

MedStar Family Choice - Maryland HealthChoice Quick Reference List

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

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

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

ANALGESICS	<i>morphine ext-rel tabs MDL, PA</i> <i>morphine supp MDL</i> <i>oxycodone caps, tabs 5 mg MDL</i> <i>oxycodone concentrate 20 mg/mL MDL</i> <i>oxycodone tabs 10 mg, 15 mg, 20 mg, 30 mg, soln 5 mg/5 mL MDL</i> <i>oxycodone-acetaminophen 5/325, 7.5/325, 10/325 MDL</i> <i>oxycodone-aspirin MDL</i> <i>oxymorphone ext-rel MDL, PA</i> <i>tramadol MDL</i>	<i>cefpodoxime tablets</i> <i>ceftriaxone</i> § ERYTHROMYCINS / MACROLIDES <i>azithromycin MDL</i> <i>clarithromycin</i> <i>clarithromycin ext-rel</i> <i>erythromycin base</i> <i>erythromycin delayed-rel</i> <i>erythromycin delayed-rel - Ery-tab</i> <i>erythromycin ethylsuccinate</i> <i>erythromycin stearate DIFCID PA</i>	<i>caps 50 mg, 75 mg, 100 mg, 150 mg</i> <i>doxycycline monohydrate susp</i> <i>doxycycline monohydrate tabs 50 mg, 75 mg, 100 mg, 150 mg</i> <i>minocycline</i> <i>tetracycline SEYSARA PA</i>	<i>disoproxil fumarate lamivudine-zidovudine BIKTARVY CABENUVA PA CIMDUO COMPLERA DELSTRIGO DESCovy PA* DOVATO EVOTAZ GENVOYA JULUCA ODEFSEY PREZCOBIX STRIBILD SYMTUZA TRIUMEQ</i>
§ COX-2 INHIBITORS	<i>butalbital-acetaminophen MDL</i>	 § FLUOROQUINOLONES <i>ciprofloxacin</i> <i>levofloxacin</i> <i>moxifloxacin</i>	 § ANTIFUNGALS <i>clotrimazole troches</i> <i>fluconazole MDL</i> <i>griseofulvin microsize susp, tabs</i> <i>griseofulvin ultramicrosize</i> <i>itraconazole caps 100 mg</i> <i>nystatin</i> <i>posaconazole PA</i> <i>terbinafine tabs</i> <i>voriconazole susp, tabs</i>	 PA* Covered for HIV treatment only, not for pre-exposure prophylaxis (PrEP). emtricitabine-tenofovir disoproxil fumarate is covered for PrEP
§ OPIOID ANALGESICS ¹	<i>butalbital-acetaminophen-caffeine-codeine MDL</i> <i>butalbital-aspirin-caffeine-codeine MDL</i> <i>codeine sulfate MDL</i> <i>codeine-acetaminophen MDL</i> <i>fentanyl transdermal MDL, PA</i> <i>hydrocodone-acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg MDL</i> <i>hydrocodone-acetaminophen soln 7.5/325 mg/15 mL MDL</i> <i>hydromorphone MDL</i> <i>methadone MDL, PA</i> <i>morphine MDL</i> <i>morphine ext-rel beads MDL, PA</i>	 § NON-OPIOID ANALGESICS <i>butalbital-acetaminophen MDL</i> <i>butalbital-acetaminophen-caffeine MDL</i> <i>butalbital-aspirin-caffeine MDL</i>	 § PENICILLINS <i>amoxicillin</i> <i>amoxicillin-clavulanate</i> <i>ampicillin</i> <i>dicloxacillin</i> <i>penicillin VK</i> <i>BICILLIN C-R</i> <i>BICILLIN L-A</i>	 ATTACHMENT INHIBITORS RUKOBIA
ANTI-INFECTIVES	 ANTIBACTERIALS CEPHALOSPORINS § First Generation <i>cefadroxil</i> <i>cephalexin caps 250 mg, 500 mg</i> <i>cephalexin susp 125 mg/5 mL, 250 mg/5 mL</i>	 § SULFONAMIDES <i>sulfamethoxazole-trimethoprim</i> <i>sulfamethoxazole-trimethoprim DS</i> SULFADIAZINE	 ANTIRETROVIRAL AGENTS ANTIRETROVIRAL ADJUVANTS <i>TYBOST</i>	 CHEMOKINE RECEPTOR ANTAGONISTS SELZENTRY
	 § Second Generation <i>cefuroxime axetil</i>	 § TETRACYCLINES <i>doxycycline hyolate caps</i> <i>doxycycline hyolate tabs 20 mg, 100 mg</i> <i>doxycycline monohydrate</i>	 § ANTIRETROVIRAL COMBINATIONS <i>abacavir-lamivudine</i> <i>abacavir-lamivudine-zidovudine</i> <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> <i>emtricitabine-tenofovir</i>	 FUSION INHIBITORS <b b="" fuzeon<="">
	 § Third Generation <i>cefdinir</i>			 INTEGRASE INHIBITORS ISENTRESS ISENTRESS HD TIVICAY VOCABRIA PA
				 MONOCLONAL ANTIBODY TROGARZO

