



# Blue MedicareRx<sup>SM</sup> Premier (PDP) 2019 Formulary

(List of Covered Drugs)

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

This formulary was updated on 08/28/2018. For more recent information or other questions, please contact Blue MedicareRx Premier, at:

<b>Connecticut</b>	1-888-620-1747	<b>Rhode Island</b>	1-888-620-1748
<b>Massachusetts</b>	1-888-543-4917	<b>Vermont</b>	1-888-620-1746

or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit [www.RxMedicarePlans.com](http://www.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 MedicareRx<sup>SM</sup> (PDP). When it refers to “plan” or “our plan,” it means Blue MedicareRx Premier.

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 Premier Formulary?

A formulary is a list of covered drugs selected by Blue MedicareRx Premier 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 Premier 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 Premier 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 Premier 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 generic drug that is not new to market 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. 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. To get updated information about the drugs covered by Blue MedicareRx Premier, please contact us. Our contact information appears on the front and back cover pages. 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 [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com) to get information showing changes to, additions, and/or deletions of medications contained in our formulary.

## **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 Premier 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 Premier 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 Premier 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 Premier 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 Premier 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 Premier formulary?” on page 3 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 Premier 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 Premier. 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 Premier 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 Premier 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 Premier 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 Premier 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 Premier prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Blue MedicareRx Premier, 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 Premier Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx Premier. If you have trouble finding your drug in the list, turn to the Index that begins on page 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 Premier 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 the numbers that appear on the front and back cover pages, 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.
- **GC** stands for Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

## Explanation of Tiers and Copayments/Coinsurance:

### Blue MedicareRx Premier Initial Coverage Stage

Tier Label	Retail Cost-Sharing or Out-of-Network (OON) Cost-Sharing*		Mail Order Cost-Sharing 90-day supply
	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing/ OON/LTC	
	30-day supply/ Long-term Care (LTC)** 31-day supply		
<b>Tier 1: Preferred Generic</b> Certain <b>generic drugs</b> that are available at the lowest copayment	\$1	\$6	\$1
<b>Tier 2: Generic</b> Higher cost <b>generic drugs</b> available at a higher copayment than Tier 1 generic drugs	\$7	\$12	\$14
<b>Tier 3: Preferred Brand</b> Many common <b>brand name drugs</b> and some higher cost <b>generic drugs</b>	\$30	\$40	\$60
<b>Tier 4: Non-Preferred Drug</b> Higher cost <b>generic</b> and non-preferred <b>drugs</b> , many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3	\$70	\$80	\$140
<b>Tier 5: Specialty Tier</b> Unique and/or very high-cost brand and some generic drugs of which you pay a percentage of the total drug cost which may require special handling and/or close monitoring	33%	33%	Not Applicable†

\* In addition to your copayment, at an out-of-network pharmacy you will pay the difference between the actual charge and what you would have paid at a network pharmacy. Amounts you pay may vary at out-of-network pharmacies.

\*\* Standard Retail Cost-Sharing applies to all Out-of-Network (OON) and Long-term Care (LTC) Cost-Sharing.

† Specialty Tier drugs are not available for a 90-day retail or mail order supply.



Blue MedicareRx Premier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANALGESICS</b>			<b>ANALGESICS</b>		
<b>GOUT</b>			<b>GOUT</b>		
<i>allopurinol tab</i> (generic of ZYLOPRIM)	Tier 1	GC	<i>ketoprofen CAPS</i> 75mg	Tier 2	GC
<i>colchicine w/ probenecid</i>	Tier 2	GC	<i>meloxicam</i> (generic of MOBIC) TABS	Tier 1	GC
COLCRYS	Tier 3	QL	<i>nabumetone</i> TABS	Tier 2	GC
QL (120 tabs / 30 days)			<i>naproxen</i> (generic of NAPROSYN) TABS	Tier 1	GC
MITIGARE	Tier 3	QL	250mg, 500mg		
QL (60 caps / 30 days)			<i>naproxen</i> TABS 375mg	Tier 1	GC
<i>probenecid</i>	Tier 2	GC	<i>naproxen dr</i> (generic of EC-NAPROSYN)	Tier 1	GC
ULORIC	Tier 3	ST	<i>naproxen sodium</i> TABS	Tier 2	GC
<b>NSAIDS</b>			275mg		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg	Tier 2	GC QL	<i>naproxen sodium</i> (generic of ANAPROX DS) TABS	Tier 2	GC
QL (240 caps / 30 days)			550mg		
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg	Tier 2	GC QL	<i>piroxicam</i> (generic of FELDENE) CAPS	Tier 2	GC
QL (120 caps / 30 days)			<i>sulindac</i> TABS	Tier 1	GC
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg	Tier 2	GC QL	<b>OPIOID ANALGESICS</b>		
QL (60 caps / 30 days)			<i>acetaminophen w/ codeine</i>	Tier 2	GC QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg	Tier 2	GC QL	300-15mg		
QL (30 caps / 30 days)			QL (400 tabs / 30 days)		
<i>diclofenac potassium</i>	Tier 2	GC QL	<i>acetaminophen w/ codeine</i>	Tier 2	GC QL
QL (120 tabs / 30 days)			300-30mg (generic of TYLENOL/CODEINE #3)		
<i>diclofenac sodium</i> TB24; TBEC	Tier 2	GC	QL (360 tabs / 30 days)		
<i>diflunisal</i>	Tier 2	GC	<i>acetaminophen w/ codeine</i>	Tier 2	GC QL
<i>etodolac</i> CAPS	Tier 2	GC	300-60mg (generic of TYLENOL/CODEINE #4)		
<i>etodolac</i> (generic of LODINE) TABS 400mg	Tier 2	GC	QL (180 tabs / 30 days)		
<i>etodolac</i> TABS 500mg	Tier 2	GC	<i>acetaminophen w/ codeine</i>	Tier 2	GC QL
<i>etodolac er</i>	Tier 2	GC	<i>soln</i>		
<i>flurbiprofen</i> TABS	Tier 2	GC	QL (2700 mL / 30 days)		
<i>ibu tab 600mg</i>	Tier 1	GC	<i>butorphanol tartrate</i> SOLN	Tier 4	
<i>ibu tab 800mg</i>	Tier 1	GC	1mg/ml, 2mg/ml		
<i>ibuprofen</i> SUSP	Tier 2	GC	<i>nalbuphine hcl</i> SOLN	Tier 4	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	GC	<i>tramadol hcl tab 50 mg</i>	Tier 2	GC QL
			(generic of ULTRAM)		
			QL (240 tabs / 30 days)		

You can find information on what symbols and abbreviations on this table mean by going to page V. 1  
**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  
**GC** - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.  
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Blue MedicareRx Premier 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 2	GC QL	FENTORA QL (120 tabs / 30 days)	Tier 5	QL PA
<b>OPIOID ANALGESICS, CII</b>			<i>hydroco/apap tab 5-325mg</i> (generic of NORCO, LORCET) QL (240 tabs / 30 days)	Tier 2	GC QL
<i>endocet 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	GC QL	<i>hydroco/apap tab 7.5-325</i> (generic of NORCO, LORCET PLUS ) QL (180 tabs / 30 days)	Tier 2	GC QL
<i>endocet 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	GC QL	<i>hydroco/apap tab 10-325mg</i> (generic of NORCO, LORCET HD) QL (180 tabs / 30 days)	Tier 2	GC QL
<i>endocet 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	GC QL	<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 2	GC QL
<i>endocet 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	GC QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 2	GC QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	Tier 5	QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD QL (600 mL / 30 days)	Tier 2	GC QL
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 2	GC QL PA	<i>hydromorphone hcl</i> (generic of HYDROMORPHONE HYDROCHLORI) SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	Tier 4	B/D
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 2	GC QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (180 tabs / 30 days)	Tier 2	GC QL
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 2	GC QL PA	HYSINGLA ER QL (30 tabs / 30 days)	Tier 3	QL PA
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 2	GC QL PA	<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	Tier 2	GC QL
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 2	GC QL PA			

You can find information on what symbols and abbreviations on this table mean by going to page V. 2  
**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  
**GC** - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.  
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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (180 tabs / 30 days)	Tier 2	GC QL	<i>morphine sulfate TABS</i> 15mg QL (180 tabs / 30 days)	Tier 2	GC QL
<i>lorcet tab 5-325mg</i> (generic of NORCO) QL (240 tabs / 30 days)	Tier 2	GC QL	<i>morphine sulfate TABS</i> 30mg QL (90 tabs / 30 days)	Tier 2	GC QL
<i>methadone hcl SOLN</i> 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 2	GC QL PA	<i>morphine sulfate oral soln</i> 10mg/5ml QL (900 mL / 30 days)	Tier 2	GC QL
<i>methadone hcl 5mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 2	GC QL PA	<i>morphine sulfate oral soln</i> 20mg/5ml QL (750 mL / 30 days)	Tier 2	GC QL
<i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 2	GC QL PA	<i>morphine sulfate oral soln</i> 100mg/5ml QL (180 mL / 30 days)	Tier 2	GC QL
<i>methadone hcl intensol</i> (generic of METHADOSE) QL (90 mL / 30 days)	Tier 2	GC QL PA	NUCYNTA ER 50mg, 100mg, 200mg, 250mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	Tier 2	GC QL PA	NUCYNTA ER 150mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	Tier 2	GC QL PA	<i>oxycodone hcl CAPS</i> QL (180 caps / 30 days)	Tier 2	GC QL
<i>morphine sul inj 1mg/ml</i> MORPHINE SUL INJ 4MG/ML	Tier 4	B/D	<i>oxycodone hcl CONC</i> QL (180 mL / 30 days)	Tier 2	GC QL
<i>morphine sul inj 10mg/ml</i> MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	Tier 4	B/D	<i>oxycodone hcl SOLN</i> QL (900 mL / 30 days)	Tier 2	GC QL
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 4	B/D	<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	GC QL
<i>morphine sulfate SOLN</i> 8mg/ml	Tier 4	B/D	<i>oxycodone hcl TABS</i> 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	GC QL
			<i>oxycodone w/ acetaminophen 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	GC 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 **GC** - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Blue MedicareRx Premier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen 5-325mg</i> (generic of PERCOET) QL (360 tabs / 30 days)	Tier 2	GC QL
<i>oxycodone w/ acetaminophen 7.5-325mg</i> (generic of PERCOET) QL (240 tabs / 30 days)	Tier 2	GC QL
<i>oxycodone w/ acetaminophen 10-325mg</i> (generic of PERCOET) QL (180 tabs / 30 days)	Tier 2	GC QL
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) 2%	Tier 2	GC B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) .5%, 1%	Tier 2	GC B/D
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE)	Tier 2	GC B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE)	Tier 2	GC B/D
<i>lidocaine inj 1.5%</i> preservative free (pf) (generic of XYLOCAINE-MPF)	Tier 2	GC B/D
<b>ANTI-INFECTIVES</b>		
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
<i>amikacin sulfate SOLN</i>	Tier 2	GC
<i>gentamicin in saline</i>	Tier 2	GC
<i>gentamicin sulfate SOLN</i>	Tier 2	GC
<i>neomycin sulfate TABS</i>	Tier 2	GC
<i>paromomycin sulfate CAPS</i>	Tier 2	GC
<i>streptomycin sulfate SOLR</i>	Tier 5	
SULFADIAZINE TABS	Tier 4	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	Tier 5	NMO PA
<i>tobramycin inj 1.2 gm/30ml</i>	Tier 2	GC
<i>tobramycin inj 1.2gm</i>	Tier 5	

Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin inj 10mg/ml</i>	Tier 2	GC
<i>tobramycin inj 40mg/ml</i>	Tier 2	GC
<i>tobramycin inj 80mg/2ml</i>	Tier 2	GC
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
ALBENZA	Tier 5	
ALINIA	Tier 5	
<i>atovaquone</i> (generic of MEPRON) SUSP	Tier 5	
AZACTAM IN ISO-OSMOTIC DE	Tier 4	
AZACTAM/DEX INJ	Tier 4	
<i>aztreonam</i> (generic of AZACTAM)	Tier 2	GC
BILTRICIDE	Tier 3	
CAYSTON	Tier 5	NMO LA PA
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	Tier 2	GC
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	Tier 2	GC
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	Tier 2	GC
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	Tier 2	GC
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN PHOSPHATE)	Tier 2	GC
CLINDAMYCIN PHOSPHATE IN NACL	Tier 4	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	Tier 2	GC
<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 2	GC
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	Tier 2	GC
<i>dapsone</i> TABS	Tier 2	GC
<i>daptomycin</i> (generic of CUBICIN) 500mg	Tier 5	
EMVERM	Tier 5	
<i>ertapenem sodium</i>	Tier 2	GC
<i>imipenem-cilastatin</i>	Tier 2	GC

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Blue MedicareRx Premier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	Tier 2	GC
INVANZ	Tier 4	
<i>ivermectin</i> (generic of STROMEKTOL) TABS	Tier 2	GC
<i>linezolid in sodium chloride</i>	Tier 4	
<i>linezolid inj</i> (generic of ZYVOX)	Tier 2	GC
<i>linezolid susp</i> (generic of ZYVOX)	Tier 5	
<i>linezolid tab 600mg</i> (generic of ZYVOX)	Tier 5	
<i>meropenem</i> (generic of MERREM)	Tier 2	GC
<i>methenamine hippurate</i> (generic of HIPREX)	Tier 2	GC
<i>metronidazole</i> (generic of FLAGYL) TABS	Tier 1	GC
<i>metronidazole in nacl</i>	Tier 2	GC
NEBUPENT	Tier 4	B/D
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 3	PA
<i>nitrofurantoin monohydrate macro</i> (generic of MACROBID) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 3	PA
PENTAM 300	Tier 4	
<i>praziquantel</i> (generic of BILTRICIDE) TABS	Tier 2	GC
SIVEXTRO	Tier 5	
<i>sulfamethoxazole-trimethoprim ds</i> (generic of BACTRIM DS)	Tier 1	GC
<i>sulfamethoxazole-trimethoprim inj</i>	Tier 2	GC
<i>sulfamethoxazole-trimethoprim susp</i>	Tier 2	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i> (generic of BACTRIM)	Tier 1	GC
SYNERCID	Tier 5	
<i>tigecycline</i> (generic of TYGACIL)	Tier 5	
<i>trimethoprim</i> TABS	Tier 1	GC
<i>vancomycin hcl</i> (generic of VANCOGIN HCL) CAPS 125mg	Tier 2	GC
<i>vancomycin hcl</i> (generic of VANCOGIN HCL) CAPS 250mg	Tier 5	
<i>vancomycin hcl</i> SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg	Tier 2	GC
VANCOMYCIN IN NAACL	Tier 4	
<b>ANTIFUNGALS</b>		
ABELCET	Tier 5	B/D
AMBISOME	Tier 5	B/D
<i>amphotericin b</i> SOLR	Tier 2	GC B/D
<i>caspofungin acetate</i> (generic of CANCIDAS)	Tier 5	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	Tier 2	GC
<i>fluconazole</i> (generic of DIFLUCAN) TABS 50mg, 100mg, 200mg	Tier 2	GC
<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	Tier 1	GC
<i>fluconazole in dextrose</i>	Tier 2	GC
<i>fluconazole inj nacl 200</i>	Tier 2	GC
<i>fluconazole inj nacl 400</i>	Tier 2	GC
<i>flucytosine</i> (generic of ANCOBON) CAPS	Tier 5	
<i>griseofulvin microsize</i>	Tier 2	GC
<i>griseofulvin ultramicrosize</i>	Tier 2	GC
<i>itraconazole</i> (generic of SPORANOX) CAPS	Tier 2	GC PA
<i>ketoconazole</i> TABS	Tier 2	GC PA
MYCAMINE	Tier 5	
NOXAFIL SUSP QL (630 mL / 30 days)	Tier 5	QL

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Blue MedicareRx Premier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
NOXAFIL TBEC QL (93 tabs / 30 days)	Tier 5	QL
<i>nystatin</i> TABS	Tier 2	GC
<i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / year)	Tier 1	GC QL
<i>voriconazole</i> (generic of VFEND IV) SOLR	Tier 2	GC
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	Tier 5	
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	Tier 2	GC
<i>chloroquine phosphate</i> TABS	Tier 2	GC
COARTEM	Tier 4	
<i>mefloquine hcl</i>	Tier 2	GC
PRIMAQUINE PHOSPHATE	Tier 3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	Tier 2	GC PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> (generic of ZIAGEN)	Tier 2	GC NMO
APTIVUS	Tier 5	NMO
<i>atazanavir sulfate</i> (generic of REYATAZ)	Tier 5	NMO
CRIXIVAN	Tier 4	NMO
<i>didanosine</i> (generic of VIDEX EC)	Tier 2	GC NMO
EDURANT	Tier 5	NMO
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg	Tier 2	GC NMO
<i>efavirenz</i> (generic of SUSTIVA) CAPS 200mg	Tier 5	NMO
<i>efavirenz</i> (generic of SUSTIVA) TABS	Tier 5	NMO
EMTRIVA	Tier 3	NMO
<i>fosamprenavir tab 700 mg</i> (generic of LEXIVA)	Tier 5	NMO
FUZEON	Tier 5	NMO
INTELENCE 25mg	Tier 4	NMO
INTELENCE 100mg, 200mg	Tier 5	NMO

Drug Name	Drug Tier	Requirements/ Limits
INVIRASE	Tier 5	NMO
ISENTRESS CHEW 25mg	Tier 3	NMO
ISENTRESS CHEW 100mg	Tier 5	NMO
ISENTRESS PACK	Tier 3	NMO
ISENTRESS TABS	Tier 5	NMO
ISENTRESS HD	Tier 5	NMO
<i>lamivudine</i> (generic of EPIVIR)	Tier 2	GC NMO
LEXIVA SUSP	Tier 4	NMO
<i>nevirapine</i> (generic of VIRAMUNE) TABS	Tier 2	GC NMO
<i>nevirapine</i> (generic of VIRAMUNE XR) TB24	Tier 2	GC NMO
NORVIR CAPS	Tier 3	NMO
NORVIR PACK; SOLN	Tier 4	NMO
PREZISTA SUSP QL (400 mL / 30 days)	Tier 5	QL NMO
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL NMO
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 5	QL NMO
PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 5	QL NMO
PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 5	QL NMO
RESCRIPTOR	Tier 4	NMO
REYATAZ PACK	Tier 5	NMO
<i>ritonavir</i> (generic of NORVIR)	Tier 2	GC NMO
SELZENTRY SOLN	Tier 5	NMO
SELZENTRY TABS 25mg	Tier 4	NMO
SELZENTRY TABS 75mg, 150mg, 300mg	Tier 5	NMO
<i>stavudine</i> (generic of ZERIT)	Tier 2	GC NMO
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD)	Tier 5	NMO
TIVICAY 10mg	Tier 3	NMO
TIVICAY 25mg, 50mg	Tier 5	NMO
TROGARZO	Tier 5	NMO LA
TYBOST	Tier 4	NMO
VIDEX EC 125mg	Tier 4	NMO

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Blue MedicareRx Premier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
VIDEX PEDIATRIC	Tier 4	NMO
VIRACEPT	Tier 5	NMO
VIRAMUNE SUSP	Tier 4	NMO
VIREAD POWD	Tier 5	NMO
VIREAD TABS 150mg, 200mg, 250mg	Tier 5	NMO
ZERIT SOLR	Tier 5	NMO
zidovudine cap 100mg (generic of RETROVIR)	Tier 2	GC NMO
zidovudine syp 50mg/5ml (generic of RETROVIR)	Tier 2	GC NMO
zidovudine tab 300mg	Tier 2	GC NMO
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
abacavir sulfate-lamivudine (generic of EPZICOM)	Tier 2	GC NMO
abacavir sulfate-lamivudine-zidovudine (generic of TRIZIVIR)	Tier 5	NMO
ATRIPLA	Tier 5	NMO
BIKTARVY	Tier 5	NMO
CIMDUO	Tier 5	NMO
COMPLERA	Tier 5	NMO
DESCOVY	Tier 5	NMO
EVOTAZ	Tier 5	NMO
GENVOYA	Tier 5	NMO
JULUCA	Tier 5	NMO
KALETRA TAB 100-25MG	Tier 4	NMO
KALETRA TAB 200-50MG	Tier 5	NMO
lamivudine-zidovudine (generic of COMBIVIR)	Tier 2	GC NMO
lopinavir-ritonavir (generic of KALETRA)	Tier 2	GC NMO
ODEFSEY	Tier 5	NMO
PREZCOBIX	Tier 5	NMO
STRIBILD	Tier 5	NMO
SYMFI	Tier 5	NMO
SYMFI LO	Tier 5	NMO
TRIUMEQ	Tier 5	NMO
TRUVADA TAB 100-150 QL (60 tabs / 30 days)	Tier 5	QL NMO
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	Tier 5	QL NMO

