

# MedStar Family Choice - DC Healthy Families and DC Healthcare Alliance Prescribing Guide 2021



MedStar Family  
Choice

(04/01/2021)

|   |    |
|---|----|
| INTRODUCTION .....                              | 5  |
| NONDISCRIMINATION STATEMENT .....               | 5  |
| PREFACE .....                                   | 10 |
| PHARMACY AND THERAPEUTICS (P&T) COMMITTEE ..... | 10 |
| PRODUCT SELECTION CRITERIA.....                 | 10 |
| GENERIC AVAILABILITY.....                       | 10 |
| GENERIC SUBSTITUTION.....                       | 10 |
| MAIL SERVICE PRESCRIPTIONS.....                 | 11 |
| MEDICAL EXCEPTION.....                          | 11 |
| PRIOR AUTHORIZATION (PA) .....                  | 11 |
| Drugs requiring Prior Authorization .....       | 11 |
| MANAGED DRUG LIMITATIONS (MDL).....             | 12 |
| STEP THERAPY (ST) .....                         | 15 |
| OVER-THE-COUNTER (OTC) DRUG COVERAGE .....      | 15 |
| EDITOR .....                                    | 19 |
| NOTICE .....                                    | 19 |
| LEGEND.....                                     | 19 |
| ANALGESICS .....                                | 20 |
| NSAIDs.....                                     | 20 |
| NSAIDs, TOPICAL .....                           | 20 |
| COX-2 INHIBITORS.....                           | 20 |
| GOUT .....                                      | 20 |
| OPIOID ANALGESICS.....                          | 20 |
| NON-OPIOID ANALGESICS.....                      | 21 |
| VISCOSUPPLEMENTS.....                           | 21 |
| ANTI-INFECTIVES .....                           | 21 |
| ANTIBACTERIALS .....                            | 22 |
| ANTIFUNGALS .....                               | 23 |
| ANTIMALARIALS .....                             | 23 |
| ANTIRETROVIRAL AGENTS.....                      | 23 |
| ANTITUBERCULAR AGENTS .....                     | 23 |
| ANTIVIRALS .....                                | 23 |
| MISCELLANEOUS.....                              | 24 |
| ANTINEOPLASTIC AGENTS .....                     | 24 |
| ALKYLATING AGENTS .....                         | 24 |
| ANTIMETABOLITES .....                           | 24 |
| HORMONAL ANTINEOPLASTIC AGENTS.....             | 24 |
| KINASE INHIBITORS.....                          | 25 |
| TOPOISOMERASE INHIBITORS .....                  | 26 |
| MISCELLANEOUS.....                              | 26 |

|  |    |
|--|----|
| <b>CARDIOVASCULAR</b> .....  | 26 |
| ACE INHIBITORS .....   | 26 |
| ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS.....                                | 27 |
| ACE INHIBITOR/DIURETIC COMBINATIONS .....  | 27 |
| ADRENOLYTICS, CENTRAL.....   | 27 |
| ALDOSTERONE RECEPTOR ANTAGONISTS.....  | 27 |
| ALPHA BLOCKERS .....   | 27 |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS .....                        | 27 |
| ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS .....          | 28 |
| ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS ..... | 28 |
| ANTIARRHYTHMICS.....   | 28 |
| ANTILIPEMICS .....   | 28 |
| BETA-BLOCKERS .....  | 29 |
| BETA-BLOCKER/DIURETIC COMBINATIONS.....  | 29 |
| CALCIUM CHANNEL BLOCKERS.....  | 29 |
| CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS.....                                  | 29 |
| DIGITALIS GLYCOSIDES.....  | 30 |
| DIURETICS .....  | 30 |
| HEART FAILURE.....   | 30 |
| NITRATES.....  | 30 |
| PULMONARY ARTERIAL HYPERTENSION.....   | 30 |
| MISCELLANEOUS.....   | 31 |
| <b>CENTRAL NERVOUS SYSTEM</b> .....  | 31 |
| AMYOTROPHIC LATERAL SCLEROSIS.....   | 31 |
| ANTIANXIETY.....   | 31 |
| ANTICONVULSANTS .....  | 31 |
| ANTIDEMENTIA.....  | 32 |
| ANTIDEPRESSANTS.....   | 32 |
| ANTIPARKINSONIAN AGENTS .....  | 33 |
| ANTIPSYCHOTICS.....  | 33 |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER.....  | 34 |
| FIBROMYALGIA .....   | 34 |
| HYPNOTICS .....  | 34 |
| MIGRAINE.....  | 34 |
| MOOD STABILIZERS .....   | 35 |
| MOVEMENT DISORDERS .....   | 35 |
| MULTIPLE SCLEROSIS AGENTS .....  | 35 |
| MUSCULOSKELETAL THERAPY AGENTS.....  | 35 |
| MYASTHENIA GRAVIS.....   | 35 |
| NARCOLEPSY/CATAPLEXY.....  | 35 |
| NEUROMUSCULAR BLOCKING AGENTS.....   | 36 |
| POLYNEUROPATHY OF HEREDITARY AMYLOIDOSIS.....  | 36 |
| POSTHERPETIC NEURALGIA (PHN).....  | 36 |
| PSYCHOTHERAPEUTIC-MISCELLANEOUS .....  | 36 |
| <b>ENDOCRINE AND METABOLIC</b> .....   | 36 |
| ACROMEGALY .....   | 36 |
| ANDROGENS .....  | 36 |
| ANTIDIABETICS .....  | 37 |
| CALCIUM RECEPTOR ANTAGONISTS.....  | 39 |
| CALCIUM REGULATORS.....  | 39 |
| CONTRACEPTIVES.....  | 39 |
| ENDOMETRIOSIS .....  | 41 |
| ESTROGENS.....   | 41 |
| ESTROGEN/PROGESTINS.....   | 41 |
| GLUCOCORTICOIDS .....  | 41 |
| GLUCOSE ELEVATING AGENTS.....  | 41 |
| HUMAN GROWTH HORMONES.....   | 42 |

|  |           |
|--|-----------|
| HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS.....               | 42        |
| PHOSPHATE BINDER AGENTS.....                                     | 42        |
| POTASSIUM-REMOVING AGENTS.....                                   | 42        |
| PROGESTINS.....  | 42        |
| SELECTIVE ESTROGEN RECEPTOR MODULATORS .....                     | 42        |
| THYROID AGENTS .....   | 42        |
| VASOPRESSIN RECEPTOR ANTAGONISTS.....                            | 42        |
| VASOPRESSINS .....   | 42        |
| MISCELLANEOUS .....  | 43        |
| <b>GASTROINTESTINAL .....</b>                                    | <b>43</b> |
| ANTACIDS .....   | 43        |
| ANTIDIARRHEALS .....   | 43        |
| ANTIEMETICS .....  | 43        |
| ANTISPASMODICS .....   | 43        |
| CHOLELITHOLYTICS .....   | 43        |
| H <sub>2</sub> RECEPTOR ANTAGONISTS .....                        | 44        |
| INFLAMMATORY BOWEL DISEASE .....                                 | 44        |
| IRRITABLE BOWEL SYNDROME.....                                    | 44        |
| LAXATIVES/STOOL SOFTENERS.....                                   | 44        |
| OPIOID-INDUCED CONSTIPATION .....                                | 44        |
| PANCREATIC ENZYMES.....  | 44        |
| PROSTAGLANDINS .....   | 44        |
| PROTON PUMP INHIBITORS .....                                     | 45        |
| RECTAL PREPARATIONS, STEROIDS/OTHER .....                        | 45        |
| ULCER THERAPY COMBINATIONS.....                                  | 45        |
| MISCELLANEOUS .....  | 45        |
| <b>GENITOURINARY.....</b>  | <b>45</b> |
| BENIGN PROSTATIC HYPERPLASIA .....                               | 45        |
| URINARY ANTISPASMODICS .....                                     | 45        |
| VAGINAL ANTI-INFECTIVES .....                                    | 45        |
| MISCELLANEOUS.....   | 46        |
| <b>HEMATOLOGIC .....</b>   | <b>46</b> |
| ANTICOAGULANTS .....   | 46        |
| HEMATOPOIETIC GROWTH FACTORS .....                               | 46        |
| HEMOPHILIA A AGENTS.....   | 46        |
| PLATELET AGGREGATION INHIBITORS .....                            | 46        |
| PLATELET SYNTHESIS INHIBITORS.....                               | 47        |
| THROMBOCYTOPENIA AGENTS .....                                    | 47        |
| MISCELLANEOUS.....   | 47        |
| <b>IMMUNOLOGIC AGENTS.....</b>                                   | <b>47</b> |
| ALLERGEN EXTRACTS .....  | 47        |
| AUTOIMMUNE AGENTS.....   | 47        |
| DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs) .....             | 47        |
| HEREDITARY ANGIOEDEMA AGENTS .....                               | 47        |
| IMMUNOMODULATORS .....   | 47        |
| IMMUNOSUPPRESSANTS .....   | 48        |
| <b>NUTRITIONAL/SUPPLEMENTS.....</b>                              | <b>48</b> |
| ELECTROLYTES.....  | 48        |
| VITAMINS AND MINERALS .....                                      | 48        |
| <b>RESPIRATORY .....</b>   | <b>49</b> |
| ANAPHYLAXIS TREATMENT AGENTS.....                                | 49        |
| ANTICHOLINERGICS .....   | 49        |
| ANTICHOLINERGIC/BETA AGONIST COMBINATIONS.....                   | 49        |
| ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS ..... | 49        |
| ANTIHISTAMINES, LOW SEDATING.....                                | 50        |
| ANTIHISTAMINES, NONSEDATING.....                                 | 50        |

|  |           |
|--|-----------|
| ANTI-HISTAMINES, SEDATING .....                | 50        |
| ANTI-HISTAMINE/DECONGESTANT COMBINATIONS ..... | 50        |
| ANTI-TUSSIVES .....                            | 50        |
| ANTI-TUSSIVE COMBINATIONS .....                | 50        |
| BETA AGONISTS .....                            | 51        |
| CYSTIC FIBROSIS .....                          | 51        |
| DECONGESTANTS .....                            | 51        |
| DECONGESTANT/EXPECTORANT COMBINATIONS .....    | 51        |
| EXPECTORANTS .....                             | 51        |
| LEUKOTRIENE MODULATORS .....                   | 51        |
| MAST CELL STABILIZERS .....                    | 51        |
| NASAL ANTI-HISTAMINES .....                    | 51        |
| NASAL STEROIDS .....                           | 51        |
| PULMONARY FIBROSIS AGENTS .....                | 52        |
| RESPIRATORY SYNCYTIAL VIRUS .....              | 52        |
| SEVERE ASTHMA AGENTS .....                     | 52        |
| STEROID/BETA AGONIST COMBINATIONS .....        | 52        |
| STEROID INHALANTS .....                        | 52        |
| XANTHINES .....                                | 52        |
| MISCELLANEOUS .....                            | 52        |
| <b>TOPICAL .....</b>                           | <b>52</b> |
| DERMATOLOGY .....                              | 52        |
| MOUTH/THROAT/DENTAL AGENTS .....               | 55        |
| OPHTHALMIC .....                               | 55        |
| OTIC .....                                     | 57        |
| <b>WEBSITES .....</b>                          | <b>58</b> |
| <b>INDEX .....</b>                             | <b>60</b> |

## INTRODUCTION

MedStar Family Choice is pleased to provide the *2021 MedStar Family Choice - DC Healthy Families and DC Healthcare Alliance (Alliance) Prescribing Guide* for the District of Columbia to be used when prescribing for patients covered by the pharmacy plan offered by MedStar Family Choice - District of Columbia (MFC-DC). This is a closed formulary and only those drugs listed in this formulary will be covered by MedStar Family Choice - District of Columbia for the Health Families Medicaid and Alliance enrollees.

Enrollees in the DC Healthy Families plan may fill HIV and AIDS medications (for treatment, pre-exposure prophylaxis, and post exposure prophylaxis) at any in-network pharmacy.

For enrollees in DC Alliance, HIV and AIDS medications (for treatment, pre-exposure prophylaxis, and post exposure prophylaxis) must be filled through the AIDS Drug Assistance Program (ADAP). All enrollees must apply to the ADAP program and renew every 6 months.

The drugs listed in the *MedStar Family Choice - DC Healthy Families and DC Healthcare Alliance 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 - District of Columbia. 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 MedStar Family Choice's policy not to discriminate based on race, color, national origin, sex, age or disability. MedStar Family Choice will provide free aids and services to people with disabilities to communicate effectively with us (this includes qualified sign language interpreters, written information in accessible formats, and free language services to those whose primary language is not English, including qualified interpreters and information written in other languages). If you need these services, contact Member Services at 888-404-3549.

We have an internal grievance procedure to help quickly and fairly resolve complaints alleging illegal discrimination under 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. This section of law prohibits discrimination based on race, color, national origin, sex, age or disability in certain health programs and activities. This section of law can be reviewed in the Compliance Department of MedStar Family Choice. MedStar Family Choice has a specific person who assists us in complying with issues that involve Section 1557:

Section 1557 Coordinator  
4000 Connecticut Ave., NW, Pod 3N Washington, DC 20008

888-404-3549

MFCDC1557Coordinator@medstar.net

Any person who believes someone has been subjected to discrimination based on 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 sent 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 and include the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the desired resolution.
- The Section 1557 Coordinator (or her/his designee) will investigate the complaint. This investigation may be informal, but it will be thorough. There is an opportunity to submit evidence regarding the complaint. MFC will maintain the records regarding these grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will keep the files confidential and will only share with those who have a need to know.
- The Section 1557 Coordinator will send a written decision on the grievance, based on what we found during our investigation within 30 days of receiving the complaint. The notice will include what to do if you do not agree with the decision, including but not limited to the ability to appeal to the President of MedStar Family Choice.

The availability and use of this grievance procedure do not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination based on 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>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201. 1-800-368-1019, 800-537-7697 (TDD)

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 ensure that individuals with disabilities and individuals with limited English proficiency are provided with any needed auxiliary aids and services or language assistance services free of charge and in a timely manner to participate in this grievance process. This may include assistance in the form of qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. We can also provide you with written materials in the prevalent non-English languages identified in Washington DC and in alternative formats. If you need these aids or services, contact Member Services at 888-404-3549 (TTY: 7-1-1).

**Language Accessibility Statement**

**Interpreter Services Are Available for Free**

**Help is available in your language:  
1-888-404-3549 (TTY: 7-1-1).**

**These services are available for free.**

**Spanish/Español**

Atención: 'Si no habla y/o lee español, llame al 888-404-3549 entre las 8:00 a. m. y las 5:30 p. m. Un representante lo asistirá.'

**Amharic/አማርኛ**

ማሳሰቢያ: 'አማርኛ የማይናገሩ እና/ወይም የማይጽፉ ከሆነ፣ እባክዎ ከ 8:00 a.m. እስከ 5:30 p.m. ባለው ሰዓት ውስጥ ወደ 888-404-3549 ይደውሉ። ተወካይ እርስዎን ያግዝዎታል።'

**Arabic/العربية**

تنبيه: إذا كنت لا تتحدث أو تقرأ اللغة العربية، يرجى الاتصال بـ 888-404-3549 بين الساعة 8:00 صباحًا و5:30 مساءً. أحد مندوبينا سيقوم بمساعدتك.

**Bassa / 'Bäsóó**

DĒ ĐE NIÀ KE DYÉĐÉ GBO: 'Ǿ Jü ké m̄ se 'Bäsóó wùdù pœ dyuò m̄w̄ wuɖuún zàà dyuò ní, dǎ nòbà nià ke 888-404-3549 sòin 8:00 AM ké 5:30 PM gbo muε. À ké-baɖa-nyò dǎ mu m̄ gbo kpáun.'

**Burmese/ပျမနွာဘာသာစကား**

သတိပြုရန်- 'သန့်ညာ ပျမနွာဘာသာစကား ကို ဝေလျာချခင်း ဝေးဝေး/သို့မဟုတ် ဖတုချခင်း မရှိလွှင့် ဝေးဝေးလျှပ်စွဲ နံနက် ၈:၀၀ နာရီဝေးဝေး ညနေ ၅:၃၀ နာရီအဟုကားတြင့် ၈၈၈-၄၀၄-၃၅၄၉ သို့မဟုတ် ဖုန်းဝေးခိုဆိုပါ။ ကိုယွားလွတ္တစဉ်းက သင့်ကို ကူညီပါမည။'

**Cantonese/粵語**

注意: '如果你不會說或讀 粵語, 請在早上 8 點到下午 5 點半之間撥打 888-404-3549. 有個代表會幫助你的.'

**Chinese (Mandarin)/普通话**

注意: "如果你不会说或读 普通话, 请在早上 8 点到下午 5 点半之间拨打 888-404-3549. 有个代表会帮助你的。"

**Farsi/فارسی**

توجه: «اگر قادر به صحبت کردن و/یا خواندن به زبان فارسی نیستید، لطفاً بین ساعات 8.00 صبح تا 5.30 عصر با شماره 888-404-3549 تماس بگیرید. نماینده‌ای به شما کمک خواهد کرد.»

**French/Français**

**ATTENTION:** "Si vous ne parlez pas et / ou ne lisez pas le Français, veuillez composer le 888-404-3549 entre 8h00 et 17h30, un représentant vous répondra".

**GUJARATI/ગુજરાતી**

**ધ્યાન આપો:** 'જો તમે બોલી શકતા ન હોય અને / અથવા ગુજરાતી વાંચી શકતા ન હોય, તો કૃપા કરીને સવારે 8:00 થી સાંજે 5:30 ની વચ્ચે 888-404-3549 પર કોલ કરો. કોઈ પ્રતિનિધિ તમને સહાય કરશે.'

**Haitian Creol/Kreyòl Ayisyen**

**ATANSYON:** 'Si w pa pale ak/oubyen li Kreyòl Ayisyen, tanpri rele 888-404-3549 ant 8:00 a.m. ak 5:30 p.m. Yon reprezantan pral ede w.'

**Hmong/Hmong**

**NCO NTSOOV:** 'Yog tias koj tsis hais thiab / los sis tsis nyeem Hmong, thov hu rau 888-404-3549 thaum 8:00 sawv ntxov thiab 5:30 tsaus ntuj. Ib tus sawv cev yuav pab koj.'

**Igbo/Igbò**

**GEE NTI:** 'O buru na I naghj asụ ma/màọbụ agụ Igbò, biko kpọọ 888-404-3549 ihe dikà ebe 8:00 nke ututu na 5:30 nke mgbede. Onye nnọchị anya ga-enyere gi aka.'

**Italian/Italiano**

**ATTENZIONE:** 'Se non parli e/o leggi Italiano, chiama il numero 888-404-3549 tra le 8:00 e le 17:30. Un rappresentante ti assisterà.'

**Japanese/日本語**

**お知らせ :** '日本語を話せないまたは読めない場合、888-404-3549 までご連絡ください。8:00 ~17:30 までこちらの代表者が対応いたします。'

**Korean/한국어**

**알립니다:** 한국어를 읽거나 말할 수 없다면, 오전 8 시에서 오후 5 시 30 분 사이에 888-404-3549 로 문의하십시오. 대표가 도움을 드릴 것입니다.

**Polish/Polsku**

**UWAGA:** 'Jeśli nie mówisz i/lub nie czytasz po Polsku, zadzwoń pod numer 888-404-3549 między 8:00 a 17:30. Nasz przedstawiciel będzie mógł Ci pomóc.'

**Portuguese/Português**

**ATENÇÃO:** 'Se Você não fala e não lê na Português chame pelo número 888-404-3549; hora de recepção de chamadas – das 8.00 de manhã às 05.30 de tarde. Nosso representante ajudar-lhe.'



**PUNJABI/ਪੰਜਾਬੀ**

ਧਿਆਨ ਦਿਓ: 'ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲ ਅਤੇ/ਜਾਂ ਪੜ੍ਹ ਨਹੀਂ ਸਕਦੇ ਹੋ, ਕਿਰਪਾ ਕਰਕੇ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:30 ਵਜੇ ਦੇ ਵਿਚਕਾਰ 888-404-3549' ਤੇ ਕਾਲ ਕਰੋ। ਇੱਕ ਨੁਮਾਇੰਦਾ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।'

**Russian/русском**

ВНИМАНИЕ. 'Если вы не говорите и/или не можете читать на русском языке, позвоните по телефону 888-404-3549 с 8:00 до 17:30. Представитель поможет вам.'

**Somali/Soomaaliga**

OGEYSIIS: 'Haddii aadan ku hadlin iyo/ama aadan akhrin karin Soomaaliga, fadlan wac lambarkan 888-404-3549 inta u dhexeysa 8:00 subaxnimo iyo 5:30 galabnimo waxaa ku caawin doona qof wakiil ka ah.'

**Tagalog/Tagalog**

ATENSYON: 'Kung hindi ka nagsasalita at/o nagbabasa ng Tagalog, pakitawagan ang 888-404-3549 sa pagitan ng 8:00 a.m. at 5:30 p.m. May kinatawan na tutulong sa iyo.'

**Urdu/اردو**

توجہ فرمائیں: 'اگر آپ اردو بولتے اور/یا پڑھتے نہیں ہیں تو براہ کرم 888-404-3549 پر صبح 8:00 بجے سے شام 5:30 بجے کے درمیان کال کریں۔ ایک نمائندہ آپ کی مدد کرے گا.'