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS efavirenz etravirine nevirapine nevirapine ext-rel EDURANT PIFELTRO	CARDIOVASCULAR			
	§ ACE INHIBITORS benazepril captopril enalapril fosinopril lisinopril moexipril perindopril quinapril ramipril trandolapril	<i>propafenone</i> <i>sotalol</i>	§ BETA-BLOCKER / DIURETIC COMBINATIONS <i>atenolol-chlorthalidone</i> <i>bisoprolol-hydrochlorothiazide</i>	<i>isosorbide mononitrate</i> <i>isosorbide mononitrate ext-rel</i>
	ANTILIPEMICS cholestyramine		§ SUBLINGUAL / TRANSLINGUAL <i>nitroglycerin lingual spray</i> <i>nitroglycerin sublingual</i>	
	§ BILE ACID RESINS ezetimibe ezetimibe-simvastatin		§ DIHYDROPYRIDINES <i>amlodipine</i> <i>felodipine ext-rel</i> <i>nicardipine</i> <i>nifedipine</i> <i>nifedipine ext-rel</i> <i>nimodipine</i>	§ TRANSDERMAL <i>nitroglycerin transdermal</i> NITRO-BID
	§ CHOLESTEROL ABSORPTION INHIBITORS / COMBINATIONS ezetimibe ezetimibe-simvastatin		CALCIUM CHANNEL BLOCKERS § NODIHYDROPYRIDINES <i>diltiazem</i> <i>diltiazem ext-rel</i> <i>verapamil</i> <i>verapamil ext-rel</i>	PULMONARY ARTERIAL HYPERTENSION § ENDOTHELIN RECEPTOR ANTAGONISTS <i>ambrisentan</i> OPSUMIT
	§ FIBRATES fenofibrate micronized caps 67 mg, 134 mg, 200 mg fenofibrate tabs 48 mg, 54 mg, 160 mg fenofibric acid delayed-rel tabs 35 mg, 105 mg gemfibrozil		§ DIGITALIS GLYCOSIDES <i>digoxin</i>	§ PHOSPHODIESTERASE INHIBITORS <i>sildenafil PA</i> <i>tadalafil PA</i>
	§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS amlodipine-benazepril trandolapril-verapamil ext-rel		DIURETICS § CARBONIC ANHYDRASE INHIBITORS <i>acetazolamide</i> <i>acetazolamide ext-rel</i> <i>methazolamide</i>	PROSTACYCLIN RECEPTOR AGONISTS UPTRAVI
	§ ACE INHIBITOR / DIURETIC COMBINATIONS benazepril-hydrochlorothiazide enalapril-hydrochlorothiazide fisinopril-hydrochlorothiazide lisinopril-hydrochlorothiazide quinapril-hydrochlorothiazide		§ LOOP DIURETICS <i>bumetanide</i> <i>furosemide</i> <i>torsemide</i>	§ PROSTAGLANDIN VASODILATORS <i>epoprostenol sodium</i> ORENITRAM REMODULIN TYVASO
	§ ADRENOlytics, CENTRAL clonidine clonidine transdermal guanfacine		§ POTASSIUM-SPARING DIURETICS <i>amiloride</i> <i>triamterene</i>	§ MISCELLANEOUS <i>hydralazine</i> <i>midodrine</i> <i>minoxidil</i> METHYLDOPA RANEXA
	§ ALDOSTERONE RECEPTOR ANTAGONISTS eplerenone spironolactone		§ THIAZIDES AND THIAZIDE-LIKE DIURETICS <i>chlorthalidone</i> <i>hydrochlorothiazide</i> <i>indapamide</i> <i>metolazone</i> DIURIL	
§ PROTEASE INHIBITORS abacavir emtricitabine lamivudine stavudine zidovudine	§ ALPHA BLOCKERS doxazosin prazosin terazosin		§ BETA-BLOCKERS <i>atenolol</i> <i>bisoprolol</i> <i>carvedilol</i> <i>carvedilol phosphate ext-rel</i> <i>labetalol</i> <i>metoprolol succinate ext-rel</i> <i>metoprolol tartrate 25 mg, 50 mg, 100 mg</i> <i>nadolol</i> <i>pindolol</i> <i>propranolol</i> <i>propranolol ext-rel</i> <i>timolol maleate tabs</i> HEMANGEOL AL	CENTRAL NERVOUS SYSTEM
	§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS candesartan / candesartan-hydrochlorothiazide irbesartan / irbesartan-hydrochlorothiazide losartan / losartan-hydrochlorothiazide olmesartan / olmesartan-hydrochlorothiazide telmisartan / telmisartan-hydrochlorothiazide valsartan / valsartan-hydrochlorothiazide			§ ANTIANXIETY Behavioral health (mental health and substance abuse) medications are carved out to the Maryland Department of Health (MDH). For more information and a list of medications, please visit the following link: https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx
	PCSK9 INHIBITORS REPATHA			
	§ BETA-BLOCKERS atenolol			
	bisoprolol			
	carvedilol			
	carvedilol phosphate ext-rel			
	labetalol			
	metoprolol succinate ext-rel			
	metoprolol tartrate 25 mg, 50 mg, 100 mg			
§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS abacavir emtricitabine lamivudine stavudine zidovudine	AL Covered for age 5 or younger			
	AL Covered for younger than age 8			
	§ ANTIARRHYTHMICS amiodarone disopyramide dofetilide flecainide			
	HEART FAILURE BIDIL ENTRESTO			
	NITRATES § ORAL <i>isosorbide dinitrate 5 mg, 10 mg, 20 mg, 30 mg</i>			
	ethosuximide phenobarbital phenytoin			

