

The tables below outline updates to 2012 Medi-CareFirst BlueCross BlueShield formulary (list of covered drugs). Please keep this list of updates with the copy of the formulary for your reference. The updates below are part of the most recent approved formulary ID 00012179, V19, 03/19/2012. Please keep this list of formulary updates with the copy of the formulary for your reference.

Formulary Additions, Reduction to cost-sharing, Removal of Prior Authorization or Quantity limit.				
<i>Brand Name of Affected Drug</i>	<i>Description of Change</i>	<i>Effective date of Change</i>	<i>Tier</i>	<i>Requirements/ Limits(PA=Prior Authorization, QL=Quantity Limit)</i>
SUBOXONE 2MG-0.5MG & 8 MG-2 MG FILMTAB & SUBL TAB	Reduction to cost-sharing	01/01/2012	2	PA
EBARBI 40 & 80 MG TABLET	Reduction to cost-sharing	01/01/2012	2	
PLAVIX 75 MG TABLET	Reduction to cost-sharing	01/01/2012	2	
ANDROGEL 50 MG (1%) GEL PACKET	Reduction to cost-sharing	01/01/2012	2	
LIALDA 1.2 G TABLET DR	Reduction to cost-sharing	01/01/2012	2	
RECLAST INFUS. BTL 5MG/100ML	Removal of prior authorization Part B vs D	01/01/2012	3	
ZOMETA VIAL 4MG/5ML, 4MG/100ML	Removal of prior authorization Part B vs D	01/01/2012	3	
CIPROFLOXACIN ER 500 & 1000 MG	Removal of Quantity limit	01/01/2012	1	
ARICEPT 23MG	Brand tier decrease from tier 3 to tier 2	01/01/2012	2	
NITROSTAT 0.3, 0.4 & 0.6 MG TAB SUBL	Brand tier decrease from tier 3 to tier 2	02/01/2012	2	
BRIMONIDINE TARTRATE 0.15% DROPS	Formulary Additions	03/19/2012	1	

<i>Brand Name of Affected Drug</i>	<i>Description of Change</i>	<i>Effective date of Change</i>	<i>Tier</i>	<i>Requirements/ Limits(PA=Prior Authorization,QL=Quantity Limit)</i>
CAPRELSA 100 & 300 MG TABLET	Formulary Additions	03/19/2012	4	PA=YES
CLOBETASOL PROPIONATE 0.05% FOAM, SHAMPOO & LOTION	Formulary Additions	03/19/2012	1	
CROMOLYN SODIUM 20MG/ML SOL	Formulary Additions	03/19/2012	1	
EDARBYCLOR 40-12.5 MG & 40 MG-25MG TABLET	Formulary Additions	03/19/2012	2	
GABLOFEN 40000/20ML VIAL	Formulary Additions	03/19/2012	4	
LAMIVUDINE-ZIDOVUDINE 150-300MG TABLET	Formulary Additions	03/19/2012	4	
LIORESAL INTRATHECAL 2000MCG/ML AMPUL	Formulary Additions	03/19/2012	4	
METHYLPHENIDATE ER 20, 30 & 40 MG CPMP 50-50	Formulary Additions	03/19/2012	1	
ORTHO TRI-CYCLEN 7DAYSX3 28 TABLET	Formulary Additions	03/19/2012	3	
OXECTA 5 & 7.5 MG TABLET	Formulary Additions	03/19/2012	3	
PROMACTA 12.5 MG TABLET	Formulary Additions	03/19/2012	4	
RECTIV 0.4% (W/W) OINT. (G)	Formulary Additions	03/19/2012	3	
VESTURA 0.02-3(24) TABLET	Formulary Additions	03/19/2012	1	

Formulary Deletions, Changes to cost-sharing, Addition of Prior Authorization or Quantity limit.

<i>Name of Affected Drug</i>	<i>Description of Change</i>	<i>Effective date of Change</i>	<i>*Alt. Drug</i>	<i>**Alt. Drug Tier</i>	<i>Requirements/ Limits(PA=Prior Authorization, QL=Quantity Limit)</i>
PHOTOFRIN 75 MG VIAL	Drug removed from Formulary by Medicare	02/01/2012	Consult Your Doctor	N/A	
PANLOR SS 32-713-60 TABLET	Drug removed from Formulary by Medicare	02/01/2012	Consult Your Doctor	N/A	

<i>Name of Affected Drug</i>	<i>Description of Change</i>	<i>Effective date of Change</i>	<i>*Alt. Drug</i>	<i>**Alt. Drug Tier</i>	<i>Requirements/Limits (PA=Prior Authorization/QL=Quantity Limit)</i>
KERLONE 10 MG TABLET	Drug removed from Formulary by Medicare	02/01/2012	Consult Your Doctor	N/A	
CALCITONIN-SALMON 200 UNITS SPRAY	Addition of Prior Authorization	04/01/2012	Consult Your Doctor	N/A	PA-Part B vs D
FORTICAL 200 UNITS SPRAY	Addition of Prior Authorization	04/01/2012	Consult Your Doctor	N/A	PA-Part B vs D
MIACALCIN VIAL 200/ML SPRAY	Addition of Prior Authorization	04/01/2012	Consult Your Doctor	N/A	PA-Part B vs D
ARIXTRA 2.5MG/0.5, 7.5MG/0.6, 5MG/0.4ML & 10MG/0.8ML DISP SYRIN	Brand tier increase to tier 3, generic available	04/30/2012	Fondaparinux Sodium	1	
EPIVIR TABLET 150 & 300 MG	Brand tier increase to tier 3, Generic available	05/31/2012	Lamivudine	1	
AXID 150 MG CAPSULE	Drug removed from Formulary by Medicare	03/19/2012	Consult Your Doctor	N/A	
MINITRAN 0.4MG/HR, 0.6MG/HR, 0.2MG/HR & 0.1MG/HR PATCH	Drug removed from Formulary by Medicare	03/19/2012	Consult Your Doctor	N/A	
NORFLEX 30 MG/ML AMPUL	Drug removed from Formulary by Medicare	03/19/2012	Consult Your Doctor	N/A	
TAMBOCOR 50, 100 & 150 MG TABLET	Drug removed from Formulary by Medicare	03/19/2012	Consult Your Doctor	N/A	



2012 BlueRx (PDP)

Comprehensive Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.**

Note to existing members:

This formulary has changed since last year.
Please review this document to make sure that it still contains
the drugs you take.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayment/coinsurance may change on January 1, 2013.

A Medicare-approved Part D sponsor.

To receive this information in an alternate format, please call 800-693-1434.

Comprehensive Formulary

Important Information

What is the Medi-CareFirst BlueCross BlueShield Formulary?

A formulary is a list of covered drugs selected by Medi-CareFirst BlueCross BlueShield (Medi-CareFirst) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Medi-CareFirst will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medi-CareFirst network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were

available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of August 10, 2011. To get updated information about the drugs covered by Medi-CareFirst, please visit our web site at www.medi-carefirst.com or call Claims Customer Service at (800) 693-1434, 24 hours a day, 7 days a week. TTY/TDD users should call (800) 693-0765. Medi-CareFirst will place all formulary changes on errata sheets which will be included within printed formularies for all new members. Existing members who have already received a printed formulary will receive notice of formulary or Cost-Sharing Change letter by mail. All formulary changes will also be posted on our web site.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiac Drugs.” If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 163. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Medi-CareFirst covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization: Medi-CareFirst requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from Medi-CareFirst before you fill your prescriptions. If you don’t get approval, Medi-CareFirst may not cover the drug.

Quantity Limits: For certain drugs, Medi-CareFirst limits the amount of the drug that Medi-CareFirst will cover. For example, Medi-CareFirst provides up to 9 tablets per 34-day prescription for Zomig 5mg tablet. This may be in addition to a standard one month or three month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.medi-carefirst.com.

You can ask Medi-CareFirst to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Medi-CareFirst formulary?” on page 4 for information about how to request an exception.

Comprehensive Formulary

Important Information

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Claims Customer Service and confirm that your drug is not covered. If you learn that Medi-CareFirst does not cover your drug, you have two options:

- You can ask Claims Customer Service for a list of similar drugs that are covered by Medi-CareFirst. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Medi-CareFirst.
- You can ask Medi-CareFirst to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Medi-CareFirst Formulary?

You can ask Medi-CareFirst to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Medi-CareFirst limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Brand tier (Tier 3), you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand tier (Tier 2) instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Tier (Tier 4).

Generally, Medi-CareFirst will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement.

You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite

is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer

days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34 day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are beyond the 90-day transition period and are experiencing circumstances that involve a "level of care change" – that is, changing from one treatment setting to another – we will cover a temporary transition supply of up to 30 days or 34 days, depending on your level of care change, while you pursue a Drug List exception.

For more information

For more detailed information about your MedicareFirst prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about MedicareFirst, please call Claims Customer Service at (800) 693-1434, 24 hours a day, 7 days a week. TTY/TDD users should call (800) 693-0765. Or, visit **www.medi-carefirst.com**.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit **www.medicare.gov**.

Comprehensive Formulary

Important Information

Medi-CareFirst's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Medi-CareFirst. If you have trouble finding your drug in the list, turn to the Index that begins on page 163.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LASIX) and generic drugs are listed in lower-case italics (e.g., *furosemide*).

The information in the Requirements/Limits column tells you if Medi-CareFirst has any special requirements for coverage of your drug. PA means that the drug is subject to a *prior authorization* requirement. QL means that a *quantity limit* applies to that drug.

Drug Tier	BlueRx Standard Copay/Co-insurance	BlueRx Enhanced Copay/Co-insurance
Tier 1: Generic Drug	\$8	\$8
Tier 2: Preferred Brand Drug	\$30	\$30
Tier 3: Non-Preferred Brand Drug	\$65	\$65
Tier 4: Specialty Tier Drug	25% co-insurance	25% co-insurance

The benefits information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan.

Benefits, formulary, pharmacy network, premium and/or copayment/co-insurance may change on January 1, 2013. Please contact Medi-CareFirst for details.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call:

- *1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;*
- *The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or*
- *Your state Medicaid office*

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
5-ALPHA-REDUCTASE INHIBITORS		
5-ALPHA-REDUCTASE INHIBITORS - MISCELLANEOUS THERAPEUTIC AGENTS		
AVODART CAPSULE 0.5 MG	2	
JALYN CPMP 24HR 0.5-0.4 MG	2	
PROSCAR TABLET 5 MG	3	
<i>finasteride</i> TABLET 5 MG	1	
ACIDIFYING AGENTS		
ACIDIFYING AGENTS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		
<i>ammonium chloride</i> VIAL 5MEQ/ML	1	
ADRENALS		
ADRENALS - HORMONES AND SYNTHETIC SUBSTITUTES		
ADVAIR DISKUS DISK W/DEV - 100-50MCG	2	
ADVAIR DISKUS DISK W/DEV - 250-50MCG	2	
ADVAIR DISKUS DISK W/DEV - 500-50MCG	2	
ADVAIR HFA AER W/ADAP - 115-21MCG	2	
ADVAIR HFA AER W/ADAP - 230-21MCG	2	
ADVAIR HFA AER W/ADAP 45-21MCG	2	
ALVESCO HFA AER AD 160MCG	3	
ALVESCO HFA AER AD 80MCG	3	
ASMANEX AER POW BA 110MCG(30)	2	
ASMANEX AER POW BA 220MCG 120	2	
ASMANEX AER POW BA 220MCG(14)	2	
ASMANEX AER POW BA 220MCG(30)	2	
ASMANEX AER POW BA 220MCG(60)	2	
CELESTONE SOLUTION 0.6MG/5ML	3	
CORTEF TABLET 10 MG	3	
CORTEF TABLET 20 MG	3	
CORTEF TABLET 5 MG	3	
DEPO-MEDROL VIAL 20 MG/ML	3	
DEPO-MEDROL VIAL 40 MG/ML	3	
DEPO-MEDROL VIAL 80 MG/ML	3	
DEXPAK TAB DS PK 1.5MG (51)	3	
DULERA HFA AER AD 100-5 MCG	2	
DULERA HFA AER AD 200-5 MCG	2	
ENTOCORT EC CAP ER 24H 3 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
FLOVENT DISKUS DISK W/DEV 100 - MCG	2	
FLOVENT DISKUS DISK W/DEV 250 - MCG	2	
FLOVENT DISKUS DISK W/DEV 50 - MCG	2	
FLOVENT HFA AER W/ADAP 110MCG	2	
FLOVENT HFA AER W/ADAP 220MCG	2	
FLOVENT HFA AER W/ADAP 44MCG	2	
MEDROL TABLET 16 MG	3	
MEDROL TABLET 32 MG	3	
MEDROL TAB DS PK 4 MG	3	
MEDROL TABLET 4 MG	3	
MEDROL TABLET 8 MG	3	
MILLIPRED SOLUTION 10 MG/5 ML	3	
ORAPRED ODT TAB RAPDIS 15 MG	3	
ORAPRED ODT TAB RAPDIS 30 MG	3	
ORAPRED SOLUTION 15 MG/5 ML	3	
PEDIAPRED SOLUTION 5 MG/5 ML	3	
PULMICORT FLEXHALER AER POW - BA 180MCG	2	
PULMICORT FLEXHALER AER POW - BA 90 MCG	2	
PULMICORT AMPUL-NEB 0.25MG/2ML	3	
PULMICORT AMPUL-NEB 0.5MG/2ML	3	
PULMICORT AMPUL-NEB 1 MG/2 ML	3	
QVAR AER W/ADAP 40 MCG	3	
QVAR AER W/ADAP 80MCG	3	
SOLU-CORTEF (PF) VIAL 100 - MG/2ML	3	
SOLU-CORTEF (PF) VIAL 250 - MG/2ML	3	
SOLU-MEDROL (PF) VIAL - 125MG/2ML	3	
SOLU-MEDROL (PF) VIAL 40 MG/ML	3	
SOLU-MEDROL (PF) VIAL 500 - MG/4ML	3	
SOLU-MEDROL VIAL 2 G	3	
SYMBICORT HFA AER AD - 160-4.5MCG	2	
SYMBICORT HFA AER AD 80-4.5MCG	2	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
VERIPRED 20 SOLUTION 20 MG/5 - ML	3	
<i>a-hydrocort</i> VIAL 100 MG	1	
<i>a-methapred</i> VIAL 125MG/2ML	1	
<i>a-methapred</i> VIAL 40 MG/ML	1	
<i>budesonide</i> AMPUL-NEB - 0.25MG/2ML	1	
<i>budesonide</i> AMPUL-NEB 0.5MG/2ML	1	
<i>cortisone acetate</i> TABLET 25 MG	1	
<i>dexamethasone intensol</i> DROPS - 0.5MG/.5ML	1	
<i>dexamethasone sodium</i> - <i>phosphate</i> VIAL 4 MG/ML	1	
<i>dexamethasone</i> ELIXIR 0.5 - MG/5ML	1	
<i>dexamethasone</i> TABLET 0.5 MG	1	
<i>dexamethasone</i> TABLET 0.75 MG	1	
<i>dexamethasone</i> TABLET 1 MG	1	
<i>dexamethasone</i> TABLET 1.5 MG	1	
<i>dexamethasone</i> TABLET 2 MG	1	
<i>dexamethasone</i> TABLET 4 MG	1	
<i>dexamethasone</i> TABLET 6 MG	1	
<i>fludrocortisone acetate</i> - TABLET 0.1 MG	1	
<i>hydrocortisone</i> TABLET 10 MG	1	
<i>hydrocortisone</i> TABLET 20 MG	1	
<i>hydrocortisone</i> TABLET 5 MG	1	
<i>methylprednisolone acetate</i> - VIAL 40 MG/ML	1	
<i>methylprednisolone acetate</i> - VIAL 80 MG/ML	1	
<i>methylprednisolone sod succ</i> - VIAL 1000 MG	1	
<i>methylprednisolone sod succ</i> - VIAL 125 MG	1	
<i>methylprednisolone sod succ</i> - VIAL 40 MG	1	
<i>methylprednisolone</i> TABLET 16 - MG	1	
<i>methylprednisolone</i> TABLET 32 - MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>methylprednisolone</i> TAB DS PK - 4 MG	1	
<i>methylprednisolone</i> TABLET 4 MG	1	
<i>methylprednisolone</i> TABLET 8 MG	1	
<i>millipred</i> TABLET 5 MG	1	
<i>prednisolone sodium phosphate</i> - SOLUTION 15 MG/5 ML	1	
<i>prednisolone sodium phosphate</i> - SOLUTION 5 MG/5 ML	1	
<i>prednisone intensol</i> ORAL CONC - 5 MG/ML	1	
<i>prednisone</i> TABLET 1 MG	1	
<i>prednisone</i> TABLET 10 MG	1	
<i>prednisone</i> TABLET 2.5 MG	1	
<i>prednisone</i> TABLET 20 MG	1	
<i>prednisone</i> SOLUTION 5 MG/5 ML	1	
<i>prednisone</i> TABLET 5 MG	1	
<i>prednisone</i> TABLET 50 MG	1	
ALCOHOL DETERRENTS		
ALCOHOL DETERRENTS - MISCELLANEOUS THERAPEUTIC AGENTS		
ANTABUSE TABLET 250 MG	3	
ANTABUSE TABLET 500 MG	3	
ALKALINIZING AGENTS		
ALKALINIZING AGENTS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		
<i>potassium citrate</i> TABLET ER - 10 MEQ	1	
<i>potassium citrate</i> TABLET ER 5 - MEQ	1	
<i>sodium bicarbonate</i> DISP SYRIN - 0.9MEQ/ML	1	
<i>sodium bicarbonate</i> DISP SYRIN - 1MEQ/ML	1	
<i>sodium lactate</i> IV SOLN - 167MEQ/L	1	
<i>sodium lactate</i> VIAL 5MEQ/ML	1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
ALPHA-ADRENERGIC BLOCKING AGENTS - CARDIOVASCULAR DRUGS		
CARDURA XL TAB ER 24 4 MG	3	
CARDURA XL TAB ER 24 8 MG	3	
CARDURA TABLET 1 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
CARDURA TABLET 2 MG	3	
CARDURA TABLET 4 MG	3	
CARDURA TABLET 8 MG	3	
MINIPRESS CAPSULE 1 MG	3	
MINIPRESS CAPSULE 2 MG	3	
MINIPRESS CAPSULE 5 MG	3	
<i>doxazosin mesylate</i> TABLET 1 MG	1	
<i>doxazosin mesylate</i> TABLET 2 MG	1	
<i>doxazosin mesylate</i> TABLET 4 MG	1	
<i>doxazosin mesylate</i> TABLET 8 MG	1	
<i>prazosin hcl</i> CAPSULE 1 MG	1	
<i>prazosin hcl</i> CAPSULE 2 MG	1	
<i>prazosin hcl</i> CAPSULE 5 MG	1	
<i>terazosin hcl</i> CAPSULE 1 MG	1	
<i>terazosin hcl</i> CAPSULE 10 MG	1	
<i>terazosin hcl</i> CAPSULE 2 MG	1	
<i>terazosin hcl</i> CAPSULE 5 MG	1	
AMMONIA DETOXICANTS		
AMMONIA DETOXICANTS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		
BUPHENYL TABLET 500 MG	4	
BUPHENYL POWDER x	4	
KRISTALOSE PACKET 10 G	3	
KRISTALOSE PACKET 20 G	3	
<i>constulose</i> SOLUTION 10 G/15 ML	1	
<i>enulose</i> SOLUTION 10 G/15 ML	1	
<i>lactulose</i> SOLUTION 10 G/15 ML	1	
ANALGESICS AND ANTIPIYRETICS		
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS - CENTRAL NERVOUS SYSTEM AGENTS		
ANAPROX DS TABLET 550 MG	3	
ANAPROX TABLET 275 MG	3	
ARTHROTEC 50 TABLET DR 50 - MG-200	3	
ARTHROTEC 75 TABLET DR 75 - MG-200	3	
CAMBIA POWD PACK 50 MG	3	
CATAFLAM TABLET 50 MG	3	
CELEBREX CAPSULE 100 MG	3	PA = YES
CELEBREX CAPSULE 200 MG	3	PA = YES
CELEBREX CAPSULE 400 MG	3	PA = YES

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
CELEBREX CAPSULE 50 MG	3	PA = YES
CLINORIL TABLET 200 MG	3	
DAYPRO TABLET 600 MG	3	
EC-NAPROSYN TABLET DR 375 MG	3	
EC-NAPROSYN TABLET DR 500 MG	3	
FELDENE CAPSULE 10 MG	3	
FELDENE CAPSULE 20 MG	3	
FLECTOR ADH. PATCH 1.3%	3	PA = YES, QL 30 Adh. Patches / 30 Days
INDOCIN ORAL SUSP 25 MG/5 ML	3	
MOBIC TABLET 15 MG	3	
MOBIC TABLET 7.5 MG	3	
MOBIC ORAL SUSP 7.5MG/5ML	3	
NALFON CAPSULE 200 MG	3	
NALFON CAPSULE 400 MG	3	
NAPRELAN TBMP 24HR 375 MG	3	
NAPRELAN TBMP 24HR 500 MG	3	
NAPRELAN TBMP 24HR 750 MG	3	
NAPROSYN ORAL SUSP 125 MG/5ML	3	
NAPROSYN TABLET 250 MG	3	
NAPROSYN TABLET 375 MG	3	
NAPROSYN TABLET 500 MG	3	
PENNSAID DROPS 1.5 %	3	PA = YES
PONSTEL CAPSULE 250 MG	3	
VIMOVO TBMP 12HR 375MG-20MG	3	PA = YES
VIMOVO TBMP 12HR 500MG-20MG	3	PA = YES
VOLTAREN-XR TAB SR 24H 100 MG	3	
VOLTAREN GEL (GRAM) 1 %	3	PA = YES
ZIPSOR CAPSULE 25 MG	3	
<i>diclofenac potassium</i> TABLET - 50 MG	1	
<i>diclofenac sodium</i> TAB SR 24H - 100 MG	1	
<i>diclofenac sodium</i> TABLET DR - 25 MG	1	
<i>diclofenac sodium</i> TABLET DR - 50 MG	1	
<i>diclofenac sodium</i> TABLET DR - 75 MG	1	
<i>diflunisal</i> TABLET 500 MG	1	
<i>etodolac</i> CAPSULE 200 MG	1	
<i>etodolac</i> CAPSULE 300 MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>etodolac</i> TAB SR 24H 400 MG	1	
<i>etodolac</i> TABLET 400 MG	1	
<i>etodolac</i> TAB SR 24H 500 MG	1	
<i>etodolac</i> TABLET 500 MG	1	
<i>etodolac</i> TAB SR 24H 600 MG	1	
<i>fenoprofen calcium</i> TABLET 600 - MG	1	
<i>flurbiprofen</i> TABLET 100 MG	1	
<i>flurbiprofen</i> TABLET 50 MG	1	
<i>ibuprofen</i> TABLET 400 MG	1	
<i>ibuprofen</i> TABLET 600 MG	1	
<i>ibuprofen</i> TABLET 800 MG	1	
<i>indomethacin</i> CAPSULE 25 MG	1	
<i>indomethacin</i> CAPSULE 50 MG	1	
<i>indomethacin</i> CAPSULE ER 75 MG	1	
<i>ketoprofen</i> CAP24H PEL 200 MG	1	
<i>ketoprofen</i> CAPSULE 50 MG	1	
<i>ketoprofen</i> CAPSULE 75 MG	1	
<i>ketorolac tromethamine</i> TABLET - 10 MG	1	QL 20 Tablets / 1 Day
<i>ketorolac tromethamine</i> VIAL - 15 MG/ML	1	
<i>ketorolac tromethamine</i> VIAL - 30MG/ML(1)	1	
<i>meclofenamate sodium</i> CAPSULE - 100 MG	1	
<i>meclofenamate sodium</i> CAPSULE - 50 MG	1	
<i>mefenamic acid</i> CAPSULE 250 MG	1	
<i>meloxicam</i> TABLET 15 MG	1	
<i>meloxicam</i> TABLET 7.5 MG	1	
<i>meloxicam</i> ORAL SUSP 7.5MG/5ML	1	
<i>nabumetone</i> TABLET 500 MG	1	
<i>nabumetone</i> TABLET 750 MG	1	
<i>naproxen sodium</i> TABLET 275 MG	1	
<i>naproxen sodium</i> TABLET 550 MG	1	
<i>naproxen</i> ORAL SUSP 125 MG/5ML	1	
<i>naproxen</i> TABLET 250 MG	1	
<i>naproxen</i> TABLET 375 MG	1	
<i>naproxen</i> TABLET DR 375 MG	1	
<i>naproxen</i> TABLET DR 500 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>oxaprozin</i> TABLET 600 MG	1	
<i>piroxicam</i> CAPSULE 10 MG	1	
<i>piroxicam</i> CAPSULE 20 MG	1	
<i>sulindac</i> TABLET 150 MG	1	
<i>sulindac</i> TABLET 200 MG	1	
<i>tolmetin sodium</i> TABLET 200 MG	1	
<i>tolmetin sodium</i> CAPSULE 400 MG	1	
<i>tolmetin sodium</i> TABLET 600 MG	1	
OPIATE AGONISTS - CENTRAL NERVOUS SYSTEM AGENTS		
ABSTRAL TAB SUBL 100 MCG	3	PA = YES
ABSTRAL TAB SUBL 200 MCG	4	PA = YES
ABSTRAL TAB SUBL 300 MCG	4	PA = YES
ABSTRAL TAB SUBL 400 MCG	4	PA = YES
ABSTRAL TAB SUBL 600 MCG	4	PA = YES
ABSTRAL TAB SUBL 800 MCG	4	PA = YES
ACTIQ LOZENGE HD 1200MCG	4	PA = YES
ACTIQ LOZENGE HD 1600MCG	4	PA = YES
ACTIQ LOZENGE HD 200 MCG	4	PA = YES
ACTIQ LOZENGE HD 400 MCG	4	PA = YES
ACTIQ LOZENGE HD 600 MCG	4	PA = YES
ACTIQ LOZENGE HD 800 MCG	4	PA = YES
ASTRAMORPH-PF VIAL 0.5 MG/ML	3	
AVINZA CPMP 24HR 120 MG	3	PA = YES
AVINZA CPMP 24HR 30 MG	3	PA = YES
AVINZA CPMP 24HR 45 MG	3	PA = YES
AVINZA CPMP 24HR 60 MG	3	PA = YES
AVINZA CPMP 24HR 75 MG	3	PA = YES
AVINZA CPMP 24HR 90 MG	3	PA = YES
CAPITAL W-CODEINE ORAL SUSP - 120-12MG/5	3	
DEMEROL TABLET 100 MG	3	
DEMEROL VIAL 50 MG/ML	3	
DEMEROL TABLET 50 MG	3	
DILAUDID-5 LIQUID 1 MG/ML	3	
DILAUDID-HP VIAL 10 MG/ML	3	
DILAUDID AMPUL 1 MG/ML	3	
DILAUDID AMPUL 2 MG/ML	3	
DILAUDID TABLET 2 MG	3	
DILAUDID AMPUL 4 MG/ML	3	
DILAUDID TABLET 4 MG	3	
DILAUDID TABLET 8 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
DOLOPHINE HCL TABLET 10 MG	3	
DOLOPHINE HCL TABLET 5 MG	3	
DURAGESIC PATCH TD72 100MCG/HR	3	
DURAGESIC PATCH TD72 12MCG/HR	3	
DURAGESIC PATCH TD72 25MCG/HR	3	
DURAGESIC PATCH TD72 50MCG/HR	3	
DURAGESIC PATCH TD72 75MCG/HR	3	
DURAMORPH AMPUL 0.5 MG/ML	3	
DURAMORPH AMPUL 1 MG/ML	3	
EMBEDA CAP ER PEL 100MG-4MG	3	
EMBEDA CAP ER PEL 20MG-0.8MG	3	
EMBEDA CAP ER PEL 30MG-1.2MG	3	
EMBEDA CAP ER PEL 50 MG-2 MG	3	
EMBEDA CAP ER PEL 60MG-2.4MG	3	
EMBEDA CAP ER PEL 80MG-3.2MG	3	
EXALGO TAB ER 24 12 MG	3	
EXALGO TAB ER 24 16 MG	3	
EXALGO TAB ER 24 8 MG	3	
FENTORA TABLET EFF 100 MCG	4	PA = YES
FENTORA TABLET EFF 200 MCG	4	PA = YES
FENTORA TABLET EFF 400 MCG	4	PA = YES
FENTORA TABLET EFF 600 MCG	4	PA = YES
FENTORA TABLET EFF 800 MCG	4	PA = YES
FIORICET WITH CODEINE CAPSULE - 30-50-325	3	
FIORINAL WITH CODEINE #3 - CAPSULE 30-50-325	3	
HYCET SOLUTION 7.5-325/15	3	
INFUMORPH AMPUL 10 MG/ML	3	
INFUMORPH AMPUL 25 MG/ML	3	
KADIAN CAP ER PEL 10 MG	3	PA = YES
KADIAN CAP ER PEL 100 MG	3	PA = YES
KADIAN CAP ER PEL 20 MG	3	PA = YES
KADIAN CAP ER PEL 200 MG	4	PA = YES
KADIAN CAP ER PEL 30 MG	3	PA = YES
KADIAN CAP ER PEL 50 MG	3	PA = YES
KADIAN CAP ER PEL 60 MG	3	PA = YES
KADIAN CAP ER PEL 80 MG	3	PA = YES
LORCET 10-650 TABLET - 10MG-650MG	3	
LORCET PLUS TABLET 7.5-650 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
LORTAB TABLET 10MG-500MG	3	
LORTAB TABLET 5 MG-500MG	3	
LORTAB SOLUTION 7.5-500/15	3	
LORTAB TABLET 7.5-500MG	3	
MAGNACET TABLET 10MG-400MG	3	
MAGNACET TABLET 5MG-400MG	3	
MAGNACET TABLET 7.5-400MG	3	
MAXIDONE TABLET 10-750MG	3	
MS CONTIN TABLET ER 100 MG	3	
MS CONTIN TABLET ER 15 MG	3	
MS CONTIN TABLET ER 200 MG	3	
MS CONTIN TABLET ER 30 MG	3	
MS CONTIN TABLET ER 60 MG	3	
NORCO TABLET 10MG-325MG	3	
NORCO TABLET 5MG-325MG	3	
NORCO TABLET 7.5-325MG	3	
NUCYNTA TABLET 100 MG	3	
NUCYNTA TABLET 50 MG	3	
NUCYNTA TABLET 75 MG	3	
ONSOLIS FILM 1200MCG	4	PA = YES
ONSOLIS FILM 200 MCG	4	PA = YES
ONSOLIS FILM 400 MCG	4	PA = YES
ONSOLIS FILM 600 MCG	4	PA = YES
ONSOLIS FILM 800 MCG	4	PA = YES
OPANA ER TAB ER 12H 10 MG	3	PA = YES
OPANA ER TAB ER 12H 20 MG	3	PA = YES
OPANA ER TAB ER 12H 30 MG	3	PA = YES
OPANA ER TAB ER 12H 40 MG	3	PA = YES
OPANA ER TAB ER 12H 5 MG	3	PA = YES
OPANA TABLET 10 MG	3	
OPANA TABLET 5 MG	3	
ORAMORPH SR TABLET ER 100 MG	3	
ORAMORPH SR TABLET ER 15 MG	3	
ORAMORPH SR TABLET ER 30 MG	3	
ORAMORPH SR TABLET ER 60 MG	3	
OXYCONTIN TAB ER 12H 10 MG	3	QL 120 Tab Er 12hs / 30 Days
OXYCONTIN TAB ER 12H 15 MG	3	QL 120 Tab Er 12hs / 30 Days
OXYCONTIN TAB ER 12H 20 MG	3	QL 120 Tab Er 12hs / 30 Days
OXYCONTIN TAB ER 12H 30 MG	3	QL 120 Tab Er 12hs / 30 Days
OXYCONTIN TAB ER 12H 40 MG	3	QL 120 Tab Er 12hs / 30 Days
OXYCONTIN TAB ER 12H 60 MG	3	QL 120 Tab Er 12hs / 30 Days