**Vietnamese/Tiếng Việt**

Chú ý: 'Nếu bạn không nói và/hoặc đọc Tiếng Việt, vui lòng gọi 888-404-3549 giữa 8 giờ sáng đến 5 giờ 30 chiều. Một người đại diện sẽ hỗ trợ bạn'

**Yoruba/Yorùbá**

IPÁKIYÉSI: 'Tí o ko bá sọ/tàbí ka èdè Yorùbá, Jòwọ pe 888-404-3549 láàrin 8:00 a.m. àti 5:30 p.m. Asojú wa kan máá ẹ̀rànwọ̀ fún ọ.'

## PREFACE

The *MedStar Family Choice - DC Healthy Families and DC Healthcare Alliance 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 prescription and selected over-the-counter (OTC) products. You are encouraged to prescribe them when clinically appropriate. A prescription (written or telephoned) is also required for OTC medications and refills are permitted. Prescription medications for chronic conditions should be written as a 30 or 90-day supply with refills. Prescription and OTC medications can be refilled for a maximum of 12 months. For covered OTC products refer to the Over-The-Counter (OTC) Drug Coverage section that is located near the end of the introductory sections of this formulary. Mail order service is also available for members of MFC-DC.

## 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.

## 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 - DC Healthy Families and DC Healthcare Alliance Prescribing Guide* is reviewed on an annual basis.

*All the information in the MedStar Family Choice - DC Healthy Families and DC Healthcare Alliance 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 - DC at: 1-855-798-4244.

## PRIOR AUTHORIZATION (PA)

If a medication on Prior Authorization is needed for a member, it can be requested by calling MedStar Family Choice - DC at 1-855-798-4244 from 8 am to 5:30 pm. After hours, follow the instructions in the after-hours pharmacy message on the main telephone line.

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

|                                     |                    |                      |
|-------------------------------------|--------------------|----------------------|
| Drugs requiring Prior Authorization | chlordiazepoxide   | ERWINAZE             |
|                                     | chloroquine        | ESBRIET              |
| ADCIRCA                             | COMETRIQ           | FASENRA              |
| AIMOVIG                             | COTELLIC           | fentanyl transdermal |
| ALECENSA                            | CUTAQUIG           | FIRAZYR              |
| ALUNBRIG                            | DARZALEX FASPRO    | FREESTYLE LIBRE      |
| AMITIZA                             | DDAVP spray        | CONTINUOUS           |
| AMPYRA                              | DEXCOM CONTINUOUS  | GLUCOSE MONITORING   |
| AUSTEDO                             | GLUCOSE MONITORING | SYSTEM               |
| AYVAKIT                             | SYSTEM             | GAVRETO              |
| BALVERSA                            | DIFICID            | GRALISE              |
| BETHKIS                             | DOPTELET           | HAEGARDA             |
| BLENREP                             | DUPIXENT           | HYCANTIN CAPS        |
| BOSULIF                             | EGRIFTA SV         | IBRANCE              |
| BOTOX                               | ELIGARD            | ICLUSIG              |
| BRAFTOVI                            | ELZONRIS           | IMBRUVICA            |
| CABOMETYX                           | ENDARI             | JAKAFI               |
|                                     | ENHERTU            | JIVI                 |

|                        |                        |                       |
|------------------------|------------------------|-----------------------|
| JUXTAPID               | ORLISSA                | TALZENNA              |
| JYNARQUE               | ORKAMBI                | TARCEVA               |
| KALBITOR               | oxymorphone ext-rel    | TASIGNA               |
| KALYDECO               | PEMAZYRE               | TAVALISSE             |
| KISQALI                | PIQRAY                 | TAYTULLA              |
| KYMRIAH                | PLAQUENIL              | TAZVERIK              |
| leuproliide acetate    | POLIVY                 | TIBSOVO               |
| LIBTAYO                | pretomanid             | TRIKAFTA              |
| LINZESS                | PROLIA                 | TRODELVY              |
| LO LOESTRIN FE         | PROVIGIL               | TUKYSA                |
| LORBRENA               | PULMOZYME              | TURALIO               |
| LOVAZA                 | RASUVO                 | TYKERB                |
| LUMOXITI               | REPATHA                | UBRELVY               |
| LUPRON DEPOT           | RESTASIS               | VENCLEXTA             |
| LYNPARZA               | RETEVMO                | V-GO INSULIN INFUSION |
| MACRILEN               | REVATIO                | PUMP                  |
| MAVYRET                | REYVOW                 | VITRAKVI              |
| MEKINIST               | RITUXAN HYCELA         | VIZIMPRO              |
| MEKTOVI                | ROZLYTREK              | XADAGO                |
| methadone              | RUBRACA                | XALKORI               |
| MINASTRIN 24 FE        | SABRIL                 | XENAZINE              |
| morphine ext-rel beads | SANTYL                 | XGEVA                 |
| morphine ext-rel tabs  | SEROSTIM               | XIIDRA                |
| MOVANTIK               | SEYSARA                | XOLAIR                |
| MULPLETA               | SIRTURO                | XOSPATA               |
| NATAZIA                | sofosbuvir/velpatasvir | XPOVIO                |
| NORDITROPIN            | SPRAVATO               | XYREM                 |
| NOURIANZ               | STIMATE                | YESCARTA              |
| NOXAFIL                | STIVARGA               | ZEJULA                |
| NUBEQA                 | STROMECTOL             | ZELBORAF              |
| NUCALA                 | SYNAGIS                | ZOLADEX               |
| NUVIGIL                | SYNRIBO                | ZONTIVITY             |
| OFEV                   | SYPRINE                | ZURAMPIC              |
| ONPATTRO               | TABRECTA               | ZYDELIG               |
| ONUREG                 | TAFINLAR               | ZYKADIA               |
| ORIAHNN                | TAGRISO                |                       |

## 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 - DC Health Families and DC Healthcare Alliance 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 < 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.

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 - DC at 1-855-798-4244 for an updated list.

| Drugs   | Limits                 |
|---|------------------------|
| albuterol sulfate aerosol powder breath-activated (PROAIR RESPICLICK) | 2 inhalers per 45 days |
| albuterol sulfate, CFC-free aerosol                                   | 2 inhalers per 45 days |
| azelastine spray 0.1%   | 2 bottles per 23 days  |
| azithromycin  | 1 fill per 60 days     |

| Drugs  | Limits                                      |
|--|---|
| baloxavir (XOFLUZA)  | 2 fills per 365 days                        |
| bupropion ext-rel (smoking deterrent)                            | 6 month supply 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                                       | 60 tablets per 23 days                      |
| codeine/guaifenesin liquid                                       | 1000 mL per 23 days and 2 fills per 90 days |
| codeine/guaifenesin/pseudoephedrine                              | 1000 mL per 23 days and 2 fills per 90 days |
| codeine/promethazine   | 1000 mL per 23 days and 2 fills per 90 days |
| codeine/promethazine/phenylephrine                               | 1000 mL per 23 days and 2 fills per 90 days |
| 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                     |
| esomeprazole magnesium delayed-rel (NEXIUM 24HR)                 | 60 capsules per 23 days                     |
| fentanyl transdermal (DURAGESIC)                                 | 10 patches per 23 days                      |
| 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                        |
| levalbuterol tartrate, CFC-free aerosol (XOPENEX HFA)            | 2 inhalers per 45 days                      |
| levonorgestrel (PLAN B ONE-STEP)                                 | 12 fills per 365 days                       |
| lidocaine patch 4%   | 30 patches per 23 days                      |
| metformin 500 mg   | 120 tablets per 23 days                     |
| metformin 1000 mg  | 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                     |

## Drugs

morphine sulfate ext-rel tabs 30 mg (MS CONTIN)  
morphine sulfate ext-rel tabs 60 mg (MS CONTIN)  
morphine sulfate ext-rel tabs 100 mg (MS CONTIN)  
morphine sulfate ext-rel tabs 200 mg (MS CONTIN)  
morphine sulfate immediate-release tabs 15 mg  
morphine sulfate immediate-release tabs 30 mg  
morphine sulfate oral solution 20 mg/5 mL  
morphine suppository 5 mg, 10 mg  
morphine suppository 20 mg  
morphine suppository 30 mg  
naratriptan (AMERGE)  
nicotine polacrilex gum, lozenge (NICORETTE)  
nicotine transdermal  
omeprazole 40 mg (PRILOSEC)  
omeprazole, except 40 mg (PRILOSEC)  
oseltamivir (TAMIFLU)  
oxycodone immediate release tabs 15 mg (ROXICODONE)  
oxycodone immediate release tabs 20 mg  
oxycodone immediate release tabs 30 mg (ROXICODONE)  
oxycodone immediate-release caps 5 mg, tabs 5 mg, 10 mg  
oxycodone oral concentrate 20 mg/mL  
oxycodone oral solution 5 mg/5 mL (ROXICODONE)  
oxycodone/acetaminophen tabs (PERCOCET)  
oxycodone/aspirin tabs (PERCODAN)  
oxymorphone ext-rel tabs 5 mg  
oxymorphone ext-rel tabs 7.5 mg  
oxymorphone ext-rel tabs 10 mg  
oxymorphone ext-rel tabs 15 mg  
oxymorphone ext-rel tabs 20 mg  
oxymorphone ext-rel tabs 30 mg  
oxymorphone ext-rel tabs 40 mg  
pantoprazole 20 mg, 40 mg (PROTONIX)  
promethazine syrup  
  
rizatriptan orally disintegrating tabs (MAXALT-MLT)  
rizatriptan (MAXALT)  
sodium phosphate/sodium bisphosphate enema (FLEET ENEMA)  
sumatriptan 25 mg, 50 mg, 100 mg (IMITREX)  
sumatriptan injection (IMITREX)  
  
sumatriptan nasal spray 5 mg/actuation (IMITREX)  
  
sumatriptan nasal spray 20 mg/actuation (IMITREX)  
  
tramadol (ULTRAM)  
ulipristal (ELLA)  
varenicline (CHANTIX)  
zolmitriptan 2.5 mg, 5 mg (ZOMIG)  
zolmitriptan orally disintegrating tabs 2.5 mg, 5 mg (ZOMIG-ZMT)

## Limits

90 tablets per 23 days  
45 tablets per 23 days  
27 tablets per 23 days  
13.5 tablets per 23 days  
180 tablets per 23 days  
90 tablets per 23 days  
675 mL per 23 days  
180 suppositories per 23 days  
135 suppositories per 23 days  
90 suppositories per 23 days  
12 tablets per 23 days  
6 month supply per 365 days  
6 month supply per 365 days  
60 capsules per 23 days  
30 capsules per 23 days  
2 fills per 365 days  
120 tablets per 23 days  
90 tablets per 23 days  
60 tablets per 23 days  
180 units per 23 days  
90 mL per 23 days  
1800 mL per 23 days  
180 tablets per 23 days  
180 tablets per 23 days  
180 tablets per 23 days  
120 tablets per 23 days  
90 tablets per 23 days  
60 tablets per 23 days  
45 tablets per 23 days  
30 tablets per 23 days  
23 tablets per 23 days  
60 tablets per 23 days  
1000 mL per 23 days and 2 fills  
per 90 days  
18 tablets per 23 days  
18 tablets per 23 days  
2 kits per 72 hours  
9 tablets per 23 days  
12 injections (0.5 mL) = 6 mL per  
23 days  
24 units (4 packages) per 23  
days  
12 units (2 packages) per 23  
days  
180 tablets per 23 days  
12 fills per 365 days  
6 month supply per 365 days  
12 tablets per 23 days  
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  
ivermectin lotion (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 - DC with a written or telephoned prescription. Refills are permitted. Prescriptions may be written for the State limited 12 month maximum. Emergency contraceptives and latex condoms are an exception and do not need a prescription. 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                                 | AlternaGEL |
| aluminum hydroxide/magnesium hydroxide             | Alamag     |
| aluminum hydroxide/magnesium hydroxide/simethicone | Maalox     |
| calcium carbonate                                  | Maalox     |
| sodium bicarbonate                                 |            |

### Antifungals, Topical

|              |                |
|--------------|----------------|
| butenafine   | Lotrimin Ultra |
| clotrimazole | Lotrimin AF    |
| miconazole   | Desenex        |
| terbinafine  | Lamisil AT     |
| tolnaftate   | Tinactin       |

### Antifungals, Vaginal

|              |               |
|--------------|---------------|
| clotrimazole | Gyne-Lotrimin |
| miconazole   | Monistat      |

### Antihistamines

|                             |                |
|-----------------------------|----------------|
| cetirizine, except chewable | Zyrtec         |
| chlorpheniramine            | Chlor-Trimeton |
| clemastine                  | Tavist-1       |
| diphenhydramine             | Benadryl       |
| fexofenadine susp, tabs     | Allegra        |
| loratadine                  | Claritin       |

### Antihistamine/Decongestant Combinations

|                                     |                       |
|-------------------------------------|-----------------------|
| cetirizine/pseudoephedrine ext-rel  | Zyrtec-D              |
| chlorpheniramine/phenylephrine tabs | Cold & Allergy Relief |
| loratadine/pseudoephedrine ext-rel  | Claritin-D            |

### Cardiovascular, Miscellaneous

blood pressure monitoring kit  
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)

budesonide spray  
dextromethorphan gelcaps, liquid  
dextromethorphan polistirex ext-rel syrup 30 mg/5 mL  
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  
guaifenesin liquid  
guaifenesin liquid  
guaifenesin/pseudoephedrine ext-rel  
oxymetazoline  
phenylephrine  
phenylephrine drops  
pseudoephedrine  
sodium chloride inhalation solution  
sodium chloride nasal spray  
triamcinolone acetonide spray

Robitussin Long-Acting Cough  
Delsym  
Robitussin Children's Cough & Cold, Long-Acting  
Mucinex DM  
Robitussin Cough + Chest Congestion DM  
Codituss DM  
Vicks Vaporub  
Flonase Sensimist  
Flonase Allergy Relief  
Mucinex  
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  
lidocaine rectal cream 5%  
loperamide liquid, tabs  
meclizine

Pepto-Bismol  
Emetrol  
Dramamine  
LMX 5  
Anti-Diarrheal



probiotics (\$20 maximum per claim)  
pyrantel  
simethicone  
witch hazel medicated pads/wipes

Reese's Pinworm Medicine  
Mylicon  
Tucks

#### Laxatives/Stool Softeners

bisacodyl  
calcium polycarbophil  
docusate sodium caps  
docusate sodium liquid  
glycerin rectal suppository, adult  
glycerin rectal suppository, pediatric  
magnesium citrate  
methylcellulose  
mineral oil  
polyethylene glycol 3350  
psyllium  
psyllium/aspartame  
sennosides syrup 8.8 mg/5 mL  
sennosides 8.6 mg tablets  
sennosides 15 mg tablets  
sennosides/docusate sodium  
sodium phosphate/sodium bisphosphate enema, adult  
sodium phosphate/sodium bisphosphate enema, pediatric

Dulcolax  
Fibercon  
Colace  
  
Citrucel  
  
MiraLax  
Metamucil  
Natural Fiber  
  
Senokot  
Ex-Lax  
Peri-Colace  
Fleet Enema  
Fleet Enema

#### Nutritional/Supplements

alpha-lipoic acid  
ascorbic acid  
calcium carbonate/cholecalciferol  
cholecalciferol (D3)  
cyanocobalamin tabs 1000 mcg  
docosahexaenoic acid  
electrolyte rehydrating soln  
ergocalciferol (D2) drops  
ferrous fumarate  
ferrous gluconate  
ferrous sulfate  
ferrous sulfate delayed-rel  
iron/vitamin C  
lutein  
magnesium oxide  
multivitamins drops, tabs  
multivitamins/iron drops  
multivitamins/minerals caps  
polysaccharide iron complex 150 mg  
polysaccharide iron complex/vitamin B12/folic acid  
prenatal vitamins/DHA/EPA/ferrous fumarate/folic acid  
prenatal vitamins/DHA/EPA/folic acid chewable gummy  
prenatal vitamins/folic acid  
pyridoxine 25 mg, 50 mg, 100 mg  
sodium chloride tabs 1 gm  
thiamine 50 mg, 100 mg, 250 mg  
vitamin A cap 10000 unit  
vitamin B complex caps, tabs  
vitamin E caps 400 unit  
zinc sulfate

Vitamin C  
Os-Cal  
Vitamin D3  
Vitamin B12  
DHA cap  
Pedialyte  
  
Ferrimin 150  
Fergon  
Feosol  
Slow FE  
Vitron-C  
  
Mag-Ox  
  
Nu-Iron 150  
Ferrex 150  
One Daily Prenatal  
One-A-Day Prenatal  
  
Vitamin B6  
  
Vitamin B1  
  
B-Complex

|  |   |
|--|---|
| Overactive Bladder<br>oxybutynin transdermal *<br>* Gender restriction - Coverage for females  | Oxytrol for Women   |
| <b>Pain &amp; Fever</b><br>acetaminophen<br>acetaminophen/aspirin/caffeine<br>aspirin 81 mg (not chewable)<br>enteric coated aspirin<br>ibuprofen<br>naproxen sodium   | Tylenol<br>Excedrin<br>Bayer<br>Ecotrin<br>Advil<br>Aleve                   |
| <b>Pediculocides</b><br>permethrin aerosol 0.05%<br>permethrin 1%  | RID<br>NIX Creme Rinse  |
| <b>Radioactive Iodine Blockers</b><br>potassium iodide<br>potassium iodide   | Iosat<br>ThyroSafe  |
| <b>Sleep Aids</b><br>acetaminophen/diphenhydramine<br>diphenhydramine<br>doxylamine<br>melatonin   | Tylenol PM<br>Benadryl<br>Unisom  |
| <b>Smoking Cessation</b><br>nicotine polacrilex gum, lozenge<br>nicotine transdermal   | Nicorette   |
| <b>Topical, Acne</b><br>adapalene gel 0.1%<br>benzoyl peroxide bar, gel, lotion 2.5%, 5%, 10%<br>benzoyl peroxide liquid 6%  | Differin<br>Panoxyl   |
| <b>Topical, Antibacterial</b><br>antibacterial cleanser bar, liquid cleanser, cleansing cloths<br>bacitracin<br>bacitracin/polymyxin B<br>chlorhexidine gluconate liquid, soln 4%<br>neomycin/bacitracin/polymyxin B     | Cetaphil<br>Polysporin<br>Hibiclens<br>Neosporin                            |
| <b>Topical, Ear</b><br>carbamide peroxide  | Debrox  |
| <b>Topical, Eye</b><br>artificial tears<br>ketotifen   | Zaditor   |
| <b>Topical, Miscellaneous</b><br>ammonium lactate 12%<br>calamine lotion<br>capsaicin crm 0.025%, 0.033%, 0.075%, 0.1%<br>coal tar shampoo<br>diclofenac sodium gel 1%<br>docosanol<br>hydrocortisone crm, oint 0.5%, 1% | Lac-Hydrin<br><br><br><br>Neutrogena<br>Voltaren Gel<br>Abreva<br>Cortizone |

|                                 |         |
|---------------------------------|---------|
| lidocaine crm 4%                | LMX 4   |
| lidocaine patch 4%              |         |
| oatmeal, colloidal              |         |
| oatmeal, colloidal/dimethicone  | Aveeno  |
| petrolatum ointment             |         |
| petrolatum/mineral oil          | Eucerin |
| petrolatum/mineral oil cream    |         |
| salicylic acid gel 3%           | Keralyt |
| salicylic acid gel 17%          |         |
| salicylic acid pad, plaster 40% |         |
| salicylic acid 17%/collodion    | Duofilm |
| urea crm 10%, 20%, 30%, 40%     |         |
| urea lotion 10%                 |         |
| zinc oxide                      | Desitin |

## EDITOR

Your comments and suggestions regarding the *MedStar Family Choice - DC Healthy Families and DC Healthcare Alliance 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:

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## 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       |
|     | diclofenac potassium          |             |
|     | diclofenac sodium delayed-rel |             |
|     | etodolac                      |             |
|     | flurbiprofen                  |             |
|     | ibuprofen                     |             |
|     | indomethacin                  |             |
| MDL | ketorolac                     |             |
|     | meloxicam                     | MOBIC       |
|     | nabumetone                    |             |
|     | naproxen                      |             |
|     | naproxen delayed-rel          | EC-NAPROSYN |
|     | oxaprozin                     | DAYPRO      |
|     | sulindac                      |             |

### NSAIDs, TOPICAL

|     |                          |              |
|-----|--------------------------|--------------|
| OTC | diclofenac sodium gel 1% | VOLTAREN GEL |
|     | diclofenac sodium gel 1% | VOLTAREN GEL |

### COX-2 INHIBITORS

|  |           |          |
|--|-----------|----------|
|  | celecoxib | CELEBREX |
|--|-----------|----------|

### GOUT

|    |                       |          |
|----|-----------------------|----------|
|    | allopurinol           | ZYLOPRIM |
|    | colchicine caps       | MITIGARE |
|    | 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  $\leq 50$  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 District of Columbia Medicaid Opioid Drug Utilization Review for opioid prescribing, please visit:  
<https://www.medstarfamilychoice.com>

|                       |   |                    |
|-----------------------|---|--------------------|
| MDL                   | butalbital/acetaminophen/caffeine/codeine                 | FIORICET w/CODEINE |
| MDL                   | butalbital/aspirin/caffeine/codeine                       |                    |
| MDL                   | codeine sulfate   |                    |
| MDL                   | codeine/acetaminophen                                     |                    |
| MDL, PA               | fentanyl transdermal                                      | DURAGESIC          |
| MDL                   | hydrocodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg |                    |
| 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                               |                    |
| 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 |  |
|----------|--|

