

MedStar Family Choice - DC Healthy Families and DC Healthcare Alliance Prescribing Guide 2020



MedStar Family
Choice

(10/01/2020)

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INTRODUCTION

MedStar Family Choice is pleased to provide the *2020 MedStar Family Choice - DC Healthy Families and DC Healthcare Alliance (Alliance) Prescribing Guide* for the District of Columbia to be used when prescribing for patients covered by the pharmacy plan offered by MedStar Family Choice - District of Columbia (MFC-DC). This is a closed formulary and only those drugs listed in this formulary will be covered by MedStar Family Choice - District of Columbia for the Health Families Medicaid and Alliance enrollees.

For MedStar Family Choice - District of Columbia members in Healthy Families may fill HIV and AIDS medications at any in-network retail pharmacy.

For members in Alliance, medications for the treatment of HIV and AIDS are supplied through the AIDS Drug Assistance Program (ADAP). All members must apply to the ADAP program and renew every 6 months. Prescriptions for HIV and AIDS medications must be filled at ADAP-participating pharmacies.

Prescriptions for PreP (HIV pre-exposure prophylaxis) may be filled at any in-network pharmacy for members of Healthy Families and Alliance.

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

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

NONDISCRIMINATION STATEMENT

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

We have an internal grievance procedure to help quickly and fairly resolve complaints alleging illegal discrimination under Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. This section of law prohibits discrimination based on race, color, national origin, sex, age or disability in certain health programs and activities. This section of law can be reviewed in the Compliance Department of MedStar Family Choice. MedStar Family Choice has a specific person who assists us in complying with issues that involve Section 1557:

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

888-404-3549

MFCDC1557Coordinator@medstar.net

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

Procedure:

- Grievances must be sent to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing and include the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the desired resolution.
- The Section 1557 Coordinator (or her/his designee) will investigate the complaint. This investigation may be informal, but it will be thorough. There is an opportunity to submit evidence regarding the complaint. MFC will maintain the records regarding these grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will keep the files confidential and will only share with those who have a need to know.
- The Section 1557 Coordinator will send a written decision on the grievance, based on what we found during our investigation within 30 days of receiving the complaint. The notice will include what to do if you do not agree with the decision, including but not limited to the ability to appeal to the President of MedStar Family Choice.

The availability and use of this grievance procedure do not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination based on race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201. 1-800-368-1019, 800-537-7697 (TDD)

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

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

French/Français

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

GUJARATI/ગુજરાતી

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

Haitian Creol/Kreyòl Ayisyen

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

Hmong/Hmong

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

Igbo/Igbò

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

Italian/Italiano

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

Japanese/日本語

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

Korean/한국어

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

Polish/Polsku

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

Portuguese/Português

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

PUNJABI/ਪੰਜਾਬੀ

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

Russian/русском

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

Somali/Soomaaliga

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

Tagalog/Tagalog

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

Urdu/اردو

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

Vietnamese/Tiếng Việt

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

Yoruba/Yorùbá

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

PREFACE

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

PRODUCT SELECTION CRITERIA

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

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

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

All the information in the MedStar Family Choice - DC Healthy Families and DC Healthcare Alliance Prescribing Guide is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

GENERIC AVAILABILITY

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

GENERIC SUBSTITUTION

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

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

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

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

MAIL SERVICE PRESCRIPTIONS

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

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

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

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

MEDICAL EXCEPTION

If a non-covered drug is desired for medical management of a patient, a medication exception may be requested by calling MedStar Family Choice - DC at: 1-855-798-4244.

PRIOR AUTHORIZATION (PA)

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

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

Drugs requiring Prior Authorization	CABOMETYX	ENHERTU
	chlordiazepoxide	ERWINAZE
	chloroquine	ESBRIET
ABILIFY MAINTENA	COMETRIQ	FASENRA
AIMOVIG	COTELLIC	fentanyl transdermal
ALECENSA	CUTAQUIG	FIRAZYR
ALUNBRIG	DARZALEX FASPRO	FREESTYLE LIBRE
AMITIZA	DDAVP spray	CONTINUOUS
AMPYRA	DEXCOM CONTINUOUS	GLUCOSE MONITORING
ARISTADA	GLUCOSE MONITORING	SYSTEM
ARISTADA INITIO	SYSTEM	GRALISE
AUSTEDO	DIFICID	HAEGARDA
AYVAKIT	DOPTELET	HYCANTIN CAPS
BALVERSA	DUPIXENT	IBRANCE
BETHKIS	EGRIFTA	ICLUSIG
BOSULIF	ELIGARD	IMBRUVICA
BOTOX	ELZONRIS	INVEGA
BRAFTOVI	ENDARI	INVEGA SUSTENNA

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

MANAGED DRUG LIMITATIONS (MDL)

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

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

The following drugs are subject to MDL because they are typically not taken on a regular schedule and/or because of potential safety and utilization concerns. This list is subject to change. Contact MedStar Family Choice - DC at 1-855-798-4244 for an updated list.

Drugs	Limits
albuterol sulfate, CFC-free aerosol	2 fills per 25 days
azelastine spray 0.1%	2 bottles per 23 days
azithromycin	1 fill per 60 days
baloxavir (XOFLUZA)	2 fills per 365 days

