENRA	LUPRON DEPOT
AYVAKIT	fentanyl transdermal	LYNPARZA
BALVERSA	FIRAZYR	MACRILEN
BETHKIS	GRALISE	MAVYRET
BOSULIF	HAEGARDA	MEKINIST
BOTOX	HYCAMTIN CAPS	MEKTOVI
BRAFTOVI	IBRANCE	methadone
CABOMETYX	ICLUSIG	MINASTRIN 24 FE
chloroquine	IMBRUVICA	morphine ext-rel beads
COMETRIQ	JAKAFI	morphine ext-rel tabs
COTELLIC	JARDIANCE	MOVANTIK
CUTAQUIG	JIVI	MULPLETA
DDAVP spray	JUXTAPID	NATAZIA
DESCOVY	JYNARQUE	NORDITROPIN
DIFICID	KALBITOR	NOURIANZ
DOPTELET	KALETRA	NOXAFIL
DUPIXENT	KALYDECO	NUBEQA
EGRIFTA	KISQALI	NUCALA
ELIGARD	KYMRIAH	OFEV
ELZONRIS	leuprolide acetate	ONPATTRO
	LIBTAYO	ORILISSA
	LINZESS	ORKAMBI

OTEZLA	STROMECTOL	PUMP
oxymorphone ext-rel	SYNAGIS	VITRAKVI
PIQRAY	SYNJARDY	VIZIMPRO
PLAQUENIL	SYNJARDY XR	XADAGO
POLIVY	SYNRIBO	XALKORI
pretomanid	SYPRINE	XGEVA
PROLIA	TAFINLAR	XIIDRA
PULMOZYME	TAGRISSE	XOLAIR
RASUVO	TALZENNA	XOSPATA
REPATHA	TARCEVA	XPOVIO
REVATIO	TASIGNA	XYREM
REYVOW	TAVALISSE	YESCARTA
RITUXAN HYCELA	TAYTULLA	ZEJULA
ROZLYTREK	TAZVERIK	ZELBORAF
RUBRACA	TIBSOVO	ZOLADEX
SANTYL	TRIJARDY XR	ZONTIVITY
SEROSTIM	TRIKAFTA	ZURAMPIC
SEYSARA	TURALIO	ZYDELIG
SIRTURO	TYKERB	ZYKADIA
sofosbuvir/velpatasvir	UBRELVY	
STIMATE	VENCLEXTA	
STIVARGA	V-GO INSULIN INFUSION	

#### MANAGED DRUG LIMITATIONS (MDL)

The Managed Drug Limitation program provides for a maximum quantity of drug product that a member may receive per prescription and/or over a specific period of time. Many drug products on the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* have quantity limits based upon the dosage described in product labeling.

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  $\leq 50$  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/>

The following drugs are subject to MDL because they are typically not taken on a regular schedule and/or because of potential safety and utilization concerns. This list is subject to change. Contact MedStar Family Choice at 1-800-905-1722 for an updated list.

Drugs	Limits
albuterol sulfate, CFC-free aerosol	2 fills per 25 days
azelastine spray 0.1%	2 bottles per 23 days
azithromycin	1 fill per 60 days
baloxavir (XOFLUZA)	2 fills per 365 days
butalbital/acetaminophen	60 units per 23 days
butalbital/acetaminophen/caffeine (FIORICET)	60 units per 23 days
butalbital/acetaminophen/caffeine/codeine (FIORICET w/CODEINE)	60 units per 23 days
butalbital/aspirin/caffeine (FIORINAL)	60 units per 23 days
butalbital/aspirin/caffeine/codeine (FIORINAL w/CODEINE)	60 units per 23 days
capsaicin crm 0.033%, 0.075%	120 grams per 23 days
codeine sulfate tabs	60 tablets per 23 days
codeine/acetaminophen oral solution	1000 mL per 23 days and 2 fills per 90 days
codeine/acetaminophen tabs (TYLENOL w/CODEINE)	60 tablets per 23 days
codeine/guaifenesin liquid	1000 mL per 23 days and 2 fills

Drugs	Limits
codeine/guaifenesin/pseudoephedrine	per 90 days 1000 mL per 23 days and 2 fills
codeine/promethazine	per 90 days 1000 mL per 23 days and 2 fills
codeine/promethazine/phenylephrine	per 90 days 1000 mL per 23 days and 2 fills
condoms, male	108 per 23 days
dextromethorphan/promethazine	1000 mL per 23 days and 2 fills per 90 days
doxylamine/pyridoxine delayed-rel (DICLEGIS)	120 tablets per 23 days
ELLA	12 fills per 365 days
esomeprazole magnesium delayed-rel (NEXIUM 24HR)	60 capsules per 23 days
fentanyl transdermal (DURAGESIC)	10 patches per 23 days
FLEET ENEMA	2 kits per 72 hours
fluconazole 150 mg (DIFLUCAN)	4 tablets per 23 days
granisetron 1 mg	10 tablets per 23 days
hydrocodone/acetaminophen oral solution	2750 mL per 23 days
hydrocodone/acetaminophen tabs (NORCO)	180 tablets per 23 days
hydromorphone oral liquid 1 mg/mL (DILAUDID)	675 mL per 23 days
hydromorphone suppository	180 suppositories per 23 days
hydromorphone tabs 2 mg (DILAUDID)	180 tablets per 23 days
hydromorphone tabs 4 mg (DILAUDID)	168 tablets per 23 days
hydromorphone tabs 8 mg (DILAUDID)	84 tablets per 23 days
ketorolac	20 tablets per 23 days
lansoprazole orally disintegrating tabs 15 mg (PREVACID SOLUTAB)	30 tablets per 23 days
lansoprazole (PREVACID)	60 units per 23 days
levonorgestrel (PLAN B ONE-STEP)	12 fills per 365 days
lidocaine patch 4%	30 patches per 23 days
metformin 500 mg (GLUCOPHAGE)	120 tablets per 23 days
metformin 1000 mg (GLUCOPHAGE)	90 tablets per 23 days
methadone oral concentrate 10 mg/mL	450 mL per 23 days
methadone oral solution 5 mg/5 mL	900 mL per 23 days
methadone oral solution 10 mg/5 mL	450 mL per 23 days
methadone tabs 5 mg (DOLOPHINE)	180 tablets per 23 days
methadone tabs 10 mg (DOLOPHINE)	90 tablets per 23 days
methadone tabs 40 mg	23 tablets per 23 days
morphine sulfate ext-rel beads 30 mg	90 capsules per 23 days
morphine sulfate ext-rel beads 45 mg	60 capsules per 23 days
morphine sulfate ext-rel beads 60 mg	45 capsules per 23 days
morphine sulfate ext-rel beads 75 mg	36 capsules per 23 days
morphine sulfate ext-rel beads 90 mg	30 capsules per 23 days
morphine sulfate ext-rel beads 120 mg	23 capsules per 23 days
morphine sulfate ext-rel tabs 15 mg (MS CONTIN)	180 tablets per 23 days
morphine sulfate ext-rel tabs 30 mg (MS CONTIN)	90 tablets per 23 days
morphine sulfate ext-rel tabs 60 mg (MS CONTIN)	45 tablets per 23 days
morphine sulfate ext-rel tabs 100 mg (MS CONTIN)	27 tablets per 23 days
morphine sulfate ext-rel tabs 200 mg (MS CONTIN)	13.5 tablets per 23 days
morphine sulfate immediate-release tabs 15 mg	180 tablets per 23 days
morphine sulfate immediate-release tabs 30 mg	90 tablets per 23 days
morphine sulfate oral solution 20 mg/5 mL	675 mL per 23 days
morphine suppository 5 mg, 10 mg	180 suppositories per 23 days
morphine suppository 20 mg	135 suppositories per 23 days
morphine suppository 30 mg	90 suppositories per 23 days
naratriptan (AMERGE)	12 tablets per 23 days
omeprazole 40 mg (PRILOSEC)	60 capsules per 23 days

Drugs	Limits
omeprazole, except 40 mg (PRILOSEC)	30 capsules per 23 days
oseltamivir (TAMIFLU)	2 fills per 365 days
oxycodone immediate release tabs 15 mg (ROXICODONE)	120 tablets per 23 days
oxycodone immediate release tabs 20 mg	90 tablets per 23 days
oxycodone immediate release tabs 30 mg (ROXICODONE)	60 tablets per 23 days
oxycodone immediate-release caps 5 mg, tabs 5 mg, 10 mg	180 units per 23 days
oxycodone oral concentrate 20 mg/mL	90 mL per 23 days
oxycodone oral solution 5 mg/5 mL (ROXICODONE)	1800 mL per 23 days
oxycodone/acetaminophen tabs (PERCOCET)	180 tablets per 23 days
oxycodone/aspirin tabs (PERCODAN)	180 tablets per 23 days
oxymorphone ext-rel tabs 5 mg	180 tablets per 23 days
oxymorphone ext-rel tabs 7.5 mg	120 tablets per 23 days
oxymorphone ext-rel tabs 10 mg	90 tablets per 23 days
oxymorphone ext-rel tabs 15 mg	60 tablets per 23 days
oxymorphone ext-rel tabs 20 mg	45 tablets per 23 days
oxymorphone ext-rel tabs 30 mg	30 tablets per 23 days
oxymorphone ext-rel tabs 40 mg	23 tablets per 23 days
pantoprazole 20 mg, 40 mg (PROTONIX)	60 tablets per 23 days
promethazine syrup	1000 mL per 23 days and 2 fills per 90 days
rizatriptan orally disintegrating tabs (MAXALT-MLT)	18 tablets per 23 days
rizatriptan (MAXALT)	18 tablets per 23 days
sumatriptan 25 mg, 50 mg, 100 mg (IMITREX)	9 tablets per 23 days
sumatriptan injection (IMITREX)	12 injections (0.5 mL) = 6 mL per 23 days
sumatriptan nasal spray 5 mg/actuation (IMITREX)	24 units (4 packages) per 23 days
sumatriptan nasal spray 20 mg/actuation (IMITREX)	12 units (2 packages) per 23 days
tramadol (ULTRAM)	180 tablets per 23 days
zolmitriptan 2.5 mg, 5 mg (ZOMIG)	12 tablets per 23 days
zolmitriptan orally disintegrating tabs 2.5 mg, 5 mg (ZOMIG-ZMT)	12 tablets per 23 days

## STEP THERAPY (ST)

Drugs indicated with a "ST" require Step Therapy authorization for coverage. When using drugs within select drug classes, this program requires a certain order to be followed for the "ST" designated drugs to be covered by your benefit plan.

Within the Step Therapy program, drug therapy is begun with the most cost-effective and safest drugs. If this initial therapy proves unsuccessful, treatment may move to other, more costly therapy. Step Therapy helps ensure that a plan member receives clinically appropriate, cost-effective medication.

The following drugs are subject to Step Therapy:

**Drugs**  
 ciclopirox cream, suspension (LOPROX)  
 EUCRISA  
 SKLICE

## OVER-THE-COUNTER (OTC) DRUG COVERAGE

In addition to prescription benefits, all over-the-counter medications on this list are covered by MedStar Family Choice with a written or telephoned prescription. Refills are permitted. Prescriptions may be written for the State limited 12 month maximum. OTC products covered are restricted to generics when available. Brand names are provided as reference only. If both prescription and OTC products are available, you are encouraged to prescribe OTC products when clinically appropriate.