Drug Name	Drug Tier	Requirements/ Limits
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	Tier 5	QL NMO
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	Tier 5	QL NMO
<b>ANTITUBERCULAR AGENTS</b>		
cycloserine CAPS	Tier 5	
ethambutol hcl (generic of MYAMBUTOL) TABS	Tier 2	GC
isoniazid TABS	Tier 1	GC
isoniazid syp 50mg/5ml	Tier 2	GC
PASER D/R	Tier 4	
PRIFTIN	Tier 4	
pyrazinamide TABS	Tier 2	GC
rifabutin (generic of MYCOBUTIN)	Tier 2	GC
rifampin (generic of RIFADIN) CAPS; SOLR	Tier 2	GC
RIFATER	Tier 4	
SIRTURO	Tier 5	LA PA
TRECTOR	Tier 4	
<b>ANTIVIRALS</b>		
acyclovir (generic of ZOVIRAX) CAPS; TABS	Tier 1	GC
acyclovir (generic of ZOVIRAX) SUSP	Tier 2	GC
acyclovir sodium	Tier 2	GC B/D
adefovir dipivoxil (generic of HEPSERA)	Tier 5	NMO
BARACLUDGE SOLN	Tier 5	NMO
entecavir (generic of BARACLUDGE)	Tier 5	NMO
EPCLUSA	Tier 5	NMO PA
EPIVIR HBV SOLN	Tier 4	NMO
famciclovir TABS	Tier 2	GC
ganciclovir sodium (generic of CYTOVENE)	Tier 2	GC B/D
HARVONI	Tier 5	NMO PA
lamivudine (hbv) (generic of EPIVIR HBV)	Tier 2	GC NMO
MAVYRET	Tier 5	NMO PA
moderiba tab 200mg	Tier 2	GC NMO

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Blue MedicareRx Premier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 2	GC QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 2	GC QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR QL (1080 mL / year)	Tier 2	GC QL
PEGASYS	Tier 5	NMO PA
PEGASYS PROCLICK 180mcg/0.5ml	Tier 5	NMO PA
REBETOL SOLN	Tier 5	NMO
RELENZA DISKHALER QL (6 inhalers / year)	Tier 3	QL
<i>ribasphere</i> (generic of REBETOL) CAPS	Tier 2	GC NMO
<i>ribasphere</i> TABS 200mg	Tier 2	GC NMO
<i>ribasphere</i> TABS 400mg, 600mg	Tier 5	NMO
<i>ribavirin 200mg</i> (generic of REBETOL) CAPS	Tier 2	GC NMO
<i>ribavirin 200mg</i> TABS	Tier 2	GC NMO
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	Tier 2	GC
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	Tier 2	GC
<i>valganciclovir hcl</i> (generic of VALCYTE)	Tier 5	
VEMLIDY	Tier 5	NMO
VOSEVI	Tier 5	NMO PA
ZEPATIER	Tier 5	NMO PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i>	Tier 2	GC
CEFACTOR MONOHYDRATE ER	Tier 4	
<i>cefadroxil</i> CAPS	Tier 1	GC
<i>cefadroxil</i> SUSR; TABS	Tier 2	GC
CEFAZOLIN IN DEXTROSE 2GM/100ML- 4%	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefazolin inj</i>	Tier 2	GC
<i>cefazolin sodium</i> SOLR 1gm, 20gm	Tier 2	GC
CEFAZOLIN SODIUM 1 GM/50ML	Tier 3	
<i>cefdinir</i>	Tier 2	GC
<i>cefepime hcl</i> (generic of MAXIPIME)	Tier 2	GC
<i>cefixime</i> (generic of SUPRAX)	Tier 2	GC
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	Tier 2	GC
<i>cefoxitin sodium</i>	Tier 2	GC
<i>cefopodoxime proxetil</i>	Tier 2	GC
<i>cefprozil</i>	Tier 2	GC
<i>ceftazidime</i> SOLR	Tier 2	GC
CEFTAZIDIME/DEXTROSE	Tier 4	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	Tier 2	GC
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 2	GC
<i>cefuroxime axetil</i>	Tier 2	GC
<i>cefuroxime sodium</i>	Tier 2	GC
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	Tier 1	GC
<i>cephalexin</i> SUSR	Tier 2	GC
SUPRAX CAPS	Tier 3	
SUPRAX CHEW	Tier 4	
SUPRAX SUSR 500mg/5ml	Tier 3	
<i>tazicef</i> SOLR	Tier 2	GC
TEFLARO	Tier 5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK	Tier 2	GC
<i>azithromycin</i> (generic of ZITHROMAX) SOLR; SUSR	Tier 2	GC
<i>azithromycin</i> (generic of ZITHROMAX) TABS	Tier 1	GC
<i>clarithromycin</i> TABS 250mg	Tier 2	GC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clarithromycin</i> (generic of BIAVIN) TABS 500mg	Tier 2	GC	<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) SUSR	Tier 2	GC
<i>clarithromycin er</i> (generic of BIAVIN XL)	Tier 2	GC	<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	Tier 2	GC
<i>clarithromycin for susp</i> DIFICID	Tier 2 Tier 5	GC	<i>amoxicillin &amp; pot clavulanate</i> TABS	Tier 2	GC
<i>e.e.s 400</i>	Tier 2	GC	<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) TABS	Tier 2	GC
<i>ery-tab</i>	Tier 2	GC	<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) TABS	Tier 2	GC
ERYTHROCIN LACTOBIONATE	Tier 4		<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN XR) TB12	Tier 2	GC
<i>erythrocin stearate</i>	Tier 2	GC	<i>ampicillin &amp; sulbactam sodium</i>	Tier 2	GC
<i>erythromycin base</i>	Tier 2	GC	<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN)	Tier 2	GC
<i>erythromycin cap 250mg ec</i>	Tier 2	GC	<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN BULK PACK)	Tier 2	GC
<i>erythromycin ethylsuccinate</i> TABS	Tier 2	GC	<i>ampicillin cap 500mg</i>	Tier 2	GC
<b>FLUOROQUINOLONES</b>			<i>ampicillin inj</i>	Tier 2	GC
<i>ciprofloxacin</i> SUSR 250mg/5ml	Tier 2	GC	<i>ampicillin sodium</i>	Tier 2	GC
<i>ciprofloxacin</i> (generic of CIPRO) SUSR 500mg/5ml	Tier 2	GC	BICILLIN L-A	Tier 4	
<i>ciprofloxacin hcl tab 100mg</i>	Tier 2	GC	<i>dicloxacillin sodium</i>	Tier 2	GC
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	Tier 1	GC	<i>nafcillin sodium 1gm, 2gm</i>	Tier 2	GC
<i>ciprofloxacin hcl tab 750mg</i>	Tier 1	GC	<i>nafcillin sodium 10gm</i>	Tier 5	
<i>ciprofloxacin in d5w</i>	Tier 2	GC	<i>oxacillin sodium 1gm, 2gm</i>	Tier 2	GC
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	Tier 2	GC	<i>oxacillin sodium 10gm</i>	Tier 5	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	Tier 1	GC	PENICILLIN G POT IN DEXTROSE 2MU	Tier 4	
<i>levofloxacin in d5w</i>	Tier 2	GC	PENICILLIN G POT IN DEXTROSE 3MU	Tier 4	
<i>levofloxacin inj 25mg/ml</i>	Tier 2	GC	PENICILLIN G PROCAINE	Tier 4	
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 2	GC	<i>penicillin g sodium</i>	Tier 2	GC
<b>PENICILLINS</b>			<i>penicillin v potassium</i> SOLR	Tier 2	GC
<i>amoxicillin</i> CAPS; SUSR; TABS	Tier 1	GC	<i>penicillin v potassium</i> TABS	Tier 1	GC
<i>amoxicillin</i> CHEW	Tier 2	GC	<i>penicillin gk inj 5mu</i>	Tier 2	GC
<i>amoxicillin &amp; pot clavulanate</i> CHEW	Tier 2	GC	<i>penicillin gk inj 20mu</i>	Tier 2	GC
<i>amoxicillin &amp; pot clavulanate</i> SUSR	Tier 2	GC	<i>pfizerpen-g inj 5mu</i>	Tier 2	GC
			<i>pfizerpen-g inj 20mu</i>	Tier 2	GC

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Drug Name	Drug Tier	Requirements/ Limits
<i>piper/tazoba inj 2-0.25gm</i> (generic of ZOSYN)	Tier 2	GC
<i>piper/tazoba inj 3-0.375gm</i> (generic of ZOSYN)	Tier 2	GC
<i>piper/tazoba inj 4-0.5gm</i> (generic of ZOSYN)	Tier 2	GC
PIPER/TAZOBA INJ 12-1.5GM	Tier 4	
<i>piper/tazoba inj 36-4.5gm</i> (generic of ZOSYN)	Tier 2	GC
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	Tier 2	GC
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	Tier 2	GC
<i>doxycycline (monohydrate)</i> TABS	Tier 2	GC
<i>doxycycline hyclate</i> CAPS 50mg	Tier 2	GC
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	Tier 2	GC
<i>doxycycline hyclate</i> SOLR	Tier 2	GC
<i>doxycycline hyclate</i> TABS 20mg, 100mg	Tier 2	GC
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	Tier 2	GC
<i>minocycline hcl</i> CAPS 75mg	Tier 2	GC
<i>morgidox cap 1x50mg</i>	Tier 2	GC
<i>tetracycline hcl</i> CAPS	Tier 2	GC
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA	Tier 5	B/D NMO
<i>cyclophosphamide</i> (generic of CYCLOPHOSPHAMIDE) CAPS	Tier 2	GC B/D
<i>cyclophosphamide</i> SOLR	Tier 5	B/D
<i>dacarbazine</i> 100mg	Tier 2	GC B/D
EMCYT	Tier 4	
GLEOSTINE 10mg, 40mg, 100mg	Tier 4	
HEXALEN	Tier 5	
IFEX INJ 3GM	Tier 4	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>ifosfamide inj 1gm/20ml</i>	Tier 2	GC B/D
IFOSFAMIDE INJ 3GM	Tier 4	B/D
<i>ifosfamide inj 3gm/60ml</i>	Tier 2	GC B/D
LEUKERAN	Tier 5	
<b>ANTHRACYCLINES</b>		
<i>doxorubicin hcl</i>	Tier 2	GC B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL)	Tier 5	B/D
<i>epirubicin hcl</i> (generic of ELLENCE)	Tier 2	GC B/D
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	Tier 2	GC B/D
<i>mitomycin</i> SOLR	Tier 5	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	Tier 2	GC B/D
ALIMTA	Tier 5	B/D
<i>azacitidine</i> (generic of VIDAZA)	Tier 5	B/D NMO
<i>cytarabine</i> 20mg/ml	Tier 2	GC B/D
<i>fluorouracil</i> SOLN	Tier 2	GC B/D
<i>gemcitabine inj soln</i>	Tier 2	GC B/D
<i>gemcitabine inj solr</i> (generic of GEMZAR) 1gm, 200mg	Tier 2	GC B/D
<i>gemcitabine inj solr</i> 2gm	Tier 2	GC B/D
<i>mercaptopurine</i> TABS	Tier 2	GC
<i>methotrexate sodium inj</i>	Tier 2	GC B/D
PURIXAN	Tier 5	NMO
TABLOID	Tier 4	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	Tier 5	B/D
<i>docetaxel</i> (generic of TAXOTERE) CONC 20mg/ml, 80mg/4ml	Tier 5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	Tier 5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D
<i>docetaxel</i> (generic of DOCETAXEL) SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D
<i>paclitaxel</i>	Tier 2	GC B/D

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Blue MedicareRx Premier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
TAXOTERE 80mg/4ml	Tier 5	B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate</i>	Tier 2	GC B/D
<i>vincristine sulfate</i>	Tier 2	GC B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	Tier 2	GC B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	Tier 5	NMO LA PA
BORTEZOMIB	Tier 5	NMO PA
ERIVEDGE	Tier 5	NMO LA PA
FARYDAK	Tier 5	NMO LA PA
HERCEPTIN	Tier 5	NMO PA
IBRANCE	Tier 5	NMO LA PA
IDHIFA	Tier 5	NMO LA PA
KADCYLA	Tier 5	B/D NMO
KEYTRUDA	Tier 5	NMO PA
KISQALI	Tier 5	NMO PA
KISQALI FEMARA 200 DOSE	Tier 5	NMO PA
KISQALI FEMARA 400 DOSE	Tier 5	NMO PA
KISQALI FEMARA 600 DOSE	Tier 5	NMO PA
LYNPARZA	Tier 5	NMO LA PA
MYLOTARG	Tier 5	NMO LA PA
NINLARO	Tier 5	NMO PA
ODOMZO	Tier 5	NMO LA PA
RITUXAN	Tier 5	NMO LA PA
RITUXAN HYCELA	Tier 5	NMO LA PA
RUBRACA	Tier 5	NMO LA PA
TECENTRIQ	Tier 5	NMO LA PA
VELCADE	Tier 5	NMO PA
VENCLEXTA 10mg, 50mg	Tier 4	NMO LA PA
VENCLEXTA 100mg	Tier 5	NMO LA PA
VENCLEXTA STARTING PACK	Tier 5	NMO LA PA
VERZENIO	Tier 5	NMO LA PA
ZEJULA	Tier 5	NMO LA PA
ZOLINZA	Tier 5	NMO PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	Tier 2	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>bicalutamide</i> (generic of CASODEX)	Tier 2	GC
DEPO-PROVERA INJ 400/ML	Tier 4	B/D
ERLEADA	Tier 5	NMO LA PA
<i>exemestane</i> (generic of AROMASIN)	Tier 2	GC
FARESTON	Tier 5	
FASLODEX	Tier 5	B/D
<i>flutamide</i>	Tier 2	GC
<i>letrozole</i> (generic of FEMARA) TABS	Tier 2	GC
<i>leuprolide inj 1mg/0.2</i>	Tier 2	GC NMO PA
LUPRON DEPOT (1-MONTH) 3.75mg	Tier 5	NMO PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	Tier 5	NMO PA
LYSODREN	Tier 3	
<i>megestrol ac sus 40mg/ml</i>	Tier 4	
<i>megestrol ac tab 20mg</i>	Tier 3	
<i>megestrol ac tab 40mg</i>	Tier 3	
<i>megestrol sus 625mg/5ml</i> (generic of MEGACE ES)	Tier 4	PA
<i>nilutamide</i> (generic of NILANDRON)	Tier 5	
SOLTAMOX	Tier 5	
<i>tamoxifen citrate</i> TABS	Tier 1	GC
TRELSTAR DEP INJ 3.75MG	Tier 5	NMO PA
TRELSTAR LA INJ 11.25MG	Tier 5	NMO PA
XTANDI	Tier 5	NMO LA PA
ZYTIGA	Tier 5	NMO LA PA
<b>IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	Tier 5	NMO LA PA
POMALYST CAP 2MG	Tier 5	NMO LA PA
POMALYST CAP 3MG	Tier 5	NMO LA PA
POMALYST CAP 4MG	Tier 5	NMO LA PA
REVLIMID	Tier 5	QL NMO LA PA
QL (28 caps / 28 days)		PA
THALOMID 50mg, 100mg	Tier 5	QL NMO PA
QL (30 caps / 30 days)		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THALOMID 150mg, 200mg QL (60 caps / 30 days)	Tier 5	QL NMO PA	LENVIMA 10 MG DAILY DOSE	Tier 5	NMO LA PA
<b>KINASE INHIBITORS</b>			LENVIMA 14 MG DAILY DOSE	Tier 5	NMO LA PA
AFINITOR QL (30 tabs / 30 days)	Tier 5	QL NMO PA	LENVIMA 18 MG DAILY DOSE	Tier 5	NMO LA PA
AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	Tier 5	QL NMO PA	LENVIMA 20 MG DAILY DOSE	Tier 5	NMO LA PA
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	Tier 5	QL NMO PA	LENVIMA 24 MG DAILY DOSE	Tier 5	NMO LA PA
AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	Tier 5	QL NMO PA	MEKINIST	Tier 5	NMO LA PA
ALECENSA	Tier 5	NMO LA PA	NERLYNX	Tier 5	NMO LA PA
ALUNBRIG	Tier 5	NMO LA PA	NEXAVAR	Tier 5	NMO LA PA
BOSULIF	Tier 5	NMO PA	RYDAPT	Tier 5	NMO PA
CABOMETYX QL (30 tabs / 30 days)	Tier 5	QL NMO LA PA	SPRYCEL	Tier 5	NMO PA
CALQUENCE	Tier 5	NMO LA PA	STIVARGA	Tier 5	NMO LA PA
CAPRELSA	Tier 5	NMO LA PA	SUTENT	Tier 5	NMO PA
COMETRIQ	Tier 5	NMO LA PA	TAFINLAR	Tier 5	NMO LA PA
COTELLIC	Tier 5	NMO LA PA	TAGRISSEO	Tier 5	NMO LA PA
GILOTRIF TAB 20MG	Tier 5	NMO LA PA	TARCEVA 25mg QL (90 tabs / 30 days)	Tier 5	QL NMO LA PA
GILOTRIF TAB 30MG	Tier 5	NMO LA PA	TARCEVA 100mg, 150mg QL (30 tabs / 30 days)	Tier 5	QL NMO LA PA
GILOTRIF TAB 40MG	Tier 5	NMO LA PA	TASIGNA	Tier 5	NMO PA
ICLUSIG	Tier 5	NMO LA PA	TYKERB	Tier 5	NMO LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	Tier 5	QL NMO PA	VOTRIENT	Tier 5	NMO LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	Tier 5	QL NMO PA	XALKORI	Tier 5	NMO LA PA
IMBRUVICA	Tier 5	NMO LA PA	ZELBORAF	Tier 5	NMO LA PA
INLYTA 1mg QL (180 tabs / 30 days)	Tier 5	QL NMO LA PA	ZYDELIG	Tier 5	NMO LA PA
INLYTA 5mg QL (120 tabs / 30 days)	Tier 5	QL NMO LA PA	ZYKADIA	Tier 5	NMO LA PA
IRESSA	Tier 5	NMO LA PA	<b>MISCELLANEOUS</b>		
JAKAFI QL (60 tabs / 30 days)	Tier 5	QL NMO LA PA	<i>bexarotene</i> (generic of TARGRETIN)	Tier 5	NMO PA
LENVIMA 8 MG DAILY DOSE	Tier 5	NMO LA PA	<i>hydroxyurea</i> (generic of HYDREA) CAPS	Tier 2	GC
			LONSURF	Tier 5	NMO PA
			MATULANE	Tier 5	LA
			SYLATRON KIT 200MCG	Tier 5	NMO PA
			SYLATRON KIT 300MCG	Tier 5	NMO PA
			SYLATRON KIT 600MCG	Tier 5	NMO PA
			SYNRIBO	Tier 5	NMO PA
			<i>tretinoin</i> (chemotherapy)	Tier 5	
			<b>PLATINUM-BASED AGENTS</b>		
			<i>carboplatin</i>	Tier 2	GC B/D