phenytoin sodium extended primidone	requested by calling MedStar Family Choice.	and a list of medications, please visit the following link: https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx	SENSITIZER COMBINATIONS <i>alogliptin-pioglitazone</i>	SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS / BIGUANIDE COMBINATIONS
§ ANTIDEMENTIA	FIBROMYALGIA	<i>baclofen 5 mg, 10 mg, 20 mg carisoprodol 350 mg cyclobenzaprine 5 mg, 10 mg dantrolene metaxalone 800 mg methocarbamol orphenadrine ext-rel tizanidine tabs</i>	INCRETIN MIMETIC AGENTS	INVOKAMET
<i>donepezil galantamine memantine rivastigmine caps, soln</i>	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		<i>OZEMPIC RYBELSUS TRULICITY VICTOZA</i>	INVOKAMET XR
§ ANTIDEPRESSANTS	SAVELLA		INCRETIN MIMETIC AGENT / INSULIN COMBINATIONS	SEGLUROMET
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	§ HYPNOTICS		SOLIQUA	SYNJARDY
§ ANTIPARKINSONIAN AGENTS	Certain Parkinson's medications are carved out to the Maryland Department of Health (MDH). If you do not see the medication you wish to prescribe below, it may be covered by MDH. For more information and a list of medications, please visit the following link: https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx		INSULINS *	SYNJARDY XR
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	MIGRAINE		HUMULIN 70/30 OTC HUMULIN N OTC HUMULIN R OTC NOVOLIN 70/30 OTC NOVOLIN N OTC NOVOLIN R OTC ADMELOG BASAGLAR HUMALOG MIX 50/50 HUMALOG MIX 75/25 NOVOLOG NOVOLOG MIX 70/30 SEMGLEE TRESIBA	XIGDUO XR
<i>amantadine caps, syrup bromocriptine carbidopa carbidopa-levodopa carbidopa-levodopa ext-rel carbidopa-levodopa- entacapone entacapone pramipexole ropinirole ropinirole ext-rel selegiline caps, tabs NEUPRO NOURIANZ PA XADAGO PA</i>	ACUTE MIGRAINE AGENTS			SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE (DPP-4) INHIBITOR COMBINATIONS
§ Ergotamine Derivatives	ergotamine-caffeine			<i>GLYXAMBI STEGLUJAN</i>
	§ Triptans			SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS
	<i>naratriptan MDL rizatriptan MDL sumatriptan MDL sumatriptan injection MDL sumatriptan nasal spray MDL zolmitriptan tabs MDL</i>			TRIJARDY XR
	§ Miscellaneous			§ SULFONYLUREAS
	REYVOW PA			<i>glimepiride glipizide glipizide ext-rel glyburide glyburide, micronized</i>
	PREVENTIVE MIGRAINE AGENTS			SUPPLIES
	Monoclonal Antibodies			ACCU-CHEK CONTROL SOLUTION OTC
	<i>AIMOVIG EMGALITY QLIPTA PA UBRELVY PA VYEPTI PA</i>			ACCU-CHEK STRIPS AND KITS OTC
	§ MULTIPLE SCLEROSIS AGENTS			ALCOHOL SWABS OTC
	<i>dalfampridine ext-rel PA dimethyl fumarate delayed- rel glatiramer AVONEX COPAXONE 40 MG EXTAVIA GILENYA MAYZENT REBIF</i>			CHEMSTRIP URINE TEST STRIPS OTC
	§ MUSCULOSKELETAL THERAPY AGENTS			INSULIN SYRINGES, NEEDLES OTC
<i>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</i>	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			KETOSTIX URINE TEST STRIPS OTC
				LANCETS, LANCET DEVICES OTC
				DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM PA
				FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM PA
				OMNIPOD DASH INSULIN INFUSION PUMP PA
				OMNIPOD INSULIN INFUSION PUMP PA
				V-GO INSULIN INFUSION PUMP PA