**Antacids**

aluminum hydroxide  
 aluminum hydroxide/magnesium hydroxide  
 aluminum hydroxide/magnesium hydroxide/simethicone  
 calcium carbonate  
 sodium bicarbonate

AlternaGEL  
 Alamag  
 Maalox  
 Maalox

**Antifungals, Topical**

butenafine  
 clotrimazole  
 miconazole  
 terbinafine  
 tolnaftate

Lotrimin Ultra  
 Lotrimin AF  
 Desenex  
 Lamisil AT  
 Tinactin

**Antifungals, Vaginal**

clotrimazole  
 miconazole

Gyne-Lotrimin  
 Monistat

**Antihistamines**

cetirizine, except chewable  
 chlorpheniramine  
 clemastine  
 diphenhydramine  
 fexofenadine susp, tabs  
 loratadine

Zyrtec  
 Chlor-Trimeton  
 Tavist-1  
 Benadryl  
 Allegra  
 Claritin

**Antihistamine/Decongestant Combinations**

cetirizine/pseudoephedrine ext-rel  
 chlorpheniramine/phenylephrine tabs  
 loratadine/pseudoephedrine ext-rel

Zyrtec-D  
 Cold & Allergy Relief  
 Claritin-D

**Antilipemic Agents, Miscellaneous**

niacin  
 omega-3 fatty acids  
 omega-3 fatty acids 300 mg  
 omega-3 fatty acids/vitamin E  
 omega-3 fatty acids/vitamins chewable

Fish Oil  
 Krill Oil  
 Fish Oil  
 Omega-3 Gummies

**Contraceptives, Barrier**

condoms (prescription not needed)  
 spermicide gel

Gynol II, Shur-Seal

**Contraceptives, Emergency**

levonorgestrel (prescription not needed)

Plan B One-Step

**Cough/Cold/Allergy**

(OTC products not covered for members under 4 years of age)

dextromethorphan gelcaps, liquid  
 dextromethorphan/chlorpheniramine liquid  
 dextromethorphan/guaifenesin ext-rel  
 dextromethorphan/guaifenesin/pseudoephedrine liq 10 mg/100 mg/30 mg/5 mL  
 dextromethorphan/guaifenesin syrup  
 dextromethorphan/pyrilamine/phenylephrine  
 eucalyptus/menthol/compound rub  
 fluticasone mist  
 fluticasone spray  
 guaifenesin ext-rel

Robitussin Long-Acting Cough  
 Robitussin Children's Cough & Cold, Long-Acting  
 Mucinex DM  
 Robitussin Cough + Chest Congestion DM  
 Codituss DM  
 Vicks Vaporub  
 Flonase Sensimist  
 Flonase Allergy Relief  
 Mucinex

guaifenesin liquid  
guaifenesin liquid  
guaifenesin/pseudoephedrine ext-rel  
oxymetazoline  
phenylephrine  
phenylephrine drops  
pseudoephedrine  
sodium chloride inhalation solution  
sodium chloride nasal spray  
triamcinolone acetonide spray

Diabetic Tussin  
Mucinex for Kids  
Mucinex D  
Afrin  
Neo-Synephrine  
PediaCare  
Sudafed  
Simply Saline  
Ocean  
Nasacort Allergy 24HR

#### Diabetic Supplies

alcohol swabs  
insulin syringes, needles  
lancets, lancet devices

#### Gastrointestinal

esomeprazole magnesium delayed-rel  
famotidine  
famotidine chewable tabs  
lansoprazole delayed-rel  
omeprazole magnesium delayed-rel  
omeprazole/sodium bicarbonate

Nexium 24HR  
Pepcid AC  
Pepcid AC  
Prevacid 24HR  
Prilosec OTC  
Zegerid OTC

#### Gastrointestinal, Miscellaneous

bismuth subsalicylate  
dextrose/fructose/phosphoric acid  
dimenhydrinate  
docusate sodium caps  
docusate sodium liquid  
loperamide liquid, tabs  
meclizine  
probiotics (\$20 maximum per claim)  
pyrantel  
simethicone  
witch hazel medicated pads/wipes

Pepto-Bismol  
Emetrol  
Dramamine  
Colace  
  
Anti-Diarrheal

Reese's Pinworm Medicine  
Mylicon  
Tucks

#### Laxatives

bisacodyl  
glycerin rectal suppository, adult  
glycerin rectal suppository, pediatric  
magnesium citrate  
methylcellulose  
mineral oil  
polyethylene glycol 3350  
psyllium/aspartame  
sennosides 8.6 mg tablets  
sennosides 15 mg tablets  
sennosides/docusate sodium  
sodium phosphate/sodium biphosphate enema, adult  
sodium phosphate/sodium biphosphate enema, pediatric

Dulcolax

Citrucel

MiraLax  
Natural Fiber  
Senokot  
Ex-Lax  
Peri-Colace  
Fleet Enema  
Fleet Enema

#### Nutritional/Supplements

alpha-lipoic acid  
calcium  
cholecalciferol (D3)  
cyanocobalamin tabs 1000 mg

Tums  
Vitamin D3  
Vitamin B12

electrolyte rehydrating soln	Pedialyte
ergocalciferol (D2) drops	
ferrous fumarate	Ferrimin 150
ferrous gluconate	Fergon
ferrous sulfate	Feosol
ferrous sulfate delayed-rel	Slow FE
iron/vitamin C	Vitron-C
lutein	
magnesium oxide	Mag-Ox
multivitamins drops	
multivitamins/iron drops	
polysaccharide iron complex 150 mg	Nu-Iron 150
polysaccharide iron complex/vitamin B12/folic acid	Ferrex 150
prenatal vitamins/DHA/EPA/ferrous fumarate/folic acid	One Daily Prenatal
prenatal vitamins/folic acid	
pyridoxine 25 mg, 50 mg	Vitamin B6
sodium chloride tabs 1 gm	
<b>Overactive Bladder</b>	
oxybutynin transdermal *	Oxytrol for Women
* Gender restriction - Coverage for females	
<b>Pain &amp; Fever</b>	
acetaminophen	Tylenol
aspirin 81 mg (not chewable)	Bayer
enteric coated aspirin	Ecotrin
ibuprofen	Advil
naproxen sodium	Aleve
<b>Pediculocides</b>	
permethrin aerosol 0.05%	RID
permethrin 1%	NIX Creme Rinse
<b>Radioactive Iodine Blockers</b>	
potassium iodide	Iosat
potassium iodide	Thyrosafe
<b>Sleep Aids</b>	
doxylamine	Unisom
melatonin	
<b>Topical, Acne</b>	
adapalene gel 0.1%	Differin
benzoyl peroxide	Panoxyl
<b>Topical, Antibacterial</b>	
antibacterial cleanser bar, liquid cleanser, cleansing cloths	Cetaphil
bacitracin	
bacitracin/polymyxin B	Polysporin
chlorhexidine	Hibiclens
neomycin/bacitracin/polymyxin B	Neosporin
<b>Topical, Ear</b>	
carbamide peroxide	Debrox
<b>Topical, Eye</b>	
artificial tears	

ketotifen	Zaditor
<b>Topical, Miscellaneous</b>	
ammonium lactate 12%	Lac-Hydrin
calamine lotion	
capsaicin crm 0.033%, 0.075%	
coal tar shampoo	Neutrogena
docosanol	Abreva
hydrocortisone crm, oint 0.5%, 1%	Cortizone
lidocaine crm 4%	LMX 4
lidocaine patch 4%	
oatmeal, colloidal	
oatmeal, colloidal/dimethicone	Aveeno
petrolatum/mineral oil	Eucerin
salicylic acid gel 17%	
salicylic acid pad, plaster 40%	
salicylic acid 17%/collodion	Duofilm
urea crm 20%	Carmol 20
urea lotion 10%	Carmol 10
zinc oxide	Desitin

## EDITOR

Your comments and suggestions regarding the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

Medical Director  
 MedStar Family Choice  
 5233 King Avenue, Suite 400  
 Baltimore, MD 21237  
 Phone: 1-800-905-1722 or 410-933-2200

## NOTICE

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## LEGEND

<b>AL</b>	Age Limit
<b>MDL</b>	Managed Drug Limitation
<b>OTC</b>	Over the counter
<b>PA</b>	Prior Authorization required
<b>ST</b>	Step Therapy required
<b>boldface</b>	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
<b>delayed-rel</b>	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
<b>ext-rel</b>	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification



## ANALGESICS

Practice guidelines of pain management are available at:  
<https://www.asahq.org>

Treatment recommendations for osteoarthritis are available at:  
<https://www.rheumatology.org>

NSAIDs		
OTC	ibuprofen	ADVIL
OTC	naproxen sodium	ALEVE
	choline magnesium trisalicylate	
	diclofenac potassium	
	diclofenac sodium delayed-rel	
	etodolac	
	flurbiprofen	
	ibuprofen	
	indomethacin	
MDL	ketorolac	
	meloxicam	MOBIC
	nabumetone	
	naproxen	NAPROSYN
	oxaprozin	DAYPRO
	sulindac	
NSAIDs, TOPICAL		
	diclofenac sodium gel	VOLTAREN
COX-2 INHIBITORS		
	celecoxib	CELEBREX
GOUT		
	allopurinol	ZYLOPRIM
	colchicine tabs	COLCRYS
	colchicine/probenecid	
	probenecid	
PA	lesinurad	ZURAMPIC

## OPIOID ANALGESICS

Practice Guidelines for Cancer Pain Management (includes WHO analgesic ladder) are available at:  
<https://www.asahq.org>  
<https://www.nccn.org>

Opioid guidelines in the management of chronic non-malignant pain are available at:  
<https://www.asipp.org/ASIPP-Guidelines.html>

Note: 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/>

MDL	butalbital/acetaminophen/caffeine/codeine	FIORICET w/CODEINE
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MDL	butalbital/aspirin/caffeine/codeine	FIORINAL w/CODEINE
MDL	codeine sulfate	
MDL	codeine/acetaminophen	TYLENOL w/CODEINE
MDL, PA	fentanyl transdermal	DURAGESIC
MDL	hydrocodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg	NORCO
MDL	hydrocodone/acetaminophen soln 7.5/325 per 15 mL	
MDL	hydromorphone	DILAUDID
MDL, PA	methadone	DOLOPHINE
MDL	morphine	
MDL, PA	morphine ext-rel beads	
MDL, PA	morphine ext-rel tabs	MS CONTIN
MDL	morphine supp	
MDL	oxycodone caps, tabs 5 mg	
MDL	oxycodone concentrate 20 mg/mL	
MDL	oxycodone tabs 10 mg, 20 mg	
MDL	oxycodone tabs 15 mg, 30 mg, soln 5 mg/5 mL	ROXICODONE
MDL	oxycodone/acetaminophen 5/325, 7.5/325	PERCOCET
MDL	oxycodone/aspirin	PERCODAN
MDL, PA	oxymorphone ext-rel	
MDL	tramadol	ULTRAM

#### NON-OPIOID ANALGESICS

MDL	butalbital/acetaminophen	
MDL	butalbital/acetaminophen/caffeine	ESGIC
MDL	butalbital/aspirin/caffeine	FIORINAL