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Drug Name	Drug Tier	Requirements/ Limits
<i>cisplatin</i>	Tier 2	GC B/D
<i>oxaliplatin inj 50mg</i>	Tier 5	B/D
<i>oxaliplatin inj 50mg/10ml</i>	Tier 2	GC B/D
<i>oxaliplatin inj 100mg</i>	Tier 5	B/D
<i>oxaliplatin inj 100mg/20ml</i>	Tier 2	GC B/D
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane</i> (generic of ZINECARD) 500mg	Tier 5	B/D
<i>leucovorin calcium</i> SOLR	Tier 2	GC B/D
<i>leucovorin calcium</i> TABS	Tier 2	GC
MESNEX TABS	Tier 5	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide</i> SOLN	Tier 2	GC B/D
<i>irinotecan hcl</i> (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml	Tier 2	GC B/D
<i>irinotecan hcl</i> 500mg/25ml	Tier 2	GC B/D
<i>toposar</i>	Tier 2	GC B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN	Tier 5	B/D
<i>topotecan hcl</i> (generic of HYCANTIN) SOLR	Tier 5	B/D
TOPOTECAN INJ 4MG/4ML	Tier 5	B/D
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine--benazepril hcl</i> cap 10-20 mg (generic of LOTREL)	Tier 1	GC
<i>amlodipine-benazepril hcl</i> cap 2.5-10 mg	Tier 1	GC
<i>amlodipine-benazepril hcl</i> cap 5-10 mg (generic of LOTREL)	Tier 1	GC
<i>amlodipine-benazepril hcl</i> cap 5-20 mg (generic of LOTREL)	Tier 1	GC
<i>amlodipine-benazepril hcl</i> cap 5-40 mg	Tier 1	GC
<i>amlodipine-benazepril hcl</i> cap 10-40mg (generic of LOTREL)	Tier 1	GC
<i>benazepril &amp; hydrochlorothiazide</i>	Tier 1	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril &amp; hydrochlorothiazide</i> (generic of LOTENSIN HCT)	Tier 1	GC
<i>captopril &amp; hydrochlorothiazide</i>	Tier 1	GC
<i>enalapril maleate &amp; hydrochlorothiazide</i>	Tier 1	GC
<i>enalapril maleate &amp; hydrochlorothiazide</i> (generic of VASERETIC)	Tier 1	GC
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	Tier 1	GC
<i>lisinopril &amp; hydrochlorothiazide</i> (generic of ZESTORETIC)	Tier 1	GC
<i>moexipril-hydrochlorothiazide</i>	Tier 1	GC
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	Tier 1	GC
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i> TABS 5mg	Tier 1	GC
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	GC
<i>captopril</i> TABS	Tier 1	GC
<i>enalapril maleate</i> (generic of VASOTEC) TABS	Tier 1	GC
<i>fosinopril sodium</i>	Tier 1	GC
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	Tier 1	GC
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	Tier 1	GC
<i>moexipril hcl</i>	Tier 1	GC
<i>perindopril erbumine</i>	Tier 1	GC
<i>quinapril hcl</i> (generic of ACCUPRIL)	Tier 1	GC
<i>ramipril</i> (generic of ALTACE)	Tier 1	GC
<i>trandolapril</i> 1mg, 2mg	Tier 1	GC
<i>trandolapril</i> (generic of MAVIK) 4mg	Tier 1	GC

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Drug Name	Drug Tier	Requirements/ Limits
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i> (generic of INSPRA)	Tier 2	GC
<i>spironolactone</i> (generic of ALDACTONE) TABS	Tier 1	GC
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS	Tier 2	GC
<i>prazosin hcl</i> (generic of MINIPRESS)	Tier 2	GC
<i>terazosin hcl</i>	Tier 1	GC
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil</i> (generic of AZOR)	Tier 1	GC
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	Tier 1	GC
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	Tier 1	GC
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	Tier 1	GC
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	Tier 1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i> (generic of EXFORGE HCT)	Tier 1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i> (generic of EXFORGE HCT)	Tier 1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i> (generic of EXFORGE HCT)	Tier 1	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i> (generic of EXFORGE HCT)	Tier 1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i> (generic of EXFORGE HCT)	Tier 1	GC
ENTRESTO	Tier 3	
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	Tier 1	GC
<i>losartan-hydrochlorothiazide</i> (generic of HYZAAR)	Tier 1	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> (generic of TRIBENZOR)	Tier 1	GC
<i>olmesartan medoxomil-hydrochlorothiazide</i> (generic of BENICAR HCT)	Tier 1	GC
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	Tier 1	GC
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan</i> (generic of AVAPRO)	Tier 1	GC
<i>losartan potassium</i> (generic of COZAAR)	Tier 1	GC
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS	Tier 1	GC
<i>telmisartan</i> (generic of MICARDIS)	Tier 1	GC
<i>valsartan</i> (generic of DIOVAN)	Tier 1	GC
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl soln</i>	Tier 2	GC
<i>amiodarone tab 100mg</i>	Tier 2	GC
<i>amiodarone tab 200mg</i>	Tier 1	GC
<i>amiodarone tab 400mg</i>	Tier 2	GC
<i>disopyramide phosphate</i> (generic of NORPACE)	Tier 4	

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<i>dofetilide</i> (generic of TIKOSYN)	Tier 2	GC NMO
<i>flecainide acetate</i>	Tier 2	GC
<i>mexiletine hcl</i>	Tier 2	GC
MULTAQ	Tier 4	
NORPACE CR	Tier 4	
<i>pacerone</i> 100mg, 400mg	Tier 2	GC
<i>pacerone</i> 200mg	Tier 1	GC
<i>propafenone hcl</i>	Tier 2	GC
<i>propafenone hcl 12hr</i> (generic of RYTHMOL SR)	Tier 2	GC
<i>quinidine gluconate</i> TBCR	Tier 2	GC
<i>quinidine sulfate</i> TABS	Tier 2	GC
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 2	GC
<i>sorine</i> 240mg	Tier 2	GC
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 2	GC
<i>sotalol hcl</i> 240mg	Tier 2	GC
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	Tier 2	GC
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	Tier 1	GC
<i>lovastatin</i> 10mg, 20mg	Tier 1	GC
<i>lovastatin</i> (generic of MEVACOR) 40mg	Tier 1	GC
<i>pravastatin sodium</i> 10mg	Tier 1	GC
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	Tier 1	GC
<i>rosuvastatin calcium</i> (generic of CRESTOR) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	Tier 1	GC
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	Tier 1	GC QL

**ANTILIPEMICS, MISCELLANEOUS**

Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine</i> (generic of QUESTRAN)	Tier 2	GC
<i>cholestyramine light</i> PACK	Tier 2	GC
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	Tier 2	GC
<i>colesevelam hcl</i> (generic of WELCHOL)	Tier 2	GC
<i>colestipol hcl gran</i> (generic of COLESTID)	Tier 2	GC
<i>colestipol hcl pack</i> (generic of COLESTID)	Tier 2	GC
<i>colestipol hcl tabs</i> (generic of COLESTID)	Tier 2	GC
<i>ezetimibe</i> (generic of ZETIA)	Tier 2	GC
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 2	GC
<i>fenofibrate</i> TABS 54mg, 160mg	Tier 2	GC
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	Tier 2	GC
<i>gemfibrozil</i> (generic of LOPID) TABS	Tier 1	GC
JUXTAPID	Tier 5	NMO LA PA
KYNAMRO	Tier 5	NMO PA
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 500mg QL (90 tabs / 30 days)	Tier 2	GC QL
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 750mg, 1000mg	Tier 2	GC
<i>niacor</i>	Tier 2	GC
PRALUENT	Tier 5	NMO PA
<i>prevalite</i> PACK	Tier 2	GC
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD	Tier 2	GC
VASCEPA	Tier 4	
WELCHOL PAK	Tier 3	

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Blue MedicareRx Premier 2019 Comprehensive Drug List

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<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i>	Tier 2	GC
<i>bisoprolol &amp; hydrochlorothiazide</i> (generic of ZIAC)	Tier 1	GC
<i>metoprolol &amp; hctz tab 50-25mg</i> (generic of LOPRESSOR HCT)	Tier 2	GC
<i>metoprolol &amp; hctz tab 100-25mg</i>	Tier 2	GC
<i>metoprolol &amp; hctz tab 100-50mg</i>	Tier 2	GC
<i>propranolol &amp; hydrochlorothiazide</i>	Tier 2	GC
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> CAPS	Tier 2	GC
<i>atenolol</i> (generic of TENORMIN) TABS 25mg	Tier 1	GC
<i>atenolol</i> TABS 50mg, 100mg	Tier 1	GC
<i>bisoprolol fumarate</i>	Tier 2	GC
BYSTOLIC 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 4	QL
BYSTOLIC 20mg QL (60 tabs / 30 days)	Tier 4	QL
<i>carvedilol</i> (generic of COREG)	Tier 1	GC
<i>labetalol hcl</i> TABS	Tier 2	GC
<i>metoprolol succinate</i> (generic of TOPROL XL)	Tier 2	GC
<i>metoprolol tartrate</i> SOCT	Tier 2	GC
<i>metoprolol tartrate</i> SOLN	Tier 2	GC
<i>metoprolol tartrate</i> TABS 25mg	Tier 1	GC
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	GC
<i>nadolol</i> (generic of CORGARD) TABS	Tier 2	GC
<i>pindolol</i>	Tier 2	GC
<i>propranolol cap er</i> (generic of INDERAL LA)	Tier 2	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol hcl</i> TABS	Tier 2	GC
<i>propranolol oral sol</i>	Tier 2	GC
<i>timolol maleate</i> TABS	Tier 2	GC
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab cr</i> (generic of ADALAT CC)	Tier 2	GC
<i>amlodipine besylate</i> (generic of NORVASC) TABS	Tier 1	GC
<i>cartia xt cap 120/24hr</i> (generic of CARDIZEM CD)	Tier 2	GC
<i>cartia xt cap 180/24hr</i> (generic of CARDIZEM CD)	Tier 2	GC
<i>cartia xt cap 240/24hr</i> (generic of CARDIZEM CD)	Tier 2	GC
<i>cartia xt cap 300/24hr</i>	Tier 2	GC
<i>dilt-xr cap</i>	Tier 2	GC
<i>diltiazem cap 120mg cd</i> (generic of CARDIZEM CD)	Tier 2	GC
<i>diltiazem cap 180mg cd</i> (generic of CARDIZEM CD)	Tier 2	GC
<i>diltiazem cap 240mg cd</i> (generic of CARDIZEM CD)	Tier 2	GC
<i>diltiazem cap 300mg cd</i>	Tier 2	GC
<i>diltiazem cap 360mg cd</i> (generic of CARDIZEM CD)	Tier 2	GC
<i>diltiazem cap er/12hr</i>	Tier 2	GC
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 2	GC
<i>diltiazem hcl</i> TABS 90mg	Tier 2	GC
<i>diltiazem hcl cap sr 24hr</i>	Tier 2	GC
<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of CARDIZEM CD) 120mg, 360mg	Tier 2	GC
<i>diltiazem hcl coated beads cap sr 24hr</i> 300mg	Tier 2	GC
<i>diltiazem hcl extended release beads cap sr</i> (generic of TIAZAC) 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	GC

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Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl extended release beads cap sr</i> (generic of CARDIZEM CD) 180mg	Tier 2	GC
<i>diltiazem inj</i>	Tier 2	GC
<i>felodipine</i>	Tier 2	GC
<i>isradipine</i>	Tier 2	GC
<i>nicardipine hcl</i> CAPS	Tier 2	GC
<i>nifedipine</i> (generic of PROCARDIA XL) TB24	Tier 2	GC
<i>nifedipine er</i> (generic of ADALAT CC)	Tier 2	GC
<i>nimodipine</i> CAPS	Tier 5	
NYMALIZE	Tier 5	
<i>taztia xt</i> (generic of TIAZAC)	Tier 2	GC
<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg	Tier 2	GC
<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	Tier 2	GC
<i>verapamil cap er</i> 360mg	Tier 2	GC
<i>verapamil hcl</i> SOLN	Tier 2	GC
<i>verapamil hcl</i> TABS 40mg	Tier 1	GC
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	Tier 1	GC
<i>verapamil hcl tab er</i> (generic of CALAN SR)	Tier 1	GC
<b>DIGITALIS GLYCOSIDES</b>		
<i>digitek</i> (generic of LANOXIN) .25mg PA if 70 years and older	Tier 2	GC PA
<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days)	Tier 2	GC QL
<i>digox</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days)	Tier 2	GC QL
<i>digox</i> (generic of LANOXIN) 250mcg PA if 70 years and older	Tier 2	GC PA

Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days)	Tier 2	GC QL
<i>digoxin</i> (generic of LANOXIN) TABS 250mcg PA if 70 years and older	Tier 2	GC PA
<i>digoxin inj</i> (generic of LANOXIN)	Tier 2	GC
<i>digoxin sol</i> 50mcg/ml PA if 70 years and older	Tier 2	GC PA
<b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>		
TEKTURNA	Tier 4	
TEKTURNA HCT	Tier 4	
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12; TABS	Tier 2	GC
<i>amiloride &amp; hydrochlorothiazide</i>	Tier 2	GC
<i>amiloride hcl</i> TABS	Tier 2	GC
<i>bumetanide</i> SOLN	Tier 2	GC
<i>bumetanide</i> (generic of BUMEX) TABS	Tier 2	GC
<i>chlorothiazide tabs</i>	Tier 2	GC
<i>chlorthalidone</i>	Tier 2	GC
<i>furosemide</i> SOLN	Tier 1	GC
<i>furosemide</i> (generic of LASIX) TABS	Tier 1	GC
<i>furosemide inj</i>	Tier 2	GC
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	Tier 1	GC
<i>hydrochlorothiazide</i> TABS	Tier 1	GC
<i>indapamide</i>	Tier 2	GC
<i>methazolamide</i> TABS	Tier 2	GC
<i>methyclothiazide</i>	Tier 2	GC
<i>metolazone</i>	Tier 2	GC
<i>spironolactone &amp; hydrochlorothiazide</i> (generic of ALDACTAZIDE)	Tier 2	GC
<i>torseamide tabs</i> 5mg, 100mg	Tier 2	GC
<i>torseamide tabs</i> (generic of DEMADDEX) 10mg, 20mg	Tier 2	GC

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Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZIDE)	Tier 1	GC
<i>triamterene &amp; hydrochlorothiazide tabs</i> (generic of MAXZIDE)	Tier 1	GC
<i>triamterene &amp; hydrochlorothiazide tabs</i> (generic of MAXZIDE-25)	Tier 1	GC
<b>MISCELLANEOUS</b>		
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 2	GC
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 2	GC
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 2	GC
<i>clonidine hcl</i> (generic of CATAPRES) TABS	Tier 1	GC
CORLANOR	Tier 4	
DEMSEER	Tier 5	PA
<i>hydralazine hcl</i> SOLN; TABS	Tier 2	GC
<i>midodrine hcl</i>	Tier 2	GC
<i>minoxidil</i> TABS	Tier 2	GC
NORTHERA	Tier 5	NMO LA PA
RANEXA	Tier 3	
<b>NITRATES</b>		
<i>isosorb mononitrate tab</i>	Tier 1	GC
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	Tier 2	GC
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	Tier 2	GC
<i>isosorbide dinitrate er</i>	Tier 2	GC
<i>isosorbide mononitrate er</i>	Tier 2	GC
<i>minitran</i> (generic of NITRO-DUR)	Tier 2	GC
NITRO-BID	Tier 3	
NITRO-DUR DIS 0.3MG/HR	Tier 4	
NITRO-DUR DIS 0.8MG/HR	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	Tier 2	GC
<i>nitroglycerin td patch</i> .1mg/hr	Tier 2	GC
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	Tier 2	GC
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS QL (90 tabs / 30 days)	Tier 5	QL NMO LA PA
LETAIRIS QL (30 tabs / 30 days)	Tier 5	QL NMO LA PA
OPSUMIT QL (30 tabs / 30 days)	Tier 5	QL NMO LA PA
REMODULIN	Tier 5	NMO LA PA
<i>sildenafil citrate tab 20 mg</i> (pulmonary hypertension) (generic of REVATIO) QL (90 tabs / 30 days)	Tier 2	GC QL NMO PA
TRACLEER TABS 62.5mg QL (120 tabs / 30 days)	Tier 5	QL NMO LA PA
TRACLEER TABS 125mg QL (60 tabs / 30 days)	Tier 5	QL NMO LA PA
VENTAVIS	Tier 5	NMO PA
<b>CENTRAL NERVOUS SYSTEM ANTIANXIETY</b>		
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 2	GC QL
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 2	GC QL
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 2	GC QL
<i>alprazolam tab 2mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 2	GC QL
<i>bupirone hcl</i> TABS	Tier 2	GC

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluvoxamine maleate</i> TABS	Tier 2	GC
<i>lorazepam</i> (generic of ATIVAN) SOLN	Tier 2	GC
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	Tier 2	GC QL
<i>lorazepam intensol</i> QL (150 mL / 30 days)	Tier 2	GC QL
<b>ANTICONVULSANTS</b>		
APTIOM 200mg QL (180 tabs / 30 days)	Tier 5	QL
APTIOM 400mg QL (90 tabs / 30 days)	Tier 5	QL
APTIOM 600mg, 800mg QL (60 tabs / 30 days)	Tier 5	QL
BANZEL SUS 40MG/ML	Tier 5	PA
BANZEL TAB 200MG	Tier 5	PA
BANZEL TAB 400MG	Tier 5	PA
BRIVIACT INJ 50MG/5ML	Tier 4	PA
BRIVIACT SOL 10MG/ML	Tier 5	PA
BRIVIACT TAB 10MG	Tier 5	PA
BRIVIACT TAB 25MG	Tier 5	PA
BRIVIACT TAB 50MG	Tier 5	PA
BRIVIACT TAB 75MG	Tier 5	PA
BRIVIACT TAB 100MG	Tier 5	PA
<i>carbamazepine</i> CHEW	Tier 2	GC
<i>carbamazepine</i> (generic of CARBATROL) CP12	Tier 2	GC
<i>carbamazepine</i> (generic of TEGRETOL) SUSP; TABS	Tier 2	GC
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	Tier 2	GC
CELONTIN	Tier 4	
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 2	GC QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	GC QL

Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 2	GC QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	GC QL
<i>clorazepate dipotassium</i> 3.75mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 2	GC QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 2	GC QL PA
DIASTAT ACUDIAL	Tier 4	
DIASTAT PEDIATRIC	Tier 4	
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	Tier 2	GC QL PA
<i>diazepam gel</i>	Tier 2	GC
<i>diazepam inj</i>	Tier 2	GC
<i>diazepam intensol</i> QL (240 mL / 30 days) PA if 65 years and older	Tier 2	GC QL PA
<i>diazepam oral soln 1 mg/ml</i> QL (1200 mL / 30 days) PA if 65 years and older	Tier 2	GC QL PA
DILANTIN CAP 30MG	Tier 3	
DILANTIN CAP 100MG	Tier 3	
DILANTIN CHEW TAB 50MG	Tier 3	
DILANTIN-125 SUSP	Tier 4	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	Tier 2	GC
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	Tier 2	GC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	Tier 2	GC	<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg	Tier 2	GC QL
<i>epitol</i> (generic of TEGRETOL)	Tier 2	GC	QL (120 tabs / 30 days)		
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	Tier 2	GC	<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 2	GC
<i>felbamate</i> (generic of FELBATOL) SUSP	Tier 5		<i>lamotrigine</i> (generic of LAMICTAL) TABS	Tier 1	GC
<i>felbamate</i> (generic of FELBATOL) TABS	Tier 2	GC	<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	Tier 2	GC
FYCOMPA SUSP	Tier 5	QL PA	<i>levetiracetam</i> (generic of KEPPRA) SOLN; TABS	Tier 2	GC
QL (720 mL / 30 days)			<i>levetiracetam</i> (generic of KEPPRA XR) TB24	Tier 2	GC
FYCOMPA TABS 2mg	Tier 4	QL PA	<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	Tier 2	GC
QL (60 tabs / 30 days)			<i>levetiracetam oral soln 100 mg/ml</i> (generic of KEPPRA)	Tier 2	GC
FYCOMPA TABS 4mg, 6mg	Tier 5	QL PA	LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	Tier 3	QL
QL (60 tabs / 30 days)			QL (120 caps / 30 days)		
FYCOMPA TABS 8mg, 10mg, 12mg	Tier 5	QL PA	LYRICA CAPS 200mg	Tier 3	QL
QL (30 tabs / 30 days)			QL (90 caps / 30 days)		
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg	Tier 1	GC QL	LYRICA CAPS 225mg, 300mg	Tier 3	QL
QL (1080 caps / 30 days)			QL (60 caps / 30 days)		
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg	Tier 1	GC QL	LYRICA SOLN	Tier 3	QL
QL (360 caps / 30 days)			QL (946 mL / 30 days)		
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg	Tier 1	GC QL	ONFI	Tier 5	PA
QL (270 caps / 30 days)			<i>oxcarbazepine</i> (generic of TRILEPTAL)	Tier 2	GC
<i>gabapentin</i> (generic of NEURONTIN) SOLN	Tier 2	GC QL	PEGANONE	Tier 4	
QL (2160 mL / 30 days)			<i>phenobarbital</i> ELIX	Tier 4	PA
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg	Tier 2	GC QL	PA if 70 years and older		
QL (180 tabs / 30 days)			<i>phenobarbital</i> TABS	Tier 3	PA
			PA if 70 years and older		
			PHENOBARBITAL	Tier 4	PA
			SODIUM SOLN 65mg/ml		
			PA if 70 years and older		

