

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

§ NSAIDs

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

§ COX-2 INHIBITORS

celecoxib

§ OPIOID ANALGESICS¹

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

oxycodone caps, tabs 5 mg MDL

oxycodone concentrate 20 mg/mL MDL

oxycodone tabs 10 mg, 15 mg, 20 mg, 30 mg, soln 5 mg/5 mL MDL

oxycodone-acetaminophen 5/325, 7.5/325, 10/325 MDL

oxycodone-aspirin MDL

oxymorphone ext-rel MDL, PA

tramadol MDL

§ NON-OPIOID ANALGESICS

butalbital-acetaminophen MDL

butalbital-acetaminophen-caffeine MDL

butalbital-aspirin-caffeine MDL

ANTI-INFECTIVES

ANTIBACTERIALS

CEPHALOSPORINS

§ First Generation

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

§ Second Generation

cefuroxime axetil

§ Third Generation

cefdinir
cefepodoxime tablets
ceftriaxone

§ ERYTHROMYCINS / MACROLIDES

azithromycin MDL

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

§ FLUOROQUINOLONES

ciprofloxacin
levofloxacin
moxifloxacin

§ PENICILLINS

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

§ SULFONAMIDES

sulfamethoxazole-trimethoprim
sulfamethoxazole-trimethoprim DS
 SULFADIAZINE

§ TETRACYCLINES

doxycycline hyclate caps
doxycycline hyclate tabs 20 mg, 100 mg
doxycycline monohydrate caps 50 mg, 75 mg, 100 mg, 150 mg
doxycycline monohydrate susp
doxycycline monohydrate tabs 50 mg, 75 mg, 100 mg, 150 mg
minocycline
tetracycline

SEYSARA PA

§ ANTIFUNGALS

clotrimazole troches
fluconazole MDL
griseofulvin microsize susp, tabs
griseofulvin ultramicrosized
itraconazole caps 100 mg
nystatin
posaconazole PA
terbinafine tabs
voriconazole susp, tabs
 MDL 150 mg only (4 tabs/23 days)

ANTIRETROVIRAL AGENTS

ANTIRETROVIRAL ADJUVANTS

TYBOST

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
abacavir-lamivudine-zidovudine
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
emtricitabine-tenofovir disoproxil fumarate
lamivudine-zidovudine
 BIKTARVY
 CABENUVA PA
 CIMDUO
 COMPLERA
 DELSTRIGO
 DESCOVY PA*
 DOVATO
 EVOTAZ
 GENVOYA
 JULUCA
 ODEFSEY

PREZCOBIX
 STRIBILD
 SYMTUZA
 TRIUMEQ

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

ATTACHMENT INHIBITORS
 RUKOBIA

CHEMOKINE RECEPTOR ANTAGONISTS
 SELZENTRY

FUSION INHIBITORS
 FUZEON

INTEGRASE INHIBITORS

ISENTRESS
 ISENTRESS HD
 TIVICAY
 VOCABRIA PA

MONOCLONAL ANTIBODY
 TROGARZO

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

efavirenz
etravirine
nevirapine
nevirapine ext-rel
 EDURANT
 PIFELTRO

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir
emtricitabine
lamivudine

stavudine
zidovudine

§ NUCLEOTIDE REVERSE
TRANSCRIPTASE
INHIBITORS

tenofovir disoproxil fumarate

§ PROTEASE INHIBITORS

atazanavir
fosamprenavir
lopinavir-ritonavir
ritonavir
APTIVUS
CRIXIVAN
PREZISTA
VIRACEPT

ANTIVIRALS

§ HERPES AGENTS

acyclovir caps, susp, tabs
famciclovir
valacyclovir

§ MISCELLANEOUS

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

AL Covered for younger than age 8

CARDIOVASCULAR

§ ACE INHIBITORS

benazepril
captopril
enalapril
fosinopril
lisinopril
moexipril
perindopril
quinapril
ramipril
trandolapril

§ ACE INHIBITOR / CALCIUM
CHANNEL BLOCKER
COMBINATIONS

amlodipine-benazepril
trandolapril-verapamil ext-rel

§ ACE INHIBITOR /
DIURETIC COMBINATIONS

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

§ ADRENOLYTICS,
CENTRAL

clonidine
clonidine transdermal
guanfacine

§ ALDOSTERONE
RECEPTOR ANTAGONISTS

eplerenone
spironolactone

§ ALPHA BLOCKERS

doxazosin
prazosin
terazosin

§ ANGIOTENSIN II
RECEPTOR ANTAGONISTS /
DIURETIC COMBINATIONS

candesartan / candesartan-
hydrochlorothiazide
irbesartan / irbesartan-
hydrochlorothiazide
losartan / losartan-
hydrochlorothiazide
olmesartan / olmesartan-
hydrochlorothiazide
telmisartan / telmisartan-
hydrochlorothiazide
valsartan / valsartan-
hydrochlorothiazide