#### VISCOSUPPLEMENTS

	sodium hyaluronate	HYALGAN
	sodium hyaluronate	SUPARTZ FX

#### ANTI-INFECTIVES

Practice guidelines and statements developed and endorsed by the Infectious Diseases Society of America are available at: <https://www.idsociety.org>

Hepatitis: CDC recommendations on the treatment of hepatitis are available at: <https://www.cdc.gov/hepatitis/Resources/>

Guidelines for the management of chronic hepatitis by the American Association for the Study of Liver Disease are available at: <https://www.aasld.org>

HIV/AIDS: Guidelines for the treatment of HIV patients by the U.S. Department of Health and Human Services are available at: <https://www.aidsinfo.nih.gov>

Infective Endocarditis: American Heart Association recommendations for the prevention of bacterial endocarditis are available at: <https://professional.heart.org>

Influenza: Recommendations of the Advisory Committee on Immunization Practices are available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>

International Travel: CDC recommendations for international travel are available at: <https://wwwnc.cdc.gov/travel>

Respiratory Tract Infection/Antibiotic Use/Community Acquired Pneumonia/Other: Principles of appropriate antibiotic use for treatment of nonspecific upper respiratory tract infection in adults are available at: <https://www.cdc.gov/pneumonia/management-prevention-guidelines.html>

Sexually Transmitted Diseases: CDC Sexually Transmitted Diseases Guidelines are available at:  
<https://www.cdc.gov/std/treatment/default.htm>

## ANTIBACTERIALS

### Aminoglycosides

neomycin	
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### Cephalosporins

#### First Generation

cefadroxil	
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cephalexin caps 250 mg, 500 mg	KEFLEX
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cephalexin susp 125 mg/5 mL, 250 mg/5 mL	KEFLEX
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#### Second Generation

cefuroxime axetil	
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#### Third Generation

cefdinir	
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cefepodoxime tablets	
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ceftriaxone	ROCEPHIN
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### Erythromycins/Macrolides

#### MDL

azithromycin	ZITHROMAX
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clarithromycin	
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clarithromycin ext-rel	
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erythromycin base	
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erythromycin delayed-rel	
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erythromycin delayed-rel - Ery-tab	
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erythromycin ethylsuccinate	E.E.S.
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erythromycin stearate	
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#### PA

fidaxomicin	DIFICID
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### Fluoroquinolones

ciprofloxacin	CIPRO
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levofloxacin	LEVAQUIN
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moxifloxacin	AVELOX
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### Penicillins

amoxicillin	
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amoxicillin/clavulanate	AUGMENTIN
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ampicillin	
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dicloxacillin	
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penicillin VK	
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penicillin G benzathine	BICILLIN L-A
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penicillin G benzathine/penicillin G procaine	BICILLIN C-R
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### Sulfonamides

sulfamethoxazole/trimethoprim	
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sulfamethoxazole/trimethoprim DS	
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sulfadiazine	
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### Tetracyclines

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

#### ANTIFUNGALS

	clotrimazole troches	
MDL	fluconazole	DIFLUCAN
	griseofulvin microsize susp, tabs	
	griseofulvin ultramicrosize	
	nystatin	
PA	posaconazole	NOXAFIL
	terbinafine tabs	
	voriconazole susp, tabs	VFEND

MDL 150 mg only (4 tabs/23 days)

#### ANTIMALARIALS

	atovaquone/proguanil	MALARONE
PA	chloroquine	
	mefloquine	
	primaquine	

#### ANTIRETROVIRAL AGENTS

##### Antiretroviral Adjuvants

	cobicistat	TYBOST
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##### Antiretroviral Combinations

	abacavir/lamivudine	EPZICOM
	abacavir/lamivudine/zidovudine	TRIZIVIR
	lamivudine/zidovudine	COMBIVIR
	abacavir/dolutegravir/lamivudine	TRIUMEQ
	atazanavir/cobicistat	EVOTAZ
	bictegravir/emtricitabine/tenofovir alafenamide	BIKTARVY
	darunavir/cobicistat	PREZCOBIX
	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	SYM TUZA
	dolutegravir/lamivudine	DOVATO
	dolutegravir/rilpivirine	JULUCA
	doravirine/lamivudine/tenofovir disoproxil fumarate	DELSTRIGO
	efavirenz/emtricitabine/tenofovir disoproxil fumarate	ATRIPLA
	efavirenz/lamivudine/tenofovir disoproxil fumarate	SYMFI
	efavirenz/lamivudine/tenofovir disoproxil fumarate	SYMFI LO
	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	GENVOYA
	elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate	STRIBILD
	emtricitabine/rilpivirine/tenofovir alafenamide	ODEFSEY
	emtricitabine/rilpivirine/tenofovir disoproxil fumarate	COMPLERA
PA*	emtricitabine/tenofovir alafenamide	DESCOVY
	emtricitabine/tenofovir disoproxil fumarate	TRUVADA
	lamivudine/tenofovir disoproxil fumarate	CIMDUO

PA\* Covered for HIV treatment only, not for PreP. Truvada is covered for PreP.

##### Chemokine Receptor Antagonists

	maraviroc	SELZENTRY
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##### Fusion Inhibitors

	enfuvirtide	FUZEON
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<b>Integrase Inhibitors</b>		
	dolutegravir	TIVICAY
	raltegravir	ISENTRESS
	raltegravir	ISENTRESS HD
<b>Monoclonal Antibody</b>		
	ibalizumab-uiyk	TROGARZO
<b>Non-nucleoside Reverse Transcriptase Inhibitors</b>		
	efavirenz	SUSTIVA
	nevirapine	VIRAMUNE
	nevirapine ext-rel	VIRAMUNE XR
	delavirdine	RESCRIPTOR
	doravirine	PIFELTRO
	etravirine	INTELENCE
	rilpivirine	EDURANT
<b>Nucleoside Reverse Transcriptase Inhibitors</b>		
	abacavir	ZIAGEN
	didanosine delayed-rel	
	lamivudine	EPIVIR
	stavudine	
	zidovudine	RETROVIR
	emtricitabine	EMTRIVA
<b>Nucleotide Reverse Transcriptase Inhibitors</b>		
	tenofovir disoproxil fumarate	VIREAD
<b>Protease Inhibitors</b>		
	atazanavir	REYATAZ
	fosamprenavir	LEXIVA
PA	lopinavir/ritonavir	KALETRA
	ritonavir	NORVIR
	darunavir	PREZISTA
	indinavir	CRIXIVAN
	nelfinavir	VIRACEPT
	saquinavir mesylate	INVIRASE
	tipranavir	APTIVUS
<b>ANTITUBERCULAR AGENTS</b>		
	ethambutol	MYAMBUTOL
	isoniazid	
	pyrazinamide	
	rifampin	RIFADIN
PA	bedaquiline	SIRTURO
PA	pretomanid	
<b>ANTIVIRALS</b>		
<b>Cytomegalovirus Agents</b>		
	foscarnet	
	valganciclovir	VALCYTE
<b>Hepatitis Agents</b>		
<i>Hepatitis B</i>		
	entecavir tabs	BARACLUDE
	lamivudine	EPIVIR-HBV

	entecavir soln	BARACLUDE
<i>Hepatitis C</i>		
	ribavirin caps, tabs	
#, PA	glecaprevir/pibrentasvir	MAVYRET
PA	sofosbuvir/velpatasvir	
# MAVYRET for genotypes 1, 2, 3, 4, 5, 6		
<i>Herpes Agents</i>		
	acyclovir caps, susp, tabs	ZOVIRAX
	famciclovir	
	valacyclovir	VALTREX
<i>Influenza Agents</i>		
MDL	oseltamivir	TAMIFLU
MDL	baloxavir	XOFLUZA
<b>MISCELLANEOUS</b>		
OTC	pyrantel - Reese's Pinworm Medicine	
	albendazole	ALBENZA
	atovaquone	MEPRON
	clindamycin	CLEOCIN
	dapsone tabs	
PA	ivermectin	STROMEKTOL
	linezolid	ZYVOX
	metronidazole	FLAGYL
	nitrofurantoin ext-rel	MACROBID
	nitrofurantoin macrocrystals	MACRODANTIN
AL	nitrofurantoin susp	
	paromomycin	
	pentamidine aerosol	NEBUPENT
	praziquantel	BILTRICIDE
	rifabutin	MYCOBUTIN
	trimethoprim tabs	
	vancomycin	VANCOCIN
	rifaximin 550 mg	XIFAXAN
	vancomycin oral soln	FIRVANQ
AL Covered for younger than age 8		
<b>ANTINEOPLASTIC AGENTS</b>		
Clinical practice guidelines in oncology are available at: <a href="https://www.asco.org">https://www.asco.org</a> <a href="https://www.nccn.org">https://www.nccn.org</a>		
<b>ALKYLATING AGENTS</b>		
	cyclophosphamide caps	
	melphalan	ALKERAN
	temozolomide	TEMODAR
	busulfan	MYLERAN
	chlorambucil	LEUKERAN
<b>ANTIMETABOLITES</b>		
	capecitabine	XELODA
	mercaptopurine	

## HORMONAL ANTINEOPLASTIC AGENTS

### Antiandrogens

	bicalutamide	CASODEX
	flutamide	
PA	darolutamide	NUBEQA

### Antiestrogens

	fulvestrant	FASLODEX
	tamoxifen	
	toremifene	FARESTON

### Aromatase Inhibitors

	anastrozole	ARIMIDEX
	exemestane	AROMASIN
	letrozole	FEMARA

### Luteinizing Hormone-Releasing Hormone (LHRH) Agonists

PA	leuprolide acetate	
PA	goserelin acetate	ZOLADEX
PA	leuprolide acetate	ELIGARD
PA	leuprolide acetate	LUPRON DEPOT

### Progestins

	megestrol acetate	
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### KINASE INHIBITORS

PA	erlotinib	TARCEVA
	imatinib mesylate	GLEEVEC
PA	alectinib	ALECENSA
PA	alpelisib	PIQRAY
PA	avapritinib	AYVAKIT
PA	binimetinib	MEKTOVI
PA	bosutinib	BOSULIF
PA	brigatinib	ALUNBRIG
PA	cabozantinib	CABOMETYX
PA	cabozantinib	COMETRIQ
PA	ceritinib	ZYKADIA
PA	cobimetinib	COTELLIC
PA	crizotinib	XALKORI
PA	dabrafenib	TAFINLAR
PA	dacomitinib	VIZIMPRO
PA	encorafenib	BRAFTOVI
PA	entrectinib	ROZLYTREK
PA	erdafitinib	BALVERSA
PA	gilteritinib	XOSPATA
PA	ibrutinib	IMBRUVICA
PA	idelalisib	ZYDELIG
PA	lapatinib	TYKERB
PA	larotrectinib	VITRAKVI
PA	lorlatinib	LORBRENA
PA	nilotinib	TASIGNA
PA	osimertinib	TAGRISSE
PA	palbociclib	IBRANCE
PA	pexidartinib	TURALIO
PA	ponatinib	ICLUSIG

PA	regorafenib	STIVARGA
PA	ribociclib	KISQALI
PA	ruxolitinib	JAKAFI
PA	tazemetostat	TAZVERIK
PA	trametinib	MEKINIST
PA	vemurafenib	ZELBORAF