Drugs	Limits
bupropion ext-rel (smoking deterrent)	6 month supply per 365 days
butalbital/acetaminophen	60 units per 23 days
butalbital/acetaminophen/caffeine (FIORICET)	60 units per 23 days
butalbital/acetaminophen/caffeine/codeine (FIORICET w/CODEINE)	60 units per 23 days
butalbital/aspirin/caffeine (FIORINAL)	60 units per 23 days
butalbital/aspirin/caffeine/codeine (FIORINAL w/CODEINE)	60 units per 23 days
capsaicin crm 0.033%, 0.075%	120 grams per 23 days
codeine sulfate tabs	60 tablets per 23 days
codeine/acetaminophen oral solution	1000 mL per 23 days and 2 fills per 90 days
codeine/acetaminophen tabs	60 tablets per 23 days
codeine/guaifenesin liquid	1000 mL per 23 days and 2 fills per 90 days
codeine/guaifenesin/pseudoephedrine	1000 mL per 23 days and 2 fills per 90 days
codeine/promethazine	1000 mL per 23 days and 2 fills per 90 days
codeine/promethazine/phenylephrine	1000 mL per 23 days and 2 fills per 90 days
condoms, male	108 per 23 days
dextromethorphan/promethazine	1000 mL per 23 days and 2 fills per 90 days
doxylamine/pyridoxine delayed-rel (DICLEGIS)	120 tablets per 23 days
esomeprazole magnesium delayed-rel (NEXIUM 24HR)	60 capsules per 23 days
fentanyl transdermal (DURAGESIC)	10 patches per 23 days
fluconazole 150 mg (DIFLUCAN)	4 tablets per 23 days
granisetron 1 mg	10 tablets per 23 days
hydrocodone/acetaminophen oral solution	2750 mL per 23 days
hydrocodone/acetaminophen tabs (NORCO)	180 tablets per 23 days
hydromorphone oral liquid 1 mg/mL (DILAUDID)	675 mL per 23 days
hydromorphone suppository	180 suppositories per 23 days
hydromorphone tabs 2 mg (DILAUDID)	180 tablets per 23 days
hydromorphone tabs 4 mg (DILAUDID)	168 tablets per 23 days
hydromorphone tabs 8 mg (DILAUDID)	84 tablets per 23 days
ketorolac	20 tablets per 23 days
lansoprazole orally disintegrating tabs 15 mg (PREVACID SOLUTAB)	30 tablets per 23 days
lansoprazole (PREVACID)	60 units per 23 days
levonorgestrel (PLAN B ONE-STEP)	12 fills per 365 days
lidocaine patch 4%	30 patches per 23 days
metformin 500 mg	120 tablets per 23 days
metformin 1000 mg	90 tablets per 23 days
methadone oral concentrate 10 mg/mL	450 mL per 23 days
methadone oral solution 5 mg/5 mL	900 mL per 23 days
methadone oral solution 10 mg/5 mL	450 mL per 23 days
methadone tabs 5 mg (DOLOPHINE)	180 tablets per 23 days
methadone tabs 10 mg (DOLOPHINE)	90 tablets per 23 days
methadone tabs 40 mg	23 tablets per 23 days
morphine sulfate ext-rel beads 30 mg	90 capsules per 23 days
morphine sulfate ext-rel beads 45 mg	60 capsules per 23 days
morphine sulfate ext-rel beads 60 mg	45 capsules per 23 days
morphine sulfate ext-rel beads 75 mg	36 capsules per 23 days
morphine sulfate ext-rel beads 90 mg	30 capsules per 23 days
morphine sulfate ext-rel beads 120 mg	23 capsules per 23 days
morphine sulfate ext-rel tabs 15 mg (MS CONTIN)	180 tablets per 23 days
morphine sulfate ext-rel tabs 30 mg (MS CONTIN)	90 tablets per 23 days
morphine sulfate ext-rel tabs 60 mg (MS CONTIN)	45 tablets per 23 days

Drugs	Limits
morphine sulfate ext-rel tabs 100 mg (MS CONTIN)	27 tablets per 23 days
morphine sulfate ext-rel tabs 200 mg (MS CONTIN)	13.5 tablets per 23 days
morphine sulfate immediate-release tabs 15 mg	180 tablets per 23 days
morphine sulfate immediate-release tabs 30 mg	90 tablets per 23 days
morphine sulfate oral solution 20 mg/5 mL	675 mL per 23 days
morphine suppository 5 mg, 10 mg	180 suppositories per 23 days
morphine suppository 20 mg	135 suppositories per 23 days
morphine suppository 30 mg	90 suppositories per 23 days
naratriptan (AMERGE)	12 tablets per 23 days
nicotine polacrilex gum, lozenge (NICORETTE)	6 month supply per 365 days
nicotine transdermal	6 month supply per 365 days
omeprazole 40 mg (PRILOSEC)	60 capsules per 23 days
omeprazole, except 40 mg (PRILOSEC)	30 capsules per 23 days
oseltamivir (TAMIFLU)	2 fills per 365 days
oxycodone immediate release tabs 15 mg (ROXICODONE)	120 tablets per 23 days
oxycodone immediate release tabs 20 mg	90 tablets per 23 days
oxycodone immediate release tabs 30 mg (ROXICODONE)	60 tablets per 23 days
oxycodone immediate-release caps 5 mg, tabs 5 mg, 10 mg	180 units per 23 days
oxycodone oral concentrate 20 mg/mL	90 mL per 23 days
oxycodone oral solution 5 mg/5 mL (ROXICODONE)	1800 mL per 23 days
oxycodone/acetaminophen tabs (PERCOCET)	180 tablets per 23 days
oxycodone/aspirin tabs (PERCODAN)	180 tablets per 23 days
oxymorphone ext-rel tabs 5 mg	180 tablets per 23 days
oxymorphone ext-rel tabs 7.5 mg	120 tablets per 23 days
oxymorphone ext-rel tabs 10 mg	90 tablets per 23 days
oxymorphone ext-rel tabs 15 mg	60 tablets per 23 days
oxymorphone ext-rel tabs 20 mg	45 tablets per 23 days
oxymorphone ext-rel tabs 30 mg	30 tablets per 23 days
oxymorphone ext-rel tabs 40 mg	23 tablets per 23 days
pantoprazole 20 mg, 40 mg (PROTONIX)	60 tablets per 23 days
promethazine syrup	1000 mL per 23 days and 2 fills per 90 days
rizatriptan orally disintegrating tabs (MAXALT-MLT)	18 tablets per 23 days
rizatriptan (MAXALT)	18 tablets per 23 days
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 23 days
sumatriptan nasal spray 5 mg/actuation (IMITREX)	24 units (4 packages) per 23 days
sumatriptan nasal spray 20 mg/actuation (IMITREX)	12 units (2 packages) per 23 days
tramadol (ULTRAM)	180 tablets per 23 days
ulipristal (ELLA)	12 fills per 365 days
varenicline (CHANTIX)	6 month supply 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:

Drugs

ciclopirox cream, suspension (LOPROX)

EUCRISA

SKLICE

OVER-THE-COUNTER (OTC) DRUG COVERAGE

In addition to prescription benefits, all over-the-counter medications on this list are covered by MedStar Family Choice - DC with a written or telephoned prescription. Refills are permitted. Prescriptions may be written for the State limited 12 month maximum. Emergency contraceptives and latex condoms are an exception and do not need a prescription. OTC products covered are restricted to generics when available. Brand names are provided as reference only. If both prescription and OTC products are available, you are encouraged to prescribe OTC products when clinically appropriate.

