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Welcome to your guide to the Maryland Physicians Care (MPC) drug coverage for prescription medications. This booklet will provide you with information on the medications that are covered under the MPC formulary.

The formulary was developed by the MPC Pharmacy and Therapeutics Committee (P&T Committee) that is comprised of physicians from various medical specialties. The P&T Committee reviews new and existing medications to ensure the formulary remains responsive to the needs of our members and providers, as well as monitoring the safety, effectiveness and cost associated with all drug categories.

The formulary is the cornerstone of drug therapy quality assurance and cost containment efforts. The review process has been successfully used by hospitals and managed care organizations to provide a comprehensive and cost-effective formulary. As you use the formulary, we invite your suggestions to improve the format or content.

Formulary Medications

The formulary is a listing of medications marketed at the time of printing and intended for use by the health plan physicians and pharmacy providers. Unless exceptions are noted, all forms (tablet, capsule, liquid, topical) and strengths of a drug product are included in the formulary and will be covered by MPC.

The formulary applies only to prescription medications dispensed to outpatients by participating pharmacies. The formulary does not apply to in-patient medications or to medications obtained from and/or administered by a physician.

HIV Medications

HIV medications are carved out for MPC and are payable as fee-for-service through Maryland Medical Assistance.

Mental Health Medications

Certain mental health medications are carved out for MPC and are payable as fee-for-service through Maryland Medical Assistance. Please refer to the following website for a list of medications that are carved out and those that must be covered by MPC:

http://www.mdmahealthchoicerox.com/healthchoice_docs/mmmh_form.pdf

Over-the-Counter, Non-prescription Medications Policy

Some over-the-counter (OTC) products are covered according to the MPC OTC list.

Generic Drug Policy

Specific drugs, which have generic equivalents are covered at a generic reimbursement level and should be prescribed and dispensed in the generic form. Providers are reminded of the following:

1. When generic substitution conflicts with state regulations or restrictions, the pharmacist must gain approval from the prescribing physician to use the generic equivalent.
2. If a physician indicates "Dispense As Written" (DAW) and completes a MedWatch form to document any adverse effects caused by previous experience with the generic alternative, MPC will pay for the brand name drug.

Unapproved Use of Medications

The member's benefit handbook states medications will be eligible for coverage only if they are FDA approved medications used for non-experimental indications. Non-experimental indications include the labeled indication(s) (FDA-approved) and other indications accepted as effective by the balance of currently available scientific evidence and informed professional opinion.

Experimental and investigational drugs, and drugs used for cosmetic purposes are not eligible for coverage.

Drugs, which have Drug Efficiency Studies Implementation (DESI) status, are not covered by MPC.

Prescriptions for Non-Formulary Medications

The MPC P&T Committee has attempted to include medications from all therapeutic needs. If a patient requires medication that is not listed on the formulary, the physician may request an exception to allow payment for the medication. It is anticipated that such exceptions will be rare and physicians should be able to find a medication on the formulary for most therapeutic needs. However, if a health care provider wishes that a member receive a medication not covered, he/she must submit a letter explaining the necessity, past therapeutic failures, and patient identification (name, address, and member id number). The P&T Committee will monitor prescriptions written in a non-



conformance with the formulary and contact physicians who prescribe non-formulary products to request compliance.

Specialty Medications

All specialty drugs available through CuraScript™ require prior authorization. The CuraScript specialty medication form can be downloaded from the MPC website at: <http://www.marylandphysicianscare.com/pdf/SpecialtyMedAuthForm.pdf>. Specialty medications available through CuraScript can also be downloaded from the MPC website at:

<http://www.marylandphysicianscare.com/pdf/SpecialtyInjectableMedicationDrug.pdf>

Prior Authorization (PA)

Certain medications on the MPC formulary require pre-authorization. Drugs that require Prior Authorization are identified on the formulary with ^{PA} after the drug name. In order for a member to receive coverage for a medication requiring Prior Authorization a provider must:

- Fax the Pharmacy Prior Authorization Request Form to: the Maryland Physicians Care Pharmacy Prior Authorization Department at: 1-866-207-7231. The Pharmacy Prior Authorization Request form can be downloaded from the MPC website at www.MarylandPhysiciansCare.com.
- If you need to have a Prior Authorization form sent to you, you can contact the Maryland Physicians Care at (800) 953-8854, option 2.

Quantity Limits (QL)

Certain prescription drugs may be prescribed only in limited quantities. Drugs that have quantity limits are identified on the formulary with ^{QL} after the drug name or you can download a list of drugs having quantity limits from the MPC website. In order to receive an override for the indicated quantity limit, you will be required to complete a Prior Authorization form and fax to the MPC Pharmacy Prior Authorization at (866) 207-7231. Prior Authorization forms can be downloaded from the MPC website.

