

# MedStar Family Choice - Maryland HealthChoice Prescribing Guide 2021 (710)



MedStar Family  
Choice

(07/01/2021)

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## INTRODUCTION

MedStar Family Choice is pleased to provide the *2021 MedStar Family Choice - Maryland HealthChoice Prescribing Guide* to be used when prescribing for patients covered by the pharmacy plan offered by MedStar Family Choice. This is a closed formulary and only those drugs listed in this formulary will be covered by MedStar Family Choice.

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

*The information contained in this formulary and its appendices is provided solely for the convenience of medical providers. This formulary is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. MedStar Family Choice does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. MedStar Family Choice does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.*

## PREFACE

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

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

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

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

## PRODUCT SELECTION CRITERIA

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

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

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

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

## GENERIC AVAILABILITY

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

## GENERIC SUBSTITUTION

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

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

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

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

## MAIL SERVICE PRESCRIPTIONS

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

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

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

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

## MEDICAL EXCEPTION

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

## PRIOR AUTHORIZATION (PA)

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

|  |                        |                        |
|--|------------------------|------------------------|
| <b>Drugs requiring Prior Authorization</b> | ICLUSIG                | pretomanid             |
|  | IMBRUVICA              | PROLIA                 |
| ACTIMMUNE                                  | JAKAFI                 | PULMOZYME              |
| ADCIRCA                                    | JIVI                   | RASUVO                 |
| AIMOVIG                                    | JUXTAPID               | RAVICTI                |
| ALECENSA                                   | JYNARQUE               | REPATHA                |
| ALUNBRIG                                   | KALBITOR               | RESTASIS               |
| AMITIZA                                    | KALETRA                | RETEVMO                |
| AMONDYS 45                                 | KALYDECO               | REVATIO                |
| AMPYRA                                     | KISQALI                | REVCOVI                |
| AUSTEDO                                    | KYMRIAH                | REYVOW                 |
| AYVAKIT                                    | leuprolide acetate     | RITUXAN HYCELA         |
| BALVERSA                                   | LIBTAYO                | ROZLYTREK              |
| BENLYSTA                                   | LO LOESTRIN FE         | RUBRACA                |
| BETHKIS                                    | LORBRENA               | SANTYL                 |
| BLNREP                                     | LOVAZA                 | SEROSTIM               |
| BOSULIF                                    | LUMOXITI               | SEYSARA                |
| BRAFTOVI                                   | LUPKYNIS               | SIRTURO                |
| CABENUVA                                   | LUPRON DEPOT           | sofosbuvir/velpatasvir |
| CABOMETYX                                  | LYNPARZA               | SOLIRIS                |
| CINRYZE                                    | MACRILEN               | SPINRAZA               |
| COMETRIQ                                   | MAVYRET                | STIMATE                |
| COSELA                                     | MEKINIST               | STIVARGA               |
| COTELLIC                                   | MEKTOVI                | STROMECTOL             |
| CUTAQUIG                                   | methadone              | SYNAGIS                |
| DARZALEX FASPRO                            | MINASTRIN 24 FE        | SYNRIBO                |
| DDAVP spray                                | morphine ext-rel beads | SYPRINE                |
| DESCOVY                                    | morphine ext-rel tabs  | TABRECTA               |
| DEXCOM CONTINUOUS                          | MOVANTIK               | TAFINLAR               |
| GLUCOSE MONITORING                         | MULPLETA               | TAGRISZO               |
| SYSTEM                                     | NATAZIA                | TALZENNA               |
| DIFICID                                    | NORDITROPIN            | TARCEVA                |
| DOPTELET                                   | NOURIANZ               | TASIGNA                |
| DUPIXENT                                   | NOVOSEVEN RT           | TAVALLISSE             |
| EGRIFTA SV                                 | NOXAFIL                | TAYTULLA               |
| ELIGARD                                    | NUBEQA                 | TAZVERIK               |
| ELZONRIS                                   | NUCALA                 | TIBSOVO                |
| ENDARI                                     | NULIBRY                | TRIKAFTA               |
| ENHERTU                                    | OFEV                   | TRODELVY               |
| ERWINAZE                                   | OMNIPOD DASH INSULIN   | TUKYSA                 |
| ESBRIET                                    | INFUSION PUMP          | TURALIO                |
| FASENRA                                    | OMNIPOD INSULIN        | TYKERB                 |
| fentanyl transdermal                       | INFUSION PUMP          | UBRELVY                |
| FIRAZYR                                    | ONPATTRO               | VENCLEXTA              |
| FOTIVDA                                    | ONUREG                 | V-GO INSULIN INFUSION  |
| FREESTYLE LIBRE                            | ORFADIN                | PUMP                   |
| CONTINUOUS                                 | ORIAHNN                | VIMIZIM                |
| GLUCOSE MONITORING                         | ORLISSA                | VITRAKVI               |
| SYSTEM                                     | ORKAMBI                | VIZIMPRO               |
| GAVRETO                                    | OTEZLA                 | VOCABRIA               |
| GRALISE                                    | oxymorphone ext-rel    | XADAGO                 |
| HAEGARDA                                   | PEMAZYRE               | XALKORI                |
| HYCANTIN CAPS                              | PIQRAY                 | XGEVA                  |
| IBRANCE                                    | POLIVY                 | XIIDRA                 |

XOLAIR  
XOSPATA  
XPOVIO  
XYREM  
YESCARTA

ZEJULA  
ZELBORAF  
ZOLADEX  
ZOLGENSMA  
ZONTIVITY

ZURAMPIC  
ZYDELIG  
ZYKADIA

## MANAGED DRUG LIMITATIONS (MDL)

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

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

For complete information regarding the requirements of the Maryland Medicaid Opioid Drug Utilization Review for opioid prescribing, please visit:

<https://www.medstarfamilychoice.com/maryland-healthchoice/for-maryland-healthchoice-physicians/pharmacy/opioid/>

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

| Drugs   | Limits                                      |
|---|---|
| albuterol sulfate 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                          |
| baloxavir (XOFLUZA)   | 2 fills per 365 days                        |
| butalbital/acetaminophen  | 60 units per 23 days                        |
| butalbital/acetaminophen/caffeine (FIORICET)                          | 60 units per 23 days                        |
| butalbital/acetaminophen/caffeine/codeine (FIORICET w/CODEINE)        | 60 units per 23 days                        |
| butalbital/aspirin/caffeine   | 60 units per 23 days                        |
| butalbital/aspirin/caffeine/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                       |



