



MASSACHUSETTS

| Blue MedicareRxSM (PDP)

Blue MedicareRxSM (PDP) 3-tier 2021 Formulary (List of Covered Drugs)

- \$5 / \$10 / \$25- Option 25
- \$5 / \$15 / \$30- Option 28
- \$10 / \$15 / \$30- Option 33
- \$10 / \$20 / \$35- Option 26
- \$10 / \$25 / \$45- Option 35
- \$10 / \$20 / \$35- Option 37
- \$10 / \$20 / \$65- Option 36
- \$10 / \$25 / \$40- Option 34
- \$10 / \$25 / \$45- Option 30
- \$10 / \$25 / \$50- Option 29
- \$10 / \$30 / \$65- Option 27
- \$15 / \$30 / \$50- Option 31

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

This formulary was updated on 08/25/2020. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit Groups.RxMedicarePlans.com.

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2021. 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, 2022, and from time to time during the year.

What is the Blue MedicareRx Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx may add or remove drugs on the Drug List during the year, move them to different cost sharing tiers, or add new restrictions.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

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 how you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue MedicareRx Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a 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, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug. The enclosed formulary is current as of January 1, 2021.

- If we make these other changes, 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 how to request an exception, and you can also find the information in the section below entitled “How do I request an exception to the Blue MedicareRx Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

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

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

Quantity Limits: For certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. For example, our plan provides 2 units per prescription for FLOVENT HFA. This may be in addition to a standard one-month or three-month supply.

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. If

your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term care facility, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited but you are past the first 90 days of membership in our plan, we will cover up to a temporary 30-day supply when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

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

For more information

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

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

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

Blue MedicareRx Formulary

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

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

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

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

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

Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS			ANALGESICS		
GOUT			GOUT		
<i>allopurinol</i> (generic of ZYLOPRIM) TABS	Tier 1		<i>naproxen</i> (generic of NAPROSYN) TABS 250mg	Tier 1	
<i>colchicine</i> (generic of COLCRYS) TABS QL (120 tabs / 30 days)	Tier 3	QL	<i>naproxen</i> TABS 375mg, 500mg	Tier 1	
<i>colchicine w/ probenecid</i>	Tier 2		<i>naproxen dr</i> (generic of EC-NAPROSYN) 375mg	Tier 1	
MITIGARE QL (60 caps / 30 days)	Tier 2	QL	<i>naproxen dr</i> 500mg	Tier 1	
<i>probenecid</i>	Tier 2		<i>sulindac</i> TABS	Tier 1	
NSAIDS			OPIOID ANALGESICS, LONG-ACTING		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	Tier 2	QL	<i>fentanyl</i> (generic of DURAGESIC) 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 3	QL B/D
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL	HYSINGLA ER QL (30 tabs / 30 days)	Tier 2	QL B/D
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	Tier 2	QL	<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 2	QL B/D
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL	<i>methadone hcl</i> (generic of DOLOPHINE) TABS QL (90 tabs / 30 days)	Tier 2	QL B/D
<i>diclofenac potassium</i> QL (120 tabs / 30 days)	Tier 2	QL	<i>methadone hcl intensol</i> (generic of METHADOSE) QL (90 mL / 30 days)	Tier 2	QL B/D
<i>diclofenac sodium</i> TB24	Tier 2		<i>morphine sulfate</i> (generic of MS CONTIN) TBCR QL (90 tabs / 30 days)	Tier 2	QL B/D
<i>diclofenac sodium</i> TBEC	Tier 1		OPIOID ANALGESICS, SHORT-ACTING		
<i>diflunisal</i> TABS	Tier 2		<i>acetaminophen w/ codeine</i> SOLN QL (2700 mL / 30 days)	Tier 2	QL
<i>ec-naproxen</i> (generic of EC-NAPROSYN) 375mg	Tier 1		<i>acetaminophen w/ codeine</i> TABS QL (180 tabs / 30 days)	Tier 2	QL
<i>ec-naproxen</i> 500mg	Tier 1		<i>acetaminophen w/ codeine</i> TABS QL (360 tabs / 30 days)	Tier 2	QL
<i>flurbiprofen</i> TABS 100mg	Tier 2		<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	Tier 2	QL
<i>ibu</i>	Tier 1				
<i>ibuprofen</i> SUSP	Tier 2				
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1				
<i>meloxicam</i> (generic of MOBIC) TABS	Tier 1				
<i>nabumetone</i> TABS	Tier 1				

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

Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (180 tabs / 30 days)	Tier 2	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL	<i>lorcet</i> (generic of NORCO) QL (240 tabs / 30 days)	Tier 2	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL	<i>lorcet hd</i> (generic of NORCO) QL (180 tabs / 30 days)	Tier 2	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL	<i>lorcet plus</i> (generic of NORCO) QL (180 tabs / 30 days)	Tier 2	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 200mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	Tier 1	QL B/D	<i>morphine sulfate</i> SOLN 1mg/ml MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	Tier 3	
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 400mcg QL (120 lozenges / 30 days)	Tier 3	QL B/D	<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	
<i>hydrocodone- acetaminophen</i> SOLN QL (2700 mL / 30 days)	Tier 3	QL	<i>morphine sulfate</i> SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 2	QL
<i>hydrocodone- acetaminophen</i> (generic of NORCO) TABS QL (180 tabs / 30 days)	Tier 2	QL	<i>morphine sulfate</i> SOLN 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL
<i>hydrocodone- acetaminophen</i> (generic of NORCO) TABS QL (240 tabs / 30 days)	Tier 2	QL	<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 2	QL
<i>hydrocodone-ibuprofen</i> QL (150 tabs / 30 days)	Tier 2	QL	<i>morphine sulfate</i> TABS QL (180 tabs / 30 days)	Tier 2	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD QL (600 mL / 30 days)	Tier 3	QL	<i>nalbuphine hcl</i> SOLN <i>oxycodone hcl</i> SOLN QL (900 mL / 30 days)	Tier 3	QL
			<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	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

Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL	<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS	Tier 1	
<i>oxycodone w/ acetaminophen</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL	<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 3	
<i>oxycodone w/ acetaminophen</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL	<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN	Tier 2	
<i>oxycodone w/ acetaminophen</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL	<i>clindamycin phosphate in d5w</i>	Tier 3	
<i>tramadol hcl</i> (generic of ULTRAM) TABS 50mg QL (240 tabs / 30 days)	Tier 1	QL	CLINDAMYCIN/SODIUM CHLORI	Tier 3	
ANESTHETICS			<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	Tier 3	
LOCAL ANESTHETICS			<i>dapsone</i> TABS	Tier 2	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE- MPF) .5%, 1%, 1.5%	Tier 2		DAPTOMYCIN 350mg	Tier 2	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) .5%, 1%, 2%	Tier 2		<i>daptomycin</i> (generic of DAPTOMYCIN) 350mg	Tier 1	
ANTI-INFECTIVES			<i>daptomycin</i> (generic of CUBICIN) 500mg	Tier 1	
ANTI-INFECTIVES - MISCELLANEOUS			EMVERM PA (12 tabs / 365 days)	Tier 2	PA
<i>albendazole</i> (generic of ALBENZA) TABS	Tier 1		<i>ertapenem sodium</i> (generic of INVANZ)	Tier 3	
ALINIA SUSR PA (180 mL / 30 days)	Tier 2	PA	<i>gentamicin in saline</i>	Tier 2	
ALINIA TABS PA (6 tabs / 30 days)	Tier 2	PA	<i>gentamicin sulfate</i> SOLN	Tier 2	
<i>amikacin sulfate</i> SOLN	Tier 3		<i>imipenem-cilastatin</i>	Tier 3	
<i>atovaquone</i> (generic of MEPRON) SUSP	Tier 1		<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	Tier 3	
<i>aztreonam</i> (generic of AZACTAM) CAYSTON	Tier 3		<i>ivermectin</i> (generic of STROMECTOL) TABS	Tier 2	
	Tier 2	LA B/D	<i>linezolid</i> (generic of ZYVOX) SOLN	Tier 3	
			<i>linezolid</i> (generic of ZYVOX) SUSR QL (1800 mL / 30 days)	Tier 1	QL
			<i>linezolid</i> (generic of ZYVOX) TABS QL (60 tabs / 30 days)	Tier 3	QL
			<i>linezolid in sodium chloride</i>	Tier 3	

