

Appendix F5. Maryland Physicians Care (MPG)
 Prescription Drugs Subject to NQTLs, by Delivery
 System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL | Formulary Change |
|---------------------------------|-------------------------------|--------------------------------------|------------------|
| | Med/Surg Drugs | Med/Surg Drugs | |
| 12 HOUR NASAL RELIEF SPRAY | N | N | |
| 1ST TIER COMFORTOUCH 28G LANCT | N | N | |
| ISTTIER COMFORTOUCH 30G LANCT | N | N | |
| 1ST TIER UNIFINE PENTP 5MM 31G | N | N | |
| 1ST TIER UNIFINE PNTIP 4MM 32G | N | N | |
| 1ST TIER UNIFINE PNTIP 6MM 31G | N | N | |
| 1ST TIER UNIFINE PNTIP 8MM 31G | N | N | |
| 1ST TIER UNIFINE PNTIP 12MM 29G | N | N | |
| 1ST TIER UNIFINE PNTIP 29GX1/2" | N | N | |
| 1ST TIER UNIFINE PNTIP 31GX1/4" | N | N | |
| 1ST TIER UNIFINE PNTIP 31GX3/16 | N | N | |
| 1ST TIER UNIFINE PNTIP 31GX5/16 | N | N | |
| 1ST TIER UNIFINE PNTIP 32GX5/32 | N | N | |
| 5-AMINOSALICYLIC ACID POWD | N | N | |
| 5-AMINOSALICYLIC ACID POWDER | N | N | |
| 8 HOUR ACETAMINOPHEN ER 650 MG | N | N | |
| A THRU Z ADVANCED FORMULA TAB | N | N | |
| A THRU Z MEN'S ULTIMATE TABLET | N | N | |
| A THRU Z SELECT 50 PLUS TABLET | N | N | |
| A THRU Z SELECT MEN SO+ TABLET | N | N | |
| A THRU Z SELECT MULTIVITTAB | N | N | |
| A THRU Z SELECT TABLET | N | N | |
| A THRU Z SELECT WOMEN'S TABLET | N | N | |
| ABACAVIR 20 MG/ML SOLUTION | N | N | |
| ABACAVIR 300 MG TABLET | N | N | |
| ABACAVIR-LAMIVUDINE 600-300 MG | N | N | |
| ABACAVIR-LAMIVUDINE-ZIDOV TAB | N | N | |
| ABC PLUS TABLET | N | N | |
| ABREVA 10% CREAM | N | Y | |
| ACARBOSE 100 MG TABLET | N | N | |
| ACARBOSE 25 MG TABLET | N | N | |
| ACARBOSE 50 MG TABLET | N | N | |
| ACCU-CHEK FASTCLIX LANCET DRUM | N | N | |

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 Prescription Drugs Subject to NQTLs, by Delivery
 System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ACCU-CHEK FASTCLIX LANCING DEV | N | N |
| ACCU-CHEK MULTICLIX LANCET KIT | N | N |

| | | |
|---|-------------------------------|--------------------------------------|
| ACCU-CHEK MULTICLIX LANCETS | N | N |
| ACCU-CHEK SAFE-T-PRO 23G LANCT | N | N |
| ACCU-CHEK SAFE-T-PRO PLUS 23G | N | N |
| ACCU-CHEK SOFTCLIX LANCET KIT | N | N |
| ACCU-CHEK SOFTCLIX LANCETS | N | N |
| ACCUTREND GLUCOSE CONTROL | N | N |
| ACEBUTOLOL 200 MG CAPSULE | N | N |
| ACEBUTOLOL 400 MG CAPSULE | N | N |
| ACEBUTOLOL HCL POWDER | N | N |
| ACETAMINOP-CODEINE 120-12 MG/5 | N | Y |
| ACETAMINOPHEN 160 MG/5 ML ELIX | N | N |
| ACETAMINOPHEN 160 MG/5 ML LIQ | N | N |
| ACETAMINOPHEN 160 MG/5 ML SOL | N | N |
| ACETAMINOPHEN 325 MG GELCAP | N | N |
| ACETAMINOPHEN 325 MG TABLET | N | N |
| ACETAMINOPHEN 500 MG CAPLET | N | N |
| ACETAMINOPHEN 500 MG GELCAP | N | N |
| ACETAMINOPHEN 500 MG TABLET | N | N |
| ACETAMINOPHEN 80 MG RAPID TAB | N | N |
| ACETAMINOPHEN ER 650 MG CAPLET | N | N |
| ACETAMINOPHEN ER 650 MG TABLET | N | N |
| ACETAMINOPHEN-COD #2 TABLET | N | Y |
| ACETAMINOPHEN-COD #3 TABLET | N | Y |
| ACETAMINOPHEN-COD #4 TABLET | N | Y |
| ACETAZOLAMIDE 125 MG TABLET | N | N |
| ACETAZOLAMIDE 250 MG TABLET | N | N |
| ACETAZOLAMIDE ER 500 MG CAP | N | N |
| ACETIC ACID 2% EAR SOLUTION | N | N |
| ACETYL SALICYLIC ACID POWDER | N | N |
| ACETYLCYSTEINE 10% VIAL | N | N |
| ACETYLCYSTEINE 20% VIAL | N | N |
| Appendix F5 2 | N | |
| Appendix F5. Maryland Physicians Care (MPG) Prescription Drugs Subject to NQTLs, by Delivery System | N | |
| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
| | Med/Surg Drugs | Med/Surg Drugs |
| ACETYLCYSTEINE POWDER | N | N |
| ACID CONTROLLER 20 MG TABLET | N | Y |
| ACID REDUCER 20 MG TABLET | N | N |
| ACIDOPHILUS LACTOBACILLUS POWD | N | N |
| ACIPHEX SPRINKLE DR 10 MG CAP | N | Y |
| ACIPHEX SPRINKLE DRS MG CAP | N | Y |
| ACNE MEDICATION 5% GEL | N | N |
| ACNE MEDICATION 5% LOTION | N | N |
| ACTI-LANCE LITE 28G LANCETS | N | N |
| ACTI-LANCE SPECIAL 17G LANCETS | N | N |
| ACTI-LANCE UNIVERS 23G LANCETS | N | N |

| | | |
|-------------------------------|---|---|
| ACYCLOVIR 200 MG CAPSULE | N | Y |
| ACYCLOVIR 200 MG/5 ML SUSP | N | Y |
| ACYCLOVIR 400 MG TABLET | N | Y |
| ACYCLOVIR 5% OINTMENT | N | Y |
| ACYCLOVIR 800 MG TABLET | N | Y |
| ADACEL TDAP VIAL | N | N |
| ADAPALENE 0.1% CREAM | N | Y |
| ADAPALENE 0.1% GEL | N | Y |
| ADCIRCA 20 MG TABLET | Y | N |
| ADEFOVIR DIPIVOXIL 10 MG TAB | N | N |
| ADEMPAS 0.5 MG TABLET | Y | N |
| ADEMPAS 1 MG TABLET | Y | N |
| ADEMPAS 1.5 MG TABLET | Y | N |
| ADEMPAS 2 MG TABLET | Y | N |
| ADEMPAS 2.5 MG TABLET | Y | N |
| ADJUSTABLE LANCING DEVICE | N | N |
| ADLT WAL-TUSSIN COUGH-COLD CF | N | N |
| ADMELOG 100 UNIT/ML VIAL | N | N |
| ADMELOG SOLOSTAR 100 UNIT/ML | Y | N |
| ADULT WAL-TUSSIN DM SYRUP | N | N |
| ADULT WAL-TUSSIN LIQUID | N | N |
| ADULTS 50 PLUS DAILY FORMULA | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ADVANCED LANCING DEVICE | N | N |
| ADVANCED TRAVEL 28G LANCETS | N | N |
| ADVANCED TRAVEL 30G LANCETS | N | N |
| ADVOCATE 26G LANCETS | N | N |
| ADVOCATE 30G LANCETS | N | N |
| ADVOCATE INS 0.3 ML 30GX5/16" | N | N |
| ADVOCATE INS 0.3 ML 31GX5/16" | N | N |
| ADVOCATE INS 0.5 ML 30GX5/16" | N | N |
| ADVOCATE INS 0.5 ML 31GX5/16" | N | N |
| ADVOCATE INS 1 ML 31GX5/16" | N | N |
| ADVOCATE INS SYR 0 . 3M L 29GX1/2 | N | N |
| ADVOCATE INS SYR 0 . 5M L 29GX1/2 | N | N |
| ADVOCATE INS SYR 1 ML 29GX1/2" | N | N |
| ADVOCATE INS SYR 1 ML 30GX5/16 | N | N |
| ADVOCATE LANCING DEVICE | N | N |
| ADVOCATE RAPID-SAFE LANCING | N | N |
| AEROCHAMBER MINI | N | N |
| AEROCHAMBER MV HOLD CHAMBER | N | N |
| AEROCHAMBER PLUS FLOW-VU | N | N |
| AEROCHAMBER PLUS FLOW-VU LARGE | N | N |

| | | |
|--------------------------------|---|---|
| AEROCHAMBER PLUS FLOW-VU MED | N | N |
| AEROCHAMBER PLUS FLOW-VU SMALL | N | N |
| AEROCHAMBER PLUS W-FLOWSIGNAL | N | N |
| AEROCHAMBER Z-STAT PLUS LARGE | N | N |
| AEROCHAMBER Z-STAT PLUS W-FLOW | N | N |
| AEROCHAMBER Z-STAT PLUS-MED | N | N |
| AEROCHAMBER Z-STAT PLUS-SMALL | N | N |
| AEROVENT PLUS HOLDING CHAMBER | N | N |
| AFLURIA QUAD 2019-20 (3YR UP) | N | N |
| AFLURIA QUAD 2019-20 (6-35MO) | N | N |
| AFLURIA QUAD 2019-2020 VIAL | N | N |
| AIMSCO LATEX CONDOM | N | N |
| AIRZONE PEAK FLOW METER | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| AK-POLY-BAC EYE OINTMENT | N | N |
| ALA-CORT 1% CREAM | N | Y |
| ALAVERT 10 MG ODT | N | N |
| ALAVERT D-12 ALLERGY-SINUS TAB | N | N |
| ALAWAY 0.025% EYE DROPS | N | Y |
| ALBUSTIX REAGENT STRIPS | N | N |
| ALBUTEROL 2.5 M G/ 0.5 ML SOL | N | N |
| ALBUTEROL HFA 90 MCG INHALER | N | Y |
| ALBUTEROL SUL 0.63 MG/3 ML SOL | N | Y |
| ALBUTEROL SUL 1.25 MG/3 ML SOL | N | Y |
| ALBUTEROL SUL 2.5 MG/3 ML SOLN | N | Y |
| ALCLOMETASONE DIPR 0.05% OINT | N | Y |
| ALCLOMETASONE DIPRO 0.05% CRM | N | Y |
| ALCOH-GLOVE CONTOURED WIPE | N | N |
| ALCOHOL 70% PADS | N | N |
| ALCOHOL 70% PREP PADS | N | N |
| ALCOHOL 70% SWABS | N | N |
| ALCOHOL PREP PADS | N | N |
| ALCOHOL SWAB | N | N |
| ALCOHOL SWABS | N | N |
| ALCOH-WIPE 12"X12" FLAT WIPE | N | N |
| ALENDRONATE SODIUM 10 MG TAB | N | N |
| ALENDRONATE SODIUM 35 MG TAB | N | N |
| ALENDRONATE SODIUM 5 MG TABLET | N | N |
| ALENDRONATE SODIUM 70 MG TAB | N | N |
| ALER-CAPS 25 MG CAPSULE | N | N |
| ALFALFA FLAVOR POWDER | N | N |
| ALFUZOSIN HCL ER 10 MG TABLET | N | N |
| ALIVE WOMEN'S ENERGY MV TABLET | N | N |

| | | |
|-------------------------------|---|---|
| ALKA-SELTZER PLUS ALLERGY TAB | N | N |
| ALL DAY ALLERGY 10 MG TABLET | N | N |
| ALL DAY ALLERGY-D TABLET | N | N |
| ALLER-CH LOR 4 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ALLERCLEAR 10 MG TABLET | N | N |
| ALLERCLEAR D-12HR TABLET | N | N |
| ALLERCLEAR D-24HR ER TABLET | N | N |
| ALLER-EASE 60 MG TABLET | N | N |
| ALLER-FEX 180 MG TABLET | N | N |
| ALLER-G-TIME 25 MG CAPLET | N | N |
| ALLERGY (LORATADINE) 10 MG TAB | N | N |
| ALLERGY 25 MG CAPSULE | N | N |
| ALLERGY 25 MG SOFTGEL | N | N |
| ALLERGY 25 MG TABLET | N | N |
| ALLERGY 4 MG TABLET | N | N |
| ALLERGY RELIEF 10 MG ODT | N | N |
| ALLERGY RELIEF 10 MG TABLET | N | N |
| ALLERGY RELIEF 180 MG TABLET | N | N |
| ALLERGY RELIEF 25 MG CAPSULE | N | N |
| ALLERGY RELIEF 25 MG SOFTGEL | N | N |
| ALLERGY RELIEF 25 MG TABLET | N | N |
| ALLERGY RELIEF 4 MG TABLET | N | N |
| ALLERGY RELIEF 5 MG/5 ML SOLN | N | N |
| ALLERGY RELIEF 50 MCG SPRAY | N | Y |
| ALLERGY RELIEF D 12-HOUR TAB | N | N |
| ALLERGY RELIEF 0-12 TABLET | N | N |
| ALLERGY RELIEF D-24HR TABLET | N | N |
| ALLERGY RELIEF-0 12 HOUR TAB | N | N |
| ALLERGY RELIEF-0 TABLET | N | N |
| ALLERGY RELIEF-NASAL DECONG TB | N | N |
| ALLERGY RLF (CETRZN) 10 MG TAB | N | N |
| ALLERGY-CONGES RELF ER TABLET | N | N |
| ALLERGY-CONGEST RLF-0 24HR TAB | N | N |
| ALLERGY-CONGESTION RLF 12H TAB | N | N |
| ALLERGY-TIME 4 MG TABLET | N | N |
| ALLER-TEC 10 MG TABLET | N | N |
| ALLER-TEC D 5-120 MG TABLET | N | N |

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| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ALLOPURINOL 100 MG TABLET | N | Y |
| ALLOPURINOL 300 MG TABLET | N | Y |
| ALOCRI 2% EYE DROPS | N | N |
| ALOGLIPTIN 25 MG TABLET | N | Y |
| ALOGLIPTIN 12.5 MG TABLET | N | Y |
| ALOGLIPTIN 6.25 MG TABLET | N | Y |
| ALOGLIPTIN-METFORMIN 12.5-1000 | N | N |
| ALOGLIPTIN-METFORMIN 12.5-500 | N | N |
| ALOGLIPTIN-PIOGLIT 12.5-15 MG | N | N |
| ALOGLIPTIN-PIOGLIT 12.5-30 MG | N | N |
| ALOGLIPTIN-PIOGLIT 12.5-45 MG | N | N |
| ALOGLIPTIN-PIOGLIT 25-15 MG TB | N | N |
| ALOGLIPTIN-PIOGLIT 25-30 MG TB | N | N |
| ALOGLIPTIN-PIOGLIT 25-45 MG TB | N | N |
| ALTAVERA-28 TABLET | N | N |
| ALTERNATE SITE 26G LANCETS | N | N |
| ALTERNATE SITE LANCING DEVICE | N | N |
| ALUMINUM CHLORIDE CRYSTALS | N | N |
| ALUMINUM CHLORIDE POWDER | N | N |
| ALUMINUM HYDROXIDE GEL | N | N |
| ALYACEN 1-35 28 TABLET | N | N |
| ALYACEN 7-7-7-28 TABLET | N | N |
| AMANTADINE 100 MG CAPSULE | N | N |
| AMANTADINE 100 MG TABLET | N | N |
| AMANTADINE 100 MG/10 ML SOLN | N | N |
| AMANTADINE 50 MG/5 ML SOLUTION | N | N |
| AMBRISENTAN 10 MG TABLET | Y | N |
| AMBRISENTAN 5 MG TABLET | Y | N |
| AMCINONIDE 0.1% CREAM | N | Y |
| AMCINONIDE 0.1% LOTION | N | Y |
| AMERIPHOR MOIST OINTMENT | N | N |
| AMETHIA 0.15-0.03-0.01 MG TAB | N | N |
| AMETHIA LO TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| AMETHYST 90-20 MCG TABLET | N | N |
| AMILORIDE HCL 5 MG TABLET | N | N |
| AMILORIDE HCL-HCTZ 5-50 MG TAB | N | N |
| AMIODARONE HCL 100 MG TABLET | N | N |
| AMIODARONE HCL 200 MG TABLET | N | N |

| | | |
|---------------------------------|---|---|
| AMIODARONE HCL 400 MG TABLET | N | N |
| AMLODIPINE BESYLATE 10 MG TAB | N | N |
| AMLODIPINE BESYLATE 2.5 MG TAB | N | N |
| AMLODIPINE BESYLATE 5 MG TAB | N | N |
| AMLODIPINE-BENAZEPRIL 10-20 MG | N | N |
| AMLODIPINE-BENAZEPRIL 10-40 MG | N | N |
| AMLODIPINE-BENAZEPRIL 2.5-10 | N | N |
| AMLODIPINE-BENAZEPRIL 5-10 MG | N | N |
| AMLODIPINE-BENAZEPRIL 5-20 MG | N | N |
| AMLODIPINE-BENAZEPRIL 5-40 MG | N | N |
| AMLODIPINE-VALSARTAN 10-160 MG | N | N |
| AMLODIPINE-VALSARTAN 10-320 MG | N | N |
| AMLODIPINE-VALSARTAN 5-160 MG | N | N |
| AMLODIPINE-VALSARTAN 5-320 MG | N | N |
| AMLOD-VALSA-HCTZ 10-160-12.5MG | N | N |
| AMLOD-VALSA-HCTZ 10-160-25 MG | N | N |
| AMLOD-VALSA-HCTZ 10-320-25 MG | N | N |
| AMLOD-VALSA-HCTZ 5-160-12 .5 MG | N | N |
| AMLOD-VALSA-HCTZ 5-160-25 MG | N | N |
| AMMONIUM LACTATE 12% CREAM | N | N |
| AMMONIUM LACTATE 12% LOTION | N | N |
| AMOX-CLAV 200-28.5 MG TAB CHEW | N | N |
| AMOX-CLAV 200-28.5 MG/5 ML SUS | N | N |
| AMOX-CLAV 250-125 MG TABLET | N | N |
| AMOX-CLAV 250-62.5 MG/5 ML SUS | N | N |
| AMOX-CLAV 400-57 MG TAB CHEW | N | N |
| AMOX-CLAV 400-57 MG/5 ML SUSP | N | N |
| AMOX-CLAV 500-125 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| AMOX-CLAV 600-42.9 MG/5 ML SUS | N | N |
| AMOX-CLAV 875-125 MG TABLET | N | N |
| AMOXICILLIN 125 MG TAB CHEW | N | N |
| AMOXICILLIN 200 MG/5 ML SUSP | N | N |
| AMOXICILLIN 250 MG TAB CHEW | N | N |
| AMOXICILLIN 250 MG/5 ML SUSP | N | N |
| AMOXICILLIN 400 MG/5 ML SUSP | N | N |
| AMOXICILLIN 500 MG CAPSULE | N | N |
| AMOXICILLIN 500 MG TABLET | N | N |
| AMOXICILLIN 875 MG TABLET | N | N |

| | | |
|----------------------------------|---|---|
| AMOXICILLIN TRIHYDRATE POWDER | N | N |
| AMPHOTERICIN B POWDER | N | N |
| AMPICILLIN 250 MG CAPSULE | N | N |
| AMPICILLIN 500 MG CAPSULE | N | N |
| ANAGRELIDE HCL 0.5 MG CAPSULE | N | N |
| ANAGRELIDE HCL 1 MG CAPSULE | N | N |
| ANASTROZOLE 1 MG TABLET | N | Y |
| ANEFNIN 0.05% NASAL SPRAY | N | N |
| ANISE EXTRACT FLAVOR | N | N |
| ANISE OIL | N | N |
| ANORO ELLIPTA 62 .5-25 MCG INH | N | Y |
| ANTACID 500 MG CHEW TABLET | N | N |
| ANTACID 500 MG CHEWABLE TABLET | N | N |
| ANTACID 750 MG CHEW TABLET | N | N |
| ANTACID 750 MG CHEWABLE TABLET | N | N |
| ANTACID CALCIUM 500 MG CHW TAB | N | N |
| ANTACID EX-STR 750 MG TAB CHEW | N | N |
| ANTACID EX-STR TABLET CHEW | N | N |
| ANTACID ULTRA STR 1 ; 000 MG CHW | N | N |
| ANTACID ULTRA STR TAB CHEWABLE | N | N |
| ANTACID ULTRA TABLET CHEW | N | N |
| ANTACID XTRA STRENGTH CHEW TAB | N | N |
| ANTHRALIN POWDER | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ANTI-DIARRHEAL 2 MG CAPLET | N | N |
| ANTI-DIARRHEAL 2 MG SOFTGEL | N | N |
| ANTI-DIARRHEAL 2 MG TABLET | N | N |
| ANTIFUNGAL 1% TOPICAL CREAM | N | N |
| ANTIFUNGAL 2% TOPICAL CREAM | N | N |
| ANTI-ITCH 1% CREAM | N | N |
| ANTI-ITCH 1% LOTION | N | N |
| ANTIOXIDANT FORMULA TABLET | N | N |
| APPLE FLAVOR | N | N |
| APPLE FLAVOR LIQUID | N | N |
| APPLE FLAVOR POWDER | N | N |
| APPLE-ADE FLAVOR LIQUID | N | N |

| | | |
|--------------------------------|---|---|
| APRI 28 DAY TABLET | N | N |
| APRICOT FLAVOR LIQUID | N | N |
| APRICOT FLAVOR POWDER | N | N |
| APRISO ER 0 . 375 GRAM CAPSULE | N | N |
| APTIVUS 100 MG/ML SOLUTION | Y | N |
| APTIVUS 250 MG CAPSULE | Y | N |
| AQUA CARE STERILE WATER IRRIG | N | N |
| AQUA LANCE LANCING DEVICE | N | N |
| AQUANIL HC 1% LOTION | N | N |
| ARANELLE 28 TABLET | N | N |
| ARCAPTA NEOHALER 75 MCG CAP | N | N |
| ARIXTRA 2.5 MG/0.5 ML SYRINGE | N | N |
| ARIXTRA 5 MG/0.4 ML SYRINGE | N | N |
| ARIXTRA 7. 5 MG/0.6 ML SYRINGE | N | N |
| ARMOUR THYROID 120 MG TABLET | N | N |
| ARMOUR THYROID 15 MG TABLET | N | N |
| ARMOUR THYROID 180 MG TABLET | N | N |
| ARMOUR THYROID 240 MG TABLET | N | N |
| ARMOUR THYROID 300 MG TABLET | N | N |
| ARNUITY ELLIPTA 100 MCG INH | N | N |
| ARNUITY ELLIPTA 200 MCG INH | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ARNUITY ELLIPTA 50 MCG INH | N | N |
| ARTHRITIS PAIN ER 650 MG CAPLT | N | N |
| ARTHRITIS PAIN ER 650 MG GELTB | N | N |
| ARTHRITIS PAIN RELF ER 650 MG | N | N |
| ARTHRITIS PAIN RELIEF 0.1% CRM | N | N |
| ARTHRITIS PAIN RLF ER 650 MG | N | N |
| ASA-BUTALB-CAFF-COD #3 CAPSULE | N | N |
| ASACOL HD DR 800 MG TABLET | N | N |
| ASCOMP WITH CODEINE CAPSULE | N | Y |
| ASHLYNA 0.15-0 .03-0.01 MG TAB | N | N |
| ASPIR EC 81 MG TABLET | N | N |
| ASPIRIN 325 MG TABLET | N | N |
| ASPIRIN EC 325 MG TABLET | N | N |
| ASPIRIN EC 81 MG TABLET | N | N |
| ASPIRIN POWDER | N | N |
| ASSURE COMFORT 28G LANCETS | N | N |
| ASSURE COMFORT 30G LANCETS | N | N |
| ASSURE HAEMOLANCE PLUS 18G | N | N |
| ASSURE HAEMOLANCE PLUS 21G | N | N |

| | | |
|--------------------------------|---|---|
| ASSURE HAEMOLANCE PLUS 25G | N | N |
| ASSURE HAEMOLANCE PLUS 28G | N | N |
| ASSURE HAEMOLANCE PLUS BLADE | N | N |
| ASSURE ID SYR 0.5 ML 29GX1/2" | N | N |
| ASSURE ID SYR 1 ML 29GX1/2" | N | N |
| ASSURE LANCE 25G LANCETS | N | N |
| ASSURE LANCE 28G LANCETS | N | N |
| ASSURE LANCE 28G SAFETY LANCET | N | N |
| ASSURE LANCE PLUS 21G LANCETS | N | N |
| ASSURE LANCE PLUS 25G LANCETS | N | N |
| ASSURE LANCE PLUS 30G LANCETS | N | N |
| ASTHMA CHECK PEAK FLOW MTR | N | N |
| ATAZANAVIR SULFATE 150 MG CAP | N | N |
| ATAZANAVIR SULFATE 200 MG CAP | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ATAZANAVIR SULFATE 300 MG CAP | N | N |
| ATENOLOL 100 MG TABLET | N | N |
| ATENOLOL 25 MG TABLET | N | N |
| ATENOLOL 50 MG TABLET | N | N |
| ATENOLOL POWDER | N | N |
| ATENOLOL-CHLORTHALIDONE 100-25 | N | N |
| ATENOLOL-CHLORTHALIDONE 50-25 | N | N |
| ATHLETES FOOT 1% CREAM | N | N |
| ATHLETE'S FOOT 1% CREAM | N | N |
| ATORVASTATIN 10 MG TABLET | N | Y |
| ATORVASTATIN 20 MG TABLET | N | Y |
| ATORVASTATIN 40 MG TABLET | N | Y |
| ATORVASTATIN 80 MG TABLET | N | Y |
| ATRIPLA TABLET | Y | N |
| ATROPINE 1% EYE DROPS | N | N |
| ATROPINE 1% EYE OINTMENT | N | N |
| ATROVENT 17 MCG HFA INHALER | N | N |
| AUBAGIO 14 MG TABLET | Y | N |
| AUBAGIO 7 MG TABLET | Y | N |
| AUBRA-28 TABLET | N | N |
| AUTOJECT 2 INJECTION DEVICE | N | N |
| AUTO-LANCET MINI LANCING DEV | N | N |
| AUTOLET IMPRESS LANCING DEVICE | N | N |
| AUTOLET LANCING DEVICE | N | N |
| AUTOLET PLUS LANCING DEVICE | N | N |
| AVEENO 1% CREAM | N | N |
| AVIANE-28 TABLET | N | N |

| | | |
|--------------------------------|---|---|
| AVITA 0.025% GEL | N | Y |
| AZATHIOPRINE 50 MG TABLET | N | N |
| AZATHIOPRINE POWDER | N | N |
| AZEDRA DOSIMETRIC VIAL | N | N |
| AZEDRA THERAPEUTIC VIAL | N | N |
| AZELASTINE 0.1% (137 MCG) SPRY | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| AZELASTINE HCL 0.05% DROPS | N | Y |
| AZITHROMYCIN 1 GM PWD PACKET | N | N |
| AZITHROMYCIN 100 MG/5 ML SUSP | N | N |
| AZITHROMYCIN 200 MG/5 ML SUSP | N | N |
| AZITHROMYCIN 250 MG TABLET | N | N |
| AZITHROMYCIN 500 MG TABLET | N | N |
| AZITHROMYCIN 600 MG TABLET | N | N |
| AZOPT 1% EYE DROPS | N | Y |
| AZURETTE 28 DAY TABLET | N | N |
| B COMPLEX WITH VITAMIN C TAB | N | N |
| B-6 TR 200 MG TABLET | N | N |
| BACITRACIN 500 UNIT/GM OPHTH | N | N |
| BACITRACIN POWDER | N | N |
| BACITRACIN-POLYMYXIN EYE OINT | N | N |
| BACLOFEN 10 MG TABLET | N | N |
| BACLOFEN 20 MG TABLET | N | N |
| BACLOFEN POWDER | N | N |
| BALZIVA 28 TABLET | N | N |
| BANANA CREAM FLAVOR LIQUID | N | N |
| BANANA CREME FLAVOR LIQUID | N | N |
| BANANA FLAVOR ARTIFICIAL LIQ | N | N |
| BANANA FLAVOR CONCENTRATE LIQ | N | N |
| BANANA FLAVOR LIQUID | N | N |
| BANOPHEN 25 MG CAPSULE | N | N |
| BANOPHEN 25 MG TABLET | N | N |
| BANOPHEN 50 MG CAPSULE | N | N |
| BARACLUDE 0.05 MG/ML SOLUTION | N | N |
| BARACLUDE 0.5 MG TABLET | N | N |

| | | |
|--------------------------------|---|---|
| BARACLUDE 1 MG TABLET | N | N |
| BASAGLAR 100 UNIT/ML KWIKPEN | N | N |
| BASE GELATIN GUMMY TROCHE | N | N |
| BASE; CUSTOM POLYGLYCOL TROCHE | N | N |
| BASE; PCCA ACACIA SYRUP | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|------------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| BASE; PCCA BITTER DRUG POWD | N | N |
| BASE; PCCA SYRUP VEHICLE | N | N |
| BAYER ASPIRIN 325 MG CAPLET | N | N |
| BAYER ASPIRIN 325 MG TABLET | N | N |
| BAZA ANTIFUNGAL 2% CREAM | N | N |
| B-COMPLEX PLUS VITAMIN C CPLT | N | N |
| B-COMPLEX WITH C TABLET | N | N |
| B-COMPLEX WITH VIT C CAPLET | N | N |
| B-COMPLEX WITH VIT C TABLET | N | N |
| B-COMPLEX W-VITAMIN C CAPLET | N | N |
| BD 3 ML SYRINGE WITH NEEDLE | N | N |
| BD ECLIPSE SYRINGE 3 ML 22GX1" | N | N |
| BD INS SYR 0.3 ML 8MMX31G(I/2) | N | N |
| BD INS SYR U-500 1/2ML 6MMX31G | N | N |
| BD INS SYR UF 0.3ML 12.7MMX30G | N | N |
| BD INS SYR UF 0.5M L 12 .7M M X30G | N | N |
| BD INS SYRN UF 1 ML 12.7MMX30G | N | N |
| BD INS SYRNG 0.3 ML 29GX12.7MM | N | N |
| BD INS SYRNG 0.5 ML 29GX12.7MM | N | N |
| BD INS SYRNG UF 0.3 ML 8MMX31G | N | N |
| BD INS SYRNG UF 0.5 ML 8MMX31G | N | N |
| BD INSULIN SYR 0 . 5 ML 28GX1/2" | N | N |
| BD INSULIN SYR 0 . 5 ML 29GX1/2" | N | N |
| BD INSULIN SYR 1 ML 25GX5/8" | N | N |
| BD INSULIN SYR 1 ML 27GX5/8" | N | N |
| BD INSULIN SYR 1 ML 28GX1/2" | N | N |
| BD INSULIN SYR 1 ML 29GX1/2" | N | N |

| | | |
|--------------------------------|---|---|
| BD INSULIN SYR 1 ML 29GX12.7MM | N | N |
| BD INSULIN SYR UF 1 ML 8MMX31G | N | N |
| BD INSULIN SYRINGE 1 ML | N | N |
| BD LANCETS 33G | N | N |
| BD LUER-LOK SYRINGE 1 ML | N | N |
| BD MICROTAINER 21G LANCETS | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization(PA) NQTL | Fail First/Step Therapy(FF/ST) NQTL |
|---------------------------------|------------------------------|-------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| BD MICROTAINER 30G LANCETS | N | N |
| BD MICROTAINER LANCETS | N | N |
| BD SAFETGLD INS 0.3 ML 8MMX31G | N | N |
| BD SAFETGLD INS 0.3ML 13MMX29G | N | N |
| BD SAFETGLD INS 0.5 ML 8MMX30G | N | N |
| BD SAFETGLD INS 0.SML 13MMX29G | N | N |
| BD SAFETYGLD INS 1 ML 13MMX29G | N | N |
| BD SINGLE USE SWAB | N | N |
| BD UF INS SYR 1 ML 30GX1/2" | N | N |
| BD ULTRA-FINE 33G LANCETS | N | N |
| BD ULTRA-FINE 1130G LANCETS | N | N |
| BD VEO INS SYRN 0.3 ML 6MMX31G | N | N |
| BD VEO INS SYRN 0.5 ML 6MMX31G | N | N |
| BENAZEPRIL HCL 10 MG TABLET | N | N |
| BENAZEPRIL HCL 20 MG TABLET | N | N |
| BENAZEPRIL HCL 40 MG TABLET | N | N |
| BENAZEPRIL HCL 5 MG TABLET | N | N |
| BENAZEPRIL-HCTZ 10-12 .5 MG TAB | N | N |
| BENAZEPRIL-HCTZ 20-12.5 MG TAB | N | N |
| BENAZEPRIL-HCTZ 20-25 MG TAB | N | N |
| BENAZEPRIL-HCTZ 5-6.25 MG TAB | N | N |
| BENZNIDAZOLE 100 MG TABLET | Y | N |
| BENZONATATE 100 MG CAPSULE | N | N |
| BENZONATATE 200 MG CAPSULE | N | N |
| BENZONATATE PERLE 100 MG CAP | N | N |
| BENZOYL PEROXIDE 2.5% GEL | N | N |

| | | |
|----------------------------|---|---|
| BENZOYL PEROXIDE 5% GEL | N | N |
| BENZOYL PEROXIDE 5% WASH | N | N |
| BENZYL ALCOHOL LIQUID | N | N |
| BENZYL BENZOATE LIQUID | N | N |
| BETA HC 1% LOTION | N | N |
| BETAMETHASONE DP 0.05% CRM | N | Y |
| BETAMETHASONE DP 0.05% LOT | N | Y |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| BETAMETHASONE DP 0.05% OINT | N | Y |
| BETAMETHASONE DP AUG 0.05% CRM | N | Y |
| BETAMETHASONE DP AUG 0.05% GEL | N | Y |
| BETAMETHASONE DP AUG 0.05% LOT | N | Y |
| BETAMETHASONE DP AUG 0.05% OIN | N | Y |
| BETAMETHASONE DP POWDER | N | Y |
| BETAMETHASONE VA 0.1% CREAM | N | Y |
| BETAMETHASONE VA 0.1% LOTION | N | Y |
| BETAMETHASONE VALER 0.1% OINTM | N | Y |
| BETAMETHASONE VALERATE POWDER | N | N |
| BETATAR GEL SHAMPOO | N | N |
| BETAXOLOL 10 MG TABLET | N | N |
| BETAXOLOL 20 MG TABLET | N | N |
| BETAXOLOL HCL 0.5% EYE DROP | N | N |
| BETHANECHOL 10 MG TABLET | N | N |
| BETHANECHOL 25 MG TABLET | N | N |
| BETHANECHOL 5 MG TABLET | N | N |
| BETHANECHOL 50 MG TABLET | N | N |
| BETHANECHOL CHLORIDE POWDER | N | N |
| BEVESPIAEROSPHEREINHALER | N | N |
| BEXSERO PREFILLED SYRINGE | N | N |
| BEYAZ 28 TABLET | N | N |
| BICALUTAMIDE 50 MG TABLET | N | Y |
| BIKTARVY 50-200-25 MG TABLET | N | N |
| BIOCOTRON LIQUID | N | N |
| BIODESP OM LIQUID | N | N |
| BIOGIL LIQUID | N | N |
| BIOTIN PLUS-CALCIUM & VIT 03 | N | N |
| BISACODYL POWDER | N | N |
| BISMATROL 525 MG/15 ML SUSP | N | N |
| BISMATROL 525 MG/30 ML SUSP | N | N |

| | | |
|-------------------------------|---|---|
| BISOPROLOL FUMARATE 10 MG TAB | N | N |
| BISOPROLOL FUMARATE 5 MG TAB | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|----------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| BISOPROLOL-HCTZ 10-6 . 25 MG TAB | N | N |
| BISOPROLOL-HCTZ 2.5-6 .25 MG TB | N | N |
| BISOPROLOL-HCTZ 5-6.25 MG TAB | N | N |
| BITTER STOP FLAVOR LIQUID | N | N |
| BITTERNESS MASK FLAVOR LIQUID | N | N |
| BITTERNESS REDUCING AGENT PWD | N | N |
| BITTERNESS SUPPRESSOR LIQUID | N | N |
| BLACKBERRY FLAVOR LIQUID | N | N |
| BLEPHAMIDE EYE DROPS | N | N |
| BLEPHAMIDE EYE OINTMENT | N | N |
| BLISOVI 24 FE TABLET | N | N |
| BLISOVI FE 1-20 TABLET | N | N |
| BLOOD LANCETS 30G | N | N |
| BLUEBERRY FLAVOR LIQUID | N | N |
| BOSULIF 100 MG TABLET | N | Y |
| BOSULIF 500 MG TABLET | N | Y |
| BP 5% GEL | N | N |
| BP WASH 2.5% LIQUID | N | N |
| BP WASH 5% LIQUID | N | N |
| BREATHERITE MDI SPACER | N | N |
| BREATHERITE SPACER-ADULT MASK | N | N |
| BREATHERITE SPACER-INFANT MASK | N | N |
| BREATHERITE SPACER-LG CHLD MSK | N | N |
| BREATHERITE SPACER-NEONATE MSK | N | N |
| BREATHERITE SPACER-SM CHLD MSK | N | N |
| BREATH RITE VALVED MDI CHAMBER | N | N |
| BREATH RITE VALVED MDI SPACER | N | N |
| BRIELLYN TABLET | N | N |
| BRIMONIDINE 0.2% EYE DROP | N | N |
| BRIMONIDINE TARTRATE 0.15% DRP | N | N |
| BROMOCRIPTINE 2.5 MG TABLET | N | N |
| BROMOCRIPTINE 5 MG CAPSULE | N | N |
| BROMOCRIPTINE MESYLATE POWDER | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization(PA) NQTL | Fail First/Step Therapy(FF/ST) NQTL |
|--------------------------------|------------------------------|-------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| BROMPHENIRAMINE MALEATE POWDER | N | N |
| BRONCOTRON PED DROPS | N | N |
| BRONCOTRON PED LIQUID | N | N |
| BROOKS INSULIN 0.3ML SYRN | N | N |
| BUBBLE GUM FLAVOR CONC LIQUID | N | N |
| BUBBLE GUM FLAVOR LIQUID | N | N |
| BUDESONIDE 0.25 MG/2 ML SUSP | Y | N |
| BUDESONIDE 0.5 MG/2 ML SUSP | Y | N |
| BUDESONIDE 1 MG/2 ML INH SUSP | Y | N |
| BUDESONIDE 32 MCG NASAL SPRAY | N | N |
| BUDESONIDE ER 9 MG TABLET | N | N |
| BULLSEYE MINI SAFETY 21G | N | N |
| BULLSEYE MINI SAFETY 25G LANCT | N | N |
| BULLSEYE MINI SAFETY 28G LANCT | N | N |
| BUMETANIDE 0.5 MG TABLET | N | N |
| BUMETANIDE 1 MG TABLET | N | N |
| BUMETANIDE 2 MG TABLET | N | N |
| BUTALB-ACETAMIN-CAFF 50-325-40 | N | N |
| BUTALB-CAFF-ACETAMINOPH-CODEIN | N | Y |
| BUTALBITAL COMP-CODEINE #3 CAP | N | N |
| BUTALBITAL-ACETAMINOPHN 50-325 | N | N |
| BUTALBITAL-ASA-CAFFEINE CAP | N | N |
| BUTORPHANOL 10 MG/ML SPRAY | N | Y |
| BUTTER FLAVOR LIQUID | N | N |
| BUTTER RUM FLAVOR | N | N |
| BUTTER RUM FLAVOR LIQUID | N | N |
| BUTTERSCOTCH FLAVOR LIQUID | N | N |
| SYSTOLIC 10 MG TABLET | N | N |
| SYSTOLIC 2.5 MG TABLET | N | N |
| SYSTOLIC 20 MG TABLET | N | N |
| SYSTOLIC 5 MG TABLET | N | N |
| CA INS SYR 0 . 3 ML 30GXS/16" | N | N |
| CA INS SYR 0 . 3 ML 31GXS/16" | N | N |

Appendix F5. Maryland Physicians Care (MPG)
 Prescription Drugs Subject to NQTLs, by Delivery
 System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CAINS SYR 0.5 ML 30GX5/16" | N | N |
| CAINS SYR 0.5 ML 31GX5/16" | N | N |
| CA INSULIN SYR 0.3 ML 29GX1/2" | N | N |
| CA INSULIN SYR 0.5 ML 29GX1/2" | N | N |
| CA INSULIN SYR 1 ML 29GX1/2" | N | N |
| CA INSULIN SYR 1 ML 30GX5/16" | N | N |
| CA INSULIN SYR 1 ML 31GX5/16" | N | N |
| CABERGOLINE 0.5 MG TABLET | N | N |
| CAFFEINE POWDER | N | N |
| CAL MAG ZINC-D TABLET | N | N |
| CAL MAG ZINC-D3 TABLET | N | N |
| CALCIDOL DROPS | N | N |
| CALCIPOTRIENE 0.005% CREAM | N | N |
| CALCIPOTRIENE 0.005% OINTMENT | N | N |
| CALCIPOTRIENE 0.005% SOLUTION | N | N |
| CALCITONIN-SALMON 200 UNITS SP | N | N |
| CALCITRIOL 0.25 MCG CAPSULE | N | Y |
| CALCITRIOL 0.5 MCG CAPSULE | N | Y |
| CALCITRIOL 1 MCG/ML SOLUTION | N | Y |
| CALCITRIOL 3 MCG/G OINTMENT | N | N |
| CALCIUM+ D3 ER TABLET | N | N |
| CALCIUM 500 MG CHEWABLE TABLET | N | N |
| CALCIUM 600 + VIT D 400 SOFTGL | N | N |
| CALCIUM 600 MG PLUS VIT D TAB | N | N |
| CALCIUM 600 MG TABLET | N | N |
| CALCIUM 600 MG-VIT D3 10MCG TB | N | N |
| CALCIUM 600+D PLUS MINERALS TB | N | N |
| CALCIUM 600+D SOFTGEL | N | N |
| CALCIUM 600-VIT D3 200 TABLET | N | N |
| CALCIUM 600-VIT D3 400 CAPLET | N | N |
| CALCIUM 600-VIT D3 400 TABLET | N | N |
| CALCIUM 600-VIT D3 800 CAPLET | N | N |
| CALCIUM 600-VIT D3 800 TABLET | N | N |

Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|---------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CALCIUM 600-VIT D3-MIN CHEW TB | N | N |
| CALCIUM ANTACID 1,000 MG TAB | N | N |
| CALCIUM ANTACID 500 MG CHW TAB | N | N |
| CALCIUM ANTACID 750 MG TB CHEW | N | N |
| CALCIUM ANTACID EX-STR CHEW | N | N |
| CALCIUM ANTACID EX-STR TABLET | N | N |
| CALCIUM ANTACID ULTRA-STR CHEW | N | N |
| CALCIUM CARB 500 MG TAB CHEW | N | N |
| CALCIUM CARBONATE 750 MG CHEW | N | N |
| CALCIUM CARBONATE POWDER | N | N |
| CALCIUM CIT 200-VIT D3 250 TAB | N | N |
| CALCIUM CIT 250 MG-D3 200 UNIT | N | N |
| CALCIUM CIT 315 MG-D3 250 UNIT | N | N |
| CALCIUM CIT 315-VIT D3 250 CPT | N | N |
| CALCIUM CITRATE - VIT D3 TAB | N | N |
| CALCIUM CITRATE 250 MG CAPLET | N | N |
| CALCIUM CITRATE 250 MG TABLET | N | N |
| CALCIUM CITRATE PLUS TABLET | N | N |
| CALCIUM CITRATE-VII D CAPLET | N | N |
| CALCIUM CITRATE-VII D3 CAPLET | N | N |
| CALCIUM CITRATE-VII D3 TABLET | N | N |
| CALCIUM FOLINATE POWDER | N | N |
| CAL-GEST 500 MG TABLET CHEW | N | N |
| CAMILA 0.35 MG TABLET | N | N |
| CAMRESE 0.15-0.03 -0.01 MG TAB | N | N |
| CAMRESE LO TABLET | N | N |
| CANASA 1,000 MG SUPPOSITORY | N | N |
| CANDESARTAN CILEXETIL 16 MG TB | N | N |
| CANDESARTAN CILEXETIL 32 MG TB | N | N |
| CANDESARTAN CILEXETIL 4 MG TAB | N | N |
| CANDESARTAN CILEXETIL 8 MG TAB | N | N |
| CANDESARTAN-HCTZ 16-12 .5 MG TB | N | N |
| CANDESARTAN-HCTZ 32-12 .5 MG TB | N | N |

Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |

| | | |
|--------------------------------|---|---|
| CANDESARTAN-HCTZ 32-25 MG TAB | N | N |
| CAPECITABINE 150 MG TABLET | N | Y |
| CAPECITABINE 500 MG TABLET | N | Y |
| CAPSAICIN 0.025% CREAM | N | N |
| CAPSAICIN POWDER | N | N |
| CAPSULE #0 | N | N |
| CAPSULE #00 | N | N |
| CAPSULE #000 | N | N |
| CAPSULE #1 | N | N |
| CAPSULE #1 BLUE-PWD BLUE | N | N |
| CAPSULE #1 RED-WHITE | N | N |
| CAPSULE #10 | N | N |
| CAPSULE #11 | N | N |
| CAPSULE #13 | N | N |
| CAPSULE #2 | N | N |
| CAPSULE #3 | N | N |
| CAPSULE #4 | N | N |
| CAPSULE #5 | N | N |
| CAPSULE #7 | N | N |
| CAPSULE CONI-SNAP #0 | N | N |
| CAPSULE CONI-SNAP #00 | N | N |
| CAPSULE CONI-SNAP #000 | N | N |
| CAPSULE CONI-SNAP #1 | N | N |
| CAPSULE CONI-SNAP #2 | N | N |
| CAPSULE CONI-SNAP #3 | N | N |
| CAPSULE CONI-SNAP #4 | N | N |
| CAPTOPRIL 100 MG TABLET | N | N |
| CAPTOPRIL 12.5 MG TABLET | N | N |
| CAPTOPRIL 25 MG TABLET | N | N |
| CAPTOPRIL 50 MG TABLET | N | N |
| CAPTOPRIL-HCTZ 25-15 MG TABLET | N | N |
| CAPTOPRIL-HCTZ 25-25 MG TABLET | N | N |
| CAPTOPRIL-HCTZ 50-15 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CAPTOPRIL-HCTZ 50-25 MG TABLET | N | N |
| CARAFATE 1 GM/10 ML SUSP | N | N |
| CARAMEL FLAVOR LIQUID | N | N |
| CARBIDOPA-LEVO ER 25-100 TAB | N | N |
| CARBIDOPA-LEVO ER 50-200 TAB | N | N |
| CARBIDOPA-LEVODOPA 10-100 TAB | N | N |

| | | |
|---------------------------------|---|---|
| CARBIDOPA-LEVODOPA 25-100 TAB | N | N |
| CARBIDOPA-LEVODOPA 25-250 TAB | N | N |
| CAREONE LANCING DEVICE | N | N |
| CAREONE SYR 0.3 ML 30GX1/2" | N | N |
| CAREONE SYR 0.5 ML 30GX1/2" | N | N |
| CAREONE SYR 1 ML 30GX1/2" | N | N |
| CAREONE ULTRA THIN LANCET | N | N |
| CAREONE UNIFINE PENTIP 4MM 32G | N | N |
| CAREONE UNIFINE PENTIP 5MM 31G | N | N |
| CAREONE UNIFINE PENTIP 6MM 31G | N | N |
| CAREONE UNIFINE PENTIP 8MM 31G | N | N |
| CAREONE UNIFINE PENTP 29GX1/2" | N | N |
| CAREONE UNIFINE PENTP 31GX1/4" | N | N |
| CAREONE UNIFINE PNTIP 12MM 29G | N | N |
| CAREONE UNIFINE PNTIP 31GX3/16" | N | N |
| CAREONE UNIFINE PNTIP 31GX5/16" | N | N |
| CAREONE UNIFINE PNTIP 32GX5/32" | N | N |
| CARETOUCH ALCOHOL 70% PREP PAD | N | N |
| CARETOUCH LANCING DEVICE | N | N |
| CARETOUCH PEN NEEDLE 31GX1/4" | N | N |
| CARETOUCH PEN NEEDLE 31GX3/16" | N | N |
| CARETOUCH PEN NEEDLE 31GX5/16" | N | N |
| CARETOUCH PEN NEEDLE 32GX3/16" | N | N |
| CARETOUCH PEN NEEDLE 32GX5/32" | N | N |
| CARETOUCH TWIST 30G LANCET | N | N |
| CARISOPRODOL 350 MG TABLET | N | N |
| CARISOPRODOL POWDER | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CARRINGTON ANTIFUNGAL 2% CREAM | N | N |
| CARTEOLOL HCL 1% EYE DROPS | N | N |
| CARTIA XT 120 MG CAPSULE | N | N |
| CARTIA XT 180 MG CAPSULE | N | N |
| CARTIA XT 240 MG CAPSULE | N | N |
| CARTIA XT 300 MG CAPSULE | N | N |
| CARVEDILOL 12.5 MG TABLET | N | N |

| | | |
|------------------------------|---|---|
| CARVEDILOL 25 MG TABLET | N | N |
| CARVEDILOL 3.125 MG TABLET | N | N |
| CARVEDILOL 6.25 MG TABLET | N | N |
| CASTOR OIL | N | N |
| CAZIAN 28 DAY TABLET | N | N |
| CEFACTOR 125 MG/5 ML SUSP | N | N |
| CEFACTOR 250 MG CAPSULE | N | N |
| CEFACTOR 250 MG/5 ML SUSP | N | N |
| CEFACTOR 375 MG/5 ML SUSPEN | N | N |
| CEFACTOR 500 MG CAPSULE | N | N |
| CEFACTOR ER 500 MG TABLET | N | N |
| CEFADROXIL 1 GM TABLET | N | N |
| CEFADROXIL 250 MG/5 ML SUSP | N | N |
| CEFADROXIL 500 MG CAPSULE | N | N |
| CEFADROXIL 500 MG/5 ML SUSP | N | N |
| CEFDINIR 125 MG/5 ML SUSP | N | N |
| CEFDINIR 250 MG/5 ML SUSP | N | N |
| CEFDINIR 300 MG CAPSULE | N | N |
| CEFIXIME 100 MG/5 ML SUSP | N | N |
| CEFIXIME 200 MG/5 ML SUSP | N | N |
| CEFIXIME 400 MG CAPSULE | N | N |
| CEFPODOXIME 100 MG TABLET | N | N |
| CEFPODOXIME 100 MG/5 ML SUSP | N | N |
| CEFPODOXIME 200 MG TABLET | N | N |
| CEFPODOXIME 50 MG/5 ML SUSP | N | N |
| CEFPROZIL 125 MG/5 ML SUSP | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CEFPROZIL 250 MG TABLET | N | N |
| CEFPROZIL 250 MG/5 ML SUSP | N | N |
| CEFPROZIL 500 MG TABLET | N | N |
| CEFTRIAXONE 1 GM VIAL | N | N |
| CEFTRIAXONE 2 GM VIAL | N | N |
| CEFTRIAXONE 250 MG VIAL | N | N |
| CEFTRIAXONE 500 MG VIAL | N | N |
| CEFUROXIME AXETIL 250 MG TAB | N | N |
| CEFUROXIME AXETIL 500 MG TAB | N | N |
| CEFUROXIME SOD 1.5 GM VIAL | Y | N |
| CEFUROXIME SOD 750 MG VIAL | Y | N |

| | | |
|--------------------------------|---|---|
| CELECOXIB 100 MG CAPSULE | N | Y |
| CELECOXIB 200 MG CAPSULE | N | Y |
| CELECOXIB 400 MG CAPSULE | N | Y |
| CELECOXIB 50 MG CAPSULE | N | Y |
| CELLCEPT 200 MG/ML ORAL SUSP | N | N |
| CELLCEPT 250 MG CAPSULE | N | N |
| CELLCEPT 500 MG TABLET | N | N |
| CELLCEPT 500 MG VIAL | N | N |
| CENTRAVITES 50 PLUS TABLET | N | N |
| CENTRAVITES ADULTS TABLET | N | N |
| CENTRAVITES TABLET | N | N |
| CENTRUM MEN'S TABLET | N | N |
| CENTRUM SILVER MEN TABLET | N | N |
| CENTRUM SILVER ULTRA MEN'S TAB | N | N |
| CENTRUM SILVER WOMEN TABLET | N | N |
| CENTRUM SPECIALIST HEART TAB | N | N |
| CENTRUM ULTRA MEN'S TABLET | N | N |
| CENTRUM WOMEN TABLET | N | N |
| CENTURY ADULTS 50 PLUS TABLET | N | N |
| CENTURY CARDIO TABLET | N | N |
| CENTURY TABLET | N | N |
| CENTURY ULTIMATE MEN'S TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CENTURY ULTIMATE WOMEN'S TAB | N | N |
| CEPHALEXIN 125 MG/5 ML SUSP | N | N |
| CEPHALEXIN 250 MG CAPSULE | N | N |
| CEPHALEXIN 250 MG TABLET | N | N |
| CEPHALEXIN 250 MG/5 ML SUSP | N | N |
| CEPHALEXIN 500 MG CAPSULE | N | N |
| CEPHALEXIN 500 MG TABLET | N | N |
| CEQUA 0.09% SOLUTION | N | N |
| CEROVITE ADVANCED FORM TAB | N | N |
| CEROVITE SENIOR TABLET | N | N |

| | | |
|--------------------------------|---|---|
| CERTA PLUS TABLET | N | N |
| CERTAVITE SR-ANTIOXIDANT TAB | N | N |
| CERTAVITE-ANTIOXIDANT TABLET | N | N |
| CETIRIZINE HCL 1 MG/ML SOLN | N | N |
| CETIRIZINE HCL 1 MG/ML SYRUP | N | N |
| CETIRIZINE HCL 10 MG CHEW TAB | N | N |
| CETIRIZINE HCL 10 MG TABLET | N | N |
| CETIRIZINE HCL 5 MG CHEW TAB | N | N |
| CETIRIZINE HCL 5 MG TABLET | N | N |
| CETIRIZINE HCL 5 MG/5 ML SOLN | N | N |
| CETIRIZINE-PSE ER 5-120 MG TAB | N | N |
| CHATEAL-28 TABLET | N | N |
| CHEESECAKE FLAVOR LIQUID | N | N |
| CHEK-STIX STRIPS | N | N |
| CHEMSTRIP 10 MD | N | N |
| CHEMSTRIP 10 WITH SG | N | N |
| CHEMSTRIP 2 GP | N | N |
| CHEMSTRIP 2 LN | N | N |
| CHEMSTRIP SOB | N | N |
| CHEMSTRIP 7 | N | N |
| CHEMSTRIP BG DIARY | N | N |
| CHEMSTRIP MICRAL TEST STRIP | N | N |
| CHEMSTRIP-9 | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization(PA) NQTL | Fail First/Step Therapy(FF/ST) NQTL |
|--------------------------------|------------------------------|-------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CHERRY ARTIFICIAL FLAVOR LIQ | N | N |
| CHERRY CONCENTRATE FLAVOR LIQ | N | N |
| CHERRY FLAVOR CONC LIQUID | N | N |
| CHERRY FLAVOR LIQUID | N | N |
| CHERRY SYRUP | N | N |
| CHERRY-ADE FLAVOR POWDER | N | N |
| CHILD ACETAMINOPHEN 80 MG CHEW | N | N |
| CHILD ALL DAY ALLERGY 1 MG/ML | N | N |
| CHILD ALLERGY 5 MG/5 ML SOLN | N | N |

| | | |
|---------------------------------|---|---|
| CHILD ALLERGY RELIEF 1 MG/ML | N | N |
| CHILD ALLERGY RLF 1 2.5 MG/5 ML | N | N |
| CHILD CETIRIZINE 10 MG CHEW TB | N | N |
| CHILD CETIRIZINE 5 MG CHEW TAB | N | N |
| CHILD CETIRIZINE HCL 1 MG/ML | N | N |
| CHILD CHEW+ IRON TAB CHEW | N | N |
| CHILD FERROUS SULFATE 15 MG/ML | N | N |
| CHILD LORATADINE 5 MG/5 ML SOL | N | N |
| CHILD LORATADINE 5 MG/5 ML SYR | N | N |
| CHILD MUCUS RELIEF COUGH LIQ | N | N |
| CHILD MUCUS RELIEF M-S COLD LQ | N | N |
| CHILD MUCUS-COUGH RELIEF LIQ | N | N |
| CHILD MULTI-SYMPTOM COLD LIQ | N | N |
| CHILD SOOTHE 400 MG TAB CHEW | N | N |
| CHILD TACTINAL 80 MG TAB CHW | N | N |
| CHILD VITAMIN-IRON TAB CHEW | N | N |
| CHILD WAL-ITIN 5 MG/5 ML SOLN | N | N |
| CHILD WAL-ITIN 5 MG/5 ML SYRUP | N | N |
| CHILD WAL-ZYR 1 MG/ML SOLUTION | N | N |
| CHILDREN IBUPROFEN 100 MG/5 ML | N | N |
| CHILDREN PEPTO 400 MG TAB CHEW | N | N |
| CHILDREN'S CHEST CONGEST LIQ | N | N |
| CHILDREN'S COUGH LIQUID | N | N |
| CHILDREN'S IRON 15 MG/ML DROPS | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CHILDREN'S MAPAP 80 MG TAB CHW | N | N |
| CHILDREN'S MUCINEX COUGH LIQ | N | N |
| CHILDREN'S MUCUS RELIEF LIQ | N | N |
| CHILDREN'S SILAPAP ELIXIR | N | N |
| CHILD'S ALAWAY 0.025% EYE DROP | N | Y |
| CHILD'S ALLERGY 12.5 MG/5 ML | N | N |
| CHILD'S CHEW VITAMIN-IRON TAB | N | N |
| CHILD'S EASY-MELTS 80 MG TAB | N | N |

| | | |
|---------------------------------|---|---|
| CHILD'S MULTI-SYMP TOM COLD LIQ | N | N |
| CHILD'S WAL-DRYL 12 .5 MG/5 ML | N | N |
| CHILD'S WAL-ZYR 10 MG CHEW TAB | N | N |
| CHLORHEXIDINE 0.12% RINSE | N | N |
| CHLORHEXIDINE GLUC 20% SOLN | N | N |
| CHLORHIST 4 MG TABLET | N | N |
| CHLOROQUINE PH 250 MG TABLET | Y | N |
| CHLOROQUINE PH 500 MG TABLET | Y | N |
| CHLOROQUINE PHOSPHATE POWDER | N | N |
| CHLOROTHIAZIDE 500 MG TABLET | N | N |
| CHLORPHENIRAMINE 4 MG TABLET | N | N |
| CHLORPHENIRAMINE ER 12 MG TAB | N | N |
| CHLORPHENIRAMINE POWDER | N | N |
| CHLORTHALIDONE 25 MG TABLET | N | N |
| CHLORTHALIDONE 50 MG TABLET | N | N |
| CHLORZOXAZONE 500 MG TABLET | N | N |
| CHOCOLATE CONCENTRATE FLAVOR | N | N |
| CHOCOLATE FLAVOR LIQUID | N | N |
| CHOCOLATE FLAVOR POWDER | N | N |
| CHOCOLATE HAZELNUT FLAVOR LIQ | N | N |
| CHOLESTYRAMINE LIGHT PACKET | N | N |
| CHOLESTYRAMINE LIGHT POWDER | N | N |
| CHOLESTYRAMINE PACKET | N | N |
| CHOLESTYRAMINE POWDER | N | N |
| CHOLINE MAG TRISAL LIQUID | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CICLODAN 0.77% CREAM | N | N |
| CICLODAN 8% SOLUTION | N | N |
| CICLOPIROX 0 .77% CREAM | N | N |
| CICLOPIROX 0.77% GEL | N | N |
| CICLOPIROX 0 .77% TOPICAL SUSP | N | N |
| CICLOPIROX 1% SHAMPOO | N | N |
| CICLOPIROX 8% SOLUTION | N | N |

| | | |
|--------------------------------|---|---|
| CICLOPIROX OLAMINE POWDER | N | N |
| CILOSTAZOL 100 MG TABLET | N | N |
| CILOSTAZOL 50 MG TABLET | N | N |
| CILOXAN 0.3% OINTMENT | N | N |
| CIMDUO 300-300 MG TABLET | N | N |
| CIMETIDINE 200 MG TABLET | N | Y |
| CIMETIDINE 300 MG TABLET | N | Y |
| CIMETIDINE 300 MG/5 ML SOLN | N | Y |
| CIMETIDINE 400 MG TABLET | N | Y |
| CIMETIDINE 800 MG TABLET | N | Y |
| CIMETIDINE POWDER | N | N |
| CINNAMON FLAVOR | N | N |
| CIPRODEX OTIC SUSPENSION | N | N |
| CIPROFLOXACIN 0.2% OTIC SOLN | N | N |
| CIPROFLOXACIN 0.3% EYE DROP | N | N |
| CIPROFLOXACIN HCL 250 MG TAB | N | N |
| CIPROFLOXACIN HCL 500 MG TAB | N | N |
| CIPROFLOXACIN HCL 750 MG TAB | N | N |
| CITRONELLA OIL | N | N |
| CITRUS CALCIUM 200-VIT D3 250 | N | N |
| CLARITHROMYCIN 125 MG/5 ML SUS | N | N |
| CLARITHROMYCIN 250 MG TABLET | N | N |
| CLARITHROMYCIN 250 MG/5 ML SUS | N | N |
| CLARITHROMYCIN 500 MG TABLET | N | N |
| CLARITHROMYCIN ER 500 MG TAB | N | N |
| CLARITIN 5 MG/5 ML SYRUP | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CLEARLAX POWDER | N | N |
| CLEMASTINE FUM 2.68 MG TAB | N | N |
| CLEMASTINE FUMARATE POWDER | N | N |
| CLEOCIN 100 MG VAGINAL OVULE | N | N |
| CLEVER CHEK ULTRA THIN 30G | N | N |
| CLEVER CHOICE CHAMBER-LRG MASK | N | N |

| | | |
|--------------------------------|---|---|
| CLEVER CHOICE CHAMBER-MED MASK | N | N |
| CLEVER CHOICE CHAMBER-SM MASK | N | N |
| CLINDACIN ETZ 1% PLEDGET | N | N |
| CLINDACIN P 1% PLEDGETS | N | N |
| CLINDAMYCIN 2% VAGINAL CREAM | N | N |
| CLINDAMYCIN HCL 150 MG CAPSULE | N | N |
| CLINDAMYCIN HCL 300 MG CAPSULE | N | N |
| CLINDAMYCIN HCL 75 MG CAPSULE | N | N |
| CLINDAMYCIN PEDIATR 75 MG/5 ML | N | N |
| CLINDAMYCIN PH 1% GEL | N | N |
| CLINDAMYCIN PH 1% SOLUTION | N | N |
| CLINDAMYCIN PHOS 1% PLEDGET | N | N |
| CLINDAMYCIN PHOSP 1% LOTION | N | N |
| CLOBETASOL 0.05% SHAMPOO | N | Y |
| CLOBETASOL 0.05% SOLUTION | N | Y |
| METHYLPREDNISOLONE 8 MG TAB | N | N |
| METHYLPREDNISOLONE 4 MG TABLET | N | N |
| METHYLPREDNISOLONE 4 MG DOSEPK | N | N |
| METHYLPREDNISOLONE 32 MG TAB | N | N |
| CLOBETASOL 17 PROP MICRO POWD | N | N |
| METHYLPREDNISOLONE 16 MG TAB | N | N |
| CLOBETASOL 0.05% TOPICAL LOTN | N | Y |
| CLOBETASOL PROP MICRO POWDER | N | N |
| CLOBETASOL 0.05% CREAM | N | Y |
| CLONIDINE 0.1 MG/DAY PATCH | N | N |
| CLONIDINE 0.2 MG/DAY PATCH | N | N |
| CLONIDINE 0.3 MG/DAY PATCH | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CLONIDINE HCL 0.1 MG TABLET | N | N |
| CLONIDINE HCL 0.2 MG TABLET | N | N |
| CLONIDINE HCL 0.3 MG TABLET | N | N |
| CLOBETASOL 0.05% GEL | N | Y |
| CLONIDINE HCL POWDER | N | N |

| | | |
|--------------------------------|---|---|
| CLOPIDOGREL 75 MG TABLET | N | N |
| CLOTRIMAZOLE 1% SOLUTION | N | N |
| CLOTRIMAZOLE 1% TOP CREAM GRX | N | N |
| CLOTRIMAZOLE 1% TOPICAL CREAM | N | N |
| CLOTRIMAZOLE 1% VAGINAL CREAM | N | N |
| CLOTRIMAZOLE 10 MG TROCHE | N | N |
| CLOTRI MAZOLE CRYSTALLINE | N | N |
| CLOTRIMAZOLE POWDER | N | N |
| CLOTRIMAZOLE-7 VAGINAL CREAM | N | N |
| CLOTRIMAZOLE-BETAMETHASONE CRM | N | N |
| CLOTRIMAZOLE-BETAMETHASONE LOT | N | N |
| CLOVE FLAVOR | N | N |
| COAGUCHEK LANCETS | N | N |
| COAL TAR | N | N |
| COAL TAR SOLUTION | N | N |
| COAL TAR TOPICAL SOLUTION | N | N |
| COCONUT FLAVOR LIQUID | N | N |
| CLOBETASOL 0.05% OINTMENT | N | Y |
| CLOBETASOL EMOLLIENT 0.05% CRM | N | Y |
| CLOBETASOL PROP 0.05% FOAM | N | Y |
| CODEINE-GUAIFEN 10-100 MG/5 ML | N | N |
| COFFEE FLAVOR LIQUID | N | N |
| COLA FLAVOR LIQUID | N | N |
| COLA SYRUP | N | N |
| COLCHICINE POWDER | N | N |
| COLESTIPOL HCL 1 GM TABLET | N | N |
| COLESTIPOL HCL GRANULES | N | N |
| COLESTIPOL HCL GRANULES PACKET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| COLESTIPOL MICRONIZED 1 GM TAB | N | N |
| COLOCORT 100 MG/60 ML ENEMA | N | N |
| COMBIGAN 0.2%-0.5% EYE DROPS | N | N |
| COMBIPATCH 0.05-0.14 MG PTCH | N | N |
| COMBIPATCH 0.05-0.25 MG PTCH | N | N |
| COMBISTIX REAGENT STRIPS | N | N |

| | | |
|--------------------------------|---|---|
| COMBIVENT RESPIMAT 20-100 MCG | N | N |
| COMBIVIR TABLET | N | N |
| CLODAN 0.05% SHAMPOO | N | Y |
| CLONIDINE HCL ER 0.1 MG TABLET | Y | Y |
| CODEINE SULFATE 15 MG TABLET | N | Y |
| COMFORT EZ INS 0.3ML 30GX1/2" | N | N |
| COMFORT EZ INS 0.3ML 30GX5/16" | N | N |
| COMFORT EZ INS 0.5ML 31GX5/16" | N | N |
| COMFORT EZ INS 1 ML 31GX5/16" | N | N |
| COMFORT EZ INSULIN SYR 0.3 ML | N | N |
| COMFORT EZ INSULIN SYR 0.5 ML | N | N |
| COMFORT EZ SYR 0.3 ML 29GX1/2" | N | N |
| COMFORT EZ SYR 0.5 ML 28GX1/2" | N | N |
| COMFORT EZ SYR 0.5 ML 29GX1/2" | N | N |
| COMFORT EZ SYR 0.5 ML 30GX1/2" | N | N |
| COMFORT EZ SYR 1 ML 28GX1/2" | N | N |
| COMFORT EZ SYR 1 ML 29GX1/2" | N | N |
| COMFORT EZ SYR 1 ML 30GX1/2" | N | N |
| COMFORT EZ SYR 1 ML 30GX5/16" | N | N |
| COMFORT LANCETS | N | N |
| COMFORT POINT PEN NOL 29GX1/2" | N | N |
| COMFORT POINT PEN NOL 31GX1/3" | N | N |
| COMFORT POINT PEN NOL 31GX1/4" | N | N |
| COMFORT POINT PEN NOL 31GX1/6" | N | N |
| COMPACT SPACE CHAMBER | N | N |
| COMPACT SPACE CHAMBER-LRG MASK | N | N |
| COMPACT SPACE CHAMBER-MED MASK | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| COMPACT SPACE CHAMBER-SM MASK | N | N |
| COMPANION TABLET | N | N |
| COMPLERA TABLET | N | N |
| COMPLETE ALLERGY 25 MG CAPLET | N | N |
| COMPLETE MULTI 50+ TABLET | N | N |
| COMPLETE MULTI TABLET | N | N |
| COMPLETE MULTIVITAMIN TAB | N | N |
| COMPLETE NATAL DHA | N | N |
| COMPLT ALLERGY MED 25 MG CP | N | N |
| COMPRO 25 MG SUPPOSITORY | N | N |
| CONCEPT DHA CAPSULE | N | N |
| CONDOMS LUBRICATED | N | N |
| CONDYLOX 0.5% GEL | N | N |
| CONSTULOSE 10 GM/15 ML SOLN | N | N |

| | | |
|--------------------------------|---|---|
| CORAL CALCIUM POWDER | N | N |
| CORTIFOAM 10% AEROSOL | N | N |
| CODEINE SULFATE 30 MG TABLET | N | Y |
| CORTISONE ACETATE POWDER | N | N |
| CORTIZONE-10 1% CREME | N | N |
| CORTIZONE-10 1% LOTION | N | N |
| CORTIZONE-10 1% OINTMENT | N | N |
| CORTIZONE-10 PLUS 1% CREME | N | N |
| CORTIZONE-10 PLUS CREME | N | N |
| COTTON CANDY FLAVOR LIQUID | N | N |
| COTTONSEED OIL | N | N |
| COVARYX H.S. TABLET | N | N |
| COVARYX TABLET | N | N |
| CRAN-RASPBERRY FLAVOR LIQUID | N | N |
| CREON DR 1 2;000 UNITS CAPSULE | N | N |
| CREON DR 24;000 UNITS CAPSULE | N | N |
| CREON DR 3;000 UNITS CAPSULE | N | N |
| CREON DR 36;000 UNITS CAPSULE | N | N |
| CREON DR 6;000 UNITS CAPSULE | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CODEINE SULFATE 60 MG TABLET | N | Y |
| COMETRIQ 100 MG DAILY-DOSE PK | N | Y |
| COMETRIQ 140 MG DAILY-DOSE PK | N | Y |
| COMETRIQ 60 MG DAILY-DOSE PACK | N | Y |
| CROMOLYN 20 MG/2 ML NEB SOLN | N | N |
| CROMOLYN 4% EYE DROPS | N | N |
| CROMOL YN SODIUM POWDER | N | N |
| CRYSSELLE-28 TABLET | N | N |
| CRYSVITA 10 MG/ML VIAL | Y | N |
| CRYSVITA 20 MG/ML VIAL | Y | N |
| CRYSVITA 30 MG/ML VIAL | Y | N |
| CUPRIMINE 250 MG CAPSULE | N | N |
| CURITY ALCOHOL PREPS | N | N |
| CURITY STERILE WATER;IRRIGATIO | N | N |
| CVS ACETAMINOPHEN 500 MG CPLT | N | N |
| CVS ACETAMINOPHEN 500 MG GELCP | N | N |
| CVS ACETAMINOPHEN 500 MG TAB | N | N |

| | | |
|--------------------------------|---|---|
| CRESTOR 10 MG TABLET | Y | Y |
| CVS ACNE 10% CREAM | N | N |
| CVS ACNE SPOT TRTMENT 2.5% CRM | N | N |
| CVS ADULT DM MAXIMUM LIQUID | N | N |
| CVS ALCOHOL 70% PREP PADS | N | N |
| CVS ALLERGY (CETRZN) 10 MG TAB | N | N |
| CVS ALLERGY (LORAT) 10 MG TAB | N | N |
| CRESTOR 20 MG TABLET | Y | Y |
| CVS ALLERGY 25 MG CAPSULE | N | N |
| CVS ALLERGY 25 MG SOFTGEL | N | N |
| CVS ALLERGY 50 MG/20 ML LIQ | N | N |
| CVS ALLERGY RELIEF 180 MG TAB | N | N |
| CVS ALLERGY RELIEF 25 MG CAP | N | N |
| CVS ALLERGY RELIEF 25 MG TAB | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CVS ALLERGY RELIEF 4 MG TABLET | N | N |
| CVS ALLERGY RELIEF 5 MG/5 ML | N | N |
| CVS ALLERGY RELIEF 60 MG TAB | N | N |
| CVS ALLERGY RELIEF D-24HR TAB | N | N |
| CVS ALLERGY RELIEF-D TABLET | N | N |
| CVS ALLERGY RELIEF-D12 TABLET | N | N |
| CVS ALLERGY RLF-0 60-120 MG TB | N | N |
| CVS ANTACID 750 MG CHEW TABLET | N | N |
| CVS ANTACID ULTRA TAB CHEW | N | N |
| CVS ANTACID XTRA STR CHEW TAB | N | N |
| CVS ANTIBIOTIC OINTMENT | N | N |
| CVS ANTI-DIARRHEAL 2 MG CAPLET | N | N |
| CVS ANTI-DIARRHEAL 2 MG SFTGEL | N | N |
| CVS ANTI-DIARRHEAL SUSPENSION | N | N |
| CVS ANTI-ITCH 1% CREAM | N | N |
| CVS ARTHRIT PAIN RLF ER 650 MG | N | N |
| CVS ASPIRIN 325 MG CAPLET | N | N |
| CVS ASPIRIN 325 MG TABLET | N | N |

| | | |
|---------------------------------|---|---|
| CVS ASPIRIN EC 325 MG TABLET | N | N |
| CVS ASPIRIN EC 81 MG TABLET | N | N |
| CVS ATHLETE'S FOOT 1% CREAM | N | N |
| CVS B-COMPLEX-VIT C CAPLET | N | N |
| CVS BUDESONIDE 32 MCG SPRAY | N | N |
| CVS CAL CIT 200 MG-03 6.25 MCG | N | N |
| CVS CAL CIT 315 MG-03 6.25 MCG | N | N |
| CVS CALCIUM 600 MG TABLET | N | N |
| CVS CALCIUM 600-VIT 03 800 TAB | N | N |
| CVS CALCIUM ANTACID 1;000 MG | N | N |
| CVS CAPSAICIN 0.1% CREAM | N | N |
| CVS CASTOR OIL | N | N |
| CVS CHILD ALLERGY 1 2.5 MG/5 ML | N | N |
| CVS CHILD ALLERGY RELF 1 MG/ML | N | N |
| CVS CHILD ALLERGY RLF 30 MG/5 | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CVS CHILD CHEST CONGEST-COUGH | N | N |
| CVS CHILD MULTI-SYMP COLD LIQ | N | N |
| CVS CHILD'S CHEST CONGEST LIQ | N | N |
| CVS CHLO IBUPROFEN 100 MG/5 ML | N | N |
| CVS CIMETIDINE 200 MG TABLET | N | N |
| CVS CLOTRIMAZOLE 1% SOLUTION | N | N |
| CVS CLOTRIMAZOLE 1% TOP CREAM | N | N |
| CVS CORTISONE 1% CREAM | N | N |
| CVS CORTISONE WITH ALOE 1% CRM | N | N |
| CVS DAILY MULTIPLE TABLET | N | N |
| CVS EYE ITCH RELIEF 0.025% DRP | N | N |
| CVS FIBER 0.52 G CAPSULE | N | N |
| CVS FIBER THERAPY CAPSULE | N | N |
| CVS FISH OIL 1;000 MG SOFTGEL | N | N |
| CVS FISH OIL 1;200 MG SOFTGEL | N | N |
| CVS FLUTICASONE PROP 50 MCG | N | N |
| CVS FOLIC ACID 800 MCG TABLET | N | N |

| | | |
|--------------------------------|---|---|
| CVS GAS RELIEF 80 MG TAB CHEW | N | N |
| CVS GAS RELIEF EX-STR DROPS | N | N |
| CVS GLUCOSE 4 GRAM TABLET CHEW | N | N |
| CVS HAIR; SKIN AND NAILS CPLT | N | N |
| CVS HYDROCORTISONE 1% CREAM | N | N |
| CVS IBUPROFEN 200 MG CAPLET | N | N |
| CVS IBUPROFEN 200 MG TABLET | N | N |
| CVS INFT GAS RLF 20 MG/ 0.3 ML | N | N |
| CVS IRON 65 MG TABLET | N | N |
| CVS ISOPROPYL ALCOHOL 70% WIPE | N | N |
| CVS ITCH RELIEF 1% TOP CREAM | N | N |
| CVS JOCK ITCH 1% CREAM | N | N |
| CVS KETONE CARE TEST STRIP | N | N |
| CVS KIDS ANTACID 750 MG CHEW | N | N |
| CVS LANCING DEVICE | N | N |
| CVS LANSOPRAZOLE DR 15 MG CAP | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CVS LICE KILLING SHAMPOO | N | N |
| CVS LICE TREATMENT 1% CRM RINS | N | N |
| CVS LUBRICANT 0.5% EYE DROP | N | N |
| CVS LUBRICANT 0.5% EYE DROPS | N | N |
| CVS MICONAZOLE 3 COMBO PACK | N | N |
| CVS MICONAZOLE 7 CREAM | N | N |
| CVS MICRO THIN 33G LANCETS | N | N |
| CVS MOTION SICKNESS II TABLET | N | N |
| CVS MOTION SICKNESS RELIEF TAB | N | N |
| CVS NASAL ALLERGY 24HR SPRAY | N | N |
| CRESTOR 40 MG TABLET | Y | Y |
| CVS NATURAL DAILY FIBER POWDER | N | N |
| CVS NATURAL FIBER SUPP POWDER | N | N |
| CVS NIGHTTIME SLEEP 25 MG TAB | N | N |
| CVS NON-ASPIRIN 500 MG CAPLET | N | N |
| CVS NON-ASPIRIN 500 MG GELTAB | N | N |

| | | |
|--------------------------------|---|---|
| CVS OMEPRAZOLE DR 20 MG TABLET | N | N |
| CVS OMEPRAZOLE MAG DR 20.6 MG | N | N |
| CVS OMEPRAZOLE-BICARB 20-1;100 | N | N |
| CVS ONE DAILY WOMEN'S SO PLUS | N | N |
| CVS PAIN RELIEF 325 MG TABLET | N | N |
| CVS PAIN RELIEF 500 MG CAPLET | N | N |
| CVS PAIN RELIEF 500 MG TABLET | N | N |
| CVS PAIN RELIEVER 500 MG CPLT | N | N |
| CVS PRENATAL VITAMINS TABLET | N | N |
| CVS PURELAX POWDER | N | N |
| CVS PURELAX POWDER PACKET | N | N |
| CVS RINGWORM 1% CREAM | N | N |
| CVS SENNA LAXATIVE 8.6 MG TAB | N | N |
| CVS SKIN TREATMENT BODY LOTION | N | N |
| CVS SMOOTH ANTACID 750 MG CHEW | N | N |
| CVS SPECTRAVITE ADULT SO PLUS | N | N |
| CVS SPECTRAVITE ADVANCED TAB | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CVS SPECTRAVITE MEN'S TABLET | N | N |
| CVS SPECTRAVITE SENIOR TABLET | N | N |
| CVS SPECTRAVITE ULTRA MEN TAB | N | N |
| CVS SPECTRAVITE ULTRA MEN'S TB | N | N |
| CVS SPECTRAVITE ULTRA WOMEN TB | N | N |
| CVS SPECTRAVITE WOMEN'S TABLET | N | N |
| CVS STOMACH RELF 525 MG/30 ML | N | N |
| CVS STOMACH RELIEF MAX STR LIQ | N | N |
| CVS STOOL SOFTENER 100 MG CAP | N | N |
| CVS STOOL SOFTENER 100 MG SFTG | N | N |
| CVS THERAPEUTIC SHAMPOO | N | N |
| CVS THERAPEUTIC SHAMPOO 0.5% | N | N |
| CVS THIN 26G LANCETS | N | N |
| CVS TUSSIN 100 MG/5 ML LIQUID | N | N |
| CVS TUSSIN CF COUGH-COLD SYRUP | N | N |
| CVS TUSSIN CF MAX LIQUID | N | N |
| CVS TUSSIN DM LIQUID | N | N |
| CVS ULTRA THIN 30G LANCETS | N | N |
| CVS VIT D3 1;000 UNIT GUMMIES | N | N |

| | | |
|--------------------------------|---|---|
| CVS VIT D3 10;000 UNIT SOFTGEL | N | N |
| CVS VITAMIN B-6100 MG TABLET | N | N |
| CVS VITAMIN D3 1;000 UNIT SFGL | N | N |
| CVS VITAMIN D3 5;000 UNIT SFGL | N | N |
| CVS WART REMOVER 17% LIQUID | N | N |
| CYANOCOBALAMIN 1;000 MCG/ML | N | N |
| CYANOCOBALAMIN 10;000 MCG/10 | N | N |
| CYANOCOBALAMIN 30;000 MCG/30 | N | N |
| CYANOCOBALAMIN POWDER | N | N |
| CYCLAFEM 1-35-28 TABLET | N | N |
| CYCLAFEM 7-7-7-28 TABLET | N | N |
| CYCLOBENZAPRINE 10 MG TABLET | N | N |
| CYCLOBENZAPRINE 5 MG TABLET | N | N |
| CYCLOBENZAPRINE HCL POWDER | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|---------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| CYCLOPENTOLATE HCL 2% DROPS | N | N |
| CYCLOSPORINE 100 MG CAPSULE | N | N |
| CYCLOSPORINE 25 MG CAPSULE | N | N |
| CYCLOSPORINE MODIFIED 100 MG | N | N |
| CYCLOSPORINE MODIFIED 100MG/ML | N | N |
| CYCLOSPORINE MODIFIED 25 MG | N | N |
| CYCLOSPORINE MODIFIED 50 MG | N | N |
| CYPROHEPTADINE 2 MG/5 ML SOLN | N | N |
| CYPROHEPTADINE 2 MG/5 ML SYRUP | N | N |
| CYPROHEPTADINE 4 MG TABLET | N | N |
| CYPROHEPTADINE 4 MG/10 ML SYRUP | N | N |
| CYRED 28 DAY TABLET | N | N |
| D3-2000 UNIT SOFTGEL | N | N |
| D3-50 50;000 UNIT CAPSULE | N | N |
| DAILY MULTI VITAMIN-IRON TAB | N | N |
| DAILY MULTIPLE TABLET | N | N |
| DAILY MULTIPLE VITAMIN TABLET | N | N |
| DAILY MULTIVITAMIN-IRON TABLET | N | N |
| DAILY MULTIVIT-MINERALS TAB | N | N |
| DAILY VITAMIN+ IRON TABLET | N | N |
| DAILY VITAMIN FORMULA TABLET | N | N |

| | | |
|--------------------------------|---|---|
| DAILY VITAMIN FORMULA-IRON TAB | N | N |
| DAILY VITE WITH IRON TABLET | N | N |
| DANAZOL 100 MG CAPSULE | N | N |
| DANAZOL 200 MG CAPSULE | N | N |
| DANAZOL 50 MG CAPSULE | N | N |
| DANAZOL POWDER | N | N |
| DANTROLENE SODIUM 100 MG CAP | N | N |
| DANTROLENE SODIUM 25 MG CAP | N | N |
| DANTROLENE SODIUM 50 MG CAP | N | N |
| DAPSONE 100 MG TABLET | N | N |
| DAPSONE 25 MG TABLET | N | N |
| DARAPRIM 25 MG TABLET | Y | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| DASETTA 1-35-28 TABLET | N | N |
| DASETTA 7/7/7-28 TABLET | N | N |
| DAYSEE 0.15-0.03-0.01 MG TAB | N | N |
| DEBLITANE 0.35 MG TABLET | N | N |
| DECARA 50;000 UNIT SOFTGEL | N | N |
| DELSTRIGO 100-300-300 MG TAB | Y | N |
| DELSYM COUGH+CHEST CNGST DM LQ | N | N |
| DELTA D3 400 UNIT TABLET | N | N |
| DEMECLOCYCLINE 150 MG TABLET | N | N |
| DEMECLOCYCLINE 300 MG TABLET | N | N |
| DENAVIR 1% CREAM | N | N |
| DERMACERIN CREAM | N | N |
| DERMAPHOR OINTMENT | N | N |
| DERMAREST ECZEMA 1% LOTION | N | N |
| DESCOVY 200-25 MG TABLET | Y | N |
| DESGEN DM LIQUID | N | N |
| DESGEN PEDIATRIC DROPS | N | N |
| DESMOPRESSIN 0.01% SOLUTION | N | N |
| DESMOPRESSIN 0.01% SPRAY | N | N |
| DESMOPRESSIN 10 MCG/0.1 ML SPR | N | N |

| | | |
|----------------------------------|---|---|
| DESMOPRESSIN ACETATE 0 .1 MG TB | N | N |
| DESMOPRESSIN ACETATE 0 .2 MG TB | N | N |
| DESOGEST-ETH ESTRA 0 .1 5-0.03MG | N | N |
| DESOGESTR-ETH ESTRAD ETH ESTRA | N | N |
| CRESTOR 5 MG TABLET | Y | Y |
| CVS ACID CONTROLLER 20 MG TAB | N | Y |
| CVS ALLERGY 0.025% EYE DROPS | N | Y |
| DESONIDE MICRONIZED POWDER | N | N |
| CVS NASAL SPRAY 0.05% | N | Y |
| DESONIDE 0.05% CREAM | N | Y |
| DESONIDE 0.05% LOTION | N | Y |
| DESONIDE 0.05% OINTMENT | N | Y |
| DESOXIMETASONE 0.05% CREAM | N | Y |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| DESPEC DM SYRUP | N | N |
| DESPEC EDA COUGH & COLD DROPS | N | N |
| DEX4 GLUCOSE 4 GM TABLET CHEW | N | N |
| DEX4 GLUCOSE TAB POUCH PACK | N | N |
| DEX4 QUICK DISSOLVE TAB CHEW | N | N |
| DEXAMETHASONE 0.1% EYE DROP | N | N |
| DESOXIMETASONE 0.05% GEL | N | Y |
| DESOXIMETASONE 0.05% OINTMENT | N | Y |
| DESOXIMETASONE 0.25% CREAM | N | Y |
| DESOXIMETASONE 0.25% OINTMENT | N | Y |
| DEXAMETHASONE 120 MG/30 ML VL | N | N |
| DEXAMETHASONE 1 MG TABLET | N | Y |
| DEXAMETHASONE 20 MG/5 ML VIAL | N | N |
| DEXAMETHASONE 2 MG TABLET | N | Y |
| DEXAMETHASONE 4 MG/ML SYRINGE | N | N |
| DEXAMETHASONE 4 MG/ML VIAL | N | N |
| DEXAMETHASONE 4 MG TABLET | N | Y |
| DEXAMETHASONE MICRONIZED POWD | N | N |
| DEXAMETHASONE SOD PH POWDER | N | N |

| | | |
|--------------------------------|---|---|
| DIABETES HEALTH FORMULA CAPLET | N | N |
| DIABETIC TUSSIN DM LIQUID | N | N |
| DIABETIC TUSSIN EX LIQUID | N | N |
| DIALYVITE 800-ULTRA D TABLET | N | N |
| DIALYVITE VIT D3 50;000 UNIT | N | N |
| DIALYVITE VITAMIN D 5;000 UNIT | N | N |
| DIAMODE 2 MG TABLET | N | N |
| DIARRHEA RELIEF 262 MG/15 ML | N | N |
| DIARRHEA RELIEF SUSPENSION | N | N |
| DIA5TIX REAGENT STRIPS | N | N |
| DICLEGIS DR 10-10 MG TABLET | N | N |
| DICLOFENAC 0.1% EYE DROPS | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| DEXAMETHASONE 6 MG TABLET | N | Y |
| DEXAMETHASONE 0.5 MG TABLET | N | Y |
| DEXAMETHASONE 0.5 MG/5 ML ELX | N | Y |
| DEXAMETHASONE 0.5 MG/5 ML LIQ | N | Y |
| DEXAMETHASONE 0.75 MG TABLET | N | Y |
| DEXAMETHASONE 1.5 MG TABLET | N | Y |
| DICLOFENAC POT 50 MG TABLET | N | Y |
| DICLOFENAC SOD DR 25 MG TAB | N | Y |
| DICLOXACILLIN 250 MG CAPSULE | N | N |
| DICLOXACILLIN 500 MG CAPSULE | N | N |
| DICYCLOMINE 10 MG CAPSULE | N | N |
| DICYCLOMINE 10 MG/5 ML SOLN | N | N |
| DICYCLOMINE 20 MG TABLET | N | N |
| DIDANOSINE DR 250 MG CAPSULE | Y | N |
| DIDANOSINE DR 400 MG CAPSULE | Y | N |
| DICLOFENAC SOD DR 50 MG TAB | N | Y |
| DICLOFENAC SOD DR 75 MG TAB | N | Y |
| DIFLUNISAL 500 MG TABLET | N | N |
| DIGITEK 125 MCG TABLET | N | N |
| DIGITEK 250 MCG TABLET | N | N |
| DIGOX 125 MCG TABLET | N | N |
| DIGOX 250 MCG TABLET | N | N |
| DIGOXIN 0.05 MG/ML SOLUTION | N | N |
| DIGOXIN 0.125 MG TABLET | N | N |
| DIGOXIN 0.25 MG TABLET | N | N |
| DIGOXIN 125 MCG TABLET | N | N |

