



MASSACHUSETTS

| Blue MedicareRxSM (PDP)

Blue MedicareRxSM (PDP) 3-tier 2019 Formulary (List of Covered Drugs)

\$5 / \$10 / \$25 - Option 14

\$5 / \$15 / \$30 - Option 12

\$10 / \$20 / \$35 - Option 15

\$10 / \$25 / \$45 - Option 13

\$15 / \$30 / \$50 - Option 16

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

This formulary was updated on 09/07/2018. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit Groups.RxMedicarePlans.com.

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.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Blue MedicareRxSM (PDP). When it refers to “plan” or “our plan,” it means Blue MedicareRx.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Blue MedicareRx Formulary?

A formulary is a list of covered drugs selected by Blue MedicareRx 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. Blue MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx 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 (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 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, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that will also affect members currently taking a drug:

New generic drugs. We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue MedicareRx Formulary?”

Drugs removed from the market. If the Food and Drug Administration 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.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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 30 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 30-day supply of the drug. The enclosed formulary is current as of January 1, 2019.

If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. You may also access our formulary on our website at Groups.RxMedicarePlans.com to get information showing changes to, additions, and/or deletions of medications contained in our formulary. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page number 1. 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 at the back of this document. 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?

Blue MedicareRx 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: Blue MedicareRx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, we may not cover the drug.

Quantity Limits: For certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. For example, our plan provides 2 units per prescription for

FLOVENT HFA. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, Blue MedicareRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Blue MedicareRx to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Blue MedicareRx formulary?” on page III for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

If you learn that Blue MedicareRx does not cover your drug, you have two options:

You can ask Customer Care for a list of similar drugs that are covered by Blue MedicareRx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

You can ask Blue MedicareRx to make an exception and cover your drug. See below for information about how to request an exception.

Compounds may or may not be covered by your plan benefit.

How do I request an exception to the Blue MedicareRx Formulary?

You can ask us 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 a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue MedicareRx 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 a greater amount.

Generally, Blue MedicareRx will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost-sharing 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 request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber'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 a supporting statement from your doctor or other prescriber.

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, and 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 31-day emergency supply of that drug while you pursue a formulary exception.

If you change your level of care, such as a move from a hospital to a home setting, and 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 up to a temporary 30-day supply when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover or drugs that are covered under Medicare Part B.

For more information

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

If you have questions about Blue MedicareRx, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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 <https://www.medicare.gov>.

Blue MedicareRx Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx. If you have trouble finding your drug in the list, turn to the Index that begins at the back of this document.

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

The information in the Requirements/Limits column tells you if Blue MedicareRx has any special requirements for coverage of your drug. The abbreviations you may see in the drug listing include:

- B/D stands for drugs covered under Medicare Part B or D.
- QL stands for Quantity Limits.
- PA stands for Prior Authorization.
- ST stands for Step Therapy.
- LA stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-888-543-4917, 24 hours a day, 7 days a week. TTY/TDD users should call 711.
- NMO stands for No Mail Order. This prescription drug is not available through mail order service.

In the drug listing, the Tier column identifies which tier each drug is in. The amount you will pay at the pharmacy, also known as copayment or coinsurance, is determined by the drug tier.

Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
<i>allopurinol tab</i> (generic of ZYLOPRIM)	Tier 1	
<i>colchicine w/ probenecid</i>	Tier 1	
COLCRYS QL (120 tabs / 30 days)	Tier 2	QL
MITIGARE QL (60 caps / 30 days)	Tier 2	QL
<i>probenecid</i>	Tier 1	
ULORIC	Tier 2	ST
NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	Tier 1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	Tier 1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	Tier 1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 1	QL
<i>diclofenac potassium</i> QL (120 tabs / 30 days)	Tier 1	QL
<i>diclofenac sodium</i> TB24; TBEC	Tier 1	
<i>diflunisal</i>	Tier 1	
<i>etodolac</i> CAPS	Tier 1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	Tier 1	
<i>etodolac</i> TABS 500mg	Tier 1	
<i>etodolac er</i>	Tier 1	
<i>flurbiprofen</i> TABS	Tier 1	
<i>ibu tab 600mg</i>	Tier 1	
<i>ibu tab 800mg</i>	Tier 1	
<i>ibuprofen</i> SUSP	Tier 1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>ketoprofen</i> CAPS 75mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>meloxicam</i> (generic of MOBIC) TABS	Tier 1	
<i>nabumetone</i> TABS	Tier 1	
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	Tier 1	
<i>naproxen</i> TABS 375mg	Tier 1	
<i>naproxen dr</i> (generic of EC-NAPROSYN)	Tier 1	
<i>naproxen sodium</i> TABS 275mg	Tier 1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	Tier 1	
<i>piroxicam</i> (generic of FELDENE) CAPS	Tier 1	
<i>sulindac</i> TABS	Tier 1	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> 300-15mg QL (400 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine</i> 300-30mg (generic of TYLENOL/CODEINE #3) QL (360 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine</i> 300-60mg (generic of TYLENOL/CODEINE #4) QL (180 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine soln</i> QL (2700 mL / 30 days)	Tier 1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	Tier 3	
<i>nalbuphine hcl</i> SOLN	Tier 3	
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM) QL (240 tabs / 30 days)	Tier 1	QL

You can find information on what symbols and abbreviations on this table mean by going to page V.

B/D – Covered under Medicare Part B or D **QL** – Quantity Limits **PA** – Prior Authorization

ST – Step Therapy **LA** – Limited Access **NMO** – No Mail Order

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	Tier 1	QL	FENTORA QL (120 tabs / 30 days)	Tier 2	QL PA
OPIOID ANALGESICS, CII			<i>hydroco/apap tab 5-325mg</i> (generic of NORCO, LORCET) QL (240 tabs / 30 days)	Tier 1	QL
<i>endocet 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL	<i>hydroco/apap tab 7.5-325</i> (generic of NORCO, LORCET PLUS) QL (180 tabs / 30 days)	Tier 1	QL
<i>endocet 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL	<i>hydroco/apap tab 10-325mg</i> (generic of NORCO, LORCET HD) QL (180 tabs / 30 days)	Tier 1	QL
<i>endocet 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 1	QL	<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 1	QL
<i>endocet 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 1	QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 1	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	Tier 1	QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD QL (600 mL / 30 days)	Tier 1	QL
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 1	QL PA	<i>hydromorphone hcl</i> (generic of HYDROMORPHONE HYDROCHLORI) SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	Tier 3	B/D
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 1	QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (180 tabs / 30 days)	Tier 1	QL
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 1	QL PA	HYSINGLA ER QL (30 tabs / 30 days)	Tier 2	QL PA
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 1	QL PA	<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	Tier 1	QL
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 1	QL PA			

You can find information on what symbols and abbreviations on this table mean by going to page V.

B/D – Covered under Medicare Part B or D **QL** – Quantity Limits **PA** – Prior Authorization

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (180 tabs / 30 days)	Tier 1	QL
<i>lorcet tab 5-325mg</i> (generic of NORCO) QL (240 tabs / 30 days)	Tier 1	QL
<i>methadone hcl SOLN</i> 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 1	QL PA
<i>methadone hcl 5mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 1	QL PA
<i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 1	QL PA
<i>methadone hcl intensol</i> (generic of METHADOSE) QL (90 mL / 30 days)	Tier 1	QL PA
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	Tier 1	QL PA
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>morphine sul inj 1mg/ml</i>	Tier 3	B/D
MORPHINE SUL INJ 4MG/ML	Tier 3	B/D
<i>morphine sul inj 10mg/ml</i>	Tier 3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	Tier 3	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>morphine sulfate SOLN</i> 8mg/ml	Tier 3	B/D
<i>morphine sulfate TABS</i> 15mg QL (180 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate TABS</i> 30mg QL (90 tabs / 30 days)	Tier 1	QL
<i>morphine sulfate oral soln</i> 10mg/5ml QL (900 mL / 30 days)	Tier 1	QL
<i>morphine sulfate oral soln</i> 20mg/5ml QL (750 mL / 30 days)	Tier 1	QL
<i>morphine sulfate oral soln</i> 100mg/5ml QL (180 mL / 30 days)	Tier 1	QL
NUCYNTA ER 50mg, 100mg, 200mg, 250mg QL (60 tabs / 30 days)	Tier 2	QL PA
NUCYNTA ER 150mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>oxycodone hcl CAPS</i> QL (180 caps / 30 days)	Tier 1	QL
<i>oxycodone hcl CONC</i> QL (180 mL / 30 days)	Tier 1	QL
<i>oxycodone hcl SOLN</i> QL (900 mL / 30 days)	Tier 1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL
<i>oxycodone hcl TABS</i> 10mg, 20mg QL (180 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 1	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) 2%	Tier 1	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) .5%, 1%	Tier 1	B/D
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE)	Tier 1	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE)	Tier 1	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i> (generic of XYLOCAINE-MPF)	Tier 1	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate SOLN</i>	Tier 1	
<i>gentamicin in saline</i>	Tier 1	
<i>gentamicin sulfate SOLN</i>	Tier 1	
<i>neomycin sulfate TABS</i>	Tier 1	
<i>paromomycin sulfate CAPS</i>	Tier 1	
<i>streptomycin sulfate SOLR</i>	Tier 1	
<i>SULFADIAZINE TABS</i>	Tier 3	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	Tier 1	NMO PA
<i>tobramycin inj 1.2 gm/30ml</i>	Tier 1	
<i>tobramycin inj 1.2gm</i>	Tier 1	
<i>tobramycin inj 10mg/ml</i>	Tier 1	
<i>tobramycin inj 40mg/ml</i>	Tier 1	
<i>tobramycin inj 80mg/2ml</i>	Tier 1	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>ALBENZA</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>ALINIA</i>	Tier 2	
<i>atovaquone</i> (generic of MEPRON) SUSP	Tier 1	
<i>AZACTAM IN ISO-OSMOTIC DE</i>	Tier 3	
<i>AZACTAM/DEX INJ</i>	Tier 3	
<i>aztreonam</i> (generic of AZACTAM)	Tier 1	
<i>BILTRICIDE</i>	Tier 2	
<i>CAYSTON</i>	Tier 2	NMO LA PA
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	Tier 1	
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	Tier 1	
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	Tier 1	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	Tier 1	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN PHOSPHATE)	Tier 1	
<i>CLINDAMYCIN PHOSPHATE IN NACL</i>	Tier 3	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	Tier 1	
<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	Tier 1	
<i>dapsone TABS</i>	Tier 1	
<i>daptomycin</i> (generic of CUBICIN) 500mg	Tier 1	
<i>EMVERM</i>	Tier 1	
<i>ertapenem sodium</i>	Tier 1	
<i>imipenem-cilastatin</i>	Tier 1	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	Tier 1	
<i>INVANZ</i>	Tier 3	
<i>ivermectin</i> (generic of STROMEKTOL) TABS	Tier 1	
<i>linezolid in sodium chloride</i>	Tier 3	

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>linezolid inj</i> (generic of ZYVOX)	Tier 1	
<i>linezolid susp</i> (generic of ZYVOX)	Tier 1	
<i>linezolid tab 600mg</i> (generic of ZYVOX)	Tier 1	
<i>meropenem</i> (generic of MERREM)	Tier 1	
<i>methenamine hippurate</i> (generic of HIPREX)	Tier 1	
<i>metronidazole</i> (generic of FLAGYL) TABS	Tier 1	
<i>metronidazole in nacl</i>	Tier 1	
NEBUPENT	Tier 3	B/D
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg	Tier 2	PA
PA applies if 70 years and older after a 90 day supply in a calendar year		
<i>nitrofurantoin monohydrate macro</i> (generic of MACROBID)	Tier 2	PA
PA applies if 70 years and older after a 90 day supply in a calendar year		
PENTAM 300	Tier 3	
<i>praziquantel</i> (generic of BILTRICIDE) TABS	Tier 1	
SIVEXTRO	Tier 2	
<i>sulfamethoxazole-trimethoprim ds</i> (generic of BACTRIM DS)	Tier 1	
<i>sulfamethoxazole-trimethoprim inj</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i> (generic of BACTRIM)	Tier 1	
SYNERCID	Tier 2	
<i>tigecycline</i> (generic of TYGACIL)	Tier 1	
<i>trimethoprim</i> TABS	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg	Tier 1	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 250mg	Tier 1	
<i>vancomycin hcl</i> SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg	Tier 1	
VANCOMYCIN IN NACL	Tier 3	
ANTIFUNGALS		
ABELCET	Tier 2	B/D
AMBISOME	Tier 2	B/D
<i>amphotericin b</i> SOLR	Tier 1	B/D
<i>caspofungin acetate</i> (generic of CANCIDAS)	Tier 1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	Tier 1	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 50mg, 100mg, 200mg	Tier 1	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	Tier 1	
<i>fluconazole in dextrose</i>	Tier 1	
<i>fluconazole inj nacl 200</i>	Tier 1	
<i>fluconazole inj nacl 400</i>	Tier 1	
<i>flucytosine</i> (generic of ANCOBON) CAPS	Tier 1	
<i>griseofulvin microsize</i>	Tier 1	
<i>griseofulvin ultramicrosize</i>	Tier 1	
<i>itraconazole</i> (generic of SPORANOX) CAPS	Tier 1	PA
<i>ketoconazole</i> TABS	Tier 1	PA
MYCAMINE	Tier 2	
NOXAFIL SUSP	Tier 2	QL
QL (630 mL / 30 days)		
NOXAFIL TBEC	Tier 2	QL
QL (93 tabs / 30 days)		
<i>nystatin</i> TABS	Tier 1	
<i>terbinafine hcl</i> (generic of LAMISIL) TABS	Tier 1	QL
QL (90 tabs / year)		
<i>voriconazole</i> (generic of VFEND IV) SOLR	Tier 1	

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	Tier 1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	Tier 1	
<i>chloroquine phosphate</i> TABS	Tier 1	
COARTEM	Tier 3	
<i>mefloquine hcl</i>	Tier 1	
PRIMAQUINE PHOSPHATE	Tier 2	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	Tier 1	PA
ANTI-RETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN)	Tier 1	NMO
APTIVUS	Tier 2	NMO
<i>atazanavir sulfate</i> (generic of REYATAZ)	Tier 1	NMO
CRIVAN	Tier 3	NMO
<i>didanosine</i> (generic of VIDEX EC)	Tier 1	NMO
EDURANT	Tier 2	NMO
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg	Tier 1	NMO
<i>efavirenz</i> (generic of SUSTIVA) CAPS 200mg	Tier 1	NMO
<i>efavirenz</i> (generic of SUSTIVA) TABS	Tier 1	NMO
EMTRIVA	Tier 2	NMO
<i>fosamprenavir tab 700 mg</i> (generic of LEXIVA)	Tier 1	NMO
FUZEON	Tier 2	NMO
INTELENCE 25mg	Tier 3	NMO
INTELENCE 100mg, 200mg	Tier 2	NMO
INVIRASE	Tier 2	NMO
ISENRESS CHEW 25mg	Tier 2	NMO
ISENRESS CHEW 100mg	Tier 2	NMO
ISENRESS PACK	Tier 2	NMO
ISENRESS TABS	Tier 2	NMO
ISENRESS HD	Tier 2	NMO
<i>lamivudine</i> (generic of EPIVIR)	Tier 1	NMO
LEXIVA SUSP	Tier 3	NMO

Drug Name	Drug Tier	Requirements/ Limits
<i>nevirapine</i> (generic of VIRAMUNE) TABS	Tier 1	NMO
<i>nevirapine</i> (generic of VIRAMUNE XR) TB24	Tier 1	NMO
NORVIR CAPS	Tier 2	NMO
NORVIR PACK; SOLN	Tier 3	NMO
PREZISTA SUSP QL (400 mL / 30 days)	Tier 2	QL NMO
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 2	QL NMO
RESCRIPTOR	Tier 3	NMO
REYATAZ PACK	Tier 2	NMO
<i>ritonavir</i> (generic of NORVIR)	Tier 1	NMO
SELZENTRY SOLN	Tier 2	NMO
SELZENTRY TABS 25mg	Tier 3	NMO
SELZENTRY TABS 75mg, 150mg, 300mg	Tier 2	NMO
<i>stavudine</i> (generic of ZERIT)	Tier 1	NMO
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD)	Tier 1	NMO
TIVICAY 10mg	Tier 2	NMO
TIVICAY 25mg, 50mg	Tier 2	NMO
TROGARZO	Tier 2	NMO LA
TYBOST	Tier 3	NMO
VIDEX EC 125mg	Tier 3	NMO
VIDEX PEDIATRIC	Tier 3	NMO
VIRACEPT	Tier 2	NMO
VIRAMUNE SUSP	Tier 3	NMO
VIREAD POWD	Tier 2	NMO
VIREAD TABS 150mg, 200mg, 250mg	Tier 2	NMO
ZERIT SOLR	Tier 2	NMO
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	Tier 1	NMO
<i>zidovudine syp 50mg/5ml</i> (generic of RETROVIR)	Tier 1	NMO

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Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine tab 300mg</i>	Tier 1	NMO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> (generic of EPZICOM)	Tier 1	NMO
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	Tier 1	NMO
ATRIPLA	Tier 2	NMO
BIKTARVY	Tier 2	NMO
CIMDUO	Tier 2	NMO
COMPLERA	Tier 2	NMO
DESCOVY	Tier 2	NMO
EVOTAZ	Tier 2	NMO
GENVOYA	Tier 2	NMO
JULUCA	Tier 2	NMO
KALETRA TAB 100-25MG	Tier 3	NMO
KALETRA TAB 200-50MG	Tier 2	NMO
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	Tier 1	NMO
<i>lopinavir-ritonavir</i> (generic of KALETRA)	Tier 1	NMO
ODEFSEY	Tier 2	NMO
PREZCOBIX	Tier 2	NMO
STRIBILD	Tier 2	NMO
SYMFI	Tier 2	NMO
SYMFI LO	Tier 2	NMO
TRIUMEQ	Tier 2	NMO
TRUVADA TAB 100-150 QL (60 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	Tier 2	QL NMO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS	Tier 1	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	Tier 1	
<i>isoniazid</i> TABS	Tier 1	
<i>isoniazid syp 50mg/5ml</i>	Tier 1	
PASER D/R	Tier 3	
PRIFTIN	Tier 3	
<i>pyrazinamide</i> TABS	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>rifabutin</i> (generic of MYCOBUTIN)	Tier 1	
<i>rifampin</i> (generic of RIFADIN) CAPS; SOLR	Tier 1	
RIFATER	Tier 3	
SIRTURO	Tier 2	LA PA
TRECTOR	Tier 3	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; TABS	Tier 1	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP	Tier 1	
<i>acyclovir sodium</i>	Tier 1	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	Tier 1	NMO
BARACLUDE SOLN	Tier 2	NMO
<i>entecavir</i> (generic of BARACLUDE)	Tier 1	NMO
EPCLUSA	Tier 2	NMO PA
EPIVIR HBV SOLN	Tier 3	NMO
<i>famciclovir</i> TABS	Tier 1	
<i>ganciclovir sodium</i> (generic of CYTOVENE)	Tier 1	B/D
HARVONI	Tier 2	NMO PA
<i>lamivudine (hcv)</i> (generic of EPIVIR HBV)	Tier 1	NMO
MAVYRET	Tier 2	NMO PA
<i>moderiba tab 200mg</i>	Tier 1	NMO
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR QL (1080 mL / year)	Tier 1	QL
PEGASYS	Tier 2	NMO PA
PEGASYS PROCLICK 180mcg/0.5ml	Tier 2	NMO PA
REBETOL SOLN	Tier 2	NMO