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>meropenem</i> (generic of MERREM)	Tier 3	
<i>methenamine hippurate</i> (generic of HIPREX)	Tier 2	
<i>metronidazole</i> (generic of FLAGYL) TABS	Tier 1	
<i>metronidazole in nacl</i>	Tier 2	
<i>neomycin sulfate</i> TABS	Tier 1	
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg	Tier 2	
<i>nitrofurantoin monohydrate macro</i> (generic of MACROBID)	Tier 2	
<i>paramomycin sulfate</i> CAPS	Tier 3	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT)	Tier 3	
<i>pentamidine isethionate inj</i> (generic of PENTAM 300)	Tier 3	
<i>praziquantel</i> (generic of BILTRICIDE) TABS	Tier 3	
SIVEXTRO	Tier 2	
<i>streptomycin sulfate</i> SOLR	Tier 1	
SULFADIAZINE TABS	Tier 3	
<i>sulfamethoxazole-trimethoprim</i> SOLN	Tier 3	
<i>sulfamethoxazole-trimethoprim</i> SUSP	Tier 2	
<i>sulfamethoxazole-trimethoprim</i> (generic of BACTRIM) TABS	Tier 1	
<i>sulfamethoxazole-trimethoprim</i> (generic of BACTRIM DS) TABS	Tier 1	
SYNERCID	Tier 2	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	Tier 1	B/D
<i>tobramycin sulfate</i> SOLN	Tier 2	
<i>trimethoprim</i> TABS	Tier 1	
VANCOMYCIN	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg	Tier 3	PA
PA (80 caps / 180 days)		
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg	Tier 3	PA
PA (160 caps / 180 days)		
VANCOMYCIN HCL SOLN	Tier 3	
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	Tier 3	
ANTIFUNGALS		
ABELCET	Tier 3	
AMBISOME	Tier 2	
<i>amphotericin b</i> SOLR	Tier 3	
<i>caspofungin acetate</i> (generic of CANCIDAS)	Tier 1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	Tier 2	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 50mg, 100mg, 200mg	Tier 2	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	Tier 1	
<i>fluconazole in nacl</i>	Tier 2	
<i>flucytosine</i> (generic of ANCOBON) CAPS	Tier 1	
<i>griseofulvin microsize</i>	Tier 3	
<i>griseofulvin ultramicrosize</i>	Tier 3	
<i>itraconazole</i> (generic of SPORANOX) CAPS	Tier 3	B/D
<i>ketoconazole</i> TABS	Tier 2	B/D
<i>micafungin sodium</i> (generic of MYCAMINE)	Tier 1	
NOXAFIL SUSP	Tier 2	QL
QL (630 mL / 30 days)		
<i>nystatin</i> TABS	Tier 2	
<i>posaconazole</i> (generic of NOXAFIL)	Tier 1	QL
QL (93 tabs / 30 days)		
<i>terbinafine hcl</i> (generic of LAMISIL) TABS	Tier 1	PA
PA (90 tabs / year)		

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole</i> (generic of VFEND IV) SOLR	Tier 1	B/D	INTELENCE 100mg, 200mg	Tier 2	
<i>voriconazole</i> (generic of VFEND) SUSR	Tier 1	B/D	INVIRASE	Tier 2	
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	Tier 3	QL B/D	ISENTRESS CHEW 25mg	Tier 2	
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL B/D	ISENTRESS CHEW 100mg	Tier 2	
ANTIMALARIALS			ISENTRESS PACK	Tier 2	
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	Tier 3		ISENTRESS TABS	Tier 2	
<i>chloroquine phosphate</i> TABS	Tier 2		ISENTRESS HD	Tier 2	
COARTEM	Tier 3		<i>lamivudine</i> (generic of EPIVIR)	Tier 2	
<i>mefloquine hcl</i>	Tier 2		LEXIVA SUSP	Tier 3	
PRIMAQUINE PHOSPHATE 26.3mg	Tier 2		<i>nevirapine</i> (generic of VIRAMUNE) SUSP	Tier 3	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) 26.3mg	Tier 2		<i>nevirapine</i> (generic of VIRAMUNE) TABS	Tier 2	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	Tier 3	B/D	<i>nevirapine</i> TB24 100mg	Tier 3	
ANTIRETROVIRAL AGENTS			<i>nevirapine</i> (generic of VIRAMUNE XR) TB24 400mg	Tier 3	
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN	Tier 3		NORVIR PACK; SOLN	Tier 3	
<i>abacavir sulfate</i> (generic of ZIAGEN) TABS	Tier 2		PIFELTRO	Tier 2	
APTIVUS	Tier 2		PREZISTA SUSP QL (400 mL / 30 days)	Tier 2	QL
<i>atazanavir sulfate</i> (generic of REYATAZ)	Tier 3		PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL
CRIXIVAN	Tier 3		PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL
<i>didanosine</i>	Tier 3		PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL
EDURANT	Tier 2		PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 2	QL
<i>efavirenz</i> (generic of SUSTIVA)	Tier 3		REYATAZ PACK	Tier 2	
EMTRIVA	Tier 2		<i>ritonavir</i> (generic of NORVIR)	Tier 2	
<i>fosamprenavir calcium</i> (generic of LEXIVA)	Tier 1		SELZENTRY SOLN	Tier 2	
FUZEON	Tier 2		SELZENTRY TABS 25mg	Tier 2	
INTELENCE 25mg	Tier 3		SELZENTRY TABS 75mg, 150mg, 300mg	Tier 2	
			<i>stavudine</i> 15mg, 20mg	Tier 3	
			<i>stavudine</i> (generic of ZERIT) 30mg, 40mg	Tier 3	

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD)	Tier 2	
TIVICAY 10mg	Tier 2	
TIVICAY 25mg, 50mg	Tier 2	
TIVICAY PD	Tier 2	
TYBOST	Tier 3	
VIRACEPT	Tier 2	
VIREAD POWD	Tier 2	
VIREAD TABS 150mg, 200mg, 250mg	Tier 2	
<i>zidovudine</i> (generic of RETROVIR) CAPS; SYRP	Tier 3	
<i>zidovudine</i> TABS	Tier 2	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> (generic of EPZICOM)	Tier 2	
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	Tier 1	
ATRIPLA	Tier 2	
BIKTARVY	Tier 2	
CIMDUO	Tier 2	
COMPLERA	Tier 2	
DELSTRIGO	Tier 2	
DESCOVY	Tier 2	
DOVATO	Tier 2	
EVOTAZ	Tier 2	
GENVOYA	Tier 2	
JULUCA	Tier 2	
KALETRA TABS	Tier 3	
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	Tier 3	
<i>lopinavir-ritonavir</i> (generic of KALETRA)	Tier 3	
ODEFSEY	Tier 2	
PREZCOBIX	Tier 2	
STRIBILD	Tier 2	
SYMFI	Tier 2	
SYMFI LO	Tier 2	
SYMTUZA	Tier 2	
TEMIXYS	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
TRIUMEQ	Tier 2	
TRUVADA QL (30 tabs / 30 days)	Tier 2	QL
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS	Tier 1	
<i>ethambutol hcl</i> 100mg TABS	Tier 2	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) 400mg TABS	Tier 2	
<i>isoniazid</i> SYRP	Tier 3	
<i>isoniazid</i> TABS	Tier 1	
PASER	Tier 3	
PRIFTIN	Tier 3	
<i>pyrazinamide</i> TABS	Tier 3	
<i>rifabutin</i> (generic of MYCOBUTIN)	Tier 3	
<i>rifampin</i> (generic of RIFADIN) CAPS	Tier 2	
<i>rifampin</i> (generic of RIFADIN) SOLR	Tier 3	
SIRTURO 100mg	Tier 2	LA B/D
TRECTOR	Tier 3	
ANTIVIRALS		
<i>acyclovir</i> CAPS	Tier 1	
<i>acyclovir</i> (generic of ZOVIRAX) TABS	Tier 1	
<i>acyclovir sodium</i>	Tier 3	
<i>adefovir dipivoxil</i> (generic of HEPSERA)	Tier 1	
BARACLUDE SOLN	Tier 2	
<i>entecavir</i> (generic of BARACLUDE)	Tier 3	
EPCLUSA	Tier 2	B/D
EPIVIR HBV SOLN	Tier 3	
<i>famciclovir</i> TABS	Tier 2	
<i>ganciclovir sodium</i> (generic of CYTOVENE)	Tier 3	
HARVONI	Tier 2	B/D
HARVONI PAK 33.75-150MG	Tier 2	B/D
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV)	Tier 3	
MAVYRET	Tier 2	B/D