### Cephalosporins

#### First Generation

|            |  |
|------------|--|
| cefadroxil |  |
|------------|--|

|                                |        |
|--------------------------------|--------|
| cephalexin caps 250 mg, 500 mg | KEFLEX |
|--------------------------------|--------|

|  |        |
|--|--------|
| cephalexin susp 125 mg/5 mL, 250 mg/5 mL | KEFLEX |
|--|--------|

#### Second Generation

|                   |  |
|-------------------|--|
| cefuroxime axetil |  |
|-------------------|--|

#### Third Generation

|          |  |
|----------|--|
| cefdinir |  |
|----------|--|

|                      |  |
|----------------------|--|
| cefepodoxime tablets |  |
|----------------------|--|

|             |          |
|-------------|----------|
| ceftriaxone | ROCEPHIN |
|-------------|----------|

### Erythromycins/Macrolides

#### MDL

|              |           |
|--------------|-----------|
| azithromycin | ZITHROMAX |
|--------------|-----------|

|                |  |
|----------------|--|
| clarithromycin |  |
|----------------|--|

|                        |  |
|------------------------|--|
| clarithromycin ext-rel |  |
|------------------------|--|

|                   |  |
|-------------------|--|
| erythromycin base |  |
|-------------------|--|

|                          |  |
|--------------------------|--|
| erythromycin delayed-rel |  |
|--------------------------|--|

|                                    |  |
|------------------------------------|--|
| erythromycin delayed-rel - Ery-tab |  |
|------------------------------------|--|

|                             |        |
|-----------------------------|--------|
| erythromycin ethylsuccinate | E.E.S. |
|-----------------------------|--------|

|                       |  |
|-----------------------|--|
| erythromycin stearate |  |
|-----------------------|--|

#### PA

|             |         |
|-------------|---------|
| fidaxomicin | DIFICID |
|-------------|---------|

### Fluoroquinolones

|               |       |
|---------------|-------|
| ciprofloxacin | CIPRO |
|---------------|-------|

|              |  |
|--------------|--|
| levofloxacin |  |
|--------------|--|

|              |  |
|--------------|--|
| moxifloxacin |  |
|--------------|--|

### Penicillins

|             |  |
|-------------|--|
| amoxicillin |  |
|-------------|--|

|                         |           |
|-------------------------|-----------|
| amoxicillin/clavulanate | AUGMENTIN |
|-------------------------|-----------|

|            |  |
|------------|--|
| ampicillin |  |
|------------|--|

|               |  |
|---------------|--|
| dicloxacillin |  |
|---------------|--|

|               |  |
|---------------|--|
| penicillin VK |  |
|---------------|--|

|                         |              |
|-------------------------|--------------|
| penicillin G benzathine | BICILLIN L-A |
|-------------------------|--------------|

|   |              |
|---|--------------|
| penicillin G benzathine/penicillin G procaine | BICILLIN C-R |
|---|--------------|

### Sulfonamides

|                               |  |
|-------------------------------|--|
| sulfamethoxazole/trimethoprim |  |
|-------------------------------|--|

|                                  |  |
|----------------------------------|--|
| sulfamethoxazole/trimethoprim DS |  |
|----------------------------------|--|

|              |  |
|--------------|--|
| sulfadiazine |  |
|--------------|--|

### Tetracyclines

|                          |            |
|--------------------------|------------|
| doxycycline hyclate caps | VIBRAMYCIN |
|--------------------------|------------|

|  |  |
|--|--|
| doxycycline hyclate tabs 20 mg, 100 mg |  |
|--|--|

|   |  |
|---|--|
| doxycycline monohydrate caps 50 mg, 75 mg, 100 mg, 150 mg |  |
|---|--|

|                              |            |
|------------------------------|------------|
| doxycycline monohydrate susp | VIBRAMYCIN |
|------------------------------|------------|

|    |   |         |
|----|---|---------|
|    | doxycycline monohydrate tabs 50 mg, 75 mg, 100 mg, 150 mg |         |
|    | minocycline   | MINOCIN |
|    | tetracycline  |         |
| PA | sarecycline   | SEYSARA |

#### ANTIFUNGALS

|     |                                   |          |
|-----|-----------------------------------|----------|
|     | clotrimazole troches              |          |
| MDL | fluconazole                       | DIFLUCAN |
|     | griseofulvin microsize susp, tabs |          |
|     | griseofulvin ultramicronized      |          |
|     | 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

Enrollees in the DC Healthy Families plan may fill HIV and AIDS medications (for treatment, pre-exposure prophylaxis, and post exposure prophylaxis) at any in-network pharmacy.

For enrollees in DC Alliance, HIV and AIDS medications (for treatment, pre-exposure prophylaxis, and post exposure prophylaxis) must be filled through the AIDS Drug Assistance Program (ADAP). All enrollees must apply to the ADAP program and renew every 6 months.

#### ANTITUBERCULAR AGENTS

|    |              |           |
|----|--------------|-----------|
|    | ethambutol   | MYAMBUTOL |
|    | isoniazid    |           |
|    | pyrazinamide |           |
|    | rifampin     | RIFADIN   |
| PA | bedaquiline  | SIRTURO   |
| PA | pretomanid   |           |

#### ANTIVIRALS

##### Cytomegalovirus Agents

|  |                |         |
|--|----------------|---------|
|  | foscarnet      |         |
|  | valganciclovir | VALCYTE |

##### Hepatitis Agents

###### *Hepatitis B*

|  |                |            |
|--|----------------|------------|
|  | entecavir tabs | BARACLUDE  |
|  | lamivudine     | EPIVIR-HBV |
|  | entecavir soln | BARACLUDE  |

###### *Hepatitis C*

|    |                          |         |
|----|--------------------------|---------|
|    | ribavirin caps, tabs     |         |
| PA | glecaprevir/pibrentasvir | MAVYRET |
| PA | sofosbuvir/velpatasvir   |         |

##### Herpes Agents

|  |                            |         |
|--|----------------------------|---------|
|  | acyclovir caps, susp, tabs | ZOVIRAX |
|  | famciclovir                |         |

|  |                                     |             |
|--|-------------------------------------|-------------|
|  | valacyclovir                        | VALTREX     |
| Influenza Agents   |                                     |             |
| MDL  | oseltamivir                         | TAMIFLU     |
| MDL  | baloxavir                           | XOFLUZA     |
| MISCELLANEOUS  |                                     |             |
| 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    |
|  | nifurtimox                          | LAMPIT      |
|  | 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:<br><a href="https://www.asco.org">https://www.asco.org</a><br><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                      |             |
| PA   | azacitidine                         | ONUREG      |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>  |                                     |             |
| Antiandrogens  |                                     |             |
|  | abiraterone                         | ZYTIGA      |
|  | 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 |  |
|--|-------------------|--|

#### KINASE INHIBITORS

|    |                   |           |
|----|-------------------|-----------|
| PA | erlotinib         | TARCEVA   |
|    | imatinib mesylate | GLEEVEC   |
| PA | lapatinib         | TYKERB    |
| PA | alectinib         | ALECENSA  |
| PA | apfelisib         | PIQRAY    |
| PA | avapritinib       | AYVAKIT   |
| PA | binimetinib       | MEKTOVI   |
| PA | bosutinib         | BOSULIF   |
| PA | brigatinib        | ALUNBRIG  |
| PA | cabozantinib      | CABOMETYX |
| PA | cabozantinib      | COMETRIQ  |
| PA | capmatinib        | TABRECTA  |
| 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 | larotrectinib     | VITRAKVI  |
| PA | lorlatinib        | LORBRENA  |
| PA | nilotinib         | TASIGNA   |
| PA | osimertinib       | TAGRISSE  |
| PA | palbociclib       | IBRANCE   |
| PA | pemigatinib       | PEMAZYRE  |
| PA | pexidartinib      | TURALIO   |
| PA | ponatinib         | ICLUSIG   |
| PA | pralsetinib       | GAVRETO   |
| PA | regorafenib       | STIVARGA  |
| PA | ribociclib        | KISQALI   |
| PA | ruxolitinib       | JAKAFI    |
| PA | selpercatinib     | RETEVMO   |
| PA | tazemetostat      | TAZVERIK  |
| PA | trametinib        | MEKINIST  |

|                          |                                 |                 |
|--------------------------|---------------------------------|-----------------|
| PA                       | tucatinib                       | TUKYSA          |
| PA                       | vemurafenib                     | ZELBORAF        |
| TOPOISOMERASE INHIBITORS |                                 |                 |
|                          | doxorubicin liposomal           | DOXIL           |
| PA                       | topotecan caps                  | HYCAMTIN CAPS   |
| MISCELLANEOUS            |                                 |                 |
|                          | bexarotene caps                 | TARGETIN        |
|                          | etoposide                       |                 |
|                          | hydroxyurea                     | HYDREA          |
|                          | leucovorin                      |                 |
|                          | tretinoin caps                  |                 |
| PA                       | asparaginase erwinia            | ERWINAZE        |
| PA                       | axicabtagene ciloleucel         | YESCARTA        |
| PA                       | belantamab mafodotin-blmf       | BLNREP          |
| PA                       | cemiplimab-rwlc                 | LIBTAYO         |
| PA                       | daratumumab/hyaluronidase-fihj  | DARZALEX FASPRO |
| 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                       | sacituzumab govitecan-hziy      | TRODELVY        |
| PA                       | selinexor                       | XPOVIO          |
| PA                       | tagraxofusp-erzs                | ELZONRIS        |
| PA                       | talazoparib                     | TALZENNA        |
| PA                       | tisagenlecleucel                | KYMRIAH         |
|                          | 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 |
|  | captopril  |          |

|              |          |
|--------------|----------|
| enalapril    | VASOTEC  |
| fosinopril   |          |
| lisinopril   | ZESTRIL  |
| moexipril    |          |
| perindopril  |          |
| 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

|                |           |
|----------------|-----------|
| eplerenone     | INSPIRA   |
| spironolactone | ALDACTONE |

#### 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       |
| olmesartan                      | BENICAR      |
| olmesartan/hydrochlorothiazide  | BENICAR HCT  |
| telmisartan                     | MICARDIS     |
| telmisartan/hydrochlorothiazide | MICARDIS HCT |
| valsartan                       | DIOVAN       |
| valsartan/hydrochlorothiazide   | DIOVAN HCT   |

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

|                       |         |
|-----------------------|---------|
| amlodipine/olmesartan | AZOR    |
| amlodipine/valsartan  | EXFORGE |

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

|  |             |
|--|-------------|
| amlodipine/valsartan/hydrochlorothiazide | EXFORGE HCT |
|--|-------------|

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 |
|----------------|-------------------------|

Cholesterol Absorption Inhibitors/Combinations

|                       |         |
|-----------------------|---------|
| ezetimibe             | ZETIA   |
| ezetimibe/simvastatin | VYTORIN |

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

|              |           |
|--------------|-----------|
| atorvastatin | LIPITOR   |
| lovastatin   |           |
| pravastatin  | PRAVACHOL |
| rosuvastatin | CRESTOR   |
| simvastatin  | ZOCOR     |

Microsomal Triglyceride Transfer Protein Inhibitors

|    |            |          |
|----|------------|----------|
| PA | lomitapide | JUXTAPID |
|----|------------|----------|

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 |
|----|------------|---------|

#### 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      |
|    | carvedilol phosphate ext-rel             | COREG CR   |
|    | 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                     |            |
| 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 |              |
|  | 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 |
|--|-------------------------|--------|

|  |              |
|--|--------------|
| <b>DIGITALIS GLYCOSIDES</b>                    |              |
| digoxin  | LANOXIN      |
| <b>DIURETICS</b>                               |              |
| Carbonic Anhydrase Inhibitors                  |              |
| acetazolamide                                  |              |
| acetazolamide ext-rel                          |              |
| methazolamide                                  |              |
| Loop Diuretics                                 |              |
| bumetanide                                     |              |
| furosemide                                     | LASIX        |
| torsemide                                      |              |
| Potassium-sparing Diuretics                    |              |
| amiloride                                      |              |
| triamterene                                    | DYRENIUM     |
| Thiazides and Thiazide-like Diuretics          |              |
| chlorthalidone                                 |              |
| hydrochlorothiazide                            |              |
| indapamide                                     |              |
| metolazone                                     |              |
| chlorthiazide susp                             | DIURIL       |
| Diuretic Combinations                          |              |
| amiloride/hydrochlorothiazide                  |              |
| spironolactone/hydrochlorothiazide             | ALDACTAZIDE  |
| triamterene/hydrochlorothiazide                |              |
| triamterene/hydrochlorothiazide                | MAXZIDE      |
| <b>HEART FAILURE</b>                           |              |
| isosorbide dinitrate/hydralazine               | BIDIL        |
| sacubitril/valsartan                           | ENTRESTO     |
| <b>NITRATES</b>                                |              |
| Oral   |              |
| isosorbide dinitrate 5 mg, 10 mg, 20 mg, 30 mg | ISORDIL      |
| isosorbide mononitrate                         |              |
| isosorbide mononitrate ext-rel                 |              |
| Sublingual/Translingual                        |              |
| nitroglycerin lingual spray                    | NITROLINGUAL |
| nitroglycerin sublingual                       | NITROSTAT    |
| Transdermal                                    |              |
| nitroglycerin transdermal                      |              |
| nitroglycerin transdermal                      | NITRO-DUR    |
| nitroglycerin oint                             | NITRO-BID    |
| <b>PULMONARY ARTERIAL HYPERTENSION</b>         |              |
| Endothelin Receptor Antagonists                |              |
| ambrisentan                                    | LETAIRIS     |
| macitentan                                     | OPSUMIT      |

### Phosphodiesterase Inhibitors

|    |            |         |
|----|------------|---------|
| PA | sildenafil | REVATIO |
| PA | tadalafil  | ADCIRCA |

### Prostacyclin Receptor Agonists

|  |           |         |
|--|-----------|---------|
|  | selexipag | UPTRAVI |
|--|-----------|---------|

### Prostaglandin Vasodilators

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

### MISCELLANEOUS

|     |                                |        |
|-----|--------------------------------|--------|
| OTC | blood pressure monitoring kit  |        |
|     | 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>

### AMYOTROPHIC LATERAL SCLEROSIS

|  |          |         |
|--|----------|---------|
|  | riluzole | RILUTEK |
|--|----------|---------|

### ANTI-ANXIETY

#### Benzodiazepines

|    |                  |          |
|----|------------------|----------|
|    | alprazolam       | XANAX    |
| PA | chlordiazepoxide |          |
|    | clonazepam tabs  | KLONOPIN |
|    | diazepam         | VALIUM   |
|    | lorazepam        | ATIVAN   |
|    | oxazepam         |          |

#### Miscellaneous

|  |              |           |
|--|--------------|-----------|
|  | bupirone     |           |
|  | clomipramine | ANAFRANIL |
|  | fluvoxamine  |           |

### ANTICONVULSANTS

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

|  |                               |             |
|--|-------------------------------|-------------|
|  | carbamazepine                 | TEGRETOL    |
|  | carbamazepine ext-rel         | CARBATROL   |
|  | carbamazepine ext-rel         | TEGRETOL-XR |
|  | diazepam rectal gel           | DIASTAT     |
|  | divalproex sodium delayed-rel | DEPAKOTE    |
|  | divalproex sodium ext-rel     | DEPAKOTE ER |
|  | ethosuximide                  | ZARONTIN    |
|  | gabapentin                    | NEURONTIN   |
|  | lamotrigine                   | LAMICTAL    |

|    |                                |                   |
|----|--------------------------------|-------------------|
|    | levetiracetam                  | KEPPRA            |
|    | levetiracetam inj              | KEPPRA            |
|    | oxcarbazepine                  | TRILEPTAL         |
|    | phenobarbital                  |                   |
|    | phenytoin                      | DILANTIN INFATABS |
|    | phenytoin sodium extended      | DILANTIN          |
|    | phenytoin sodium extended      | PHENYTEK          |
|    | primidone                      | MYSOLINE          |
|    | tiagabine                      | GABITRIL          |
|    | topiramate sprinkle caps, tabs | TOPAMAX           |
|    | valproic acid                  |                   |
| PA | vigabatrin                     | SABRIL            |
|    | zonisamide                     | ZONEGRAN          |

#### ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:

<https://www.aan.com>

|  |                         |         |
|--|-------------------------|---------|
|  | donepezil               | ARICEPT |
|  | galantamine             |         |
|  | memantine               | NAMENDA |
|  | rivastigmine caps, soln |         |

#### ANTIDEPRESSANTS

Although these agents are primarily indicated for depression, some of these are also approved for other indications, including bipolar disorder, obsessive-compulsive disorder, panic disorder and premenstrual dysphoric disorder.

Guidelines for the evaluation and management of bipolar and depressive disorders are available at:

<https://www.psychiatry.org>

#### Monoamine Oxidase Inhibitors (MAOIs)

|  |                 |         |
|--|-----------------|---------|
|  | phenelzine      | NARDIL  |
|  | tranylcypromine | PARNATE |
|  | isocarboxazid   | MARPLAN |

#### Selective Serotonin Reuptake Inhibitors (SSRIs)

|  |                        |          |
|--|------------------------|----------|
|  | citalopram             | CELEXA   |
|  | escitalopram           | LEXAPRO  |
|  | fluoxetine             | PROZAC   |
|  | paroxetine HCl ext-rel | PAXIL CR |
|  | paroxetine HCl tabs    | PAXIL    |
|  | sertraline             | ZOLOFT   |

#### Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

|  |                        |            |
|--|------------------------|------------|
|  | duloxetine delayed-rel | CYMBALTA   |
|  | venlafaxine            |            |
|  | venlafaxine ext-rel    | EFFEXOR XR |

#### Tricyclic Antidepressants (TCAs)

|  |                |           |
|--|----------------|-----------|
|  | amitriptyline  |           |
|  | desipramine    | NORPRAMIN |
|  | doxepin        |           |
|  | imipramine HCl |           |
|  | nortriptyline  | PAMELOR   |

#### Miscellaneous Agents

|  |           |  |
|--|-----------|--|
|  | bupropion |  |
|--|-----------|--|



|    |                           |               |
|----|---------------------------|---------------|
|    | bupropion ext-rel         | WELLBUTRIN SR |
|    | bupropion ext-rel         | WELLBUTRIN XL |
|    | mirtazapine               | REMERON       |
|    | trazodone                 |               |
| PA | esketamine nasal solution | SPRAVATO      |

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

#### ANTIPSYCHOTICS

##### Atypicals

|  |   |                  |
|--|---|------------------|
|  | aripiprazole                            | ABILIFY          |
|  | aripiprazole orally disintegrating tabs |                  |
|  | clozapine                               | CLOZARIL         |
|  | clozapine orally disintegrating tabs    |                  |
|  | olanzapine                              | ZYPREXA          |
|  | olanzapine pamoate ext-rel inj          | ZYPREXA RELPREVV |
|  | paliperidone ext-rel                    | INVEGA           |
|  | quetiapine                              | SEROQUEL         |
|  | risperidone                             | RISPERDAL        |
|  | ziprasidone                             | GEODON           |
|  | aripiprazole ext-rel inj                | ABILIFY MAINTENA |
|  | aripiprazole lauroxil ext-rel inj       | ARISTADA         |
|  | aripiprazole lauroxil ext-rel inj       | ARISTADA INITIO  |
|  | lurasidone                              | LATUDA           |
|  | paliperidone palmitate ext-rel inj      | INVEGA SUSTENNA  |
|  | paliperidone palmitate ext-rel inj      | INVEGA TRINZA    |
|  | risperidone long-acting inj             | RISPERDAL CONSTA |

##### Miscellaneous

|  |                            |  |
|--|----------------------------|--|
|  | chlorpromazine             |  |
|  | fluphenazine               |  |
|  | fluphenazine decanoate inj |  |
|  | fluphenazine inj           |  |

|                           |                  |
|---------------------------|------------------|
| haloperidol               |                  |
| haloperidol decanoate inj | HALDOL DECANOATE |
| haloperidol lactate inj   | HALDOL           |
| perphenazine              |                  |
| thiothixene               |                  |
| trifluoperazine           |                  |

#### 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>

|   |                    |
|---|--------------------|
| amphetamine/dextroamphetamine mixed salts         | ADDERALL           |
| amphetamine/dextroamphetamine mixed salts ext-rel | ADDERALL XR        |
| atomoxetine                                       | STRATTERA          |
| dexmethylphenidate                                | FOCALIN            |
| dexmethylphenidate ext-rel                        |                    |
| dextroamphetamine ext-rel                         | DEXEDRINE SPANSULE |
| dextroamphetamine tabs 5 mg, 10 mg                |                    |
| methylphenidate                                   | RITALIN            |
| methylphenidate ext-rel                           |                    |
| methylphenidate ext-rel                           | CONCERTA           |
| methylphenidate ext-rel 20 mg, 30 mg, 40 mg       | RITALIN LA         |
| methylphenidate ext-rel tabs 20 mg - Metadate ER  |                    |
| methylphenidate soln, tabs                        | METHYLIN           |

#### FIBROMYALGIA

|             |         |
|-------------|---------|
| pregabalin  | LYRICA  |
| milnacipran | SAVELLA |

#### 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>

#### Benzodiazepines

|           |          |
|-----------|----------|
| temazepam | RESTORIL |
|-----------|----------|

#### Nonbenzodiazepines

|            |                               |            |
|------------|-------------------------------|------------|
| <b>OTC</b> | acetaminophen/diphenhydramine | TYLENOL PM |
| <b>OTC</b> | diphenhydramine               | BENADRYL   |
| <b>OTC</b> | doxylamine                    | UNISOM     |
|            | diphenhydramine               |            |
|            | hydroxyzine HCl               |            |
|            | hydroxyzine pamoate           | VISTARIL   |
|            | zolpidem                      | AMBIEN     |