| | | |
|--------------------------------|---|---|
| DIGOXIN 250 MCG TABLET | N | N |
| DIHYDROERGOTAMINE 4 MG/ML SPRY | N | N |
| DIHYDROERGOTAMINE POWDER | N | N |
| DILANTIN 30 MG CAPSULE | N | N |
| DILT XR 120 MG CAPSULE | N | N |
| DILT XR 180 MG CAPSULE | N | N |
| DILT XR 240 MG CAPSULE | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization(PA) NQTL | Fail First/Step Therapy(FF/ST) NQTL |
|--------------------------------|------------------------------|-------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| DILTIAZEM 120 MG TABLET | N | N |
| DILTIAZEM 12HR ER 120 MG CAP | N | N |
| DILTIAZEM 12HR ER 60 MG CAP | N | N |
| DILTIAZEM 12HR ER 90 MG CAP | N | N |
| DILTIAZEM 24H ER(CD) 120 MG CP | N | N |
| DILTIAZEM 24H ER(CD) 180 MG CP | N | N |
| DILTIAZEM 24H ER(CD) 240 MG CP | N | N |
| DILTIAZEM 24H ER(CD) 300 MG CP | N | N |
| DILTIAZEM 24H ER(CD) 360 MG CP | N | N |
| DILTIAZEM 24HR ER 120 MG CAP | N | N |
| DILTIAZEM 24HR ER 180 MG CAP | N | N |
| DILTIAZEM 24HR ER 240 MG CAP | N | N |
| DILTIAZEM 24HR ER 300 MG CAP | N | N |
| DILTIAZEM 24HR ER 360 MG CAP | N | N |
| DILTIAZEM 24HR ER 420 MG CAP | N | N |
| DILTIAZEM 30 MG TABLET | N | N |
| DILTIAZEM 60 MG TABLET | N | N |
| DILTIAZEM 90 MG TABLET | N | N |
| DINO-LIFE IRON-ZINC TAB CHEW | N | N |
| DIPHEDRYL 12.5 MG/5 ML ELIXIR | N | N |
| DIPHEDRYL ALLERGY CAPSULE | N | N |
| DIPHENHIST 25 MG CAPSULE | N | N |
| DIPHENHYDRAMINE 12.5 MG/5 ML | N | N |
| DIPHENHYDRAMINE 25 MG CAPLET | N | N |
| DIPHENHYDRAMINE 25 MG CAPSULE | N | N |
| DIPHENHYDRAMINE 25 MG TABLET | N | N |
| DIPHENHYDRAMINE 25 MG/10 ML | N | N |

| | | |
|--------------------------------|---|---|
| DIPHENHYDRAMINE 50 MG CAPSULE | N | N |
| DIPHENHYDRAMINE HCL POWDER | N | N |
| DIPHENOXYLAT-ATROP 2.5-0.025/5 | N | N |
| DIPHENOXYLATE-ATROP 2.5-0.025 | N | N |
| DIPYRIDAMOLE 25 MG TABLET | N | N |
| DIPYRIDAMOLE 50 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| DIPYRIDAMOLE 75 MG TABLET | N | N |
| DISOPYRAMIDE 100 MG CAPSULE | N | N |
| DISOPYRAMIDE 150 MG CAPSULE | N | N |
| DIURIL 250 MG/5 ML ORAL SUSP | N | N |
| DOCUPRENE 100 MG TABLET | N | N |
| DOCUSATE SODIUM 100 MG CAPSULE | N | N |
| DOCUSATE SODIUM 100 MG SOFTGEL | N | N |
| DOCUSATE SODIUM 100 MG TABLET | N | N |
| DOCUSIL 100 MG SOFTGEL | N | N |
| DOK 100 MG SOFTGEL | N | N |
| DOK 100 MG TABLET | N | N |
| DOMETUSS-DMX LIQUID | N | N |
| DOPTelet (10 TAB PK) 20 MG TAB | Y | N |
| DOPTelet (15 TAB PK) 20 MG TAB | Y | N |
| DOPTelet (30 TAB PK) 20 MG TAB | Y | N |
| DICLOFENAC SOD EC 25 MG TAB | N | Y |
| DICLOFENAC SOD EC 50 MG TAB | N | Y |
| DOVATO 50-300 MG TABLET | Y | N |
| DOXAZOSIN MESYLATE 1 MG TAB | N | N |
| DOXAZOSIN MESYLATE 2 MG TAB | N | N |
| DOXAZOSIN MESYLATE 4 MG TAB | N | N |
| DOXAZOSIN MESYLATE 8 MG TAB | N | N |
| DOXERCALCIFEROL 0.5 MCG CAP | N | N |
| DOXERCALCIFEROL 1 MCG CAPSULE | N | N |
| DOXERCALCIFEROL 2.5 MCG CAP | N | N |
| DICLOFENAC SOD EC 75 MG TAB | N | Y |

| | | |
|-------------------------------|---|---|
| DICLOFENAC SOD ER 100 MG TAB | N | Y |
| DIFLORASONE 0.05% CREAM | N | Y |
| DIFLORASONE 0.05% OINTMENT | N | Y |
| DOXYCYCLINE HYCLATE POWDER | N | N |
| DORZOLAMIDE HCL 2% EYE DROPS | N | Y |
| DORZOLAMIDE-TIMOLOL EYE DROPS | N | Y |
| DOXYCYCLINE HYC DR 100 MG TAB | N | Y |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| DOXYCYCLINE HYC DR 150 MG TAB | N | Y |
| DOXYCYCLINE HYC DR 75 MG TAB | N | Y |
| DOXYCYCLINE HYCLATE 20 MG TAB | N | Y |
| DOXYCYCLINE MONO 100 MG TABLET | N | Y |
| DOXYLAMINE-PYRIDOXINE 10-10 MG | N | N |
| DRAMAMINE LESS DROWSY 25 MG TB | N | N |
| DROPLET 30G LANCETS | N | N |
| DROPLET LANCING DEVICE | N | N |
| DROSP-EE-LEVOMEF 3-0.03-0.451 | N | N |
| DROSPIRENONE-EE 3-0.03 MG TAB | N | N |
| DROXIA 200 MG CAPSULE | N | N |
| DROXIA 300 MG CAPSULE | N | N |
| DROXIA 400 MG CAPSULE | N | N |
| DRUG MART GLUCOSE 4 GM TAB CHW | N | N |
| DRUG MART ULTRA COMFORT SYR | N | N |
| DULCOEASE 100 MG SOFTGEL | N | N |
| DULCOLAX 55 100 MG SOFTGEL | N | N |
| DURAVENT DM TABLET | N | N |
| E.E .S. 400 FILMTAB | N | N |
| EASIVENT HOLDING CHAMBER | N | N |
| EASIVENT MASK-LARGE | N | N |
| EASIVENT MASK-MEDIUM | N | N |
| EASIVENT MASK-SMALL | N | N |
| EASY COMFORT 0.3 ML SYRINGE | N | N |
| EASY COMFORT 0.5 ML 30GX1/2" | N | N |

| | | |
|--------------------------------|---|---|
| EASY COMFORT 0.5 ML 31GX5/16" | N | N |
| EASY COMFORT 0.5 ML SYRINGE | N | N |
| EASY COMFORT 1 ML 31GX5/16" | N | N |
| EASY COMFORT 30G LANCETS | N | N |
| EASY COMFORT INSULIN 1 ML SYR | N | N |
| EASY COMFORT SYR 1 ML 30GX1/2" | N | N |
| EASY MINI EJECT LANCING DEVICE | N | N |
| EASY TOUCH 0.3 ML SYR 30GX1/2" | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| EASY TOUCH 0.5 ML SYR 29GX1/2" | N | N |
| EASY TOUCH 0.5 ML SYR 30GX1/2" | N | N |
| EASY TOUCH 0.5 ML SYR 30GX5/16 | N | N |
| EASY TOUCH 1 ML SYR 27GX1/2" | N | N |
| EASY TOUCH 1 ML SYR 29GX1/2" | N | N |
| EASY TOUCH 1 ML SYR 30GX1/2" | N | N |
| EASY TOUCH ALCOHOL 70% PADS | N | N |
| EASY TOUCH BUTTON 30G LANCETS | N | N |
| EASY TOUCH FLIPLOCK 3 ML 22GX1 | N | N |
| EASY TOUCH INSULIN IML 29GX1/2 | N | N |
| EASY TOUCH INSULIN IML 30GX1/2 | N | N |
| EASY TOUCH INSULIN SYR 0.3 ML | N | N |
| EASY TOUCH INSULIN SYR 0.5 ML | N | N |
| EASY TOUCH INSULIN SYR 1 ML | N | N |
| EASY TOUCH INSULN IML 29GX1/2" | N | N |
| EASY TOUCH INSULN IML 30GX1/2" | N | N |
| EASY TOUCH INSULN IML 30GX5/16 | N | N |
| EASY TOUCH INSULN IML 31GX5/16 | N | N |
| EASY TOUCH LANCING DEVICE | N | N |
| EASY TOUCH PRESSURE 30G LANCET | N | N |
| EASY TOUCH PULL-TOP 26G LANCET | N | N |
| EASY TOUCH PULL-TOP 28G LANCET | N | N |
| EASY TOUCH PULL-TOP 30G LANCET | N | N |
| EASY TOUCH PULL-TOP 32G LANCET | N | N |
| EASY TOUCH SAFETY 21G LANCETS | N | N |
| EASY TOUCH SAFETY 23G LANCETS | N | N |
| EASY TOUCH SAFETY 26G LANCETS | N | N |
| EASY TOUCH SAFETY 28G LANCETS | N | N |
| EASY TOUCH SAFETY 32G LANCETS | N | N |
| EASY TOUCH SHEATH 3 ML 22GX1" | N | N |
| EASY TOUCH SYRINGE 3 ML 22GX1" | N | N |

| | | |
|------------------------------|---|---|
| EASY TOUCH TWIST 26G LANCETS | N | N |
| EASY TOUCH TWIST 28G LANCETS | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| EASY TOUCH TWIST 30G LANCETS | N | N |
| EASY TOUCH TWIST 32G LANCETS | N | N |
| EASY TOUCH TWIST 33G LANCETS | N | N |
| EASY TWIST & CAP 28G LANCETS | N | N |
| EASY-TOUCH INS 1 ML 31GX5/16" | N | N |
| EC-NAPROXEN DR 375 MG TABLET | N | N |
| EC-NAPROXEN DR 500 MG TABLET | N | N |
| ECONAZOLE NITRATE 1% CREAM | N | N |
| ECOTRIN EC 81 MG TABLET | N | N |
| ECPIRIN EC 325 MG TABLET | N | N |
| ED-APAP 160 MG/5 ML LIQUID | N | N |
| ED-SPAZ 0.125 MG ODT | N | N |
| EDURANT 25 MG TABLET | Y | N |
| EEMT DS 1.25-2.5 MG TABLET | N | N |
| EEMT HS 0.625-1.25 MG TABLET | N | N |
| EFAVIRENZ 200 MG CAPSULE | Y | N |
| EFAVIRENZ 50 MG CAPSULE | Y | N |
| EFAVIRENZ 600 MG TABLET | Y | N |
| EFFER-K 25 MEQ TABLET EFF | N | N |
| ELIDEL 1% CREAM | N | N |
| DOXYCYCLINE MONO 150 MG TABLET | N | Y |
| DOXYCYCLINE MONO 50 MG CAP | N | Y |
| DOXYCYCLINE MONO 50 MG TABLET | N | Y |
| DOXYCYCLINE MONO 75 MG CAPSULE | N | Y |
| ELINEST-28 TABLET | N | N |
| ELIQUIS 2.5 MG TABLET | Y | N |
| ELIQUIS 5 MG TABLET | Y | N |
| ELITE-OB CAPLET | N | N |
| ELLA 30 MG TABLET | N | N |
| ELMIRON 100 MG CAPSULE | N | N |
| ELURYNG VAGINAL RING | N | N |

| | | |
|---------------------|---|---|
| EMBRACE 30G LANCETS | N | N |
| EMEND 40 MG CAPSULE | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization(PA) NQTL | Fail First/Step Therapy(FF/ST) NQTL |
|--------------------------------|------------------------------|-------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| EMEND 80 MG CAPSULE | N | N |
| EMEND TRIPACK | N | N |
| EMOQUETTE 28 DAY TABLET | N | N |
| EMPTY GELATIN CAP | N | N |
| EMTRIVA 10 MG/ML SOLUTION | Y | N |
| EMTRIVA 200 MG CAPSULE | Y | N |
| ENALAPRIL MALEATE 10 MG TAB | N | N |
| ENALAPRIL MALEATE 2.5 MG TAB | N | N |
| ENALAPRIL MALEATE 20 MG TAB | N | N |
| ENALAPRIL MALEATE 5 MG TABLET | N | N |
| ENALAPRIL-HCTZ 10-25 MG TABLET | N | N |
| ENALAPRIL-HCTZ 5-12.5 MG TAB | N | N |
| ENBREL 25 MG/0.5 ML SYRINGE | N | N |
| ENBREL 50 MG/ML MINI CARTRIDGE | N | N |
| ENBREL 50 MG/ML SURECLICK | N | N |
| ENBREL 50 MG/ML SYRINGE | N | N |
| DOXYCYCLINE MONO 75 MG TABLET | N | Y |
| DOXYCYCLINE MONO 100 MG CAP | N | Y |
| ELIGARD 22.5 MG SYRINGE KIT | N | Y |
| ELIGARD 30 MG SYRINGE KIT | N | Y |
| ENFAMIL WATER NURSETTE LIQUID | N | N |
| ENGERIX-B 20 MCG/ML SYRN | N | N |
| ENGERIX-B 20 MCG/ML VIAL | N | N |
| ENGLISH TOFFEE FLAVOR LIQUID | N | N |
| ENOXAPARIN 100 MG/ML SYRINGE | N | N |
| ENOXAPARIN 120 MG/0.8 ML SYR | N | N |
| ENOXAPARIN 150 MG/ML SYRINGE | N | N |
| ENOXAPARIN 30 MG/0.3 ML SYR | N | N |
| ENOXAPARIN 300 MG/3 ML VIAL | N | N |
| ENOXAPARIN 40 MG/0.4 ML SYR | N | N |

| | | |
|-------------------------------|---|---|
| ENOXAPARIN 60 MG/0.6 ML SYR | N | N |
| ENOXAPARIN 80 M G/ 0.8 ML SYR | N | N |
| ENPRESSE-28 TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ENSKYCE 28 TABLET | N | N |
| ENTACAPONE 200 MG TABLET | N | N |
| ENTECAVIR 0.5 MG TABLET | N | N |
| ENTECAVIR 1 MG TABLET | N | N |
| ENTRESTO 24 MG-26 MG TABLET | Y | N |
| ENTRESTO 49 MG-51 MG TABLET | Y | N |
| ENTRESTO 97 MG-103 MG TABLET | Y | N |
| ENULOSE 10 GM/15 ML SOLUTION | N | N |
| ELIGARD 45 MG SYRINGE KIT | N | Y |
| EPINEPHRINE 0.15 MG AUTO-INJCT | N | N |
| EPINEPHRINE 0.3 MG AUTO-INJECT | N | N |
| EPIVIR 10 MG/ML ORAL SOLN | N | N |
| EPIVIR 150 MG TABLET | N | N |
| EPIVIR 300 MG TABLET | N | N |
| EPIVIR HBV 25 MG/5 ML SOLN | N | N |
| EPOGEN 10;000 UNITS/ML VIAL | N | N |
| EPOGEN 2;000 UNITS/ML VIAL | N | N |
| EPOGEN 20;000 UNITS/ML VIAL | N | N |
| EPOGEN 3;000 UNITS/ML VIAL | N | N |
| EPOGEN 4;000 UNITS/ML VIAL | N | N |
| EPOPROSTENOL SODIUM 0.5 MG VL | N | N |
| EPOPROSTENOL SODIUM 1.5 MG VL | N | N |
| EPZICOM TABLET | Y | N |
| EQACETAMINOPHEN 500 MG CAPLET | N | N |
| EQACETAMINOPHEN 500 MG GELCAP | N | N |
| EQ ACETAMINOPHEN 500 MG TABLET | N | N |
| ELIGARD 7.5 MG SYRINGE KIT | N | Y |
| ENDOCET 10-325 MG TABLET | N | Y |
| EQALLERGY (LORAT) 10 MG TAB | N | N |
| EQ ALLERGY RELIEF 1 MG/ML SOLN | N | N |
| EQ ALLERGY RELIEF 10 MG TABLET | N | N |
| EQ ALLERGY RELIEF 180 MG TAB | N | N |
| EQ ALLERGY RELIEF 25 MG CAP | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
 Prescription Drugs Subject to NQTLs, by Delivery
 System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| EQ ALLERGY RELIEF 25 MG TABLET | N | N |
| ENDOCET 2.5-325 MG TABLET | N | Y |
| EQ ANTACID EXTRA STR CHEW TAB | N | N |
| EQANTACID ULTRA STR TAB CHEW | N | N |
| EQ ANTI-DIARRHEAL 2 MG CAPLET | N | N |
| EQANTI-DIARRHEAL 2 MG SFTGEL | N | N |
| EQ ANTI-ITCH PLUS 1% CREAM | N | N |
| EQARTHRITIS PAIN ER 650 MG | N | N |
| EQ ASPIRIN 325 MG TABLET | N | N |
| EQ ASPIRIN EC 325 MG TABLET | N | N |
| EQ ASPIRIN EC 81 MG TABLET | N | N |
| EQ CALCIUM 600-VIT D3 400 TAB | N | N |
| EQ CALCIUM CITRATE-D TABLET | N | N |
| EQ CHILD ALLERGY 12.5 MG/5 ML | N | N |
| EQ CHILD ALLERGY RELF 1 MG/ML | N | N |
| EQ CHILD ALLERGY RELIEF SOLN | N | N |
| EQ CHILD IBUPROFEN 100 MG/5 ML | N | N |
| EQ CHILDREN'S COUGH LIQUID | N | N |
| EQ CHLD ACETAMINOPHEN 80 MG TB | N | N |
| EQ CHLORTABS 4 MG TABLET | N | N |
| EQ CLEARLAX POWDER | N | N |
| EQ COMPLETE MULTIVITAMIN TAB | N | N |
| EQ FIBER THERAPY 0.52 GRAM CAP | N | N |
| EQ HYDROCORTISONE 1% CREAM | N | N |
| EQ HYDROCORTISONE-ALOE 1% CRM | N | N |
| EQ IBUPROFEN 200 MG CAPLET | N | N |
| EQ IBUPROFEN 200 MG TABLET | N | N |
| EQ INF GAS RELIEF 20 MG/0.3 ML | N | N |
| EQJOCK ITCH 1% CREAM | N | N |
| EQ LANSOPRAZOLE DR 15 MG CAP | N | N |
| EQ LICE KILLING SHAMPOO | N | N |
| EQ MICONAZOLE 2% VAGINAL CREAM | N | N |
| EQ MICONAZOLE 7 CREAM | N | N |

Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| EQ MOTION SICKNESS 25 MG TAB | N | N |
| EQ MUCUS ER 600 MG TABLET | N | N |
| EQ NASAL 0.05% SPRAY | N | N |
| ENDOCET 5-325 TABLET | N | Y |
| EQ NATURAL LAXATIVE 8.6 MG TAB | N | N |
| EQ OMEPRAZOLE DR 20 MG TABLET | N | N |
| EQ OMEPRAZOLE MAG DR 20.6 MG | N | N |
| EQONE DAILY MEN'S TABLET | N | N |
| EQONE DAILY TABLET | N | N |
| EQ ONE DAILY WOMEN'S TABLET | N | N |
| EQ ORIGINAL NASAL SPRAY 0.05% | N | N |
| EQ PAIN RELIEF 500 MG/15 ML LQ | N | N |
| EQ PAIN RELIEVER 325 MG TABLET | N | N |
| EQ PAIN RELIEVER 500 MG CAPLET | N | N |
| EQ RESTORE TEARS 0.5% EYE DROP | N | N |
| EQ REVIVE PLUS 0.5% EYE DROPS | N | N |
| EQ STOMACH RELIEF 262 MG/15 ML | N | N |
| EQ STOOL SOFTENER 100 MG SFTGL | N | N |
| EQ TERBINAFINE 1% CREAM | N | N |
| EQ TRIPLE ANTIBIOTIC OINTMENT | N | N |
| EQ TUSSIN CF COUGH-COLD LIQUID | N | N |
| EQ TUSSIN CF LIQUID | N | N |
| EQ TUSSIN CF MAX M-S COLD LIQ | N | N |
| EQ TUSSIN DM COUGH-CHEST SYR | N | N |
| EQ VEGETABLE LAXATIVE TABLET | N | N |
| EQ VISION FORMULA TABLET | N | N |
| EQL 12HR NASAL SPRAY 0.05% | N | N |
| EQL ACETAMINOPHEN 500 MG CPLT | N | N |
| EQL ACETAMINOPHEN 500 MG GELCP | N | N |
| EQL ALL DAY ALLERGY 10 MG TAB | N | N |
| EQL ALL DAY ALLERGY-D TABLET | N | N |
| EQL ALLER-EASE 180 MG TABLET | N | N |
| EQL ALLERGY 25 MG TABLET | N | N |

Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |

| | | |
|--------------------------------|---|---|
| EQL ALLERGY 4 MG TABLET | N | N |
| EQL ALLERGY RELIEF 10 MG TAB | N | N |
| EQL ALLERGY RELIEF 25 MG CAP | N | N |
| EQL ALLERGY-CONGEST RLF ER TAB | N | N |
| EQL ALLERGY-CONGESTION 12H TAB | N | N |
| EQL ANTACID 500 MG CHEW TABLET | N | N |
| EQL ANTACID EXTRA STR CHEW TAB | N | N |
| EQL ANTACID ULTRA STR TAB CHEW | N | N |
| EQL ANTI-DIARRHEAL 2 MG CAPLET | N | N |
| EQL ANTIFUNGAL 1% TOP CREAM | N | N |
| EQL ANTI-ITCH 1% CREAM | N | N |
| EQL ANTI-ITCH 1% OINTMENT | N | N |
| EQL ARTHRIT PAIN RLF ER 650 MG | N | N |
| EQL ASPIRIN 325 MG TABLET | N | N |
| EQL ASPIRIN EC 325 MG TABLET | N | N |
| EQL ASPIRIN EC 81 MG TABLET | N | N |
| EQL ATHLETE'S FOOT 1% CREAM | N | N |
| EQL CALCIUM 600-VIT D3 800 TAB | N | N |
| EQL CALCIUM CITRATE-VIT D3 CPT | N | N |
| EQL CASTOR OIL | N | N |
| EQL CENTURY MATURE TABLET | N | N |
| EQL CHILD ALLERGY 12.5 MG/5 ML | N | N |
| EQL CHLO ALL DAY ALLER 1 MG/ML | N | N |
| EQL CHLO IBUPROFEN 100 MG/5 ML | N | N |
| EQL CLEARLAX POWDER | N | N |
| EQL EYE HEALTH PLUS LUTEIN TAB | N | N |
| EQL FIRST AID ANTIBIOTIC OINT | N | N |
| EQL FISH OIL 1;200 MG SOFTGEL | N | N |
| EQL FISH OIL EC 1;200 MG SFTGL | N | N |
| EQL FLUTICASONE PROP 50 MCG | N | N |
| ENDOCET 7.5-325 MG TABLET | N | Y |
| EQL IBUPROFEN 200 MG CAPLET | N | N |
| EQL IBUPROFEN 200 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| EQL INS SYR 1 ML 29GX1/2" | N | N |
| EQL INSUL SYR 0.3 ML 31GXS/16" | N | N |
| EQL INSUL SYR 0.5 ML 31GXS/16" | N | N |
| EQL INSULIN 0.3 ML SYRINGE | N | N |
| EQL INSULIN 0.5 ML SYRINGE | N | N |
| EQL INSULIN 1 ML SYRINGE | N | N |

| | | |
|--------------------------------|---|---|
| EQL INSULIN SYR 1 ML 31GXS/16" | N | N |
| EQL JR ACETAMINOPHEN 160MG TAB | N | N |
| EQL LANSOPRAZOLE DR 15 MG CAP | N | N |
| EQL LICE KILLING SHAMPOO | N | N |
| EQL MICRO THIN 33G LANCETS | N | N |
| EQL MOTION SICKNESS 25 MG TAB | N | N |
| EQL MUCUS ER 600 MG TABLET | N | N |
| EQL NASAL SPRAY 0.05% | N | N |
| EQL OMEGA-3 FISH OIL 1;000 MG | N | N |
| EQL OMEPRAZOLE DR 20 MG TABLET | N | N |
| EQL ONE DAILY MEN'S TABLET | N | N |
| EQL ONE DAILY WOMEN'S 50 PLUS | N | N |
| EQL PEN 8MM 31G X 5/16" NEEDLE | N | N |
| EQL SENNA LAXATIVE 8.6 MG TAB | N | N |
| EQL SLEEP AID 25 MG TABLET | N | N |
| EQL STOMACH RELIEF LIQUID | N | N |
| EQL STOMACH RLF 262 MG/15 ML | N | N |
| EQL STOMACH RLF 525 MG/15 ML | N | N |
| EQL STOMACH RLF 525 MG/30 ML | N | N |
| EQL STOOL SOFTENER 100 MG SFGL | N | N |
| EQL SUPERB COMPLEX TABLET | N | N |
| EQL TUSSIN CF LIQUID | N | N |
| EQL TUSSIN CHEST CONGEST SYRUP | N | N |
| EQL TUSSIN DM COUGH-CHEST SYR | N | N |
| EQL TUSSIN MUCUS-CHEST CONGEST | N | N |
| EQL VITAMIN B-6 100 MG TABLET | N | N |
| EQL VITAMIN D3 1;000 UNIT SFGL | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| EQL VITAMIN D3 2;000 UNIT SFGL | N | N |
| EQL VITAMIN D3 400 UNIT SFTGL | N | N |
| EQL VITAMIN D3 5;000 UNIT SFGL | N | N |
| ERGOCALCIFEROL 200 MCG/ML DROP | N | N |
| ERGOCALCIFEROL 8;000 UNITS/ML | N | N |

| | | |
|--------------------------------|---|---|
| ERGOCALCIFEROL POWDER | N | N |
| ERGOLOID MESYLATES 1 MG TAB | N | N |
| ERGOMAR 2 MG TABLET SL | N | N |
| ERGOTAMINE TARTRATE POWDER | N | N |
| ERRIN 0.35 MG TABLET | N | N |
| ERY 2% PADS | N | N |
| ERYPED 400 MG/5 ML SUSPENSION | N | N |
| ERY-TAB DR 250 MG TABLET | N | N |
| ERY-TAB DR 333 MG TABLET | N | N |
| ERY-TAB DR 500 MG TABLET | N | N |
| ERYTHROCIN 250 MG FILMTAB | N | N |
| ERYTHROMYCIN 0.5% EYE OINTMENT | N | N |
| ERYTHROMYCIN 2% GEL | N | N |
| ERYTHROMYCIN 2% SOLUTION | N | N |
| ERYTHROMYCIN 200 MG/5 ML SUSP | N | N |
| ERYTHROMYCIN 250 MG FILMTAB | N | N |
| ERYTHROMYCIN 400 MG/5 ML SUSP | N | N |
| ERYTHROMYCIN 500 MG FILMTAB | N | N |
| ERYTHROMYCIN DR 250 MG CAP | N | N |
| ERYTHROMYCIN DR 500 MG TABLET | N | N |
| ERYTHROMYCIN E.S. POWDER | N | N |
| ERYTHROMYCIN ES 400 MG TAB | N | N |
| ERYTHROMYCIN POWDER | N | N |
| ESGIC CAPSULE | N | N |
| ESSENTIA TABLET | N | N |
| ESSENTIAL BALANCE TABLET | N | N |
| ESSENTIAL DAILY TABLET | N | N |
| ESSENTIAL MAN 50+ TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ESSENTIAL MAN TABLET | N | N |
| ESSENTIAL WOMAN 50+ TABLET | N | N |
| ESTARYLLA 0.25-0.035 MG TABLET | N | N |
| ESTRACE 0.01% CREAM | N | N |
| ESTRADIOL 0.01% CREAM | N | N |
| ESTRADIOL 0.0375 MG/DAY PATCH | N | N |

| | | |
|---------------------------------|---|---|
| ESTRADIOL 0.06 MG/DAY PATCH | N | N |
| ESTRADIOL 0.075 MG/DAY PATCH | N | N |
| ESTRADIOL 0.5 MG TABLET | N | N |
| ESTRADIOL 1 MG TABLET | N | N |
| ESTRADIOL 2 MG TABLET | N | N |
| ESTRADIOL MICRONIZED POWDER | N | N |
| ESTRADIOL POWDER | N | N |
| ESTRADIOL TDS 0.025 MG/DAY | N | N |
| ESTRADIOL TDS 0 .0 375 MG/DAY | N | N |
| ESTRADIOL TDS 0 .05 MG/DAY | N | N |
| ESTRADIOL TDS 0 .06 MG/DAY | N | N |
| ESTRADIOL TDS 0 .075 MG/DAY | N | N |
| ESTRADIOL TDS 0.1 MG/DAY | N | N |
| ESTROGEN-METHYLTESTOS F.S. TAB | N | N |
| ESTROGEN-METHYLTESTOS H.S. TAB | N | N |
| ETHAMBUTOL HCL 100 MG TABLET | N | N |
| ETHAMBUTOL HCL 400 MG TABLET | N | N |
| ETHOSUXIMIDE 250 MG CAPSULE | N | N |
| ETHOSUXIMIDE 250 MG/5 ML SOLN | N | N |
| ETHYL OLEATE LIQUID | N | N |
| ETIDRONATE DISODIUM 200 MG TAB | N | N |
| EPINASTINE HCL 0 .05% EYE DROPS | N | Y |
| EQ ACID REDUCER 200 MG TABLET | N | Y |
| EQ ALLERGY RELIEF 50 MCG SPRAY | N | Y |
| EQ NASAL ALLERGY 24HR SPRAY | N | Y |
| EQACID REDUCER 20 MG TABLET | N | Y |
| EQL HEARTBURN PREVEN 20 MG TAB | N | Y |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ETODOLAC 200 MG CAPSULE | N | Y |
| ETONOGESTREL-EE VAGINAL RING | N | N |
| EUCALYPTOL LIQUID | N | N |
| EUCRISA 2% OINTMENT | N | N |
| EUFLEXXA 20 MG/2 ML SYRINGE | N | N |
| EVAC-U-GEN 8.6 MG TABLET | N | N |
| EVOTAZ 300 MG-150 MG TABLET | Y | N |
| EXEL INS SYR UI00 1 ML28GX1/2 | N | N |
| EXEL SYRINGE 22GX1" 3 ML | N | N |
| EXEL UI00 0.3 ML 29GX1/2" | N | N |
| EXEL UI00 0.3 ML 30GXS/16" | N | N |
| EXEL UI00 0.5 ML 28GX1/2" | N | N |
| EXEL UI00 0.5 ML 29GX1/2" | N | N |

| | | |
|--------------------------------|---|---|
| EXEL UIO0 0.5 ML 30GXS/16" | N | N |
| EXEL UIO0 1 ML 30GXS/16" | N | N |
| EXEL UIO0 INS SYR 1 ML 29GX1/2 | N | N |
| ETODOLAC 300 MG CAPSULE | N | Y |
| EX-LAX CHOCOLATE | N | N |
| EXTAVIA 0.3 MG KIT | N | N |
| ETODOLAC 400 MG TABLET | N | Y |
| EYEPROTECT TABLET | N | N |
| E-Z JECT COLORED LANCETS | N | N |
| E-Z JECT LANCETS | N | N |
| E-Z PULL & CLICK LANCING DEV | N | N |
| EZ SMART 28G LANCETS | N | N |
| ETODOLAC 500 MG TABLET | N | Y |
| ETODOLAC ER 400 MG TABLET | N | Y |
| ETODOLAC ER 500 MG TABLET | N | Y |
| ETODOLAC ER 600 MG TABLET | N | Y |
| EXEMESTANE 25 MG TABLET | N | Y |
| E-ZJECT COLOR 32G LANCETS | N | N |
| E-ZJECT COLOR 33G LANCETS | N | N |
| E-ZJECT SUPER THIN 30G LANCETS | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| E-ZJECT THIN LANCETS | N | N |
| FA-8 CAPSULES | N | N |
| FALMINA-28 TABLET | N | N |
| FAMCICLOVIR 125 MG TABLET | N | N |
| FAMCICLOVIR 250 MG TABLET | N | N |
| FAMCICLOVIR 500 MG TABLET | N | N |
| EYE ITCH RELIEF 0.025% DROPS | N | Y |
| EZETIMIBE 10 MG TABLET | N | Y |
| FANTASY CONDOM | N | N |
| FAMOTIDINE 20 MG TABLET | N | Y |
| FAMOTIDINE 40 MG TABLET | N | Y |
| FELODIPINE ER 10 MG TABLET | N | N |
| FELODIPINE ER 2.5 MG TABLET | N | N |
| FELODIPINE ER 5 MG TABLET | N | N |
| FENOFIBRATE 134 MG CAPSULE | N | N |
| FENOFIBRATE 145 MG TABLET | N | N |

| | | |
|-------------------------------|---|---|
| FENOFIBRATE 160 MG TABLET | N | N |
| FENOFIBRATE 200 MG CAPSULE | N | N |
| FENOFIBRATE 48 MG TABLET | N | N |
| FENOFIBRATE 54 MG TABLET | N | N |
| FENOFIBRATE 67 MG CAPSULE | N | N |
| FENOFIBRIC ACID DR 135 MG CAP | N | N |
| FENOFIBRIC ACID DR 45 MG CAP | N | N |
| FEBUXOSTAT 40 MG TABLET | N | Y |
| FEBUXOSTAT 80 MG TABLET | N | Y |
| FENOPROFEN 600 MG TABLET | N | Y |
| FENTANYL 100 MCG/HR PATCH | N | Y |
| FENTANYL 12 MCG/HR PATCH | N | Y |
| FENTANYL 25 MCG/HR PATCH | N | Y |
| FENTANYL 37.5 MCG/HR PATCH | N | Y |
| FENTANYL 50 MCG/HR PATCH | N | Y |
| FENTANYL 62.5 MCG/HR PATCH | N | Y |
| FEOSOL 65 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| FEROSUL 325 MG TABLET | N | N |
| FERRO-TIME 325 MG TABLET | N | N |
| FERROUS SULF 15 MG IRON/ML DRP | N | N |
| FERROUS SULF 220 MG/5 ML ELIX | N | N |
| FERROUS SULF 300 MG/5 ML LIQ | N | N |
| FERROUS SULF 44 MG IRON/5ML LQ | N | N |
| FERROUS SULF EC 325 MG TABLET | N | N |
| FERROUS SULFATE 325 MG TABLET | N | N |
| FERROUSUL 325 MG TABLET | N | N |
| FEXOFENADINE HCL 180 MG TABLET | N | N |
| FEXOFENADINE HCL 30 MG/5 ML | N | N |
| FEXOFENADINE HCL 60 MG TABLET | N | N |
| FEXOFENADINE-PSE ER 60-120 TAB | N | N |
| FIBER 0.52 GRAM CAPSULE | N | N |
| FIBER THERAPY POWDER | N | N |
| FIFTY50 ALCOHOL PREP PADS | N | N |
| FIFTY50 INS 0.3 ML 31GX5/16" | N | N |
| FIFTY50 INS 0.5 ML 31GX5/16" | N | N |
| FIFTY50 INS SYR 1 ML 31GX5/16" | N | N |

| | | |
|--------------------------------|---|---|
| FIFTY50 LANCING DEVICE | N | N |
| FIFTYS0 SAFETY SEAL 30G LANCET | N | N |
| FIFTYS0 SAFETY SEAL 32G LANCET | N | N |
| FIFTYS0 UNILET 33G LANCETS | N | N |
| FINACEA 15% GEL | N | N |
| FINASTERIDE 5 MG TABLET | N | N |
| FINE 30 UNIVERSAL 30G LANCETS | N | N |
| FINGERSTIX LANCETS | N | N |
| FENTANYL 75 MCG/HR PATCH | N | Y |
| FENTANYL 87.5 MCG/HR PATCH | N | Y |
| FIRST AID ANTIBIOTIC OINTMENT | N | N |
| FIRST-LANSOPRAZOLE 3 MG/ML | N | N |
| FIRST-OMEPRAZOLE 2 MG/ML SUSP | N | N |
| FISH OIL 1;000 MG CAPSULE | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| FISH OIL 1;000 MG SOFTGEL | N | N |
| FISH OIL 1;200 MG FISH OIL | N | N |
| FISH OIL 1;400 MG SOFTGEL | N | N |
| FISH OIL CONC 1;000 MG SOFTGEL | N | N |
| FISH OIL CONCENTRATE SOFTGEL | N | N |
| FISH OIL DR 1; 000 MG SOFTGEL | N | N |
| FISH OIL EC 1;000 MG SOFTGEL | N | N |
| FISH OIL EC 1;200 MG SOFTGEL | N | N |
| FISH OIL PEARLS SOFTGEL | N | N |
| FLAVOR BLEND 2 IN 1 SUSPENSION | N | N |
| FLAVOR PLUS SUSP | N | N |
| FLAVOR SWEET SYRUP | N | N |
| FLAVORX FLAVORING LIQUID | N | N |
| FLAVOXATE HCL 100 MG TABLET | N | N |
| FLECAINIDE ACETATE 100 MG TAB | N | N |
| FLECAINIDE ACETATE 150 MG TAB | N | N |
| FLECAINIDE ACETATE 50 MG TAB | N | N |
| FLEET BISACODYL 10 MG ENEMA | N | N |
| FLEXICHAMBER | N | N |
| FLINTSTONES WITH IRON TAB CHEW | N | N |
| FIRMAGON 2 X 120 MG KIT | N | Y |

| | | |
|--------------------------------|---|---|
| FLOVENT HFA 110 MCG INHALER | Y | N |
| FLOVENT HFA 220 MCG INHALER | Y | N |
| FLOVENT HFA 44 MCG INHALER | Y | N |
| FLUAD 2019-2020 SYRINGE | N | N |
| FLUARIX QUAD 2019-2020 SYRINGE | N | N |
| FLUBLOK QUAD 2019-2020 SYRINGE | N | N |
| FLUCELVAX QUAD 2019-2020 SYR | N | N |
| FLUCELVAX QUAD 2019-2020 VIAL | N | N |
| FLUCONAZOLE 10 MG/ML SUSP | N | N |
| FLUCONAZOLE 100 MG TABLET | N | N |
| FLUCONAZOLE 150 MG TABLET | N | N |
| FLUCONAZOLE 200 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| FLUCONAZOLE 40 MG/ML SUSP | N | N |
| FLUCONAZOLE 50 MG TABLET | N | N |
| FLUDROCORTISONE 0.1 MG TABLET | N | N |
| FLUDROCORTISONE ACETATE POWDER | N | N |
| FLULAVAL QUAD 2019-2020 SYR | N | N |
| FLULAVAL QUAD 2019-2020 VIAL | N | N |
| FIRMAGON 80 MG KIT | N | Y |
| FLONASE ALLERGY RLF 50 MCG SPR | N | Y |
| FLUNISOLIDE 0.025% SPRAY | N | Y |
| FLUOCINOLONE 0.01% BODY OIL | N | Y |
| FLUOCINOLONE 0.01% CREAM | N | Y |
| FLUOCINOLONE 0.01% SCALP OIL | N | Y |
| FLUOCINOLONE 0.01% SOLUTION | N | Y |
| FLUOCINOLONE ACETONIDE POWDER | N | N |
| FLUOCINONIDE 0.05% CREAM | N | N |
| FLUOCINONIDE 0.05% GEL | N | N |
| FLUOCINONIDE 0.05% OINTMENT | N | N |
| FLUOCINONIDE 0.05% SOLUTION | N | N |
| FLUOCINONIDE 0.1% CREAM | N | N |
| FLUOCINONIDE MICRONIZED POWDER | N | N |
| FLUOCINONIDE-E 0.05% CREAM | N | N |
| FLUORABON 0.25 MG/0.6 ML DROPS | N | N |
| FLUORIDE 0.25 MG TABLET CHEW | N | N |
| FLUORIDE 0.5 MG TABLET CHEW | N | N |
| FLUORIDE 1 MG TABLET CHEWABLE | N | N |

| | | |
|------------------------------|---|---|
| FLUORITAB 0.5 MG TABLET CHEW | N | N |
| FLUORITAB 1 MG TABLET CHEW | N | N |
| FLUOROMETHOLONE 0.1% DROPS | N | N |
| FLUOROPLEX 1% CREAM | N | N |
| FLUOROURACIL 0.5% CREAM | N | N |
| FLUOROURACIL 2% TOPICAL SOLN | N | N |
| FLUOROURACIL 5% CREAM | N | N |
| FLUOROURACIL 5% TOPICAL SOLN | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| FLURBIPROFEN 0.03% EYE DROP | N | N |
| FLUOCINOLONE 0.025% CREAM | N | Y |
| FLURBIPROFEN POWDER | N | N |
| FLUOCINOLONE 0.025% OINTMENT | N | Y |
| FLURBIPROFEN 100 MG TABLET | N | Y |
| FLUTAMIDE 125 MG CAPSULE | N | Y |
| FLUTICASONES PROP 0.05% LOTION | N | Y |
| FLUTICASONES PROP 0.005% OINT | N | Y |
| FLUTICASONES-SALMETEROL 100-50 | N | Y |
| FLUTICASONES-SALMETEROL 113-14 | N | N |
| FLUTICASONES-SALMETEROL 232-14 | N | N |
| FLUTICASONES-SALMETEROL 250-50 | N | Y |
| FLUTICASONES-SALMETEROL 500-50 | N | Y |
| FLUTICASONES-SALMETEROL 55-14 | N | N |
| FLUZONE HIGH-DOSE 2019-20 SYR | N | N |
| FLUZONE QUAD 2019-2020 SYRINGE | N | N |
| FLUZONE QUAD 2019-2020 VIAL | N | N |
| FLUZONE QUAD PEDI 2019-20 SYR | N | N |
| FOLIC ACID 0.4 MG TABLET | N | N |
| FOLIC ACID 0.8 MG TABLET | N | N |
| FOLIC ACID 1 MG TABLET | N | N |
| FOLIC ACID 1,000 MCG TABLET | N | N |
| FOLIC ACID 400 MCG TABLET | N | N |
| FOLIC ACID 5 MG/ML VIAL | N | N |
| FOLIC ACID 50 MG/10 ML VIAL | N | N |
| FOLIC ACID 800 MCG TABLET | N | N |
| FOLIC ACID POWDER | N | N |
| FONDAPARINUX 10 MG/0.8 ML SYR | N | N |
| FONDAPARINUX 2.5 MG/0.5 ML SYR | N | N |
| FONDAPARINUX 5 MG/0.4 ML SYR | N | N |
| FONDAPARINUX 7.5 MG/0.6 ML SYR | N | N |
| FORA 30G LANCETS | N | N |

Change PA "Y" to "N" and ST "N" to "Y"