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RELENZA DISKHALER QL (6 inhalers / year)	Tier 2	QL
<i>ribasphere</i> (generic of REBETOL) CAPS	Tier 1	NMO
<i>ribasphere</i> TABS 200mg	Tier 1	NMO
<i>ribasphere</i> TABS 400mg, 600mg	Tier 1	NMO
<i>ribavirin</i> 200mg (generic of REBETOL) CAPS	Tier 1	NMO
<i>ribavirin</i> 200mg TABS	Tier 1	NMO
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	Tier 1	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	Tier 1	
<i>valganciclovir hcl</i> (generic of VALCYTE)	Tier 1	
VEMLIDY	Tier 2	NMO
VOSEVI	Tier 2	NMO PA
ZEPATIER	Tier 2	NMO PA
CEPHALOSPORINS		
<i>cefaclor</i>	Tier 1	
CEFACLOR MONOHYDRATE ER	Tier 3	
<i>cefadroxil</i> CAPS	Tier 1	
<i>cefadroxil</i> SUSR; TABS	Tier 1	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	Tier 2	
<i>cefazolin inj</i>	Tier 1	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	Tier 1	
CEFAZOLIN SODIUM 1 GM/50ML	Tier 2	
<i>cefdinir</i>	Tier 1	
<i>cefepime hcl</i> (generic of MAXIPIME)	Tier 1	
<i>cefixime</i> (generic of SUPRAX)	Tier 1	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	Tier 1	
<i>cefoxitin sodium</i>	Tier 1	
<i>cefpodoxime proxetil</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
<i>ceftazidime</i> SOLR	Tier 1	
CEFTAZIDIME/DEXTROSE	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	Tier 1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	
<i>cefuroxime sodium</i>	Tier 1	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	Tier 1	
<i>cephalexin</i> SUSR	Tier 1	
SUPRAX CAPS	Tier 2	
SUPRAX CHEW	Tier 3	
SUPRAX SUSR 500mg/5ml	Tier 2	
<i>tazicef</i> SOLR	Tier 1	
TEFLARO	Tier 2	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK	Tier 1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR; SUSR	Tier 1	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	Tier 1	
<i>clarithromycin</i> TABS 250mg	Tier 1	
<i>clarithromycin</i> (generic of BIAXIN) TABS 500mg	Tier 1	
<i>clarithromycin er</i> (generic of BIAXIN XL)	Tier 1	
<i>clarithromycin for susp</i>	Tier 1	
DIFICID	Tier 2	
e.e.s 400	Tier 1	
<i>ery-tab</i>	Tier 1	
ERYTHROCIN LACTOBIONATE	Tier 3	
<i>erythrocine stearate</i>	Tier 1	
<i>erythromycin base</i>	Tier 1	
<i>erythromycin cap 250mg ec</i>	Tier 1	
<i>erythromycin ethylsuccinate</i> TABS	Tier 1	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> SUSR 250mg/5ml	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin</i> (generic of CIPRO) SUSR 500mg/5ml	Tier 1	
<i>ciprofloxacin hcl tab</i> 100mg	Tier 1	
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	Tier 1	
<i>ciprofloxacin hcl tab</i> 750mg	Tier 1	
<i>ciprofloxacin in d5w</i>	Tier 1	
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	Tier 1	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	Tier 1	
<i>levofloxacin in d5w</i>	Tier 1	
<i>levofloxacin inj</i> 25mg/ml	Tier 1	
<i>levofloxacin oral soln</i> 25 mg/ml	Tier 1	
PENICILLINS		
<i>amoxicillin</i> CAPS; SUSR; TABS	Tier 1	
<i>amoxicillin</i> CHEW	Tier 1	
<i>amoxicillin & pot clavulanate</i> CHEW	Tier 1	
<i>amoxicillin & pot clavulanate</i> SUSR	Tier 1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	Tier 1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	Tier 1	
<i>amoxicillin & pot clavulanate</i> TABS	Tier 1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS	Tier 1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN XR) TB12	Tier 1	
<i>ampicillin & sulbactam sodium</i>	Tier 1	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK)	Tier 1	
<i>ampicillin cap</i> 500mg	Tier 1	
<i>ampicillin inj</i>	Tier 1	
<i>ampicillin sodium</i>	Tier 1	
BICILLIN L-A	Tier 3	
<i>dicloxacillin sodium</i>	Tier 1	
<i>nafcillin sodium</i> 1gm, 2gm	Tier 1	
<i>nafcillin sodium</i> 10gm	Tier 1	
<i>oxacillin sodium</i> 1gm, 2gm	Tier 1	
<i>oxacillin sodium</i> 10gm	Tier 1	
PENICILLIN G POT IN DEXTROSE 2MU	Tier 3	
PENICILLIN G POT IN DEXTROSE 3MU	Tier 3	
PENICILLIN G PROCAINE	Tier 3	
<i>penicillin g sodium</i>	Tier 1	
<i>penicillin v potassium SOLR</i>	Tier 1	
<i>penicillin v potassium TABS</i>	Tier 1	
<i>penicillin gk inj</i> 5mu	Tier 1	
<i>penicillin gk inj</i> 20mu	Tier 1	
<i>pfizerpen-g inj</i> 5mu	Tier 1	
<i>pfizerpen-g inj</i> 20mu	Tier 1	
<i>piper/tazoba inj</i> 2-0.25gm (generic of ZOSYN)	Tier 1	
<i>piper/tazoba inj</i> 3-0.375gm (generic of ZOSYN)	Tier 1	
<i>piper/tazoba inj</i> 4-0.5gm (generic of ZOSYN)	Tier 1	
PIPER/TAZOBA INJ 12-1.5GM	Tier 3	
<i>piper/tazoba inj</i> 36-4.5gm (generic of ZOSYN)	Tier 1	
TETRACYCLINES		
<i>doxy 100</i>	Tier 1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	Tier 1	
<i>doxycycline (monohydrate)</i> TABS	Tier 1	
<i>doxycycline hyclate</i> CAPS 50mg	Tier 1	

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<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	Tier 1	
<i>doxycycline hyclate</i> SOLR	Tier 1	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	Tier 1	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	Tier 1	
<i>minocycline hcl</i> CAPS 75mg	Tier 1	
<i>morgidox cap 1x50mg</i>	Tier 1	
<i>tetracycline hcl</i> CAPS	Tier 1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	Tier 2	B/D NMO
<i>cyclophosphamide</i> (generic of CYCLOPHOSPHAMIDE) CAPS	Tier 1	B/D
<i>cyclophosphamide</i> SOLR	Tier 1	B/D
<i>dacarbazine</i> 100mg	Tier 1	B/D
EMCYT	Tier 3	
GLEOSTINE 10mg, 40mg, 100mg	Tier 3	
HEXALEN	Tier 2	
IFEX INJ 3GM	Tier 3	B/D
<i>ifosfamide inj 1gm/20ml</i>	Tier 1	B/D
IFOSFAMIDE INJ 3GM	Tier 3	B/D
<i>ifosfamide inj 3gm/60ml</i>	Tier 1	B/D
LEUKERAN	Tier 2	
ANTHRACYCLINES		
<i>adriamycin</i>	Tier 1	B/D
<i>doxorubicin hcl</i>	Tier 1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL)	Tier 1	B/D
<i>epirubicin hcl</i> (generic of ELLENCE)	Tier 1	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	Tier 1	B/D
<i>mitomycin</i> SOLR	Tier 1	B/D
ANTIMETABOLITES		
<i>adrucil</i>	Tier 1	B/D
ALIMTA	Tier 2	B/D
<i>azacitidine</i> (generic of VIDAZA)	Tier 1	B/D NMO

Drug Name	Drug Tier	Requirements/ Limits
<i>cytarabine</i> 20mg/ml	Tier 1	B/D
<i>fluorouracil</i> SOLN	Tier 1	B/D
<i>gemcitabine inj soln</i>	Tier 1	B/D
<i>gemcitabine inj solr</i> (generic of GEMZAR) 1gm, 200mg	Tier 1	B/D
<i>gemcitabine inj solr</i> 2gm	Tier 1	B/D
<i>mercaptopurine</i> TABS	Tier 1	
<i>methotrexate sodium inj</i>	Tier 1	B/D
PURIXAN	Tier 2	NMO
TABLOID	Tier 3	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	Tier 2	B/D
<i>docetaxel</i> (generic of TAXOTERE) CONC 20mg/ml, 80mg/4ml	Tier 1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml	Tier 2	B/D
DOCETAXEL CONC 200mg/10ml	Tier 1	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 2	B/D
<i>docetaxel</i> (generic of DOCETAXEL) SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	B/D
<i>paclitaxel</i>	Tier 1	B/D
TAXOTERE 80mg/4ml	Tier 2	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	Tier 1	B/D
<i>vincasar pfs</i>	Tier 1	B/D
<i>vincristine sulfate</i>	Tier 1	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	Tier 1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	Tier 2	NMO LA PA
BORTEZOMIB	Tier 2	NMO PA
ERIVEDGE	Tier 2	NMO LA PA
FARYDAK	Tier 2	NMO LA PA
HERCEPTIN	Tier 2	NMO PA
IBRANCE	Tier 2	NMO LA PA
IDHIFA	Tier 2	NMO LA PA
KADCYLA	Tier 2	B/D NMO
KEYTRUDA	Tier 2	NMO PA
KISQALI	Tier 2	NMO PA

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KISQALI FEMARA 200 DOSE	Tier 2	NMO PA
KISQALI FEMARA 400 DOSE	Tier 2	NMO PA
KISQALI FEMARA 600 DOSE	Tier 2	NMO PA
LYNPARZA	Tier 2	NMO LA PA
MYLOTARG	Tier 2	NMO LA PA
NINLARO	Tier 2	NMO PA
ODOMZO	Tier 2	NMO LA PA
RITUXAN	Tier 2	NMO LA PA
RITUXAN HYCELA	Tier 2	NMO LA PA
RUBRACA	Tier 2	NMO LA PA
TECENTRIQ	Tier 2	NMO LA PA
VELCADE	Tier 2	NMO PA
VENCLEXTA 10mg, 50mg	Tier 3	NMO LA PA
VENCLEXTA 100mg	Tier 2	NMO LA PA
VENCLEXTA STARTING PACK	Tier 2	NMO LA PA
VERZENIO	Tier 2	NMO LA PA
ZEJULA	Tier 2	NMO LA PA
ZOLINZA	Tier 2	NMO PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	Tier 1	
<i>bicalutamide</i> (generic of CASODEX)	Tier 1	
DEPO-PROVERA INJ 400/ML	Tier 3	B/D
ERLEADA	Tier 2	NMO LA PA
<i>exemestane</i> (generic of AROMASIN)	Tier 1	
FARESTON	Tier 2	
FASLODEX	Tier 2	B/D
<i>flutamide</i>	Tier 1	
<i>letrozole</i> (generic of FEMARA) TABS	Tier 1	
<i>leuprolide inj</i> 1mg/0.2	Tier 1	NMO PA
LUPRON DEPOT (1-MONTH) 3.75mg	Tier 2	NMO PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	Tier 2	NMO PA
LYSODREN	Tier 2	
<i>megestrol ac sus</i> 40mg/ml	Tier 3	
<i>megestrol ac tab</i> 20mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>megestrol ac tab</i> 40mg	Tier 2	
<i>megestrol sus</i> 625mg/5ml (generic of MEGACE ES)	Tier 3	PA
<i>nilutamide</i> (generic of NILANDRON)	Tier 1	
SOLTAMOX	Tier 2	
<i>tamoxifen citrate</i> TABS	Tier 1	
TRELSTAR DEP INJ 3.75MG	Tier 2	NMO PA
TRELSTAR LA INJ 11.25MG	Tier 2	NMO PA
XTANDI	Tier 2	NMO LA PA
ZYTIGA	Tier 2	NMO LA PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	Tier 2	NMO LA PA
POMALYST CAP 2MG	Tier 2	NMO LA PA
POMALYST CAP 3MG	Tier 2	NMO LA PA
POMALYST CAP 4MG	Tier 2	NMO LA PA
REVLIMID	Tier 2	QL NMO LA PA
QL (28 caps / 28 days)		
THALOMID 50mg, 100mg	Tier 2	QL NMO PA
QL (30 caps / 30 days)		
THALOMID 150mg, 200mg	Tier 2	QL NMO PA
QL (60 caps / 30 days)		
KINASE INHIBITORS		
AFINITOR	Tier 2	QL NMO PA
QL (30 tabs / 30 days)		
AFINITOR DISPERZ 2mg	Tier 2	QL NMO PA
QL (150 tabs / 30 days)		
AFINITOR DISPERZ 3mg	Tier 2	QL NMO PA
QL (90 tabs / 30 days)		
AFINITOR DISPERZ 5mg	Tier 2	QL NMO PA
QL (60 tabs / 30 days)		
ALECENSA	Tier 2	NMO LA PA
ALUNBRIG	Tier 2	NMO LA PA
BOSULIF	Tier 2	NMO PA
CABOMETYX	Tier 2	QL NMO LA PA
QL (30 tabs / 30 days)		
CALQUENCE	Tier 2	NMO LA PA
CAPRELSA	Tier 2	NMO LA PA
COMETRIQ	Tier 2	NMO LA PA
COTELLIC	Tier 2	NMO LA PA
GILOTRIF TAB 20MG	Tier 2	NMO LA PA
GILOTRIF TAB 30MG	Tier 2	NMO LA PA

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Drug Name	Drug Tier	Requirements/ Limits
GILOTRIF TAB 40MG	Tier 2	NMO LA PA
ICLUSIG	Tier 2	NMO LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	Tier 1	QL NMO PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	Tier 1	QL NMO PA
IMBRUVICA	Tier 2	NMO LA PA
INLYTA 1mg QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
INLYTA 5mg QL (120 tabs / 30 days)	Tier 2	QL NMO LA PA
IRESSA	Tier 2	NMO LA PA
JAKAFI QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
LENVIMA 8 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 10 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 14 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 18 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 20 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 24 MG DAILY DOSE	Tier 2	NMO LA PA
MEKINIST	Tier 2	NMO LA PA
NERLYNX	Tier 2	NMO LA PA
NEXAVAR	Tier 2	NMO LA PA
RYDAPT	Tier 2	NMO PA
SPRYCEL	Tier 2	NMO PA
STIVARGA	Tier 2	NMO LA PA
SUTENT	Tier 2	NMO PA
TAFINLAR	Tier 2	NMO LA PA
TAGRISSO	Tier 2	NMO LA PA
TARCEVA 25mg QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
TARCEVA 100mg, 150mg QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
TASIGNA	Tier 2	NMO PA
TYKERB	Tier 2	NMO LA PA
VOTRIENT	Tier 2	NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
XALKORI	Tier 2	NMO LA PA
ZELBORAF	Tier 2	NMO LA PA
ZYDELIG	Tier 2	NMO LA PA
ZYKADIA	Tier 2	NMO LA PA

MISCELLANEOUS

<i>bexarotene</i> (generic of TARGRETIN)	Tier 1	NMO PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS	Tier 1	
LONSURF	Tier 2	NMO PA
MATULANE	Tier 2	LA
SYLATRON KIT 200MCG	Tier 2	NMO PA
SYLATRON KIT 300MCG	Tier 2	NMO PA
SYLATRON KIT 600MCG	Tier 2	NMO PA
SYNRIBO	Tier 2	NMO PA
<i>tretinoin</i> (chemotherapy)	Tier 1	

PLATINUM-BASED AGENTS

<i>carboplatin</i>	Tier 1	B/D
<i>cisplatin</i>	Tier 1	B/D
<i>oxaliplatin inj 50mg</i>	Tier 1	B/D
<i>oxaliplatin inj 50mg/10ml</i>	Tier 1	B/D
<i>oxaliplatin inj 100mg</i>	Tier 1	B/D
<i>oxaliplatin inj 100mg/20ml</i>	Tier 1	B/D

PROTECTIVE AGENTS

<i>dexrazoxane</i> (generic of ZINECARD) 500mg	Tier 1	B/D
<i>leucovorin calcium</i> SOLR	Tier 1	B/D
<i>leucovorin calcium</i> TABS	Tier 1	
MESNEX TABS	Tier 2	

TOPOISOMERASE INHIBITORS

<i>etoposide</i> SOLN	Tier 1	B/D
<i>irinotecan hcl</i> (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml	Tier 1	B/D
<i>irinotecan hcl</i> 500mg/25ml	Tier 1	B/D
<i>toposar</i>	Tier 1	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN	Tier 1	B/D
<i>topotecan hcl</i> (generic of HYCANTIN) SOLR	Tier 1	B/D
TOPOTECAN INJ 4MG/4ML	Tier 2	B/D

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine--benazepril hcl cap 10-20 mg</i> (generic of LOTREL)	Tier 1	
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	Tier 1	
<i>amlodipine-benazepril hcl cap 5-10 mg</i> (generic of LOTREL)	Tier 1	
<i>amlodipine-benazepril hcl cap 5-20 mg</i> (generic of LOTREL)	Tier 1	
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	Tier 1	
<i>amlodipine-benazepril hcl cap 10-40mg</i> (generic of LOTREL)	Tier 1	
<i>benazepril & hydrochlorothiazide</i>	Tier 1	
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	Tier 1	
<i>captopril & hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	Tier 1	
<i>moexipril-hydrochlorothiazide</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	Tier 1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	Tier 1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
<i>captopril</i> TABS	Tier 1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fosinopril sodium</i>	Tier 1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	Tier 1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	Tier 1	
<i>moexipril hcl</i>	Tier 1	
<i>perindopril erbumine</i>	Tier 1	
<i>quinapril hcl</i> (generic of ACCUPRIL)	Tier 1	
<i>ramipril</i> (generic of ALTACE)	Tier 1	
<i>trandolapril</i> 1mg, 2mg	Tier 1	
<i>trandolapril</i> (generic of MAVIK) 4mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> (generic of INSPRA)	Tier 1	
<i>spironolactone</i> (generic of ALDACTONE) TABS	Tier 1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS	Tier 1	
<i>prazosin hcl</i> (generic of MINIPRESS)	Tier 1	
<i>terazosin hcl</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> (generic of AZOR)	Tier 1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	Tier 1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	Tier 1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	Tier 1	