CALCIUM REGULATORS	levonorgestrel-EE - Trivora	ESTRACE	aprepitant caps	simethicone OTC
§ BISPHOSPHONATES	norethindrone acetate-EE and iron	FEMRING	doxylamine-pyridoxine delayed-rel MDL	
<i>alendronate tabs</i>	<i>norethindrone-EE</i>	ESTROGEN / PROGESTINS	<i>granisetron MDL</i>	
FOSAMAX PLUS D	<i>norgestimate-EE</i>	§ ORAL	<i>meclizine</i>	
CONTRACEPTIVES	FOUR PHASE	<i>EE-norethindrone acetate</i>	<i>metoclopramide</i>	GENITOURINARY
EE = ethinyl estradiol	NATAZIA PA	<i>EE-norethindrone acetate -</i>	<i>ondansetron</i>	§ BENIGN PROSTATIC
MONOPHASIC	§ EXTENDED CYCLE	<i>Jinteli</i>	<i>prochlorperazine</i>	HYPERPLASIA
10 mcg Estrogen	levonorgestrel-EE 0.1/20 and EE 10	PREMPHASE	<i>promethazine syrup MDL</i>	<i>alfuzosin ext-rel</i>
LO LOESTRIN FE PA	levonorgestrel-EE 0.15/20, 0.15/25, 0.15/30 and EE 10	PREMPRO	<i>promethazine, except</i>	<i>doxazosin</i>
§ 20 mcg Estrogen	levonorgestrel-EE 0.15/30	TRANSDERMAL	<i>suppository</i>	<i>dutasteride</i>
<i>dospirenone-EE 3/20</i>	levonorgestrel-EE 0.15/30/30	CLIMARA PRO	<i>scopolamine transdermal</i>	<i>finasteride</i>
<i>dospirenone-EE-</i>	levonorgestrel-EE 0.15/30/30	COMBIPATCH	<i>trimethobenzamide</i>	<i>silodosin</i>
<i>levomefolate 3/20 and</i>	levonorgestrel-EE 0.15/30/30	§ GLUCOCORTICOIDS	§ H₂ RECEPTOR	<i>tamsulosin</i>
<i>levomefolate</i>	levonorgestrel-EE 0.15/30/30	dexamethasone	ANTAGONISTS	<i>terazosin</i>
<i>levonorgestrel-EE 0.1/20 -</i>	levonorgestrel-EE 0.15/30/30	fludrocortisone	famotidine OTC	
<i>Aviane</i>	levonorgestrel-EE 0.15/30/30	hydrocortisone	PEPCID AC CHEWABLE	
<i>norethindrone acetate-EE</i>	levonorgestrel-EE 0.15/30/30	methylprednisolone	OTC	
<i>1/20</i>	levonorgestrel-EE 0.15/30/30	prednisolone sodium	cimetidine	§ VAGINAL ANTI-
<i>norethindrone acetate-EE</i>	levonorgestrel-EE 0.15/30/30	phosphate soln 5 mg/5 mL,	famotidine susp 40 mg/5 mL	INFECTIVES
<i>1/20 and iron</i>	levonorgestrel-EE 0.15/30/30	15 mg/5 mL, 25 mg/5 mL	famotidine tabs 10 mg, 40	<i>clotrimazole OTC</i>
<i>norethindrone acetate-EE</i>	levonorgestrel-EE 0.15/30/30	prednisolone syrup	mg	<i>miconazole OTC</i>
<i>1/20 and iron chewable PA</i>	levonorgestrel-EE 0.15/30/30	prednisone		<i>clindamycin crm</i>
<i>norethindrone acetate-EE</i>	levonorgestrel-EE 0.15/30/30	PROGESTINS		<i>metronidazole</i>
<i>1/20 and iron gel caps PA</i>	levonorgestrel-EE 0.15/30/30	§ INJECTABLE		<i>terconazole</i>
§ 25 mcg Estrogen	medroxyprogesterone acetate 150 mg/mL	hydroxyprogesterone caproate	§ LAXATIVES / STOOL	HEMATOLOGIC
<i>norethindrone-EE 0.8/25</i>	DEPO-SUBQ PROVERA 104	SOFTENERS	<i>docusate sodium caps, liquid</i>	ANTICOAGULANTS