Change PA "Y" to "N" and ST "N" to "Y"
Change PA "Y" to "N" and ST "N" to "Y"

| | | |
|---------------------|---|---|
| FORA LANCING DEVICE | N | N |
|---------------------|---|---|

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| FORACARE 30G LANCETS | N | N |
| FOSAMPRENAVIR 700 MG TABLET | Y | N |
| FOSINOPRIL SODIUM 10 MG TAB | N | N |
| FOSINOPRIL SODIUM 20 MG TAB | N | N |
| FOSINOPRIL SODIUM 40 MG TAB | N | N |
| FOSINOPRIL-HCTZ 10-12.5 MG TAB | N | N |
| FOSINOPRIL-HCTZ 20-12.5 MG TAB | N | N |
| FRAGMIN 10;000 UNIT/ML SYRINGE | N | N |
| FRAGMIN 12;500 UNIT/0.5 ML SYR | N | N |
| FRAGMIN 15;000 UNIT/0.6 ML SYR | N | N |
| FRAGMIN 18;000 UNIT/0.72 ML | N | N |
| FRAGMIN 2;500 UNIT/0.2 ML SYR | N | N |
| FRAGMIN 5;000 UNIT/0.2 ML SYR | N | N |
| FRAGMIN 7;500 UNIT/0.3 ML SYR | N | N |
| FRAGMIN 95;000 UNIT/3.8 ML VL | N | N |
| FREEDAVIDE TABLET | N | N |
| FREESTYLE 28G LANCETS | N | N |
| FREESTYLE PREC 0.5 ML 30GX5/16 | N | N |
| FREESTYLE PREC 0.5 ML 31GX5/16 | N | N |
| FREESTYLE PREC 1 ML 30GX5/16" | N | N |
| FREESTYLE PREC 1 ML 31GX5/16" | N | N |
| FREESTYLE UNISTIK 2 LANCETS | N | N |
| FUNGI CURE INTENSIVE 1% SPRAY | N | N |
| FUROSEMIDE 10 MG/ML SOLUTION | N | N |
| FUROSEMIDE 20 MG TABLET | N | N |
| FUROSEMIDE 40 MG TABLET | N | N |
| FUROSEMIDE 40 MG/5 ML SOLN | N | N |
| FUROSEMIDE 80 MG TABLET | N | N |
| FUROSEMIDE POWDER | N | N |
| FUZEON 90 MG VIAL | N | N |
| GALANTAMINE 4 MG/ML ORAL SOLN | N | N |
| GALANTAMINE ER 16 MG CAPSULE | N | N |
| GALANTAMINE ER 24 MG CAPSULE | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
|-----------------------------|-------------------------------|--------------------------------------|

| | Med/Surg Drugs | Med/Surg Drugs |
|---------------------------------|----------------|----------------|
| GALANTAMINE ER 8 MG CAPSULE | N | N |
| GALANTAMINE HBR 12 MG TABLET | N | N |
| GALANTAMINE HBR 4 MG TABLET | N | N |
| GALANTAMINE HBR 8 MG TABLET | N | N |
| FLUTICASONE PROP 0.05% CREAM | N | Y |
| FLUTICASONE PROP 50 MCG SPRAY | N | Y |
| GAS RELIEF 20 M G/ 0.3 ML DROPS | N | N |
| GAS RELIEF 40 MG/0.6 ML DROPS | N | N |
| GAS RELIEF 80 MG TABLET CHEW | N | N |
| GAS RELIEF 80 TABLET CHEW | N | N |
| GAS RELIEF DROPS | N | N |
| GAS RELIEF DROPS 20 MG/0.3 ML | N | N |
| GATIFLOXACIN 0.5% EYE DROPS | N | N |
| GAVILAX POWDER | N | N |
| GAVILYTE-C SOLUTION | N | N |
| GAVILYTE-G SOLUTION | N | N |
| GAVILYTE-N SOLUTION | N | N |
| GE LANCING DEVICE | N | N |
| GELATIN 10GR CAPSULE | N | N |
| GELATIN 600 MG CAPSULE | N | N |
| GELATIN 650 MG CAPSULE | N | N |
| GEL-ONE 30 MG/3 ML SYRINGE | N | N |
| GEMFIBROZIL 600 MG TABLET | N | N |
| GEMFIBROZIL POWDER | N | N |
| GENERLAC 10 GM/15 ML SOLUTION | N | N |
| GENGRAF 100 MG CAPSULE | N | N |
| GENGRAF 100 MG/ML SOLUTION | N | N |
| GENGRAF 25 MG CAPSULE | N | N |
| GENTAK 0.3 % EYE OINTMENT | N | N |
| GENTAMICIN 0.1% CREAM | N | N |
| GENTAMICIN 0.1% OINTMENT | N | N |
| GENTAMICIN 0.3% EYE DROP | N | N |
| GENTAMICIN 3 MG/ML EYE DROP | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| | | |
|-----------------------------|-------------------------------|--------------------------------------|
| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|

| | Med/Surg Drugs | Med/Surg Drugs |
|--------------------------------|----------------|----------------|
| GENTAMICIN SULFATE POWDER | N | N |
| GENTLELAX POWDER | N | N |
| GENVOYA TABLET | Y | N |
| GERI-DRYL 25 MG TABLET | N | N |
| GERI-HYDROLAC 12% CREAM | N | N |
| GERI-HYDROLAC 12% LOTION | N | N |
| GERI-KOT 8.6 MG TABLET | N | N |
| GERI-PECTATE 262 MG/15 ML SUSP | N | N |
| GERI-TUSSIN 100 MG/5 ML SOLN | N | N |
| GIANVI 3 M G-0.02 MG TABLET | N | N |
| GILENYA 0.5 MG CAPSULE | Y | N |
| GILTUSS TR TABLET | N | N |
| GLATIRAMER 40 MG/ML SYRINGE | N | N |
| GLATOPA 20 MG/ML SYRINGE | N | N |
| GLIMEPIRIDE 1 MG TABLET | N | N |
| GLIMEPIRIDE 2 MG TABLET | N | N |
| GLIMEPIRIDE 4 MG TABLET | N | N |
| GLIPIZIDE 10 MG TABLET | N | N |
| GLIPIZIDE 5 MG TABLET | N | N |
| GLIPIZIDE ER 10 MG TABLET | N | N |
| GLIPIZIDE ER 2.5 MG TABLET | N | N |
| GLIPIZIDE ER 5 MG TABLET | N | N |
| GLIPIZIDE POWDER | N | N |
| GLIPIZIDE XL 10 MG TABLET | N | N |
| GLIPIZIDE XL 2.5 MG TABLET | N | N |
| GLIPIZIDE XL 5 MG TABLET | N | N |
| GLIPIZIDE-METFORMIN 2.5-250 MG | N | N |
| GLIPIZIDE-METFORMIN 2.5-500 MG | N | N |
| GLIPIZIDE-METFORMIN 5-500 MG | N | N |
| GLUCAGEN 1 MG HYPOKIT | N | N |
| GLUCAGEN DIAGNOSTIC 1 MG VIAL | N | N |
| GLUCOCOM 28G LANCETS | N | N |
| GLUCOCOM 30G LANCETS | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| GLUCOCOM 33G LANCETS | N | N |
| GLUCOCOM AUTOLINK SYSTEM | N | N |
| GLUCOSE 4 GRAM TABLET CHEW | N | N |
| GLYBURIDE 1.25 MG TABLET | N | N |

| | | |
|--------------------------------|---|---|
| GLYBURIDE 2.5 MG TABLET | N | N |
| GLYBURIDE 5 MG TABLET | N | N |
| GLYBURIDE MICRO 1.5 MG TAB | N | N |
| GLYBURIDE MICRO 3 MG TABLET | N | N |
| GLYBURIDE MICRO 6 MG TABLET | N | N |
| GLYBURIDE-METFORMIN 2.5-500 MG | N | N |
| GLYBURIDE-METFORMIN 5-500 MG | N | N |
| GLYBURID-METFORMIN 1.25-250 MG | N | N |
| GLYCERIN 99.5% LIQUID | N | N |
| GLYCERIN 99.5% SKIN PROTECT LQ | N | N |
| GLYCERIN LIQUID | N | N |
| GLYCERIN SKIN PROTECTANT LIQ | N | N |
| GLYCEROL FORMAL LIQUID | N | N |
| GLYCOLAX POWDER | N | N |
| GLYCOPYRROLATE 1 MG TABLET | N | N |
| GLYCOPYRROLATE 2 MG TABLET | N | N |
| GLYCOPYRROLATE POWDER | N | N |
| GARDASIL 9 SYRINGE | N | N |
| GNP ALL DAY ALLERGY 10 MG TAB | N | N |
| GNP ALL DAY ALLERGY-D TABLET | N | N |
| GNP ALLERGY 25 MG CAPSULE | N | N |
| GNP ALLERGY 25 MG TABLET | N | N |
| GNP ALLERGY 4 MG TABLET | N | N |
| GNP ALLERGY RELF 5 MG/5 ML SLN | N | N |
| GNP ALLERGY RELIEF 25 MG CAP | N | N |
| GNP ALLERGY-CONGES RELF ER TAB | N | N |
| GNP ANTACID 500 MG CHEW TABLET | N | N |
| GNP ANTACID ULTRA TAB CHEW | N | N |
| GNP ANTACID XTRA STR CHEW TAB | N | N |

Change ST "Y" to "N"

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| GNP ANTI-DIARRHEAL 2 MG CAPLET | N | N |
| GNP ANTIFUNGAL 1% TOP CREAM | N | N |
| GNP ASPIRIN 325 MG TABLET | N | N |

| | | |
|----------------------------------|---|---|
| GNP ASPIRIN EC 325 MG TABLET | N | N |
| GNP ASPIRIN EC 81 MG TABLET | N | N |
| GNP CAL MAG ZINC-D3 TABLET | N | N |
| GNP CALCIUM 600 MG TABLET | N | N |
| GNP CALCIUM 600 MG-D3 800 UNIT | N | N |
| GNP CALCIUM CITRATE-VIT D3 TAB | N | N |
| GNP CASTOR OIL | N | N |
| GNP CENTURY CARDIO TABLET | N | N |
| GNP CENTURY MATURE TABLET | N | N |
| GNP CENTURY TABLET | N | N |
| GNP CHILD ALLERGY 12.5 MG/5 ML | N | N |
| GNP CHLD ALL DAY ALLER 1 MG/ML | N | N |
| GNP CHLD IBUPROFEN 100 MG/5 ML | N | N |
| GNP CHLD LORATADINE 5 MG/5 ML | N | N |
| GARDASIL 9 VIAL | N | N |
| GNP CLEARLAX POWDER | N | N |
| GNP CLICKFINE PEN NDL 31GX5/16 | N | N |
| GNP DIABETIC SUPPORT FORM TAB | N | N |
| GNP DIPHEDRYL 12.5 MG/5 ML ELX | N | N |
| GNP DIPHEDRYL ALLERGY CAP | N | N |
| GNP FISH OIL 1;000 MG SOFTGEL | N | N |
| GNP FISH OIL 1;200 MG SOFTGEL | N | N |
| GNP FISH OIL EC 1 ; 000 MG SFTGL | N | N |
| GNP FOLIC ACID 400 MCG TABLET | N | N |
| GNP GAS RELIEF 80 TAB CHEW | N | N |
| GNP GLUCOSE 4 GRAM TABLET CHEW | N | N |
| GNP GLYCERIN 99.5% LIQUID | N | N |
| GNP HAIR; SKIN AND NAILS TAB | N | N |
| GNP HEALTHY EYES TABLET | N | N |
| GNP HYDROCORT ACETATE 1% CR | N | N |

Change ST "Y" to "N"

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| GNP HYDROCORTISONE 0.5% CRM | N | N |
| GNP HYDROCORTISONE 1% CREAM | N | N |

| | | |
|----------------------------------|---|---|
| GNP HYDROCORTISONE 1% OINTMENT | N | N |
| GNP IBUPROFEN 200 MG CAPLET | N | N |
| GNP IBUPROFEN 200 MG TABLET | N | N |
| GNP INS SYR 0.3 ML 29GX1/2" | N | N |
| GNP INSUL SYR 0 . 3 ML 31GX5/16" | N | N |
| GNP INSUL SYR 0.5 ML 31GX5/16" | N | N |
| GNP INSULIN SYR 1 ML 31GX5/16" | N | N |
| GNP IRON 65 MG TABLET | N | N |
| GNP K-PEC SUSPENSION | N | N |
| GNP LICE TREATMENT SHAMPOO | N | N |
| GNP LITE COAT ASA 325 MG TAB | N | N |
| GNP LORATADINE 10 MG TABLET | N | N |
| GNP LORATADINE 5 MG/5 ML SYRUP | N | N |
| GNP MEGA MULTI FOR MEN TABLET | N | N |
| GNP MEGA MULTI FOR WOMEN TAB | N | N |
| GNP MICONAZOLE 3 COMBO PACK | N | N |
| GNP MICONAZOLE 7 CREAM | N | N |
| GNP MICRO THIN 33G LANCETS | N | N |
| GNP MOTION SICKNES 25 MG TAB | N | N |
| GNP MUCUS ER 600 MG TABLET | N | N |
| GNP NASAL SPRAY 0 .05% | N | N |
| GNP NASAL SPRAY ORIGINAL 0.05% | N | N |
| GNP NATURAL FIBER LAXATIVE CAP | N | N |
| GNP NATURAL FIBER POWDER | N | N |
| GNP NIACIN 250 MG TABLET | N | N |
| GNP NO DRIP 0.05% NASAL SPRAY | N | N |
| GNP OMEPRAZOLE DR 20 MG TABLET | N | N |
| GNP ONE DAILY TABLET | N | N |
| GNP PAIN RELIEF 500 MG CAPLET | N | N |
| GNP PAIN RELIEF ER 650 MG CPLT | N | N |
| GNP PAIN RELIEVER 325 MG TAB | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| GNP PAIN RELIEVER 500 MG CAPLT | N | N |
| GNP PAIN RELIEVER 500 MG TAB | N | N |

| | | |
|--------------------------------|---|---|
| GNP PETROLEUM JELLY | N | N |
| GNP PINK BISMUTH 262 MG/15 ML | N | N |
| GNP PINK BISMUTH MAX-STR SUSP | N | N |
| GNP QUICK DISSOLVE GLUCOSE TAB | N | N |
| GNP SENNA-LAX 8.6 MG TABLET | N | N |
| GNP TERBINAFINE 1% CREAM | N | N |
| GNP THERAPEUTIC-M CAPLET | N | N |
| GNP TRIPLE ANTIBIOTIC OINTMENT | N | N |
| GNP TUSSIN 100 MG/5 ML SYRUP | N | N |
| GNP TUSSIN CF COUGH-COLD SYRUP | N | N |
| GNP TUSSIN DM CLEAR SYRUP | N | N |
| GNP TUSSIN DM SYRUP | N | N |
| GNP ULT C 0.3ML 29GX1/2" (1/2) | N | N |
| GNP ULT CMFRT 0.5 ML 29GX1/2" | N | N |
| GNP ULTR CMFRT 0.5 ML 28GX1/2" | N | N |
| GNP ULTR CMFRT 0.5 ML 30GX5/16 | N | N |
| GNP ULTR COMFORT 1 ML 29GX1/2" | N | N |
| GNP ULTRA COMFORT 0.5 ML SYR | N | N |
| GNP ULTRA COMFORT 1 ML SYRINGE | N | N |
| GNP ULTRA COMFORT 3/10 ML SYR | N | N |
| GNP ULTRA COMFRT 1 ML 28GX1/2" | N | N |
| GNP UNIVERSAL 1 STANDARD 21G | N | N |
| GNP UNIVERSAL 1 SUPER THIN 30G | N | N |
| GNP UNIVERSAL 1 THIN 26G LANCT | N | N |
| GNP VIT D3 10MCG(400 UNIT) CHW | N | N |
| GNP VITAMIN B-6 100 MG TABLET | N | N |
| GNP VITAMIN D3 1;000 UNIT TAB | N | N |
| GNP VITAMIN D3 10 MCG TABLET | N | N |
| GNP VITAMIN D3 2;000 UNIT TAB | N | N |
| GNP VITAMIN D3 25 MCG TABLET | N | N |
| GNP VITAMIN D3 25MCG(1000 UNT) | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| GNP VITAMIN D3 5;000 UNIT TAB | N | N |

| | | |
|--------------------------------|---|---|
| GNP WART REMOVER SOLUTION | N | N |
| GOJJI LANCETS 30G | N | N |
| GOLYTELY PACKET | N | N |
| GRANISETRON HCL 1 MG TABLET | Y | N |
| GRAPE ARTIFICIAL FLAVOR LIQUID | N | N |
| GRAPE CONCENTRATE FLAVOR LIQ | N | N |
| GRAPE FLAVOR | N | N |
| GRAPE FLAVOR LIQUID | N | N |
| GRAPE FLAVOR SYRUP | N | N |
| GRAPEFRUIT OIL | N | N |
| GREAT VALUE DISTILLED WATER | N | N |
| GRISEOFULVIN 125 MG/5 ML SUSP | N | N |
| GRISEOFULVIN MICRO 500 MG TAB | N | N |
| GRISEOFULVIN ULTRA 125 MG TAB | N | N |
| GRISEOFULVIN ULTRA 250 MG TAB | N | N |
| GS ALL DAY ALLERGY 10 MG TAB | N | N |
| GS ALLER-EASE 180 MG TABLET | N | N |
| GS ALLERGY RELIEF 10 MG TABLET | N | N |
| GS ALLERGY RELIEF 25 MG CAP | N | N |
| GS ALLERGY RELIEF 25 MG TABLET | N | N |
| GS ALLERGY RELIEF 4 MG TABLET | N | N |
| GS ANTACID 500 MG CHEWABLE TAB | N | N |
| GS ANTI-DIARRHEAL 2 MG CAPLET | N | N |
| GS ANTI-ITCH 1% CREAM | N | N |
| GS ARTHRITIS PAIN ER 650 MG | N | N |
| GS ASPIRIN 325 MG TABLET | N | N |
| GS ASPIRIN EC 325 MG TABLET | N | N |
| GS CAL ANTACID 500 MG CHEW TAB | N | N |
| GS CHILD ALL DAY ALLER 1 MG/ML | N | N |
| GS CHILD ALLERGY 12.5 MG/5 ML | N | N |
| GS CHILD IBUPROFEN 100 MG/5 ML | N | N |
| GS CHILD MUCUS RELIEF M-S COLD | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| | | |
|-----------------------------|-------------------------------|--------------------------------------|
| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
| | Med/Surg Drugs | Med/Surg Drugs |

| | | |
|--------------------------------|---|---|
| GS CHILD MUCUS RLF COUGH LIQ | N | N |
| GS CLEARLAX POWDER | N | N |
| GS FIRST AID ANTIBIOTIC OINT | N | N |
| GS GLUCOSE 4 GRAM TABLET CHEW | N | N |
| GS IBUPROFEN 200 MG CAPLET | N | N |
| GS IBUPROFEN 200 MG TABLET | N | N |
| GNP ACID REDUCER 20 MG TABLET | N | Y |
| GS LANSOPRAZOLE DR 15 MG CAP | N | N |
| GS LICE KILLING SHAMPOO | N | N |
| GS LUBRICAT PLUS 0.5% EYE DRPS | N | N |
| GNP CIMETIDINE 200 MG TABLET | N | Y |
| GS NASAL SPRAY 0.05% | N | N |
| GS OMEPRAZOLE DR 20 MG TABLET | N | N |
| GS PAIN RELIEF 325 MG TABLET | N | N |
| GS PAIN RELIEF 500 MG CAPLET | N | N |
| GS PAIN RELIEF 500 MG TABLET | N | N |
| GS SENNA LAXATIVE 8.6 MG TAB | N | N |
| GS SIMETHICONE 20 MG/0.3 ML | N | N |
| GS SINUS NASAL SPRAY 0.0 5% | N | N |
| GS SLEEP AID 25 MG TABLET | N | N |
| GS STOMACH RELIEF 525 MG/30 ML | N | N |
| GS TUSSIN CF LIQUID | N | N |
| GS TUSSIN DM COUGH SYRUP | N | N |
| GS TUSSIN DM COUGH-CHEST SOLN | N | N |
| GS TUSSIN DM LIQUID | N | N |
| GS TUSSIN MUCUS-CONG 100 MG/5 | N | N |
| GS TUSSIN MUCUS-CONG 200 MG/10 | N | N |
| GS UNIVERSAL 1 MICRO THIN 33G | N | N |
| GS UNIVERSAL 1 THIN 26G LANCET | N | N |
| GS UNIVERSAL 1 ULTRA THIN 30G | N | N |
| G-SUPRESS DX DROPS | N | N |
| G-TRON PED LIQUID | N | N |
| G-TRON PEDIATRIC DROPS | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| | | |
|-----------------------------|-------------------------------|--------------------------------------|
| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|

| | Med/Surg Drugs | Med/Surg Drugs |
|--------------------------------|----------------|----------------|
| G-TUSICOF LIQUID | N | N |
| GUAIASORB DM LIQUID | N | N |
| GUAIAUSSIN AC LIQUID | N | N |
| GUAICON DMS LIQUID PACKET | N | N |
| GUAIFEN-CODEINE 100-10 MG/5 ML | N | N |
| GUAIFENESIN 100 MG/5 ML LIQUID | N | N |
| GUAIFENESIN 100 MG/5 ML SOLN | N | N |
| GUAIFENESIN 100 MG/5 ML SYRUP | N | N |
| GUAIFENESIN 200 MG/10 ML SOLN | N | N |
| GUAIFENESIN 300 MG/15 ML SOLN | N | N |
| GUAIFENESIN AC COUGH SYRUP | N | N |
| GUAIFENESIN DAC ORAL SOLUTION | N | N |
| GUAIFENESIN DM SYRUP | N | N |
| GUAIFENESIN POWDER | N | N |
| GUAIFENESIN-CODEINE SYRUP | N | N |
| GUANFACINE 1 MG TABLET | N | N |
| GUANFACINE 2 MG TABLET | N | N |
| GS ITCHY EYE 0 . 0 25% DROPS | N | Y |
| GS NASAL ALLERGY 24HR SPRAY | N | Y |
| GUANFACINE HCL ER 1 MG TABLET | Y | Y |
| GUANFACINE HCL ER 2 MG TABLET | Y | Y |
| GUAVA FLAVOR LIQUID | N | N |
| GUM BASE GELATIN | N | N |
| HAIR FORMULA TABLET | N | N |
| HAIR; SKIN AND NAILS CAPLET | N | N |
| HAIR; SKIN AND NAILS SOFTGEL | N | N |
| GUANFACINE HCL ER 3 MG TABLET | Y | Y |
| GUANFACINE HCL ER 4 MG TABLET | Y | Y |
| HAVRIX 1;440 UNITS/ML SYRINGE | N | N |
| HAVRIX 1;440 UNITS/ML VIAL | N | N |
| HEALTHY ACCENTS AUTOLET DEVICE | N | N |
| HEALTHY ACCENTS PENTIP 4MM 32G | N | N |
| HEALTHY ACCENTS PENTIP SMM 31G | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| | | |
|-----------------------------|-------------------------------|--------------------------------------|
| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|

| | Med/Surg Drugs | Med/Surg Drugs |
|--------------------------------|----------------|----------------|
| HEALTHY ACCENTS PENTIP GMM 31G | N | N |
| HEALTHY ACCENTS PENTIP 8MM 31G | N | N |
| HEALTHY ACCENTS PENTP 12MM 29G | N | N |
| HEALTHY ACCENTS UNILET 30G | N | N |
| HEALTHY EYES TABLET | N | N |
| HEALTHYLAX POWDER PACKET | N | N |
| HALOBETASOL PROP 0.05% OINTMNT | N | Y |
| HALOBETASOL PROP 0.05% CREAM | N | Y |
| HEARTBURN RELIEF 20 MG TABLET | N | Y |
| HEATHER 0.35 MG TABLET | N | N |
| HEB INCONTROL ALCOHOL 70% PADS | N | N |
| HEB MICRO THIN 33G LANCETS | N | N |
| HEB UNIFINE PNTP PLUS 31GX3/16 | N | N |
| HEMA-COMBISTIX REAGENT STRIPS | N | N |
| HEPARIN 2;000 UNIT/2 ML VIAL | N | N |
| HEPARIN 40;000 UNIT/4 ML VIAL | N | N |
| HEPARIN 50;000 UNIT/10 ML VIAL | N | N |
| HEPARIN 50;000 UNIT/5 ML VIAL | N | N |
| HEPARIN SOD 10;000 UNIT/ML VL | N | N |
| HEPARIN SOD 20;000 UNIT/ML VL | N | N |
| HEPARIN SOD 5;000 UNIT/ML VIAL | N | N |
| HEPSERA 10 MG TABLET | N | N |
| HM ADT TUSSIN COUGH CONG DM LQ | N | N |
| HM ADTUSSIN M-S COLD LIQUID | N | N |
| HM ADULT TUSSIN CHEST CONG LIQ | N | N |
| HM ADULT TUSSIN DM SYRUP | N | N |
| HM ALCOHOL 70% PREP PADS | N | N |
| HM ALL DAY ALLERGY 10 MG TAB | N | N |
| HM ALLERGY 25 MG CAPSULE | N | N |
| HM ALLERGY 25 MG TABLET | N | N |
| HM ALLERGY COMPLETE-D TABLET | N | N |
| HM ALLERGY RELIEF 10 MG TABLET | N | N |
| HM ALLERGY RELIEF 25 MG CAP | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| HM ALLERGY RELIEF 25 MG TABLET | N | N |
| HM ALLERGY RELIEF 4 MG TABLET | N | N |
| HEARTBURN RELIEF 200 MG TABLET | N | Y |
| HM ALLERGY RLF-NASAL DECONG TB | N | N |
| HM ALLERGY-CONGESTION 12HR TAB | N | N |
| HM ANTI-DIARRHEAL 2 MG CAPLET | N | N |

| | | |
|--------------------------------|---|---|
| HM ANTIOXIDANT VITAMINS TABLET | N | N |
| HM ARTHRIT PAIN RLF ER 650 MG | N | N |
| HM ARTHRITIS PAIN ER 650 MG | N | N |
| HM ASPIRIN 325 MG TABLET | N | N |
| HM ASPIRIN EC 325 MG TABLET | N | N |
| HM ASPIRIN EC 81 MG TABLET | N | N |
| HM CAL ANTACID 1000 MG CHEW TB | N | N |
| HM CAL ANTACID 500 MG CHEW TAB | N | N |
| HM CAL ANTACID 750 MG CHEW TAB | N | N |
| HM CAL CIT 315 MG-D3 250 UNIT | N | N |
| HM CALCIUM 600-D3-MINERALS TAB | N | N |
| HM CALCIUM 600-VIT D3 400 TAB | N | N |
| HM CALCIUM 600-VIT D3 800 TAB | N | N |
| HM CALCIUM CITRATE-VIT D3 TAB | N | N |
| HM CASTOR OIL | N | N |
| HM CHILD ALL DAY ALLER 1 MG/ML | N | N |
| HM CHILD ALLERGY 12.5 MG/5 ML | N | N |
| HM CHILD CETIRIZINE 1 MG/ML | N | N |
| HM CHILD IBUPROFEN 100 MG/5 ML | N | N |
| HM CHILD LORATADINE 5 MG/5 ML | N | N |
| HM CLEARLAX POWDER | N | N |
| HM COMPLETE 50 PLUS TABLET | N | N |
| HM COMPLETE MEN 50 PLUS TABLET | N | N |
| HM COMPLETE MULTI-VIT-MINERAL | N | N |
| HEARTBURN TREATMNT 24 HR 15 MG | N | Y |
| HM ALLERGY RELIEF 50 MCG SPRAY | N | Y |
| HM FEXOFENADINE HCL 180 MG TAB | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| HM FEXOFENADINE HCL 60 MG TAB | N | N |
| HM FIBER 0.52 GRAM CAPSULE | N | N |
| HM FIBER POWDER | N | N |
| HM FISH OIL 1; 200 MG SOFTGEL | N | N |
| HM FISH OIL 554 MG SOFTGEL | N | N |
| HM FISH OIL EC 1;000 MG SFTGL | N | N |
| HM FOLIC ACID 400 MCG TABLET | N | N |
| HM GAS RELIEF 80 MG TAB CHEW | N | N |
| HM GLYCERIN 99.5% LIQUID | N | N |
| HM HYDROCORTISONE 1% CREAM | N | N |
| HM IBUPROFEN 200 MG CAPLET | N | N |

| | | |
|--------------------------------|---|---|
| HM IBUPROFEN 200 MG TABLET | N | N |
| HM IBUPROFEN IB 200 MG CAPLET | N | N |
| HM IBUPROFEN IB 200 MG TABLET | N | N |
| HM INF GAS RELIEF 20 MG/0.3 ML | N | N |
| HM IRON 65 MG TABLET | N | N |
| HM LANSOPRAZOLE DR 15 MG CAP | N | N |
| HM LICE KILLING SHAMPOO | N | N |
| HM LICE TREATMENT 1% CRM RINSE | N | N |
| HM LOPERAMIDE 2 MG SOFTGEL | N | N |
| HM LORATADINE 10 MG TABLET | N | N |
| HM LUBRICAT PLUS 0.5% EYE DRPS | N | N |
| HM MEN'S ONE DAILY TABLET | N | N |
| HM MOTION RELIEF 25 MG TABLET | N | N |
| HM MUCUS ER 600 MG TABLET | N | N |
| HM NIACIN TR 250 MG TABLET | N | N |
| HM OMEPRAZOLE DR 20 MG TABLET | N | N |
| HM ONE DAILY WOMEN'S 50 PLUS | N | N |
| HM ORIGINAL NASAL SPRAY 0.05% | N | N |
| HM PAIN RELIEF 500 MG CAPLET | N | N |
| HM PAIN RELIEF 500 MG TABLET | N | N |
| HM PAIN RELIEVER 325 MG TABLET | N | N |
| HM PAIN RELIEVER 500 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| HM PETROLEUM JELLY | N | N |
| HM SENNA 8.6 MG TABLET | N | N |
| HM SINUS NASAL SPRAY 0.05% | N | N |
| HM SLEEP AID 25 MG TABLET | N | N |
| HM STOMACH RELIEF 262 MG/15 ML | N | N |
| HM STOMACH RELIEF 525 MG/15 ML | N | N |
| HM STOMACH RELIEF 525 MG/30 ML | N | N |
| HM STOOL SOFTENER 100 MG SFTGL | N | N |
| HM STOOL SOFTENER 100 MG TAB | N | N |
| HM TRIPLE ANTIBIOTIC OINTMENT | N | N |

| | | |
|--------------------------------|---|---|
| HM ULTIMATE WOMEN'S 50+ TABLET | N | N |
| HM VITAMIN B-6 100 MG TABLET | N | N |
| HM VITAMIN D3 1,000 UNIT TAB | N | N |
| HM VITAMIN D3 2,000 UNIT SFTGL | N | N |
| HM WOMEN'S ONE DAILY TABLET | N | N |
| HOMATROPAIRE 5% EYE DROPS | N | N |
| HONEY FLAVOR LIQUID | N | N |
| HUMULIN 70-30 VIAL | N | N |
| HUMULIN N 100 UNIT/ML VIAL | N | N |
| HUMULIN R 100 UNIT/ML VIAL | N | N |
| HUMULIN R 500 UNIT/ML VIAL | N | N |
| HV TUSSIN MUCUS-CONG 200 MG/10 | N | N |
| HYALGAN 20 MG/2 ML SYRINGE | N | N |
| HYALGAN 20 MG/2 ML VIAL | N | N |
| HYDRALAZINE 10 MG TABLET | N | N |
| HYDRALAZINE 100 MG TABLET | N | N |
| HYDRALAZINE 25 MG TABLET | N | N |
| HYDRALAZINE 50 MG TABLET | N | N |
| HYDROCERIN CREAM | N | N |
| HYDROCHLOROTHIAZIDE 12.5 MG CP | N | N |
| HYDROCHLOROTHIAZIDE 12.5 MG TB | N | N |
| HYDROCHLOROTHIAZIDE 25 MG TAB | N | N |
| HYDROCHLOROTHIAZIDE 50 MG TAB | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|----------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| HYDROCHLOROTHIAZIDE POWDER | N | N |
| HYDROCODONE BITARTRATE POWDER | N | N |
| HM EYE ITCH RELIEF 0.025% DROP | N | Y |
| HM FAMOTIDINE 20 MG TABLET | N | Y |
| HYDROCODONE-ACETAMIN 10-300 MG | N | Y |
| HYDROCODONE-ACETAMIN 10-325 MG | N | Y |
| HYDROCODONE-ACETAMIN 2.5-325 | N | Y |
| HYDROCODONE-ACETAMIN 5-300 MG | N | Y |
| HYDROCODONE-ACETAMIN 5-325 MG | N | Y |
| HYDROCODON E-ACETAM N 7.5-325/15 | N | N |
| HYDROCODONE-HOMATROPINE 5-1.5 | N | N |
| HYDROCODONE-HOMATROPINE SOLN | N | N |

| | | |
|--------------------------------|---|---|
| HYDROCODONE-HOMATROPINE SYRUP | N | N |
| HYDROCODONE-IBUPROFEN 10-200 | N | N |
| HYDROCODONE-IBUPROFEN 5-200 MG | N | N |
| HYDROCODONE-IBUPROFEN 7.5-200 | N | N |
| HYDROCORTISON-ACETIC ACID SOLN | N | N |
| HYDROCORTISONE 0.5% CREAM | N | N |
| HYDROCORTISONE 0.5% OINTMENT | N | N |
| HYDROCORTISONE 1% LOTION | N | N |
| HYDROCODONE-ACETAMIN 7.5-300 | N | Y |
| HYDROCORTISONE 100 MG/60 ML | N | N |
| HYDROCODONE-ACETAMIN 7.5-325 | N | Y |
| EZETIMIBE-SIMVASTATIN 10-80 MG | N | N |
| EZETIMIBE-SIMVASTATIN 10-40 MG | N | N |
| EZETIMIBE-SIMVASTATIN 10-20 MG | N | N |
| EZETIMIBE-SIMVASTATIN 10-10 MG | N | N |
| HYDROCORTISONE ACETATE POWDER | N | N |
| HYDROCORTISONE 10 MG TABLET | N | Y |
| HYDROCORTISONE 2.5% CREAM | N | Y |
| HYDROCORTISONE 2.5% LOTION | N | Y |
| HYDROCORTISONE MICRONIZED PWD | N | N |
| HYDROCORTISONE PLUS 1% CREAM | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| HYDROCORTISONE POWDER | N | N |
| HYDROCORTISONE 2.5% OINTMENT | N | Y |
| HYDROCORTISONE 20 MG TABLET | N | Y |
| HYDROCORTISONE-ALOE 1% CREAM | N | N |
| HYDROCORT-PRAMOXINE 1%-1% CRM | N | N |
| HYDROMET SYRUP | N | N |
| HYDROCORTISONE 5 MG TABLET | N | Y |
| HYDROCORTISONE BUTY 0.1% CREAM | N | Y |
| HYDROCORTISONE BUTYR 0.1% OINT | N | Y |
| HYDROMORPHONE HCL POWDER | N | N |
| HYDROXYCHLOROQUINE 200 MG TAB | Y | N |
| HYDROXYPROGEST 1; 250 MG/5 ML | N | N |
| HYDROXYPROGEST 250 MG/ML VIAL | N | N |
| HYDROXYPROGESTERONE 1.25 G/5ML | N | N |
| HYDROXYPROGESTERONE CAP POWDER | N | N |

| | | |
|--------------------------------|---|---|
| HYDROCORTISONE BUTYR 0.1% SOLN | N | Y |
| HYDROXYZINE 50 MG/25 ML SYRUP | N | N |
| HYDROXYZINE HCL 10 MG TABLET | N | N |
| HYDROXYZINE HCL 25 MG TABLET | N | N |
| HYDROXYZINE HCL 50 MG TABLET | N | N |
| HYDROXYZINE PAM 100 MG CAP | N | N |
| HYDROXYZINE PAM 25 MG CAP | N | N |
| HYDROXYZINE PAM 50 MG CAP | N | N |
| HYDROXYZINE PAMOATE POWDER | N | N |
| HYOSCYAMINE 0.125 MG ODT | N | N |
| HYOSCYAMINE 0.125 MG TAB SL | N | N |
| HYOSCYAMINE 0.125 MG/5 ML ELIX | N | N |
| HYOSCYAMINE 0.125 MG/ML DROP | N | N |
| HYOSCYAMINE ER 0.375 MG TAB | N | N |
| HYOSCYAMINE SR 0.375 MG TAB | N | N |
| HYOSCYAMINE SULF 0.125 MG TAB | N | N |
| HYOSCYAMINE SULFATE POWDER | N | N |
| HYOSYNE 0.125 MG/ML DROP | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| HYOSYNE 125 MCG/5 ML ELIXIR | N | N |
| HYPERRHO S-D 1;500 UNIT SYRING | N | N |
| HYPERRHO S-D 250 UNIT SYRINGE | N | N |
| HYPOLANCE AST LANCING KIT | N | N |
| HYDROCORTISONE VAL 0.2% CREAM | N | Y |
| HYDROCORTISONE VAL 0.2% OINTMT | N | Y |
| HYDROMORPHONE 2 MG TABLET | N | Y |
| IBU-200 200 MG TABLET | N | N |
| HYDROMORPHONE 4 MG TABLET | N | Y |
| IBUPROFEN 100 MG/5 ML SUSP | N | N |
| HYDROMORPHONE 8 MG TABLET | N | Y |
| HYDROXYUREA 500 MG CAPSULE | N | Y |
| IBU 400 MG TABLET | N | Y |
| IBU 600 MG TABLET | N | Y |
| IBU 800 MG TABLET | N | Y |
| IBUPROFEN POWDER | N | N |
| ICAPS AREDS FORMULA DR TABLET | N | N |
| ICAPS MV TABLET | N | N |

| | | |
|--------------------------------|---|---|
| IBUDONE 10-200 MG TABLET | N | Y |
| IMIQUIMOD 5% CREAM PACKET | N | N |
| INCONTROL LANCING DEVICE | N | N |
| INCONTROL PEN NEEDLE 12MM 29G | N | N |
| INCONTROL PEN NEEDLE 4MM 32G | N | N |
| INCONTROL PEN NEEDLE 5MM 31G | N | N |
| INCONTROL PEN NEEDLE 6MM 31G | N | N |
| INCONTROL PEN NEEDLE 8MM 31G | N | N |
| INCONTROL SUPER THIN 30G LANCT | N | N |
| INCONTROL ULTRA THIN 28G LANCT | N | N |
| INCRELEX 40 MG/4 ML VIAL | N | N |
| IBUPROFEN 200 MG CAPLET | N | Y |
| INDAPAMIDE 1.25 MG TABLET | N | N |
| INDAPAMIDE 2.5 MG TABLET | N | N |
| INDOMETHACIN 1 MG VIAL | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|---------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| IBUPROFEN 200 MG TABLET | N | Y |
| IBUPROFEN 600 MG TABLET | N | Y |
| IBUPROFEN 400 MG TABLET | N | Y |
| INDOMETHACIN POWDER | N | N |
| INF GAS REL 20 M G/ 0.3 ML DROP | N | N |
| INFANT GAS RELIEF DROPS | N | N |
| INFANT GAS RLF 20 M G/ 0.3 ML | N | N |
| INFANTS' GAS RLF 20 M G/ 0.3 ML | N | N |
| INJECT EASE 28G LANCETS | N | N |
| INJECT EASE 30G LANCETS | N | N |
| INJECT-EASE SYR NOL INTRODUCER | N | N |
| INSPIRACHAMBER | N | N |
| INSPIRACHAMBER WITH MASK-LARGE | N | N |
| INSPIRACHAMBER WITH MASK-MED | N | N |
| INSPIRACHAMBER WITH MASK-SMALL | N | N |
| INSULIN 1 ML SYRINGE | N | N |
| INSULIN 1/2 ML SYRINGE | N | N |
| INSULIN 3/10 ML SYRINGE | N | N |
| INSULIN LISPRO 100 UNIT/ML PEN | Y | N |
| INSULIN LISPRO 100 UNIT/ML VL | N | N |

| | | |
|--------------------------------|---|---|
| INSULIN LISPRO JR 100 UNIT/ML | N | N |
| INSULIN LISPRO MIX 75-25 KWKPN | N | N |
| INSULIN SYR 0.3 ML 30GX5/16" | N | N |
| INSULIN SYRIN 0.3 ML 29GX1/2" | N | N |
| INSULIN SYRIN 0.3 ML 30GX1/2" | N | N |
| INSULIN SYRIN 0.3 ML 30GX5/16" | N | N |
| INSULIN SYRIN 0.3 ML 31GX5/16" | N | N |
| INSULIN SYRIN 0.5 ML 28GX1/2" | N | N |
| INSULIN SYRIN 0.5 ML 29GX1/2" | N | N |
| INSULIN SYRIN 0.5 ML 30GX1/2" | N | N |
| INSULIN SYRIN 0.5 ML 30GX5/16" | N | N |
| INSULIN SYRIN 0.5 ML 31GX5/16" | N | N |
| INSULIN SYRIN 1 ML 29GX1/2" | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| INSULIN SYRING 0.5 ML 29GX1/2" | N | N |
| INSULIN SYRINGE 0.3 ML | N | N |
| INSULIN SYRINGE 1 ML | N | N |
| INSULIN SYRINGE 1 ML 28GX1/2" | N | N |
| INSULIN SYRINGE 1 ML 29GX1/2" | N | N |
| INSULIN SYRINGE 1 ML 30GX1/2" | N | N |
| INSULIN SYRINGE 1 ML 30GX5/16" | N | N |
| INSULIN SYRINGE 1 ML 31GX5/16" | N | N |
| INSUPEN PEN NEEDLE 29GX12MM | N | N |
| INSUPEN PEN NEEDLE 30GX8MM | N | N |
| INSUPEN PEN NEEDLE 31GX5/16" | N | N |
| INSUPEN PEN NEEDLE 31GX6MM | N | N |
| INSUPEN PEN NEEDLE 31GX8MM | N | N |
| INSUPEN PEN NEEDLE 32GX4MM | N | N |
| INSUPEN PEN NEEDLE 32GX6MM | N | N |
| INSUPEN PEN NEEDLE 32GX8MM | N | N |
| INSUPEN PEN NEEDLE 33GX4MM | N | N |
| INTELENCE 100 MG TABLET | Y | N |
| INTELENCE 200 MG TABLET | Y | N |

| | | |
|--------------------------------|---|---|
| INTELENCE 25 MG TABLET | Y | N |
| INTRON A 10 MILLION UNITS VIAL | N | N |
| INTRON A 18 MILLION UNIT/3 ML | N | N |
| INTRON A 18 MILLION UNITS VIAL | N | N |
| INTRON A 25 MILLION UNIT/2.5ML | N | N |
| INTRON A 50 MILLION UNITS VIAL | N | N |
| INTROVALE 0.15-0.03 MG TABLET | N | N |
| INVACARE 30G LANCETS | N | N |
| INVACARE LANCING DEVICE | N | N |
| INVIRASE 500 MG TABLET | Y | N |
| INZO ANTIFUNGAL 2% CREAM | N | N |
| IDOQUINOL POWDER | N | N |
| IONIL T SHAMPOO | N | N |
| IPECAC SYRUP | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|---------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| IPRAT-ALBUT 0.5-3(2 .5) MG/3 ML | N | N |
| IPRATROPIUM 0.03% SPRAY | N | N |
| IPRATROPIUM 0.06% SPRAY | N | N |
| IPRATROPIUM BR 0.02% SOLN | N | N |
| IPRATROPIUM BROMIDE POWDER | N | N |
| IBUPROFEN 800 MG TABLET | N | Y |
| IRBESARTAN 150 MG TABLET | N | N |
| IRBESARTAN 300 MG TABLET | N | N |
| IRBESARTAN 75 MG TABLET | N | N |
| IRON 65 MG TABLET | N | N |
| ISENTRESS 100 MG POWDER PACKET | N | N |
| ISENTRESS 100 MG TABLET CHEW | N | N |
| ISENTRESS 25 MG TABLET CHEW | N | N |
| ISENTRESS 400 MG TABLET | N | N |
| ISENTRESS HD 600 MG TABLET | N | N |
| ISONIAZID 100 MG TABLET | N | N |
| ISONIAZID 300 MG TABLET | N | N |
| ISONIAZID 50 MG/5 ML SOLUTION | N | N |
| ISONIAZID POWDER | N | N |
| ISOSORBIDE DINITR ER 40 MG TAB | N | N |
| ISOSORBIDE DINITRATE 10 MG TAB | N | N |
| ISOSORBIDE DINITRATE 20 MG TAB | N | N |
| ISOSORBIDE DINITRATE 30 MG TAB | N | N |

| | | |
|--------------------------------|---|---|
| ISOSORBIDE DINITRATE 5 MG TAB | N | N |
| ISOSORBIDE MONONIT 10 MG TAB | N | N |
| ISOSORBIDE MONONIT 20 MG TAB | N | N |
| ISOSORBIDE MONONIT ER 120 MG | N | N |
| ISOSORBIDE MONONIT ER 30 MG TB | N | N |
| ISOSORBIDE MONONIT ER 60 MG TB | N | N |
| ISRADIPINE 2.5 MG CAPSULE | N | N |
| ISRADIPINE 5 MG CAPSULE | N | N |
| ITRACONAZOLE 10 MG/ML SOLUTION | Y | N |
| ITRACONAZOLE 100 MG CAPSULE | Y | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| IVERMECTIN 3 MG TABLET | N | N |
| I-VITE PROTECT TABLET | N | N |
| I-VITE TABLET | N | N |
| ICLUSIG 15 MG TABLET | N | Y |
| INCRUSE ELLIPTA 62.5 MCG INH | N | Y |
| INDOMETHACIN 25 MG CAPSULE | N | Y |
| INDOMETHACIN 50 MG CAPSULE | N | Y |
| INDOMETHACIN ER 75 MG CAPSULE | N | Y |
| I-PRIN 200 MG TABLET | N | Y |
| JANTOVEN 1 MG TABLET | N | Y |
| JANTOVEN 10 MG TABLET | N | Y |
| JANTOVEN 2 MG TABLET | N | Y |
| JENCYCLA 0.35 MG TABLET | N | N |
| JIVI 1,000 UNIT VIAL | N | N |
| JIVI 2,000 UNIT VIAL | N | N |
| JIVI 3,000 UNIT VIAL | N | N |
| JIVI 500 UNIT VIAL | N | N |
| JOCK ITCH 1% CREAM | N | N |
| JOCK ITCH RELIEF 1% CREAM | N | N |
| JOLESSA 0.15 MG-0.03 MG TABLET | N | N |
| JR PAIN-FEVER 160 MG RAPID TAB | N | N |
| JULEBER 28 DAY TABLET | N | N |
| JULUCA 50-25 MG TABLET | Y | N |
| JUNEL 1 MG-20 MCG TABLET | N | N |
| JUNEL 1.5 MG-30 MCG TABLET | N | N |
| JUNEL FE 1 MG-20 MCG TABLET | N | N |
| JUNEL FE 1.5 MG-30 MCG TABLET | N | N |
| JUNEL FE 24 TABLET | N | N |
| JUNIOR PAIN RELIEVER 160 MG | N | N |
| KAHLUA FLAVOR LIQUID | N | N |