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
OXYCONTIN TAB ER 12H 80 MG	3	QL 120 Tab Er 12hs / 30 Days
PANLOR SS TABLET 32-713-60	3	
PERCOCET TABLET 10MG-325MG	3	
PERCOCET TABLET 10MG-650MG	3	
PERCOCET TABLET 2.5-325MG	3	
PERCOCET TABLET 5MG-325MG	3	
PERCOCET TABLET 7.5-325MG	3	
PERCOCET TABLET 7.5-500MG	3	
PERCODAN TABLET 4.8355-325	3	
REPREXAIN TABLET 10MG-200MG	3	
REPREXAIN TABLET 2.5-200MG	3	
REPREXAIN TABLET 5MG-200MG	3	
ROXICET TABLET 5 MG-500MG	3	
ROXICODONE TABLET 15 MG	3	
ROXICODONE TABLET 30 MG	3	
ROXICODONE TABLET 5 MG	3	
RYZOLT TBMP 24HR 100 MG	3	
RYZOLT TBMP 24HR 200 MG	3	
RYZOLT TBMP 24HR 300 MG	3	
SYNALGOS-DC CAPSULE 16-356-30	3	
TYLENOL-CODEINE NO.3 TABLET - 300MG-30MG	3	
TYLENOL-CODEINE NO.4 TABLET - 300MG-60MG	3	
TYLOX CAPSULE 5 MG-500MG	3	
ULTRACET TABLET 37.5-325MG	3	
ULTRAM ER TAB SR 24H 100 MG	3	
ULTRAM ER TAB SR 24H 200 MG	3	
ULTRAM ER TAB SR 24H 300 MG	3	
ULTRAM TABLET 50 MG	3	
VICODIN ES TABLET 7.5-750MG	3	
VICODIN HP TABLET 10-660MG	3	
VICODIN TABLET 5 MG-500MG	3	
VICOPROFEN TABLET 7.5-200 MG	3	
XODOL 10-300 TABLET 10MG-300MG	3	
XODOL 5-300 TABLET 5MG-300MG	3	
XODOL 7.5-300 TABLET 7.5-300MG	3	
ZAMICET SOLUTION 10-325/15	3	
ZERLOR TABLET 32-713-60	3	
ZYDONE TABLET 10MG-400MG	3	
ZYDONE TABLET 5MG-400MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
ZYDONE TABLET 7.5-400MG	3	
<i>acetaminoph-caff-dihydrocodein</i> - TABLET 32-713-60	1	
<i>acetaminophen-codeine</i> ELIXIR - 120-12MG/5	1	
<i>acetaminophen-codeine</i> TABLET - 300MG-15MG	1	
<i>acetaminophen-codeine</i> TABLET - 300MG-30MG	1	
<i>acetaminophen-codeine</i> TABLET - 300MG-60MG	1	
<i>ascomp with codeine</i> CAPSULE - 30-50-325	1	
<i>astramorph-pf</i> VIAL 1 MG/ML	1	
<i>butalb-caff-acetaminoph-codein</i> - CAPSULE 30-50-325	1	
<i>co-gesic</i> TABLET 5 MG-500MG	1	
<i>codeine sulfate</i> TABLET 15 MG	1	
<i>codeine sulfate</i> TABLET 30 MG	1	
<i>codeine sulfate</i> TABLET 60 MG	1	
<i>endocet</i> TABLET 10MG-325MG	1	
<i>endocet</i> TABLET 10MG-650MG	1	
<i>endocet</i> TABLET 5MG-325MG	1	
<i>endocet</i> TABLET 7.5-325MG	1	
<i>endocet</i> TABLET 7.5-500MG	1	
<i>endodan</i> TABLET 4.8355-325	1	
<i>fentanyl citrate</i> LOZENGE HD - 1200MCG	1	PA = YES
<i>fentanyl citrate</i> LOZENGE HD - 1600MCG	1	PA = YES
<i>fentanyl citrate</i> LOZENGE HD - 200 MCG	1	PA = YES
<i>fentanyl citrate</i> LOZENGE HD - 400 MCG	1	PA = YES
<i>fentanyl citrate</i> DISP SYRIN - 50 MCG/ML	1	
<i>fentanyl citrate</i> LOZENGE HD - 600 MCG	1	PA = YES
<i>fentanyl citrate</i> LOZENGE HD - 800 MCG	1	PA = YES
<i>fentanyl</i> PATCH TD72 100MCG/HR	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>fentanyl</i> PATCH TD72 12MCG/HR	1	
<i>fentanyl</i> PATCH TD72 25MCG/HR	1	
<i>fentanyl</i> PATCH TD72 50MCG/HR	1	
<i>fentanyl</i> PATCH TD72 75MCG/HR	1	
<i>hydrocodone bit-ibuprofen</i> - TABLET 7.5-200 MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 10-660MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 10-750MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 10MG-300MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 10MG-325MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 10MG-500MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 10MG-650MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 2.5-500MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 5 MG-500MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 5MG-300MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 5MG-325MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 7.5-300MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 7.5-325MG	1	
<i>hydrocodone-acetaminophen</i> - SOLUTION 7.5-500/15	1	
<i>hydrocodone-acetaminophen</i> - TABLET 7.5-500MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 7.5-650 MG	1	
<i>hydrocodone-acetaminophen</i> - TABLET 7.5-750MG	1	
<i>hydromorphone hcl</i> AMPUL 10 - MG/ML	1	
<i>hydromorphone hcl</i> TABLET 2 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>hydromorphone hcl</i> TABLET 4 MG	1	
<i>hydromorphone hcl</i> TABLET 8 MG	1	
<i>levorphanol tartrate</i> TABLET 2 - MG	1	
<i>margesic h</i> CAPSULE 5 MG-500MG	1	
<i>meperidine hcl</i> VIAL 100 MG/ML	1	
<i>meperidine hcl</i> TABLET 100 MG	1	
<i>meperidine hcl</i> VIAL 25 MG/ML	1	
<i>meperidine hcl</i> SOLUTION 50 - MG/5 ML	1	
<i>meperidine hcl</i> VIAL 50 MG/ML	1	
<i>meperidine hcl</i> TABLET 50 MG	1	
<i>meperidine hcl</i> PCA SYRING - 500MG/50ML	1	
<i>methadone hcl</i> SOLUTION 10 - MG/5 ML	1	
<i>methadone hcl</i> ORAL CONC 10 - MG/ML	1	
<i>methadone hcl</i> VIAL 10 MG/ML	1	
<i>methadone hcl</i> TABLET 10 MG	1	
<i>methadone hcl</i> SOLUTION 5 MG/5 - ML	1	
<i>methadone hcl</i> TABLET 5 MG	1	
<i>methadose</i> TABLET 10 MG	1	
<i>methadose</i> TABLET 5 MG	1	
<i>morphine sulfat</i> e VIAL 0.5 - MG/ML	1	
<i>morphine sulfat</i> e VIAL 1 MG/ML	1	
<i>morphine sulfat</i> e SOLUTION 10 - MG/5 ML	1	
<i>morphine sulfat</i> e SOLUTION 100 - MG/5ML	1	
<i>morphine sulfat</i> e TABLET ER - 100 MG	1	
<i>morphine sulfat</i> e TABLET 15 MG	1	
<i>morphine sulfat</i> e TABLET ER 15 - MG	1	
<i>morphine sulfat</i> e SOLUTION 20 - MG/5 ML	1	
<i>morphine sulfat</i> e TABLET ER - 200 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>morphine sulfate</i> TABLET 30 MG	1	
<i>morphine sulfate</i> TABLET ER 30 - MG	1	
<i>morphine sulfate</i> TABLET ER 60 - MG	1	
<i>oxycodone concentrate</i> ORAL - CONC 20 MG/ML	1	
<i>oxycodone hcl-acetaminophen</i> - TABLET 10MG-325MG	1	
<i>oxycodone hcl-acetaminophen</i> - TABLET 10MG-650MG	1	
<i>oxycodone hcl-acetaminophen</i> - TABLET 7.5-500MG	1	
<i>oxycodone hcl-aspirin</i> TABLET - 4.8355-325	1	
<i>oxycodone hcl-ibuprofen</i> - TABLET 400MG-5MG	1	
<i>oxycodone hcl</i> TABLET 15 MG	1	
<i>oxycodone hcl</i> TABLET 30 MG	1	
<i>oxycodone hcl</i> CAPSULE 5 MG	1	
<i>oxycodone hcl</i> TABLET 5 MG	1	
<i>oxycodone-acetaminophen</i> - TABLET 2.5-325MG	1	
<i>oxycodone-acetaminophen</i> - CAPSULE 5 MG-500MG	1	
<i>oxycodone-acetaminophen</i> - TABLET 5MG-325MG	1	
<i>oxycodone-acetaminophen</i> - TABLET 7.5-325MG	1	
<i>oxycodone-aspirin</i> TABLET - 4.5-325MG	1	
<i>oxymorphone hcl</i> TABLET 10 MG	1	
<i>oxymorphone hcl</i> TABLET 5 MG	1	
<i>roxicet</i> SOLUTION 5-325/5ML	1	
<i>roxicet</i> TABLET 5MG-325MG	1	
<i>stagesic</i> CAPSULE 5 MG-500MG	1	
<i>tramadol hcl-acetaminophen</i> - TABLET 37.5-325MG	1	
<i>tramadol hcl</i> TAB SR 24H 100 MG	1	
<i>tramadol hcl</i> TAB SR 24H 200 MG	1	
<i>tramadol hcl</i> TABLET 50 MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
OPIATE PARTIAL AGONISTS - CENTRAL NERVOUS SYSTEM AGENTS		
BUPRENEX AMPUL 0.3MG/ML	3	
BUTRANS PATCH TDWK 10 MCG/HR	3	
BUTRANS PATCH TDWK 20 MCG/HR	3	
BUTRANS PATCH TDWK 5 MCG/HR	3	
STADOL VIAL 2MG/ML	3	
SUBOXONE FILM 2 MG-0.5MG	2	PA = YES
SUBOXONE TAB SUBL 2 MG-0.5MG	2	PA = YES
SUBOXONE FILM 8 MG-2 MG	2	PA = YES
SUBOXONE TAB SUBL 8 MG-2 MG	2	PA = YES
SUBUTEX TAB SUBL 2 MG	3	PA = YES
SUBUTEX TAB SUBL 8 MG	3	PA = YES
TALWIN VIAL 30 MG/ML	3	
<i>buprenorphine hcl</i> DISP SYRIN - 0.3MG/ML	1	
<i>buprenorphine hcl</i> TAB SUBL 2 - MG	1	
<i>buprenorphine hcl</i> TAB SUBL 8 - MG	1	
<i>butorphanol tartrate</i> VIAL 1 - MG/ML	1	
<i>butorphanol tartrate</i> SPRAY 10 - MG/ML	1	QL 4 Sprays / 34 Days
<i>butorphanol tartrate</i> VIAL 2 - MG/ML	1	
<i>nalbuphine hcl</i> VIAL 10 MG/ML	1	
<i>nalbuphine hcl</i> VIAL 20 MG/ML	1	
<i>pentazocine-acetaminophen</i> - TABLET 25-650MG	1	
<i>pentazocine-naloxone hcl</i> - TABLET 50MG-0.5MG	1	
ANDROGENS		
ANDROGENS - HORMONES AND SYNTHETIC SUBSTITUTES		
ANADROL-50 TABLET 50 MG	4	
ANDRODERM PATCH TD24 - 2.5MG/24HR	3	
ANDRODERM PATCH TD24 5MG/24HR	3	
ANDROGEL GEL MD PMP 20.25/1.25	2	
ANDROGEL GEL PACKET 50 MG (1%)	3	
AXIRON SOL MD PMP 30 MG	3	
DELATESTRYL VIAL 200 MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
DEPO-TESTOSTERONE VIAL 100 - MG/ML	3	
DEPO-TESTOSTERONE VIAL 200 - MG/ML	3	
FORTESTA GEL MD PMP 10 MG (2%)	3	
METHITEST TABLET 10 MG	3	
OXANDRIN TABLET 2.5 MG	3	
<i>oxandrolone</i> TABLET 10 MG	4	
STRIANT MUC ER 12H 30 MG	3	
TESTIM GEL (GRAM) 50 MG (1%)	3	
<i>android</i> CAPSULE 10 MG	1	
<i>androxy</i> TABLET 10 MG	1	
<i>danazol</i> CAPSULE 100 MG	1	
<i>danazol</i> CAPSULE 200 MG	1	
<i>danazol</i> CAPSULE 50 MG	1	
<i>oxandrolone</i> TABLET 2.5 MG	1	
<i>testosterone cypionate</i> VIAL - 100 MG/ML	1	
<i>testosterone enanthate</i> VIAL - 200 MG/ML	1	
<i>testred</i> CAPSULE 10 MG	1	
ANOREXIGENIC AGENTS / RESPIRATORY / CEREBRAL STIMULANTS		
AMPHETAMINES - CENTRAL NERVOUS SYSTEM AGENTS		
ADDERALL XR CAP ER 24H 10 MG	3	
ADDERALL XR CAP ER 24H 15 MG	3	
ADDERALL XR CAP ER 24H 20 MG	3	
ADDERALL XR CAP ER 24H 25 MG	3	
ADDERALL XR CAP ER 24H 30 MG	3	
ADDERALL XR CAP ER 24H 5 MG	3	
DESOXYN TABLET 5 MG	3	
DEXEDRINE CAPSULE ER 10 MG	3	
DEXEDRINE CAPSULE ER 15 MG	3	
DEXEDRINE CAPSULE ER 5 MG	3	
VYVANSE CAPSULE 20 MG	3	
VYVANSE CAPSULE 30 MG	3	
VYVANSE CAPSULE 40 MG	3	
VYVANSE CAPSULE 50 MG	3	
VYVANSE CAPSULE 60 MG	3	
VYVANSE CAPSULE 70 MG	3	
<i>amphetamine salt combo</i> TABLET - 10 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>amphetamine salt combo</i> TABLET - 12.5 MG	1	
<i>amphetamine salt combo</i> TABLET - 15 MG	1	
<i>amphetamine salt combo</i> TABLET - 20 MG	1	
<i>amphetamine salt combo</i> TABLET - 30 MG	1	
<i>amphetamine salt combo</i> TABLET - 5 MG	1	
<i>amphetamine salt combo</i> TABLET - 7.5 MG	1	
<i>dextroamphetamine sulfate</i> - CAPSULE ER 10 MG	1	
<i>dextroamphetamine sulfate</i> - TABLET 10 MG	1	
<i>dextroamphetamine sulfate</i> - CAPSULE ER 15 MG	1	
<i>dextroamphetamine sulfate</i> - CAPSULE ER 5 MG	1	
<i>dextroamphetamine sulfate</i> - TABLET 5 MG	1	
<i>methamphetamine hcl</i> TABLET 5 - MG	1	
ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC - CENTRAL NERVOUS SYSTEM AGENTS		
CONCERTA TAB ER 24 18 MG	3	
CONCERTA TAB ER 24 27 MG	3	
CONCERTA TAB ER 24 36 MG	3	
CONCERTA TAB ER 24 54 MG	3	
DAYTRANA PATCH TD24 10MG/9HR	3	PA = YES
DAYTRANA PATCH TD24 15MG/9HR	3	PA = YES
DAYTRANA PATCH TD24 20 MG/9 HR	3	PA = YES
DAYTRANA PATCH TD24 30MG/9HR	3	PA = YES
FOCALIN XR CPMP 50-50 10 MG	3	
FOCALIN XR CPMP 50-50 15 MG	3	
FOCALIN XR CPMP 50-50 20 MG	3	
FOCALIN XR CPMP 50-50 30 MG	3	
FOCALIN XR CPMP 50-50 40 MG	3	
FOCALIN XR CPMP 50-50 5 MG	3	
FOCALIN TABLET 10 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
FOCALIN TABLET 2.5 MG	3	
FOCALIN TABLET 5 MG	3	
METADATE CD CPMP 30-70 10 MG	3	
METADATE CD CPMP 30-70 20 MG	3	
METADATE CD CPMP 30-70 30 MG	3	
METADATE CD CPMP 30-70 40 MG	3	
METADATE CD CPMP 30-70 50 MG	3	
METADATE CD CPMP 30-70 60 MG	3	
METHYLIN SOLUTION 10 MG/5 ML	3	
METHYLIN TAB CHEW 10 MG	3	
METHYLIN TAB CHEW 2.5 MG	3	
METHYLIN SOLUTION 5 MG/5 ML	3	
METHYLIN TAB CHEW 5 MG	3	
NUVIGIL TABLET 150 MG	2	PA = YES
NUVIGIL TABLET 250 MG	2	PA = YES
NUVIGIL TABLET 50 MG	2	PA = YES
PROVIGIL TABLET 100 MG	3	PA = YES
PROVIGIL TABLET 200 MG	3	PA = YES
RITALIN LA CPMP 50-50 10 MG	3	
RITALIN LA CPMP 50-50 20 MG	3	
RITALIN LA CPMP 50-50 30 MG	3	
RITALIN LA CPMP 50-50 40 MG	3	
RITALIN-SR TABLET ER 20 MG	3	
RITALIN TABLET 10 MG	3	
RITALIN TABLET 20 MG	3	
RITALIN TABLET 5 MG	3	
<i>dexmethylphenidate hcl</i> TABLET - 10 MG	1	
<i>dexmethylphenidate hcl</i> TABLET - 2.5 MG	1	
<i>dexmethylphenidate hcl</i> TABLET - 5 MG	1	
<i>metadate er</i> TABLET ER 20 MG	1	
<i>methylin er</i> TABLET ER 10 MG	1	
<i>methylin er</i> TABLET ER 20 MG	1	
<i>methylin</i> TABLET 10 MG	1	
<i>methylin</i> TABLET 20 MG	1	
<i>methylin</i> TABLET 5 MG	1	
<i>methylphenidate hcl</i> SOLUTION - 10 MG/5 ML	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>methylphenidate hcl</i> TABLET 10 - MG	1	
<i>methylphenidate hcl</i> TABLET 20 - MG	1	
<i>methylphenidate hcl</i> SOLUTION - 5 MG/5 ML	1	
<i>methylphenidate hcl</i> TABLET 5 - MG	1	
<i>methylphenidate sr</i> TABLET ER - 20 MG	1	
ANTHELMINTICS		
ANTHELMINTICS - ANTI-INFECTIVE AGENTS		
ALBENZA TABLET 200 MG	3	
BILTRICIDE TABLET 600 MG	3	
STROMEKTOL TABLET 3 MG	3	
<i>mebendazole</i> TAB CHEW 100 MG	1	
ANTI-INFECTIVES (EENT)		
ANTIBACTERIALS (EENT) - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
AZASITE DROPS 1 %	3	
BACTROBAN NASAL OINT. (G) 2 %	3	
BESIVANCE DROPS SUSP 0.6 %	3	
BLEPH-10 DROPS 10 %	3	
BLEPHAMIDE DROPS SUSP 10-0.2%	3	
CILOXAN DROPS 0.3 %	3	
CILOXAN OINT. (G) 0.3 %	3	
CIPRO HC DROPS SUSP 0.2%-1%	3	
CIPRODEX DROPS SUSP 0.3-0.1%	3	
COLY-MYCIN S DROPS SUSP - 3.3-3-10/1	3	
CORTISPORIN-TC DROPS SUSP - 3.3-3-10/1	3	
CORTISPORIN SOLUTION 3.5-10K-1	3	
IQUIX DROPS 1.5 %	3	
MAXITROL DROPS SUSP 0.1%	3	
MAXITROL OINT. (G) 3.5-10K-.1	3	
MOXEZA DROPS VISC 0.5 %	3	
OCUFLOX DROPS 0.3 %	3	
PERIOSTAT TABLET 20 MG	3	
POLY-PRED DROPS SUSP 0.5 %	3	
POLYTRIM DROPS 10K/ML-0.1	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
PRED-G DROPS SUSP 0.3%-1%	3	
PRED-G OINT. (G) 0.3-0.6%	3	
QUIXIN DROPS 0.5 %	3	
TOBRADEX ST DROPS SUSP - 0.3%-0.05%	3	
TOBRADEX DROPS SUSP 0.3-0.1%	3	
TOBRADEX OINT. (G) 0.3-0.1%	3	
TOBEX DROPS 0.3 %	3	
TOBEX OINT. (G) 0.3 %	2	
VIGAMOX DROPS 0.5 %	2	
ZYLET DROPS SUSP 0.3%-0.5%	3	
ZYMAR DROPS 0.3 %	3	
ZYMAXID DROPS 0.5 %	3	
<i>aktob</i> DROPS 0.3 %	1	
<i>bacitracin-polymyxin</i> OINT. - (G) 500-10K/G	1	
<i>bacitracin</i> OINT. (G) 500 - UNIT/G	1	
<i>blephamide s.o.p.</i> OINT. (G) - 10-0.2%	1	
<i>ciprofloxacin hcl</i> DROPS 0.3 %	1	
<i>cortomycin</i> DROPS SUSP - 3.5-10K-1	1	
<i>cortomycin</i> SOLUTION 3.5-10K-1	1	
<i>doxycycline hyclate</i> TABLET 20 - MG	1	
<i>erythromycin</i> OINT. (G) 5MG/G	1	
<i>gentak</i> OINT. (G) 0.3 %	1	
<i>gentamicin sulfate</i> DROPS 0.3 %	1	
<i>gentasol</i> DROPS 0.3 %	1	
<i>levofloxacin</i> DROPS 0.5 %	1	
<i>neomycin-bacitracin-poly-hc</i> - OINT. (G) 3.5-10K-1	1	
<i>neomycin-bacitracin-polymyxin</i> - OINT. (G) 3.5MG-400	1	
<i>neomycin-polymyxin-dexameth</i> - DROPS SUSP 0.1%	1	
<i>neomycin-polymyxin-dexameth</i> - OINT. (G) 3.5-10K-1	1	
<i>neomycin-polymyxin-gramicidin</i> - DROPS 1.75MG-10K	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>neomycin-polymyxin-hc</i> DROPS - SUSP 3.5-10K-10	1	
<i>neomycin-polymyxin-hc</i> DROPS - SUSP 3.5-10K-1	1	
<i>neomycin-polymyxin-hydrocort</i> - SOLUTION 3.5-10K-1	1	
<i>neosporin</i> DROPS 1.75MG-10K	1	
<i>ofloxacin</i> DROPS 0.3 %	1	
<i>poly-dex</i> DROPS SUSP 0.1%	1	
<i>poly-dex</i> OINT. (G) 3.5-10K-.1	1	
<i>polymyxin b sul-trimethoprim</i> - DROPS 10K/ML-0.1	1	
<i>romycin</i> OINT. (G) 5MG/G	1	
<i>sulfacetamide sodium</i> DROPS 10 - %	1	
<i>sulfacetamide-prednisolone</i> - DROPS 10-0.25%	1	
<i>tobramycin sulfate</i> DROPS 0.3 %	1	
<i>tobramycin-dexamethasone</i> - DROPS SUSP 0.3-0.1%	1	
<i>tobrasol</i> DROPS 0.3 %	1	
ANTIFUNGALS (EENT) - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
NATACYN DROPS SUSP 5 %	2	
ANTIVIRALS (EENT) - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
VIROPTIC DROPS 1 %	3	
ZIRGAN GEL (GRAM) 0.15 %	3	
<i>trifluridine</i> DROPS 1 %	1	
EENT ANTI-INFECTIVES, MISCELLANEOUS - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
<i>acetazol hc</i> DROPS 2 %-1 %	1	
<i>acetic acid-hydrocortisone</i> - DROPS 2 %-1 %	1	
<i>acetic acid</i> SOLUTION 2 %	1	
<i>chlorhexidine gluconate</i> - MOUTHWASH 0.12 %	1	
<i>periogard</i> MOUTHWASH 0.12 %	1	
ANTI-INFECTIVES (SKIN-MUCOUS MEMBRANE)		
ANTIBACTERIALS (SKIN / MUCOUS MEMBRANE) - SKIN AND MUCOUS MEMBRANE AGENTS		

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
ACANYA GEL W/PUMP 1.2%-2.5%	3	
AKNE-MYCIN OINT. (G) 2 %	3	
ALTABAX OINT. (G) 1 %	3	
BACTROBAN CREAM (G) 2 %	3	
BACTROBAN OINT. (G) 2 %	3	
BENZACLIN GEL W/PUMP 1%-5%	3	
BENZAMYCIN GEL (GRAM) 3-5%	3	
CLEOCIN T GEL (GRAM) 1 %	3	
CLEOCIN T LOTION 1 %	3	
CLEOCIN T MED. SWAB 1 %	3	
CLEOCIN T SOLUTION 1 %	3	
CLEOCIN SUPP.VAG 100 MG	3	
CLEOCIN CREAM/APPL 2 %	3	
CLINDACIN PAC KIT 1 %	3	
CLINDAGEL GEL (ML) 1 %	3	
CLINDESSE CRM ER (G) 2 %	3	
CORTISPORIN CREAM (G) 0.5 %	3	
CORTISPORIN OINT. (G) 1 %	3	
EVOCLIN FOAM 1 %	3	
METROCREAM CREAM (G) 0.75%	3	
METROGEL-VAGINAL GEL W/APPL - 0.75%	3	
METROGEL GEL (GRAM) 1 %	3	
METROLOTION LOTION 0.75%	3	
NORITATE CREAM (G) 1 %	3	
VANDAZOLE GEL W/APPL 0.75%	3	
ZIANA GEL (GRAM) 1.2-0.025%	3	
<i>clindamycin phosphate</i> FOAM 1 %	1	
<i>clindamycin phosphate</i> GEL - (GRAM) 1 %	1	
<i>clindamycin phosphate</i> LOTION - 1%	1	
<i>clindamycin phosphate</i> MED. - SWAB 1 %	1	
<i>clindamycin phosphate</i> - SOLUTION 1 %	1	
<i>clindamycin phosphate</i> - CREAM/APPL 2 %	1	
<i>clindamycin-benzoyl peroxide</i> - GEL (GRAM) 1%-5%	1	
<i>ery</i> MED. SWAB 2 %	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>erythromycin-benzoyl peroxide</i> - GEL (GRAM) 3-5%	1	
<i>erythromycin</i> GEL (GRAM) 2 %	1	
<i>erythromycin</i> SOLUTION 2 %	1	
<i>gentamicin sulfate</i> CREAM (G) - 0.10%	1	
<i>gentamicin sulfate</i> OINT. (G) - 0.10%	1	
<i>metronidazole</i> CREAM (G) 0.75%	1	
<i>metronidazole</i> GEL (GRAM) 0.75%	1	
<i>metronidazole</i> GEL W/APPL 0.75%	1	
<i>metronidazole</i> LOTION 0.75%	1	
<i>mupirocin</i> OINT. (G) 2 %	1	
<i>neomycin-polymyxin b</i> AMPUL - 40-200K/ML	1	
ANTIFUNGALS (SKIN / MUCOUS MEMBRANE) - SKIN AND MUCOUS MEMBRANE AGENTS		
ERTACZO CREAM (G) 2 %	3	
EXELDERM CREAM (G) 1 %	3	
EXELDERM SOLUTION 1 %	3	
EXTINA FOAM 2 %	3	
GYNAZOLE-1 CRM ER (G) 2 %	3	
LOPROX GEL (GRAM) 0.77%	3	
LOPROX SHAMPOO 1 %	3	
LOTRISONE CREAM (G) 1-0.05%	3	
LOTRISONE LOTION 1-0.05%	3	
NAFTIN CREAM (G) 1 %	3	
NAFTIN GEL (GRAM) 1 %	3	
NIZORAL SHAMPOO 2 %	3	
ORAVIG MA BUC TAB 50 MG	3	
OXISTAT CREAM (G) 1 %	3	
OXISTAT LOTION 1 %	3	
PENLAC SOLUTION 8 %	3	
TERAZOL 3 CREAM/APPL 0.8%	3	
TERAZOL 3 SUPP.VAG 80 MG	3	
TERAZOL 7 CREAM/APPL 0.4 %	3	
<i>ciclopirox</i> CREAM (G) 0.77%	1	
<i>ciclopirox</i> GEL (GRAM) 0.77%	1	
<i>ciclopirox</i> SUSPENSION 0.77%	1	
<i>ciclopirox</i> SHAMPOO 1 %	1	
<i>ciclopirox</i> SOLUTION 8 %	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>clotrimazole-betamethasone</i> - CREAM (G) 1-0.05%	1	
<i>clotrimazole-betamethasone</i> - LOTION 1-0.05%	1	
<i>clotrimazole</i> CREAM (G) 1 %	1	
<i>clotrimazole</i> TROCHE 10 MG	1	
<i>econazole nitrate</i> CREAM (G) 1 - %	1	
<i>ketconazole</i> CREAM (G) 2 %	1	
<i>ketconazole</i> SHAMPOO 2 %	1	
<i>miconazole</i> 3 SUPP.VAG 200 MG	1	
<i>nyamyc</i> POWDER 100000/G	1	
<i>nystatin-triamcinolone</i> CREAM - (G) 100000-0.1	1	
<i>nystatin-triamcinolone</i> OINT. - (G) 100000-0.1	1	
<i>nystatin</i> CREAM (G) 100000/G	1	
<i>nystatin</i> OINT. (G) 100000/G	1	
<i>nystatin</i> POWDER 100000/G	1	
<i>nystop</i> POWDER 100000/G	1	
<i>pedi-dri</i> POWDER 100000/G	1	
<i>terconazole</i> CREAM/APPL 0.4 %	1	
<i>terconazole</i> CREAM/APPL 0.8%	1	
<i>terconazole</i> SUPP.VAG 80 MG	1	
<i>zazole</i> CREAM/APPL 0.4 %	1	
<i>zazole</i> CREAM/APPL 0.8%	1	
ANTIVIRALS (SKIN / MUCOUS MEMBRANE) - SKIN AND MUCOUS MEMBRANE AGENTS		
DENAVIR CREAM (G) 1 %	3	
ZOVIRAX CREAM (G) 5 %	2	
ZOVIRAX OINT. (G) 5 %	2	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - SKIN AND MUCOUS MEMBRANE AGENTS		
ALCOHOL SWABS MED. PAD x	3	
KLARON SUSPENSION 10 %	3	
PHISOHEX LIQUID 3 %	3	
SILVADENE CREAM (G) 1 %	3	
SSD CREAM (G) 1 %	3	
SULFAMYLON PACKET 50G	3	
SULFAMYLON CREAM (G) 8.5 %	3	
THERMAZENE CREAM (G) 1 %	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>selenium sulfide</i> SUSPENSION - 2.50%	1	
<i>silver sulfadiazine</i> CREAM (G) - 1%	1	
<i>sulfacetamide sodium</i> - SUSPENSION 10 %	1	
SCABICIDES AND PEDICULICIDES - SKIN AND MUCOUS MEMBRANE AGENTS		
EURAX CREAM (G) 10 %	3	
EURAX LOTION 10 %	3	
OVIDE LOTION 0.5 %	3	
ULESFIA LOTION 5 %	3	
<i>acticin</i> CREAM (G) 5 %	1	
<i>lindane</i> LOTION 1 %	1	
<i>lindane</i> SHAMPOO 1 %	1	
<i>malathion</i> LOTION 0.5 %	1	
<i>permethrin</i> CREAM (G) 5 %	1	
ANTI-INFLAMMATORY AGENTS (EENT)		
CORTICOSTEROIDS (EENT) - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ALREX DROPS SUSP 0.2 %	3	
BECONASE AQ SPRAY 42MCG	3	
DERMOTIC DROPS 0.01 %	3	
DUREZOL DROPS 0.05 %	3	
FLAREX DROPS SUSP 0.1%	3	
FLONASE SPRAY SUSP 50 MCG	3	
FML FORTE DROPS SUSP 0.25 %	3	
FML S.O.P. OINT. (G) 0.1%	3	
FML DROPS SUSP 0.1%	3	
LOTEMAX DROPS SUSP 0.5 %	3	
MAXIDEX DROPS SUSP 0.1%	3	
NASACORT AQ SPRAY 55MCG	3	
NASONEX SPRAY/PUMP 50 MCG	3	
OMNARIS SPRAY/PUMP 50 MCG	3	
OMNIPRED DROPS SUSP 1 %	3	
PRED FORTE DROPS SUSP 1 %	3	
PRED MILD DROPS SUSP 0.12 %	3	
RHINOCORT AQUA SPRAY/PUMP - 32MCG	3	
VERAMYST SPRAY SUSP 27.5MCG	3	
VEXOL DROPS SUSP 1 %	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>dexamethasone sodium phosphate</i> DROPS 0.1%	1	
<i>flunisolide</i> SPRAY 25 MCG	1	
<i>fluorometholone</i> DROPS SUSP - 0.10%	1	
<i>fluticasone propionate</i> SPRAY - SUSP 50 MCG	1	
<i>prednisolone acetate</i> DROPS - SUSP 1 %	1	
<i>prednisolone sodium phosphate</i> - DROPS 1 %	1	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
RESTASIS DROPERETTE 0.05 %	2	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ACULAR LS DROPS 0.4 %	3	
ACULAR DROPS 0.5 %	3	
ACUVAIL DROPERETTE 0.45 %	3	
BROMDAY DROPS 0.09%	3	
NEVANAC DROPS SUSP 0.1%	3	
OCUFEN DROPS 0.03 %	3	
VOLTAREN DROPS 0.1%	3	
<i>bromfenac sodium</i> DROPS 0.09%	1	
<i>diclofenac sodium</i> DROPS 0.1%	1	
<i>flurbiprofen sodium</i> DROPS - 0.03%	1	
<i>ketorolac tromethamine</i> DROPS - 0.40%	1	
<i>ketorolac tromethamine</i> DROPS - 0.50%	1	
ANTI-INFLAMMATORY AGENTS (GI)		
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - GASTROINTESTINAL DRUGS		
APRISO CAP ER 24H 0.375G	3	
ASACOL HD TABLET DR 800 MG	2	
ASACOL TABLET DR 400 MG	2	
CANASA SUPP.RECT 1000 MG	3	
COLAZAL CAPSULE 750 MG	3	
DIPENTUM CAPSULE 250 MG	3	
LIALDA TABLET DR 1.2 G	3	
PENTASA CAPSULE ER 250 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
PENTASA CAPSULE ER 500 MG	3	
ROWASA KIT 4G/60ML	3	
<i>balsalazide disodium</i> CAPSULE - 750 MG	1	
<i>mesalamine</i> ENEMA 4G/60ML	1	
ANTI-INFLAMMATORY AGENTS (RESPIRATORY TRACT)		
LEUKOTRIENE MODIFIERS - RESPIRATORY TRACT AGENTS		
ACCOLATE TABLET 10 MG	3	
ACCOLATE TABLET 20 MG	3	
SINGULAIR TABLET 10 MG	2	
SINGULAIR GRAN PACK 4 MG	2	
SINGULAIR TAB CHEW 4 MG	2	
SINGULAIR TAB CHEW 5 MG	2	
ZYFLO CR TBMP 12HR 600 MG	3	
<i>zafirlukast</i> TABLET 10 MG	1	
<i>zafirlukast</i> TABLET 20 MG	1	
MAST-CELL STABILIZERS - RESPIRATORY TRACT AGENTS		
ALOCRI DROPS 2 %	3	
GASTROCROM SOLUTION 20 MG/ML	3	
<i>cromolyn sodium</i> AMPUL-NEB 20 - MG/2 ML	1	
<i>cromolyn sodium</i> DROPS 4 %	1	
ANTI-INFLAMMATORY AGENTS (SKIN-MUCOUS MEMBRANE)		
ANTI-INFLAMMATORY AGENTS (SKIN / MUCOUS) - SKIN AND MUCOUS MEMBRANE AGENTS		
ACLOVATE CREAM (G) 0.05 %	3	
ACLOVATE OINT. (G) 0.05 %	3	
ALA-SCALP HP LOTION 2 %	3	
CAPEX SHAMPOO SHAMPOO 0.01 %	3	
CARMOL HC CREAM (G) 1%-10%	3	
CLOBEX LOTION 0.05 %	3	
CLOBEX SHAMPOO 0.05 %	3	
CLOBEX SPRAY 0.05 %	3	
CLODERM CREAM (G) 0.1%	3	
CORDRAN SP CREAM (G) 0.05 %	3	
CORDRAN LOTION 0.05 %	3	
CORDRAN MED. TAPE 4MCG/SQ CM	3	
CORTENEMA ENEMA 100MG/60ML	3	
CORTIFOAM FOAM/APPL 10 %	3	
CUTIVATE OINT. (G) 0.005%	3	
CUTIVATE CREAM (G) 0.05 %	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
CUTIVATE LOTION 0.05 %	3	
DERMA-SMOOTH-FS OIL 0.01 %	3	
DERMATOP CREAM (G) 0.1%	3	
DERMATOP OINT. (G) 0.1%	3	
DESONATE GEL (GRAM) 0.05 %	3	
DESOWEN CREAM (G) 0.05 %	3	
DESOWEN KT LOTN CE 0.05 %	3	
DESOWEN KT OINT LE 0.05 %	3	
DIPROLENE AF CREAM (G) 0.05 %	3	
DIPROLENE LOTION 0.05 %	3	
DIPROLENE OINT. (G) 0.05 %	3	
ELOCON CREAM (G) 0.1%	3	
ELOCON OINT. (G) 0.1%	3	
ELOCON SOLUTION 0.1%	3	
HALOG CREAM (G) 0.1%	3	
HALOG OINT. (G) 0.1%	3	
KENALOG AEROSOL 0.147MG/G	3	
LOCOID LIPOCREAM CREAM (G) - 0.10%	3	
LOCOID LOTION 0.1%	3	
LOCOID OINT. (G) 0.1%	3	
LOCOID SOLUTION 0.1%	3	
LUXIQ FOAM 0.12 %	3	
OLUX-E FOAM 0.05 %	3	
PANDEL CREAM (G) 0.1%	3	
PROCTOCREAM-HC CREAM (G) 2.5 %	3	
TEMOVATE CREAM (G) 0.05 %	3	
TEMOVATE GEL (GRAM) 0.05 %	3	
TEMOVATE OINT. (G) 0.05 %	3	
TEMOVATE SOLUTION 0.05 %	3	
TOPICORT LP CREAM (G) 0.05 %	3	
TOPICORT GEL (GRAM) 0.05 %	3	
TOPICORT CREAM (G) 0.25 %	3	
TOPICORT OINT. (G) 0.25 %	3	
ULTRAVATE CREAM (G) 0.05 %	3	
ULTRAVATE OINT. (G) 0.05 %	3	
VANOS CREAM (G) 0.1%	3	
VERDESO FOAM 0.05 %	3	
WESTCORT OINT. (G) 0.2 %	3	
<i>alclometasone dipropionate</i> - CREAM (G) 0.05 %	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>alclometasone dipropionate</i> - OINT. (G) 0.05 %	1	
<i>amcinonide</i> CREAM (G) 0.1%	1	
<i>amcinonide</i> LOTION 0.1%	1	
<i>amcinonide</i> OINT. (G) 0.1%	1	
<i>anusol-hc</i> CREAM (G) 2.5 %	1	
<i>betamethasone dipropionate</i> - CREAM (G) 0.05 %	1	
<i>betamethasone dipropionate</i> - LOTION 0.05 %	1	
<i>betamethasone dipropionate</i> - LOTION 0.05 %	1	
<i>betamethasone dipropionate</i> - OINT. (G) 0.05 %	1	
<i>betamethasone valerate</i> CREAM - (G) 0.1%	1	
<i>betamethasone valerate</i> LOTION - 0.10%	1	
<i>betamethasone valerate</i> OINT. - (G) 0.1%	1	
<i>clobetasol emollient</i> CREAM - (G) 0.05 %	1	
<i>clobetasol propionate</i> GEL - (GRAM) 0.05 %	1	
<i>clobetasol propionate</i> OINT. - (G) 0.05 %	1	
<i>clobetasol propionate</i> - SOLUTION 0.05 %	1	
<i>colocort</i> ENEMA 100MG/60ML	1	
<i>desonide</i> CREAM (G) 0.05 %	1	
<i>desonide</i> LOTION 0.05 %	1	
<i>desonide</i> OINT. (G) 0.05 %	1	
<i>desoximetasone</i> CREAM (G) 0.05 - %	1	
<i>desoximetasone</i> GEL (GRAM) - 0.05%	1	
<i>desoximetasone</i> CREAM (G) 0.25 - %	1	
<i>desoximetasone</i> OINT. (G) 0.25 - %	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>diflorasone diacetate</i> CREAM - (G) 0.05 %	1	
<i>diflorasone diacetate</i> OINT. - (G) 0.05 %	1	
<i>fluocinolone acetonide</i> CREAM - (G) 0.01 %	1	
<i>fluocinolone acetonide</i> - SOLUTION 0.01 %	1	
<i>fluocinolone acetonide</i> CREAM - (G) 0.025 %	1	
<i>fluocinolone acetonide</i> OINT. - (G) 0.025 %	1	
<i>fluocinonide emollient</i> CREAM - (G) 0.05 %	1	
<i>fluocinonide</i> GEL (GRAM) 0.05 %	1	
<i>fluocinonide</i> OINT. (G) 0.05 %	1	
<i>fluocinonide</i> SOLUTION 0.05 %	1	
<i>fluticasone propionate</i> OINT. - (G) 0.005%	1	
<i>fluticasone propionate</i> CREAM - (G) 0.05 %	1	
<i>halobetasol propionate</i> CREAM - (G) 0.05 %	1	
<i>halobetasol propionate</i> OINT. - (G) 0.05 %	1	
<i>hydrocortisone butyrate</i> CREAM - (G) 0.1%	1	
<i>hydrocortisone butyrate</i> OINT. - (G) 0.1%	1	
<i>hydrocortisone butyrate</i> - SOLUTION 0.1%	1	
<i>hydrocortisone valerate</i> CREAM - (G) 0.2 %	1	
<i>hydrocortisone valerate</i> OINT. - (G) 0.2 %	1	
<i>hydrocortisone</i> ENEMA - 100MG/60ML	1	
<i>hydrocortisone</i> CREAM (G) 2.5 %	1	
<i>hydrocortisone</i> LOTION 2.5 %	1	
<i>hydrocortisone</i> OINT. (G) 2.5 %	1	
<i>lokara</i> LOTION 0.05 %	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>mometasone furoate</i> CREAM (G) - 0.10%	1	
<i>mometasone furoate</i> OINT. (G) - 0.10%	1	
<i>mometasone furoate</i> SOLUTION - 0.10%	1	
<i>prednicarbate</i> CREAM (G) 0.1%	1	
<i>prednicarbate</i> OINT. (G) 0.1%	1	
<i>proctosol-hc</i> CREAM (G) 2.5 %	1	
<i>proctozone-hc</i> CREAM (G) 2.5 %	1	
<i>triamcinolone acetonide</i> CREAM - (G) 0.025 %	1	
<i>triamcinolone acetonide</i> - LOTION 0.025 %	1	
<i>triamcinolone acetonide</i> OINT. - (G) 0.025 %	1	
<i>triamcinolone acetonide</i> OINT. - (G) 0.05 %	1	
<i>triamcinolone acetonide</i> CREAM - (G) 0.1%	1	
<i>triamcinolone acetonide</i> - LOTION 0.1%	1	
<i>triamcinolone acetonide</i> OINT. - (G) 0.1%	1	
<i>triamcinolone acetonide</i> PASTE - (G) 0.1%	1	
<i>triamcinolone acetonide</i> CREAM - (G) 0.5 %	1	
<i>triamcinolone acetonide</i> OINT. - (G) 0.5 %	1	
<i>triderm</i> CREAM (G) 0.1%	1	
<i>u-cort</i> CREAM (G) 1%-10%	1	
ANTIALLERGIC AGENTS (EENT)		
ANTIALLERGIC AGENTS - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ALAMAST DROPS 0.1%	3	
ALOMIDE DROPS 0.1%	3	
ASTELIN SPRAY/PUMP 137 MCG	3	
ASTEPRO SPRAY/PUMP 205.5MCG	3	
BEPREVE DROPS 1.5 %	3	
ELESTAT DROPS 0.05 %	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
EMADINE DROPS 0.05 %	3	
LASTACFT DROPS 0.25 %	3	
OPTIVAR DROPS 0.05 %	3	
PATADAY DROPS 0.2 %	3	
PATANASE SPRAY/PUMP 0.6 %	3	
PATANOL DROPS 0.1%	3	
<i>azelastine hcl</i> DROPS 0.05 %	1	
<i>azelastine hcl</i> SPRAY/PUMP 137 - MCG	1	
<i>epinastine hcl</i> DROPS 0.05 %	1	
ANTIBACTERIALS		
AMINOGLYCOSIDES - ANTI-INFECTIVE AGENTS		
TOBI AMPUL-NEB 300MG/5ML	4	
<i>amikacin sulfate</i> VIAL 100 - MG/2ML	1	
<i>amikacin sulfate</i> VIAL 500 - MG/2ML	1	
<i>gentamicin sulfate in ns</i> - PIGGYBACK 100MG/0.1L	1	
<i>gentamicin sulfate in ns</i> - PIGGYBACK 60 MG/50ML	1	
<i>gentamicin sulfate in ns</i> - PIGGYBACK 60MG/100ML	1	
<i>gentamicin sulfate in ns</i> - PIGGYBACK 70 MG/50ML	1	
<i>gentamicin sulfate in ns</i> - PIGGYBACK 80 MG/50ML	1	
<i>gentamicin sulfate in ns</i> - PIGGYBACK 80MG/100ML	1	
<i>gentamicin sulfate in ns</i> - PIGGYBACK 90MG/100ML	1	
<i>gentamicin sulfate</i> VIAL 40 - MG/ML	1	
<i>gentamicin sulfate</i> VIAL PORT - 80 MG/8 ML	1	
<i>kanamycin sulfate</i> VIAL 1G/3ML	1	
<i>neomycin sulfate</i> TABLET 500 MG	1	
<i>streptomycin sulfate</i> VIAL 1 G	1	
<i>tobramycin sulfate in ns</i> - PIGGYBACK 60 MG/50ML	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>tobramycin sulfate in ns</i> - PIGGYBACK 80MG/100ML	1	
<i>tobramycin sulfate</i> VIAL 10 - MG/ML	1	
<i>tobramycin sulfate</i> VIAL 40 - MG/ML	1	
ANTIBACTERIALS, MISCELLANEOUS - ANTI-INFECTIVE AGENTS		
CLEOCIN HCL CAPSULE 150 MG	3	
CLEOCIN HCL CAPSULE 300 MG	3	
CLEOCIN HCL CAPSULE 75 MG	3	
CLEOCIN PALMITATE SOLN RECON - 75 MG/5 ML	3	
CLEOCIN PHOSPHATE IN D5W - PIGGYBACK 300MG/50ML	3	
CLEOCIN PHOSPHATE IN D5W - PIGGYBACK 600MG/50ML	3	
CLEOCIN PHOSPHATE IN D5W - PIGGYBACK 900MG/50ML	3	
CLEOCIN PHOSPHATE VIAL 150 - MG/ML	3	
COLY-MYCIN M PARENTERAL VIAL - 150 MG	3	
CUBICIN VIAL 500 MG	4	PA = YES
HELIDAC COMBO. PKG 250-500MG	3	
LINCOCIN VIAL 300 MG/ML	3	
PYLERA CAPSULE 125-125MG	3	
SYNERCID VIAL 500 MG	3	
VANCOCIN HCL CAPSULE 125 MG	4	
VANCOCIN HCL CAPSULE 250 MG	4	
VIBATIV VIAL 250 MG	3	PA = YES
XIFAXAN TABLET 200 MG	3	QL 9 Tablets / 30 Days
XIFAXAN TABLET 550 MG	4	
ZYVOX SUSP RECON 100 MG/5ML	4	
ZYVOX TABLET 600 MG	4	
ZYVOX IV SOLN 600MG/300	4	
<i>baciim</i> VIAL 50000 UNIT	1	
<i>bacitracin</i> VIAL 50000 UNIT	1	
<i>clindamycin hcl</i> CAPSULE 150 MG	1	
<i>clindamycin hcl</i> CAPSULE 300 MG	1	
<i>clindamycin phosphate</i> VIAL - PORT 600MG/4ML	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>colistimethate sodium</i> VIAL - 150 MG	1	
<i>polymyxin b sulfate</i> VIAL 500K - UNIT	1	
<i>vancomycin hcl</i> VIAL 1 G	1	PA = YES
<i>vancomycin hcl</i> VIAL 10 G	1	PA = YES
<i>vancomycin hcl</i> VIAL PORT 500 - MG	1	PA = YES
CEPHALOSPORINS - ANTI-INFECTIVE AGENTS		
CEDAX CAPSULE 400 MG	3	
CEFTIN SUSP RECON 125 MG/5ML	3	
CEFTIN SUSP RECON 250 MG/5ML	3	
CEFTIN TABLET 250 MG	3	
CEFTIN TABLET 500 MG	3	
CLAFORAN VIAL PORT 1 G	3	
CLAFORAN VIAL 10 G	3	
CLAFORAN VIAL 2 G	3	
CLAFORAN VIAL 500 MG	3	
FORTAZ IN ISO-OSMOTIC - DEXTROSE FROZ.PIGGY 1 G/50 ML	3	
FORTAZ IN ISO-OSMOTIC - DEXTROSE FROZ.PIGGY 2 G/50 ML	3	
FORTAZ VIAL 2 G	3	
FORTAZ VIAL 6G	3	
KEFLEX CAPSULE 250 MG	3	
KEFLEX CAPSULE 500 MG	3	
KEFLEX CAPSULE 750 MG	3	
ROCEPHIN VIAL 500 MG	3	
SPECTRACEF TABLET 200 MG	3	
SPECTRACEF TABLET 400 MG	3	
SUPRAX SUSP RECON 100 MG/5ML	3	
SUPRAX SUSP RECON 200 MG/5ML	3	
TEFLARO VIAL 400 MG	3	
TEFLARO VIAL 600 MG	3	
ZINACEF IN ISO-OSMOTIC WATER - FROZ.PIGGY 1.5G/50ML	3	
ZINACEF ISO-OSMOTIC DEXTROSE - FROZ.PIGGY 750MG/50ML	3	
ZINACEF VIAL PORT 1.5 G	3	
ZINACEF VIAL 7.5G	3	
ZINACEF VIAL PORT 750 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>cefaclor</i> er TAB ER 12H 500 MG	1	
<i>cefaclor</i> CAPSULE 250 MG	1	
<i>cefaclor</i> CAPSULE 500 MG	1	
<i>cefadroxil</i> TABLET 1 G	1	
<i>cefadroxil</i> SUSP RECON 250 - MG/5ML	1	
<i>cefadroxil</i> SUSP RECON 500 - MG/5ML	1	
<i>cefazolin sodium</i> FROZ.PIGGY 1 - G/50 ML	1	
<i>cefazolin sodium</i> VIAL 1 G	1	
<i>cefazolin sodium</i> VIAL 20 G	1	
<i>cefazolin sodium</i> VIAL 500 MG	1	
<i>cefdinir</i> SUSP RECON 125 MG/5ML	1	
<i>cefdinir</i> SUSP RECON 250 MG/5ML	1	
<i>cefdinir</i> CAPSULE 300 MG	1	
<i>cefepime hcl</i> VIAL 1 G	1	
<i>cefepime hcl</i> VIAL 2 G	1	
<i>cefotaxime sodium</i> VIAL 1 G	1	
<i>cefotaxime sodium</i> VIAL 10 G	1	
<i>cefotaxime sodium</i> VIAL 2 G	1	
<i>cefotaxime sodium</i> VIAL 500 MG	1	
<i>cefpodoxime proxetil</i> SUSP - RECON 100 MG/5ML	1	
<i>cefpodoxime proxetil</i> TABLET - 100 MG	1	
<i>cefpodoxime proxetil</i> TABLET - 200 MG	1	
<i>cefpodoxime proxetil</i> SUSP - RECON 50 MG/5 ML	1	
<i>cefprozil</i> SUSP RECON 125 - MG/5ML	1	
<i>cefprozil</i> SUSP RECON 250 - MG/5ML	1	
<i>cefprozil</i> TABLET 250 MG	1	
<i>cefprozil</i> TABLET 500 MG	1	
<i>ceftazidime</i> VIAL 1 G	1	
<i>ceftazidime</i> VIAL 2 G	1	
<i>ceftazidime</i> VIAL 6G	1	
<i>ceftriaxone</i> VIAL PORT 1 G	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>ceftriaxone</i> VIAL 10 G	1	
<i>ceftriaxone</i> VIAL PORT 2 G	1	
<i>ceftriaxone</i> VIAL 250 MG	1	
<i>ceftriaxone</i> VIAL 500 MG	1	
<i>cefuroxime axetil</i> SUSP RECON - 125 MG/5ML	1	
<i>cefuroxime sodium</i> VIAL 1.5 G	1	
<i>cefuroxime sodium</i> VIAL 7.5G	1	
<i>cefuroxime sodium</i> VIAL 750 MG	1	
<i>cefuroxime</i> TABLET 250 MG	1	
<i>cefuroxime</i> TABLET 500 MG	1	
<i>cephalexin</i> SUSP RECON 125 - MG/5ML	1	
<i>cephalexin</i> SUSP RECON 250 - MG/5ML	1	
<i>cephalexin</i> CAPSULE 250 MG	1	
<i>cephalexin</i> TABLET 250 MG	1	
<i>cephalexin</i> CAPSULE 500 MG	1	
<i>cephalexin</i> TABLET 500 MG	1	
<i>tazicef</i> VIAL 1 G	1	
<i>tazicef</i> VIAL PORT 2 G	1	
<i>tazicef</i> VIAL 6G	1	
CHLORAMPHENICOL - ANTI-INFECTIVE AGENTS		
<i>chloramphenicol sod succinate</i> - VIAL 1 G	1	
MACROLIDES - ANTI-INFECTIVE AGENTS		
BIAXIN XL TAB SR 24H 500 MG	3	
BIAXIN SUSP RECON 250 MG/5ML	3	
BIAXIN TABLET 250 MG	3	
BIAXIN TABLET 500 MG	3	
E.E.S. 200 SUSP RECON 200 - MG/5ML	3	
ERY-TAB TABLET DR 250 MG	3	
ERY-TAB TABLET DR 333 MG	3	
ERY-TAB TABLET DR 500 MG	3	
ERYPED 200 SUSP RECON 200 - MG/5ML	3	
ERYPED 400 SUSP RECON 400 - MG/5ML	3	
ERYTHROCIN LACTOBIONATE VIAL - PORT 500 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
ERYTHROCIN STEARATE TABLET - 250 MG	3	
KETEK TABLET 300 MG	3	
KETEK TABLET 400 MG	3	
PCE TAB PART 333 MG	3	
PCE TAB PART 500 MG	3	
ZITHROMAX TRI-PAK TABLET 500 - MG	3	QL 3 Tablets / 1 Day
ZITHROMAX SUSP RECON 100 - MG/5ML	3	QL 125 ML / 1 Day
ZITHROMAX SUSP RECON 200 - MG/5ML	3	QL 65 ML / 1 Day
ZITHROMAX TABLET 250 MG	3	QL 6 Tablets / 1 Day
ZITHROMAX TABLET 500 MG	3	QL 3 Tablets / 1 Day
ZITHROMAX VIAL 500 MG	3	
ZITHROMAX TABLET 600 MG	3	QL 30 Tablets / 34 Days
ZMAX ADULT-PEDIATRIC SUS ER - REC 2G/60ML	3	QL 1 Sus Er Rec / 34 Days
<i>azithromycin</i> SUSP RECON 100 - MG/5ML	1	QL 125 ML / 1 Day
<i>azithromycin</i> SUSP RECON 200 - MG/5ML	1	QL 65 ML / 1 Day
<i>azithromycin</i> TABLET 250 MG	1	QL 6 Tablets / 1 Day
<i>azithromycin</i> TABLET 500 MG	1	QL 3 Tablets / 1 Day
<i>azithromycin</i> VIAL 500 MG	1	
<i>azithromycin</i> TABLET 600 MG	1	QL 30 Tablets / 34 Days
<i>clarithromycin er</i> TAB SR 24H - 500 MG	1	
<i>clarithromycin</i> SUSP RECON 125 - MG/5ML	1	
<i>clarithromycin</i> SUSP RECON 250 - MG/5ML	1	
<i>clarithromycin</i> TABLET 250 MG	1	
<i>clarithromycin</i> TABLET 500 MG	1	
<i>e.e.s. 400</i> TABLET 400 MG	1	
<i>erythromycin ethylsuccinate</i> - TABLET 400 MG	1	
<i>erythromycin-sulfisoxazole</i> - SUSP RECON 200-600/5	1	
<i>erythromycin</i> TABLET 250 MG	1	
<i>erythromycin</i> TABLET 500 MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
MISCELLANEOUS B-LACTAM ANTIBIOTICS - ANTI-INFECTIVE AGENTS		
AZACTAM-ISO-OSMOTIC DEXTROSE - FROZ.PIGGY 1 G/50 ML	3	
AZACTAM-ISO-OSMOTIC DEXTROSE - FROZ.PIGGY 2 G/50 ML	3	
AZACTAM VIAL 2 G	3	
CAYSTON VIAL-NEB 75 MG/ML	4	
DORIBAX VIAL 500 MG	3	
INVANZ VIAL 1 G	3	
MERREM VIAL 500 MG	3	
PRIMAXIN I.M. VIAL 500 MG	3	
PRIMAXIN VIAL 250 MG	3	
PRIMAXIN VIAL 500 MG	3	
<i>aztreonam</i> VIAL 1 G	1	
<i>cefotetan</i> VIAL 1 G	1	
<i>cefotetan</i> VIAL 10 G	1	
<i>cefotetan</i> VIAL 2 G	1	
<i>cefoxitin sodium</i> PIGGYBACK 1 - G/50 ML	1	
<i>cefoxitin sodium</i> PIGGYBACK 2 - G/50 ML	1	
<i>cefoxitin</i> VIAL 1 G	1	
<i>cefoxitin</i> VIAL 10 G	1	
<i>cefoxitin</i> VIAL 2 G	1	
<i>meropenem</i> VIAL 500 MG	1	
PENICILLINS - ANTI-INFECTIVE AGENTS		
BICILLIN C-R DISP SYRIN - 1.2MM/2ML	3	
BICILLIN C-R DISP SYRIN - 900-300/2	3	
BICILLIN L-A DISP SYRIN - 1.2MM/2ML	3	
BICILLIN L-A DISP SYRIN - 2.4MM/4ML	3	
BICILLIN L-A DISP SYRIN - 600000/ML	3	
MOXATAG TBMP 24HR 775MG	3	
TIMENTIN VIAL 3.1G	3	
UNASYN VIAL 15 G	3	
UNASYN VIAL 3 G	3	
ZOSYN FROZ.PIGGY 2.25G/50ML	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
ZOSYN VIAL 3.375 G	3	
ZOSYN FROZ.PIGGY 3.375G/50	3	
<i>amox tr-potassium clavulanate</i> - SUSP RECON 200-28.5/5	1	
<i>amox tr-potassium clavulanate</i> - TAB CHEW 200-28.5MG	1	
<i>amox tr-potassium clavulanate</i> - TABLET 250-125MG	1	
<i>amox tr-potassium clavulanate</i> - SUSP RECON 250-62.5/5	1	
<i>amox tr-potassium clavulanate</i> - SUSP RECON 400-57MG/5	1	
<i>amox tr-potassium clavulanate</i> - TAB CHEW 400-57MG	1	
<i>amox tr-potassium clavulanate</i> - TABLET 500-125 MG	1	
<i>amox tr-potassium clavulanate</i> - SUSP RECON 600-42.9/5	1	
<i>amox tr-potassium clavulanate</i> - TABLET 875-125 MG	1	
<i>amoxicillin-clavulanate er</i> - TAB ER 12H 1000-62.5	1	
<i>amoxicillin</i> SUSP RECON 125 - MG/5ML	1	
<i>amoxicillin</i> TAB CHEW 125 MG	1	
<i>amoxicillin</i> SUSP RECON 200 - MG/5ML	1	
<i>amoxicillin</i> TAB CHEW 200 MG	1	
<i>amoxicillin</i> SUSP RECON 250 - MG/5ML	1	
<i>amoxicillin</i> CAPSULE 250 MG	1	
<i>amoxicillin</i> TAB CHEW 250 MG	1	
<i>amoxicillin</i> SUSP RECON 400 - MG/5ML	1	
<i>amoxicillin</i> CAPSULE 500 MG	1	
<i>amoxicillin</i> TABLET 500 MG	1	
<i>amoxicillin</i> TABLET 875MG	1	
<i>ampicillin sodium</i> VIAL 1 G	1	
<i>ampicillin sodium</i> VIAL 10 G	1	
<i>ampicillin sodium</i> VIAL 125 MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>ampicillin trihydrate</i> SUSP - RECON 125 MG/5ML	1	
<i>ampicillin trihydrate</i> SUSP - RECON 250 MG/5ML	1	
<i>ampicillin trihydrate</i> CAPSULE - 250 MG	1	
<i>ampicillin trihydrate</i> CAPSULE - 500 MG	1	
<i>ampicillin-sulbactam</i> VIAL 15 G	1	
<i>ampicillin-sulbactam</i> VIAL 3 G	1	
<i>dicloxacillin sodium</i> CAPSULE - 250 MG	1	
<i>dicloxacillin sodium</i> CAPSULE - 500 MG	1	
<i>nafillin sodium</i> VIAL 1 G	1	
<i>nafillin sodium</i> VIAL 10 G	1	
<i>nafillin</i> FROZ.PIGGY 1 G/50 ML	1	
<i>oxacillin sodium</i> VIAL 1 G	1	
<i>oxacillin sodium</i> VIAL 10 G	1	
<i>oxacillin</i> FROZ.PIGGY 1 G	1	
<i>oxacillin</i> FROZ.PIGGY 2 G	1	
<i>penicillin g potassium</i> VIAL - 5MM UNIT	1	
<i>penicillin g procaine</i> DISP - SYRIN 1.2MM UNIT	1	
<i>penicillin g sodium</i> VIAL 5MM - UNIT	1	
<i>penicillin gk-iso-osm</i> - dextrose FROZ.PIGGY 2MM/50ML	1	
<i>penicillin gk-iso-osm</i> - dextrose FROZ.PIGGY 3MM/50ML	1	
<i>penicillin v potassium</i> SUSP - RECON 125 MG/5ML	1	
<i>penicillin v potassium</i> SUSP - RECON 250 MG/5ML	1	
<i>penicillin v potassium</i> TABLET - 250 MG	1	
<i>penicillin v potassium</i> TABLET - 500 MG	1	
<i>pfizerpen</i> VIAL 20MM UNIT	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>piperacillin-tazobactam</i> VIAL - 3.375 G	1	
<i>piperacillin</i> VIAL 3 G	1	
<i>piperacillin</i> VIAL 40G	1	
QUINOLONES - ANTI-INFECTIVE AGENTS		
AVELOX ABC PACK TABLET 400 MG	3	
AVELOX IV PIGGYBACK 400MG/.25L	3	
AVELOX TABLET 400 MG	3	
CIPRO I.V. PIGGYBACK - 200MG/0.1L	3	
CIPRO SUS MC REC 250 MG/5ML	3	
CIPRO TABLET 250 MG	3	
CIPRO SUS MC REC 500 MG/5ML	3	
CIPRO TABLET 500 MG	3	
CIPRO TABLET 750 MG	3	
FACTIVE TABLET 320 MG	3	
LEVAQUIN VIAL 25 MG/ML	3	
LEVAQUIN TABLET 250 MG	3	
LEVAQUIN SOLUTION 250MG/10ML	3	
LEVAQUIN TABLET 500 MG	3	
LEVAQUIN TABLET 750 MG	3	
LEVAQUIN PIGGYBACK 750MG/.15L	3	
NOROXIN TABLET 400 MG	3	
PROQUIN XR TAB SR 24H 500 MG	3	QL 3 Tab Sr 24hs / 1 Day
<i>ciprofloxacin er</i> TBMP 24HR - 1000 MG	1	QL 14 Tbmp 24hrs / 1 Day
<i>ciprofloxacin er</i> TBMP 24HR - 500 MG	1	QL 3 Tbmp 24hrs / 1 Day
<i>ciprofloxacin hcl</i> TABLET 100 - MG	1	
<i>ciprofloxacin hcl</i> TABLET 250 - MG	1	
<i>ciprofloxacin hcl</i> TABLET 500 - MG	1	
<i>ciprofloxacin hcl</i> TABLET 750 - MG	1	
<i>ciprofloxacin</i> VIAL 400MG/40ML	1	
<i>ofloxacin</i> TABLET 200 MG	1	
<i>ofloxacin</i> TABLET 300 MG	1	
<i>ofloxacin</i> TABLET 400 MG	1	
SULFONAMIDES (SYSTEMIC) - ANTI-INFECTIVE AGENTS		