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Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 70 years and older	Tier 4	PA
PHENYTEK	Tier 3	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	Tier 2	GC
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	Tier 2	GC
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	Tier 2	GC
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	Tier 2	GC
<i>phenytoin sodium inj</i> 50mg/ml	Tier 2	GC
<i>primidone</i> (generic of MYSOLINE) TABS	Tier 2	GC
<i>roovepra</i> (generic of KEPPRA)	Tier 2	GC
<i>roovepra xr</i> (generic of KEPPRA XR)	Tier 2	GC
SABRIL TABS QL (180 tabs / 30 days)	Tier 5	QL NMO LA PA
SPRITAM	Tier 4	
<i>subvenite tab</i> (generic of LAMICTAL)	Tier 1	GC
<i>tiagabine hcl</i> (generic of GABITRIL)	Tier 2	GC
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	Tier 2	GC
<i>topiramate</i> (generic of TOPAMAX) TABS	Tier 1	GC
<i>valproate sodium</i> (generic of DEPACON) SOLN 100mg/ml	Tier 2	GC
<i>valproate sodium</i> (generic of DEPAKENE) SOLN 250mg/5ml	Tier 2	GC
<i>valproic acid</i> (generic of DEPAKENE)	Tier 2	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>vigabatrin powd pack</i> 500mg (generic of SABRIL) QL (180 packets / 30 days)	Tier 5	QL NMO LA PA
VIMPAT 50mg QL (120 tabs / 30 days)	Tier 4	QL
VIMPAT 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 5	QL
VIMPAT INJ 200MG/20ML	Tier 5	
VIMPAT SOL 10MG/ML QL (1200 mL / 30 days)	Tier 5	QL
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 2	GC
<i>zonisamide</i> CAPS 50mg	Tier 2	GC
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 2	GC QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 2	GC
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 2	GC QL
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 2	GC
<i>galantamine hydrobromide</i> SOLN	Tier 2	GC
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS QL (60 tabs / 30 days)	Tier 2	GC QL
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) QL (30 caps / 30 days)	Tier 2	GC QL
<i>memantine hcl cp24</i> (generic of NAMENDA XR) PA if < 30 yrs	Tier 2	GC PA

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<i>memantine soln</i> PA if < 30 yrs	Tier 2	GC PA	<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 4	
<i>memantine tabs</i> (generic of NAMENDA) PA if < 30 yrs	Tier 2	GC PA	<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 4	
NAMZARIC	Tier 4		<i>desvenlafaxine succinate</i> (generic of PRISTIQ) QL (30 tabs / 30 days)	Tier 2	GC QL PA
<i>rivastigmine tartrate</i> 1.5mg, 3mg QL (90 caps / 30 days)	Tier 2	GC QL	<i>doxepin hcl</i> CAPS; CONC	Tier 3	
<i>rivastigmine tartrate</i> 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2	GC QL	<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days)	Tier 2	GC QL
<i>rivastigmine td patch 24hr</i> 4.6 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 2	GC QL	<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days)	Tier 2	GC QL
<i>rivastigmine td patch 24hr</i> 9.5 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 2	GC QL	<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days)	Tier 2	GC QL
<i>rivastigmine td patch 24hr</i> 13.3 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 2	GC QL	EMSAM QL (30 patches / 30 days)	Tier 5	QL PA
<b>ANTIDEPRESSANTS</b>			<i>escitalopram oxalate</i> SOLN	Tier 2	GC
<i>amitriptyline hcl</i> TABS	Tier 3		<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	Tier 1	GC
<i>amoxapine tab 25mg</i>	Tier 3		FETZIMA 20mg QL (180 caps / 30 days)	Tier 4	QL PA
<i>amoxapine tab 50mg</i>	Tier 3		FETZIMA 40mg QL (90 caps / 30 days)	Tier 4	QL PA
<i>amoxapine tab 100mg</i>	Tier 3		FETZIMA 80mg, 120mg QL (30 caps / 30 days)	Tier 4	QL PA
<i>amoxapine tab 150mg</i>	Tier 3		FETZIMA TITRATION PACK	Tier 4	PA
<i>bupropion hcl</i> TABS	Tier 2	GC	<i>fluoxetine cap 10mg</i> (generic of PROZAC)	Tier 1	GC
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	Tier 2	GC	<i>fluoxetine cap 20mg</i> (generic of PROZAC)	Tier 1	GC
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24	Tier 2	GC	<i>fluoxetine cap 40mg</i> (generic of PROZAC)	Tier 1	GC
<i>citalopram hydrobromide</i> SOLN	Tier 2	GC	<i>fluoxetine hcl</i> SOLN	Tier 2	GC
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	Tier 1	GC			
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS	Tier 4	PA			

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Drug Name	Drug Tier	Requirements/ Limits
<i>imipramine hcl</i> (generic of TOFRANIL) TABS	Tier 3	
<i>maprotiline hcl</i>	Tier 2	GC
MARPLAN TAB 10MG QL (180 tabs / 30 days)	Tier 4	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	Tier 1	GC
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 1	GC
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	Tier 2	GC
<i>nefazodone hcl</i>	Tier 2	GC
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	Tier 2	GC
<i>nortriptyline hcl</i> SOLN	Tier 4	
<i>paroxetine hcl tabs</i> (generic of PAXIL)	Tier 2	GC
PAXIL SUSP QL (900 mL / 30 days)	Tier 4	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	Tier 2	GC
<i>protriptyline hcl</i>	Tier 4	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC	Tier 2	GC
<i>sertraline hcl</i> (generic of ZOLOFT) TABS	Tier 1	GC
<i>tranylcypromine sulfate</i> (generic of PARNATE)	Tier 2	GC
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	GC
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 25mg QL (240 caps / 30 days)	Tier 4	QL
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 50mg QL (120 caps / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg QL (60 caps / 30 days)	Tier 4	QL
TRINTELLIX 5mg QL (120 tabs / 30 days)	Tier 4	QL
TRINTELLIX 10mg QL (60 tabs / 30 days)	Tier 4	QL
TRINTELLIX 20mg QL (30 tabs / 30 days)	Tier 4	QL
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24	Tier 1	GC
<i>venlafaxine hcl</i> TABS	Tier 2	GC
VIIBRYD STARTER PACK	Tier 4	
VIIBRYD TAB QL (30 tabs / 30 days)	Tier 4	QL
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS QL (120 caps / 30 days)	Tier 2	GC QL
<i>amantadine hcl</i> SYRP; TABS	Tier 2	GC
APOKYN QL (20 cartridges / 30 days)	Tier 5	QL NMO LA PA
<i>benztropine mesylate inj</i> (generic of COGENTIN)	Tier 2	GC
<i>benztropine mesylate tab</i> 0.5mg PA if 70 years and older	Tier 3	PA
<i>benztropine mesylate tab</i> 1mg PA if 70 years and older	Tier 3	PA
<i>benztropine mesylate tab</i> 2mg PA if 70 years and older	Tier 3	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS; TABS	Tier 2	GC
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	Tier 2	GC

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Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	Tier 2	GC
<i>carbidopa-levodopa</i> TBDP	Tier 2	GC
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 50)	Tier 2	GC
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 75)	Tier 2	GC
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 100)	Tier 2	GC
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 125)	Tier 2	GC
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 150)	Tier 2	GC
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 200)	Tier 2	GC
<i>entacapone</i> (generic of COMTAN)	Tier 2	GC
NEUPRO	Tier 4	
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	Tier 2	GC
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	Tier 2	GC
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	Tier 2	GC
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	Tier 2	GC
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	Tier 2	GC
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	Tier 2	GC
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	Tier 2	GC
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	Tier 2	GC
<i>ropinirole tab 0.25mg</i> (generic of REQUIP)	Tier 2	GC
<i>ropinirole tab 1mg</i> (generic of REQUIP)	Tier 2	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole tab 2mg</i> (generic of REQUIP)	Tier 2	GC
<i>ropinirole tab 3mg</i> (generic of REQUIP)	Tier 2	GC
<i>ropinirole tab 4mg</i> (generic of REQUIP)	Tier 2	GC
<i>ropinirole tab 5mg</i> (generic of REQUIP)	Tier 2	GC
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	Tier 2	GC
<i>selegiline hcl</i> TABS	Tier 2	GC
<i>trihexyphenidyl hcl</i> PA if 70 years and older	Tier 3	PA
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA QL (1 injection / 28 days)	Tier 5	QL
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	Tier 5	QL
<i>aripiprazole oral solution 1 mg/ml</i> QL (900 mL / 30 days)	Tier 5	QL
<i>aripiprazole tab</i> (generic of ABILIFY) QL (30 tabs / 30 days)	Tier 2	GC QL
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	Tier 5	QL
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	Tier 5	QL
<i>chlorpromazine hcl</i> TABS	Tier 2	GC
CHLORPROMAZINE INJ	Tier 4	
<i>clozapine odt</i> (generic of FAZACLO) 12.5mg, 25mg	Tier 2	GC PA
<i>clozapine odt</i> (generic of FAZACLO) 100mg QL (270 tabs / 30 days)	Tier 2	GC QL PA
<i>clozapine odt</i> (generic of FAZACLO) 150mg QL (180 tabs / 30 days)	Tier 2	GC QL PA

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<i>clozapine odt</i> (generic of FAZACLO) 200mg QL (135 tabs / 30 days)	Tier 5	QL PA	INVEGA SUST INJ 117 MG/0.75 ML QL (1 injection / 28 days)	Tier 5	QL
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	Tier 2	GC	INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	Tier 5	QL
<i>clozapine tab 50mg</i>	Tier 2	GC	INVEGA SUST INJ 234 MG/1.5 ML QL (1 injection / 28 days)	Tier 5	QL
<i>clozapine tab 100mg</i> (generic of CLOZARIL) QL (270 tabs / 30 days)	Tier 2	GC QL	INVEGA TRINZA QL (1 injection / 90 days)	Tier 5	QL
<i>clozapine tab 200mg</i> QL (135 tabs / 30 days)	Tier 2	GC QL	LATUDA 20mg, 60mg, 80mg QL (60 tabs / 30 days)	Tier 4	QL
FANAPT QL (60 tabs / 30 days)	Tier 4	QL	LATUDA 40mg, 120mg QL (30 tabs / 30 days)	Tier 4	QL
FANAPT TITRATION PACK	Tier 4		<i>loxapine succinate</i>	Tier 2	GC
<i>fluphenazine decanoate</i> SOLN	Tier 2	GC	NUPLAZID TABS 17mg QL (60 tabs / 30 days)	Tier 5	QL NMO LA PA
<i>fluphenazine hcl</i>	Tier 2	GC	<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	Tier 2	GC QL
GEODON SOLR QL (6 mL / 3 days)	Tier 4	QL	<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg QL (240 tabs / 30 days)	Tier 2	GC QL
<i>haloperidol</i> TABS	Tier 2	GC	<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg QL (120 tabs / 30 days)	Tier 2	GC QL
<i>haloperidol conc 2mg/ml</i>	Tier 2	GC	<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	GC QL
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 2	GC	<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg QL (60 tabs / 30 days)	Tier 2	GC QL
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 2	GC	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	GC QL
<i>haloperidol lactate inj 5mg/ml</i> (generic of HALDOL)	Tier 2	GC			
INVEGA SUST INJ 39 MG/0.25 ML QL (1 injection / 28 days)	Tier 4	QL			
INVEGA SUST INJ 78 MG/0.5 ML QL (1 injection / 28 days)	Tier 5	QL			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg QL (60 tabs / 30 days)	Tier 2	GC QL	RISPERDAL INJ 50MG QL (2 injections / 28 days)	Tier 5	QL
<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 5	QL	<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 2	GC QL
<i>paliperidone</i> (generic of INVEGA) 6mg QL (60 tabs / 30 days)	Tier 5	QL	<i>risperidone</i> (generic of RISPERDAL) TABS	Tier 2	GC
<i>perphenazine</i> TABS	Tier 2	GC	<i>risperidone</i> TBP .5mg QL (90 tabs / 30 days)	Tier 2	GC QL
<i>pimozide</i> (generic of ORAP) TABS	Tier 2	GC	<i>risperidone</i> TBP .25mg, 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	Tier 2	GC QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS	Tier 2	GC	SAPHRIS 2.5mg QL (240 tabs / 30 days)	Tier 4	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 2	GC QL	SAPHRIS 5mg QL (120 tabs / 30 days)	Tier 4	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 2	GC QL	SAPHRIS 10mg QL (60 tabs / 30 days)	Tier 4	QL
REXULTI 1mg QL (90 tabs / 30 days)	Tier 5	QL	<i>thioridazine hcl</i> TABS	Tier 2	GC
REXULTI 2mg QL (60 tabs / 30 days)	Tier 5	QL	<i>thiothixene</i>	Tier 2	GC
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	Tier 5	QL	<i>trifluoperazine hcl</i>	Tier 2	GC
REXULTI .5mg QL (180 tabs / 30 days)	Tier 5	QL	VERSACLOZ QL (600 mL / 30 days)	Tier 5	QL PA
REXULTI .25mg QL (360 tabs / 30 days)	Tier 5	QL	VRAYLAR 1.5mg QL (60 caps / 30 days)	Tier 5	QL PA
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	Tier 4	QL	VRAYLAR 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 5	QL PA
RISPERDAL INJ 25MG QL (2 injections / 28 days)	Tier 4	QL	VRAYLAR THERAPY PACK	Tier 4	PA
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	Tier 5	QL	<i>ziprasidone hcl</i> (generic of GEODON) QL (60 caps / 30 days)	Tier 2	GC QL
			ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	Tier 5	QL PA
			ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	Tier 5	QL PA
			ZYPREXA RELPREVV INJ 210MG QL (2 vials / 28 days)	Tier 4	QL PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>					
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 2	GC QL	<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	Tier 2	GC QL
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 2	GC QL	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	GC QL
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 2	GC QL	<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 2	GC QL
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 2	GC QL	<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	GC QL
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 2	GC QL	<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	GC QL
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 2	GC QL	<i>atomoxetine hcl</i> (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 2	GC QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	Tier 2	GC QL	<i>atomoxetine hcl</i> (generic of STRATTERA) 40mg QL (60 caps / 30 days)	Tier 2	GC QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	Tier 2	GC QL	<i>atomoxetine hcl</i> (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 2	GC QL
			<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	GC QL
			<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	GC QL

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<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 70 years and older	Tier 3	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 2	GC QL PA
<i>metadate er tab 20mg</i> QL (90 tabs / 30 days)	Tier 2	GC QL	<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 2	GC QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	GC QL	<b>MIGRAINE</b>		
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	GC QL	<i>dihydroergotamine mesylate inj 1 mg/ml</i> (generic of D.H.E. 45)	Tier 5	
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	Tier 2	GC QL	<i>dihydroergotamine mesylate nasal</i> QL (8 mL / 30 days)	Tier 5	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	Tier 2	GC QL	<i>eletriptan hydrobromide</i> (generic of RELPAX) QL (12 tabs / 30 days)	Tier 2	GC QL
<i>methylphenidate tab 10mg er</i> QL (90 tabs / 30 days)	Tier 2	GC QL	<i>ergotamine w/ caffeine</i> (generic of CAFERGOT) TABS	Tier 2	GC
<i>methylphenidate tab 20mg er</i> QL (90 tabs / 30 days)	Tier 2	GC QL	<i>naratriptan hcl</i> (generic of AMERGE) QL (12 tabs / 30 days)	Tier 2	GC QL
<b>HYPNOTICS</b>			<i>rizatriptan benzoate</i> 5mg QL (18 tabs / 30 days)	Tier 2	GC QL
HETLIOZ	Tier 5	NMO LA PA	<i>rizatriptan benzoate</i> (generic of MAXALT) 10mg QL (18 tabs / 30 days)	Tier 2	GC QL
SILENOR 3mg QL (60 tabs / 30 days)	Tier 3	QL	<i>rizatriptan benzoate odt</i> (generic of MAXALT-MLT) QL (18 tabs / 30 days)	Tier 2	GC QL
SILENOR 6mg QL (30 tabs / 30 days)	Tier 3	QL	<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 inhalers / 30 days)	Tier 2	GC 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 2	GC QL PA	<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 inhalers / 30 days)	Tier 2	GC QL