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg PA (168 caps / year)	Tier 2	PA	<i>ceftazidime</i> (generic of FORTAZ) SOLR 1gm	Tier 3	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg PA (84 caps / year)	Tier 2	PA	<i>ceftazidime</i> SOLR 2gm, 6gm	Tier 3	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR PA (1080 mL / year)	Tier 2	PA	<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
PEGASYS	Tier 2	B/D	<i>cefuroxime axetil</i>	Tier 2	
PEGASYS PROCLICK	Tier 2	B/D	<i>cefuroxime sodium</i>	Tier 2	
RELENZA DISKHALER PA (6 inhalers / year)	Tier 2	PA	<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	Tier 1	
<i>ribavirin (hepatitis c)</i> CAPS	Tier 2		<i>cephalexin</i> SOLR	Tier 2	
<i>ribavirin (hepatitis c)</i> TABS	Tier 3		<i>tazicef</i> (generic of FORTAZ) SOLR 1gm	Tier 3	
<i>rimantadine hydrochloride</i>	Tier 3		<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	Tier 2		TEFLARO	Tier 2	
<i>valganciclovir hcl</i> (generic of VALCYTE)	Tier 2		ERYTHROMYCINS/MACROLIDES		
VEMLIDY	Tier 2	B/D	<i>azithromycin</i> PACK	Tier 2	
VOSEVI	Tier 2	B/D	<i>azithromycin</i> (generic of ZITHROMAX) SOLR	Tier 2	
CEPHALOSPORINS			<i>azithromycin</i> (generic of ZITHROMAX) SOLR	Tier 2	
<i>cefaclor</i> CAPS	Tier 2		<i>azithromycin</i> (generic of ZITHROMAX) SUSR	Tier 2	
<i>cefadroxil</i> CAPS	Tier 1		<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1	
<i>cefadroxil</i> SUSR	Tier 2		<i>azithromycin</i> TABS 600mg	Tier 1	
CEFAZOLIN SODIUM SOLN	Tier 3		<i>clarithromycin</i> SUSR	Tier 3	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	Tier 2		<i>clarithromycin</i> TABS	Tier 2	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3		<i>clarithromycin</i> (generic of BIAXIN XL) TB24	Tier 2	
<i>cefdinir</i> CAPS	Tier 1		<i>ery-tab</i>	Tier 3	
<i>cefdinir</i> SUSR	Tier 2		ERYTHROCIN LACTOBIONATE	Tier 3	
<i>cefepime hcl</i>	Tier 3		<i>erythrocin stearate</i>	Tier 3	
<i>cefixime</i> (generic of SUPRAX) SUSR	Tier 3		<i>erythromycin base</i>	Tier 3	
<i>cefoxitin sodium</i>	Tier 3		<i>erythromycin ethylsuccinate</i> TABS	Tier 3	
<i>cefpodoxime proxetil</i> SUSR	Tier 3		FLUOROQUINOLONES		
<i>cefpodoxime proxetil</i> TABS	Tier 2		<i>ciprofloxacin hcl</i> TABS 100mg	Tier 3	
<i>cefprozil</i> TABS	Tier 2				

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	Tier 1	
<i>ciprofloxacin hcl</i> TABS 750mg	Tier 1	
<i>ciprofloxacin in d5w</i>	Tier 2	
<i>levofloxacin</i> SOLN 25mg/ml	Tier 3	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	Tier 1	
<i>levofloxacin in d5w</i>	Tier 2	
PENICILLINS		
<i>amoxicillin</i>	Tier 1	
<i>amoxicillin & pot clavulanate</i> CHEW	Tier 3	
<i>amoxicillin & pot clavulanate</i> SUSR	Tier 2	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	Tier 3	
<i>amoxicillin & pot clavulanate</i> TABS	Tier 1	
<i>amoxicillin & pot clavulanate</i> TABS	Tier 3	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS	Tier 1	
<i>ampicillin</i>	Tier 1	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	Tier 3	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK)	Tier 3	
<i>ampicillin sodium</i>	Tier 3	
BICILLIN L-A	Tier 3	
<i>dicloxacillin sodium</i>	Tier 2	
<i>nafcillin sodium</i> 1gm, 2gm	Tier 3	
<i>nafcillin sodium</i> 10gm	Tier 1	
NAFCILLIN SODIUM 10gm	Tier 2	
<i>penicillin g potassium</i>	Tier 3	
PENICILLIN G POTASSIUM IN	Tier 3	
PENICILLIN G PROCAINE	Tier 3	
<i>penicillin g sodium</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>penicillin v potassium</i>	Tier 1	
<i>pfizerpen</i>	Tier 3	
<i>piperacillin sodium-tazobactam sodium</i>	Tier 3	
TETRACYCLINES		
<i>doxy 100</i>	Tier 3	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	Tier 1	
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	Tier 2	
<i>doxycycline hyclate</i> CAPS 50mg	Tier 2	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	Tier 2	
<i>doxycycline hyclate</i> SOLR	Tier 3	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	Tier 2	
<i>minocycline hcl</i> CAPS 50mg, 75mg	Tier 2	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 100mg	Tier 2	
<i>mondoxylene nl</i>	Tier 1	
<i>tetracycline hcl</i> CAPS 50mg	Tier 3	B/D
TIGECYCLINE 50mg	Tier 2	
<i>tigecycline</i> (generic of TYGACIL) 50mg	Tier 1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide</i> CAPS 10mg	Tier 2	
GLEOSTINE 10mg	Tier 3	
GLEOSTINE 40mg, 100mg	Tier 2	
LEUKERAN	Tier 2	
ANTIMETABOLITES		
<i>mercaptopurine</i> TABS	Tier 2	
<i>methotrexate sodium</i> SOLN; SOLR	Tier 2	
PURIXAN	Tier 2	
TABLOID	Tier 3	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA)	Tier 1	
<i>anastrozole</i> (generic of ARIMIDEX) TABS	Tier 1	

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bicalutamide</i> (generic of CASODEX)	Tier 1		KISQALI FEMARA 200 DOSE	Tier 2	
EMCYT	Tier 3		KISQALI FEMARA 400 DOSE	Tier 2	
ERLEADA	Tier 2	LA	KISQALI FEMARA 600 DOSE	Tier 2	
<i>exemestane</i> (generic of AROMASIN)	Tier 3		LONSURF	Tier 2	
<i>flutamide</i>	Tier 2		MATULANE	Tier 2	LA
<i>letrozole</i> (generic of FEMARA) TABS	Tier 1		SYLATRON	Tier 2	
<i>leuprolide acetate</i> KIT	Tier 3		SYNRIBO	Tier 2	
LUPRON DEPOT (1-MONTH) 3.75mg	Tier 2		<i>tretinoin</i> (chemotherapy)	Tier 1	
LUPRON DEPOT (3-MONTH) 11.25mg	Tier 2		MOLECULAR TARGET AGENTS		
LYSODREN	Tier 2		AFINITOR 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>megestrol acetate</i> TABS	Tier 2		AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	Tier 2	QL
<i>nilutamide</i> (generic of NILANDRON)	Tier 1		AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	Tier 2	QL
NUBEQA	Tier 2	LA	AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	Tier 2	QL
SOLTAMOX	Tier 2		ALECENSA	Tier 2	LA
<i>tamoxifen citrate</i> TABS	Tier 1		ALUNBRIG	Tier 2	LA
<i>toremifene citrate</i> (generic of FARESTON)	Tier 1		AYVAKIT QL (30 tabs / 30 days)	Tier 2	QL LA
TRELSTAR MIXJECT 3.75mg, 11.25mg	Tier 2		BALVERSA	Tier 2	LA
XTANDI	Tier 2	LA	BOSULIF	Tier 2	
ZYTIGA 500mg	Tier 2	LA	BRAFTOVI	Tier 2	LA
IMMUNOMODULATORS			BRUKINSA	Tier 2	LA
POMALYST 1mg, 2mg QL (21 caps / 21 days)	Tier 2	QL LA	CABOMETYX QL (30 tabs / 30 days)	Tier 2	QL LA
POMALYST 3mg, 4mg QL (21 caps / 28 days)	Tier 2	QL LA	CALQUENCE	Tier 2	LA
REVLIMID QL (28 caps / 28 days)	Tier 2	QL LA	CAPRELSA	Tier 2	LA
THALOMID 50mg, 100mg QL (28 caps / 28 days)	Tier 2	QL	COMETRIQ	Tier 2	LA
THALOMID 150mg, 200mg QL (56 caps / 28 days)	Tier 2	QL	COMETRIQ (60MG DOSE)	Tier 2	LA
MISCELLANEOUS			COPIKTRA	Tier 2	LA
<i>bexarotene</i> (generic of TARGRETIN)	Tier 1		COTELIC	Tier 2	LA
<i>hydroxyurea</i> (generic of HYDREA) CAPS	Tier 1		DAURISMO	Tier 2	LA
			ERIVEDGE	Tier 2	LA
			<i>erlotinib hcl</i> (generic of TARCEVA) 25mg QL (90 tabs / 30 days)	Tier 1	QL
			<i>erlotinib hcl</i> (generic of TARCEVA) 100mg, 150mg QL (30 tabs / 30 days)	Tier 1	QL