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

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<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i> (generic of EXFORGE HCT)	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i> (generic of EXFORGE HCT)	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i> (generic of EXFORGE HCT)	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i> (generic of EXFORGE HCT)	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i> (generic of EXFORGE HCT)	Tier 1	
ENTRESTO	Tier 2	
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	Tier 1	
<i>losartan-hydrochlorothiazide</i> (generic of HYZAAR)	Tier 1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> (generic of TRIBENZOR)	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide</i> (generic of BENICAR HCT)	Tier 1	
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i> (generic of AVAPRO)	Tier 1	
<i>losartan potassium</i> (generic of COZAAR)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS	Tier 1	
<i>telmisartan</i> (generic of MICARDIS)	Tier 1	
<i>valsartan</i> (generic of DIOVAN)	Tier 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl soln</i>	Tier 1	
<i>amiodarone tab 100mg</i>	Tier 1	
<i>amiodarone tab 200mg</i>	Tier 1	
<i>amiodarone tab 400mg</i>	Tier 1	
<i>disopyramide phosphate</i> (generic of NORPACE)	Tier 3	
<i>dofetilide</i> (generic of TIKOSYN)	Tier 1	NMO
<i>flecainide acetate</i>	Tier 1	
<i>mexiletine hcl</i>	Tier 1	
MULTAQ	Tier 3	
NORPACE CR	Tier 3	
<i>pacerone 100mg, 400mg</i>	Tier 1	
<i>pacerone 200mg</i>	Tier 1	
<i>propafenone hcl</i>	Tier 1	
<i>propafenone hcl 12hr</i> (generic of RYTHMOL SR)	Tier 1	
<i>quinidine gluconate</i> TBCR	Tier 1	
<i>quinidine sulfate</i> TABS	Tier 1	
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1	
<i>sorine 240mg</i>	Tier 1	
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1	
<i>sotalol hcl 240mg</i>	Tier 1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	Tier 1	
<i>lovastatin 10mg, 20mg</i>	Tier 1	
<i>lovastatin</i> (generic of MEVACOR) 40mg	Tier 1	

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>pravastatin sodium</i> 10mg	Tier 1	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	Tier 1	
<i>rosuvastatin calcium</i> (generic of CRESTOR) QL (30 tabs / 30 days)	Tier 1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN)	Tier 1	
<i>cholestyramine light</i> PACK	Tier 1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	Tier 1	
<i>colesevelam hcl</i> (generic of WELCHOL)	Tier 1	
<i>colestipol hcl gran</i> (generic of COLESTID)	Tier 1	
<i>colestipol hcl pack</i> (generic of COLESTID)	Tier 1	
<i>colestipol hcl tabs</i> (generic of COLESTID)	Tier 1	
<i>ezetimibe</i> (generic of ZETIA)	Tier 1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 1	
<i>fenofibrate</i> TABS 54mg, 160mg	Tier 1	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	Tier 1	
<i>gemfibrozil</i> (generic of LOPID) TABS	Tier 1	
JUXTAPID	Tier 2	NMO LA PA
KYNAMRO	Tier 2	NMO PA
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 500mg QL (90 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 750mg, 1000mg	Tier 1	
<i>niacor</i>	Tier 1	
PRALUENT	Tier 2	NMO PA
<i>prevalite</i> PACK	Tier 1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD	Tier 1	
VASCEPA	Tier 3	
WELCHOL PAK	Tier 2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	Tier 1	
<i>metoprolol & hctz tab</i> 50-25mg (generic of LOPRESSOR HCT)	Tier 1	
<i>metoprolol & hctz tab</i> 100-25mg	Tier 1	
<i>metoprolol & hctz tab</i> 100-50mg	Tier 1	
<i>propranolol & hydrochlorothiazide</i>	Tier 1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	Tier 1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg	Tier 1	
<i>atenolol</i> TABS 50mg, 100mg	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
BYSTOLIC 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
BYSTOLIC 20mg QL (60 tabs / 30 days)	Tier 3	QL
<i>carvedilol</i> (generic of COREG)	Tier 1	
<i>labetalol hcl</i> TABS	Tier 1	
<i>metoprolol succinate</i> (generic of TOPROL XL)	Tier 1	
<i>metoprolol tartrate</i> SOCT	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate</i> SOLN	Tier 1	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
<i>nadolol</i> (generic of CORGARD) TABS	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol cap er</i> (generic of INDERAL LA)	Tier 1	
<i>propranolol hcl</i> TABS	Tier 1	
<i>propranolol oral sol</i>	Tier 1	
<i>timolol maleate</i> TABS	Tier 1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i> (generic of ADALAT CC)	Tier 1	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	Tier 1	
<i>cartia xt cap 120/24hr</i> (generic of CARDIZEM CD)	Tier 1	
<i>cartia xt cap 180/24hr</i> (generic of CARDIZEM CD)	Tier 1	
<i>cartia xt cap 240/24hr</i> (generic of CARDIZEM CD)	Tier 1	
<i>cartia xt cap 300/24hr</i>	Tier 1	
<i>dilt-xr cap</i>	Tier 1	
<i>diltiazem cap 120mg cd</i> (generic of CARDIZEM CD)	Tier 1	
<i>diltiazem cap 180mg cd</i> (generic of CARDIZEM CD)	Tier 1	
<i>diltiazem cap 240mg cd</i> (generic of CARDIZEM CD)	Tier 1	
<i>diltiazem cap 300mg cd</i>	Tier 1	
<i>diltiazem cap 360mg cd</i> (generic of CARDIZEM CD)	Tier 1	
<i>diltiazem cap er/12hr</i>	Tier 1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
<i>diltiazem hcl</i> TABS 90mg	Tier 1	
<i>diltiazem hcl cap sr 24hr</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of CARDIZEM CD) 120mg, 360mg	Tier 1	
<i>diltiazem hcl coated beads cap sr 24hr</i> 300mg	Tier 1	
<i>diltiazem hcl extended release beads cap sr</i> (generic of TIAZAC) 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>diltiazem hcl extended release beads cap sr</i> (generic of CARDIZEM CD) 180mg	Tier 1	
<i>diltiazem inj</i>	Tier 1	
<i>felodipine</i>	Tier 1	
<i>isradipine</i>	Tier 1	
<i>nicardipine hcl</i> CAPS	Tier 1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24	Tier 1	
<i>nifedipine er</i> (generic of ADALAT CC)	Tier 1	
<i>nimodipine</i> CAPS	Tier 1	
NYMALIZE	Tier 2	
<i>taztia xt</i> (generic of TIAZAC)	Tier 1	
<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg	Tier 1	
<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	Tier 1	
<i>verapamil cap er</i> 360mg	Tier 1	
<i>verapamil hcl</i> SOLN	Tier 1	
<i>verapamil hcl</i> TABS 40mg	Tier 1	
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	Tier 1	
<i>verapamil hcl tab er</i> (generic of CALAN SR)	Tier 1	
DIGITALIS GLYCOSIDES		
<i>digitek</i> (generic of LANOXIN) .25mg	Tier 1	PA
PA if 70 years and older		

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<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days)	Tier 1	QL
<i>digox</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>digox</i> (generic of LANOXIN) 250mcg PA if 70 years and older	Tier 1	PA
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>digoxin</i> (generic of LANOXIN) TABS 250mcg PA if 70 years and older	Tier 1	PA
<i>digoxin inj</i> (generic of LANOXIN)	Tier 1	
<i>digoxin sol</i> 50mcg/ml PA if 70 years and older	Tier 1	PA
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	Tier 3	
TEKTURNA HCT	Tier 3	
DIURETICS		
<i>acetazolamide</i> CP12; TABS	Tier 1	
<i>amiloride & hydrochlorothiazide</i>	Tier 1	
<i>amiloride hcl</i> TABS	Tier 1	
<i>bumetanide</i> SOLN	Tier 1	
<i>bumetanide</i> (generic of BUMEX) TABS	Tier 1	
<i>chlorothiazide tabs</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
<i>furosemide</i> SOLN	Tier 1	
<i>furosemide</i> (generic of LASIX) TABS	Tier 1	
<i>furosemide inj</i>	Tier 1	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	Tier 1	
<i>hydrochlorothiazide</i> TABS	Tier 1	
<i>indapamide</i>	Tier 1	
<i>methazolamide</i> TABS	Tier 1	
<i>methyclothiazide</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metolazone</i>	Tier 1	
<i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE)	Tier 1	
<i>toremide tabs</i> 5mg, 100mg	Tier 1	
<i>toremide tabs</i> (generic of DEMADEx) 10mg, 20mg	Tier 1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZIDE)	Tier 1	
<i>triamterene & hydrochlorothiazide tabs</i> (generic of MAXZIDE)	Tier 1	
<i>triamterene & hydrochlorothiazide tabs</i> (generic of MAXZIDE-25)	Tier 1	
MISCELLANEOUS		
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 1	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	Tier 1	
CORLANOR	Tier 3	
DEMSEER	Tier 2	PA
<i>hydralazine hcl</i> SOLN; TABS	Tier 1	
<i>midodrine hcl</i>	Tier 1	
<i>minoxidil</i> TABS	Tier 1	
NORTHERA	Tier 2	NMO LA PA
RANEXA	Tier 2	
NITRATES		
<i>isosorb mononitrate tab</i>	Tier 1	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	Tier 1	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	Tier 1	

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide dinitrate er</i>	Tier 1	
<i>isosorbide mononitrate er</i>	Tier 1	
<i>minitran</i> (generic of NITRO-DUR)	Tier 1	
NITRO-BID	Tier 2	
NITRO-DUR DIS 0.3MG/HR	Tier 3	
NITRO-DUR DIS 0.8MG/HR	Tier 3	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	Tier 1	
<i>nitroglycerin td patch</i> .1mg/hr	Tier 1	
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
LETAIRIS QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
OPSUMIT QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
REMODULIN	Tier 2	NMO LA PA
<i>sildenafil citrate tab 20 mg</i> (pulmonary hypertension) (generic of REVATIO) QL (90 tabs / 30 days)	Tier 1	QL NMO PA
TRACLEER TABS 62.5mg QL (120 tabs / 30 days)	Tier 2	QL NMO LA PA
TRACLEER TABS 125mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
VENTAVIS	Tier 2	NMO PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 2mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
<i>buspirone hcl</i> TABS	Tier 1	
<i>fluvoxamine maleate</i> TABS	Tier 1	
<i>lorazepam</i> (generic of ATIVAN) SOLN	Tier 1	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	Tier 1	QL
<i>lorazepam intensol</i> QL (150 mL / 30 days)	Tier 1	QL
ANTICONVULSANTS		
APTOM 200mg QL (180 tabs / 30 days)	Tier 2	QL
APTOM 400mg QL (90 tabs / 30 days)	Tier 2	QL
APTOM 600mg, 800mg QL (60 tabs / 30 days)	Tier 2	QL
BANZEL SUS 40MG/ML	Tier 2	PA
BANZEL TAB 200MG	Tier 2	PA
BANZEL TAB 400MG	Tier 2	PA
BRIVIACT INJ 50MG/5ML	Tier 3	PA
BRIVIACT SOL 10MG/ML	Tier 2	PA
BRIVIACT TAB 10MG	Tier 2	PA
BRIVIACT TAB 25MG	Tier 2	PA
BRIVIACT TAB 50MG	Tier 2	PA
BRIVIACT TAB 75MG	Tier 2	PA
BRIVIACT TAB 100MG	Tier 2	PA
<i>carbamazepine</i> CHEW	Tier 1	
<i>carbamazepine</i> (generic of CARBATROL) CP12	Tier 1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP; TABS	Tier 1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	Tier 1	
CELONTIN	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>clorazepate dipotassium</i> 3.75mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA
DIASTAT ACUDIAL	Tier 3	
DIASTAT PEDIATRIC	Tier 3	
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA
<i>diazepam gel</i>	Tier 1	
<i>diazepam inj</i>	Tier 1	
<i>diazepam intensol</i> QL (240 mL / 30 days) PA if 65 years and older	Tier 1	QL PA
<i>diazepam oral soln 1 mg/ml</i> QL (1200 mL / 30 days) PA if 65 years and older	Tier 1	QL PA
DILANTIN CAP 30MG	Tier 2	
DILANTIN CAP 100MG	Tier 2	
DILANTIN CHEW TAB 50MG	Tier 2	
DILANTIN-125 SUSP	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	Tier 1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	Tier 1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	Tier 1	
<i>epitol</i> (generic of TEGRETOL)	Tier 1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	Tier 1	
<i>felbamate</i> (generic of FELBATOL) SUSP	Tier 1	
<i>felbamate</i> (generic of FELBATOL) TABS	Tier 1	
FYCOMPA SUSP QL (720 mL / 30 days)	Tier 2	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA
FYCOMPA TABS 4mg, 6mg QL (60 tabs / 30 days)	Tier 2	QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	Tier 1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	Tier 1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	Tier 1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	Tier 1	
<i>levetiracetam</i> (generic of KEPPRA) SOLN; TABS	Tier 1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	Tier 1	
<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	Tier 1	
<i>levetiracetam oral soln 100 mg/ml</i> (generic of KEPPRA)	Tier 1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL
LYRICA SOLN QL (946 mL / 30 days)	Tier 2	QL
ONFI	Tier 2	PA
<i>oxcarbazepine</i> (generic of TRILEPTAL)	Tier 1	
PEGANONE	Tier 3	
<i>phenobarbital</i> ELIX PA if 70 years and older	Tier 3	PA
<i>phenobarbital</i> TABS PA if 70 years and older	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 70 years and older	Tier 3	PA
<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 70 years and older	Tier 3	PA
PHENYTEK	Tier 2	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	Tier 1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	Tier 1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	Tier 1	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	Tier 1	
<i>phenytoin sodium inj</i> 50mg/ml	Tier 1	
<i>primidone</i> (generic of MYSOLINE) TABS	Tier 1	
<i>roweepra</i> (generic of KEPPRA)	Tier 1	
<i>roweepra xr</i> (generic of KEPPRA XR)	Tier 1	
SABRIL TABS QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
SPRITAM	Tier 3	
<i>subvenite tab</i> (generic of LAMICTAL)	Tier 1	
<i>tiagabine hcl</i> (generic of GABITRIL)	Tier 1	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	Tier 1	
<i>topiramate</i> (generic of TOPAMAX) TABS	Tier 1	
<i>valproate sodium</i> (generic of DEPACON) SOLN 100mg/ml	Tier 1	
<i>valproate sodium</i> (generic of DEPAKENE) SOLN 250mg/5ml	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>valproic acid</i> (generic of DEPAKENE)	Tier 1	
<i>vigabatrin powd pack 500mg</i> (generic of SABRIL) QL (180 packets / 30 days)	Tier 1	QL NMO LA PA
VIMPAT 50mg QL (120 tabs / 30 days)	Tier 3	QL
VIMPAT 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	QL
VIMPAT INJ 200MG/20ML	Tier 2	
VIMPAT SOL 10MG/ML QL (1200 mL / 30 days)	Tier 2	QL
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 1	
<i>zonisamide</i> CAPS 50mg	Tier 1	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 1	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 1	
<i>galantamine hydrobromide</i> SOLN	Tier 1	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS QL (60 tabs / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> er (generic of RAZADYNE ER) QL (30 caps / 30 days)	Tier 1	QL
<i>memantine hcl cp24</i> (generic of NAMENDA XR) PA if < 30 yrs	Tier 1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine soln</i> PA if < 30 yrs	Tier 1	PA
<i>memantine tabs</i> (generic of NAMENDA) PA if < 30 yrs	Tier 1	PA
NAMZARIC	Tier 3	
<i>rivastigmine tartrate</i> 1.5mg, 3mg QL (90 caps / 30 days)	Tier 1	QL
<i>rivastigmine tartrate</i> 4.5mg, 6mg QL (60 caps / 30 days)	Tier 1	QL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> (generic of EXELON) QL (30 patches / 30 days)	Tier 1	QL
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> (generic of EXELON) QL (30 patches / 30 days)	Tier 1	QL
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> (generic of EXELON) QL (30 patches / 30 days)	Tier 1	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	Tier 2	
<i>amoxapine tab 25mg</i>	Tier 2	
<i>amoxapine tab 50mg</i>	Tier 2	
<i>amoxapine tab 100mg</i>	Tier 2	
<i>amoxapine tab 150mg</i>	Tier 2	
<i>bupropion hcl</i> TABS	Tier 1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	Tier 1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24	Tier 1	
<i>citalopram hydrobromide</i> SOLN	Tier 1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	Tier 1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS	Tier 3	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 3	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) QL (30 tabs / 30 days)	Tier 1	QL PA
<i>doxepin hcl</i> CAPS; CONC	Tier 2	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days)	Tier 1	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days)	Tier 1	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days)	Tier 1	QL
EMSAM QL (30 patches / 30 days)	Tier 2	QL PA
<i>escitalopram oxalate</i> SOLN	Tier 1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	Tier 1	
FETZIMA 20mg QL (180 caps / 30 days)	Tier 3	QL PA
FETZIMA 40mg QL (90 caps / 30 days)	Tier 3	QL PA
FETZIMA 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA
FETZIMA TITRATION PACK	Tier 3	PA
<i>fluoxetine cap 10mg</i> (generic of PROZAC)	Tier 1	
<i>fluoxetine cap 20mg</i> (generic of PROZAC)	Tier 1	
<i>fluoxetine cap 40mg</i> (generic of PROZAC)	Tier 1	
<i>fluoxetine hcl</i> SOLN	Tier 1	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>maprotiline hcl</i>	Tier 1	
MARPLAN TAB 10MG QL (180 tabs / 30 days)	Tier 3	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	Tier 1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	Tier 1	
<i>nefazodone hcl</i>	Tier 1	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	Tier 1	
<i>nortriptyline hcl</i> SOLN	Tier 3	
<i>paroxetine hcl tabs</i> (generic of PAXIL)	Tier 1	
PAXIL SUSP QL (900 mL / 30 days)	Tier 3	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	Tier 1	
<i>protriptyline hcl</i>	Tier 3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC	Tier 1	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS	Tier 1	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	Tier 1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 25mg QL (240 caps / 30 days)	Tier 3	QL
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 50mg QL (120 caps / 30 days)	Tier 3	QL
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL

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TRINTELLIX 5mg QL (120 tabs / 30 days)	Tier 3	QL
TRINTELLIX 10mg QL (60 tabs / 30 days)	Tier 3	QL
TRINTELLIX 20mg QL (30 tabs / 30 days)	Tier 3	QL
venlafaxine hcl (generic of EFFEXOR XR) CP24	Tier 1	
venlafaxine hcl TABS	Tier 1	
VIIBRYD STARTER PACK	Tier 3	
VIIBRYD TAB QL (30 tabs / 30 days)	Tier 3	QL
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS QL (120 caps / 30 days)	Tier 1	QL
amantadine hcl SYRP; TABS	Tier 1	
APOKYN QL (20 cartridges / 30 days)	Tier 2	QL NMO LA PA
benztropine mesylate inj (generic of COGENTIN)	Tier 1	
benztropine mesylate tab 0.5mg PA if 70 years and older	Tier 2	PA
benztropine mesylate tab 1mg PA if 70 years and older	Tier 2	PA
benztropine mesylate tab 2mg PA if 70 years and older	Tier 2	PA
bromocriptine mesylate (generic of PARLODEL) CAPS; TABS	Tier 1	
carbidopa-levodopa (generic of SINEMET) TABS	Tier 1	
carbidopa-levodopa (generic of SINEMET CR) TBCR	Tier 1	
carbidopa-levodopa TBDP	Tier 1	
carbidopa/levodopa/entacapone (generic of STALEVO 50)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
carbidopa/levodopa/entacapone (generic of STALEVO 75)	Tier 1	
carbidopa/levodopa/entacapone (generic of STALEVO 100)	Tier 1	
carbidopa/levodopa/entacapone (generic of STALEVO 125)	Tier 1	
carbidopa/levodopa/entacapone (generic of STALEVO 150)	Tier 1	
carbidopa/levodopa/entacapone (generic of STALEVO 200)	Tier 1	
entacapone (generic of COMTAN)	Tier 1	
NEUPRO	Tier 3	
pramipexole tab 0.5mg (generic of MIRAPEX)	Tier 1	
pramipexole tab 0.25mg (generic of MIRAPEX)	Tier 1	
pramipexole tab 0.75mg (generic of MIRAPEX)	Tier 1	
pramipexole tab 0.125mg (generic of MIRAPEX)	Tier 1	
pramipexole tab 1.5mg (generic of MIRAPEX)	Tier 1	
pramipexole tab 1mg (generic of MIRAPEX)	Tier 1	
rasagiline mesylate (generic of AZILECT) TABS	Tier 1	
ropinirole tab 0.5mg (generic of REQUIP)	Tier 1	
ropinirole tab 0.25mg (generic of REQUIP)	Tier 1	
ropinirole tab 1mg (generic of REQUIP)	Tier 1	
ropinirole tab 2mg (generic of REQUIP)	Tier 1	
ropinirole tab 3mg (generic of REQUIP)	Tier 1	
ropinirole tab 4mg (generic of REQUIP)	Tier 1	
ropinirole tab 5mg (generic of REQUIP)	Tier 1	

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<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	Tier 1	
<i>selegiline hcl</i> TABS	Tier 1	
<i>trihexyphenidyl hcl</i> PA if 70 years and older	Tier 2	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA QL (1 injection / 28 days)	Tier 2	QL
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>aripiprazole oral solution</i> 1 mg/ml QL (900 mL / 30 days)	Tier 1	QL
<i>aripiprazole tab</i> (generic of ABILIFY) QL (30 tabs / 30 days)	Tier 1	QL
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	Tier 2	QL
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	Tier 2	QL
<i>chlorpromazine hcl</i> TABS	Tier 1	
CHLORPROMAZINE INJ	Tier 3	
<i>clozapine odt</i> (generic of FAZACLO) 12.5mg, 25mg	Tier 1	PA
<i>clozapine odt</i> (generic of FAZACLO) 100mg QL (270 tabs / 30 days)	Tier 1	QL PA
<i>clozapine odt</i> (generic of FAZACLO) 150mg QL (180 tabs / 30 days)	Tier 1	QL PA
<i>clozapine odt</i> (generic of FAZACLO) 200mg QL (135 tabs / 30 days)	Tier 1	QL PA
<i>clozapine tab</i> 25mg (generic of CLOZARIL)	Tier 1	
<i>clozapine tab</i> 50mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine tab</i> 100mg (generic of CLOZARIL) QL (270 tabs / 30 days)	Tier 1	QL
<i>clozapine tab</i> 200mg QL (135 tabs / 30 days)	Tier 1	QL
FANAPT QL (60 tabs / 30 days)	Tier 3	QL
FANAPT TITRATION PACK	Tier 3	
<i>fluphenazine decanoate</i> SOLN	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
GEODON SOLR QL (6 mL / 3 days)	Tier 3	QL
<i>haloperidol</i> TABS	Tier 1	
<i>haloperidol conc</i> 2mg/ml	Tier 1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 1	
<i>haloperidol lactate inj</i> 5mg/ml (generic of HALDOL)	Tier 1	
INVEGA SUST INJ 39 MG/0.25 ML QL (1 injection / 28 days)	Tier 3	QL
INVEGA SUST INJ 78 MG/0.5 ML QL (1 injection / 28 days)	Tier 2	QL
INVEGA SUST INJ 117 MG/0.75 ML QL (1 injection / 28 days)	Tier 2	QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	Tier 2	QL

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Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUST INJ 234 MG/1.5 ML QL (1 injection / 28 days)	Tier 2	QL
INVEGA TRINZA QL (1 injection / 90 days)	Tier 2	QL
LATUDA 20mg, 60mg, 80mg QL (60 tabs / 30 days)	Tier 3	QL
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL
<i>loxapine succinate</i>	Tier 1	
NUPLAZID TABS 17mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	Tier 1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg QL (120 tabs / 30 days)	Tier 1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>paliperidone</i> (generic of INVEGA) 6mg QL (60 tabs / 30 days)	Tier 1	QL
<i>perphenazine</i> TABS	Tier 1	
<i>pimozide</i> (generic of ORAP)	Tier 1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS	Tier 1	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 1	QL
REXULTI 1mg QL (90 tabs / 30 days)	Tier 2	QL
REXULTI 2mg QL (60 tabs / 30 days)	Tier 2	QL
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	Tier 2	QL
REXULTI .5mg QL (180 tabs / 30 days)	Tier 2	QL
REXULTI .25mg QL (360 tabs / 30 days)	Tier 2	QL
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	Tier 3	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	Tier 3	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	Tier 2	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	Tier 2	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone</i> TBDP .5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	Tier 1	QL
SAPHRIS 2.5mg QL (240 tabs / 30 days)	Tier 3	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	Tier 3	QL
SAPHRIS 10mg QL (60 tabs / 30 days)	Tier 3	QL
<i>thioridazine hcl</i> TABS	Tier 1	
<i>thiothixene</i>	Tier 1	
<i>trifluoperazine hcl</i>	Tier 1	
VERSACLOZ QL (600 mL / 30 days)	Tier 2	QL PA
VRAYLAR 1.5mg QL (60 caps / 30 days)	Tier 2	QL PA
VRAYLAR 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 2	QL PA
VRAYLAR THERAPY PACK	Tier 3	PA
<i>ziprasidone hcl</i> (generic of GEODON) QL (60 caps / 30 days)	Tier 1	QL
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	Tier 2	QL PA
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	Tier 2	QL PA
ZYPREXA RELPREVV INJ 210MG QL (2 vials / 28 days)	Tier 3	QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine- dextroamphetamine cap sr</i> 24hr 5 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine- dextroamphetamine cap sr</i> 24hr 10 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 1	QL
<i>amphetamine- dextroamphetamine cap sr</i> 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL
<i>amphetamine- dextroamphetamine cap sr</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL
<i>amphetamine- dextroamphetamine cap sr</i> 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL
<i>amphetamine- dextroamphetamine cap sr</i> 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL
<i>amphetamine- dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	Tier 1	QL
<i>amphetamine- dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	Tier 1	QL
<i>amphetamine- dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	Tier 1	QL
<i>amphetamine- dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 40mg QL (60 caps / 30 days)	Tier 1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 1	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 1	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 70 years and older	Tier 2	PA
<i>metadate er tab 20mg</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 1	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	Tier 1	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	Tier 1	QL
<i>methylphenidate tab 10mg er</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>methylphenidate tab 20mg er</i> QL (90 tabs / 30 days)	Tier 1	QL
HYPNOTICS		
HETLIOZ	Tier 2	NMO LA PA
SILENOR 3mg QL (60 tabs / 30 days)	Tier 2	QL
SILENOR 6mg QL (30 tabs / 30 days)	Tier 2	QL
<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
MIGRAINE		

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dihydroergotamine mesylate</i> Tier 1 <i>inj 1 mg/ml</i> (generic of D.H.E. 45)			<i>sumatriptan inj 6mg/0.5ml</i> Tier 1 (generic of IMITREX STATDOSE SYSTEM)		QL
<i>dihydroergotamine mesylate</i> Tier 1 <i>nasal</i>		QL	SOAJ		
QL (8 mL / 30 days)			QL (12 injections / 30 days)		
<i>eletriptan hydrobromide</i> Tier 1 (generic of RELPAX)		QL	<i>sumatriptan inj 6mg/0.5ml</i> Tier 1 (generic of IMITREX STATDOSE REFILL)		QL
QL (12 tabs / 30 days)			SOCT		
<i>ergotamine w/ caffeine</i> Tier 1 (generic of CAFERGOT) TABS			QL (12 injections / 30 days)		
<i>naratriptan hcl</i> (generic of AMERGE) Tier 1		QL	<i>sumatriptan inj 6mg/0.5ml</i> Tier 1 (generic of IMITREX) SOLN		QL
QL (12 tabs / 30 days)			QL (12 injections / 30 days)		
<i>rizatriptan benzoate</i> 5mg Tier 1 QL (18 tabs / 30 days)		QL	<i>sumatriptan succinate</i> Tier 1 (generic of IMITREX) TABS		QL
<i>rizatriptan benzoate</i> Tier 1 (generic of MAXALT) 10mg		QL	QL (12 tabs / 30 days)		
QL (18 tabs / 30 days)			<i>zolmitriptan</i> (generic of ZOMIG) Tier 1 TABS		QL
<i>rizatriptan benzoate odt</i> Tier 1 (generic of MAXALT-MLT)		QL	QL (12 tabs / 30 days)		
QL (18 tabs / 30 days)			<i>zolmitriptan odt</i> (generic of ZOMIG ZMT) Tier 1		QL
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act Tier 1		QL	QL (12 tabs / 30 days)		
QL (24 inhalers / 30 days)			MISCELLANEOUS		
<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act Tier 1		QL	AUSTEDO 6mg Tier 2		QL NMO LA PA
QL (12 inhalers / 30 days)			QL (60 tabs / 30 days)		
<i>sumatriptan inj 4mg/0.5ml</i> Tier 1 (generic of IMITREX STATDOSE SYSTEM)		QL	AUSTEDO 9mg, 12mg Tier 2		QL NMO LA PA
SOAJ			QL (120 tabs / 30 days)		
QL (18 injections / 30 days)			<i>lithium carbonate</i> CAPS; Tier 1 TABS		
<i>sumatriptan inj 4mg/0.5ml</i> Tier 1 (generic of IMITREX STATDOSE REFILL)		QL	<i>lithium carbonate er</i> Tier 1 (generic of LITHOBID) 300mg		
SOCT			<i>lithium carbonate er</i> 450mg Tier 1		
QL (18 injections / 30 days)			LITHIUM SOLN 8MEQ/5ML Tier 3		
			NUEDEXTA Tier 3		QL PA
			QL (60 caps / 30 days)		
			<i>pyridostigmine tab 60mg</i> Tier 1 (generic of MESTINON)		
			<i>riluzole</i> (generic of RILUTEK) Tier 1		

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Drug Name	Drug Tier	Requirements/ Limits
<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	Tier 1	QL NMO PA
<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	Tier 1	QL NMO PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	Tier 2	NMO LA PA
BETASERON QL (14 syringes / 28 days)	Tier 2	QL NMO PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	Tier 2	QL NMO PA
<i>glatiramer acetate</i> 20mg/ml (generic of COPAXONE) QL (30 syringes / 30 days)	Tier 1	QL NMO PA
<i>glatiramer acetate</i> 40mg/ml (generic of COPAXONE) QL (12 syringes / 28 days)	Tier 1	QL NMO PA
<i>glatopa</i> (generic of COPAXONE) 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NMO PA
<i>glatopa</i> (generic of COPAXONE) 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NMO PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	Tier 1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	Tier 2	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	Tier 1	
<i>dantrolene sodium</i> CAPS 100mg	Tier 1	
<i>tizanidine hcl</i> TABS 2mg	Tier 1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		

Drug Name	Drug Tier	Requirements/ Limits
<i>armodafinil</i> (generic of NUVIGIL) 50mg QL (90 tabs / 30 days)	Tier 1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 1	QL PA
XYREM QL (540 mL / 30 days)	Tier 2	QL NMO LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	Tier 1	
<i>buprenorphine hcl</i> SUBL QL (90 tabs / 30 days)	Tier 1	QL PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>bupropion hcl</i> (smoking deterrent) (generic of ZYBAN)	Tier 1	
CHANTIX	Tier 3	PA
CHANTIX CONTINUING MONTH	Tier 3	PA
CHANTIX STARTER PACK	Tier 3	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	Tier 1	
<i>naloxone inj</i> 0.4mg/ml	Tier 1	
<i>naloxone inj</i> 1mg/ml	Tier 1	
<i>naltrexone hcl</i> TABS	Tier 1	
NARCAN	Tier 2	
NICOTROL INHALER	Tier 3	
NICOTROL NS	Tier 3	
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	Tier 3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	Tier 3	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	Tier 3	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	Tier 3	QL
VIVITROL	Tier 2	NMO
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50	Tier 2	PA

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ANDRODERM QL (30 patches / 30 days)	Tier 3	QL PA
<i>oxandrolone</i> TABS 2.5mg	Tier 1	PA
<i>oxandrolone</i> (generic of OXANDRIN) TABS 10mg	Tier 1	PA
<i>testosterone</i> GEL 1% QL (300 grams / 30 days)	Tier 1	QL PA
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)	Tier 1	QL PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN	Tier 1	PA
<i>testosterone enanthate</i> SOLN	Tier 1	PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	Tier 2	
BASAGLAR KWIKPEN	Tier 2	
BD ULTRAFINE INSULIN SYRINGE	Tier 2	
BD ULTRAFINE/NANO PEN NEEDLES	Tier 2	
BYDUREON BCISE QL (4 pens / 28 days)	Tier 2	QL
BYDUREON INJ QL (4 vials / 28 days)	Tier 2	QL
BYDUREON PEN QL (4 pens / 28 days)	Tier 2	QL
BYETTA QL (1 pen / 30 days)	Tier 3	QL
FIASP	Tier 2	
FIASP FLEXTOUCH	Tier 2	
GAUZE PADS 2" X 2"	Tier 2	
HUMULIN R INJ U-500	Tier 2	B/D
HUMULIN R U-500 KWIKPEN	Tier 2	
INSULIN PEN NEEDLE	Tier 2	
INSULIN SAFETY NEEDLES	Tier 2	
INSULIN SYRINGE	Tier 2	
LEVEMIR	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
LEVEMIR FLEXTOUCH	Tier 2	
NOVOLIN 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN N (brand RELION not covered)	Tier 2	
NOVOLIN R (brand RELION not covered)	Tier 2	
NOVOLOG	Tier 2	
NOVOLOG 70/30 FLEXPEN	Tier 2	
NOVOLOG FLEXPEN	Tier 2	
NOVOLOG MIX 70/30	Tier 2	
NOVOLOG PENFILL	Tier 2	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE QL (1 pen / 28 days)	Tier 2	QL
OZEMPIC INJ 1MG/DOSE QL (2 pens / 28 days)	Tier 2	QL
SOLIQUA 100/33 QL (10 pens / 30 days)	Tier 2	QL
TRESIBA FLEXTOUCH	Tier 2	
TRULICITY QL (4 pens / 28 days)	Tier 2	QL
VICTOZA QL (3 pens / 30 days)	Tier 2	QL
XULTOPHY 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
ANTIDIABETICS, ORAL		
<i>acarbose</i> (generic of PRECOSE)	Tier 1	
FARXIGA 5mg QL (60 tabs / 30 days)	Tier 2	QL
FARXIGA 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>glimepiride</i> (generic of AMARYL) 1mg QL (240 tabs / 30 days)	Tier 1	QL

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<i>glimepiride</i> (generic of AMARYL) 2mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days)	Tier 1	QL
<i>glip/metform tab 2.5-250mg</i> QL (240 tabs / 30 days)	Tier 1	QL
<i>glip/metform tab 2.5-500mg</i> QL (120 tabs / 30 days)	Tier 1	QL
<i>glip/metform tab 5-500mg</i> QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 2.5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 5mg QL (120 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide xl</i> (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	Tier 1	QL
JANUMET QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL
JANUVIA QL (30 tabs / 30 days)	Tier 2	QL
JARDIANCE 10mg QL (60 tabs / 30 days)	Tier 2	QL
JARDIANCE 25mg QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	Tier 2	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	Tier 1	QL
<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> .5mg QL (120 tabs / 30 days)	Tier 1	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-500MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 10-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY XR TAB 25-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRADJENTA QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	Tier 2	QL
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg	Tier 1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	
<i>ibandronate sodium</i> (generic of BONIVA) TABS	Tier 1	B/D
PAMIDRONATE DISODIUM 6mg/ml	Tier 2	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	Tier 1	B/D
<i>pamidronate inj</i> 30mg	Tier 1	B/D
<i>pamidronate inj</i> 90mg	Tier 1	B/D
<i>zoledronic acid inj</i> 5mg/100ml (generic of RECLAST)	Tier 1	B/D NMO
<i>zoledronic inj</i> 4mg/5ml (generic of ZOMETA)	Tier 1	B/D NMO
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg QL (120 tabs / 30 days)	Tier 2	B/D QL NMO
SENSIPAR 60mg QL (60 tabs / 30 days)	Tier 2	B/D QL NMO
CHELATING AGENTS		
CHEMET	Tier 3	

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
DEPEN TITRATABS	Tier 2	
JADENU	Tier 2	NMO LA PA
JADENU SPRINKLE	Tier 2	NMO LA PA
kionex sus 15gm/60ml	Tier 1	
sodium polystyrene sulfonate powder	Tier 1	
sodium polystyrene sulfonate susp	Tier 1	
sps susp 15gm/60ml	Tier 1	
trientine hcl (generic of SYPRINE)	Tier 1	PA
CONTRACEPTIVES		
altavera tab	Tier 1	
alyacen 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	
apri	Tier 1	
aranelle (generic of TRI-NORINYL 28)	Tier 1	
aubra	Tier 1	
aviane	Tier 1	
balziva	Tier 1	
blisovi fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 1	
blisovi fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 1	
briellyn	Tier 1	
camila	Tier 1	
caziant pak	Tier 1	
cryselle-28	Tier 1	
cyclafem 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	
cyclafem 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 1	
cyred tab	Tier 1	
dasetta 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	
dasetta 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 1	
deblitane	Tier 1	
delyla	Tier 1	
desogestrel & ethinyl estradiol	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
desogestrel-ethinyl estradiol (biphasic) (generic of MIRCETTE)	Tier 1	
drospirenone-ethinyl estradiol (generic of YASMIN 28)	Tier 1	
drospirenone-ethinyl estradiol (generic of YAZ)	Tier 1	
ELLA	Tier 3	
emoquette	Tier 1	
enpresse-28	Tier 1	
enskyce	Tier 1	
errin (generic of ORTHO MICRONOR)	Tier 1	
estarylla tab 0.25-35 (generic of ORTHO-CYCLEN)	Tier 1	
ethynodiol diacet & eth estrad	Tier 1	
ethynodiol tab 1-50	Tier 1	
falmina	Tier 1	
femynor (generic of ORTHO-CYCLEN)	Tier 1	
gianvi (generic of YAZ)	Tier 1	
heather	Tier 1	
introvale	Tier 1	
isibloom	Tier 1	
jolessa tab 0.15-0.03 mg	Tier 1	
jolivet (generic of ORTHO MICRONOR)	Tier 1	
juleber	Tier 1	
junel 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 1	
junel 1/20 (generic of LOESTRIN 1/20-21)	Tier 1	
junel fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 1	
junel fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 1	
kariva (generic of MIRCETTE)	Tier 1	
kelnor 1/35	Tier 1	
kelnor 1/50	Tier 1	