Antacids

aluminum hydroxide

Alternagel

aluminum hydroxide/magnesium hydroxide

Alamag

aluminum hydroxide/magnesium hydroxide/simethicone

Maalox

calcium carbonate

Maalox

sodium bicarbonate

Antifungals, Topical

butenafine

Lotrimin Ultra

clotrimazole

Lotrimin AF

miconazole

Desenex

terbinafine

Lamisil AT

tolnaftate

Tinactin

Antifungals, Vaginal

clotrimazole

Gyne-Lotrimin

miconazole

Monistat

Antihistamines

cetirizine, except chewable

Zyrtec

chlorpheniramine

Chlor-Trimeton

clemastine

Tavist-1

diphenhydramine

Benadryl

fexofenadine susp, tabs

Allegra

loratadine

Claritin

Antihistamine/Decongestant Combinations

cetirizine/pseudoephedrine ext-rel

Zyrtec-D

chlorpheniramine/phenylephrine tabs

Cold & Allergy Relief

loratadine/pseudoephedrine ext-rel

Claritin-D

Antilipemic Agents, Miscellaneous

niacin

omega-3 fatty acids

Fish Oil

omega-3 fatty acids 300 mg

Krill Oil

omega-3 fatty acids/vitamin E

Fish Oil

omega-3 fatty acids/vitamins chewable

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

Codituss DM

Vicks Vaporub

Flonase Sensimist

Flonase Allergy Relief

Mucinex

Diabetic Tussin

Mucinex for Kids

Mucinex D

Afrin

Neo-Synephrine

PediaCare

Sudafed

Simply Saline

Ocean

Nasacort Allergy 24HR

Diabetic Supplies

alcohol swabs

insulin syringes, needles

lancets, lancet devices

Gastrointestinal

esomeprazole magnesium delayed-rel

famotidine

famotidine chewable tabs

lansoprazole delayed-rel

omeprazole magnesium delayed-rel

omeprazole/sodium bicarbonate

Nexium 24HR

Pepcid AC

Pepcid AC

Prevacid 24HR

Prilosec OTC

Zegerid OTC

Gastrointestinal, Miscellaneous

bismuth subsalicylate

dextrose/fructose/phosphoric acid

dimenhydrinate

docusate sodium caps

docusate sodium liquid

loperamide liquid, tabs

meclizine

probiotics (\$20 maximum per claim)

pyrantel

simethicone

witch hazel medicated pads/wipes

Pepto-Bismol

Emetrol

Dramamine

Colace

Anti-Diarrheal

Reese's Pinworm Medicine

Mylicon

Tucks

Laxatives

bisacodyl

glycerin rectal suppository, adult

glycerin rectal suppository, pediatric

magnesium citrate

Dulcolax

methylcellulose	Citrucel
mineral oil	
polyethylene glycol 3350	MiraLax
psyllium/aspartame	Natural Fiber
sennosides 8.6 mg tablets	Senokot
sennosides 15 mg tablets	Ex-Lax
sennosides/docusate sodium	Peri-Colace
sodium phosphate/sodium bisphosphate enema, adult	Fleet Enema
sodium phosphate/sodium bisphosphate enema, pediatric	Fleet Enema
Nutritional/Supplements	
alpha-lipoic acid	
calcium	Tums
cholecalciferol (D3)	Vitamin D3
cyanocobalamin tabs 1000 mg	Vitamin B12
electrolyte rehydrating soln	Pedialyte
ergocalciferol (D2) drops	
ferrous fumarate	Ferrimin 150
ferrous gluconate	Fergon
ferrous sulfate	Feosol
ferrous sulfate delayed-rel	Slow FE
iron/vitamin C	Vitron-C
lutein	
magnesium oxide	Mag-Ox
multivitamins drops	
multivitamins/iron drops	
polysaccharide iron complex 150 mg	Nu-Iron 150
polysaccharide iron complex/vitamin B12/folic acid	Ferrex 150
prenatal vitamins/DHA/EPA/ferrous fumarate/folic acid	One Daily Prenatal
prenatal vitamins/folic acid	
pyridoxine 25 mg, 50 mg	Vitamin B6
sodium chloride tabs 1 gm	
Overactive Bladder	
oxybutynin transdermal *	Oxytrol for Women
* Gender restriction - Coverage for females	
Pain & Fever	
acetaminophen	Tylenol
aspirin 81 mg (not chewable)	Bayer
enteric coated aspirin	Ecotrin
ibuprofen	Advil
naproxen sodium	Aleve
Pediculocides	
permethrin aerosol 0.05%	RID
permethrin 1%	NIX Creme Rinse
Radioactive Iodine Blockers	
potassium iodide	Iosat
potassium iodide	Thyrosafe
Sleep Aids	
acetaminophen/diphenhydramine	Tylenol PM
diphenhydramine	Benadryl
doxylamine	Unisom
melatonin	

Smoking Cessation nicotine polacrilex gum, lozenge nicotine transdermal	Nicorette
Topical, Acne adapalene gel 0.1% benzoyl peroxide	Differin Panoxyl
Topical, Antibacterial antibacterial cleanser bar, liquid cleanser, cleansing cloths bacitracin bacitracin/polymyxin B chlorhexidine neomycin/bacitracin/polymyxin B	Cetaphil Polysporin Hibiclens Neosporin
Topical, Ear carbamide peroxide	Debrox
Topical, Eye artificial tears ketotifen	Zaditor
Topical, Miscellaneous ammonium lactate 12% calamine lotion capsaicin crm 0.033%, 0.075% coal tar shampoo docosanol hydrocortisone crm, oint 0.5%, 1% lidocaine crm 4% lidocaine patch 4% oatmeal, colloidal oatmeal, colloidal/dimethicone petrolatum/mineral oil salicylic acid gel 17% salicylic acid pad, plaster 40% salicylic acid 17%/collodion urea crm 20% urea lotion 10% zinc oxide	Lac-Hydrin Neutrogena Abreva Cortizone LMX 4 Aveeno Eucerin Duofilm Carmol 20 Carmol 10 Desitin

EDITOR

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

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Pod 3N
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MedStar Family Choice - DC Healthy Families and DC Healthcare Alliance Program

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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
	choline magnesium trisalicylate	
	diclofenac potassium	
	diclofenac sodium delayed-rel	
	etodolac	
	flurbiprofen	
	ibuprofen	
	indomethacin	
MDL	ketorolac	
	meloxicam	MOBIC
	nabumetone	
	naproxen	NAPROSYN
	oxaprozin	DAYPRO
	sulindac	