## Drugs

granisetron 1 mg  
hydrocodone/acetaminophen oral solution  
hydrocodone/acetaminophen tabs  
hydromorphone oral liquid 1 mg/mL (DILAUDID)  
hydromorphone suppository  
hydromorphone tabs 2 mg (DILAUDID)  
hydromorphone tabs 4 mg (DILAUDID)  
hydromorphone tabs 8 mg (DILAUDID)  
ketorolac  
lansoprazole orally disintegrating tabs 15 mg (PREVACID SOLUTAB)  
lansoprazole (PREVACID)  
levalbuterol tartrate, CFC-free aerosol (XOPENEX HFA)  
levonorgestrel (PLAN B ONE-STEP)  
lidocaine patch 4%  
metformin 500 mg  
metformin 1000 mg  
methadone oral concentrate 10 mg/mL  
methadone oral solution 5 mg/5 mL  
methadone oral solution 10 mg/5 mL  
methadone tabs 5 mg  
methadone tabs 10 mg  
methadone tabs 40 mg  
morphine sulfate ext-rel beads 30 mg  
morphine sulfate ext-rel beads 45 mg  
morphine sulfate ext-rel beads 60 mg  
morphine sulfate ext-rel beads 75 mg  
morphine sulfate ext-rel beads 90 mg  
morphine sulfate ext-rel beads 120 mg  
morphine sulfate ext-rel tabs 15 mg (MS CONTIN)  
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)  
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

## Limits

10 tablets per 23 days  
2750 mL per 23 days  
180 tablets per 23 days  
675 mL per 23 days  
180 suppositories per 23 days  
180 tablets per 23 days  
168 tablets per 23 days  
84 tablets per 23 days  
20 tablets per 23 days  
30 tablets per 23 days  
60 units per 23 days  
2 inhalers per 45 days  
12 fills per 365 days  
30 patches per 23 days  
120 tablets per 23 days  
90 tablets per 23 days  
450 mL per 23 days  
900 mL per 23 days  
450 mL per 23 days  
180 tablets per 23 days  
90 tablets per 23 days  
23 tablets per 23 days  
90 capsules per 23 days  
60 capsules per 23 days  
45 capsules per 23 days  
36 capsules per 23 days  
30 capsules per 23 days  
23 capsules per 23 days  
180 tablets per 23 days  
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  
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

| <b>Drugs</b>   | <b>Limits</b>                                  |
|--|--|
| oxymorphone ext-rel tabs 30 mg                                   | 30 tablets per 23 days                         |
| oxymorphone ext-rel tabs 40 mg                                   | 23 tablets per 23 days                         |
| pantoprazole 20 mg, 40 mg (PROTONIX)                             | 60 tablets per 23 days                         |
| promethazine syrup   | 1000 mL per 23 days and 2 fills<br>per 90 days |
| rizatriptan orally disintegrating tabs (MAXALT-MLT)              | 18 tablets per 23 days                         |
| rizatriptan (MAXALT)   | 18 tablets per 23 days                         |
| sodium phosphate/sodium bisphosphate enema (FLEET ENEMA)         | 2 kits per 72 hours                            |
| sumatriptan 25 mg, 50 mg, 100 mg (IMITREX)                       | 9 tablets per 23 days                          |
| sumatriptan injection (IMITREX)                                  | 12 injections (0.5 mL) = 6 mL per<br>23 days   |
| sumatriptan nasal spray 5 mg/actuation (IMITREX)                 | 24 units (4 packages) per 23<br>days           |
| sumatriptan nasal spray 20 mg/actuation (IMITREX)                | 12 units (2 packages) per 23<br>days           |
| tramadol (ULTRAM)  | 180 tablets per 23 days                        |
| ulipristal (ELLA)  | 12 fills per 365 days                          |
| zolmitriptan 2.5 mg, 5 mg (ZOMIG)                                | 12 tablets per 23 days                         |
| zolmitriptan orally disintegrating tabs 2.5 mg, 5 mg (ZOMIG-ZMT) | 12 tablets per 23 days                         |

### STEP THERAPY (ST)

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

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

The following drugs are subject to Step Therapy:

| <b>Drugs</b>                          |
|---------------------------------------|
| ciclopirox cream, suspension (LOPROX) |
| EUCRISA                               |
| ivermectin lotion                     |

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

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

#### Antacids

|  |            |
|--|------------|
| aluminum hydroxide                                 | 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  
miconazole

Gyne-Lotrimin  
Monistat

**Antihistamines**

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

Zyrtec  
Chlor-Trimeton  
Tavist-1  
Benadryl  
Allegra  
Claritin

**Antihistamine/Decongestant Combinations**

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

Zyrtec-D  
Cold & Allergy Relief  
Claritin-D

**Cardiovascular, Miscellaneous**

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

Fish Oil  
Krill Oil  
Fish Oil  
Omega-3 Gummies

**Contraceptives, Barrier**

condoms (prescription not needed)  
spermicide gel

Gynol II, Shur-Seal

**Contraceptives, Emergency**

levonorgestrel (prescription not needed)

Plan B One-Step

**Cough/Cold/Allergy**

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

budesonide spray  
dextromethorphan gelcaps, liquid  
dextromethorphan/chlorpheniramine liquid  
dextromethorphan/guaifenesin ext-rel  
dextromethorphan/guaifenesin/pseudoephedrine liq 10 mg/100 mg/30 mg/5 mL  
dextromethorphan/guaifenesin syrup  
dextromethorphan/pyrilamine/phenylephrine  
eucalyptus/menthol/compound rub  
fluticasone mist  
fluticasone spray  
guaifenesin ext-rel  
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  
Robitussin Children's Cough & Cold, Long-Acting  
Mucinex DM  
Robitussin Cough + Chest Congestion 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  
 loperamide liquid, tabs  
 meclizine  
 probiotics (\$20 maximum per claim)  
 pyrantel  
 simethicone  
 witch hazel medicated pads/wipes

Pepto-Bismol  
 Emetrol  
 Dramamine  
 Anti-Diarrheal

Reese's Pinworm Medicine  
 Mylicon  
 Tucks

**Laxatives/Stool Softeners**

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

Dulcolax  
 Colace

Citrucel

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

**Nutritional/Supplements**

alpha-lipoic acid  
 calcium  
 cholecalciferol (D3)  
 cyanocobalamin tabs 1000 mcg  
 electrolyte rehydrating soln  
 ergocalciferol (D2) drops  
 ferrous fumarate  
 ferrous gluconate  
 ferrous sulfate  
 ferrous sulfate delayed-rel  
 iron/vitamin C  
 lutein  
 magnesium carbonate 1000 mg/5 mL  
 magnesium oxide  
 multivitamins drops