#### MIGRAINE

Guidelines for prevention and management of migraine headaches are available at:

<https://www.aan.com>

#### Acute Migraine Agents

##### *Ergotamine Derivatives*

|                     |          |
|---------------------|----------|
| ergotamine/caffeine | CAFERGOT |
|---------------------|----------|

##### *Triptans*

|            |             |        |
|------------|-------------|--------|
| <b>MDL</b> | naratriptan | AMERGE |
|------------|-------------|--------|

|     |                         |         |
|-----|-------------------------|---------|
| MDL | rizatriptan             | MAXALT  |
| MDL | sumatriptan             | IMITREX |
| MDL | sumatriptan injection   | IMITREX |
| MDL | sumatriptan nasal spray | IMITREX |
| MDL | zolmitriptan tabs       | ZOMIG   |
| PA  | lasmiditan              | REYVOW  |

*Miscellaneous*

|     |                                |          |
|-----|--------------------------------|----------|
| OTC | acetaminophen/aspirin/caffeine | EXCEDRIN |
|-----|--------------------------------|----------|

Preventive Migraine Agents

*Monoclonal Antibodies*

|    |               |         |
|----|---------------|---------|
| PA | erenumab-aooe | AIMOVIG |
| PA | ubrogepant    | UBRELVY |

MOOD STABILIZERS

|  |                                       |          |
|--|---------------------------------------|----------|
|  | lithium carbonate                     |          |
|  | lithium carbonate ext-rel tabs 300 mg | LITHOBID |
|  | lithium carbonate ext-rel tabs 450 mg |          |
|  | lithium citrate                       |          |

MOVEMENT DISORDERS

|    |                  |          |
|----|------------------|----------|
| PA | tetrabenazine    | XENAZINE |
| PA | deutetrabenazine | AUSTEDO  |
|    | valbenazine      | INGREZZA |

MULTIPLE SCLEROSIS AGENTS

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

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

MUSCULOSKELETAL THERAPY AGENTS

|  |                             |          |
|--|-----------------------------|----------|
|  | baclofen 5 mg, 10 mg, 20 mg |          |
|  | chlorzoxazone 500 mg        |          |
|  | cyclobenzaprine 5 mg, 10 mg |          |
|  | dantrolene                  | DANTRUM  |
|  | metaxalone                  | SKELAXIN |
|  | methocarbamol               | ROBAXIN  |
|  | orphenadrine ext-rel        |          |
|  | tizanidine tabs             | ZANAFLEX |

MYASTHENIA GRAVIS

|  |                |          |
|--|----------------|----------|
|  | pyridostigmine | MESTINON |
|--|----------------|----------|

NARCOLEPSY/CATAPLEXY

|    |             |          |
|----|-------------|----------|
| PA | armodafinil | NUVIGIL  |
| PA | modafinil   | PROVIGIL |

|    |                |       |
|----|----------------|-------|
| 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

##### Agents for Opioid Withdrawal

|  |            |          |
|--|------------|----------|
|  | lofexidine | LUCEMYRA |
|--|------------|----------|

##### Alcohol Deterrents

|  |                         |          |
|--|-------------------------|----------|
|  | acamprosate calcium     |          |
|  | disulfiram              |          |
|  | naltrexone microspheres | VIVITROL |

##### Opioid Antagonists

|  |                      |        |
|--|----------------------|--------|
|  | naloxone inj         |        |
|  | naltrexone           |        |
|  | naloxone nasal spray | NARCAN |

##### Partial Opioid Agonists

|  |                           |            |
|--|---------------------------|------------|
|  | buprenorphine sublingual  |            |
|  | buprenorphine ext-rel inj | SUBLOCADE  |
|  | buprenorphine implant     | PROBUPHINE |

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

|  |  |          |
|--|--|----------|
|  | buprenorphine/naloxone sublingual film | SUBOXONE |
|  | buprenorphine/naloxone sublingual tabs |          |
|  | buprenorphine/naloxone                 | BUNAVAIL |
|  | buprenorphine/naloxone sublingual tabs | ZUBSOLV  |

##### Pseudobulbar Affect

|  |                            |          |
|--|----------------------------|----------|
|  | dextromethorphan/quinidine | NUEDEXTA |
|--|----------------------------|----------|

##### 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>

|          |                                  |           |
|----------|----------------------------------|-----------|
| OTC, MDL | nicotine polacrilex gum, lozenge | NICORETTE |
|----------|----------------------------------|-----------|

|          |                      |  |
|----------|----------------------|--|
| OTC, MDL | nicotine transdermal |  |
|----------|----------------------|--|

|     |                   |  |
|-----|-------------------|--|
| MDL | bupropion ext-rel |  |
|-----|-------------------|--|

|     |             |         |
|-----|-------------|---------|
| MDL | varenicline | CHANTIX |
|-----|-------------|---------|

## ENDOCRINE AND METABOLIC

### ACROMEGALY

|  |             |              |
|--|-------------|--------------|
|  | octreotide  | SANDOSTATIN  |
|  | pasireotide | SIGNIFOR LAR |

### 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 |
|----------|---------|

#### Biguanides

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

\* metformin ext-rel 1000 mg is not covered

#### Biguanide/Sulfonylurea Combinations

|                     |  |
|---------------------|--|
| glipizide/metformin |  |
| glyburide/metformin |  |

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

|             |           |
|-------------|-----------|
| alogliptin  | NESINA    |
| linagliptin | TRADJENTA |
| saxagliptin | ONGLYZA   |
| sitagliptin | JANUVIA   |

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

|                      |        |
|----------------------|--------|
| alogliptin/metformin | KAZANO |
|----------------------|--------|

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

|                         |       |
|-------------------------|-------|
| alogliptin/pioglitazone | OSENI |
|-------------------------|-------|

#### Incretin Mimetic Agents

|             |           |
|-------------|-----------|
| dulaglutide | TRULICITY |
| liraglutide | VICTOZA   |
| semaglutide | OZEMPIC   |

#### Incretin Mimetic Agent/Insulin Combinations

|                               |         |
|-------------------------------|---------|
| lixisenatide/insulin glargine | SOLIQUA |
|-------------------------------|---------|

#### 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

|               |           |
|---------------|-----------|
| canagliflozin | INVOKANA  |
| dapagliflozin | FARXIGA   |
| empagliflozin | JARDIANCE |
| ertugliflozin | STEGLATRO |

#### Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations

|                                 |              |
|---------------------------------|--------------|
| canagliflozin/metformin         | INVOKAMET    |
| canagliflozin/metformin ext-rel | INVOKAMET XR |
| dapagliflozin/metformin ext-rel | XIGDUO XR    |
| empagliflozin/metformin         | SYNJARDY     |
| empagliflozin/metformin ext-rel | SYNJARDY XR  |
| ertugliflozin/metformin         | SEGLUROMET   |

#### Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase (DPP-4) Inhibitor Combinations

|                           |           |
|---------------------------|-----------|
| empagliflozin/linagliptin | GLYXAMBI  |
| ertugliflozin/sitagliptin | STEGLUJAN |

#### Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase (DPP-4) Inhibitor/Biguanide Combinations

|   |             |
|---|-------------|
| 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  | blood glucose continuous monitoring readers, sensors                 | FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM |
| PA  | blood glucose continuous monitoring receivers, sensors, transmitters | DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM          |
| 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.ace.com>

<https://www.nof.org>

#### Bisphosphonates

|  |                        |                |
|--|------------------------|----------------|
|  | alendronate tabs       | FOSAMAX        |
|  | alendronate/vitamin D3 | FOSAMAX PLUS D |

#### Calcitonins

|  |                   |           |
|--|-------------------|-----------|
|  | calcitonin-salmon | MIACALCIN |
|--|-------------------|-----------|

#### 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 |
|----|--|----------------|

##### *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                      |                 |
|    | norethindrone acetate/EE 1/20 and iron             |                 |
| 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 |
|--|----------------------------------|-------------|

##### *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          |        |
|  | norethindrone acetate/EE 1.5/30 and iron |        |

|                                |   |                  |
|--------------------------------|---|------------------|
|                                | norgestrel/EE 0.3/30 - Low-Ogestrel                   |                  |
| <i>35 mcg Estrogen</i>         |   |                  |
|                                | 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                               |                  |
| <i>50 mcg Estrogen</i>         |   |                  |
|                                | ethynodiol diacetate/EE 1/50 - Kelnor 1/50            |                  |
| <b>Biphasic</b>                |   |                  |
|                                | desogestrel/EE  | MIRCETTE         |
|                                | desogestrel/EE  | PIMTREA          |
| <b>Triphasic</b>               |   |                  |
|                                | desogestrel/EE - Velivet                              |                  |
|                                | levonorgestrel/EE - Trivora                           |                  |
|                                | norethindrone acetate/EE and iron                     | ESTROSTEP FE     |
|                                | norethindrone/EE                                      |                  |
|                                | norgestimate/EE                                       |                  |
| <b>Four Phase</b>              |   |                  |
| <b>PA</b>                      | estradiol valerate and dienogest/estradiol valerate   | NATAZIA          |
| <b>Extended Cycle</b>          |   |                  |
|                                | 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       |
| <b>Progestin Only</b>          |   |                  |
|                                | norethindrone   | ORTHO MICRONOR   |
| <b>Emergency Contraception</b> |   |                  |
| <b>OTC, MDL</b>                | levonorgestrel  | PLAN B ONE-STEP  |
| <b>MDL</b>                     | ulipristal  | ELLA             |
| <b>Injectable</b>              |   |                  |
|                                | medroxyprogesterone acetate 150 mg/mL                 | DEPO-PROVERA     |
| <b>Intrauterine Devices</b>    |   |                  |
|                                | intrauterine device                                   | PARAGARD T 380A  |
|                                | levonorgestrel-releasing IUD                          | KYLEENA          |
|                                | levonorgestrel-releasing IUD                          | LILETTA          |
|                                | levonorgestrel-releasing IUD                          | MIRENA           |
|                                | levonorgestrel-releasing IUD                          | SKYLA            |
| <b>Transdermal</b>             |   |                  |
|                                | norelgestromin/EE                                     |                  |
| <b>Vaginal</b>                 |   |                  |
|                                | 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 | ORLISSA |
|----|----------|---------|

#### 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 |
| <b>HUMAN GROWTH HORMONES</b>  |                              |                        |
| Guidelines for use of growth hormone are available at:<br><a href="https://www.aace.com/publications/guidelines">https://www.aace.com/publications/guidelines</a> |                              |                        |
| PA  | somatropin                   | NORDITROPIN            |
| PA  | somatropin                   | SEROSTIM               |
| <b>HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS</b>  |                              |                        |
|   | 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       |                        |
|   | 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 |

#### MISCELLANEOUS

|    |   |            |
|----|---|------------|
|    | cabergoline                                 |            |
|    | methylergonovine                            | METHERGINE |
| PA | trientine                                   | SYPRINE    |
| PA | elagolix/estradiol/norethindrone + elagolix | ORIAHNN    |
| PA | macimorelin                                 | MACRILEN   |
|    | succimer                                    | CHEMET     |
| PA | tesamorelin                                 | EGRIFTA SV |

#### 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                               |  |
|  | 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         |
| <b>H<sub>2</sub> RECEPTOR ANTAGONISTS</b>  |                              |                    |
| OTC  | famotidine                   | PEPCID AC          |
| OTC  | famotidine chewable tabs     | PEPCID AC          |
|  | cimetidine                   |                    |
|  | famotidine susp 40 mg/5 mL   | PEPCID             |
|  | famotidine tabs 10 mg, 40 mg | PEPCID             |
| <b>INFLAMMATORY BOWEL DISEASE</b>          |                              |                    |
| Oral Agents                                |                              |                    |
|  | budesonide delayed-rel caps  | ENTOCORT EC        |
|  | mesalamine delayed-rel caps  | DELZICOL           |
|  | 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          |
| <b>IRRITABLE BOWEL SYNDROME</b>            |                              |                    |
| Irritable Bowel Syndrome with Constipation |                              |                    |
| PA   | lubiprostone                 | AMITIZA            |
| PA   | linaclotide                  | LINZESS            |
| <b>LAXATIVES/STOOL SOFTENERS</b>           |                              |                    |
| OTC  | calcium polycarbophil        | FIBERCON           |
| OTC  | docusate sodium caps         | COLACE             |
| OTC  | docusate sodium liquid       |                    |
| OTC  | methylcellulose              | CITRUCEL           |
| OTC  | mineral oil                  |                    |
| OTC  | polyethylene glycol 3350     | MIRALAX            |
| OTC  | psyllium                     | METAMUCIL          |
| OTC  | psyllium/aspartame           | NATURAL FIBER      |
| OTC  | sennosides                   | SENOKOT            |
| OTC  | sennosides syrup 8.8 mg/5 mL |                    |
|  | lactulose soln               |                    |
|  | peg 3350/electrolytes        | GOLYTELY           |
|  | peg 3350/electrolytes        | NULYTELY           |
| <b>OPIOID-INDUCED CONSTIPATION</b>         |                              |                    |
| PA   | naloxegol                    | MOVANTIK           |
| <b>PANCREATIC ENZYMES</b>                  |                              |                    |
|  | pancrelipase                 | VIOKACE            |
|  | pancrelipase delayed-rel     | CREON              |
|  | pancrelipase delayed-rel     | ZENPEP             |
| <b>PROSTAGLANDINS</b>                      |                              |                    |
|  | misoprostol                  | CYTOTEC            |

## PROTON PUMP INHIBITORS

|          |   |                  |
|----------|---|------------------|
| OTC      | lansoprazole delayed-rel                                  | PREVACID 24HR    |
| OTC      | omeprazole magnesium delayed-rel                          | PRILOSEC 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 | lidocaine cream 5%                | LMX 5          |
| OTC | witch hazel medicated pads/wipes  | TUCKS          |
|     | hydrocortisone crm                | ANUSOL-HC 2.5% |
|     | hydrocortisone rectal crm, oint   |                |
|     | hydrocortisone/pramoxine crm 1-1% | ANALPRAM-HC    |

## ULCER THERAPY COMBINATIONS

|  |   |  |
|--|---|--|
|  | lansoprazole + amoxicillin + clarithromycin |  |
|--|---|--|

## 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-LOTIMIN |
| OTC | miconazole      | MONISTAT     |
|     | clindamycin crm | CLEOCIN      |
|     | metronidazole   |              |
|     | terconazole     |              |

## MISCELLANEOUS

|  |                |
|--|----------------|
| bethanechol  |                |
| methenamine hippurate  | HIPREX         |
| 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 |
|------------|---------|

#### 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

|           |  |      |
|-----------|--|------|
| <b>PA</b> | antihemophilic factor (recombinant) pegylated-aucl | JIVI |
|-----------|--|------|

### PLATELET AGGREGATION INHIBITORS

|           |                                       |           |
|-----------|---------------------------------------|-----------|
|           | clopidogrel                           | PLAVIX    |
|           | dipyridamole                          |           |
|           | dipyridamole extended-release/aspirin |           |
|           | prasugrel                             | EFFIENT   |
|           | ticagrelor                            | BRILINTA  |
| <b>PA</b> | vorapaxar                             | ZONTIVITY |

## PLATELET SYNTHESIS INHIBITORS

|  |                        |         |
|--|------------------------|---------|
|  | anagrelide             | AGRYLIN |
|  | pentoxifylline ext-rel |         |

## THROMBOCYTOPENIA AGENTS

|    |               |          |
|----|---------------|----------|
| PA | lusutrombopag | MULPLETA |
|----|---------------|----------|

## MISCELLANEOUS

|    |                         |           |
|----|-------------------------|-----------|
|    | aminocaproic acid       |           |
|    | 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     |
|  | 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 |

## IMMUNOMODULATORS

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

Guidelines for the management of hepatitis are available at:  
<https://www.aasld.org>

## Immune Globulins

|    |   |          |
|----|---|----------|
| PA | immune globulin subcutaneous (human)-hipp | CUTAQUIG |
|----|---|----------|

## IMMUNOSUPPRESSANTS

### Antimetabolites

|                       |          |
|-----------------------|----------|
| azathioprine          | IMURAN   |
| mycophenolate mofetil | CELLCEPT |

### Calcineurin Inhibitors

|                        |            |
|------------------------|------------|
| cyclosporine           | SANDIMMUNE |
| cyclosporine, modified | NEORAL     |
| tacrolimus             | PROGRAF    |

### Rapamycin Derivatives

|           |          |
|-----------|----------|
| sirolimus | RAPAMUNE |
|-----------|----------|

## 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 |
| OTC | prenatal vitamins/DHA/EPA/folic acid chewable gummy   | ONE A DAY 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 | ascorbic acid   | VITAMIN C    |
| OTC | calcium carbonate/cholecalciferol                               | OS-CAL       |
| OTC | cholecalciferol (D3) drops                                      | VITAMIN D3   |
| OTC | cyanocobalamin tabs 1000 mcg                                    | VITAMIN B-12 |
| OTC | docosahexaenoic acid  | DHA CAP      |
| 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, tabs                                       |              |
| OTC | multivitamins/iron drops  |              |
| OTC | multivitamins/minerals caps                                     |              |
| 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, 100 mg   | VITAMIN B6   |
| OTC | thiamine 50 mg, 100 mg, 250 mg  | VITAMIN B1   |
| OTC | vitamin A cap 10000 unit  | VITAMIN A    |
| OTC | vitamin ADC drops   |              |
| OTC | vitamin B complex caps, tabs  | B-COMPLEX    |
| OTC | vitamin E caps 400 unit   | VITAMIN E    |
| OTC | zinc sulfate  |              |
| OTC | ferrous fumarate  | FERRIMIN 150 |
| OTC | iron/vitamin C  | VITRON-C     |
| OTC | multivitamins drops   | TRI-VI-SOL   |
|     | cyanocobalamin inj  |              |
|     | 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  | NEPHROCAPS   |
|     | ergocalciferol (D2) caps  | VITAMIN D    |
|     | 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    |

### ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS

|  |                                     |                 |
|--|-------------------------------------|-----------------|
|  | fluticasone/umeclidinium/vilanterol | TRELEGY ELLIPTA |
|--|-------------------------------------|-----------------|

#### ANTI-HISTAMINES, LOW SEDATING

|     |   |        |
|-----|---|--------|
| OTC | cetirizine, except chewable<br>levocetirizine | ZYRTEC |
|-----|---|--------|

#### ANTI-HISTAMINES, NONSEDATING

|     |                         |          |
|-----|-------------------------|----------|
| OTC | fexofenadine susp, tabs | ALLEGRA  |
| OTC | loratadine              | CLARITIN |

#### ANTI-HISTAMINES, 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<br>clemastine<br>cyproheptadine |                |

\* Both OTC and Rx products covered

#### ANTI-HISTAMINE/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<br>COUGH |
| OTC | dextromethorphan polistirex ext-rel syrup 30 mg/5 mL<br>benzonatate | DELSYM<br>TESSALON              |

#### ANTITUSSIVE COMBINATIONS

##### Opioid

|     |   |  |
|-----|---|--|
| MDL | codeine/guaifenesin liquid                                    |  |
| MDL | codeine/guaifenesin/pseudoephedrine                           |  |
| MDL | codeine/promethazine  |  |
| MDL | codeine/promethazine/phenylephrine<br>hydrocodone/homatropine |  |

##### Non-opioid

|     |   |  |
|-----|---|--|
| OTC | dextromethorphan/chlorpheniramine liquid  | ROBITUSSIN CHILDREN'S<br>COUGH & COLD, LONG ACTING |
| OTC | dextromethorphan/guaifenesin ext-rel  | MUCINEX DM   |
| OTC | dextromethorphan/guaifenesin syrup  | ROBITUSSIN COUGH + CHEST<br>CONGESTION DM          |
| OTC | dextromethorphan/guaifenesin/pseudoephedrine liq 10 mg/100<br>mg/30 mg/5 mL   |  |
| OTC | dextromethorphan/pyrilamine/phenylephrine - Codituss DM<br>dextromethorphan/brompheniramine/pseudoephedrine -<br>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                  |                   |
| MDL | levalbuterol tartrate, CFC-free aerosol           | XOPENEX HFA       |
| MDL | albuterol sulfate aerosol powder breath-activated | PROAIR RESPICLICK |

#### Long Acting

#### Hand-held Active Inhalation

|  |                      |          |
|--|----------------------|----------|
|  | salmeterol xinafoate | SEREVENT |
|--|----------------------|----------|

#### 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 | MUCINEX D |
|     | phenylephrine/guaifenesin syrup     |           |

## EXPECTORANTS

|     |                     |                  |
|-----|---------------------|------------------|
| OTC | guaifenesin ext-rel | MUCINEX          |
| OTC | guaifenesin liquid  | DIABETIC TUSSIN  |
| OTC | guaifenesin liquid  | MUCINEX FOR KIDS |

## LEUKOTRIENE MODULATORS

|  |             |           |
|--|-------------|-----------|
|  | montelukast | SINGULAIR |
|  | zafirlukast | ACCOLATE  |

## MAST CELL STABILIZERS

|  |                              |  |
|--|------------------------------|--|
|  | cromolyn inhalation solution |  |
|--|------------------------------|--|

## NASAL ANTIHISTAMINES

|     |                       |          |
|-----|-----------------------|----------|
| MDL | azelastine spray 0.1% |          |
|     | olopatadine spray     | PATANASE |

## NASAL STEROIDS

|     |                               |                        |
|-----|-------------------------------|------------------------|
| OTC | budesonide spray              |                        |
| OTC | fluticasone spray             | FLONASE ALLERGY RELIEF |
| OTC | triamcinolone acetonide spray | NASACORT ALLERGY 24HR  |

|     |                   |                   |
|-----|-------------------|-------------------|
| OTC | fluticasone mist  | FLONASE SENSIMIST |
|     | flunisolide spray |                   |
|     | fluticasone spray |                   |