| | | |
|----------------------------|---|---|
| KAITLIB FE CHEWABLE TABLET | N | N |
| KALETRA 100-25 MG TABLET | Y | N |
| KALETRA 200-50 MG TABLET | Y | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| KALETRA 80 MG-20 MG/ML SOLN | Y | N |
| KAOPECTATE 262 MG/15 ML SUSP | N | N |
| KAOPECTATE EXTRA STRENGTH LIQ | N | N |
| KARIVA 28 DAY TABLET | N | N |
| KELNOR 1-35 28 TABLET | N | N |
| KETOCONAZOLE 2% CREAM | N | N |
| KETOCONAZOLE 2% SHAMPOO | N | N |
| KETOCONAZOLE 200 MG TABLET | N | N |
| KETO-DIASTIX REAGENT STRIPS | N | N |
| JANTOVEN 2.5 MG TABLET | N | Y |
| JANTOVEN 3 MG TABLET | N | Y |
| JANTOVEN 4 MG TABLET | N | Y |
| KETOROLAC 0.4% OPHTH SOLUTION | N | N |
| KETOROLAC 0.5% OPHTH SOLUTION | N | N |
| JANTOVEN 5 MG TABLET | N | Y |
| KETOSTIX REAGENT STRIP | N | N |
| JANTOVEN 6 MG TABLET | N | Y |
| KIMONO CONDOMS | N | N |
| KIMONO MAXX CONDOM | N | N |
| KIMONO MICROTHIN AQUA LUBE | N | N |
| KIMONO MICROTHIN CONDOM | N | N |
| KIMONO MICROTHIN LARGE CONDOM | N | N |
| KIMONO TEXTURED CONDOM | N | N |
| KINRAY INS SYR 1 ML 31GX5/16" | N | N |
| KINRAY SYRING 0.3 ML 31GX5/16" | N | N |
| KINRAY SYRING 0.5 ML 31GX5/16" | N | N |
| KIONEX 15 GM/60 ML SUSPENSION | N | N |
| KLOR-CON 10 MEQ TABLET | N | N |
| KLOR-CON 20 MEQ PACKET | N | N |
| KLOR-CON 8 MEQ TABLET | N | N |
| KLOR-CON M10 TABLET | N | N |
| KLOR-CON M15 TABLET | N | N |
| KLOR-CON M20 TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
 Prescription Drugs Subject to NQTLs, by Delivery
 System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| KLOR-CON-EF 25 MEQ TAB EFF | N | N |
| KMART YALU PLUS SYR 1/2 ML | N | N |
| KONSYL 6 GM PACKET | N | N |
| KONSYL FORMULA-D FIBER POWDER | N | N |
| KONSYL PSYLLIUM FIBER PACKET | N | N |
| KONSYL PSYLLIUM FIBER POWDER | N | N |
| K-PAX IMMUNE SUPPORT TABLET | N | N |
| K-PEC SUSPENSION | N | N |
| K-PHOS #2 TABLET | N | N |
| K-PHOS ORIGINAL TABLET | N | N |
| KPN PRENATAL TABLET | N | N |
| KRO ACETAMINOPHEN 325 MG TAB | N | N |
| KRO ALL DAY ALLERGY 10 MG TAB | N | N |
| KRO ALLERGY 25 MG TABLET | N | N |
| KRO ASPIRIN 325 MG TABLET | N | N |
| KRO AUTOLET LANCING DEVICE | N | N |
| KRO CHILD MUCUS RLF COUGH LIQ | N | N |
| JANTOVEN 7.5 MG TABLET | N | Y |
| KRO GENTLELAX 17 GRAM POWDER | N | N |
| KRO GLUCOSE 4 GRAM TABLET CHEW | N | N |
| KETOPROFEN 50 MG CAPSULE | N | Y |
| KETOPROFEN ER 200 MG CAPSULE | N | Y |
| KRO INS SYR 0.3 ML 29GX1/2" | N | N |
| KRO INS SYRIN 0.5 ML 31GX5/16" | N | N |
| KRO INSULIN SYR 1 ML 30GX5/16" | N | N |
| KRO LANCING DEVICE | N | N |
| KRO MICONAZOLE 7 CREAM | N | N |
| KRO NASAL SPRAY ORIGINAL 0.05% | N | N |
| KRO PEN NEEDLE 6MM X 31G | N | N |
| KRO PEN NEEDLE 8MM X 31G | N | N |
| KRO STOMACH RLF 262 MG/15 ML | N | N |
| KRO TUSSIN DM LIQUID | N | N |
| KRO UNIVERSAL 1 THIN 26G LANCT | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
 Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| KROGER GLUCOSE 4 GRAM TAB CHEW | N | N |
| KROGER INS SYR 0.3 ML 30GX5/16 | N | N |

| | | |
|--------------------------------|---|---|
| KROGER INS SYR 0.5 ML 29GX1/2" | N | N |
| KROGER INS SYR 1 ML 29GX1/2" | N | N |
| KROGER INS SYR 1 ML 31GX5/16" | N | N |
| KROGER LANCETS | N | N |
| KROGER LANCING DEVICE | N | N |
| KROGER SUPER THIN LANCETS | N | N |
| KROGER SYR 0.5 ML 30GX5/16" | N | N |
| KROGER SYRING 0.3 ML 31GX5/16" | N | N |
| KURVELO-28 TABLET | N | N |
| KYLEENA 19.5 MG SYSTEM | N | N |
| LABELALOL HCL 100 MG TABLET | N | N |
| LABELALOL HCL 200 MG TABLET | N | N |
| LABELALOL HCL 300 MG TABLET | N | N |
| LABSTIX REAGENT STRIPS | N | N |
| LACTOSE ANHYDROUS POWDER | N | N |
| LACTOSE MONOHYDRATE POWDER | N | N |
| LACTOSE POWDER | N | N |
| LACTULOSE 10 GM/15 ML SOLUTION | N | N |
| LACTULOSE 20 GM/30 ML SOLUTION | N | N |
| LAMIVUDINE 10 MG/ML ORAL SOLN | N | N |
| LAMIVUDINE 150 MG TABLET | N | N |
| LAMIVUDINE 300 MG TABLET | N | N |
| LAMIVUDINE HBV 100 MG TABLET | N | N |
| LAMIVUDINE-ZIDOVUDINE TABLET | Y | N |
| LANCETS | N | N |
| LANCETS 26G X 1.8MM | N | N |
| LANCETS 28G LANCETS | N | N |
| LANCETS 30G | N | N |
| LANCETS 33G | N | N |
| LANCETS THIN 23G | N | N |
| LANCETS ULTRA FINE 28G | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| LANCETS ULTRA THIN 26G | N | N |
| LANCING DEVICE | N | N |
| KETOPROFEN 75 MG CAPSULE | N | Y |
| KETOROLAC 10 MG TABLET | N | Y |
| KETOTIFEN FUM 0.025% EYE DROPS | N | Y |
| KRO CHLD IBUPROFEN 100 MG/5 ML | N | Y |
| LANZO LANCING DEVICE | N | N |
| LARIN 1.5 MG-30 MCG TABLET | N | N |
| LARIN 211-20 TABLET | N | N |

| | | |
|--------------------------------|---|---|
| LARIN 24 FE 1 MG-20 MCG TABLET | N | N |
| LARIN FE 1.5-30 TABLET | N | N |
| LARIN FE 1-20 TABLET | N | N |
| LATANOPROST 0.005% EYE DROPS | N | N |
| LAYOLIS FE CHEWABLE TABLET | N | N |
| L-CARNITINE 250 MG CAPSULE | N | N |
| L-CARNITINE 500 MG CAPSULE | N | N |
| L-CARNITINE 500 MG TABLET | N | N |
| LEADER GLUCOSE 4 GM TAB CHEW | N | N |
| LEADER INS SYR 0.3 ML 29GX1/2" | N | N |
| LEADER INS SYR 0.5 ML 28GX1/2" | N | N |
| LEADER INS SYR 0.5 ML 29GX1/2" | N | N |
| LEADER INS SYR 0.5 ML 30GX1/2" | N | N |
| LEADER INS SYR 1 ML 28GX1/2" | N | N |
| LEADER INS SYR 1 ML 29GX1/2" | N | N |
| LEADER INS SYR 1 ML 30GX5/16" | N | N |
| LEADER INS SYR 1 ML 31GX5/16" | N | N |
| LEADER INSULIN SYRINGE 0.3 ML | N | N |
| LEADER PEN NEEDLES 12MM 29G | N | N |
| LEADER QUICK DISSOLVE GLUC TAB | N | N |
| LEADER SYRING 0.3 ML 31GX5/16" | N | N |
| LEADER SYRING 0.5 ML 31GX5/16" | N | N |
| LEENA 28 TABLET | N | N |
| LEFLUNOMIDE 10 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| LEFLUNOMIDE 20 MG TABLET | N | N |
| LEMON FLAVOR | N | N |
| LEMON FLAVOR EXTRACT | N | N |
| LEMON FLAVOR EXTRACT LIQUID | N | N |
| LEMON FLAVOR OIL | N | N |
| LEMON OIL | N | N |
| LEMONADE FLAVOR OIL | N | N |
| LESSINA-28 TABLET | N | N |
| LETAIRIS 10 MG TABLET | Y | N |
| LETAIRIS 5 MG TABLET | Y | N |
| KRO IBUPROFEN 200 MG CAPLET | N | Y |
| LEUCOVORIN CALCIUM POWDER | N | N |
| LEUKINE 250 MCG VIAL | N | N |

| | | |
|--------------------------------|---|---|
| KRO IBUPROFEN 200 MG TABLET | N | Y |
| LANSOPRAZOLE DR 15 MG CAPSULE | N | Y |
| LANSOPRAZOLE DR 30 MG CAPSULE | N | Y |
| LEVOBUNOLOL 0.5% EYE DROPS | N | N |
| LEVOFLOXACIN 0.5% EYE DROPS | N | N |
| LEVOFLOXACIN 250 MG TABLET | N | N |
| LEVOFLOXACIN 500 MG TABLET | N | N |
| LEVOFLOXACIN 750 MG TABLET | N | N |
| LEVONEST-28 TABLET | N | N |
| LEVONOR-E ESTRAD 0.1-0.02-0.01 | N | N |
| LEVONOR-ETH ESTRAD 0.1-0.02 MG | N | N |
| LEVONOR-ETH ESTRAD 0.15-0 .03 | N | N |
| LEVONORGESTREL 1.5 MG TABLET | N | N |
| LEVORA-28 TABLET | N | N |
| LEVOTHYROXINE 100 MCG TABLET | N | N |
| LEVOTHYROXINE 112 MCG TABLET | N | N |
| LEVOTHYROXINE 125 MCG TABLET | N | N |
| LEVOTHYROXINE 137 MCG TABLET | N | N |
| LEVOTHYROXINE 150 MCG TABLET | N | N |
| LEVOTHYROXINE 175 MCG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| LEVOTHYROXINE 200 MCG TABLET | N | N |
| LEVOTHYROXINE 25 MCG TABLET | N | N |
| LEVOTHYROXINE 300 MCG TABLET | N | N |
| LEVOTHYROXINE 50 MCG TABLET | N | N |
| LEVOTHYROXINE 75 MCG TABLET | N | N |
| LEVOTHYROXINE 88 MCG TABLET | N | N |
| LEVOXYL 100 MCG TABLET | N | N |
| LEVOXYL 112 MCG TABLET | N | N |
| LEVOXYL 125 MCG TABLET | N | N |
| LEVOXYL 137 MCG TABLET | N | N |
| LEVOXYL 150 MCG TABLET | N | N |
| LEVOXYL 175 MCG TABLET | N | N |

| | | |
|-------------------------------|---|---|
| LEVOXYL 200 MCG TABLET | N | N |
| LEVOXYL 25 MCG TABLET | N | N |
| LEVOXYL 50 MCG TABLET | N | N |
| LEVOXYL 75 MCG TABLET | N | N |
| LEVOXYL 88 MCG TABLET | N | N |
| LEXIVA 50 MG/ML SUSPENSION | Y | N |
| LEXIVA 700 MG TABLET | Y | N |
| L-GLUTAMINE 500 MG TABLET | N | N |
| LICE KILLING SHAMPOO | N | N |
| LICE TREATMENT 1% CREME RINSE | N | N |
| LICE TREATMENT SHAMPOO | N | N |
| LICORICE FLAVOR LIQUID | N | N |
| LIDOCAINE 5% OINTMENT | N | N |
| LIDOCAINE 5% PATCH | Y | N |
| LIDOCAINE HCL 2% JELLY | N | N |
| LIDOCAINE HCL POWDER | N | N |
| LIDOCAINE-HC 2.8-0.55% GEL | N | N |
| LIDOCAINE-HC 3-0.5% CREAM | N | N |
| LIDOCAINE-HC 3-0.5% CREAM KIT | N | N |
| LIDOCAINE-HC 3-1% CREAM KIT | N | N |
| LIDOCAINE-HC 3-2.5% GEL KIT | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| LIDOCAINE-PRILOCAINE CREAM | N | N |
| LIDOPIN 3% CREAM | N | N |
| LILETTA 52 MG SYSTEM | N | N |
| LIME FLAVOR OIL | N | N |
| LIMONENE FLAVOR LIQUID | N | N |
| LIOETHYRONINE SOD 25 MCG TAB | N | N |
| LIOETHYRONINE SOD 5 MCG TAB | N | N |
| LIOETHYRONINE SOD 50 MCG TAB | N | N |
| LIOETHYRONINE SODIUM POWDER | N | N |
| LIQUID CALCIUM WITH VITAMIN D | N | N |
| LIQUID CORN-CALLUS REMOVER | N | N |

| | | |
|--------------------------------|---|---|
| LIQUID WART REMOVER 17% LIQUID | N | N |
| LISINOPRIL 10 MG TABLET | N | N |
| LISINOPRIL 2.5 MG TABLET | N | N |
| LISINOPRIL 20 MG TABLET | N | N |
| LISINOPRIL 30 MG TABLET | N | N |
| LISINOPRIL 40 MG TABLET | N | N |
| LISINOPRIL 5 MG TABLET | N | N |
| LISINOPRIL-HCTZ 10-12.5 MG TAB | N | N |
| LISINOPRIL-HCTZ 20-12.5 MG TAB | N | N |
| LISINOPRIL-HCTZ 20-25 MG TAB | N | N |
| LITE COAT ASPIRIN 325 MG TAB | N | N |
| LITE TOUCH 28G LANCETS | N | N |
| LITE TOUCH 30G LANCETS | N | N |
| LITE TOUCH 33G LANCETS | N | N |
| LITE TOUCH INSULIN 0.5 ML SYR | N | N |
| LITE TOUCH INSULIN 1 ML SYR | N | N |
| LITE TOUCH INSULIN SYR 0.3 ML | N | N |
| LITE TOUCH INSULIN SYR 0.5 ML | N | N |
| LITE TOUCH INSULIN SYR 1 ML | N | N |
| LITE TOUCH LANCING PEN | N | N |
| LITEAIRE MDI CHAMBER | N | N |
| LITETOUCH INS 0.3 ML 29GX1/2" | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| LITETOUCH INS 0.3 ML 30GX5/16" | N | N |
| LITETOUCH INS 0.3 ML 31GX5/16" | N | N |
| LITETOUCH INS 0.5 ML 31GX5/16" | N | N |
| LITTLE ANIMALS-IRON TAB CHEW | N | N |
| LITTLE REMEDIES FEVER 160 MG/5 | N | N |
| LIVE BETTER ADVANCED LANCING | N | N |
| LIVE BETTER PEN NEEDLES 8MM | N | N |
| LIVE BETTER ULTRA THIN LANCET | N | N |
| LO LOESTRIN FE 1-10 TABLET | N | N |
| LOHIST-D LIQUID | N | N |
| LOKELMA 10 GRAM POWDER PACKET | Y | N |
| LOKELMA 5 GRAM POWDER PACKET | Y | N |
| LONG ACTING 0.05% NASAL SPRAY | N | N |

| | | |
|---------------------------------|---|---|
| LONGS GLUCOSE 4 GRAM TAB CHEW | N | N |
| LONGS THIN LANCETS 26G | N | N |
| LONGS THIN LANCETS 30G | N | N |
| LOPERAMIDE 2 MG CAPSULE | N | N |
| LOPERAMIDE HCL POWDER | N | N |
| LOPINA VIR-RITONAVIR 80-20MG/ML | Y | N |
| LORADAMED 10 MG TABLET | N | N |
| LORATADINE 10 MG ODT | N | N |
| LORATADINE 10 MG TABLET | N | N |
| LORATADINE 5 MG/5 ML SYRUP | N | N |
| LORATADINE ALLERGY S MG/5 ML | N | N |
| LORATADINE-D 12 HOUR TABLET | N | N |
| LORATADINE-D 24HR TABLET | N | N |
| LANSOPRAZOLE ODT 15 MG TABLET | Y | Y |
| LANSOPRAZOLE ODT 30 MG TABLET | Y | Y |
| LETROZOLE 2.5 MG TABLET | N | Y |
| LORYNA 3 MG-0.02 MG TABLET | N | N |
| LOSARTAN POTASSIUM 100 MG TAB | N | N |
| LOSARTAN POTASSIUM 25 MG TAB | N | N |
| LOSARTAN POTASSIUM 50 MG TAB | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| LOSARTAN-HCTZ 100-12 .5 MG TAB | N | N |
| LOSARTAN-HCTZ 100-25 MG TAB | N | N |
| LOSARTAN-HCTZ 50-12 .5 MG TAB | N | N |
| LOVASTATIN 10 MG TABLET | N | N |
| LOVASTATIN 20 MG TABLET | N | N |
| LOVASTATIN 40 MG TABLET | N | N |
| LOW DOSE ASPIRIN EC 81 MG TAB | N | N |
| LOW-OGESTREL-28 TABLET | N | N |
| LOZIBASE LOZENGE BASE | N | N |
| LUBRICANT 0.5% EYE DROP | N | N |
| LUBRICANT 0.5% EYE DROPS | N | N |
| LUBRICATING PLUS 0.5% EYE DRPS | N | N |
| LUDENT FLUORIDE 0.25 MG TB CHW | N | N |
| LUDENT FLUORIDE 0.5 MG TB CHEW | N | N |
| LUDENT FLUORIDE 1 MG TAB CHEW | N | N |
| LUPRON DEPOT 11.25 MG 3MO KIT | N | N |

| | | |
|--------------------------------|---|---|
| LEUPROLIDE 2WK 1 MG/0.2 ML KIT | N | Y |
| LUPRON DEPOT 3.75 MG KIT | N | N |
| LEUPROLIDE 2WK 14 MG/2.8 ML KT | N | Y |
| LEVALBUTEROL TAR HFA 45MCG INH | N | Y |
| LORCET 5-325 MG TABLET | N | Y |
| LUPRON DEPOT-PED 11.25 MG 3MO | N | N |
| LUPRON DEPOT-PED 11.25 MG KIT | N | N |
| LUPRON DEPOT-PED 15 MG KIT | N | N |
| LUPRON DEPOT-PED 30 MG 3MO KIT | N | N |
| LUPRON DEPOT-PED 7.5 MG KIT | N | N |
| LUTERA-28 TABLET | N | N |
| LYZA 0.35 MG TABLET | N | N |
| MACRODANTIN 25 MG CAPSULE | N | N |
| MACUVITE EYE CARE TABLET | N | N |
| MACUVITE WITH LUTEIN TABLET | N | N |
| MAGELLAN INSUL SYRINGE 0.3 ML | N | N |
| MAGELLAN INSUL SYRINGE 0.5 ML | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| MAGELLAN INSULIN SYR 0.3 ML | N | N |
| MAGELLAN INSULIN SYR 0.5 ML | N | N |
| MAGELLAN INSULIN SYRINGE 1 ML | N | N |
| MAGNASWEET 110 LIQUID | N | N |
| MAGNASWEET 135 POWDER | N | N |
| MAKENA 1; 250 MG/5 ML VIAL | N | N |
| MAKENA 250 MG/ML VIAL | N | N |
| MAKENA 275 MG/1.1 ML AUTOINJCT | N | N |
| MALATHION 0.5% LOTION | N | N |
| MANGO FLAVOR LIQUID | N | N |
| MANGO FLAVOR POWDER | N | N |
| MAPAP 500 MG CAPLET | N | N |
| MAPAP 500 MG CAPSULE | N | N |
| MAPAP 500 MG/15 ML LIQUID | N | N |
| MAPAP ARTHRITIS ER 650 MG CPLT | N | N |
| MAPLE FLAVOR LIQUID | N | N |
| MARLISSA-28 TABLET | N | N |
| MARSHMALLOW FLAVOR LIQUID | N | N |
| MARSHMALLOW OIL FLAVOR | N | N |

| | | |
|--------------------------------|---|---|
| MAVYRET 100-40 MG TABLET | N | N |
| MAXI-COMFORT INS 0.5 ML 28G | N | N |
| MAXI-COMFORT INS 1 ML 28GX1/2" | N | N |
| MAXIMUM D3 325 MCG(13;000 UNIT | N | N |
| MEBENDAZOLE POWDER | N | N |
| MECLIZINE 12.5 MG CAPLET | N | N |
| MECLIZINE 12.5 MG TABLET | N | N |
| MECLIZINE 25 MG TABLET | N | N |
| MECLIZINE 25 MG TABLET CHEW | N | N |
| MECLIZINE HCL POWDER | N | N |
| LUPRON DEPOT 22.5 MG 3MO KIT | N | Y |
| LUPRON DEPOT 45 MG GMO KIT | N | Y |
| MECLOFENAMATE SODIUM POWDER | N | N |
| MEDI-FIRST TRIPLE ANTIBIOTIC | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| MEDI-MECLIZINE 25 MG TABLET | N | N |
| MEDISENSE THIN 28G LANCETS | N | N |
| MEDISENSE THIN LANCETS | N | N |
| MEDLANCE PLUS 21G LANCETS | N | N |
| MEDLANCE PLUS 30G LANCETS | N | N |
| MEDLANCE PLUS EXTRA 21G LANCET | N | N |
| MEDLANCE PLUS LITE 25G LANCETS | N | N |
| MEDLANCE PLUS SPECIAL BLADE | N | N |
| MEDROXYPROGESTERONE 10 MG TAB | N | N |
| MEDROXYPROGESTERONE 150 MG/ML | N | N |
| MEDROXYPROGESTERONE 2.5 MG TAB | N | N |
| MEDROXYPROGESTERONE 5 MG TAB | N | N |
| MEFLOQUINE HCL 250 MG TABLET | N | N |
| MEGA MULTI FOR MEN TABLET | N | N |
| MEGA MULTI FOR WOMEN TAB | N | N |
| MEGAVITE CAPLET | N | N |
| MEGAVITE GOLDEN YEARS CAPLET | N | N |
| MEGESTORL ACETATE POWDER | N | N |
| MEGESTROL 20 MG TABLET | N | N |
| MEGESTROL40 MG TABLET | N | N |
| MEGESTROL 625 MG/5 ML SUSP | N | N |
| MEGESTROL ACET 40 MG/ML SUSP | N | N |
| MEGESTROL ACET 400 MG/10 ML | N | N |
| MEGESTROL ACETATE POWDER | N | N |
| MEIJER GLUCOSE 4 GRAM TAB CHEW | N | N |
| MEIJER LANCETS | N | N |
| MEIJER UNIVERSAL 126G LANCETS | N | N |

| | | |
|------------------------------|---|---|
| LUPRON DEPOT 7.5 MG KIT | N | Y |
| LUPRON DEPOT-4 MONTH KIT | N | Y |
| MENACTRA VIAL | N | N |
| MECLOFENAMATE 100 MG CAPSULE | N | Y |
| MECLOFENAMATE 50 MG CAPSULE | N | Y |
| MEPERIDINE HCL POWDER | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| MEPHYTON 5 MG TABLET | N | N |
| MELOXICAM 7.5 MG TABLET | N | Y |
| MESALAMINE 1;000 MG SUPP | N | N |
| MESALAMINE 4 GM/60 ML ENEMA | N | N |
| MESALAMINE 4 GM/60 ML KIT | N | N |
| MESALAMINE 800 MG DR TABLET | N | N |
| MESALAMINE DR 400 MG CAPSULE | N | N |
| MESALAMINE ER 0.375 GRAM CAP | N | N |
| MESALAMINE POWDER | N | N |
| MESNEX 400 MG TABLET | N | N |
| METAMUCIL MULTIHEALTH POWDER | N | N |
| METAMUCIL POWDER | N | N |
| METAMUCIL SUGAR-FREE POWDER | N | N |
| METAPROTERENOL 10 MG/5 ML SYR | N | N |
| MELOXICAM 15 MG TABLET | N | Y |
| MEPERIDINE 100 MG TABLET | N | Y |
| MEPERIDINE 50 MG TABLET | N | Y |
| MERCAPTOPYRINE 50 MG TABLET | N | Y |
| METFORMIN ER 500 MG GASTRC-TB | N | Y |
| METFORMIN ER 500 MG OSMOTIC TB | N | Y |
| METFORMIN HCL 1;000 MG TABLET | N | Y |
| METFORMIN HCL 500 MG TABLET | N | Y |
| METFORMIN HCL 850 MG TABLET | N | Y |
| METFORMIN HCL ER 500 MG TABLET | N | Y |
| METFORMIN HCL ER 750 MG TABLET | N | Y |
| METHADONE HCL POWDER | N | N |
| METHADONE 10 MG/5 ML SOLUTION | N | Y |
| METHAZOLAMIDE 25 MG TABLET | N | N |
| METHAZOLAMIDE 50 MG TABLET | N | N |
| METHAZOLAMIDE POWDER | N | N |
| METHENAMINE HIPPI 1 GM TABLET | N | N |
| METHENAMINE MANDELATE POWD | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
 Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| METHENAMINE MD 1 GM TABLET | N | N |
| METHENAMINE MD 500 MG TABLET | N | N |
| METHIMAZOLE 10 MG TABLET | N | N |
| METHIMAZOLE 5 MG TABLET | N | N |
| METHIMAZOLE POWDER | N | N |
| METHITEST 10 MG TABLET | N | N |
| METHOCARBAMOL 500 MG TABLET | N | N |
| METHOCARBAMOL 750 MG TABLET | N | N |
| METHADONE 10 MG/ML ORAL CONC | N | Y |
| METHADONE 5 MG/5 ML SOLUTION | N | Y |
| METHADONE HCL 10 MG TABLET | N | Y |
| METHADONE HCL 5 MG TABLET | N | Y |
| METHADONE INTENSOL 10 MG/ML | N | Y |
| METHYLDOPA 250 MG TABLET | N | N |
| METHYLDOPA 500 MG TABLET | N | N |
| METHYLDOPA-HCTZ 250-15 MG TAB | N | N |
| METHYLDOPA-HCTZ 250-25 MG TAB | N | N |
| METHOTREXATE 2.5 MG TABLET | N | Y |
| METHOTREXATE 25 MG/ML VIAL | N | Y |
| METHOTREXATE 250 MG/10 ML VIAL | N | Y |
| METHOTREXATE 50 MG/2 ML VIAL | N | Y |
| METHYLPREDNISOLONE 40 MG/ML VL | N | N |
| METHOTREXATE 1 GRAM/40 ML VIAL | N | Y |
| METHYLPREDNISOLONE 80 MG/ML VL | N | N |
| METHYLPREDNISOLONE POWDER | N | N |
| METHYLPREDNISOLONE 55 1 GM VL | N | N |
| METHYLTESTOSTERONE MICRO POWD | N | N |
| METIPRANOLOL 0.3% EYE DROPS | N | N |
| METOCLOPRAMIDE 10 MG TABLET | N | N |
| METOCLOPRAMIDE 10 MG/10 ML SOL | N | N |
| METOCLOPRAMIDE 5 MG TABLET | N | N |
| METOCLOPRAMIDE 5 MG/5 ML SOLN | N | N |
| METOCLOPRAMIDE HCL POWDER | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
 Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| METOLAZONE 10 MG TABLET | N | N |
| METOLAZONE 2.5 MG TABLET | N | N |
| METOLAZONE 5 MG TABLET | N | N |

| | | |
|--------------------------------|---|---|
| METOPROLOL SUCC ER 100 MG TAB | N | N |
| METOPROLOL SUCC ER 200 MG TAB | N | N |
| METOPROLOL SUCC ER 25 MG TAB | N | N |
| METOPROLOL SUCC ER 50 MG TAB | N | N |
| METOPROLOL TARTRATE 100 MG TAB | N | N |
| METOPROLOL TARTRATE 25 MG TAB | N | N |
| METOPROLOL TARTRATE 50 MG TAB | N | N |
| METOPROLOL TARTRATE POWDER | N | N |
| METOPROLOL-HCTZ 100-25 MG TAB | N | N |
| METOPROLOL-HCTZ 100-50 MG TAB | N | N |
| METOPROLOL-HCTZ 50-25 MG TAB | N | N |
| METRONIDAZOLE 0.75% CREAM | N | N |
| METRONIDAZOLE 0.75% LOTION | N | N |
| METRONIDAZOLE 250 MG TABLET | N | N |
| METRONIDAZOLE 375 MG CAPSULE | N | N |
| METRONIDAZOLE 500 MG TABLET | N | N |
| METRONIDAZOLE TOPICAL 0.75% GL | N | N |
| METRONIDAZOLE TOPICAL 1% GEL | N | N |
| METRONIDAZOLE VAGINAL 0.75% GL | N | N |
| MEXILETINE 150 MG CAPSULE | N | N |
| MEXILETINE 200 MG CAPSULE | N | N |
| MEXILETINE 250 MG CAPSULE | N | N |
| MIACALCIN 400 UNIT/2 ML VIAL | Y | N |
| MI-ACID GAS 80 MG TAB CHEW | N | N |
| MICONAZOLE 2% TOPICAL CREAM | N | N |
| MICONAZOLE 2% VAGINAL CREAM | N | N |
| MICONAZOLE 3 COMBO PACK | N | N |
| MICONAZOLE 3 KIT | N | N |
| MICONAZOLE 7 100 MG VAG SUPP | N | N |
| MICONAZOLE 7 CREAM | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| MICONAZOLE-7 CREAM | N | N |
| MICRHOGAM ULTRA-FILTD PLUS SYR | N | N |
| MICRO THIN 33G LANCETS | N | N |
| MICROCHAMBER | N | N |
| MICROGESTIN 211.5-30 TAB | N | N |
| MICROGESTIN 211-20 TABLET | N | N |
| MICROGESTIN FE 1.5-30 TAB | N | N |
| MICROGESTIN FE 1-20 TABLET | N | N |

| | | |
|--------------------------------|---|---|
| MICROLET 2 LANCING DEVICE | N | N |
| MICROLET LANCETS | N | N |
| MICROLET NEXT LANCING DEVICE | N | N |
| MICROLIFE PEAK FLOW METER | N | N |
| MICROSPACER FOR AEROSOL DEVICE | N | N |
| MIDODRINE HCL 10 MG TABLET | N | N |
| MIDODRINE HCL 2.5 MG TABLET | N | N |
| MIDODRINE HCL 5 MG TABLET | N | N |
| MIGRANAL NASAL SPRAY | N | N |
| MILLTRIUM SENIOR MULTIVIT TAB | N | N |
| MINI LANCING DEVICE | N | N |
| MINI WRIGHT PEAK FLOW METER | N | N |
| MINITRAN 0.1 MG/HR PATCH | N | N |
| MINITRAN 0.2 MG/HR PATCH | N | N |
| MINITRAN 0.4 MG/HR PATCH | N | N |
| MINITRAN 0.6 MG/HR PATCH | N | N |
| MINI-WRIGHT PEAK FLOW METER | N | N |
| MINOCYCLINE 50 MG CAPSULE | N | Y |
| MINOCYCLINE 100 MG CAPSULE | N | Y |
| MINOCYCLINE 75 MG CAPSULE | N | Y |
| MINOCYCLINE ER 105 MG TABLET | N | Y |
| MINOCYCLINE ER 80 MG TABLET | N | Y |
| MINOCYCLINE HCL POWDER | N | N |
| MINOXIDIL 10 MG TABLET | N | N |
| MINOXIDIL 2.5 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| MINT CHOCOLATE CHIP FLAVOR LIQ | N | N |
| MINTOX PLUS TABLET CHEWABLE | N | N |
| MIRALAX POWDER | N | N |
| MIRALAX POWDER PACKET | N | N |
| MI RENA 52 MG SYSTEM | N | N |
| MISOPROSTOL 100 MCG TABLET | N | N |
| MISOPROSTOL 200 MCG TABLET | N | N |

| | | |
|--------------------------------|---|---|
| M-M-R II VACCINE VIAL | N | N |
| M-M-R II VACCINE WITH DILUENT | N | N |
| MOEXIPRIL HCL 15 MG TABLET | N | N |
| MOEXIPRIL HCL 7.5 MG TABLET | N | N |
| MOMETASONE FUROATE 0.1% CREAM | N | Y |
| MOMETASONE FUROATE 0.1% OINT | N | Y |
| MOMETASONE FUROATE 0.1% SOLN | N | Y |
| MONISTAT 7 COMBINATION PACK | N | N |
| MONOCAPS TABLET | N | N |
| MONOJECT 0.5 ML SYRN 28GX1/2" | N | N |
| MONOJECT 1 ML SYRN 27X1/2" | N | N |
| MONOJECT 1 ML SYRN 28GX1/2" | N | N |
| MONOJECT INSUL SYR UI00 | N | N |
| MONOJECT INSUL SYR UI00 0.5 ML | N | N |
| MONOJECT INSUL SYR UI00 1 ML | N | N |
| MONOJECT INSULIN SYR 0 . 3 ML | N | N |
| MONOJECT INSULIN SYR 0.5 ML | N | N |
| MONOJECT INSULIN SYR 1 ML | N | N |
| MONOJECT INSULIN SYR U-100 | N | N |
| MONOJECT INSULIN SYRN 3/10 ML | N | N |
| MONOJECT SYRINGE 0.3 ML | N | N |
| MONOJECT SYRINGE 0.5 ML | N | N |
| MONOJECT SYRINGE 1 ML | N | N |
| MONOJECT SYRINGE 3 ML 22GX1" | N | N |
| MONOLET 21G LANCETS | N | N |
| MONOLET THIN 28G LANCETS | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| MONO-LINYAH 28 TABLET | N | N |
| MONTELUKAST SOD 10 MG TABLET | N | Y |
| MONTELUKAST SOD 4 MG GRANULES | N | Y |
| MONTELUKAST SOD 4 MG TAB CHEW | N | Y |
| MONTELUKAST SOD 5 MG TAB CHEW | N | Y |
| MORE-DOPHILUS POWDER | N | N |

| | | |
|--------------------------------|---|---|
| MORPHINE SULF 10 MG SUPPOS | N | Y |
| MORPHINE SULF 10 MG/5 ML SOLN | N | Y |
| MORPHINE SULF 100 MG/5 ML CONC | N | N |
| MORPHINE SULF 20 MG SUPPOS | N | Y |
| MORPHINE SULF 20 MG/5 ML SOLN | N | Y |
| MORPHINE SULF 30 MG SUPPOS | N | Y |
| MORPHINE SULF 5 MG SUPPOS | N | Y |
| MORPHINE SULF ER 100 MG TABLET | N | Y |
| MORPHINE SULF ER 15 MG TABLET | N | Y |
| MORPHINE SULF ER 200 MG TABLET | N | Y |
| MORPHINE SULF ER 30 MG TABLET | N | Y |
| MORPHINE SULF ER 60 MG TABLET | N | Y |
| MORPHINE SULFATE IR 15 MG TAB | N | Y |
| MORPHINE SULFATE IR 30 MG TAB | N | Y |
| MORPHINE SULFATE POWDER | N | N |
| MOTION RELIEF 25 MG TABLET | N | N |
| MOTION SICKNESS 25 MG TABLET | N | N |
| MOTION SICKNESS RELIEF TB CHEW | N | N |
| MOTION-TIME 25 MG TABLET CHEW | N | N |
| MOTRIN IB 200 MG CAPLET | N | Y |
| MOVANTIK 12.5 MG TABLET | Y | N |
| MOVANTIK 25 MG TABLET | Y | N |
| MOVE IT ALONG 100 MG TABLET | N | N |
| MOZOBIL 24 MG/1.2 ML VIAL | N | N |
| MS GLUCOSE 4 GRAM TABLET CHEW | N | N |
| MS INS SYR 0.5 ML 29GX1/2" | N | N |
| MS INS SYR 1 ML 29GX1/2" | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| MS INS SYRINGE 1 ML 30GX1/2" | N | N |
| MS INSUL SYR 0.3 ML 31GXS/16" | N | N |
| MS INSUL SYR 0.5 ML 30GX1/2" | N | N |
| MS INSUL SYR 0.5 ML 31GXS/16" | N | N |
| MS INSULIN SYR 0.3 ML 29GX1/2" | N | N |

| | | |
|--------------------------------|---|---|
| MS INSULIN SYR 1 ML 31GXS/16" | N | N |
| MS INSULIN SYRINGE 0.3 ML | N | N |
| MS PEN NEEDLE 6MM 31G | N | N |
| MS QUICK DISSOLVE GLUCOSE TAB | N | N |
| MUCINEX DER 1;200-120 MG TAB | N | N |
| MUCINEX DER 600-60 MG TABLET | N | N |
| MUCINEX ER 1;200 MG TABLET | N | N |
| MUCINEX ER 600 MG TABLET | N | N |
| MUCINEX FAST-MAX DM MAX LIQUID | N | N |
| MUCINEX SINUS-MAX NASAL SPRAY | N | N |
| MUCUS ER 600 MG TABLET | N | N |
| MUCUS RELIEF CONGEST-COUGH LIQ | N | N |
| MUCUS RELIEF DM MAX LIQUID | N | N |
| MUCUS RELIEF ER 600 MG TABLET | N | N |
| MULPLETA 3 MG TABLET | N | N |
| MULTAQ400 MG TABLET | Y | N |
| MULTI COMPLETE-IRON TABLET | N | N |
| MULTI FOR HER TABLET | N | N |
| MULTI-DAY PLUS IRON TABLET | N | N |
| MULTI-DAY PLUS MINERALS TABLET | N | N |
| MULTI-DELYN WITH IRON LIQUID | N | N |
| MULTI-LANCET DEVICE 2 KIT | N | N |
| MULTILEX TABLET | N | N |
| MULTILEX T-M TABLET | N | N |
| MULTIPLE VITAMIN WITH IRON TAB | N | N |
| MULTIPLE VITAMIN W-MINERALS TB | N | N |
| MULTISTIX 10 SG REAGENT STRIPS | N | N |
| MULTISTIX 5 STRIPS | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| MULTISTIX 7 REAGENT STRIPS | N | N |
| MULTISTIX 8 SG REAGENT STRIPS | N | N |
| MULTISTIX 9 REAGENT STRIPS | N | N |
| MULTISTIX 9 SG REAGENT STRIPS | N | N |

| | | |
|--------------------------------|---|---|
| MULTISTIX REAGENT STRIPS | N | N |
| MULTIVIT-FLUOR 0.25 MG TAB CHW | N | N |
| MULTIVIT-FLUOR 0.25 MG/ML DROP | N | N |
| MULTIVIT-FLUOR 0.5 MG TAB CHEW | N | N |
| MULTIVIT-FLUOR 0.5 MG/ML DROP | N | N |
| MULTIVIT-FLUORIDE 1 MG TAB CHW | N | N |
| MULTIVIT-IRON-FLUOR 0.25 MG/ML | N | N |
| MULTIVIT-MINERALS TABLET | N | N |
| MUPIROCIN 2% OINTMENT | N | N |
| MVC-FLUORIDE 0.25 MG TAB CHEW | N | N |
| MVC-FLUORIDE 0.5 MG TAB CHEW | N | N |
| MVC-FLUORIDE 1 MG TAB CHEW | N | N |
| MX-SOL SYRUP | N | N |
| MY WAY 1.5 MG TABLET | N | N |
| MYCOPHENOLATE 200 MG/ML SUSP | N | N |
| MYCOPHENOLATE 250 MG CAPSULE | N | N |
| MYCOPHENOLATE 500 MG TABLET | N | N |
| MYCOPHENOLATE 500 MG VIAL | Y | N |
| MYGLUCOHEALTH 30G LANCETS | N | N |
| MYORISAN 10 MG CAPSULE | N | Y |
| MYORISAN 20 MG CAPSULE | N | Y |
| MYORISAN 30 MG CAPSULE | N | Y |
| MYORISAN 40 MG CAPSULE | N | Y |
| NABUMETONE 500 MG TABLET | N | Y |
| NABUMETONE 750 MG TABLET | N | Y |
| NADOLOL 20 MG TABLET | N | N |
| NADOLOL 40 MG TABLET | N | N |
| NADOLOL 80 MG TABLET | N | N |
| NADOLOL POWDER | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| NADOLOL-BENDROFLU 80-5 MG TAB | N | N |
| NAPROXEN 125 MG/5 ML SUSPEN | N | Y |
| NAPROXEN 250 MG TABLET | N | Y |
| NAPROXEN 375 MG TABLET | N | Y |
| NAPROXEN 500 MG KIT | N | Y |

| | | |
|--------------------------------|---|---|
| NAPROXEN 500 MG TABLET | N | Y |
| NAPROXEN DR 375 MG TABLET | N | Y |
| NAPROXEN DR 500 MG TABLET | N | Y |
| NAPROXEN POWDER | N | N |
| NAPROXEN SODIUM 275 MG TAB | N | Y |
| NAPROXEN SODIUM POWDER | N | N |
| NARAMIN 12.5 MG ORAL SOLUTION | N | N |
| NARATRIPTAN HCL 1 MG TABLET | N | N |
| NARATRIPTAN HCL 2.5 MG TABLET | N | N |
| NASACORT ALLERGY 24HR SPRAY | N | Y |
| NASAL ALLERGY 24HR SPRAY | N | N |
| NASAL DECONGESTANT 0.05% SPRAY | N | N |
| NASAL RELIEF 0.05% SPRAY | N | N |
| NASAL SPRAY 0.05% | N | N |
| NASAL SPRAY ORIGINAL 0.05% | N | N |
| NASCOBAL 500 MCG NASAL SPRAY | N | N |
| NATAZIA 28 TABLET | N | N |
| NATEGLINIDE 120 MG TABLET | N | N |
| NATEGLINIDE 60 MG TABLET | N | N |
| NATURAL BITTERNESS MASKING POW | N | N |
| NATURAL FIBER LAX POWDER | N | N |
| NATURAL FIBER LAXATIVE CAPSULE | N | N |
| NATURAL FIBER LAXATIVE POWDER | N | N |
| NATURAL FIBER POWDER | N | N |
| NATURE-THROID 130 MG TABLET | N | N |
| NECON 0.5-35-28 TABLET | N | N |
| NEO-BACIT-POLY-HC EYE OINTMENT | N | N |
| NEOMYC-BACIT-POLYMIX EYE OINT | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| NEOMYCIN 500 MG TABLET | N | N |
| NEOMYCIN-POLY-HC EYE DROPS | N | N |
| NEOMYCIN-POLYMYXIN-HC EAR SOLN | N | N |
| NEOMYCIN-POLYMYXIN-HC EAR SUSP | N | N |
| NEOMYC-POLYM-DEXAMET EYE OINTM | N | N |
| NEOMYC-POLYM-DEXAMETH EYE DROP | N | N |
| NEOMYC-POLYM-GRAMICID EYE DROP | N | N |
| NEO-POLYCIN EYE OINTMENT | N | N |
| NEO-POLYCIN HC EYE OINTMENT | N | N |
| NEOTUSS-D LIQUID | N | N |
| NEULASTA 6 MG/0.6 ML SYRINGE | N | N |
| NEUPOGEN 300 MCG/ML VIAL | N | N |
| NEUPOGEN 480 MCG/1.6 ML VIAL | N | N |

| | | |
|-----------------------------|---|---|
| NEVIRAPINE 200 MG TABLET | N | N |
| NEVIRAPINE 50 MG/5 ML SUSP | N | N |
| NEVIRAPINE ER 100 MG TABLET | N | N |
| NEVIRAPINE ER 400 MG TABLET | N | N |
| NEXIUM 24HR 20 MG CAPSULE | N | Y |
| NEXIUM DR 10 MG PACKET | N | Y |
| NEXIUM DR 2.5 MG PACKET | N | Y |
| NEXIUM DR 20 MG CAPSULE | N | Y |
| NEXIUM DR 20 MG PACKET | N | Y |
| NEXIUM DR 40 MG CAPSULE | N | Y |
| NEXIUM DR 40 MG PACKET | N | Y |
| NEXIUM DR 5 MG PACKET | N | Y |
| NEXPLANON 68 MG IMPLANT | N | N |
| NIACIN 100 MG TABLET | N | N |
| NIACIN 250 MG TABLET | N | N |
| NIACIN 50 MG TABLET | N | N |
| NIACIN 500 MG CAPSULE SA | N | N |
| NIACIN 750 MG TABLET SA | N | N |
| NIACIN ER 250 MG CAPSULE | N | N |
| NIACIN ER 250 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| NIACIN ER 500 MG CAPLET | N | N |
| NIACIN SA 250 MG CAPSULE | N | N |
| NIACIN TR 250 MG CAPSULE | N | N |
| NIACIN TR 250 MG TABLET | N | N |
| NIACIN TR 500 MG CAPSULE | N | N |
| NIACIN TR 500 MG TABLET | N | N |
| NICADAN ZX TABLET | N | N |
| NICARDIPINE 20 MG CAPSULE | N | N |
| NICARDIPINE 30 MG CAPSULE | N | N |
| NICE DISTILLED WATER | N | N |
| NICOTINIC ACID POWDER | N | N |
| NIFEDIPINE 10 MG CAPSULE | N | N |
| NIFEDIPINE 20 MG CAPSULE | N | N |
| NIFEDIPINE ER 30 MG TABLET | N | N |
| NIFEDIPINE ER 60 MG TABLET | N | N |
| NIFEDIPINE ER 90 MG TABLET | N | N |