<i>chewable</i>	INTRAUTERINE DEVICES	§ ORAL	OTC	§ INJECTABLE
§ 30 mcg Estrogen	KYLEENA	medroxyprogesterone acetate	<i>methylcellulose OTC</i>	<i>enoxaparin</i>
<i>desogestrel-EE 0.15/30 -</i>	LILETTA	megestrol acetate susp	<i>mineral oil OTC</i>	§ ORAL
<i>Apri</i>	MIRENA	norethindrone acetate	<i>polyethylene glycol 3350</i>	<i>warfarin</i>
<i>dospirenone-EE 3/30</i>	PARAGARD T 380A	progesterone, micronized	OTC	<i>ELIQUIS</i>
<i>levonorgestrel-EE 0.15/30 -</i>	SKYLA	VAGINAL	<i>psyllium-aspartame OTC</i>	<i>PRADAXA</i>
<i>Levora</i>	§ TRANSDERMAL	CRINONE	<i>sennosides OTC</i>	<i>XARELTO</i>
<i>norethindrone acetate-EE</i>	norelgestromin-EE	§ SELECTIVE ESTROGEN	<i>lactulose soln</i>	HEMATOPOIETIC GROWTH
<i>1.5/30</i>	VAGINAL	RECEPTOR MODULATORS	<i>peg 3350-electrolytes</i>	FACTORS
<i>norethindrone acetate-EE</i>	etonogestrel/EE ring	raloxifene	PANCREATIC ENZYMES	<i>ARANESP</i>
<i>1.5/30 and iron</i>	MISCELLANEOUS	THYROID AGENTS	<i>EPOGEN</i>	
<i>norgestrel-EE 0.3/30 - Low-</i>	CONDOMS, MALE OTC , MDL	§ THYROID SUPPLEMENTS	<i>LEUKINE</i>	
<i>Ogestrel</i>	GYNOL II OTC	levothyroxine	<i>PROCRT</i>	
§ 35 mcg Estrogen	SHUR-SEAL OTC	levothyroxine - Levoxyl	<i>UDENYCA</i>	
<i>ethynodiol diacetate-EE 1/35</i>	NEXPLANON	liothyronine	<i>ZARXIO</i>	
<i>- Zovia 1/35</i>	ESTROGENS	GASTROINTESTINAL	§ PLATELET AGGREGATION	
<i>norethindrone-EE 0.4/35 -</i>	§ INJECTABLE	§ ANTACIDS	INHIBITORS	
<i>Briellyn</i>	estradiol valerate	aluminum hydroxide OTC	<i>esomeprazole magnesium</i>	
<i>norethindrone-EE 0.4/35</i>	DEPO-ESTRADIOL	aluminum hydroxide- magnesium hydroxide OTC	<i>delayed-rel OTC, MDL</i>	
<i>chewable - Wymzya FE</i>	§ ORAL	calcium carbonate OTC	<i>lansoprazole delayed-rel</i>	
<i>norethindrone-EE 0.5/35 -</i>	estradiol	sodium bicarbonate OTC	OTC	
<i>Necon 0.5/35</i>	§ TRANSDERMAL	§ ANTIEMETICS	<i>omeprazole magnesium</i>	
<i>norethindrone-EE 1/35</i>	estradiol	dextrose-fructose-phosphoric acid OTC	<i>delayed-rel OTC</i>	
<i>norgestimate-EE 0.25/35</i>	ALORA	dimenhydrinate OTC	<i>omeprazole-sodium</i>	
§ 50 mcg Estrogen	§ VAGINAL	meclizine OTC	<i>bicarbonate OTC</i>	
<i>ethynodiol diacetate-EE 1/50</i>	estradiol vaginal tabs		<i>lansoprazole delayed-rel</i>	
<i>- Kelnor 1/50</i>			MDL	
§ BIOPHASIC			<i>lansoprazole delayed-rel</i>	
<i>desogestrel-EE</i>			<i>orally disintegrating tabs</i>	
§ TRIPHASIC			<i>15 mg AL, MDL</i>	
<i>desogestrel-EE - Velvet</i>			omeprazole delayed-rel caps	
			MDL	
			<i>pantoprazole delayed-rel</i>	
			<i>tabs MDL</i>	
			<i>AL Covered for age 8 or younger</i>	
			§ MISCELLANEOUS	
			<i>probiotics OTC</i>	