NSAIDs, TOPICAL

	diclofenac sodium gel	VOLTAREN
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COX-2 INHIBITORS

	celecoxib	CELEBREX
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GOUT

	allopurinol	ZYLOPRIM
	colchicine tabs	COLCRYS
	colchicine/probenecid	
	probenecid	
PA	lesinurad	ZURAMPIC

OPIOID ANALGESICS

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

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

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

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

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

NON-OPIOID ANALGESICS

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

VISCOSUPPLEMENTS

	sodium hyaluronate	HYALGAN
	sodium hyaluronate	SUPARTZ FX

ANTI-INFECTIVES

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

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

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

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

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

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

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

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

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

ANTIBACTERIALS

Aminoglycosides

neomycin	
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Cephalosporins

First Generation

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

cefuroxime axetil	
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Third Generation

cefdinir	
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cefpodoxime tablets	
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ceftriaxone	ROCEPHIN
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Erythromycins/Macrolides

MDL

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

fidaxomicin	DIFICID
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Fluoroquinolones

ciprofloxacin	CIPRO
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levofloxacin	
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moxifloxacin	
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Penicillins

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

sulfamethoxazole/trimethoprim	
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sulfamethoxazole/trimethoprim DS	
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sulfadiazine	
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Tetracyclines

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

ANTIFUNGALS

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

MDL 150 mg only (4 tabs/23 days)

ANTIMALARIALS

	atovaquone/proguanil	MALARONE
PA	chloroquine	
	mefloquine	
	primaquine	

ANTIRETROVIRAL AGENTS

Members in the DC Healthy Families plan may fill HIV and AIDS medications at any in-network pharmacy.

For members in DC Alliance, medications for the treatment of HIV and AIDS are supplied through the AIDS Drug Assistance Program (ADAP). All members must apply to the ADAP program and renew every 6 months.

Prescriptions for PreP may be filled at any in-network pharmacy for members of Healthy Families and Alliance.

IMPORTANT: Truvada is the covered formulary option for PreP; Descovy is non-formulary for PreP.

Antiretroviral Combinations

*	emtricitabine/tenofovir disoproxil fumarate	TRUVADA
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* Covered for PreP (pre-exposure prophylaxis) only.

ANTITUBERCULAR AGENTS

	ethambutol	MYAMBUTOL
	isoniazid	
	pyrazinamide	
	rifampin	RIFADIN
PA	bedaquiline	SIRTURO
PA	pretomanid	

ANTIVIRALS

Cytomegalovirus Agents

	foscarnet	
	valganciclovir	VALCYTE

Hepatitis Agents

Hepatitis B

	entecavir tabs	BARACLUDE
	lamivudine	EPIVIR-HBV
	entecavir soln	BARACLUDE

Hepatitis C

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

Herpes Agents

	acyclovir caps, susp, tabs	ZOVIRAX
	famciclovir	
	valacyclovir	VALTREX

Influenza Agents

MDL	oseltamivir	TAMIFLU
MDL	baloxavir	XOFLUZA

MISCELLANEOUS

OTC	pyrantel - Reese's Pinworm Medicine	
	albendazole	ALBENZA
	atovaquone	MEPRON
	clindamycin	CLEOCIN
	dapsone tabs	
PA	ivermectin	STROMEKTOL
	linezolid	ZYVOX
	metronidazole	FLAGYL
	nitrofurantoin ext-rel	MACROBID
	nitrofurantoin macrocrystals	MACRODANTIN
AL	nitrofurantoin susp	
	paromomycin	
	pentamidine aerosol	NEBUPENT
	praziquantel	BILTRICIDE
	rifabutin	MYCOBUTIN
	trimethoprim tabs	
	vancomycin	VANCOCIN
	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	

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

	bicalutamide	CASODEX
	flutamide	
PA	darolutamide	NUBEQA

Antiestrogens

	fulvestrant	FASLODEX
	tamoxifen	
	toremifene	FARESTON

Aromatase Inhibitors

	anastrozole	ARIMIDEX
	exemestane	AROMASIN
	letrozole	FEMARA

Luteinizing Hormone-Releasing Hormone (LHRH) Agonists

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

Progestins

	megestrol acetate	
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KINASE INHIBITORS

PA	erlotinib	TARCEVA
	imatinib mesylate	GLEEVEC
PA	alectinib	ALECENSA
PA	alpelisib	PIQRAY
PA	avapritinib	AYVAKIT
PA	binimetinib	MEKTOVI
PA	bosutinib	BOSULIF
PA	brigatinib	ALUNBRIG
PA	cabozantinib	CABOMETYX
PA	cabozantinib	COMETRIQ
PA	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	lapatinib	TYKERB
PA	larotrectinib	VITRAKVI
PA	lorlatinib	LORBRENA
PA	nilotinib	TASIGNA
PA	osimertinib	TAGRISSO
PA	palbociclib	IBRANCE
PA	pemigatinib	PEMAZYRE
PA	pexidartinib	TURALIO
PA	ponatinib	ICLUSIG
PA	regorafenib	STIVARGA
PA	ribociclib	KISQALI
PA	ruxolitinib	JAKAFI
PA	selpercatinib	RETEVMO

PA	tazemetostat	TAZVERIK
PA	trametinib	MEKINIST
PA	tucatinib	TUKYSA
PA	vemurafenib	ZELBORAF

TOPOISOMERASE INHIBITORS

	doxorubicin liposomal	DOXIL
PA	topotecan caps	HYCAMTIN CAPS

MISCELLANEOUS

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

CARDIOVASCULAR

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

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

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

<https://www.acc.org>

<https://professional.heart.org>

ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

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

<https://professional.diabetes.org>

<https://www.acc.org>

<https://professional.heart.org>

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

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/benazepril	LOTREL
trandolapril/verapamil ext-rel	TARKA

ACE INHIBITOR/DIURETIC COMBINATIONS

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

ADRENOLYTICS, CENTRAL

clonidine	CATAPRES
clonidine transdermal	CATAPRES-TTS
guanfacine	

ALDOSTERONE RECEPTOR ANTAGONISTS

spironolactone	ALDACTONE
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ALPHA BLOCKERS