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>kimidess</i> (generic of MIRCETTE)	Tier 1	
<i>kurvelo</i>	Tier 1	
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 1	
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	
<i>larissia tab</i>	Tier 1	
<i>leena</i> (generic of TRI-NORINYL 28)	Tier 1	
<i>lessina</i>	Tier 1	
<i>levonest</i>	Tier 1	
<i>levonor/ethi tab</i>	Tier 1	
<i>levonorgestrel & eth estradiol</i>	Tier 1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	Tier 1	
<i>levora 0.15/30-28</i>	Tier 1	
<i>loryna</i> (generic of YAZ)	Tier 1	
<i>low-ogestrel</i>	Tier 1	
<i>lutra</i>	Tier 1	
<i>lyza</i> (generic of ORTHO MICRONOR)	Tier 1	
<i>marlissa</i>	Tier 1	
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 1	
<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	
<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 1	
<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	
<i>microgestin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	
<i>mili</i> (generic of ORTHO-CYCLEN)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>mono-lynyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>mononessa</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>myzilra</i>	Tier 1	
<i>necon 0.5/35-28</i>	Tier 1	
<i>necon 1/50-28</i>	Tier 1	
<i>necon 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 1	
<i>nikki</i> (generic of YAZ)	Tier 1	
<i>nora-be tab</i>	Tier 1	
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR)	Tier 1	
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1/20-21)	Tier 1	
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i> (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>norlyroc</i>	Tier 1	
<i>nortrel 0.5/35 (28)</i>	Tier 1	
<i>nortrel 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1	
<i>nortrel 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 1	
NUVARING	Tier 3	
<i>ocella tab 3-0.03mg</i> (generic of YASMIN 28)	Tier 1	
<i>orsythia</i>	Tier 1	
<i>philith</i>	Tier 1	
<i>pimtrea</i> (generic of MIRCETTE)	Tier 1	

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>pirmella 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1	
<i>portia-28</i>	Tier 1	
<i>previfem</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>quasense</i>	Tier 1	
<i>reclipsen</i>	Tier 1	
<i>setlakin tab</i>	Tier 1	
<i>sharobel</i> (generic of ORTHO MICRONOR)	Tier 1	
<i>sprintec 28</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>sronyx</i>	Tier 1	
<i>syeda</i> (generic of YASMIN 28)	Tier 1	
<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	
<i>tilia fe</i> (generic of ESTROSTEP FE)	Tier 1	
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	Tier 1	
<i>tri-lynyah</i> (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>tri-lo marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>tri-mili</i> (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>tri-previfem</i> (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>tri-sprintec</i> (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>tri-vylibra</i> (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>trinessa</i> (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>trinessa lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>trivora-28</i>	Tier 1	
<i>tulana</i>	Tier 1	
<i>velivet</i>	Tier 1	
<i>vestura</i> (generic of YAZ)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>vienva</i>	Tier 1	
<i>viorele</i> (generic of MIRCETTE)	Tier 1	
<i>vyfemla</i>	Tier 1	
<i>vylibra</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>xulane</i>	Tier 1	
<i>zarah</i> (generic of YASMIN 28)	Tier 1	
<i>zenchent</i>	Tier 1	
<i>zovia 1/35e</i>	Tier 1	
<i>zovia 1/50e</i>	Tier 1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS	Tier 1	
SYNAREL	Tier 2	
ENZYME REPLACEMENTS		
ADAGEN	Tier 2	NMO LA PA
ALDURAZYME	Tier 2	NMO LA PA
CARBAGLU	Tier 2	NMO LA PA
CERDELGA	Tier 2	NMO PA
CEREZYME	Tier 2	NMO LA PA
CYSTADANE	Tier 2	NMO LA
CYSTAGON	Tier 3	NMO LA PA
FABRAZYME	Tier 2	NMO LA PA
KUVAN	Tier 2	NMO LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	Tier 1	B/D
LUMIZYME	Tier 2	NMO LA PA
<i>miglustat</i>	Tier 1	NMO PA
NAGLAZYME	Tier 2	NMO LA PA
ORFADIN	Tier 2	NMO LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	Tier 1	NMO PA
ESTROGENS		
DELESTROGEN 10mg/ml	Tier 3	
<i>estradiol</i> (generic of CLIMARA) PTWK	Tier 2	
<i>estradiol</i> (generic of ESTRACE) TABS	Tier 1	
<i>estradiol vaginal cream</i> (generic of ESTRACE)	Tier 1	
<i>estradiol vaginal tab</i> (generic of VAGIFEM)	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol valerate</i> (generic of Tier 1 DELESTROGEN) OIL		
<i>fyavolv</i>	Tier 2	
<i>fyavolv</i> (generic of FEMHRT Tier 2 LOW DOSE)		
<i>jinteli</i>	Tier 2	
<i>norethindrone acetate-ethinyl estradiol</i>	Tier 2	
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT LOW DOSE)	Tier 2	
<i>yuvafem vaginal tablet 10 mcg</i> (generic of VAGIFEM)	Tier 1	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	Tier 1	
DEXAMETHASONE CONC	Tier 3	
<i>dexamethasone</i> ELIX; SOLN	Tier 1	
<i>dexamethasone</i> TABS	Tier 1	
<i>dexamethasone sodium phosphate</i>	Tier 1	
<i>fludrocortisone acetate</i> TABS	Tier 1	
<i>hydrocortisone</i> (generic of CORTEF) TABS	Tier 1	
<i>methylpr ss inj</i> (generic of SOLU-MEDROL)	Tier 1	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	Tier 1	
<i>methylpred tab 4mg</i> (generic of MEDROL)	Tier 1	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	Tier 1	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	Tier 1	B/D
<i>methylpred tab 32mg</i> (generic of MEDROL)	Tier 1	B/D
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	Tier 1	B/D
<i>pred sod pho sol 5mg/5ml</i>	Tier 1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 1	B/D
<i>prednisolone sol 15mg/5ml</i>	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sol 25mg/5ml</i>	Tier 1	B/D
PREDNISONE CON 5MG/ML	Tier 3	B/D
<i>prednisone pak 5mg</i>	Tier 1	
<i>prednisone pak 10mg</i>	Tier 1	
<i>prednisone sol 5mg/5ml</i>	Tier 1	B/D
<i>prednisone tab 1mg</i>	Tier 1	B/D
<i>prednisone tab 2.5mg</i>	Tier 1	B/D
<i>prednisone tab 5mg</i>	Tier 1	B/D
<i>prednisone tab 10mg</i>	Tier 1	B/D
<i>prednisone tab 20mg</i>	Tier 1	B/D
<i>prednisone tab 50mg</i>	Tier 1	B/D
SOLU-CORTEF	Tier 3	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	Tier 2	
GLUCAGON EMERGENCY KIT	Tier 2	
PROGLYCEM SUS 50MG/ML	Tier 3	
MISCELLANEOUS		
<i>cabergoline</i>	Tier 1	
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	Tier 1	B/D
FORTEO	Tier 2	NMO PA
GENOTROPIN	Tier 2	NMO PA
GENOTROPIN MINIQUEL .2mg	Tier 3	NMO PA
GENOTROPIN MINIQUEL .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NMO PA
INCRELEX	Tier 2	NMO LA PA
KORLYM	Tier 2	NMO LA PA
LUPRON DEP-PED INJ 7.5MG	Tier 2	NMO PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	Tier 2	NMO PA
LUPRON DEPOT-PED (1-MONTH)	Tier 2	NMO PA
LUPRON DEPOT-PED (3-MONTH)	Tier 2	NMO PA
NATPARA	Tier 2	NMO PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml	Tier 1	NMO PA

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<i>octreotide acetate</i> 200mcg/ml	Tier 1	NMO PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml	Tier 1	NMO PA
<i>octreotide acetate</i> 1000mcg/ml	Tier 1	NMO PA
PROLIA QL (1 injection / 180 days)	Tier 3	QL NMO
<i>raloxifene hcl</i> (generic of EVISTA)	Tier 1	
SIGNIFOR	Tier 2	NMO LA PA
SOMATULINE DEPOT	Tier 2	NMO PA
SOMAVERT	Tier 2	NMO LA PA
TYMLOS	Tier 2	NMO PA
XGEVA	Tier 2	NMO PA
PHOSPHATE BINDER AGENTS		
AURYXIA QL (360 tabs / 30 days)	Tier 2	QL
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS QL (360 caps / 30 days)	Tier 1	QL
<i>calcium acetate (phosphate binder)</i> TABS QL (360 tabs / 30 days)	Tier 1	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	Tier 1	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	Tier 1	QL
<i>sevelamer carbonate</i> (generic of RENVELA) TABS QL (540 tabs / 30 days)	Tier 1	QL
PROGESTINS		

Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone acetate tab</i> (generic of PROVERA)	Tier 1	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	Tier 1	
THYROID AGENTS		
<i>levo-t</i> (generic of SYNTHROID)	Tier 1	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	Tier 1	
<i>levoxyl</i> (generic of SYNTHROID)	Tier 1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	Tier 1	
<i>methimazole</i> (generic of TAPAZOLE) TABS	Tier 1	
<i>propylthiouracil</i> TABS	Tier 1	
SYNTHROID	Tier 3	
<i>unithroid</i> (generic of SYNTHROID)	Tier 1	
VASOPRESSINS		
<i>desmopressin acetate spray</i> (generic of DDAVP)	Tier 1	
<i>desmopressin acetate spray</i> <i>refrigerated</i>	Tier 1	
<i>desmopressin acetate tabs</i> (generic of DDAVP)	Tier 1	
<i>desmopressin inj 4mcg/ml</i> (generic of DDAVP)	Tier 1	
STIMATE	Tier 2	NMO
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> (generic of EMEND)	Tier 1	B/D
<i>aprepitant pak 80mg & 125mg</i>	Tier 1	B/D
<i>compro</i>	Tier 1	
<i>dronabinol</i> (generic of MARINOL) QL (60 caps / 30 days)	Tier 1	B/D QL
EMEND SUSR	Tier 3	B/D
<i>granisetron hcl</i> SOLN	Tier 1	
<i>granisetron hcl</i> TABS	Tier 1	B/D

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<i>meclizine hcl</i> TABS	Tier 1	
<i>metoclopramide hcl</i> SOLN	Tier 1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	Tier 1	
<i>metoclopramide hcl inj</i>	Tier 1	
<i>ondansetron hcl</i> (generic of ZOFTRAN) TABS 4mg, 8mg	Tier 1	B/D
<i>ondansetron hcl</i> TABS 24mg	Tier 1	B/D
<i>ondansetron hcl inj</i>	Tier 1	
<i>ondansetron hcl oral soln</i> (generic of ZOFTRAN)	Tier 1	B/D
<i>ondansetron odt</i> (generic of ZOFTRAN ODT)	Tier 1	B/D
<i>prochlorperazine inj</i>	Tier 1	
<i>prochlorperazine maleate</i> TABS	Tier 1	
<i>prochlorperazine supp</i>	Tier 1	
<i>promethazine hcl</i> SYRP; TABS PA if 70 years and older	Tier 1	PA
<i>promethazine hcl inj</i> (generic of PHENERGAN) PA if 70 years and older	Tier 3	PA
<i>scopolamine patch</i> (generic of TRANSDERM-SCOP) QL (10 patches / 30 days) PA if 70 years and older	Tier 3	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl cap 10mg</i> (generic of BENTYL)	Tier 2	
<i>dicyclomine hcl soln 10mg/5ml</i>	Tier 3	
<i>dicyclomine hcl tab 20mg</i>	Tier 2	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	Tier 1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	Tier 1	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> (generic of PEPCID) SUSR	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
<i>famotidine in nacl</i>	Tier 1	
<i>famotidine inj</i>	Tier 1	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS	Tier 1	
<i>ranitidine hcl inj</i> (generic of ZANTAC)	Tier 1	
<i>ranitidine inj</i> (generic of ZANTAC)	Tier 1	
<i>ranitidine syrup</i>	Tier 1	
INFLAMMATORY BOWEL DISEASE		
APRISO QL (120 caps / 30 days)	Tier 2	QL
<i>balsalazide disodium</i> (generic of COLAZAL)	Tier 1	
<i>budesonide ec</i> (generic of ENTOCORT EC)	Tier 1	
CANASA	Tier 3	
<i>colocort enema 100mg</i> (generic of CORTENEMA)	Tier 1	
DELZICOL	Tier 3	
<i>hydrocortisone (enema)</i> (generic of CORTENEMA)	Tier 1	
<i>mesalamine</i> ENEM	Tier 1	
<i>mesalamine</i> (generic of ASACOL HD) TBEC 800mg	Tier 1	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	Tier 1	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	Tier 1	
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	Tier 1	
LAXATIVES		
<i>constulose</i>	Tier 1	
<i>enulose</i>	Tier 1	
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	Tier 1	
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>gavilyte-n/flavor pack</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
<i>generlac</i>	Tier 1	
GOLYTELY	Tier 2	
<i>lactulose</i>	Tier 1	
<i>lactulose (encephalopathy)</i>	Tier 1	
MOVIPREP	Tier 3	
NULYTELY/FLAVOR PACKS	Tier 2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	Tier 1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
<i>peg 3350/electrolytes</i> (generic of COLYTE-FLAVOR PACKS)	Tier 1	
<i>polyethylene glycol 3350</i> PACK; POWD	Tier 1	
SUPREP BOWEL PREP KIT	Tier 3	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX)	Tier 1	PA
AMITIZA CAP 8MCG QL (180 caps / 30 days)	Tier 2	QL
AMITIZA CAP 24MCG QL (60 caps / 30 days)	Tier 2	QL
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM)	Tier 1	
<i>diphenoxylate w/ atropine</i> LIQD	Tier 3	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	Tier 2	
GATTEX	Tier 2	NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
LINZESS QL (30 caps / 30 days)	Tier 2	QL
<i>loperamide hcl</i> CAPS	Tier 1	
<i>misoprostol</i> (generic of CYTOTEC) TABS	Tier 1	
MOVANTIK 12.5mg QL (60 tabs / 30 days)	Tier 2	QL
MOVANTIK 25mg QL (30 tabs / 30 days)	Tier 2	QL
RELISTOR SOLN	Tier 2	PA
<i>sucrafate</i> (generic of CARAFATE) TABS	Tier 1	
SYMPROIC	Tier 2	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	Tier 1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 1	
XIFAXAN 550mg	Tier 2	PA
PANCREATIC ENZYMES		
CREON	Tier 2	
ZENPEP	Tier 3	
PROTON PUMP INHIBITORS		
DEXILANT QL (30 caps / 30 days)	Tier 3	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 30 days)	Tier 1	QL
<i>esomeprazole sodium inj</i> 20mg	Tier 1	
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	Tier 1	
<i>lansoprazole</i> (generic of PREVACID) CPDR QL (30 caps / 30 days)	Tier 1	QL
<i>omeprazole cap 10mg</i>	Tier 1	
<i>omeprazole cap 20mg</i>	Tier 1	
<i>omeprazole cap 40mg</i>	Tier 1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR	Tier 1	
<i>pantoprazole sodium tbec</i> (generic of PROTONIX)	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL)	Tier 1	QL
QL (30 tabs / 30 days)		
<i>dutasteride</i> (generic of AVODART) CAPS	Tier 1	QL
QL (30 caps / 30 days)		
<i>dutasteride-tamsulosin hcl</i> (generic of JALYN)	Tier 1	QL
QL (30 caps / 30 days)		
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 1	
<i>tamsulosin hcl</i> (generic of FLOMAX)	Tier 1	
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	Tier 1	
<i>potassium citrate</i> (alkalinizer) er tabs (generic of UROCIT-K 15) 15meq	Tier 1	
<i>potassium citrate</i> (alkalinizer) er tabs (generic of UROCIT-K 5) 540mg	Tier 1	
<i>potassium citrate</i> (alkalinizer) er tabs (generic of UROCIT-K 10) 1080mg	Tier 1	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg	Tier 3	QL
QL (60 tabs / 30 days)		
MYRBETRIQ 50mg	Tier 3	QL
QL (30 tabs / 30 days)		
<i>oxybutynin chloride</i> SYRP	Tier 1	
<i>oxybutynin chloride</i> TABS	Tier 1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg, 15mg	Tier 1	QL
QL (60 tabs / 30 days)		
<i>tolterodine tartrate cap er</i> (generic of DETROL LA)	Tier 1	QL ST
QL (30 caps / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
<i>tolterodine tartrate tabs</i> (generic of DETROL)	Tier 1	ST
TOVIAZ	Tier 2	QL
QL (30 tabs / 30 days)		
<i>trospium chloride</i> TABS	Tier 1	QL
QL (60 tabs / 30 days)		
VESICARE	Tier 3	QL
QL (30 tabs / 30 days)		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	Tier 1	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	Tier 1	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	Tier 1	
<i>terconazole vaginal</i> CREA .8%	Tier 1	
<i>terconazole vaginal</i> SUPP	Tier 1	
<i>vandazole</i>	Tier 1	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	Tier 2	
ELIQUIS	Tier 2	
ELIQUIS STARTER PACK	Tier 2	
<i>enoxaparin sodium</i> (generic of LOVENOX)	Tier 1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	Tier 1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	
<i>heparin sod (porcine) in d5w</i>	Tier 2	
<i>heparin sod inj 1000/ml</i>	Tier 1	B/D
<i>heparin sod inj 5000/ml</i>	Tier 1	B/D
<i>heparin sod inj 10000/ml</i>	Tier 1	B/D
<i>heparin sod inj 20000/ml</i>	Tier 1	B/D
HEPARIN SODIUM/NACL 0.45%	Tier 2	
<i>jantoven</i> (generic of COUMADIN)	Tier 1	
PRADAXA	Tier 3	