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everolimus (generic of AFINITOR) QL (30 tabs / 30 days)	Tier 1	QL	LENVIMA 4 MG DAILY DOSE	Tier 2	LA
FARYDAK	Tier 2	LA	LENVIMA 8 MG DAILY DOSE	Tier 2	LA
GILOTRIF	Tier 2	LA	LENVIMA 10 MG DAILY DOSE	Tier 2	LA
IBRANCE CAPS QL (21 caps / 28 days)	Tier 2	QL LA	LENVIMA 12MG DAILY DOSE	Tier 2	LA
IBRANCE TABS QL (21 tabs / 28 days)	Tier 2	QL LA	LENVIMA 14 MG DAILY DOSE	Tier 2	LA
ICLUSIG 15mg QL (60 tabs / 30 days)	Tier 2	QL LA	LENVIMA 18 MG DAILY DOSE	Tier 2	LA
ICLUSIG 45mg QL (30 tabs / 30 days)	Tier 2	QL LA	LENVIMA 20 MG DAILY DOSE	Tier 2	LA
IDHIFA QL (30 tabs / 30 days)	Tier 2	QL LA	LENVIMA 24 MG DAILY DOSE	Tier 2	LA
imatinib mesylate (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	Tier 1	QL	LORBRENA	Tier 2	LA
imatinib mesylate (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	Tier 1	QL	LYNPARZA QL (120 tabs / 30 days)	Tier 2	QL LA
IMBRUVICA CAPS 70mg QL (56 caps / 28 days)	Tier 2	QL LA	MEKINIST	Tier 2	LA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 2	QL LA	MEKTOVI	Tier 2	LA
IMBRUVICA TABS 140mg QL (112 tabs / 28 days)	Tier 2	QL LA	NERLYNX	Tier 2	LA
IMBRUVICA TABS 280mg QL (56 tabs / 28 days)	Tier 2	QL LA	NEXAVAR	Tier 2	LA
IMBRUVICA TABS 420mg, 560mg QL (30 tabs / 30 days)	Tier 2	QL LA	NINLARO	Tier 2	
INLYTA 1mg QL (180 tabs / 30 days)	Tier 2	QL LA	ODOMZO	Tier 2	LA
INLYTA 5mg QL (120 tabs / 30 days)	Tier 2	QL LA	PEMAZYRE	Tier 2	LA
INREBIC	Tier 2	LA	PIQRAY 200MG DAILY DOSE	Tier 2	
IRESSA	Tier 2	LA	PIQRAY 250MG DAILY DOSE	Tier 2	
JAKAFI QL (60 tabs / 30 days)	Tier 2	QL LA	PIQRAY 300MG DAILY DOSE	Tier 2	
KISQALI	Tier 2		QINLOCK	Tier 2	LA
			RETEVMO	Tier 2	LA
			ROZLYTREK	Tier 2	LA
			RUBRACA	Tier 2	LA
			RYDAPT	Tier 2	
			SPRYCEL	Tier 2	
			STIVARGA	Tier 2	LA
			SUTENT QL (30 caps / 30 days)	Tier 2	QL
			TABRECTA	Tier 2	
			TAFINLAR	Tier 2	LA

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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TAGRISSE QL (30 tabs / 30 days)	Tier 2	QL LA	ZYKADIA	Tier 2	LA
TALZENNA	Tier 2	LA	PROTECTIVE AGENTS		
TASIGNA	Tier 2		<i>leucovorin calcium</i> TABS 5mg, 10mg	Tier 2	
TAZVERIK	Tier 2	LA	<i>leucovorin calcium</i> TABS 15mg, 25mg	Tier 3	
TIBSOVO	Tier 2	LA	MESNEX TABS	Tier 2	
TUKYSA	Tier 2	LA	CARDIOVASCULAR		
TURALIO	Tier 2	LA	ACE INHIBITOR COMBINATIONS		
TYKERB	Tier 2	LA	<i>amlodipine besylate- benazepril hcl</i> QL (30 caps / 30 days)	Tier 1	QL
VENCLEXTA 10mg QL (112 tabs / 28 days)	Tier 3	QL LA	<i>amlodipine besylate- benazepril hcl</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
VENCLEXTA 50mg QL (112 tabs / 28 days)	Tier 2	QL LA	<i>benazepril & hydrochlorothiazide</i>	Tier 2	
VENCLEXTA 100mg QL (180 tabs / 30 days)	Tier 2	QL LA	<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	Tier 2	
VENCLEXTA STARTING PACK QL (42 tabs / 28 days)	Tier 2	QL LA	<i>enalapril maleate & hydrochlorothiazide</i>	Tier 1	
VERZENIO	Tier 2	LA	<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	Tier 1	
VITRAKVI	Tier 2	LA	<i>fosinopril sodium & hydrochlorothiazide</i>	Tier 2	
VIZIMPRO	Tier 2	LA	<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	Tier 1	
VOTRIENT	Tier 2	LA	<i>quinapril- hydrochlorothiazide</i> (generic of ACCURETIC)	Tier 1	
XALKORI	Tier 2	LA	ACE INHIBITORS		
XOSPATA	Tier 2	LA	<i>benazepril hcl</i> TABS 5mg	Tier 1	
XPOVIO 40 MG ONCE WEEKLY	Tier 2	LA	<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
XPOVIO 40 MG TWICE WEEKLY	Tier 2	LA	<i>enalapril maleate</i> (generic of VASOTEC) TABS	Tier 1	
XPOVIO 60 MG ONCE WEEKLY	Tier 2	LA	<i>fosinopril sodium</i>	Tier 1	
XPOVIO 60 MG TWICE WEEKLY	Tier 2	LA	<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 30mg, 40mg	Tier 1	
XPOVIO 80 MG ONCE WEEKLY	Tier 2	LA			
XPOVIO 80 MG TWICE WEEKLY	Tier 2	LA			
XPOVIO 100 MG ONCE WEEKLY	Tier 2	LA			
ZEJULA	Tier 2	LA			
ZELBORAF	Tier 2	LA			
ZOLINZA	Tier 2				
ZYDELIG	Tier 2	LA			

You can find information on what symbols and abbreviations on this table mean by going to page V. 11

B/D – Covered under Medicare Part B or D **QL** – Quantity Limits **PA** – Prior Authorization
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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril</i> (generic of PRINIVIL) TABS 10mg, 20mg	Tier 1		<i>olmesartan medoxomil-hydrochlorothiazide</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	QL
<i>moexipril hcl</i>	Tier 2		<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL
<i>perindopril erbumine</i>	Tier 1		ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>quinapril hcl</i> (generic of ACCUPRIL)	Tier 1		<i>irbesartan</i> (generic of AVAPRO) QL (30 tabs / 30 days)	Tier 1	QL
<i>ramipril</i> (generic of ALTACE)	Tier 1		<i>losartan potassium</i> (generic of COZAAR) TABS	Tier 1	
<i>trandolapril</i> 1mg, 2mg	Tier 1		<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL
<i>trandolapril</i> (generic of MAVIK) 4mg	Tier 1		<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
ALDOSTERONE RECEPTOR ANTAGONISTS			<i>telmisartan</i> (generic of MICARDIS) QL (30 tabs / 30 days)	Tier 2	QL
<i>eplerenone</i> (generic of INSPRA)	Tier 2		<i>valsartan</i> (generic of DIOVAN) 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg	Tier 1		<i>valsartan</i> (generic of DIOVAN) 320mg QL (30 tabs / 30 days)	Tier 1	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 50mg, 100mg	Tier 1		ANTIARRHYTHMICS		
ALPHA BLOCKERS			<i>amiodarone hcl</i> SOLN	Tier 1	
<i>doxazosin mesylate</i> (generic of CARDURA) TABS	Tier 1		<i>amiodarone hcl</i> TABS 100mg, 400mg	Tier 3	
<i>prazosin hcl</i> (generic of MINIPRESS)	Tier 2		<i>amiodarone hcl</i> TABS 200mg	Tier 1	
<i>terazosin hcl</i> 1mg, 2mg, 5mg	Tier 1		<i>disopyramide phosphate</i> (generic of NORPACE)	Tier 3	
<i>terazosin hcl</i> 10mg	Tier 1		<i>dofetilide</i> (generic of TIKOSYN)	Tier 3	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS			<i>flecainide acetate</i>	Tier 2	
<i>amlodipine besylate-valsartan</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL	MULTAQ	Tier 3	
ENTRESTO	Tier 2				
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL			
<i>losartan potassium & hydrochlorothiazide</i> (generic of HYZAAR)	Tier 1				