#### PULMONARY FIBROSIS AGENTS

|    |             |         |
|----|-------------|---------|
| PA | nintedanib  | OFEV    |
| PA | pirfenidone | ESBRIET |

#### RESPIRATORY SYNCYTIAL VIRUS

|    |             |         |
|----|-------------|---------|
| PA | palivizumab | SYNAGIS |
|----|-------------|---------|

#### SEVERE ASTHMA AGENTS

|    |            |        |
|----|------------|--------|
| PA | omalizumab | XOLAIR |
|----|------------|--------|

#### STEROID/BETA AGONIST COMBINATIONS

|  |                        |                   |
|--|------------------------|-------------------|
|  | budesonide/formoterol  | SYMBICORT         |
|  | fluticasone/salmeterol | AIRDUO RESPICLICK |
|  | mometasone/formoterol  | DULERA            |

#### STEROID INHALANTS

|    |   |                    |
|----|---|--------------------|
| AL | budesonide inhalation suspension        | PULMICORT RESPULES |
|    | beclomethasone breath-activated aerosol | QVAR REDHALER      |
|    | fluticasone                             | FLOVENT DISKUS     |
|    | fluticasone, CFC-free aerosol           | FLOVENT HFA        |
|    | mometasone                              | ASMANEX            |
|    | mometasone, CFC-free aerosol            | ASMANEX HFA        |

AL Covered for age 1 through 3

#### XANTHINES

|  |                           |              |
|--|---------------------------|--------------|
|  | theophylline ext-rel tabs |              |
|  | theophylline liquid       | ELIXOPHYLLIN |

#### MISCELLANEOUS

|     |                                     |               |
|-----|-------------------------------------|---------------|
| 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        |
|     | spacer device                       | AEROCHAMBER   |

## 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 |  |
|--|--------------|--|

#### Topical

|     |                                      |         |
|-----|--------------------------------------|---------|
| OTC | benzoyl peroxide bar, gel 10%        | PANOXYL |
| OTC | benzoyl peroxide bar, gel, lotion 5% | PANOXYL |
| OTC | benzoyl peroxide gel 2.5%            |         |
| OTC | benzoyl peroxide liquid 6%           |         |

|     |                                     |            |
|-----|-------------------------------------|------------|
| OTC | adapalene gel 0.1%                  | DIFFERIN   |
|     | adapalene crm 0.1%, gel 0.3%        | DIFFERIN   |
|     | benzoyl peroxide liquid 2.5%        | BENZAC AC  |
|     | clindamycin lotion, pads, soln 1%   | CLEOCIN T  |
|     | erythromycin gel 2%                 |            |
|     | erythromycin soln                   |            |
|     | erythromycin/benzoyl peroxide       | BENZAMYCIN |
|     | 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    | tolnaftate crm 1%                | TINACTIN       |
| OTC    | butenafine                       | LOTRIMIN ULTRA |
| OTC    | terbinafine                      | LAMISIL AT     |
| ST     | ciclopirox crm, susp             | LOPROX         |
|        | ciclopirox topical soln 8%       |                |
|        | clotrimazole/betamethasone crm   |                |
|        | ketoconazole crm 2%              |                |
|        | nystatin                         |                |
|        | nystatin/triamcinolone crm, oint |                |

\* 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% |  |
|--|---------------------------------|--|

#### Antiseborrheics

|     |                              |                  |
|-----|------------------------------|------------------|
| OTC | coal tar shampoo             | NEUTROGENA T/GEL |
|     | ketoconazole shampoo 2%      |                  |
|     | selenium sulfide lotion 2.5% |                  |

#### Atopic Dermatitis

Guidelines for the treatment of atopic dermatitis are available at:

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

#### Injectable

|    |           |          |
|----|-----------|----------|
| PA | dupilumab | DUPIXENT |
|----|-----------|----------|

*Topical*

|    |                             |          |
|----|-----------------------------|----------|
|    | pimecrolimus                | ELIDEL   |
|    | tacrolimus oint 0.03%, 0.1% | PROTOPIC |
| ST | crisaborole                 | EUCRISA  |

ST Topical corticosteroid and topical tacrolimus required first

Corticosteroids

*Low Potency*

|     |                                   |           |
|-----|-----------------------------------|-----------|
| OTC | hydrocortisone crm, oint 0.5%, 1% | CORTIZONE |
|     | alclometasone crm, oint 0.05%     |           |
|     | desonide oint 0.05%               |           |
|     | fluocinolone acetonide soln 0.01% |           |
|     | hydrocortisone crm 2.5%           |           |

*Medium Potency*

|  |  |  |
|--|--|--|
|  | 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%                |  |
|  | triamcinolone acetonide crm, lotion 0.025%     |  |
|  | triamcinolone acetonide crm, lotion, oint 0.1% |  |

*High Potency*

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

*Very High Potency*

|  |  |  |
|--|--|--|
|  | clobetasol propionate soln 0.05%       |  |
|  | halobetasol propionate crm, oint 0.05% |  |

Local Analgesics

|         |                              |          |
|---------|------------------------------|----------|
| OTC     | capsaicin crm 0.025%, 0.1%   |          |
| OTC     | lidocaine crm 4%             |          |
| OTC     | lidocaine crm 4%             | LMX 4    |
| OTC, QL | lidocaine patch 4%           |          |
| OTC, QL | capsaicin crm 0.033%, 0.075% |          |
|         | lidocaine patch 5%           | LIDODERM |

Local Anesthetics

|  |                          |  |
|--|--------------------------|--|
|  | lidocaine/prilocaine crm |  |
|--|--------------------------|--|

Rosacea

|  |                            |             |
|--|----------------------------|-------------|
|  | metronidazole crm 0.75%    | METROCREAM  |
|  | metronidazole gel 0.75%    |             |
|  | metronidazole gel 1%       | METROGEL    |
|  | metronidazole lotion 0.75% | METROLOTION |

Scabicides and Pediculicides

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

---

---

permethrin 5%

---

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

Miscellaneous Skin and Mucous Membrane

|     |   |            |
|-----|---|------------|
| OTC | ammonium lactate 12%  | LAC-HYDRIN |
| OTC | calamine lotion   |            |
| OTC | chlorhexidine gluconate liquid 4%                             | HIBICLENS  |
| OTC | chlorhexidine gluconate soln 4%                               |            |
| OTC | docosanol   | ABREVA     |
| OTC | oatmeal, colloidal  |            |
| OTC | petrolatum ointment   |            |
| OTC | petrolatum/mineral oil  | EUCERIN    |
| OTC | petrolatum/mineral oil cream                                  |            |
| OTC | salicylic acid gel 3%   | KERALYT    |
| OTC | salicylic acid gel 17%  |            |
| OTC | salicylic acid pad, plaster 40%                               |            |
| OTC | urea crm 10%, 20%, 30%, 40%                                   |            |
| OTC | urea lotion 10%   |            |
| OTC | antibacterial cleanser bar, liquid cleanser, cleansing cloths | CETAPHIL   |
| OTC | oatmeal, colloidal/dimethicone                                | AVEENO     |
|     | imiquimod   | ALDARA     |
|     | podofilox   |            |
|     | urea crm 39%, 40%   |            |
|     | urea lotion 40%, 45%  |            |
|     | aluminum chloride hexahydrate                                 | DRYSOL     |
|     | becaplermin   | REGRANEX   |
| PA  | collagenase   | SANTYL     |

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

lidocaine viscous

Steroids - Mouth/Throat

triamcinolone paste

Miscellaneous

|  |   |                     |
|--|---|---------------------|
|  | chlorhexidine gluconate                 | PERIDEX             |
|  | sodium fluoride crm, gel, paste         | PREVIDENT           |
|  | sodium fluoride/potassium nitrate paste | PREVIDENT SENSITIVE |

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 |         |

Anti-infectives

|  |                    |         |
|--|--------------------|---------|
|  | 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                 | TOBREX   |
| tobramycin oint                 | TOBREX   |

#### Anti-infective/Anti-inflammatory Combinations

|   |          |
|---|----------|
| 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   |

#### Anti-inflammatories

##### *Nonsteroidal*

|              |        |
|--------------|--------|
| flurbiprofen |        |
| ketorolac    | ACULAR |

##### *Steroidal*

|                                |            |
|--------------------------------|------------|
| 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  |

#### Antivirals

|              |  |
|--------------|--|
| trifluridine |  |
|--------------|--|

#### Beta-blockers

##### *Nonselective*

|                     |             |
|---------------------|-------------|
| carteolol           |             |
| levobunolol         |             |
| timolol maleate     | TIMOPTIC    |
| timolol maleate gel | TIMOPTIC-XE |
| timolol hemihydrate | BETIMOL     |

##### *Selective*

|                |  |
|----------------|--|
| betaxolol 0.5% |  |
|----------------|--|

#### Carbonic Anhydrase Inhibitors

##### *Topical*

|              |         |
|--------------|---------|
| dorzolamide  | TRUSOPT |
| brinzolamide | AZOPT   |

#### Carbonic Anhydrase Inhibitor/Beta-blocker Combinations

|                             |        |
|-----------------------------|--------|
| dorzolamide/timolol maleate | COSOPT |
|-----------------------------|--------|



|   |                                     |                    |
|---|-------------------------------------|--------------------|
| Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations   |                                     |                    |
|   | brinzolamide/brimonidine            | SIMBRINZA          |
| Dry Eye Disease   |                                     |                    |
| PA  | cyclosporine, emulsion              | RESTASIS           |
| PA  | lifitegrast                         | XIIDRA             |
| Local Anesthetic Combinations   |                                     |                    |
|   | fluorescein/benoxinate 0.25%/0.4%   |                    |
| Mydriatics  |                                     |                    |
|   | homatropine                         | ISOPTO HOMATROPINE |
|   | tropicamide                         |                    |
|   | atropine                            |                    |
| Parasympathomimetics  |                                     |                    |
|   | pilocarpine                         | ISOPTO CARPINE     |
| Prostaglandins  |                                     |                    |
|   | latanoprost                         | XALATAN            |
|   | bimatoprost 0.01%                   | LUMIGAN            |
| Rho Kinase Inhibitors   |                                     |                    |
|   | netarsudil                          | RHOPRESSA          |
| Sympathomimetics  |                                     |                    |
|   | brimonidine 0.15%                   | ALPHAGAN P         |
|   | brimonidine 0.2%                    |                    |
|   | brimonidine 0.1%                    | ALPHAGAN P         |
| Sympathomimetic/Beta-blocker Combinations   |                                     |                    |
|   | brimonidine/timolol                 | COMBIGAN           |
| Miscellaneous   |                                     |                    |
| OTC   | artificial tears soln               |                    |
| OTIC  |                                     |                    |
| Clinical practice guidelines for the treatment of otitis media are available at:<br><a href="https://www.aap.org">https://www.aap.org</a> |                                     |                    |
| Anti-infectives   |                                     |                    |
|   | acetic acid                         |                    |
|   | ciprofloxacin otic                  | CETRAXAL           |
|   | ofloxacin otic                      |                    |
| Anti-infective/Anti-inflammatory Combinations   |                                     |                    |
|   | ciprofloxacin/dexamethasone         | CIPRODEX           |
|   | neomycin/polymyxin B/hydrocortisone |                    |
| Miscellaneous   |                                     |                    |
| OTC   | carbamide peroxide                  | DEBROX             |
|   | fluocinolone acetonide oil          | DERMOTIC           |

## 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>

## INDEX

### A

ABILIFY, 33  
ABILIFY MAINTENA, 33  
abiraterone, 24  
ABREVA, 55  
acamprosate calcium, 36  
acarbose, 37  
ACCOLATE, 51  
ACCU-CHEK CONTROL SOLUTION, 38  
ACCU-CHEK KITS AND TEST STRIPS, 38  
ACCUPRIL, 27  
ACCURETIC, 27  
acetaminophen/aspirin/caffeine, 35  
acetaminophen/diphenhydramine, 34  
acetazolamide, 30  
acetazolamide ext-rel, 30  
acetic acid, 57  
acetohydroxamic acid, 46  
ACTIGALL, 43  
ACTOPLUS MET, 38  
ACTOS, 38  
ACULAR, 56  
acyclovir caps, susp, tabs, 23  
ADAKVEO, 47  
adalimumab, 47  
adapalene crm 0.1%, gel 0.3%, 53  
adapalene gel 0.1%, 53  
ADCIRCA, 11, 31  
ADDERALL, 34  
ADDERALL XR, 34  
ADMELOG, 37  
ADVIL, 20  
AEROCHAMBER, 52  
AFRIN, 51  
AGRYLIN, 47  
AIMOVIG, 11, 35  
AIRDUO RESPICLICK, 52  
ALAMAG, 43  
albendazole, 24  
ALBENZA, 24  
albuterol, 51  
albuterol ext-rel, 51  
albuterol inhalation solution, 51  
albuterol sulfate aerosol powder breath-activated, 12, 51  
albuterol sulfate, CFC-free aerosol, 12, 51  
alclometasone crm, oint 0.05%, 54  
alcohol swabs, 38  
ALDACTAZIDE, 30  
ALDACTONE, 27  
ALDARA, 55  
ALECENSA, 11, 25  
alectinib, 25  
alendronate tabs, 39  
alendronate/vitamin D3, 39  
ALEVE, 20  
alfuzosin ext-rel, 45  
ALKERAN, 24  
ALLEGRA, 50  
allopurinol, 20  
alogliptin, 37  
alogliptin/metformin, 37  
alogliptin/pioglitazone, 37  
ALORA, 41  
alpelisib, 25  
ALPHAGAN P, 57  
alpha-lipoic acid, 48  
alprazolam, 31  
ALTACE, 27  
ALTERNAGEL, 43  
aluminum chloride hexahydrate, 55  
aluminum hydroxide, 43  
aluminum hydroxide/magnesium hydroxide, 83  
ALUNBRIG, 11, 25  
amantadine caps, syrup, 33  
AMARYL, 38  
AMBIEN, 34  
ambrisentan, 30  
AMERGE, 14, 34  
amiloride, 30  
amiloride/hydrochlorothiazide, 30  
aminocaproic acid, 47  
amiodarone, 28  
AMITIZA, 11, 44  
amitriptyline, 32  
amlodipine, 29  
amlodipine/atorvastatin, 29  
amlodipine/benazepril, 27  
amlodipine/olmesartan, 28  
amlodipine/valsartan, 28  
amlodipine/valsartan/hydrochlorothiazide, 28  
ammonium lactate 12%, 55  
amoxicillin, 22  
amoxicillin/clavulanate, 22  
amphetamine/dextroamphetamine mixed salts, 34  
amphetamine/dextroamphetamine mixed salts ext-rel, 34  
ampicillin, 22  
AMPYRA, 11, 35  
ANAFRANIL, 31  
anagrelide, 47  
ANALPRAM-HC, 45  
anastrozole, 25  
ANORO ELLIPTA, 49  
antibacterial cleanser bar, liquid cleanser, cleansing cloths, 55  
ANTI-DIARRHEAL, 43  
antihemophilic factor (recombinant) pegylated-aucl, 46  
ANUSOL-HC 2.5%, 45  
apixaban, 46  
apremilast, 47  
aprepitant caps, 43  
ARANESP, 46  
ARAVA, 47  
ARICEPT, 32  
ARIMIDEX, 25  
aripiprazole, 33  
aripiprazole ext-rel inj, 33  
aripiprazole lauroxil ext-rel inj, 33  
aripiprazole orally disintegrating tabs, 33  
ARISTADA, 33  
ARISTADA INITIO, 33  
armodafinil, 35  
AROMASIN, 25

artificial tears soln, 57  
 ASACOL HD, 44  
 ascorbic acid, 48  
 ASMANEX, 52  
 ASMANEX HFA, 52  
 asparaginase erwinia, 26  
 ATACAND, 27  
 ATACAND HCT, 27  
 atenolol, 29  
 atenolol/chlorthalidone, 29  
 ATIVAN, 31  
 atomoxetine, 34  
 atorvastatin, 28  
 atovaquone, 24  
 atovaquone/proguanil, 23  
 atropine, 57  
 AUGMENTIN, 22  
 AUSTEDO, 11, 35  
 AVALIDE, 27  
 avapritinib, 25  
 AVAPRO, 27  
 avatrombopag, 47  
 AVEENO, 55  
 AVODART, 45  
 AVONEX, 35  
 axicabtagene ciloleucel, 26  
 AYGESTIN, 42  
 AYVAKIT, 11, 25  
 azacitidine, 24  
 azathioprine, 48  
 azelastine, 55  
 azelastine spray 0.1%, 12, 51  
 azithromycin, 12, 22  
 AZOPT, 56  
 AZOR, 28  
 AZULFIDINE, 44  
 AZULFIDINE EN-TABS, 44

## B

bacitracin, 53, 55  
 baclofen 5 mg, 10 mg, 20 mg, 35  
 baloxavir, 13, 24  
 BALVERSA, 11, 25  
 BAQSIMI, 41  
 BARACLUDE, 23  
 BASAGLAR, 37  
 B-COMPLEX, 49  
 becaplermin, 55  
 beclomethasone breath-activated aerosol, 52  
 bedaquiline, 23  
 belantamab mafodotin-blmf, 26  
 BENADRYL, 34  
 benazepril, 26  
 benazepril/hydrochlorothiazide, 27  
 BENICAR, 27  
 BENICAR HCT, 27  
 benralizumab, 52  
 BENZAC AC, 53  
 BENZAMYCIN, 53  
 benzonatate, 50  
 benzoyl peroxide bar, gel 10%, 52  
 benzoyl peroxide bar, gel, lotion 5%, 52  
 benzoyl peroxide gel 2.5%, 52  
 benzoyl peroxide liquid 2.5%, 53

benzoyl peroxide liquid 6%, 52  
 benzotropine, 33  
 betamethasone dipropionate crm, lotion, oint 0.05%, 54  
 betamethasone valerate crm, lotion, oint 0.1%, 54  
 BETAPACE, 28  
 BETAPACE AF, 28  
 betaxolol 0.5%, 56  
 bethanechol, 46  
 BETHKIS, 11, 51  
 BETIMOL, 56  
 bexarotene caps, 26  
 BEYAZ, 39  
 bicalutamide, 24  
 BICILLIN C-R, 22  
 BICILLIN L-A, 22  
 BIDIL, 30  
 BILTRICIDE, 24  
 bimatoprost 0.01%, 57  
 binimetinib, 25  
 bismuth subsalicylate, 43  
 bisoprolol, 29  
 bisoprolol/hydrochlorothiazide, 29  
 BLENREP, 11, 26  
 BLEPH-10, 56  
 blood glucose continuous monitoring readers, sensors, 39  
 blood glucose continuous monitoring receivers, sensors, transmitters, 39  
 blood glucose monitoring kits, test strips, 38  
 blood pressure monitoring kit, 31  
 BOSULIF, 11, 25  
 bosutinib, 25  
 BOTOX, 11, 36  
 BRAFTOVI, 11, 25  
 brigatinib, 25  
 BRILINTA, 46  
 brimonidine 0.1%, 57  
 brimonidine 0.15%, 57  
 brimonidine 0.2%, 57  
 brimonidine/timolol, 57  
 brinzolamide, 56  
 brinzolamide/brimonidine, 57  
 brodalumab, 47  
 bromocriptine, 33  
 budesonide delayed-rel caps, 44  
 budesonide inhalation suspension, 52  
 budesonide spray, 51  
 budesonide/formoterol, 52  
 bumetanide, 30  
 BUNAVAIL, 36  
 buprenorphine ext-rel inj, 36  
 buprenorphine implant, 36  
 buprenorphine sublingual, 36  
 buprenorphine/naloxone, 36  
 buprenorphine/naloxone sublingual film, 36  
 buprenorphine/naloxone sublingual tabs, 36  
 bupropion, 32  
 bupropion ext-rel, 33, 36  
 bupropion ext-rel (smoking deterrent), 13  
 buspirone, 31  
 busulfan, 24  
 butalbital/acetaminophen, 13, 21  
 butalbital/acetaminophen/caffeine, 13, 21  
 butalbital/acetaminophen/caffeine/codeine, 13, 21  
 butalbital/aspirin/caffeine, 13, 21