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<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (18 injections / 30 days)	Tier 2	GC QL	<i>lithium carbonate CAPS; TABS</i>	Tier 1	GC
<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (18 injections / 30 days)	Tier 2	GC QL	<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	Tier 2	GC
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	Tier 2	GC QL	<i>lithium carbonate er 450mg</i> LITHIUM SOLN 8MEQ/5ML Tier 4	Tier 2	GC
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	Tier 2	GC QL	NUDEXTA QL (60 caps / 30 days)	Tier 4	QL PA
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 2	GC QL	<i>pyridostigmine tab 60mg</i> (generic of MESTINON)	Tier 2	GC
<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	Tier 2	GC QL	<i>riluzole</i> (generic of RILUTEK)	Tier 2	GC
<i>zolmitriptan</i> (generic of ZOMIG) TABS QL (12 tabs / 30 days)	Tier 2	GC QL	<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	Tier 5	QL NMO PA
<i>zolmitriptan odt</i> (generic of ZOMIG ZMT) QL (12 tabs / 30 days)	Tier 2	GC QL	<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	Tier 5	QL NMO PA
<b>MISCELLANEOUS</b>			<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUSTEDO 6mg QL (60 tabs / 30 days)	Tier 5	QL NMO LA PA	AMPYRA	Tier 5	NMO LA PA
AUSTEDO 9mg, 12mg QL (120 tabs / 30 days)	Tier 5	QL NMO LA PA	BETASERON QL (14 syringes / 28 days)	Tier 5	QL NMO PA
			GILENYA CAP 0.5MG QL (28 caps / 28 days)	Tier 5	QL NMO PA
			<i>glatiramer acetate</i> (generic of COPAXONE) QL (12 syringes / 28 days)	Tier 5	QL NMO PA
			<i>glatiramer acetate 20mg/ml</i> (generic of COPAXONE) QL (30 syringes / 30 days)	Tier 5	QL NMO PA
			<i>glatiramer acetate 40mg/ml</i> (generic of COPAXONE) QL (12 syringes / 28 days)	Tier 5	QL NMO PA
			<i>glatopa</i> (generic of COPAXONE) QL (30 syringes / 30 days)	Tier 5	QL NMO PA
			<b>MUSCULOSKELETAL THERAPY AGENTS</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<i>baclofen</i> TABS 10mg, 20mg	Tier 2	GC
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	Tier 3	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	Tier 2	GC
<i>dantrolene sodium</i> CAPS 100mg	Tier 2	GC
<i>tizanidine hcl</i> TABS 2mg	Tier 2	GC
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 2	GC
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> (generic of NUVIGIL) 50mg QL (90 tabs / 30 days)	Tier 2	GC QL PA
<i>armodafinil</i> (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 2	GC QL PA
XYREM QL (540 mL / 30 days)	Tier 5	QL NMO LA PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i>	Tier 2	GC
<i>buprenorphine hcl</i> SUBL QL (90 tabs / 30 days)	Tier 2	GC QL PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (90 tabs / 30 days)	Tier 2	GC QL
<i>bupropion hcl</i> (smoking deterrent) (generic of ZYBAN)	Tier 2	GC
CHANTIX	Tier 4	PA
CHANTIX CONTINUING MONTH	Tier 4	PA
CHANTIX STARTER PACK	Tier 4	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	Tier 2	GC
<i>naloxone inj 0.4mg/ml</i>	Tier 2	GC
<i>naloxone inj 1mg/ml</i>	Tier 2	GC
<i>naltrexone hcl</i> TABS	Tier 2	GC
NARCAN	Tier 3	
NICOTROL INHALER	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
NICOTROL NS	Tier 4	
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	Tier 4	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	Tier 4	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	Tier 4	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	Tier 4	QL
VIVITROL	Tier 5	NMO
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
ANADROL-50	Tier 5	PA
ANDRODERM QL (30 patches / 30 days)	Tier 4	QL PA
<i>oxandrolone</i> TABS 2.5mg	Tier 2	GC PA
<i>oxandrolone</i> (generic of OXANDRIN) TABS 10mg	Tier 2	GC PA
<i>testosterone</i> GEL 1% QL (300 grams / 30 days)	Tier 2	GC QL PA
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)	Tier 2	GC QL PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN	Tier 2	GC PA
<i>testosterone enanthate</i> SOLN	Tier 2	GC PA
<b>ANTIDIABETICS, INJECTABLE</b>		
ALCOHOL SWABS	Tier 3	
BASAGLAR KWIKPEN	Tier 3	
BD ULTRAFINE INSULIN SYRINGE	Tier 3	
BD ULTRAFINE/NANO PEN NEEDLES	Tier 3	
BYDUREON BCISE QL (4 pens / 28 days)	Tier 3	QL
BYDUREON INJ QL (4 vials / 28 days)	Tier 3	QL

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Drug Name	Drug Tier	Requirements/ Limits
BYDUREON PEN QL (4 pens / 28 days)	Tier 3	QL
BYETTA QL (1 pen / 30 days)	Tier 4	QL
FIASP	Tier 3	
FIASP FLEXTOUCH	Tier 3	
GAUZE PADS 2" X 2"	Tier 3	
HUMULIN R INJ U-500	Tier 5	B/D
HUMULIN R U-500 KWIKPEN	Tier 5	
INSULIN PEN NEEDLE	Tier 3	
INSULIN SAFETY NEEDLES	Tier 3	
INSULIN SYRINGE	Tier 3	
LEVEMIR	Tier 3	
LEVEMIR FLEXTOUCH	Tier 3	
NOVOLIN 70/30 (brand RELION not covered)	Tier 3	
NOVOLIN N (brand RELION not covered)	Tier 3	
NOVOLIN R (brand RELION not covered)	Tier 3	
NOVOLOG	Tier 3	
NOVOLOG 70/30 FLEXPEN	Tier 3	
NOVOLOG FLEXPEN	Tier 3	
NOVOLOG MIX 70/30	Tier 3	
NOVOLOG PENFILL	Tier 3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE QL (1 pen / 28 days)	Tier 3	QL
OZEMPIC INJ 1MG/DOSE QL (2 pens / 28 days)	Tier 3	QL
SOLIQUA 100/33 QL (10 pens / 30 days)	Tier 3	QL
TRESIBA FLEXTOUCH	Tier 3	
TRULICITY QL (4 pens / 28 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
VICTOZA QL (3 pens / 30 days)	Tier 3	QL
XULTOPHY 100/3.6 QL (5 pens / 30 days)	Tier 3	QL
<b>ANTIDIABETICS, ORAL</b>		
acarbose (generic of PRECOSE)	Tier 2	GC
FARXIGA 5mg QL (60 tabs / 30 days)	Tier 3	QL
FARXIGA 10mg QL (30 tabs / 30 days)	Tier 3	QL
glimepiride (generic of AMARYL) 1mg QL (240 tabs / 30 days)	Tier 1	GC QL
glimepiride (generic of AMARYL) 2mg QL (120 tabs / 30 days)	Tier 1	GC QL
glimepiride (generic of AMARYL) 4mg QL (60 tabs / 30 days)	Tier 1	GC QL
glip/metform tab 2.5-250mg QL (240 tabs / 30 days)	Tier 1	GC QL
glip/metform tab 2.5-500mg QL (120 tabs / 30 days)	Tier 1	GC QL
glip/metform tab 5-500mg QL (120 tabs / 30 days)	Tier 1	GC QL
glipizide (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	Tier 1	GC QL
glipizide (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	Tier 1	GC QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg QL (240 tabs / 30 days)	Tier 1	GC QL

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<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (120 tabs / 30 days)	Tier 1	GC QL	<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	GC QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	GC QL	<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	GC QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 2.5mg QL (240 tabs / 30 days)	Tier 1	GC QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	Tier 1	GC QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 5mg QL (120 tabs / 30 days)	Tier 1	GC QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	Tier 1	GC QL
JANUMET QL (60 tabs / 30 days)	Tier 3	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	Tier 1	GC QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL	<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	Tier 1	GC QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL	<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	Tier 1	GC QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 3	QL	<i>repaglinide</i> (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	Tier 1	GC QL
JANUVIA QL (30 tabs / 30 days)	Tier 3	QL	<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	Tier 1	GC QL
JARDIANCE 10mg QL (60 tabs / 30 days)	Tier 3	QL	<i>repaglinide</i> .5mg QL (120 tabs / 30 days)	Tier 1	GC QL
JARDIANCE 25mg QL (30 tabs / 30 days)	Tier 3	QL			
JENTADUETO QL (60 tabs / 30 days)	Tier 3	QL			
JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	Tier 3	QL			
JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	Tier 3	QL			

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Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY TAB 12.5-500MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY XR TAB 10-1000MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY XR TAB 25-1000MG QL (30 tabs / 30 days)	Tier 3	QL
TRADJENTA QL (30 tabs / 30 days)	Tier 3	QL
XIGDUO XR TAB 2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 3	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	Tier 3	QL
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg	Tier 1	GC
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>ibandronate sodium</i> (generic of BONIVA) TABS	Tier 2	GC B/D
PAMIDRONATE DISODIUM 6mg/ml	Tier 3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	Tier 2	GC B/D
<i>pamidronate inj 30mg</i>	Tier 2	GC B/D
<i>pamidronate inj 90mg</i>	Tier 2	GC B/D
<i>zoledronic acid inj</i> 5mg/100ml (generic of RECLAST)	Tier 2	GC B/D NMO
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	Tier 2	GC B/D NMO
<b>CALCIUM RECEPTOR AGONISTS</b>		
SENSIPAR 30mg, 90mg QL (120 tabs / 30 days)	Tier 5	B/D QL NMO
SENSIPAR 60mg QL (60 tabs / 30 days)	Tier 5	B/D QL NMO
<b>CHELATING AGENTS</b>		
CHEMET	Tier 4	
DEPEN TITRATABS	Tier 5	
JADENU	Tier 5	NMO LA PA
JADENU SPRINKLE	Tier 5	NMO LA PA
<i>kionex sus 15gm/60ml</i>	Tier 2	GC
<i>sodium polystyrene sulfonate powder</i>	Tier 2	GC
<i>sodium polystyrene sulfonate susp</i>	Tier 2	GC
<i>sps susp 15gm/60ml</i>	Tier 2	GC
<i>trientine hcl</i> (generic of SYPRINE)	Tier 5	PA
<b>CONTRACEPTIVES</b>		
<i>altavera tab</i>	Tier 2	GC
<i>alyacen 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2	GC
<i>apri</i>	Tier 2	GC
<i>aranelle</i> (generic of TRI-NORINYL 28)	Tier 2	GC
<i>aubra</i>	Tier 2	GC
<i>aviane</i>	Tier 2	GC
<i>balziva</i>	Tier 2	GC
<i>blisovi fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	GC

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<i>blisovi fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	GC	<i>introvale</i>	Tier 2	GC
<i>briellyn</i>	Tier 2	GC	<i>isibloom</i>	Tier 2	GC
<i>camila</i>	Tier 2	GC	<i>jolessa tab 0.15-0.03 mg</i>	Tier 2	GC
<i>caziant pak</i>	Tier 2	GC	<i>jolivette</i> (generic of ORTHO MICRONOR)	Tier 2	GC
<i>cryselle-28</i>	Tier 2	GC	<i>juleber</i>	Tier 2	GC
<i>cyclaferm 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2	GC	<i>junel 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 2	GC
<i>cyclaferm 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 2	GC	<i>junel 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 2	GC
<i>cyred tab</i>	Tier 2	GC	<i>junel fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	GC
<i>dasetta 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2	GC	<i>junel fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	GC
<i>dasetta 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 2	GC	<i>kariva</i> (generic of MIRCETTE)	Tier 2	GC
<i>deblitane</i>	Tier 2	GC	<i>kelnor 1/35</i>	Tier 2	GC
<i>delyla</i>	Tier 2	GC	<i>kimidess</i> (generic of MIRCETTE)	Tier 2	GC
<i>desogestrel &amp; ethinyl estradiol</i>	Tier 2	GC	<i>kurvelo</i>	Tier 2	GC
<i>desogestrel-ethinyl estradiol (biphasic)</i> (generic of MIRCETTE)	Tier 2	GC	<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 2	GC
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	Tier 2	GC	<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 2	GC
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	Tier 2	GC	<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	GC
ELLA	Tier 4		<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	GC
<i>emoquette</i>	Tier 2	GC	<i>larissia tab</i>	Tier 2	GC
<i>enpresse-28</i>	Tier 2	GC	<i>leena</i> (generic of TRI-NORINYL 28)	Tier 2	GC
<i>enskyce</i>	Tier 2	GC	<i>lessina</i>	Tier 2	GC
<i>errin</i> (generic of ORTHO MICRONOR)	Tier 2	GC	<i>levonest</i>	Tier 2	GC
<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 2	GC	<i>levonor/ethi tab</i>	Tier 2	GC
<i>ethynodiol diacet &amp; eth estrad</i>	Tier 2	GC	<i>levonorgestrel &amp; eth estradiol</i>	Tier 2	GC
<i>ethynodiol tab 1-50</i>	Tier 2	GC	<i>levonorgestrel-ethinyl estradiol (91-day)</i>	Tier 2	GC
<i>falmina</i>	Tier 2	GC	<i>levora 0.15/30-28</i>	Tier 2	GC
<i>femynor</i> (generic of ORTHO-CYCLEN)	Tier 2	GC	<i>loryna</i> (generic of YAZ)	Tier 2	GC
<i>gianvi</i> (generic of YAZ)	Tier 2	GC	<i>low-ogestrel</i>	Tier 2	GC
<i>heather</i>	Tier 2	GC	<i>lutera</i>	Tier 2	GC
			<i>lyza</i> (generic of ORTHO MICRONOR)	Tier 2	GC

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<i>marlissa</i>	Tier 2	GC
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 2	GC
<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 2	GC
<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 2	GC
<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	GC
<i>microgestin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	GC
<i>mono-lynyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 2	GC
<i>mononessa</i> (generic of ORTHO-CYCLEN)	Tier 2	GC
<i>myzilra</i>	Tier 2	GC
<i>necon 0.5/35-28</i>	Tier 2	GC
<i>necon 1/50-28</i>	Tier 2	GC
<i>necon 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 2	GC
<i>nikki</i> (generic of YAZ)	Tier 2	GC
<i>nora-be tab</i>	Tier 2	GC
<i>norethindrone (contraceptive) .35mg</i>	Tier 2	GC
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR) .35mg	Tier 2	GC
<i>norethindrone acet &amp; eth estra</i> (generic of LOESTRIN 1/20-21)	Tier 2	GC
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	Tier 2	GC
<i>norgestimate-ethinyl estradiol</i> (generic of ORTHO-CYCLEN)	Tier 2	GC
<i>norgestimate-ethinyl estradiol (triphasic)</i> (generic of ORTHO TRI-CYCLEN)	Tier 2	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	GC
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i> (generic of ORTHO TRI-CYCLEN)	Tier 2	GC
<i>norlyroc</i>	Tier 2	GC
<i>nortrel 0.5/35 (28)</i>	Tier 2	GC
<i>nortrel 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2	GC
<i>nortrel 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 2	GC
<i>NUVARING</i>	Tier 4	
<i>ocella tab 3-0.03mg</i> (generic of YASMIN 28)	Tier 2	GC
<i>orsythia</i>	Tier 2	GC
<i>philith</i>	Tier 2	GC
<i>pimtreea</i> (generic of MIRCETTE)	Tier 2	GC
<i>pirmella 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2	GC
<i>portia-28</i>	Tier 2	GC
<i>previfem</i> (generic of ORTHO-CYCLEN)	Tier 2	GC
<i>quasense</i>	Tier 2	GC
<i>reclipsen</i>	Tier 2	GC
<i>setlakin tab</i>	Tier 2	GC
<i>sharobel</i> (generic of ORTHO MICRONOR)	Tier 2	GC
<i>sprintec 28</i> (generic of ORTHO-CYCLEN)	Tier 2	GC
<i>sronyx</i>	Tier 2	GC
<i>syeda</i> (generic of YASMIN 28)	Tier 2	GC
<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	GC
<i>tilia fe</i> (generic of ESTROSTEP FE)	Tier 2	GC
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	Tier 2	GC

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<i>tri-linyah</i> (generic of ORTHO TRI-CYCLEN)	Tier 2	GC
<i>tri-lo marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	GC
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	GC
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	GC
<i>tri-previfem</i> (generic of ORTHO TRI-CYCLEN)	Tier 2	GC
<i>tri-sprintec</i> (generic of ORTHO TRI-CYCLEN)	Tier 2	GC
<i>trinessa</i> (generic of ORTHO TRI-CYCLEN)	Tier 2	GC
<i>trinessa lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	GC
<i>trivora-28</i>	Tier 2	GC
<i>velivet</i>	Tier 2	GC
<i>vestura</i> (generic of YAZ)	Tier 2	GC
<i>vienva</i>	Tier 2	GC
<i>viorele</i> (generic of MIRCETTE)	Tier 2	GC
<i>vyfemla</i>	Tier 2	GC
<i>xulane</i>	Tier 2	GC
<i>zarah</i> (generic of YASMIN 28)	Tier 2	GC
<i>zenchent</i>	Tier 2	GC
<i>zovia 1/35e</i>	Tier 2	GC
<b>ENDOMETRIOSIS</b>		
<i>danazol</i> CAPS	Tier 2	GC
SYNAREL	Tier 5	
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	Tier 5	NMO LA PA
ALDURAZYME	Tier 5	NMO LA PA
CARBAGLU	Tier 5	NMO LA PA
CERDELGA	Tier 5	NMO PA
CEREZYME	Tier 5	NMO LA PA
CYSTADANE	Tier 5	NMO LA
CYSTAGON	Tier 4	NMO LA PA
FABRAZYME	Tier 5	NMO LA PA
KUVAN	Tier 5	NMO LA PA
<i>levocarnitine</i> (metabolic modifiers) (generic of CARNITOR)	Tier 2	GC B/D

Drug Name	Drug Tier	Requirements/ Limits
LUMIZYME	Tier 5	NMO LA PA
<i>miglustat</i>	Tier 5	NMO PA
NAGLAZYME	Tier 5	NMO LA PA
ORFADIN	Tier 5	NMO LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	Tier 5	NMO PA
<b>ESTROGENS</b>		
DELESTROGEN 10mg/ml	Tier 4	
<i>estradiol</i> (generic of CLIMARA) PTWK	Tier 3	
<i>estradiol</i> (generic of ESTRACE) TABS	Tier 2	GC
<i>estradiol vaginal cream</i> (generic of ESTRACE)	Tier 2	GC
<i>estradiol vaginal tab</i> (generic of VAGIFEM)	Tier 2	GC
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL	Tier 2	GC
<i>fyavolv</i>	Tier 3	
<i>fyavolv</i> (generic of FEMHRT LOW DOSE)	Tier 3	
<i>jinteli</i>	Tier 3	
<i>norethindrone acetate-ethinyl estradiol</i>	Tier 3	
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT LOW DOSE)	Tier 3	
<i>yuvafem vaginal tablet 10 mcg</i> (generic of VAGIFEM)	Tier 2	GC
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate</i> TABS	Tier 2	GC
DEXAMETHASONE CONC SOLN	Tier 4	
<i>dexamethasone</i> ELIX; SOLN	Tier 2	GC
<i>dexamethasone</i> TABS	Tier 1	GC
<i>dexamethasone sodium phosphate</i>	Tier 2	GC
<i>fludrocortisone acetate</i> TABS	Tier 2	GC
<i>hydrocortisone</i> (generic of CORTEF) TABS	Tier 2	GC
<i>methylpr ss inj</i> (generic of SOLU-MEDROL)	Tier 2	GC B/D

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Blue MedicareRx Premier 2019 Comprehensive Drug List

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<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	Tier 2	GC	GENOTROPIN MINIQUICK .2mg	Tier 4	NMO PA
<i>methylpred tab 4mg</i> (generic of MEDROL)	Tier 2	GC B/D	GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 5	NMO PA
<i>methylpred tab 8mg</i> (generic of MEDROL)	Tier 2	GC B/D	INCRELEX	Tier 5	NMO LA PA
<i>methylpred tab 16mg</i> (generic of MEDROL)	Tier 2	GC B/D	KORLYM	Tier 5	NMO LA PA
<i>methylpred tab 32mg</i> (generic of MEDROL)	Tier 2	GC B/D	LUPRON DEP-PED INJ 7.5MG	Tier 5	NMO PA
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	Tier 2	GC B/D	LUPRON DEP-PED INJ 11.25MG (3-MONTH)	Tier 5	NMO PA
<i>pred sod pho sol 5mg/5ml</i>	Tier 2	GC B/D	LUPRON DEPOT-PED (1-MONTH)	Tier 5	NMO PA
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	Tier 2	GC B/D	LUPRON DEPOT-PED (3-MONTH)	Tier 5	NMO PA
<i>prednisolone sol 15mg/5ml</i>	Tier 2	GC B/D	NATPARA	Tier 5	NMO PA
<i>prednisolone sol 25mg/5ml</i>	Tier 2	GC B/D	<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml	Tier 2	GC NMO PA
PREDNISON CON 5MG/ML	Tier 4	B/D	<i>octreotide acetate</i> 200mcg/ml	Tier 2	GC NMO PA
<i>prednisone pak 5mg</i>	Tier 2	GC	<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml	Tier 5	NMO PA
<i>prednisone pak 10mg</i>	Tier 2	GC	<i>octreotide acetate</i> 1000mcg/ml	Tier 5	NMO PA
<i>prednisone sol 5mg/5ml</i>	Tier 2	GC B/D	PROLIA QL (1 injection / 180 days)	Tier 4	QL NMO
<i>prednisone tab 1mg</i>	Tier 1	GC B/D	<i>raloxifene hcl</i> (generic of EVISTA)	Tier 2	GC
<i>prednisone tab 2.5mg</i>	Tier 1	GC B/D	SIGNIFOR	Tier 5	NMO LA PA
<i>prednisone tab 5mg</i>	Tier 1	GC B/D	SOMATULINE DEPOT	Tier 5	NMO PA
<i>prednisone tab 10mg</i>	Tier 1	GC B/D	SOMAVERT	Tier 5	NMO LA PA
<i>prednisone tab 20mg</i>	Tier 1	GC B/D	TYMLOS	Tier 5	NMO PA
<i>prednisone tab 50mg</i>	Tier 1	GC B/D	XGEVA	Tier 5	NMO PA
SOLU-CORTEF	Tier 4		<b>PHOSPHATE BINDER AGENTS</b>		
<b>GLUCOSE ELEVATING AGENTS</b>			AURYXIA QL (360 tabs / 30 days)	Tier 5	QL
GLUCAGEN HYPOKIT	Tier 3				
GLUCAGON EMERGENCY KIT	Tier 3				
PROGLYCEM SUS 50MG/ML	Tier 4				
<b>MISCELLANEOUS</b>					
<i>cabergoline</i>	Tier 2	GC			
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	Tier 2	GC B/D			
FORTEO	Tier 5	NMO PA			
GENOTROPIN	Tier 5	NMO PA			