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
NORPACE CR	Tier 3	
<i>pacерone</i> 100mg, 400mg	Tier 3	
<i>pacерone</i> 200mg	Tier 1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12	Tier 3	
<i>propafenone hcl</i> TABS	Tier 2	
<i>quinidine sulfate</i>	Tier 1	
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1	
<i>sorine</i> 240mg	Tier 1	
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1	
<i>sotalol hcl</i> 240mg	Tier 1	
<i>sotalol hcl (afib/afI)</i> (generic of BETAPACE AF)	Tier 1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 2	
<i>fenofibrate</i> TABS 54mg, 160mg	Tier 2	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	Tier 2	
<i>gemfibrozil</i> (generic of LOPID) TABS	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS QL (30 tabs / 30 days)	Tier 1	QL
<i>lovastatin</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>pravastatin sodium</i> 10mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>simvastatin</i> (generic of ZOCOR) TABS QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN)	Tier 2	
<i>cholestyramine light</i> PACK	Tier 2	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	Tier 2	
<i>colesevelam hcl</i> (generic of WELCHOL)	Tier 3	
<i>colestipol hcl</i> (generic of COLESTID) GRAN; PACK	Tier 3	
<i>colestipol hcl</i> (generic of COLESTID) TABS	Tier 2	
<i>ezetimibe</i> (generic of ZETIA)	Tier 2	
JUXTAPID	Tier 2	LA B/D
<i>niacin (antihyperlipidemic)</i> (generic of NIASPAN) TBCR QL (60 tabs / 30 days)	Tier 2	QL
PRALUENT	Tier 2	B/D
<i>prevalite</i> PACK	Tier 2	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD	Tier 2	
VASCEPA	Tier 3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 50)	Tier 1	
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 100)	Tier 1	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	Tier 1	
<i>metoprolol & hydrochlorothiazide</i>	Tier 2	
<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	Tier 2	

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BETA-BLOCKERS					
<i>acebutolol hcl</i> CAPS	Tier 1		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
<i>atenolol</i> (generic of TENORMIN) TABS	Tier 1		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	Tier 3	
<i>bisoprolol fumarate</i>	Tier 1		<i>diltiazem hcl extended release beads</i> (generic of TIAZAC)	Tier 1	
BYSTOLIC 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL	<i>felodipine</i>	Tier 1	
BYSTOLIC 20mg QL (60 tabs / 30 days)	Tier 3	QL	<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 2	
<i>carvedilol</i> (generic of COREG)	Tier 1		<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 2	
<i>labetalol hcl</i> TABS	Tier 2		<i>nimodipine</i> CAPS	Tier 3	
<i>metoprolol succinate</i> (generic of TOPROL XL)	Tier 1		NYMALIZE	Tier 2	
<i>metoprolol tartrate</i> SOCT	Tier 2		<i>taztia xt</i> (generic of TIAZAC)	Tier 1	
<i>metoprolol tartrate</i> SOLN	Tier 2		<i>tiadylt er</i> (generic of TIAZAC)	Tier 1	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1		<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg	Tier 3	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1		<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	Tier 2	
<i>pindolol</i>	Tier 2		<i>verapamil hcl</i> CP24 300mg, 360mg	Tier 3	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24	Tier 2		<i>verapamil hcl</i> SOLN	Tier 3	
<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	Tier 2		<i>verapamil hcl</i> TABS	Tier 1	
<i>propranolol hcl</i> TABS	Tier 1		<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg	Tier 1	
<i>timolol maleate</i> TABS	Tier 2		<i>verapamil hcl</i> TBCR 180mg	Tier 1	
CALCIUM CHANNEL BLOCKERS			DIURETICS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS	Tier 1		<i>acetazolamide</i> CP12; TABS	Tier 3	
<i>cartia xt</i> (generic of CARDIZEM CD)	Tier 1		<i>amiloride & hydrochlorothiazide</i>	Tier 1	
<i>dilt-xr</i>	Tier 2		<i>amiloride hcl</i> TABS	Tier 1	
<i>diltiazem hcl</i> CP12	Tier 3		<i>bumetanide</i> SOLN	Tier 2	
<i>diltiazem hcl</i> SOLN	Tier 2		<i>bumetanide</i> (generic of BUMEX) TABS	Tier 2	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1		<i>chlorthalidone</i>	Tier 1	
<i>diltiazem hcl</i> TABS 90mg	Tier 1				

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>furosemide</i> SOLN	Tier 1	
<i>furosemide</i> (generic of LASIX) TABS	Tier 1	
<i>furosemide inj</i>	Tier 2	
<i>hydrochlorothiazide</i> CAPS; TABS	Tier 1	
<i>indapamide</i>	Tier 1	
<i>methazolamide</i> TABS	Tier 3	
<i>metolazone</i>	Tier 2	
<i>spironolactone</i> & <i>hydrochlorothiazide</i> (generic of ALDACTAZIDE)	Tier 2	
<i>toremide</i>	Tier 1	
<i>triamterene</i> & <i>hydrochlorothiazide</i> (generic of DYZIDE) CAPS	Tier 1	
<i>triamterene</i> & <i>hydrochlorothiazide</i> (generic of MAXZIDE) TABS	Tier 1	
<i>triamterene</i> & <i>hydrochlorothiazide</i> (generic of MAXZIDE-25) TABS	Tier 1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> (generic of TEKTRUNA)	Tier 3	
<i>clonidine</i> (generic of CATAPRES-TTS-1) .1mg/24hr	Tier 3	
<i>clonidine</i> (generic of CATAPRES-TTS-2) .2mg/24hr	Tier 3	
<i>clonidine</i> (generic of CATAPRES-TTS-3) .3mg/24hr	Tier 3	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	Tier 1	
CORLANOR	Tier 3	
DEMSEER	Tier 2	B/D
<i>digitek</i> (generic of LANOXIN) QL (30 tabs / 30 days)	Tier 1	QL
<i>digox</i> (generic of LANOXIN) QL (30 tabs / 30 days)	Tier 1	QL
<i>digoxin</i> SOLN .05mg/ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	Tier 3	
<i>digoxin</i> (generic of LANOXIN) TABS QL (30 tabs / 30 days)	Tier 1	QL
<i>guanfacine hcl</i> PA if 70 years and older	Tier 2	B/D
<i>hydralazine hcl</i> SOLN	Tier 3	
<i>hydralazine hcl</i> TABS	Tier 1	
<i>methyldopa</i> PA if 70 years and older	Tier 1	B/D
<i>midodrine hcl</i> 2.5mg, 5mg	Tier 2	
<i>midodrine hcl</i> 10mg	Tier 3	
<i>minoxidil</i> TABS	Tier 1	
NORTHERA 100mg QL (90 caps / 30 days)	Tier 2	QL LA B/D
NORTHERA 200mg, 300mg QL (180 caps / 30 days)	Tier 2	QL LA B/D
<i>ranolazine</i> (generic of RANEXA)	Tier 3	
NITRATES		
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	Tier 2	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	Tier 2	
<i>isosorbide mononitrate</i>	Tier 1	
<i>minitran</i> (generic of NITRO-DUR)	Tier 2	
NITRO-BID	Tier 2	
<i>nitroglycerin</i> PT24	Tier 2	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	Tier 2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS QL (90 tabs / 30 days)	Tier 2	QL LA
<i>ambrisentan</i> (generic of LETAIRIS) QL (30 tabs / 30 days)	Tier 1	QL LA
<i>bosentan</i> (generic of TRACLEER) 62.5mg QL (120 tabs / 30 days)	Tier 1	QL LA