Tums  
 Vitamin D3  
 Vitamin B12  
 Pedialyte

Ferrimin 150  
 Fergon  
 Feosol  
 Slow FE  
 Vitron-C

Magonate  
 Mag-Ox

|   |                    |
|---|--------------------|
| multivitamins/iron drops                                      |                    |
| polysaccharide iron complex 150 mg                            | Nu-Iron 150        |
| polysaccharide iron complex/vitamin B12/folic acid            | Ferrex 150         |
| prenatal vitamins/DHA/EPA/ferrous fumarate/folic acid         | One Daily Prenatal |
| prenatal vitamins/folic acid                                  |                    |
| pyridoxine 25 mg, 50 mg                                       | Vitamin B6         |
| sodium chloride tabs 1 gm                                     |                    |
| <b>Overactive Bladder</b>                                     |                    |
| oxybutynin transdermal *                                      | Oxytrol for Women  |
| * Gender restriction - Coverage for females                   |                    |
| <b>Pain &amp; Fever</b>                                       |                    |
| acetaminophen   | Tylenol            |
| aspirin 81 mg (not chewable)                                  | Bayer              |
| enteric coated aspirin  | Ecotrin            |
| ibuprofen   | Advil              |
| naproxen sodium   | Aleve              |
| <b>Pediculocides</b>  |                    |
| permethrin aerosol 0.05%                                      | RID                |
| permethrin 1%   | NIX Creme Rinse    |
| <b>Radioactive Iodine Blockers</b>                            |                    |
| potassium iodide  | Iosat              |
| potassium iodide  | Thyrosafe          |
| <b>Sleep Aids</b>   |                    |
| doxylamine  | Unisom             |
| melatonin   |                    |
| <b>Topical, Acne</b>  |                    |
| adapalene gel 0.1%  | Differin           |
| benzoyl peroxide  | Panoxyl            |
| <b>Topical, Antibacterial</b>                                 |                    |
| antibacterial cleanser bar, liquid cleanser, cleansing cloths | Cetaphil           |
| bacitracin  |                    |
| bacitracin/polymyxin B  | Polysporin         |
| chlorhexidine   | Hibiclens          |
| neomycin/bacitracin/polymyxin B                               | Neosporin          |
| <b>Topical, Ear</b>   |                    |
| carbamide peroxide  | Debrox             |
| <b>Topical, Eye</b>   |                    |
| artificial tears  |                    |
| ketotifen   | Zaditor            |
| <b>Topical, Miscellaneous</b>                                 |                    |
| ammonium lactate 12%  | Lac-Hydrin         |
| calamine lotion   |                    |
| capsaicin crm 0.033%, 0.075%                                  |                    |
| coal tar shampoo  | Neutrogena         |
| diclofenac sodium gel 1%                                      | Voltaren Gel       |
| docosanol   | Abreva             |
| hydrocortisone crm, oint 0.5%, 1%                             | Cortizone          |

|                                 |               |
|---------------------------------|---------------|
| lidocaine crm 3%                |               |
| lidocaine crm 4%                | LMX 4         |
| lidocaine gel 2.5%              | Afterburn Gel |
| lidocaine patch 4%              |               |
| oatmeal, colloidal              |               |
| oatmeal, colloidal/dimethicone  | Aveeno        |
| petrolatum/mineral oil          | Eucerin       |
| 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 - Maryland HealthChoice Prescribing Guide* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

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## LEGEND

|             |   |
|-------------|---|
| AL          | Age Limit   |
| MDL         | Managed Drug Limitation   |
| OTC         | Over the counter  |
| PA          | Prior Authorization required  |
| ST          | Step Therapy required   |
| boldface    | Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name |
| delayed-rel | Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification                 |
| ext-rel     | 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                      |        |
|     | 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 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 Maryland Medicaid Opioid Drug Utilization Review for opioid prescribing, please visit:  
<https://www.medstarfamilychoice.com/maryland-healthchoice/for-maryland-healthchoice-physicians/pharmacy/opioid/>

|     |   |                    |
|-----|---|--------------------|
| MDL | butalbital/acetaminophen/caffeine/codeine | FIORICET w/CODEINE |
|-----|---|--------------------|

|         |   |            |
|---------|---|------------|
| 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   |            |
| 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, 10/325            | 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 ultramicrosize       |          |
|     | itraconazole caps 100 mg          | SPORANOX |
|     | nystatin                          |          |
| PA  | posaconazole                      | NOXAFIL  |
|     | terbinafine tabs                  |          |
|     | voriconazole susp, tabs           | VFEND    |

MDL 150 mg only (4 tabs/23 days)

#### ANTIMALARIALS

|  |                      |          |
|--|----------------------|----------|
|  | atovaquone/proguanil | MALARONE |
|  | chloroquine          |          |
|  | mefloquine           |          |
|  | primaquine           |          |

#### ANTIRETROVIRAL AGENTS

##### Antiretroviral Adjuvants

|  |            |        |
|--|------------|--------|
|  | cobicistat | TYBOST |
|--|------------|--------|

##### Antiretroviral Combinations

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

PA\* Covered for HIV treatment only, not for pre-exposure prophylaxis (PreP). emtricitabine/tenofovir disoproxil fumarate (Truvada) is covered for PreP.

|   |                               |              |
|---|-------------------------------|--------------|
| Chemokine Receptor Antagonists                  |                               |              |
|   | maraviroc                     | SELZENTRY    |
| Fusion Inhibitors                               |                               |              |
|   | enfuvirtide                   | FUZEON       |
| Integrase Inhibitors                            |                               |              |
| PA  | cabotegravir                  | VOCABRIA     |
|   | dolutegravir                  | TIVICAY      |
|   | raltegravir                   | ISENTRESS    |
|   | raltegravir                   | ISENTRESS HD |
| Monoclonal Antibody                             |                               |              |
|   | ibalizumab-uiyk               | TROGARZO     |
| Non-nucleoside Reverse Transcriptase Inhibitors |                               |              |
|   | efavirenz                     | SUSTIVA      |
|   | nevirapine                    | VIRAMUNE     |
|   | nevirapine ext-rel            | VIRAMUNE XR  |
|   | doravirine                    | PIFELTRO     |
|   | etravirine                    | INTELENCE    |
|   | rilpivirine                   | EDURANT      |
| Nucleoside Reverse Transcriptase Inhibitors     |                               |              |
|   | abacavir                      |              |
|   | emtricitabine                 | EMTRIVA      |
|   | lamivudine                    |              |
|   | stavudine                     |              |
|   | zidovudine                    | RETROVIR     |
| Nucleotide Reverse Transcriptase Inhibitors     |                               |              |
|   | tenofovir disoproxil fumarate | VIREAD       |
| Protease Inhibitors                             |                               |              |
|   | atazanavir                    | REYATAZ      |
|   | fosamprenavir                 | LEXIVA       |
| PA  | lopinavir/ritonavir           | KALETRA      |
|   | ritonavir                     | NORVIR       |
|   | darunavir                     | PREZISTA     |
|   | fostemsavir ext-rel           | RUKOBIA      |
|   | indinavir                     | CRIXIVAN     |
|   | nelfinavir                    | VIRACEPT     |
|   | tipranavir                    | APTIVUS      |
| ANTITUBERCULAR AGENTS                           |                               |              |
|   | ethambutol                    | MYAMBUTOL    |
|   | isoniazid                     |              |
|   | pyrazinamide                  |              |
|   | rifampin                      | RIFADIN      |
| PA  | bedaquiline                   | SIRTURO      |
| PA  | pretomanid                    |              |
|   | rifapentine                   | PRIFTIN      |
| ANTIVIRALS                                      |                               |              |
| Cytomegalovirus Agents                          |                               |              |
|   | foscarnet                     |              |