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<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS QL (360 caps / 30 days)	Tier 2	GC QL
<i>calcium acetate (phosphate binder)</i> TABS QL (360 tabs / 30 days)	Tier 2	GC QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	Tier 5	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	Tier 5	QL
<i>sevelamer carbonate</i> (generic of RENVELA) TABS QL (540 tabs / 30 days)	Tier 2	GC QL
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tab</i> (generic of PROVERA)	Tier 1	GC
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	Tier 2	GC
<b>THYROID AGENTS</b>		
<i>levo-t</i> (generic of SYNTHROID)	Tier 2	GC
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	Tier 2	GC
<i>levoxyl</i> (generic of SYNTHROID)	Tier 2	GC
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	Tier 2	GC
<i>methimazole</i> (generic of TAPAZOLE) TABS	Tier 1	GC
<i>propylthiouracil</i> TABS	Tier 2	GC
SYNTHROID	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>unithroid</i> (generic of SYNTHROID)	Tier 2	GC
<b>VASOPRESSINS</b>		
<i>desmopressin acetate spray</i> (generic of DDAVP)	Tier 2	GC
<i>desmopressin acetate spray refrigerated</i>	Tier 2	GC
<i>desmopressin acetate tabs</i> (generic of DDAVP)	Tier 2	GC
<i>desmopressin inj 4mcg/ml</i> (generic of DDAVP)	Tier 2	GC
STIMATE	Tier 5	NMO
<b>GASTROINTESTINAL ANTIEMETICS</b>		
<i>aprepitant</i> (generic of EMEND)	Tier 2	GC B/D
<i>aprepitant pak 80mg &amp; 125mg</i>	Tier 2	GC B/D
<i>compro</i>	Tier 2	GC
<i>dronabinol</i> (generic of MARINOL) QL (60 caps / 30 days)	Tier 2	GC B/D QL
EMEND SUSR	Tier 4	B/D
<i>granisetron hcl</i> SOLN	Tier 2	GC
<i>granisetron hcl</i> TABS	Tier 2	GC B/D
<i>meclizine hcl</i> TABS	Tier 2	GC
<i>metoclopramide hcl</i> SOLN	Tier 2	GC
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	Tier 1	GC
<i>metoclopramide hcl inj</i>	Tier 2	GC
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg, 8mg	Tier 2	GC B/D
<i>ondansetron hcl</i> TABS 24mg	Tier 2	GC B/D
<i>ondansetron hcl inj</i>	Tier 2	GC
<i>ondansetron hcl oral soln</i> (generic of ZOFRAN)	Tier 2	GC B/D
<i>ondansetron odt</i> (generic of ZOFRAN ODT)	Tier 2	GC B/D
<i>prochlorperazine inj</i>	Tier 2	GC
<i>prochlorperazine maleate</i> TABS	Tier 1	GC
<i>prochlorperazine supp</i>	Tier 2	GC

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<i>promethazine hcl</i> SYRP; TABS PA if 70 years and older	Tier 2	GC PA	<i>budesonide ec</i> (generic of ENTOCORT EC)	Tier 5	
<i>promethazine hcl inj</i> (generic of PHENERGAN) PA if 70 years and older	Tier 4	PA	CANASA	Tier 4	
<i>scopolamine patch</i> (generic of TRANSDERM-SCOP) QL (10 patches / 30 days) PA if 70 years and older	Tier 4	QL PA	<i>colocort enema 100mg</i> (generic of CORTENEMA)	Tier 2	GC
<b>ANTISPASMODICS</b>			DELZICOL	Tier 4	
<i>dicyclomine hcl cap 10mg</i> (generic of BENTYL)	Tier 3		<i>hydrocortisone (enema)</i> (generic of CORTENEMA)	Tier 2	GC
<i>dicyclomine hcl soln 10mg/5ml</i>	Tier 4		<i>mesalamine ENEM</i>	Tier 2	GC
<i>dicyclomine hcl tab 20mg</i>	Tier 3		<i>mesalamine</i> (generic of ASACOL HD) TBEC 800mg	Tier 2	GC
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	Tier 2	GC	<i>mesalamine w/ cleanser</i> (generic of ROWASA)	Tier 2	GC
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	Tier 2	GC	<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	Tier 2	GC
<b>H2-RECEPTOR ANTAGONISTS</b>			<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	Tier 2	GC
<i>famotidine</i> (generic of PEPCID) SUSR	Tier 2	GC	<b>LAXATIVES</b>		
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 1	GC	<i>constulose</i>	Tier 2	GC
<i>famotidine in nacl</i>	Tier 2	GC	<i>enulose</i>	Tier 2	GC
<i>famotidine inj</i>	Tier 2	GC	<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	Tier 2	GC
<i>ranitidine hcl</i> (generic of ZANTAC) TABS	Tier 1	GC	<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 2	GC
<i>ranitidine hcl inj</i> (generic of ZANTAC)	Tier 2	GC	<i>gavilyte-n/ flavor pack</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 2	GC
<i>ranitidine inj</i> (generic of ZANTAC)	Tier 2	GC	<i>generlac</i>	Tier 2	GC
<i>ranitidine syrup</i>	Tier 2	GC	GOLYTELY	Tier 3	
<b>INFLAMMATORY BOWEL DISEASE</b>			<i>lactulose</i>	Tier 2	GC
APRISO	Tier 3	QL	<i>lactulose (encephalopathy)</i>	Tier 2	GC
QL (120 caps / 30 days)			MOVIPREP	Tier 4	
<i>balsalazide disodium</i> (generic of COLAZAL)	Tier 2	GC	NULYTELY/FLAVOR PACKS	Tier 3	
			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	Tier 2	GC
			<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 2	GC

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Drug Name	Drug Tier	Requirements/ Limits
<i>peg 3350/electrolytes</i> (generic of COLYTE-FLAVOR PACKS)	Tier 2	GC
<i>polyethylene glycol 3350</i> PACK; POWD	Tier 2	GC
SUPREP BOWEL PREP KIT	Tier 4	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 2	GC
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i> (generic of LOTRONEX)	Tier 5	PA
AMITIZA CAP 8MCG QL (180 caps / 30 days)	Tier 3	QL
AMITIZA CAP 24MCG QL (60 caps / 30 days)	Tier 3	QL
<i>cromolyn sodium</i> ( <i>mastocytosis</i> ) (generic of GASTROCROM)	Tier 5	
<i>diphenoxylate w/ atropine</i> LIQD	Tier 4	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	Tier 3	
GATTEX	Tier 5	NMO LA PA
LINZESS QL (30 caps / 30 days)	Tier 3	QL
<i>loperamide hcl</i> CAPS	Tier 2	GC
<i>misoprostol</i> (generic of CYTOTEC) TABS	Tier 2	GC
MOVANTI 12.5mg QL (60 tabs / 30 days)	Tier 3	QL
MOVANTI 25mg QL (30 tabs / 30 days)	Tier 3	QL
RELISTOR SOLN	Tier 5	PA
<i>sucralfate</i> (generic of CARAFATE) TABS	Tier 2	GC
SYMPROIC	Tier 3	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	Tier 2	GC
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 2	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 2	GC
XIFAXAN 550mg	Tier 5	PA
<b>PANCREATIC ENZYMES</b>		
CREON	Tier 3	
ZENPEP	Tier 4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT QL (30 caps / 30 days)	Tier 4	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 30 days)	Tier 2	GC QL
<i>esomeprazole sodium inj</i> 20mg	Tier 2	GC
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	Tier 2	GC
<i>lansoprazole</i> (generic of PREVACID) CPDR QL (30 caps / 30 days)	Tier 2	GC QL
<i>omeprazole cap 10mg</i>	Tier 1	GC
<i>omeprazole cap 20mg</i>	Tier 1	GC
<i>omeprazole cap 40mg</i>	Tier 1	GC
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR	Tier 2	GC
<i>pantoprazole sodium tbec</i> (generic of PROTONIX)	Tier 1	GC
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> (generic of UROXATRAL) QL (30 tabs / 30 days)	Tier 2	GC QL
<i>dutasteride</i> (generic of AVODART) CAPS QL (30 caps / 30 days)	Tier 2	GC QL
<i>dutasteride-tamsulosin hcl</i> (generic of JALYN) QL (30 caps / 30 days)	Tier 2	GC QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 1	GC
<i>tamsulosin hcl</i> (generic of FLOMAX)	Tier 2	GC
<b>MISCELLANEOUS</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	Tier 2	GC
<i>potassium citrate</i> (alkalinizer) er tabs (generic of UROCIT-K 15) 15meq	Tier 2	GC
<i>potassium citrate</i> (alkalinizer) er tabs (generic of UROCIT-K 5) 540mg	Tier 2	GC
<i>potassium citrate</i> (alkalinizer) er tabs (generic of UROCIT-K 10) 1080mg	Tier 2	GC
<b>URINARY ANTISPASMODICS</b>		
MYRBETRIQ 25mg QL (60 tabs / 30 days)	Tier 4	QL
MYRBETRIQ 50mg QL (30 tabs / 30 days)	Tier 4	QL
<i>oxybutynin chloride</i> SYRP	Tier 2	GC
<i>oxybutynin chloride</i> TABS	Tier 2	GC
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	Tier 2	GC QL
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 2	GC QL
<i>tolterodine tartrate cap er</i> (generic of DETROL LA) QL (30 caps / 30 days)	Tier 2	GC QL ST
<i>tolterodine tartrate tabs</i> (generic of DETROL)	Tier 2	GC ST
TOVIAZ QL (30 tabs / 30 days)	Tier 3	QL
<i>tropium chloride</i> TABS QL (60 tabs / 30 days)	Tier 2	GC QL
VESICARE QL (30 tabs / 30 days)	Tier 4	QL
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	Tier 2	GC
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	Tier 2	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	Tier 2	GC
<i>terconazole vaginal</i> CREA .8%	Tier 2	GC
<i>terconazole vaginal</i> SUPP	Tier 2	GC
<i>vandazole</i>	Tier 2	GC
<b>HEMATOLOGIC ANTICOAGULANTS</b>		
COUMADIN	Tier 3	
ELIQUIS	Tier 3	
ELIQUIS STARTER PACK	Tier 3	
<i>enoxaparin sodium</i> (generic of LOVENOX)	Tier 2	GC
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	Tier 2	GC
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 5	
<i>heparin sod (porcine) in d5w</i>	Tier 3	
<i>heparin sod inj 1000/ml</i>	Tier 2	GC B/D
<i>heparin sod inj 5000/ml</i>	Tier 2	GC B/D
<i>heparin sod inj 10000/ml</i>	Tier 2	GC B/D
<i>heparin sod inj 20000/ml</i>	Tier 2	GC B/D
HEPARIN SODIUM/NACL 0.45%	Tier 3	
<i>jantoven</i> (generic of COUMADIN)	Tier 1	GC
PRADAXA	Tier 4	
<i>warfarin sodium</i> (generic of COUMADIN)	Tier 1	GC
XARELTO	Tier 3	
XARELTO STARTER PACK	Tier 3	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
GRANIX	Tier 5	NMO PA
NEUPOGEN	Tier 5	NMO PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	NMO PA
PROCRIT 20000unit/ml, 40000unit/ml	Tier 5	NMO PA
<b>MISCELLANEOUS</b>		

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<i>anagrelide hcl</i> 1mg	Tier 2	GC
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	Tier 2	GC
BERINERT QL (24 boxes / 30 days)	Tier 5	QL NMO LA PA
<i>cilostazol</i>	Tier 2	GC
DROXIA	Tier 3	
ENDARI	Tier 5	NMO LA PA
FIRAZYR QL (9 syringes / 30 days)	Tier 5	QL NMO PA
HAEGARDA 2000unit QL (30 vials / 30 days)	Tier 5	QL NMO LA PA
HAEGARDA 3000unit QL (20 vials / 30 days)	Tier 5	QL NMO LA PA
<i>pentoxifylline</i> TBCR	Tier 2	GC
PROMACTA 12.5mg QL (360 tabs / 30 days)	Tier 5	QL NMO LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	Tier 5	QL NMO LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	Tier 5	QL NMO LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	Tier 5	QL NMO LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	Tier 2	GC
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	Tier 2	GC
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole</i> (generic of AGGRENEX)	Tier 2	GC
BRILINTA	Tier 3	
<i>clopidogrel tab</i> 75mg (generic of PLAVIX)	Tier 1	GC
<i>prasugrel hcl</i> (generic of EFFIENT)	Tier 2	GC
ZONTIVITY	Tier 4	
<b>IMMUNOLOGIC AGENTS DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	Tier 5	QL NMO PA
HUMIRA 40mg/0.4ml QL (6 injections / 28 days)	Tier 5	QL NMO PA
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	Tier 5	QL NMO PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	Tier 5	QL NMO PA
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	Tier 5	QL NMO PA
HUMIRA PEDIATRIC CROHNS DISEASE	Tier 5	NMO PA
HUMIRA PEN QL (6 pens / 28 days)	Tier 5	QL NMO PA
HUMIRA PEN INJ CD/UC/HS STARTER	Tier 5	NMO PA
HUMIRA PEN INJ PS/UV STARTER	Tier 5	NMO PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	Tier 2	GC
<i>leflunomide</i> (generic of ARAVA) TABS	Tier 2	GC
<i>methotrexate sodium tabs</i>	Tier 2	GC
REMICADE	Tier 5	NMO PA
XATMEP	Tier 4	B/D
XELJANZ QL (60 tabs / 30 days)	Tier 5	QL NMO PA
XELJANZ XR QL (30 tabs / 30 days)	Tier 5	QL NMO PA
<b>IMMUNOGLOBULINS</b>		
BIVIGAM	Tier 5	NMO PA
CARIMUNE NANOFILTERED	Tier 5	NMO PA
FLEBOGAMMA DIF	Tier 5	NMO PA
GAMASTAN S/D	Tier 3	B/D NMO
GAMMAGARD LIQUID	Tier 5	NMO PA
GAMMAGARD S/D	Tier 5	NMO PA
GAMMAKED	Tier 5	NMO PA

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Blue MedicareRx Premier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GAMMAPLEX	Tier 5	NMO PA	<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	Tier 5	B/D NMO
GAMMAPLEX 10GM/100ML	Tier 5	NMO PA	<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	Tier 2 GC	B/D NMO
GAMUNEX-C	Tier 5	NMO PA	<i>tacrolimus</i> (generic of PROGRAF) CAPS	Tier 2 GC	B/D NMO
OCTAGAM	Tier 5	NMO PA	ZORTRESS TAB 0.5MG	Tier 5	B/D NMO
PRIVIGEN	Tier 5	NMO PA	ZORTRESS TAB 0.25MG	Tier 5	B/D NMO
<b>IMMUNOMODULATORS</b>			ZORTRESS TAB 0.75MG	Tier 5	B/D NMO
ACTIMMUNE	Tier 5	NMO LA PA	<b>VACCINES</b>		
ARCALYST	Tier 5	NMO PA	ACTHIB	Tier 3	
INTRON-A INJ 10MU	Tier 5	B/D NMO	ADACEL	Tier 3	
INTRON-A INJ 18MU	Tier 5	B/D NMO	BCG VACCINE	Tier 3	
INTRON-A INJ 25MU	Tier 5	B/D NMO	BEXSERO	Tier 3	
INTRON-A INJ 50MU	Tier 5	B/D NMO	BOOSTRIX	Tier 3	
<b>IMMUNOSUPPRESSANTS</b>			DAPTACEL	Tier 3	
<i>azathioprine</i> (generic of IMURAN) TABS	Tier 2	GC B/D	DIPHThERIA/TETANUS TOXOID	Tier 3	B/D
BENLYSTA	Tier 5	NMO PA	ENGERIX-B SUSP	Tier 3	B/D
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS; SOLN	Tier 2 GC	B/D NMO	GARDASIL 9	Tier 3	
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	Tier 2 GC	B/D NMO	HAVRIX	Tier 3	
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 2 GC	B/D NMO	HIBERIX	Tier 3	
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	Tier 2 GC	B/D NMO	IMOVAX RABIES (H.D.C.V.)	Tier 3	B/D
<i>gengraf</i> (generic of NEORAL)	Tier 2 GC	B/D NMO	INFANRIX	Tier 3	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	Tier 2 GC	B/D NMO	IPOL INACTIVATED IPV	Tier 3	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	Tier 5	B/D NMO	IXIARO	Tier 3	
<i>mycophenolate sodium tbec</i> (generic of MYFORTIC)	Tier 2 GC	B/D NMO	KINRIX	Tier 3	
NULOJIX	Tier 5	B/D NMO	M-M-R II	Tier 3	
RAPAMUNE SOLN	Tier 5	B/D NMO	MENACTRA	Tier 3	
SANDIMMUNE SOLN 100mg/ml	Tier 3	B/D NMO	MENVEO	Tier 3	
			PEDIARIX	Tier 3	
			PEDVAX HIB	Tier 3	
			PENTACEL	Tier 3	
			PROQUAD	Tier 3	
			QUADRACEL	Tier 3	
			RABAVERT	Tier 3	B/D
			RECOMBIVAX HB	Tier 3	B/D
			ROTARIX	Tier 3	
			ROTATEQ	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
SHINGRIX QL (2 vials per lifetime)	Tier 3	QL
TENIVAC	Tier 3	B/D
TETANUS/DIPHTHERIA TOXOID	Tier 3	B/D
TRUMENBA	Tier 3	
TWINRIX INJ	Tier 3	
TYPHIM VI	Tier 3	
VAQTA	Tier 3	
VARIVAX	Tier 3	
YF-VAX	Tier 3	
ZOSTAVAX QL (1 vial per lifetime)	Tier 3	QL
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
<i>klor-con 8</i>	Tier 2	GC
<i>klor-con 10</i>	Tier 2	GC
<i>klor-con m10</i>	Tier 2	GC
KLOR-CON M15	Tier 3	
<i>klor-con m20</i>	Tier 2	GC
<i>klor-con pak 20meq</i>	Tier 2	GC
<i>klor-con spr cap 8meq</i> (generic of MICRO-K)	Tier 2	GC
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	Tier 2	GC
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3	
<i>magnesium sulfate</i> SOLN 50%	Tier 3	
MAGNESIUM SULFATE IN D5W	Tier 3	
<i>magnesium sulfate in dextrose</i> (generic of MAGNESIUM SULFATE IN D5W)	Tier 3	
<i>magnesium sulfate inj 50%</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride</i> (generic of MICRO-K) CPCR	Tier 2	GC
<i>potassium chloride</i> PACK	Tier 2	GC
<i>potassium chloride</i> SOLN 10%, 20%	Tier 2	GC
<i>potassium chloride</i> TBCR 8meq, 10meq	Tier 2	GC
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	Tier 2	GC
<i>potassium chloride microencapsulated crystals</i>	Tier 2	GC
<i>potassium chloride tab cr 10meq</i>	Tier 2	GC
<i>sodium chloride</i> SOLN 2.5meq/ml	Tier 2	GC
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 2	GC
<i>tpn electrolytes</i>	Tier 4	B/D
<b>IV NUTRITION</b>		
AMINOSYN	Tier 4	B/D
AMINOSYN 7%/ELECTROLYTES	Tier 4	B/D
<i>aminosyn 8.5%/electrolyte</i>	Tier 4	B/D
<i>aminosyn ii 8.5%/electrol</i>	Tier 4	B/D
AMINOSYN II INJ 8.5%	Tier 4	B/D
AMINOSYN II INJ 10%	Tier 4	B/D
AMINOSYN M	Tier 4	B/D
AMINOSYN-HBC	Tier 4	B/D
AMINOSYN-PF 7%	Tier 4	B/D
AMINOSYN-PF INJ 10%	Tier 4	B/D
AMINOSYN-RF	Tier 4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	Tier 4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	Tier 4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	Tier 4	B/D
CLINIMIX 5%/DEXTROSE 15%	Tier 4	B/D
CLINIMIX 5%/DEXTROSE 20%	Tier 4	B/D
CLINIMIX 5%/DEXTROSE 25%	Tier 4	B/D