LEGEND **AL:** Age Limit **MDL:** Managed Drug Limitation **OTC:** Over the counter **PA:** Prior Authorization **ST:** Step Therapy



IMMUNOMODULATORS	polysaccharide iron complex-vitamin B12-folic acid - Ferrex 150 OTC	§ ANTIHISTAMINES, NONSEDATING	Long Acting	ELIXOPHYLLIN
INTERFERONS	pyridoxine 25 mg, 50 mg OTC	fexofenadine susp, tabs OTC	Hand-held Active Inhalation	TOPICAL
ACTIMMUNE PA	loratadine OTC	SEREVENT		
IMMUNOSUPPRESSANTS	vitamin ADC drops OTC	§ ORAL AGENTS		DERMATOLOGY
§ ANTIMETABOLITES	FERRIMIN 150 OTC	albuterol		§ ACTINIC KERATOSIS
<i>azathioprine</i>	MAGONATE OTC	terbutaline		<i>diclofenac sodium gel 3%</i>
<i>mycophenolate mofetil</i>	TRI-VI-SOL DROPS OTC			<i>fluorouracil crm 5%</i>
§ CALCINEURIN INHIBITORS	VITRON-C OTC			FLUOROPLEX
<i>cyclosporine</i>	<i>cyanocobalamin inj</i>			
<i>cyclosporine, modified</i>	<i>ferrous fumarate-</i>			§ ANTIBIOTICS
<i>tacrolimus</i>	<i>polysaccharide iron</i>			<i>bacitracin OTC</i>
§ RAPAMYCIN DERIVATIVES	<i>complex-folic acid-B</i>			<i>neomycin-polymyxin B</i>
<i>sirolimus</i>	<i>complex-vitamin C-</i>			<i>CRM OTC</i>
MISCELLANEOUS	<i>minerals</i>			<i>neomycin-polymyxin B-</i>
BENLYSTA PA	fluoride drops, tabs			<i>bacitracin-lidocaine oint</i>
LUPKYNIS PA	multivitamins-fluoride drops,			OTC
SAPHNELO PA	tabs			polymyxin B-bacitracin OTC
NUTRITIONAL / SUPPLEMENTS	multivitamins-fluoride-iron			<i>gentamicin crm, oint 0.1%</i>
ELECTROLYTES	drops, tabs			<i>mupirocin oint</i>
§ POTASSIUM	phytonadione			<i>silver sulfadiazine</i>
<i>potassium chloride effervescent</i>	vitamin ADC-fluoride drops			§ ANTIFUNGALS
<i>potassium chloride ext-rel</i>	vitamin ADC-fluoride-iron			<i>clotrimazole crm, soln 1%</i>
<i>potassium chloride liquid</i>	drops			OTC
<i>potassium chloride powder 25 mEq</i>	vitamin B complex-vitamin C-folic acid			<i>miconazole OTC</i>
VITAMINS AND MINERALS	GALZIN			LAMISIL AT OTC
§ FOLIC ACID AGENTS	VITAMIN D			LOTRIMIN ULTRA OTC
<i>folic acid</i>				<i>ciclopirox crm, susp ST</i>