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bosentan</i> (generic of TRACLEER) 125mg QL (60 tabs / 30 days)	Tier 1	QL LA	<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	Tier 3	
OPSUMIT QL (30 tabs / 30 days)	Tier 2	QL LA	CELONTIN	Tier 3	
<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) (generic of REVATIO) TABS QL (90 tabs / 30 days)	Tier 2	QL	<i>clobazam</i> (generic of ONFI) SUSP QL (480 mL / 30 days)	Tier 3	QL
VENTAVIS	Tier 2		<i>clobazam</i> (generic of ONFI) TABS QL (60 tabs / 30 days)	Tier 3	QL
CENTRAL NERVOUS SYSTEM			<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL
ANTI-ANXIETY			<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>alprazolam</i> (generic of XANAX) TABS QL (150 tabs / 30 days)	Tier 1	QL	<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1		<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
<i>bupirone hcl</i> TABS 7.5mg, 30mg	Tier 2		<i>clorazepate dipotassium</i> QL (180 tabs / 30 days) PA if 65 years and older	Tier 3	QL
<i>fluvoxamine maleate</i> TABS	Tier 2		<i>diazepam</i> CONC QL (240 mL / 30 days) PA if 65 years and older	Tier 2	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN	Tier 1		<i>diazepam</i> SOLN QL (1200 mL / 30 days) PA if 65 years and older	Tier 2	QL
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	Tier 1	QL	<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	Tier 1	QL
<i>lorazepam intensol</i> QL (150 mL / 30 days)	Tier 2	QL	<i>diazepam</i> (<i>anticonvulsant</i>)	Tier 3	
ANTICONVULSANTS			<i>diazepam inj</i>	Tier 3	
APTIOM QL (60 tabs / 30 days)	Tier 3	QL	DILANTIN	Tier 3	
BANZEL	Tier 3		DILANTIN INFATABS	Tier 3	
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 3	QL	DILANTIN-125	Tier 3	
BRIVIACT SOLN 50mg/5ml	Tier 3				
BRIVIACT TABS QL (60 tabs / 30 days)	Tier 3	QL			
<i>carbamazepine</i> CHEW	Tier 2				
<i>carbamazepine</i> (generic of CARBATROL) CP12	Tier 3				
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	Tier 3				
<i>carbamazepine</i> (generic of TEGRETOL) TABS	Tier 2				

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg	Tier 2	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	Tier 2		QL (180 tabs / 30 days)		
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	Tier 2		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg	Tier 2	QL
EPIDIOLEX	Tier 3	QL LA	QL (120 tabs / 30 days)		
QL (600 mL / 30 days)			<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 2	
<i>epitol</i> (generic of TEGRETOL)	Tier 2		<i>lamotrigine</i> (generic of LAMICTAL) TABS	Tier 1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS	Tier 3		<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml	Tier 2	
<i>ethosuximide</i> (generic of ZARONTIN) SOLN	Tier 2		<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 3	
<i>felbamate</i> (generic of FELBATOL) SUSP	Tier 1		<i>levetiracetam</i> (generic of KEPPRA) TABS	Tier 2	
<i>felbamate</i> (generic of FELBATOL) TABS	Tier 3		<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM) NAYZILAM	Tier 3	
FYCOMPA SUSP	Tier 3	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP	Tier 3	
QL (720 mL / 30 days)			<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS	Tier 2	
FYCOMPA TABS 2mg, 4mg, 6mg	Tier 3	QL	PEGANONE	Tier 3	
QL (60 tabs / 30 days)			<i>phenobarbital</i> ELIX	Tier 3	
FYCOMPA TABS 8mg, 10mg, 12mg	Tier 3	QL	PA if 70 years and older		
QL (30 tabs / 30 days)			<i>phenobarbital</i> TABS	Tier 2	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg	Tier 1	QL	PA if 70 years and older		
QL (1080 caps / 30 days)			<i>phenobarbital sodium</i> SOLN	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg	Tier 1	QL	PA if 70 years and older		
QL (360 caps / 30 days)			PHENYTEK	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg	Tier 1	QL	<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	Tier 2	
QL (270 caps / 30 days)			<i>phenytoin</i> (generic of DILANTIN-125) SUSP	Tier 2	
<i>gabapentin</i> (generic of NEURONTIN) SOLN	Tier 2	QL	<i>phenytoin sodium</i> SOLN	Tier 2	
QL (2160 mL / 30 days)					

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<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	Tier 2		<i>vigabatrin</i> (generic of SABRIL) PACK QL (180 packets / 30 days)	Tier 1	QL LA
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	Tier 2		<i>vigabatrin</i> (generic of SABRIL) TABS QL (180 tabs / 30 days)	Tier 1	QL LA
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL	<i>vigadrone</i> (generic of SABRIL) QL (180 packets / 30 days)	Tier 1	QL LA
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL	VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL	VIMPAT SOLN 200mg/20ml	Tier 3	
<i>pregabalin</i> (generic of LYRICA) SOLN QL (900 mL / 30 days)	Tier 3	QL	VIMPAT TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL
<i>primidone</i> (generic of MYSOLINE) TABS	Tier 1		VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
<i>roovepra</i> (generic of KEPPRA) SPRITAM	Tier 2 Tier 3		XCOPRI TABS 50mg QL (90 tabs / 30 days)	Tier 3	QL
<i>subvenite</i> (generic of LAMICTAL) SYMPAZAN	Tier 1 Tier 3	QL	XCOPRI TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
<i>tiagabine hcl</i> (generic of GABITRIL)	Tier 3		XCOPRI TBPK QL (28 tabs / 28 days)	Tier 3	QL
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	Tier 2		XCOPRI TBPK QL (56 tabs / 28 days)	Tier 3	QL
<i>topiramate</i> (generic of TOPAMAX) TABS	Tier 1		XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 3	QL
<i>valproate sodium</i> SOLN 100mg/ml	Tier 3		XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 3	QL
<i>valproate sodium</i> SOLN 250mg/5ml	Tier 2		<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 1	
<i>valproic acid</i> CAPS VALTOCO	Tier 2 Tier 3		<i>zonisamide</i> CAPS 50mg	Tier 1	

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANTIDEMENTIA			ANTIDEPRESSANTS		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL	<i>amitriptyline hcl</i> TABS	Tier 2	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 1		<i>amoxapine</i>	Tier 2	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL	<i>bupropion hcl</i> TABS	Tier 2	
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 1		<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	Tier 1	
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 QL (30 caps / 30 days)	Tier 2	QL	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	Tier 2	
<i>galantamine hydrobromide</i> SOLN	Tier 3		<i>citalopram hydrobromide</i> SOLN	Tier 2	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 4mg QL (60 tabs / 30 days)	Tier 2	QL	<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	Tier 1	
<i>galantamine hydrobromide</i> TABS 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL	<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS	Tier 3	
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 PA if < 30 yrs	Tier 3	B/D	<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 3	
<i>memantine hcl</i> SOLN PA if < 30 yrs	Tier 3	B/D	<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 3	
<i>memantine hcl</i> (generic of NAMENDA) TABS PA if < 30 yrs	Tier 2	B/D	<i>desvenlafaxine succinate</i> (generic of PRISTIQ) QL (30 tabs / 30 days)	Tier 3	QL
NAMZARIC	Tier 3		<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg	Tier 2	
NAMZARIC CAP PACK	Tier 3		<i>doxepin hcl</i> CAPS 150mg	Tier 3	
<i>rivastigmine</i> (generic of EXELON) QL (30 patches / 30 days)	Tier 3	QL	<i>doxepin hcl</i> CONC	Tier 2	
<i>rivastigmine tartrate</i> 1.5mg, 3mg QL (90 caps / 30 days)	Tier 3	QL	DRIZALMA SPRINKLE QL (60 caps / 30 days)	Tier 3	QL
<i>rivastigmine tartrate</i> 4.5mg, 6mg QL (60 caps / 30 days)	Tier 3	QL	<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 2	QL
			EMSAM QL (30 patches / 30 days)	Tier 2	QL
			<i>escitalopram oxalate</i> SOLN	Tier 3	
			<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	Tier 1	
			FETZIMA 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL
			FETZIMA 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FETZIMA TITRATION PACK	Tier 3		<i>trimipramine maleate</i> CAPS 50mg	Tier 3	QL
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg	Tier 1		QL (120 caps / 30 days)		
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 40mg	Tier 1		<i>trimipramine maleate</i> CAPS 100mg	Tier 3	QL
<i>fluoxetine hcl</i> SOLN	Tier 2		QL (60 caps / 30 days)		
<i>imipramine hcl</i> TABS	Tier 1		TRINTELLIX 5mg	Tier 3	QL
<i>maprotiline hcl</i>	Tier 2		QL (120 tabs / 30 days)		
MARPLAN	Tier 3	QL	TRINTELLIX 10mg	Tier 3	QL
QL (180 tabs / 30 days)			QL (60 tabs / 30 days)		
<i>mirtazapine</i> TABS 7.5mg	Tier 2		TRINTELLIX 20mg	Tier 3	QL
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 1		QL (30 tabs / 30 days)		
<i>mirtazapine</i> TABS 45mg	Tier 1		<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24	Tier 1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	Tier 2		<i>venlafaxine hcl</i> TABS	Tier 2	
<i>nefazodone hcl</i>	Tier 3		VIIBRYD	Tier 3	QL
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	Tier 1		QL (30 tabs / 30 days)		
<i>nortriptyline hcl</i> SOLN	Tier 3		VIIBRYD STARTER PACK	Tier 3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS	Tier 1		ANTIPARKINSONIAN AGENTS		
PAXIL SUSP	Tier 3	QL	<i>amantadine hcl</i> CAPS	Tier 2	QL
QL (900 mL / 30 days)			QL (120 caps / 30 days)		
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	Tier 2		<i>amantadine hcl</i> SYRP	Tier 1	
<i>protriptyline hcl</i>	Tier 3		<i>amantadine hcl</i> TABS	Tier 2	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC	Tier 2		APOKYN	Tier 2	QL LA B/D
<i>sertraline hcl</i> (generic of ZOLOFT) TABS	Tier 1		QL (20 cartridges / 30 days)		
<i>tranylcypromine sulfate</i> (generic of PARNATE)	Tier 3		<i>benztropine mesylate</i> (generic of COGENTIN) SOLN	Tier 3	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1		<i>benztropine mesylate</i> TABS	Tier 2	B/D
<i>trimipramine maleate</i> CAPS 25mg	Tier 3	QL	PA if 70 years and older		
QL (240 caps / 30 days)			<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS; TABS	Tier 3	
			<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	Tier 1	
			<i>carbidopa-levodopa</i> TBCR	Tier 2	
			<i>carbidopa-levodopa</i> TBDP	Tier 3	
			<i>carbidopa-levodopa-entacapone</i>	Tier 3	