§ ANTIARRHYTHMICS

amiodarone
disopyramide
dofetilide
flecainide
propafenone
sotalol

ANTILIPEMICS

§ BILE ACID RESINS

cholestyramine

§ CHOLESTEROL
ABSORPTION INHIBITORS /
COMBINATIONS

ezetimibe
ezetimibe-simvastatin

§ 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

§ HMG-CoA REDUCTASE
INHIBITORS

atorvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

MICROSOMAL
TRIGLYCERIDE TRANSFER
PROTEIN INHIBITORS

JUXTAPID **PA**

§ NIACINS

niacin **OTC**
niacin
niacin ext-rel

§ OMEGA-3 FATTY ACIDS
omega-3 fatty acids **OTC**
OMEGA-3 GUMMIES **OTC**
omega-3 acid ethyl esters **PA**

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
nadolol
pindolol
propranolol
propranolol ext-rel
timolol maleate tabs
HEMANGEOL **AL**

AL Covered for age 5 or younger

§ BETA-BLOCKER /
DIURETIC COMBINATIONS

atenolol-chlorthalidone
bisoprolol-
hydrochlorothiazide

CALCIUM CHANNEL
BLOCKERS

§ DIHYDROPYRIDINES

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

§ NONDIHYDROPYRIDINES

diltiazem
diltiazem ext-rel
verapamil
verapamil ext-rel

§ DIGITALIS GLYCOSIDES

digoxin

DIURETICS

§ CARBONIC ANHYDRASE
INHIBITORS

acetazolamide
acetazolamide ext-rel
methazolamide

§ LOOP DIURETICS

bumetanide
furosemide
torsemide

§ POTASSIUM-SPARING
DIURETICS

amiloride
triamterene

§ THIAZIDES AND THIAZIDE-
LIKE DIURETICS

chlorthalidone
hydrochlorothiazide
indapamide
metolazone
DIURIL

§ DIURETIC COMBINATIONS

amiloride-hydrochlorothiazide
spironolactone-
hydrochlorothiazide
triamterene-
hydrochlorothiazide caps,
tabs

HEART FAILURE

BIDIL
ENTRESTO

NITRATES

§ ORAL

isosorbide dinitrate 5 mg, 10
mg, 20 mg, 30 mg
isosorbide mononitrate
isosorbide mononitrate ext-
rel

§ SUBLINGUAL /
TRANSLINGUAL

nitroglycerin lingual spray
nitroglycerin sublingual

§ TRANSDERMAL

nitroglycerin transdermal
NITRO-BID

PULMONARY ARTERIAL
HYPERTENSION

§ ENDOTHELIN RECEPTOR
ANTAGONISTS

ambrisentan
OPSUMIT

§ PHOSPHODIESTERASE
INHIBITORS

sildenafil **PA**
tadalafil **PA**

PROSTACYCLIN RECEPTOR
AGONISTS

UPTRAVI

§ PROSTAGLANDIN
VASODILATORS

epoprostenol sodium
ORENITRAM
REMODULIN
TYVASO

§ MISCELLANEOUS

hydralazine
midodrine
minoxidil
METHYLDOPA
RANEXA

**CENTRAL NERVOUS
SYSTEM**

§ ANTIANXIETY

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

§ ANTICONVULSANTS

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

ethosuximide
phenobarbital
phenytoin
phenytoin sodium extended
primidone

§ ANTIDEMENTIA

donepezil
galantamine
memantine
rivastigmine caps, soln

§ ANTIDEPRESSANTS

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

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

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

§ ANTIPSYCHOTICS

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

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

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

FIBROMYALGIA

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

SAVELLA

§ HYPNOTICS

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

ACUTE MIGRAINE AGENTS

§ Ergotamine Derivatives

ergotamine-caffeine

§ Triptans

naratriptan MDL
rizatriptan MDL

sumatriptan MDL
sumatriptan injection MDL
sumatriptan nasal spray MDL
zolmitriptan tabs MDL