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
AZULFIDINE TABLET 500 MG	3	
AZULFIDINE TABLET DR 500 MG	3	
BACTRIM DS TABLET 800-160MG	3	
BACTRIM TABLET 400MG-80MG	3	
SEPTRA DS TABLET 800-160MG	3	
SEPTRA TABLET 400MG-80MG	3	
<i>sulfadiazine</i> TABLET 500 MG	1	
<i>sulfamethoxazole-trimethoprim</i> - ORAL SUSP 200-40MG/5	1	
<i>sulfamethoxazole-trimethoprim</i> - TABLET 400MG-80MG	1	
<i>sulfamethoxazole-trimethoprim</i> - VIAL 80-16MG/ML	1	
<i>sulfamethoxazole-trimethoprim</i> - TABLET 800-160MG	1	
<i>sulfasalazine</i> TABLET 500 MG	1	
<i>sulfazine ec</i> TABLET DR 500 MG	1	
TETRACYCLINES - ANTI-INFECTIVE AGENTS		
ADOXA PAK TABLET 100 MG	3	
ADOXA PAK TABLET 150 MG	3	
ADOXA PAK TABLET 75 MG	3	
ADOXA TABLET 100 MG	3	
ADOXA TABLET 50 MG	3	
DORYX TABLET DR 150 MG	3	
DORYX TABLET DR 75 MG	3	
DYNACIN TABLET 100 MG	3	
DYNACIN TABLET 50 MG	3	
DYNACIN TABLET 75 MG	3	
MINOCIN CAPSULE 100 MG	3	
MINOCIN CAPSULE 50 MG	3	
MONODOX CAPSULE 100 MG	3	
MONODOX CAPSULE 50 MG	3	
MONODOX CAPSULE 75 MG	3	
ORACEA CPMP 24HR 40 MG	3	
SOLODYN TAB SR 24H 105 MG	3	
SOLODYN TAB SR 24H 115MG	3	
SOLODYN TAB SR 24H 135 MG	3	
SOLODYN TAB SR 24H 45 MG	3	
SOLODYN TAB SR 24H 55 MG	3	
SOLODYN TAB SR 24H 65 MG	3	
SOLODYN TAB SR 24H 80 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
SOLODYN TAB SR 24H 90 MG	3	
TYGACIL VIAL 50 MG	3	
VIBRAMYCIN CAPSULE 100 MG	3	
VIBRAMYCIN SUSP RECON 25 MG/5 - ML	3	
VIBRAMYCIN SYRUP 50 MG/5 ML	3	
<i>demeclocycline hcl</i> TABLET 150 - MG	1	
<i>demeclocycline hcl</i> TABLET 300 - MG	1	
<i>doxycycline hyclate</i> CAPSULE - 100 MG	1	
<i>doxycycline hyclate</i> CAPSULE - DR 100 MG	1	
<i>doxycycline hyclate</i> TABLET - 100 MG	1	
<i>doxycycline hyclate</i> TABLET DR - 100 MG	1	
<i>doxycycline hyclate</i> VIAL 100 - MG	1	
<i>doxycycline hyclate</i> CAPSULE - 50 MG	1	
<i>doxycycline hyclate</i> CAPSULE - DR 75 MG	1	
<i>doxycycline hyclate</i> TABLET DR - 75 MG	1	
<i>doxycycline monohydrate</i> - TABLET 50 MG	1	
<i>doxycycline monohydrate</i> - TABLET 75 MG	1	
<i>doxycycline</i> TABLET 150 MG	1	
<i>minocycline hcl</i> CAPSULE 100 MG	1	
<i>minocycline hcl</i> TABLET 100 MG	1	
<i>minocycline hcl</i> TAB SR 24H - 135 MG	1	
<i>minocycline hcl</i> TAB SR 24H 45 - MG	1	
<i>minocycline hcl</i> CAPSULE 50 MG	1	
<i>minocycline hcl</i> TABLET 50 MG	1	
<i>minocycline hcl</i> CAPSULE 75 MG	1	
<i>minocycline hcl</i> TABLET 75 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>minocycline hcl</i> TAB SR 24H 90 - MG	1	
<i>tetracycline hcl</i> CAPSULE 250 - MG	1	
<i>tetracycline hcl</i> CAPSULE 500 - MG	1	
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS - AUTONOMIC DRUGS		
ATROVENT HFA HFA AER AD 17MCG	3	
BENTYL SYRUP 10 MG/5 ML	3	
BENTYL AMPUL 10 MG/ML	3	
BENTYL CAPSULE 10 MG	3	
BENTYL TABLET 20 MG	3	
CANTIL TABLET 25 MG	3	
PAMINE FORTE TABLET 5 MG	3	
PAMINE TABLET 2.5 MG	3	
ROBINUL FORTE TABLET 2 MG	3	
ROBINUL VIAL 0.2 MG/ML	3	
ROBINUL TABLET 1 MG	3	
SPIRIVA CAP W/DEV 18 MCG	2	
<i>atropine sulfate</i> DISP SYRIN - 0.05MG/ML	1	
<i>atropine sulfate</i> DISP SYRIN - 0.1 MG/ML	1	
<i>dicyclomine hcl</i> SYRUP 10 MG/5 - ML	1	
<i>dicyclomine hcl</i> VIAL 10 MG/ML	1	
<i>dicyclomine hcl</i> CAPSULE 10 MG	1	
<i>dicyclomine hcl</i> TABLET 20 MG	1	
<i>glycopyrrolate</i> VIAL 0.2 MG/ML	1	
<i>glycopyrrolate</i> TABLET 1 MG	1	
<i>glycopyrrolate</i> TABLET 2 MG	1	
<i>ipratropium bromide</i> SOLUTION - 0.2 MG/ML	1	
<i>methscopolamine bromide</i> - TABLET 2.5 MG	1	
<i>methscopolamine bromide</i> - TABLET 5 MG	1	
<i>propantheline bromide</i> TABLET - 15 MG	1	
ANTICONVULSANTS		

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
ANTICONVULSANTS, MISCELLANEOUS - CENTRAL NERVOUS SYSTEM AGENTS		
BANZEL TABLET 200 MG	3	
BANZEL ORAL SUSP 40 MG/ML	3	
BANZEL TABLET 400 MG	3	
CARBATROL CPMP 12HR 100 MG	3	
CARBATROL CPMP 12HR 200 MG	3	
CARBATROL CPMP 12HR 300 MG	3	
DEPACON VIAL 500 MG/5ML	3	
DEPAKENE SYRUP 250 MG/5ML	3	
DEPAKENE CAPSULE 250 MG	3	
DEPAKOTE ER TAB SR 24H 250 MG	3	
DEPAKOTE ER TAB SR 24H 500 MG	3	
DEPAKOTE SPRINKLE CAP SPRINK - 125 MG	3	
DEPAKOTE TABLET DR 125 MG	3	
DEPAKOTE TABLET DR 250 MG	3	
DEPAKOTE TABLET DR 500 MG	3	
EQUETRO CPMP 12HR 100 MG	3	
EQUETRO CPMP 12HR 200 MG	3	
EQUETRO CPMP 12HR 300 MG	3	
FELBATOL TABLET 400 MG	3	
FELBATOL TABLET 600 MG	3	
FELBATOL ORAL SUSP 600MG/5ML	3	
GABITRIL TABLET 12 MG	3	
GABITRIL TABLET 16 MG	3	
GABITRIL TABLET 2 MG	3	
GABITRIL TABLET 4 MG	3	
HORIZANT TAB SR 24H 600 MG	3	
KEPPRA XR TAB SR 24H 500 MG	3	
KEPPRA XR TAB SR 24H 750 MG	3	
KEPPRA SOLUTION 100 MG/ML	3	
KEPPRA TABLET 1000 MG	3	
KEPPRA TABLET 250 MG	3	
KEPPRA VIAL 500 MG/5ML	3	
KEPPRA TABLET 500 MG	3	
KEPPRA TABLET 750 MG	3	
LAMICTAL (BLUE) TAB DS PK - 25MG (35)	3	
LAMICTAL (GREEN) TAB DS PK - 25(84)-100	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
LAMICTAL (ORANGE) TAB DS PK - 25(42)-100	3	
LAMICTAL ODT TAB RAPDIS 100 MG	3	
LAMICTAL ODT TAB RAPDIS 200 MG	3	
LAMICTAL ODT TAB RAPDIS 25 MG	3	
LAMICTAL ODT TAB RAPDIS 50 MG	3	
LAMICTAL XR (BLUE) TB ER DSPK - 25(21)-50	3	
LAMICTAL XR (GREEN) TB ER - DSPK 50-100-200	3	
LAMICTAL XR (ORANGE) TB ER - DSPK 25-50-100	3	
LAMICTAL XR TAB ER 24 100 MG	3	
LAMICTAL XR TAB ER 24 200 MG	3	
LAMICTAL XR TAB ER 24 25 MG	3	
LAMICTAL XR TAB ER 24 50 MG	3	
LAMICTAL TABLET 100 MG	3	
LAMICTAL TABLET 150 MG	3	
LAMICTAL TABLET 200 MG	3	
LAMICTAL TAB DISPER 25 MG	3	
LAMICTAL TABLET 25 MG	3	
LAMICTAL TAB DISPER 5 MG	3	
LYRICA CAPSULE 100 MG	3	
LYRICA CAPSULE 150 MG	3	
LYRICA CAPSULE 200 MG	3	
LYRICA CAPSULE 225 MG	3	
LYRICA CAPSULE 25 MG	3	
LYRICA CAPSULE 300 MG	3	
LYRICA CAPSULE 50 MG	3	
LYRICA CAPSULE 75 MG	3	
NEURONTIN CAPSULE 100 MG	3	
NEURONTIN SOLUTION 250 MG/5ML	3	
NEURONTIN CAPSULE 300 MG	3	
NEURONTIN CAPSULE 400 MG	3	
NEURONTIN TABLET 600 MG	3	
NEURONTIN TABLET 800 MG	3	
SABRIL POWD PACK 500 MG	4	
SABRIL TABLET 500 MG	4	
STAVZOR CAPSULE DR 125 MG	3	
STAVZOR CAPSULE DR 250 MG	3	
STAVZOR CAPSULE DR 500 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
TEGRETOL XR TAB ER 12H 100 MG	3	
TEGRETOL XR TAB ER 12H 200 MG	3	
TEGRETOL XR TAB ER 12H 400 MG	3	
TEGRETOL ORAL SUSP 100 MG/5ML	3	
TEGRETOL TAB CHEW 100 MG	3	
TEGRETOL TABLET 200 MG	3	
TOPAMAX TABLET 100 MG	3	
TOPAMAX CAP SPRINK 15 MG	3	
TOPAMAX TABLET 200 MG	3	
TOPAMAX CAP SPRINK 25 MG	3	
TOPAMAX TABLET 25 MG	3	
TOPAMAX TABLET 50 MG	3	
TRILEPTAL TABLET 150 MG	3	
TRILEPTAL TABLET 300 MG	3	
TRILEPTAL ORAL SUSP 300MG/5ML	3	
TRILEPTAL TABLET 600 MG	3	
VIMPAT SOLUTION 10 MG/ML	3	
VIMPAT TABLET 100 MG	3	
VIMPAT TABLET 150 MG	3	
VIMPAT TABLET 200 MG	3	
VIMPAT VIAL 200MG/20ML	3	
VIMPAT TABLET 50 MG	3	
ZONEGRAN CAPSULE 100 MG	3	
ZONEGRAN CAPSULE 25 MG	3	
<i>carbamazepine xr</i> TAB ER 12H - 200 MG	1	
<i>carbamazepine xr</i> TAB ER 12H - 400 MG	1	
<i>carbamazepine</i> ORAL SUSP 100 - MG/5ML	1	
<i>carbamazepine</i> TAB CHEW 100 MG	1	
<i>carbamazepine</i> TABLET 200 MG	1	
<i>divalproex sodium er</i> TAB SR - 24H 250 MG	1	
<i>divalproex sodium er</i> TAB SR - 24H 500 MG	1	
<i>divalproex sodium</i> CAP SPRINK - 125 MG	1	
<i>divalproex sodium</i> TABLET DR - 125 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>divalproex sodium</i> TABLET DR - 250 MG	1	
<i>divalproex sodium</i> TABLET DR - 500 MG	1	
<i>epitol</i> TABLET 200 MG	1	
<i>gabapentin</i> CAPSULE 100 MG	1	
<i>gabapentin</i> SOLUTION 250 MG/5ML	1	
<i>gabapentin</i> CAPSULE 300 MG	1	
<i>gabapentin</i> CAPSULE 400 MG	1	
<i>gabapentin</i> TABLET 600 MG	1	
<i>gabapentin</i> TABLET 800 MG	1	
<i>lamotrigine</i> TABLET 100 MG	1	
<i>lamotrigine</i> TABLET 150 MG	1	
<i>lamotrigine</i> TABLET 200 MG	1	
<i>lamotrigine</i> TAB DISPER 25 MG	1	
<i>lamotrigine</i> TABLET 25 MG	1	
<i>lamotrigine</i> TAB DISPER 5 MG	1	
<i>levetiracetam</i> SOLUTION 100 - MG/ML	1	
<i>levetiracetam</i> TABLET 1000 MG	1	
<i>levetiracetam</i> TABLET 250 MG	1	
<i>levetiracetam</i> VIAL 500 MG/5ML	1	
<i>levetiracetam</i> TABLET 500 MG	1	
<i>levetiracetam</i> TABLET 750 MG	1	
<i>magnesium sulfate-d5w</i> - PIGGYBACK 1 G/100 ML	1	
<i>magnesium sulfate</i> IV SOLN - 20G/500ML	1	
<i>magnesium sulfate</i> PIGGYBACK 4 - G/50 ML	1	
<i>magnesium sulfate</i> DISP SYRIN - 4 MEQ/ML	1	
<i>oxcarbazepine</i> TABLET 150 MG	1	
<i>oxcarbazepine</i> TABLET 300 MG	1	
<i>oxcarbazepine</i> ORAL SUSP - 300MG/5ML	1	
<i>oxcarbazepine</i> TABLET 600 MG	1	
<i>topiramate</i> TABLET 100 MG	1	
<i>topiramate</i> CAP SPRINK 15 MG	1	
<i>topiramate</i> TABLET 200 MG	1	
<i>topiramate</i> CAP SPRINK 25 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>topiramate</i> TABLET 25 MG	1	
<i>topiramate</i> TABLET 50 MG	1	
<i>valproate sodium</i> VIAL 500 - MG/5ML	1	
<i>valproic acid</i> SYRUP 250 MG/5ML	1	
<i>valproic acid</i> CAPSULE 250 MG	1	
<i>zonisamide</i> CAPSULE 100 MG	1	
<i>zonisamide</i> CAPSULE 25 MG	1	
<i>zonisamide</i> CAPSULE 50 MG	1	
BARBITURATES (ANTICONVULSANTS) - CENTRAL NERVOUS SYSTEM AGENTS		
MYSOLINE TABLET 250 MG	3	
MYSOLINE TABLET 50 MG	3	
<i>primidone</i> TABLET 250 MG	1	
<i>primidone</i> TABLET 50 MG	1	
HYDANTOINS - CENTRAL NERVOUS SYSTEM AGENTS		
DILANTIN-125 ORAL SUSP 125 - MG/5ML	3	
DILANTIN CAPSULE 100 MG	3	
DILANTIN CAPSULE 30 MG	3	
DILANTIN TAB CHEW 50 MG	3	
PEGANONE TABLET 250 MG	3	
PHENYTEK CAPSULE 200 MG	3	
PHENYTEK CAPSULE 300 MG	3	
<i>fosphenytoin sodium</i> VIAL - 100MG PE/2	1	
<i>phenytoin sodium extended</i> - CAPSULE 100 MG	1	
<i>phenytoin sodium extended</i> - CAPSULE 200 MG	1	
<i>phenytoin sodium extended</i> - CAPSULE 300 MG	1	
<i>phenytoin sodium</i> AMPUL 50 - MG/ML	1	
<i>phenytoin</i> ORAL SUSP 125 MG/5ML	1	
SUCCINIMIDES - CENTRAL NERVOUS SYSTEM AGENTS		
CELONTIN CAPSULE 300 MG	3	
ZARONTIN SYRUP 250 MG/5ML	3	
ZARONTIN CAPSULE 250 MG	3	
<i>ethosuximide</i> SYRUP 250 MG/5ML	1	
<i>ethosuximide</i> CAPSULE 250 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
ANTIDIABETIC AGENTS		
ALPHA-GLUCOSIDASE INHIBITORS - HORMONES AND SYNTHETIC SUBSTITUTES		
GLYSET TABLET 100 MG	3	
GLYSET TABLET 25 MG	3	
GLYSET TABLET 50 MG	3	
PRECOSE TABLET 100 MG	3	
PRECOSE TABLET 25 MG	3	
PRECOSE TABLET 50 MG	3	
<i>acarbose</i> TABLET 100 MG	1	
<i>acarbose</i> TABLET 25 MG	1	
<i>acarbose</i> TABLET 50 MG	1	
AMYLINOMIMETICS - HORMONES AND SYNTHETIC SUBSTITUTES		
SYMLIN VIAL 600MCG/ML	2	PA = YES
SYMLINPEN 120 PEN INJCTR - 2700/2.7ML	2	PA = YES
SYMLINPEN 60 PEN INJCTR - 1500/1.5ML	2	PA = YES
BIGUANIDES - HORMONES AND SYNTHETIC SUBSTITUTES		
FORTAMET TAB ER 24 1000 MG	3	
FORTAMET TAB ER 24 500 MG	3	
GLUCOPHAGE XR TAB SR 24H 500 - MG	3	
GLUCOPHAGE XR TAB SR 24H 750 - MG	3	
GLUCOPHAGE TABLET 1000 MG	3	
GLUCOPHAGE TABLET 500 MG	3	
GLUCOPHAGE TABLET 850 MG	3	
GLUMETZA TABERGR24H 500 MG	3	
RIOMET SOLUTION 500 MG/5ML	3	
<i>metformin hcl er</i> TAB SR 24H - 500 MG	1	
<i>metformin hcl er</i> TAB SR 24H - 750 MG	1	
<i>metformin hcl</i> TABLET 1000 MG	1	
<i>metformin hcl</i> TABLET 500 MG	1	
<i>metformin hcl</i> TABLET 850 MG	1	
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - HORMONES AND SYNTHETIC SUBSTITUTES		
JANUMET TABLET 50-1000MG	2	
JANUMET TABLET 50MG-500MG	2	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
JANUVIA TABLET 100 MG	2	
JANUVIA TABLET 25 MG	2	
JANUVIA TABLET 50 MG	2	
KOMBIGLYZE XR TBMP 24HR - 2.5-1000MG	2	
KOMBIGLYZE XR TBMP 24HR 5 - MG-500MG	2	
KOMBIGLYZE XR TBMP 24HR - 5MG-1000MG	2	
ONGLYZA TABLET 2.5 MG	2	
ONGLYZA TABLET 5 MG	2	
TRADJENTA TABLET 5 MG	3	
INCRETIN MIMETICS - HORMONES AND SYNTHETIC SUBSTITUTES		
BYETTA PEN INJCTR 10MCG/0.04	2	
BYETTA PEN INJCTR 5MCG/0.02	2	
VICTOZA 3-PAK PEN INJCTR - 0.6MG/0.1	2	
INSULINS - HORMONES AND SYNTHETIC SUBSTITUTES		
APIDRA SOLOSTAR INSULN PEN - 100/ML	3	
APIDRA VIAL 100/ML	3	
HUMALOG MIX 50-50 INSULN PEN - 50-50/ML	3	
HUMALOG MIX 50-50 VIAL - 50-50/ML	3	
HUMALOG MIX 75-25 INSULN PEN - 75-25/ML	3	
HUMALOG MIX 75-25 VIAL - 75-25/ML	3	
HUMALOG INSULN PEN 100/ML	3	
HUMALOG VIAL 100/ML	3	
HUMULIN 70-30 INSULN PEN - 70-30/ML	3	
HUMULIN 70-30 VIAL 70-30/ML	3	
HUMULIN N INSULN PEN 100/ML - -3	3	
HUMULIN N VIAL 100/ML	3	
HUMULIN R VIAL 100/ML	3	
HUMULIN R VIAL 500/ML	3	
LANTUS SOLOSTAR INSULN PEN - 100/ML (3)	3	PA = YES

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
LANTUS VIAL 100/ML	3	PA = YES
LEVEMIR INSULN PEN 100/ML	2	
LEVEMIR VIAL 100/ML	2	
NOVOLIN 70-30 VIAL 70-30/ML	2	
NOVOLIN N VIAL 100/ML	2	
NOVOLIN R VIAL 100/ML	2	
NOVOLOG MIX 70-30 INSULN PEN - 70-30/ML	2	
NOVOLOG MIX 70-30 VIAL - 70-30/ML	2	
NOVOLOG INSULN PEN 100/ML	2	
NOVOLOG VIAL 100/ML	2	
MEGLITINIDES - HORMONES AND SYNTHETIC SUBSTITUTES		
PRANDIMET TABLET 1MG-500MG	3	
PRANDIMET TABLET 2MG-500MG	3	
PRANDIN TABLET 0.5 MG	2	
PRANDIN TABLET 1 MG	2	
PRANDIN TABLET 2 MG	2	
STARLIX TABLET 120 MG	3	
STARLIX TABLET 60 MG	3	
<i>nateglinide</i> TABLET 120 MG	1	
<i>nateglinide</i> TABLET 60 MG	1	
SULFONYLUREAS - HORMONES AND SYNTHETIC SUBSTITUTES		
AMARYL TABLET 1 MG	3	
AMARYL TABLET 2 MG	3	
AMARYL TABLET 4 MG	3	
DIABETA TABLET 1.25 MG	3	
DIABETA TABLET 2.5 MG	3	
DIABETA TABLET 5 MG	3	
GLUCOTROL XL TAB ER 24 10 MG	3	
GLUCOTROL XL TAB ER 24 2.5 MG	3	
GLUCOTROL XL TAB ER 24 5 MG	3	
GLUCOTROL TABLET 10 MG	3	
GLUCOTROL TABLET 5 MG	3	
GLUCOVANCE TABLET 1.25-250MG	3	
GLUCOVANCE TABLET 2.5-500MG	3	
GLUCOVANCE TABLET 5 MG-500MG	3	
GLYNASE TABLET 1.5 MG	3	
GLYNASE TABLET 3 MG	3	
GLYNASE TABLET 6 MG	3	
METAGLIP TABLET 2.5-250MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>chlorpropamide</i> TABLET 100 MG	1	
<i>chlorpropamide</i> TABLET 250 MG	1	
<i>glimepiride</i> TABLET 1 MG	1	
<i>glimepiride</i> TABLET 2 MG	1	
<i>glimepiride</i> TABLET 4 MG	1	
<i>glipizide er</i> TAB ER 24 10 MG	1	
<i>glipizide er</i> TAB ER 24 2.5 MG	1	
<i>glipizide er</i> TAB ER 24 5 MG	1	
<i>glipizide-metformin</i> TABLET - 2.5-250MG	1	
<i>glipizide-metformin</i> TABLET - 2.5-500MG	1	
<i>glipizide-metformin</i> TABLET 5 - MG-500MG	1	
<i>glipizide</i> TABLET 10 MG	1	
<i>glipizide</i> TABLET 5 MG	1	
<i>glyburide micronized</i> TABLET - 1.5 MG	1	
<i>glyburide micronized</i> TABLET 3 - MG	1	
<i>glyburide micronized</i> TABLET 6 - MG	1	
<i>glyburide-metformin hcl</i> - TABLET 1.25-250MG	1	
<i>glyburide-metformin hcl</i> - TABLET 2.5-500MG	1	
<i>glyburide-metformin hcl</i> - TABLET 5 MG-500MG	1	
<i>glyburide</i> TABLET 1.25 MG	1	
<i>glyburide</i> TABLET 2.5 MG	1	
<i>glyburide</i> TABLET 5 MG	1	
<i>glycron</i> TABLET 1.5 MG	1	
<i>glycron</i> TABLET 3 MG	1	
<i>glycron</i> TABLET 4.5 MG	1	
<i>glycron</i> TABLET 6 MG	1	
<i>tolazamide</i> TABLET 250 MG	1	
<i>tolazamide</i> TABLET 500 MG	1	
<i>tolbutamide</i> TABLET 500 MG	1	
THIAZOLIDINEDIONES - HORMONES AND SYNTHETIC SUBSTITUTES		
ACTOPLUS MET XR TBMP 24HR - 15-1000 MG	2	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
ACTOPLUS MET XR TBMP 24HR - 30-1000 MG	2	
ACTOPLUS MET TABLET 15MG-500MG	2	
ACTOPLUS MET TABLET 15MG-850MG	2	
ACTOS TABLET 15 MG	2	
ACTOS TABLET 30 MG	2	
ACTOS TABLET 45 MG	2	
AVANDAMET TABLET 2-1000MG	3	
AVANDAMET TABLET 2MG-500MG	3	
AVANDAMET TABLET 4-1000MG	3	
AVANDAMET TABLET 4-500MG	3	
AVANDARYL TABLET 4MG-1MG	3	
AVANDARYL TABLET 4MG-2MG	3	
AVANDARYL TABLET 4MG-4MG	3	
AVANDARYL TABLET 8 MG-2 MG	3	
AVANDARYL TABLET 8MG-4MG	3	
AVANDIA TABLET 2 MG	3	
AVANDIA TABLET 4 MG	3	
AVANDIA TABLET 8 MG	3	
DUETACT TABLET 30 MG-2 MG	2	
DUETACT TABLET 30 MG-4 MG	2	
ANTIDIARRHEA AGENTS		
ANTIDIARRHEA AGENTS - GASTROINTESTINAL DRUGS		
LOMOTIL TABLET 2.5-.025MG	3	
MOTOFEN TABLET 1-0.025MG	3	
<i>diphenoxylate-atropine</i> LIQUID - 2.5-.025/5	1	
<i>diphenoxylate-atropine</i> TABLET - 2.5-.025MG	1	
<i>loperamide</i> CAPSULE 2 MG	1	
ANTIDOTES		
ANTIDOTES - MISCELLANEOUS THERAPEUTIC AGENTS		
ANTIZOL VIAL 1G/ML	4	
<i>fomepizole</i> VIAL 1G/ML	4	
<i>leucovorin calcium</i> TABLET 10 - MG	1	
<i>leucovorin calcium</i> VIAL 100 MG	1	
<i>leucovorin calcium</i> TABLET 15 - MG	1	
<i>leucovorin calcium</i> TABLET 25 - MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>leucovorin calcium</i> VIAL 350 MG	1	
<i>leucovorin calcium</i> TABLET 5 MG	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS - GASTROINTESTINAL DRUGS		
ALOXI VIAL 0.25MG/5ML	3	
ANZEMET VIAL 100 MG/5ML	3	
ANZEMET TABLET 100 MG	3	QL 4 Tablets / 1 Day
ANZEMET TABLET 50 MG	3	QL 4 Tablets / 1 Day
SANCUSO PATCH TDWK 3.1MG/24HR	3	QL 1 Patch Tdwk / 1 Day
ZOFRAN ODT TAB RAPDIS 4 MG	3	
ZOFRAN ODT TAB RAPDIS 8 MG	3	
ZOFRAN VIAL 2 MG/ML	3	
ZOFRAN TABLET 4 MG	3	
ZOFRAN SOLUTION 4MG/5ML	3	
ZOFRAN TABLET 8 MG	3	
ZUPLENZ FILM 4 MG	3	
ZUPLENZ FILM 8 MG	3	
<i>granisetron hcl</i> VIAL 1 - MG/ML(1)	1	
<i>granisetron hcl</i> TABLET 1 MG	1	QL 4 Tablets / 1 Day
<i>granisetron hcl</i> VIAL 100 - MCG/ML	1	
<i>granisol</i> SOLUTION 1 MG/5 ML	1	
<i>ondansetron hcl</i> TABLET 24 MG	1	
<i>ondansetron hcl</i> VIAL 4 MG/2 ML	1	
<i>ondansetron hcl</i> TABLET 4 MG	1	
<i>ondansetron hcl</i> SOLUTION - 4MG/5ML	1	
<i>ondansetron hcl</i> TABLET 8 MG	1	
<i>ondansetron odt</i> TAB RAPDIS 4 - MG	1	
<i>ondansetron odt</i> TAB RAPDIS 8 - MG	1	
ANTIEMETICS, MISCELLANEOUS - GASTROINTESTINAL DRUGS		
CESAMET CAPSULE 1 MG	4	PA = YES
EMEND CAPSULE 125 MG	2	QL 2 Capsules / 1 Day
EMEND CAP DS PK 125MG-80MG	2	QL 6 Cap Ds Pks / 1 Day
EMEND CAPSULE 40 MG	2	QL 1 Capsule / 1 Day
EMEND CAPSULE 80 MG	2	QL 4 Capsules / 1 Day
MARINOL CAPSULE 10 MG	4	
MARINOL CAPSULE 2.5 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
MARINOL CAPSULE 5 MG	4	
TRANSDERM-SCOP PATCH TD72 - 1.5MG/72HR	3	
<i>dronabinol</i> CAPSULE 10 MG	1	
<i>dronabinol</i> CAPSULE 2.5 MG	1	
<i>dronabinol</i> CAPSULE 5 MG	1	
ANTIHISTAMINES (GI DRUGS) - GASTROINTESTINAL DRUGS		
ANTIVERT TABLET 50 MG	3	
TIGAN VIAL 100 MG/ML	3	
TIGAN CAPSULE 300 MG	3	
<i>compro</i> SUPP.RECT 25 MG	1	
<i>prochlorperazine edisylate</i> - VIAL 5 MG/ML	1	
<i>prochlorperazine maleate</i> - TABLET 10 MG	1	
<i>prochlorperazine maleate</i> - SUPP.RECT 25 MG	1	
<i>prochlorperazine maleate</i> - TABLET 5 MG	1	
<i>trimethobenzamide hcl</i> DISP - SYRIN 100 MG/ML	1	
<i>trimethobenzamide hcl</i> CAPSULE - 300 MG	1	
ANTIFUNGALS		
ALLYLAMINES - ANTI-INFECTIVE AGENTS		
LAMISIL GRAN PACK 125 MG	3	
LAMISIL GRAN PACK 187.5MG	3	
LAMISIL TABLET 250 MG	3	
<i>terbinafine hcl</i> TABLET 250 MG	1	
ANTIFUNGALS, MISCELLANEOUS - ANTI-INFECTIVE AGENTS		
GRIS-PEG TABLET 125 MG	3	
GRIS-PEG TABLET 250 MG	3	
<i>grifulvin v</i> TABLET 500 MG	1	
<i>griseofulvin</i> ORAL SUSP 125 - MG/5ML	1	
AZOLES - ANTI-INFECTIVE AGENTS		
DIFLUCAN IN SALINE PIGGYBACK - 200MG/0.1L	3	
DIFLUCAN SUSP RECON 10 MG/ML	3	
DIFLUCAN TABLET 100 MG	3	
DIFLUCAN TABLET 150 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
DIFLUCAN TABLET 200 MG	3	
DIFLUCAN SUSP RECON 40 MG/ML	3	
DIFLUCAN TABLET 50 MG	3	
NOXAFIL ORAL SUSP 200 MG/5ML	4	
SPORANOX SOLUTION 10 MG/ML	3	
SPORANOX CAPSULE 100 MG	3	
VFEND IV VIAL 200 MG	4	
VFEND SUSP RECON 200 MG/5ML	4	
VFEND TABLET 200 MG	4	
VFEND TABLET 50 MG	4	
<i>fluconazole in dextrose</i> - PIGGYBACK 400MG/0.2L	1	
<i>fluconazole</i> SUSP RECON 10 - MG/ML	1	
<i>fluconazole</i> TABLET 100 MG	1	
<i>fluconazole</i> TABLET 150 MG	1	
<i>fluconazole</i> TABLET 200 MG	1	
<i>fluconazole</i> SUSP RECON 40 - MG/ML	1	
<i>fluconazole</i> TABLET 50 MG	1	
<i>itraconazole</i> CAPSULE 100 MG	1	
<i>ketoconazole</i> TABLET 200 MG	1	
<i>voriconazole</i> TABLET 200 MG	1	
<i>voriconazole</i> TABLET 50 MG	1	
ECHINOCANDINS - ANTI-INFECTIVE AGENTS		
CANCIDAS VIAL 50 MG	4	
CANCIDAS VIAL 70 MG	4	
ERAXIS (WATER DILUENT) VIAL - 100 MG	3	
MYCAMINE VIAL 100 MG	4	
MYCAMINE VIAL 50 MG	4	
POLYENES - ANTI-INFECTIVE AGENTS		
ABELCET VIAL 5 MG/ML	4	
AMBISOME VIAL 50 MG	4	
AMPHOTEC VIAL 50 MG	3	
<i>amphotericin b</i> VIAL 50 MG	1	
<i>nystatin</i> ORAL SUSP 100000/ML	1	
<i>nystatin</i> TABLET 500K UNIT	1	
PYRIMIDINES - ANTI-INFECTIVE AGENTS		
ANCOBON CAPSULE 250 MG	4	
ANCOBON CAPSULE 500 MG	4	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (EENT) - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ALPHAGAN P DROPS 0.1%	2	
ALPHAGAN P DROPS 0.15 %	3	
COMBIGAN DROPS 0.2%-0.5%	2	
<i>brimonidine tartrate</i> DROPS - 0.20%	1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
BETAGAN DROPS 0.5 %	3	
BETIMOL DROPS 0.25 %	3	
BETIMOL DROPS 0.5 %	3	
BETOPTIC S DROPS SUSP 0.25 %	3	
ISTALOL DROP DAILY 0.5 %	3	
OPTIPRANOLOL DROPS 0.3 %	3	
TIMOPTIC OCUDOSE DROPERETTE - 0.25%	3	
TIMOPTIC OCUDOSE DROPERETTE - 0.50%	3	
TIMOPTIC-XE SOL-GEL 0.25 %	3	
TIMOPTIC-XE SOL-GEL 0.5 %	3	
<i>betaxolol hcl</i> DROPS 0.5 %	1	
<i>levobunolol hcl</i> DROPS 0.25 %	1	
<i>levobunolol hcl</i> DROPS 0.5 %	1	
<i>metipranolol</i> DROPS 0.3 %	1	
<i>timolol maleate</i> DROPS 0.25 %	1	
<i>timolol maleate</i> SOL-GEL 0.25 %	1	
<i>timolol maleate</i> DROPS 0.5 %	1	
<i>timolol maleate</i> SOL-GEL 0.5 %	1	
CARBONIC ANHYDRASE INHIBITORS (EENT) - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
AZOPT DROPS SUSP 1 %	2	
COSOPT DROPS 2%-0.5%	3	
DIAMOX SEQUELS CAPSULE ER 500 - MG	3	
TRUSOPT DROPS 2 %	3	
<i>acetazolamide sodium</i> VIAL 500 - MG	1	
<i>acetazolamide</i> TABLET 125 MG	1	
<i>acetazolamide</i> TABLET 250 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>acetazolamide</i> CAPSULE ER 500 - MG	1	
<i>dorzolamide hcl</i> DROPS 2 %	1	
<i>dorzolamide-timolol</i> DROPS - 2%-0.5%	1	
<i>methazolamide</i> TABLET 25 MG	1	
<i>methazolamide</i> TABLET 50 MG	1	
MIOTICS - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
PHOSPHOLINE IODIDE DROPS - 0.13%	3	
PILOPINE HS GEL (GRAM) 4 %	3	
PROSTAGLANDIN ANALOGS - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
LUMIGAN DROPS 0.01 %	2	
LUMIGAN DROPS 0.03 %	2	
TRAVATAN Z DROPS 0.004 %	3	
XALATAN DROPS 0.005%	3	
<i>latanoprost</i> DROPS 0.005%	1	
ANTIGOUT AGENTS		
ANTIGOUT AGENTS - MISCELLANEOUS THERAPEUTIC AGENTS		
ALOPRIM VIAL 500 MG	3	
COLCRYS TABLET 0.6 MG	2	
ULORIC TABLET 40 MG	3	
ULORIC TABLET 80 MG	3	
ZYLOPRIM TABLET 100 MG	3	
ZYLOPRIM TABLET 300 MG	3	
<i>allopurinol sodium</i> VIAL 500 MG	1	
<i>allopurinol</i> TABLET 100 MG	1	
<i>allopurinol</i> TABLET 300 MG	1	
ANTIHEMORRHAGIC AGENTS		
HEMOSTATICS - BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
CYKLOKAPRON AMPUL 100 MG/ML	2	
LYSTEDA TABLET 650 MG	2	
ANTIHYPOGLYCEMIC AGENTS		
GLYCOGENOLYTIC AGENTS - HORMONES AND SYNTHETIC SUBSTITUTES		
GLUCAGEN KIT 1 MG	3	
GLUCAGON EMERGENCY KIT KIT 1 - MG	2	
ANTILIPEMIC AGENTS		
ANTILIPEMIC AGENTS, MISCELLANEOUS - CARDIOVASCULAR DRUGS		
LOVAZA CAPSULE 1 G	3	PA = YES