Step Therapy (ST)

The ST program requires certain first-line drugs: generic drugs or other formulary drugs to be prescribed prior to approval of specific second-line drugs. The ST requirements document can be downloaded from the MPC website at:

<http://www.marylandphysicianscare.com/approveddrug.aspx>.



If there is a new or existing medication that you would like to have added to the formulary, you will need to complete the Drug Formulary Change Request Form and send to MPC for presentation to the P&T Committee. Forms are located in the MPC Provider Manual or you can call Provider Services at (800) 953-8854, option 5 to request a form. You will be notified in writing of the decision taken at the P&T Committee. The MPC P&T Committee meets on a quarterly basis.

DRUG FORMULARY

CHAPTER 1: ANESTHETICS
1.2 TOPICAL ANESTHETICS
Lidocaine HCL Viscous
Lidocaine-HC 3-1% Cream
Lidoderm
CHAPTER 2: ANTIINFECTIVES
2.1.1 CEPHALOSPORINS
Cefaclor
Cefaclor ER
Ceftriaxone ^{QL}
Cefuroxime tablets, suspension
Cefuroxime Sodium ^{PA}
Cephalexin
Cefdinir
Suprax ^{QL}
2.1.3 CLINDAMYCINS
Clindamycin HCL
2.1.4 ERYTHROMYCINS
Erythrocin Stearate
Erythromycin Ethylsuccinate
2.1.4.1 OTHER MACROLIDES
Azithromycin ^{QL}
Clarithromycin, ER ^{QL}
2.1.5 PENICILLINS
Amox TR/Potassium Clavulanate ^{QL}
Amoxicillin
Penicillin V Potassium
Amox TR-K CLV 600
2.1.6 SULFONAMIDES
Erythromycin w/Sulfisoxazole
Sulfamethoxazole /Trimethoprim
2.1.7 TETRACYCLINES

Doxycycline Hyclate
Minocycline
Tetracycline
2.1.8 URINARY ANTINFECTIVES
Nitrofurantoin Macrocrystal
Trimethoprim
Macrobid
2.1.9 QUINOLONES
Levaquin
Ciprofloxacin
2.2 TOPICAL ANTIBACTERIAL DRUGS
Chlorhexidine Gluconate
Silver Sulfadiazine
Bactroban cream
Mupirocin ointment
2.3 ORAL ANTIFUNGAL DRUGS
Clotrimazole
Fluconazole
Grifulvin V
Gris-PEG
Ketoconazole
Sporanox ^{PA}
Nystatin
Terbinafine
2.4.2 OTHER TOPICAL ANTIFUNGALS
Econazole Nitrate
Ketoconazole shampoo
Nystatin
OTC Clotrimazole
OTC Miconazole
2.4.3 TOPICAL ANTIFUNGAL- CORTICOSTEROID COMBINATIONS
Nystatin w/Triamcinolone
Clotrimazole/Betamethasone
2.5.2 OTHER ANTIVIRAL DRUGS
Acyclovir ^{QL}

Amantadine
Famciclovir ^{QL}
Relenza ^{QL}
Ribavirin ^{PA,QL}
Tamiflu ^{QL}
Tyzeka ^{PA}
2.7.1 AMEBICIDES
Paromomycin Sulfate
2.7.2. ANTITUBERCULOSIS DRUGS
Ethambutol
Isoniazid
Rifampin
Isonarif Capsule
Pyrazinamide
2.7.3 PLASMODICIDES
Hydroxychloroquine Sulfate
Mefloquine
2.7.5 TRICHOMONOCIDES
Metronidazole
2.8.1 PARENTERAL ANTIFUNGALS
Sporanox ^{PA}
CHAPTER 3: ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS
3.0 ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS
Arimidex
Azathioprine
Bicalutamide
Cellcept [inj] ^{PA}
Cyclosporine
Degarelix ^{PA}
Eligard ^{PA}
Flutamide
Hydroxyurea
Mesnex
Methotrexate

Mycophenolate 250 mg capsule; 500 mg tablet
Myforitc
Revlimid ^{PA}
Sandostatin ^{PA}
Somatuline ^{PA}
Tabloid
Tacrolimus
Tamoxifen Citrate
Tykerb ^{PA}
Votrient ^{PA}
Xeloda
CHAPTER 4: CARDIOVASCULAR MEDICATIONS
4.1 CARDIAC GLYCOSIDES
Digitek
Digoxin
Lanoxin
4.2 CALCIUM ANTAGONISTS
Amlodipine ^{QL}
Cartia XT
Diltiazem
Diltiazem ER
Diltiazem XR
Felodipine
Isradipine
Nicardipine
Nifedipine
Nifedipine ER ^{QL}
Verapamil, ER ^{QL}
4.3.1 LOOP DIURETICS
Bumetanide
Furosemide
Torsemide
4.3.2 THIAZIDE AND RELATED DRUGS
Hydrochlorothiazide