§ PRENATAL VITAMINS				<i>ciclopirox shampoo 1%</i>
<i>prenatal vitamins-folic acid OTC</i>	§ ANAPHYLAXIS TREATMENT AGENTS			<i>ciclopirox topical soln 8%</i>
ONE DAILY PREGNATAL OTC	epinephrine auto-injector			<i>clotrimazole crm, soln 1%</i>
<i>prenatal vitamins-folic acid CITRANATAL DHA</i>	EPIPEN			<i>ketoconazole crm 2%</i>
	EPIPEN JR.			<i>nystatin</i>
§ MISCELLANEOUS				ST Clotrimazole, ketoconazole or nystatin required before ciclopirox crm or susp
<i>alpha-lipoic acid OTC</i>	§ ANTICHOLINERGICS			
<i>cholecalciferol (D3) drops OTC</i>	<i>ipratropium inhalation solution</i>			CORTICOSTEROIDS
<i>cyanocobalamin tabs 1000 mcg OTC</i>	INCURSE ELLIPTA			§ Low Potency
<i>ergocalciferol (D2) drops OTC</i>	SPIRIVA RESPIMAT			<i>hydrocortisone crm, oint 0.5%, 1% OTC</i>
<i>ferrous gluconate OTC</i>	ANTICHOLINERGIC / BETA AGONIST COMBINATIONS			<i>alclometasone crm, oint 0.05%</i>
<i>ferrous sulfate OTC</i>	§ SHORT ACTING			<i>desonide crm, oint 0.05%</i>
<i>ferrous sulfate delayed-rel OTC</i>	<i>ipratropium-albuterol inhalation solution</i>			<i>fluocinolone acetonide soln 0.01%</i>
<i>lutein OTC</i>	COMBIVENT RESPIMAT			<i>hydrocortisone crm 2.5%</i>
<i>magnesium oxide OTC</i>				§ Medium Potency
<i>melatonin OTC</i>	LONG ACTING			<i>betamethasone valerate crm, lotion, oint 0.1%</i>
<i>multivitamins drops OTC</i>	ANORO ELLIPTA			<i>fluocinolone acetonide crm, oint 0.025%</i>
<i>multivitamins-iron drops OTC</i>	STILOTO RESPIMAT			<i>hydrocortisone valerate crm, oint 0.2%</i>
<i>polysaccharide iron complex 150 mg - Nu-Iron 150 OTC</i>	ANTICHOLINERGIC / BETA AGONIST / STEROID COMBINATIONS			<i>mometasone crm, oint, soln 0.1%</i>
	TRELEGY ELLIPTA			<i>triamcinolone acetonide cream, lotion, oint 0.025%</i>
	§ ANTIHISTAMINES, LOW SEDATING			<i>triamcinolone acetonide crm, lotion, oint 0.1%</i>
	<i>cetirizine, except chewable OTC</i>			§ High Potency
	<i>levocetirizine</i>			<i>betamethasone dipropionate crm, lotion, oint 0.05%</i>