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Blue MedicareRx Premier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX INJ 4.25/D10	Tier 4	B/D	KCL 0.15%/D5W/NAACL 0.225%	Tier 3	
CLINIMIX INJ 4.25/D20	Tier 4	B/D	<i>kcl 0.075%/d5w/nacl 0.45%</i>	Tier 2	GC
FREAMINE HBC 6.9%	Tier 4	B/D	<i>kcl/d5w inj 0.3%</i>	Tier 2	GC
FREAMINE III	Tier 4	B/D	<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	Tier 2	GC
<i>hepatamine</i>	Tier 4	B/D	<i>kcl/d5w/nacl inj .15/.33%</i>	Tier 2	GC
INTRALIPID 30%	Tier 4	B/D	<i>kcl/d5w/nacl inj .15/.45%</i>	Tier 2	GC
<i>intralipid inj 20%</i>	Tier 4	B/D	<i>kcl/nacl inj 0.3-0.9</i>	Tier 2	GC
NEPHRAMINE	Tier 4	B/D	<i>kcl/nacl inj 0.15%-0.9%</i>	Tier 2	GC
<i>nutrilipid inj 20%</i>	Tier 4	B/D	<i>lactated ringer's</i>	Tier 2	GC
<i>premasol sol 6%</i>	Tier 2	GC B/D	NORMOSOL-M IN D5W	Tier 4	
PREMASOL SOL 10%	Tier 4	B/D	NORMOSOL-R	Tier 4	
PROCALAMINE	Tier 4	B/D	NORMOSOL-R IN D5W	Tier 4	
PROSOL	Tier 4	B/D	PLASMA-LYTE A	Tier 4	
TRAVASOL	Tier 4	B/D	PLASMA-LYTE-148	Tier 4	
TROPHAMINE INJ 10%	Tier 4	B/D	<i>pot chloride inj 2meq/ml</i>	Tier 2	GC
<b>IV REPLACEMENT SOLUTIONS</b>			<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	Tier 2	GC
<i>dextrose 2.5%/nacl 0.45%</i>	Tier 2	GC	<i>potassium chloride in nacl</i>	Tier 2	GC
<i>dextrose 5%</i>	Tier 2	GC	<i>sodium chloride SOLN 3%, 5%</i>	Tier 2	GC
DEXTROSE 5% /ELECTROLYTE	Tier 3		<i>sodium chloride 0.45%</i>	Tier 2	GC
<i>dextrose 5%/nacl 0.2%</i>	Tier 2	GC	<i>sodium chloride inj 0.9%</i>	Tier 2	GC
DEXTROSE 5%/NAACL 0.3%	Tier 4		<b>VITAMINS</b>		
<i>dextrose 5%/nacl 0.9%</i>	Tier 2	GC	<i>calcitriol (generic of ROCALTROL) CAPS</i>	Tier 2	GC B/D
<i>dextrose 5%/nacl 0.33%</i>	Tier 2	GC	<i>calcitriol inj</i>	Tier 2	GC B/D
<i>dextrose 5%/nacl 0.45%</i>	Tier 2	GC	<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	Tier 2	GC B/D
<i>dextrose 5%/nacl 0.225%</i>	Tier 2	GC	<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	Tier 2	GC B/D
<i>dextrose 5%/potassium chl</i>	Tier 2	GC	<i>paricalcitol CAPS 4mcg</i>	Tier 2	GC B/D
<i>dextrose 10% flex contain</i>	Tier 2	GC	PNV PRENATAL TAB PLUS	Tier 3	
DEXTROSE 10%/NAACL 0.2%	Tier 3		RAYALDEE	Tier 5	
<i>dextrose 10%/nacl 0.45%</i>	Tier 2	GC	<b>OPHTHALMIC</b>		
<i>dextrose 50%</i>	Tier 2	GC	<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>dextrose in lactated ringers</i>	Tier 2	GC	<i>bacitracin-poly-neomycin-hc</i>	Tier 2	GC
<i>dextrose inj 70%</i>	Tier 2	GC			
IONOSOL-MB/DEXTROSE 5%	Tier 4				
ISOLYTE P	Tier 4				
ISOLYTE S	Tier 4				
<i>kcl 0.15%/d5w/nacl 0.2%</i>	Tier 2	GC			
KCL 0.3%/D5W/NAACL 0.9%	Tier 4				
<i>kcl 0.3%/d5w/nacl 0.45%</i>	Tier 2	GC			
<i>kcl 0.15%/d5w/nacl 0.9%</i>	Tier 2	GC			

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Blue MedicareRx Premier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
BLEPHAMIDE OINT	Tier 4	
neomycin-polymy-dexameth (generic of MAXITROL)	Tier 2	GC
neomycin-polymyxin-hc (ophth)	Tier 2	GC
sulfacetamide sod-prednisolone	Tier 2	GC
TOBRADEX OINT	Tier 3	
TOBRADEX ST	Tier 3	
tobramycin-dexamethasone (generic of TOBRADEX)	Tier 2	GC
ZYLET	Tier 3	
<b>ANTI-INFECTIVES</b>		
AZASITE	Tier 4	
bacitracin (ophthalmic)	Tier 2	GC
bacitracin-polymyxin b (ophth)	Tier 2	GC
BESIVANCE	Tier 3	
CILOXAN OINT	Tier 3	
ciprofloxacin hcl (ophth) (generic of CILOXAN)	Tier 1	GC
erythromycin (ophth)	Tier 1	GC
gatifloxacin (ophth) (generic of ZYMAXID)	Tier 2	GC
gentak	Tier 2	GC
gentamicin sulfate soln (ophth)	Tier 1	GC
MOXEZA	Tier 3	
moxifloxacin hcl (ophth) (generic of VIGAMOX)	Tier 2	GC
NATACYN	Tier 4	
neomycin-bacitracin zn-polymyxin	Tier 2	GC
neomycin-polymyxin-gramicidin (generic of NEOSPORIN)	Tier 2	GC
ofloxacin (ophth) (generic of OCUFLOX)	Tier 2	GC
polymyxin b-trimethoprim (generic of POLYTRIM)	Tier 1	GC
sulfacetamide sodium (ophth) OINT	Tier 2	GC

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

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Blue MedicareRx Premier 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>betaxolol hcl (ophth)</i>	Tier 2	GC
BETOPTIC-S	Tier 3	
<i>brimonidine sol 0.2%</i>	Tier 1	GC
<i>brimonidine sol 0.15%</i> (generic of ALPHAGAN P)	Tier 2	GC
<i>carteolol hcl (ophth)</i>	Tier 2	GC
COMBIGAN	Tier 3	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	Tier 2	GC
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	Tier 2	GC
<i>latanoprost</i> (generic of XALATAN) SOLN	Tier 1	GC
<i>levobunolol hcl</i> (generic of BETAGAN)	Tier 2	GC
LUMIGAN	Tier 3	
<i>metipranolol</i>	Tier 2	GC
PHOSPHOLINE IODIDE	Tier 4	
<i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN	Tier 2	GC
SIMBRINZA	Tier 3	
<i>timolol maleate (ophth) soln</i> (generic of TIMOPTIC)	Tier 1	GC
<i>timolol maleate gel</i> (generic of TIMOPTIC-XE)	Tier 2	GC
<i>timolol maleate ophth soln 0.5% (once-daily)</i> (generic of ISTALOL)	Tier 2	GC
TRAVATAN Z	Tier 3	

**MISCELLANEOUS**

CYSTARAN	Tier 5	NMO LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	Tier 2	GC
RESTASIS QL (60 single use vials / 30 days)	Tier 3	QL
RESTASIS MULTIDOSE QL (1 bottle / 30 days)	Tier 3	QL

**RESPIRATORY**

**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

Drug Name	Drug Tier	Requirements/ Limits
ANORO ELLIPTA QL (60 blisters / 30 days)	Tier 3	QL
BEVESPI AEROSPHERE QL (1 inhaler / 30 days)	Tier 3	QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	Tier 4	QL
<i>ipratropium-albuterol nebu</i>	Tier 2	GC B/D
TRELEGY ELLIPTA QL (60 blisters / 30 days)	Tier 3	QL

**ANTICHOLINERGICS**

ATROVENT HFA QL (2 inhalers / 30 days)	Tier 4	QL
INCRUSE ELLIPTA QL (30 blisters / 30 days)	Tier 3	QL
<i>ipratropium bromide</i> SOLN	Tier 2	GC B/D
<i>ipratropium bromide (nasal)</i>	Tier 2	GC

**ANTI-HISTAMINES**

<i>azelastine spr 0.1%</i>	Tier 2	GC
<i>azelastine spr 0.15%</i> (generic of ASTEPRO)	Tier 2	GC
<i>cetirizine syrup</i>	Tier 1	GC
<i>cyproheptadine hcl</i> SYRP; TABS PA if 70 years and older	Tier 3	PA
<i>diphenhydramine hcl inj</i> 50mg/ml	Tier 2	GC
<i>hydroxyzine hcl</i> SYRP PA if 70 years and older	Tier 3	PA
<i>hydroxyzine hcl</i> TABS PA if 70 years and older	Tier 2	GC PA
<i>hydroxyzine hcl inj</i> PA if 70 years and older	Tier 4	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	Tier 2	GC PA
<i>levocetirizine dihydrochloride</i>	Tier 2	GC

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Blue MedicareRx Premier 2019 Comprehensive Drug List

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<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> NEBU	Tier 2	GC B/D
<i>albuterol sulfate</i> SYRP; TABS; TB12	Tier 2	GC
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU 1.25mg/3ml	Tier 2	GC B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i> (generic of XOPENEX CONCENTRATE)	Tier 2	GC B/D
<i>levalbuterol tartrate hfa</i> QL (2 inhalers / 30 days)	Tier 2	GC QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	Tier 3	QL
<i>terbutaline sulfate</i> TABS	Tier 2	GC
VENTOLIN HFA QL (2 inhalers / 30 days)	Tier 3	QL
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; PACK; TABS	Tier 2	GC
<i>zafirlukast</i> (generic of ACCOLATE)	Tier 2	GC
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium nebu</i>	Tier 2	GC B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 2	GC B/D
ARALAST NP	Tier 5	NMO LA PA
DALIRESP	Tier 4	
<i>epinephrine</i> (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	GC
ESBRIET	Tier 5	NMO PA
KALYDECO	Tier 5	NMO PA
OFEV	Tier 5	NMO PA
ORKAMBI TABS	Tier 5	NMO PA
PROLASTIN-C	Tier 5	NMO LA PA
PULMOZYME	Tier 5	NMO PA
SYMDEKO	Tier 5	NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
THEO-24	Tier 4	
<i>theophylline</i>	Tier 2	GC
XOLAIR	Tier 5	NMO LA PA
ZEMAIRA	Tier 5	NMO LA PA
<b>NASAL STEROIDS</b>		
<i>flunisolide</i> (nasal) QL (3 bottles / 30 days)	Tier 2	GC QL
<i>fluticasone propionate</i> (nasal) (generic of FLONASE) QL (1 bottle / 30 days)	Tier 2	GC QL
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	Tier 3	QL
<i>budesonide</i> (inhalation) (generic of PULMICORT) .25mg/2ml, .5mg/2ml	Tier 2	GC B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	Tier 3	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	Tier 3	QL
FLOVENT HFA QL (2 inhalers / 30 days)	Tier 3	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	Tier 4	QL
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS QL (60 inhalations / 30 days)	Tier 3	QL
ADVAIR HFA QL (1 inhaler / 30 days)	Tier 3	QL
BREO ELLIPTA QL (60 blisters / 30 days)	Tier 3	QL

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Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT QL (1 inhaler / 30 days)	Tier 3	QL
<b>TOPICAL DERMATOLOGY, ACNE</b>		
<i>amnesteem</i>	Tier 2	GC PA
<i>avita</i> (generic of RETIN-A) CREA	Tier 2	GC PA
<i>avita</i> GEL	Tier 2	GC PA
<i>benzoyl peroxide- erythromycin</i> (generic of BENZAMYCIN)	Tier 2	GC
<i>claravis</i>	Tier 2	GC PA
<i>clindacin-p</i> (generic of CLEOCIN-T)	Tier 2	GC
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN; SOLN; SWAB	Tier 2	GC
<i>ery pad 2%</i>	Tier 2	GC
<i>erythromycin (acne aid) (generic of ERYGEL)</i> GEL	Tier 2	GC
<i>erythromycin (acne aid) SOLN</i>	Tier 2	GC
<i>isotretinoin</i> CAPS	Tier 2	GC PA
<i>myorisan</i>	Tier 2	GC PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	Tier 2	GC
<i>tretinoin</i> (generic of RETIN- A) CREA	Tier 2	GC PA
<i>tretinoin</i> (generic of RETIN- A) GEL .01%, .025%	Tier 2	GC PA
<i>zenatane</i>	Tier 2	GC PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i>	Tier 2	GC
<i>mupirocin</i> OINT	Tier 1	GC
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	Tier 2	GC
<i>ssd</i> (generic of SILVADENE)	Tier 2	GC
SULFAMYLON CREA	Tier 4	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i> (generic of LOPROX) CREA; SUSP	Tier 2	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>ciclopirox</i> GEL	Tier 2	GC
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	Tier 2	GC
<i>clotrimazole (topical)</i>	Tier 2	GC
<i>clotrimazole w/ betamethasone</i> (generic of LOTRISONE) CREA	Tier 2	GC
<i>ketoconazole cream</i>	Tier 2	GC
<i>nyamyc</i>	Tier 2	GC
<i>nystatin (topical)</i>	Tier 2	GC
<i>nystatin pow 100000</i>	Tier 2	GC
<i>nystop</i>	Tier 2	GC
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i> (generic of SORIATANE) 10mg, 25mg	Tier 5	PA
<i>acitretin 17.5mg</i>	Tier 5	PA
<i>calcipotriene</i> (generic of DOVONEX) CREA QL (120 gm / 30 days)	Tier 2	GC QL PA
<i>calcipotriene</i> OINT QL (120 gm / 30 days)	Tier 2	GC QL PA
<i>calcipotriene</i> SOLN QL (120 mL / 30 days)	Tier 2	GC QL PA
<i>calcitrene</i> QL (120 gm / 30 days)	Tier 2	GC QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA	Tier 2	GC PA
TAZORAC CREA .05%	Tier 4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	Tier 1	GC
<i>selenium sulfide</i> LOTN	Tier 1	GC
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i>	Tier 1	GC
<i>alclometasone dipropionate</i>	Tier 2	GC
<i>betamethasone dipropionate (topical)</i>	Tier 2	GC
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	Tier 2	GC

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Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented GEL</i>	Tier 2	GC
<i>betamethasone dipropionate augmented (generic of DIPROLENE) LOTN; OINT</i>	Tier 2	GC
<i>betamethasone valerate CREA; LOTN; OINT</i>	Tier 2	GC
<i>fluocinolone acetonide CREA .01%</i>	Tier 2	GC
<i>fluocinolone acetonide (generic of SYNALAR) CREA .025%</i>	Tier 2	GC
<i>fluocinolone acetonide (generic of DERMA-SMOOTH/FS BODY) OIL</i>	Tier 2	GC
<i>fluocinolone acetonide (generic of SYNALAR) OINT</i>	Tier 2	GC
<i>fluocinolone acetonide (generic of SYNALAR) SOLN</i>	Tier 2	GC
<i>fluocinolone acetonide oil body (generic of DERMA-SMOOTH/FS SCALP)</i>	Tier 2	GC
<i>fluocinonide CREA .05%</i>	Tier 2	GC
<i>fluocinonide GEL</i>	Tier 2	GC
<i>fluocinonide SOLN</i>	Tier 2	GC
<i>fluocinonide emulsified base</i>	Tier 2	GC
<i>fluticasone propionate CREA; OINT</i>	Tier 2	GC
<i>halobetasol propionate (generic of ULTRAVATE)</i>	Tier 2	GC
<i>hydrocortisone (topical) CREA</i>	Tier 1	GC
<i>hydrocortisone (topical) LOTN</i>	Tier 2	GC
<i>hydrocortisone (topical) OINT 2.5%</i>	Tier 1	GC
<i>hydrocortisone butyrate cream 0.1% (generic of LOCOID)</i>	Tier 2	GC
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 2	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone valerate</i>	Tier 2	GC
<i>mometasone furoate (generic of ELOCON) CREA; OINT</i>	Tier 2	GC
<i>mometasone furoate SOLN</i>	Tier 2	GC
<i>TEXACORT SOLN 2.5%</i>	Tier 4	
<i>triamcinolone acetonide (topical) CREA; OINT</i>	Tier 1	GC
<i>triamcinolone acetonide (topical) LOTN</i>	Tier 2	GC
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i>	Tier 2	GC QL PA
QL (30 mL / 30 days)		
<i>lidocaine (generic of LIDODERM) PTCH</i>	Tier 2	GC QL PA
QL (3 patches / 1 day)		
<i>lidocaine hcl GEL</i>	Tier 2	GC QL PA
QL (30 mL / 30 days)		
<i>lidocaine hcl SOLN 4%</i>	Tier 2	GC QL PA
QL (50 mL / 30 days)		
<i>lidocaine oint 5%</i>	Tier 2	GC QL PA
QL (50 grams / 30 days)		
<i>lidocaine-prilocaine</i>	Tier 2	GC QL PA
QL (30 grams / 30 days)		
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate (generic of LAC-HYDRIN) CREA</i>	Tier 2	GC
<i>ammonium lactate LOTN</i>	Tier 2	GC
<i>diclofenac sodium (topical) 1% gel (generic of VOLTAREN)</i>	Tier 2	GC PA
<i>fluorouracil (topical) (generic of EFUDEX) CREA 5%</i>	Tier 2	GC
<i>fluorouracil (topical) SOLN</i>	Tier 2	GC
<i>imiquimod (generic of ALDARA) CREA</i>	Tier 2	GC
<i>metronidazole (topical) (generic of METROCREAM) CREA</i>	Tier 2	GC

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Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	Tier 2	GC
<i>metronidazole gel 0.75%</i>	Tier 2	GC
PANRETIN	Tier 5	
PICATO .05% QL (2 tubes / 30 days)	Tier 3	QL
PICATO .015% QL (3 tubes / 30 days)	Tier 3	QL
<i>podofilox SOLN</i>	Tier 2	GC
<i>procto-med hc</i> (generic of ANUSOL-HC)	Tier 2	GC
<i>procto-pak</i> (generic of PROCTOCORT)	Tier 2	GC
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	Tier 2	GC
<i>proctozone-hc</i> (generic of ANUSOL-HC)	Tier 2	GC
<i>rosadan</i> (generic of METROCREAM)	Tier 2	GC
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	Tier 2	GC
TARGRETIN GEL	Tier 5	NMO PA
VALCHLOR	Tier 5	NMO LA PA

**DERMATOLOGY, SCABICIDES AND PEDICULIDES**

<i>malathion</i> (generic of OVIDE)	Tier 2	GC
<i>permethrin cre 5%</i> (generic of ELIMITE)	Tier 2	GC

**DERMATOLOGY, WOUND CARE AGENTS**

<i>acetic acid .25%</i>	Tier 2	GC
REGRANEX	Tier 5	PA
SANTYL	Tier 4	
<i>sodium chlor sol 0.9% irr</i>	Tier 2	GC
<i>water for irrigation, sterile</i>	Tier 2	GC