Indapamide
Zaroxolyn
4.3.3 POTASSIUM SPARING DIURETICS
Amiloride HCL w/HCTZ
Spiroinolactone
Spiroinolactone w/HCTZ
Triamterene w/HCTZ
4.4 BETA-ADRENERGIC ANTAGONIST DRUGS
Atenolol
Metoprolol Succinate (generic for Toprol XL) ^{QL}
Metoprolol Tartrate
Propranolol
Propranolol Extended-Release
Carvedilol
4.5.1 VASODILATOR ANTIHYPERTENSIVES
Doxazosin Mesylate ^{QL}
Hydralazine
Prazosin
Terazosin ^{QL}
4.5.2 CENTRALLY ACTING ANTIHYPERTENSIVES
Clonidine tablets, patches ^{QL}
Methyldopa
Guanfacine (Tenex)
4.5.4.1 ANGIOTENSIN CONVERTING ENZYME INHIBITORS
Captopril
Enalapril Maleate
Fosinopril
Lisinopril
Moexipril
Perindopril
4.5.4.2 ANGIOTENSIN II RECEPTOR ANTAGONISTS
Benicar ^{ST,QL}
Diovan ^{ST,QL}
4.5.6 OTHER ANTIHYPERTENSIVES
Amlodipine/Benazepril

Benicar HCT ^{ST,QL}
Captopril/Hydrochlorothiazide
Diovan HCT ^{ST,QL}
Enalapril Maleate/HCTZ
Atenolol/Chlorthalidone
Bisopropol fumarate/HCTZ
Lisinopril/HCTZ
4.6.1 NITRATES
Isosorbide Mononitrate
Isosorbide Dinitrate
Nitroglycerin patches, ointment, sublingual
4.7.1.1 CLASS 1A ANTIARRHYTHMICS
Quinidine Gluconate
4.7.1.2 CLASS 1B ANTIARRHYTHMICS
Mexiletine hcl
4.7.1.3 CLASS 1C ANTIARRHYTHMICS
Flecainide Acetate
Propafenone
4.7.3 AMIODARONES
Amiodarone
Multaq ^{PA}
Pacerone
4.7.5 OTHER ANTIARRHYTHMICS
Sotalol
4.8.1 HYPOLIPOPROTEINEMICS
Cholestyramine
Gemfibrozil ^{QL}
Fenofibrate
Colestipol
OTC Niacin
Trilipix
4.8.2 HMG-COA REDUCTASE INHIBITORS
Lovastatin ^{QL}
Pravastatin ^{QL}
Simvastatin ^{QL}

Vytorin ^{QL}
4.9 OTHER CARDIOVASCULAR DRUGS
Pentoxifylline
CHAPTER 5: AUTONOMIC AND CNS MEDICATIONS
5.1.1 ANALGESICS
Tramadol ^{QL} , Tramadol/APAP ^{QL}
Diflunisal
OTC Enteric Coated Aspirin
5.1.1.1 CLASS II NARCOTICS
Fentanyl Patches ^{QL}
Hydromorphone ^{QL}
Meperidine ^{QL}
Methadone
Oxycodone w/Acetaminophen ^{QL} (5/325 mg, 7.5/325 mg, 10/325 mg, 5/500 mg, 7.5/500 mg, 10/650 mg)
Morphine sulfate
Oramorph
OxyIR ^{QL}
Oxycontin ^{QL,PA}
Roxicet 5-325/5 ml solution
5.1.1.2 CLASS III NARCOTICS
Acetaminophen w/Codeine ^{QL}
Hydrocodone w/Acetaminophen ^{QL}
Norco ^{QL}
Suboxone (Buprenorphine & Naloxone)
5.1.2 DRUGS TO PREVENT AND TREAT HEADACHES
Butalbital Compound
Butalbital/APAP/Caffeine
Butorphanol ^{QL}
Migranal ^{QL}
Relpax ^{QL}
sumatriptan ^{QL}
Zomig ^{QL}
Zomig ZMT ^{QL}
5.4.3 HYDANTOINS