#### TOPOISOMERASE INHIBITORS

	doxorubicin liposomal	DOXIL
PA	topotecan caps	HYCAMTIN CAPS

#### MISCELLANEOUS

	bexarotene caps	TARGRETIN
	etoposide	
	hydroxyurea	HYDREA
	leucovorin	
	tretinoin caps	
PA	asparaginase erwinia	ERWINAZE
PA	axicabtagene ciloleucel	YESCARTA
PA	cemiplimab-rwlc	LIBTAYO
PA	fam-trastuzumab deruxtecan-nxki	ENHERTU
	hydroxyurea	DROXIA
PA	ivosidenib	TIBSOVO
	mitotane	LYSODREN
PA	moxetumomab pasudotox-tdfk	LUMOXITI
PA	niraparib	ZEJULA
PA	olaparib	LYNPARZA
PA	omacetaxine mepesuccinate	SYNRIBO
PA	polatuzumab vedotin-piiq	POLIVY
	procarbazine	MATULANE
PA	rituximab/hyaluronidase human	RITUXAN HYCELA
PA	rucaparib	RUBRACA
PA	selinexor	XPOVIO
PA	tagraxofusp-erzs	ELZONRIS
PA	talazoparib	TALZENNA
PA	tisagenlecleucel	KYMTRIAH
	trifluridine/tipiracil	LONSURF
PA	venetoclax	VENCLEXTA

#### CARDIOVASCULAR

The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

Guidelines for the evaluation and management of cardiovascular diseases in adults are available at:

<https://www.acc.org>

<https://professional.heart.org>

#### ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

<https://professional.diabetes.org>

<https://www.acc.org>

<https://professional.heart.org>

	benazepril	LOTENSIN
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captopril	
enalapril	VASOTEC
fosinopril	
lisinopril	ZESTRIL
moexipril	
quinapril	ACCUPRIL
ramipril	ALTACE
trandolapril	

#### ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/benazepril	LOTREL
trandolapril/verapamil ext-rel	TARKA

#### ACE INHIBITOR/DIURETIC COMBINATIONS

benazepril/hydrochlorothiazide	LOTENSIN HCT
captopril/hydrochlorothiazide	
enalapril/hydrochlorothiazide	VASERETIC
fosinopril/hydrochlorothiazide	
lisinopril/hydrochlorothiazide	ZESTORETIC
quinapril/hydrochlorothiazide	ACCURETIC

#### ADRENOLYTICS, CENTRAL

clonidine	CATAPRES
clonidine transdermal	CATAPRES-TTS
guanfacine	

#### ALDOSTERONE RECEPTOR ANTAGONISTS

spironolactone	ALDACTONE
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#### ALPHA BLOCKERS

Guidelines for the use of alpha blockers in various patient populations are available at:  
<https://jamanetwork.com/journals/jama/fullarticle/1791497>

doxazosin	CARDURA
prazosin	MINIPRESS
terazosin	

#### ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:  
<https://jamanetwork.com/journals/jama/fullarticle/1791497>  
<https://professional.diabetes.org>

candesartan	ATACAND
candesartan/hydrochlorothiazide	ATACAND HCT
irbesartan	AVAPRO
irbesartan/hydrochlorothiazide	AVALIDE
losartan	COZAAR
losartan/hydrochlorothiazide	HYZAAR
valsartan	DIOVAN
valsartan/hydrochlorothiazide	DIOVAN HCT

#### ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/valsartan	EXFORGE
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#### ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

amlodipine/valsartan/hydrochlorothiazide	EXFORGE HCT
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## ANTIARRHYTHMICS

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at:  
<https://www.acc.org>

	amiodarone	
	amiodarone	PACERONE
	disopyramide	NORPACE
	dofetilide	TIKOSYN
	flecainide	
	propafenone	
	sotalol	BETAPACE
	sotalol	BETAPACE AF

## ANTILIPEMICS

The 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol is available at:  
<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000625>

### Bile Acid Resins

	cholestyramine	QUESTRAN/QUESTRAN LIGHT
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### Cholesterol Absorption Inhibitors

	ezetimibe	ZETIA
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### Fibrates

	fenofibrate tab 48 mg, 54 mg, 160 mg	TRICOR
	fenofibrate, micronized cap 67 mg, 134 mg, 200 mg	
	fenofibric acid tab 35 mg, 105 mg	
	gemfibrozil	LOPID

### HMG-CoA Reductase Inhibitors/Combinations

	atorvastatin	LIPITOR
	ezetimibe/simvastatin	VYTORIN
	lovastatin	
	pravastatin	PRAVACHOL
	rosuvastatin	CRESTOR
	simvastatin	ZOCOR

### Microsomal Triglyceride Transfer Protein Inhibitors

PA	lomitapide	JUXTAPID
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### Niacins

OTC	niacin	
	niacin	NIACOR
	niacin ext-rel	NIASPAN

### Omega-3 Fatty Acids

OTC	omega-3 fatty acids	FISH OIL
OTC	omega-3 fatty acids 300 mg	KRILL OIL
OTC	omega-3 fatty acids/vitamin E	FISH OIL
OTC	omega-3 fatty acids/vitamins chewable	OMEGA-3 GUMMIES
PA	omega-3 acid ethyl esters	LOVAZA

### PCSK9 Inhibitors

PA	evolocumab	REPATHA
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## BETA-BLOCKERS

Guidelines for the use of beta-blockers and beta-blocker combinations in various patient populations are available at:  
<https://jamanetwork.com/journals/jama/fullarticle/1791497>  
<https://www.acc.org>

	atenolol	TENORMIN
	bisoprolol	
	carvedilol	COREG
	labetalol	TRANDATE
	metoprolol succinate ext-rel	TOPROL-XL
	metoprolol tartrate 25 mg, 50 mg, 100 mg	LOPRESSOR
	nadolol	CORGARD
	pindolol	
	propranolol	
	propranolol ext-rel	INDERAL LA
	timolol maleate tabs	
	carvedilol phosphate ext-rel	COREG CR
AL	propranolol oral soln	HEMANGEOL

AL Covered for age 5 or younger

## BETA-BLOCKER/DIURETIC COMBINATIONS

Guidelines for the use of beta-blockers and diuretic combinations in various patient populations are available at:  
<https://jamanetwork.com/journals/jama/fullarticle/1791497>  
<https://www.acc.org>

	atenolol/chlorthalidone	
	bisoprolol/hydrochlorothiazide	ZIAC

## CALCIUM CHANNEL BLOCKERS

### Dihydropyridines

	amlodipine	NORVASC
	felodipine ext-rel	
	nicardipine	
	nifedipine	PROCARDIA
	nifedipine ext-rel	ADALAT CC
	nifedipine ext-rel	PROCARDIA XL
	nimodipine	

### Nondihydropyridines

	diltiazem	CARDIZEM
	diltiazem ext-rel	
	diltiazem ext-rel	CARDIZEM CD
	diltiazem ext-rel	TIAZAC
	verapamil	
	verapamil ext-rel	CALAN SR
	verapamil ext-rel	VERELAN

## CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

	amlodipine/atorvastatin	CADUET
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## DIGITALIS GLYCOSIDES

	digoxin	LANOXIN
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## DIURETICS

### Carbonic Anhydrase Inhibitors

	acetazolamide	
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	acetazolamide ext-rel	
	methazolamide	
<b>Loop Diuretics</b>		
	bumetanide	
	furosemide	LASIX
	toremide	
<b>Potassium-sparing Diuretics</b>		
	amiloride	
	triamterene	DYRENIUM
<b>Thiazides and Thiazide-like Diuretics</b>		
	chlorothiazide	
	chlorthalidone	
	hydrochlorothiazide	
	indapamide	
	metolazone	
	chlorothiazide susp	DIURIL
<b>Diuretic Combinations</b>		
	amiloride/hydrochlorothiazide	
	spironolactone/hydrochlorothiazide	ALDACTAZIDE
	triamterene/hydrochlorothiazide	DYAZIDE
	triamterene/hydrochlorothiazide	MAXZIDE
<b>HEART FAILURE</b>		
	isosorbide dinitrate/hydralazine	BIDIL
	sacubitril/valsartan	ENTRESTO
<b>NITRATES</b>		
<b>Oral</b>		
	isosorbide dinitrate oral	ISORDIL
	isosorbide mononitrate	
	isosorbide mononitrate ext-rel	
<b>Sublingual/Translingual</b>		
	nitroglycerin lingual spray	NITROLINGUAL
	nitroglycerin sublingual	NITROSTAT
<b>Transdermal</b>		
	nitroglycerin transdermal	
	nitroglycerin transdermal	NITRO-DUR
	nitroglycerin oint	NITRO-BID
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<b>Endothelin Receptor Antagonists</b>		
	ambrisentan	LETAIRIS
	macitentan	OPSUMIT
<b>Phosphodiesterase Inhibitors</b>		
<b>PA</b>	sildenafil	REVATIO
<b>Prostacyclin Receptor Agonists</b>		
	selexipag	UPTRAVI

### Prostaglandin Vasodilators

epoprostenol sodium	FLOLAN
treprostinil	REMODULIN
treprostinil	TYVASO
treprostinil ext-rel	ORENITRAM

### MISCELLANEOUS

hydralazine	
methyldopa	
methyldopa/hydrochlorothiazide	
midodrine	
minoxidil	
ranolazine ext-rel	RANEXA

## CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:  
<https://www.psychiatry.org>

### ANTI-ANXIETY

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

### ANTICONVULSANTS

Practice guidelines for the treatment of epilepsy are available at:  
<https://www.aan.com>

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	ZARONTIN
phenobarbital	
phenytoin	DILANTIN INFATABS
phenytoin sodium extended	DILANTIN
primidone	MYSOLINE

### ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:  
<https://www.aan.com>

donepezil	ARICEPT
galantamine	RAZADYNE
memantine	NAMENDA
rivastigmine caps, soln	

### ANTIDEPRESSANTS

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

### ANTIPARKINSONIAN AGENTS

Practice guidelines for the diagnosis and treatment of Parkinson's disease are available at:  
<https://www.aan.com>

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	PARLODEL
	carbidopa	LODOSYN
	carbidopa/levodopa	SINEMET
	carbidopa/levodopa ext-rel	SINEMET CR
	carbidopa/levodopa/entacapone	STALEVO
	entacapone	COMTAN
	pramipexole	MIRAPEX
	ropinirole	
	selegiline caps, tabs	
PA	istradefylline	NOURIANZ
	rotigotine transdermal	NEUPRO
PA	safinamide	XADAGO

#### ANTIPSYCHOTICS

Behavioral health (mental health and substance abuse) medications are carved out to the Maryland Department of Health.

For more information and a list of medications, please visit the following link:

<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

#### ATTENTION DEFICIT HYPERACTIVITY DISORDER

Guidelines for the evaluation and management of attention deficit disorder are available at:

<https://www.aacap.org>

<https://www.aap.org>

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>

	milnacipran	SAVELLA
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#### HYPNOTICS

Practice parameters for the treatment of sleep disorders and clinical guidelines for the evaluation and management of chronic insomnia are available at:

<https://aasm.org>

Behavioral health (mental health and substance abuse) medications are carved out to the Maryland Department of Health.