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
NIASPAN TAB SR 24H 1000 MG	3	
NIASPAN TAB SR 24H 500 MG	3	
NIASPAN TAB SR 24H 750 MG	3	
<i>niacor</i> TABLET 500 MG	1	
BILE ACID SEQUESTRANTS - CARDIOVASCULAR DRUGS		
COLESTID TABLET 1 G	3	
COLESTID GRANULES 5G	3	
QUESTRAN PACKET 4 G	3	
WELCHOL POWD PACK 3.75 G	3	
WELCHOL TABLET 625 MG	3	
<i>cholestyramine light</i> PACKET 4 - G	1	
<i>colestipol hcl</i> TABLET 1 G	1	
<i>colestipol hcl</i> GRANULES 5G	1	
<i>prevalite</i> POWDER 4 G	1	
CHOLESTEROL ABSORPTION INHIBITORS - CARDIOVASCULAR DRUGS		
VYTORIN TABLET 10MG-10MG	3	
VYTORIN TABLET 10MG-20MG	3	
VYTORIN TABLET 10MG-40MG	3	
VYTORIN TABLET 10MG-80MG	3	
ZETIA TABLET 10 MG	3	
FIBRIC ACID DERIVATIVES - CARDIOVASCULAR DRUGS		
ANTARA CAPSULE 130 MG	3	
ANTARA CAPSULE 43 MG	3	
FENOGLIDE TABLET 120 MG	3	
FENOGLIDE TABLET 40 MG	3	
LIPOFEN CAPSULE 150 MG	3	
LIPOFEN CAPSULE 50 MG	3	
LOPID TABLET 600 MG	3	
TRICOR TABLET 145MG	3	
TRICOR TABLET 48 MG	3	
TRIGLIDE TABLET 160 MG	3	
TRIGLIDE TABLET 50 MG	3	
TRILIPIX CAPSULE DR 135 MG	3	
TRILIPIX CAPSULE DR 45 MG	3	
<i>fenofibrate</i> CAPSULE 134MG	1	
<i>fenofibrate</i> TABLET 160 MG	1	
<i>fenofibrate</i> CAPSULE 200 MG	1	
<i>fenofibrate</i> TABLET 54 MG	1	
<i>fenofibrate</i> CAPSULE 67 MG	1	
<i>gemfibrozil</i> TABLET 600 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>lofibra</i> CAPSULE 134MG	1	
<i>lofibra</i> TABLET 160 MG	1	
<i>lofibra</i> CAPSULE 200 MG	1	
<i>lofibra</i> TABLET 54 MG	1	
<i>lofibra</i> CAPSULE 67 MG	1	
HMG-COA REDUCTASE INHIBITORS - CARDIOVASCULAR DRUGS		
ADVICOR TBMP 24HR 1000-20MG	3	
ADVICOR TBMP 24HR 1000-40 MG	3	
ADVICOR TBMP 24HR 500MG-20MG	3	
ADVICOR TBMP 24HR 750MG-20MG	3	
ALTOPREV TAB SR 24H 20 MG	3	
ALTOPREV TAB SR 24H 40 MG	3	
ALTOPREV TAB SR 24H 60 MG	3	
CADUET TABLET 10MG-10MG	3	
CADUET TABLET 10MG-20MG	3	
CADUET TABLET 10MG-40MG	3	
CADUET TABLET 10MG-80MG	3	
CADUET TABLET 2.5MG-10MG	3	
CADUET TABLET 2.5MG-20MG	3	
CADUET TABLET 2.5MG-40MG	3	
CADUET TABLET 5 MG-10 MG	3	
CADUET TABLET 5MG-20MG	3	
CADUET TABLET 5MG-40MG	3	
CADUET TABLET 5MG-80MG	3	
CRESTOR TABLET 10 MG	3	
CRESTOR TABLET 20 MG	3	
CRESTOR TABLET 40 MG	3	
CRESTOR TABLET 5 MG	3	
LESCOL XL TAB SR 24H 80 MG	3	
LESCOL CAPSULE 20 MG	3	
LESCOL CAPSULE 40 MG	3	
LIPITOR TABLET 10 MG	3	
LIPITOR TABLET 20 MG	3	
LIPITOR TABLET 40 MG	3	
LIPITOR TABLET 80 MG	3	
LIVALO TABLET 1 MG	3	
LIVALO TABLET 2 MG	3	
LIVALO TABLET 4 MG	3	
MEVACOR TABLET 20 MG	3	
MEVACOR TABLET 40 MG	3	
PRAVACHOL TABLET 10 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
PRAVACHOL TABLET 20 MG	3	
PRAVACHOL TABLET 40 MG	3	
PRAVACHOL TABLET 80 MG	3	
SIMCOR TBMP 24HR 1000-40 MG	3	
SIMCOR TBMP 24HR 500MG-20MG	3	
SIMCOR TBMP 24HR 500MG-40MG	3	
SIMCOR TBMP 24HR 750MG-20MG	3	
ZOCOR TABLET 10 MG	3	
ZOCOR TABLET 20 MG	3	
ZOCOR TABLET 40 MG	3	
ZOCOR TABLET 5 MG	3	
ZOCOR TABLET 80 MG	3	
<i>lovastatin</i> TABLET 10 MG	1	
<i>lovastatin</i> TABLET 20 MG	1	
<i>lovastatin</i> TABLET 40 MG	1	
<i>pravastatin sodium</i> TABLET 10 - MG	1	
<i>pravastatin sodium</i> TABLET 20 - MG	1	
<i>pravastatin sodium</i> TABLET 40 - MG	1	
<i>pravastatin sodium</i> TABLET 80 - MG	1	
<i>simvastatin</i> TABLET 10 MG	1	
<i>simvastatin</i> TABLET 20 MG	1	
<i>simvastatin</i> TABLET 40 MG	1	
<i>simvastatin</i> TABLET 5 MG	1	
<i>simvastatin</i> TABLET 80 MG	1	
ANTIMANIC AGENTS		
ANTIMANIC AGENTS - CENTRAL NERVOUS SYSTEM AGENTS		
LITHOBID TABLET ER 300 MG	3	
<i>lithium carbonate</i> CAPSULE 150 - MG	1	
<i>lithium carbonate</i> CAPSULE 300 - MG	1	
<i>lithium carbonate</i> TABLET 300 - MG	1	
<i>lithium carbonate</i> TABLET ER - 300 MG	1	
<i>lithium carbonate</i> TABLET ER - 450 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>lithium carbonate</i> CAPSULE 600 - MG	1	
<i>lithium</i> SOLUTION 8MEQ/5ML	1	
ANTIMIGRAINE AGENTS		
SELECTIVE SEROTONIN AGONISTS - CENTRAL NERVOUS SYSTEM AGENTS		
AMERGE TABLET 1 MG	3	QL 9 Tablets / 30 Days
AMERGE TABLET 2.5 MG	3	QL 9 Tablets / 30 Days
AXERT TABLET 12.5 MG	3	QL 12 Tablets / 34 Days
AXERT TABLET 6.25 MG	3	QL 12 Tablets / 34 Days
FROVA TABLET 2.5 MG	3	QL 18 Tablets / 34 Days
IMITREX TABLET 100 MG	3	QL 27 Tablets / 34 Days
IMITREX SPRAY 20 MG	3	QL 6 Sprays / 34 Days
IMITREX TABLET 25 MG	3	QL 27 Tablets / 34 Days
IMITREX KIT-REFILL 4 MG/0.5ML	3	QL 4 Kit-Refills / 34 Days
IMITREX SPRAY 5 MG	3	QL 6 Sprays / 34 Days
IMITREX TABLET 50 MG	3	QL 27 Tablets / 34 Days
IMITREX KIT-REFILL 6 MG/0.5ML	3	QL 4 Kit-Refills / 34 Days
IMITREX VIAL 6 MG/0.5ML	3	QL 4 Vials / 34 Days
MAXALT MLT TAB RAPDIS 10 MG	3	QL 18 Tablets / 34 Days
MAXALT MLT TAB RAPDIS 5 MG	3	QL 18 Tablets / 34 Days
MAXALT TABLET 10 MG	3	QL 18 Tablets / 34 Days
MAXALT TABLET 5 MG	3	QL 18 Tablets / 34 Days
RELPAK TABLET 20 MG	3	QL 6 Tablets / 30 Days
RELPAK TABLET 40 MG	3	QL 6 Tablets / 30 Days
TREXIMET TABLET 85MG-500MG	3	QL 27 Tablets / 34 Days
ZOMIG ZMT TAB RAPDIS 2.5 MG	3	QL 18 Tablets / 34 Days
ZOMIG ZMT TAB RAPDIS 5 MG	3	QL 9 Tablets / 34 Days
ZOMIG TABLET 2.5 MG	3	QL 18 Tablets / 34 Days
ZOMIG SPRAY 5 MG	3	QL 6 Sprays / 34 Days
ZOMIG TABLET 5 MG	3	QL 9 Tablets / 34 Days
<i>naratriptan hcl</i> TABLET 1 MG	1	QL 9 Tablets / 30 Days
<i>naratriptan hcl</i> TABLET 2.5 MG	1	QL 9 Tablets / 30 Days
<i>sumatriptan succinate</i> TABLET - 100 MG	1	QL 27 Tablets / 34 Days
<i>sumatriptan succinate</i> TABLET - 25 MG	1	QL 27 Tablets / 34 Days
<i>sumatriptan succinate</i> VIAL 4 - MG/0.5ML	1	QL 4 Vials / 34 Days
<i>sumatriptan succinate</i> TABLET - 50 MG	1	QL 27 Tablets / 34 Days

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>sumatriptan succinate</i> VIAL 6 - MG/0.5ML	1	QL 4 Vials / 34 Days
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, MISCELLANEOUS - ANTI-INFECTIVE AGENTS		
<i>dapsone</i> TABLET 100 MG	1	
<i>dapsone</i> TABLET 25 MG	1	
ANTITUBERCULOSIS AGENTS - ANTI-INFECTIVE AGENTS		
CAPASTAT SULFATE VIAL 1 G	3	
MYAMBUTOL TABLET 100 MG	3	
MYAMBUTOL TABLET 400 MG	3	
MYCOBUTIN CAPSULE 150 MG	3	
PASER PACKET 4 G	3	
PRIFTIN TABLET 150 MG	3	
RIFADIN CAPSULE 150 MG	3	
RIFADIN CAPSULE 300 MG	3	
RIFADIN VIAL 600 MG	3	
RIFAMATE CAPSULE 300-150 MG	3	
RIFATER TABLET 120-50-300	3	
SEROMYCIN CAPSULE 250 MG	3	
TRECTOR TABLET 250 MG	3	
<i>ethambutol hcl</i> TABLET 100 MG	1	
<i>ethambutol hcl</i> TABLET 400 MG	1	
<i>isonarif</i> CAPSULE 300-150 MG	1	
<i>isoniazid</i> VIAL 100 MG/ML	1	
<i>isoniazid</i> TABLET 100 MG	1	
<i>isoniazid</i> TABLET 300 MG	1	
<i>isoniazid</i> SYRUP 50 MG/5 ML	1	
<i>pyrazinamide</i> TABLET 500 MG	1	
<i>rifampin</i> CAPSULE 150 MG	1	
<i>rifampin</i> CAPSULE 300 MG	1	
<i>rifampin</i> VIAL 600 MG	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS - ANTINEOPLASTIC AGENTS		
ABRAXANE VIAL 100 MG	4	
ADRIAMYCIN VIAL 2 MG/ML	3	
AFINITOR TABLET 10 MG	4	PA = YES
AFINITOR TABLET 2.5 MG	4	PA = YES
AFINITOR TABLET 5 MG	4	PA = YES
ALIMTA VIAL 500 MG	4	
ALKERAN VIAL 50 MG	4	
ARIMIDEX TABLET 1 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
AROMASIN TABLET 25 MG	3	
ARRANON VIAL 250MG/50ML	4	
ARZERRA VIAL 100 MG/5ML	4	
AVASTIN VIAL 25 MG/ML	4	
BICNU VIAL 100 MG	3	
BUSULFEX VIAL 60 MG/10ML	4	
CAMPATH VIAL 30 MG/ML	4	
CAMPTOSAR VIAL 100 MG/5ML	3	
CASODEX TABLET 50 MG	3	
CEENU CAPSULE 10 MG	2	
CEENU CAPSULE 100 MG	2	
CEENU CAPSULE 40 MG	2	
CERUBIDINE VIAL 20 MG	3	
<i>cladribine</i> VIAL 10MG/10ML	4	
CLOLAR VIAL 20 MG/20ML	4	
COSMEGEN VIAL 0.5 MG	3	
DACOGEN VIAL 50 MG	4	
DAUNOXOME VIAL 2 MG/ML	4	
<i>docetaxel</i> VIAL 80 MG/8 ML	4	
DOXIL VIAL 2 MG/ML	4	
DROXIA CAPSULE 200 MG	2	
DROXIA CAPSULE 300 MG	2	
DROXIA CAPSULE 400 MG	2	
ELIGARD DISP SYRIN 22.5 MG	3	
ELIGARD DISP SYRIN 30 MG	3	
ELIGARD DISP SYRIN 45 MG	3	
ELIGARD DISP SYRIN 7.5 MG	3	
ELLENCEN VIAL 200MG/0.1L	4	
ELOXATIN VIAL 100MG/20ML	4	
ELSPAR VIAL 10000 UNIT	3	
EMCYT CAPSULE 140 MG	2	
ERBITUX VIAL 100MG/50ML	4	
ETOPHOS VIAL 100 MG	4	
FARESTON TABLET 60 MG	2	
FASLODEX DISP SYRIN 250 MG/5ML	4	
FEMARA TABLET 2.5 MG	3	
FIRMAGON VIAL 120 MG	4	
FIRMAGON VIAL 80 MG	3	
FLUDARA VIAL 50 MG	4	
<i>fludarabine phosphate</i> VIAL 50 - MG	4	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
FOLOTYN VIAL 40MG/2ML	4	
<i>gemcitabine hcl</i> VIAL 1 G	4	
GEMZAR VIAL 1 G	4	
GLEEVEC TABLET 100 MG	4	PA = YES
GLEEVEC TABLET 400 MG	4	PA = YES, QL 60 Tablets / 30 Days
HALAVEN VIAL 1 MG/2 ML	4	
HERCEPTIN VIAL 440 MG	4	
HEXALEN CAPSULE 50 MG	4	
HYCANTIN VIAL 4 MG	4	
HYDREA CAPSULE 500 MG	3	
IDAMYCIN PFS VIAL 1 MG/ML	4	
<i>idarubicin hcl</i> VIAL 1 MG/ML	4	
IFEX VIAL 3 G	3	
IRESSA TABLET 250 MG	4	
ISTODAX VIAL 10 MG/2 ML	4	
IXEMPRA VIAL 45 MG	4	
JEVTANA VIAL FNL10MG/ML	4	
LEUKERAN TABLET 2 MG	2	
LEUSTATIN VIAL 10MG/10ML	3	
LUPRON DEPOT-PED KIT 11.25MG	4	
LUPRON DEPOT-PED KIT 15 MG	4	
LUPRON DEPOT KIT 11.25MG	3	
LUPRON DEPOT SYRINGEKIT 22.5 - MG	4	
LUPRON DEPOT KIT 3.75 MG	3	
LUPRON DEPOT KIT 30 MG	4	
LUPRON DEPOT DISP SYRIN 7.5 MG	4	
LYSODREN TABLET 500 MG	2	
MATULANE CAPSULE 50 MG	4	
MEGACE ES ORAL SUSP 625MG/5ML	3	
MEGACE ORAL SUSP 400MG/10ML	3	
<i>melphalan hcl</i> VIAL 50 MG	4	
MUSTARGEN VIAL 10 MG	4	
NEXAVAR TABLET 200 MG	4	PA = YES
NILANDRON TABLET 150 MG	2	
NIPENT VIAL 10 MG	4	
NOVANTRONE VIAL 2 MG/ML	3	
ONTAK VIAL 150MCG/ML	4	
<i>oxaliplatin</i> VIAL 100MG/20ML	4	
<i>pentostatin</i> VIAL 10 MG	4	
PHOTOFRIN VIAL 75 MG	4	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
PROLEUKIN VIAL 22MM UNIT	4	
PURINETHOL TABLET 50 MG	3	
REVLIMID CAPSULE 10 MG	4	PA = YES
REVLIMID CAPSULE 15 MG	4	PA = YES
REVLIMID CAPSULE 25 MG	4	PA = YES
REVLIMID CAPSULE 5 MG	4	PA = YES
RHEUMATREX TAB DS PK 2.5 MG	3	
RITUXAN VIAL 10 MG/ML	4	
SPRYCEL TABLET 100 MG	4	PA = YES
SPRYCEL TABLET 140 MG	4	PA = YES
SPRYCEL TABLET 20 MG	4	PA = YES
SPRYCEL TABLET 50 MG	4	PA = YES
SPRYCEL TABLET 70 MG	4	PA = YES
SPRYCEL TABLET 80 MG	4	PA = YES
SUTENT CAPSULE 12.5 MG	4	PA = YES
SUTENT CAPSULE 25 MG	4	PA = YES
SUTENT CAPSULE 50 MG	4	PA = YES
TARCEVA TABLET 100 MG	4	PA = YES, QL 30 Tablets / 30 Days
TARCEVA TABLET 150 MG	4	PA = YES, QL 30 Tablets / 30 Days
TARCEVA TABLET 25 MG	4	PA = YES, QL 30 Tablets / 30 Days
TARGRETIN CAPSULE 75 MG	4	
TASIGNA CAPSULE 200 MG	4	PA = YES
TAXOTERE VIAL 80 MG/4 ML	4	
TAXOTERE VIAL FNL 80MG/8	4	
TORISEL VIAL FNL 30MG/3	4	
TREANDA VIAL 100 MG	4	
TRELSTAR DISP SYRIN 11.25/2ML	4	
TRELSTAR VIAL 22.5 MG	4	
TRELSTAR DISP SYRIN 3.75MG/2ML	4	
<i>tretinoin</i> CAPSULE 10 MG	4	
TREXALL TABLET 10 MG	3	
TREXALL TABLET 15 MG	3	
TREXALL TABLET 5 MG	3	
TREXALL TABLET 7.5 MG	3	
TRISENOX AMPUL 10MG/10ML	3	
TYKERB TABLET 250 MG	4	PA = YES
VANDETANIB TABLET 100 MG	4	PA = YES
VANDETANIB TABLET 300 MG	4	PA = YES
VECTIBIX VIAL 100 MG/5ML	4	
VELCADE VIAL 3.5 MG	4	
VIDAZA VIAL 100 MG	4	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
VOTRIENT TABLET 200 MG	4	PA = YES
ZANOSAR VIAL 1 G	3	
ZOLINZA CAPSULE 100 MG	4	PA = YES
ZYTIGA TABLET 250 MG	4	PA = YES
<i>anastrozole</i> TABLET 1 MG	1	
<i>bicalutamide</i> TABLET 50 MG	1	
<i>bleomycin sulfate</i> VIAL 30 UNIT	1	
<i>carboplatin</i> VIAL 10 MG/ML	1	
<i>cisplatin</i> VIAL 1 MG/ML	1	
<i>cyclophosphamide</i> TABLET 25 MG	1	
<i>cyclophosphamide</i> TABLET 50 MG	1	
<i>cytarabine</i> VIAL 20 MG/ML	1	
<i>cytarabine</i> VIAL 2G/20ML	1	
<i>cytarabine</i> VIAL 500 MG	1	
<i>dacarbazine</i> VIAL 200 MG	1	
<i>daunorubicin hcl</i> VIAL 20 MG	1	
<i>doxorubicin hcl</i> VIAL 2 MG/ML	1	
<i>epirubicin hcl</i> VIAL 50 MG/25ML	1	
<i>etoposide</i> VIAL 20 MG/ML	1	
<i>exemestane</i> TABLET 25 MG	1	
<i>fluorouracil</i> VIAL 500MG/10ML	1	
<i>flutamide</i> CAPSULE 125 MG	1	
<i>hydroxyurea</i> CAPSULE 500 MG	1	
<i>ifosfamide-mesna</i> KIT 1G-1G	1	
<i>ifosfamide-mesna</i> KIT 3G-1G	1	
<i>ifosfamide</i> VIAL 1 G	1	
<i>irinotecan hcl</i> VIAL 100 MG/5ML	1	
<i>letrozole</i> TABLET 2.5 MG	1	
<i>leuprolide acetate</i> KIT - 1MG/0.2ML	1	
<i>megestrol acetate</i> TABLET 20 MG	1	
<i>megestrol acetate</i> TABLET 40 MG	1	
<i>megestrol acetate</i> ORAL SUSP - 400MG/10ML	1	
<i>mercaptopurine</i> TABLET 50 MG	1	
<i>methotrexate</i> VIAL 1 G	1	
<i>methotrexate</i> TABLET 2.5 MG	1	
<i>methotrexate</i> VIAL 25 MG/ML	1	
<i>mitomycin</i> VIAL 20 MG	1	
<i>mitoxantrone hcl</i> VIAL 2 MG/ML	1	
<i>paclitaxel</i> VIAL 6 MG/ML	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>tabloid</i> TABLET 40 MG	1	
<i>tamoxifen citrate</i> TABLET 10 MG	1	
<i>tamoxifen citrate</i> TABLET 20 MG	1	
<i>thiotepa</i> VIAL 15 MG	1	
<i>toposar</i> VIAL 20 MG/ML	1	
<i>topotecan hcl</i> VIAL 4 MG	1	
<i>vinblastine sulfate</i> VIAL 10 MG	1	
<i>vincristine sulfate</i> VIAL 1 - MG/ML	1	
<i>vinorelbine tartrate</i> VIAL 50 - MG/5 ML	1	
ANTIPARKINSONIAN AGENTS		
ADAMANTANES (CNS) - CENTRAL NERVOUS SYSTEM AGENTS		
<i>amantadine</i> CAPSULE 100 MG	1	
<i>amantadine</i> TABLET 100 MG	1	
<i>amantadine</i> SYRUP 50 MG/5 ML	1	
ANTICHOLINERGIC AGENTS (CNS) - CENTRAL NERVOUS SYSTEM AGENTS		
COGENTIN AMPUL 2 MG/2 ML	3	
<i>benztropine mesylate</i> TABLET - 0.5 MG	1	
<i>benztropine mesylate</i> TABLET 1 - MG	1	
<i>benztropine mesylate</i> VIAL 2 - MG/2 ML	1	
<i>benztropine mesylate</i> TABLET 2 - MG	1	
<i>trihexyphenidyl hcl</i> ELIXIR 2 - MG/5 ML	1	
<i>trihexyphenidyl hcl</i> TABLET 2 - MG	1	
<i>trihexyphenidyl hcl</i> TABLET 5 - MG	1	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - CENTRAL NERVOUS SYSTEM AGENTS		
COMTAN TABLET 200 MG	3	
TASMAR TABLET 100 MG	3	
DOPAMINE PRECURSORS - CENTRAL NERVOUS SYSTEM AGENTS		
PARCOPA TAB RAPDIS 10MG-100MG	3	
PARCOPA TAB RAPDIS 25MG-100MG	3	
PARCOPA TAB RAPDIS 25MG-250MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
SINEMET 10-100 TABLET - 10MG-100MG	3	
SINEMET 25-100 TABLET - 25MG-100MG	3	
SINEMET 25-250 TABLET - 25MG-250MG	3	
SINEMET CR TABLET ER - 25MG-100MG	3	
SINEMET CR TABLET ER - 50MG-200MG	3	
STALEVO 100 TABLET 25-100-200	3	
STALEVO 125 TABLET 31.25-125	3	
STALEVO 150 TABLET 37.5-150MG	3	
STALEVO 200 TABLET 50-200-200	3	
STALEVO 50 TABLET 12.5-50MG	3	
STALEVO 75 TABLET 18.75-75MG	3	
<i>carbidopa-levodopa</i> TAB RAPDIS - 10MG-100MG	1	
<i>carbidopa-levodopa</i> TABLET - 10MG-100MG	1	
<i>carbidopa-levodopa</i> TAB RAPDIS - 25MG-100MG	1	
<i>carbidopa-levodopa</i> TABLET - 25MG-100MG	1	
<i>carbidopa-levodopa</i> TABLET ER - 25MG-100MG	1	
<i>carbidopa-levodopa</i> TAB RAPDIS - 25MG-250MG	1	
<i>carbidopa-levodopa</i> TABLET - 25MG-250MG	1	
<i>carbidopa-levodopa</i> TABLET ER - 50MG-200MG	1	
DOPAMINE RECEPTOR AGONISTS - CENTRAL NERVOUS SYSTEM AGENTS		
APOKYN CARTRIDGE 10 MG/ML	4	
CYCLOSET TABLET 0.8 MG	3	
MIRAPEX ER TAB SR 24H 0.375 MG	3	
MIRAPEX ER TAB SR 24H 0.75 MG	3	
MIRAPEX ER TAB SR 24H 1.5 MG	3	
MIRAPEX ER TAB SR 24H 3 MG	3	
MIRAPEX ER TAB SR 24H 4.5 MG	3	
MIRAPEX TABLET 0.125 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
MIRAPEX TABLET 0.25 MG	3	
MIRAPEX TABLET 0.5 MG	3	
MIRAPEX TABLET 0.75 MG	3	
MIRAPEX TABLET 1 MG	3	
MIRAPEX TABLET 1.5 MG	3	
PARLODEL TABLET 2.5 MG	3	
PARLODEL CAPSULE 5 MG	3	
REQUIP XL TAB SR 24H 12 MG	3	
REQUIP XL TAB SR 24H 2 MG	3	
REQUIP XL TAB SR 24H 4 MG	3	
REQUIP XL TAB SR 24H 6 MG	3	
REQUIP XL TAB SR 24H 8 MG	3	
REQUIP TABLET 0.25 MG	3	
REQUIP TABLET 0.5 MG	3	
REQUIP TABLET 1 MG	3	
REQUIP TABLET 2 MG	3	
REQUIP TABLET 3 MG	3	
REQUIP TABLET 4 MG	3	
REQUIP TABLET 5 MG	3	
<i>bromocriptine mesylate</i> TABLET - 2.5 MG	1	
<i>bromocriptine mesylate</i> - CAPSULE 5 MG	1	
<i>cabergoline</i> TABLET 0.5 MG	1	
<i>pramipexole dihydrochloride</i> - TABLET 0.125 MG	1	
<i>pramipexole dihydrochloride</i> - TABLET 0.25 MG	1	
<i>pramipexole dihydrochloride</i> - TABLET 0.5 MG	1	
<i>pramipexole dihydrochloride</i> - TABLET 0.75 MG	1	
<i>pramipexole dihydrochloride</i> - TABLET 1 MG	1	
<i>pramipexole dihydrochloride</i> - TABLET 1.5 MG	1	
<i>ropinirole hcl</i> TABLET 0.25 MG	1	
<i>ropinirole hcl</i> TABLET 0.5 MG	1	
<i>ropinirole hcl</i> TABLET 1 MG	1	
<i>ropinirole hcl</i> TABLET 2 MG	1	
<i>ropinirole hcl</i> TABLET 3 MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>ropinirole hcl</i> TABLET 4 MG	1	
<i>ropinirole hcl</i> TABLET 5 MG	1	
MONOAMINE OXIDASE B INHIBITORS - CENTRAL NERVOUS SYSTEM AGENTS		
AZILECT TABLET 0.5 MG	3	
AZILECT TABLET 1 MG	3	
ELDEPRYL CAPSULE 5 MG	3	
EMSAM PATCH TD24 12MG/24HR	3	
EMSAM PATCH TD24 6MG/24HR	3	
EMSAM PATCH TD24 9 MG/24 HR	3	
ZELAPAR TAB RAPDIS 1.25 MG	3	
<i>selegiline hcl</i> CAPSULE 5 MG	1	
<i>selegiline hcl</i> TABLET 5 MG	1	
ANTIPROTOZOALS		
AMEBICIDES - ANTI-INFECTIVE AGENTS		
<i>paromomycin sulfate</i> CAPSULE - 250 MG	1	
ANTIMALARIALS - ANTI-INFECTIVE AGENTS		
ARALEN PHOSPHATE TABLET 500 MG	3	
COARTEM TABLET 20MG-120MG	3	
DARAPRIM TABLET 25 MG	3	
MALARONE TABLET 250-100MG	3	
MALARONE TABLET 62.5-25MG	3	
PLAQUENIL TABLET 200 MG	3	
QUALAQUIN CAPSULE 324 MG	3	
<i>chloroquine phosphate</i> TABLET - 250 MG	1	
<i>chloroquine phosphate</i> TABLET - 500 MG	1	
<i>hydroxychloroquine sulfate</i> - TABLET 200 MG	1	
<i>mefloquine hcl</i> TABLET 250 MG	1	
<i>primaquine</i> TABLET 26.3 MG	1	
ANTIPROTOZOALS, MISCELLANEOUS - ANTI-INFECTIVE AGENTS		
ALINIA SUSP RECON 100 MG/5ML	3	
ALINIA TABLET 500 MG	3	
FLAGYL ER TABLET ER 750 MG	3	
FLAGYL TABLET 250 MG	3	
FLAGYL CAPSULE 375 MG	3	
FLAGYL TABLET 500 MG	3	
MEPRON ORAL SUSP 750 MG/5ML	4	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
NEBUPENT VIAL 300 MG	3	
PENTAM 300 VIAL 300 MG	3	
<i>metronidazole</i> TABLET 250 MG	1	
<i>metronidazole</i> CAPSULE 375 MG	1	
<i>metronidazole</i> TABLET 500 MG	1	
<i>metronidazole</i> PIGGYBACK - 500MG/0.1L	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
ANTIPRURITICS AND LOCAL ANESTHETICS - SKIN AND MUCOUS MEMBRANE AGENTS		
EMLA CREAM (G) 2.5%-2.5%	3	PA = YES
LIDODERM ADH. PATCH 5%(700MG)	3	
SYNERA M.HT PATCH 70 MG-70MG	3	PA = YES
ZONALON CREAM (G) 5 %	3	
<i>lidocaine hcl</i> OINT. (G) 5 %	1	PA = YES
<i>lidocaine-prilocaine</i> CREAM - (G) 2.5%-2.5%	1	PA = YES
ANTITHROMBOTIC AGENTS		
ANTICOAGULANTS - BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ARIXTRA DISP SYRIN 10MG/0.8ML	2	
ARIXTRA DISP SYRIN 2.5 MG/0.5	2	
ARIXTRA DISP SYRIN 5MG/0.4ML	2	
ARIXTRA DISP SYRIN 7.5MG/0.6	2	
COUMADIN TABLET 1 MG	2	
COUMADIN TABLET 10 MG	2	
COUMADIN TABLET 2 MG	2	
COUMADIN TABLET 2.5 MG	2	
COUMADIN TABLET 3 MG	2	
COUMADIN TABLET 4 MG	2	
COUMADIN TABLET 5 MG	2	
COUMADIN VIAL 5 MG	3	
COUMADIN TABLET 6 MG	2	
COUMADIN TABLET 7.5 MG	2	
<i>enoxaparin sodium</i> DISP SYRIN - 100 MG/ML	4	
<i>enoxaparin sodium</i> DISP SYRIN - 120MG/.8ML	4	
<i>enoxaparin sodium</i> DISP SYRIN - 150 MG/ML	4	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>enoxaparin sodium</i> DISP SYRIN - 60MG/0.6ML	4	
FRAGMIN DISP SYRIN 10000/ML	4	
FRAGMIN DISP SYRIN 12500/0.5	4	
FRAGMIN DISP SYRIN 15000/0.6	4	
FRAGMIN DISP SYRIN 18000/0.72	4	
FRAGMIN DISP SYRIN 2500/0.2ML	2	
FRAGMIN VIAL 25000/ML	2	
FRAGMIN DISP SYRIN 5000/0.2ML	2	
FRAGMIN DISP SYRIN 7500/0.3ML	4	
INNOHEP VIAL 20000/ML	3	
LOVENOX DISP SYRIN 100 MG/ML	4	
LOVENOX DISP SYRIN 120MG/.8ML	4	
LOVENOX DISP SYRIN 150 MG/ML	4	
LOVENOX VIAL 300MG/3ML	3	
LOVENOX DISP SYRIN 30MG/0.3ML	3	
LOVENOX DISP SYRIN 40MG/0.4ML	3	
LOVENOX DISP SYRIN 60MG/0.6ML	4	
LOVENOX DISP SYRIN 80MG/0.8ML	4	
PRADAXA CAPSULE 150 MG	2	
PRADAXA CAPSULE 75 MG	2	
<i>enoxaparin sodium</i> DISP SYRIN - 30MG/0.3ML	1	
<i>enoxaparin sodium</i> DISP SYRIN - 40MG/0.4ML	1	
<i>enoxaparin sodium</i> DISP SYRIN - 80MG/0.8ML	1	
<i>heparin sodium in 0.45% nacl</i> - IV SOLN 25000/250	1	
<i>heparin sodium in 0.45% nacl</i> - IV SOLN 25000/500	1	
<i>heparin sodium in 0.9% nacl</i> - IV SOLN 2K/1000ML	1	
<i>heparin sodium in 5% dextrose</i> - IV SOLN 20K/500ML	1	
<i>heparin sodium</i> VIAL 1000/ML	1	PA = YES
<i>heparin sodium</i> VIAL PORT - 10000/5ML	1	
<i>heparin sodium</i> VIAL 10000/ML	1	
<i>heparin sodium</i> VIAL 20000/ML	1	
<i>heparin sodium</i> VIAL 5000/ML	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>jantoven</i> TABLET 1 MG	1	
<i>jantoven</i> TABLET 10 MG	1	
<i>jantoven</i> TABLET 2 MG	1	
<i>jantoven</i> TABLET 2.5 MG	1	
<i>jantoven</i> TABLET 3 MG	1	
<i>jantoven</i> TABLET 4 MG	1	
<i>jantoven</i> TABLET 5 MG	1	
<i>jantoven</i> TABLET 6 MG	1	
<i>jantoven</i> TABLET 7.5 MG	1	
<i>warfarin sodium</i> TABLET 1 MG	1	
<i>warfarin sodium</i> TABLET 10 MG	1	
<i>warfarin sodium</i> TABLET 2 MG	1	
<i>warfarin sodium</i> TABLET 2.5 MG	1	
<i>warfarin sodium</i> TABLET 3 MG	1	
<i>warfarin sodium</i> TABLET 4 MG	1	
<i>warfarin sodium</i> TABLET 5 MG	1	
<i>warfarin sodium</i> TABLET 6 MG	1	
<i>warfarin sodium</i> TABLET 7.5 MG	1	
PLATELET-AGGREGATION INHIBITORS - BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
EFFIENT TABLET 10 MG	3	
EFFIENT TABLET 5 MG	3	
PLAVIX TABLET 300 MG	3	
PLAVIX TABLET 75 MG	3	
PLETAL TABLET 100 MG	3	
PLETAL TABLET 50 MG	3	
<i>cilostazol</i> TABLET 100 MG	1	
<i>cilostazol</i> TABLET 50 MG	1	
<i>ticlopidine hcl</i> TABLET 250 MG	1	
PLATELET-REDUCING AGENTS - BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
AGRYLIN CAPSULE 0.5 MG	3	
<i>anagrelide hcl</i> CAPSULE 0.5 MG	1	
<i>anagrelide hcl</i> CAPSULE 1 MG	1	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
HISTAMINE H2-ANTAGONISTS - GASTROINTESTINAL DRUGS		
AXID CAPSULE 150 MG	3	
AXID SOLUTION 150MG/10ML	3	
PEPCID VIAL 20 MG/2 ML	3	
PEPCID TABLET 40 MG	3	
PEPCID ORAL SUSP 40MG/5ML	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
ZANTAC 25 TABLET EFF 25 MG	3	
ZANTAC SYRUP 15 MG/ML	3	
ZANTAC VIAL 25 MG/ML	3	
ZANTAC TABLET 300 MG	3	
ZANTAC PIGGYBACK 50 MG/50ML	3	
<i>cimetidine</i> VIAL 150 MG/ML	1	
<i>cimetidine</i> TABLET 300 MG	1	
<i>cimetidine</i> SOLUTION 300MG/5ML	1	
<i>cimetidine</i> TABLET 400 MG	1	
<i>cimetidine</i> TABLET 800 MG	1	
<i>famotidine</i> VIAL 20 MG/2 ML	1	
<i>famotidine</i> PIGGYBACK 20MG/50ML	1	
<i>famotidine</i> TABLET 40 MG	1	
<i>famotidine</i> ORAL SUSP 40MG/5ML	1	
<i>nizatidine</i> CAPSULE 150 MG	1	
<i>nizatidine</i> SOLUTION 150MG/10ML	1	
<i>nizatidine</i> CAPSULE 300 MG	1	
<i>ranitidine hcl</i> SYRUP 15 MG/ML	1	
<i>ranitidine hcl</i> VIAL 25 MG/ML	1	
<i>ranitidine hcl</i> CAPSULE 300 MG	1	
<i>ranitidine hcl</i> TABLET 300 MG	1	
PROSTAGLANDINS - GASTROINTESTINAL DRUGS		
CYTOTEC TABLET 100 MCG	3	
CYTOTEC TABLET 200 MCG	3	
<i>misoprostol</i> TABLET 100 MCG	1	
<i>misoprostol</i> TABLET 200 MCG	1	
PROTECTANTS - GASTROINTESTINAL DRUGS		
CARAFATE TABLET 1 G	3	
CARAFATE ORAL SUSP 1G/10ML	3	
<i>sucralfate</i> TABLET 1 G	1	
PROTON-PUMP INHIBITORS - GASTROINTESTINAL DRUGS		
ACIPHEX TABLET DR 20 MG	3	PA = YES
DEXILANT CAP DR MP 30 MG	3	
DEXILANT CAP DR MP 60 MG	3	
NEXIUM I.V. VIAL 20 MG	3	
NEXIUM I.V. VIAL 40 MG	3	
NEXIUM SUSPDR PKT 10 MG	3	PA = YES
NEXIUM CAPSULE DR 20 MG	3	PA = YES
NEXIUM SUSPDR PKT 20 MG	3	PA = YES
NEXIUM CAPSULE DR 40 MG	3	PA = YES
NEXIUM SUSPDR PKT 40 MG	3	PA = YES