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

doxazosin	CARDURA
prazosin	MINIPRESS
terazosin	

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

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

candesartan	ATACAND
candesartan/hydrochlorothiazide	ATACAND HCT
irbesartan	AVAPRO
irbesartan/hydrochlorothiazide	AVALIDE
losartan	COZAAR
losartan/hydrochlorothiazide	HYZAAR
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
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ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

amlodipine/valsartan/hydrochlorothiazide	EXFORGE HCT
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ANTIARRHYTHMICS

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

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

ANTILIPEMICS

The 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol is available at:

<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000625>

Bile Acid Resins

cholestyramine	QUESTRAN/QUESTRAN LIGHT
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Cholesterol Absorption Inhibitors

ezetimibe	ZETIA
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Fibrates

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

HMG-CoA Reductase Inhibitors/Combinations

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

Microsomal Triglyceride Transfer Protein Inhibitors

PA lomitapide	JUXTAPID
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Niacins

OTC niacin	
niacin	NIACOR
niacin ext-rel	NIASPAN

Omega-3 Fatty Acids

OTC omega-3 fatty acids	FISH OIL
OTC omega-3 fatty acids 300 mg	KRILL OIL
OTC omega-3 fatty acids/vitamin E	FISH OIL
OTC omega-3 fatty acids/vitamins chewable	OMEGA-3 GUMMIES

PA	omega-3 acid ethyl esters	LOVAZA
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PCSK9 Inhibitors

PA	evolocumab	REPATHA
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BETA-BLOCKERS

Guidelines for the use of beta-blockers and beta-blocker combinations in various patient populations are available at:

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

<https://www.acc.org>

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

AL Covered for age 5 or younger

BETA-BLOCKER/DIURETIC COMBINATIONS

Guidelines for the use of beta-blockers and diuretic combinations in various patient populations are available at:

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

<https://www.acc.org>

	atenolol/chlorthalidone	
	bisoprolol/hydrochlorothiazide	ZIAC

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

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

Nondihydropyridines

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

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

	amlodipine/atorvastatin	CADUET
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DIGITALIS GLYCOSIDES	
digoxin	LANOXIN
DIURETICS	
Carbonic Anhydrase Inhibitors	
acetazolamide	
acetazolamide ext-rel	
methazolamide	
Loop Diuretics	
bumetanide	
furosemide	LASIX
torsemide	
Potassium-sparing Diuretics	
amiloride	
triamterene	DYRENIUM
Thiazides and Thiazide-like Diuretics	
chlorothiazide	
chlorthalidone	
hydrochlorothiazide	
indapamide	
metolazone	
chlorothiazide susp	DIURIL
Diuretic Combinations	
amiloride/hydrochlorothiazide	
spironolactone/hydrochlorothiazide	ALDACTAZIDE
triamterene/hydrochlorothiazide	DYAZIDE
triamterene/hydrochlorothiazide	MAXZIDE
HEART FAILURE	
isosorbide dinitrate/hydralazine	BIDIL
sacubitril/valsartan	ENTRESTO
NITRATES	
Oral	
isosorbide dinitrate oral	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
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Prostacyclin Receptor Agonists

	selexipag	UPTRAVI
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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>

AMYOTROPHIC LATERAL SCLEROSIS

	riluzole	RILUTEK
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ANTI-ANXIETY

Benzodiazepines

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

Miscellaneous

	bupirone	
	clomipramine	ANAFRANIL
	fluvoxamine	

ANTICONVULSANTS

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

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

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

ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:

<https://www.aan.com>

	donepezil	ARICEPT
	galantamine	RAZADYNE
	memantine	NAMENDA
	rivastigmine caps, soln	

ANTIDEPRESSANTS

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

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

<https://www.psychiatry.org>

Monoamine Oxidase Inhibitors (MAOIs)

	phenelzine	NARDIL
	tranylcypromine	PARNATE
	isocarboxazid	MARPLAN

Selective Serotonin Reuptake Inhibitors (SSRIs)

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

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

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

Tricyclic Antidepressants (TCAs)

	amitriptyline	
	desipramine	NORPRAMIN
	doxepin	
	imipramine HCl	
	nortriptyline	PAMELOR

Miscellaneous Agents

	bupropion	
	bupropion ext-rel	WELLBUTRIN SR

bupropion ext-rel	WELLBUTRIN XL
mirtazapine	REMERON
trazodone	

ANTIPARKINSONIAN AGENTS

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

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

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

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

ANTIPSYCHOTICS

Atypicals

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

Miscellaneous

	chlorpromazine	
	fluphenazine	
	fluphenazine decanoate inj	
	fluphenazine inj	
	haloperidol	
	haloperidol decanoate inj	HALDOL DECANOATE
	haloperidol lactate inj	HALDOL

perphenazine
thiothixene
trifluoperazine

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

<https://www.aacap.org>

<https://www.aap.org>

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

FIBROMYALGIA

pregabalin	LYRICA
milnacipran	SAVELLA

HYPNOTICS

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

<https://aasm.org>

Benzodiazepines

temazepam	RESTORIL
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Nonbenzodiazepines

OTC	acetaminophen/diphenhydramine	TYLENOL PM
OTC	diphenhydramine	BENADRYL
OTC	doxylamine	UNISOM
	diphenhydramine	
	hydroxyzine HCl	
	hydroxyzine pamoate	VISTARIL
	zolpidem	AMBIEN

MIGRAINE

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

<https://www.aan.com>

Ergotamine Derivatives

ergotamine/cafeine	CAFERGOT
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Monoclonal Antibodies

PA	erenumab-aooe	AIMOVIG
PA	ubrogepant	UBRELVY

Selective Serotonin Agonists

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

MOOD STABILIZERS

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

MOVEMENT DISORDERS

PA	tetrabenazine	XENAZINE
PA	deutetrabenazine	AUSTEDO

MULTIPLE SCLEROSIS AGENTS

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

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

MUSCULOSKELETAL THERAPY AGENTS

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

MYASTHENIA GRAVIS

	pyridostigmine	MESTINON
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NARCOLEPSY/CATAPLEXY

PA	sodium oxybate	XYREM
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NEUROMUSCULAR BLOCKING AGENTS

PA	onabotulinumtoxinA	BOTOX
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POLYNEUROPATHY OF HEREDITARY AMYLOIDOSIS

PA	patisiran	ONPATTRO
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POSTHERPETIC NEURALGIA (PHN)