|                    |                                     |             |
|--------------------|-------------------------------------|-------------|
|                    | valganciclovir                      | VALCYTE     |
| Hepatitis Agents   |                                     |             |
| <i>Hepatitis B</i> |                                     |             |
|                    | entecavir tabs                      | BARACLUDE   |
|                    | lamivudine                          | EPIVIR-HBV  |
|                    | entecavir soln                      | BARACLUDE   |
| <i>Hepatitis C</i> |                                     |             |
|                    | ribavirin caps, tabs                |             |
| PA                 | glecaprevir/pibrentasvir            | MAVYRET     |
| PA                 | sofosbuvir/velpatasvir              |             |
| 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                        |             |
|                    | fosfomycin                          | MONUROL     |
| 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                          | VANCOGIN    |
|                    | nifurtimox                          | LAMPIT      |
|                    | rifaximin 550 mg                    | XIFAXAN     |
|                    | vancomycin oral soln                | FIRVANQ     |

AL Covered for younger than age 8

## ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<https://www.asco.org>

<https://www.nccn.org>

## ALKYLATING AGENTS

|  |                       |         |
|--|-----------------------|---------|
|  | cyclophosphamide caps |         |
|  | melphalan             | ALKERAN |
|  | temozolomide          | TEMODAR |

|  |              |          |
|--|--------------|----------|
|  | busulfan     | MYLERAN  |
|  | chlorambucil | LEUKERAN |

#### ANTIMETABOLITES

|    |                |        |
|----|----------------|--------|
|    | capecitabine   | XELODA |
|    | mercaptopurine |        |
| PA | azacitidine    | ONUREG |

#### HORMONAL ANTINEOPLASTIC AGENTS

##### 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 | alpelisib         | 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 | tivozanib     | FOTIVDA   |
| PA | trametinib    | MEKINIST  |
| PA | tucatinib     | TUKYSA    |
| PA | vemurafenib   | ZELBORAF  |

#### TOPOISOMERASE INHIBITORS

|    |                       |               |
|----|-----------------------|---------------|
|    | doxorubicin liposomal | DOXIL         |
| PA | topotecan caps        | HYCANTIN CAPS |

#### MISCELLANEOUS

|    |                                 |                 |
|----|---------------------------------|-----------------|
|    | bexarotene caps                 | TARGRETIN       |
|    | etoposide                       |                 |
|    | hydroxyurea                     | HYDREA          |
|    | leucovorin                      |                 |
|    | tretinoin caps                  |                 |
| PA | asparaginase erwinia            | ERWINAZE        |
| PA | axicabtagene ciloleucel         | YESCARTA        |
| PA | belantamab mafodotin-blmf       | BLENREP         |
| 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 | trilaciclib                     | COSELA          |
| 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             |              |
| clonidine transdermal | CATAPRES-TTS |
| guanfacine            |              |

### ALDOSTERONE RECEPTOR ANTAGONISTS

|                |           |
|----------------|-----------|
| 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/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  |         |
|  | 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       |
| DIGITALIS GLYCOSIDES                             |              |
| digoxin  | LANOXIN      |
| DIURETICS  |              |
| Carbonic Anhydrase Inhibitors                    |              |
| acetazolamide                                    |              |
| acetazolamide ext-rel                            |              |
| methazolamide                                    |              |
| Loop Diuretics                                   |              |
| bumetanide                                       |              |
| furosemide                                       | LASIX        |
| toremide   |              |
| Potassium-sparing Diuretics                      |              |
| amiloride  |              |
| triamterene                                      | DYRENIUM     |
| Thiazides and Thiazide-like Diuretics            |              |
| chlorthalidone                                   |              |
| hydrochlorothiazide                              |              |
| indapamide                                       |              |
| metolazone                                       |              |
| chlorothiazide susp                              | DIURIL       |
| Diuretic Combinations                            |              |
| amiloride/hydrochlorothiazide                    |              |
| spironolactone/hydrochlorothiazide               | ALDACTAZIDE  |
| triamterene/hydrochlorothiazide                  | MAXZIDE      |
| triamterene/hydrochlorothiazide caps             |              |
| HEART FAILURE                                    |              |
| isosorbide dinitrate/hydralazine                 | BIDIL        |
| sacubitril/valsartan                             | ENTRESTO     |
| NITRATES   |              |
| 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    |
| PULMONARY ARTERIAL HYPERTENSION |                                |              |
| 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                   |                                |              |
|                                 | hydralazine                    |              |
|                                 | methyldopa                     |              |
|                                 | methyldopa/hydrochlorothiazide |              |
|                                 | midodrine                      |              |
|                                 | minoxidil                      |              |
|                                 | ranolazine ext-rel             | RANEXA       |

## CENTRAL NERVOUS SYSTEM

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

### ANTI-ANXIETY

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

### ANTI-CONVULSANTS

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

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

|  |              |          |
|--|--------------|----------|
|  | ethosuximide | ZARONTIN |
|--|--------------|----------|

|                           |                   |
|---------------------------|-------------------|
| phenobarbital             |                   |
| phenytoin                 | DILANTIN INFATABS |
| phenytoin sodium extended | DILANTIN          |
| primidone                 | MYSOLINE          |

#### ANTIDEMENTIA

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

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

#### ANTIDEPRESSANTS

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

#### ANTIPARKINSONIAN AGENTS

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

Certain Parkinson's medications are carved out to the Maryland Department of Health (MDH). If you do not see the medication you wish to prescribe below, it may be covered by MDH.

For more information and a list of medications, please visit the following link:  
<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

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

#### ANTIPSYCHOTICS

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

#### ATTENTION DEFICIT HYPERACTIVITY DISORDER

Guidelines for the evaluation and management of attention deficit disorder are available at:  
<https://www.aacap.org>  
<https://www.aap.org>

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

For more information and a list of medications, please visit the following link:  
<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

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

#### FIBROMYALGIA

Certain fibromyalgia medications are carved out to the Maryland Department of Health (MDH). If you do not see the medication you wish to prescribe below, it may be covered by MDH.

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

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

|             |         |
|-------------|---------|
| milnacipran | SAVELLA |
|-------------|---------|

#### HYPNOTICS

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

<https://aasm.org>

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

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

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

#### Nonbenzodiazepines

|     |            |        |
|-----|------------|--------|
| OTC | doxylamine | UNISOM |
|-----|------------|--------|

#### 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*

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

#### Preventive Migraine Agents

##### *Monoclonal Antibodies*

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

#### MOOD STABILIZERS

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

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

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

#### MOVEMENT DISORDERS

Ingrezza is carved out to the Maryland Department of Health.