§ Miscellaneous REYVOW PA

PREVENTIVE MIGRAINE AGENTS

Monoclonal Antibodies

AIMOVIG
EMGALITY
QULIPTA PA
UBRELVY PA
VYEPTI PA

§ MULTIPLE SCLEROSIS AGENTS

dalfampridine ext-rel PA
*dimethyl fumarate delayed-
rel*
glatiramer
AVONEX
COPAXONE 40 MG
EXTAVIA
GILENYA
MAYZENT
OCREVUS PA
REBIF

§ 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
metaxalone 800 mg
methocarbamol
orphenadrine ext-rel
tizanidine tabs

PSYCHOTHERAPEUTIC- MISCELLANEOUS

§ ALCOHOL DETERRENTS

§ OPIOID ANTAGONISTS

§ PARTIAL OPIOID AGONISTS

§ PARTIAL OPIOID AGONIST / OPIOID ANTAGONIST COMBINATIONS

§ SMOKING DETERRENTS

Alcohol Deterrents, Opioid Antagonists, Partial Opioid Agonists, Partial Opioid Agonist/Opioid Antagonist Combinations and Smoking Deterrent medications are carved out to the Maryland Department of Health (MDH). For more information and a list of medications, please visit the following link:

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

ENDOCRINE AND METABOLIC

ANTIDIABETICS

§ ALPHA-GLUCOSIDASE
INHIBITORS
acarbose

§ BIGUANIDES
metformin MDL
*metformin ext-rel 500 mg,
750 mg**

* 1000 mg is not covered

§ BIGUANIDE /
SULFONYLUREA
COMBINATIONS
glipizide-metformin
glyburide-metformin

§ DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITORS
alogliptin

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

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

INCRETIN MIMETIC AGENTS

OZEMPIC
RYBELSUS
TRULICITY
VICTOZA

INCRETIN MIMETIC AGENT /
INSULIN COMBINATIONS
SOLIQUA

INSULINS *

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

* Insulin cartridges and pens are covered for participants 0-18 years of age. Basaglar and Tresiba pens are covered for all members regardless of age.

For members age 19 and older, insulin pens may be approved, via Prior Authorization (PA) for members with poor visual acuity, poor manual dexterity or educational challenges. Medical records may be required to support the PA request.

§ INSULIN SENSITIZERS
pioglitazone

§ INSULIN SENSITIZER /
BIGUANIDE COMBINATIONS
pioglitazone-metformin

§ INSULIN SENSITIZER /
SULFONYLUREA
COMBINATIONS
pioglitazone-glimepiride

§ MEGLITINIDES
nateglinide
repaglinide

SODIUM-GLUCOSE
CO-TRANSPORTER 2
(SGLT2) INHIBITORS

FARXIGA
INVOKANA
JARDIANCE
STEGLATRO

SODIUM-GLUCOSE
CO-TRANSPORTER 2
(SGLT2) INHIBITORS /
BIGUANIDE COMBINATIONS
INVOKAMET
INVOKAMET XR
SEGLUROMET
SYNJARDY
SYNJARDY XR
XIGDUO XR

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

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

§ SULFONYLUREAS
glimepiride
glipizide
glipizide ext-rel
glyburide
glyburide, micronized

SUPPLIES

ACCU-CHEK CONTROL
SOLUTION OTC

ACCU-CHEK STRIPS AND
KITS OTC
ALCOHOL SWABS OTC
CHEMSTRIP URINE TEST
STRIPS OTC
INSULIN SYRINGES,
NEEDLES OTC
KETOSTIX URINE TEST
STRIPS OTC
LANCETS, LANCET
DEVICES OTC
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
§ BISPHOSPHONATES
alendronate tabs
FOSAMAX PLUS D

CONTRACEPTIVES
EE = ethinyl estradiol

MONOPHASIC

10 mcg Estrogen
LO LOESTRIN FE PA

§ 20 mcg Estrogen

drospirenone-EE 3/20
*drospirenone-EE-
levomefolate 3/20 and
levomefolate*
*levonorgestrel-EE 0.1/20 -
Aviane*
*norethindrone acetate-EE
1/20*
*norethindrone acetate-EE
1/20 and iron*
*norethindrone acetate-EE
1/20 and iron chewable PA*
*norethindrone acetate-EE
1/20 and iron gel caps PA*