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
PREVACID TAB RAP DR 15 MG	3	
PREVACID CAPSULE DR 30 MG	3	PA = YES
PREVACID TAB RAP DR 30 MG	3	PA = YES
PREVPAC COMBO. PKG 30-500-500	3	
PRILOSEC CAPSULE DR 10 MG	3	PA = YES
PRILOSEC CAPSULE DR 40 MG	3	PA = YES
PROTONIX IV VIAL 40 MG	3	
PROTONIX TABLET DR 20 MG	3	PA = YES
PROTONIX SUSPDR PKT 40 MG	3	PA = YES
PROTONIX TABLET DR 40 MG	3	PA = YES
ZEGERID PACKET 20-1680MG	3	PA = YES
ZEGERID PACKET 40-1680MG	3	PA = YES
ZEGERID CAPSULE 40MG-1.1G	3	PA = YES
<i>lansoprazole</i> TAB RAP DR 15 MG	1	
<i>lansoprazole</i> CAPSULE DR 30 MG	1	
<i>lansoprazole</i> TAB RAP DR 30 MG	1	
<i>omeprazole-sodium bicarbonate</i> - CAPSULE 40MG-1.1G	1	
<i>omeprazole</i> CAPSULE DR 10 MG	1	
<i>omeprazole</i> CAPSULE DR 40 MG	1	
<i>pantoprazole sodium</i> TABLET DR - 20 MG	1	
<i>pantoprazole sodium</i> TABLET DR - 40 MG	1	
ANTIVIRALS		
ADAMANTANES - ANTI-INFECTIVE AGENTS		
<i>rimantadine hcl</i> TABLET 100 MG	1	
ANTIRETROVIRALS - ANTI-INFECTIVE AGENTS		
APTIVUS SOLUTION 100 MG/ML	4	
APTIVUS CAPSULE 250 MG	4	
ATRIPLA TABLET 600-200MG	4	
COMBIVIR TABLET 150-300MG	4	
CRIXIVAN CAPSULE 100 MG	2	
CRIXIVAN CAPSULE 200 MG	2	
CRIXIVAN CAPSULE 400 MG	2	
EDURANT TABLET 25 MG	4	
EMTRIVA SOLUTION 10 MG/ML	2	
EMTRIVA CAPSULE 200 MG	2	
EPIVIR HBV TABLET 100 MG	2	
EPIVIR HBV SOLUTION 25 MG/5 ML	2	
EPIVIR SOLUTION 10 MG/ML	2	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
EPIVIR TABLET 150 MG	2	
EPIVIR TABLET 300 MG	2	
EPZICOM TABLET 600-300MG	4	
FUZEON KIT 90 MG	4	
INTELENCE TABLET 100 MG	4	
INTELENCE TABLET 200 MG	4	
INVIRASE CAPSULE 200 MG	2	
INVIRASE TABLET 500 MG	4	
ISENTRESS TABLET 400 MG	4	
KALETRA TABLET 100MG-25MG	2	
KALETRA TABLET 200MG-50MG	4	
KALETRA SOLUTION 400-100/5	4	
LEXIVA ORAL SUSP 50 MG/ML	2	
LEXIVA TABLET 700 MG	2	
NORVIR CAPSULE 100 MG	2	
NORVIR TABLET 100 MG	2	
NORVIR SOLUTION 80 MG/ML	2	
PREZISTA TABLET 150 MG	3	
PREZISTA TABLET 400 MG	4	
PREZISTA TABLET 600 MG	4	
PREZISTA TABLET 75 MG	2	
RESCRIPTOR TAB DISPER 100 MG	2	
RESCRIPTOR TABLET 200 MG	2	
RETROVIR SYRUP 10 MG/ML	3	
RETROVIR VIAL 10 MG/ML	3	
RETROVIR CAPSULE 100 MG	3	
RETROVIR TABLET 300 MG	3	
REYATAZ CAPSULE 100 MG	2	
REYATAZ CAPSULE 150 MG	4	
REYATAZ CAPSULE 200 MG	4	
REYATAZ CAPSULE 300 MG	4	
SELZENTRY TABLET 150 MG	4	
SELZENTRY TABLET 300 MG	4	
SUSTIVA CAPSULE 200 MG	2	
SUSTIVA CAPSULE 50 MG	2	
SUSTIVA TABLET 600 MG	2	
TRIZIVIR TABLET 150-300MG	4	
TRUVADA TABLET 200-300MG	4	
VIDEX EC CAPSULE DR 125 MG	3	
VIDEX EC CAPSULE DR 200 MG	3	
VIDEX EC CAPSULE DR 250 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
VIDEX EC CAPSULE DR 400 MG	3	
VIDEX SOLN RECON FNL10MG/ML	2	
VIRACEPT TABLET 250 MG	4	
VIRACEPT POWDER 50 MG/G	2	
VIRACEPT TABLET 625 MG	4	
VIRAMUNE XR TAB SR 24H 400 MG	2	
VIRAMUNE TABLET 200 MG	2	
VIRAMUNE ORAL SUSP 50 MG/5 ML	2	
VIREAD TABLET 300 MG	4	
ZERIT SOLN RECON 1 MG/ML	3	
ZERIT CAPSULE 15 MG	3	
ZERIT CAPSULE 20 MG	3	
ZERIT CAPSULE 30 MG	3	
ZERIT CAPSULE 40 MG	3	
ZIAGEN SOLUTION 20 MG/ML	2	
ZIAGEN TABLET 300 MG	2	
<i>didanosine</i> CAPSULE DR 125 MG	1	
<i>didanosine</i> CAPSULE DR 200 MG	1	
<i>didanosine</i> CAPSULE DR 250 MG	1	
<i>didanosine</i> CAPSULE DR 400 MG	1	
<i>stavudine</i> SOLN RECON 1 MG/ML	1	
<i>stavudine</i> CAPSULE 15 MG	1	
<i>stavudine</i> CAPSULE 20 MG	1	
<i>stavudine</i> CAPSULE 30 MG	1	
<i>stavudine</i> CAPSULE 40 MG	1	
<i>zidovudine</i> SYRUP 10 MG/ML	1	
<i>zidovudine</i> CAPSULE 100 MG	1	
<i>zidovudine</i> TABLET 300 MG	1	
ANTIVIRALS, MISCELLANEOUS - ANTI-INFECTIVE AGENTS		
VICTRELIS CAPSULE 200 MG	4	PA = YES
<i>foscarnet sodium</i> INFUS. BTL - 24 MG/ML	1	
INTERFERONS - ANTI-INFECTIVE AGENTS		
INFERGEN VIAL 15MCG/.5ML	4	
INTRON A VIAL 10MM UNIT	4	
INTRON A PEN IJ KIT 10MM/0.2ML	4	
INTRON A PEN IJ KIT 3MM/0.2 ML	2	
INTRON A PEN IJ KIT 5MM/0.2ML	4	
INTRON A VIAL 6MMUNIT/ML	4	
PEGASYS KIT 180MCG/0.5	4	PA = YES
PEGASYS VIAL 180MCG/ML	4	PA = YES

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
PEGINTRON REDIPEN PEN IJ KIT - 120MCG/0.5	4	PA = YES
PEGINTRON REDIPEN PEN IJ KIT - 150MCG/0.5	4	PA = YES
PEGINTRON REDIPEN PEN IJ KIT - 50MCG/0.5	4	PA = YES
PEGINTRON REDIPEN PEN IJ KIT - 80MCG/0.5	4	PA = YES
PEGINTRON KIT 50MCG/0.5	4	PA = YES
MONOCLONAL ANTIBODIES - ANTI-INFECTIVE AGENTS		
SYNAGIS VIAL 50MG/0.5ML	4	
NEURAMINIDASE INHIBITORS - ANTI-INFECTIVE AGENTS		
RELENZA DISK W/DEV 5 MG	3	
TAMIFLU SUSP RECON 12MG/ML	3	QL 175 ML / 180 Days
TAMIFLU CAPSULE 30 MG	3	QL 56 Capsules / 180 Days
TAMIFLU CAPSULE 45 MG	3	QL 28 Capsules / 180 Days
TAMIFLU CAPSULE 75 MG	3	QL 28 Capsules / 180 Days
NUCLEOSIDES AND NUCLEOTIDES - ANTI-INFECTIVE AGENTS		
BARACLUDE SOLUTION 0.05MG/ML	3	
BARACLUDE TABLET 0.5 MG	4	
BARACLUDE TABLET 1 MG	4	
COPEGUS TABLET 200 MG	4	
CYTOVENE VIAL 500 MG	3	
FAMVIR TABLET 125 MG	3	
FAMVIR TABLET 250 MG	3	
FAMVIR TABLET 500 MG	3	
<i>ganciclovir</i> CAPSULE 500 MG	4	
HEPSERA TABLET 10 MG	4	
REBETOL CAPSULE 200 MG	4	
REBETOL SOLUTION 40 MG/ML	3	
RIBAPAK TAB DS PK 400-400 MG	4	
RIBAPAK TAB DS PK 600-400MG	4	
RIBAPAK TAB DS PK 600-600MG	4	
RIBASPHERE TABLET 400 MG	4	
RIBASPHERE TABLET 600 MG	4	
TYZEKA TABLET 600 MG	4	
VALCYTE TABLET 450 MG	4	
VALCYTE SOLN RECON 50 MG/ML	4	
VALTREX TABLET 1000 MG	3	
VALTREX TABLET 500 MG	3	
VIRAZOLE VIAL 6G	4	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
VISTIDE VIAL 75 MG/ML	4	
ZOVIRAX ORAL SUSP 200 MG/5ML	3	
ZOVIRAX CAPSULE 200 MG	3	
ZOVIRAX TABLET 400 MG	3	
ZOVIRAX TABLET 800 MG	3	
<i>acyclovir sodium</i> VIAL 500 MG	1	
<i>acyclovir</i> ORAL SUSP 200 MG/5ML	1	
<i>acyclovir</i> CAPSULE 200 MG	1	
<i>acyclovir</i> TABLET 400 MG	1	
<i>acyclovir</i> TABLET 800 MG	1	
<i>famciclovir</i> TABLET 125 MG	1	
<i>famciclovir</i> TABLET 250 MG	1	
<i>famciclovir</i> TABLET 500 MG	1	
<i>ganciclovir sodium</i> VIAL 500 MG	1	
<i>ganciclovir</i> CAPSULE 250 MG	1	
<i>ribasphere</i> CAPSULE 200 MG	1	
<i>ribasphere</i> TABLET 200 MG	1	
<i>ribavirin</i> CAPSULE 200 MG	1	
<i>ribavirin</i> TABLET 200 MG	1	
<i>valacyclovir</i> TABLET 1000 MG	1	
<i>valacyclovir</i> TABLET 500 MG	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
ANXIOLYTICS, SEDATIVES / HYPNOTICS, MISC. - CENTRAL NERVOUS SYSTEM AGENTS		
AMBIEN CR TAB MPHASE 12.5 MG	3	
AMBIEN CR TAB MPHASE 6.25 MG	3	
AMBIEN TABLET 10 MG	3	
AMBIEN TABLET 5 MG	3	
EDLUAR TAB SUBL 10 MG	3	
EDLUAR TAB SUBL 5 MG	3	
LUNESTA TABLET 1 MG	3	
LUNESTA TABLET 2 MG	3	
LUNESTA TABLET 3 MG	3	
ROZEREM TABLET 8 MG	3	
SONATA CAPSULE 10 MG	3	
SONATA CAPSULE 5 MG	3	
VISTARIL CAPSULE 25 MG	3	
VISTARIL CAPSULE 50 MG	3	
ZOLPIMIST SPRAY/PUMP 5 - MG/SPRAY	3	
<i>buspirone hcl</i> TABLET 10 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>buspirone hcl</i> TABLET 15 MG	1	
<i>buspirone hcl</i> TABLET 30 MG	1	
<i>buspirone hcl</i> TABLET 5 MG	1	
<i>buspirone hcl</i> TABLET 7.5 MG	1	
<i>hydroxyzine hcl</i> SYRUP 10 MG/5 - ML	1	
<i>hydroxyzine hcl</i> TABLET 10 MG	1	
<i>hydroxyzine hcl</i> VIAL 25 MG/ML	1	
<i>hydroxyzine hcl</i> TABLET 25 MG	1	
<i>hydroxyzine hcl</i> VIAL 50 MG/ML	1	
<i>hydroxyzine hcl</i> TABLET 50 MG	1	
<i>hydroxyzine pamoate</i> CAPSULE - 100 MG	1	
<i>hydroxyzine pamoate</i> CAPSULE - 25 MG	1	
<i>hydroxyzine pamoate</i> CAPSULE - 50 MG	1	
<i>meprobamate</i> TABLET 200 MG	1	
<i>meprobamate</i> TABLET 400 MG	1	
<i>zaleplon</i> CAPSULE 10 MG	1	
<i>zaleplon</i> CAPSULE 5 MG	1	
<i>zolpidem tartrate</i> TABLET 10 MG	1	
<i>zolpidem tartrate</i> TAB MPHASE - 12.5 MG	1	
<i>zolpidem tartrate</i> TABLET 5 MG	1	
<i>zolpidem tartrate</i> TAB MPHASE - 6.25 MG	1	
AUTONOMIC DRUGS, MISCELLANEOUS		
AUTONOMIC DRUGS, MISCELLANEOUS - AUTONOMIC DRUGS		
CHANTIX TABLET 0.5 MG	3	
CHANTIX TAB DS PK 0.5(11)-1	3	
CHANTIX TABLET 1 MG	3	
NICOTROL NS SPRAY 10 MG/ML	3	
NICOTROL CARTRIDGE 10 MG	3	
BETA-ADRENERGIC BLOCKING AGENTS		
BETA-ADRENERGIC BLOCKING AGENTS - CARDIOVASCULAR DRUGS		
BETAPACE AF TABLET 80 MG	3	
BETAPACE TABLET 120 MG	3	
BETAPACE TABLET 160 MG	3	
BETAPACE TABLET 240 MG	3	
BYSTOLIC TABLET 10 MG	2	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
BYSTOLIC TABLET 2.5 MG	2	
BYSTOLIC TABLET 20 MG	2	
BYSTOLIC TABLET 5 MG	2	
COREG CR CPMP 24HR 10 MG	2	
COREG CR CPMP 24HR 20 MG	2	
COREG CR CPMP 24HR 40 MG	2	
COREG CR CPMP 24HR 80 MG	2	
COREG TABLET 12.5 MG	3	
COREG TABLET 25 MG	3	
COREG TABLET 3.125 MG	3	
COREG TABLET 6.25 MG	3	
CORGARD TABLET 20 MG	3	
CORGARD TABLET 40 MG	3	
CORGARD TABLET 80 MG	3	
CORZIDE TABLET 40 MG-5 MG	3	
CORZIDE TABLET 80 MG-5 MG	3	
INDERAL LA CAP SA 24H 120 MG	3	
INDERAL LA CAP SA 24H 160 MG	3	
INDERAL LA CAP SA 24H 60 MG	3	
INDERAL LA CAP SA 24H 80 MG	3	
INNOPRAN XL CAP ER 24H 120 MG	3	
INNOPRAN XL CAP ER 24H 80 MG	3	
KERLONE TABLET 10 MG	3	
LEVATOL TABLET 20 MG	3	
LOPRESSOR HCT TABLET - 100MG-25MG	3	
LOPRESSOR HCT TABLET 50 - MG-25MG	3	
LOPRESSOR TABLET 100 MG	3	
LOPRESSOR AMPUL 5 MG/5 ML	3	
LOPRESSOR TABLET 50 MG	3	
SECTRAL CAPSULE 200 MG	3	
SECTRAL CAPSULE 400 MG	3	
TENORETIC 100 TABLET - 100MG-25MG	3	
TENORETIC 50 TABLET 50 MG-25MG	3	
TENORMIN TABLET 100 MG	3	
TENORMIN TABLET 25 MG	3	
TENORMIN TABLET 50 MG	3	
TOPROL XL TAB SR 24H 100 MG	3	
TOPROL XL TAB SR 24H 200 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
TOPROL XL TAB SR 24H 25 MG	3	
TOPROL XL TAB SR 24H 50 MG	3	
TRANDATE TABLET 100 MG	3	
TRANDATE TABLET 200 MG	3	
ZEBETA TABLET 10 MG	3	
ZEBETA TABLET 5 MG	3	
ZIAC TABLET 10-6.25MG	3	
ZIAC TABLET 2.5-6.25MG	3	
ZIAC TABLET 5-6.25MG	3	
<i>acebutolol hcl</i> CAPSULE 200 MG	1	
<i>acebutolol hcl</i> CAPSULE 400 MG	1	
<i>atenolol-chlorthalidone</i> - TABLET 100MG-25MG	1	
<i>atenolol-chlorthalidone</i> - TABLET 50 MG-25MG	1	
<i>atenolol</i> TABLET 100 MG	1	
<i>atenolol</i> TABLET 25 MG	1	
<i>atenolol</i> TABLET 50 MG	1	
<i>betaxolol hcl</i> TABLET 10 MG	1	
<i>betaxolol hcl</i> TABLET 20 MG	1	
<i>bisoprolol fumarate</i> TABLET 10 - MG	1	
<i>bisoprolol fumarate</i> TABLET 5 - MG	1	
<i>bisoprolol-hydrochlorothiazide</i> - TABLET 10-6.25MG	1	
<i>bisoprolol-hydrochlorothiazide</i> - TABLET 2.5-6.25MG	1	
<i>bisoprolol-hydrochlorothiazide</i> - TABLET 5-6.25MG	1	
<i>carvedilol</i> TABLET 12.5 MG	1	
<i>carvedilol</i> TABLET 25 MG	1	
<i>carvedilol</i> TABLET 3.125 MG	1	
<i>carvedilol</i> TABLET 6.25 MG	1	
<i>labetalol hcl</i> TABLET 100 MG	1	
<i>labetalol hcl</i> TABLET 200 MG	1	
<i>labetalol hcl</i> TABLET 300 MG	1	
<i>labetalol hcl</i> VIAL 5 MG/ML	1	
<i>metoprolol succinate</i> TAB SR - 24H 100 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>metoprolol succinate</i> TAB SR - 24H 200 MG	1	
<i>metoprolol succinate</i> TAB SR - 24H 25 MG	1	
<i>metoprolol succinate</i> TAB SR - 24H 50 MG	1	
<i>metoprolol tartrate</i> TABLET - 100 MG	1	
<i>metoprolol tartrate</i> TABLET 25 - MG	1	
<i>metoprolol tartrate</i> VIAL 5 - MG/5 ML	1	
<i>metoprolol tartrate</i> TABLET 50 - MG	1	
<i>metoprolol-hydrochlorothiazide</i> - TABLET 100-50MG	1	
<i>metoprolol-hydrochlorothiazide</i> - TABLET 100MG-25MG	1	
<i>metoprolol-hydrochlorothiazide</i> - TABLET 50 MG-25MG	1	
<i>nadolol-bendroflumethiazide</i> - TABLET 40 MG-5 MG	1	
<i>nadolol-bendroflumethiazide</i> - TABLET 80 MG-5 MG	1	
<i>nadolol</i> TABLET 20 MG	1	
<i>nadolol</i> TABLET 40 MG	1	
<i>nadolol</i> TABLET 80 MG	1	
<i>pindolol</i> TABLET 10 MG	1	
<i>pindolol</i> TABLET 5 MG	1	
<i>propranolol hcl</i> VIAL 1 MG/ML	1	
<i>propranolol hcl</i> TABLET 10 MG	1	
<i>propranolol hcl</i> CAP SA 24H - 120 MG	1	
<i>propranolol hcl</i> CAP SA 24H - 160 MG	1	
<i>propranolol hcl</i> SOLUTION 20 - MG/5 ML	1	
<i>propranolol hcl</i> TABLET 20 MG	1	
<i>propranolol hcl</i> TABLET 40 MG	1	
<i>propranolol hcl</i> SOLUTION - 40MG/5ML	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>propranolol hcl</i> CAP SA 24H 60 - MG	1	
<i>propranolol hcl</i> TABLET 60 MG	1	
<i>propranolol hcl</i> CAP SA 24H 80 - MG	1	
<i>propranolol hcl</i> TABLET 80 MG	1	
<i>propranolol-hydrochlorothiazid</i> - TABLET 40MG-25MG	1	
<i>propranolol-hydrochlorothiazid</i> - TABLET 80 MG-25MG	1	
<i>sorine</i> TABLET 120 MG	1	
<i>sorine</i> TABLET 160 MG	1	
<i>sorine</i> TABLET 240 MG	1	
<i>sorine</i> TABLET 80 MG	1	
<i>sotalol hcl</i> VIAL 150MG/10ML	1	
<i>sotalol</i> TABLET 120 MG	1	
<i>sotalol</i> TABLET 160 MG	1	
<i>sotalol</i> TABLET 240 MG	1	
<i>sotalol</i> TABLET 80 MG	1	
<i>timolol maleate</i> TABLET 10 MG	1	
<i>timolol maleate</i> TABLET 20 MG	1	
<i>timolol maleate</i> TABLET 5 MG	1	
BIOLOGIC RESPONSE MODIFIERS		
BIOLOGIC RESPONSE MODIFIERS - MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE VIAL 2MM/0.5ML	4	
AVONEX ADMINISTRATION PACK - KIT 30 MCG	4	PA = YES
AVONEX KIT 30MCG/.5ML	4	PA = YES
BETASERON KIT 0.3 MG	4	PA = YES
COPAXONE KIT 20 MG	4	PA = YES
EXTAVIA KIT 0.3 MG	4	PA = YES
GILENYA CAPSULE 0.5 MG	4	PA = YES
REBIF DISP SYRIN 22MCG/.5ML	4	PA = YES
REBIF DISP SYRIN 44MCG/.5ML	4	PA = YES
REBIF DISP SYRIN 8.8-22(6)	4	PA = YES
THALOMID CAPSULE 100 MG	4	PA = YES
THALOMID CAPSULE 150 MG	4	PA = YES
THALOMID CAPSULE 200 MG	4	PA = YES
THALOMID CAPSULE 50 MG	4	PA = YES
TYSABRI VIAL 300MG/15ML	4	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
BONE RESORPTION INHIBITORS		
BONE RESORPTION INHIBITORS - MISCELLANEOUS THERAPEUTIC AGENTS		
ACTONEL TABLET 150 MG	3	
ACTONEL TABLET 30 MG	3	
ACTONEL TABLET 35 MG	3	
ACTONEL TABLET 5 MG	3	
AREDIA VIAL 30 MG	3	PA = YES
AREDIA VIAL 90 MG	4	PA = YES
ATELVIA TABLET DR 35 MG	3	
BONIVA TABLET 150 MG	3	
BONIVA DISP SYRIN 3 MG/3 ML	3	PA = YES
DIDRONEL TABLET 400 MG	3	
FOSAMAX PLUS D TABLET 70 - MG-2800	3	
FOSAMAX PLUS D TABLET 70 - MG-5600	3	
FOSAMAX TABLET 10 MG	3	
FOSAMAX TABLET 35 MG	3	
FOSAMAX TABLET 40 MG	3	
FOSAMAX TABLET 5 MG	3	
FOSAMAX SOLUTION 70 MG/75ML	3	
FOSAMAX TABLET 70 MG	3	
PROLIA DISP SYRIN 60 MG/ML	3	
RECLAST INFUS. BTL 5MG/100ML	3	PA = YES
SKELID TABLET 200 MG	3	
XGEVA VIAL 120 MG/1.7	4	
ZOMETA VIAL 4MG/5ML	3	PA = YES
<i>alendronate sodium</i> TABLET 10 - MG	1	
<i>alendronate sodium</i> TABLET 35 - MG	1	
<i>alendronate sodium</i> TABLET 40 - MG	1	
<i>alendronate sodium</i> TABLET 5 MG	1	
<i>alendronate sodium</i> TABLET 70 - MG	1	
<i>etidronate disodium</i> TABLET - 200 MG	1	
<i>etidronate disodium</i> TABLET - 400 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>pamidronate disodium</i> VIAL - 30MG/10ML	1	PA = YES
<i>pamidronate disodium</i> VIAL 60 - MG/10ML	1	PA = YES
<i>pamidronate disodium</i> VIAL 90 - MG/10ML	1	PA = YES
CALCIUM-CHANNEL BLOCKING AGENTS		
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - CARDIOVASCULAR DRUGS		
CALAN SR TABLET ER 120 MG	3	
CALAN SR TABLET ER 180 MG	3	
CALAN SR TABLET ER 240 MG	3	
CALAN TABLET 120 MG	3	
CALAN TABLET 80 MG	3	
CARDIZEM CD CAP ER 24H 120 MG	3	
CARDIZEM CD CAP ER 24H 180 MG	3	
CARDIZEM CD CAP ER 24H 240 MG	3	
CARDIZEM CD CAP ER 24H 300 MG	3	
CARDIZEM CD CAP ER 24H 360 MG	3	
CARDIZEM LA TAB SR 24H 120 MG	3	
CARDIZEM LA TAB SR 24H 180 MG	3	
CARDIZEM LA TAB SR 24H 240 MG	3	
CARDIZEM LA TAB SR 24H 300 MG	3	
CARDIZEM LA TAB SR 24H 360 MG	3	
CARDIZEM LA TAB SR 24H 420MG	3	
CARDIZEM TABLET 120 MG	3	
CARDIZEM TABLET 30 MG	3	
CARDIZEM TABLET 60 MG	3	
CARDIZEM TABLET 90 MG	3	
COVERA-HS TAB ER 24 180 MG	3	
COVERA-HS TAB ER 24 240 MG	3	
DILACOR XR CAP ER DEG 240 MG	3	
ISOPTIN SR TABLET ER 120 MG	3	
ISOPTIN SR TABLET ER 180 MG	3	
ISOPTIN SR TABLET ER 240 MG	3	
TIAZAC CAPSULE ER 120 MG	3	
TIAZAC CAPSULE ER 180 MG	3	
TIAZAC CAPSULE ER 240 MG	3	
TIAZAC CAPSULE ER 300 MG	3	
TIAZAC CAPSULE ER 360 MG	3	
TIAZAC CAPSULE ER 420MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
VERELAN PM CAP24H PCT 100 MG	3	
VERELAN PM CAP24H PCT 200 MG	3	
VERELAN PM CAP24H PCT 300 MG	3	
VERELAN CAP24H PEL 120 MG	3	
VERELAN CAP24H PEL 180 MG	3	
VERELAN CAP24H PEL 240 MG	3	
VERELAN CAP24H PEL 360 MG	3	
<i>cartia xt</i> CAP ER 24H 120 MG	1	
<i>cartia xt</i> CAP ER 24H 180 MG	1	
<i>cartia xt</i> CAP ER 24H 240 MG	1	
<i>cartia xt</i> CAP ER 24H 300 MG	1	
<i>dilt-cd</i> CAP ER 24H 120 MG	1	
<i>dilt-cd</i> CAP ER 24H 300 MG	1	
<i>dilt-xr</i> CAP ER DEG 180 MG	1	
<i>dilt-xr</i> CAP ER DEG 240 MG	1	
<i>diltiazem 24hr er</i> CAP ER 24H - 120 MG	1	
<i>diltiazem 24hr er</i> CAP ER 24H - 240 MG	1	
<i>diltiazem 24hr er</i> CAP ER 24H - 300 MG	1	
<i>diltiazem er</i> CAP ER 12H 120 MG	1	
<i>diltiazem er</i> CAPSULE ER 360 MG	1	
<i>diltiazem er</i> CAPSULE ER 420MG	1	
<i>diltiazem er</i> CAP ER 12H 60 MG	1	
<i>diltiazem er</i> CAP ER 12H 90 MG	1	
<i>diltiazem hcl</i> VIAL PORT 100 MG	1	
<i>diltiazem hcl</i> TABLET 120 MG	1	
<i>diltiazem hcl</i> TABLET 30 MG	1	
<i>diltiazem hcl</i> VIAL 5 MG/ML	1	
<i>diltiazem hcl</i> TABLET 60 MG	1	
<i>diltiazem hcl</i> TABLET 90 MG	1	
<i>diltzac er</i> CAPSULE ER 120 MG	1	
<i>diltzac er</i> CAPSULE ER 180 MG	1	
<i>diltzac er</i> CAPSULE ER 240 MG	1	
<i>diltzac er</i> CAPSULE ER 300 MG	1	
<i>matzim la</i> TAB SR 24H 180 MG	1	
<i>matzim la</i> TAB SR 24H 240 MG	1	
<i>matzim la</i> TAB SR 24H 300 MG	1	
<i>matzim la</i> TAB SR 24H 360 MG	1	
<i>matzim la</i> TAB SR 24H 420MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>taztia xt</i> CAPSULE ER 120 MG	1	
<i>taztia xt</i> CAPSULE ER 180 MG	1	
<i>taztia xt</i> CAPSULE ER 240 MG	1	
<i>taztia xt</i> CAPSULE ER 300 MG	1	
<i>taztia xt</i> CAPSULE ER 360 MG	1	
<i>verapamil er pm</i> CAP24H PCT - 100 MG	1	
<i>verapamil er pm</i> CAP24H PCT - 200 MG	1	
<i>verapamil er pm</i> CAP24H PCT - 300 MG	1	
<i>verapamil er</i> CAP24H PEL 120 MG	1	
<i>verapamil er</i> CAP24H PEL 180 MG	1	
<i>verapamil er</i> TABLET ER 180 MG	1	
<i>verapamil er</i> CAP24H PEL 240 MG	1	
<i>verapamil hcl</i> TABLET 120 MG	1	
<i>verapamil hcl</i> TABLET ER 120 MG	1	
<i>verapamil hcl</i> AMPUL 2.5 MG/ML	1	
<i>verapamil hcl</i> TABLET ER 240 MG	1	
<i>verapamil hcl</i> TABLET 40 MG	1	
<i>verapamil hcl</i> TABLET 80 MG	1	
DIHYDROPYRIDINES - CARDIOVASCULAR DRUGS		
ADALAT CC TABLET ER 30 MG	3	
ADALAT CC TABLET ER 60 MG	3	
ADALAT CC TABLET ER 90 MG	3	
AZOR TABLET 10MG-20MG	3	
AZOR TABLET 10MG-40MG	3	
AZOR TABLET 5MG-20MG	3	
AZOR TABLET 5MG-40MG	3	
DYNACIRC CR TAB ER 24 10 MG	3	
DYNACIRC CR TAB ER 24 5 MG	3	
EXFORGE HCT TABLET 10-160-25	3	
EXFORGE HCT TABLET 10-320-25	3	
EXFORGE HCT TABLET 10MG-160MG	3	
EXFORGE HCT TABLET 5-160-12.5	3	
EXFORGE HCT TABLET 5-160-25MG	3	
EXFORGE TABLET 10MG-160MG	3	
EXFORGE TABLET 10MG-320MG	3	
EXFORGE TABLET 5MG-160MG	3	
EXFORGE TABLET 5MG-320MG	3	
LOTREL CAPSULE 10MG-20MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
LOTREL CAPSULE 10MG-40MG	3	
LOTREL CAPSULE 2.5MG-10MG	3	
LOTREL CAPSULE 5 MG-10 MG	3	
LOTREL CAPSULE 5MG-20MG	3	
LOTREL CAPSULE 5MG-40MG	3	
NORVASC TABLET 10 MG	3	
NORVASC TABLET 2.5 MG	3	
NORVASC TABLET 5 MG	3	
PROCARDIA XL TAB ER 24 30 MG	3	
PROCARDIA XL TAB ER 24 60 MG	3	
PROCARDIA XL TAB ER 24 90 MG	3	
PROCARDIA CAPSULE 10 MG	3	
SULAR TAB SR 24H 17 MG	3	
SULAR TAB SR 24H 25.5 MG	3	
SULAR TAB SR 24H 34 MG	3	
SULAR TAB SR 24H 8.5MG	3	
<i>afeditab cr</i> TABLET ER 30 MG	1	
<i>afeditab cr</i> TABLET ER 60 MG	1	
<i>amlodipine</i> - besylate-benazepril CAPSULE - 10MG-20MG	1	
<i>amlodipine</i> - besylate-benazepril CAPSULE - 10MG-40MG	1	
<i>amlodipine</i> - besylate-benazepril CAPSULE - 2.5MG-10MG	1	
<i>amlodipine</i> - besylate-benazepril CAPSULE 5 - MG-10 MG	1	
<i>amlodipine</i> - besylate-benazepril CAPSULE - 5MG-20MG	1	
<i>amlodipine</i> - besylate-benazepril CAPSULE - 5MG-40MG	1	
<i>amlodipine besylate</i> TABLET 10 - MG	1	
<i>amlodipine besylate</i> TABLET - 2.5 MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>amlodipine besylate</i> TABLET 5 - MG	1	
<i>felodipine er</i> TAB SR 24H 10 MG	1	
<i>felodipine er</i> TAB SR 24H 2.5 - MG	1	
<i>felodipine er</i> TAB SR 24H 5 MG	1	
<i>isradipine</i> CAPSULE 2.5 MG	1	
<i>isradipine</i> CAPSULE 5 MG	1	
<i>nicardipine hcl</i> CAPSULE 20 MG	1	
<i>nicardipine hcl</i> VIAL 25 - MG/10ML	1	
<i>nicardipine hcl</i> CAPSULE 30 MG	1	
<i>nifediac cc</i> TABLET ER 30 MG	1	
<i>nifediac cc</i> TABLET ER 60 MG	1	
<i>nifediac cc</i> TABLET ER 90 MG	1	
<i>nifedical xl</i> TAB ER 24 30 MG	1	
<i>nifedical xl</i> TAB ER 24 60 MG	1	
<i>nifedipine er</i> TAB ER 24 30 MG	1	
<i>nifedipine er</i> TAB ER 24 60 MG	1	
<i>nifedipine er</i> TAB ER 24 90 MG	1	
<i>nifedipine</i> CAPSULE 10 MG	1	
<i>nifedipine</i> CAPSULE 20 MG	1	
<i>nimodipine</i> CAPSULE 30 MG	1	
<i>nisoldipine</i> TAB SR 24H 17 MG	1	
<i>nisoldipine</i> TAB SR 24H 20 MG	1	
<i>nisoldipine</i> TAB SR 24H 25.5 MG	1	
<i>nisoldipine</i> TAB SR 24H 30 MG	1	
<i>nisoldipine</i> TAB SR 24H 34 MG	1	
<i>nisoldipine</i> TAB SR 24H 40 MG	1	
<i>nisoldipine</i> TAB SR 24H 8.5MG	1	
CALORIC AGENTS		
CALORIC AGENTS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		
AMINOSYN II 3.5% M-DEXTROSE - 5% IV SOLN 3.5 %	3	
AMINOSYN II 3.5%-DEXTROSE 25% - IV SOLN 3.5 %	3	
AMINOSYN II 3.5%-DEXTROSE 5% - IV SOLN 3.5 %	3	
AMINOSYN II 4.25%-DEXTROSE - 25% IV SOLN 4.25 %	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
AMINOSYN II 5% IN 25% - DEXTROSE IV SOLN 5 %	3	
AMINOSYN II IN DEXTROSE IV - SOLN 4.25 %	3	
AMINOSYN II WITH LYTES-CA-DW - IV SOLN 3.5 %	3	
AMINOSYN II WITH LYTES-CA-DW - IV SOLN 4.25 %	3	
AMINOSYN II IV SOLN 10 %	3	
AMINOSYN II IV SOLN 15 %	3	
AMINOSYN II IV SOLN 7 %	3	
AMINOSYN II IV SOLN 8.5 %	3	
AMINOSYN M IV SOLN 3.5 %	3	
AMINOSYN-HBC IV SOLN 7 %	3	
AMINOSYN-HF IV SOLN 8 %	3	
AMINOSYN-PF IV SOLN 10 %	3	
AMINOSYN-PF IV SOLN 7 %	3	
AMINOSYN IV SOLN 10 %	3	
AMINOSYN IV SOLN 3.5 %	3	
AMINOSYN IV SOLN 5 %	3	
AMINOSYN IV SOLN 7 %	3	
AMINOSYN IV SOLN 8.5 %	3	
CLINIMIX E IV SOLN 2.75%	3	
CLINIMIX E IV SOLN 4.25 %	3	
CLINIMIX E IV SOLN 5 %	3	
CLINIMIX IV SOLN 2.75%	3	
CLINIMIX IV SOLN 4.25 %	3	
CLINIMIX IV SOLN 5 %	3	
CLINISOL IV SOLN 15 %	3	
FREAMINE III WITH - ELECTROLYTES IV SOLN 3 %	3	
FREAMINE III IV SOLN 8.5 %	3	
HEPATAMINE IV SOLN 8 %	3	
HEPATASOL IV SOLN 8 %	3	
INTRALIPID EMULSION 20 %	3	
INTRALIPID EMULSION 30 %	3	
LIPOSYN II EMULSION 10 %	3	
LIPOSYN II EMULSION 20 %	3	
LIPOSYN III EMULSION 10 %	3	
LIPOSYN III EMULSION 20 %	3	
LIPOSYN III EMULSION 30 %	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
NEPHRAMINE IV SOLN 5.4%	3	
PREMASOL IV SOLN 10 %	3	
PREMASOL IV SOLN 6 %	3	
PROCALAMINE IV SOLN 3 %	3	
PROSOL IV SOLN 20 %	3	
TRAVASOL IV SOLN 10 %	3	
TROPHAMINE IV SOLN 10 %	3	
TROPHAMINE IV SOLN 6 %	3	
<i>dextrose 10%-1/4ns DEHP FR BG - 10%-1/4</i>	1	
<i>dextrose in water DEHP FR BG - 10%</i>	1	
<i>dextrose in water IV SOLN 5 %</i>	1	
<i>dextrose with sodium chloride - IV SOLN 10%-0.45%</i>	1	
<i>dextrose with sodium chloride - IV SOLN 2.5%-0.45%</i>	1	
<i>dextrose with sodium chloride - IV SOLN 5%-0.45%</i>	1	
<i>dextrose with sodium chloride - IV SOLN 5%-0.9%</i>	1	
<i>dextrose with sodium chloride - IV SOLN 5%-1/3</i>	1	
<i>dextrose with sodium chloride - IV SOLN 5%-1/4</i>	1	
CARDIAC DRUGS		
ANTIARRHYTHMIC AGENTS - CARDIOVASCULAR DRUGS		
CORDARONE TABLET 200 MG	3	
MULTAQ TABLET 400 MG	2	
NORPACE CR CAPSULE ER 100 MG	3	
NORPACE CR CAPSULE ER 150 MG	3	
NORPACE CAPSULE 100 MG	3	
NORPACE CAPSULE 150 MG	3	
PACERONE TABLET 100 MG	3	
PACERONE TABLET 200 MG	3	
PACERONE TABLET 400 MG	3	
RYTHMOL SR CAP ER 12H 225 MG	3	
RYTHMOL SR CAP ER 12H 325 MG	3	
RYTHMOL SR CAP ER 12H 425 MG	3	
RYTHMOL TABLET 150 MG	3	
RYTHMOL TABLET 225 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
TAMBOCOR TABLET 100 MG	3	
TAMBOCOR TABLET 150 MG	3	
TAMBOCOR TABLET 50 MG	3	
TIKOSYN CAPSULE 125 MCG	3	
TIKOSYN CAPSULE 250 MCG	3	
TIKOSYN CAPSULE 500 MCG	3	
<i>amiodarone hcl</i> TABLET 200 MG	1	
<i>amiodarone hcl</i> TABLET 400 MG	1	
<i>amiodarone hcl</i> AMPUL 50 MG/ML	1	
<i>disopyramide phosphate</i> - CAPSULE 100 MG	1	
<i>disopyramide phosphate</i> - CAPSULE 150 MG	1	
<i>flecainide acetate</i> TABLET 100 - MG	1	
<i>flecainide acetate</i> TABLET 150 - MG	1	
<i>flecainide acetate</i> TABLET 50 - MG	1	
<i>mexiletine hcl</i> CAPSULE 150 MG	1	
<i>mexiletine hcl</i> CAPSULE 200 MG	1	
<i>mexiletine hcl</i> CAPSULE 250 MG	1	
<i>procainamide hcl</i> VIAL 100 - MG/ML	1	
<i>procainamide hcl</i> VIAL 500MG/ML	1	
<i>propafenone hcl</i> TABLET 150 MG	1	
<i>propafenone hcl</i> CAP ER 12H - 225 MG	1	
<i>propafenone hcl</i> TABLET 225 MG	1	
<i>propafenone hcl</i> TABLET 300 MG	1	
<i>propafenone hcl</i> CAP ER 12H - 325 MG	1	
<i>propafenone hcl</i> CAP ER 12H - 425 MG	1	
<i>quinidine gluconate</i> TABLET ER - 324 MG	1	
<i>quinidine gluconate</i> VIAL 80 - MG/ML	1	
<i>quinidine sulfate</i> TABLET 200 - MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>quinidine sulfate</i> TABLET 300 - MG	1	
<i>quinidine sulfate</i> TABLET ER - 300 MG	1	
CARDIAC DRUGS, MISCELLANEOUS - CARDIOVASCULAR DRUGS		
RANEXA TAB ER 12H 1000 MG	3	
RANEXA TAB ER 12H 500 MG	3	
CARDIOTONIC AGENTS - CARDIOVASCULAR DRUGS		
LANOXIN PEDIATRIC AMPUL 100 - MCG/ML	3	
LANOXIN TABLET 125 MCG	3	
LANOXIN AMPUL 250 MCG/ML	3	
LANOXIN TABLET 250 MCG	3	
<i>digoxin</i> TABLET 125 MCG	1	
<i>digoxin</i> AMPUL 250 MCG/ML	1	
<i>digoxin</i> TABLET 250 MCG	1	
<i>digoxin</i> SOLUTION 50 MCG/ML	1	
CARIOSTATIC AGENTS		
CARIOSTATIC AGENTS - MISCELLANEOUS THERAPEUTIC AGENTS		
<i>sodium fluoride</i> TABLET - 1MG(2.2MG)	1	
CATHARTICS AND LAXATIVES		
CATHARTICS AND LAXATIVES - GASTROINTESTINAL DRUGS		
AMITIZA CAPSULE 24MCG	3	
AMITIZA CAPSULE 8MCG	3	
COLYTE WITH FLAVOR PACKETS - SOLN RECON 240-22.72G	3	
GOLYTELY POWD PACK 227.1-21.5	3	
GOLYTELY SOLN RECON 236-22.74G	3	
MOVIPREP POWD PACK 7.5-2.691G	3	
NULYTELY WITH FLAVOR PACKS - SOLN RECON 420G	3	
OSMOPREP TABLET 1.5 G	3	
SUPREP SOLN RECON 17.5-3.13G	3	
VISICOL TABLET 1.5 G	3	
<i>gavilyte-c</i> SOLN RECON - 240-22.72G	1	
<i>gavilyte-g</i> SOLN RECON - 236-22.74G	1	
<i>gavilyte-n</i> SOLN RECON 420G	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>trilyte with flavor packets</i> - SOLN RECON 420G	1	
CELL STIMULANTS AND PROLIFERANTS		
CELL STIMULANTS AND PROLIFERANTS - SKIN AND MUCOUS MEMBRANE AGENTS		
ATRALIN GEL (GRAM) 0.05 %	3	PA = YES
AVITA CREAM (G) 0.025 %	3	PA = YES
AVITA GEL (GRAM) 0.025 %	3	PA = YES
KEPIVANCE VIAL 6.25 MG	4	
RETIN-A MICRO GEL (GRAM) 0.04%	3	PA = YES
RETIN-A MICRO GEL (GRAM) 0.1%	3	PA = YES
RETIN-A GEL (GRAM) 0.01 %	3	PA = YES
RETIN-A CREAM (G) 0.025 %	3	PA = YES
RETIN-A GEL (GRAM) 0.025 %	3	PA = YES
RETIN-A CREAM (G) 0.05 %	3	PA = YES
RETIN-A CREAM (G) 0.1%	3	PA = YES
TRETIN-X COMBO. PKG 0.01 %	3	PA = YES
TRETIN-X COMBO. PKG 0.025 %	3	PA = YES
TRETIN-X COMBO. PKG 0.05 %	3	PA = YES
TRETIN-X COMBO. PKG 0.1%	3	PA = YES
<i>tretinoin</i> GEL (GRAM) 0.01 %	1	PA = YES
<i>tretinoin</i> CREAM (G) 0.025 %	1	PA = YES
<i>tretinoin</i> GEL (GRAM) 0.025 %	1	PA = YES
<i>tretinoin</i> CREAM (G) 0.05 %	1	PA = YES
<i>tretinoin</i> CREAM (G) 0.1%	1	PA = YES
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - CENTRAL NERVOUS SYSTEM AGENTS		
CAMPRAL TAB DS PK 333 MG	3	
INTUNIV TAB SR 24H 1 MG	3	
INTUNIV TAB SR 24H 2 MG	3	
INTUNIV TAB SR 24H 3 MG	3	
INTUNIV TAB SR 24H 4 MG	3	
LODOSYN TABLET 25 MG	3	
NAMENDA SOLUTION 10 MG/5 ML	2	
NAMENDA TABLET 10 MG	2	
NAMENDA TAB DS PK 5 MG-10 MG	2	
NAMENDA TABLET 5 MG	2	
NUDEXTA CAPSULE 20 MG-10MG	3	
RILUTEK TABLET 50 MG	4	
STRATTERA CAPSULE 10 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
STRATTERA CAPSULE 100 MG	3	
STRATTERA CAPSULE 18 MG	3	
STRATTERA CAPSULE 25 MG	3	
STRATTERA CAPSULE 40 MG	3	
STRATTERA CAPSULE 60 MG	3	
STRATTERA CAPSULE 80 MG	3	
XENAZINE TABLET 12.5 MG	4	
XENAZINE TABLET 25 MG	4	
XYREM SOLUTION 500MG/ML	4	PA = YES
CHOLELITHOLYTIC AGENTS		
CHOLELITHOLYTIC AGENTS - GASTROINTESTINAL DRUGS		
ACTIGALL CAPSULE 300 MG	3	
URSO FORTE TABLET 500 MG	3	
URSO TABLET 250 MG	3	
<i>ursodiol</i> TABLET 250 MG	1	
<i>ursodiol</i> CAPSULE 300 MG	1	
<i>ursodiol</i> TABLET 500 MG	1	
CONTRACEPTIVES		
CONTRACEPTIVES - HORMONES AND SYNTHETIC SUBSTITUTES		
BEYAZ TABLET 3-0.02(24)	3	
BREVICON TABLET 0.5-0.035	3	
CYCLESSA TABLET 7 DAYS X 3	3	
DESOGEN TABLET 0.15-0.03	3	
ELLA TABLET 30 MG	3	
ESTROSTEP FE TABLET 5-7-9-7	3	
FEMCON FE TAB CHEW 0.4-35(21)	3	
LO-OVRAL-28 TABLET 0.3-0.03MG	3	
LOESTRIN 24 FE TABLET - 1MG-20(24)	3	
LOESTRIN FE TABLET 1.5-0.03MG	3	
LOESTRIN FE TABLET 1MG-20MCG	3	
LOESTRIN TABLET 1.5-0.03MG	3	
LOESTRIN TABLET 1MG-20MCG	3	
LOSEASONIQUE TBDSPK 3MO - 100-20(84)	3	
LYBREL TABLET 90-20MCG	3	
MICRONOR TABLET 0.35 MG	3	
MODICON TABLET 0.5-0.035	3	
NOR-Q-D TABLET 0.35 MG	3	
NORDETTE-28 TABLET 0.15-0.03	3	
NORINYL 1+35 TABLET 1 MG-35MCG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
NUVARING VAG RING 0.12-0.015	3	
ORTHO EVRA PATCH TDWK - 150-20/24H	3	
ORTHO TRI-CYCLEN LO TABLET - 7DAYSX3 LO	3	
ORTHO-CEPT TABLET 0.15-0.03	3	
ORTHO-CYCLEN TABLET 0.25-0.035	3	
ORTHO-NOVUM TABLET 7 DAYS X 3	3	
OVCON-35 TABLET 0.4-0.035	3	
OVCON-50 TABLET 1 MG-50MCG	3	
SEASONALE TBDSPK 3MO 0.15-0.03	3	QL 91 Tbdspk 3mos / 91 Days
SEASONIQUE TBDSPK 3MO - 150-30(84)	3	QL 91 Tbdspk 3mos / 91 Days
TRI-NORINYL TABLET 7-9-5	3	
YASMIN 28 TABLET 0.03-3MG	3	
YAZ TABLET 0.02-3(24)	3	
<i>apri</i> TABLET 0.15-0.03	1	
<i>aranelle</i> TABLET 7-9-5	1	
<i>aviane</i> TABLET 0.1-0.02	1	
<i>balziva</i> TABLET 0.4-0.035	1	
<i>camila</i> TABLET 0.35 MG	1	
<i>cesia</i> TABLET 7 DAYS X 3	1	
<i>cryselle</i> TABLET 0.3-0.03MG	1	
<i>cyclafem</i> TABLET 1 MG-35MCG	1	
<i>cyclafem</i> TABLET 7 DAYS X 3	1	
<i>enpresse</i> TABLET 6-5-10	1	
<i>errin</i> TABLET 0.35 MG	1	
<i>gianvi</i> TABLET 0.02-3(24)	1	
<i>jolivette</i> TABLET 0.35 MG	1	
<i>junel fe</i> TABLET 1.5-0.03MG	1	
<i>junel fe</i> TABLET 1MG-20MCG	1	
<i>junel</i> TABLET 1.5-0.03MG	1	
<i>junel</i> TABLET 1MG-20MCG	1	
<i>kariva</i> TABLET 21-5	1	
<i>kelnor 1-35</i> TABLET 1 MG-35MCG	1	
<i>leena</i> TABLET 7-9-5	1	
<i>lessina</i> TABLET 0.1-0.02	1	
<i>levora-28</i> TABLET 0.15-0.03	1	
<i>low-ogestrel</i> TABLET 0.3-0.03MG	1	
<i>lutra</i> TABLET 0.1-0.02	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>microgestin fe</i> TABLET - 1.5-0.03MG	1	
<i>microgestin fe</i> TABLET - 1MG-20MCG	1	
<i>microgestin</i> TABLET 1.5-0.03MG	1	
<i>microgestin</i> TABLET 1MG-20MCG	1	
<i>mononessa</i> TABLET 0.25-0.035	1	
<i>necon</i> TABLET 0.5-0.035	1	
<i>necon</i> TABLET 1 MG-35MCG	1	
<i>necon</i> TABLET 10-11	1	
<i>necon</i> TABLET 7 DAYS X 3	1	
<i>next choice</i> TABLET 0.75 MG	1	
<i>nora-be</i> TABLET 0.35 MG	1	
<i>nortrel</i> TABLET 0.5-0.035	1	
<i>nortrel</i> TABLET 1 MG-35MCG	1	
<i>nortrel</i> TABLET 7 DAYS X 3	1	
<i>ocella</i> TABLET 0.03-3MG	1	
<i>ogestrel</i> TABLET 0.5-0.05MG	1	
<i>portia</i> TABLET 0.15-0.03	1	
<i>previfem</i> TABLET 0.25-0.035	1	
<i>quasense</i> TBDSPK 3MO 0.15-0.03	1	
<i>reclipsen</i> TABLET 0.15-0.03	1	
<i>solia</i> TABLET 0.15-0.03	1	
<i>sprintec</i> TABLET 0.25-0.035	1	
<i>sronyx</i> TABLET 0.1-0.02	1	
<i>tri-legest fe</i> TABLET 5-7-9-7	1	
<i>tri-previfem</i> TABLET 7DAYSX3 28	1	
<i>tri-sprintec</i> TABLET 7DAYSX3 28	1	
<i>trinessa</i> TABLET 7DAYSX3 28	1	
<i>trivora-28</i> TABLET 6-5-10	1	
<i>velivet</i> TABLET 7 DAYS X 3	1	
<i>zeosa</i> TAB CHEW 0.4-35(21)	1	
<i>zovia 1-35e</i> TABLET 1 MG-35MCG	1	
<i>zovia 1-50e</i> TABLET 1 MG-50MCG	1	
DEPIGMENTING AND PIGMENTING AGENTS		
PIGMENTING AGENTS - SKIN AND MUCOUS MEMBRANE AGENTS		
8-MOP CAPSULE 10 MG	4	
OXSORALEN-ULTRA CAPSULE 10 MG	4	
OXSORALEN LOTION 1 %	3	
UVADEX VIAL 20 MCG/ML	3	
DEVICES		