Phenytoin
Phenytoin Sodium, Extended-Release
Dilantin Infatabs, Extended-Release (30 mg only)
Phenytek
5.4.5 SUCCINIMIDES
Ethosuximide
5.4.6 ANTICONVULSANT BARBITURATES
Phenobarbital
Primidone (Mysoline))
5.6 ANTIVERTIGO AND ANTIEMETIC DRUGS
Granisetron ^{PA,QL}
Meclizine
Ondansetron, ODT ^{PA, QL}
Prochlorperazine
Prochlorperazine Maleate
Trimethobenzamide
5.7.2 OTHER ANTIPARKINSON DRUGS
Bromocriptine Mesylate
Carbidopa/Levodopa, extended-release
Selegiline
ropinirole ^{QL}
5.9.2 OTHER CNS/AUTONOMIC DRUGS
Naltrexone
Savella ^{PA,QL}
5.9.2.1 ALCOHOL ANTAGONIST
Antabuse
Campral ^{PA}
5.9.3 ANTIDEMENTIA DRUGS
Exelon
galantamine, ER ^{QL}
5.9.5 SMOKING CESSATION DRUGS
buproban ^{QL}
Chantix ^{QL}
OTC Nicotine patches ^{QL}
5.9.6 OTHER DRUGS FOR ADHD

Intuniv Extended Release ^{PA}
CHAPTER 6: DERMATOLOGICAL MEDICATIONS
6.1 TOPICAL CORTICOSTEROID DRUGS
Alclometasone Dipropionate
Amcinonide
Betamethasone Dipropionate
Clobetasol Propionate
Desonide
Desoximetasone
Diflorasone Diacetate
Fluocinolone
Hydrocortisone (includes OTC dosage forms)
Pramoxine HC
Triamcinolone Acetonide
Topicort Cream
6.2 ANTIPRURITIC DRUGS
Hydroxyzine HCL
Hydroxyzine Pamoate
6.3 ANTIACNE DRUGS
Amnesteem
Claravis
Tretinoin ^{PA required age>21 years,QL}
Benzoyl Peroxide/Erythromycin
Finacea
Metronidazole Cream
Metrogel
Metro lotion
Mometasone furoate cream
Clindamycin Phosphate (1% solution, gel, topical pledget, lotion, foam)
Erythromycin Base
Metronidazole 0.75%
Sodium Sulfacetamide/Sulfur ^{QL}
Sotret
6.7 KERATOLYTIC DRUGS

Condylox
6.8 ANTIPSORIASIS AND ANTIECZEMA DRUGS
Selenium Sulfide
Dovonex topical cream
Calcipotriene topical solution
Klaron
Vectical Ointment
6.9.2 TOPICAL DERMATOLOGICAL DRUGS
Carac
Elidel ^{PA, QL}
OTC Ammonium Lactate Cream, Lotion (Generic for Lac-Hydrin)
6.9.3 SCABICIDES
Malathion 0.5% lotion (Generic for Ovide Lotion)
Permethrin OTC lotion, Permethrin cream
Ulesfia 5% Lotion
CHAPTER 7: EAR-NOSE-THROAT MEDICATIONS
7.1 DRUGS AFFECTING THE EAR
A/B Otic
Cerumenex
Ciprodex
Cipro HC
7.2 DRUG AFFECTING THE NOSE
Ipratropium Bromide ^{QL}
Fluticasone ^{QL}
Flunisolide ^{QL}
Nasacort AQ ^{ST, QL}
Nasonex ^{ST, QL}
7.3 DRUGS AFFECTING THE THROAT AND MOUTH
Chlorhexidene Gluconate
CHAPTER 8: ENDOCRINE MEDICATIONS
8.1.1 INSULIN (VIALS ONLY)
Humalog
Humalog Mix 75/25
Humulin 50/50

Humulin 70/30
Humulin N
Humulin R
Lantus
Levemir
Novolin 70/30
Novolin N
Novolin R
Novolog, Novolog 70/30
8.1.2 ORAL HYPOGLYCEMIC DRUGS
Acarbose
Glipizide
Glyburide
Metformin
Metformin ER
Glimepiride
Glipizide ER
Glyburide/Metformin
Nateglinide
Prandin
Prandimet
8.1.3 INSULIN SENSITIZERS
Actos ^{QL}
Actoplus Met ^{QL}
Avandamet ^{QL}
Avandaryl ^{QL}
Avandia ^{QL}
Duetact ^{QL}
8.2.0 GLUCOSE ELEVATING DRUGS
Glucagon
OTC glucose chewable tablets
8.3.1 GLUCOCORTICOID DRUGS
Dexamethasone
Hydrocortisone
Methylprednisolone

Prednisone
Prednisolone
8.3.2 MINERALOCORTICOID DRUGS
Fludrocortisone Acetate
8.4.1 THYROID SUPPLEMENTS
Cytomel
Levothyroxine Sodium
Unithroid
Levothroid
Levoxyl
Armour thyroid
8.4.2 ANTITHYROID DRUGS
Propylthiouracil
8.6 OTHER ENDOCRINE DRUGS
alendronate ^{QL}
calcitonin nasal spray
desmopressin
fortical nasal spray
Miacalcin Injection
Increlex ^{PA}
Etidronate
CHAPTER 9: GASTROINTESTINAL MEDICATIONS
9.2. ANTIDIARRHEAL DRUGS
Diphenoxylate w/Atropine
OTC Loperamide
9.3 ANTISPASMODICS/DRUGS AFFECTING GI MOTILITY
Dicyclomine
Hyoscyamine Sulfate
Metoclopramide
Nulev
9.4 ANTIULCER DRUGS
Cimetidine
Famotidine
Nizatidine