butalbital/aspirin/caffeine/codeine, 13, 21  
butenafine, 53

## C

C1 esterase inhibitor, 47  
cabergoline, 43  
CABOMETYX, 11, 25  
cabozantinib, 25  
CADUET, 29  
CAFERGOT, 34  
calamine lotion, 55  
CALAN SR, 29  
calcipotriene oint, soln 0.005%, 53  
calcitonin-salmon, 39  
calcitriol (1,25-D3), 42  
calcium acetate, 42  
calcium carbonate, 43  
calcium carbonate/cholecalciferol, 48  
calcium polycarbophil, 44  
canagliflozin, 38  
canagliflozin/metformin, 38  
canagliflozin/metformin ext-rel, 38  
CANASA, 44  
candesartan, 27  
candesartan/hydrochlorothiazide, 27  
capecitabine, 24  
capmatinib, 25  
capsaicin crm 0.025%, 0.1%, 54  
capsaicin crm 0.033%, 0.075%, 13, 54  
captopril, 26  
captopril/hydrochlorothiazide, 27  
CARAFATE, 45  
carbamazepine, 31  
carbamazepine ext-rel, 31  
carbamide peroxide, 57  
CARBATROL, 31  
carbidopa, 33  
carbidopa/levodopa, 33  
carbidopa/levodopa ext-rel, 33  
carbidopa/levodopa/entacapone, 33  
CARDIZEM, 29  
CARDIZEM CD, 29  
CARDURA, 27, 45  
carteolol, 56  
carvedilol, 29  
carvedilol phosphate ext-rel, 29  
CASODEX, 24  
CATAPRES, 27  
CATAPRES-TTS, 27  
cefadroxil, 22  
cefdinir, 22  
cefepodoxime tablets, 22  
ceftriaxone, 22  
cefuroxime axetil, 22  
CELEBREX, 20  
celecoxib, 20  
CELEXA, 32  
CELLCEPT, 48  
cemiplimab-rwlc, 26  
cephalexin caps 250 mg, 500 mg, 22  
cephalexin susp 125 mg/5 mL, 250 mg/5 mL, 22  
ceritinib, 25  
CETAPHIL, 55  
cetirizine, except chewable, 50  
cetirizine/pseudoephedrine ext-rel, 50  
CETRAXAL, 57  
CHANTIX, 14, 36  
CHEMET, 43  
CHEMSTRIP URINE TEST STRIPS, 39  
chlorambucil, 24  
chlordiazepoxide, 11, 31  
chlorhexidine gluconate, 55  
chlorhexidine gluconate liquid 4%, 55  
chlorhexidine gluconate soln 4%, 55  
chloroquine, 11, 23  
chlorothiazide susp, 30  
chlorpheniramine, 50  
chlorpheniramine/phenylephrine tabs, 50  
chlorpromazine, 33  
chlorthalidone, 30  
CHLOR-TRIMETON, 50  
chlorzoxazone 500 mg, 35  
cholecalciferol (D3) drops, 48  
cholestyramine, 28  
ciclopirox cream, suspension, 15  
ciclopirox crm, susp, 53  
ciclopirox topical soln 8%, 53  
cilostazol, 47  
CILOXAN, 55  
cimetidine, 44  
cinacalcet, 39  
CIPRO, 22  
CIPRODEX, 57  
ciprofloxacin, 22  
ciprofloxacin otic, 57  
ciprofloxacin soln, 55  
ciprofloxacin/dexamethasone, 57  
citalopram, 32  
CITRANATAL DHA, 48  
CITRUCEL, 44  
clarithromycin, 22  
clarithromycin ext-rel, 22  
CLARITIN, 50  
CLARITIN-D, 50  
clemastine, 50  
CLEOCIN, 24, 45  
CLEOCIN T, 53  
CLIMARA, 41  
CLIMARA PRO, 41  
clindamycin, 24  
clindamycin crm, 45  
clindamycin lotion, pads, soln 1%, 53  
clobetasol propionate soln 0.05%, 54  
clomipramine, 31  
clonazepam tabs, 31  
clonidine, 27  
clonidine transdermal, 27  
clopidogrel, 46  
clotrimazole, 45  
clotrimazole crm 1%, 53  
clotrimazole troches, 23  
clotrimazole/betamethasone crm, 53  
clozapine, 33  
clozapine orally disintegrating tabs, 33  
CLOZARIL, 33  
coal tar shampoo, 53  
cobimetinib, 25  
codeine sulfate, 21

codeine sulfate tabs, 13  
codeine/acetaminophen, 21  
codeine/acetaminophen oral solution, 13  
codeine/acetaminophen tabs, 13  
codeine/guaifenesin liquid, 13, 50  
codeine/guaifenesin/pseudoephedrine, 13, 50  
codeine/promethazine, 13, 50  
codeine/promethazine/phenylephrine, 13, 50  
COLACE, 44  
colchicine caps, 20  
colchicine tabs, 20  
colchicine/probenecid, 20  
COLCRYS, 20  
COLD & ALLERGY RELIEF, 50  
collagenase, 55  
COMBIGAN, 57  
COMBIPATCH, 41  
COMBIVENT RESPIMAT, 49  
COMETRIQ, 11, 25  
COMTAN, 33  
CONCERTA, 34  
condoms, male, 13, 41  
COPAXONE, 35  
COREG, 29  
COREG CR, 29  
CORCARD, 29  
CORTEF, 41  
CORTIFOAM, 44  
cortisone acetate, 41  
CORTIZONE, 54  
COSENTYX, 47  
COSOPT, 56  
COTELLIC, 11, 25  
COUMADIN, 46  
COZAAR, 27  
CREON, 44  
CRESTOR, 28  
CRINONE, 42  
crisaborole, 54  
crizanlizumab-tmca, 47  
crizotinib, 25  
cromolyn inhalation solution, 51  
cromolyn sodium, 55  
CUTAQUIG, 11, 47  
cyanocobalamin inj, 49  
cyanocobalamin tabs 1000 mcg, 48  
cyclobenzaprine 5 mg, 10 mg, 35  
cyclophosphamide caps, 24  
cyclosporine, 48  
cyclosporine, emulsion, 57  
cyclosporine, modified, 48  
CYMBALTA, 32  
cypheptadine, 50  
CYTOMEL, 42  
CYTOTEC, 44

**D**

dabigatran etexilate, 46  
dabrafenib, 25  
dacomitinib, 25  
dalfampridine ext-rel, 35  
DANTRIUM, 35  
dantrolene, 35  
dapagliflozin, 38  
dapagliflozin/metformin ext-rel, 38  
dapsone tabs, 24  
daratumumab/hyaluronidase-fihj, 26  
darbepoetin alfa, 46  
darolutamide, 24  
DARZALEX FASPRO, 11, 26  
DAYPRO, 20  
DDAVP, 42, 43  
DDAVP spray, 11  
DEBROX, 57  
DELATESTRYL, 37  
DELSYM, 50  
DELZICOL, 44  
denosumab, 39  
DEPAKOTE, 31  
DEPAKOTE ER, 31  
DEPO-ESTRADIOL, 41  
DEPO-PROVERA, 40  
DEPO-TESTOSTERONE, 37  
DERMOTIC, 57  
DESENEX, 53  
desipramine, 32  
desmopressin spray, 42, 43  
desmopressin tabs, 43  
desogestrel/EE, 40  
desogestrel/EE - Velivet, 40  
desogestrel/EE 0.15/30 - Apri, 39  
desonide oint 0.05%, 54  
DETROL, 45  
deutetrabenazine, 35  
dexamethasone, 41  
dexamethasone sodium phosphate, 56  
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM, 11, 39  
DEXEDRINE SPANSULE, 34  
dexmethylphenidate, 34  
dexmethylphenidate ext-rel, 34  
dextroamphetamine ext-rel, 34  
dextroamphetamine tabs 5 mg, 10 mg, 34  
dextromethorphan gelcaps, liquid, 50  
dextromethorphan polistirex ext-rel syrup 30 mg/5 mL, 50  
dextromethorphan/brompheniramine/pseudoephedrine - Bromfed-DM, 50  
dextromethorphan/chlorpheniramine liquid, 50  
dextromethorphan/guaifenesin ext-rel, 50  
dextromethorphan/guaifenesin syrup, 50  
dextromethorphan/guaifenesin/pseudoephedrine liq 10 mg/100 mg/30 mg/5 mL, 50  
dextromethorphan/promethazine, 13, 50  
dextromethorphan/pyrilamine/phenylephrine - Codituss DM, 50  
dextromethorphan/quinidine, 36  
dextrose/fructose/phosphoric acid, 43  
DHA CAP, 48  
DIABETIC TUSSIN, 51  
DIASTAT, 31  
diazepam, 31  
diazepam rectal gel, 31  
diazoxide, 41  
DICLEGIS, 13, 43  
diclofenac potassium, 20  
diclofenac sodium delayed-rel, 20  
diclofenac sodium gel 1%, 20  
dicloxacillin, 22

dicyclomine, 43  
 DIFFERIN, 53  
 DIFICID, 11, 22  
 DIFLUCAN, 13, 23  
 digoxin, 30  
 DILANTIN, 32  
 DILANTIN INFATABS, 32  
 DILAUDID, 13, 21  
 diltiazem, 29  
 diltiazem ext-rel, 29  
 dimenhydrinate, 43  
 dimethyl fumarate delayed-rel, 35  
 DIOVAN, 27  
 DIOVAN HCT, 27  
 diphenhydramine, 34, 50  
 diphenoxylate/atropine, 43  
 dipyridamole, 46  
 dipyridamole extended-release/aspirin, 46  
 disopyramide, 28  
 disulfiram, 36  
 DITROPAN XL, 45  
 DIURIL, 30  
 divalproex sodium delayed-rel, 31  
 divalproex sodium ext-rel, 31  
 docosahexaenoic acid, 48  
 docosanol, 55  
 docusate sodium caps, 44  
 docusate sodium liquid, 44  
 dofetilide, 28  
 DOLOPHINE, 13, 21  
 donepezil, 32  
 DOPTOLET, 11, 47  
 dornase alfa, 51  
 dorzolamide, 56  
 dorzolamide/timolol maleate, 56  
 doxazosin, 27, 45  
 doxepin, 32  
 doxercalciferol, 42  
 DOXIL, 26  
 doxorubicin liposomal, 26  
 doxycycline hyclate caps, 22  
 doxycycline hyclate tabs 20 mg, 100 mg, 22  
 doxycycline monohydrate caps 50 mg, 75 mg, 100 mg, 150 mg, 22  
 doxycycline monohydrate susp, 22  
 doxycycline monohydrate tabs 50 mg, 75 mg, 100 mg, 150 mg, 23  
 doxylamine, 34  
 doxylamine/pyridoxine delayed-rel, 13, 43  
 DRAMAMINE, 43  
 drospirenone/EE 3/20 - Gianvi, 39  
 drospirenone/EE 3/30, 39  
 drospirenone/EE/levomefolate 3/20 and levomefolate, 39  
 DROXIA, 26  
 DRYSQL, 55  
 DUETACT, 38  
 dulaglutide, 37  
 DULERA, 52  
 duloxetine delayed-rel, 27  
 dupilumab, 53  
 DUPIXENT, 11, 53  
 DURAGESIC, 13, 21  
 dutasteride, 45  
 DYRENIUM, 30

## E

E.E.S., 22  
 ecallantide, 47  
 EC-NAPROSYN, 20  
 EE/norethindrone acetate, 41  
 EE/norethindrone acetate - Jinteli, 41  
 EFFEXOR XR, 32  
 EFFIENT, 46  
 EFUDEX, 53  
 EGRIFTA SV, 11, 43  
 elagolix, 41  
 elagolix/estradiol/norethindrone + elagolix, 43  
 elexacaftor/tezacaftor/ivacaftor + ivacaftor, 51  
 ELIDEL, 54  
 ELIGARD, 11, 25  
 ELIQUIS, 46  
 ELIXOPHYLLIN, 52  
 ELLA, 14, 40  
 ELMIRON, 46  
 ELZONRIS, 11, 26  
 EMEND, 43  
 EMETROL, 43  
 empagliflozin, 38  
 empagliflozin/linagliptin, 38  
 empagliflozin/linagliptin/metformin ext-rel, 38  
 empagliflozin/metformin, 38  
 empagliflozin/metformin ext-rel, 38  
 enalapril, 27  
 enalapril/hydrochlorothiazide, 27  
 ENBREL, 47  
 encorafenib, 25  
 ENDARI, 11, 47  
 ENHERTU, 11, 26  
 enoxaparin, 46  
 entecavir, 33  
 entecavir soln, 23  
 entecavir tabs, 23  
 ENTOCORT EC, 44  
 entrectinib, 25  
 ENTRESTO, 30  
 epinephrine auto-injector, 49  
 EPIPEN, 49  
 EPIPEN JR., 49  
 EPIVIR-HBV, 23  
 eplerenone, 27  
 epoetin alfa, 46  
 EPOGEN, 46  
 epoprostenol sodium, 31  
 erdafitinib, 25  
 erenumab-aooe, 35  
 ergocalciferol (D2) caps, 49  
 ergocalciferol (D2) drops, 48  
 ergotamine/cafeine, 34  
 erlotinib, 25  
 ertugliflozin, 38  
 ertugliflozin/metformin, 38  
 ertugliflozin/sitagliptin, 38  
 ERWINAZE, 11, 26  
 erythromycin, 55  
 erythromycin base, 22  
 erythromycin delayed-rel, 22  
 erythromycin delayed-rel - Ery-tab, 22  
 erythromycin ethylsuccinate, 22  
 erythromycin gel 2%, 53



erythromycin soln, 53  
 erythromycin stearate, 22  
 erythromycin/benzoyl peroxide, 53  
 ESBRIET, 11, 52  
 escitalopram, 32  
 ESGIC, 21  
 esketamine nasal solution, 33  
 esomeprazole magnesium delayed-rel, 13, 45  
 ESTRACE, 41  
 estradiol, 41  
 estradiol cypionate inj, 41  
 estradiol vaginal cream, 41  
 estradiol vaginal ring, 41  
 estradiol vaginal tabs, 41  
 estradiol valerate and dienogest/estradiol valerate, 40  
 estradiol valerate inj, 41  
 estradiol/levonorgestrel, 41  
 estradiol/norethindrone acetate, 41  
 estrogens, conjugated/medroxyprogesterone, 41  
 ESTROSTEP FE, 40  
 etanercept, 47  
 ethambutol, 23  
 ethosuximide, 31  
 ethynodiol diacetate/EE 1/35 - Zovia 1/35, 40  
 ethynodiol diacetate/EE 1/50 - Kelnor 1/50, 40  
 etodolac, 20  
 etonogestrel implant, 41  
 etonogestrel/EE ring, 40  
 etoposide, 26  
 EUCERIN, 55  
 EUCRISA, 15, 54  
 EVISTA, 42  
 evolocumab, 29  
 EXCEDRIN, 35  
 exemestane, 25  
 EXFORGE, 28  
 EXFORGE HCT, 28  
 EXTAVIA, 35  
 ezetimibe, 28  
 ezetimibe/simvastatin, 28

**F**

famciclovir, 23  
 famotidine, 44  
 famotidine chewable tabs, 44  
 famotidine susp 40 mg/5 mL, 44  
 famotidine tabs 10 mg, 40 mg, 44  
 fam-trastuzumab deruxtecan-nxki, 26  
 FARESTON, 25  
 FARXIGA, 38  
 FASENRA, 11, 52  
 FASLODEX, 24  
 felodipine ext-rel, 29  
 FEMARA, 25  
 FEMHRT, 41  
 FEMRING, 41  
 fenofibrate tab 48 mg, 54 mg, 160 mg, 28  
 fenofibrate, micronized cap 67 mg, 134 mg, 200 mg, 28  
 fenofibric acid tab 35 mg, 105 mg, 28  
 fentanyl transdermal, 11, 13, 21  
 FEOSOL, 48  
 FERGON, 48  
 FERRIMIN 150, 49  
 ferrous fumarate, 49

ferrous fumarate/polysaccharide iron complex/folic acid/B  
 complex/vitamin C/minerals, 49  
 ferrous gluconate, 48  
 ferrous sulfate, 48  
 ferrous sulfate delayed-rel, 48  
 fexofenadine susp, tabs, 50  
 FIBERCON, 44  
 fidaxomicin, 22  
 filgrastim-sndz, 46  
 finasteride, 45  
 fingolimod, 35  
 FIORICET, 13  
 FIORICET w/CODEINE, 13, 21  
 FIORINAL, 13  
 FIORINAL w/CODEINE, 13  
 FIRAZYR, 11, 47  
 FIRVANQ, 24  
 FISH OIL, 28  
 FLAGYL, 24  
 flecainide, 28  
 FLEET ENEMA, 14  
 FLOLAN, 31  
 FLOMAX, 45  
 FLONASE ALLERGY RELIEF, 51  
 FLONASE SENSIMIST, 52  
 FLOVENT DISKUS, 52  
 FLOVENT HFA, 52  
 fluconazole, 23  
 fluconazole 150 mg, 13  
 fludrocortisone, 41  
 flunisolide spray, 52  
 fluocinolone acetonide crm, oint 0.025%, 54  
 fluocinolone acetonide oil, 57  
 fluocinolone acetonide soln 0.01%, 54  
 fluocinonide crm, gel, oint, soln 0.05%, 54  
 fluorescein/benoxinate 0.25%/0.4%, 57  
 fluoride drops, tabs, 49  
 fluorometholone 0.1%, 56  
 fluorometholone 0.25%, 56  
 fluorometholone ointment, 56  
 FLUOROPLEX, 53  
 fluorouracil crm 1%, 53  
 fluorouracil crm 5%, 53  
 fluoxetine, 32  
 fluphenazine, 33  
 fluphenazine decanoate inj, 33  
 fluphenazine inj, 33  
 flurbiprofen, 20, 56  
 flutamide, 24  
 fluticasone, 52  
 fluticasone mist, 52  
 fluticasone spray, 51, 52  
 fluticasone, CFC-free aerosol, 52  
 fluticasone/salmeterol, 52  
 fluticasone/umeclidinium/vilanterol, 49  
 fluvoxamine, 31  
 FML, 56  
 FML FORTE, 56  
 FML S.O.P., 56  
 FOCALIN, 34  
 folic acid, 48  
 FORTESTA, 37  
 FOSAMAX, 39  
 FOSAMAX PLUS D, 39

foscarnet, 23  
fosinopril, 27  
fosinopril/hydrochlorothiazide, 27  
FOSRENOL, 42  
fostamatinib, 47  
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM, 11, 39  
fulvestrant, 24  
furosemide, 30

## G

gabapentin, 31  
gabapentin ext-rel, 36  
GABITRIL, 32  
galantamine, 32  
GALZIN, 49  
GAVRETO, 11, 25  
gemfibrozil, 28  
GENERESS FE, 39  
gentamicin, 55  
gentamicin crm, oint 0.1%, 53  
gentamicin/prednisolone acetate, 56  
GEODON, 33  
GILENYA, 35  
gilteritinib, 25  
glatiramer, 35  
glatiramer 40 mg/mL, 35  
glecaprevir/pibrentasvir, 23  
GLEEVEC, 25  
glimepiride, 38  
glipizide, 38  
glipizide ext-rel, 38  
glipizide/metformin, 37  
GLUCAGON EMERGENCY KIT, 42  
glucagon nasal powder, 41  
glucagon, human recombinant, 42  
glucose meter control solution, 38  
GLUCOTROL, 38  
GLUCOTROL XL, 38  
glyburide, 38  
glyburide, micronized, 38  
glyburide/metformin, 37  
glycopyrrolate tabs 1 mg, 2 mg, 43  
GLYNASE, 38  
GLYXAMBI, 38  
GOLYTELY, 44  
goserelin acetate, 25  
GRALISE, 11, 36  
granisetron, 43  
granisetron 1 mg, 13  
grass mixed pollen allergen extract, 47  
GRASTEK, 47  
griseofulvin microsize susp, tabs, 23  
griseofulvin ultramicrosize, 23  
guaifenesin ext-rel, 51  
guaifenesin liquid, 51  
guanfacine, 27  
GYNE-LOTRIMIN, 45  
GYNOL II, 41

## H

HAEGARDA, 11, 47  
HALDOL, 34  
HALDOL DECANOATE, 34  
halobetasol propionate crm, oint 0.05%, 54

haloperidol, 34  
haloperidol decanoate inj, 34  
haloperidol lactate inj, 34  
HECTOROL, 42  
HEMANGEOL, 29  
HIBICLENS, 55  
HIPREX, 46  
homatropine, 57  
HUMALOG MIX 50/50, 38  
HUMALOG MIX 75/25, 38  
HUMIRA, 47  
HUMULIN 70/30, 37  
HUMULIN N, 37  
HUMULIN R, 37  
HYALGAN, 21  
HYCANTIN CAPS, 11, 26  
hydralazine, 31  
HYDREA, 26  
hydrochlorothiazide, 30  
hydrocodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg, 21  
hydrocodone/acetaminophen oral solution, 13  
hydrocodone/acetaminophen soln 7.5/325 per 15 mL, 21  
hydrocodone/acetaminophen tabs, 13  
hydrocodone/homatropine, 50  
hydrocortisone, 41  
hydrocortisone acetate foam, 44  
hydrocortisone crm, 45  
hydrocortisone crm 2.5%, 54  
hydrocortisone crm, oint 0.5%, 1%, 54  
hydrocortisone enema, 44  
hydrocortisone rectal crm, oint, 45  
hydrocortisone valerate crm, oint 0.2%, 54  
hydrocortisone/pramoxine crm 1-1%, 45  
hydromorphone, 21  
hydromorphone oral liquid 1 mg/mL, 13  
hydromorphone suppository, 13  
hydromorphone tabs 2 mg, 13  
hydromorphone tabs 4 mg, 13  
hydromorphone tabs 8 mg, 13  
hydroxychloroquine, 47  
hydroxyprogesterone caproate, 42  
hydroxyurea, 26  
hydroxyzine HCl, 34  
hydroxyzine pamoate, 34  
hyoscyamine sulfate 125 mcg/5 mL elixir, 43  
hyoscyamine sulfate ext-rel tabs 0.375 mg, 43  
hyoscyamine sulfate tabs 0.125 mg, 43  
HYZAAR, 27

## I

IBRANCE, 11, 25  
ibrutinib, 25  
ibuprofen, 20  
icatibant, 47  
ICLUSIG, 11, 25  
idelalisib, 25  
imatinib mesylate, 25  
IMBRUVICA, 11, 25  
imipramine HCl, 32  
imiquimod, 55  
IMITREX, 14, 35  
immune globulin subcutaneous (human)-hipp, 47  
IMURAN, 48