For more information, please visit the following link:

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

|    |                  |         |
|----|------------------|---------|
| PA | deutetrabenazine | AUSTEDO |
|----|------------------|---------|

#### 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  |
|    | ingolimod                     | GILENYA   |
|    | glatiramer 40 mg/mL           | COPAXONE  |
|    | interferon beta-1a            | AVONEX    |
|    | interferon beta-1a            | REBIF     |
|    | interferon beta-1b            | EXTAVIA   |
|    | siponimod                     | MAYZENT   |

#### MUSCULAR DYSTROPHY AGENTS

|    |            |            |
|----|------------|------------|
| PA | casimersen | AMONDYS 45 |
|----|------------|------------|

#### MUSCULOSKELETAL THERAPY AGENTS

Certain muscle relaxants are carved out to the Maryland Department of Health (MDH). If you do not see the medication you wish to prescribe below, it may be covered by MDH.

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

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

|  |                             |          |
|--|-----------------------------|----------|
|  | baclofen 5 mg, 10 mg, 20 mg |          |
|  | carisoprodol 350 mg         |          |
|  | cyclobenzaprine 5 mg, 10 mg |          |
|  | dantrolene                  | DANTRIUM |
|  | metaxalone 800 mg           | SKELAXIN |
|  | methocarbamol               |          |
|  | orphenadrine ext-rel        |          |
|  | tizanidine tabs             | ZANAFLEX |

#### MYASTHENIA GRAVIS

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

#### NARCOLEPSY/CATAPLEXY

|    |                |       |
|----|----------------|-------|
| PA | sodium oxybate | XYREM |
|----|----------------|-------|

#### POLYNEUROPATHY OF HEREDITARY AMYLOIDOSIS

|    |           |          |
|----|-----------|----------|
| PA | patisiran | ONPATTRO |
|----|-----------|----------|

#### POSTHERPETIC NEURALGIA (PHN)

|    |                    |         |
|----|--------------------|---------|
| PA | gabapentin ext-rel | GRALISE |
|----|--------------------|---------|

#### PSYCHOTHERAPEUTIC - MISCELLANEOUS

##### Alcohol Deterrents

Alcohol deterrent medications are carved out to the Maryland Department of Health (MDH).

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

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

##### Opioid Antagonists

Opioid antagonists are carved out to the Maryland Department of Health (MDH).

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

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

### Partial Opioid Agonists

Partial opioid agonists are carved out to the Maryland Department of Health (MDH).

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

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

### Partial Opioid Agonist/Opioid Antagonist Combinations

Partial opioid agonists/opioid antagonist combinations are carved out to the Maryland Department of Health (MDH).

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

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

### Smoking Deterrents

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

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

Smoking deterrents are carved out to the Maryland Department of Health (MDH).

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

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

### SPINAL MUSCULAR ATROPHY

|    |                               |           |
|----|-------------------------------|-----------|
| PA | nusinersen                    | SPINRAZA  |
| PA | onasemnogene abeparvovec-xioi | ZOLGENSMA |

### 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

|     |                                  |  |
|-----|----------------------------------|--|
| MDL | metformin                        |  |
| *   | metformin ext-rel 500 mg, 750 mg |  |

\* metformin ext-rel 1000 mg is not covered

#### Biguanide/Sulfonylurea Combinations

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

|   |   |                   |
|---|---|-------------------|
| <b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>  |   |                   |
|   | <b>alogliptin</b>   | NESINA            |
| <b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations</b>  |   |                   |
|   | <b>alogliptin/metformin</b>                               | KAZANO            |
| <b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Insulin Sensitizer Combinations</b>   |   |                   |
|   | <b>alogliptin/pioglitazone</b>                            | OSENI             |
| <b>Incretin Mimetic Agents</b>  |   |                   |
|   | dulaglutide   | TRULICITY         |
|   | liraglutide   | VICTOZA           |
|   | semaglutide   | OZEMPIC           |
|   | semaglutide   | RYBELSUS          |
| <b>Incretin Mimetic Agent/Insulin Combinations</b>  |   |                   |
|   | lixisenatide/insulin glargine                             | SOLIQUA           |
| <b>Insulins*</b>  |   |                   |
| <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 glargine pen, vial                                | SEMGLEE           |
|   | 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           |
| <p>* Insulin cartridges and pens are covered for participants 0-18 years of age.<br/> Basaglar and Tresiba pens are covered for all members regardless of age.<br/> 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.</p> |   |                   |
| <b>Insulin Sensitizers</b>  |   |                   |
|   | <b>pioglitazone</b>                                       | ACTOS             |
| <b>Insulin Sensitizer/Biguanide Combinations</b>  |   |                   |
|   | <b>pioglitazone/metformin</b>                             | ACTOPLUS MET      |
| <b>Insulin Sensitizer/Sulfonylurea Combinations</b>   |   |                   |
|   | <b>pioglitazone/glimepiride</b>                           | DUETACT           |
| <b>Meglitinides</b>   |   |                   |
|   | nateglinide   | STARLIX           |
|   | repaglinide   |                   |
| <b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>   |   |                   |
|   | canagliflozin   | INVOKANA          |
|   | dapagliflozin   | FARXIGA           |
|   | empagliflozin   | JARDIANCE         |



|  |  |  |
|--|--|--|
|  | ertugliflozin  | STEGLATRO  |
| <b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations</b>  |  |  |
|  | 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   |
| <b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase (DPP-4) Inhibitor Combinations</b>           |  |  |
|  | empagliflozin/linagliptin  | GLYXAMBI   |
|  | ertugliflozin/sitagliptin  | STEGLUJAN  |
| <b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase (DPP-4) Inhibitor/Biguanide Combinations</b> |  |  |
|  | empagliflozin/linagliptin/metformin ext-rel                          | TRIJARDY XR  |
| <b>Sulfonylureas</b>   |  |  |
|  | glimepiride  | AMARYL   |
|  | glipizide  | GLUCOTROL  |
|  | glipizide ext-rel  | GLUCOTROL XL   |
|  | glyburide  |  |
|  | glyburide, micronized  | GLYNASE  |
| <b>Supplies</b>  |  |  |
| 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                                     | OMNIPOD DASH INSULIN INFUSION PUMP                   |
| PA   | insulin infusion disposable pump                                     | OMNIPOD INSULIN INFUSION PUMP                        |
| PA   | insulin infusion disposable pump                                     | V-GO INSULIN INFUSION PUMP                           |
| <b>CALCIUM RECEPTOR ANTAGONISTS</b>  |  |  |
|  | cinacalcet   | SENSIPAR   |
| <b>CALCIUM REGULATORS</b>  |  |  |
| Guidelines of treatment and management of osteoporosis are available at:   |  |  |
| <a href="https://www.aace.com">https://www.aace.com</a>  |  |  |
| <a href="https://www.nof.org">https://www.nof.org</a>  |  |  |
| <b>Bisphosphonates</b>   |  |  |
|  | alendronate tabs   | FOSAMAX  |