PA	gabapentin ext-rel	GRALISE
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PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

acamprosate calcium	
disulfiram	ANTABUSE

Opioid Antagonists

naloxone inj	
naltrexone	
naloxone nasal spray	NARCAN

Partial Opioid Agonists

buprenorphine sublingual	
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Partial Opioid Agonist/Opioid Antagonist Combinations

buprenorphine/naloxone sublingual film	SUBOXONE
buprenorphine/naloxone sublingual tabs	
buprenorphine/naloxone sublingual tabs	ZUBSOLV

Pseudobulbar Affect

dextromethorphan/quinidine	NUEDEXTA
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Smoking Deterrents

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

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

OTC, MDL	nicotine polacrilex gum, lozenge	NICORETTE
OTC, MDL	nicotine transdermal	
MDL	bupropion ext-rel	
MDL	varenicline	CHANTIX

ENDOCRINE AND METABOLIC

ACROMEGALY

pasireotide	SIGNIFOR LAR
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ANDROGENS

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

<https://www.aace.com>

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

ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<https://professional.diabetes.org>

Alpha-glucosidase Inhibitors

acarbose	PRECOSE
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Biguanides

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

* metformin ext-rel 1000 mg is not covered

Biguanide/Sulfonylurea Combinations

	glipizide/metformin	
	glyburide/metformin	

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

	alogliptin	NESINA
	saxagliptin	ONGLYZA
	sitagliptin	JANUVIA

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

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

	alogliptin/pioglitazone	OSENI
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Incretin Mimetic Agents

	dulaglutide	TRULICITY
	liraglutide	VICTOZA
	semaglutide	OZEMPIC

Incretin Mimetic Agent/Insulin Combinations

	lixisenatide/insulin glargine	SOLIQUA
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Insulins*

OTC	insulin human pen, vial	HUMULIN R
OTC	insulin human vial	NOVOLIN R
OTC	insulin isophane human 70%/regular 30% pen, vial	HUMULIN 70/30
OTC	insulin isophane human 70%/regular 30% pen, vial	NOVOLIN 70/30
OTC	insulin isophane human pen, vial	HUMULIN N
OTC	insulin isophane human vial	NOVOLIN N
	insulin aspart pen, vial	NOVOLOG
	insulin aspart protamine 70%/insulin aspart 30% pen, vial	NOVOLOG MIX 70/30
	insulin glargine pen	BASAGLAR
	insulin lispro 100 units/mL pen, vial	ADMELOG
	insulin lispro protamine 50%/insulin lispro 50% pen, vial	HUMALOG MIX 50/50
	insulin lispro protamine 75%/insulin lispro 25% pen, vial	HUMALOG MIX 75/25
	insulin degludec pen, vial	TRESIBA

* Insulin cartridges and pens are covered for participants 0-18 years of age.

Basaglar and Tresiba pens are covered for all members regardless of age.

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

Insulin Sensitizers

	pioglitazone	ACTOS
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Insulin Sensitizer/Biguanide Combinations

	pioglitazone/metformin	ACTOPLUS MET
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Insulin Sensitizer/Sulfonylurea Combinations		
	pioglitazone/glimepiride	DUETACT
Meglitinides		
	nateglinide	STARLIX
	repaglinide	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
PA*	empagliflozin	JARDIANCE
	ertugliflozin	STEGLATRO
PA* Covered for cardiovascular indication		
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations		
PA*	empagliflozin/metformin	SYNJARDY
PA*	empagliflozin/metformin ext-rel	SYNJARDY XR
	ertugliflozin/metformin	SEGLUROMET
PA* Covered for cardiovascular indication		
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase (DPP-4) Inhibitor Combinations		
	ertugliflozin/sitagliptin	STEGLUJAN
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase (DPP-4) Inhibitor/Biguanide Combinations		
PA	empagliflozin/linagliptin/metformin ext-rel	TRIJARDY XR
Sulfonylureas		
	glimepiride	AMARYL
	glipizide	GLUCOTROL
	glipizide ext-rel	GLUCOTROL XL
	glyburide	
	glyburide, micronized	GLYNASE
Supplies		
OTC	alcohol swabs	
OTC	blood glucose monitoring kits, test strips	ACCU-CHEK KITS AND TEST STRIPS
OTC	glucose meter control solution	ACCU-CHEK CONTROL SOLUTION
OTC	insulin syringes, needles	
OTC	lancets, lancet devices	
OTC	urine test strips	CHEMSTRIP URINE TEST STRIPS
OTC	urine test strips	KETOSTIX URINE TEST STRIPS
PA	blood glucose continuous monitoring readers, sensors	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM
PA	blood glucose continuous monitoring receivers, sensors, transmitters	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
PA	insulin infusion disposable pump	V-GO INSULIN INFUSION PUMP
CALCIUM RECEPTOR ANTAGONISTS		
	cinacalcet	SENSIPAR

CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<https://www.aace.com>

<https://www.nof.org>

Bisphosphonates

	alendronate tabs	FOSAMAX
	alendronate/vitamin D3	FOSAMAX PLUS D

Calcitonins

	calcitonin-salmon	MIACALCIN
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RANK Ligand (RANKL) Inhibitors

PA	denosumab	PROLIA
PA	denosumab	XGEVA

CONTRACEPTIVES

EE = ethinyl estradiol

Monophasic

10 mcg Estrogen

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

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

25 mcg Estrogen

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

	desogestrel/EE 0.15/30 - Apri	
	drospirenone/EE 3/30	YASMIN
	levonorgestrel/EE 0.15/30 - Levora	
	norethindrone acetate/EE 1.5/30	LOESTRIN 1.5/30
	norethindrone acetate/EE 1.5/30 and iron	LOESTRIN FE 1.5/30
	norgestrel/EE 0.3/30 - Low-Ogestrel	

35 mcg Estrogen

	ethynodiol diacetate/EE 1/35 - Zovia 1/35	
	norethindrone/EE 0.4/35 - Briellyn	
	norethindrone/EE 0.4/35 chewable - Wymzya FE	
	norethindrone/EE 0.5/35 - Necon 0.5/35	
	norethindrone/EE 1/35	ORTHO-NOVUM 1/35
	norgestimate/EE 0.25/35	