Ranitidine
9.4.1 OTHER ANTIULCER DRUGS
Sucralfate
Misoprostol
9.4.2 PROTON PUMP INHIBITORS
OTC omeprazole, OTC Prilosec, omeprazole ^{ST,QL}
pantoprazole ^{PA,QL}
9.4.3 HELICOBACTER PYLORI DRUGS
Prevpac ^{QL}
9.6 OTHER GI DRUGS
Sulfasalazine
Asacol, Asacol HD
Analpram-HC
Canasa
Cotazym
Creon 5, Creon 10, Creon 20
Creon (Lipase 6,000 unit), Creon (Lipase 12,000 unit), Creon (Lipase 24,000 unit) , ,
Golytely
Lipram 4,500; Lipram CR5, Lipram PN10, Lipram PN16, Lipram PN20, Lipram UL20
Mesalamine
Nulytely
OTC Miralax ^{QL}
Pancrease MT 4, MT 10, MT 16, MT 20
Pancrelipase 5,000 Units
OTC Simethicone Drops ^{PA>2 years}
OTC Sorbitol 70% Oral Soln
Ultracaps MT 20
Ultrase, Ultrase MT12, MT18, MT20
URSO, URSO Forte
Viokase 8, 16
Zenpep 5,000; 10,000; 15,000; 20,000
CHAPTER 10: IMMUNOLOGICALS AND VACCINES
10.0 IMMUNOLOGICALS AND VACCINES
BayRho-D

Cervarix ^{PA} <10 and >25, Females Only. QL
Flumist ^{PA} <2 and >49
Gamimune N
Zostavax
10.2.1 MYELOID STIMULANTS
Leukine ^{PA}
Neulasta ^{PA}
Neupogen ^{PA}
10.2.2 ERYTHROID STIMULANTS
Epogen ^{PA}
Procrit ^{PA}
10.2.3 INTERFERONS
Avonex Administration Pack ^{PA}
Betaseron ^{PA, QL}
Intron A ^{PA}
Pegasys ^{PA}
Peg-Intron ^{PA}
Rebif ^{PA, QL}
Roferon-A ^{PA}
10.2.4 GROWTH HORMONES AND RELATED DRUGS
Norditropin ^{PA}
Nutropin ^{PA}
Nutropin AQ ^{PA}
10.2.5 INTERLEUKINS
Neumega ^{PA, QL}
10.2.7 IMMUNOGLOBULIN ANTIBODIES
Soliris ^{PA}
10.3.0 HEMATOPOIETIC AGENTS
Mozobil ^{PA}
CHAPTER 11: MUSCULOSKELETAL MEDICATIONS
11.1.1 SALICYLATES AND RELATED DRUGS
Salsalate
Diflunisal
11.1.2 NON-STEROIDAL ANTIINFLAMMATORY AGENTS

Diclofenac Sodium
Etodolac
Ibuprofen
Indomethacin
Ketoprofen
Meloxicam
Nabumetone
Naproxen
Oxaprozin
Celebrex ^{QL,ST}
11.2 DRUGS TO PREVENT AND TREAT GOUT
Allopurinol
Colchicine
Probenecid
Uloric ^{PA}
11.3.1 DIRECT MUSCLE RELAXANTS
Baclofen
11.3.2 CNS MUSCLE RELAXANTS
Carisoprodol ^{QL}
Cyclobenzaprine
Methocarbamol
CHAPTER 12: NUTRITION, BLOOD MODIFIERS, ELECTROLYTES
12.0 THERAPEUTIC VITAMINS & MINERAL & RELATED PRODUCTS
calcium acetate
Calcitriol
Folic Acid
Hectoral capsules
Multivitamin with fluoride
OTC Ergocalciferol, Calciferol Drops (Vitamin D)
OTC Ferrous gluconate
OTC Ferrous sulfate (oral preparations)
12.1 POTASSIUM SUPPLEMENTS
Citric acid/sodium citrate oral soln
Klor-Con