|                                       |  |                  |
|---------------------------------------|--|------------------|
|                                       | alendronate/vitamin D3                             | FOSAMAX PLUS D   |
| <b>Calcitonins</b>                    |  |                  |
|                                       | calcitonin-salmon                                  | MIACALCIN        |
| <b>RANK Ligand (RANKL) Inhibitors</b> |  |                  |
| PA                                    | denosumab  | PROLIA           |
| PA                                    | denosumab  | XGEVA            |
| <b>CONTRACEPTIVES</b>                 |  |                  |
| EE = ethinyl estradiol                |  |                  |
| <b>Monophasic</b>                     |  |                  |
| <i>10 mcg Estrogen</i>                |  |                  |
| PA                                    | norethindrone acetate/EE 1/10 and EE 10 and iron   | LO LOESTRIN FE   |
| <i>20 mcg Estrogen</i>                |  |                  |
|                                       | drospirenone/EE 3/20                               | 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         |
| <i>25 mcg Estrogen</i>                |  |                  |
|                                       | norethindrone/EE 0.8/25 chewable                   | GENERESS FE      |
| <i>30 mcg Estrogen</i>                |  |                  |
|                                       | 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                                       |                 |
| Four Phase  |   |                 |
| PA  | estradiol valerate and dienogest/estradiol valerate   | NATAZIA         |
| Extended Cycle  |   |                 |
|   | levonorgestrel/EE 0.1/20 and EE 10                    | LOSEASONIQUE    |
|   | levonorgestrel/EE 0.15/20, 0.15/25, 0.15/30 and EE 10 | QUARTETTE       |
|   | levonorgestrel/EE 0.15/30                             |                 |
|   | levonorgestrel/EE 0.15/30 and EE 10                   | SEASONIQUE      |
| Progestin Only  |   |                 |
|   | norethindrone   | ORTHO MICRONOR  |
| Emergency Contraception   |   |                 |
| OTC, MDL  | levonorgestrel  | PLAN B ONE-STEP |
| MDL   | ulipristal  | ELLA            |
| Injectable  |   |                 |
|   | medroxyprogesterone acetate 150 mg/mL                 | DEPO-PROVERA    |
| Intrauterine Devices  |   |                 |
|   | intrauterine device                                   | PARAGARD T 380A |
|   | levonorgestrel-releasing IUD                          | KYLEENA         |
|   | levonorgestrel-releasing IUD                          | LILETTA         |
|   | levonorgestrel-releasing IUD                          | MIRENA          |
|   | levonorgestrel-releasing IUD                          | SKYLA           |
| Transdermal   |   |                 |
|   | norelgestromin/EE                                     |                 |
| Vaginal   |   |                 |
|   | etonogestrel/EE ring                                  | NUVARING        |
| Miscellaneous   |   |                 |
| OTC, MDL  | condoms, male   |                 |
| OTC   | nonoxynol-9   | SHUR-SEAL       |
| OTC   | nonoxynol 9 gel                                       | GYNOL II        |
|   | etonogestrel implant                                  | NEXPLANON       |
| ENDOMETRIOSIS   |   |                 |
| PA  | elagolix  | ORLISSA         |
| ESTROGENS   |   |                 |
| Guidelines of treatment and management of hormone therapy and menopause are available at:       |   |                 |
| <a href="https://www.menopause.org">https://www.menopause.org</a>                               |   |                 |
| <a href="https://www.aace.com/files/menopause.pdf">https://www.aace.com/files/menopause.pdf</a> |   |                 |
| 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, human recombinant | GLUCAGON EMERGENCY KIT |
|  | glucagon nasal powder       | BAQSIMI                |

#### HEREDITARY TYROSINEMIA TYPE 1 AGENTS

|           |            |         |
|-----------|------------|---------|
| <b>PA</b> | nitisinone | ORFADIN |
|-----------|------------|---------|

#### HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:  
<https://www.aace.com/publications/guidelines>

|           |            |             |
|-----------|------------|-------------|
| <b>PA</b> | somatropin | NORDITROPIN |
| <b>PA</b> | somatropin | SEROSTIM    |

#### HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

|  |                      |           |
|--|----------------------|-----------|
|  | calcitriol (1,25-D3) | ROCALTROL |
|  | doxercalciferol      | HECTOROL  |

#### PHOSPHATE BINDER AGENTS

|  |                     |          |
|--|---------------------|----------|
|  | calcium acetate     |          |
|  | lanthanum carbonate | FOSRENOL |
|  | sevelamer carbonate | REVELA   |

#### POTASSIUM-REMOVING AGENTS

|  |                              |     |
|--|------------------------------|-----|
|  | sodium polystyrene sulfonate | SPS |
|--|------------------------------|-----|

**PROGESTINS**

## Injectable

|  |                              |        |
|--|------------------------------|--------|
|  | hydroxyprogesterone caproate | MAKENA |
|--|------------------------------|--------|

## Oral

|  |                             |            |
|--|-----------------------------|------------|
|  | medroxyprogesterone acetate | PROVERA    |
|  | megestrol acetate susp      |            |
|  | norethindrone acetate       | AYGESTIN   |
|  | progesterone, micronized    | PROMETRIUM |

## Vaginal

|  |                  |         |
|--|------------------|---------|
|  | progesterone gel | CRINONE |
|--|------------------|---------|

**SELECTIVE ESTROGEN RECEPTOR MODULATORS**

|  |            |        |
|--|------------|--------|
|  | raloxifene | EVISTA |
|--|------------|--------|

**THYROID AGENTS**

## 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   |

**VASOPRESSIN RECEPTOR ANTAGONISTS**

|    |           |          |
|----|-----------|----------|
| PA | tolvaptan | JYNARQUE |
|----|-----------|----------|

**VASOPRESSINS**

|    |                    |         |
|----|--------------------|---------|
| 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 | elapegademase-lvr                           | REVCOVI    |
| PA | elosulfase alfa                             | VIMIZIM    |
| PA | fosdenopterin                               | NULIBRY    |
| PA | glycerol phenylbutyrate                     | RAVICTI    |
| 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 |            |
|  | ursodiol | URSO       |
|  | ursodiol | URSO FORTE |

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

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

### INFLAMMATORY BOWEL DISEASE

#### Oral Agents

|  |                             |             |
|--|-----------------------------|-------------|
|  | budesonide delayed-rel caps | ENTOCORT EC |
|--|-----------------------------|-------------|

|                                      |                    |
|--------------------------------------|--------------------|
| mesalamine delayed-rel caps 0.375 mg | APRISO             |
| mesalamine delayed-rel caps 400 mg   | DELZICOL           |
| mesalamine delayed-rel tabs 1.2 gm   | LIALDA             |
| mesalamine delayed-rel tabs 400 mg   | ASACOL HD          |
| sulfasalazine                        | AZULFIDINE         |
| sulfasalazine delayed-rel            | AZULFIDINE EN-TABS |
| mesalamine ext-rel caps              | PENTASA            |

#### Rectal Agents

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

#### IRRITABLE BOWEL SYNDROME

##### Irritable Bowel Syndrome with Constipation

|    |              |         |
|----|--------------|---------|
| PA | lubiprostone | AMITIZA |
|----|--------------|---------|