INCRUSE ELLIPTA, 49  
 indapamide, 30  
 INDERAL LA, 29  
 indomethacin, 20  
 INGREZZA, 35  
 INSPRA, 27  
 insulin aspart pen, vial, 37  
 insulin aspart protamine 70%/insulin aspart 30% pen, vial, 37  
 insulin degludec pen, vial, 38  
 insulin glargine pen, 37  
 insulin human pen, vial, 37  
 insulin human vial, 37  
 insulin infusion disposable pump, 39  
 insulin isophane human 70%/regular 30% pen, vial, 37  
 insulin isophane human pen, vial, 37  
 insulin isophane human vial, 37  
 insulin lispro 100 units/mL pen, vial, 37  
 insulin lispro protamine 50%/insulin lispro 50% pen, vial, 38  
 insulin lispro protamine 75%/insulin lispro 25% pen, vial, 38  
 insulin syringes, needles, 39  
 interferon beta-1a, 35  
 interferon beta-1b, 35  
 intrauterine device, 40  
 INVEGA, 33  
 INVEGA SUSTENNA, 33  
 INVEGA TRINZA, 33  
 INVOKAMET, 38  
 INVOKAMET XR, 38  
 INVOKANA, 38  
 IOSAT, 42  
 ipratropium inhalation solution, 49  
 ipratropium nasal spray, 52  
 ipratropium/albuterol inhalation solution, 49  
 ipratropium/albuterol, CFC-free aerosol, 49  
 irbesartan, 27  
 irbesartan/hydrochlorothiazide, 27  
 iron/vitamin C, 49  
 isocarboxazid, 32  
 isoniazid, 23  
 ISOPTO CARPINE, 57  
 ISOPTO HOMATROPINE, 57  
 ISORDIL, 30  
 isosorbide dinitrate 5 mg, 10 mg, 20 mg, 30 mg, 30  
 isosorbide dinitrate/hydralazine, 30  
 isosorbide mononitrate, 30  
 isosorbide mononitrate ext-rel, 30  
 isotretinoin, 52  
 istradefylline, 33  
 ivacaftor, 51  
 ivermectin, 24, 54  
 ivermectin lotion, 15  
 ivosidenib, 26

## J

JAKAFI, 11, 25  
 JANUVIA, 37  
 JARDIANCE, 38  
 JIVI, 11, 46  
 JUXTAPID, 12, 28  
 JYNARQUE, 12, 42

## K

KALBITOR, 12, 47  
 KALYDECO, 12, 51  
 KAZANO, 37

KEFLEX, 22  
 KEPPRA, 32  
 KERALYT, 55  
 ketoconazole crm 2%, 53  
 ketoconazole shampoo 2%, 53  
 ketorolac, 13, 20, 56  
 KETOSTIX URINE TEST STRIPS, 39  
 ketotifen, 55  
 KEVZARA, 47  
 KISQALI, 12, 25  
 KLONOPIN, 31  
 KLOR-CON/25, 48  
 K-PHOS NEUTRAL, 46  
 KRILL OIL, 28  
 KYLEENA, 40  
 KYMRIA, 12, 26

## L

labetalol, 29  
 LAC-HYDRIN, 55  
 lactulose soln, 44  
 LAMICTAL, 31  
 LAMISIL AT, 53  
 lamivudine, 23  
 lamotrigine, 31  
 LAMPIT, 24  
 lancets, lancet devices, 39  
 LANOXIN, 30  
 lansoprazole, 13  
 lansoprazole + amoxicillin + clarithromycin, 45  
 lansoprazole delayed-rel, 45  
 lansoprazole delayed-rel orally-disintegrating 15 mg tabs, 45  
 lansoprazole orally disintegrating tabs 15 mg, 13  
 lanthanum carbonate, 42  
 lapatinib, 25  
 larotrectinib, 25  
 LASIX, 30  
 lasmiditan, 35  
 latanoprost, 57  
 LATUDA, 33  
 leflunomide, 47  
 lesinurad, 20  
 LETAIRIS, 30  
 letrozole, 25  
 leucovorin, 26  
 LEUKERAN, 24  
 LEUKINE, 46  
 leuprolide acetate, 12, 25  
 levalbuterol inhalation solution, 51  
 levalbuterol tartrate, CFC-free aerosol, 13, 51  
 levetiracetam, 32  
 levetiracetam inj, 32  
 levobunolol, 56  
 levocetirizine, 50  
 levofloxacin, 22  
 levonorgestrel, 13, 40  
 levonorgestrel/EE - Trivora, 40  
 levonorgestrel/EE 0.1/20 - Aviane, 39  
 levonorgestrel/EE 0.1/20 and EE 10, 40  
 levonorgestrel/EE 0.15/20, 0.15/25, 0.15/30 and EE 10, 40  
 levonorgestrel/EE 0.15/30, 40  
 levonorgestrel/EE 0.15/30 - Levora, 39  
 levonorgestrel/EE 0.15/30 and EE 10, 40  
 levonorgestrel-releasing IUD, 40

levothyroxine, 42  
 levothyroxine - Levoxyl, 27  
 LEXAPRO, 32  
 L-glutamine oral powder, 47  
 LIALDA, 44  
 LIBTAYO, 12, 26  
 lidocaine cream 5%, 45  
 lidocaine crm 4%, 54  
 lidocaine patch 4%, 13, 54  
 lidocaine patch 5%, 54  
 lidocaine viscous, 55  
 lidocaine/prilocaine crm, 54  
 LIDODERM, 54  
 lifitegrast, 57  
 LILETTA, 40  
 linacotide, 44  
 linagliptin, 37  
 linezolid, 24  
 LINZESS, 12, 44  
 liothyronine, 42  
 LIPITOR, 28  
 liraglutide, 37  
 lisinopril, 27  
 lisinopril/hydrochlorothiazide, 27  
 lithium carbonate, 35  
 lithium carbonate ext-rel tabs 300 mg, 35  
 lithium carbonate ext-rel tabs 450 mg, 35  
 lithium citrate, 35  
 LITHOBID, 35  
 LITHOSTAT, 46  
 lixisenatide/insulin glargine, 37  
 LMX 4, 54  
 LMX 5, 45  
 LO LOESTRIN FE, 12, 39  
 LODOSYN, 33  
 lofexidine, 36  
 lomitapide, 28  
 LOMOTIL, 43  
 LONSURF, 26  
 loperamide liquid, tabs, 43  
 LOPID, 28  
 LOPRESSOR, 29  
 LOPROX, 15, 53  
 loratadine, 50  
 loratadine/pseudoephedrine ext-rel, 50  
 lorazepam, 31  
 LORBRENA, 12, 25  
 lorlatinib, 25  
 losartan, 27  
 losartan/hydrochlorothiazide, 27  
 LOSEASONIQUE, 40  
 LOTEMAX, 56  
 LOTENSIN, 26  
 LOTENSIN HCT, 27  
 loteprednol oint 0.5%, 56  
 loteprednol susp 0.5%, 56  
 LOTREL, 27  
 LOTRIMIN AF, 53  
 LOTRIMIN ULTRA, 53  
 lovastatin, 28  
 LOVAZA, 12, 29  
 LOVENOX, 46  
 lubiprostone, 44  
 LUCEMYRA, 36

lumacaftor/ivacaftor, 51  
 LUMIGAN, 57  
 LUMOXITI, 12, 26  
 LUPRON DEPOT, 12, 25  
 lurasidone, 33  
 lusutrombopag, 47  
 lutein, 48  
 LYNPARZA, 12, 26  
 LYRICA, 34  
 LYSODREN, 26  
 LYSTEDA, 47  
**M**  
 MAALOX, 43  
 macimorelin, 43  
 macitentan, 30  
 MACRILEN, 12, 43  
 MACROBID, 24  
 MACRODANTIN, 24  
 magnesium oxide, 48  
 MAG-OX, 48  
 MAKENA, 42  
 MALARONE, 23  
 malathion, 54  
 MARPLAN, 32  
 MATULANE, 26  
 MAVYRET, 12, 23  
 MAXALT, 14, 35  
 MAXALT-MLT, 14  
 MAXITROL, 56  
 MAXZIDE, 30  
 MAYZENT, 35  
 meclizine, 43  
 MEDROL, 41  
 medroxyprogesterone acetate, 42  
 medroxyprogesterone acetate 150 mg/mL, 40  
 mefloquine, 23  
 megestrol acetate, 25  
 megestrol acetate susp, 42  
 MEKINIST, 12, 25  
 MEKTOVI, 12, 25  
 melatonin, 48  
 meloxicam, 20  
 melphalan, 24  
 memantine, 32  
 MEPHYTON, 49  
 mepolizumab, 52  
 MEPRON, 24  
 mercaptopurine, 24  
 mesalamine delayed-rel caps, 44  
 mesalamine delayed-rel tabs, 44  
 mesalamine ext-rel caps, 44  
 mesalamine rectal susp, 44  
 mesalamine supp, 44  
 MESTINON, 35  
 METAMUCIL, 44  
 metaxalone, 35  
 metformin, 37  
 metformin 1000 mg, 13  
 metformin 500 mg, 13  
 metformin ext-rel 500 mg, 750 mg, 37  
 methadone, 12, 21  
 methadone oral concentrate 10 mg/mL, 13  
 methadone oral solution 10 mg/5 mL, 13

methadone oral solution 5 mg/5 mL, 13  
 methadone tabs 10 mg, 13  
 methadone tabs 40 mg, 13  
 methadone tabs 5 mg, 13  
 methazolamide, 30  
 methenamine hippurate, 46  
 methenamine/hyoscyamine/methylene blue/benzoic acid/phenyl salicylate - Hyophen, 46  
 methenamine/hyoscyamine/methylene blue/sodium phosphate/phenyl salicylate - Uribel, 46  
 METHERGINE, 43  
 methimazole, 42  
 methocarbamol, 35  
 methotrexate 2.5 mg, 47  
 methotrexate inj, 47  
 methscopolamine, 43  
 methylcellulose, 44  
 methyl dopa, 31  
 methyl dopa/hydrochlorothiazide, 31  
 methylergonovine, 43  
 METHYLIN, 34  
 methylphenidate, 34  
 methylphenidate ext-rel, 34  
 methylphenidate ext-rel 20 mg, 30 mg, 40 mg, 34  
 methylphenidate ext-rel tabs 20 mg - Metadate ER, 34  
 methylphenidate soln, tabs, 34  
 methylprednisolone, 41  
 metoclopramide, 43  
 metolazone, 30  
 metoprolol succinate ext-rel, 29  
 metoprolol tartrate 25 mg, 50 mg, 100 mg, 29  
 METROCREAM, 54  
 METROGEL, 54  
 METROLOTION, 54  
 metronidazole, 24, 45  
 metronidazole crm 0.75%, 54  
 metronidazole gel 0.75%, 54  
 metronidazole gel 1%, 54  
 metronidazole lotion 0.75%, 54  
 MIACALCIN, 39  
 MICARDIS, 27  
 MICARDIS HCT, 27  
 miconazole, 45, 53  
 midodrine, 31  
 milnacipran, 34  
 MINASTRIN 24 FE, 12, 39  
 mineral oil, 44  
 MINIPRESS, 27  
 MINOCIN, 23  
 minocycline, 23  
 minoxidil, 31  
 MIRALAX, 44  
 MIRAPEX, 33  
 MIRCETTE, 40  
 MIRENA, 40  
 mirtazapine, 33  
 misoprostol, 44  
 MITIGARE, 20  
 mitotane, 26  
 MOBIC, 20  
 modafinil, 35  
 moexipril, 27  
 mometasone, 52  
 mometasone crm, oint, soln 0.1%, 54

mometasone, CFC-free aerosol, 52  
 mometasone/formoterol, 52  
 MONISTAT, 45  
 montelukast, 51  
 morphine, 21  
 morphine ext-rel beads, 12, 21  
 morphine ext-rel tabs, 12, 21  
 morphine sulfate ext-rel beads 120 mg, 13  
 morphine sulfate ext-rel beads 30 mg, 13  
 morphine sulfate ext-rel beads 45 mg, 13  
 morphine sulfate ext-rel beads 60 mg, 13  
 morphine sulfate ext-rel beads 75 mg, 13  
 morphine sulfate ext-rel beads 90 mg, 13  
 morphine sulfate ext-rel tabs 100 mg, 14  
 morphine sulfate ext-rel tabs 15 mg, 13  
 morphine sulfate ext-rel tabs 200 mg, 14  
 morphine sulfate ext-rel tabs 30 mg, 14  
 morphine sulfate ext-rel tabs 60 mg, 14  
 morphine sulfate immediate-release tabs 15 mg, 14  
 morphine sulfate immediate-release tabs 30 mg, 14  
 morphine sulfate oral solution 20 mg/5 mL, 14  
 morphine supp, 21  
 morphine suppository 20 mg, 14  
 morphine suppository 30 mg, 14  
 morphine suppository 5 mg, 10 mg, 14  
 MOVANTIK, 12, 44  
 moxetumomab pasudotox-tdfk, 26  
 moxifloxacin, 22, 56  
 MS CONTIN, 13, 14, 21  
 MUCINEX, 51  
 MUCINEX D, 51  
 MUCINEX DM, 50  
 MUCINEX FOR KIDS, 51  
 MULPLETA, 12, 47  
 multivitamins drops, 49  
 multivitamins drops, tabs, 48  
 multivitamins/fluoride drops, tabs, 49  
 multivitamins/fluoride/iron drops, tabs, 49  
 multivitamins/iron drops, 48  
 multivitamins/minerals caps, 48  
 mupirocin oint, 53  
 MYAMBUTOL, 23  
 MYCOBUTIN, 24  
 mycophenolate mofetil, 48  
 MYLERAN, 24  
 MYLICON, 45  
 MYSOLINE, 32

**N**

nabumetone, 20  
 nadolol, 29  
 naloxegol, 44  
 naloxone inj, 36  
 naloxone nasal spray, 36  
 naltrexone, 36  
 naltrexone microspheres, 36  
 NAMENDA, 32  
 naproxen, 20  
 naproxen delayed-rel, 20  
 naproxen sodium, 20  
 naratriptan, 14, 34  
 NARCAN, 36  
 NARDIL, 32  
 NASACORT ALLERGY 24HR, 51

NATAZIA, 12, 40  
 nateglinide, 38  
 NATURAL FIBER, 44  
 NEBUPENT, 24  
 neomycin, 22  
 neomycin/polymyxin B crm, 53  
 neomycin/polymyxin B/bacitracin/hydrocortisone oint, 56  
 neomycin/polymyxin B/bacitracin/lidocaine oint, 53  
 neomycin/polymyxin B/dexamethasone, 56  
 neomycin/polymyxin B/gramicidin, 56  
 neomycin/polymyxin B/hydrocortisone, 57  
 neomycin/polymyxin B/hydrocortisone susp, 56  
 NEORAL, 48  
 NEO-SYNEPHRINE, 51  
 NEPHROCAPS, 49  
 NESINA, 37  
 netarsudil, 57  
 NEUPRO, 33  
 NEURONTIN, 31  
 NEUTROGENA T/GEL, 53  
 NEXIUM 24HR, 13, 45  
 NEXPLANON, 41  
 niacin, 28  
 niacin ext-rel, 28  
 NIACOR, 28  
 NIASPAN, 28  
 nicardipine, 29  
 NICORETTE, 14, 36  
 nicotine polacrilex gum, lozenge, 14, 36  
 nicotine transdermal, 14, 36  
 nifedipine, 29  
 nifedipine ext-rel, 29  
 nifurtimox, 24  
 nilotinib, 25  
 nimodipine, 29  
 nintedanib, 52  
 niraparib, 26  
 NITRO-BID, 30  
 NITRO-DUR, 30  
 nitrofurantoin ext-rel, 24  
 nitrofurantoin macrocrystals, 24  
 nitrofurantoin susp, 24  
 nitroglycerin lingual spray, 30  
 nitroglycerin oint, 30  
 nitroglycerin sublingual, 30  
 nitroglycerin transdermal, 30  
 NITROLINGUAL, 30  
 NITROSTAT, 30  
 NIX CREME RINSE, 54  
 nonoxynol 9 gel, 41  
 nonoxynol-9, 41  
 NORCO, 13  
 NORDITROPIN, 12, 42  
 norelgestromin/EE, 40  
 norethindrone, 40  
 norethindrone acetate, 42  
 norethindrone acetate/EE 1.5/30, 39  
 norethindrone acetate/EE 1.5/30 and iron, 39  
 norethindrone acetate/EE 1/10 and EE 10 and iron, 39  
 norethindrone acetate/EE 1/20, 39  
 norethindrone acetate/EE 1/20 and iron, 39  
 norethindrone acetate/EE 1/20 and iron chewable, 39  
 norethindrone acetate/EE 1/20 and iron gel caps, 39  
 norethindrone acetate/EE and iron, 40

norethindrone/EE, 40  
 norethindrone/EE 0.4/35 - Briellyn, 40  
 norethindrone/EE 0.4/35 chewable - Wymzya FE, 40  
 norethindrone/EE 0.5/35 - Necon 0.5/35, 40  
 norethindrone/EE 0.8/25 chewable, 39  
 norethindrone/EE 1/35, 40  
 norgestimate/EE, 40  
 norgestimate/EE 0.25/35, 40  
 norgestrel/EE 0.3/30 - Low-Ogestrel, 40  
 NORPACE, 28  
 NORPRAMIN, 32  
 nortriptyline, 32  
 NORVASC, 29  
 NOURIANZ, 12, 33  
 NOVOLIN 70/30, 37  
 NOVOLIN N, 37  
 NOVOLIN R, 37  
 NOVOLOG, 37  
 NOVOLOG MIX 70/30, 37  
 NOXAFIL, 12, 23  
 NUBEQA, 12, 24  
 NUCALA, 12, 52  
 NUEDEXTA, 36  
 NULYTELY, 44  
 NUVARING, 40  
 NUVIGIL, 12, 35  
 nystatin, 23, 53  
 nystatin/triamcinolone crm, oint, 53

## O

oatmeal, colloidal, 55  
 oatmeal, colloidal/dimethicone, 55  
 OCEAN, 52  
 octreotide, 36  
 OCUFLOX, 56  
 OFEV, 12, 52  
 ofloxacin, 56  
 ofloxacin otic, 57  
 olanzapine, 33  
 olanzapine pamoate ext-rel inj, 33  
 olaparib, 26  
 olmesartan, 27  
 olmesartan/hydrochlorothiazide, 27  
 olopatadine spray, 51  
 omacetaxine mepesuccinate, 26  
 omalizumab, 52  
 omega-3 acid ethyl esters, 29  
 omega-3 fatty acids, 28  
 omega-3 fatty acids 300 mg, 28  
 omega-3 fatty acids/vitamin E, 28  
 omega-3 fatty acids/vitamins chewable, 29  
 OMEGA-3 GUMMIES, 29  
 omeprazole 40 mg, 14  
 omeprazole delayed-rel caps, 45  
 omeprazole magnesium delayed-rel, 45  
 omeprazole, except 40 mg, 14  
 omeprazole/sodium bicarbonate, 45  
 onabotulinumtoxinA, 36  
 ondansetron, 43  
 ONE A DAY PRENATAL, 48  
 ONE DAILY PRENATAL, 48  
 ONGLYZA, 37  
 ONPATTRO, 12, 36  
 ONUREG, 12, 24

OPSUMIT, 30  
 ORALAIR, 47  
 ORENITRAM, 31  
 ORIAHNN, 12, 43  
 ORLISSA, 12, 41  
 ORKAMBI, 12, 51  
 orphenadrine ext-rel, 35  
 ORTHO MICRONOR, 40  
 ORTHO-NOVUM 1/35, 40  
 OS-CAL, 48  
 oseltamivir, 14, 24  
 OSENI, 37  
 osimertinib, 25  
 OTEZLA, 47  
 OVIDE, 54  
 oxandrolone, 37  
 oxaprozin, 20  
 oxazepam, 31  
 oxcarbazepine, 32  
 oxybutynin, 45  
 oxybutynin ext-rel, 45  
 oxybutynin transdermal, 45  
 oxycodone caps, tabs 5 mg, 21  
 oxycodone concentrate 20 mg/mL, 21  
 oxycodone immediate release tabs 15 mg, 14  
 oxycodone immediate release tabs 20 mg, 14  
 oxycodone immediate release tabs 30 mg, 14  
 oxycodone immediate-release caps 5 mg, tabs 5 mg, 10 mg, 14  
 oxycodone oral concentrate 20 mg/mL, 14  
 oxycodone oral solution 5 mg/5 mL, 14  
 oxycodone tabs 10 mg, 20 mg, 21  
 oxycodone tabs 15 mg, 30 mg, soln 5 mg/5 mL, 21  
 oxycodone/acetaminophen 5/325, 7.5/325, 21  
 oxycodone/acetaminophen tabs, 14  
 oxycodone/aspirin, 21  
 oxycodone/aspirin tabs, 14  
 oxymetazoline, 51  
 oxymorphone ext-rel, 12, 21  
 oxymorphone ext-rel tabs 10 mg, 14  
 oxymorphone ext-rel tabs 15 mg, 14  
 oxymorphone ext-rel tabs 20 mg, 14  
 oxymorphone ext-rel tabs 30 mg, 14  
 oxymorphone ext-rel tabs 40 mg, 14  
 oxymorphone ext-rel tabs 5 mg, 14  
 oxymorphone ext-rel tabs 7.5 mg, 14  
 OXYTROL FOR WOMEN, 45  
 OZEMPIC, 37