For more information and a list of medications, please visit the following link:

<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

#### Nonbenzodiazepines

OTC	doxylamine	UNISOM
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## MIGRAINE

Guidelines for prevention and management of migraine headaches are available at:  
<https://www.aan.com>

### Ergotamine Derivatives

	ergotamine/caffeine	CAFERGOT
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### Monoclonal Antibodies

PA	erenumab-aooe	AIMOVIG
PA	ubrogepant	UBRELVY

### Selective Serotonin Agonists

MDL	naratriptan	AMERGE
MDL	rizatriptan	MAXALT
MDL	sumatriptan	IMITREX
MDL	sumatriptan injection	IMITREX
MDL	sumatriptan nasal spray	IMITREX
MDL	zolmitriptan tabs	ZOMIG
PA	lasmiditan	REYVOW

## MOOD STABILIZERS

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

## MOVEMENT DISORDERS

Ingrezza is carved out to the Maryland Department of Health. For more information, please visit the following link:  
<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

## MULTIPLE SCLEROSIS AGENTS

Practice guidelines for multiple sclerosis are available at:  
<https://www.aan.com>

PA	dalfampridine ext-rel	AMPYRA
	glatiramer	COPAXONE
	dimethyl fumarate delayed-rel	TECFIDERA
	ingolimod	GILENYA
	glatiramer 40 mg/mL	COPAXONE
	interferon beta-1a	AVONEX
	interferon beta-1a	REBIF
	interferon beta-1b	EXTAVIA
	siponimod	MAYZENT

## 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	DANTRIUM
	methocarbamol	ROBAXIN
	orphenadrine ext-rel	
	tizanidine tabs	ZANAFLEX

MYASTHENIA GRAVIS	
pyridostigmine	MESTINON
NARCOLEPSY/CATAPLEXY	
PA sodium oxybate	XYREM
NEUROMUSCULAR BLOCKING AGENTS	
PA onabotulinumtoxinA	BOTOX
POLYNEUROPATHY OF HEREDITARY AMYLOIDOSIS	
PA patisiran	ONPATTRO
POSTHERPETIC NEURALGIA (PHN)	
PA gabapentin ext-rel	GRALISE

#### PSYCHOTHERAPEUTIC - MISCELLANEOUS

##### Alcohol Deterrents

Alcohol 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>

##### Opioid Antagonists

Opioid antagonists 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>

##### Partial Opioid Agonists

Partial opioid agonists 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>

##### Partial Opioid Agonist/Opioid Antagonist Combinations

Partial opioid agonists/opioid antagonist combinations 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>

##### Smoking Deterrents

Treating Tobacco Use and Dependence: 2008 Update-Clinical Practice Guideline is available at:

<https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>

Smoking deterrents 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

### ANDROGENS

Clinical practice guidelines for the treatment of hypogonadism are available at:

<https://www.aace.com>

oxandrolone	
testosterone cypionate inj	DEPO-TESTOSTERONE
testosterone enanthate inj	DELATESTRYL
testosterone gel 1%	
testosterone gel 2%	FORTESTA
testosterone soln	



## ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:  
<https://professional.diabetes.org>

### Alpha-glucosidase Inhibitors

	acarbose	PRECOSE
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### Biguanides

<b>MDL</b>	metformin	GLUCOPHAGE
*	metformin ext-rel 500 mg, 750 mg	GLUCOPHAGE XR

\* metformin ext-rel 1000 mg is not covered

### Biguanide/Sulfonylurea Combinations

	glipizide/metformin	
	glyburide/metformin	

### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

	alogliptin	NESINA
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### Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

	alogliptin/metformin	KAZANO
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### Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Insulin Sensitizer Combinations

	alogliptin/pioglitazone	OSENI
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### Incretin Mimetic Agents

	dulaglutide	TRULICITY
	liraglutide	VICTOZA
	semaglutide	OZEMPIC

### Incretin Mimetic Agent/Insulin Combinations

	lixisenatide/insulin glargine	SOLIQUA
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### Insulins\*

<b>OTC</b>	insulin human pen, vial	HUMULIN R
<b>OTC</b>	insulin human vial	NOVOLIN R
<b>OTC</b>	insulin isophane human 70%/regular 30% pen, vial	HUMULIN 70/30
<b>OTC</b>	insulin isophane human 70%/regular 30% pen, vial	NOVOLIN 70/30
<b>OTC</b>	insulin isophane human pen, vial	HUMULIN N
<b>OTC</b>	insulin isophane human vial	NOVOLIN N
	insulin aspart pen, vial	NOVOLOG
	insulin aspart protamine 70%/insulin aspart 30% pen, vial	NOVOLOG MIX 70/30
	insulin glargine pen	BASAGLAR
	insulin lispro 100 units/mL pen, vial	ADMELOG
	insulin lispro protamine 50%/insulin lispro 50% pen, vial	HUMALOG MIX 50/50
	insulin lispro protamine 75%/insulin lispro 25% pen, vial	HUMALOG MIX 75/25
	insulin degludec pen, vial	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	ACTOS
Insulin Sensitizer/Biguanide Combinations		
	pioglitazone/metformin	ACTOPLUS MET
Insulin Sensitizer/Sulfonylurea Combinations		
	pioglitazone/glimepiride	DUETACT
Meglitinides		
	nateglinide	STARLIX
	repaglinide	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
PA*	empagliflozin	JARDIANCE
	ertugliflozin	STEGLATRO
PA* Covered for cardiovascular indication		
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations		
PA*	empagliflozin/metformin	SYNJARDY
PA*	empagliflozin/metformin ext-rel	SYNJARDY XR
	ertugliflozin/metformin	SEGLUROMET
PA* Covered for cardiovascular indication		
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase (DPP-4) Inhibitor Combinations		
	ertugliflozin/sitagliptin	STEGLUJAN
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase (DPP-4) Inhibitor/Biguanide Combinations		
PA	empagliflozin/linagliptin/metformin ext-rel	TRIJARDY XR
Sulfonylureas		
	glimepiride	AMARYL
	glipizide	GLUCOTROL
	glipizide ext-rel	GLUCOTROL XL
	glyburide	
	glyburide, micronized	GLYNASE
Supplies		
OTC	alcohol swabs	
OTC	blood glucose monitoring kits, test strips	ACCU-CHEK KITS AND TEST STRIPS
OTC	glucose meter control solution	ACCU-CHEK CONTROL SOLUTION
OTC	insulin syringes, needles	
OTC	lancets, lancet devices	
OTC	urine test strips	CHEMSTRIP URINE TEST STRIPS
OTC	urine test strips	KETOSTIX URINE TEST STRIPS
PA	insulin infusion disposable pump	V-GO INSULIN INFUSION PUMP
CALCIUM RECEPTOR ANTAGONISTS		
	cinacalcet	SENSIPAR

## CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<https://www.aace.com>

<https://www.nof.org>

### Bisphosphonates

	alendronate tabs	FOSAMAX
	alendronate/vitamin D3	FOSAMAX PLUS D

### Calcitonins

	calcitonin-salmon	MIACALCIN
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### RANK Ligand (RANKL) Inhibitors

PA	denosumab	PROLIA
PA	denosumab	XGEVA

## CONTRACEPTIVES

EE = ethinyl estradiol

### Monophasic

#### 10 mcg Estrogen

PA	norethindrone acetate/EE 1/10 and EE 10 and iron	LO LOESTRIN FE
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#### 20 mcg Estrogen

	drospirenone/EE 3/20 - Gianvi	YAZ
	drospirenone/EE/levomefolate 3/20 and levomefolate	BEYAZ
	levonorgestrel/EE 0.1/20 - Aviane	
	norethindrone acetate/EE 1/20	LOESTRIN 1/20
	norethindrone acetate/EE 1/20 and iron	LOESTRIN FE 1/20
PA	norethindrone acetate/EE 1/20 and iron chewable	MINASTRIN 24 FE
PA	norethindrone acetate/EE 1/20 and iron gel caps	TAYTULLA

#### 25 mcg Estrogen

	norethindrone/EE 0.8/25 chewable	GENERESS FE
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#### 30 mcg Estrogen

	desogestrel/EE 0.15/30 - Apri	
	drospirenone/EE 3/30	YASMIN
	levonorgestrel/EE 0.15/30 - Levora	
	norethindrone acetate/EE 1.5/30	LOESTRIN 1.5/30
	norethindrone acetate/EE 1.5/30 and iron	LOESTRIN FE 1.5/30
	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	ORTHO-NOVUM 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	MIRCETTE
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	desogestrel/EE	PIMTREA
Triphasic		
	desogestrel/EE - Velivet	
	levonorgestrel/EE - Trivora	
	norethindrone acetate/EE and iron	ESTROSTEP FE
	norethindrone/EE	
	norethindrone/EE	ORTHO-NOVUM 7/7/7
	norgestimate/EE	
	norgestimate/EE	ORTHO TRI-CYCLEN LO
Four Phase		
PA	estradiol valerate and dienogest/estradiol valerate	NATAZIA
Extended Cycle		
	levonorgestrel/EE 0.1/20 and EE 10	LOSEASONIQUE
	levonorgestrel/EE 0.15/20, 0.15/25, 0.15/30 and EE 10	QUARTETTE
	levonorgestrel/EE 0.15/30	
	levonorgestrel/EE 0.15/30 and EE 10	SEASONIQUE
Progestin Only		
	norethindrone	ORTHO MICRONOR
Emergency Contraception		
OTC, MDL	levonorgestrel	PLAN B ONE-STEP
MDL	ulipristal	ELLA
Injectable		
	medroxyprogesterone acetate 150 mg/mL	DEPO-PROVERA
Intrauterine Devices		
	intrauterine device	PARAGARD T 380A
	levonorgestrel-releasing IUD	KYLEENA
	levonorgestrel-releasing IUD	LILETTA
	levonorgestrel-releasing IUD	MIRENA
	levonorgestrel-releasing IUD	SKYLA
Transdermal		
	norelgestromin/EE	
Vaginal		
	etonogestrel/EE ring	NUVARING
Miscellaneous		
OTC, MDL	condoms, male	
OTC	nonoxynol-9	SHUR-SEAL
OTC	nonoxynol 9 gel	GYNOL II
	etonogestrel implant	NEXPLANON
ENDOMETRIOSIS		
PA	elagolix	ORILISSA

## ESTROGENS

Guidelines of treatment and management of hormone therapy and menopause are available at:

<https://www.menopause.org>

<https://www.aace.com/files/menopause.pdf>

Injectable		
	estradiol valerate inj	
	estradiol cypionate inj	DEPO-ESTRADIOL
Oral		
	estradiol	ESTRACE
Transdermal		
	estradiol	CLIMARA
	estradiol	VIVELLE-DOT
	estradiol	ALORA
Vaginal		
	estradiol vaginal tabs	VAGIFEM
	estradiol vaginal cream	ESTRACE
	estradiol vaginal ring	FEMRING
ESTROGEN/PROGESTINS		
Oral		
	EE/norethindrone acetate	FEMHRT
	EE/norethindrone acetate - Jinteli	
	estrogens, conjugated/medroxyprogesterone	PREMPHASE
	estrogens, conjugated/medroxyprogesterone	PREMPRO
Transdermal		
	estradiol/levonorgestrel	CLIMARA PRO
	estradiol/norethindrone acetate	COMBIPATCH
GLUCOCORTICOIDS		
	cortisone acetate	
	dexamethasone	
	fludrocortisone	
	hydrocortisone	CORTEF
	methylprednisolone	MEDROL
	prednisolone sodium phosphate soln 5 mg/5 mL, 15 mg/5 mL, 25 mg/5 mL	
	prednisolone syrup	
	prednisone	
GLUCOSE ELEVATING AGENTS		
	diazoxide	PROGLYCEM
	glucagon nasal powder	BAQSIMI
	glucagon, human recombinant	GLUCAGON EMERGENCY KIT
HUMAN GROWTH HORMONES		
Guidelines for use of growth hormone are available at: <a href="https://www.aace.com/publications/guidelines">https://www.aace.com/publications/guidelines</a>		
PA	somatropin	NORDITROPIN
PA	somatropin	SEROSTIM
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS		
	calcitriol (1,25-D3)	ROCALTROL
	doxercalciferol	HECTOROL