§ 25 mcg Estrogen

*norethindrone-EE 0.8/25
chewable*

§ 30 mcg Estrogen

*desogestrel-EE 0.15/30 -
Apri*
drospirenone-EE 3/30
*levonorgestrel-EE 0.15/30 -
Levora*
*norethindrone acetate-EE
1.5/30*
*norethindrone acetate-EE
1.5/30 and iron*

norgestrel-EE 0.3/30 - Low-
Ogestrel

§ 35 mcg Estrogen

ethynodiol diacetate-EE 1/35
- Zovia 1/35

norethindrone-EE 0.4/35 -
Briellyn

norethindrone-EE 0.4/35
chewable - Wymzya FE
norethindrone-EE 0.5/35 -
Necon 0.5/35

norethindrone-EE 1/35
norgestimate-EE 0.25/35

§ 50 mcg Estrogen

ethynodiol diacetate-EE 1/50
- Kelnor 1/50

§ BIPHASIC

desogestrel-EE

§ TRIPHASIC

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

FOUR PHASE

NATAZIA PA

§ EXTENDED CYCLE

levonorgestrel-EE 0.1/20 and
EE 10

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

levonorgestrel-EE 0.15/30
levonorgestrel-EE 0.15/30
and EE 10

§ PROGESTIN ONLY

norethindrone

§ EMERGENCY
CONTRACEPTION

levonorgestrel OTC, MDL
ELLA MDL

§ INJECTABLE

medroxyprogesterone
acetate 150 mg/mL
DEPO-SUBQ PROVERA
104

INTRAUTERINE DEVICES

KYLEENA
LILETTA
MIRENA
PARAGARD T 380A
SKYLA

§ TRANSDERMAL

norelgestromin-EE
VAGINAL
etonogestrel/EE ring

MISCELLANEOUS

CONDOMS, MALE OTC,
MDL
GYNOL II OTC
SHUR-SEAL OTC
NEXPLANON

ESTROGENS

§ INJECTABLE
estradiol valerate
DEPO-ESTRADIOL

§ ORAL

estradiol

§ TRANSDERMAL

estradiol
ALORA

§ VAGINAL

estradiol vaginal tabs
ESTRACE
FEMRING

ESTROGEN / PROGESTINS

§ ORAL

EE-norethindrone acetate
EE-norethindrone acetate -
Jinteli

PREMPHASE

PREMPRO

TRANSDERMAL

CLIMARA PRO
COMBIPATCH

§ GLUCOCORTICOIDS

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

PROGESTINS

§ INJECTABLE

hydroxyprogesterone
caproate

§ ORAL

medroxyprogesterone
acetate
megestrol acetate susp
norethindrone acetate
progesterone, micronized

VAGINAL

CRINONE

§ SELECTIVE ESTROGEN
RECEPTOR MODULATORS

raloxifene

THYROID AGENTS

§ THYROID SUPPLEMENTS

levothyroxine
levothyroxine - Levoxyl
liothyronine

GASTROINTESTINAL

§ ANTACIDS

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

§ ANTIEMETICS

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

§ H₂ RECEPTOR
ANTAGONISTS

famotidine OTC
PEPCID AC CHEWABLE
OTC

cimetidine
famotidine susp 40 mg/5 mL
famotidine tabs 10 mg, 40
mg

§ LAXATIVES / STOOL
SOFTENERS

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

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

§ PROTON PUMP
INHIBITORS

esomeprazole magnesium
delayed-rel OTC, MDL

lansoprazole delayed-rel
OTC

omeprazole magnesium
delayed-rel OTC

omeprazole-sodium
bicarbonate OTC

lansoprazole delayed-rel
MDL

lansoprazole delayed-rel
orally disintegrating tabs
15 mg AL, MDL

omeprazole delayed-rel caps
MDL

pantoprazole delayed-rel
tabs MDL

AL Covered for age 8 or younger

§ MISCELLANEOUS

probiotics OTC
simethicone OTC
sucralfate

GENITOURINARY

§ BENIGN PROSTATIC
HYPERPLASIA

alfuzosin ext-rel
doxazosin
dutasteride
finasteride
silodosin
tamsulosin
terazosin