#### LAXATIVES/STOOL SOFTENERS

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

#### OPIOID-INDUCED CONSTIPATION

|    |           |          |
|----|-----------|----------|
| PA | naloxegol | MOVANTIK |
|----|-----------|----------|

#### PANCREATIC ENZYMES

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

#### PROSTAGLANDINS

|  |             |         |
|--|-------------|---------|
|  | misoprostol | CYTOTEC |
|--|-------------|---------|

#### PROTON PUMP INHIBITORS

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

AL Covered for age 8 or younger

## RECTAL PREPARATIONS, STEROIDS/OTHER

|     |                                   |                |
|-----|-----------------------------------|----------------|
| OTC | witch hazel medicated pads/wipes  | TUCKS          |
|     | hydrocortisone crm                | ANUSOL-HC 2.5% |
|     | hydrocortisone rectal crm, oint   |                |
|     | hydrocortisone/pramoxine crm 1-1% | ANALPRAM-HC    |

## SALIVA STIMULANTS

|  |                       |         |
|--|-----------------------|---------|
|  | pilocarpine tabs 5 mg | SALAGEN |
|--|-----------------------|---------|

## 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   |
|  | silodosin         | RAPAFLO   |
|  | tamsulosin        | FLOMAX    |
|  | terazosin         |           |

### URINARY ANTISPASMODICS

|        |                        |                   |
|--------|------------------------|-------------------|
| OTC, * | oxybutynin transdermal | OXYTROL FOR WOMEN |
|        | oxybutynin             |                   |
|        | oxybutynin ext-rel     | DITROPAN XL       |
|        | solifenacin            | VESICARE          |
|        | tolterodine            | DETROL            |
|        | tolterodine ext-rel    | DETROL LA         |
|        | trospium               |                   |
|        | trospium ext-rel       |                   |

\* Gender restriction – Coverage for females

### VAGINAL ANTI-INFECTIVES

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

### MISCELLANEOUS

|  |  |        |
|--|--|--------|
|  | bethanechol  |        |
|  | methenamine hippurate  | HIPREX |
|  | methenamine/hyoscyamine/methylene blue/<br>benzoic acid/phenyl salicylate - Hyophen    |        |
|  | methenamine/hyoscyamine/methylene blue/<br>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 |
|-----------|--|------|

### HEMOPHILIA, VON WILLEBRAND DISEASE AND RELATED BLEEDING DISORDERS

|           |                         |              |
|-----------|-------------------------|--------------|
| <b>PA</b> | coagulation factor VIIa | NOVOSEVEN RT |
|-----------|-------------------------|--------------|

### PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

|           |            |         |
|-----------|------------|---------|
| <b>PA</b> | eculizumab | SOLIRIS |
|-----------|------------|---------|

### 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              |           |
|    | deferasirox             | EXJADE    |
|    | deferasirox             | JADENU    |
|    | tranexamic acid         | LYSTEDA   |
| PA | avatrombopag            | DOPTELET  |
|    | crizanlizumab-tmca      | ADAKVEO   |
| PA | fostamatinib            | TAVALISSE |
| PA | L-glutamine oral powder | ENDARI    |

## IMMUNOLOGIC AGENTS

Guidelines for the management of rheumatic diseases are available at:

<https://www.rheumatology.org>

## ALLERGEN EXTRACTS

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

## AUTOIMMUNE AGENTS

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

## DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

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

## HEREDITARY ANGIOEDEMA AGENTS

|    |                       |          |
|----|-----------------------|----------|
| PA | icatibant             | FIRAZYR  |
| PA | C1 esterase inhibitor | CINRYZE  |
| 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>

|                                |   |                    |
|--------------------------------|---|--------------------|
| Interferons                    |   |                    |
|                                | interferon alfa-1b, recombinant                       | ACTIMMUNE          |
| 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           |
| Miscellaneous                  |   |                    |
| PA                             | belimumab   | BENLYSTA           |
| PA                             | voclosporin   | LUPKYNIS           |
| <b>NUTRITIONAL/SUPPLEMENTS</b> |   |                    |
| ELECTROLYTES                   |   |                    |
| Potassium                      |   |                    |
|                                | potassium chloride effervescent                       |                    |
|                                | potassium chloride ext-rel                            |                    |
|                                | potassium chloride liquid                             |                    |
|                                | potassium chloride powder 25 mEq                      | KLOR-CON/25        |
| Sodium                         |   |                    |
| OTC                            | sodium chloride tabs 1 gm                             |                    |
| VITAMINS AND MINERALS          |   |                    |
| Folic Acid Agents              |   |                    |
|                                | folic acid  |                    |
| Prenatal Vitamins              |   |                    |
| OTC                            | prenatal vitamins/folic acid                          |                    |
| OTC                            | prenatal vitamins/DHA/EPA/ferrous fumarate/folic acid | ONE DAILY PRENATAL |
|                                | prenatal vitamins/folic acid                          |                    |
|                                | prenatal vitamins/folic acid                          | PRENATABS RX       |
|                                | prenatal vitamins/folic acid                          | PRENATAL LOW IRON  |
|                                | prenatal vitamins/DHA/docusate/folic acid             | CITRANATAL DHA     |
| Miscellaneous                  |   |                    |
| OTC                            | alpha-lipoic acid                                     |                    |
| OTC                            | cholecalciferol (D3) drops                            | VITAMIN D3         |
| OTC                            | cyanocobalamin tabs 1000 mcg                          | VITAMIN B-12       |
| OTC                            | ergocalciferol (D2) drops                             |                    |
| OTC                            | ferrous gluconate                                     | FERGON             |
| OTC                            | ferrous sulfate                                       | FEOSOL             |
| OTC                            | ferrous sulfate delayed-rel                           | SLOW FE            |
| OTC                            | lutein  |                    |
| OTC                            | magnesium oxide                                       | MAG-OX             |

|     |  |              |
|-----|--|--------------|
| OTC | melatonin  |              |
| OTC | multivitamins drops  |              |
| OTC | multivitamins/iron drops   |              |
| OTC | polysaccharide iron complex 150 mg - Nu-Iron 150                                     |              |
| OTC | polysaccharide iron complex/vitamin B12/folic acid - Ferrex 150                      |              |
| OTC | pyridoxine 25 mg, 50 mg  | VITAMIN B6   |
| OTC | vitamin ADC drops  |              |
| OTC | ferrous fumarate   | FERRIMIN 150 |
| OTC | iron/vitamin C   | VITRON-C     |
| OTC | magnesium carbonate 1000 mg/5 mL   | MAGONATE     |
| 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    |

### ANTI-HISTAMINES, LOW SEDATING

|     |                             |        |
|-----|-----------------------------|--------|
| OTC | cetirizine, except chewable | ZYRTEC |
|     | levocetirizine              |        |