50 mcg Estrogen

	ethynodiol diacetate/EE 1/50 - Kelnor 1/50	
	norgestrel/EE 0.5/50	

Biphasic

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

ESTROGENS

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

<https://www.menopause.org>

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

Injectable		
	estradiol valerate inj	
	estradiol cypionate inj	DEPO-ESTRADIOL
Oral		
	estradiol	ESTRACE
Transdermal		
	estradiol	CLIMARA
	estradiol	VIVELLE-DOT
	estradiol	ALORA
Vaginal		
	estradiol vaginal tabs	VAGIFEM
	estradiol vaginal cream	ESTRACE
	estradiol vaginal ring	FEMRING

ESTROGEN/PROGESTINS

Oral		
	EE/norethindrone acetate	FEMHRT
	EE/norethindrone acetate - Jinteli	
	estrogens, conjugated/medroxyprogesterone	PREMPHASE
	estrogens, conjugated/medroxyprogesterone	PREMPRO
Transdermal		
	estradiol/levonorgestrel	CLIMARA PRO
	estradiol/norethindrone acetate	COMBIPATCH

GLUCOCORTICOIDS

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

GLUCOSE ELEVATING AGENTS

	diazoxide	PROGLYCEM
	glucagon nasal powder	BAQSIMI
	glucagon, human recombinant	GLUCAGON EMERGENCY KIT

HUMAN GROWTH HORMONES

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

PA	somatropin	NORDITROPIN
PA	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	macimorelin	MACRILEN
	succimer	CHEMET
PA	tesamorelin	EGRIFTA

GASTROINTESTINAL

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

<https://gi.org>

<https://www.gastro.org>

ANTACIDS

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

ANTIDIARRHEALS

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

ANTIEMETICS

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

ANTISPASMODICS

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

CHOLELITHOLYTICS

	ursodiol	ACTIGALL
	ursodiol	URSO
	ursodiol	URSO FORTE

H₂ RECEPTOR ANTAGONISTS

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

INFLAMMATORY BOWEL DISEASE

Oral Agents

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

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

Rectal Agents

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

IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome with Constipation

PA	linaclotide	LINZESS
PA	lubiprostone	AMITIZA

LAXATIVES/STOOL SOFTENERS

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

OPIOID-INDUCED CONSTIPATION

PA	naloxegol	MOVANTIK
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PANCREATIC ENZYMES

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

PROSTAGLANDINS

	misoprostol	CYTOTEC
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PROTON PUMP INHIBITORS

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

AL Covered for age 8 or younger

RECTAL PREPARATIONS, STEROIDS/OTHER

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

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

lansoprazole + amoxicillin + clarithromycin

MISCELLANEOUS

OTC	probiotics	
OTC	simethicone	MYLICON
	sucralfate	CARAFATE

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

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

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

URINARY ANTISPASMODICS

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

*Gender restriction – Coverage for females

VAGINAL ANTI-INFECTIVES

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

MISCELLANEOUS

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

HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at:
<https://www.hemophilia.org>

ANTICOAGULANTS

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

Injectable

	enoxaparin	LOVENOX
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Oral

	warfarin	COUMADIN
	apixaban	ELIQUIS
	dabigatran etexilate	PRADAXA
	rivaroxaban	XARELTO

HEMATOPOIETIC GROWTH FACTORS

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

Guidelines for the management of anemia associated with chronic kidney disease are available at:
<https://www.kidney.org/professionals/guidelines#guidelines>

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

HEMOPHILIA A AGENTS

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

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

PLATELET SYNTHESIS INHIBITORS

	anagrelide	AGRYLIN
	pentoxifylline ext-rel	

THROMBOCYTOPENIA AGENTS

PA	lusutrombopag	MULPLETA
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MISCELLANEOUS

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

IMMUNOLOGIC AGENTS

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

ALLERGEN EXTRACTS

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

AUTOIMMUNE AGENTS

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

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

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

HEREDITARY ANGIOEDEMA AGENTS

PA	icatibant	FIRAZYR
PA	C1 esterase inhibitor	HAEGARDA
PA	ecallantide	KALBITOR

IMMUNE GLOBULINS

PA	immune globulin subcutaneous (human)-hipp	CUTAQUIG
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IMMUNOSUPPRESSANTS

Antimetabolites

	azathioprine	IMURAN
	mycophenolate mofetil	CELLCEPT

Calcineurin Inhibitors

	cyclosporine	SANDIMMUNE
	cyclosporine, modified	NEORAL
	tacrolimus	PROGRAF

Rapamycin Derivatives

	sirolimus	RAPAMUNE
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NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

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

Sodium		
OTC	sodium chloride tabs 1 gm	
VITAMINS AND MINERALS		
Folic Acid Agents		
	folic acid	
Prenatal Vitamins		
OTC	prenatal vitamins/folic acid	
OTC	prenatal vitamins/DHA/EPA/ferrous fumarate/folic acid	ONE DAILY PRENATAL
	prenatal vitamins/folic acid	
	prenatal vitamins/folic acid	PRENATABS RX
	prenatal vitamins/folic acid	PRENATAL LOW IRON
	prenatal vitamins/DHA/docusate/folic acid	CITRANATAL DHA
Miscellaneous		
OTC	alpha-lipoic acid	
OTC	cholecalciferol (D3) drops	VITAMIN D3
OTC	cyanocobalamin tabs 1000 mg	VITAMIN B-12
OTC	ergocalciferol (D2) drops	
OTC	ferrous gluconate	FERGON
OTC	ferrous sulfate	FEOSOL
OTC	ferrous sulfate delayed-rel	SLOW FE
OTC	lutein	
OTC	magnesium oxide	MAG-OX
OTC	melatonin	
OTC	multivitamins drops	
OTC	multivitamins/iron drops	
OTC	polysaccharide iron complex 150 mg - Nu-Iron 150	
OTC	polysaccharide iron complex/vitamin B12/folic acid - Ferrex 150	
OTC	pyridoxine 25 mg, 50 mg	VITAMIN B6
OTC	vitamin ADC drops	
OTC	ferrous fumarate	FERRIMIN 150
OTC	iron/vitamin C	VITRON-C
OTC	multivitamins drops	TRI-VI-SOL
	cyanocobalamin inj	
	ergocalciferol (D2) caps	
	ferrous fumarate/polysaccharide iron complex/folic acid/B complex/vitamin C/minerals	
	fluoride drops, tabs	
	multivitamins/fluoride drops, tabs	
	multivitamins/fluoride/iron drops, tabs	
	phytonadione	MEPHYTON
	vitamin ADC/fluoride drops	
	vitamin ADC/fluoride/iron drops	
	vitamin B complex/vitamin C/folic acid	NEPHRO-VITE RX
	zinc acetate	GALZIN