<b>PHOSPHATE BINDER AGENTS</b>		
	calcium acetate	
	lanthanum carbonate	FOSRENOL
	sevelamer carbonate	REVELA
<b>POTASSIUM-REMOVING AGENTS</b>		
	sodium polystyrene sulfonate	SPS
<b>PROGESTINS</b>		
Injectable		
	hydroxyprogesterone caproate	MAKENA
Oral		
	medroxyprogesterone acetate	PROVERA
	megestrol acetate susp	MEGACE ES
	norethindrone acetate	AYGESTIN
	progesterone, micronized	PROMETRIUM
Vaginal		
	progesterone gel	CRINONE
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>		
	raloxifene	EVISTA
<b>THYROID AGENTS</b>		
Antithyroid Agents		
	methimazole	TAPAZOLE
	propylthiouracil	
	potassium iodide	SSKI
Radioactive Iodine Blockers		
OTC	potassium iodide	IOSAT
OTC	potassium iodide	THYROSAFE
Thyroid Supplements		
	levothyroxine	SYNTHROID
	levothyroxine - Levoxyl	
	liothyronine	CYTOMEL
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
PA	tolvaptan	JYNARQUE
<b>VASOPRESSINS</b>		
PA	desmopressin spray	DDAVP
	desmopressin tabs	DDAVP
PA	desmopressin spray	STIMATE
<b>MISCELLANEOUS</b>		
	cabergoline	
	methylergonovine	METHERGINE
PA	trientine	SYPRINE
PA	macimorelin	MACRILEN
	succimer	CHEMET
PA	tesamorelin	EGRIFTA

## GASTROINTESTINAL

Guidelines for the treatment and management of various gastrointestinal diseases/conditions are available at:

<https://gi.org>

<https://www.gastro.org>

### ANTACIDS

OTC	aluminum hydroxide	ALTERNAGEL
OTC	aluminum hydroxide/magnesium hydroxide	ALAMAG
OTC	calcium carbonate	MAALOX
OTC	sodium bicarbonate	

### ANTIDIARRHEALS

OTC	bismuth subsalicylate	PEPTO-BISMOL
OTC	loperamide liquid, tabs	ANTI-DIARRHEAL
	diphenoxylate/atropine	LOMOTIL

### ANTIEMETICS

OTC	dextrose/fructose/phosphoric acid	EMETROL
OTC	dimenhydrinate	DRAMAMINE
OTC	meclizine	
	aprepitant caps	EMEND
MDL	doxylamine/pyridoxine delayed-rel	DICLEGIS
MDL	granisetron	
	meclizine	
	metoclopramide	REGLAN
	ondansetron	ZOFRAN
	prochlorperazine	
MDL	promethazine syrup	
	promethazine, except suppository	
	scopolamine transdermal	TRANSDERM SCOP
	trimethobenzamide	TIGAN

### ANTISPASMODICS

	dicyclomine	BENTYL
	glycopyrrolate tabs 1 mg, 2 mg	
	hyoscyamine sulfate 125 mcg/5 mL elixir	
	hyoscyamine sulfate ext-rel tabs 0.375 mg	
	hyoscyamine sulfate tabs 0.125 mg	
	methscopolamine	
	propantheline	

### CHOLELITHOLYTICS

	ursodiol	ACTIGALL
	ursodiol	URSO
	ursodiol	URSO FORTE

### H<sub>2</sub> RECEPTOR ANTAGONISTS

OTC	famotidine	PEPCID AC
OTC	famotidine chewable tabs	PEPCID AC
	cimetidine	
	famotidine	PEPCID

### INFLAMMATORY BOWEL DISEASE

#### Oral Agents

	budesonide delayed-rel caps	ENTOCORT EC
	mesalamine delayed-rel tabs	ASACOL HD

	mesalamine delayed-rel tabs	LIALDA
	sulfasalazine	AZULFIDINE
	sulfasalazine delayed-rel	AZULFIDINE EN-TABS
	mesalamine ext-rel caps	PENTASA

#### Rectal Agents

	hydrocortisone enema	
	mesalamine rectal susp	ROWASA
	mesalamine supp	CANASA
	hydrocortisone acetate foam	CORTIFOAM

#### IRRITABLE BOWEL SYNDROME

##### Irritable Bowel Syndrome with Constipation

PA	linaclotide	LINZESS
PA	lubiprostone	AMITIZA

#### LAXATIVES/STOOL SOFTENERS

OTC	docusate sodium caps	COLACE
OTC	docusate sodium liquid	
OTC	methylcellulose	CITRUCEL
OTC	mineral oil	
OTC	polyethylene glycol 3350	MIRALAX
OTC	psyllium/aspartame	NATURAL FIBER
OTC	sennosides	SENOKOT
	lactulose soln	
	peg 3350/electrolytes	GOLYTELY
	peg 3350/electrolytes	NULYTELY

#### OPIOID-INDUCED CONSTIPATION

PA	naloxegol	MOVANTIK
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#### PANCREATIC ENZYMES

	pancrelipase	VIOKACE
	pancrelipase delayed-rel	CREON
	pancrelipase delayed-rel	ZENPEP

#### PROSTAGLANDINS

	misoprostol	CYTOTEC
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#### PROTON PUMP INHIBITORS

OTC	lansoprazole delayed-rel	PREVACID 24HR
OTC	omeprazole magnesium delayed-rel	PRIOSEC OTC
OTC	omeprazole/sodium bicarbonate	ZEGERID OTC
OTC, MDL	esomeprazole magnesium delayed-rel	NEXIUM 24HR
MDL	lansoprazole delayed-rel	PREVACID
AL, MDL	lansoprazole delayed-rel orally-disintegrating 15 mg tabs	PREVACID SOLUTAB
MDL	omeprazole delayed-rel caps	
MDL	pantoprazole delayed-rel	PROTONIX

AL Covered for age 8 or younger

#### RECTAL PREPARATIONS, STEROIDS/OTHER

OTC	witch hazel medicated pads/wipes	TUCKS
	hydrocortisone crm	ANUSOL-HC 2.5%
	hydrocortisone rectal crm, oint	



hydrocortisone/pramoxine crm 1-1%	ANALPRAM-HC
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#### ULCER THERAPY COMBINATIONS

lansoprazole + amoxicillin + clarithromycin
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#### MISCELLANEOUS

OTC	probiotics	
OTC	simethicone	MYLICON
	sucralfate	CARAFATE

#### GENITOURINARY

##### BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

<https://www.auanet.org/guidelines>

alfuzosin ext-rel	UROXATRAL
doxazosin	CARDURA
dutasteride	AVODART
finasteride	PROSCAR
tamsulosin	FLOMAX
terazosin	

##### URINARY ANTISPASMODICS

OTC, *	oxybutynin transdermal	OXYTROL FOR WOMEN
	oxybutynin	
	oxybutynin ext-rel	DITROPAN XL
	tolterodine	DETROL
	tropium	
	tropium ext-rel	

\*Gender restriction – Coverage for females

##### VAGINAL ANTI-INFECTIVES

OTC	clotrimazole	GYNE-LOTRIMIN
OTC	miconazole	MONISTAT
	clindamycin crm	CLEOCIN
	metronidazole	
	terconazole	

#### MISCELLANEOUS

bethanechol	URECHOLINE
methenamine/hyoscyamine/methylene blue/benzoic acid/phenyl salicylate - Hyophen	
methenamine/hyoscyamine/methylene blue/sodium phosphate/phenyl salicylate - Uribel	
phenazopyridine	PYRIDIUM
potassium citrate ext-rel	UROCIT-K
potassium/sodium phosphates	K-PHOS NEUTRAL
sodium citrate/citric acid	
acetohydroxamic acid	LITHOSTAT
pentosan polysulfate sodium	ELMIRON

#### HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at:

<https://www.hemophilia.org>

## ANTICOAGULANTS

CHEST guidelines are available at:

<https://www.chestnet.org/Guidelines-and-Resources/CHEST-Guideline-Topic-Areas/Pulmonary-Vascular>

### Injectable

	enoxaparin	LOVENOX
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### Oral

	warfarin	COUMADIN
	apixaban	ELIQUIS
	dabigatran etexilate	PRADAXA
	rivaroxaban	XARELTO

## HEMATOPOIETIC GROWTH FACTORS

Guidelines for the management of neutropenia are available at:

<https://www.asco.org>

Guidelines for the management of anemia associated with chronic kidney disease are available at:

<https://www.kidney.org/professionals/guidelines#guidelines>

	darbepoetin alfa	ARANESP
	epoetin alfa	EPOGEN
	epoetin alfa	PROCRIT
	filgrastim-sndz	ZARXIO
	pegfilgrastim-cbqv	UDENYCA
	sargramostim	LEUKINE

## HEMOPHILIA A AGENTS

PA	antihemophilic factor (recombinant) pegylated-aucl	JIVI
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## PLATELET AGGREGATION INHIBITORS

	clopidogrel	PLAVIX
	dipyridamole	
	dipyridamole extended-release/aspirin	AGGRENOX
	prasugrel	EFFIENT
	ticagrelor	BRILINTA
PA	vorapaxar	ZONTIVITY

## PLATELET SYNTHESIS INHIBITORS

	anagrelide	AGRYLIN
	pentoxifylline ext-rel	

## THROMBOCYTOPENIA AGENTS

PA	lusutrombopag	MULPLETA
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## MISCELLANEOUS

	cilostazol	
	tranexamic acid	LYSTEDA
PA	avatrombopag	DOPTELET
	crizanlizumab-tmca	ADAKVEO
PA	fostamatinib	TAVALISSE
PA	L-glutamine oral powder	ENDARI

## IMMUNOLOGIC AGENTS

Guidelines for the management of rheumatic diseases are available at:  
<https://www.rheumatology.org>

### ALLERGEN EXTRACTS

	grass mixed pollen allergen extract	ORALAIR
	ragweed pollen allergen extract	RAGWITEK
	timothy grass pollen allergen extract	GRASTEK

### AUTOIMMUNE AGENTS

	adalimumab	HUMIRA
PA	apremilast	OTEZLA
	brodalumab	SILIQ
	etanercept	ENBREL
	sarilumab	KEVZARA
	secukinumab	COSENTYX
	tofacitinib	XELJANZ
	tofacitinib ext-rel	XELJANZ XR

### DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

PA	hydroxychloroquine	PLAQUENIL
	leflunomide	ARAVA
	methotrexate 2.5 mg	
PA	methotrexate inj	RASUVO