| | | |
|--------------------------------|---|---|
| NIFEDIPINE POWDER | N | N |
| NIGHT ALLERGY RLF 25 MG CAPLET | N | N |
| NIKKI 3 M G-0.02 MG TABLET | N | N |
| NIMODIPINE 30 MG CAPSULE | N | N |
| NISOLDIPINE ER 17 MG TABLET | N | N |
| NISOLDIPINE ER 20 MG TABLET | N | N |
| NISOLDIPINE ER 25 .5 MG TABLET | N | N |
| NISOLDIPINE ER 30 MG TABLET | N | N |
| NISOLDIPINE ER 34 MG TABLET | N | N |
| NISOLDIPINE ER 40 MG TABLET | N | N |
| NISOLDIPINE ER 8.5 MG TABLET | N | N |
| NITISINONE 10 MG CAPSULE | N | N |
| NITISINONE 2 MG CAPSULE | N | N |
| NITISINONE 5 MG CAPSULE | N | N |
| NITRO-BID 2% OINTMENT | N | N |
| NITRO-DUR 0.1 MG/HR PATCH | N | N |
| NITRO-DUR 0.2 MG/HR PATCH | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| NITRO-DUR 0.3 MG/HR PATCH | N | N |
| NITRO-DUR 0.4 MG/HR PATCH | N | N |
| NITRO-DUR 0.6 MG/HR PATCH | N | N |
| NITRO-DUR 0.8 MG/HR PATCH | N | N |
| NITROFURANTOIN 25 MG/5 ML SUSP | N | N |
| NITROFURANTOIN MCR 100 MG CAP | N | N |
| NITROFURANTOIN MCR 50 MG CAP | N | N |
| NITROFURANTOIN MONO-MCR 100 MG | N | N |
| NITROGLYCERIN 0.1 MG/HR PATCH | N | N |
| NITROGLYCERIN 0.2 MG/HR PATCH | N | N |
| NITROGLYCERIN 0.3 MG TABLET SL | N | N |
| NITROGLYCERIN 0.4 MG TABLET SL | N | N |
| NITROGLYCERIN 0.4 MG/HR PATCH | N | N |
| NITROGLYCERIN 0.6 MG TABLET SL | N | N |
| NITROGLYCERIN 0.6 MG/HR PATCH | N | N |

| | | |
|--------------------------------|---|---|
| NITRO-TIME ER 2.5 MG CAPSULE | N | N |
| NITRO-TIME ER 6.5 MG CAPSULE | N | N |
| NITRO-TIME ER 9 MG CAPSULE | N | N |
| NIVANEX DMX TABLET | N | N |
| NIZATIDINE 15 MG/ML SOLUTION | N | Y |
| NIZATIDINE 150 MG CAPSULE | N | Y |
| NIZATIDINE 300 MG CAPSULE | N | Y |
| NO DRIP 0.05% NASAL SPRAY | N | N |
| NOBLE FORMULA HC 1% CREAM | N | N |
| NON-ASPIRIN 160 MG/5 ML ELIX | N | N |
| NON-ASPIRIN 325 MG TABLET | N | N |
| NON-ASPIRIN 500 MG CAPLET | N | N |
| NON-ASPIRIN 500 MG TABLET | N | N |
| NON-ASPIRIN 80 MG TAB CHEW | N | N |
| NORA-BE TABLET | N | N |
| NORETH-ESTRAD-FE 1-0.02(21)-75 | N | N |
| NORETHIND-ETH ESTRAD 0.5-2.5 | N | N |
| NORETHIND-ETH ESTRAD 1-0.02 MG | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| NORETHINDRONE 0.35 MG TABLET | N | N |
| NORETHINDRONE 5 MG TABLET | N | N |
| NORETHINDRONE ACETATE POWDER | N | N |
| NORETHIN-ESTRA-FE 0.8-0.025 MG | N | N |
| NORETHIN-ETH ESTRAD 1 MG-5 MCG | N | N |
| NORG-EE 0.18-0.215-0.25/0.025 | N | N |
| NORG-EE 0.18-0.215-0.25/0.035 | N | N |
| NORGESTIMATE-EE 0.25-0.035 MG | N | N |
| NORG-ETHIN ESTRA 0.25-0.035 MG | N | N |
| NORTEMP 80 MG/0.8 ML DROP | N | N |
| NORTREL 0.5-35-28 TABLET | N | N |
| NORTREL 1-35 21 TABLET | N | N |
| NORTREL 1-35 28 TABLET | N | N |
| NORTREL 7-7-7-28 TABLET | N | N |
| NORVIR 100 MG POWDER PACKET | N | N |
| NORVIR 100 MG TABLET | N | N |
| NORVIR 80 MG/ML SOLUTION | N | N |
| NOVA SAFETY 23G LANCETS | N | N |

| | | |
|--------------------------------|---|---|
| NOVA SAFETY 28G LANCETS | N | N |
| NOVA SUREFLEX LANCING DEVICE | N | N |
| NOVA SUREFLEX THIN LANCETS | N | N |
| NOVAFERRUM PED MULTIVIT-IRON | N | N |
| NOVOLIN 70-30 100 UNIT/ML VIAL | N | N |
| NOVOLIN N 100 UNIT/ML VIAL | N | N |
| NOVOLIN R 100 UNIT/ML VIAL | N | N |
| NP THYROID 30 MG TABLET | N | N |
| NP THYROID 60 MG TABLET | N | N |
| NP THYROID 90 MG TABLET | N | N |
| NULEV 0.125 MG CHEWABLE MELT | N | N |
| NULOJIX 250 MG VIAL | N | N |
| NUVARING VAGINAL RING | N | N |
| NYAMYC 100;000 UNITS/GM POWDER | N | N |
| NYSTATIN 100;000 UNIT/GM CREAM | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|----------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| NYSTATIN 100;000 UNIT/GM OINT | N | N |
| NYSTATIN 100 ; 000 UNIT/GM POWD | N | N |
| NYSTATIN 100 ; 000 UNIT/ML SUSP | N | N |
| NYSTATIN 150 MILLION UNIT PWD | N | N |
| NYSTATIN 50 MILLION UNIT PWD | N | N |
| NYSTATIN 500 MILLION UNIT PWD | N | N |
| NYSTATIN 500 ; 000 UNIT ORAL TAB | N | N |
| NYSTATIN 500 ; 000 UNIT/5 ML SUS | N | N |
| NYSTOP 100;000 UNITS/GM POWDER | N | N |
| OCELLA 3 MG-0.03 MG TABLET | N | N |
| OCREVUS 300 MG/10 ML VIAL | Y | N |
| OCTREOTIDE 1;000 MCG/5 ML VIAL | N | N |
| OCTREOTIDE 1;000 MCG/ML VIAL | N | N |
| OCTREOTIDE 5;000 MCG/5 ML VIAL | N | N |
| OCTREOTIDE ACET 0.05 MG/ML VL | N | N |
| OCTREOTIDE ACET 100 MCG/ML VL | N | N |
| OCTREOTIDE ACET 200 MCG/ML VL | N | N |
| OCTREOTIDE ACET 50 MCG/ML VIAL | N | N |
| OCTREOTIDE ACET 500 MCG/ML VL | N | N |
| OCUTABS TABLET | N | N |

| | | |
|--------------------------------|---|---|
| OCUVITE EYE PLUS MULTI TABLET | N | N |
| OCUVITE WITH LUTEIN TABLET | N | N |
| ODEFSEY TABLET | Y | N |
| OFLOXACIN 0.3% EAR DROPS | N | N |
| OFLOXACIN 0.3% EYE DROPS | N | N |
| OFLOXACIN 400 MG TABLET | N | N |
| OLIVE (SWEET) OIL | N | N |
| OLIVE OIL | N | N |
| OMEGA 3 1;000 MG SOFTGEL | N | N |
| OMEGA 3 FISH OIL SOFTGEL | N | N |
| OMEGA-3 1;000 MG SOFTGEL | N | N |
| OMEGA-3 FISH OIL 1;000 MG SFGL | N | N |
| OMEGA-3 FISH OIL 1;000 MG SFTG | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|---------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| OMEGA-3 FISH OIL 1;200 MG SFGL | N | N |
| OMEGA-3 FISH OIL 1;400 MG SFGL | N | N |
| OMEGA-3 FISH OIL EC 1;000 MG | N | N |
| OMEGA-3 FISH OIL SOFTGEL | N | N |
| OMEPRAZOLE DR 20 MG TABLET | N | Y |
| OMEPRAZOLE MAG DR 20 MG CAP | N | Y |
| OMEPRAZOLE MAG DR 20.6 MG CAP | N | Y |
| OMEPRAZOLE-BICARB 20-1;100 CAP | N | Y |
| OMEPRAZOLE-BICARB 40-1 ;100 CAP | N | Y |
| OMERA CAPSULE | N | N |
| OMNITROPE 10 MG/1.5 ML CRTG | N | N |
| OMNITROPE 5 MG/1.5 ML CRTG | N | N |
| OMNITROPE 5.8 MG VIAL | N | N |
| ON CALL 30G LANCET | N | N |
| ON CALL LANCING DEVICE | N | N |
| ON CALL PLUS 30G LANCET | N | N |
| ON CALL PLUS LANCING DEVICE | N | N |
| ONCOVITE TABLET | N | N |
| ONDANSETRON 4 MG/5 ML SOLUTION | N | N |
| ONDANSETRON HCL 24 MG TABLET | Y | N |
| ONDANSETRON HCL 4 MG TABLET | N | N |
| ONDANSETRON HCL 8 MG TABLET | N | N |
| ONDANSETRON ODT 4 MG TABLET | N | N |
| ONDANSETRON ODT 8 MG TABLET | N | N |

| | | |
|--------------------------------|---|---|
| ONE DAILY COMPLETE TABLET | N | N |
| ONE DAILY FOR MEN 50+ ADV TAB | N | N |
| ONE DAILY FOR MEN TABLET | N | N |
| ONE DAILY FOR WOMEN 50+ ADV TB | N | N |
| ONE DAILY FOR WOMEN TABLET | N | N |
| ONE DAILY HEALTHY WEIGHT TAB | N | N |
| ONE DAILY MAXIMUM TABLET | N | N |
| ONE DAILY MEN'S 50+ TABLET | N | N |
| ONE DAILY MEN'S HEALTH TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ONE DAILY MULTIVITAMIN-IRON TB | N | N |
| ONE DAILY MULTIVIT-MINERAL TAB | N | N |
| ONE DAILY PLUS IRON TABLET | N | N |
| ONE DAILY TABLET | N | N |
| ONE DAILY WITH IRON-CALCIUM TB | N | N |
| ONE DAILY WITH MINERALS TABLET | N | N |
| ONE DAILY WOMEN 50 PLUS TAB | N | N |
| ONE DAILY WOMENS 50 PLUS TAB | N | N |
| ONE DAILY WOMEN'S 50+ TABLET | N | N |
| ONE DAILY WOMEN'S TABLET | N | N |
| ONE-A-DAY ENERGY TABLET | N | N |
| ONE-A-DAY MENOPAUSE FORMULA TB | N | N |
| ONE-A-DAY MEN'S 50 PLUS TABLET | N | N |
| ONE-A-DAY MEN'S TABLET | N | N |
| ONE-A-DAY TEEN ADVANTAGE TAB | N | N |
| ONE-DAILY MULTI-VIT-IRON TAB | N | N |
| ONETOUCH DELICA 30G LANCETS | N | N |
| ONETOUCH DELICA 33G LANCETS | N | N |
| ONETOUCH DELICA LANCING DEV | N | N |
| ONETOUCH DELICA PLUS 30G LANCT | N | N |
| ONETOUCH DELICA PLUS 33G LANCT | N | N |
| ONETOUCH DELICA PLUS LANC DEV | N | N |
| ONETOUCH ULTRA BLUE TEST STRP | N | N |
| ONETOUCH ULTRA CONTROL SOLN | N | N |
| ONETOUCH ULTRAMINI METER | N | N |
| ONETOUCH ULTRASOFT LANCETS | N | N |
| ONETOUCH VERIO HIGH CNTRL SOLN | N | N |
| ONETOUCH VERIO IQ METER | N | N |
| ONETOUCH VERIO MID CNTRL SOLN | N | N |
| ONETOUCH VERIO TEST STRIP | N | N |
| ON-THE-GO 30G LANCETS | N | N |

| | | |
|--------------------------------|---|---|
| OPCICON ONE-STEP 1.5 MG TABLET | N | N |
| OPTICHAMBER DIAMOND VHC | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| OPTICHAMBER DIAMOND W-LRG MASK | N | N |
| OPTICHAMBER DIAMOND W-MED MASK | N | N |
| OPTICHAMBER DIAMOND W-SML MASK | N | N |
| OPTIMAL D3 50,000 UNIT CAPSULE | N | N |
| ORA PLUS SUSPENSION | N | N |
| ORA SWEET ORAL SYRUP | N | N |
| ORA-BLEND SF SUSPENSION | N | N |
| ORA-BLEND SUSPENSION | N | N |
| ORAL MIX SF VEHICLE | N | N |
| ORAL MIX VEHICLE | N | N |
| ORAL SUSPEND VEHICLE | N | N |
| ORAL SYRUP SF VEHICLE | N | N |
| ORAL SYRUP VEHICLE | N | N |
| ORANGE CONCENTRATE FLAVOR LIQ | N | N |
| ORANGE CREAM FLAVOR LIQUID | N | N |
| ORANGE FLAVOR LIQUID | N | N |
| ORANGE FLAVOR POWDER | N | N |
| ORANGE OIL | N | N |
| ORANGE OIL FLAVOR | N | N |
| ORA-PLUS SUSPENDING VEHICLE | N | N |
| ORA-SWEET ORAL SYRUP | N | N |
| ORA-SWEET SF SYRUP | N | N |
| ORA-SWEET-SF SYRUP | N | N |
| ORPHENADRINE ER 100 MG TABLET | N | N |
| ORSYTHIA-28 TABLET | N | N |
| ORTHO-TABS | N | N |
| OSCIMIN 0.125 MG TABLET | N | N |
| OSCIMIN SL 0.125 MG TABLET | N | N |
| OSELTAMIVIR 6 MG/ML SUSPENSION | N | N |
| OSELTAMIVIR PHOS 30 MG CAPSULE | N | N |
| OSELTAMIVIR PHOS 45 MG CAPSULE | N | N |

| | | |
|--------------------------------|---|---|
| OSELTAMIVIR PHOS 75 MG CAPSULE | N | N |
| OXAPROZIN 600 MG TABLET | N | Y |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| OXAPROZIN 600 MG CAPLET | N | Y |
| OXYBUTYNIN 5 MG TABLET | N | Y |
| OXYBUTYNIN 5 MG/5 ML SYRUP | N | Y |
| OXYBUTYNIN CHLORIDE POWDER | N | N |
| OXYBUTYNIN CL ER 10 MG TABLET | N | Y |
| OXYBUTYNIN CL ER 15 MG TABLET | N | Y |
| OXYBUTYNIN CL ER 5 MG TABLET | N | Y |
| OXYCODON-ACETAMINOPHEN 2.5-325 | N | Y |
| OXYCODON-ACETAMINOPHEN 7.5-325 | N | Y |
| OXYCODONE HCL 10 MG TABLET | N | Y |
| OXYCODONE HCL 100 MG/5 ML CONC | N | Y |
| OXYCODONE HCL 15 MG TABLET | N | Y |
| OXYCODONE HCL 20 MG TABLET | N | Y |
| OXYCODONE HCL 30 MG TABLET | N | Y |
| OXYCODONE HCL 5 MG CAPSULE | N | Y |
| OXYCODONE HCL 5 MG TABLET | N | Y |
| OXYCODONE HCL 5 MG/5 ML SOLN | N | Y |
| OXYCODONE HCL POWDER | N | N |
| OXYCODONE-ACETAMINOPHEN 10-325 | N | N |
| OXYCODONE-ACETAMINOPHEN 5-325 | N | N |
| OXYMORPHONE HCL ER 10 MG TAB | N | Y |
| OXYMORPHONE HCL ER 15 MG TAB | N | Y |
| OXYMORPHONE HCL ER 20 MG TAB | N | Y |
| OXYMORPHONE HCL ER 30 MG TAB | N | Y |
| OXYMORPHONE HCL ER 40 MG TAB | N | Y |
| OXYMORPHONE HCL ER 5 MG TABLET | N | Y |
| OXYMORPHONE HCL ER 7.5 MG TAB | N | Y |
| OZEMPIC 0.25-0.5 MG DOSE PEN | N | N |
| OZEMPIC 1 MG DOSE PEN | N | N |
| PACERONE 100 MG TABLET | N | N |
| PACERONE 200 MG TABLET | N | N |
| PACERONE 400 MG TABLET | N | N |
| PAIN RELIEF 160 MG/5 ML LIQUID | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| PAIN RELIEF 325 MG TABLET | N | N |
| PAIN RELIEF 500 MG CAPLET | N | N |
| PAIN RELIEF 500 MG GELCAP | N | N |
| PAIN RELIEF 500 MG TABLET | N | N |
| PAIN RELIEF ADULT 500 MG/15 ML | N | N |
| PAIN RELIEF ER 650 MG CAPLET | N | N |
| PAIN RELIEVER 325 MG TABLET | N | N |
| PAIN RELIEVER 500 MG CAPLET | N | N |
| PAIN RELIEVER 500 MG GELCAP | N | N |
| PAIN RELIEVER 500 MG TABLET | N | N |
| PAIN RELIEVER ER 650 MG CAPLET | N | N |
| PALYNZIQ 10 MG/0.5 ML SYRINGE | Y | N |
| PALYNZIQ 2.5 MG/0.5 ML SYRINGE | Y | N |
| PALYNZIQ 20 MG/ML SYRINGE | Y | N |
| PANCREAZE DR 10;500 UNIT CAP | N | N |
| PANCREAZE DR 16;800 UNIT CAP | N | N |
| PANCREAZE DR 21;000 UNIT CAP | N | N |
| PANCREAZE DR 4;200 UNIT CAP | N | N |
| PANTOPRAZOLE SOD DR 20 MG TAB | N | Y |
| PANTOPRAZOLE SOD DR 40 MG TAB | N | Y |
| PARAGARD T 380-A IUD | N | N |
| PARICALCITOL 1 MCG CAPSULE | N | Y |
| PARICALCITOL 2 MCG CAPSULE | N | Y |
| PARICALCITOL 4 MCG CAPSULE | N | Y |
| PAROEX 0.12% ORAL RINSE | N | N |
| PAROMOMYCIN 250 MG CAPSULE | N | N |
| PARVLEX TABLET | N | N |
| PASSION FRUIT FLAVOR POWDER | N | N |
| PC SUPER THIN 30G LANCETS | N | N |
| PC UNIFINE PENTIPS 12MM NEEDLE | N | N |
| PC UNIFINE PENTIPS 6MM NEEDLE | N | N |
| PC UNIFINE PENTIPS 8MM NEEDLE | N | N |
| PCCA POLYGLYCOL TROCHE BASE | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| PCCA T3 SODIUM DILUTION POWD | N | N |
| PCCA-PLUS ORAL SUSP VEHICLE | N | N |
| PEACH FLAVOR LIQUID | N | N |
| PEAK-AIR PEAK FLOW METER | N | N |

| | | |
|--------------------------------|---|---|
| PEANUT BUTTER FLAVOR LIQUID | N | N |
| PEG 3350-ELECTROLYTE SOLUTION | N | N |
| PEG-3350 AND ELECTROLYTES SOLN | N | N |
| PEGASYS 180 MCG/0.5 ML SYRINGE | N | Y |
| PEGASYS 180 MCG/ML VIAL | N | Y |
| PEGINTRON SO MCG KIT | N | Y |
| PEN NEEDLE 31G 8MM | N | N |
| PEN NEEDLE 31G X 8MM | N | N |
| PEN NEEDLES 6MM 31G | N | N |
| PENICILLAMINE POWDER | N | N |
| PENICILLAMINE(D-) POWDER | N | N |
| PENICILLIN VK 125 MG/5 ML SOLN | N | N |
| PENICILLIN VK 250 MG TABLET | N | N |
| PENICILLIN VK 250 MG/5 ML SOLN | N | N |
| PENICILLIN VK 500 MG TABLET | N | N |
| PENTIPS PEN NEEDLE 31GXS/16" | N | N |
| PENTOXIFYLLINE ER 400 MG TAB | N | N |
| PEPPERMINT FLAVOR | N | N |
| PERINDOPRIL ERBUMINE 2 MG TAB | N | N |
| PERINDOPRIL ERBUMINE 4 MG TAB | N | N |
| PERINDOPRIL ERBUMINE 8 MG TAB | N | N |
| PERIOGARD 0.12% ORAL RINSE | N | N |
| PERMETHRIN 5% CREAM | N | N |
| PERSONAL BEST PEAK FLOW MTR | N | N |
| PETROLATUM BASE OINTMENT | N | N |
| PETROLATUM JELLY WHITE | N | N |
| PETROLEUM JELLY 100% PURE | N | N |
| PETROLEUM JELLY LIP TREATMENT | N | N |
| PETROLEUM JELLY SHEA BUTTER | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| PHARBECHLOR 4 MG TABLET | N | N |
| PHARBEDRYL 25 MG CAPSULE | N | N |
| PHARBEDRYL 50 MG CAPSULE | N | N |

| | | |
|--------------------------------|---|---|
| PHARBETOL 325 MG TABLET | N | N |
| PHARBETOL 500 MG CAPLET | N | N |
| PHARBETOL 500 MG TABLET | N | N |
| PHARM CHOICE ALCOHOL PREP PADS | N | N |
| PHARMACIST CHOICE 28G LANCETS | N | N |
| PHARMACIST CHOICE 30G LANCETS | N | N |
| PHARMACIST CHOICE 33G LANCETS | N | N |
| PHENAZOPYRIDINE 100 MG TAB | N | N |
| PHENAZOPYRIDINE 200 MG TAB | N | N |
| PHENAZOPYRIDINE HCL POWDER | N | N |
| PHENOBARBITAL 100 MG TABLET | N | N |
| PHENOBARBITAL 15 MG TABLET | N | N |
| PHENOBARBITAL 16 .2 MG TABLET | N | N |
| PHENOBARBITAL 20 MG/5 ML ELIX | N | N |
| PHENOBARBITAL 20 MG/5 ML SOLN | N | N |
| PHENOBARBITAL 30 MG TABLET | N | N |
| PHENOBARBITAL 32.4 MG TABLET | N | N |
| PHENOBARBITAL 60 MG TABLET | N | N |
| PHENOBARBITAL 64.8 MG TABLET | N | N |
| PHENOBARBITAL 97.2 MG TABLET | N | N |
| PHENOBARBITAL POWDER | N | N |
| PHENYTOIN 125 MG/5 ML SUSP | N | N |
| PHENYTOIN 50 MG INFATAB | N | N |
| PHENYTOIN 50 MG TABLET CHEW | N | N |
| PHENYTOIN SOD EXT 100 MG CAP | N | N |
| PHILITH 0.4-0 .035 MG TABLET | N | N |
| PHILLIPS' LAX LIQUI-GELS | N | N |
| PHYTOMULTI TABLET | N | N |
| PHYTONADIONE 5 MG TABLET | N | N |
| PIFELTRO 100 MG TABLET | Y | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| PIKO 1 FLOW METER | N | N |
| PILOCARPINE 1% EYE DROPS | N | N |
| PILOCARPINE 2% EYE DROPS | N | N |

| | | |
|--------------------------------|---|---|
| PILOCARPINE 4% EYE DROPS | N | N |
| PILOCARPINE HCL 5 MG TABLET | N | N |
| PILOCARPINE HCL 7.5 MG TABLET | N | N |
| PIMECROLIMUS 1% CREAM | N | Y |
| PIMTREA 28 DAY TABLET | N | N |
| PINA COLADA FLAVOR LIQUID | N | N |
| PINDOLOL 10 MG TABLET | N | N |
| PINDOLOL 5 MG TABLET | N | N |
| PINEAPPLE FLAVOR LIQUID | N | N |
| PINK BISMUTH 262 MG/15 ML SUSP | N | N |
| PINK BISMUTH MAX-STR SUSP | N | N |
| PIOGLITAZONE HCL 15 MG TABLET | N | N |
| PIOGLITAZONE HCL 30 MG TABLET | N | N |
| PIOGLITAZONE HCL 45 MG TABLET | N | N |
| PIOGLITAZONE-GLIMEPIRIDE 30-2 | N | N |
| PIOGLITAZONE-GLIMEPIRIDE 30-4 | N | N |
| PIOGLITAZONE-METFORMIN 15-500 | N | Y |
| PIOGLITAZONE-METFORMIN 15-850 | N | Y |
| PIRMELLA 1-35 28 TABLET | N | N |
| PIRMELLA 7-7-7-28 TABLET | N | N |
| PIROXICAM 10 MG CAPSULE | N | Y |
| PIROXICAM 20 MG CAPSULE | N | Y |
| PIROXICAM POWDER | N | N |
| PLAIN NIACIN 250 MG TABLET | N | N |
| PLAIN NIACIN 500 MG TABLET | N | N |
| PLAQUENIL 200 MG TABLET | Y | N |
| PNEUMOVAX 23 SYRINGE | N | N |
| PNV PRENATAL PLUS MULTIVIT TAB | N | N |
| PNV-DHA + DOCUSATE SOFTGEL | N | N |
| PNV-DHA SOFTGEL | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| PNV-OMEGA SOFTGEL | N | N |
| PNV-SELECT TABLET | N | N |
| POCKET CHAMBER | N | N |
| POCKET PEAK FLOW METER | N | N |
| PODOCON-25 LIQUID | Y | N |
| PODOFILOX 0.5% TOPICAL SOLN | N | N |
| POLYCIN EYE OINTMENT | N | N |
| POLYMYXIN B-TMP EYE DROPS | N | N |
| PORTIA-28 TABLET | N | N |
| POTABA 500 MG CAPSULE | N | N |

| | | |
|--------------------------------|---|---|
| POTASSIUM CHLORIDE POWDER | N | N |
| POTASSIUM CITRATE ER 10 MEQ TB | N | N |
| POTASSIUM CITRATE ER 15 MEQ TB | N | N |
| POTASSIUM CITRATE ER 5 MEQ TAB | N | N |
| POTASSIUM CITRATE POWDER | N | N |
| POTASSIUM CL 10% (20 MEQ/15ML) | N | N |
| POTASSIUM CL 10% (40 MEQ/30ML) | N | N |
| POTASSIUM CL 20 MEQ PACKET | N | N |
| POTASSIUM CL ER 10 MEQ CAPSULE | N | N |
| POTASSIUM CL ER 10 MEQ TABLET | N | N |
| POTASSIUM CL ER 8 MEQ CAPSULE | N | N |
| POTASSIUM CL ER 8 MEQ TABLET | N | N |
| POTELIGEO 20 MG/5 ML VIAL | Y | Y |
| POWDERLAX POWDER | N | N |
| PRALINES AND CREAM FLAVOR LIQ | N | N |
| PRAMOSONE 1%-1% CREAM | N | N |
| PRAVASTATIN SODIUM 10 MG TAB | N | N |
| PRAVASTATIN SODIUM 20 MG TAB | N | N |
| PRAVASTATIN SODIUM 40 MG TAB | N | N |
| PRAVASTATIN SODIUM 80 MG TAB | N | N |
| PRAZOSIN 1 MG CAPSULE | N | N |
| PRAZOSIN 2 MG CAPSULE | N | N |
| PRAZOSIN 5 MG CAPSULE | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| PRED MILD 0.12% EYE DROPS | N | N |
| PREDNICARBATE 0.1% CREAM | N | Y |
| PREDNICARBATE 0.1% OINTMENT | N | Y |
| PREDNISOLONE 15 MG/5 ML SOLN | N | Y |
| PREDNISOLONE 5 MG/5 ML SOLN | N | Y |
| PREDNISOLONE AC 1% EYE DROP | N | N |
| PREDNISOLONE ANHYDROUS POWDER | N | N |
| PREDNISOLONE MICRONIZED POWDER | N | N |
| PREDNISOLONE POWDER | N | N |
| PREDNISOLONE SOD 1% EYE DROP | N | N |
| PREDNISOLONE SOD PH 25 MG/5 ML | N | Y |
| PREDNISOLONE SOD PH POWDER | N | N |
| PREDNISONE 2.5 MG TABLET | N | Y |
| PREDNISONE 20 MG TABLET | N | Y |

| | | |
|--------------------------------|---|---|
| PREDNISONE 1 MG TABLET | N | Y |
| PREDNISONE 10 MG TABLET | N | Y |
| PREDNISONE 5 MG TABLET | N | Y |
| PREDNISONE 5 MG/5 ML SOLUTION | N | Y |
| PREDNISONE 50 MG TABLET | N | Y |
| PREDNISONE INTENSOL 5 MG/ML | N | N |
| PREDNISONE MICRONIZED POWDER | N | N |
| PREF PLUS INS 0.3 ML 29GX1/2" | N | N |
| PREF PLUS SYR 0.5 ML 30GX5/16" | N | N |
| PREF PLUS SYRING 1 ML 29GX1/2" | N | N |
| PREFERRED PLUS 0.3 ML 30GX5/16 | N | N |
| PREFERRED PLUS 0.5 ML 29GX1/2" | N | N |
| PREFERRED PLUS GLUCOSE TAB CHW | N | N |
| PREFERRED PLUS LANCETS | N | N |
| PREFERRED PLUS SYRINGE 0.5 ML | N | N |
| PREFERRED PLUS SYRINGE 1 ML | N | N |
| PREFERRED PLUS THIN LANCETS | N | N |
| PREFPLS INS SYR 1 ML 30GX5/16" | N | N |
| PREMARIN 0.3 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| PREMARIN 0.45 MG TABLET | N | N |
| PREMARIN 0.625 MG TABLET | N | N |
| PREMARIN 0.9 MG TABLET | N | N |
| PREMARIN 1.25 MG TABLET | N | N |
| PREMARIN VAGINAL CREAM-APPL | N | N |
| PREMPHASE 0.625-5 MG TABLET | N | N |
| PREMPRO 0.3 MG-1.5 MG TABLET | N | N |
| PREMPRO 0.45-1.5 MG TABLET | N | N |
| PREMPRO 0.625-2.5 MG TABLET | N | N |
| PREMPRO 0.625-5 MG TABLET | N | N |
| PRENATABS RX TABLET | N | N |
| PRENATAL MULTI TABLET | N | N |
| PRENATAL ONE DAILY TABLET | N | N |
| PRENATAL VITAMIN PLUS LOW IRON | N | N |
| PRENATAL VITAMIN TABLET | N | N |
| PRENATE CHEWABLE TABLET | N | N |
| PREP EASE ALCOHOL PADS | N | N |

| | | |
|--------------------------------|---|---|
| PREPARATION H HC 1% CREAM | N | N |
| PREPLUS CA-FE 27 MG-FA 1 MG TB | N | N |
| PRES GEN LIQUID | N | N |
| PRES GEN PEDIATRIC LIQUID | N | N |
| PRESERVISION AREDS TABLET | N | N |
| PRESSURE ACTIVATED 21G LANCETS | N | N |
| PRESSURE ACTIVATED 28G LANCETS | N | N |
| PREVACID 15 MG SOLUTAB | Y | Y |
| PREVACID 30 MG SOLUTAB | Y | Y |
| PREVALITE PACKET | N | N |
| PREVALITE POWDER | N | N |
| PREVIFEM TABLET | N | N |
| PREZCOBIX 800 MG-150 MG TABLET | Y | N |
| PREZISTA 100 MG/ML SUSPENSION | Y | N |
| PREZISTA 150 MG TABLET | Y | N |
| PREZISTA 600 MG TABLET | Y | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| PREZISTA 75 MG TABLET | Y | N |
| PREZISTA 800 MG TABLET | Y | N |
| PRIFTIN 150 MG TABLET | N | N |
| PRIMAQUINE 26.3 MG TABLET | N | N |
| PRIMIDONE 250 MG TABLET | N | N |
| PRIMIDONE 50 MG TABLET | N | N |
| PRO COMFORT 30G LANCETS | N | N |
| PRO COMFORT 31G LANCET | N | N |
| PRO COMFORT ALCOHOL 70% PADS | N | N |
| PROBENECID 500 MG TABLET | N | N |
| PRO-CAL TABLET | N | N |
| PROCERV HP TABLET | N | N |
| PROCHAMBER HOLDING CHAMBER | N | N |
| PROCHLORPERAZINE 10 MG TAB | N | N |
| PROCHLORPERAZINE 25 MG SUPP | N | N |
| PROCHLORPERAZINE 5 MG TABLET | N | N |
| PROCHLORPERAZINE MAL POWDER | N | N |
| PROCRIT 2;000 UNITS/ML VIAL | N | N |
| PROCRIT 20;000 UNITS/ML VIAL | N | N |
| PROCRIT 3;000 UNITS/ML VIAL | N | N |
| PROCRIT 4;000 UNITS/ML VIAL | N | N |
| PROCRIT 40;000 UNITS/ML VIAL | N | N |
| PROCTOFOAM-HC 1%-1% FOAM | N | N |
| PROCTO-MED HC 2.5% CREAM | N | Y |

| | | |
|---------------------------------|---|---|
| PROCTO-PAK 1% CREAM | N | N |
| PROCTOSOL-HC 2.5% CREAM | N | Y |
| PROCTOZONE-HC 2.5% CREAM | N | Y |
| PRODIGY INS SYR IML 28GX1/2" | N | N |
| PRODIGY LANCING DEVICE | N | N |
| PRODIGY PRESSURE ACTIVATED 28G | N | N |
| PRODIGY SAFETY 26G LANCETS | N | N |
| PRODIGY SYRNG 0.5 ML 31GX5/16" | N | N |
| PRODIGY SYRNGE 0.3M L 31GX5/16" | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| PRODIGY TWIST TOP 28G LANCET | N | N |
| PROMETHAZINE 12.5 MG SUPPOS | N | N |
| PROMETHAZINE 12.5 MG TABLET | N | N |
| PROMETHAZINE 25 MG SUPPOSITORY | N | N |
| PROMETHAZINE 25 MG TABLET | N | N |
| PROMETHAZINE 50 MG SUPPOSITORY | N | N |
| PROMETHAZINE 50 MG TABLET | N | N |
| PROMETHAZINE 6.25 MG/5 ML SOLN | N | N |
| PROMETHAZINE 6.25 MG/5 ML SYRP | N | N |
| PROMETHAZINE-CODEINE SYRUP | N | N |
| PROMETHAZINE-DM SOLUTION | N | N |
| PROMETHAZINE-DM SYRUP | N | N |
| PROMETHAZINE-PE-CODEINE SYRUP | N | N |
| PROMETHAZINE-PHENYLEPHRINE SYR | N | N |
| PROMETHEGAN 12.5 MG SUPPOS | N | N |
| PROMETHEGAN 25 MG SUPPOSITORY | N | N |
| PROMETHEGAN 50 MG SUPPOSITORY | N | N |
| PROMOLAXIN 100 MG TABLET | N | N |
| PROPAPENONE HCL 150 MG TABLET | N | N |
| PROPAPENONE HCL 225 MG TAB | N | N |
| PROPAPENONE HCL 300 MG TAB | N | N |
| PROPAPENONE HCL ER 225 MG CAP | N | N |
| PROPAPENONE HCL ER 325 MG CAP | N | N |
| PROPAPENONE HCL ER 425 MG CAP | N | N |
| PROPANTHELINE 15 MG TABLET | N | N |

| | | |
|------------------------------|---|---|
| PROPANTHELINE BROMIDE POWDER | N | N |
| PROPRANOLOL 10 MG TABLET | N | N |
| PROPRANOLOL 20 MG TABLET | N | N |
| PROPRANOLOL 20 MG/5 ML SOLN | N | N |
| PROPRANOLOL 40 MG TABLET | N | N |
| PROPRANOLOL 40 MG/5 ML SOLN | N | N |
| PROPRANOLOL 60 MG TABLET | N | N |
| PROPRANOLOL 80 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization(PA) NQTL | Fail First/Step Therapy(FF/ST) NQTL |
|--------------------------------|------------------------------|-------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| PROPRANOLOL ER 120 MG CAPSULE | N | N |
| PROPRANOLOL ER 160 MG CAPSULE | N | N |
| PROPRANOLOL ER 60 MG CAPSULE | N | N |
| PROPRANOLOL ER 80 MG CAPSULE | N | N |
| PROPRANOLOL HCL POWDER | N | N |
| PROPRANOLOL-HCTZ 40-25 MG TAB | N | N |
| PROPRANOLOL-HCTZ 80-25 MG TAB | N | N |
| PROPYLTHIOURACIL 50 MG TABLET | N | N |
| PRORENAL MULTIVITAMIN TABLET | N | N |
| PROSIG HT TABLET | N | N |
| PROVIL 200 MG TABLET | N | Y |
| PSYLLIUM FIBER 0.52 G CAPSULE | N | N |
| PSYLLIUM SEED POWDER | N | N |
| PUB 28G LANCETS | N | N |
| PUB ADVANCED LANCING DEVICE | N | N |
| PUB ALLERGY 12 .5 MG/5 ML LIQ | N | N |
| PUB ALLERGY 25 MG CAPSULE | N | N |
| PUB ALLERGY 25 MG TABLET | N | N |
| PUB ALLERGY RELIEF 10 MG TAB | N | N |
| PUB ALLERGY RELIEF 180 MG TAB | N | N |
| PUB ALLERGY RELIEF D-24HR TAB | N | N |
| PUB ALLERGY RELIEF-D TABLET | N | N |
| PUB ANTACID 500 MG CHEW TABLET | N | N |
| PUB ARTHRITIS PAIN ER 650 MG | N | N |

| | | |
|--------------------------------|---|---|
| PUB ASPIRIN 325 MG TABLET | N | N |
| PUB ATHLETIC FOOT 1% CREAM | N | N |
| PUB CALCIUM ANTACID 750 MG | N | N |
| PUB CALCIUM CARB 1,000 MG TAB | N | N |
| PUB CHILDREN'S ALLERGY 1 MG/ML | N | N |
| PUB CHILDREN'S PROFEN 18 SUSP | N | Y |
| PUB CHILDREN'S PROFENIB SUSP | N | Y |
| PUB DOCUSATE SODIUM 100 MG CAP | N | N |
| PUB FAMOTIDINE 20 MG TABLET | N | Y |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| PUB FIBER CAPSULE | N | N |
| PUB GLUCOSE 4 GRAM TABLET CHEW | N | N |
| PUB HYDROCREAM 1% | N | N |
| PUB IBUPROFEN 200 MG TABLET | N | Y |
| PUB INFANTS' GAS RELIEF DROPS | N | N |
| PUB INS SYRIN 0.3 ML 30GX1/2" | N | N |
| PUB INS SYRINGE 1 ML 30GX1/2" | N | N |
| PUB INSUL SYR 0.3 ML 31GX5/16" | N | N |
| PUB INSUL SYR 0.5 ML 30GX1/2" | N | N |
| PUB INSUL SYR 0.5 ML 31GX5/16" | N | N |
| PUB INSULIN SYR 1 ML 31GX5/16" | N | N |
| PUB MICONAZOLE3DAY COMBO PACK | N | N |
| PUB MULTIVITAMIN 50 PLUS TAB | N | N |
| PUB NO DRIP 0.05% NASAL SPRAY | N | N |
| PUB OMEPRAZOLE DR 20 MG TABLET | N | Y |
| PUB ORIGINAL NASAL SPRAY 0.05% | N | N |
| PUB OXYMETAZOLINE HCL 0.05% | N | N |
| PUB PAIN RELIEF 500 MG CAPLET | N | N |
| PUB PAIN RELIEF 500 MG GELTAB | N | N |
| PUB PAIN RELIEF 500 MG TABLET | N | N |
| PUB PINK BISMUTH MAX STR LIQ | N | N |
| PUB STOMACH RLF 262 MG/15 ML | N | N |
| PUB TRIPLE ANTIBIOTIC OINTMENT | N | N |
| PUB TUSSIN 100 MG/5 ML SYRUP | N | N |
| PUB TUSSIN CF COUGH-COLD LIQ | N | N |
| PUB TUSSIN DM LIQUID | N | N |
| PUB UNIFINE PNTF PLUS 31GX3/16 | N | N |
| PUMPKIN FLAVOR LIQUID | N | N |
| PURIFIED WATER | N | N |

| | | |
|--------------------------------|---|---|
| PV AUTOLET LANCING DEVICE | N | N |
| PV UNIFINE PENTIP PLUS 31GX8MM | N | N |
| PV UNILET MICRO THIN 33G LANCT | N | N |
| PV UNILET SUPER THIN 30G LANCT | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| PYRAZINAMIDE 500 MG TABLET | N | N |
| PYRIDOSTIGMINE BR 60 MG TABLET | N | N |
| PYRIDOXINE 25 MG TABLET | N | N |
| PYRIDOXINE 250 MG TABLET | N | N |
| PYRIDOXINE 50 MG TABLET | N | N |
| PYRIDOXINE 500 MG TABLET | N | N |
| PYRIMETHAMINE 25 MG TABLET | Y | N |
| PYRIMETHAMINE POWDER | N | N |
| QC 3 DAY VAGINAL 4% CREAM | N | N |
| QC ACETAMINOPHEN 8-HR 650 MG | N | N |
| QC ALCOHOL 70% SWABS | N | N |
| QC ALL DAY ALLERGY 10 MG TAB | N | N |
| QC ALLERGY RELIEF 50 MCG SPRAY | N | Y |
| QC ANTACID 500 MG CHEW TABLET | N | N |
| QC ANTACID XTRA STR CHEW TAB | N | N |
| QC ANTI-DIARRHEAL 2 MG CAPLET | N | N |
| QC ANTI-DIARRHEAL 2 MG SOFTGEL | N | N |
| QC ARTHRITIS PAIN ER 650 MG | N | N |
| QC ASPIRIN 325 MG TABLET | N | N |
| QC ASPIRIN EC 325 MG TABLET | N | N |
| QC ASPIRIN EC 81 MG TABLET | N | N |
| QC CALCIUM 600 MG-VIT D TAB | N | N |
| QC CALCIUM 600-VIT D3 400 TAB | N | N |
| QC CASTOR OIL | N | N |
| QC CHILD ALLERGY 12.5 MG/5 ML | N | N |
| QC CHILD IBUPROFEN 100 MG/5 ML | N | Y |
| QC CHLORPHENIRAMINE 4 MG TAB | N | N |
| QC COMPLETE ALLERGY 25 MG CAP | N | N |
| QC COMPLETE ALLERGY 25 MG CPLT | N | N |

| | | |
|--------------------------------|---|---|
| QC DIARRHEA RLF 262 MG/15 ML | N | N |
| QC FEXOFENADINE HCL 180 MG TAB | N | N |
| QC FIBER CAPSULE | N | N |
| QC FLUTICASONE PROP 50 MCG | N | Y |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| QC IBUPROFEN 200 MG CAPLET | N | Y |
| QC IBUPROFEN IB 200 MG CAPLET | N | Y |
| QC IBUPROFEN IB 200 MG TABLET | N | Y |
| QC JR. NON-ASPIRIN 160 MG TAB | N | N |
| QC LORATADINE 10 MG TABLET | N | N |
| QC LORATADINE-D 24HR TABLET | N | N |
| QC MAXIMUM DAILY MULTIVIT TAB | N | N |
| QC MEN'S DAILY MULTIVIT-MIN TB | N | N |
| QC MICONAZOLE-7 CREAM | N | N |
| QC MUCUS RELIEF ER 600 MG TAB | N | N |
| QC NATURAL VEG LAXATIVE TABLET | N | N |
| QC NATURA-LAX 17 GM POWDER | N | N |
| QC NON-ASPIRIN 500 MG CAPLET | N | N |
| QC NON-ASPIRIN 500 MG GELCAP | N | N |
| QC NON-ASPIRIN 500 MG TABLET | N | N |
| QC NON-ASPIRIN PAIN RELIEF TB | N | N |
| QC OMEPRAZOLE MAG DR 20.6 MG | N | Y |
| QC PAIN RELIEF 325 MG TABLET | N | N |
| QC PAIN RELIEF 500 MG CAPLET | N | N |
| QC SENNA LAXATIVE 8.6 MG TAB | N | N |
| QC STOOL SOFTENER 100 MG SFTGL | N | N |
| QC SWEET OIL | N | N |
| QC TUSSIN CF LIQUID | N | N |
| QCTUSSIN DM LIQUID | N | N |
| QC TUSSIN MUCUS-CONG 200 MG/10 | N | N |
| QC UNIFINE PENTIPS 32GX5/32" | N | N |
| QC UNILET SUPER THIN 30G LANCT | N | N |
| QC UNILET ULTRA THIN 28G LANCT | N | N |

| | | |
|--------------------------------|---|---|
| QUARTETTE TABLET | N | N |
| QUIN B STRONG WITH C & ZINC TB | N | N |
| QUINAPRIL 10 MG TABLET | N | N |
| QUINAPRIL 20 MG TABLET | N | N |
| QUINAPRIL 40 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| QUINAPRIL 5 MG TABLET | N | N |
| QUINAPRIL-HCTZ 10-12.5 MG TAB | N | N |
| QUINAPRIL-HCTZ 20-12.5 MG TAB | N | N |
| QUINAPRIL-HCTZ 20-25 MG TAB | N | N |
| QUINIDINE GLUC ER 324 MG TAB | N | N |
| QUINIDINE SULFATE 200 MG TAB | N | N |
| QUINIDINE SULFATE 300 MG TAB | N | N |
| QUINTABS-M IRON FREE TABLET | N | N |
| QUINTABS-M TABLET | N | N |
| QVAR REDHALER 40 MCG | N | N |
| QVAR REDHALER 80 MCG | N | N |
| RA 12HR NASAL SPRAY 0.05% | N | N |
| RA 8 HOUR PAIN RELIEF 650 MG | N | N |
| RAACETAMINOPHEN 325 MG TABLET | N | N |
| RAACETAMINOPHEN 500 MG CAPLET | N | N |
| RAACETAMINOPHEN 500 MG GELCAP | N | N |
| RAACETAMINOPHEN 500 MG TABLET | N | N |
| RAACETAMINOPHEN ER 650 MG TAB | N | N |
| RAACID REDUCER 20 MG TABLET | N | Y |
| RAALCOHOL SWABS | N | N |
| RAALLERGY 25 MG TABLET | N | N |
| RAALLERGY MED 25 MG TABLET | N | N |
| RAALLERGY MED CAPSULE | N | N |
| RAALLERGY RELIEF 10 MG TABLET | N | N |
| RAALLERGY RELIEF 180 MG TAB | N | N |
| RAALLERGY RELIEF 25 MG CAP | N | N |
| RAALLERGY RELIEF 4 MG TABLET | N | N |
| RAALLERGY-CONGESTION 12HR TAB | N | N |
| RAANTACID 500 MG CHEWABLE TAB | N | N |
| RAANTI-DIARRHEAL 2 MG CAPLET | N | N |
| RAANTI-DIARRHEAL 2 MG SOFTGEL | N | N |
| RAANTI-ITCH 1% CREAM | N | N |
| RAANTI-ITCH 1% OINTMENT | N | N |

Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization(PA) NQTL | Fail First/Step Therapy(FF/ST) NQTL |
|---------------------------------|------------------------------|-------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| RA ANTI-TUSSIVE DM SYRUP | N | N |
| RA ARTHRITIS PAIN ER 650 MG | N | N |
| RA ASPIRIN 325 MG TABLET | N | N |
| RA ASPIRIN EC 325 MG TABLET | N | N |
| RA ASPIRIN EC 81 MG TABLET | N | N |
| RA ATHENOL 325 MG TABLET | N | N |
| RA BUDESONIDE 32 MCG SPRAY | N | Y |
| RA CALCIUM 600 MG TABLET | N | N |
| RA CALCIUM GOO-MINERALS TAB | N | N |
| RA CALCIUM 600-VIT D3 400 TAB | N | N |
| RA CALCIUM CITRATE- VIT D TAB | N | N |
| RA CALCIUM CITRATE-VIT D3 TAB | N | N |
| RA CENTRAL-VITE WOMEN'S TABLET | N | N |
| RA CETIRI-D ER TABLET | N | N |
| RA CETIRIZINE HCL 10 MG TABLET | N | N |
| RA CHILD ALLERGY 12.5 MG/5 ML | N | N |
| RA CHILD ALLERGY RELF 1 MG/ML | N | N |
| RA CHILD IBUPROFEN 100 MG/5 ML | N | Y |
| RA CHLORPHENIRAMINE 4 MG TAB | N | N |
| RA CLOTRIMAZOLE 1% TOP CREAM | N | N |
| RA CLOTRIMAZOLE 1% VAG CREAM | N | N |
| RA COL-RITE 100 MG CAPSULE | N | N |
| RA COL-RITE 100 MG SOFTGEL | N | N |
| RA COMPLETE ALLERGY 25 MG CPLT | N | N |
| RA COUGH-COLD MUCUS RLF CF LIQ | N | N |
| RA DIPHEDRYL 12 .5 MG/5 ML ELIX | N | N |
| RA DIPHEDRYL 12 .5 MG/5 ML LIQ | N | N |
| RA EXPECTORANT COUGH SYRUP | N | N |
| RA EYE ITCH RELIEF 0.025% DROP | N | Y |
| RA E-ZJECT 26G LANCETS | N | N |
| RA E-ZJECT 28G LANCETS | N | N |
| RA E-ZJECT 30G LANCETS | N | N |

| | | |
|------------------------------|---|---|
| RA E-ZJECT COLOR 33G LANCETS | N | N |
|------------------------------|---|---|

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization(PA) NQTL | Fail First/Step Therapy(FF/ST) NQTL |
|--------------------------------|------------------------------|-------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| RA FIBER CAPSULE | N | N |
| RA FIBER THERAPY CAPSULE | N | N |
| RA FISH OIL 1;000 MG SOFTGEL | N | N |
| RA FISH OIL 120-180 SOFTGEL | N | N |
| RA FOLIC ACID 0.4 MG TABLET | N | N |
| RA FOLIC ACID 800 MCG TABLET | N | N |
| RA GLUCOSE 4 GRAM TABLET CHEW | N | N |
| RA HEALTH CARE LANCING DEVICE | N | N |
| RA HYDROCORTISONE 1% CREAM | N | N |
| RA IBUPROFEN 100 MG/5 ML SUSP | N | Y |
| RA IBUPROFEN 200 MG CAPLET | N | Y |
| RA IBUPROFEN 200 MG TABLET | N | Y |
| RA INS SYR 0.5 ML 29GX1/2" | N | N |
| RA INS SYR 0.5 ML 30GX5/16" | N | N |
| RA INS SYR 1 ML 29GX1/2" | N | N |
| RA INS SYRINGE 1 ML 30GX5/16" | N | N |
| RA IRON 65 MG TABLET | N | N |
| RA JOCK ITCH CREAM | N | N |
| RA LANSOPRAZOLE DR 15 MG CAP | N | Y |
| RA LAXATIVE PEG 3350 POWDER | N | N |
| RA LICE PYRINYL SHAMPOO | N | N |
| RA LICE TREATMENT 1% CRM RINSE | N | N |
| RA LORATA-D 24-HOUR TABLET | N | N |
| RA LORATADINE 10 MG TABLET | N | N |
| RA LUBRICANT 0.5% EYE DROP | N | N |
| RA MEN'S ONE DAILY TABLET | N | N |
| RA MICONAZOLE 3 COMBO PACK | N | N |
| RA MICONAZOLE 3 KIT | N | N |
| RA MICONAZOLE 7 CREAM | N | N |
| RA MOTION SICKNESS RLF TB CHEW | N | N |
| RA NASAL ALLERGY 24HR SPRAY | N | Y |
| RA NASAL SPRAY | N | N |

| | | |
|------------------------|---|---|
| RA NASAL SPRAY 0 .0 5% | N | N |
|------------------------|---|---|

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| RA NIACIN 100 MG TABLET | N | N |
| RA NIACIN 500 MG TABLET | N | N |
| RA NON-ASPIRIN 500 MG CAPLET | N | N |
| RA OMEPRAZOLE DR 20 MG TABLET | N | Y |
| RA ONE DAILY ENERGY TABLET | N | N |
| RA ONE DAILY MAXIMUM TABLET | N | N |
| RA ONE DAILY WOMEN'S TABLET | N | N |
| RA PEN NEEDLE 31GX3/16" | N | N |
| RA PEN NEEDLE 31GX5/16" | N | N |
| RA PETROLEUM JELLY | N | N |
| RA PINK BISMUTH 262 MG/15 ML | N | N |
| RA SENNA 8.6 MG TABLET | N | N |
| RA SENNA-LAX 8.6 MG TABLET | N | N |
| RA SLEEP AID 25 MG TABLET | N | N |
| RA STOMACH RELIEF 262 MG/15 ML | N | N |
| RA STOMACH RELIEF MAX STR LIQ | N | N |
| RA STOOL SOFTENER 100 MG CAP | N | N |
| RA TRIPLE ANTIBIOTIC OINTMENT | N | N |
| RA TUSSIN CHEST CONGESTION SYR | N | N |
| RA TUSSIN COUGH LIQUID | N | N |
| RA TUSSIN DM COUGH-CHEST SYRUP | N | N |
| RA TUSSIN DM SYRUP | N | N |
| RA VITAMIN B-6 100 MG TABLET | N | N |
| RA VITAMIN B-6 50 MG TABLET | N | N |
| RA VITAMIN D3 1,000 UNIT TAB | N | N |
| RA VITAMIN D3 2,000 UNIT SFGL | N | N |
| RA VITAMIN D3 2,000 UNIT SFTGL | N | N |
| RA VITAMIN D3 5,000 UNIT SFTGL | N | N |
| RA WART REMOVER 17% LIQUID | N | N |
| RABEPRAZOLE SOD DR 20 MG TAB | N | Y |
| RALOXIFENE HCL 60 MG TABLET | N | N |
| RAMIPRIL 1.25 MG CAPSULE | N | N |
| RAMIPRIL 10 MG CAPSULE | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
|-----------------------------|-------------------------------|--------------------------------------|

| | Med/Surg Drugs | Med/Surg Drugs |
|-----------------------------------|----------------|----------------|
| RAMIPRIL 2.5 MG CAPSULE | N | N |
| RAMIPRIL 5 MG CAPSULE | N | N |
| RANEXA ER 1,000 MG TABLET | N | N |
| RANEXA ER 500 MG TABLET | N | N |
| RANOLAZINE ER 1,000 MG TABLET | N | N |
| RANOLAZINE ER 500 MG TABLET | N | N |
| RASPBERRY CONC FLAVOR LIQUID | N | N |
| RASPBERRY CONCENTRATE FLAVOR | N | N |
| RASPBERRY FLAVOR | N | N |
| RASPBERRY FLAVOR CONCENTRATE | N | N |
| RASPBERRY FLAVOR LIQUID | N | N |
| RASPBERRY FLAVOR POWDER | N | N |
| RASPBERRY FLAVOR SOLUTION | N | N |
| RASPBERRY SYRUP | N | N |
| REBIF 22 MCG/0.5 ML SYRINGE | N | N |
| REBIF 44 MCG/ 0.5 ML SYRINGE | N | N |
| REBIF REBIDOSE 22 MCG/0.5 ML | N | N |
| REBIF REBIDOSE 44 MCG/0.5 ML | N | N |
| REBIF REBIDOSE TITRATION PACK | N | N |
| REBIF TITRATION PACK | N | N |
| RECLIPSEN 28 DAY TABLET | N | N |
| RECOMBIVAX HB 10 MCG/ML SYR | N | N |
| RECOMBIVAX HB 40 MCG/ML VIAL | N | N |
| RECOMBIVAX HB 5 M CG/ 0. 5 ML SYR | N | N |
| RECTIV 0.4% OINTMENT | Y | N |
| REESE'S PINWORM 144 MG/ML SUSP | N | N |
| REFRESH CELLUVISC 1% EYE DROPS | N | N |
| REFRESH LIQUIGEL 1% EYE DROP | N | N |
| RELENZA 5 MG DISKHALER | N | N |
| RELI ON 31G X 1/4" NEEDLES | N | N |
| RELIAMED 28G LANCETS | N | N |
| RELIAMED 30G LANCETS | N | N |
| RELIAMED LANCING DEVICE | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| RELIAMED MINI LANCING DEVICE | N | N |
| RELIAMED SAFETY SEAL 28G LANCT | N | N |
| RELIAMED SAFETY SEAL 30G LANCT | N | N |
| RELION ALCOHOL 70% SWABS | N | N |
| RELION GLUCOSE 4 GRAM TAB CHEW | N | N |
| RELI-ON GLUCOSE 4 GRAM TAB CHW | N | N |

| | | |
|--------------------------------|---|---|
| RELION INS SYR 0.3 ML 29GX1/2" | N | N |
| RELION INS SYR 0.3 ML 30GX5/16 | N | N |
| RELION INS SYR 0.5 ML 29GX1/2" | N | N |
| RELION INS SYR 1 ML 29GX1/2" | N | N |
| RELION INS SYR 1 ML 30GX5/16" | N | N |
| RELION INS SYR 1 ML 31GX5/16" | N | N |
| RELION INSULIN SYR 0.5 ML | N | N |
| RELION KETONE TEST STRIP | N | N |
| RELION LANCING DEVICE | N | N |
| RELION MICRO THIN 33G LANCET | N | N |
| RELION NOVOLIN 70-30 VIAL | N | N |
| RELION NOVOLIN N 100 UNIT/ML | N | N |
| RELION NOVOLIN R 100 UNIT/ML | N | N |
| RELION SYR 0.5 ML 30GX5/16" | N | N |
| RELION SYRING 0.3 ML 31GX5/16" | N | N |
| RELION SYRING 0.5 ML 31GX5/16" | N | N |
| RELION THIN 26G LANCETS | N | N |
| RELION ULTRA THIN 30G LANCETS | N | N |
| RELION ULTRA THIN PLUS 33G | N | N |
| RELION ULTRA THIN PLUS LANCETS | N | N |
| REMEDY ANTIFUNGAL 2% CREAM | N | N |
| REMODULIN 1 MG/ML VIAL | N | N |
| REMODULIN 10 MG/ML VIAL | N | N |
| REMODULIN 2.5 MG/ML VIAL | N | N |
| REMODULIN 5 MG/ML VIAL | N | N |
| RENAGEL 800 MG TABLET | N | N |
| RENFLEXIS 100 MG VIAL | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| RENVELA 0.8 GM POWDER PACKET | N | N |
| RENVELA 2.4 GM POWDER PACKET | N | N |
| RENVELA 800 MG TABLET | N | N |
| REPAGLINIDE 0.5 MG TABLET | N | N |
| REPAGLINIDE 1 MG TABLET | N | N |
| REPAGLINIDE 2 MG TABLET | N | N |
| REPAGLINIDE-METFORMIN 1-500 MG | N | N |
| REPAGLINIDE-METFORMIN 2-500 MG | N | N |
| REPLESTA 50,000 UNITS WAFER | N | N |
| RESERPINE POWDER | N | N |
| RETINOIC ACID POWDER | N | N |
| RETROVIR 10 MG/ML SYRUP | N | N |
| RETROVIR 100 MG CAPSULE | N | N |

| | | |
|--------------------------------|---|---|
| RETROVIR 200 MG/20 ML VIAL | N | N |
| REVLIMID 10 MG CAPSULE | N | Y |
| REVLIMID 15 MG CAPSULE | N | Y |
| REVLIMID 2.5 MG CAPSULE | N | Y |
| REVLIMID 25 MG CAPSULE | N | Y |
| REVLIMID 5 MG CAPSULE | N | Y |
| REXALL UNIVERSAL 1 30G LANCETS | N | N |
| REYATAZ 150 MG CAPSULE | N | N |
| REYATAZ 200 MG CAPSULE | N | N |
| REYATAZ 300 MG CAPSULE | N | N |
| REYATAZ 50 MG POWDER PACKET | N | N |
| RHINOCORT ALLERGY 32 MCG SPRAY | N | Y |
| RHOGAM ULTRA-FILTERED PLUS SYR | N | N |
| RHOPHYLAC 300 MCG/2 ML SYRINGE | N | N |
| RIBAVIRIN 200 MG CAPSULE | N | Y |
| RIBAVIRIN 200 MG TABLET | N | Y |
| RID ESSENTIAL LICE KIT | N | N |
| RID LICE KILLING SHAMPOO | N | N |
| RIDAURA 3 MG CAPSULE | N | N |
| RIFAMPIN 150 MG CAPSULE | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| RIFAMPIN 300 MG CAPSULE | N | N |
| RIFAMPIN POWDER | N | N |
| RIGHTEST GD500 LANCING DEVICE | N | N |
| RIGHTEST GL300 30G LANCETS | N | N |
| RIMANTADINE HCL 100 MG TABLET | N | N |
| RITEFLO SPACER | N | N |
| RITONAVIR 100 MG TABLET | N | N |
| RIVASTIGMINE 1.5 MG CAPSULE | N | N |
| RIVASTIGMINE 13.3 MG/24HR PTCH | Y | N |
| RIVASTIGMINE 3 MG CAPSULE | N | N |
| RIVASTIGMINE 4.5 MG CAPSULE | N | N |
| RIVASTIGMINE 4.6 MG/24HR PATCH | Y | N |
| RIVASTIGMINE 6 MG CAPSULE | N | N |
| RIVASTIGMINE 9.5 MG/24HR PATCH | Y | N |
| RIZATRIPTAN 10 MG TABLET | N | N |
| RIZATRIPTAN 5 MG TABLET | N | N |
| ROBAFEN 200 MG/10 ML SYRUP | N | N |
| ROBAFEN DM CGH-CHEST CONG SYRP | N | N |
| ROBAFEN DM COUGH LIQUID | N | N |
| ROBAFEN DM COUGH SYRUP | N | N |

| | | |
|--------------------------------|---|---|
| ROBATHOL BATH OIL | N | N |
| ROBITUSSIN COUGH-COLD CF LIQ | N | N |
| ROOT BEER FLAVOR LIQUID | N | N |
| ROPINIROLE HCL 0.25 MG TABLET | N | N |
| ROPINIROLE HCL 0.5 MG TABLET | N | N |
| ROPINIROLE HCL 1 MG TABLET | N | N |
| ROPINIROLE HCL 2 MG TABLET | N | N |
| ROPINIROLE HCL 3 MG TABLET | N | N |
| ROPINIROLE HCL 4 MG TABLET | N | N |
| ROPINIROLE HCL 5 MG TABLET | N | N |
| ROSADAN 0.75% CREAM | N | N |
| ROSADAN 0.75% GEL | N | N |
| SAFESNAP INSUL SYRINGE 0 .3 ML | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| SAFESNAP INSUL SYRINGE 0.5 ML | N | N |
| SAFESNAP INSULIN SYRINGE 1 ML | N | N |
| SAFETUSSIN DM LIQUID | N | N |
| SAFETY 21G LANCETS | N | N |
| SAFETY 28G LANCETS | N | N |
| SAFETY LANCETS 26G | N | N |
| SAFETY SEAL 28G LANCETS | N | N |
| SAFETY SEAL 30G LANCETS | N | N |
| SAFETY-LET 30G LANCETS | N | N |
| SAFYRAL TABLET | N | N |
| SALICYLIC ACID 26% LIQUID | N | N |
| SALICYLIC ACID 27.5% LIQUID | N | N |
| SALICYLIC ACID POWDER | N | N |
| SALSALATE 500 MG TABLET | N | N |
| SALSALATE 750 MG TABLET | N | N |
| SANDOSTATIN 0.05 MG/ML AMPUL | N | N |
| SANDOSTATIN 0.1 MG/ML AMPUL | N | N |
| SANDOSTATIN 0.5 MG/ML AMPUL | N | N |
| SANDOSTATIN LAR DEPOT 10 MG KT | N | N |
| SANDOSTATIN LAR DEPOT 20 MG KT | N | N |
| SANDOSTATIN LAR DEPOT 30 MG KT | N | N |
| SANTYL OINTMENT | N | N |
| SAPS ALCOHOL 70% PREP PADS | N | N |
| SAPS TWIST TOP 30G LANCET | N | N |
| SAPS TWIST TOP 30G LANCETS | N | N |
| SARNA SENSITIVE 1% LOTION | N | N |
| SASSAFRAS OIL | N | N |
| SAVELLA 100 MG TABLET | Y | N |

| | | |
|------------------------|---|---|
| SAVELLA 12.5 MG TABLET | Y | N |
| SAVELLA 25 MG TABLET | Y | N |
| SAVELLA 50 MG TABLET | Y | N |
| SAVELLA TITRATION PACK | Y | N |
| SAVISION TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First / Step Therapy (FF/ ST) NQTL |
|----------------------------------|-------------------------------|---|
| | Med/Surg Drugs | Med/Surg Drugs |
| SB EX-STRENGTH NON-ASPIRIN TAB | N | N |
| SB LICE KILLING SHAMPOO | N | N |
| SCOT-TUSSIN 100 MG/5 ML LIQ | N | N |
| SEA-OMEGA 1,000 MG SOFTGEL | N | N |
| SECURA ANTIFUNGAL 2% CREAM | N | N |
| SEGLUROMET 2.5-1;000 MG TABLET | N | N |
| SEGLUROMET 2.5-500 MG TABLET | N | N |
| SEGLUROMET 7.5-1 ; 000 MG TABLET | N | N |
| SEGLUROMET 7.5-500 MG TABLET | N | N |
| SELECT-OB+ DHA PACK | N | N |
| SELEGILINE HCL 5 MG CAPSULE | N | N |
| SELEGILINE HCL 5 MG TABLET | N | N |
| SELEGILINE HCL POWDER | N | N |
| SELENIUM SULFIDE 2.25% SHAMPOO | N | N |
| SELENIUM SULFIDE 2.5% LOTION | N | N |
| SELZENTRY 150 MG TABLET | Y | N |
| SELZENTRY 20 MG/ML ORAL SOLN | Y | N |
| SELZENTRY 25 MG TABLET | Y | N |
| SELZENTRY 300 MG TABLET | Y | N |
| SELZENTRY 75 MG TABLET | Y | N |
| SENIOR TABS | N | N |
| SENNA 8.6 MG TABLET | N | N |
| SENNA 8.8 MG/5 ML LIQUID | N | N |
| SENNA 8.8 MG/5 ML SYRUP | N | N |
| SENNA 8.8 MG/5 ML SYRUP GRX | N | N |
| SENNA LAX 8.6 MG TABLET | N | N |
| SENNA LAXATIVE 8.6 MG TABLET | N | N |
| SENNA SYRUP | N | N |
| SENNA-LAX 8.6 MG TABLET | N | N |
| SENNA-TIME 8.6 MG TABLET | N | N |
| SENNO TABLET | N | N |
| SENTRY SENIOR MULTIVITAMIN TAB | N | N |
| SENTRY SENIOR TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
 Prescription Drugs Subject to NQTLs, by Delivery
 System

| Prescription Drug Formulary | Prior Authorization(PA) NQTL | Fail First/Step Therapy(FF/ST) NQTL |
|--------------------------------|------------------------------|-------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| SENTRY TABLET | N | N |
| SESAME OIL | N | N |
| SEVELAMER 0.8 GM POWDER PACKET | N | N |
| SEVELAMER 2.4 GM POWDER PACKET | N | N |
| SEVELAMER CARBONATE 800 MG TAB | N | N |
| SF 1.1% GEL | N | N |
| SF 5000 PLUS CREAM | N | N |
| SHAKE THAT ACHE 500 MG CAPLET | N | N |
| SHAROBEL 0.35 MG TABLET | N | N |
| 5HINGRIX VIAL KIT | N | N |
| 5HOPKO AUTOLET LANCING DEVICE | N | N |
| SHOPKO ON-THE-GO 30G LANCETS | N | N |
| SHOPKO UNIFINE PENTIPS 4MM 32G | N | N |
| SHOPKO UNIFINE PENTIPS 5MM 31G | N | N |
| SHOPKO UNIFINE PENTIPS 8MM 31G | N | N |
| SHOPKO UNIFINE PNTIPS 12MM 29G | N | N |
| SHOPKO UNILET SUPER THIN 30G | N | N |
| SHOPKO UNILET ULTRA THIN 28G | N | N |
| SIDEROL TABLET | N | N |
| SILADRYL 12.5 MG/5 ML LIQUID | N | N |
| SILDENAFIL 10 MG/ML ORAL SUSP | N | N |
| SILDENAFIL 20 MG TABLET | Y | N |
| SILTUSSIN DM COUGH SYRUP | N | N |
| SILTUSSIN DM DAS LIQUID | N | N |
| SILTUSSIN SA 100 MG/5 ML SYR | N | N |
| SILVER SULFADIAZINE 1% CREAM | N | N |
| SIMETHICONE 40 MG/0.6 ML DROP | N | N |
| SIMETHICONE 80 MG TAB CHEW | N | N |
| SIMILAC STERILIZED WATER | N | N |
| SIMPLE DIAGNSTIC LANCET DEVICE | N | N |
| SIMPLE SYRUP | N | N |
| SIMVASTATIN 20 MG TABLET | N | Y |
| SIMVASTATIN 40 MG TABLET | N | Y |

Appendix F5. Maryland Physicians Care (MPG)
 Prescription Drugs Subject to NQTLs, by Delivery
 System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|----------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| SIMVASTATIN 10 MG TABLET | N | Y |
| SIMVASTATIN 5 MG TABLET | N | Y |
| SIMVASTATIN 80 MG TABLET | N | Y |
| SINGLE-LET LANCETS | N | N |
| SINUS RELIEF 0.05% NASAL SPRAY | N | N |
| SINUS RELIEF NASAL SPRAY 0 .0 5% | N | N |
| SIROLIMUS 0. 5 MG TABLET | N | N |
| SIROLIMUS 1 MG TABLET | N | N |
| SIROLIMUS 2 MG TABLET | N | N |
| SKYLA 13.5 MG SYSTEM | N | N |
| SLEEP TABS 25 MG TABLET | N | N |
| SLO-NIACIN 250 MG TABLET | N | N |
| SM 12HR NASAL SPRAY 0.05% | N | N |
| SM 8 HOUR PAIN RELIEF 650 MG | N | N |
| SM IBUPROFEN 200 MG CAPLET | N | Y |
| SM IBUPROFEN 200 MG TABLET | N | Y |
| SM ALCOHOL 70% PREP PADS | N | N |
| SM ALCOHOL PREP PADS | N | N |
| SM ALL DAY ALLERGY 1 MG/ML SYR | N | N |
| SM ALL DAY ALLERGY 10 MG TAB | N | N |
| SM ALL DAY ALLERGY-D TABLET | N | N |
| SM ALLERGY 4 MG TABLET | N | N |
| SM ALLERGY 4-HR 4 MG TABLET | N | N |
| SM ALLERGY RELIEF 10 MG ODT | N | N |
| SM ALLERGY RELIEF 1 2.5 MG/5 ML | N | N |
| SM ALLERGY RELIEF 25 MG CAP | N | N |
| SM ALLERGY RELIEF 25 MG TABLET | N | N |
| SM IBUPROFEN 1B 200 MG CAPLET | N | Y |
| SM ANTACID 500 MG CHEW TABLET | N | N |
| SM ANTACID XTRA STR CHEW TAB | N | N |
| SM ANTI-DANDRUFF 0.5% SHAMPOO | N | N |
| SM ANTI-DIARRHEAL 2 MG CAPLET | N | N |
| SM ANTI-DIARRHEAL 2 MG SOFTGEL | N | N |

Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| SM ANTIFUNGAL 1% TOPICAL CREAM | N | N |
| SM ANTIOXIDANT VITAMINS TABLET | N | N |
| SM ARTHRIT PAIN RLF ER 650 MG | N | N |
| SM ARTHRITIS PAIN ER 650 MG | N | N |
| SM ARTHRITIS PAIN RELF ER 650 | N | N |
| SM ASPIRIN 325 MG TABLET | N | N |
| SM ASPIRIN EC 325 MG TABLET | N | N |
| SM ASPIRIN EC 81 MG TABLET | N | N |
| SM ATHLETE'S 1% FOOT CREAM | N | N |
| SM B COMPLEX WITH VIT C TABLET | N | N |
| SM CAL ANTACID 500 MG CHEW TAB | N | N |
| SM CAL ANTACID 750 MG CHEW TAB | N | N |
| SM CAL CIT 315 MG-D3 250 UNIT | N | N |
| SM CALCIUM 600 MG TABLET | N | N |
| SM CALCIUM 600-VIT D3 400 TAB | N | N |
| SM CALCIUM 600-VIT D3 800 TAB | N | N |
| SM CALCIUM ANTACID TAB CHEW | N | N |
| SM CASTOR OIL | N | N |
| SM CHILD ALL DAY ALLER 1 MG/ML | N | N |
| SM CHILD ALLERGY 12.5 MG/5 ML | N | N |
| SM CHILD LORATADINE 5 MG/5 ML | N | N |
| SM CHILD MUCUS RELIEF M-S COLD | N | N |
| SM CLEARLAX POWDER | N | N |
| SM CLOTRIMAZOLE 1% TOP CREAM | N | N |
| SM CLOTRIMAZOLE 1% VAG CREAM | N | N |
| SM COMPLETE 50 PLUS TABLET | N | N |
| SM COMPLETE ADVANCED TABLET | N | N |
| SM COMPLETE MULTI-VIT-MINERAL | N | N |
| SM COMPLETE PREMIUM VITAMIN TB | N | N |
| SM COMPLETE SENIOR FORMULA TAB | N | N |
| SM IBUPROFEN 1B 200 MG TABLET | N | Y |
| SM FEXOFENADINE HCL 180 MG TAB | N | N |
| SM FEXOFENADINE HCL 60 MG TAB | N | N |

Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |

| | | |
|---------------------------------|---|---|
| SM FIBER SMOOTH POWDER | N | N |
| SM FIBER SMOOTH TEXTURE PWD | N | N |
| SM FISH OIL 1,000 MG SOFTGEL | N | N |
| SM FISH OIL 1,200 MG SOFTGEL | N | N |
| SM FISH OIL 554 MG SOFTGEL | N | N |
| SM FISH OIL CONCENTRATE SFG | N | N |
| SM FOLIC ACID 0.4 MG TABLET | N | N |
| SM FOLIC ACID 400 MCG TABLET | N | N |
| SM GAS RELIEF 80 MG TAB CHEW | N | N |
| SM GLUCOSE 4 GRAM TAB CHEW | N | N |
| SM GLYCERIN 99.5% LIQUID | N | N |
| SM HAIR; SKIN AND NAILS CAPLET | N | N |
| SM HYDROCORTISONE 0.5% CREAM | N | N |
| SM HYDROCORTISONE 0.5% OINTMNT | N | N |
| SM HYDROCORTISONE 1% CREAM | N | N |
| SM HYDROCORTISONE 1% OINTMENT | N | N |
| SM HYDROCORTISONE PLUS 1% CRM | N | N |
| SM HYDROCORTISONE-ALOE 1% CRM | N | N |
| SM OMEPRAZOLE DR 20 MG TABLET | N | Y |
| SM ACID REDUCER 20 MG TABLET | N | Y |
| SM ACID REDUCER 200 MG TABLET | N | Y |
| SM ALLERGY RELIEF 50 MCG SPRAY | N | Y |
| SM EYE ITCH RELIEF 0.025% DROP | N | Y |
| SM INF GAS RELIEF 20 MG/0.3 ML | N | N |
| SM INS SYR 0 . 5 ML 29GX1/2" | N | N |
| SM INS SYR 0 . 5 ML 30GX5/16" | N | N |
| SM INS SYR 1 ML 29GX1/2" | N | N |
| SM INS SYRING 0.3 ML 30GX5/16" | N | N |
| SM INS SYRINGE 1 ML 28GX1/2" | N | N |
| SM INS SYRINGE 1 ML 30GX5/16" | N | N |
| SM INSUL SYR 0.3 ML 31GX5/16" | N | N |
| SM INSUL SYR 0 . 5 ML 31GX5/16" | N | N |
| SM INSULIN SYR 0 .3 ML 29GX1/2" | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| | | |
|-----------------------------|-------------------------------|--------------------------------------|
| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|

| | Med/Surg Drugs | Med/Surg Drugs |
|--------------------------------|----------------|----------------|
| SM INSULIN SYR 0.5 ML 28GX1/2" | N | N |
| SM INSULIN SYR 1 ML 31GX5/16" | N | N |
| SM IRON 325 MG TABLET | N | N |
| SM IRON 65 MG TABLET | N | N |
| SM LANCETS 21G | N | N |
| SM IBUPROFEN 100 MG/5 ML SUSP | N | Y |
| SM LICE KILLING SHAMPOO | N | N |
| SM LICE TREATMENT 1% CRM RINSE | N | N |
| SM LICE TREATMENT PERMETHRIN | N | N |
| SM LORATADINE 10 MG ODT | N | N |
| SM LORATADINE 10 MG TABLET | N | N |
| SM LORATADINE 5 MG/5 ML SYRUP | N | N |
| SM LORATA-DINE D 24HR TABLET | N | N |
| SM LORATADINE-D 12 HOUR TABLET | N | N |
| SM LUBRICAT PLUS 0.5% EYE DRPS | N | N |
| SM MAX STRENGTH WART REMOVER | N | N |
| SM MEN'S ONE DAILY TABLET | N | N |
| SM MICONAZOLE 2% TOPICAL CREAM | N | N |
| SM MICONAZOLE 2% VAGINAL CREAM | N | N |
| SM MICONAZOLE 3 COMBO PACK | N | N |
| SM MICONAZOLE 7 100 MG VAG SUP | N | N |
| SM MICONAZOLE 7 CREAM | N | N |
| SM MICRO THIN 33G LANCETS | N | N |
| SM MOTION SICKNESS 25 MG TAB | N | N |
| SM MUCUS ER 600 MG TABLET | N | N |
| SM MUCUS RELIEF COUGH LIQUID | N | N |
| SM MUCUS RELIEF ER 600 MG TAB | N | N |
| SM MULTIVITAMIN W-IRON TAB | N | N |
| SM NASAL 0.05% SPRAY | N | N |
| SM NASAL SPRAY 0.05% | N | N |
| SM NASAL SPRAY SINUS | N | N |
| SM NIACIN TR 250 MG TABLET | N | N |
| SM LANSOPRAZOLE DR 15 MG CAP | N | Y |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| | | |
|-----------------------------|-------------------------------|--------------------------------------|
| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|

| | Med/Surg Drugs | Med/Surg Drugs |
|--------------------------------|----------------|----------------|
| SM OPTI-VITAMIN TABLET | N | N |
| SM PAIN RELIEF 500 MG GELCAP | N | N |
| SM PAIN RELIEVER 325 MG TABLET | N | N |
| SM PAIN RELIEVER 500 MG CAPLET | N | N |
| SM PAIN RELIEVER 500 MG GELCAP | N | N |
| SM PAIN RELIEVER 500 MG TABLET | N | N |
| SM PAIN RELIEVER ER 650 MG | N | N |
| SM PETROLEUM JELLY | N | N |
| SM SENNA LAXATIVE 8.6 MG TAB | N | N |
| SM SLEEP AID 25 MG TABLET | N | N |
| SM SMOOTH ANTACID TAB CHEW | N | N |
| SM STOMACH RELIEF 262 MG/15 ML | N | N |
| SM STOMACH RELIEF 525 MG/30 ML | N | N |
| SM STOMACH RELIEF LIQUID | N | N |
| SM STOMACH RELIEF MAX STR LIQ | N | N |
| SM STOOL SOFTENER 100 MG SFTGL | N | N |
| SM STOOL SOFTENER 100 MG TAB | N | N |
| SM SUPERB COMPLEX-(CAPLET | N | N |
| SM SUPER THIN 30G LANCETS | N | N |
| SM SUPER VITAMIN B COMPLEX TAB | N | N |
| SM THIN LANCETS 26G | N | N |
| SM TRIPLE ANTIBIOTIC OINTMENT | N | N |
| SM TUSSIN 100 MG/5 ML LIQUID | N | N |
| SM TUSSIN CF SYRUP | N | N |
| SM TUSSIN DM LIQUID | N | N |
| SM TUSSIN DM SYRUP | N | N |
| SM TUSSIN MUCUS-CONG 200 MG/10 | N | N |
| SM ULTIMATE MEN'S COMPLETE TAB | N | N |
| SM ULTIMATE WOMEN'S 50+ TABLET | N | N |
| SM VITAMIN B-6100 MG TABLET | N | N |
| SM VITAMIN D3 1,000 UNIT TAB | N | N |
| SM VITAMIN D3 2,000 UNIT SFTGL | N | N |
| SM WOMEN'S ONE DAILY TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| SMART SENSE COLOR 33G LANCETS | N | N |
| SMART SENSE GLUCOSE 4 GRAM TAB | N | N |
| SMART SENSE STANDARD 21G | N | N |
| SMART SENSE SUPER THIN 30G | N | N |
| SMART SENSE THIN 26G LANCETS | N | N |
| SMARTTEST LANCET | N | N |

| | | |
|----------------------------------|---|---|
| SMOOTHLAX POWDER | N | N |
| SMOOTHLAX POWDER PACKET | N | N |
| SOD POLYSTYREN SULF 15 G/60 ML | N | N |
| SODIUM BICARB 4.2% ABBJCT | N | N |
| SODIUM BICARB 7.5% ABBOJECT | N | N |
| SODIUM BICARB 8.4% ABBOJECT | N | N |
| SODIUM BICARB 8.4% SYRINGE | N | N |
| SODIUM BICARBONATE 4.2% VIAL | N | N |
| SODIUM BICARBONATE 8.4% VIAL | N | N |
| SODIUM BICARBONATE POWDER | N | N |
| SODIUM CHLORIDE 0.9% INHAL VL | N | N |
| SODIUM FLUORIDE 0.25 (0.55) MG | N | N |
| SODIUM FLUORIDE 0.5 MG(1.1MG) | N | N |
| SODIUM FLUORIDE 0.5 MG/ML DROP | N | N |
| SODIUM FLUORIDE 1 MG (2.2 MG) | N | N |
| SODIUM POLYSTYRENE SULF POWDER | N | N |
| SODIUM SULFACETAMIDE 10% LOTN | N | N |
| SODIUM SULFACETAMIDE 10% WASH | N | N |
| SOF-LAX 100 MG GELCAP | N | N |
| SOFT TOUCH LANCETS | N | N |
| SOURIS 300 MG/30 ML VIAL | N | N |
| SOLO TABLET | N | N |
| SOLUS V2 28G LANCETS | N | N |
| SOLUS V2 30G TWIST LANCETS | N | N |
| SOLUS V2 LANCING DEVICE | N | N |
| SOMATULINE DEPOT 120 M G/ 0.5 ML | N | N |
| SOMATULINE DEPOT 60 MG/0.2 ML | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| SOMATULINE DEPOT 90 MG/0.3 ML | N | N |
| SOOTHE 262 MG/15 ML SUSPENSION | N | N |
| SOOTHE 525 MG/30 ML SUSPENSION | N | N |
| SOOTHE REGULAR STRENGTH SUSP | N | N |
| SOOTHE SUSPENSION | N | N |
| SORBITOL 70% SOLUTION | N | N |
| SORBUGEN NR 150-15 M G/7.5 ML | N | N |
| SOTALOL 120 MG TABLET | N | N |
| SOTALOL 160 MG TABLET | N | N |
| SOTALOL 240 MG TABLET | N | N |
| SOTALOL 80 MG TABLET | N | N |
| SOTALOL AF 120 MG TABLET | N | N |
| SOTALOL AF 160 MG TABLET | N | N |

| | | |
|-------------------------------|---|---|
| SOTALOL AF 80 MG TABLET | N | N |
| SOVALDI 400 MG TABLET | N | Y |
| SPEARMINT OIL | N | N |
| SPIRIVA 18 MCG CP-HANDIHALER | N | N |
| SPIRIVA RESPIMAT 1.25 MCG INH | N | N |
| SPIRIVA RESPIMAT 2.5 MCG INH | N | N |
| SPIRONOLACTONE 100 MG TABLET | N | N |
| SPIRONOLACTONE 25 MG TABLET | N | N |
| SPIRONOLACTONE 50 MG TABLET | N | N |
| SPIRONOLACTONE-HCTZ 25-25 TAB | N | N |
| SPORANOX 10 MG/ML SOLUTION | Y | N |
| SPRINTEC 28 DAY TABLET | N | N |
| SPS 15 GM/60 ML SUSPENSION | N | N |
| SRONYX 0.10-0.02 MG TABLET | N | N |
| SSD 1% CREAM | N | N |
| STAVUDINE 15 MG CAPSULE | Y | N |
| STAVUDINE 20 MG CAPSULE | Y | N |
| STAVUDINE 30 MG CAPSULE | Y | N |
| STAVUDINE 40 MG CAPSULE | Y | N |
| STEGLATRO 15 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| STEGLATRO 5 MG TABLET | N | N |
| STERILANCE TL TWIST 30G LANCET | N | N |
| STERILANCE TL TWIST 32G LANCET | N | N |
| STERILE WATER FOR INJECTION | N | N |
| STERILE WATER FOR IRRIGATION | N | N |
| STEVIA 90% POWDER | N | N |
| STEVIA EXTRACT POWDER | N | N |
| STEVIA POWDER | N | N |
| STIOLTO RESPIMAT INHAL SPRAY | N | Y |
| STIVARGA 40 MG TABLET | N | Y |
| STOMACH RELIEF 262 MG/15 ML | N | N |
| STOMACH RELIEF 525 MG/15 ML | N | N |
| STOMACH RELIEF MAX STR LIQUID | N | N |
| STOMACH RLF 262 MG/15 ML SUSP | N | N |
| STOMACH RLF 525 MG/30 ML SUSP | N | N |
| STOOL SOFTENER 100 MG CAPSULE | N | N |
| STOOL SOFTENER 100 MG SOFTGEL | N | N |
| STOOL SOFTENER 100 MG TABLET | N | N |
| STRAWBERRY CONCENTRATE FLAVOR | N | N |
| STRAWBERRY CREAM FLAVOR LIQUID | N | N |

| | | |
|--------------------------------|---|---|
| STRAWBERRY FLAVOR | N | N |
| STRAWBERRY FLAVOR CONCENTRATE | N | N |
| STRAWBERRY FLAVOR LIQUID | N | N |
| STRAWBERRY FLAVOR OIL | N | N |
| STRESS FORMULA TABLET | N | N |
| STRESS FORMULA WITH IRON TAB | N | N |
| STRESS FORMULA WITH ZINC TAB | N | N |
| STRESS-C TABLET | N | N |
| STRESS-C WITH IRON TABLET | N | N |
| STRESS-C WITH ZINC TABLET | N | N |
| STRESSTABS W/ZINC TABLET | N | N |
| STRIBILD TABLET | Y | N |
| STRIVERDI RESPIMAT INHAL SPRAY | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization(PA) NQTL | Fail First/Step Therapy(FF/ST) NQTL |
|--------------------------------|------------------------------|-------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| SUCRALFATE 1 GM TABLET | N | N |
| SUCRALFATE POWDER | N | N |
| SUDOGEST COLD AND ALLERGY TAB | N | N |
| SUDOGEST SINUS AND ALLERGY TAB | N | N |
| SULFACETAMIDE 10% EYE DROPS | N | N |
| SULFACETAMIDE 10% EYE OINTMENT | N | N |
| SULFACETAMIDE SOD 10% TOP SUSP | N | N |
| SULFADIAZINE 500 MG TABLET | N | N |
| SULFADIAZINE POWDER | N | N |
| SULFAMETHOXAZOLE-TMP DS TABLET | N | N |
| SULFAMETHOXAZOLE-TMP SS TABLET | N | N |
| SULFAMETHOXAZOLE-TMP SUSP | N | N |
| SULFASALAZINE 500 MG TABLET | N | N |
| SULFASALAZINE DR 500 MG TAB | N | N |
| SULFASALAZINE POWDER | N | N |
| SULFATRIM PEDIATRIC SUSPENSION | N | N |
| SULF-PRED 10-0 .23% EYE DROPS | N | N |
| SULINDAC 150 MG TABLET | N | Y |
| SULINDAC 200 MG TABLET | N | Y |
| SULINDAC POWDER | N | N |
| SUMATRIPTAN 20 MG NASAL SPRAY | N | N |
| SUMATRIPTAN 4 MG/0.5 ML CART | N | N |

| | | |
|----------------------------------|---|---|
| SUMATRIPTAN 4 MG/ 0 .5 ML INJECT | N | N |
| SUMATRIPTAN 5 MG NASAL SPRAY | N | N |
| SUMATRIPTAN 6 MG/ 0 .5 ML INJECT | N | N |
| SUMATRIPTAN 6 MG/ 0 .5 ML REFILL | N | N |
| SUMATRIPTAN 6 MG/0.5 ML SYRNG | N | N |
| SUMATRIPTAN 6 MG/0.5 ML VIAL | N | N |
| SUMATRIPTAN SUCC 100 MG TABLET | N | N |
| SUMATRIPTAN SUCC 25 MG TABLET | N | N |
| SUMATRIPTAN SUCC 50 MG TABLET | N | N |
| SUNVITE TABLET | N | N |
| SUPER ANTIOXIDANT CAPSULE | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| SUPER ANTIOXIDANT SOFTGEL | N | N |
| SUPERB COMPLEX TABLET | N | N |
| SUPER CALCIUM 600-VIT D3 400 | N | N |
| SUPER DAILY D3 1;000 UNIT/DROP | N | N |
| SUPER DHA GEMS SOFTGEL | N | N |
| SUPER MULTIPLE-LOW IRON TABLET | N | N |
| SUPER OMEGA-3 SOFTGEL | N | N |
| SUPER SYNERSWEET FLAVOR POWDER | N | N |
| SUPER THERA VITE M TABLET | N | N |
| SUPER THIN 28G LANCETS | N | N |
| SUPER THIN 30G LANCETS | N | N |
| SUPRAX 100 MG TABLET CHEWABLE | N | N |
| SUPRAX 200 MG TABLET CHEWABLE | N | N |
| SUPRAX 400 MG CAPSULE | N | N |
| SUPRESS-DX PEDIATRIC DROPS | N | N |
| SURE COMFORT 0.3 ML SYRINGE | N | N |
| SURE COMFORT 0.5 ML SYRINGE | N | N |
| SURE COMFORT 1 ML SYRINGE | N | N |
| SURE COMFORT 28G LANCETS | N | N |
| SURE COMFORT 3/10 ML SYRINGE | N | N |
| SURE COMFORT 30G LANCETS | N | N |