RESPIRATORY

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

<https://www.aaaai.org>

<https://ginasthma.org>

<https://goldcopd.org>

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

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

ANAPHYLAXIS TREATMENT AGENTS

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

ANTICHOLINERGICS

	ipratropium inhalation solution	
	tiotropium	SPIRIVA RESPIMAT
	umeclidinium	INCRUSE ELLIPTA

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

Short Acting

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

Long Acting

	tiotropium/olodaterol	STIOLTO RESPIMAT
	umeclidinium/vilanterol	ANORO ELLIPTA

ANTIHISTAMINES, LOW SEDATING

OTC	cetirizine, except chewable	ZYRTEC
	levocetirizine	

ANTIHISTAMINES, NONSEDATING

OTC	fexofenadine susp, tabs	ALLEGRA
OTC	loratadine	CLARITIN

ANTIHISTAMINES, SEDATING

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

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

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

OTC	chlorpheniramine	CHLOR-TRIMETON
*, OTC	diphenhydramine	
	clemastine	
	cypheptadine	

* Both OTC and Rx products covered

ANTIHISTAMINE/DECONGESTANT COMBINATIONS

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

ANTITUSSIVES

Clinical practice guidelines are available at:

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

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

ANTITUSSIVE COMBINATIONS

Opioid

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

Non-opioid

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

BETA AGONISTS

Inhalants

Short Acting

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

Long Acting

Hand-held Active Inhalation

	salmeterol xinafoate	SEREVENT
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Oral Agents

	albuterol	
	albuterol ext-rel	
	terbutaline	

CYSTIC FIBROSIS

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

DECONGESTANTS

OTC	oxymetazoline	AFRIN
OTC	phenylephrine	NEO-SYNEPHRINE
OTC	pseudoephedrine	SUDAFED

DECONGESTANT/EXPECTORANT COMBINATIONS

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

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

Oral

	isotretinoin	
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Topical

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

Actinic Keratosis

	fluorouracil crm 5%	EFUDEX
	fluorouracil crm 1%	FLUOROPLEX

Antibiotics

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

Antifungals

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

* Both OTC and Rx products covered

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

Antipsoriatics

Guidelines of care for the management and treatment of psoriasis with topical therapies are available at:
<https://www.aad.org>

	calcipotriene oint, soln 0.005%	DOVONEX
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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
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Topical

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

ST Topical corticosteroid and topical tacrolimus required first

Corticosteroids

Low Potency

OTC	hydrocortisone crm, oint 0.5%, 1%	CORTIZONE
	alclometasone crm, oint 0.05%	
	desonide oint 0.05%	DESOWEN
	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%	ULTRAVATE

Local Analgesics

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

Local Anesthetics

	lidocaine/prilocaine crm	
	tetracaine soln 2%	PONTOCAINE

Rosacea

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

Scabicides and Pediculicides

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

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

Miscellaneous Skin and Mucous Membrane

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

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

	lidocaine viscous	
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Steroids - Mouth/Throat

	triamcinolone paste	
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Miscellaneous

	chlorhexidine gluconate	PERIDEX
	sodium fluoride crm	PREVIDENT

OPHTHALMIC

Preferred Practice Pattern Guidelines for the treatment of various ophthalmic conditions are available at:
<https://one.aao.org>

Antiallergics

OTC	ketotifen	ZADITOR
	azelastine	
	cromolyn sodium	

Anti-infectives

	bacitracin	
	ciprofloxacin soln	CILOXAN
	erythromycin	
	gentamicin	
	moxifloxacin	VIGAMOX
	neomycin/polymyxin B/gramicidin	
	ofloxacin	OCUFLOX
	polymyxin B/bacitracin	
	polymyxin B/trimethoprim	POLYTRIM
	sulfacetamide soln 10%	BLEPH-10
	tobramycin soln	TOBREX
	tobramycin oint	TOBREX

Anti-infective/Anti-inflammatory Combinations

	neomycin/polymyxin B/bacitracin/hydrocortisone oint	
	neomycin/polymyxin B/dexamethasone	MAXITROL
	neomycin/polymyxin B/hydrocortisone susp	
	sulfacetamide/prednisolone phosphate 10%/0.25%	
	tobramycin/dexamethasone susp 0.3%/0.1%	TOBRADEX
	gentamicin/prednisolone acetate	PRED-G

Anti-inflammatories

Nonsteroidal

	flurbiprofen	
	ketorolac	ACULAR

Steroidal

	dexamethasone sodium phosphate	
	fluorometholone 0.1%	FML
	loteprednol susp 0.5%	LOTEMAX
	prednisolone acetate 1%	PRED FORTE
	prednisolone phosphate 1%	
	fluorometholone 0.25%	FML FORTE
	fluorometholone ointment	FML S.O.P.
	loteprednol oint 0.5%	LOTEMAX
	prednisolone acetate 0.12%	PRED MILD

Antivirals

	trifluridine	
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Beta-blockers

Nonselective

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

Selective

	betaxolol 0.5%	
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Carbonic Anhydrase Inhibitors

Topical

	dorzolamide	TRUSOPT
	brinzolamide	AZOPT

Carbonic Anhydrase Inhibitor/Beta-blocker Combinations

	dorzolamide/timolol maleate	COSOPT
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Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations

	brinzolamide/brimonidine	SIMBRINZA
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Dry Eye Disease

PA	lifitegrast	XIIDRA
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Local Anesthetic Combinations

	fluorescein/benoxinate 0.25%/0.4%	
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Mydriatics

	homatropine	ISOPTO HOMATROPINE
	tropicamide	
	atropine	

Parasympathomimetics

	pilocarpine	ISOPTO CARPINE
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Prostaglandins

	latanoprost	XALATAN
	bimatoprost 0.01%	LUMIGAN

Rho Kinase Inhibitors

	netarsudil	RHOPRESSA
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Sympathomimetics

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

Sympathomimetic/Beta-blocker Combinations

	brimonidine/timolol	COMBIGAN
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Miscellaneous

OTC	artificial tears soln	
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OTIC

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

Anti-infectives

	acetic acid	
	ciprofloxacin otic	CETRAXAL
	ofloxacin otic	

Anti-infective/Anti-inflammatory Combinations

	neomycin/polymyxin B/hydrocortisone	
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Miscellaneous

OTC	carbamide peroxide	DEBROX
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fluocinolone acetonide oil

DERMOTIC

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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