§ VAGINAL ANTI-
INFECTIVES

clotrimazole OTC
miconazole OTC
clindamycin crm
metronidazole
terconazole

HEMATOLOGIC

ANTICOAGULANTS

§ INJECTABLE

enoxaparin

§ ORAL

warfarin
ELIQUIS
PRADAXA
XARELTO

HEMATOPOIETIC GROWTH
FACTORS

ARANESP
EPOGEN
LEUKINE
PROCRIT
UDENYCA
ZARXIO

§ PLATELET AGGREGATION
INHIBITORS

clopidogrel
dipyridamole
dipyridamole ext-rel-aspirin

prasugrel
BRILINTA
ZONTIVITY PA

IMMUNOLOGIC
AGENTS

AUTOIMMUNE AGENTS

COSENTYX
ENBREL
HUMIRA
KEVZARA
OTEZLA
SILIQ
XELJANZ
XELJANZ XR

IMMUNOMODULATORS
INTERFERONS

ACTIMMUNE PA

IMMUNOSUPPRESSANTS

§ ANTIMETABOLITES

azathioprine
mycophenolate mofetil

§ CALCINEURIN INHIBITORS

cyclosporine
cyclosporine, modified
tacrolimus

§ RAPAMYCIN DERIVATIVES

sirolimus

MISCELLANEOUS

BENLYSTA PA
LUPKYNIS PA
SAPHNELO PA

NUTRITIONAL /
SUPPLEMENTS

ELECTROLYTES

§ POTASSIUM

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

VITAMINS AND MINERALS

§ FOLIC ACID AGENTS

folic acid

§ PRENATAL VITAMINS

prenatal vitamins-folic acid
OTC

ONE DAILY PRENATAL
OTC

prenatal vitamins-folic acid
CITRANATAL DHA

§ MISCELLANEOUS

alpha-lipoic acid OTC
cholecalciferol (D3) drops
OTC

cyanocobalamin tabs 1000 mcg **OTC**
 ergocalciferol (D2) drops **OTC**
 ferrous gluconate **OTC**
 ferrous sulfate **OTC**
 ferrous sulfate delayed-rel **OTC**
 lutein **OTC**
 magnesium oxide **OTC**
 melatonin **OTC**
 multivitamins drops **OTC**
 multivitamins-iron drops **OTC**
 polysaccharide iron complex 150 mg - Nu-Iron 150 **OTC**
 polysaccharide iron complex-vitamin B12-folic acid - Ferrex 150 **OTC**
 pyridoxine 25 mg, 50 mg **OTC**
 vitamin ADC drops **OTC**
 FERRIMIN 150 **OTC**
 MAGONATE **OTC**
 TRI-VI-SOL DROPS **OTC**
 VITRON-C **OTC**
 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
 vitamin ADC-fluoride drops
 vitamin ADC-fluoride-iron drops
 vitamin B complex-vitamin C-folic acid
 GALZIN
 VITAMIN D

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS
 epinephrine auto-injector
 EPIPEN
 EPIPEN JR.

§ ANTICHOLINERGICS
 ipratropium inhalation solution
 INCRUSE ELLIPTA
 SPIRIVA RESPIMAT

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS
 § SHORT ACTING
 ipratropium-albuterol inhalation solution
 COMBIVENT RESPIMAT

LONG ACTING
 ANORO ELLIPTA

STIOLTO RESPIMAT
 ANTICHOLINERGIC / BETA AGONIST / STEROID COMBINATIONS
 TRELEGY ELLIPTA

§ ANTIHISTAMINES, LOW SEDATING
 cetirizine, except chewable **OTC**
 levocetirizine

§ ANTIHISTAMINES, NONSEDATING
 fexofenadine susp, tabs **OTC**
 loratadine **OTC**

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

chlorpheniramine **OTC**
 diphenhydramine **OTC**
 clemastine
 cyproheptadine
 diphenhydramine

§ ANTIHISTAMINE / DECONGESTANT COMBINATIONS
 cetirizine-pseudoephedrine ext-rel **OTC**
 chlorpheniramine-phenylephrine **OTC**
 loratadine-pseudoephedrine ext-rel **OTC**

ANTITUSSIVE COMBINATIONS
 § NON-OPIOID
 dextromethorphan-chlorpheniramine liquid **OTC**
 dextromethorphan-guaifenesin ext-rel **OTC**
 dextromethorphan-guaifenesin syrup **OTC**
 dextromethorphan-guaifenesin-pseudoephedrine liq 10 mg/100 mg/30 mg/5 mL **OTC**

dextromethorphan-brompheniramine-pseudoephedrine
 dextromethorphan-promethazine **MDL**

BETA AGONISTS
 INHALANTS
 § Short Acting
 albuterol inhalation solution
 albuterol sulfate CFC-free aerosol **MDL**
 levalbuterol inhalation solution
 levalbuterol tartrate, CFC-free aerosol **MDL**
 PROAIR RESPICLICK **MDL**

Long Acting
 Hand-held Active Inhalation
 SEREVENT

§ ORAL AGENTS
 albuterol
 terbutaline

§ DECONGESTANTS
 oxymetazoline **OTC**
 phenylephrine **OTC**
 pseudoephedrine **OTC**