**MOUTH/THROAT/DENTAL AGENTS**

<i>cevimeline hcl</i> (generic of EVOXAC)	Tier 2	GC
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	Tier 1	GC
<i>clotrimazole LOZG</i>	Tier 2	GC
<i>lidocaine hcl (mouth-throat)</i>	Tier 2	GC

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (mouth-throat)</i>	Tier 2	GC
<i>paroex sol 0.12%</i> (generic of PERIDEX)	Tier 1	GC
<i>periogard</i> (generic of PERIDEX)	Tier 1	GC
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN)	Tier 2	GC
<i>triamcinolone acetonide (mouth)</i>	Tier 2	GC
<b>OTIC</b>		
<i>acetic acid (otic)</i>	Tier 2	GC
CIPRODEX	Tier 3	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	Tier 2	GC
<i>neomycin-polymyxin-hc (otic)</i>	Tier 2	GC
<i>ofloxacin (otic)</i> (generic of FLOXIN OTIC)	Tier 2	GC

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ALREX.....	46	<i>amlodipine--benazepril hcl</i>	<i>amphetamine-</i>
ALTACE		<i>cap 10-20 mg .....</i>	<i>dextroamphetamine cap sr</i>
<i>see ramipril.....</i>	13	<i>amlodipine-benazepril hcl</i>	<i>24hr 30 mg .....</i>
<i>altavera tab.....</i>	33	<i>cap 10-40mg .....</i>	27
ALUNBRIG .....	12	<i>amlodipine-benazepril hcl</i>	<i>amphetamine-</i>
<i>alyacen 1/35.....</i>	33	<i>cap 2.5- 10 mg .....</i>	<i>dextroamphetamine cap sr</i>
<i>amantadine hcl.....</i>	23	<i>amlodipine-benazepril hcl</i>	<i>24hr 5 mg .....</i>
AMARYL		<i>cap 5-10 mg.....</i>	27
<i>see glimepiride .....</i>	31	<i>amlodipine-benazepril hcl</i>	<i>amphetamine-</i>
AMBIEN		<i>cap 5-20 mg.....</i>	<i>dextroamphetamine tab 10</i>
<i>see zolpidem tartrate.....</i>	28	<i>amlodipine-benazepril hcl</i>	<i>mg.....</i>
AMBISOME .....	5	<i>cap 5-40 mg.....</i>	27
AMERGE		<i>amlodipine-valsartan-</i>	<i>dextroamphetamine tab 12.5</i>
<i>see naratriptan hcl.....</i>	28	<i>hydrochlorothiazide 10-160-</i>	<i>mg.....</i>
<i>amikacin sulfate .....</i>	4	<i>12.5mg.....</i>	27
<i>amiloride &amp;</i>		<i>amlodipine-valsartan-</i>	<i>amphetamine-</i>
<i>hydrochlorothiazide.....</i>	17	<i>hydrochlorothiazide 10-160-</i>	<i>dextroamphetamine tab 20</i>
<i>amiloride hcl .....</i>	17	<i>25mg.....</i>	<i>mg.....</i>
AMINOSYN .....	44	<i>amlodipine-valsartan-</i>	27
AMINOSYN		<i>hydrochlorothiazide 10-320-</i>	<i>amphetamine-</i>
7%/ELECTROLYTES .....	44	<i>25mg.....</i>	<i>dextroamphetamine tab 30</i>
<i>aminosyn 8.5%/electrolyte</i>	44	<i>amlodipine-valsartan-</i>	<i>mg.....</i>
<i>aminosyn ii 8.5%/electrol..</i>	44	<i>hydrochlorothiazide 5-160-</i>	27
AMINOSYN II INJ 10% .....	44	<i>12.5mg.....</i>	<i>amphetamine-</i>
AMINOSYN II INJ 8.5% .....	44	<i>amlodipine-valsartan-</i>	<i>dextroamphetamine tab 5</i>
AMINOSYN M .....	44	<i>hydrochlorothiazide 5-160-</i>	<i>mg.....</i>
AMINOSYN-HBC .....	44	<i>25mg.....</i>	27
AMINOSYN-PF 7%.....	44	<i>ammonium lactate.....</i>	<i>amphotericin b.....</i>
AMINOSYN-PF INJ 10% ..	44	<i>amnesteem.....</i>	5
AMINOSYN-RF .....	44	<i>amoxapine tab 100mg .....</i>	<i>ampicillin &amp; sulbactam</i>
<i>amiodarone hcl soln.....</i>	14	<i>amoxapine tab 150mg .....</i>	<i>sodium .....</i>
<i>amiodarone tab 100mg.....</i>	14	<i>amoxapine tab 25mg .....</i>	9
<i>amiodarone tab 200mg.....</i>	14	<i>amoxapine tab 50mg .....</i>	9
<i>amiodarone tab 400mg.....</i>	14	<i>amoxicillin .....</i>	9
AMITIZA CAP 24MCG.....	40	<i>amoxicillin &amp; pot clavulanate</i>	AMPYRA.....
AMITIZA CAP 8MCG.....	40	<i>.....</i>	29
<i>amitriptyline hcl.....</i>	22	<i>amphetamine-</i>	ANADROL-50 .....
<i>amlodipine besylate .....</i>	16	<i>dextroamphetamine cap sr</i>	30
<i>amlodipine besylate-</i>		<i>24hr 10 mg .....</i>	ANAFRANIL
<i>olmesartan medoxomil.....</i>	14	<i>amphetamine-</i>	<i>see clomipramine hcl ....</i>
<i>amlodipine besylate-</i>		<i>dextroamphetamine cap sr</i>	<i>anagrelide hcl.....</i>
<i>valsartan tab 10-160 mg... </i>	14	<i>24hr 15 mg .....</i>	42
<i>amlodipine besylate-</i>		<i>amphetamine-</i>	ANAPROX DS
<i>valsartan tab 10-320 mg... </i>	14	<i>dextroamphetamine cap sr</i>	<i>see naproxen sodium.....</i>
<i>amlodipine besylate-</i>		<i>24hr 20 mg .....</i>	1
<i>valsartan tab 5- 160 mg.....</i>	14	<i>amphetamine-</i>	<i>anastrozole.....</i>
<i>amlodipine besylate-</i>		<i>dextroamphetamine cap sr</i>	11
<i>valsartan tab 5-320 mg.....</i>	14	<i>24hr 25 mg .....</i>	ANCOBON
			<i>see flucytosine.....</i>
			5
			ANDRODERM.....
			30
			ANDROGEL
			<i>see testosterone.....</i>
			30
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ANUSOL-HC		<i>atovaquone</i> .....	4	AZULFIDINE	
see <i>procto-med hc</i> .....	51	<i>atovaquone-proguanil hcl</i> ...	6	see <i>sulfasalazine</i> .....	39
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see <i>proctozone-hc</i> .....	51	<i>aubra</i> .....	33	<b>B</b>	
APOKYN.....	23	AUGMENTIN		<i>bacitracin (ophthalmic)</i> .....	46
<i>aprepitant</i> .....	38	see <i>amoxicillin &amp; pot</i>		<i>bacitracin-polymyxin b</i>	
<i>aprepitant pak 80mg &amp;</i>		<i>clavulanate</i> .....	9	<i>(ophth)</i> .....	46
<i>125mg</i> .....	38	AUGMENTIN ES-600		<i>bacitracin-poly-neomycin-hc</i>	
<i>apri</i> .....	33	see <i>amoxicillin &amp; pot</i>		.....	45
APRISO .....	39	<i>clavulanate</i> .....	9	<i>baclofen</i> .....	30
APTIOM.....	19	AUGMENTIN XR		BACTRIM	
APTIVUS .....	6	see <i>amoxicillin &amp; pot</i>		see <i>sulfamethoxazole-</i>	
ARALAST NP .....	48	<i>clavulanate</i> .....	9	<i>trimethoprim tab 400-</i>	
<i>aranelle</i> .....	33	AURYXIA.....	37	<i>80mg</i> .....	5
ARAVA		AUSTEDO .....	29	BACTRIM DS	
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ARCALYST .....	43	see <i>irbesartan-</i>		<i>trimethop ds</i> .....	5
ARICEPT		<i>hydrochlorothiazide</i> .....	14	<i>balsalazide disodium</i> .....	39
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ARIMIDEX		AVASTIN .....	11	BANZEL TAB 200MG .....	19
see <i>anastrozole</i> .....	11	<i>aviane</i> .....	33	BANZEL TAB 400MG .....	19
<i>aripiprazole odt</i> .....	24	<i>avita</i> .....	49	BARACLUDE .....	7
<i>aripiprazole oral solution 1</i>		AVODART		see <i>entecavir</i> .....	7
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ARIXTRA		.....	38	SYRINGE .....	30
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.....	41	AZACTAM		NEEDLES .....	30
<i>armodafinil</i> .....	30	see <i>aztreonam</i> .....	4	<i>benazepril &amp;</i>	
ARNUITY ELLIPTA.....	48	AZACTAM IN ISO-		<i>hydrochlorothiazide</i> .....	13
AROMASIN		OSMOTIC DE .....	4	<i>benazepril hcl</i> .....	13
see <i>exemestane</i> .....	11	AZACTAM/DEX INJ .....	4	BENDEKA .....	10
ASACOL HD		AZASITE.....	46	BENICAR	
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<i>aspirin-dipyridamole</i> .....	42	<i>azelastine drop 0.05%</i> .....	46	.....	14
ASTEPRO		<i>azelastine spr 0.1%</i> .....	47	BENICAR HCT	
see <i>azelastine spr 0.15%</i>		<i>azelastine spr 0.15%</i> .....	47	see <i>olmesartan</i>	
.....	47	AZILECT		<i>medoxomil-</i>	
<i>atazanavir sulfate</i> .....	6	see <i>rasagiline mesylate</i> 24		<i>hydrochlorothiazide</i> .....	14
<i>atenolol</i> .....	16	<i>azithromycin</i> .....	8	BENLYSTA.....	43
<i>atenolol &amp; chlorthalidone</i> ..	16	AZOPT .....	46	BENTYL	
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<i>benztropine mesylate tab 0.5mg</i> ..... 23	<i>blisovi fe 1/20</i> ..... 34	..... 28
<i>benztropine mesylate tab 1mg</i> ..... 23	BONIVA	CALAN
<i>benztropine mesylate tab 2mg</i> ..... 23	see <i>ibandronate sodium</i> 33	see <i>verapamil hcl</i> ..... 17
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risperidone..... 26	SABRIL ..... 21	sodium chloride 0.45% .... 45
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<i>sodium chloride inj 0.9%...</i>	45		
<i>sodium fluoride chew; tab;</i>			
<i>1.1 (0.5 f) mg/ml soln</i>	44		
<i>sodium phenylbutyrate</i>	36		
<i>sodium polystyrene sulfonate</i>			
<i>powder</i>	33		
<i>sodium polystyrene sulfonate</i>			
<i>susp</i>	33		
SOLQUA 100/33	31		
SOLTAMOX	11		
SOLU-CORTEF	37		
SOLU-MEDROL			
<i>see methylpr ss inj</i>	36		
SOMATULINE DEPOT	37		
SOMAVERT	37		
SORIATANE			
<i>see acitretin</i>	49		
<i>sorine</i>	15		
<i>sotalol hcl</i>	15		
<i>sotalol hcl (afib/af)</i>	15		
<i>spironolactone</i>	14		
<i>spironolactone &amp;</i>			
<i>hydrochlorothiazide</i>	17		
SPORANOX			
<i>see itraconazole</i>	5		
<i>sprintec 28</i>	35		
SPRITAM	21		
SPRYCEL	12		
<i>sps susp 15gm/60ml</i>	33		
<i>sronyx</i>	35		
<i>ssd</i>	49		
STALEVO 100			
<i>see</i>			
<i>carbidopa/levodopa/entac</i>			
<i>apone</i>	24		
STALEVO 125			
<i>see</i>			
<i>carbidopa/levodopa/entac</i>			
<i>apone</i>	24		
STALEVO 150			
<i>see</i>			
<i>carbidopa/levodopa/entac</i>			
<i>apone</i>	24		
STALEVO 200			
<i>see</i>			
<i>carbidopa/levodopa/entac</i>			
<i>apone</i>	24		
STALEVO 50			
<i>see</i>			
<i>carbidopa/levodopa/entac</i>			
<i>apone</i>	24		
STALEVO 75			
<i>see</i>			
<i>carbidopa/levodopa/entac</i>			
<i>apone</i>	24		
STARLIX			
<i>see nateglinide</i>	32		
<i>stavudine</i>	6		
STIMATE	38		
STIVARGA	12		
STRATTERA			
<i>see atomoxetine hcl</i>	27		
<i>streptomycin sulfate</i>	4		
STRIBILD	7		
STROMECTOL			
<i>see ivermectin</i>	5		
SUBOXONE MIS 12-3MG	30		
SUBOXONE MIS 2-0.5MG			
.....	30		
SUBOXONE MIS 4-1MG	30		
SUBOXONE MIS 8-2MG	30		
<i>subvenite tab</i>	21		
<i>sucralfate</i>	40		
<i>sulfacetamide sodium (acne)</i>			
.....	49		
<i>sulfacetamide sodium</i>			
<i>(ophth)</i>	46		
<i>sulfacetamide sod-</i>			
<i>prednisolone</i>	46		
SULFADIAZINE	4		
<i>sulfamethoxazole-trimethop</i>			
<i>ds</i>	5		
<i>sulfamethoxazole-</i>			
<i>trimethoprim inj</i>	5		
<i>sulfamethoxazole-</i>			
<i>trimethoprim susp</i>	5		
<i>sulfamethoxazole-</i>			
<i>trimethoprim tab 400-80mg</i>	5		
SULFAMYLON	49		
<i>sulfasalazine</i>	39		
<i>sulfasalazine ec</i>	39		
<i>sulindac</i>	1		
<i>sumatriptan</i>	28		
<i>sumatriptan inj 4mg/0.5ml</i>	29		
<i>sumatriptan inj 6mg/0.5ml</i>	29		
<i>sumatriptan succinate</i>	29		
SUPRAX	8		
<i>see cefixime</i>	8		
SUPREP BOWEL PREP KIT			
.....	40		
SURMONTIL			
<i>see trimipramine maleate</i>			
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SUSTIVA			
<i>see efavirenz</i>	6		
SUTENT	12		
<i>syeda</i>	35		
SYLATRON KIT 200MCG	12		
SYLATRON KIT 300MCG	12		
SYLATRON KIT 600MCG	12		
SYMBICORT	49		
SYMDEKO	48		
SYMFI	7		
SYMFI LO	7		
SYMPROIC	40		
SYNALAR			
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SYNAREL	36		
SYNERCID	5		
SYNJARDY TAB 12.5-			
1000MG	33		
SYNJARDY TAB 12.5-			
500MG	33		
SYNJARDY TAB 5-1000MG			
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SYNJARDY TAB 5-500MG			
.....	33		
SYNJARDY XR TAB 10-			
1000MG	33		
SYNJARDY XR TAB 12.5-			
1000MG	33		
SYNJARDY XR TAB 25-			
1000MG	33		
SYNJARDY XR TAB 5-			
1000MG	33		
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<i>tacrolimus</i> .....	43	TETANUS/DIPHTHERIA		see <i>imipramine hcl</i> .....
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TAFINLAR .....	12	<i>tetrabenazine</i> .....	29	<i>tolterodine tartrate tabs</i> .....
TAGRISSO .....	12	<i>tetracycline hcl</i> .....	10	TOPAMAX
TAMIFLU		TEXACORT SOLN 2.5% ..	50	see <i>topiramate</i> .....
see <i>oseltamivir phosphate</i>		THALOMID .....	11, 12	TOPAMAX SPRINKLE
.....	8	THEO-24.....	48	see <i>topiramate</i> .....
<i>tamoxifen citrate</i> .....	11	<i>theophylline</i> .....	48	<i>topiramate</i> .....
<i>tamsulosin hcl</i> .....	40	<i>thioridazine hcl</i> .....	26	<i>toposar</i> .....
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<i>tazarotene</i> .....	49	<i>tilia fe</i> .....	35	TOVIAZ.....
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<i>taztia xt</i> .....	17	<i>timolol maleate gel</i> .....	47	<i>tramadol hcl tab 50 mg</i> .....
TECENTRIQ.....	11	<i>timolol maleate ophth soln</i>		<i>tramadol-acetaminophen</i> ....
TEFLARO .....	8	<i>0.5% (once-daily)</i> .....	47	<i>trandolapril</i> .....
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TERAZOL 7		<i>tobramycin inj 1.2gm</i> .....	4	3.75MG .....
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<i>terazosin hcl</i> .....	14	<i>tobramycin inj 40mg/ml</i> .....	4	.....
<i>terbinafine hcl</i> .....	6	<i>tobramycin inj 80mg/2ml</i> ....	4	TRESIBA FLEXTOUCH....
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(topical) .....	50	TRUVADA TAB 167-250 ....	7	see <i>ursodiol</i> .....	40
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<i>hydrochlorothiazide cap</i>		TWINRIX INJ.....	44	see <i>ursodiol</i> .....	40
37.5-25 mg .....	18	TYBOST .....	6	<i>ursodiol</i> .....	40
<i>triamterene &amp;</i>		TYGACIL		<b>V</b>	
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<i>trifluoperazine hcl</i> .....	26	TYMLOS .....	37	<i>valganciclovir hcl</i> .....	8
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<i>tri-lo-sprintec</i> .....	36	mg .....	1	see <i>valacyclovir hcl</i> .....	8
<i>trilyte</i> .....	40	ULTRAVATE		VANCOCIN HCL	
<i>trimethoprim</i> .....	5	see <i>halobetasol</i>		see <i>vancomycin hcl</i> .....	5
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<i>tropium chloride</i> .....	41	( <i>alkalinizer</i> ) <i>er tabs</i> .....	41	PACK .....	11
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				5
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				5



# Blue MedicareRx (PDP)

Connecticut | Massachusetts | Rhode Island | Vermont

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This formulary was updated on 08/28/2018. For more recent information or other questions, please contact Blue MedicareRx Premier, at:

<b>Connecticut</b>	1-888-620-1747	<b>Rhode Island</b>	1-888-620-1748
<b>Massachusetts</b>	1-888-543-4917	<b>Vermont</b>	1-888-620-1746

or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com)

You can get prescription drugs shipped to your home through our network mail order delivery program which is called CVS Caremark Mail Service Pharmacy.

If you have used mail order services with your current plan before, or if you opt in now, our pharmacy will automatically fill and ship new prescriptions received directly from your doctors or other prescribers. You may opt out of automatic deliveries of new prescriptions at any time by contacting us. If you never had mail order delivery and/or decide to stop automatic fills of new prescriptions, we will contact you each time we get a new prescription from a provider, to see if you want the medication filled and shipped at that time. This will give you an opportunity to make sure that the correct drug (including strength, amount, and form) will be delivered, and, if necessary, allow you to cancel or delay the order before you are billed and it is shipped.

For refills of your mail order prescriptions, you have the option to sign up for an automatic refill program. Under this program, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. We will contact you prior to shipping each refill to make sure you are in need of more medication. You can cancel scheduled refills if you have enough of your medication or if your medication has changed. If you choose not to use the auto-refill program, please contact us 15 days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time. To opt out of the automatic refill program, please contact us by calling Customer Care.

Typically, you should expect to receive your prescription drugs within 10 calendar days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us at the number listed in the table above. TTY/TDD users should call 711.

Blue MedicareRx (PDP) is a Prescription Drug Plan with a Medicare Contract. Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) are two Medicare Prescription Drug Plans available to service residents of Connecticut, Massachusetts, Rhode Island, and Vermont.

Coverage is available to residents of the service area or members of an employer or union group and separately issued by one of the following plans: Anthem Blue Cross® and Blue Shield® of Connecticut, Blue Cross Blue Shield of Massachusetts, Blue Cross and Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

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