Potassium Chloride
Potassium Citrate ER
K-Dur
K-Phos
12.2 ORAL ANTICOAGULANTS, VITAMIN K
Warfarin Sodium (Coumadin)
12.2.1 HEPARIN AND HEPARIN ANTAGONISTS
Arixtra ^{PA}
Fragmin ^{PA,QL}
Heparin (heparin lock flush solution not covered)
Lovenox ^{PA,QL}
12.3 ANTIPLATELET DRUGS
Ticlopidine
Plavix
12.5 HEMOSTATICS
Aminocaproic Acid
12.7 BLOOD DETOXICANTS
Lactulose
Renagel
Renvela
CHAPTER 13: OBSTETRICAL & GYNECOLOGICAL MEDICATION
13.1.1 PRENATAL VITAMINS
Complete Natal DHA
Prenate Advance
Prenate GT
Ultra Natalcare
Vinatal forte
Vinate ultra
Vinate calcium
Vitafol-ob
Vitafol-pn
13.1.2 SPECIALIZED OB/GYN DRUGS
Lupron ^{PA}
13.1.3 OB/GYN TOPICAL ANTIINFECTIVES

Cleocin 100 mg vaginal suppositories
Clindamycin 2% vaginal cream
Metronidazole vaginal cream
13.3 ANDROGEN DRUGS
Danazol
Methitest
Testosterone Cypionate
13.4 ESTROGEN DRUGS
Estradiol
Estradiol Trans Patch
Estrogen-Methyltestosterone, HS
Estropipate
Estrace
Premarin
Vagifem
13.4.1 ESTROGEN/PROGESTIN COMBINATIONS
Combipatch
Premphase
Prempro
13.4.3 SELECTIVE ESTROGEN RECEPTOR MODULATOR
Evista
13.5 PROGESTIN DRUGS
Medroxyprogesterone Acetate
Norethindrone Acetate
13.7 CONTRACEPTIVES
Apri
Aranelle
Aviane
Camila
Cesia
Cryselle
Enpresse
Errin
Eurostep Fe
Implanon ^{PA}

Jolessa
Jolivette
Junel
Junel Fe
Kariva
Kelnor 1/35
Leena
Lessina
Levora-28
Low-Ogestrel
Lutera
Microgestin
Microgestin Fe
Mononessa
Necon
Next Choice ^{QL}
Nora-Be
Nortrel
NuvaRing ^{QL}
Ocella 28
Ogestrel
Ortho Evra ^{QL}
Quasense
Plan B One Step ^{QL}
Portia
Previfem
Reclipsen
Solia
Sprintec
Trinessa
Tri-Previfem
Tri-Sprintec
Trivora-28
Velivet
Zovia 1/35e

Zovia 1/50e
CHAPTER 14: OPHTHALMIC MEDICATIONS
14.1.1 OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS
Bacitracin/Polymixin eye ointment
Ciloxan
Ciprofloxacin HCL
Erythromycin
Polymyxin B Sul/Trimethoprim
Sulfacetamide Sodium
Tobramycin Sulfate
Vigamox
Zymar
14.2 OPHTHALMIC CORTICOSTEROID DRUGS
Prednisolone Acetate
Vexol
14.3 OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS
Neomycin/Polymyxin/Dexamethasone
Sulfacetamide w/Prednisolone
14.5 ANTIGLAUCOMA DRUGS
Brimonidine Tartrate
Carteolol
Combigan
dorzolamide
dorzolamide/timolol
Levobunolol
Lumigan
Pilocarpine
Rescula
Tilade
Timolol Maleate
Travatan Z
14.6 OTHER OPHTHALMIC DRUGS
Cromolyn Sodium
Ketoralac Tromethamine

OTC Ketotifen
OTC Refresh (5, 15, 30 ML BOTTLES COVERED ONLY)
OTC Zaditor
Tropicamide
CHAPTER 15: RESPIRATORY MEDICATIONS
15.1.1 BETA-2 ADRENERGIC DRUGS
Albuterol ^{QL}
Albuterol Sulfate ^{QL}
Foradil
ProAir HFA ^{QL}
Proventil HFA ^{QL}
Serevent Diskus ^{QL}
Ventolin HFA ^{QL}
15.1.2 METHYL XANTHINE DRUGS
Theochron
Theophylline Anhydrous
15.1.3 OTHER DRUGS FOR ASTHMA
acetylcysteine
Advair Diskus ^{QL} , Advair HFA ^{QL}
Ana-Kit
Atrovent ^{QL}
Budesonide Respules 0.25 mg/1 ml, 0.50 mg/1 ml ^{QL}
Combivent ^{QL}
Epipen
Epipen Jr.
Flovent HFA ^{QL}
Flovent Rotadisk ^{QL}
Intal ^{QL}
Ipratopium Bromide ^{QL}
Pulmicort Flexhaler ^{QL}
Pulmicort Respules 1 mg/1 ml ^{QL}
Symbicort
Tilade ^{QL}
15.1.4 LEUKOTRIENE MODIFIERS