§ DECONGESTANT / EXPECTORANT COMBINATIONS
 pseudoephedrine-guaifenesin ext-rel **OTC**
 phenylephrine-guaifenesin syrup

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

§ LEUKOTRIENE MODULATORS
 montelukast
 zafirlukast

§ MAST CELL STABILIZERS
 cromolyn inhalation solution

§ NASAL ANTIHISTAMINES
 azelastine spray 0.1% **MDL**
 azelastine spray 0.15%
 olopatadine spray

§ NASAL STEROIDS
 budesonide spray **OTC**
 fluticasone spray **OTC**
 triamcinolone acetonide spray **OTC**
 FLONASE SENSIMIST **OTC**
 flunisolide spray
 fluticasone spray

STEROID / BETA AGONIST COMBINATIONS
 budesonide-formoterol
 fluticasone-salmeterol
 DULERA

§ STEROID INHALANTS
 budesonide inhalation suspension **AL**
 ASMANEX
 ASMANEX HFA
 FLOVENT DISKUS
 FLOVENT HFA
 QVAR REDHALER

AL Covered for age 1 through 3

§ XANTHINES
 theophylline ext-rel tabs
 ELIXOPHYLLIN

TOPICAL

DERMATOLOGY
 § ACTINIC KERATOSIS
 diclofenac sodium gel 3%
 fluorouracil **crm** 5%
 FLUOROPLEX

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

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

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

CORTICOSTEROIDS
 § Low Potency
 hydrocortisone **crm**, oint 0.5%, 1% **OTC**
 alclometasone **crm**, oint 0.05%
 desonide **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 cream, lotion 0.025%
 triamcinolone acetonide **crm**, lotion, oint 0.1%

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

§ Very High Potency
 clobetasol propionate oint, soln 0.05%
 halobetasol propionate **crm**, oint 0.05%

§ MISCELLANEOUS SKIN AND MUCOUS MEMBRANE
 ammonium lactate 12% **OTC**
 calamine lotion **OTC**
 chlorhexidine **OTC**
 docosanol **OTC**
 oatmeal, colloidal **OTC**
 petrolatum-mineral oil **OTC**
 salicylic acid gel 17% **OTC**
 salicylic acid pad, plaster 40% **OTC**
 urea **crm** 10%, 20%, 30%, 40% **OTC**
 urea lotion 10% **OTC**
 AVEENO **OTC**
 CETAPHIL **OTC**
 imiquimod
 podofilox
 urea **crm** 39%, 40%
 urea lotion 40%, 45%
 DRY SOL
 QBREXZA PA
 REGRANEX
 SANTYL PA

OPHTHALMIC
 § ANTIALLERGICS
 ketotifen **OTC**
 olopatadine 0.1%, 0.2% **OTC**
 PATADAY **OTC**
 azelastine
 cromolyn sodium
 phenylephrine 0.25%

§ ANTI-INFECTIVES
 bacitracin
 ciprofloxacin soln
 erythromycin
 gentamicin
 moxifloxacin
 neomycin-polymyxin B-gramicidin
 ofloxacin
 polymyxin B-bacitracin

*polymyxin B-trimethoprim
sulfacetamide soln 10%*
tobramycin soln
TOBREX OINTMENT

ANTI-INFLAMMATORIES

§ Nonsteroidal

flurbiprofen
ketorolac 0.4%, 0.5%

§ Steroidal

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

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

BETA-BLOCKERS

§ Nonselective

carteolol
levobunolol
timolol maleate
timolol maleate gel

BETIMOL

§ Selective

betaxolol 0.5%

§ CARBONIC ANHYDRASE
INHIBITORS

brinzolamide
dorzolamide

§ CARBONIC ANHYDRASE
INHIBITOR / BETA-
BLOCKER COMBINATIONS

dorzolamide-timolol maleate

§ PROSTAGLANDINS

latanoprost
LUMIGAN

§ SYMPATHOMIMETICS

brimonidine 0.15%, 0.2%
ALPHAGAN P 0.1%

SYMPATHOMIMETIC / BETA-
BLOCKER COMBINATIONS

COMBIGAN

OTIC

§ ANTI-INFECTIVES

acetic acid

ciprofloxacin otic
ofloxacin otic

§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS

ciprofloxacin-dexamethasone
*neomycin-polymyxin B-
hydrocortisone*

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

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

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

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

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

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