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
DEVICES - DEVICES		
INSULIN SYRINGE DISP SYRIN - 29GX1/2"	3	
INSULIN SYRINGE DISP SYRIN - 30GX1/2"	3	
INSULIN SYRINGE DISP SYRIN - 31GX5/16"	3	
DIGESTANTS		
DIGESTANTS - GASTROINTESTINAL DRUGS		
CREON CAPSULE DR 12K-38K-60	3	
CREON CAPSULE DR 24-76-120K	3	
CREON CAPSULE DR 6K-19K-30K	3	
PANCREAZE CAPSULE DR 10.5K-25K	3	
PANCREAZE CAPSULE DR - 16.8-40-70	3	
PANCREAZE CAPSULE DR 21-37-61K	3	
PANCREAZE CAPSULE DR 4.2K-10K	3	
ZENPEP CAPSULE DR 10-34-55K	3	
ZENPEP CAPSULE DR 15-51-82K	3	
ZENPEP CAPSULE DR 20-68-109K	3	
ZENPEP CAPSULE DR 5K-17K-27K	3	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - MISCELLANEOUS THERAPEUTIC AGENTS		
ACTEMRA VIAL 200MG/10ML	4	
ARAVA TABLET 10 MG	3	
ARAVA TABLET 20 MG	3	
ENBREL KIT 25 MG	4	PA = YES
ENBREL DISP SYRIN 25MG/0.5ML	4	PA = YES
ENBREL DISP SYRIN 50 MG/ML	4	PA = YES
HUMIRA KIT 20MG/0.4ML	4	PA = YES
HUMIRA KIT 40MG/0.8ML	4	PA = YES
HUMIRA PEN IJ KIT 40MG/0.8ML	4	PA = YES
KINERET DISP SYRIN 100MG/0.67	4	PA = YES
ORENCIA VIAL 250 MG	4	
REMICADE VIAL 100 MG	4	
SIMPONI DISP SYRIN 50MG/0.5ML	4	PA = YES
<i>leflunomide</i> TABLET 10 MG	1	
<i>leflunomide</i> TABLET 20 MG	1	
DIURETICS		
LOOP DIURETICS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
DEMADEX TABLET 10 MG	3	
DEMADEX TABLET 20 MG	3	
DEMADEX TABLET 5 MG	3	
EDECIN TABLET 25 MG	3	
LASIX TABLET 20 MG	3	
LASIX TABLET 40 MG	3	
LASIX TABLET 80 MG	3	
SODIUM EDECIN VIAL 50 MG	3	
<i>bumetanide</i> VIAL 0.25 MG/ML	1	
<i>bumetanide</i> TABLET 0.5 MG	1	
<i>bumetanide</i> TABLET 1 MG	1	
<i>bumetanide</i> TABLET 2 MG	1	
<i>furosemide</i> SOLUTION 10 MG/ML	1	
<i>furosemide</i> VIAL 10 MG/ML	1	
<i>furosemide</i> TABLET 20 MG	1	
<i>furosemide</i> TABLET 40 MG	1	
<i>furosemide</i> SOLUTION 40MG/5ML	1	
<i>furosemide</i> TABLET 80 MG	1	
<i>toremide</i> TABLET 10 MG	1	
<i>toremide</i> TABLET 100 MG	1	
<i>toremide</i> VIAL 20 MG/2 ML	1	
<i>toremide</i> TABLET 20 MG	1	
<i>toremide</i> TABLET 5 MG	1	
POTASSIUM-SPARING DIURETICS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		
DYAZIDE CAPSULE 37.5-25 MG	3	
DYRENIUM CAPSULE 100 MG	3	
DYRENIUM CAPSULE 50 MG	3	
MAXZIDE-25 MG TABLET 37.5-25 - MG	3	
MAXZIDE TABLET 75 MG-50MG	3	
<i>amiloride hcl</i> TABLET 5 MG	1	
<i>amiloride-hydrochlorothiazide</i> - TABLET 5MG-50MG	1	
<i>triamterene-hctz</i> CAPSULE - 37.5-25 MG	1	
<i>triamterene-hctz</i> TABLET - 37.5-25 MG	1	
<i>triamterene-hctz</i> CAPSULE 50 - MG-25MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>triamterene-hydrochlorothiazid</i> - TABLET 75 MG-50MG	1	
THIAZIDE-LIKE DIURETICS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		
THALITONE TABLET 15 MG	3	
ZAROXOLYN TABLET 2.5 MG	3	
ZAROXOLYN TABLET 5 MG	3	
<i>chlorthalidone</i> TABLET 25 MG	1	
<i>chlorthalidone</i> TABLET 50 MG	1	
<i>indapamide</i> TABLET 1.25 MG	1	
<i>indapamide</i> TABLET 2.5 MG	1	
<i>metolazone</i> TABLET 10 MG	1	
<i>metolazone</i> TABLET 2.5 MG	1	
<i>metolazone</i> TABLET 5 MG	1	
THIAZIDE DIURETICS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		
DIURIL SODIUM VIAL 500 MG	3	
DIURIL ORAL SUSP 250 MG/5ML	3	
MICROZIDE CAPSULE 12.5 MG	3	
<i>chlorothiazide sodium</i> VIAL - 500 MG	1	
<i>chlorothiazide</i> TABLET 250 MG	1	
<i>chlorothiazide</i> TABLET 500 MG	1	
<i>hydrochlorothiazide</i> CAPSULE - 12.5 MG	1	
<i>hydrochlorothiazide</i> TABLET - 12.5 MG	1	
<i>hydrochlorothiazide</i> TABLET 25 - MG	1	
<i>hydrochlorothiazide</i> TABLET 50 - MG	1	
<i>methyclothiazide</i> TABLET 5 MG	1	
VASOPRESSIN ANTAGONISTS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		
SAMSCA TABLET 15 MG	4	
SAMSCA TABLET 30 MG	4	
EENT DRUGS, MISCELLANEOUS		
EENT DRUGS, MISCELLANEOUS - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ATROVENT SPRAY 21 MCG	3	
ATROVENT SPRAY 42MCG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
IOPIDINE DROPS 0.5 %	3	
IOPIDINE DROPERETTE 1 %	3	
LACRISERT INSERT 5 MG	3	
<i>apraclonidine hcl</i> DROPS 0.5 %	1	
<i>carteolol hcl</i> DROPS 1 %	1	
<i>ipratropium bromide</i> SPRAY 21 - MCG	1	
<i>ipratropium bromide</i> SPRAY - 42MCG	1	
ENZYMES		
ENZYMES - ENZYMES		
ADAGEN VIAL 250 UNIT/1	4	
ALDURAZYME VIAL 2.9 MG/5ML	4	
CEREDASE VIAL 80 UNIT/ML	4	
CEREZYME VIAL 200 UNIT	4	
ELAPRASE VIAL 6MG/3ML	4	
ELITEK VIAL 1.5 MG	4	
FABRAZYME VIAL 35 MG	4	
MYOZYME VIAL 50 MG	4	
NAGLAZYME VIAL 5 MG/5 ML	4	
PULMOZYME SOLUTION 1 MG/ML	4	
VPRIV VIAL 400 UNIT	4	
ESTROGENS AND ANTIESTROGENS		
ESTROGEN AGONIST-ANTAGONISTS - HORMONES AND SYNTHETIC SUBSTITUTES		
EVISTA TABLET 60 MG	2	
ESTROGENS - HORMONES AND SYNTHETIC SUBSTITUTES		
ACTIVELLA TABLET 0.5-0.1MG	3	
ACTIVELLA TABLET 1-0.5MG	3	
ALORA PATCH TDSW .025MG/24H	3	
ALORA PATCH TDSW .075MG/24H	3	
ALORA PATCH TDSW 0.05MG/24H	3	
ALORA PATCH TDSW 0.1MG/24HR	3	
ANGELIQ TABLET 1-0.5MG	3	
CENESTIN TABLET 0.3 MG	3	
CENESTIN TABLET 0.45MG	3	
CENESTIN TABLET 0.625 MG	3	
CENESTIN TABLET 0.9 MG	3	
CENESTIN TABLET 1.25 MG	3	
CLIMARA PRO PATCH TDWK - 45-15/24H	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
CLIMARA PATCH TDWK .025MG/24H	3	
CLIMARA PATCH TDWK .0375MG/24	3	
CLIMARA PATCH TDWK .075MG/24H	3	
CLIMARA PATCH TDWK 0.05MG/24H	3	
CLIMARA PATCH TDWK 0.06MG/24H	3	
CLIMARA PATCH TDWK 0.1MG/24HR	3	
COMBIPATCH PATCH TDSW - .05-.14/24	3	
COMBIPATCH PATCH TDSW - .05-.25/24	3	
DELESTROGEN VIAL 10 MG/ML	3	
DELESTROGEN VIAL 20 MG/ML	3	
DELESTROGEN VIAL 40 MG/ML	3	
DEPO-ESTRADIOL VIAL 5 MG/ML	3	
DIVIGEL GEL PACKET 1MG(0.1%)	3	
ELESTRIN GEL MD PMP 0.87G	3	
ENJUVIA TABLET 0.3 MG	3	
ENJUVIA TABLET 0.45MG	3	
ENJUVIA TABLET 0.625 MG	3	
ENJUVIA TABLET 0.9 MG	3	
ENJUVIA TABLET 1.25 MG	3	
ESTRACE CREAM/APPL 0.01 %	2	
ESTRACE TABLET 0.5 MG	3	
ESTRACE TABLET 1 MG	3	
ESTRACE TABLET 2 MG	3	
ESTRADERM PATCH TDSW - 0.05MG/24H	3	
ESTRADERM PATCH TDSW - 0.1MG/24HR	3	
ESTRING VAG RING 7.5MCG/24H	3	QL 1 Vag Ring / 90 Days
EVAMIST SPRAY 1.53/SPRAY	3	
FEMHRT TABLET 0.5MG-2.5	2	
FEMHRT TABLET 1MG-5MCG	3	
FEMRING VAG RING 0.05MG/24H	3	
FEMRING VAG RING 0.1MG/24HR	3	
FEMTRACE TABLET 0.45MG	3	
FEMTRACE TABLET 0.9 MG	3	
FEMTRACE TABLET 1.8MG	3	
MENEST TABLET 0.3 MG	3	
MENEST TABLET 0.625 MG	3	
MENEST TABLET 1.25 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
MENEST TABLET 2.5 MG	3	
MENOSTAR PATCH TDWK 14MCG/24HR	3	
PREFEST TABLET 1-1-0.09MG	3	
PREMARIN TABLET 0.3 MG	2	
PREMARIN TABLET 0.45MG	2	
PREMARIN TABLET 0.625 MG	2	
PREMARIN CREAM/APPL 0.625MG/G	2	
PREMARIN TABLET 0.9 MG	2	
PREMARIN TABLET 1.25 MG	2	
PREMARIN VIAL 25 MG	3	
PREMPHASE TABLET 0.625 (14)	2	
PREMPRO TABLET 0.3-1.5MG	2	
PREMPRO TABLET 0.45-1.5MG	2	
PREMPRO TABLET 0.625-2.5	2	
PREMPRO TABLET 0.625-5MG	2	
VAGIFEM TABLET 10 MCG	3	
VIVELLE-DOT PATCH TDSW - .025MG/24H	3	
VIVELLE-DOT PATCH TDSW - .0375MG/24	3	
VIVELLE-DOT PATCH TDSW - .075MG/24H	3	
VIVELLE-DOT PATCH TDSW - 0.05MG/24H	3	
VIVELLE-DOT PATCH TDSW - 0.1MG/24HR	3	
<i>estradiol valerate</i> VIAL 10 - MG/ML	1	
<i>estradiol valerate</i> VIAL 20 - MG/ML	1	
<i>estradiol valerate</i> VIAL 40 - MG/ML	1	
<i>estradiol-norethindrone - acetat</i> TABLET 1-0.5MG	1	
<i>estradiol</i> PATCH TDWK - .025MG/24H	1	
<i>estradiol</i> PATCH TDWK - .0375MG/24	1	
<i>estradiol</i> PATCH TDWK - .075MG/24H	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>estradiol</i> PATCH TDWK - 0.05MG/24H	1	
<i>estradiol</i> PATCH TDWK - 0.06MG/24H	1	
<i>estradiol</i> PATCH TDWK - 0.1MG/24HR	1	
<i>estradiol</i> TABLET 0.5 MG	1	
<i>estradiol</i> TABLET 1 MG	1	
<i>estradiol</i> TABLET 2 MG	1	
<i>estropipate</i> TABLET 0.75 MG	1	
<i>estropipate</i> TABLET 1.5 MG	1	
<i>estropipate</i> TABLET 3 MG	1	
<i>jinteli</i> TABLET 1MG-5MCG	1	
<i>ortho-est</i> TABLET 0.75 MG	1	
<i>ortho-est</i> TABLET 1.5 MG	1	
FIBROMYALGIA AGENTS		
FIBROMYALGIA AGENTS - CENTRAL NERVOUS SYSTEM AGENTS		
SAVELLA TABLET 100 MG	3	
SAVELLA TABLET 12.5 MG	3	
SAVELLA TAB DS PK 12.5-25-50	3	
SAVELLA TABLET 25 MG	3	
SAVELLA TABLET 50 MG	3	
FIRST GENERATION ANTIHISTAMINES		
ETHANOLAMINE DERIVATIVES - ANTIHISTAMINE DRUGS		
<i>carbinoxamine maleate</i> TABLET - 4 MG	1	
<i>carbinoxamine maleate</i> LIQUID - 4MG/5ML	1	
<i>clemastine fumarate</i> SYRUP - 0.67MG/5ML	1	
<i>clemastine fumarate</i> TABLET - 2.68 MG	1	
<i>diphenhydramine hcl</i> VIAL 50 - MG/ML	1	
<i>diphenhydramine hcl</i> CAPSULE - 50 MG	1	
<i>palgic</i> TABLET 4 MG	1	
<i>palgic</i> LIQUID 4MG/5ML	1	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - ANTIHISTAMINE DRUGS		

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>cyproheptadine hcl</i> SYRUP 2 - MG/5 ML	1	
<i>cyproheptadine hcl</i> TABLET 4 MG	1	
PHENOTHIAZINE DERIVATIVES - ANTIHISTAMINE DRUGS		
PHENERGAN VIAL 25 MG/ML	3	
PHENERGAN VIAL 50 MG/ML	3	
<i>phenadoz</i> SUPP.RECT 12.5 MG	1	
<i>phenadoz</i> SUPP.RECT 25 MG	1	
<i>promethazine hcl</i> SUPP.RECT - 12.5 MG	1	
<i>promethazine hcl</i> TABLET 12.5 - MG	1	
<i>promethazine hcl</i> DISP SYRIN - 25 MG/ML	1	
<i>promethazine hcl</i> SUPP.RECT 25 - MG	1	
<i>promethazine hcl</i> TABLET 25 MG	1	
<i>promethazine hcl</i> VIAL 50 MG/ML	1	
<i>promethazine hcl</i> TABLET 50 MG	1	
<i>promethazine hcl</i> SYRUP - 6.25MG/5ML	1	
<i>promethazine vc</i> SYRUP - 5-6.25MG/5	1	
<i>promethegan</i> SUPP.RECT 25 MG	1	
<i>promethegan</i> SUPP.RECT 50 MG	1	
PROPYLAMINE DERIVATIVES - ANTIHISTAMINE DRUGS		
<i>dexchlorpheniramine maleate</i> - SYRUP 2 MG/5 ML	1	
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS - SMOOTH MUSCLE RELAXANTS		
DETROL LA CAP ER 24H 2 MG	2	
DETROL LA CAP ER 24H 4 MG	2	
DETROL TABLET 1 MG	2	
DETROL TABLET 2 MG	2	
DITROPAN XL TAB ER 24 10 MG	3	
DITROPAN XL TAB ER 24 15 MG	3	
DITROPAN XL TAB ER 24 5 MG	3	
ENABLEX TAB SR 24H 15 MG	3	
ENABLEX TAB SR 24H 7.5 MG	3	
GELNIQUE GEL PACKET 10 %	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
OXYTROL PATCH TDSW 3.9MG/24HR	3	
SANCTURA XR CAP ER 24H 60 MG	3	
SANCTURA TABLET 20 MG	3	
TOVIAZ TAB SR 24H 4 MG	3	
TOVIAZ TAB SR 24H 8 MG	3	
VESICARE TABLET 10 MG	3	
VESICARE TABLET 5 MG	3	
<i>flavoxate hcl</i> TABLET 100 MG	1	
<i>oxybutynin chloride er</i> TAB ER - 24 10 MG	1	
<i>oxybutynin chloride er</i> TAB ER - 24 15 MG	1	
<i>oxybutynin chloride er</i> TAB ER - 24 5 MG	1	
<i>oxybutynin chloride</i> SYRUP 5 - MG/5 ML	1	
<i>oxybutynin chloride</i> TABLET 5 - MG	1	
<i>tropium chloride</i> TABLET 20 MG	1	
GI DRUGS, MISCELLANEOUS		
GI DRUGS, MISCELLANEOUS - GASTROINTESTINAL DRUGS		
CIMZIA KIT 400 MG	4	PA = YES
CIMZIA SYRINGEKIT 400MG/2ML	4	PA = YES
LOTRONEX TABLET 0.5 MG	2	
LOTRONEX TABLET 1 MG	4	
RELISTOR VIAL 12MG/0.6ML	3	
GOLD COMPOUNDS		
GOLD COMPOUNDS - GOLD COMPOUNDS		
RIDAURA CAPSULE 3 MG	3	
GONADOTROPINS		
GONADOTROPINS - HORMONES AND SYNTHETIC SUBSTITUTES		
NOVAREL VIAL 10000 UNIT	3	
PREGNYL VIAL 10000 UNIT	3	
SYNAREL SPRAY 2 MG/ML	4	
<i>chorionic gonadotropin</i> VIAL - 10000 UNIT	1	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS - HEAVY METAL ANTAGONISTS		
CHEMET CAPSULE 100 MG	3	
CUPRIMINE CAPSULE 250 MG	3	
DEPEN TABLET 250 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
EXJADE TAB DISPER 125 MG	3	
EXJADE TAB DISPER 250 MG	4	
EXJADE TAB DISPER 500 MG	4	
SYPRINE CAPSULE 250 MG	3	
HEMATOPOIETIC AGENTS		
HEMATOPOIETIC AGENTS - BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ARANESP VIAL 100 MCG/ML	3	PA = YES
ARANESP DISP SYRIN 100MCG/0.5	4	PA = YES
ARANESP DISP SYRIN 150MCG/0.3	4	PA = YES
ARANESP VIAL 200 MCG/ML	4	PA = YES
ARANESP DISP SYRIN 200MCG/0.4	4	PA = YES
ARANESP VIAL 25 MCG/ML	3	PA = YES
ARANESP DISP SYRIN 25MCG/0.42	3	PA = YES
ARANESP DISP SYRIN 300MCG/0.6	4	PA = YES
ARANESP VIAL 300MCG/ML	4	PA = YES
ARANESP DISP SYRIN 40MCG/0.4	3	PA = YES
ARANESP VIAL 40MCG/ML	3	PA = YES
ARANESP DISP SYRIN 500 MCG/ML	4	PA = YES
ARANESP DISP SYRIN 60MCG/0.3	3	PA = YES
ARANESP VIAL 60MCG/ML	3	PA = YES
EPOGEN VIAL 2000/ML	3	PA = YES
EPOGEN VIAL 20000/2ML	3	PA = YES
EPOGEN VIAL 20000/ML	3	PA = YES
EPOGEN VIAL 3000/ML	3	PA = YES
EPOGEN VIAL 4000/ML	3	PA = YES
LEUKINE VIAL 250 MCG	4	PA = YES
LEUKINE VIAL 500 MCG/ML	4	PA = YES
MOZOBIL VIAL 24MG/1.2ML	4	
NEULASTA DISP SYRIN 6MG/0.6ML	4	PA = YES
NEUMEGA VIAL 5 MG	4	PA = YES
NEUPOGEN DISP SYRIN 300MCG/0.5	4	PA = YES
NEUPOGEN DISP SYRIN 480MCG/0.8	4	PA = YES
NEUPOGEN VIAL 480MCG/1.6	4	PA = YES
PROCRIT VIAL 10000/ML	2	PA = YES
PROCRIT VIAL 2000/ML	2	PA = YES
PROCRIT VIAL 20000/ML	4	PA = YES
PROCRIT VIAL 3000/ML	2	PA = YES
PROCRIT VIAL 4000/ML	2	PA = YES
PROCRIT VIAL 40000/ML	4	PA = YES
PROMACTA TABLET 25 MG	4	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
PROMACTA TABLET 50 MG	4	
PROMACTA TABLET 75 MG	3	
HEMORRHEOLOGIC AGENTS		
HEMORRHEOLOGIC AGENTS - BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
TRENTAL TABLET ER 400 MG	3	
<i>pentopak</i> TABLET ER 400 MG	1	
<i>pentoxifylline</i> TABLET ER 400 - MG	1	
HYPOTENSIVE AGENTS		
CENTRAL ALPHA-AGONISTS - CARDIOVASCULAR DRUGS		
CATAPRES-TTS 1 PATCH TDWK - 0.1MG/24HR	3	
CATAPRES-TTS 2 PATCH TDWK - 0.2MG/24HR	3	
CATAPRES-TTS 3 PATCH TDWK - 0.3MG/24HR	3	
CATAPRES TABLET 0.1 MG	3	
CATAPRES TABLET 0.2 MG	3	
CATAPRES TABLET 0.3 MG	3	
TENEX TABLET 1 MG	3	
TENEX TABLET 2 MG	3	
<i>clonidine hcl</i> TABLET 0.1 MG	1	
<i>clonidine hcl</i> TABLET 0.2 MG	1	
<i>clonidine hcl</i> TABLET 0.3 MG	1	
<i>clonidine</i> PATCH TDWK - 0.1MG/24HR	1	
<i>clonidine</i> PATCH TDWK - 0.2MG/24HR	1	
<i>clonidine</i> PATCH TDWK - 0.3MG/24HR	1	
<i>clorpres</i> TABLET 0.1-15MG	1	
<i>clorpres</i> TABLET 0.2-15MG	1	
<i>clorpres</i> TABLET 0.3-15MG	1	
<i>guanabenz acetate</i> TABLET 4 MG	1	
<i>guanfacine hcl</i> TABLET 1 MG	1	
<i>guanfacine hcl</i> TABLET 2 MG	1	
<i>methyl dopa-hydrochlorothiazide</i> - TABLET 250MG-15MG	1	
<i>methyl dopa-hydrochlorothiazide</i> - TABLET 250MG-25MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>methyldopa</i> TABLET 250 MG	1	
<i>methyldopa</i> TABLET 500 MG	1	
<i>methyldopate hcl</i> VIAL 250 - MG/5ML	1	
DIRECT VASODILATORS - CARDIOVASCULAR DRUGS		
BIDIL TABLET 20-37.5MG	3	
PROGLYCEM ORAL SUSP 50 MG/ML	3	
<i>hydralazine hcl</i> TABLET 10 MG	1	
<i>hydralazine hcl</i> TABLET 100 MG	1	
<i>hydralazine hcl</i> VIAL 20 MG/ML	1	
<i>hydralazine hcl</i> TABLET 25 MG	1	
<i>hydralazine hcl</i> TABLET 50 MG	1	
<i>minoxidil</i> TABLET 10 MG	1	
<i>minoxidil</i> TABLET 2.5 MG	1	
PERIPHERAL ADRENERGIC INHIBITORS - CARDIOVASCULAR DRUGS		
<i>reserpine</i> TABLET 0.1 MG	1	
<i>reserpine</i> TABLET 0.25 MG	1	
IMMUNOSUPPRESSIVE AGENTS		
IMMUNOSUPPRESSIVE AGENTS - MISCELLANEOUS THERAPEUTIC AGENTS		
ATGAM AMPUL 50 MG/ML	4	PA = YES
AZASAN TABLET 100 MG	3	PA = YES
AZASAN TABLET 75 MG	3	PA = YES
CELLCEPT SUSP RECON 200 MG/ML	4	PA = YES
CELLCEPT CAPSULE 250 MG	3	PA = YES
CELLCEPT TABLET 500 MG	3	PA = YES
CELLCEPT VIAL 500 MG	3	PA = YES
IMURAN TABLET 50 MG	3	PA = YES
MYFORTIC TABLET DR 180 MG	3	PA = YES
MYFORTIC TABLET DR 360 MG	3	PA = YES
NEORAL SOLUTION 100 MG/ML	3	PA = YES
NEORAL CAPSULE 100 MG	3	PA = YES
NEORAL CAPSULE 25 MG	3	PA = YES
ORTHOCLONE OKT-3 AMPUL 1 MG/ML	4	PA = YES
PROGRAF CAPSULE 0.5 MG	3	PA = YES
PROGRAF CAPSULE 1 MG	3	PA = YES
PROGRAF AMPUL 5 MG/ML	3	PA = YES
PROGRAF CAPSULE 5 MG	3	PA = YES
RAPAMUNE TABLET 0.5 MG	3	PA = YES
RAPAMUNE SOLUTION 1 MG/ML	2	PA = YES
RAPAMUNE TABLET 1 MG	4	PA = YES
RAPAMUNE TABLET 2 MG	4	PA = YES