Accolate ^{QL} Please note: No ST required for members with use of an asthma medication within the past 6 months; Accolate is currently not FDA-approved for allergic rhinitis
Singulair ^{QL,ST} (for allergic rhinitis only) Please note: No ST required for members with use of an asthma medication within the past 6 months; ST required for allergic rhinitis
15.2.1 ANTIHISTAMINES
OTC Cetirizine tablets ^{QL}
OTC Cetirizine solution ^{QL}
chlorpheniramine
Deconamine
diphenhydramine
OTC Loratadine, OTC loratadine-D
Cyproheptadine
Promethazine
15.2.3 ANTIHISTAMINE/DECONGESTANT COMBINATIONS
Promethazine VC
15.3 ANTITUSSIVE AND EXPECTORANT DRUGS
Benzonatate
Ceron DM syrup
Cphen, Cphen DM drops, syrup
Guaifenesin w/Codeine
Guaifenex PSE
OTC guaifenesin
OTC Mucinex ER, Mucinex D ER, Mucinex DM ER
Promethazine w/Codeine
Promethazine w/DM
Promethazine VC w/Codeine
Hydrocodone w/Chlorpheniramine
15.4 OTHER RESPIRATORY DRUGS
Spiriva ^{ST,QL}
CHAPTER 16: UROLOGICAL MEDICATIONS
16.1.1 ANTICHOLINERGIC ANTISPASMODICS
Oxybutynin Chloride
Oxybutynin Chloride ER
Sanctura, Sanctura XR ST

16.1.3 URINARY ANESTHETICS
Phenazopyridine
16.1.4 OTHER GENITOURINARY PRODUCTS
Flomax ^{PA}
Finasteride
Uroxatral
CHAPTER 17: MEDICAL SUPPLIES
Aerochamber ^{QLL} , Microchamber ^{QLL}
Assess, Microlife, Personal Best Peak Flow Meter ^{QLL}
OTC Chemstrip Test Strips
OTC Ketostix Urine Test Strips
OTC Latex Condoms
CHAPTER 18: MEDICAL (MISCELLANEOUS) SUPPLIES
18.1 DIABETIC SUPPLIES
COMBINED QLL FOR ALL DIABETIC TEST STRIPS=204 TEST STRIPS/MONTH
Microlet Lancets and Lancing Device
Accu-Chek Advantage Glucometer
Accu-Chek Active Glucometer
Accu-Chek Aviva Glucometer
Accu-Chek Compact Glucometer
Accu-Chek Complete Glucometer
Accu-Chek Active Test Strips
Accu-Chek Advantage Test Strips
Accu-Chek Comfort Test Strips
Accu-Chek Aviva Test Strips
Accu-Chek Compact Test Strips
Accu-Chek Multiclix Lancet Device
Accu-Chek Multiclix Lancets
Accu-Chek Softclix Lancet Device
Accu-Chek Softclix Lancets
One Touch Ultra2, Ultralink, Ultramini, Ultrasmart
One Touch Select
One Touch Test Strips, One Touch Control Solution

Certain prescription drugs may be prescribed only in limited quantities. Some drugs on the list may require prior authorization (PA) and are identified by PA next to the drug name. In order to receive an override for the indicated quantity limit or prior authorization, you are required to complete a Prior Authorization form and fax to Maryland Physicians Care (MPC) Pharmacy Authorization at (800) 854-7614. Prior Authorization forms can be downloaded from the MPC website at www.marylandphysicianscare.com. This list is subject to change and will be periodically updated.

FORMULARY DRUGS	QUANTITY LIMIT
Accolate	60/month
acetaminophen combination products	Combined quantity limit cannot exceed 4 g acetaminophen
Actoplus Met	90/month
Actos	30/month
Acyclovir	60/month
Advair Diskus	100/50, 250/50, 500/50 28 blisters/month or 60 blisters/month
Advair HFA	2 inhalers/30 days
Aerochamber	1 spacer/365 days
albuterol inhaler	Inhalers: 3/month Nebulized: 5 boxes (25x3ml vials)/month
albuterol solution	5 x 25-3ml 0.083% /month; 3 x 20 ml 0.5%/month
alendronate	5 mg, 10 mg, 40 mg =30/month 35 mg and 70 mg weekly=4 tabs/month
amlodipine	30/month
Amoxicillin/Clavulanate Potassium tablets or suspension	2 Rxs/60 days
Assess Peak Flow Meter	1 peak flow meter/365 days
Atrovent Inhaler	3/month
Atrovent Nasal	.03%, 31.1 gm – 2/month; .06%, 16.6 gm – 1/month
Avandamet	60 tabs/month
Avandaryl	60 tabs/month
Avandia	2mg, 4mg – 60/month; 8mg – 30/month
azithromycin	250mg, zpack, suspension – 2 Rxs/60 days
Benicar ST	30/month
Benicar HCT ST	30/month
Betaseron ^{PA}	15 syringes/month