| | | |
|--------------------------------|---|---|
| SURE COMFORT ALCOHOL PREP PADS | N | N |
| SURE COMFORT LANCING PEN | N | N |
| SURE-JECT INS 0.3 ML 31GX5/16" | N | N |
| SURE-JECT INS 0.5 ML 31GX5/16" | N | N |
| SURE-JECT INSU SYR UI00 0.3 ML | N | N |
| SURE-JECT INSU SYR UI00 0.5 ML | N | N |
| SURE-JECT INSU SYR UI00 1 ML | N | N |
| SURE-JECT INSUL SYR UI00 1 ML | N | N |
| SURE-JECT INSULIN SYRINGE 1 ML | N | N |
| SURE-LANCE 26G LANCETS | N | N |
| SURE-LANCE FLAT LANCETS | N | N |
| SURE-LANCE THIN 28G LANCETS | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| SURE-LANCE ULTRA THIN 30G | N | N |
| SURE-PEN LANCING DEVICE | N | N |
| SURE-PREP ALCOHOL PREP PADS | N | N |
| SURE-TOUCH LANCET | N | N |
| SUSPENSION VEHICLE NATURAL | N | N |
| SUSTIVA 200 MG CAPSULE | Y | N |
| SUSTIVA 50 MG CAPSULE | Y | N |
| SUSTIVA 600 MG TABLET | Y | N |
| SV CALCIUM 600 MG TABLET | N | N |
| SV CALCIUM 600-VIT D3 400 TAB | N | N |
| SV CALCIUM 600-VIT D3 800 TAB | N | N |
| SV CALCIUM CITRATE-VIT D3 TAB | N | N |
| SV FISH OIL 1,000 MG SOFTGEL | N | N |
| SV FISH OIL EC 1,200 MG SOFTGL | N | N |
| SV FOLIC ACID 800 MCG TABLET | N | N |
| SV GELATIN 650 MG CAPSULE | N | N |
| SV HAIR; SKIN AND NAILS CAPLET | N | N |
| SV IRON 65 MG TABLET | N | N |
| SV L-CARNITINE 500 MG TABLET | N | N |
| SV SALMON OIL 1,000 MG SOFTGEL | N | N |

| | | |
|--------------------------------|---|---|
| SV VITAMIN B-6 100 MG TABLET | N | N |
| SV VITAMIN D3 1;000 UNIT GUMMY | N | N |
| SV VITAMIN D3 1;000 UNIT SFTGL | N | N |
| SV VITAMIN D3 2;000 UNIT SFTGL | N | N |
| SV VITAMIN D3 25MCG(1000 UNIT) | N | N |
| SV VITAMIN D3 400 UNIT SOFTGEL | N | N |
| SV VITAMIN D3 5;000 UNIT SFTGL | N | N |
| SW ALLERGY RELIEF 10 MG TAB | N | N |
| SW ALLERGY RELIEF-D TABLET | N | N |
| SW CLEARLAX POWDER | N | N |
| SW OMEPRAZOLE DR 20 MG TABLET | N | Y |
| SWEET OIL | N | N |
| SWEETNESS ENHANCER FLAVOR LIQ | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| SWEET-SF SYRUP | N | N |
| SYEDA 28 TABLET | N | N |
| SYMAX-SL 0.125 MG TABLET SL | N | N |
| SYMFI 600-300-300 MG TABLET | N | N |
| SYMFI LO 400-300-300 MG TABLET | N | N |
| SYMTUZA 800-150-200-10 MG TAB | Y | N |
| SYRPALTA SYRUP | N | N |
| SYRSPEND SF ALKA POWDER | N | N |
| SYRSPEND SF POWDER | N | N |
| SYRUP VEHICLE | N | N |
| TAB-A-VITE WITH IRON TABLET | N | N |
| TABLOID 40 MG TABLET | N | Y |
| TACROLIMUS 0.03% OINTMENT | N | Y |
| TACROLIMUS 0.1% OINTMENT | N | Y |
| TACROLIMUS 0.5 MG CAPSULE | N | N |
| TACROLIMUS 1 MG CAPSULE | N | N |
| TACROLIMUS 5 MG CAPSULE | N | N |
| TACTINAL 325 MG TABLET | N | N |
| TACTINAL 500 MG CAPLET | N | N |
| TACTINAL 500 MG TABLET | N | N |
| TAKE ACTION 1.5 MG TABLET | N | N |
| TAME THE FLAME 500 MG CHEW TAB | N | N |
| TAMIFLU 6 MG/ML SUSPENSION | N | N |
| TAMOXIFEN 10 MG TABLET | N | N |

| | | |
|--------------------------------|---|---|
| TAMOXIFEN 20 MG TABLET | N | N |
| TAMSULOSIN HCL 0.4 MG CAPSULE | N | N |
| TANGERINE FLAVOR POWDER | N | N |
| TANGERINE SWEETENED FLAVOR PWD | N | N |
| TARINA FE 1-20 EQ TABLET | N | N |
| TARINA FE 1-20 TABLET | N | N |
| TAZTIA XT 120 MG CAPSULE | N | N |
| TAZTIA XT 180 MG CAPSULE | N | N |
| TAZTIA XT 240 MG CAPSULE | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|----------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| TAZTIA XT 300 MG CAPSULE | N | N |
| TAZTIA XT 360 MG CAPSULE | N | N |
| TDVAX VIAL | N | N |
| TEABERRY OIL FLAVOR LIQUID | N | N |
| TECFIDERA DR 120 MG CAPSULE | Y | N |
| TECFIDERA DR 240 MG CAPSULE | Y | N |
| TECFIDERA STARTER PACK | Y | N |
| TECHLITE 25G LANCETS | N | N |
| TECHLITE 28G LANCETS | N | N |
| TECHLITE 30G LANCETS | N | N |
| TELCARE ULTRA THIN 30G LANCETS | N | N |
| TEMIXYS 300-300 MG TABLET | Y | N |
| TENCON 50-325 MG TABLET | N | N |
| TENOFOVIR DISOP FUM 300 MG TB | N | N |
| TERA-GEL TAR 0.5% SHAMPOO | N | N |
| TERAZOSIN 1 MG CAPSULE | N | N |
| TERAZOSIN 10 MG CAPSULE | N | N |
| TERAZOSIN 2 MG CAPSULE | N | N |
| TERAZOSIN 5 MG CAPSULE | N | N |
| TERBINAFINE 1% CREAM | N | N |
| TERBINAFINE HCL 250 MG TABLET | N | N |
| TERBUTALINE SULFATE 2.5 MG TAB | N | N |
| TERBUTALINE SULFATE 5 MG TAB | N | N |
| TERBUTALINE SULFATE POWDER | N | N |
| TERCONAZOLE 0.4% CREAM | N | N |
| TERCONAZOLE 0.8% CREAM | N | N |
| TERCONAZOLE 80 MG SUPPOSITORY | N | N |
| TERUMO INS SYR 0.3 ML 29GX1/2" | N | N |
| TESTOSTERON CYP 1 ; 000 MG/10 ML | N | N |
| TESTOSTERON CYP 2;000 MG/10 ML | N | N |
| TESTOSTERON ENAN 1;000 MG/5 ML | N | N |
| TESTOSTERONE 12.5 MG/1.25 GRAM | Y | N |

| | | |
|--------------------------------|---|---|
| TESTOSTERONE 25 MG/ 2.5 GM PKT | Y | N |
|--------------------------------|---|---|

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| TESTOSTERONE 50 MG/5 GRAM PKT | Y | N |
| TESTOSTERONE CYP 1;000 MG/5 ML | N | N |
| TESTOSTERONE CYP 100 MG/ML | N | N |
| TESTOSTERONE CYP 200 MG/ML | N | N |
| TESTOSTERONE CYP 500 MG/2.5 ML | N | N |
| TESTOSTERONE CYP 6;000 MG/30ML | N | N |
| TESTOSTERONE CYP MICRO POWDER | N | N |
| TESTOSTERONE ENAN 200 MG/ML | Y | N |
| TESTOSTERONE MICRONIZED POWDER | N | N |
| TETRACYCLINE 250 MG CAPSULE | N | Y |
| TETRACYCLINE 500 MG CAPSULE | N | Y |
| TG 10PEH-380GFN-15DM TABLET | N | N |
| THEDCHRON ER 100 MG TABLET | N | N |
| THEDCHRON ER 200 MG TABLET | N | N |
| THEDPHYLLINE 80 MG/15 ML SOLN | N | N |
| THEDPHYLLINE ER 100 MG TABLET | N | N |
| THEOPHYLLINE ER 200 MG TABLET | N | N |
| THEOPHYLLINE ER 300 MG TAB | N | N |
| THEOPHYLLINE ER 400 MG TABLET | N | N |
| THEOPHYLLINE ER 450 MG TAB | N | N |
| THEOPHYLLINE ER 600 MG TABLET | N | N |
| THERA M PLUS TABLET | N | N |
| THERA-D 2000 TABLET | N | N |
| THERA-D RAPID REPLETION TABLET | N | N |
| THERA-D SPORT 2;000 UNIT TAB | N | N |
| THERA-GEL 0.5% SHAMPOO | N | N |
| THERAGRAN-M PREMIER 50+ CAPLET | N | N |
| THERA-M CAPLET | N | N |
| THERA-M TABLET | N | N |
| THERANATAL CORE NUTRITION TAB | N | N |
| THERAPEUTIC MOISTURIZING CREAM | N | N |
| THERAPEUTIC-M CAPLET | N | N |
| THERAPEUTIC-M TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First / Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--|
|-----------------------------|-------------------------------|--|

| | Med/Surg Drugs | Med/Surg Drugs |
|--------------------------------|----------------|----------------|
| THERA-TABS M CAPLET | N | N |
| THERATRUM COMPLETE 50 PLUS TAB | N | N |
| THERATRUM COMPLETE TABLET | N | N |
| THEREMS-M TABLET | N | N |
| THEROMEGA SOFTGEL | N | N |
| THEROMEGA SPORT SOFTGEL | N | N |
| THIN 26G LANCETS | N | N |
| THIN LANCETS 28G | N | N |
| THYROID POWDER | N | N |
| TIBSOVO 250 MG TABLET | Y | Y |
| TILIA FE 28 TABLET | N | N |
| TIMOLOL 0.25% GEL-SOLUTION | N | N |
| TIMOLOL 0.25% GFS GEL-SOLUTION | N | N |
| TIMOLOL 0.5% GEL-SOLUTION | N | N |
| TIMOLOL 0.5% GFS GEL-SOLUTION | N | N |
| TIMOLOL MALEATE 0.25% EYE DROP | N | N |
| TIMOLOL MALEATE 0.5% EYE DROPS | N | N |
| TIMOLOL MALEATE 10 MG TABLET | N | N |
| TIMOLOL MALEATE 20 MG TABLET | N | N |
| TIMOLOL MALEATE 5 MG TABLET | N | N |
| TIMOLOL MALEATE POWDER | N | N |
| TIMOPTIC 0.25% OCUDOSE DROP | N | N |
| TIMOPTIC 0.5% OCUDOSE DROP | N | N |
| TINEACIDE CREAM | N | N |
| TIVICAY 10 MG TABLET | Y | N |
| TIVICAY 25 MG TABLET | Y | N |
| TIVICAY 50 MG TABLET | Y | N |
| TIZANIDINE HCL 2 MG TABLET | N | N |
| TIZANIDINE HCL 4 MG TABLET | N | N |
| TOBRADEX EYE OINTMENT | N | N |
| TOBRAMYCIN 0.3% EYE DROP | N | N |
| TOBRAMYCIN-DEXAMETH OPHTH SUSP | N | N |
| TOBEX 0.3% EYE OINTMENT | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| TODAY'S HLTH PN NEEDLE 6MM 31G | N | N |
| TOLMETIN SODIUM 200 MG TAB | N | Y |
| TOLMETIN SODIUM 400 MG CAP | N | Y |
| TOLMETIN SODIUM 600 MG TAB | N | Y |
| TOLTERODINE TARTRATE 2 MG TAB | N | Y |

| | | |
|--------------------------------|---|---|
| TOLTERODINE TARTRATE 1 MG TAB | N | Y |
| TOPCARE ULTRA COMFORT SYRINGE | N | N |
| TOPCARE UNIVERSALI 33G LANCETS | N | N |
| TOPCARE UNIVERSALI THIN LANCET | N | N |
| TORSEMIDE 10 MG TABLET | N | N |
| TORSEMIDE 100 MG TABLET | N | N |
| TORSEMIDE 20 MG TABLET | N | N |
| TORSEMIDE 5 MG TABLET | N | N |
| TOTAL ALLERGY 25 MG TABLET | N | N |
| TOTAL B WITH VIT C CAPLET | N | N |
| TOUJEO MAX SOLOSTR 300 UNIT/ML | N | N |
| T-PLUS 0.5% THERAPEUTIC SHMPOO | N | N |
| TRACLEER 125 MG TABLET | Y | N |
| TRACLEER 62.5 MG TABLET | Y | N |
| TRAMADOL HCL 50 MG TABLET | Y | Y |
| TRAMADOL-ACETAMINOPHN 37.5-325 | Y | Y |
| TRANDOLAPRIL 1 MG TABLET | N | N |
| TRANDOLAPRIL 2 MG TABLET | N | N |
| TRANDOLAPRIL 4 MG TABLET | N | N |
| TRAVATAN Z 0.004% EYE DROP | N | N |
| TRAVEL SICKNESS 25 MG TAB CHEW | N | N |
| TRAVOPROST 0.004% EYE DROP | N | N |
| TRELEGY ELLIPTA 100-62.5-25 | N | N |
| TRETINOIN 0.01% GEL | N | Y |
| TRETINOIN 0.025% GEL | N | Y |
| TRETINOIN 0.025% CREAM | N | Y |
| TRETINOIN 0.05% CREAM | N | Y |
| TRETINOIN 0.1% CREAM | N | Y |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| TRETINOIN 10 MG CAPSULE | N | Y |
| TRETINOIN ACID POWDER | N | N |
| TRIAMCINOLONE 0.025% CREAM | N | Y |
| TRIAMCINOLONE 0.025% LOTION | N | Y |
| TRIAMCINOLONE 0.025% OINT | N | Y |
| TRIAMCINOLONE 0.1% CREAM | N | Y |

| | | |
|--------------------------------|---|---|
| TRIAMCINOLONE 0.1% LOTION | N | Y |
| TRIAMCINOLONE 0.1% OINTMENT | N | Y |
| TRIAMCINOLONE 0.1% PASTE | N | N |
| TRIAMCINOLONE 0.5% CREAM | N | Y |
| TRIAMCINOLONE 0.5% OINTMENT | N | Y |
| TRIAMCINOLONE 55 MCG NASAL SPR | N | Y |
| TRIAMCINOLONE ACETONIDE POWDER | N | N |
| TRIAMTERENE-HCTZ 37.5-25 MG CP | N | N |
| TRIAMTERENE-HCTZ 37.5-25 MG TB | N | N |
| TRIAMTERENE-HCTZ 75-50 MG TAB | N | N |
| TRIANEX 0.05% OINTMENT | N | Y |
| TRICARE PRENATAL TABLET | N | N |
| TRI-ESTARYLLA TABLET | N | N |
| TRIFLURIDINE 1% EYE DROPS | N | N |
| TRI-LEG EST FE-28 DAY TABLET | N | N |
| TRI-LINYAH TABLET | N | N |
| TRI-LO-ESTARYLLA TABLET | N | N |
| TRI-LO-MARZIA TABLET | N | N |
| TRI-LO-SPRINTEC TABLET | N | N |
| TRILYTE WITH FLAVOR PACKETS | N | N |
| TRIMETHOBENZAMIDE 300 MG CAP | N | N |
| TRIMETHOPRIM 100 MG TABLET | N | N |
| TRIMETHOPRIM POWDER | N | N |
| TRINATE TABLET | N | N |
| TRI-PREVIFEM TABLET | N | N |
| TRI-SPRINTEC TABLET | N | N |
| TRIUMEQ 600-50-300 MG TABLET | Y | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| TRI-VITE-FLUORIDE 0.25 MG/ML | N | N |
| TRI-VITE-FLUORIDE 0.5 MG/ML | N | N |
| TRI-VIT-FLUOR 0.25 MG/ML DROP | N | N |
| TRI-VIT-FLUOR 0.5 MG/ML DROP | N | N |
| TRIVORA-28 TABLET | N | N |
| TRIZIVIR TABLET | Y | N |
| TROCHE BASE | N | N |
| TROCHIBASE POWDER | N | N |
| TROCHIBASE S CLASSIC FLAKE | N | N |
| TROCHIBASE S FLAKES | N | N |
| TROGARZO 200 MG/1.33 ML VIAL | N | N |

| | | |
|---------------------------------|---|---|
| TROPICAL PUNCH FLAVOR LIQUID | N | N |
| TROPICAMIDE 0.5% EYE DROP | N | N |
| TROPICAMIDE 0.5% EYE DROPS | N | N |
| TROPICAMIDE 1% EYE DROP | N | N |
| TROPICAMIDE 1% EYE DROPS | N | N |
| TROPICAMIDE POWDER | N | N |
| TROSPIUM CHLORIDE 20 MG TABLET | N | Y |
| TROSPIUM CHLORIDE ER 60 MG CAP | N | Y |
| TRUEDRAW LANCING DEVICE | N | N |
| TRUEPLUS 26G LANCETS | N | N |
| TRUEPLUS 30G LANCETS | N | N |
| TRUEPLUS 33G LANCETS | N | N |
| TRUEPLUS KETONE TEST STRIP | N | N |
| TRUEPLUS SAFETY 28G LANCET | N | N |
| TRUEPLUS SAFETY 28G LANCETS | N | N |
| TRUEPLUS SUPER THIN 28G LANCET | N | N |
| TRUEPLUS SYR 0 . 3M L 29GX1/2" | N | N |
| TRUEPLUS SYR 0 . 3M L 30GX5/16" | N | N |
| TRUEPLUS SYR 0 . 3M L 31GX5/16" | N | N |
| TRUEPLUS SYR 0 . 5M L 28GX1/2" | N | N |
| TRUEPLUS SYR 0 . 5M L 29GX1/2" | N | N |
| TRUEPLUS SYR 0 . 5M L 30GX5/16" | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|---------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| TRUEPLUS SYR 0 . 5M L 31GX5/16" | N | N |
| TRUEPLUS SYR IML 28GX1/2" | N | N |
| TRUEPLUS SYR IML 29GX1/2" | N | N |
| TRUEPLUS SYR IML 30GX5/16" | N | N |
| TRUEPLUS SYR IML 31GX5/16" | N | N |
| TRUEPLUS ULTRA THIN 30G LANCET | N | N |
| TRULANCE 3 MG TABLET | N | N |
| TRULICITY 0 .75 MG/0.5 ML PEN | N | Y |
| TRULICITY 1.5 M G/0.5 ML PEN | N | Y |
| TRUMENBA 120 MCG/0.5 ML VACCIN | N | N |

| | | |
|--------------------------------|---|---|
| TRUSTEX CONDOM | N | N |
| TRUSTEX LATEX CONDOM | N | N |
| TRUSTEX-RIA CONDOM | N | N |
| TRUVADA 100 MG-150 MG TABLET | N | N |
| TRUVADA 133 MG-200 MG TABLET | N | N |
| TRUVADA 167 MG-250 MG TABLET | N | N |
| TRUVADA 200 MG-300 MG TABLET | N | N |
| TRUZONE PEAK FLOW METER | N | N |
| TUMS FRESHERS ANTACID CHEW TAB | N | N |
| TUSICOF CAPLET | N | N |
| TUSICOF LIQUID | N | N |
| TUSNEL DIABETIC LIQUID | N | N |
| TUSSIN 100 MG/5 ML SYRUP | N | N |
| TUSSIN CF COUGH-COLD LIQUID | N | N |
| TUSSIN CF COUGH-COLD SYRUP | N | N |
| TUSSIN CF MAX M-S COLD LIQUID | N | N |
| TUSSIN CF MULTI-SYMP TOM COLD | N | N |
| TUSSIN CHEST CONGESTION LIQUID | N | N |
| TUSSIN DM CLEAR SYRUP | N | N |
| TUSSIN DM LIQUID | N | N |
| TUSSIN DM SYRUP | N | N |
| TUSSIN MUCUS-CONG 200 MG/10 | N | N |
| TUSSI-PRES LIQUID | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| TUSSI-PRES LIQUID PACKET | N | N |
| TUSSLIN LIQUID | N | N |
| TUSSLIN PEDIATRIC DROPS | N | N |
| TUTTI FRUTTI FLAVOR LIQUID | N | N |
| TWINRIX VACCINE SYRINGE | N | N |
| TWIST LANCETS | N | N |
| TYBOST 150 MG TABLET | N | N |
| TYDEMY TABLET | N | N |
| TYKERB 250 MG TABLET | N | Y |

| | | |
|----------------------------------|---|---|
| TYLENOL 325 MG CAPLET | N | N |
| TYLENOL 325 MG TABLET | N | N |
| TYLENOL EX-STR 500 MG CAPLET | N | N |
| TYLENOL EX-STR 500 MG GELCAP | N | N |
| TYMLOS 80 MCG DOSE PEN INJECTR | Y | N |
| TYVASO 1.74 M G/ 2.9 ML SOLUTION | N | N |
| TYVASO INHALATION REFILL KIT | N | N |
| TYVASO INHALATION STARTER KIT | N | N |
| TYVASO INSTITUTIONAL START KIT | N | N |
| ULESFIA 5% LOTION | N | N |
| ULORIC 40 MG TABLET | N | Y |
| ULORIC 80 MG TABLET | N | Y |
| ULT CFT 0.3 ML 29GX1/2" (1/2) | N | N |
| ULT CFT 0.3 ML 30GX5/16" (1/2) | N | N |
| ULT CFT 0.3 ML 31GX5/16" (1/2) | N | N |
| ULTICARE INS SYR 1 ML 31GX5/16" | N | N |
| ULTICARE INS 0.3 ML 30GX1/2" | N | N |
| ULTICARE INS 0.5 ML 30GX1/2" | N | N |
| ULTICARE INS SAFETY IML 29X1/2 | N | N |
| ULTICARE INS SYR 1 ML 28GX1/2" | N | N |
| ULTICARE INS SYR 1 ML 29GX1/2" | N | N |
| ULTICARE INS SYR 1 ML 30GX1/2" | N | N |
| ULTICARE SAFETY 0.5 ML 29GX1/2 | N | N |
| ULTICARE SYR 0.3 ML 30GX1/2" | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ULTICARE SYR 0.3 ML 30GX5/16" | N | N |
| ULTICARE SYR 0.3 ML 31GX5/16" | N | N |
| ULTICARE SYR 0.5 ML 29GX1/2" | N | N |
| ULTICARE SYR 0.5 ML 30GX1/2" | N | N |
| ULTICARE SYR 0.5 ML 30GX5/16" | N | N |
| ULTICARE SYR 0.5 ML 31GX5/16" | N | N |
| ULTICARE SYR 1 ML 30GX5/16" | N | N |
| ULTICARE SYR 1 ML 31GX5/16" | N | N |
| ULTICARE SYRIN 0.3 ML 29GX1/2" | N | N |
| ULTICARE SYRIN 0.5 ML 28GX1/2" | N | N |

| | | |
|--------------------------------|---|---|
| ULTICARE SYRINGE 1 ML 30GX1/2" | N | N |
| ULTI-LANCE AUTOMATIC DEVICE | N | N |
| ULTILET 28G LANCETS | N | N |
| ULTILET 30G LANCETS | N | N |
| ULTILET 33G LANCETS | N | N |
| ULTILET CLASSIC 26G LANCETS | N | N |
| ULTILET CLASSIC 28G LANCETS | N | N |
| ULTILET CLASSIC 30G LANCETS | N | N |
| ULTILET CLASSIC 33G LANCETS | N | N |
| ULTILET PEN NEEDLE | N | N |
| ULTILET PEN NEEDLE 4MM 32G | N | N |
| ULTILET SAFETY 23G LANCETS | N | N |
| ULTRA COMFORT 0.3 ML 29GX1/2" | N | N |
| ULTRA COMFORT 0.3 ML SYRINGE | N | N |
| ULTRA COMFORT 0.5 ML 28GX1/2" | N | N |
| ULTRA COMFORT 0.5 ML 29GX1/2" | N | N |
| ULTRA COMFORT 0.5 ML 30GX5/16" | N | N |
| ULTRA COMFORT 0.5 ML 31GX5/16" | N | N |
| ULTRA COMFORT 0.5 ML SYRINGE | N | N |
| ULTRA COMFORT 1 ML 28GX1/2" | N | N |
| ULTRA COMFORT 1 ML 29GX1/2" | N | N |
| ULTRA COMFORT 1 ML 30GX5/16" | N | N |
| ULTRA COMFORT 1 ML 31GX5/16" | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ULTRA COMFORT 1 ML SYRINGE | N | N |
| ULTRA FREEDA TABLET | N | N |
| ULTRA FREEDA WITH IRON TABLET | N | N |
| ULTRA FRESH 0.5% EYE DROP | N | N |
| ULTRA THIN 28G LANCETS | N | N |
| ULTRA THIN 30G LANCETS | N | N |
| ULTRA THIN 31G LANCETS | N | N |
| ULTRA THIN 33G LANCETS | N | N |
| ULTRA-THIN 1 ML 31GX5/16" | N | N |
| ULTRA-THIN 28G LANCETS | N | N |
| ULTRA-THIN 30G LANCETS | N | N |
| ULTRA-THIN INS 0.3 ML 30G | N | N |
| ULTRA-THIN INS 0.3 ML 31G | N | N |
| ULTRA-THIN INS 0.5 ML 29G | N | N |

| | | |
|--------------------------------|---|---|
| ULTRA-THIN INS 0.5 ML 30G | N | N |
| ULTRA-THIN INS 0.5 ML 31G | N | N |
| ULTRA-THIN INS SYR 1 ML 29G | N | N |
| ULTRA-THIN I INS SYR 1 ML 30G | N | N |
| UNICOMPLEX-M TABLET | N | N |
| UNIFINE PENTIPS 12MM 29G | N | N |
| UNIFINE PENTIPS 31GX3/16" | N | N |
| UNIFINE PENTIPS 32GX5/32" | N | N |
| UNIFINE PENTIPS 6MM 31G | N | N |
| UNIFINE PENTIPS 6MM NEEDLE | N | N |
| UNIFINE PENTIPS 8MM 31G | N | N |
| UNIFINE PENTIPS 8MM NEEDLE | N | N |
| UNIFINE PENTIPS NEEDLES 29G | N | N |
| UNIFINE PENTIPS PLUS 29GX1/2" | N | N |
| UNIFINE PENTIPS PLUS 31GX1/4" | N | N |
| UNIFINE PENTIPS PLUS 31GX3/16" | N | N |
| UNIFINE PENTIPS PLUS 31GX5/16" | N | N |
| UNIFINE PENTIPS PLUS 32GX5/32" | N | N |
| UNIFINE PENTIPS PLUS 33GX5/32" | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| UNILET COMFORTOUCH 26G LANCETS | N | N |
| UNILET COMFORTOUCH LANCET | N | N |
| UNILET EXCELITE II LANCET | N | N |
| UNILET EXCELITE LANCET | N | N |
| UNILET GP LANCET | N | N |
| UNILET GP LANCET SUPERLITE | N | N |
| UNILET MICRO THIN 33G LANCETS | N | N |
| UNILET SUPER THIN 30G LANCETS | N | N |
| UNILET ULTRA THIN 28G LANCETS | N | N |
| UNISOM 25 MG SLEEPTABS | N | N |
| UNISOM SLEEP AID 25 MG TABLET | N | N |
| UNISTIK 2 NORMAL 0.81MM DEVICE | N | N |
| UNISTIK 3 GENTLE 30G LANCETS | N | N |

| | | |
|--------------------------------|---|---|
| UNISTIK 3 GENTLE ON-THE-GO 30G | N | N |
| UNISTIK SAFETY 28G LANCET | N | N |
| UNISTIK SAFETY 30G LANCETS | N | N |
| UNISTIK TOUCH 21G LANCETS | N | N |
| UNISTIK TOUCH 23G LANCETS | N | N |
| UNISTIK TOUCH 28G LANCETS | N | N |
| UNISTIK TOUCH 30G LANCETS | N | N |
| UNITHROID 100 MCG TABLET | N | N |
| UNITHROID 112 MCG TABLET | N | N |
| UNITHROID 125 MCG TABLET | N | N |
| UNITHROID 137 MCG TABLET | N | N |
| UNITHROID 150 MCG TABLET | N | N |
| UNITHROID 175 MCG TABLET | N | N |
| UNITHROID 200 MCG TABLET | N | N |
| UNITHROID 25 MCG TABLET | N | N |
| UNITHROID 300 MCG TABLET | N | N |
| UNITHROID 50 MCG TABLET | N | N |
| UNITHROID 75 MCG TABLET | N | N |
| UNITHROID 88 MCG TABLET | N | N |
| UNIVERSAL 133G LANCETS | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| UP&UP GLUCOSE 4 GRAM TAB CHEW | N | N |
| UREA 40% CREAM | N | N |
| URISTIX 4 REAGENT STRIPS | N | N |
| URISTIX REAGENT STRIPS | N | N |
| URSODIOL 250 MG TABLET | N | N |
| URSODIOL 300 MG CAPSULE | N | N |
| URSODIOL 500 MG TABLET | N | N |
| VALACYCLOVIR HCL 1 GRAM TABLET | N | N |
| VALACYCLOVIR HCL 500 MG TABLET | N | N |
| VALGANCICLOVIR 450 MG TABLET | N | N |
| VALGANCICLOVIR HCL 50 MG/ML | Y | N |
| VALSARTAN 160 MG TABLET | N | N |

| | | |
|--------------------------------|---|---|
| VALSARTAN 320 MG TABLET | N | N |
| VALSARTAN 40 MG TABLET | N | N |
| VALSARTAN 80 MG TABLET | N | N |
| VALSARTAN-HCTZ 160-12.5 MG TAB | N | N |
| VALSARTAN-HCTZ 160-25 MG TAB | N | N |
| VALSARTAN-HCTZ 320-12.5 MG TAB | N | N |
| VALSARTAN-HCTZ 320-25 MG TAB | N | N |
| VALSARTAN-HCTZ 80-12.5 MG TAB | N | N |
| VALUE PLUS LANCING DEVICE | N | N |
| VANACOF DM 18-200-10 MG/15 ML | N | N |
| VANOCIN HCL 125 MG CAPSULE | Y | N |
| VANCOMYCIN HCL 125 MG CAPSULE | Y | N |
| VANCOMYCIN HCL 250 MG CAPSULE | Y | N |
| VANCOMYCIN HCL POWDER | N | N |
| VANDAZOLE VAGINAL 0.75% GEL | N | N |
| VANILLA BUTTERNUT FLAVOR LIQ | N | N |
| VANILLA EXTRACT FLAVOR LIQUID | N | N |
| VANILLA FLAVOR LIQUID | N | N |
| VANISHPOINT 0.5 ML 30GX1/2" SY | N | N |
| VANISHPOINT 22GX1" 3 ML SYR | N | N |
| VANISHPOINT U-100 29X1/2 SYR | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| VANTAGE LANCING DEVICE | N | N |
| VAQTA 25 UNITS/0.5 ML SYRINGE | N | N |
| VAQTA 50 UNITS/ML SYRINGE | N | N |
| VARIVAX VACCINE VIAL | N | N |
| VARIVAX VACCINE WITH DILUENT | N | N |
| VECTICAL 3 MCG/G OINTMENT | N | N |
| VELETRI 0.5 MG VIAL | N | N |
| VELETRI 1.5 MG VIAL | N | N |
| VELIVET 28 DAY TABLET | N | N |
| VEMLIDY 25 MG TABLET | N | N |
| VENTAVIS 10 MCG/1 ML SOLUTION | N | N |
| VENTAVIS 20 MCG/1 ML SOLUTION | N | N |
| VERAPAMIL 120 MG TABLET | N | N |
| VERAPAMIL 360 MG CAP PELLETT | N | N |
| VERAPAMIL 40 MG TABLET | N | N |

| | | |
|--------------------------------|---|---|
| VERAPAMIL 80 MG TABLET | N | N |
| VERAPAMIL ER 120 MG CAPSULE | N | N |
| VERAPAMIL ER 120 MG TABLET | N | N |
| VERAPAMIL ER 180 MG CAPSULE | N | N |
| VERAPAMIL ER 180 MG TABLET | N | N |
| VERAPAMIL ER 240 MG CAPSULE | N | N |
| VERAPAMIL ER 240 MG TABLET | N | N |
| VERAPAMIL ER PM 100 MG CAPSULE | N | N |
| VERAPAMIL ER PM 200 MG CAPSULE | N | N |
| VERAPAMIL ER PM 300 MG CAPSULE | N | N |
| VERAPAMIL HCL POWDER | N | N |
| VERAPAMIL SR 120 MG CAPSULE | N | N |
| VERAPAMIL SR 180 MG CAPSULE | N | N |
| VERAPAMIL SR 240 MG CAPSULE | N | N |
| VERSA FREE SF SYRUP VEHICLE | N | N |
| VERSA PLUS SUSPENSION VEHICLE | N | N |
| VIBERZI 100 MG TABLET | N | N |
| VIBERZI 75 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| VICKS QLEARQUIL 0.05% MIST | N | N |
| VIGAMOX 0.5% EYE DROPS | N | N |
| VINATE ONE TABLET | N | N |
| VINATE-M TABLET | N | N |
| VIORELE 28 DAY TABLET | N | N |
| VIRACEPT 250 MG TABLET | Y | N |
| VIRACEPT 625 MG TABLET | Y | N |
| VIRAMUNE 200 MG TABLET | N | N |
| VIRAMUNE 50 MG/5 ML SUSP | N | N |
| VIRAMUNE XR 400 MG TABLET | N | N |
| VIREAD 150 MG TABLET | N | N |
| VIREAD 200 MG TABLET | N | N |
| VIREAD 250 MG TABLET | N | N |
| VIREAD 300 MG TABLET | N | N |
| VIREAD POWDER | N | N |
| VIRUSSIN AC 10-100 MG/5 ML LQ | N | N |
| VIRUSSIN AC W-ALC 10-100 MG/5 | N | N |
| VIRUSSIN DAC LIQUID | N | N |

| | | |
|---------------------------------|---|---|
| VISION PLUS LUTEIN VITAMIN TAB | N | N |
| VISION VITAMINS TABLET | N | N |
| VIT A;C;D-FLUORIDE 0.25 MG/ML | N | N |
| VIT A; C;D-FL UORI DE 0.5 MG/ML | N | N |
| VIT D3 125 MCG (5000 UNIT) TAB | N | N |
| VITACEL TABLET | N | N |
| VITAFOL-OB CAPLET | N | N |
| VITAJLOY DAILY D GUMMY | N | N |
| VITAMIN AND MINERALS TABLET | N | N |
| VITAMIN B COMPLEX-VIT C CAPLET | N | N |
| VITAMIN B COMPLEX-VITAMIN C TB | N | N |
| VITAMIN B-6100 MG TABLET | N | N |
| VITAMIN B-6 25 MG TABLET | N | N |
| VITAMIN B-6 250 MG TABLET | N | N |
| VITAMIN B-6 50 MG TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| VITAMIN B-COMPLEX & C CAPLET | N | N |
| VITAMIN D2 1.25MG(50;000 UNIT) | N | N |
| VITAMIN D2 400 UNIT TABLET | N | N |
| VITAMIN D3 1;000 UNIT GUMMIES | N | N |
| VITAMIN D3 1;000 UNIT GUMMY | N | N |
| VITAMIN D3 1;000 UNIT SOFTGEL | N | N |
| VITAMIN D3 1;000 UNIT TAB CHEW | N | N |
| VITAMIN D3 1;000 UNIT TABLET | N | N |
| VITAMIN D3 10 MCG/ML LIQUID | N | N |
| VITAMIN D3 10;000 UNIT SOFTGEL | N | N |
| VITAMIN D3 125 MCG (5000 UNIT) | N | N |
| VITAMIN D3 125 MCG CAPSULE | N | N |
| VITAMIN D3 2;000 UNIT SOFTGEL | N | N |
| VITAMIN D3 2;000 UNIT TABLET | N | N |
| VITAMIN D3 25 MCG (1;000 UNIT) | N | N |
| VITAMIN D3 25 MCG SOFTGEL | N | N |
| VITAMIN D3 25 MCG TABLET | N | N |
| VITAMIN D3 3;000 UNIT TABLET | N | N |

| | | |
|--------------------------------|---|---|
| VITAMIN D3 400 UNIT SOFTGEL | N | N |
| VITAMIN D3 400 UNIT TAB CHEW | N | N |
| VITAMIN D3 400 UNIT TABLET | N | N |
| VITAMIN D3 400 UNIT/5 ML LIQ | N | N |
| VITAMIN D3 5;000 UNIT CAPSULE | N | N |
| VITAMIN D3 5;000 UNIT SOFTGEL | N | N |
| VITAMIN D3 5;000 UNIT TABLET | N | N |
| VITAMIN D3 5;000 UNIT/ML DROPS | N | N |
| VITAMIN D3 50 MCG (2;000 UNIT) | N | N |
| VITAMIN D3 50 MCG TABLET | N | N |
| VITAMIN D3 50;000 UNIT CAPSULE | N | N |
| VITAMIN D3 COMPLETE CAPLET | N | N |
| VITAMIN D-400 TABLET | N | N |
| VITAMINS A-D-E TABLET | N | N |
| VITATRUM TABLET | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| VITRUM 50 PLUS SENIOR TABLET | N | N |
| VITRUM SENIOR TABLET | N | N |
| VORTEX HOLDING CHAMBER | N | N |
| VORTEX HOLDING CHAMBER-CHILD | N | N |
| VORTEX HOLDING CHAMBER-TODDLER | N | N |
| VOTRIENT 200 MG TABLET | N | Y |
| V-R ALCOHOL PREP PADS | N | N |
| VYFEMLA 28 TABLET | N | N |
| VYNDAQEL 20 MG CAPSULE | N | N |
| VYTORIN 10-10 MG TABLET | N | Y |
| VYTORIN 10-20 MG TABLET | N | Y |
| VYTORIN 10-40 MG TABLET | N | Y |
| VYTORIN 10-80 MG TABLET | N | Y |
| WAL-DRYL ALLERGY 12.5 MG/5 ML | N | N |
| WAL-DRYL ALLERGY 25 MG CAPSULE | N | N |
| WAL-DRYLALLERGY 25 MG MINITAB | N | N |
| WAL-DRYL ALLERGY 25 MG SOFTGEL | N | N |

| | | |
|---------------------------------|---|---|
| WAL-FEX ALLERGY 180 MG TABLET | N | N |
| WAL-FEX ALLERGY 60 MG TABLET | N | N |
| WAL-FEX D 12 HOUR 60-120 TAB | N | N |
| WAL-FEX D 24 HOUR 180-240 TAB | N | N |
| WAL-FINATE 4 MG TABLET | N | N |
| WAL-FINATE-D TABLET | N | N |
| WALGREENS THIN LANCETS | N | N |
| WALGREENS ULTRA THIN LANCETS | N | N |
| WAL-ITIN 10 MG TABLET | N | N |
| WAL-ITIN 5 MG/5 ML SYRUP | N | N |
| WAL-ITIN D 24 HOUR TABLET | N | N |
| WAL-MUCIL 0.52 G CAPSULE | N | N |
| WAL-MUCIL 100% NATURAL FIBER | N | N |
| WAL-MUCIL NTRL FIBER LAX POWD | N | N |
| WAL-PH ED SINUS AND ALLERGY TAB | N | N |
| WAL-PROFEN 200 MG TABLET | N | Y |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| WAL-PROFEN 200 MG CAPLET | N | Y |
| WAL-SOM 25 MG TABLET | N | N |
| WAL-ZYR 0.025% EYE DROPS | N | N |
| WAL-ZYR 10 MG TABLET | N | N |
| WAL-ZYR D TABLET | N | N |
| WAL-ZYR SOLUTION | N | N |
| WARFARIN SODIUM 2 MG TABLET | N | Y |
| WARFARIN SODIUM 2.5 MG TABLET | N | Y |
| WARFARIN SODIUM 6 MG TABLET | N | Y |
| WARFARIN SODIUM 1 MG TABLET | N | Y |
| WARFARIN SODIUM 10 MG TABLET | N | Y |
| WARFARIN SODIUM 3 MG TABLET | N | Y |
| WARFARIN SODIUM 4 MG TABLET | N | Y |
| WARFARIN SODIUM 5 MG TABLET | N | Y |
| WARFARIN SODIUM 7.5 MG TABLET | N | Y |
| WARFARIN SODIUM POWDER | N | N |

| | | |
|--------------------------------|---|---|
| WART REMOVER 17% LIQUID | N | N |
| WART REMOVER LIQUID | N | N |
| WART REMOVER SOLUTION | N | N |
| WATER FOR INJECTION VIAL | N | N |
| WATERMELON FLAVOR | N | N |
| WATERMELON FLAVOR LIQUID | N | N |
| WEBCOL ALCOHOL PREPS | N | N |
| WERA 0.5/ 0.035 MG 28 TABLET | N | N |
| WESTHROID 130 MG TABLET | N | N |
| WHITE PETROLATUM JELLY | N | N |
| WHITE PETROLEUM JELLY | N | N |
| WIDE SEAL DIAPHRAGM 65MM | N | N |
| WIDE SEAL DIAPHRAGM 70MM | N | N |
| WIDE SEAL DIAPHRAGM 75MM | N | N |
| WIDE SEAL DIAPHRAGM 80MM | N | N |
| WIDE SEAL DIAPHRAGM 85MM | N | N |
| WILD CHERRY FLAVOR CONC LIQUID | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|--------------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| WINRHO SDF 1;500 UNIT VIAL | N | N |
| WINRHO SDF 15;000 UNIT VIAL | N | N |
| WINRHO SDF 2;500 UNIT VIAL | N | N |
| WINRHO SDF 5;000 UNIT VIAL | N | N |
| WIXELA 100-50 INHUB | N | Y |
| WIXELA 250-50 INHUB | N | Y |
| WIXELA 500-50 INHUB | N | Y |
| WM UNIFINE PENTIP PLUS 4MM 32G | N | N |
| WM UNIFINE PENTIP PLUS 5MM 31G | N | N |
| WM UNIFINE PENTIP PLUS 6MM 31G | N | N |
| WM UNIFINE PENTIP PLUS 8MM 31G | N | N |
| WOMEN'S DAILY CAPLET | N | N |
| WOMEN'S DAILY FORMULA CAPLET | N | N |
| WP THYROID 130 MG TABLET | N | N |
| WYMZYA FE CHEWABLE TABLET | N | N |
| XALKORI 200 MG CAPSULE | N | N |

Change PA "Y" to "N" and Step Therapy "N" to "Y"
Change PA "Y" to "N" and Step Therapy "N" to "Y"
Change PA "Y" to "N" and Step Therapy "N" to "Y"

| | | |
|--------------------------------|---|---|
| XALKORI 250 MG CAPSULE | N | N |
| XANTHAN GUM POWDER | N | N |
| XOFLUZA 20 MG TAB (40 MG DOSE) | N | N |
| XOFLUZA 40 MG TAB (80 MG DOSE) | N | N |
| X-SEB T PLUS SHAMPOO | N | N |
| XTANDI 40 MG CAPSULE | N | N |
| XULANE PATCH | N | N |
| YELETS TABLET | N | N |
| YUVAFEM 10 MCG VAGINAL INSERT | N | N |
| ZAFIRLUKAST 10 MG TABLET | N | N |
| ZAFIRLUKAST 20 MG TABLET | N | N |
| ZARAH TABLET | N | N |
| ZEBUTAL 50-325-40 MG CAPSULE | N | N |
| ZEGERID 20 MG PACKET | N | N |
| ZELBORAF 240 MG TABLET | N | N |
| ZENATANE 10 MG CAPSULE | N | N |
| ZENATANE 20 MG CAPSULE | N | N |

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Appendix F5. Maryland Physicians Care (MPG)
Prescription Drugs Subject to NQTLs, by Delivery
System

| Prescription Drug Formulary | Prior Authorization (PA) NQTL | Fail First/Step Therapy (FF/ST) NQTL |
|-----------------------------|-------------------------------|--------------------------------------|
| | Med/Surg Drugs | Med/Surg Drugs |
| ZENATANE 30 MG CAPSULE | N | N |
| ZENATANE 40 MG CAPSULE | N | N |
| ZIAGEN 20 MG/ML SOLUTION | N | N |
| ZIAGEN 300 MG TABLET | N | N |
| ZIDOVUDINE 100 MG CAPSULE | N | N |
| ZIDOVUDINE 300 MG TABLET | N | N |
| ZIDOVUDINE 50 MG/5 ML SYRUP | N | N |
| ZOLMITRIPTAN 2.5 MG ODT | N | N |
| ZOLMITRIPTAN 2.5 MG TABLET | N | N |
| ZOLMITRIPTAN 5 MG ODT | N | N |
| ZOLMITRIPTAN 5 MG TABLET | N | N |
| ZOMIG 5 MG NASAL SPRAY | N | N |
| ZOSTAVAX VIAL | N | N |
| ZOVIA 1-35E TABLET | N | N |