### HEREDITARY ANGIOEDEMA AGENTS

PA	icatibant	FIRAZYR
PA	C1 esterase inhibitor	HAEGARDA
PA	ecallantide	KALBITOR

### IMMUNE GLOBULINS

PA	immune globulin subcutaneous (human)-hipp	CUTAQUIG
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### IMMUNOSUPPRESSANTS

#### Antimetabolites

	azathioprine	IMURAN
	mycophenolate mofetil	CELLCEPT

#### Calcineurin Inhibitors

	cyclosporine	SANDIMMUNE
	cyclosporine, modified	NEORAL
	tacrolimus	PROGRAF

#### Rapamycin Derivatives

	sirolimus	RAPAMUNE
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## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

#### Potassium

	potassium chloride effervescent	
	potassium chloride ext-rel	
	potassium chloride liquid	
	potassium chloride powder 25 mEq	KLOR-CON/25

Sodium		
OTC	sodium chloride tabs 1 gm	
VITAMINS AND MINERALS		
Folic Acid Agents		
	folic acid	
Prenatal Vitamins		
OTC	prenatal vitamins/folic acid	
OTC	prenatal vitamins/DHA/EPA/ferrous fumarate/folic acid	ONE DAILY PRENATAL
	prenatal vitamins/folic acid	
	prenatal vitamins/folic acid	PRENATABS RX
	prenatal vitamins/folic acid	PRENATAL LOW IRON
	prenatal vitamins/DHA/docusate/folic acid	CITRANATAL DHA
Miscellaneous		
OTC	alpha-lipoic acid	
OTC	cholecalciferol (D3) drops	VITAMIN D3
OTC	cyanocobalamin tabs 1000 mg	VITAMIN B-12
OTC	ergocalciferol (D2) drops	
OTC	ferrous gluconate	FERGON
OTC	ferrous sulfate	FEOSOL
OTC	ferrous sulfate delayed-rel	SLOW FE
OTC	lutein	
OTC	magnesium oxide	MAG-OX
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	VITAMIN B6
OTC	vitamin ADC drops	
OTC	ferrous fumarate	FERRIMIN 150
OTC	iron/vitamin C	VITRON-C
OTC	multivitamins drops	TRI-VI-SOL
	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	MEPHYTON
	vitamin ADC/fluoride drops	
	vitamin ADC/fluoride/iron drops	
	vitamin B complex/vitamin C/folic acid	NEPHRO-VITE RX
	zinc acetate	GALZIN

## RESPIRATORY

Guidelines to the management, prevention, or treatment of COPD and asthma are available at:

<https://www.aaaai.org>

<https://ginasthma.org>

<https://goldcopd.org>

<https://www.nhlbi.nih.gov>

The Allergy Report and guidelines for allergy-related conditions are available at:  
<https://www.aaaai.org>

#### ANAPHYLAXIS TREATMENT AGENTS

	epinephrine auto-injector	
	epinephrine auto-injector	EPIPEN
	epinephrine auto-injector	EPIPEN JR.

#### ANTICHOLINERGICS

	ipratropium inhalation solution	
	tiotropium	SPIRIVA RESPIMAT
	umeclidinium	INCRUSE ELLIPTA

#### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

##### Short Acting

	ipratropium/albuterol inhalation solution	
	ipratropium/albuterol, CFC-free aerosol	COMBIVENT RESPIMAT

##### Long Acting

	tiotropium/olodaterol	STIOLTO RESPIMAT
	umeclidinium/vilanterol	ANORO ELLIPTA

#### ANTIHISTAMINES, LOW SEDATING

OTC	cetirizine, except chewable	ZYRTEC
	levocetirizine	

#### ANTIHISTAMINES, NONSEDATING

OTC	fexofenadine susp, tabs	ALLEGRA
OTC	loratadine	CLARITIN

#### 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>

OTC	chlorpheniramine	CHLOR-TRIMETON
*, OTC	diphenhydramine	
	clemastine	
	cypheptadine	

\* Both OTC and Rx products covered

#### ANTIHISTAMINE/DECONGESTANT COMBINATIONS

OTC	cetirizine/pseudoephedrine ext-rel	ZYRTEC-D
OTC	chlorpheniramine/phenylephrine tabs	COLD & ALLERGY RELIEF
OTC	loratadine/pseudoephedrine ext-rel	CLARITIN-D

#### ANTITUSSIVES

Clinical practice guidelines are available at:

[https://journal.chestnet.org/article/S0012-3692\(15\)52856-0/pdf](https://journal.chestnet.org/article/S0012-3692(15)52856-0/pdf)

OTC	dextromethorphan gelcaps, liquid	ROBITUSSIN LONG-ACTING COUGH
	benzonatate	TESSALON

## ANTITUSSIVE COMBINATIONS

### Opioid

MDL	codeine/guaifenesin liquid	
MDL	codeine/guaifenesin/pseudoephedrine	
MDL	codeine/promethazine	
MDL	codeine/promethazine/phenylephrine	
	hydrocodone/homatropine	

### Non-opioid

OTC	dextromethorphan/chlorpheniramine liquid	ROBITUSSIN CHILDREN'S COUGH & COLD, LONG ACTING
OTC	dextromethorphan/guaifenesin ext-rel	MUCINEX DM
OTC	dextromethorphan/guaifenesin syrup	ROBITUSSIN COUGH + CHEST CONGESTION DM
OTC	dextromethorphan/guaifenesin/pseudoephedrine liq 10 mg/100 mg/30 mg/5 mL	
OTC	dextromethorphan/pyrilamine/phenylephrine - Codituss DM dextromethorphan/brompheniramine/pseudoephedrine - Bromfed-DM	
MDL	dextromethorphan/promethazine	

## BETA AGONISTS

### Inhalants

#### Short Acting

	albuterol inhalation solution	
MDL	albuterol sulfate, CFC-free aerosol	PROAIR HFA
MDL	albuterol sulfate, CFC-free aerosol	VENTOLIN HFA
	levalbuterol inhalation solution	
	levalbuterol tartrate, CFC-free aerosol	XOPENEX HFA
	albuterol sulfate aerosol powder breath-activated	PROAIR RESPICLICK

#### Long Acting

#### Hand-held Active Inhalation

	salmeterol xinafoate	SEREVENT
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#### Oral Agents

	albuterol	
	albuterol ext-rel	
	terbutaline	

## CYSTIC FIBROSIS

	tobramycin inhalation solution	TOBI
PA	dornase alfa	PULMOZYME
PA	elexacaftor/tezacaftor/ivacaftor + ivacaftor	TRIKAFTA
PA	ivacaftor	KALYDECO
PA	lumacaftor/ivacaftor	ORKAMBI
PA	tobramycin inhalation soln	BETHKIS

## DECONGESTANTS

OTC	oxymetazoline	AFRIN
OTC	phenylephrine	NEO-SYNEPHRINE
OTC	pseudoephedrine	SUDAFED

## DECONGESTANT/EXPECTORANT COMBINATIONS

OTC	pseudoephedrine/guaifenesin ext-rel phenylephrine/guaifenesin syrup	MUCINEX D
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<b>EXPECTORANTS</b>		
OTC	guaifenesin ext-rel	MUCINEX
OTC	guaifenesin liquid	DIABETIC TUSSIN
OTC	guaifenesin liquid	MUCINEX FOR KIDS
<b>LEUKOTRIENE MODULATORS</b>		
	montelukast	SINGULAIR
	zafirlukast	ACCOLATE
<b>MAST CELL STABILIZERS</b>		
	cromolyn inhalation solution	
<b>NASAL ANTIHISTAMINES</b>		
MDL	azelastine spray 0.1%	
	olopatadine spray	PATANASE
<b>NASAL STEROIDS</b>		
OTC	fluticasone spray	FLONASE ALLERGY RELIEF
OTC	triamcinolone acetonide spray	NASACORT ALLERGY 24HR
OTC	fluticasone mist	FLONASE SENSIMIST
	flunisolide spray	
	fluticasone spray	
<b>PULMONARY FIBROSIS AGENTS</b>		
PA	nintedanib	OFEV
PA	pirfenidone	ESBRIET
<b>RESPIRATORY SYNCYTIAL VIRUS</b>		
PA	palivizumab	SYNAGIS
<b>SEVERE ASTHMA AGENTS</b>		
PA	omalizumab	XOLAIR
<b>STEROID/BETA AGONIST COMBINATIONS</b>		
	budesonide/formoterol	SYMBICORT
	fluticasone/salmeterol	AIRDUO RESPICLICK
	mometasone/formoterol	DULERA
<b>STEROID INHALANTS</b>		
AL	budesonide inhalation suspension	PULMICORT RESPULES
	beclomethasone breath-activated aerosol	QVAR REDIHALER
	fluticasone	FLOVENT DISKUS
	fluticasone, CFC-free aerosol	FLOVENT HFA
AL Covered for age 1 through 3		
<b>XANTHINES</b>		
	aminophylline liquid, tabs	
	theophylline ext-rel tabs	
	theophylline liquid	ELIXOPHYLLIN
<b>MISCELLANEOUS</b>		
OTC	sodium chloride nasal spray	OCEAN
OTC	sodium chloride inhalation solution	SIMPLY SALINE
	ipratropium nasal spray	

	sodium chloride inhalation solution	
PA	benralizumab	FASENRA
PA	mepolizumab	NUCALA

## TOPICAL

### DERMATOLOGY

#### Acne

Guidelines for the care and treatment of acne vulgaris are available at:

<https://www.aad.org/practicecenter/quality/clinical-guidelines>

#### Oral

	isotretinoin	
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#### Topical

OTC	benzoyl peroxide bar, gel 10%	PANOXYL
OTC	benzoyl peroxide bar, gel, lotion 5%	PANOXYL
OTC	adapalene gel 0.1%	DIFFERIN
OTC	benzoyl peroxide gel 2.5%	
	adapalene crm 0.1%, gel 0.3%	DIFFERIN
	benzoyl peroxide liquid 2.5%	BENZAC AC
	clindamycin pads, soln 1%	CLEOCIN T
	erythromycin gel 2%	
	erythromycin soln	
	sulfacetamide/sulfur emulsion 10-5%	
	tretinoin	RETIN-A

#### Actinic Keratosis

	fluorouracil crm 5%	EFUDEX
	fluorouracil crm 1%	FLUOROPLEX

#### Antibiotics

OTC	bacitracin	
OTC	neomycin/polymyxin B crm	
OTC	neomycin/polymyxin B/bacitracin/lidocaine oint	
OTC	polymyxin B/bacitracin	POLYSPORIN
	gentamicin crm, oint 0.1%	
	mupirocin oint	
	silver sulfadiazine	SILVADENE

#### Antifungals

*, OTC	clotrimazole crm 1%	LOTRIMIN AF
OTC	miconazole	DESENEK
OTC	butenafine	LOTRIMIN ULTRA
OTC	terbinafine	LAMISIL AT
ST	ciclopirox crm, susp	LOPROX
	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

#### Antipsoriatics

Guidelines of care for the management and treatment of psoriasis with topical therapies are available at:

<https://www.aad.org>



	calcipotriene oint, soln 0.005%	DOVONEX
<i>Antiseborrheics</i>		
<b>OTC</b>	coal tar shampoo	NEUTROGENA T/GEL
	ketoconazole shampoo 2%	NIZORAL
	selenium sulfide lotion 2.5%	
<i>Atopic Dermatitis</i>		
Guidelines for the treatment of atopic dermatitis are available at: <a href="https://www.aad.org/practicecenter/quality/clinical-guidelines">https://www.aad.org/practicecenter/quality/clinical-guidelines</a>		
<i>Injectable</i>		
<b>PA</b>	dupilumab	DUPIXENT
<i>Topical</i>		
	pimecrolimus	ELIDEL
	tacrolimus oint 0.03%, 0.1%	PROTOPIC
<b>ST</b>	crisaborole	EUCRISA
ST Topical corticosteroid and topical tacrolimus required first		
<i>Corticosteroids</i>		
<i>Low Potency</i>		
<b>OTC</b>	hydrocortisone crm, oint 0.5%, 1%	CORTIZONE
	alclometasone crm, oint 0.05%	
	desonide oint 0.05%	DESOWEN
	fluocinolone acetonide soln 0.01%	
	hydrocortisone crm 2.5%	
<i>Medium Potency</i>		
	betamethasone valerate crm, lotion, oint 0.1%	
	fluocinolone acetonide crm, oint 0.025%	
	hydrocortisone valerate crm, oint 0.2%	
	mometasone crm, oint, soln 0.1%	ELOCON
	triamcinolone acetonide crm, lotion 0.025%	
	triamcinolone acetonide crm, lotion, oint 0.1%	
<i>High Potency</i>		
	betamethasone dipropionate crm, lotion, oint 0.05%	
	fluocinonide crm, gel, oint, soln 0.05%	
	triamcinolone acetonide crm 0.5%	
<i>Very High Potency</i>		
	clobetasol propionate soln 0.05%	
	halobetasol propionate crm, oint 0.05%	ULTRAVATE
<i>Local Analgesics</i>		
<b>OTC</b>	capsaicin crm 0.1%	
<b>OTC</b>	lidocaine crm 4%	LMX 4
<b>OTC, QL</b>	lidocaine patch 4%	
<b>OTC, QL</b>	capsaicin crm 0.033%, 0.075%	
	lidocaine patch 5%	LIDODERM
<i>Local Anesthetics</i>		
	lidocaine/prilocaine crm	
	tetracaine soln 2%	PONTOCAINE

Rosacea

	metronidazole crm 0.75%	METROCREAM
	metronidazole gel 0.75%	
	metronidazole lotion 0.75%	METROLOTION

Scabicides and Pediculicides

OTC	permethrin 1%	NIX CREME RINSE
OTC	permethrin aerosol 0.5%	RID
	malathion	OVIDE
	permethrin 5%	
ST	ivermectin	SKLICE

ST OTC permethrin 1% required before Sklice for members younger than age 6; malathion required before Sklice for members age 6 and older

Miscellaneous Skin and Mucous Membrane

OTC	ammonium lactate 12%	LAC-HYDRIN
OTC	calamine lotion	
OTC	chlorhexidine	HIBICLENS
OTC	docosanol	ABREVA
OTC	oatmeal, colloidal	
OTC	petrolatum/mineral oil	EUCERIN
OTC	salicylic acid gel 17%	
OTC	salicylic acid pad, plaster 40%	
OTC	urea crm 20%	CARMOL 20
OTC	urea lotion 10%	CARMOL 10
OTC	antibacterial cleanser bar, liquid cleanser, cleansing cloths	CETAPHIL
OTC	oatmeal, colloidal/dimethicone	AVEENO
	imiquimod	ALDARA
	podofilox	CONDYLOX
ST	urea crm 40%	
	urea lotion 40%, 45%	
	aluminum chloride hexahydrate	DRYSOL
	becaplermin	REGANEX
PA	collagenase	SANTYL

ST OTC Lac-Hydrin required first

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

	lidocaine viscous	
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Steroids - Mouth/Throat

	triamcinolone paste	
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Miscellaneous

	chlorhexidine gluconate	PERIDEX
	sodium fluoride crm	PREVIDENT

OPHTHALMIC

Preferred Practice Pattern Guidelines for the treatment of various ophthalmic conditions are available at:

<https://one.aao.org>

Antiallergics

OTC	ketotifen	ZADITOR
	azelastine	

cromolyn sodium	
<i>Anti-infectives</i>	
bacitracin	
ciprofloxacin soln	CILOXAN
erythromycin	
gentamicin	
moxifloxacin	VIGAMOX
neomycin/polymyxin B/gramicidin	
ofloxacin	OCUFLOX
polymyxin B/bacitracin	
polymyxin B/trimethoprim	POLYTRIM
sulfacetamide soln 10%	BLEPH-10
tobramycin soln	TOBEX
tobramycin oint	TOBEX
<i>Anti-infective/Anti-inflammatory Combinations</i>	
neomycin/polymyxin B/bacitracin/hydrocortisone oint	
neomycin/polymyxin B/dexamethasone	MAXITROL
neomycin/polymyxin B/hydrocortisone susp	
sulfacetamide/prednisolone phosphate 10%/0.25%	
tobramycin/dexamethasone susp 0.3%/0.1%	TOBRADEX
gentamicin/prednisolone acetate	PRED-G
<i>Anti-inflammatories</i>	
<i>Nonsteroidal</i>	
flurbiprofen	
ketorolac	ACULAR
<i>Steroidal</i>	
dexamethasone sodium phosphate	
fluorometholone 0.1%	FML
loteprednol susp 0.5%	LOTEMAX
prednisolone acetate 1%	PRED FORTE
prednisolone phosphate 1%	
fluorometholone 0.25%	FML FORTE
fluorometholone ointment	FML S.O.P.
loteprednol oint 0.5%	LOTEMAX
prednisolone acetate 0.12%	PRED MILD
<i>Antivirals</i>	
trifluridine	
<i>Beta-blockers</i>	
<i>Nonselective</i>	
carteolol	
levobunolol	
timolol maleate	TIMOPTIC
timolol maleate gel	TIMOPTIC-XE
timolol hemihydrate	BETIMOL
<i>Selective</i>	
betaxolol 0.5%	

## Carbonic Anhydrase Inhibitors

### Topical

	dorzolamide	TRUSOPT
	brinzolamide	AZOPT

## Carbonic Anhydrase Inhibitor/Beta-blocker Combinations

	dorzolamide/timolol maleate	COSOPT
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## Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations

	brinzolamide/brimonidine	SIMBRINZA
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## Dry Eye Disease

PA	lifitegrast	XIIDRA
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## Local Anesthetic Combinations

	fluorescein/benoxinate 0.25%/0.4%	
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## Mydriatics

	homatropine	ISOPTO HOMATROPINE
	tropicamide	
	atropine	

## Parasympathomimetics

	pilocarpine	ISOPTO CARPINE
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## Prostaglandins

	latanoprost	XALATAN
	bimatoprost 0.01%	LUMIGAN

## Rho Kinase Inhibitors

	netarsudil	RHOPRESSA
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## Sympathomimetics

	brimonidine 0.15%	ALPHAGAN P
	brimonidine 0.2%	
	brimonidine 0.1%	ALPHAGAN P

## Sympathomimetic/Beta-blocker Combinations

	brimonidine/timolol	COMBIGAN
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## Miscellaneous

OTC	artificial tears soln	
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## OTIC

Clinical practice guidelines for the treatment of otitis media are available at:  
<https://www.aap.org>

## Anti-infectives

	acetic acid	
	ciprofloxacin otic	CETRAXAL
	ofloxacin otic	

## Anti-infective/Anti-inflammatory Combinations

	neomycin/polymyxin B/hydrocortisone	
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## Miscellaneous

OTC	carbamide peroxide	DEBROX
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fluocinolone acetonide oil

DERMOTIC

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## WEBSITES

Agency for Healthcare Research and Quality  
<https://www.ahrq.gov>

Alzheimer's Association  
<https://www.alz.org>

American Academy of Allergy, Asthma and Immunology  
<https://www.aaaai.org>

American Academy of Child & Adolescent Psychiatry  
<https://www.aacap.org>

American Academy of Dermatology  
<https://www.aad.org>

American Academy of Neurology  
<https://www.aan.com>

American Academy of Ophthalmology  
<https://www.aao.org>

American Academy of Pediatrics  
<https://www.aap.org>

American Association for the Study of Liver Disease  
<https://www.aasld.org>

American Association of Clinical Endocrinologists  
<https://www.aace.com>

American Association of Diabetes Educators  
<https://www.diabeteseducator.org>

American Cancer Society  
<https://www.cancer.org>

American College of Allergy, Asthma and Immunology  
<https://www.acaai.org>

American College of Cardiology  
<https://www.acc.org>

American College of Chest Physicians  
<https://www.chestnet.org>

American College of Gastroenterology  
<https://gi.org>

American College of Physicians  
<https://www.acponline.org>

American College of Rheumatology  
<https://www.rheumatology.org>

American Congress of Obstetricians and

Gynecologists  
<https://www.acog.org>

American Diabetes Association  
<http://www.diabetes.org>

American Gastroenterological Association  
<https://www.gastro.org>

American Headache Society Committee for Headache Education  
<https://americanheadachesociety.org>

American Heart Association  
<https://professional.heart.org>

American Lung Association  
<https://www.lung.org>

American Medical Association  
<https://www.ama-assn.org>

American Psychiatric Association  
<https://www.psychiatry.org>

American Society of Anesthesiologists  
<https://www.asahq.org>

American Society of Clinical Oncology  
<https://www.asco.org>

American Society of Interventional Pain Physicians  
<https://www.asipp.org>

American Urological Association  
<https://www.auanet.org>

Centers for Disease Control and Prevention  
<https://www.cdc.gov>

Centers for Disease Control and Prevention  
Guideline topics: AIDS  
<https://www.cdc.gov/hiv/default.html>

Centers for Disease Control and Prevention  
Guideline topics: Sexually Transmitted Diseases  
<https://www.cdc.gov/std/treatment/default.htm>

CVS Caremark®  
<https://www.caremark.com>

The Food and Drug Administration  
<https://www.fda.gov>

Global Initiative for Asthma  
<https://ginasthma.org>

Infectious Diseases Society of America  
<https://www.idsociety.org>

Institute for Safe Medication Practices  
<https://www.ismp.org>

Johns Hopkins AIDS Service  
<https://www.thebody.com/content/art12096.html>

Juvenile Diabetes Research Foundation International  
<https://www.jdrf.org>

MedWatch  
<https://www.fda.gov/Safety/MedWatch/default.htm>

National Agricultural Library  
<https://www.nal.usda.gov>

National Cancer Institute  
<https://www.cancer.gov/about-cancer>

National Comprehensive Cancer Network  
<https://www.nccn.org>

National Foundation for Infectious Diseases  
<http://www.nfid.org>

National Guideline Clearinghouse  
<https://www.ahrq.gov>

National Heart, Lung and Blood Institute  
<https://www.nhlbi.nih.gov>

National Institutes of Health  
<https://www.nih.gov>

National Kidney Foundation  
<https://www.kidney.org>

National Osteoporosis Foundation  
<https://www.nof.org>

North American Menopause Society  
<https://www.menopause.org>

United States Department of Health and Human  
Services  
<https://www.hhs.gov>

World Health Organization  
<https://www.who.int>

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