budesonide respules	30 respules (or 60 mls; each respule is 2mls)/30 days
buproban	90 day supply/year
butorphanol	1 pkg/30 days (2.5 ml/30 days)
carisoprodol	240/month
Catapres TTS	5/month
ceftriaxone	2 grams/Rx
Celebrex ST	100 mg, 200mg – 60/month
Cervarix	3 syringes and vials/lifetime
cetirizine otc solution	150 ml/month
cetirizine otc tablets	30 tablets/month
Chantix	90 day supply/year
	200 mg and 500 mg – combined 28/30 days
	500 mg extended-release – 14/30 days
clarithromycin	
Combivent	14.7 gm – 3/month
Diabetic Test Strips	204/month (combined QLL)
Diovan ST	60/month
Diovan HCT ST	30/month
	1mg, 2mg, 4mg – 30/month;
doxazosin Mesylate	8mg – 60/month
Duetact	30/month
Elidel (PA required age>12 years)	30gm/month
	125 mg, 500mg – 21/month
famciclovir	250 mg – 60/month
fentanyl patches	15/month
	44 mcg, 110 mcg – 2 month;
Flovent	220 mcg – 3/month
	50 mcg – 1x60/month
	100 mcg – 1x60/month
Flovent Rotodisk	250 mcg x 60 – 4/month
Flunisolide nasal spray	2 bottles/month
fluticasone nasal spray	2 bottles/month
Fragmin ^{PA}	10 syringes/year
galantamine	60/month
galantamine ER	30/month
gemfibrozil	60/month
granisetron tablets	2 tabs/Rx
hydromorphone	180 tabs/30 days
Intal Inhaler	2/month
ipratropium bromide nasal spray	2/month
lovastatin	30/month
Lovenox ^{PA}	20 syringes/year

Meperidine	56/month
metoprolol succinate	60/month
Microchamber	1 spacer/365 days
Microlife Peak Flow Meter	1 peak flow meter/365 days
Migranal	4/month
Nasacort AQ ST	2 bottles/month
Nasonex ST	2/month
Neumega ^{PA}	21/month
Next Choice	2 tabs (1 pkg)/1 month; 6 tabs (3 pkg)/year
nifedipine ER	30/month
Norco	Combined quantity limit cannot exceed 4 g acetaminophen
NuvaRing	1 ring/month
ondansetron, ODT ^{PA}	12 tablets/month
Ortho Evra	3 patches/month
OTC Miralax	510g/month
OTC Nicotine Patches	90 day supply/year
OTC omeprazole/OTC Prilosec/omeprazole ST	120/month
oxycodone (Oxy IR)	150/month
Oxycontin ^{PA}	90/month
oxycodone w/Acetaminophen	Combined quantity limit cannot exceed 4 g acetaminophen
pantoprazole ^{PA}	30/month
Personal Best Peak Flow Meter	1 peak flow meter.year
Plan B One Step	1 tab (1 pkg)/1 month; 3 tabs (3 pkg)/year
pravastatin	30/month
PrevPac	1 per 90 days
ProAir HFA	2 inhalers/month
propoxyphene HCL w/APAP	Combined quantity limit cannot exceed 4 g acetaminophen
propoxyphene napsylate w/APAP	Combined quantity limit cannot exceed 4 g acetaminophen
Proventil HFA	2 inhalers/month
Pulmicort Flexhaler	Flexhaler: 1 every 30 days
Rebif ^{PA}	15 syringes/month
Relenza	3 packs/6 months
Relpax	6/month
ropinirole	90/month
ribavirin ^{PA}	2 packs/month
Savella	60/month
Serevent Diskus	1 pack/month

simvastatin	30/month
Singulair ST (for allergic rhinitis only)	30/month
sodium Sulfacetamide/Sulfur	2 pkgs/month
sumatriptan	Inj-2 kits or 4 vials/month Nasal – 2x6/month tab Tablets– 9 tabs/month
Spiriva ST	5 caps – 1 pack/month 90 caps – 1pack/month
Suprax	1 tab/Rx
Tamiflu	75mg: 10 capsules /Rx 45mg: 10 capsules /Rx 30mg: 20 capsules/Rx 12mg/ml oral suspension: 3 bottles/Rx
terazosin	1mg, 2mg, 5mg – 30/month; 10mg – 60/month
Tilade	3/month
tramadol	240/month
tretinoin	20gm/30 days
Ventolin HFA	2 inhalers/month
Verapamil	Immediate Release=120 units/30days; Extended Release=60 units/30 days
Vytorin	30/month
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