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
SANDIMMUNE SOLUTION 100 MG/ML	3	PA = YES
SANDIMMUNE CAPSULE 100 MG	3	PA = YES
SANDIMMUNE CAPSULE 25 MG	3	PA = YES
SANDIMMUNE AMPUL 250 MG/5ML	3	PA = YES
SIMULECT VIAL 20 MG	3	
STELARA DISP SYRIN 45MG/0.5ML	4	
STELARA DISP SYRIN 90 MG/ML	4	
TACROLIMUS CAPSULE 5 MG	4	PA = YES
THYMOGLOBULIN VIAL 25 MG	4	
ZORTRESS TABLET 0.25 MG	3	PA = YES
ZORTRESS TABLET 0.5 MG	3	PA = YES
ZORTRESS TABLET 0.75 MG	3	PA = YES
<i>azathioprine sodium</i> VIAL 100 - MG	1	PA = YES
<i>azathioprine</i> TABLET 50 MG	1	PA = YES
<i>cyclosporine modified</i> CAPSULE - 100 MG	1	PA = YES
<i>cyclosporine</i> SOLUTION 100 - MG/ML	1	PA = YES
<i>cyclosporine</i> CAPSULE 100 MG	1	PA = YES
<i>cyclosporine</i> CAPSULE 25 MG	1	PA = YES
<i>cyclosporine</i> AMPUL 250 MG/5ML	1	PA = YES
<i>cyclosporine</i> CAPSULE 50MG	1	PA = YES
<i>gengraf</i> SOLUTION 100 MG/ML	1	PA = YES
<i>gengraf</i> CAPSULE 100 MG	1	PA = YES
<i>gengraf</i> CAPSULE 25 MG	1	PA = YES
<i>mycophenolate mofetil</i> CAPSULE - 250 MG	1	PA = YES
<i>mycophenolate mofetil</i> TABLET - 500 MG	1	PA = YES
<i>tacrolimus</i> CAPSULE 0.5 MG	1	PA = YES
<i>tacrolimus</i> CAPSULE 1 MG	1	PA = YES
ION-REMOVING AGENTS		
PHOSPHATE-REMOVING AGENTS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		
FOSRENOL TAB CHEW 1000 MG	3	
FOSRENOL TAB CHEW 500 MG	3	
FOSRENOL TAB CHEW 750 MG	3	
PHOSLO CAPSULE 667 MG	3	
RENAGEL TABLET 400 MG	3	
RENAGEL TABLET 800 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
RENVELA POWD PACK 0.8 G	2	
RENVELA POWD PACK 2.4 G	2	
RENVELA TABLET 800 MG	2	
<i>calcium acetate</i> CAPSULE 667 MG	1	
<i>eliphos</i> TABLET 667 MG	1	
POTASSIUM-REMOVING AGENTS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		
KAYEXALATE POWDER x	3	
<i>kionex</i> POWDER x	1	
<i>sodium polystyrene sulfonate</i> - POWDER x	1	
IRRIGATING SOLUTIONS		
IRRIGATING SOLUTIONS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		
PHYSIOLYTE IRRIG SOLN - 140-5-3-98	3	
PHYSIOSOL IRRIG SOLN - 140-5-3-98	3	
TIS-U-SOL IRRIG SOLN x	3	
<i>lactated ringers</i> IRRIG SOLN x	1	
<i>ringers irrigation</i> IRRIG SOLN - x	1	
<i>sodium chloride</i> IRRIG SOLN - 0.90%	1	
<i>water</i> IRRIG SOLN x	1	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS (PARENTERAL) - LOCAL ANESTHETICS		
XYLOCAINE VIAL 10 MG/ML	3	
<i>lidocaine hcl</i> VIAL 10 MG/ML	1	
<i>lidocaine hcl</i> VIAL 5 MG/ML	1	
LOCAL ANESTHETICS (EENT)		
LOCAL ANESTHETICS (EENT) - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
XYLOCAINE JEL 2 %	3	
XYLOCAINE SOLUTION 40 MG/ML	3	
<i>alcaine</i> DROPS 0.5 %	1	
<i>lidocaine hcl viscous</i> - SOLUTION 20 MG/ML	1	
<i>lidocaine hcl</i> JEL 2 %	1	
<i>lidocaine hcl</i> JEL/PF APP 2 %	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>lidocaine hcl</i> SOLUTION 40 - MG/ML	1	
<i>parcaine</i> DROPS 0.5 %	1	
<i>proparacaine hcl</i> DROPS 0.5 %	1	
MUCOLYTIC AGENTS		
MUCOLYTIC AGENTS - RESPIRATORY TRACT AGENTS		
<i>acetylcysteine</i> VIAL 100 MG/ML	1	
<i>acetylcysteine</i> VIAL 200 MG/ML	1	
MULTIVITAMIN PREPARATIONS		
MULTIVITAMIN PREPARATIONS - VITAMINS		
<i>prenatabs obn</i> TABLET 29 MG-1 - MG	1	
MYDRIATICS		
MYDRIATICS - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
MYDRIACYL DROPS 1 %	3	
PROPINE DROPS 0.1%	3	
<i>tropicamide</i> DROPS 0.5 %	1	
<i>tropicamide</i> DROPS 1 %	1	
OPIATE ANTAGONISTS		
OPIATE ANTAGONISTS - CENTRAL NERVOUS SYSTEM AGENTS		
REVIA TABLET 50 MG	3	
<i>depade</i> TABLET 50 MG	1	
<i>naloxone hcl</i> DISP SYRIN 0.4 - MG/ML	1	
<i>naloxone hcl</i> DISP SYRIN 1 - MG/ML	1	
<i>naltrexone hcl</i> TABLET 50 MG	1	
OTHER MISC. THERAPEUTIC AGENTS		
OTHER MISCELLANEOUS THERAPEUTIC AGENTS - MISCELLANEOUS THERAPEUTIC AGENTS		
AMPYRA TAB ER 12H 10 MG	4	PA = YES
ARCALYST VIAL 220 MG	4	
BOTOX VIAL 100 UNIT	3	PA = YES
CARNITOR SOLUTION 100 MG/ML	3	PA = YES
CARNITOR VIAL 200 MG/ML	3	PA = YES
CARNITOR TABLET 330 MG	3	PA = YES
CYSTADANE POWDER x	4	
CYSTAGON CAPSULE 150 MG	3	
CYSTAGON CAPSULE 50 MG	3	
DEMSER CAPSULE 250 MG	4	
ELMIRON CAPSULE 100 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
KUVAN TABLET SOL 100 MG	4	
<i>octreotide acetate</i> VIAL - 1000MCG/ML	4	
<i>octreotide acetate</i> AMPUL 500 - MCG/ML	4	
ORFADIN CAPSULE 10 MG	4	
ORFADIN CAPSULE 2 MG	4	
ORFADIN CAPSULE 5 MG	4	
SANDOSTATIN LAR KIT 10 MG	4	
SANDOSTATIN LAR KIT 20 MG	4	
SANDOSTATIN LAR KIT 30 MG	4	
SANDOSTATIN AMPUL 100 MCG/ML	3	
SANDOSTATIN VIAL 1000MCG/ML	4	
SANDOSTATIN VIAL 200 MCG/ML	4	
SANDOSTATIN AMPUL 50 MCG/ML	3	
SANDOSTATIN AMPUL 500 MCG/ML	4	
SENSIPAR TABLET 30 MG	2	
SENSIPAR TABLET 60 MG	4	
SENSIPAR TABLET 90 MG	4	
SOMATULINE DEPOT DISP SYRIN - 120MG/0.5	4	
SOMATULINE DEPOT DISP SYRIN - 60MG/0.2ML	4	
SOMATULINE DEPOT DISP SYRIN - 90MG/0.3ML	4	
XEOMIN VIAL 50 UNIT	3	PA = YES
ZAVESCA CAPSULE 100 MG	4	
<i>levocarnitine</i> SOLUTION 100 - MG/ML	1	PA = YES
<i>levocarnitine</i> VIAL 200 MG/ML	1	PA = YES
<i>levocarnitine</i> TABLET 330 MG	1	PA = YES
<i>octreotide acetate</i> AMPUL 100 - MCG/ML	1	
<i>octreotide acetate</i> VIAL 200 - MCG/ML	1	
<i>octreotide acetate</i> AMPUL 50 - MCG/ML	1	
OXYTOCICS		
OXYTOCICS - OXYTOCICS		
METHERGINE TABLET 0.2 MG	3	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - AUTONOMIC DRUGS		
ARICEPT ODT TAB RAPDIS 10 MG	3	
ARICEPT ODT TAB RAPDIS 5 MG	3	
ARICEPT TABLET 10 MG	3	
ARICEPT TABLET 23 MG	3	
ARICEPT TABLET 5 MG	3	
EVOXAC CAPSULE 30 MG	3	
EXELON CAPSULE 1.5 MG	3	
EXELON SOLUTION 2 MG/ML	3	
EXELON CAPSULE 3 MG	3	
EXELON CAPSULE 4.5 MG	3	
EXELON PATCH TD24 4.6MG/24HR	3	
EXELON CAPSULE 6 MG	3	
EXELON PATCH TD24 9.5MG/24HR	3	
MESTINON TABLET ER 180 MG	3	
MESTINON SYRUP 60 MG/5 ML	3	
MESTINON TABLET 60 MG	3	
MYTELASE TABLET 10 MG	3	
RAZADYNE ER CAP24H PEL 16 MG	3	
RAZADYNE ER CAP24H PEL 24 MG	3	
RAZADYNE ER CAP24H PEL 8 MG	3	
RAZADYNE TABLET 12 MG	3	
RAZADYNE SOLUTION 4 MG/ML	3	
RAZADYNE TABLET 4 MG	3	
RAZADYNE TABLET 8 MG	3	
REGONOL AMPUL 5 MG/ML	3	
SALAGEN TABLET 5 MG	3	
SALAGEN TABLET 7.5 MG	3	
URECHOLINE TABLET 10 MG	3	
URECHOLINE TABLET 25 MG	3	
URECHOLINE TABLET 5 MG	3	
URECHOLINE TABLET 50 MG	3	
<i>bethanechol chloride</i> TABLET - 10 MG	1	
<i>bethanechol chloride</i> TABLET - 25 MG	1	
<i>bethanechol chloride</i> TABLET 5 - MG	1	
<i>bethanechol chloride</i> TABLET - 50 MG	1	
<i>donepezil hcl</i> TAB RAPDIS 10 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>donepezil hcl</i> TABLET 10 MG	1	
<i>donepezil hcl</i> TAB RAPDIS 5 MG	1	
<i>donepezil hcl</i> TABLET 5 MG	1	
<i>galantamine hbr</i> TABLET 12 MG	1	
<i>galantamine hbr</i> CAP24H PEL 16 - MG	1	
<i>galantamine hbr</i> CAP24H PEL 24 - MG	1	
<i>galantamine hbr</i> TABLET 4 MG	1	
<i>galantamine hbr</i> CAP24H PEL 8 - MG	1	
<i>galantamine hbr</i> TABLET 8 MG	1	
<i>galantamine hydrobromide</i> - SOLUTION 4 MG/ML	1	
<i>guanidine hcl</i> TABLET 125 MG	1	
<i>pilocarpine hcl</i> TABLET 5 MG	1	
<i>pilocarpine hcl</i> TABLET 7.5 MG	1	
<i>pyridostigmine bromide</i> TABLET - 60 MG	1	
<i>rivastigmine</i> CAPSULE 1.5 MG	1	
<i>rivastigmine</i> CAPSULE 3 MG	1	
<i>rivastigmine</i> CAPSULE 4.5 MG	1	
<i>rivastigmine</i> CAPSULE 6 MG	1	
PARATHYROID		
PARATHYROID - HORMONES AND SYNTHETIC SUBSTITUTES		
FORTEO PEN INJCTR 20MCG/DOSE	3	PA = YES
FORTICAL SPRAY/PUMP 200/DOSE	3	
MIACALCIN SPRAY/PUMP 200/DOSE	3	
MIACALCIN VIAL 200/ML	3	PA = YES
<i>calcitonin-salmon</i> SPRAY/PUMP - 200/DOSE	1	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS - PHARMACEUTICAL AIDS		
CURAD GAUZE PADS BANDAGE 2" X - 2"	3	
PITUITARY		
PITUITARY - HORMONES AND SYNTHETIC SUBSTITUTES		
DDAVP SOLUTION 0.1 MG/ML	3	
DDAVP TABLET 0.1 MG	3	
DDAVP TABLET 0.2 MG	3	
DDAVP SPRAY/PUMP 10/SPRAY	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
DDAVP AMPUL 4MCG/ML	4	
GENOTROPIN DISP SYRIN - 0.2MG/0.25	3	PA = YES
GENOTROPIN DISP SYRIN - 0.4MG/0.25	4	PA = YES
GENOTROPIN DISP SYRIN - 0.6MG/0.25	4	PA = YES
GENOTROPIN DISP SYRIN - 0.8MG/0.25	4	PA = YES
GENOTROPIN DISP SYRIN - 1.2MG/0.25	4	PA = YES
GENOTROPIN DISP SYRIN - 1.4MG/0.25	4	PA = YES
GENOTROPIN DISP SYRIN - 1.6MG/0.25	4	PA = YES
GENOTROPIN DISP SYRIN - 1.8MG/0.25	4	PA = YES
GENOTROPIN CARTRIDGE 12MG/ML	4	PA = YES
GENOTROPIN DISP SYRIN - 1MG/0.25ML	4	PA = YES
GENOTROPIN DISP SYRIN - 2MG/0.25ML	4	PA = YES
GENOTROPIN CARTRIDGE 5 MG/ML	4	PA = YES
HUMATROPE CARTRIDGE 12 MG	4	PA = YES
HUMATROPE CARTRIDGE 24 MG	4	PA = YES
HUMATROPE VIAL 5 MG	4	PA = YES
HUMATROPE CARTRIDGE 6 MG	3	PA = YES
NORDITROPIN FLEXPRO PEN - INJCTR 10MG/1.5ML	4	PA = YES
NORDITROPIN FLEXPRO PEN - INJCTR 15MG/1.5ML	4	PA = YES
NORDITROPIN FLEXPRO PEN - INJCTR 5MG/1.5ML	4	PA = YES
NORDITROPIN NORDIFLEX PEN - INJCTR 30MG/3ML	4	PA = YES
NUTROPIN AQ NUSPIN CARTRIDGE - 5 MG/2 ML	4	PA = YES
NUTROPIN AQ CARTRIDGE 10 MG/2 - ML	4	PA = YES
NUTROPIN AQ CARTRIDGE 20 MG/2 - ML	4	PA = YES

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
NUTROPIN VIAL 10 MG	4	PA = YES
OMNITROPE CARTRIDGE 10MG/1.5ML	3	PA = YES
OMNITROPE VIAL 5.8MG	4	PA = YES
OMNITROPE CARTRIDGE 5MG/1.5ML	3	PA = YES
SAIZEN VIAL 5 MG	4	PA = YES
SAIZEN CARTRIDGE 8.8MG/1.5	4	PA = YES
SEROSTIM VIAL 4 MG	4	PA = YES
SEROSTIM VIAL 5 MG	4	PA = YES
SEROSTIM VIAL 6 MG	4	PA = YES
STIMATE SPRAY/PUMP 150/SPRAY	3	
TEV-TROPIN VIAL 5 MG	3	PA = YES
ZORBTIVE VIAL 8.8MG	4	PA = YES
<i>desmopressin acetate</i> SOLUTION - 0.1 MG/ML	1	
<i>desmopressin acetate</i> TABLET - 0.1 MG	1	
<i>desmopressin acetate</i> TABLET - 0.2 MG	1	
<i>desmopressin acetate</i> - SPRAY/PUMP 10/SPRAY	1	
<i>desmopressin acetate</i> VIAL - 4MCG/ML	1	
PROGESTINS		
PROGESTINS - HORMONES AND SYNTHETIC SUBSTITUTES		
AYGESTIN TABLET 5 MG	3	
CRINONE GEL/PF APP 4 %	3	
CRINONE GEL/PF APP 8 %	3	
DEPO-PROVERA VIAL 150 MG/ML	3	QL 1 Vial / 90 Days
DEPO-PROVERA VIAL 400MG/ML	3	
DEPO-SUBQ PROVERA 104 DISP - SYRIN 104MG/0.65	3	
ENDOMETRIN INSERT 100 MG	3	
PROMETRIUM CAPSULE 100 MG	2	
PROMETRIUM CAPSULE 200 MG	2	
PROVERA TABLET 10 MG	3	
PROVERA TABLET 2.5 MG	3	
PROVERA TABLET 5 MG	3	
<i>medroxyprogesterone acetate</i> - TABLET 10 MG	1	
<i>medroxyprogesterone acetate</i> - VIAL 150 MG/ML	1	QL 1 Vial / 90 Days