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<i>warfarin sodium</i> (generic of COUMADIN)	Tier 1	
XARELTO	Tier 2	
XARELTO STARTER PACK	Tier 2	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	Tier 2	NMO PA
NEUPOGEN	Tier 2	NMO PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NMO PA
PROCRIT 20000unit/ml, 40000unit/ml	Tier 2	NMO PA
MISCELLANEOUS		
<i>anagrelide hcl</i> 1mg	Tier 1	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	Tier 1	
BERINERT QL (24 boxes / 30 days)	Tier 2	QL NMO LA PA
<i>cilostazol</i>	Tier 1	
DROXIA	Tier 2	
ENDARI	Tier 2	NMO LA PA
FIRAZYR QL (9 syringes / 30 days)	Tier 2	QL NMO PA
HAEGARDA 2000unit QL (30 vials / 30 days)	Tier 2	QL NMO LA PA
HAEGARDA 3000unit QL (20 vials / 30 days)	Tier 2	QL NMO LA PA
<i>pentoxifylline</i> TBCR	Tier 1	
PROMACTA 12.5mg QL (360 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	Tier 1	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	Tier 1	
PLATELET AGGREGATION INHIBITORS		

Drug Name	Drug Tier	Requirements/ Limits
<i>aspirin-dipyridamole</i> (generic of AGGRENEX)	Tier 1	
BRILINTA	Tier 2	
<i>clopidogrel tab</i> 75mg (generic of PLAVIX)	Tier 1	
<i>prasugrel hcl</i> (generic of EFFIENT)	Tier 1	
ZONTIVITY	Tier 3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	Tier 2	QL NMO PA
HUMIRA 40mg/0.4ml QL (6 injections / 28 days)	Tier 2	QL NMO PA
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA PEDIATRIC CROHNS DISEASE	Tier 2	NMO PA
HUMIRA PEN QL (6 pens / 28 days)	Tier 2	QL NMO PA
HUMIRA PEN INJ CD/UC/HS STARTER	Tier 2	NMO PA
HUMIRA PEN INJ PS/UV STARTER	Tier 2	NMO PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	Tier 1	
<i>leflunomide</i> (generic of ARAVA) TABS	Tier 1	
<i>methotrexate sodium tabs</i>	Tier 1	
REMICADE	Tier 2	NMO PA
XATMEP	Tier 3	B/D
XELJANZ QL (60 tabs / 30 days)	Tier 2	QL NMO PA
XELJANZ XR QL (30 tabs / 30 days)	Tier 2	QL NMO PA

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Drug Name	Drug Tier	Requirements/ Limits
IMMUNOGLOBULINS		
BIVIGAM	Tier 2	NMO PA
CARIMUNE NANOFILTERED	Tier 2	NMO PA
FLEBOGAMMA DIF	Tier 2	NMO PA
GAMASTAN S/D	Tier 2	B/D NMO
GAMMAGARD LIQUID	Tier 2	NMO PA
GAMMAGARD S/D	Tier 2	NMO PA
GAMMAKED	Tier 2	NMO PA
GAMMAPLEX	Tier 2	NMO PA
GAMMAPLEX 10GM/100ML	Tier 2	NMO PA
GAMUNEX-C	Tier 2	NMO PA
OCTAGAM	Tier 2	NMO PA
PRIVIGEN	Tier 2	NMO PA
IMMUNOMODULATORS		
ACTIMMUNE	Tier 2	NMO LA PA
ARCALYST	Tier 2	NMO PA
INTRON-A INJ 10MU	Tier 2	B/D NMO
INTRON-A INJ 18MU	Tier 2	B/D NMO
INTRON-A INJ 25MU	Tier 2	B/D NMO
INTRON-A INJ 50MU	Tier 2	B/D NMO
IMMUNOSUPPRESSANTS		
azathioprine (generic of IMURAN) TABS	Tier 1	B/D
BENLYSTA	Tier 2	NMO PA
cyclosporine (generic of SANDIMMUNE) CAPS; SOLN	Tier 1	B/D NMO
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg	Tier 1	B/D NMO
cyclosporine modified (for microemulsion) CAPS 50mg	Tier 1	B/D NMO
cyclosporine modified (for microemulsion) (generic of NEORAL) SOLN	Tier 1	B/D NMO
gengraf (generic of NEORAL)	Tier 1	B/D NMO
mycophenolate mofetil (generic of CELLCEPT) CAPS; TABS	Tier 1	B/D NMO

Drug Name	Drug Tier	Requirements/ Limits
mycophenolate mofetil (generic of CELLCEPT) SUSR	Tier 1	B/D NMO
mycophenolate sodium tbec (generic of MYFORTIC)	Tier 1	B/D NMO
NULOJIX	Tier 2	B/D NMO
RAPAMUNE SOLN	Tier 2	B/D NMO
SANDIMMUNE SOLN 100mg/ml	Tier 2	B/D NMO
sirolimus (generic of RAPAMUNE) TABS 2mg	Tier 1	B/D NMO
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg	Tier 1	B/D NMO
tacrolimus (generic of PROGRAF) CAPS	Tier 1	B/D NMO
ZORTRESS TAB 0.5MG	Tier 2	B/D NMO
ZORTRESS TAB 0.25MG	Tier 2	B/D NMO
ZORTRESS TAB 0.75MG	Tier 2	B/D NMO
VACCINES		
ACTHIB	Tier 2	
ADACEL	Tier 2	
BCG VACCINE	Tier 2	
BEXSERO	Tier 2	
BOOSTRIX	Tier 2	
DAPTACEL	Tier 2	
DIPHTHERIA/TETANUS TOXOID	Tier 2	B/D
ENGRIX-B SUSP	Tier 2	B/D
GARDASIL 9	Tier 2	
HAVRIX	Tier 2	
HIBERIX	Tier 2	
IMOVAX RABIES (H.D.C.V.)	Tier 2	B/D
INFANRIX	Tier 2	
IPOL INACTIVATED IPV	Tier 2	
IXIARO	Tier 2	
KINRIX	Tier 2	
M-M-R II	Tier 2	
MENACTRA	Tier 2	
MENVEO	Tier 2	
PEDIARIX	Tier 2	
PEDVAX HIB	Tier 2	
PENTACEL	Tier 2	

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PROQUAD	Tier 2	
QUADRACEL	Tier 2	
RABAVERT	Tier 2	B/D
RECOMBIVAX HB	Tier 2	B/D
ROTARIX	Tier 2	
ROTATEQ	Tier 2	
SHINGRIX	Tier 2	QL
QL (2 vials per lifetime)		
TENIVAC	Tier 2	B/D
TETANUS/DIPHTHERIA TOXOID	Tier 2	B/D
TRUMENBA	Tier 2	
TWINRIX INJ	Tier 2	
TYPHIM VI	Tier 2	
VAQTA	Tier 2	
VARIVAX	Tier 2	
YF-VAX	Tier 2	
ZOSTAVAX	Tier 2	QL
QL (1 vial per lifetime)		
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
klor-con 8	Tier 1	
klor-con 10	Tier 1	
klor-con m10	Tier 1	
KLOR-CON M15	Tier 2	
klor-con m20	Tier 1	
klor-con pak 20meq	Tier 1	
klor-con spr cap 8meq (generic of MICRO-K)	Tier 1	
klor-con spr cap 10meq (generic of MICRO-K)	Tier 1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
magnesium sulfate (generic of MAGNESIUM SULFATE)	Tier 2	
SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml		
magnesium sulfate SOLN 50%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM SULFATE IN D5W	Tier 2	
magnesium sulfate in dextrose (generic of MAGNESIUM SULFATE IN D5W)	Tier 2	
magnesium sulfate inj 50%	Tier 2	
potassium chloride (generic of MICRO-K) CPCR	Tier 1	
potassium chloride PACK	Tier 1	
potassium chloride SOLN 10%, 20%	Tier 1	
potassium chloride TBCR 8meq, 10meq	Tier 1	
potassium chloride (generic of K-TAB) TBCR 20meq	Tier 1	
potassium chloride microencapsulated crystals	Tier 1	
potassium chloride tab cr 10meq	Tier 1	
sodium chloride SOLN 2.5meq/ml	Tier 1	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
tpn electrolytes	Tier 3	B/D
IV NUTRITION		
AMINOSYN	Tier 3	B/D
AMINOSYN 7%/ELECTROLYTES	Tier 3	B/D
aminosyn 8.5%/electrolyte	Tier 3	B/D
aminosyn ii 8.5%/electrol	Tier 3	B/D
AMINOSYN II INJ 8.5%	Tier 3	B/D
AMINOSYN II INJ 10%	Tier 3	B/D
AMINOSYN M	Tier 3	B/D
AMINOSYN-HBC	Tier 3	B/D
AMINOSYN-PF 7%	Tier 3	B/D
AMINOSYN-PF INJ 10%	Tier 3	B/D
AMINOSYN-RF	Tier 3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	Tier 3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	Tier 3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	Tier 3	B/D

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CLINIMIX 5%/DEXTROSE 15%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 20%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 25%	Tier 3	B/D
CLINIMIX INJ 4.25/D10	Tier 3	B/D
CLINIMIX INJ 4.25/D20	Tier 3	B/D
FREAMINE HBC 6.9%	Tier 3	B/D
FREAMINE III	Tier 3	B/D
hepatamine	Tier 3	B/D
INTRALIPID 30%	Tier 3	B/D
intralipid inj 20%	Tier 3	B/D
NEPHRAMINE	Tier 3	B/D
nutrilipid inj 20%	Tier 3	B/D
premasol sol 6%	Tier 1	B/D
PREMASOL SOL 10%	Tier 3	B/D
PROCALAMINE	Tier 3	B/D
PROSOL	Tier 3	B/D
TRAVASOL	Tier 3	B/D
TROPHAMINE INJ 10%	Tier 3	B/D
IV REPLACEMENT SOLUTIONS		
dextrose 2.5%/nacl 0.45%	Tier 1	
dextrose 5%	Tier 1	
DEXTROSE 5% /ELECTROLYTE	Tier 2	
dextrose 5%/nacl 0.2%	Tier 1	
DEXTROSE 5%/NACL 0.3%	Tier 3	
dextrose 5%/nacl 0.9%	Tier 1	
dextrose 5%/nacl 0.33%	Tier 1	
dextrose 5%/nacl 0.45%	Tier 1	
dextrose 5%/nacl 0.225%	Tier 1	
dextrose 5%/potassium chl	Tier 1	
dextrose 10% flex contain	Tier 1	
DEXTROSE 10%/NACL 0.2%	Tier 2	
dextrose 10%/nacl 0.45%	Tier 1	
dextrose 50%	Tier 1	
dextrose in lactated ringers	Tier 1	
dextrose inj 70%	Tier 1	
IONOSOL-MB/DEXTROSE 5%	Tier 3	
ISOLYTE P	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
ISOLYTE S	Tier 3	
kcl 0.15%/d5w/nacl 0.2%	Tier 1	
KCL 0.3%/D5W/NACL 0.9%	Tier 3	
kcl 0.3%/d5w/nacl 0.45%	Tier 1	
kcl 0.15%/d5w/nacl 0.9%	Tier 1	
KCL 0.15%/D5W/NACL 0.225%	Tier 2	
kcl 0.075%/d5w/nacl 0.45%	Tier 1	
kcl/d5w inj 0.3%	Tier 1	
kcl/d5w/nacl inj 0.22%/0.45%	Tier 1	
kcl/d5w/nacl inj .15/.33%	Tier 1	
kcl/d5w/nacl inj .15/.45%	Tier 1	
kcl/nacl inj 0.3-0.9	Tier 1	
kcl/nacl inj 0.15%-0.9%	Tier 1	
lactated ringer's	Tier 1	
NORMOSOL-M IN D5W	Tier 3	
NORMOSOL-R	Tier 3	
NORMOSOL-R IN D5W	Tier 3	
PLASMA-LYTE A	Tier 3	
PLASMA-LYTE-148	Tier 3	
pot chloride inj 2meq/ml	Tier 1	
potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	Tier 1	
potassium chloride in nacl	Tier 1	
sodium chloride SOLN 3%, 5%	Tier 1	
sodium chloride 0.45%	Tier 1	
sodium chloride inj 0.9%	Tier 1	
VITAMINS		
calcitriol (generic of ROCALTROL) CAPS	Tier 1	B/D
calcitriol inj	Tier 1	B/D
calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)	Tier 1	B/D
paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 1	B/D
paricalcitol CAPS 4mcg	Tier 1	B/D
PNV PRENATAL TAB PLUS	Tier 2	

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
RAYALDEE	Tier 2	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	Tier 1	
BLEPHAMIDE OINT	Tier 3	
<i>neomycin-polymyx-dexameth</i> (generic of MAXITROL)	Tier 1	
<i>neomycin-polymyxin-hc</i> (ophth)	Tier 1	
<i>sulfacetamide sod-</i> <i>prednisolone</i>	Tier 1	
TOBRADEX OINT	Tier 2	
TOBRADEX ST	Tier 2	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	Tier 1	
ZYLET	Tier 2	
ANTI-INFECTIVES		
AZASITE	Tier 3	
<i>bacitracin (ophthalmic)</i>	Tier 1	
<i>bacitracin-polymyxin b</i> (ophth)	Tier 1	
BESIVANCE	Tier 2	
CILOXAN OINT	Tier 2	
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	Tier 1	
<i>erythromycin (ophth)</i>	Tier 1	
<i>gatifloxacin (ophth)</i> (generic of ZYMAXID)	Tier 1	
<i>gentak</i>	Tier 1	
<i>gentamicin sulfate soln</i> (ophth)	Tier 1	
MOXEZA	Tier 2	
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX)	Tier 1	
NATACYN	Tier 3	
<i>neomycin-bacitracin zn-</i> <i>polymyxin</i>	Tier 1	
<i>neomycin-polymyxin-</i> <i>gramicidin</i> (generic of NEOSPORIN)	Tier 1	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	Tier 1	
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium</i> (ophth) OINT	Tier 1	
<i>sulfacetamide sodium</i> (ophth) (generic of BLEPH- 10) SOLN	Tier 1	
<i>tobramycin (ophth)</i> (generic of TOBREX)	Tier 1	
<i>trifluridine</i> (generic of VIROPTIC) SOLN	Tier 1	
ZIRGAN	Tier 3	
ANTI-INFLAMMATORIES		
ALREX	Tier 2	
<i>bromfenac sodium (ophth)</i>	Tier 1	
BROMSITE	Tier 3	
<i>dexamethasone sodium</i> <i>phosphate (ophth)</i>	Tier 1	
<i>diclofenac sodium (ophth)</i>	Tier 1	
DUREZOL	Tier 2	
<i>fluorometholone</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
ILEVRO	Tier 2	
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR LS) .4%	Tier 1	
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR) .5%	Tier 1	
LOTEMAX	Tier 2	
<i>prednisolone acetate</i> (ophth) (generic of OMNIPRED)	Tier 1	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	Tier 2	
PROLENSA	Tier 2	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	Tier 1	
BEPREVE	Tier 2	
<i>cromolyn sodium (ophth)</i>	Tier 1	
LASTACAPT	Tier 3	
<i>olopatadine hcl 0.2%</i> (generic of PATADAY)	Tier 1	
PAZEO	Tier 2	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	Tier 2	

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Blue MedicareRx 3-Tier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
AZOPT	Tier 2	
<i>betaxolol hcl (ophth)</i>	Tier 1	
BETOPTIC-S	Tier 2	
<i>brimonidine sol 0.2%</i>	Tier 1	
<i>brimonidine sol 0.15%</i> (generic of ALPHAGAN P)	Tier 1	
<i>carteolol hcl (ophth)</i>	Tier 1	
COMBIGAN	Tier 2	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	Tier 1	
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	Tier 1	
<i>latanoprost</i> (generic of XALATAN) SOLN	Tier 1	
<i>levobunolol hcl</i> (generic of BETAGAN)	Tier 1	
LUMIGAN	Tier 2	
<i>metipranolol</i>	Tier 1	
PHOSPHOLINE IODIDE	Tier 3	
<i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN	Tier 1	
SIMBRINZA	Tier 2	
<i>timolol maleate (ophth) soln</i> (generic of TIMOPTIC)	Tier 1	
<i>timolol maleate gel</i> (generic of TIMOPTIC-XE)	Tier 1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i> (generic of ISTALOL)	Tier 1	
TRAVATAN Z	Tier 2	
MISCELLANEOUS		
CYSTARAN	Tier 2	NMO LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	Tier 1	
RESTASIS	Tier 2	QL
QL (60 single use vials / 30 days)		
RESTASIS MULTIDOSE	Tier 2	QL
QL (1 bottle / 30 days)		
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		

Drug Name	Drug Tier	Requirements/ Limits
ANORO ELLIPTA	Tier 2	QL
QL (60 blisters / 30 days)		
BEVESPI AEROSPHERE	Tier 2	QL
QL (1 inhaler / 30 days)		
COMBIVENT RESPIMAT	Tier 3	QL
QL (2 inhalers / 30 days)		
<i>ipratropium-albuterol nebu</i>	Tier 1	B/D
TRELEGY ELLIPTA	Tier 2	QL
QL (60 blisters / 30 days)		
ANTICHOLINERGICS		
ATROVENT HFA	Tier 3	QL
QL (2 inhalers / 30 days)		
INCRUSE ELLIPTA	Tier 2	QL
QL (30 blisters / 30 days)		
<i>ipratropium bromide</i> SOLN	Tier 1	B/D
<i>ipratropium bromide (nasal)</i>	Tier 1	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	Tier 1	
<i>azelastine spr 0.15%</i> (generic of ASTEPRO)	Tier 1	
<i>cetirizine syrup</i>	Tier 1	
<i>cycloheptadine hcl</i> SYRP; TABS	Tier 2	PA
PA if 70 years and older		
<i>diphenhydramine hcl inj 50mg/ml</i>	Tier 1	
<i>hydroxyzine hcl</i> SYRP	Tier 2	PA
PA if 70 years and older		
<i>hydroxyzine hcl</i> TABS	Tier 1	PA
PA if 70 years and older		
<i>hydroxyzine hcl inj</i>	Tier 3	PA
PA if 70 years and older		
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg	Tier 1	PA
PA if 70 years and older		
<i>levocetirizine dihydrochloride</i>	Tier 1	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	Tier 1	B/D