## P

PACERONE, 28  
 palbociclib, 25  
 paliperidone ext-rel, 33  
 paliperidone palmitate ext-rel inj, 33  
 palivizumab, 52  
 PAMELOR, 32  
 pancrelipase, 44  
 pancrelipase delayed-rel, 44  
 PANOXYL, 52  
 pantoprazole 20 mg, 40 mg, 14  
 pantoprazole delayed-rel, 45  
 PARAGARD T 380A, 40  
 PARLODEL, 33  
 PARNATE, 32  
 paromomycin, 24

paroxetine HCl ext-rel, 32  
 paroxetine HCl tabs, 32  
 pasireotide, 36  
 PATANASE, 51  
 patisiran, 36  
 PAXIL, 32  
 PAXIL CR, 32  
 peg 3350/electrolytes, 44  
 pegfilgrastim-cbqv, 46  
 PEMAZYRE, 12, 25  
 pemigatinib, 25  
 penicillin G benzathine, 22  
 penicillin G benzathine/penicillin G procaine, 22  
 penicillin VK, 22  
 pentamidine aerosol, 24  
 PENTASA, 44  
 pentosan polysulfate sodium, 46  
 pentoxifylline ext-rel, 47  
 PEPCID, 44  
 PEPCID AC, 44  
 PEPTO-BISMOL, 43  
 PERCOCET, 14, 21  
 PERCODAN, 14, 21  
 PERIDEX, 55  
 perindopril, 27  
 permethrin 1%, 54  
 permethrin 5%, 55  
 permethrin aerosol 0.5%, 54  
 perphenazine, 34  
 petrolatum ointment, 55  
 petrolatum/mineral oil, 55  
 petrolatum/mineral oil cream, 55  
 pexidartinib, 25  
 phenazopyridine, 46  
 phenelzine, 32  
 phenobarbital, 32  
 phenylephrine, 51  
 phenylephrine/guaifenesin syrup, 51  
 PHENYTEK, 32  
 phenytoin, 32  
 phenytoin sodium extended, 32  
 phytonadione, 49  
 pilocarpine, 57  
 pimecrolimus, 54  
 PIMTREA, 40  
 pindolol, 29  
 pioglitazone, 38  
 pioglitazone/glimepiride, 38  
 pioglitazone/metformin, 38  
 PIQRAY, 12, 25  
 pirfenidone, 52  
 PLAN B ONE-STEP, 13, 40  
 PLAQUENIL, 12, 47  
 PLAVIX, 46  
 podofilox, 55  
 polatuzumab vedotin-piiq, 26  
 POLIVY, 12, 26  
 polyethylene glycol 3350, 44  
 polymyxin B/bacitracin, 53, 56  
 polymyxin B/trimethoprim, 56  
 polysaccharide iron complex 150 mg - Nu-Iron 150, 48  
 polysaccharide iron complex/vitamin B12/folic acid - Ferrex  
 150, 48  
 POLYSPORIN, 53

POLYTRIM, 56  
 ponatinib, 25  
 posaconazole, 23  
 potassium chloride effervescent, 48  
 potassium chloride ext-rel, 48  
 potassium chloride liquid, 48  
 potassium chloride powder 25 mEq, 48  
 potassium citrate ext-rel, 46  
 potassium iodide, 42  
 potassium/sodium phosphates, 46  
 PRADAXA, 46  
 pralsetinib, 25  
 pramipexole, 33  
 prasugrel, 46  
 PRAVACHOL, 28  
 pravastatin, 28  
 praziquantel, 24  
 prazosin, 27  
 PRECOSE, 37  
 PRED FORTE, 56  
 PRED MILD, 56  
 PRED-G, 56  
 prednisolone acetate 0.12%, 56  
 prednisolone acetate 1%, 56  
 prednisolone phosphate 1%, 56  
 prednisolone sodium phosphate soln 5 mg/5 mL, 15 mg/5 mL, 25 mg/5 mL, 41  
 prednisolone syrup, 41  
 prednisone, 41  
 pregabalin, 34  
 PREMPHASE, 41  
 PREMPRO, 41  
 PRENATABS RX, 48  
 PRENATAL LOW IRON, 48  
 prenatal vitamins/DHA/docusate/folic acid, 48  
 prenatal vitamins/DHA/EPA/ferrous fumarate/folic acid, 48  
 prenatal vitamins/DHA/EPA/folic acid chewable gummy, 48  
 prenatal vitamins/folic acid, 48  
 pretomanid, 12, 23  
 PREVACID, 13, 45  
 PREVACID 24HR, 45  
 PREVACID SOLUTAB, 13, 45  
 PREVIDENT, 55  
 PREVIDENT SENSITIVE, 55  
 PRILOSEC, 14  
 PRILOSEC OTC, 45  
 primaquine, 23  
 primidone, 32  
 PROAIR HFA, 51  
 PROAIR RESPICLICK, 12, 51  
 probenecid, 20  
 probiotics, 45  
 PROBUPHINE, 36  
 procarbazine, 26  
 PROCARDIA, 29  
 PROCARDIA XL, 29  
 prochlorperazine, 43  
 PROCROT, 46  
 progesterone gel, 42  
 progesterone, micronized, 42  
 PROGLYCEM, 41  
 PROGRAF, 48  
 PROLIA, 12, 39  
 promethazine syrup, 14, 43

promethazine, except suppository, 43  
 PROMETRIUM, 42  
 propafenone, 28  
 propantheline, 43  
 propranolol, 29  
 propranolol ext-rel, 29  
 propranolol oral soln, 29  
 propylthiouracil, 42  
 PROSCAR, 45  
 PROTONIX, 14, 45  
 PROTOPIC, 54  
 PROVERA, 42  
 PROVIGIL, 12, 35  
 PROZAC, 32  
 pseudoephedrine, 51  
 pseudoephedrine/guaifenesin ext-rel, 51  
 psyllium, 44  
 psyllium/aspartame, 44  
 PULMICORT RESPULES, 52  
 PULMOZYME, 12, 51  
 pyrantel - Reese's Pinworm Medicine, 24  
 pyrazinamide, 23  
 PYRIDIUM, 46  
 pyridostigmine, 35  
 pyridoxine 25 mg, 50 mg, 100 mg, 49

## Q

QUARTETTE, 40  
 QUESTRAN/QUESTRAN LIGHT, 28  
 quetiapine, 33  
 quinapril, 27  
 quinapril/hydrochlorothiazide, 27  
 QVAR REDIHALER, 52

## R

ragweed pollen allergen extract, 47  
 RAGWITEK, 47  
 raloxifene, 42  
 ramipril, 27  
 RANEXA, 31  
 ranolazine ext-rel, 31  
 RAPAMUNE, 48  
 RASUVO, 12, 47  
 REBIF, 35  
 REGLAN, 43  
 regorafenib, 25  
 REGRANEX, 55  
 REMERON, 33  
 REMODULIN, 31  
 RENVELA, 42  
 repaglinide, 38  
 REPATHA, 12, 29  
 RESTASIS, 12, 57  
 RESTORIL, 34  
 RETEVMO, 12, 25  
 RETIN-A, 53  
 REVATIO, 12, 31  
 REYVOW, 12, 35  
 RHOPRESSA, 57  
 ribavirin caps, tabs, 23  
 ribociclib, 25  
 RID, 54  
 rifabutin, 24  
 RIFADIN, 23  
 rifampin, 23



rifaximin 550 mg, 24  
 RILUTEK, 31  
 riluzole, 31  
 RISPERDAL, 33  
 RISPERDAL CONSTA, 33  
 risperidone, 33  
 risperidone long-acting inj, 33  
 RITALIN, 34  
 RITALIN LA, 34  
 RITUXAN HYCELA, 12, 26  
 rituximab/hyaluronidase human, 26  
 rivaroxaban, 46  
 rivastigmine caps, soln, 32  
 rizatriptan, 14, 35  
 rizatriptan orally disintegrating tabs, 14  
 ROBAXIN, 35  
 ROBITUSSIN CHILDREN'S COUGH & COLD, LONG ACTING,  
 50  
 ROBITUSSIN COUGH + CHEST CONGESTION DM, 50  
 ROBITUSSIN LONG-ACTING COUGH, 50  
 ROCALTROL, 42  
 ROCEPHIN, 22  
 ropinirole, 33  
 rosuvastatin, 28  
 rotigotine transdermal, 33  
 ROWASA, 44  
 ROXICODONE, 14, 21  
 ROZLYTREK, 12, 25  
 RUBRACA, 12, 26  
 rucaparib, 26  
 ruxolitinib, 25

## S

SABRIL, 12, 32  
 sacituzumab govitecan-hziy, 26  
 sacubitril/valsartan, 30  
 safinamide, 33  
 salicylic acid gel 17%, 55  
 salicylic acid gel 3%, 55  
 salicylic acid pad, plaster 40%, 55  
 salmeterol xinafoate, 51  
 SANDIMMUNE, 48  
 SANDOSTATIN, 36  
 SANTYL, 12, 55  
 sarecycline, 23  
 sargramostim, 46  
 sarilumab, 47  
 SAVELLA, 34  
 saxagliptin, 37  
 scopolamine transdermal, 43  
 SEASONIQUE, 40  
 secukinumab, 47  
 SEGLUROMET, 38  
 selegiline caps, tabs, 33  
 selenium sulfide lotion 2.5%, 53  
 selezipag, 31  
 selinexor, 26  
 selpercatinib, 25  
 semaglutide, 37  
 sennosides, 44  
 sennosides syrup 8.8 mg/5 mL, 44  
 SENOKOT, 44  
 SENSIPAR, 39  
 SEREVENT, 51

SEROQUEL, 33  
 SEROSTIM, 12, 42  
 sertraline, 32  
 sevelamer carbonate, 42  
 SEYSARA, 12, 23  
 SHUR-SEAL, 41  
 SIGNIFOR LAR, 36  
 sildenafil, 31  
 SILIQ, 47  
 SILVADENE, 53  
 silver sulfadiazine, 53  
 SIMBRINZA, 57  
 simethicone, 45  
 SIMPLY SALINE, 52  
 simvastatin, 28  
 SINEMET, 33  
 SINGULAIR, 51  
 siponimod, 35  
 sirolimus, 48  
 SIRTURO, 12, 23  
 sitagliptin, 37  
 SKELAXIN, 35  
 SKLICE, 15, 54  
 SKYLA, 40  
 SLOW FE, 48  
 sodium bicarbonate, 43  
 sodium chloride inhalation solution, 52  
 sodium chloride nasal spray, 52  
 sodium chloride tabs 1 gm, 48  
 sodium citrate/citric acid, 46  
 sodium fluoride crm, gel, paste, 55  
 sodium fluoride/potassium nitrate paste, 55  
 sodium hyaluronate, 21  
 sodium oxybate, 36  
 sodium phosphate/sodium bisphosphate enema, 14  
 sodium polystyrene sulfonate, 42  
 sofosbuvir/velpatasvir, 12, 23  
 SOLIQUA, 37  
 somatropin, 42  
 sotalol, 28  
 spacer device, 52  
 SPIRIVA RESPIMAT, 49  
 spironolactone, 27  
 spironolactone/hydrochlorothiazide, 30  
 SPRAVATO, 12, 33  
 SPS, 42  
 SSKI, 42  
 STALEVO, 33  
 STARLIX, 38  
 STEGLATRO, 38  
 STEGLUJAN, 38  
 STIMATE, 12, 43  
 STIOLTO RESPIMAT, 49  
 STIVARGA, 12, 25  
 STRATTERA, 34  
 STROMEKTOL, 12, 24  
 SUBLOCADE, 36  
 SUBOXONE, 36  
 succimer, 43  
 sucralfate, 45  
 SUDAFED, 51  
 sulfacetamide soln 10%, 56  
 sulfacetamide/prednisolone phosphate 10%/0.25%, 56  
 sulfacetamide/sulfur emulsion 10-5%, 53

sulfadiazine, 22  
sulfamethoxazole/trimethoprim, 22  
sulfamethoxazole/trimethoprim DS, 22  
sulfasalazine, 44  
sulfasalazine delayed-rel, 44  
sulindac, 20  
sumatriptan, 35  
sumatriptan 25 mg, 50 mg, 100 mg, 14  
sumatriptan injection, 14, 35  
sumatriptan nasal spray, 35  
sumatriptan nasal spray 20 mg/actuation, 14  
sumatriptan nasal spray 5 mg/actuation, 14  
SUPARTZ FX, 21  
SYMBICORT, 52  
SYNAGIS, 12, 52  
SYNJARDY, 38  
SYNJARDY XR, 38  
SYNRIBO, 12, 26  
SYNTHROID, 42  
SYPRINE, 12, 43

## T

TABRECTA, 12, 25  
tacrolimus, 48  
tacrolimus oint 0.03%, 0.1%, 54  
tadalafil, 31  
TAFINLAR, 12, 25  
tagraxofusp-erzs, 26  
TAGRISSO, 12, 25  
talazoparib, 26  
TALZENNA, 12, 26  
TAMIFLU, 14, 24  
tamoxifen, 25  
tamsulosin, 45  
TAPAZOLE, 42  
TARCEVA, 12, 25  
TARGRETIN, 26  
TARKA, 27  
TASIGNA, 12, 25  
TAVALISSE, 12, 47  
TAYTULLA, 12, 39  
tazemetostat, 25  
TAZVERIK, 12, 25  
TECFIDERA, 35  
TEGRETOL, 31  
TEGRETOL-XR, 31  
telmisartan, 27  
telmisartan/hydrochlorothiazide, 27  
temazepam, 34  
TEMODAR, 24  
temozolomide, 24  
TENORMIN, 29  
terazosin, 27, 45  
terbinafine, 53  
terbinafine tabs, 23  
terbutaline, 51  
terconazole, 45  
tesamorelin, 43  
TESSALON, 50  
testosterone cypionate inj, 37  
testosterone enanthate inj, 37  
testosterone gel 1%, 37  
testosterone gel 2%, 37  
testosterone soln, 37  
tetrabenazine, 35  
tetracycline, 23  
theophylline ext-rel tabs, 52  
theophylline liquid, 52  
thiamine 50 mg, 100 mg, 250 mg, 49  
thiothixene, 34  
THYROSAFE, 42  
tiagabine, 32  
TIAZAC, 29  
TIBSOVO, 12, 26  
ticagrelor, 46  
TIGAN, 43  
TIKOSYN, 28  
timolol hemihydrate, 56  
timolol maleate, 56  
timolol maleate gel, 56  
timolol maleate tabs, 29  
TIMOPTIC, 56  
TIMOPTIC-XE, 56  
timothy grass pollen allergen extract, 47  
TINACTIN, 53  
tiotropium, 49  
tiotropium/olodaterol, 49  
tisagenlecleucel, 26  
tizanidine tabs, 35  
TOBI, 51  
TOBRADEX, 56  
tobramycin inhalation soln, 51  
tobramycin inhalation solution, 51  
tobramycin oint, 56  
tobramycin soln, 56  
tobramycin/dexamethasone susp 0.3%/0.1%, 56  
TOBREX, 56  
tofacitinib, 47  
tofacitinib ext-rel, 47  
tolnaftate crm 1%, 53  
tolterodine, 45  
tolvaptan, 42  
TOPAMAX, 32  
topiramate sprinkle caps, tabs, 32  
topotecan caps, 26  
TOPROL-XL, 29  
toremifene, 25  
torsemide, 30  
TRADJENTA, 37  
tramadol, 14, 21  
trametinib, 25  
TRANDATE, 29  
trandolapril, 27  
trandolapril/verapamil ext-rel, 27  
tranexamic acid, 47  
TRANSDERM SCOP, 43  
tranylcypromine, 32  
trazodone, 33  
TRELEGY ELLIPTA, 49  
treprostinil, 31  
treprostinil ext-rel, 31  
TRESIBA, 38  
tretinoin, 53  
tretinoin caps, 26  
triamcinolone acetonide crm 0.5%, 54  
triamcinolone acetonide crm, lotion 0.025%, 54  
triamcinolone acetonide crm, lotion, oint 0.1%, 54  
triamcinolone acetonide spray, 51

triamcinolone paste, 55  
 triamterene, 30  
 triamterene/hydrochlorothiazide, 30  
 TRICOR, 28  
 trientine, 43  
 trifluoperazine, 34  
 trifluridine, 56  
 trifluridine/tipiracil, 26  
 trihexyphenidyl, 33  
 TRIJARDY XR, 38  
 TRIKAFTA, 12, 51  
 TRILEPTAL, 32  
 trimethobenzamide, 43  
 trimethoprim tabs, 24  
 TRI-VI-SOL, 49  
 TRODELVY, 12, 26  
 tropicamide, 57  
 trospium, 45  
 trospium ext-rel, 45  
 TRULICITY, 37  
 TRUSOPT, 56  
 tucatinib, 26  
 TUCKS, 45  
 TUKYSA, 12, 26  
 TURALIO, 12, 25  
 TYKERB, 12, 25  
 TYLENOL PM, 34  
 TYVASO, 31

## U

UBRELVY, 12, 35  
 ubrogepant, 35  
 UDENYCA, 46  
 ulipristal, 14, 40  
 ULTRAM, 14, 21  
 umeclidinium, 49  
 umeclidinium/vilanterol, 49  
 UNISOM, 34  
 UPTRAVI, 31  
 urea crm 10%, 20%, 30%, 40%, 55  
 urea crm 39%, 40%, 55  
 urea lotion 10%, 55  
 urea lotion 40%, 45%, 55  
 urine test strips, 39  
 UROCIT-K, 46  
 UROXATRAL, 45  
 URSO, 43  
 URSO FORTE, 44  
 ursodiol, 43, 44

## V

VAGIFEM, 41  
 valacyclovir, 24  
 valbenazine, 35  
 VALCYTE, 23  
 valganciclovir, 23  
 VALIUM, 31  
 valproic acid, 32  
 valsartan, 27  
 valsartan/hydrochlorothiazide, 27  
 VALTREX, 24  
 VANCOCIN, 24  
 vancomycin, 24  
 vancomycin oral soln, 24  
 varenicline, 14, 36

VASERETIC, 27  
 VASOTEC, 27  
 vemurafenib, 26  
 VENCLEXTA, 12, 26  
 venetoclax, 26  
 venlafaxine, 32  
 venlafaxine ext-rel, 32  
 VENTOLIN HFA, 51  
 verapamil, 29  
 verapamil ext-rel, 29  
 VERELAN, 29  
 VFEND, 23  
 V-GO INSULIN INFUSION PUMP, 12, 39  
 VIBRAMYCIN, 22  
 VICTOZA, 37  
 vigabatrin, 32  
 VIGAMOX, 56  
 VIOKACE, 44  
 VISTARIL, 34  
 VITAMIN A, 49  
 vitamin A cap 10000 unit, 49  
 vitamin ADC drops, 49  
 vitamin ADC/fluoride drops, 49  
 vitamin ADC/fluoride/iron drops, 49  
 vitamin B complex caps, tabs, 49  
 vitamin B complex/vitamin C/folic acid, 49  
 VITAMIN B1, 49  
 VITAMIN B-12, 48  
 VITAMIN B6, 49  
 VITAMIN C, 48  
 VITAMIN D, 49  
 VITAMIN D3, 48  
 VITAMIN E, 49  
 vitamin E caps 400 unit, 49  
 VITRAKVI, 12, 25  
 VITRON-C, 49  
 VIVELLE-DOT, 41  
 VIVITROL, 36  
 VIZIMPRO, 12, 25  
 VOLTAREN GEL, 20  
 vorapaxar, 46  
 voriconazole susp, tabs, 23  
 VYTORIN, 28

## W

warfarin, 46  
 WELLBUTRIN SR, 33  
 WELLBUTRIN XL, 33  
 witch hazel medicated pads/wipes, 45

## X

XADAGO, 12, 33  
 XALATAN, 57  
 XALKORI, 12, 25  
 XANAX, 31  
 XARELTO, 46  
 XELJANZ, 47  
 XELJANZ XR, 47  
 XELODA, 24  
 XENAZINE, 12, 35  
 XGEVA, 12, 39  
 XIFAXAN, 24  
 XIGDUO XR, 38  
 XIIDRA, 12, 57  
 XOFLUZA, 13, 24

XOLAIR, 12, 52  
XOPENEX HFA, 13, 51  
XOSPATA, 12, 25  
XPOVIO, 12, 26  
XYREM, 12, 36

## Y

YASMIN, 39  
YAZ, 39  
YESCARTA, 12, 26

## Z

ZADITOR, 55  
zafirlukast, 51  
ZANAFLEX, 35  
ZARONTIN, 31  
ZARXIO, 46  
ZEGERID OTC, 45  
ZEJULA, 12, 26  
ZELBORAF, 12, 26  
ZENPEP, 44  
ZESTORETIC, 27  
ZESTRIL, 27  
ZETIA, 28  
ZIAC, 29  
zinc acetate, 49  
zinc sulfate, 49  
ziprasidone, 33

ZITHROMAX, 22  
ZOCOR, 28  
ZOFRAN, 43  
ZOLADEX, 12, 25  
zolmitriptan 2.5 mg, 5 mg, 14  
zolmitriptan orally disintegrating tabs 2.5 mg, 5 mg, 14  
zolmitriptan tabs, 35  
ZOLOFT, 32  
zolpidem, 34  
ZOMIG, 14, 35  
ZOMIG-ZMT, 14  
ZONEGRAN, 32  
zonisamide, 32  
ZONTIVITY, 12, 46  
ZOVIRAX, 23  
ZUBSOLV, 36  
ZURAMPIC, 12, 20  
ZYDELIG, 12, 25  
ZYKADIA, 12, 25  
ZYLOPRIM, 20  
ZYPREXA, 33  
ZYPREXA RELPREVV, 33  
ZYTEC, 50  
ZYTEC-D, 50  
ZYTIGA, 24  
ZYVOX, 24