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>medroxyprogesterone acetate</i> - TABLET 2.5 MG	1	
<i>medroxyprogesterone acetate</i> - TABLET 5 MG	1	
<i>norethindrone acetate</i> TABLET - 5 MG	1	
PROKINETIC AGENTS		
PROKINETIC AGENTS - GASTROINTESTINAL DRUGS		
METOZOLV ODT TAB RAPDIS 10 MG	3	
METOZOLV ODT TAB RAPDIS 5 MG	3	
REGLAN TABLET 10 MG	3	
REGLAN VIAL 5 MG/ML	3	
REGLAN TABLET 5 MG	3	
<i>metoclopramide hcl</i> TABLET 10 - MG	1	
<i>metoclopramide hcl</i> SOLUTION 5 - MG/5 ML	1	
<i>metoclopramide hcl</i> VIAL 5 - MG/ML	1	
<i>metoclopramide hcl</i> TABLET 5 MG	1	
PROTECTIVE AGENTS		
PROTECTIVE AGENTS - MISCELLANEOUS THERAPEUTIC AGENTS		
AMIFOSTINE VIAL 500 MG	4	
<i>dexrazoxane</i> VIAL 500 MG	4	
ETHYOL VIAL 500 MG	4	
MESNEX VIAL 100 MG/ML	3	
MESNEX TABLET 400 MG	3	
ZINECARD VIAL 250 MG	4	
<i>mesna</i> VIAL 100 MG/ML	1	
PSYCHOTHERAPEUTIC AGENTS		
ANTIDEPRESSANTS - CENTRAL NERVOUS SYSTEM AGENTS		
ANAFRANIL CAPSULE 25 MG	3	
ANAFRANIL CAPSULE 50 MG	3	
ANAFRANIL CAPSULE 75 MG	3	
APLENZIN TAB SR 24H 174MG	3	PA = YES
APLENZIN TAB SR 24H 348MG	3	PA = YES
APLENZIN TAB SR 24H 522MG	3	PA = YES
CELEXA TABLET 10 MG	3	
CELEXA TABLET 20 MG	3	
CELEXA TABLET 40 MG	3	
CYMBALTA CAPSULE DR 20 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
CYMBALTA CAPSULE DR 30 MG	3	
CYMBALTA CAPSULE DR 60 MG	3	
EFFEXOR XR CAP ER 24H 150 MG	3	
EFFEXOR XR CAP ER 24H 37.5 MG	3	
EFFEXOR XR CAP ER 24H 75 MG	3	
LEXAPRO TABLET 10 MG	2	
LEXAPRO TABLET 20 MG	2	
LEXAPRO SOLUTION 5 MG/5 ML	2	
LEXAPRO TABLET 5 MG	2	
LUVOX CR CAP ER 24H 100 MG	3	
LUVOX CR CAP ER 24H 150 MG	3	
MARPLAN TABLET 10 MG	3	
NARDIL TABLET 15 MG	3	
NORPRAMIN TABLET 10 MG	3	
NORPRAMIN TABLET 100 MG	3	
NORPRAMIN TABLET 150 MG	3	
NORPRAMIN TABLET 25 MG	3	
NORPRAMIN TABLET 50 MG	3	
NORPRAMIN TABLET 75 MG	3	
OLEPTRO ER TAB SR 24H 150 MG	3	
OLEPTRO ER TAB SR 24H 300 MG	3	
PAMELOR CAPSULE 10 MG	4	
PAMELOR CAPSULE 25 MG	4	
PAMELOR CAPSULE 50 MG	4	
PAMELOR CAPSULE 75 MG	4	
PARNATE TABLET 10 MG	3	
PAXIL CR TAB SR 24H 12.5 MG	3	
PAXIL CR TAB SR 24H 25 MG	3	
PAXIL CR TAB SR 24H 37.5 MG	3	
PAXIL ORAL SUSP 10 MG/5 ML	3	
PAXIL TABLET 10 MG	3	
PAXIL TABLET 20 MG	3	
PAXIL TABLET 30 MG	3	
PAXIL TABLET 40 MG	3	
PEXEVA TABLET 10 MG	3	
PEXEVA TABLET 20 MG	3	
PEXEVA TABLET 30 MG	3	
PEXEVA TABLET 40 MG	3	
PRISTIQ TAB SR 24H 100 MG	3	
PRISTIQ TAB SR 24H 50 MG	3	
PROZAC WEEKLY CAPSULE DR 90 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
PROZAC CAPSULE 10 MG	3	
PROZAC CAPSULE 20 MG	3	
PROZAC CAPSULE 40 MG	3	
RAPIFLUX TABLET 20 MG	3	
REMERON TAB RAPDIS 15 MG	3	
REMERON TABLET 15 MG	3	
REMERON TAB RAPDIS 30 MG	3	
REMERON TABLET 30 MG	3	
REMERON TAB RAPDIS 45 MG	3	
REMERON TABLET 45 MG	3	
SARAFEM TABLET 10 MG	3	
SARAFEM TABLET 20 MG	3	
SILENOR TABLET 3 MG	3	
SILENOR TABLET 6 MG	3	
SURMONTIL CAPSULE 100 MG	3	
SURMONTIL CAPSULE 25 MG	3	
SURMONTIL CAPSULE 50 MG	3	
SYMBYAX CAPSULE 12MG-25MG	3	
SYMBYAX CAPSULE 12MG-50MG	3	
SYMBYAX CAPSULE 3MG-25MG	3	
SYMBYAX CAPSULE 6MG-25MG	3	
SYMBYAX CAPSULE 6MG-50MG	3	
TOFRANIL-PM CAPSULE 100 MG	3	
TOFRANIL-PM CAPSULE 125 MG	3	
TOFRANIL-PM CAPSULE 150 MG	3	
TOFRANIL-PM CAPSULE 75 MG	3	
TOFRANIL TABLET 10 MG	3	
TOFRANIL TABLET 25 MG	3	
TOFRANIL TABLET 50 MG	3	
VENLAFAXINE HCL ER TAB ER 24 - 225 MG	3	
VIIBRYD TABLET 10 MG	3	
VIIBRYD TABLET 20 MG	3	
VIIBRYD TABLET 40 MG	3	
VIVACTIL TABLET 10 MG	3	
VIVACTIL TABLET 5 MG	3	
WELLBUTRIN SR TABLET ER 100 MG	3	
WELLBUTRIN SR TABLET ER 150 MG	3	
WELLBUTRIN SR TABLET ER 200 MG	3	
WELLBUTRIN XL TAB SR 24H 150 - MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
WELLBUTRIN XL TAB SR 24H 300 - MG	3	
WELLBUTRIN TABLET 100 MG	3	
WELLBUTRIN TABLET 75 MG	3	
ZOLOFT TABLET 100 MG	3	
ZOLOFT ORAL CONC 20 MG/ML	3	
ZOLOFT TABLET 25 MG	3	
ZOLOFT TABLET 50 MG	3	
ZYBAN TABLET ER 150 MG	3	
<i>amitriptyline hcl</i> TABLET 10 MG	1	
<i>amitriptyline hcl</i> TABLET 100 - MG	1	
<i>amitriptyline hcl</i> TABLET 150 - MG	1	
<i>amitriptyline hcl</i> TABLET 25 MG	1	
<i>amitriptyline hcl</i> TABLET 50 MG	1	
<i>amitriptyline hcl</i> TABLET 75 MG	1	
<i>amoxapine</i> TABLET 100 MG	1	
<i>amoxapine</i> TABLET 150 MG	1	
<i>amoxapine</i> TABLET 25 MG	1	
<i>amoxapine</i> TABLET 50 MG	1	
<i>budeprion sr</i> TABLET ER 100 MG	1	
<i>budeprion sr</i> TABLET ER 150 MG	1	
<i>budeprion xl</i> TAB SR 24H 150 MG	1	
<i>budeprion xl</i> TAB SR 24H 300 MG	1	
<i>buproban</i> TABLET ER 150 MG	1	
<i>bupropion hcl sr</i> TABLET ER - 100 MG	1	
<i>bupropion hcl sr</i> TABLET ER - 150 MG	1	
<i>bupropion hcl sr</i> TABLET ER - 200 MG	1	
<i>bupropion hcl</i> TABLET 100 MG	1	
<i>bupropion hcl</i> TABLET 75 MG	1	
<i>chlordiazepoxide-amitriptyline</i> - TABLET 12.5-5MG	1	
<i>chlordiazepoxide-amitriptyline</i> - TABLET 25-10MG	1	
<i>citalopram hbr</i> TABLET 10 MG	1	
<i>citalopram hbr</i> TABLET 20 MG	1	
<i>citalopram hbr</i> TABLET 40 MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>citalopram</i> SOLUTION 10 MG/5 ML	1	
<i>clomipramine hcl</i> CAPSULE 25 MG	1	
<i>clomipramine hcl</i> CAPSULE 50 MG	1	
<i>clomipramine hcl</i> CAPSULE 75 MG	1	
<i>desipramine hcl</i> TABLET 10 MG	1	
<i>desipramine hcl</i> TABLET 100 MG	1	
<i>desipramine hcl</i> TABLET 150 MG	1	
<i>desipramine hcl</i> TABLET 25 MG	1	
<i>desipramine hcl</i> TABLET 50 MG	1	
<i>desipramine hcl</i> TABLET 75 MG	1	
<i>doxepin hcl</i> ORAL CONC 10 MG/ML	1	
<i>doxepin hcl</i> CAPSULE 10 MG	1	
<i>doxepin hcl</i> CAPSULE 100 MG	1	
<i>doxepin hcl</i> CAPSULE 150 MG	1	
<i>doxepin hcl</i> CAPSULE 25 MG	1	
<i>doxepin hcl</i> CAPSULE 50 MG	1	
<i>doxepin hcl</i> CAPSULE 75 MG	1	
<i>fluoxetine dr</i> CAPSULE DR 90 MG	1	
<i>fluoxetine hcl</i> CAPSULE 10 MG	1	
<i>fluoxetine hcl</i> TABLET 10 MG	1	
<i>fluoxetine hcl</i> SOLUTION 20 - MG/5 ML	1	
<i>fluoxetine hcl</i> CAPSULE 20 MG	1	
<i>fluoxetine hcl</i> TABLET 20 MG	1	
<i>fluoxetine hcl</i> CAPSULE 40 MG	1	
<i>fluvoxamine maleate</i> TABLET - 100 MG	1	
<i>fluvoxamine maleate</i> TABLET 25 - MG	1	
<i>fluvoxamine maleate</i> TABLET 50 - MG	1	
<i>imipramine hcl</i> TABLET 10 MG	1	
<i>imipramine hcl</i> TABLET 25 MG	1	
<i>imipramine hcl</i> TABLET 50 MG	1	
<i>imipramine pamoate</i> CAPSULE - 100 MG	1	
<i>imipramine pamoate</i> CAPSULE - 125 MG	1	
<i>imipramine pamoate</i> CAPSULE - 150 MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>imipramine pamoate</i> CAPSULE 75 - MG	1	
<i>maprotiline hcl</i> TABLET 25 MG	1	
<i>maprotiline hcl</i> TABLET 50 MG	1	
<i>maprotiline hcl</i> TABLET 75 MG	1	
<i>mirtazapine</i> TAB RAPDIS 15 MG	1	
<i>mirtazapine</i> TABLET 15 MG	1	
<i>mirtazapine</i> TAB RAPDIS 30 MG	1	
<i>mirtazapine</i> TABLET 30 MG	1	
<i>mirtazapine</i> TAB RAPDIS 45 MG	1	
<i>mirtazapine</i> TABLET 45 MG	1	
<i>mirtazapine</i> TABLET 7.5 MG	1	
<i>nefazodone hcl</i> TABLET 100 MG	1	
<i>nefazodone hcl</i> TABLET 150 MG	1	
<i>nefazodone hcl</i> TABLET 200 MG	1	
<i>nefazodone hcl</i> TABLET 250 MG	1	
<i>nefazodone hcl</i> TABLET 50 MG	1	
<i>nortriptyline hcl</i> SOLUTION 10 - MG/5 ML	1	
<i>nortriptyline hcl</i> CAPSULE 10 - MG	1	
<i>nortriptyline hcl</i> CAPSULE 25 - MG	1	
<i>nortriptyline hcl</i> CAPSULE 50 - MG	1	
<i>nortriptyline hcl</i> CAPSULE 75 - MG	1	
<i>paroxetine hcl</i> ORAL SUSP 10 - MG/5 ML	1	
<i>paroxetine hcl</i> TABLET 10 MG	1	
<i>paroxetine hcl</i> TAB SR 24H - 12.5 MG	1	
<i>paroxetine hcl</i> TABLET 20 MG	1	
<i>paroxetine hcl</i> TAB SR 24H 25 - MG	1	
<i>paroxetine hcl</i> TABLET 30 MG	1	
<i>paroxetine hcl</i> TAB SR 24H - 37.5 MG	1	
<i>paroxetine hcl</i> TABLET 40 MG	1	
<i>perphenazine-amitriptyline</i> - TABLET 2 MG-10 MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>perphenazine-amitriptyline</i> - TABLET 2 MG-25 MG	1	
<i>perphenazine-amitriptyline</i> - TABLET 4 MG-25 MG	1	
<i>perphenazine-amitriptyline</i> - TABLET 4MG-10MG	1	
<i>perphenazine-amitriptyline</i> - TABLET 4MG-50MG	1	
<i>phenelzine sulfate</i> TABLET 15 - MG	1	
<i>protriptyline hcl</i> TABLET 10 MG	1	
<i>protriptyline hcl</i> TABLET 5 MG	1	
<i>selfemra</i> CAPSULE 10 MG	1	
<i>selfemra</i> CAPSULE 20 MG	1	
<i>sertraline hcl</i> TABLET 100 MG	1	
<i>sertraline hcl</i> ORAL CONC 20 - MG/ML	1	
<i>sertraline hcl</i> TABLET 25 MG	1	
<i>sertraline hcl</i> TABLET 50 MG	1	
<i>tranylcypromine sulfate</i> - TABLET 10 MG	1	
<i>trazodone hcl</i> TABLET 100 MG	1	
<i>trazodone hcl</i> TABLET 150 MG	1	
<i>trazodone hcl</i> TABLET 300 MG	1	
<i>trazodone hcl</i> TABLET 50 MG	1	
<i>venlafaxine hcl er</i> CAP ER 24H - 150 MG	1	
<i>venlafaxine hcl er</i> TAB ER 24 - 150 MG	1	
<i>venlafaxine hcl er</i> CAP ER 24H - 37.5 MG	1	
<i>venlafaxine hcl er</i> TAB ER 24 - 37.5 MG	1	
<i>venlafaxine hcl er</i> CAP ER 24H - 75 MG	1	
<i>venlafaxine hcl er</i> TAB ER 24 - 75 MG	1	
<i>venlafaxine hcl</i> TABLET 100 MG	1	
<i>venlafaxine hcl</i> TABLET 25 MG	1	
<i>venlafaxine hcl</i> TABLET 37.5 MG	1	
<i>venlafaxine hcl</i> TABLET 50 MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>venlafaxine hcl</i> TABLET 75 MG	1	
ANTIPSYCHOTIC AGENTS - CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY DISCMELT TAB RAPDIS - 10 MG	2	
ABILIFY DISCMELT TAB RAPDIS - 15 MG	2	
ABILIFY SOLUTION 1 MG/ML	2	
ABILIFY TABLET 10 MG	2	
ABILIFY TABLET 15 MG	2	
ABILIFY TABLET 2 MG	2	
ABILIFY TABLET 20 MG	2	
ABILIFY TABLET 30 MG	2	
ABILIFY TABLET 5 MG	2	
ABILIFY VIAL 9.75MG/1.3	3	
CLOZARIL TABLET 100 MG	3	
CLOZARIL TABLET 25 MG	3	
FANAPT TABLET 1 MG	3	
FANAPT TAB DS PK 1-2-4-6MG	3	
FANAPT TABLET 10 MG	3	
FANAPT TABLET 12 MG	3	
FANAPT TABLET 2 MG	3	
FANAPT TABLET 4 MG	3	
FANAPT TABLET 6 MG	3	
FANAPT TABLET 8 MG	3	
FAZACLO TAB RAPDIS 100 MG	3	
FAZACLO TAB RAPDIS 12.5 MG	3	
FAZACLO TAB RAPDIS 150 MG	3	
FAZACLO TAB RAPDIS 200 MG	3	
FAZACLO TAB RAPDIS 25 MG	3	
GEODON CAPSULE 20 MG	3	
GEODON VIAL 20 MG	3	
GEODON CAPSULE 40 MG	3	
GEODON CAPSULE 60 MG	3	
GEODON CAPSULE 80 MG	3	
HALDOL DECANOATE 100 AMPUL - 100 MG/ML	3	
HALDOL DECANOATE 50 AMPUL 50 - MG/ML	3	
HALDOL AMPUL 5 MG/ML	3	
INVEGA SUSTENNA DISP SYRIN - 117MG/0.75	4	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
INVEGA SUSTENNA DISP SYRIN - 156 MG/ML	4	
INVEGA SUSTENNA DISP SYRIN - 234MG/1.5	4	
INVEGA SUSTENNA DISP SYRIN - 39MG/0.25	3	
INVEGA SUSTENNA DISP SYRIN - 78MG/0.5ML	3	
INVEGA TAB ER 24 1.5 MG	3	
INVEGA TAB ER 24 3 MG	3	
INVEGA TAB ER 24 6 MG	3	
INVEGA TAB ER 24 9 MG	3	
LATUDA TABLET 40 MG	3	
LATUDA TABLET 80 MG	3	
LOXITANE CAPSULE 10 MG	3	
LOXITANE CAPSULE 25 MG	3	
LOXITANE CAPSULE 5 MG	3	
LOXITANE CAPSULE 50 MG	3	
NAVANE CAPSULE 10 MG	3	
NAVANE CAPSULE 2 MG	3	
ORAP TABLET 1 MG	3	
ORAP TABLET 2 MG	3	
RISPERDAL CONSTA DISP SYRIN - 12.5MG/2ML	3	
RISPERDAL CONSTA DISP SYRIN - 25 MG/2 ML	3	
RISPERDAL CONSTA DISP SYRIN - 37.5MG/2ML	3	
RISPERDAL CONSTA DISP SYRIN - 50 MG/2 ML	3	
RISPERDAL M-TAB TAB RAPDIS - 0.5 MG	3	
RISPERDAL M-TAB TAB RAPDIS 1 - MG	3	
RISPERDAL M-TAB TAB RAPDIS 2 - MG	3	
RISPERDAL M-TAB TAB RAPDIS 3 - MG	3	
RISPERDAL M-TAB TAB RAPDIS 4 - MG	3	
RISPERDAL TABLET 0.25 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
RISPERDAL TABLET 0.5 MG	3	
RISPERDAL SOLUTION 1 MG/ML	3	
RISPERDAL TABLET 1 MG	3	
RISPERDAL TABLET 2 MG	3	
RISPERDAL TABLET 3 MG	3	
RISPERDAL TABLET 4 MG	3	
SAPHRIS TAB SUBL 10 MG	2	
SAPHRIS TAB SUBL 5 MG	2	
SEROQUEL XR TAB SR 24H 150 MG	2	
SEROQUEL XR TAB SR 24H 200 MG	2	
SEROQUEL XR TAB SR 24H 300 MG	2	
SEROQUEL XR TAB SR 24H 400 MG	2	
SEROQUEL XR TAB SR 24H 50 MG	2	
SEROQUEL TABLET 100 MG	2	
SEROQUEL TABLET 200 MG	2	
SEROQUEL TABLET 25 MG	2	
SEROQUEL TABLET 300 MG	2	
SEROQUEL TABLET 400 MG	2	
SEROQUEL TABLET 50 MG	2	
ZYPREXA ZYDIS TAB RAPDIS 10 MG	3	
ZYPREXA ZYDIS TAB RAPDIS 15 MG	3	
ZYPREXA ZYDIS TAB RAPDIS 20 MG	3	
ZYPREXA ZYDIS TAB RAPDIS 5 MG	3	
ZYPREXA TABLET 10 MG	3	
ZYPREXA VIAL 10 MG	3	
ZYPREXA TABLET 15 MG	3	
ZYPREXA TABLET 2.5 MG	3	
ZYPREXA TABLET 20 MG	3	
ZYPREXA TABLET 5 MG	3	
ZYPREXA TABLET 7.5 MG	3	
<i>chlorpromazine hcl</i> TABLET 10 - MG	1	
<i>chlorpromazine hcl</i> TABLET 100 - MG	1	
<i>chlorpromazine hcl</i> TABLET 200 - MG	1	
<i>chlorpromazine hcl</i> AMPUL 25 - MG/ML	1	
<i>chlorpromazine hcl</i> TABLET 25 - MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>chlorpromazine hcl</i> TABLET 50 - MG	1	
<i>clozapine</i> TABLET 100 MG	1	
<i>clozapine</i> TABLET 200 MG	1	
<i>clozapine</i> TABLET 25 MG	1	
<i>clozapine</i> TABLET 50 MG	1	
<i>fluphenazine decanoate</i> VIAL - 25 MG/ML	1	
<i>fluphenazine hcl</i> TABLET 1 MG	1	
<i>fluphenazine hcl</i> TABLET 10 MG	1	
<i>fluphenazine hcl</i> ELIXIR 2.5 - MG/5ML	1	
<i>fluphenazine hcl</i> VIAL 2.5 - MG/ML	1	
<i>fluphenazine hcl</i> TABLET 2.5 MG	1	
<i>fluphenazine hcl</i> ORAL CONC 5 - MG/ML	1	
<i>fluphenazine hcl</i> TABLET 5 MG	1	
<i>haloperidol decanoate</i> VIAL - 100 MG/ML	1	
<i>haloperidol decanoate</i> VIAL 50 - MG/ML	1	
<i>haloperidol lactate</i> ORAL CONC - 2 MG/ML	1	
<i>haloperidol lactate</i> VIAL 5 - MG/ML	1	
<i>haloperidol</i> TABLET 0.5 MG	1	
<i>haloperidol</i> TABLET 1 MG	1	
<i>haloperidol</i> TABLET 10 MG	1	
<i>haloperidol</i> TABLET 2 MG	1	
<i>haloperidol</i> TABLET 20 MG	1	
<i>haloperidol</i> TABLET 5 MG	1	
<i>loxapine</i> CAPSULE 10 MG	1	
<i>loxapine</i> CAPSULE 25 MG	1	
<i>loxapine</i> CAPSULE 5 MG	1	
<i>loxapine</i> CAPSULE 50 MG	1	
<i>perphenazine</i> TABLET 16 MG	1	
<i>perphenazine</i> TABLET 2 MG	1	
<i>perphenazine</i> TABLET 4 MG	1	
<i>perphenazine</i> TABLET 8 MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>risperidone odt</i> TAB RAPDIS - 0.25 MG	1	
<i>risperidone odt</i> TAB RAPDIS - 0.5 MG	1	
<i>risperidone odt</i> TAB RAPDIS 1 - MG	1	
<i>risperidone odt</i> TAB RAPDIS 2 - MG	1	
<i>risperidone odt</i> TAB RAPDIS 3 - MG	1	
<i>risperidone odt</i> TAB RAPDIS 4 - MG	1	
<i>risperidone</i> TABLET 0.25 MG	1	
<i>risperidone</i> TABLET 0.5 MG	1	
<i>risperidone</i> SOLUTION 1 MG/ML	1	
<i>risperidone</i> TABLET 1 MG	1	
<i>risperidone</i> TABLET 2 MG	1	
<i>risperidone</i> TABLET 3 MG	1	
<i>risperidone</i> TABLET 4 MG	1	
<i>thioridazine hcl</i> TABLET 10 MG	1	
<i>thioridazine hcl</i> TABLET 100 MG	1	
<i>thioridazine hcl</i> TABLET 25 MG	1	
<i>thioridazine hcl</i> TABLET 50 MG	1	
<i>thiothixene</i> CAPSULE 1 MG	1	
<i>thiothixene</i> CAPSULE 10 MG	1	
<i>thiothixene</i> CAPSULE 2 MG	1	
<i>thiothixene</i> CAPSULE 5 MG	1	
<i>trifluoperazine hcl</i> TABLET 1 - MG	1	
<i>trifluoperazine hcl</i> TABLET 10 - MG	1	
<i>trifluoperazine hcl</i> TABLET 2 - MG	1	
<i>trifluoperazine hcl</i> TABLET 5 - MG	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - CARDIOVASCULAR DRUGS		
ACCUPRIL TABLET 10 MG	3	
ACCUPRIL TABLET 20 MG	3	
ACCUPRIL TABLET 40 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
ACCUPRIL TABLET 5 MG	3	
ACCURETIC TABLET 10-12.5MG	3	
ACCURETIC TABLET 20-12.5 MG	3	
ACCURETIC TABLET 20-25MG	3	
ACEON TABLET 2 MG	3	
ACEON TABLET 4 MG	3	
ACEON TABLET 8 MG	3	
ALTACE CAPSULE 1.25 MG	3	
ALTACE CAPSULE 10 MG	3	
ALTACE CAPSULE 2.5 MG	3	
ALTACE CAPSULE 5 MG	3	
LOTENSIN HCT TABLET 10-12.5MG	3	
LOTENSIN HCT TABLET 20-12.5 MG	3	
LOTENSIN HCT TABLET 20-25MG	3	
LOTENSIN TABLET 10 MG	3	
LOTENSIN TABLET 20 MG	3	
LOTENSIN TABLET 40 MG	3	
MAVIK TABLET 1 MG	3	
MAVIK TABLET 2 MG	3	
MAVIK TABLET 4 MG	3	
PRINIVIL TABLET 10 MG	3	
PRINIVIL TABLET 20 MG	3	
PRINIVIL TABLET 5 MG	3	
PRINZIDE TABLET 10-12.5MG	3	
PRINZIDE TABLET 20-12.5 MG	3	
TARKA TBMP 24HR 1-240MG	3	
TARKA TBMP 24HR 2-180MG	3	
TARKA TBMP 24HR 2-240MG	3	
TARKA TBMP 24HR 4-240MG	3	
UNIRETIC TABLET 15-12.5MG	3	
UNIRETIC TABLET 15-25MG	3	
UNIRETIC TABLET 7.5-12.5MG	3	
UNIVASC TABLET 15 MG	3	
UNIVASC TABLET 7.5 MG	3	
VASERETIC TABLET 10MG-25MG	3	
VASOTEC TABLET 10 MG	3	
VASOTEC TABLET 2.5 MG	3	
VASOTEC TABLET 20 MG	3	
VASOTEC TABLET 5 MG	3	
ZESTORETIC TABLET 10-12.5MG	3	
ZESTORETIC TABLET 20-12.5 MG	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
ZESTORETIC TABLET 20-25MG	3	
ZESTRIL TABLET 10 MG	3	
ZESTRIL TABLET 2.5 MG	3	
ZESTRIL TABLET 20 MG	3	
ZESTRIL TABLET 30 MG	3	
ZESTRIL TABLET 40 MG	3	
ZESTRIL TABLET 5 MG	3	
<i>benazepril hcl</i> TABLET 10 MG	1	
<i>benazepril hcl</i> TABLET 20 MG	1	
<i>benazepril hcl</i> TABLET 40 MG	1	
<i>benazepril hcl</i> TABLET 5 MG	1	
<i>benazepril-hydrochlorothiazide</i> - TABLET 10-12.5MG	1	
<i>benazepril-hydrochlorothiazide</i> - TABLET 20-12.5 MG	1	
<i>benazepril-hydrochlorothiazide</i> - TABLET 20-25MG	1	
<i>benazepril-hydrochlorothiazide</i> - TABLET 5-6.25MG	1	
<i>captopril-hydrochlorothiazide</i> - TABLET 25 MG-25MG	1	
<i>captopril-hydrochlorothiazide</i> - TABLET 25MG-15MG	1	
<i>captopril-hydrochlorothiazide</i> - TABLET 50 MG-15MG	1	
<i>captopril-hydrochlorothiazide</i> - TABLET 50 MG-25MG	1	
<i>captopril</i> TABLET 100 MG	1	
<i>captopril</i> TABLET 12.5 MG	1	
<i>captopril</i> TABLET 25 MG	1	
<i>captopril</i> TABLET 50 MG	1	
<i>enalapril maleate</i> TABLET 10 MG	1	
<i>enalapril maleate</i> TABLET 2.5 - MG	1	
<i>enalapril maleate</i> TABLET 20 MG	1	
<i>enalapril maleate</i> TABLET 5 MG	1	
<i>enalapril-hydrochlorothiazide</i> - TABLET 10MG-25MG	1	
<i>enalapril-hydrochlorothiazide</i> - TABLET 5MG-12.5MG	1	
<i>fosinopril sodium</i> TABLET 10 MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>fosinopril sodium</i> TABLET 20 MG	1	
<i>fosinopril sodium</i> TABLET 40 MG	1	
<i>fosinopril-hydrochlorothiazide</i> - TABLET 10-12.5MG	1	
<i>fosinopril-hydrochlorothiazide</i> - TABLET 20-12.5 MG	1	
<i>lisinopril-hydrochlorothiazide</i> - TABLET 10-12.5MG	1	
<i>lisinopril-hydrochlorothiazide</i> - TABLET 20-12.5 MG	1	
<i>lisinopril-hydrochlorothiazide</i> - TABLET 20-25MG	1	
<i>lisinopril</i> TABLET 10 MG	1	
<i>lisinopril</i> TABLET 2.5 MG	1	
<i>lisinopril</i> TABLET 20 MG	1	
<i>lisinopril</i> TABLET 30 MG	1	
<i>lisinopril</i> TABLET 40 MG	1	
<i>lisinopril</i> TABLET 5 MG	1	
<i>moexipril hcl</i> TABLET 15 MG	1	
<i>moexipril hcl</i> TABLET 7.5 MG	1	
<i>moexipril-hydrochlorothiazide</i> - TABLET 15-12.5MG	1	
<i>moexipril-hydrochlorothiazide</i> - TABLET 15-25MG	1	
<i>moexipril-hydrochlorothiazide</i> - TABLET 7.5-12.5MG	1	
<i>perindopril erbumine</i> TABLET 2 - MG	1	
<i>perindopril erbumine</i> TABLET 4 - MG	1	
<i>perindopril erbumine</i> TABLET 8 - MG	1	
<i>quinapril hcl</i> TABLET 10 MG	1	
<i>quinapril hcl</i> TABLET 20 MG	1	
<i>quinapril hcl</i> TABLET 40 MG	1	
<i>quinapril hcl</i> TABLET 5 MG	1	
<i>quinapril-hydrochlorothiazide</i> - TABLET 10-12.5MG	1	
<i>quinapril-hydrochlorothiazide</i> - TABLET 20-12.5 MG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>quinapril-hydrochlorothiazide</i> - TABLET 20-25MG	1	
<i>ramipril</i> CAPSULE 1.25 MG	1	
<i>ramipril</i> CAPSULE 10 MG	1	
<i>ramipril</i> CAPSULE 2.5 MG	1	
<i>ramipril</i> CAPSULE 5 MG	1	
<i>trandolapril</i> TABLET 1 MG	1	
<i>trandolapril</i> TABLET 2 MG	1	
<i>trandolapril</i> TABLET 4 MG	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - CARDIOVASCULAR DRUGS		
ATACAND HCT TABLET 16-12.5MG	3	
ATACAND HCT TABLET 32-12.5MG	3	
ATACAND HCT TABLET 32MG-25MG	3	
ATACAND TABLET 16 MG	3	
ATACAND TABLET 32 MG	3	
ATACAND TABLET 4 MG	3	
ATACAND TABLET 8 MG	3	
AVALIDE TABLET 150-12.5MG	2	
AVALIDE TABLET 300-12.5MG	2	
AVALIDE TABLET 300MG-25MG	2	
AVAPRO TABLET 150 MG	2	
AVAPRO TABLET 300 MG	2	
AVAPRO TABLET 75 MG	2	
BENICAR HCT TABLET 20-12.5 MG	3	
BENICAR HCT TABLET 40-12.5MG	3	
BENICAR HCT TABLET 40MG-25MG	3	
BENICAR TABLET 20 MG	3	
BENICAR TABLET 40 MG	3	
BENICAR TABLET 5 MG	3	
COZAAR TABLET 100 MG	3	
COZAAR TABLET 25 MG	3	
COZAAR TABLET 50 MG	3	
DIOVAN HCT TABLET 160-12.5MG	2	
DIOVAN HCT TABLET 160-25MG	2	
DIOVAN HCT TABLET 320-12.5MG	2	
DIOVAN HCT TABLET 320MG-25MG	2	
DIOVAN HCT TABLET 80-12.5MG	2	
DIOVAN TABLET 160 MG	2	
DIOVAN TABLET 320 MG	2	
DIOVAN TABLET 40 MG	2	
DIOVAN TABLET 80 MG	2	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
EDARBI TABLET 40 MG	3	
EDARBI TABLET 80 MG	3	
HYZAAR TABLET 100-12.5MG	3	
HYZAAR TABLET 100MG-25MG	3	
HYZAAR TABLET 50-12.5MG	3	
MICARDIS HCT TABLET 40-12.5MG	3	
MICARDIS HCT TABLET 80 MG-25MG	3	
MICARDIS HCT TABLET 80-12.5MG	3	
MICARDIS TABLET 20 MG	3	
MICARDIS TABLET 40 MG	3	
MICARDIS TABLET 80 MG	3	
TEVETEN HCT TABLET 600-12.5MG	3	
TEVETEN HCT TABLET 600-25MG	3	
TEVETEN TABLET 400 MG	3	
TEVETEN TABLET 600 MG	3	
TRIBENZOR TABLET 20-5-12.5	3	
TRIBENZOR TABLET 40-10-12.5	3	
TRIBENZOR TABLET 40-10-25MG	3	
TRIBENZOR TABLET 40-5-12.5	3	
TRIBENZOR TABLET 40-5-25 MG	3	
TWYNSTA TABLET 40 MG-5 MG	3	
TWYNSTA TABLET 40MG-10MG	3	
TWYNSTA TABLET 80 MG-10MG	3	
TWYNSTA TABLET 80 MG-5 MG	3	
<i>losartan potassium</i> TABLET 100 - MG	1	
<i>losartan potassium</i> TABLET 25 - MG	1	
<i>losartan potassium</i> TABLET 50 - MG	1	
<i>losartan-hydrochlorothiazide</i> - TABLET 100-12.5MG	1	
<i>losartan-hydrochlorothiazide</i> - TABLET 100MG-25MG	1	
<i>losartan-hydrochlorothiazide</i> - TABLET 50-12.5MG	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - CARDIOVASCULAR DRUGS		
ALDACTAZIDE TABLET 25 MG-25MG	3	
ALDACTAZIDE TABLET 50-50MG	3	
ALDACTONE TABLET 100 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
ALDACTONE TABLET 25 MG	3	
ALDACTONE TABLET 50 MG	3	
INSPIRA TABLET 25 MG	3	
INSPIRA TABLET 50 MG	3	
<i>eplerenone</i> TABLET 25 MG	1	
<i>eplerenone</i> TABLET 50 MG	1	
<i>spironolactone-hctz</i> TABLET 25 - MG-25MG	1	
<i>spironolactone</i> TABLET 100 MG	1	
<i>spironolactone</i> TABLET 25 MG	1	
<i>spironolactone</i> TABLET 50 MG	1	
RENIN INHIBITORS - CARDIOVASCULAR DRUGS		
AMTURNIDE TABLET 150-5-12.5	3	
AMTURNIDE TABLET 300-10-25	3	
AMTURNIDE TABLET 300-5-12.5	3	
AMTURNIDE TABLET 300-5-25MG	3	
AMTURNIDE TABLET 300MG-10MG	3	
TEKAMLO TABLET 150MG-10MG	3	
TEKAMLO TABLET 150MG-5MG	3	
TEKAMLO TABLET 300MG-10MG	3	
TEKAMLO TABLET 300MG-5MG	3	
TEKTURNA HCT TABLET 150-12.5MG	2	
TEKTURNA HCT TABLET 150MG-25MG	2	
TEKTURNA HCT TABLET 300-12.5MG	2	
TEKTURNA HCT TABLET 300MG-25MG	2	
TEKTURNA TABLET 150 MG	2	
TEKTURNA TABLET 300 MG	2	
VALTURNA TABLET 150-160MG	2	
VALTURNA TABLET 300-320MG	2	
REPLACEMENT PREPARATIONS		
REPLACEMENT PREPARATIONS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		
IONOSOL B WITH DEXTROSE 5% IV - SOLN 5 %	3	
IONOSOL MB-DEXTROSE 5% IV - SOLN 5 %	3	
IONOSOL T-DEXTROSE 5% IV SOLN - 5%	3	
ISOLYTE H WITH DEXTROSE IV - SOLN 5 %	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
ISOLYTE M WITH DEXTROSE IV - SOLN 5 %	3	
ISOLYTE P WITH DEXTROSE IV - SOLN 5 %	3	
ISOLYTE S WITH DEXTROSE IV - SOLN 5 %	3	
ISOLYTE S IV SOLN x	3	
K-TAB TABLET ER 10 MEQ	3	
KLOR-CON 10 TABLET ER 10 MEQ	3	
KLOR-CON 8 TABLET ER 8 MEQ	3	
NORMOSOL-M AND DEXTROSE IV - SOLN 5 %	3	
NORMOSOL-R AND DEXTROSE IV - SOLN 5 %	3	
NORMOSOL-R PH 7.4 IV SOLN x	3	
PLASMA-LYTE 148 IN DEXTROSE - IV SOLN 5 %	3	
PLASMA-LYTE 148 IV SOLN x	3	
PLASMA-LYTE 56 IN DEXTROSE IV - SOLN 5 %	3	
PLASMA-LYTE 56 IV SOLN x	3	
PLASMA-LYTE A PH 7.4 IV SOLN x	3	
PLASMA-LYTE R IV SOLN x	3	
TPN ELECTROLYTES VIAL - 35-20-5MEQ	3	
<i>dextrose 10%-1/4ns-kcl IV - SOLN 20 MEQ/L</i>	1	
<i>dextrose 5%-1/2ns-kcl IV SOLN - 10MEQ/L</i>	1	
<i>dextrose 5%-1/2ns-kcl IV SOLN - 20 MEQ/L</i>	1	
<i>dextrose 5%-1/2ns-kcl IV SOLN - 30MEQ/L</i>	1	
<i>dextrose 5%-1/2ns-kcl IV SOLN - 40MEQ/L</i>	1	
<i>dextrose 5%-1/3ns-kcl IV SOLN - 20 MEQ/L</i>	1	
<i>dextrose 5%-1/3ns-kcl IV SOLN - 30MEQ/L</i>	1	
<i>dextrose 5%-1/4ns-kcl IV SOLN - 10MEQ/L</i>	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>dextrose 5%-1/4ns-kcl</i> IV SOLN - 20 MEQ/L	1	
<i>dextrose 5%-1/4ns-kcl</i> IV SOLN - 40MEQ/L	1	
<i>dextrose 5%-electrolyte #48</i> - IV SOLN 5 %	1	
<i>dextrose 5%-ns-kcl</i> IV SOLN 20 - MEQ/L	1	
<i>dextrose 5%-ns-kcl</i> IV SOLN - 40MEQ/L	1	
<i>dextrose 5%-potassium - chloride</i> IV SOLN 10MEQ/L	1	
<i>dextrose 5%-potassium - chloride</i> IV SOLN 20 MEQ/L	1	
<i>dextrose 5%-potassium - chloride</i> IV SOLN 30MEQ/L	1	
<i>dextrose 5%-potassium - chloride</i> IV SOLN 40MEQ/L	1	
<i>ed k+10</i> TABLET SA 10MEQ	1	
<i>klor-con m15</i> TAB ER PRT 15 MEQ	1	
<i>klor-con m20</i> TAB ER PRT 20 MEQ	1	
<i>lactated ringers</i> IV SOLN x	1	
<i>potassium chl-normal saline</i> - IV SOLN 20 MEQ/L	1	
<i>potassium chl-normal saline</i> - IV SOLN 40MEQ/L	1	
<i>potassium chloride in d5lr</i> IV - SOLN 20 MEQ/L	1	
<i>potassium chloride in d5lr</i> IV - SOLN 40MEQ/L	1	
<i>potassium chloride-nacl</i> IV - SOLN 20 MEQ/L	1	
<i>potassium chloride</i> CAPSULE ER - 10 MEQ	1	
<i>potassium chloride</i> TAB ER PRT - 10 MEQ	1	
<i>potassium chloride</i> PIGGYBACK - 10MEQ/0.1L	1	
<i>potassium chloride</i> PIGGYBACK - 10MEQ/50ML	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>potassium chloride</i> VIAL 2 - MEQ/ML	1	
<i>potassium chloride</i> TAB ER PRT - 20 MEQ	1	
<i>potassium chloride</i> PIGGYBACK - 20MEQ/50ML	1	
<i>potassium chloride</i> PIGGYBACK - 30MEQ/0.1L	1	
<i>potassium chloride</i> CAPSULE ER - 8 MEQ	1	
<i>ringers injection</i> IV SOLN x	1	
<i>sodium chloride</i> IV SOLN 0.45 %	1	
<i>sodium chloride</i> IV SOLN 0.9 %	1	
<i>sodium chloride</i> VIAL 2.5 - MEQ/ML	1	
<i>sodium chloride</i> IV SOLN 3 %	1	
<i>sodium chloride</i> IV SOLN 5 %	1	
RESPIRATORY AGENTS MISCELLANEOUS		
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - RESPIRATORY TRACT AGENTS		
ARALAST NP VIAL 500 MG	4	
DALIRESP TABLET 500 MCG	3	
GLASSIA VIAL 1 G/50 ML	4	
PROLASTIN C VIAL 1000 MG	4	
PROLASTIN VIAL 500 MG	4	
XOLAIR VIAL 150 MG	4	PA = YES
ZEMAIRA VIAL 1000 MG	4	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
RESPIRATORY SMOOTH MUSCLE RELAXANTS - SMOOTH MUSCLE RELAXANTS		
LUFYLLIN TABLET 200 MG	3	
LUFYLLIN TABLET 400 MG	3	
THEO-24 CAP ER 24H 100 MG	3	
THEO-24 CAP ER 24H 200 MG	3	
THEO-24 CAP ER 24H 300 MG	3	
THEO-24 CAP ER 24H 400 MG	3	
<i>aminophylline</i> TABLET 100 MG	1	
<i>aminophylline</i> TABLET 200 MG	1	
<i>aminophylline</i> VIAL 250MG/10ML	1	
<i>elixophyllin</i> ELIXIR 80 MG/15ML	1	
<i>theochron</i> TAB ER 12H 100 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>theochron</i> TAB ER 12H 300 MG	1	
<i>theophylline anhydrous</i> TAB ER - 12H 100 MG	1	
<i>theophylline anhydrous</i> TAB ER - 12H 200 MG	1	
<i>theophylline anhydrous</i> TAB ER - 12H 300 MG	1	
<i>theophylline anhydrous</i> TAB ER - 12H 450 MG	1	
<i>theophylline</i> TABLET ER 400 MG	1	
<i>theophylline</i> TABLET ER 600 MG	1	
SECOND GENERATION ANTIHISTAMINES		
SECOND GENERATION ANTIHISTAMINES - ANTIHISTAMINE DRUGS		
CLARINEX-D 12 HOUR TBMP 12HR - 2.5-120 MG	3	
CLARINEX-D 24 HOUR TBMP 24HR - 5MG-240 MG	3	
CLARINEX SYRUP 2.5 MG/5ML	3	
CLARINEX TAB RAPDIS 2.5 MG	3	
CLARINEX TAB RAPDIS 5 MG	3	
CLARINEX TABLET 5 MG	3	
SEMPREX-D CAPSULE 60-8MG	3	
XYZAL SOLUTION 2.5 MG/5ML	3	
XYZAL TABLET 5 MG	3	
<i>levocetirizine - dihydrochloride</i> TABLET 5 MG	1	
SERUMS		
SERUMS - SERUMS, TOXOIDS, AND VACCINES		
CARIMUNE NF NANOFILTERED VIAL - 3 G	4	PA = YES
GAMASTAN S-D VIAL 15%-18%	2	PA = YES
GAMMAGARD LIQUID VIAL 10 %	4	PA = YES
GAMMAPLEX VIAL 5 %	4	PA = YES
GAMUNEX VIAL 10 %	4	PA = YES
HIZENTRA VIAL 1 G/5 ML	4	PA = YES
PRIVIGEN VIAL 10 %	4	PA = YES
VIVAGLOBIN VIAL 16 %	4	PA = YES
SKELETAL MUSCLE RELAXANTS		
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - AUTONOMIC DRUGS		
AMRIX CAP ER 24H 15 MG	3	
AMRIX CAP ER 24H 30 MG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
FEXMID TABLET 7.5 MG	3	
FLEXERIL TABLET 10 MG	3	
FLEXERIL TABLET 5 MG	3	
PARAFON FORTE DSC TABLET 500 - MG	3	
ROBAXIN VIAL 100 MG/ML	3	
ROBAXIN TABLET 500 MG	3	
SKELAXIN TABLET 800 MG	3	
SOMA TABLET 250 MG	3	
SOMA TABLET 350 MG	3	
ZANAFLEX CAPSULE 2 MG	3	
ZANAFLEX CAPSULE 4 MG	3	
ZANAFLEX TABLET 4 MG	3	
ZANAFLEX CAPSULE 6 MG	3	
<i>carisoprodol compound-codeine</i> - TABLET 16-200-325	1	
<i>carisoprodol compound</i> TABLET - 200-325 MG	1	
<i>carisoprodol</i> TABLET 350 MG	1	
<i>chlorzoxazone</i> TABLET 500 MG	1	
<i>cyclobenzaprine hcl</i> TABLET 10 - MG	1	
<i>cyclobenzaprine hcl</i> CAP ER - 24H 15 MG	1	
<i>cyclobenzaprine hcl</i> CAP ER - 24H 30 MG	1	
<i>cyclobenzaprine hcl</i> TABLET 5 - MG	1	
<i>metaxalone</i> TABLET 800 MG	1	
<i>methocarbamol</i> TABLET 500 MG	1	
<i>methocarbamol</i> TABLET 750 MG	1	
<i>tizanidine hcl</i> TABLET 2 MG	1	
<i>tizanidine hcl</i> TABLET 4 MG	1	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - AUTONOMIC DRUGS		
DANTRIUM CAPSULE 100 MG	3	
DANTRIUM CAPSULE 25 MG	3	
DANTRIUM CAPSULE 50 MG	3	
<i>dantrolene sodium</i> CAPSULE 100 - MG	1	
<i>dantrolene sodium</i> CAPSULE 25 - MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>dantrolene sodium</i> CAPSULE 50 - MG	1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - AUTONOMIC DRUGS		
<i>baclofen</i> TABLET 10 MG	1	
<i>baclofen</i> TABLET 20 MG	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - AUTONOMIC DRUGS		
NORFLEX AMPUL 30 MG/ML	3	
<i>orphenadrine citrate</i> TABLET - ER 100 MG	1	
<i>orphenadrine citrate</i> VIAL 30 - MG/ML	1	
<i>orphenadrine compound forte</i> - TABLET 50-770-60	1	
<i>orphenadrine compound</i> TABLET - 25-385-30	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC		
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - SKIN AND MUCOUS MEMBRANE AGENTS		
ACZONE GEL (GRAM) 5 %	3	
ALDARA CREAM PACK 5 %	3	
AMEVIVE VIAL 15 MG	4	
AZELEX CREAM (G) 20 %	3	
CARAC CREAM (G) 0.5 %	3	
CONDYLOX GEL (GRAM) 0.5 %	3	
DIFFERIN CREAM (G) 0.1%	3	PA = YES
DIFFERIN GEL (GRAM) 0.1%	3	PA = YES
DIFFERIN LOTION 0.1%	3	PA = YES
DIFFERIN GEL (GRAM) 0.3 %	3	PA = YES
DOVONEX CREAM (G) 0.005%	3	
DOVONEX SOLUTION 0.005%	3	
EFUDEX CREAM (G) 5 %	3	
ELIDEL CREAM (G) 1 %	3	
EPIDUO GEL (GRAM) 0.1 %-2.5%	3	PA = YES
FINACEA GEL (GRAM) 15 %	3	
FLUOROPLEX CREAM (G) 1 %	3	
PANRETIN GEL (GRAM) 0.1%	4	
PROTOPIC OINT. (G) 0.03 %	2	
PROTOPIC OINT. (G) 0.1%	2	
REGRANEX GEL (GRAM) 0.01 %	3	
SANTYL OINT. (G) 250 UNIT/G	3	
SOLARAZE GEL (GRAM) 3 %	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
SORIATANE CAPSULE 10 MG	4	
SORIATANE CAPSULE 17.5 MG	4	
SORIATANE CAPSULE 25 MG	4	
TACLONEX SCALP SUSPENSION - 0.005-.064	3	
TACLONEX OINT. (G) 0.005-.064	3	
TARGRETIN GEL (GRAM) 1 %	4	
TAZORAC CREAM (G) 0.05 %	3	PA = YES
TAZORAC GEL (GRAM) 0.05 %	3	PA = YES
TAZORAC CREAM (G) 0.1%	3	PA = YES
TAZORAC GEL (GRAM) 0.1%	3	PA = YES
VECTICAL OINT. (G) 3MCG/G	3	
VEREGEN OINT. (G) 15 %	3	
ZYCLARA CREAM PACK 3.75 %	3	
<i>adapalene</i> CREAM (G) 0.1%	1	PA = YES
<i>adapalene</i> GEL (GRAM) 0.1%	1	PA = YES
<i>amnestem</i> CAPSULE 10 MG	1	
<i>amnestem</i> CAPSULE 20 MG	1	
<i>amnestem</i> CAPSULE 40 MG	1	
<i>calcipotriene</i> OINT. (G) 0.005%	1	
<i>calcipotriene</i> SOLUTION 0.005%	1	
<i>claravis</i> CAPSULE 10 MG	1	
<i>claravis</i> CAPSULE 20 MG	1	
<i>claravis</i> CAPSULE 30 MG	1	
<i>claravis</i> CAPSULE 40 MG	1	
<i>fluorouracil</i> SOLUTION 2 %	1	
<i>fluorouracil</i> CREAM (G) 5 %	1	
<i>fluorouracil</i> SOLUTION 5 %	1	
<i>imiquimod</i> CREAM PACK 5 %	1	
<i>podofilox</i> SOLUTION 0.5 %	1	
<i>sotret</i> CAPSULE 10 MG	1	
<i>sotret</i> CAPSULE 20 MG	1	
<i>sotret</i> CAPSULE 30 MG	1	
<i>sotret</i> CAPSULE 40 MG	1	
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
SOMATOTROPIN AGONISTS - HORMONES AND SYNTHETIC SUBSTITUTES		
EGRIFTA VIAL 1 MG	3	PA = YES
INCRELEX VIAL 10 MG/ML	4	PA = YES
SOMATOTROPIN ANTAGONISTS - HORMONES AND SYNTHETIC SUBSTITUTES		
SOMAVERT VIAL 10 MG	4	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
SOMAVERT VIAL 15 MG	4	
SOMAVERT VIAL 20 MG	4	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
ALPHA-ADRENERGIC BLOCKING AGENT(SYPATH) - AUTONOMIC DRUGS		
CAFERGOT TABLET 1MG-100MG	3	
D.H.E.45 AMPUL 1 MG/ML	3	
DIBENZYLINE CAPSULE 10 MG	3	
ERGOMAR TAB SUBL 2 MG	3	
FLOMAX CAP ER 24H 0.4 MG	3	
MIGRANAL SPRAY/PUMP 0.5MG/SPRY	3	QL 8 Spray/Pumps / 34 Days
RAPAFLO CAPSULE 4 MG	3	
RAPAFLO CAPSULE 8 MG	3	
UROXATRAL TAB SR 24H 10 MG	3	
<i>dihydroergotamine mesylate</i> - AMPUL 1 MG/ML	1	
<i>ergoloid mesylates</i> TABLET 1 MG	1	
<i>ergotamine-caffeine</i> TABLET - 1MG-100MG	1	
<i>migergot</i> SUPP.RECT 2-100MG	1	
<i>tamsulosin hcl</i> CAP ER 24H 0.4 - MG	1	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALPHA- AND BETA-ADRENERGIC AGONISTS - AUTONOMIC DRUGS		
EPIPEN JR PEN INJCTR - 0.15MG/0.3	2	QL 2 Pen Injctrs / 1 Day
EPIPEN PEN INJCTR 0.3MG/0.3	3	QL 2 Pen Injctrs / 1 Day
TWINJECT COMBO. PKG 0.15/0.15	3	
TWINJECT COMBO. PKG 0.3MG/0.3	3	
<i>epinephrine</i> DISP SYRIN 0.1 - MG/ML	1	
ALPHA-ADRENERGIC AGONISTS - AUTONOMIC DRUGS		
<i>midodrine hcl</i> TABLET 10 MG	1	
<i>midodrine hcl</i> TABLET 2.5 MG	1	
<i>midodrine hcl</i> TABLET 5 MG	1	
BETA-ADRENERGIC AGONISTS - AUTONOMIC DRUGS		
ACCUNEB VIAL-NEB 0.63MG/3ML	3	
ACCUNEB VIAL-NEB 1.25MG/3ML	3	
BROVANA VIAL-NEB 15MCG/2ML	3	
COMBIVENT AER W/ADAP 18-103MCG	2	
DUONEB AMPUL-NEB 0.5-3MG/3	3	
FORADIL CAP W/DEV 12 MCG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
MAXAIR AUTOHALER AER BR.ACT - 200 MCG	3	
PERFORMIST VIAL-NEB 20 - MCG/2ML	3	
PROAIR HFA HFA AER AD 90 MCG	2	
PROVENTIL HFA HFA AER AD 90 - MCG	3	
SEREVENT DISKUS DISK W/DEV 50 - MCG	2	
VENTOLIN HFA HFA AER AD 90 MCG	2	
VOSPIRE ER TAB ER 12H 4 MG	3	
VOSPIRE ER TAB ER 12H 8 MG	3	
XOPENEX HFA HFA AER AD 45MCG	3	
XOPENEX VIAL-NEB 0.31MG/3ML	3	
XOPENEX VIAL-NEB 0.63MG/3ML	3	
XOPENEX VIAL-NEB 1.25MG/3ML	3	
<i>albuterol sulfate</i> VIAL-NEB - 0.63MG/3ML	1	
<i>albuterol sulfate</i> VIAL-NEB - 1.25MG/3ML	1	
<i>albuterol sulfate</i> SYRUP 2 - MG/5 ML	1	
<i>albuterol sulfate</i> TABLET 2 MG	1	
<i>albuterol sulfate</i> VIAL-NEB - 2.5 MG/3ML	1	
<i>albuterol sulfate</i> TAB ER 12H - 4 MG	1	
<i>albuterol sulfate</i> TABLET 4 MG	1	
<i>albuterol sulfate</i> SOLUTION 5 - MG/ML	1	
<i>albuterol sulfate</i> TAB ER 12H - 8 MG	1	
<i>ipratropium-albuterol</i> - AMPUL-NEB 0.5-3MG/3	1	
<i>levalbuterol concentrate</i> - VIAL-NEB 1.25MG/0.5	1	
<i>metaproterenol sulfate</i> SYRUP - 10 MG/5 ML	1	
<i>metaproterenol sulfate</i> TABLET - 10 MG	1	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>metaproterenol sulfate</i> TABLET - 20 MG	1	
<i>terbutaline sulfate</i> VIAL 1 - MG/ML	1	
<i>terbutaline sulfate</i> TABLET - 2.5 MG	1	
<i>terbutaline sulfate</i> TABLET 5 - MG	1	
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS - HORMONES AND SYNTHETIC SUBSTITUTES		
TAPAZOLE TABLET 10 MG	3	
TAPAZOLE TABLET 5 MG	3	
<i>methimazole</i> TABLET 10 MG	1	
<i>methimazole</i> TABLET 5 MG	1	
<i>propylthiouracil</i> TABLET 50 MG	1	
THYROID AGENTS - HORMONES AND SYNTHETIC SUBSTITUTES		
CYTOMEL TABLET 25 MCG	3	
CYTOMEL TABLET 50 MCG	3	
CYTOMEL TABLET 5MCG	3	
LEVOXYL TABLET 100 MCG	3	
LEVOXYL TABLET 112 MCG	3	
LEVOXYL TABLET 125 MCG	3	
LEVOXYL TABLET 137 MCG	3	
LEVOXYL TABLET 150 MCG	3	
LEVOXYL TABLET 175MCG	3	
LEVOXYL TABLET 200 MCG	3	
LEVOXYL TABLET 25 MCG	3	
LEVOXYL TABLET 50 MCG	3	
LEVOXYL TABLET 75 MCG	3	
LEVOXYL TABLET 88 MCG	3	
SYNTHROID TABLET 100 MCG	3	
SYNTHROID TABLET 112 MCG	3	
SYNTHROID TABLET 125 MCG	3	
SYNTHROID TABLET 137 MCG	3	
SYNTHROID TABLET 150 MCG	3	
SYNTHROID TABLET 175MCG	3	
SYNTHROID TABLET 200 MCG	3	
SYNTHROID TABLET 25 MCG	3	
SYNTHROID TABLET 300 MCG	3	
SYNTHROID TABLET 50 MCG	3	
SYNTHROID TABLET 75 MCG	3	

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Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
SYNTHROID TABLET 88 MCG	3	
THYROLAR-1/4 TABLET 3.1-12.5	3	
THYROLAR-1 TABLET 12.5-50MCG	3	
THYROLAR-2 TABLET 25-100MCG	3	
THYROLAR-3 TABLET 37.5-150	3	
TIROSINT CAPSULE 100 MCG	3	
TIROSINT CAPSULE 112 MCG	3	
TIROSINT CAPSULE 125 MCG	3	
TIROSINT CAPSULE 13 MCG	3	
TIROSINT CAPSULE 137 MCG	3	
TIROSINT CAPSULE 150 MCG	3	
TIROSINT CAPSULE 25 MCG	3	
TIROSINT CAPSULE 50 MCG	3	
TIROSINT CAPSULE 75 MCG	3	
TIROSINT CAPSULE 88 MCG	3	
UNITHROID TABLET 100 MCG	3	
UNITHROID TABLET 112 MCG	3	
UNITHROID TABLET 125 MCG	3	
UNITHROID TABLET 150 MCG	3	
UNITHROID TABLET 175MCG	3	
UNITHROID TABLET 200 MCG	3	
UNITHROID TABLET 25 MCG	3	
UNITHROID TABLET 300 MCG	3	
UNITHROID TABLET 50 MCG	3	
UNITHROID TABLET 75 MCG	3	
UNITHROID TABLET 88 MCG	3	
<i>levothroid</i> TABLET 100 MCG	1	
<i>levothroid</i> TABLET 112 MCG	1	
<i>levothroid</i> TABLET 125 MCG	1	
<i>levothroid</i> TABLET 137 MCG	1	
<i>levothroid</i> TABLET 150 MCG	1	
<i>levothroid</i> TABLET 175MCG	1	
<i>levothroid</i> TABLET 200 MCG	1	
<i>levothroid</i> TABLET 25 MCG	1	
<i>levothroid</i> TABLET 300 MCG	1	
<i>levothroid</i> TABLET 50 MCG	1	
<i>levothroid</i> TABLET 75 MCG	1	
<i>levothroid</i> TABLET 88 MCG	1	
<i>levothyroxine sodium</i> TABLET - 100 MCG	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>levothyroxine sodium</i> TABLET - 112 MCG	1	
<i>levothyroxine sodium</i> TABLET - 125 MCG	1	
<i>levothyroxine sodium</i> TABLET - 137 MCG	1	
<i>levothyroxine sodium</i> TABLET - 150 MCG	1	
<i>levothyroxine sodium</i> TABLET - 175MCG	1	
<i>levothyroxine sodium</i> TABLET - 200 MCG	1	
<i>levothyroxine sodium</i> TABLET - 25 MCG	1	
<i>levothyroxine sodium</i> TABLET - 300 MCG	1	
<i>levothyroxine sodium</i> TABLET - 50 MCG	1	
<i>levothyroxine sodium</i> TABLET - 75 MCG	1	
<i>levothyroxine sodium</i> TABLET - 88 MCG	1	
<i>liothyronine sodium</i> VIAL 10 - MCG/ML	1	
<i>liothyronine sodium</i> TABLET 25 - MCG	1	
<i>liothyronine sodium</i> TABLET 50 - MCG	1	
<i>liothyronine sodium</i> TABLET - 5MCG	1	
TOXOIDS		
TOXOIDS - SERUMS, TOXOIDS, AND VACCINES		
ADACEL VIAL 2-2.5-5/.5	3	
BOOSTRIX DISP SYRIN 2.5-8-5/.5	3	
DAPTACEL VIAL 15-10-5/.5	3	
INFANRIX VIAL 25-58-10	3	
TETANUS-DIPHTERIA-DECAVAC - DISP SYRIN 5-2/0.5ML	3	
TRIPEDIA VIAL 6.7-46.8-5	3	
<i>diphtheria-tetanus toxoid</i> - VIAL 5-6.7LFU	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>tetanus diphtheria toxoids</i> - VIAL 2-2LF/0.5	1	
<i>tetanus toxoid adsorbed</i> VIAL - 5LF/0.5ML	1	
URICOSURIC AGENTS		
URICOSURIC AGENTS - ELECTROLYTIC, CALORIC, AND WATER BALANCE		
<i>probenecid-colchicine</i> TABLET - 0.5-500MG	1	
<i>probenecid</i> TABLET 500 MG	1	
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES - ANTI-INFECTIVE AGENTS		
FURADANTIN ORAL SUSP 25 MG/5 - ML	3	
HIPREX TABLET 1 G	3	
MACROBID CAPSULE 100 MG	3	
MACRODANTIN CAPSULE 100 MG	3	
MACRODANTIN CAPSULE 25 MG	3	
MACRODANTIN CAPSULE 50 MG	3	
MONUROL PACKET 3 G	3	
PRIMSOL SOLUTION 50 MG/5 ML	3	
<i>methenamine hippurate</i> TABLET - 1 G	1	
<i>nitrofurantoin mono-macro</i> - CAPSULE 100 MG	1	
<i>nitrofurantoin</i> ORAL SUSP 25 - MG/5 ML	1	
<i>nitrofurantoin</i> CAPSULE 50 MG	1	
<i>trimethoprim</i> TABLET 100 MG	1	
VACCINES		
VACCINES - SERUMS, TOXOIDS, AND VACCINES		
ACTHIB VIAL 10 MCG/0.5	3	
CERVARIX DISP SYRIN 20-20/0.5	3	
CERVARIX VIAL 20-20/0.5	3	
COMVAX VIAL 5-7.5-125	3	
ENGERIX-B DISP SYRIN 10 - MCG/0.5	3	
ENGERIX-B VIAL 10 MCG/0.5	3	
ENGERIX-B DISP SYRIN 20 MCG/ML	3	
GARDASIL VIAL 20-40/0.5	3	
HAVRIX VIAL 1440/ML	3	
HAVRIX DISP SYRIN 720/0.5ML	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
IMOVAX RABIES VACCINE VIAL - 2.5 UNIT	3	
IPOL VIAL 40-8-32	3	
IXIARO DISP SYRIN 6MCG/0.5ML	3	
JE-VAX VIAL x	3	
M-M-R II VACCINE VIAL - 12500/0.5	3	
MENACTRA DISP SYRIN 4MCG/0.5ML	3	
MENOMUNE-A-C-Y-W-135 VIAL 50 - MCG	3	
MENVEO A-C-Y-W-135-DIP KIT - 10-5/0.5ML	3	
PEDVAXHIB VIAL 7.5MCG/0.5	3	
PROQUAD VIAL 3-4.3-3	3	
RABAVERT KIT 2.5 UNIT	3	
RECOMBIVAX HB VIAL 10 MCG/ML	3	
RECOMBIVAX HB VIAL 40MCG/ML	3	
ROTATEQ ORAL SUSP 2 ML	3	
TWINRIX VIAL 720-20/ML	3	
TYPHIM VI VIAL 25MCG/0.5	3	
VAQTA VIAL 25/0.5ML	3	
VARIVAX VACCINE VIAL 1350 UNIT	3	
YF-VAX VIAL 10E4.74	3	
ZOSTAVAX VIAL 19400 UNIT	3	
VASOCONSTRICTORS		
VASOCONSTRICTORS - EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
TYZINE DROPS 0.05 %	3	
TYZINE DROPS 0.1%	3	
<i>ak-con</i> DROPS 0.1%	1	
VASODILATING AGENTS (CARDIOVASCULAR)		
NITRATES AND NITRITES - CARDIOVASCULAR DRUGS		
DILATRATE-SR CAPSULE ER 40 MG	3	
ISORDIL TITRADOSE TABLET 5 MG	3	
ISORDIL TABLET 40 MG	3	
MONOKET TABLET 10 MG	3	
MONOKET TABLET 20 MG	3	
NITRO-BID OINT. (G) 2 %	3	
NITRO-DUR PATCH TD24 0.1MG/HR	3	
NITRO-DUR PATCH TD24 0.2MG/HR	3	
NITRO-DUR PATCH TD24 0.3 MG/HR	3	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
NITRO-DUR PATCH TD24 0.4MG/HR	3	
NITRO-DUR PATCH TD24 0.6MG/HR	3	
NITRO-DUR PATCH TD24 0.8MG/HR	3	
NITROLINGUAL SPRAY 0.4MG/DOSE	3	
NITROMIST AEROSOL 0.4MG/DOSE	3	
NITROSTAT TAB SUBL 0.3 MG	3	
NITROSTAT TAB SUBL 0.4 MG	3	
NITROSTAT TAB SUBL 0.6 MG	3	
<i>isochron</i> TABLET ER 40 MG	1	
<i>isosorbide dinitrate</i> TABLET - 10 MG	1	
<i>isosorbide dinitrate</i> TAB SUBL - 2.5 MG	1	
<i>isosorbide dinitrate</i> TABLET - 20 MG	1	
<i>isosorbide dinitrate</i> TABLET - 30 MG	1	
<i>isosorbide dinitrate</i> TABLET - ER 40 MG	1	
<i>isosorbide dinitrate</i> TABLET 5 - MG	1	
<i>isosorbide dinitrate</i> TAB SUBL - 5MG	1	
<i>isosorbide mononitrate</i> TABLET - 10 MG	1	
<i>isosorbide mononitrate</i> TAB SR - 24H 120 MG	1	
<i>isosorbide mononitrate</i> TABLET - 20 MG	1	
<i>isosorbide mononitrate</i> TAB SR - 24H 30 MG	1	
<i>isosorbide mononitrate</i> TAB SR - 24H 60 MG	1	
<i>minitran</i> PATCH TD24 0.1MG/HR	1	
<i>minitran</i> PATCH TD24 0.2MG/HR	1	
<i>minitran</i> PATCH TD24 0.4MG/HR	1	
<i>minitran</i> PATCH TD24 0.6MG/HR	1	
<i>nitroglycerin patch</i> PATCH - TD24 0.1MG/HR	1	
<i>nitroglycerin patch</i> PATCH - TD24 0.2MG/HR	1	

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>nitroglycerin patch</i> PATCH - TD24 0.4MG/HR	1	
<i>nitroglycerin patch</i> PATCH - TD24 0.6MG/HR	1	
<i>nitroglycerin</i> VIAL 50 MG/10ML	1	
PHOSPHODIESTERASE INHIBITORS - CARDIOVASCULAR DRUGS		
ADCIRCA TABLET 20 MG	4	PA = YES
REVATIO VIAL 10 MG/12.5	4	
REVATIO TABLET 20 MG	4	
VASODILATING AGENTS, MISCELLANEOUS - CARDIOVASCULAR DRUGS		
AGGRENOX CPMP 12HR 25-200MG	3	
LETAIRIS TABLET 10 MG	4	
LETAIRIS TABLET 5 MG	4	
PERSANTINE TABLET 25 MG	3	
PERSANTINE TABLET 50 MG	3	
PERSANTINE TABLET 75 MG	3	
REMODULIN VIAL 1 MG/ML	4	
REMODULIN VIAL 10 MG/ML	4	
REMODULIN VIAL 2.5 MG/ML	4	
REMODULIN VIAL 5 MG/ML	4	
TRACLEER TABLET 125 MG	4	
TRACLEER TABLET 62.5 MG	4	
VENTAVIS AMPUL-NEB 10 MCG/ML	4	
<i>dipyridamole</i> TABLET 25 MG	1	
<i>dipyridamole</i> TABLET 50 MG	1	
<i>dipyridamole</i> TABLET 75 MG	1	
VITAMIN D		
VITAMIN D - VITAMINS		
CALCIJEX AMPUL 1MCG/ML	3	PA = YES
HECTOROL CAPSULE 0.5MCG	2	PA = YES
HECTOROL CAPSULE 1MCG	2	PA = YES
HECTOROL CAPSULE 2.5 MCG	2	PA = YES
HECTOROL AMPUL 4MCG/2ML	3	PA = YES
ROCALTROL CAPSULE 0.25MCG	3	PA = YES
ROCALTROL CAPSULE 0.5MCG	3	PA = YES
ROCALTROL SOLUTION 1MCG/ML	3	PA = YES
ZEMPLAR CAPSULE 1MCG	3	PA = YES
ZEMPLAR VIAL 2 MCG/ML	3	PA = YES
ZEMPLAR CAPSULE 2 MCG	3	PA = YES
ZEMPLAR CAPSULE 4MCG	3	PA = YES
ZEMPLAR VIAL 5MCG/ML	3	PA = YES

Medi-CareFirst BlueCross BlueShield

Drug Name	Drug Tier	Requirements/Limits (PA=Prior Authorizations/ QL=Quantity Limits)
<i>calcitriol</i> CAPSULE 0.25MCG	1	PA = YES
<i>calcitriol</i> CAPSULE 0.5MCG	1	PA = YES
<i>calcitriol</i> AMPUL 1MCG/ML	1	PA = YES
<i>calcitriol</i> SOLUTION 1MCG/ML	1	PA = YES

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