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Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate</i> SYRP; TABS; TB12	Tier 1	
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU 1.25mg/3ml	Tier 1	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i> (generic of XOPENEX CONCENTRATE)	Tier 1	B/D
<i>levalbuterol tartrate hfa</i> QL (2 inhalers / 30 days)	Tier 1	QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
<i>terbutaline sulfate</i> TABS	Tier 1	
VENTOLIN HFA QL (2 inhalers / 30 days)	Tier 2	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; PACK; TABS	Tier 1	
<i>zafirlukast</i> (generic of ACCOLATE)	Tier 1	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu</i>	Tier 1	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 1	B/D
ARALAST NP	Tier 2	NMO LA PA
DALIRESP	Tier 3	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 1	
ESBRIET	Tier 2	NMO PA
KALYDECO	Tier 2	NMO PA
OFEV	Tier 2	NMO PA
ORKAMBI TABS	Tier 2	NMO PA
PROLASTIN-C	Tier 2	NMO LA PA
PULMOZYME	Tier 2	NMO PA
SYMDEKO	Tier 2	NMO LA PA
THEO-24	Tier 3	
<i>theophylline</i>	Tier 1	
XOLAIR	Tier 2	NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
ZEMAIRA	Tier 2	NMO LA PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> QL (3 bottles / 30 days)	Tier 1	QL
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	Tier 1	QL
STEROID INHALANTS		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	Tier 2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) .25mg/2ml, .5mg/2ml	Tier 1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	Tier 2	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	Tier 2	QL
FLOVENT HFA QL (2 inhalers / 30 days)	Tier 2	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	Tier 3	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
ADVAIR HFA QL (1 inhaler / 30 days)	Tier 2	QL
BREO ELLIPTA QL (60 blisters / 30 days)	Tier 2	QL
SYMBICORT QL (1 inhaler / 30 days)	Tier 2	QL
TOPICAL DERMATOLOGY, ACNE		

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Drug Name	Drug Tier	Requirements/ Limits
<i>amnesteam</i>	Tier 1	PA
<i>avita</i> (generic of RETIN-A) CREA	Tier 1	PA
<i>avita</i> GEL	Tier 1	PA
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	Tier 1	
<i>claravis</i>	Tier 1	PA
<i>clindacin-p</i> (generic of CLEOCIN-T)	Tier 1	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN; SOLN; SWAB	Tier 1	
<i>ery pad 2%</i>	Tier 1	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	Tier 1	
<i>erythromycin (acne aid)</i> SOLN	Tier 1	
<i>isotretinoin</i> CAPS	Tier 1	PA
<i>myorisan</i>	Tier 1	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	Tier 1	
<i>tretinoin</i> (generic of RETIN-A) CREA	Tier 1	PA
<i>tretinoin</i> (generic of RETIN-A) GEL .01%, .025%	Tier 1	PA
<i>zenatane</i>	Tier 1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	Tier 1	
<i>mupirocin</i> OINT	Tier 1	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	Tier 1	
<i>ssd</i> (generic of SILVADENE)	Tier 1	
SULFAMYLON CREA	Tier 3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> (generic of LOPROX) CREA; SUSP	Tier 1	
<i>ciclopirox</i> GEL	Tier 1	
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	Tier 1	
<i>clotrimazole (topical)</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole w/ betamethasone</i> (generic of LOTRISONE) CREA	Tier 1	
<i>ketoconazole cream</i>	Tier 1	
<i>nyamyc</i>	Tier 1	
<i>nystatin (topical)</i>	Tier 1	
<i>nystatin pow 100000</i>	Tier 1	
<i>nystop</i>	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE) 10mg, 25mg	Tier 1	PA
<i>acitretin</i> 17.5mg	Tier 1	PA
<i>calcipotriene</i> (generic of DOVONEX) CREA QL (120 gm / 30 days)	Tier 1	QL PA
<i>calcipotriene</i> OINT QL (120 gm / 30 days)	Tier 1	QL PA
<i>calcipotriene</i> SOLN QL (120 mL / 30 days)	Tier 1	QL PA
<i>calcitrene</i> QL (120 gm / 30 days)	Tier 1	QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA	Tier 1	PA
TAZORAC CREA .05%	Tier 3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	Tier 1	
<i>selenium sulfide</i> LOTN	Tier 1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	Tier 1	
<i>alclometasone dipropionate</i>	Tier 1	
<i>betamethasone dipropionate (topical)</i>	Tier 1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	Tier 1	
<i>betamethasone dipropionate augmented</i> GEL	Tier 1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate</i> CREA; LOTN; OINT	Tier 1	
<i>fluocinolone acetonide</i> CREA .01%	Tier 1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%	Tier 1	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL	Tier 1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT	Tier 1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	Tier 1	
<i>fluocinolone acetonide oil body</i> (generic of DERMA-SMOOTH/FS SCALP)	Tier 1	
<i>fluocinonide</i> CREA .05%	Tier 1	
<i>fluocinonide</i> GEL	Tier 1	
<i>fluocinonide</i> SOLN	Tier 1	
<i>fluocinonide emulsified base</i>	Tier 1	
<i>fluticasone propionate</i> CREA; OINT	Tier 1	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	Tier 1	
<i>hydrocortisone (topical)</i> CREA	Tier 1	
<i>hydrocortisone (topical)</i> LOTN	Tier 1	
<i>hydrocortisone (topical)</i> OINT 2.5%	Tier 1	
<i>hydrocortisone butyrate cream 0.1%</i> (generic of LOCID)	Tier 1	
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 1	
<i>hydrocortisone valerate</i>	Tier 1	
<i>mometasone furoate</i> (generic of ELOCON) CREA; OINT	Tier 1	
<i>mometasone furoate</i> SOLN	Tier 1	
TEXACORT SOLN 2.5%	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical)</i> CREA; OINT	Tier 1	
<i>triamcinolone acetonide (topical)</i> LOTN	Tier 1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> QL (30 mL / 30 days)	Tier 1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	Tier 1	QL PA
<i>lidocaine hcl</i> GEL QL (30 mL / 30 days)	Tier 1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 1	QL PA
<i>lidocaine oint 5%</i> QL (50 grams / 30 days)	Tier 1	QL PA
<i>lidocaine-prilocaine</i> QL (30 grams / 30 days)	Tier 1	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA	Tier 1	
<i>ammonium lactate</i> LOTN	Tier 1	
<i>diclofenac sodium (topical)</i> 1% gel (generic of VOLTAREN)	Tier 1	PA
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	Tier 1	
<i>fluorouracil (topical)</i> SOLN	Tier 1	
<i>imiquimod</i> (generic of ALDARA) CREA	Tier 1	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	Tier 1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	
PANRETIN	Tier 2	
PICATO .05% QL (2 tubes / 30 days)	Tier 2	QL
PICATO .015% QL (3 tubes / 30 days)	Tier 2	QL

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<i>podofilox</i> SOLN	Tier 1	
<i>procto-med hc</i> (generic of ANUSOL-HC)	Tier 1	
<i>procto-pak</i> (generic of PROCTOCORT)	Tier 1	
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	Tier 1	
<i>proctozone-hc</i> (generic of ANUSOL-HC)	Tier 1	
<i>rosadan</i> (generic of METROCREAM)	Tier 1	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	Tier 1	
TARGRETIN GEL	Tier 2	NMO PA
VALCHLOR	Tier 2	NMO LA PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> (generic of OVIDE)	Tier 1	
<i>permethrin cre 5%</i> (generic of ELIMITE)	Tier 1	

DERMATOLOGY, WOUND CARE AGENTS

<i>acetic acid .25%</i>	Tier 1	
REGRANEX	Tier 2	PA
SANTYL	Tier 3	
<i>sodium chlor sol 0.9% irr</i>	Tier 1	
<i>water for irrigation, sterile</i>	Tier 1	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> (generic of EVOXAC)	Tier 1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	Tier 1	
<i>clotrimazole</i> LOZG	Tier 1	
<i>lidocaine hcl (mouth-throat)</i>	Tier 1	
<i>nystatin (mouth-throat)</i>	Tier 1	
<i>paroex sol 0.12%</i> (generic of PERIDEX)	Tier 1	
<i>periogard</i> (generic of PERIDEX)	Tier 1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN)	Tier 1	
<i>triamcinolone acetonide (mouth)</i>	Tier 1	

OTIC

Drug Name	Drug Tier	Requirements/ Limits
<i>acetic acid (otic)</i>	Tier 1	
CIPRODEX	Tier 2	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	Tier 1	
<i>neomycin-polymyxin-hc (otic)</i>	Tier 1	
<i>ofloxacin (otic)</i> (generic of FLOXIN OTIC)	Tier 1	

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<i>digoxin</i> 17		
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<i>diltiazem cap 240mg cd</i> 16	DOXIL	ELIQUIS..... 40
<i>diltiazem cap 300mg cd</i> 16	see <i>doxorubicin hcl</i>	ELIQUIS STARTER PACK
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<i>diphenhydramine hcl inj</i>	<i>mcg/hr</i> 2	<i>enalapril maleate &</i>
<i>50mg/ml</i> 46	see <i>fentanyl patch 25</i>	<i>hydrochlorothiazide</i> 13
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DIPROLENE	see <i>fentanyl patch 75</i>	<i>endocet 5-325mg</i> 2
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<i>enulose</i>	38	<i>ethosuximide</i>	<i>falmina</i>	33
EPCLUSA	7	<i>ethynodiol diacet & eth</i>	<i>famciclovir</i>	7
<i>epinephrine (anaphylaxis)</i>	47	<i>estradiol</i>	<i>famotidine</i>	38
<i>epirubicin hcl</i>	10	<i>ethynodiol tab 1-50</i>	<i>famotidine in nacl</i>	38
<i>epitol</i>	19	<i>etodolac</i>	<i>famotidine inj</i>	38
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<i>ergotamine w/ caffeine</i>	28	see <i>rivastigmine td patch</i>	see <i>clozapine odt</i>	24
ERIVEDGE	10	24hr 13.3 mg/24hr	<i>felbamate</i>	19
ERLEADA	11	see <i>rivastigmine td patch</i>	FELBATOL	
<i>errin</i>	33	24hr 4.6 mg/24hr	see <i>felbamate</i>	19
<i>ertapenem sodium</i>	4	see <i>rivastigmine td patch</i>	FELDENE	
<i>ery pad 2%</i>	48	24hr 9.5 mg/24hr	see <i>piroxicam</i>	1
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LACTOBIONATE	8	see <i>amlodipine besylate-</i>	see <i>norethindrone acetate-</i>	
<i>erythrocin stearate</i>	8	<i>valsartan tab 10-320 mg</i>	<i>ethinyl estradiol</i>	36
<i>erythromycin (acne aid)</i>	48	14	<i>femynor</i>	33
<i>erythromycin (ophth)</i>	45	see <i>amlodipine besylate-</i>	<i>fenofibrate</i>	15
<i>erythromycin base</i>	8	<i>valsartan tab 5-160 mg</i> .	<i>fenofibrate micronized</i>	15
<i>erythromycin cap 250mg ec</i>	8	13	<i>fentanyl citrate</i>	2
<i>erythromycin ethylsuccinate</i>	8	see <i>amlodipine besylate-</i>	<i>fentanyl patch 100 mcg/hr</i> ..	2
ESBRIET	47	<i>valsartan tab 5-320 mg</i> .	<i>fentanyl patch 12 mcg/hr</i>	2
<i>escitalopram oxalate</i>	22	13	<i>fentanyl patch 25 mcg/hr</i>	2
<i>esomeprazole magnesium</i>	39	see <i>amlodipine-valsartan-</i>	<i>fentanyl patch 50 mcg/hr</i>	2
<i>esomeprazole sodium inj</i> ..	39	<i>hydrochlorothiazide 10-</i>	<i>fentanyl patch 75 mcg/hr</i>	2
<i>estarylla tab 0.25-35</i>	33	160-25mg	FENTORA	2
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<i>cream</i>	35	320-25mg	FIASP	30
<i>estradiol</i>	35	14	FIASP FLEXTOUCH	30
<i>estradiol vaginal cream</i>	35	see <i>amlodipine-valsartan-</i>	<i>finasteride</i>	40
<i>estradiol vaginal tab</i>	35	<i>hydrochlorothiazide 5-160-</i>	FIRAZYR	41
<i>estradiol valerate</i>	36	12.5mg	FLAGYL	
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		<i>hydrochlorothiazide 5-160-</i>		
		12.5mg		
		14		
		see <i>amlodipine-valsartan-</i>		
		<i>hydrochlorothiazide 5-160-</i>		
		12.5mg		
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<i>fluconazole inj nacl 200</i>	5	<i>fyavolv</i>	36	<i>gianvi</i>	33
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<i>hydrochloride</i>	8	<i>galantamine hydrobromide</i>	21		29
<i>flunisolide (nasal)</i>	47	<i>galantamine hydrobromide</i>		<i>glatiramer acetate 40mg/ml</i>	
<i>fluocinolone acetonide</i>	49	<i>er</i>	21		29
<i>fluocinolone acetonide (otic)</i>		GAMASTAN S/D	42	<i>glatopa</i>	29
.....	50	GAMMAGARD LIQUID	42	GLEEVEC	
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.....	49		42		31
<i>fluorometholone</i>	45	GAMUNEX-C	42	<i>glip/metform tab 2.5-500mg</i>	
<i>fluorouracil</i>	10	<i>ganciclovir sodium</i>	7		31
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<i>fluoxetine cap 10mg</i>	22	GASTROCROM		<i>glipizide</i>	31
<i>fluoxetine cap 20mg</i>	22	see cromolyn sodium		<i>glipizide xl</i>	31
<i>fluoxetine cap 40mg</i>	22	(mastocytosis)	39	GLUCAGEN HYPOKIT	36
<i>fluoxetine hcl</i>	22	<i>gatifloxacin (ophth)</i>	45	GLUCAGON EMERGENCY	
<i>fluphenazine decanoate</i>	24	GATTEX	39	KIT	36
<i>fluphenazine hcl</i>	24	GAUZE PADS 2	30	GLUCOPHAGE	
<i>flurbiprofen</i>	1	<i>gavilyte-c</i>	38	see metformin <i>hcl</i>	31, 32
<i>flurbiprofen sodium</i>	45	<i>gavilyte-g</i>	38	GLUCOPHAGE XR	
<i>flutamide</i>	11	<i>gavilyte-n/flavor pack</i>	39	see metformin <i>er</i>	31
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<i>fluvoxamine maleate</i>	18	GEMZAR		see glipizide	31
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<i>bicarb-sod chloride-sod</i>		HUMIRA KIT 40MG/0.8ML	41	<i>ibandronate sodium</i>	32
<i>sulfate</i>	39	HUMIRA PEDIATRIC		IBRANCE	10
<i>granisetron hcl</i>	37	CROHNS DISEASE	41	<i>ibu tab 600mg</i>	1
GRANIX	41	HUMIRA PEN	41	<i>ibu tab 800mg</i>	1
<i>griseofulvin microsize</i>	5	HUMIRA PEN INJ		<i>ibuprofen</i>	1
<i>griseofulvin ultramicrosize</i> ..	5	CD/UC/HS STARTER	41	ICLUSIG	12
<i>guanfacine er (adhd)</i>	27	HUMIRA PEN INJ PS/UV		IDHIFA	10
H		STARTER	41	IFEX INJ 3GM	10
HAEGARDA	41	HUMULIN R INJ U-500	30	<i>ifosfamide inj 1gm/20ml</i>	10
HALDOL		HUMULIN R U-500		IFOSFAMIDE INJ 3GM	10
see <i>haloperidol lactate inj</i>		KWIKPEN	30	<i>ifosfamide inj 3gm/60ml</i>	10
<i>5mg/ml</i>	24	HYCANTIN		ILEVRO	45
HALDOL DECANOATE 100		see <i>topotecan hcl</i>	12	<i>imatinib mesylate</i>	12
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.....	24	HYDREA		<i>imipenem-cilastatin</i>	4
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.....	24	<i>hydroco/apap tab 10-325mg</i>		IMITREX	
<i>halobetasol propionate</i>	49		2	see <i>sumatriptan</i>	28
<i>haloperidol</i>	24	<i>hydroco/apap tab 5-325mg</i> .	2	see <i>sumatriptan inj</i>	
<i>haloperidol conc 2mg/ml</i> ...	24	<i>hydroco/apap tab 7.5-325</i> ...	2	<i>6mg/0.5ml</i>	28
<i>haloperidol decanoate</i>	24	<i>hydrocodone-acetaminophen</i>		see <i>sumatriptan succinate</i>	
<i>haloperidol lactate inj 5mg/ml</i>		<i>7.5-325 mg/15ml</i>	2		28
.....	24	<i>hydrocodone-ibuprofen tab</i>		IMITREX STATDOSE	
HARVONI	7	<i>7.5-200 mg</i>	2	REFILL	
HAVRIX	42	<i>hydrocortisone</i>	36	see <i>sumatriptan inj</i>	
<i>heather</i>	33	<i>hydrocortisone (enema)</i>	38	<i>4mg/0.5ml</i>	28
<i>heparin sod (porcine) in d5w</i>		<i>hydrocortisone (topical)</i>	49	see <i>sumatriptan inj</i>	
.....	40	<i>hydrocortisone butyrate</i>		<i>6mg/0.5ml</i>	28
<i>heparin sod inj 1000/ml</i>	40	<i>cream 0.1%</i>	49	IMITREX STATDOSE	
<i>heparin sod inj 10000/ml</i> ...	40	<i>hydrocortisone butyrate oint</i>		SYSTEM	
<i>heparin sod inj 20000/ml</i> ...	40	<i>0.1%</i>	49	see <i>sumatriptan inj</i>	
<i>heparin sod inj 5000/ml</i>	40	<i>hydrocortisone valerate</i>	49	<i>4mg/0.5ml</i>	28
HEPARIN SODIUM/NACL		<i>hydromorphone hcl</i>	2	see <i>sumatriptan inj</i>	
0.45%	40	HYDROMORPHONE		<i>6mg/0.5ml</i>	28
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HEXALEN	10	<i>hydroxyzine hcl</i>	46	INCRUSE ELLIPTA	46
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<i>mononessa</i>	34	<i>naloxone inj 0.4mg/ml</i>	NEUPRO	23
<i>montelukast sodium</i>	47	<i>naloxone inj 1mg/ml</i>	NEURONTIN	
<i>morgidox cap 1x50mg</i>	10	<i>naltrexone hcl</i>	see <i>gabapentin</i>	19, 20
<i>morphine ext-rel tab</i>	3	NAMENDA	<i>nevirapine</i>	6
<i>morphine sul inj 10mg/ml</i>	3	see <i>memantine tabs</i>	NEXAVAR	12
<i>morphine sul inj 1mg/ml</i>	3	NAMENDA XR	NEXIUM	