LEGEND **AL:** Age Limit **MDL:** Managed Drug Limitation **OTC:** Over the counter **PA:** Prior Authorization **ST:** Step Therapy

<i>fluocinonide crm, gel, oint, soln 0.05%</i>	AVEENO OTC	<i>moxifloxacin</i>	PREDNISOLONE	LUMIGAN
<i>triamicinolone acetoneide crm 0.5%</i>	CETAPHIL OTC	<i>neomycin-polymyxin B- gramicidin</i>	PHOSPHATE 1%	§ SYMPATHOMIMETICS
§ Very High Potency	<i>imiquimod</i>	<i>ofloxacin</i>	BETA-BLOCKERS	<i>brimonidine 0.15%, 0.2%</i>
<i>clobetasol propionate oint, soln 0.05%</i>	<i>podofilox</i>	<i>polymyxin B-bacitracin</i>	§ Nonselective	ALPHAGAN P 0.1%
<i>halobetasol propionate crm, oint 0.05%</i>	<i>urea crm 39%, 40%</i>	<i>polymyxin B-trimethoprim</i>	<i>carteolol</i>	SYMPATHOMIMETIC / BETA- BLOCKER COMBINATIONS
§ MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	<i>urea lotion 40%, 45%</i>	<i>sulfacetamide soln 10%</i>	<i>levobunolol</i>	COMBIGAN
<i>ammonium lactate 12% OTC</i>	DRYSOL	<i>tobramycin soln</i>	<i>timolol maleate</i>	OTIC
<i>calamine lotion OTC</i>	QBREXA PA	TOBREX OINTMENT	<i>timolol maleate gel</i>	§ ANTI-INFECTIVES
<i>chlorhexidine OTC</i>	REGRANEX		BETIMOL	<i>acetic acid</i>
<i>docosanol OTC</i>	SANTYL PA			<i>ciprofloxacin otic</i>
<i>oatmeal, colloidal OTC</i>	OPHTHALMIC			<i>ofloxacin otic</i>
<i>petrolatum-mineral oil OTC</i>	§ ANTIALLERGICS			§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS
<i>salicylic acid gel 17% OTC</i>	<i>ketotifen OTC</i>	ANTI-INFLAMMATORIES		<i>ciprofloxacin-dexamethasone</i>
<i>salicylic acid pad, plaster 40% OTC</i>	<i>olopatadine 0.1%, 0.2% OTC</i>	§ Nonsteroidal		<i>neomycin-polymyxin B- hydrocortisone</i>
<i>urea crm 10%, 20%, 30%, 40% OTC</i>	PATADAY OTC	<i>flurbiprofen</i>		
<i>urea lotion 10% OTC</i>	<i>azelastine</i>	<i>ketorolac 0.4%, 0.5%</i>		
	<i>cromolyn sodium</i>			
	<i>phenylephrine 0.25%</i>	§ Steroidal		
		<i>dexamethasone sodium phosphate</i>		
	§ ANTI-INFECTIVES	<i>fluorometholone 0.1%</i>		
	<i>bacitracin</i>	<i>loteprednol susp 0.5%</i>		
	<i>ciprofloxacin soln</i>	<i>prednisolone acetate 1%</i>		
	<i>erythromycin</i>	FML FORTE		
	<i>gentamicin</i>	FML S.O.P.		
		LOTEMAX OINTMENT		
		PRED MILD		
			§ PROSTAGLANDINS	
			<i>latanoprost</i>	

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

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

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

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

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

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