**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  |                |
|         | clemastine       |                |
|         | 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 |
|     | benzonatate                      | TESSALON                        |

**ANTITUSSIVE COMBINATIONS***Opioid*

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

*Non-opioid*

|     |  |  |
|-----|--|--|
| OTC | dextromethorphan/chlorpheniramine liquid                                     | ROBITUSSIN CHILDREN'S<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/<br>100 mg/30 mg/5 mL |  |
| OTC | dextromethorphan/pyrilamine/phenylephrine                                    |  |
|     | dextromethorphan/brompheniramine/pseudoephedrine                             |  |
| 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<br>phenylephrine/guaifenesin syrup | MUCINEX D |
|-----|--|-----------|

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%  |          |
|     | azelastine spray 0.15% |          |
|     | 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 REDIHALER     |
|   | 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             |
| TOPICAL   |   |                    |
| DERMATOLOGY   |   |                    |
| Acne  |   |                    |
| Guidelines for the care and treatment of acne vulgaris are available at:<br><a href="https://www.aad.org/practicecenter/quality/clinical-guidelines">https://www.aad.org/practicecenter/quality/clinical-guidelines</a> |   |                    |
| <i>Oral</i>   |   |                    |
|   | isotretinoin                            |                    |
| <i>Topical</i>  |   |                    |
| OTC   | benzoyl peroxide bar, gel 10%           | PANOXYL            |
| OTC   | benzoyl peroxide bar, gel, lotion 5%    | PANOXYL            |
| OTC   | benzoyl peroxide gel 2.5%               |                    |
| 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                       |                    |
|   | sulfacetamide/sulfur emulsion 10-5%     |                    |
|   | tretinoin                               | RETIN-A            |

### Actinic Keratosis

|  |                     |            |
|--|---------------------|------------|
|  | fluorouracil crm 5% | EFUDEX     |
|  | fluorouracil crm 1% | FLUOROPLEX |

### Antibiotics

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

### Antifungals

|        |                            |                |
|--------|----------------------------|----------------|
| *, OTC | clotrimazole crm 1%        | LOTRIMIN AF    |
| OTC    | miconazole                 | DESENEK        |
| OTC    | butenafine                 | LOTRIMIN ULTRA |
| OTC    | terbinafine                | LAMISIL AT     |
| ST     | ciclopirox crm, susp       | LOPROX         |
|        | ciclopirox shampoo 1%      | LOPROX         |
|        | ciclopirox topical soln 8% |                |
|        | ketoconazole crm 2%        |                |
|        | nystatin                   |                |

\* Both OTC and Rx products covered

ST Clotrimazole, ketoconazole or nystatin required before ciclopirox crm or susp

### Antipsoriatics

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

<https://www.aad.org>

|  |                                 |  |
|--|---------------------------------|--|
|  | calcipotriene oint, soln 0.005% |  |
|--|---------------------------------|--|

### 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 crm, 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 0.1%           |               |
| OTC     | lidocaine crm 3%             |               |
| OTC     | lidocaine crm 4%             | LMX 4         |
| OTC     | lidocaine patch 4%           |               |
| OTC, QL | capsaicin crm 0.033%, 0.075% |               |
| OTC     | lidocaine gel 2.5%           | AFTERBURN GEL |
|         | lidocaine crm 3%             |               |
|         | lidocaine patch 5%           | LIDODERM      |
|         | lidocaine soln 4%            |               |

Local Anesthetics

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

Rosacea

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

Scabicides and Pediculicides

|     |                         |                 |
|-----|-------------------------|-----------------|
| OTC | permethrin 1%           | NIX CREME RINSE |
| OTC | permethrin aerosol 0.5% | RID             |
| ST  | ivermectin lotion       |                 |
|     | malathion               | OVIDE           |
|     | permethrin 5%           |                 |

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

Miscellaneous Skin and Mucous Membrane

|     |                        |            |
|-----|------------------------|------------|
| OTC | ammonium lactate 12%   | LAC-HYDRIN |
| OTC | calamine lotion        |            |
| OTC | chlorhexidine          | HIBICLENS  |
| OTC | docosanol              | ABREVA     |
| OTC | oatmeal, colloidal     |            |
| OTC | petrolatum/mineral oil | EUCERIN    |

|     |   |          |
|-----|---|----------|
| OTC | salicylic acid gel 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   | REGANEX  |
| 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 |

#### 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     |         |
|     | phenylephrine 0.25% |         |

##### 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                 | TOBEX    |
|  | tobramycin oint                 | TOBEX    |

##### 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             |
| <b>Anti-inflammatories</b>                                       |                                   |                    |
| <i>Nonsteroidal</i>  |                                   |                    |
|  | flurbiprofen                      |                    |
|  | ketorolac 0.4%                    | ACULAR LS          |
|  | ketorolac 0.5%                    | ACULAR             |
| <i>Steroidal</i>   |                                   |                    |
|  | dexamethasone sodium phosphate    |                    |
|  | fluorometholone 0.1%              | FML                |
|  | loteprednol susp 0.5%             | LOTEMAX            |
|  | prednisolone acetate 1%           | PRED FORTE         |
|  | prednisolone phosphate 1%         |                    |
|  | fluorometholone 0.25%             | FML FORTE          |
|  | fluorometholone ointment          | FML S.O.P.         |
|  | loteprednol oint 0.5%             | LOTEMAX            |
|  | prednisolone acetate 0.12%        | PRED MILD          |
| <b>Antivirals</b>  |                                   |                    |
|  | trifluridine                      |                    |
| <b>Beta-blockers</b>   |                                   |                    |
| <i>Nonselective</i>  |                                   |                    |
|  | carteolol                         |                    |
|  | levobunolol                       |                    |
|  | timolol maleate                   | TIMOPTIC           |
|  | timolol maleate gel               | TIMOPTIC-XE        |
|  | timolol hemihydrate               | BETIMOL            |
| <i>Selective</i>   |                                   |                    |
|  | betaxolol 0.5%                    |                    |
| <b>Carbonic Anhydrase Inhibitors</b>                             |                                   |                    |
| <i>Topical</i>   |                                   |                    |
|  | brinzolamide                      | AZOPT              |
|  | dorzolamide                       | TRUSOPT            |
| <b>Carbonic Anhydrase Inhibitor/Beta-blocker Combinations</b>    |                                   |                    |
|  | dorzolamide/timolol maleate       | COSOPT             |
| <b>Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations</b> |                                   |                    |
|  | brinzolamide/brimonidine          | SIMBRINZA          |
| <b>Dry Eye Disease</b>   |                                   |                    |
| PA   | cyclosporine, emulsion            | RESTASIS           |
| PA   | lifitegrast                       | XIIDRA             |
| <b>Local Anesthetic Combinations</b>                             |                                   |                    |
|  | fluorescein/benoxinate 0.25%/0.4% |                    |
| <b>Mydriatics</b>  |                                   |                    |
|  | cyclopentolate 1%                 | CYCLOGYL           |
|  | 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>

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