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see esomeprazole	325	2	NOVOLOG MIX 70/30	30
magnesium	see lorcet hd tab 10-		NOVOLOG PENFILL	30
NEXIUM I.V.	325mg	2	NOXAFIL	5
see esomeprazole sodium	see lorcet plus tab 7.5-325		NUCYN TA ER	3
inj		3	NUEDEXTA	28
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.....	norethindrone		NULYTELY/FLAVOR	
niacor	(contraceptive)	34	PACKS	39
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nicardipine hcl	norethindrone acetate-ethinyl		chloride-sod bicarbonate-	
NICOTROL INHALER	estradiol	36	sod chloride	39
NICOTROL NS	norgest/ethi tab 0.25/35	34	see trilyte	39
nifedipine	norgestimate-ethinyl		NUPLAZID	25
nifedipine er	estradiol (triphasic) 0.18-		nutrilipid inj 20%	44
nikki	25/0.215-25/0.25-25 mg-mcg		NUVARING	34
NILANDRON		34	NUVIGIL	
see nilutamide	norgestimate-ethinyl		see armodafinil	29
nilutamide	estradiol (triphasic) 0.18-		nyamyc	48
nimodipine	35/0.215-35/0.25-35 mg-mcg		NYMALIZE	16
NINLARO		34	nystatin	5
NITRO-BID	norlyroc	34	nystatin (mouth-throat)	50
NITRO-DUR	NORMOSOL-M IN D5W ...	44	nystatin (topical)	48
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nitrofurantoin monohyd	NORTHERA	17	ODEFSEY	7
macro	nortrel 0.5/35 (28)	34	ODOMZO	11
nitroglycerin	nortrel 1/35	34	OFEV	47
nitroglycerin td patch	nortrel 7/7/7	34	ofloxacin (ophth)	45
NITROSTAT	nortriptyline hcl	22	ofloxacin (otic)	50
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see ketoconazole	NORVIR	6	olmesartan medoxomil-	
shampoo	see ritonavir	6	amlodipine-	
nora-be tab	NOVOLIN 70/30	30	hydrochlorothiazide	14
NORCO	NOVOLIN N	30	olmesartan medoxomil-	
see hydroco/apap tab 10-	NOVOLIN R	30	hydrochlorothiazide	14
325mg	NOVOLOG	30	olopatadine hcl 0.2%	45
see hydroco/apap tab 5-	NOVOLOG 70/30 FLEXPEN		omeprazole cap 10mg	39
325mg		30	omeprazole cap 20mg	39
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(<i>ophth</i>)	0.25/35	34	PAMIDRONATE DISODIUM	
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<i>ondansetron hcl inj</i>	see <i>sprintec 28</i>	35	<i>pamidronate inj 30mg</i>	32
<i>ondansetron hcl oral soln</i> ..	see <i>vylibra</i>	35	<i>pamidronate inj 90mg</i>	32
<i>ondansetron odt</i>	ORTHO-NOVUM 1/35		PANRETIN	49
ONFI	see <i>alyacen 1/35</i>	33	<i>pantoprazole sodium</i>	39
OPSUMIT	see <i>cyclafem 1/35</i>	33	<i>pantoprazole sodium tbec</i> ..	39
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ORFADIN	see <i>pirmella 1/35</i>	35	see <i>bromocriptine</i>	
ORKAMBI	ORTHO-NOVUM 7/7/7		<i>mesylate</i>	23
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see <i>errin</i>	see <i>necon 7/7/7</i>	34	<i>sulfate</i>	22
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see <i>lyza</i>	<i>oseltamivir phosphate</i>	7	<i>paromomycin sulfate</i>	4
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(<i>contraceptive</i>)	see <i>malathion</i>	50	PASER D/R	7
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ORTHO TRI-CYCLEN	<i>oxaliplatin inj 100mg</i>	12	see <i>olopatadine hcl 0.2%</i>	
see <i>norgestimate-ethinyl</i>	<i>oxaliplatin inj 100mg/20ml</i> ..	12		45
<i>estradiol (triphasic) 0.18-</i>	<i>oxaliplatin inj 50mg</i>	12	PAXIL	22
<i>35/0.215-35/0.25-35 mg-</i>	<i>oxaliplatin inj 50mg/10ml</i> ..	12	see <i>paroxetine hcl tabs</i> ..	22
<i>mcg</i>	OXANDRIN		PAZEO	45
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<i>25/0.215-25/0.25-25 mg-</i>	<i>oxycodone w/</i>		PEGASYS	7
<i>mcg</i>	<i>acetaminophen 5-325mg</i>	3	PEGASYS PROCLICK	7
see <i>tri-lo marzia</i>	<i>oxycodone w/</i>		PENICILLIN G POT IN	
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see <i>trinessa lo</i>	0.5MG/DOSE	30	DEXTROSE 3MU	9
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.....	P		<i>penicillin v potassium</i>	9
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see <i>mili</i>	<i>paclitaxel</i>	10	<i>penicillin gk inj 5mu</i>	9
see <i>mono-lynyah tab 0.25-</i>	<i>paliperidone</i>	25	PENTACEL	42
<i>35</i>	PAMELOR		PENTAM 300	5

<i>pentoxifylline</i>	41	<i>see calcium acetate</i>	<i>er tabs</i>	40
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PERCOCET		PICATO	<i>pramipexole tab 0.125mg</i> .	23
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<i>see endocet 7.5-325mg</i> ..	2	<i>pimtrea</i>	<i>pramipexole tab 1.5mg</i>	23
<i>see oxycodone w/</i>		<i>pindolol</i>	<i>pramipexole tab 1mg</i>	23
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.....	3	<i>piper/tazoba inj 3-0.375gm</i> .	<i>see pravastatin sodium</i> .	15
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<i>phenobarbital</i>	20	POMALYST CAP 1MG	<i>prednisone sol 5mg/5ml</i>	36
<i>phenobarbital sodium</i>	20	POMALYST CAP 2MG	<i>prednisone tab 10mg</i>	36
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.....	20	<i>microencapsulated crystals</i>	PREVACID	
<i>phenytoin sodium inj</i>		<i>er</i>	<i>see lansoprazole</i>	39
<i>50mg/ml</i>	20	<i>potassium chloride tab cr 10</i>	<i>prevalite</i>	15
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<i>proctosol hc cre 2.5%</i>	50	QUALAQUIN		RELENZA DISKHALER	8
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<i>hydrochlorothiazide</i>	17	SUBOXONE MIS 8-2MG ..	7
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<i>see itraconazole</i>	5	<i>sucalfate</i>	39
<i>sprintec 28</i>	35	<i>sulfacetamide sodium (acne)</i>	SYNALAR
SPRITAM.....	20		<i>see fluocinolone acetonide</i>
SPRYCEL	12	<i>sulfacetamide sodium</i>	
<i>sps susp 15gm/60ml</i>	33	<i>(ophth)</i>	49
<i>sronyx</i>	35	<i>sulfacetamide sod-</i>	SYNAREL
<i>ssd</i>	48	<i>prednisolone</i>	35
STALEVO 100		SULFADIAZINE	5
<i>see</i>		<i>sulfamethoxazole-trimethop</i>	SYNAREL
<i>carbidopa/levodopa/entac</i>		<i>ds</i>	5
<i>apone</i>	23	<i>sulfamethoxazole-</i>	SYNAREL
STALEVO 125		<i>trimethoprim inj</i>	5
<i>see</i>		<i>sulfamethoxazole-</i>	5
<i>carbidopa/levodopa/entac</i>		<i>trimethoprim susp</i>	5
<i>apone</i>	23	<i>sulfamethoxazole-</i>	5
STALEVO 150		<i>trimethoprim tab 400-80mg</i>	5
<i>see</i>		SULFAMYLLON.....	48
<i>carbidopa/levodopa/entac</i>		<i>sulfasalazine</i>	38
<i>apone</i>	23	<i>sulfasalazine ec</i>	38
STALEVO 200		<i>sulindac</i>	1
<i>see</i>		<i>sumatriptan</i>	28
<i>carbidopa/levodopa/entac</i>		<i>sumatriptan inj 4mg/0.5ml</i>	28
<i>apone</i>	23	<i>sumatriptan inj 6mg/0.5ml</i>	28
STALEVO 50		<i>sumatriptan succinate</i>	28
<i>see</i>		SUPRAX.....	8
<i>carbidopa/levodopa/entac</i>		<i>see cefixime</i>	8
<i>apone</i>	23	SUPREP BOWEL PREP KIT	
STALEVO 75			39
<i>see</i>		SURMONTIL	

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TAFINLAR	12	tetrabenazine	29	tolterodine tartrate tabs	40
TAGRISSO	12	tetracycline hcl	10	TOPAMAX	
TAMIFLU		TEXACORT SOLN 2.5% ..	49	see topiramate	20
see oseltamivir phosphate		THALOMID	11	TOPAMAX SPRINKLE	
.....	7	THEO-24	47	see topiramate	20
tamoxifen citrate	11	theophylline	47	topiramate	20
tamsulosin hcl	40	thioridazine hcl	26	toposar	12
TAPAZOLE		thiothixene	26	topotecan hcl	12
see methimazole	37	tiagabine hcl	20	TOPOTECAN HCL	
TARCEVA	12	TIAZAC		see topotecan hcl	12
TARGRETIN	50	see diltiazem hcl extended		TOPOTECAN INJ 4MG/4ML	
see bexarotene	12	release beads cap sr	16		12
tarina fe 1/20	35	see taztia xt	16	TOPROL XL	
TASIGNA	12	tigecycline	5	see metoprolol succinate	
TAXOTERE	10	TIKOSYN			15
see docetaxel	10	see dofetilide	14	torsemide tabs	17
tazarotene	48	tilia fe	35	TOVIAZ	40
tazicef	8	timolol maleate	16	tpn electrolytes	43
TAZORAC	48	timolol maleate (ophth) soln		TRACLEER	18
see tazarotene	48		46	TRADJENTA	32
taztia xt	16	timolol maleate gel	46	tramadol hcl tab 50 mg	1
TECENTRIQ	11	timolol maleate ophth soln		tramadol-acetaminophen	2
TEFLARO	8	0.5% (once-daily)	46	trandolapril	13
TEGRETOL		TIMOPTIC		tranexamic acid	41
see carbamazepine	18	see timolol maleate		TRANSDERM-SCOP	
see epitol	19	(ophth) soln	46	see scopolamine patch .	38
TEGRETOL-XR		TIMOPTIC-XE		TRANXENE T	
see carbamazepine	18	see timolol maleate gel .	46	see clorazepate	
TEKTURNA	17	TIVICAY	6	dipotassium	19
TEKTURNA HCT	17	tizanidine hcl	29	tranylcypromine sulfate	22
telmisartan	14	TOBRADEX	45	TRAVASOL	44
temazepam	27	see tobramycin-		TRAVATAN Z	46
TENIVAC	43	dexamethasone	45	trazodone hcl	22
tenofovir disoproxil fumarate		TOBRADEX ST	45	TRECATOR	7
.....	6	tobramycin	4	TRELEGY ELLIPTA	46
TENORMIN		tobramycin (ophth)	45	TRELSTAR DEP INJ	
see atenolol	15	tobramycin inj 1.2 gm/30ml .	4	3.75MG	11
TERAZOL 7		tobramycin inj 1.2gm	4	TRELSTAR LA INJ 11.25MG	
see terconazole vaginal	40	tobramycin inj 10mg/ml	4		11
terazosin hcl	13	tobramycin inj 40mg/ml	4	TRESIBA FLEXTOUCH....	30
terbinafine hcl	5	tobramycin inj 80mg/2ml	4	tretinoin	48
terbutaline sulfate	47	tobramycin-dexamethasone		tretinoin (chemotherapy) ...	12
terconazole vaginal	40		45	triamcinolone acetonide	
testosterone	30	TOBREX		(mouth)	50
testosterone cypionate	30	see tobramycin (ophth) .	45	triamcinolone acetonide	
testosterone enanthate	30	TOFRANIL		(topical)	49
TETANUS/DIPHTHERIA		see imipramine hcl	22	triamterene &	
TOXOID	43	tolterodine tartrate cap er .	40	hydrochlorothiazide cap	

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37.5-25 mg 17	TRUVADA TAB 200-300 7	see <i>ursodiol</i> 39
<i>triamterene &</i>	<i>tulana</i> 35	URSO FORTE
<i>hydrochlorothiazide tabs</i> ... 17	TWINRIX INJ 43	see <i>ursodiol</i> 39
TRIBENZOR	TYBOST 6	<i>ursodiol</i> 39
see <i>olmesartan</i>	TYGACIL	V
<i>medoxomil-amlodipine-</i>	see <i>tigecycline</i> 5	VAGIFEM
<i>hydrochlorothiazide</i> 14	TYKERB 12	see <i>estradiol vaginal tab</i> 35
TRICOR	TYLENOL/CODEINE #3	see <i>yuvafem vaginal tablet</i>
see <i>fenofibrate</i> 15	see <i>acetaminophen w/</i>	10 mcg 36
<i>trientine hcl</i> 33	<i>codeine 300-30mg</i> 1	<i>valacyclovir hcl</i> 8
<i>trifluoperazine hcl</i> 26	TYLENOL/CODEINE #4	VALCHLOR 50
<i>trifluridine</i> 45	see <i>acetaminophen w/</i>	VALCYTE
<i>trihexyphenidyl hcl</i> 24	<i>codeine 300-60mg</i> 1	see <i>valganciclovir hcl</i> 8
<i>tri-legest fe</i> 35	TYMLOS 37	<i>valganciclovir hcl</i> 8
TRILEPTAL	TYPHIM VI 43	VALIUM
see <i>oxcarbazepine</i> 20	U	see <i>diazepam</i> 19
<i>tri-lynyah</i> 35	ULORIC 1	<i>valproate sodium</i> 20
<i>tri-lo marzia</i> 35	ULTRACET	<i>valproic acid</i> 21
<i>tri-lo-estarylla</i> 35	see <i>tramadol-</i>	<i>valsartan</i> 14
<i>tri-lo-sprintec</i> 35	<i>acetaminophen</i> 2	<i>valsartan-</i>
<i>trilyte</i> 39	ULTRAM	<i>hydrochlorothiazide</i> 14
<i>trimethoprim</i> 5	see <i>tramadol hcl tab 50</i>	VALTRESX
<i>tri-mili</i> 35	<i>mg</i> 1	see <i>valacyclovir hcl</i> 8
<i>trimipramine maleate</i> 22	ULTRAVATE	VANCOCIN HCL
<i>trinessa</i> 35	see <i>halobetasol</i>	see <i>vancomycin hcl</i> 5
<i>trinessa lo</i> 35	<i>propionate</i> 49	<i>vancomycin hcl</i> 5
TRI-NORINYL 28	UNASYN	VANCOMYCIN IN NACL 5
see <i>aranelle</i> 33	see <i>ampicillin & sulbactam</i>	<i>vandazole</i> 40
see <i>leena</i> 34	<i>sodium</i> 9	VAQTA 43
TRINTELLIX 23	UNASYN BULK PACK	VARIVAX 43
<i>tri-previfem</i> 35	see <i>ampicillin & sulbactam</i>	VASCEPA 15
<i>tri-sprintec</i> 35	<i>sodium</i> 9	VASERETIC
TRIUMEQ 7	<i>unithroid</i> 37	see <i>enalapril maleate &</i>
<i>trivora-28</i> 35	URECHOLINE	<i>hydrochlorothiazide</i> 13
<i>tri-vyllibra</i> 35	see <i>bethanechol chloride</i>	VASOTEC
TRIZIVIR	 40	see <i>enalapril maleate</i> 13
see <i>abacavir sulfate-</i>	UROCIT-K 10	VELCADE 11
<i>lamivudine-zidovudine</i> 7	see <i>potassium citrate</i>	<i>velivet</i> 35
TROGARZO 6	(<i>alkalinizer</i>) <i>er tabs</i> 40	VEMLIDY 8
TROPHAMINE INJ 10% ... 44	UROCIT-K 15	VENCLEXTA 11
<i>tropium chloride</i> 40	see <i>potassium citrate</i>	VENCLEXTA STARTING
TRULICITY 30	(<i>alkalinizer</i>) <i>er tabs</i> 40	PACK 11
TRUMENBA 43	UROCIT-K 5	<i>venlafaxine hcl</i> 23
TRUSOPT	see <i>potassium citrate</i>	VENTAVIS 18
see <i>dorzolamide hcl</i> 46	(<i>alkalinizer</i>) <i>er tabs</i> 40	VENTOLIN HFA 47
TRUVADA TAB 100-150 7	UROXATRAL	<i>verapamil cap er</i> 16
TRUVADA TAB 133-200 7	see <i>alfuzosin hcl</i> 40	<i>verapamil hcl</i> 16
TRUVADA TAB 167-250 7	URSO 250	<i>verapamil hcl tab er</i> 16

VERELAN	see <i>verapamil cap er</i> 16	see <i>hydroxyzine pamoate</i> 32
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VERSACLOZ..... 26		XIGDUO XR TAB 5-1000MG 32
VERZENIO 11		XIGDUO XR TAB 5-500MG 32
VESICARE 40		XOLAIR..... 47
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VFEND IV	see <i>voriconazole</i> 5	XOPENEX CONCENTRATE
VIBRAMYCIN	see <i>doxycycline hyclate</i> 10	see <i>levabuterol hcl soln nebu conc 1.25 mg/0.5ml</i> 47
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VIDEX EC 6	see <i>didanosine</i> 6	XULTOPHY 100/3.6..... 30
VIDEX PEDIATRIC 6		XYLOCAINE
vienva..... 35		see <i>lidocaine hcl (local anesth.)</i> 4
vigabatrin powd pack 500mg 21		see <i>lidocaine inj 0.5%</i> 4
VIGAMOX	see <i>moxifloxacin hcl (ophth)</i> 45	see <i>lidocaine inj 1%</i> 4
VIIBRYD STARTER PACK 23		XYLOCAINE-MPF
VIIBRYD TAB 23		see <i>lidocaine hcl (local anesth.)</i> 4
VIMPAT 21		see <i>lidocaine inj 1.5% preservative free (pf)</i> 4
VIMPAT INJ 200MG/20ML 21		XYREM..... 29
VIMPAT SOL 10MG/ML ... 21		Y
vinblastine sulfate 10		YASMIN 28
vincasar pfs 10		see <i>drospirenone-ethinyl estradiol</i> 33
vincristine sulfate 10		see <i>ocella tab 3-0.03mg</i> 34
vinorelbine tartrate 10		see <i>syeda</i> 35
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VIRAMUNE 6		see <i>drospirenone-ethinyl estradiol</i> 33
see <i>nevirapine</i> 6		see <i>gianvi</i> 33
VIRAMUNE XR	see <i>nevirapine</i> 6	see <i>loryna</i> 34
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ZANTAC	ZIRGAN 45	see <i>piper/tazoba inj 2-</i>
see <i>ranitidine hcl</i> 38	ZITHROMAX	0.25gm 9
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see <i>ranitidine inj</i> 38	ZOCOR	0.375gm 9
zarah 35	see <i>simvastatin</i> 15	see <i>piper/tazoba inj 36-</i>
ZARONTIN	ZOFRAN	4.5gm 9
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ZELBORAF 12	<i>soln</i> 38	zovia 1/35e 35
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see <i>paricalcitol</i> 44	<i>zoledronic acid inj</i>	see <i>acyclovir</i> 7
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zenchent 35	<i>zoledronic inj 4mg/5ml</i> 32	see <i>bupropion hcl</i>
ZENPEP 39	ZOLINZA 11	(<i>smoking deterrent</i>) 29
ZEPATIER 8	<i>zolmitriptan</i> 28	ZYDELIG 12
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<i>hydrochlorothiazide</i> 15	ZONEGRAN	ZYPREXA ZYDIS
ZIAGEN	see <i>zonisamide</i> 21	see <i>olanzapine</i> 25
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MASSACHUSETTS

P.O. Box 30011 Pittsburgh PA 15222-0330

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