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 100)	Tier 3		ARISTADA INITIO	Tier 3	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 150)	Tier 3		CAPLYTA QL (30 caps / 30 days)	Tier 3	QL
<i>entacapone</i> (generic of COMTAN)	Tier 3		CHLORPROMAZINE HCL SOLN	Tier 3	
NEUPRO	Tier 3		<i>chlorpromazine hcl</i> TABS	Tier 3	
<i>pramipexole dihydrochloride</i> TABS .25mg, 1.5mg	Tier 1		<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	Tier 2	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX) TABS .125mg, .5mg, .75mg, 1mg	Tier 1		<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 3	QL
<i>rasagiline mesylate</i> (generic of AZILECT) TABS 1mg QL (30 tabs / 30 days)	Tier 3	QL	<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (135 tabs / 30 days)	Tier 3	QL
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg QL (60 tabs / 30 days)	Tier 3	QL	<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 3	
<i>ropinirole hydrochloride</i> TABS	Tier 1		<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 3	QL
<i>selegiline hcl</i> CAPS	Tier 3		<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 1	QL
<i>selegiline hcl</i> TABS	Tier 2		<i>clozapine</i> TBDP 200mg QL (135 tabs / 30 days)	Tier 1	QL
<i>trihexyphenidyl hcl</i> PA if 70 years and older	Tier 2	B/D	FANAPT QL (60 tabs / 30 days)	Tier 3	QL
ANTIPSYCHOTICS			FANAPT TITRATION PACK	Tier 3	
ABILIFY MAINTENA QL (1 injection / 28 days)	Tier 3	QL	<i>fluphenazine decanoate</i> SOLN	Tier 3	
<i>aripiprazole</i> SOLN QL (900 mL / 30 days)	Tier 1	QL	<i>fluphenazine hcl</i>	Tier 3	
<i>aripiprazole</i> (generic of ABILIFY) TABS QL (30 tabs / 30 days)	Tier 3	QL	<i>haloperidol</i> TABS	Tier 2	
<i>aripiprazole</i> TBDP QL (60 tabs / 30 days)	Tier 1	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 2	
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	Tier 3	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 2	
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	Tier 3	QL	<i>haloperidol lactate</i> CONC	Tier 2	

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol lactate</i> (generic of HALDOL) SOLN	Tier 2		PERSERIS QL (1 injection / 30 days)	Tier 3	QL
INVEGA SUSTENNA QL (1 injection / 28 days)	Tier 3	QL	<i>pimozide</i>	Tier 3	
INVEGA TRINZA QL (1 injection / 90 days)	Tier 3	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS	Tier 2	
LATUDA 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL
LATUDA 80mg QL (60 tabs / 30 days)	Tier 3	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL
<i>loxapine succinate</i>	Tier 2		REXULTI 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL
<i>molindone hcl</i>	Tier 3		REXULTI .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL
NUPLAZID CAPS QL (30 caps / 30 days)	Tier 3	QL LA	RISPERDAL CONSTA QL (2 injections / 28 days)	Tier 3	QL
NUPLAZID TABS QL (30 tabs / 30 days)	Tier 3	QL LA	<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	Tier 3	QL	<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 1	QL	<i>risperidone</i> TABS .25mg	Tier 1	
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL	<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL	<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 3	QL	SAPHRIS QL (60 tabs / 30 days)	Tier 3	QL
<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 3	QL	SECUADO QL (30 patches / 30 days)	Tier 3	QL
<i>paliperidone</i> (generic of INVEGA) 6mg QL (60 tabs / 30 days)	Tier 3	QL	<i>thioridazine hcl</i> TABS	Tier 2	
<i>perphenazine</i> TABS	Tier 2		<i>thiothixene</i>	Tier 3	
			<i>trifluoperazine hcl</i>	Tier 2	

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VERSACLOZ QL (600 mL / 30 days)	Tier 3	QL	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL B/D
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 3	QL	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL B/D
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 3	QL	<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) QL (30 tabs / 30 days) PA if 70 years and older	Tier 2	QL B/D
VRAYLAR CPPK <i>ziprasidone hcl</i> (generic of GEODON) QL (60 caps / 30 days)	Tier 3	QL	<i>metadate er</i> QL (90 tabs / 30 days)	Tier 3	QL B/D
<i>ziprasidone mesylate</i> (generic of GEODON) QL (6 injections / 3 days)	Tier 3	QL	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL B/D
ZYPREXA RELPREVV 210mg, 300mg QL (2 vials / 28 days)	Tier 3	QL	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL B/D
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	Tier 3	QL	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL B/D
ATTENTION DEFICIT HYPERACTIVITY DISORDER			<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL B/D
<i>amphetamine- dextroamphetamine</i> (generic of ADDERALL) TABS QL (60 tabs / 30 days)	Tier 2	QL B/D	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL B/D
<i>amphetamine- dextroamphetamine</i> (generic of ADDERALL) TABS QL (90 tabs / 30 days)	Tier 2	QL B/D	HYPNOTICS		
<i>atomoxetine hcl</i> (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL	BELSOMRA QL (30 tabs / 30 days)	Tier 3	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 40mg QL (60 caps / 30 days)	Tier 3	QL	<i>doxepin hcl (sleep)</i> (generic of SILENOR) QL (30 tabs / 30 days)	Tier 2	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL	HETLIOZ	Tier 2	LA B/D

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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 3	QL B/D	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 2	QL
<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 3	QL B/D	<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 inhalers / 30 days)	Tier 3	QL
<i>temazepam</i> (generic of RESTORIL) 30mg QL (30 caps / 30 days) PA if 65 years and older	Tier 3	QL B/D	<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 inhalers / 30 days)	Tier 3	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 1	QL B/D	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL
MIGRAINE			<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL
AIMOVIG QL (1 pen / 30 days)	Tier 2	QL B/D	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) 1mg/ml	Tier 1		<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) 4mg/ml QL (8 mL / 30 days)	Tier 1	QL B/D	<i>sumatriptan succinate</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 3	QL
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT) TABS	Tier 2		<i>sumatriptan succinate</i> SOSY QL (12 injections / 30 days)	Tier 3	QL
<i>rizatriptan benzoate</i> 5mg QL (18 tabs / 30 days)	Tier 2	QL			
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL			
<i>rizatriptan benzoate</i> 5mg QL (18 tabs / 30 days)	Tier 2	QL			

Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	Tier 1	QL	<i>glatiramer acetate</i> (generic of COPAXONE) 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL
MISCELLANEOUS			MUSCULOSKELETAL THERAPY AGENTS		
AUSTEDO 6mg QL (60 tabs / 30 days)	Tier 2	QL B/D	<i>glatiramer acetate</i> (generic of COPAXONE) 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL
AUSTEDO 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL B/D	<i>glatopa</i> (generic of COPAXONE) 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL
INGREZZA CAPS QL (30 caps / 30 days)	Tier 2	QL B/D	<i>glatopa</i> (generic of COPAXONE) 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL
INGREZZA CPPK QL (28 caps / 28 days)	Tier 2	QL B/D	MUSCULOSKELETAL THERAPY AGENTS		
LITHIUM	Tier 3		<i>baclofen</i> TABS 10mg, 20mg	Tier 2	
<i>lithium carbonate</i> CAPS	Tier 1		<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	Tier 2	B/D
<i>lithium carbonate</i> TABS	Tier 1		<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	Tier 3	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	Tier 1		<i>dantrolene sodium</i> CAPS 100mg	Tier 3	
<i>lithium carbonate</i> TBCR 450mg	Tier 1		<i>tizanidine hcl</i> TABS 2mg	Tier 1	
LYRICA CR QL (60 tabs / 30 days)	Tier 2	QL B/D	<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 1	
NUDEXTA QL (60 caps / 30 days)	Tier 3	QL B/D	NARCOLEPSY/CATAPLEXY		
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	Tier 2		<i>armodafinil</i> (generic of NUVIGIL) 50mg QL (90 tabs / 30 days)	Tier 2	QL B/D
<i>riluzole</i> (generic of RILUTEK)	Tier 3		<i>armodafinil</i> (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 2	QL B/D
<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (90 tabs / 30 days)	Tier 1	QL B/D	XYREM QL (540 mL / 30 days)	Tier 2	QL LA B/D
<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	Tier 1	QL B/D	PSYCHOTHERAPEUTIC-MISC		
MULTIPLE SCLEROSIS AGENTS			<i>acamprosate calcium</i>	Tier 3	
BETASERON QL (14 syringes / 28 days)	Tier 2	QL	<i>buprenorphine hcl</i> SUBL QL (90 tabs / 30 days)	Tier 2	QL B/D
<i>dalfampridine</i> (generic of AMPYRA) TB12	Tier 2	B/D			
GILENYA QL (28 caps / 28 days)	Tier 2	QL			

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate</i> (generic of SUBOXONE) FILM QL (60 films / 30 days)	Tier 3	QL	<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN	Tier 2	B/D
<i>buprenorphine hcl-naloxone hcl dihydrate</i> (generic of SUBOXONE) FILM QL (90 films / 30 days)	Tier 3	QL	<i>testosterone enanthate</i> SOLN	Tier 2	B/D
<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL QL (90 tabs / 30 days)	Tier 1	QL	ANTIDIABETICS		
<i>bupropion hcl (smoking deterrent)</i>	Tier 2		<i>acarbose</i> (generic of PRECOSE) TABS	Tier 2	
CHANTIX	Tier 3	B/D	BYDUREON BCISE QL (4 pens / 28 days)	Tier 2	QL
CHANTIX CONTINUING MONTH	Tier 3	B/D	BYDUREON PEN QL (4 pens / 28 days)	Tier 2	QL
CHANTIX STARTING MONTH PA	Tier 3	B/D	BYETTA QL (1 pen / 30 days)	Tier 3	QL
<i>disulfiram</i> (generic of ANTABUSE) TABS	Tier 2		FARXIGA QL (30 tabs / 30 days)	Tier 2	QL
<i>naloxone hcl</i> SOCT; SOLN; SOSY	Tier 1		<i>glimepiride</i> (generic of AMARYL) 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
<i>naltrexone hcl</i> TABS	Tier 2		<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days)	Tier 1	QL
NARCAN	Tier 2		<i>glipizide</i> (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
NICOTROL INHALER	Tier 3		<i>glipizide</i> (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
NICOTROL NS	Tier 3		<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
VIVITROL	Tier 2		<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
ENDOCRINE AND METABOLIC ANDROGENS			<i>glipizide xl</i> (generic of GLUCOTROL XL) 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
ANADROL-50	Tier 2	B/D	<i>glipizide xl</i> (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	Tier 1	QL
ANDRODERM QL (30 patches / 30 days)	Tier 3	QL B/D			
<i>oxandrolone</i> TABS 2.5mg QL (120 tabs / 30 days)	Tier 2	QL B/D			
<i>oxandrolone</i> TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL B/D			
<i>testosterone</i> GEL 1% QL (300 gm / 30 days)	Tier 3	QL B/D			
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 3	QL B/D			

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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<i>glipizide-metformin hcl</i> QL (120 tabs / 30 days)	Tier 2	QL	<i>nateglinide</i> QL (90 tabs / 30 days)	Tier 2	QL
<i>glipizide-metformin hcl</i> QL (240 tabs / 30 days)	Tier 2	QL	OZEMPIC (0.25 OR 0.5MG/DOSE) QL (1 pen / 28 days)	Tier 2	QL
GLYXAMBI QL (30 tabs / 30 days)	Tier 2	QL	OZEMPIC (1MG/DOSE) QL (2 pens / 28 days)	Tier 2	QL
JANUMET QL (60 tabs / 30 days)	Tier 2	QL	<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	Tier 1	QL
JANUMET XR QL (30 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> 2mg QL (240 tabs / 30 days)	Tier 2	QL
JANUMET XR QL (60 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> .5mg, 1mg QL (120 tabs / 30 days)	Tier 2	QL
JANUVIA QL (30 tabs / 30 days)	Tier 2	QL	RYBELSUS QL (30 tabs / 30 days)	Tier 2	QL
JARDIANCE 10mg QL (60 tabs / 30 days)	Tier 2	QL	SYNJARDY QL (120 tabs / 30 days)	Tier 2	QL
JARDIANCE 25mg QL (30 tabs / 30 days)	Tier 2	QL	SYNJARDY QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO QL (60 tabs / 30 days)	Tier 2	QL	SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	SYNJARDY XR QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	Tier 2	QL	SYNJARDY XR QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL	SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL	TRADJENTA QL (30 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL	TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL	NOVOLIN R FLEXPEN (brand RELION not covered)	Tier 2	
TRULICITY QL (4 pens / 28 days)	Tier 2	QL	NOVOLOG	Tier 2	
VICTOZA QL (3 pens / 30 days)	Tier 2	QL	NOVOLOG FLEXPEN	Tier 2	
XIGDUO XR QL (30 tabs / 30 days)	Tier 2	QL	NOVOLOG MIX 70/30	Tier 2	
XIGDUO XR QL (60 tabs / 30 days)	Tier 2	QL	NOVOLOG MIX 70/30 PREFILL	Tier 2	
ANTIDIABETICS, INSULINS			NOVOLOG PENFILL	Tier 2	
BASAGLAR KWIKPEN	Tier 2		OMNIPOD 5 PACK QL (10 boxes / 30 days)	Tier 3	QL B/D
BD ALCOHOL SWABS	Tier 2		OMNIPOD DASH 5 PACK QL (10 boxes / 30 days)	Tier 3	QL B/D
FIASP	Tier 2		OMNIPOD STARTER KIT PA (1 kit / year)	Tier 3	PA B/D
FIASP FLEXTOUCH	Tier 2		PEN NEEDLES: NOVO/BD/ULTIMED/OWEN /TRIVIDIA	Tier 2	
FIASP PENFILL	Tier 2		SOLIQUA 100/33 QL (10 pens / 30 days)	Tier 2	QL
GAUZE PADS 2" X 2"	Tier 2		TRESIBA	Tier 2	
HUMULIN R U-500 (CONCENTR)	Tier 2		TRESIBA FLEXTOUCH	Tier 2	
HUMULIN R U-500 KWIKPEN	Tier 2		V-GO 20 QL (1 kit / 30 days)	Tier 3	QL B/D
INSULIN SAFETY NEEDLES	Tier 2		V-GO 30 QL (1 kit / 30 days)	Tier 3	QL B/D
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRI VIDIA/MHC	Tier 2		V-GO 40 QL (1 kit / 30 days)	Tier 3	QL B/D
LEVEMIR	Tier 2		XULTOPHY 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
LEVEMIR FLEXTOUCH	Tier 2		CALCIUM REGULATORS		
NOVOLIN 70/30 (brand RELION not covered)	Tier 2		<i>alendronate sodium</i> TABS 10mg, 35mg	Tier 1	
NOVOLIN 70/30 FLEXPEN (brand RELION not covered)	Tier 2		<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	
NOVOLIN N (brand RELION not covered)	Tier 2		<i>calcitonin (salmon)</i> (generic of MIACALCIN)	Tier 2	
NOVOLIN N FLEXPEN (brand RELION not covered)	Tier 2		FORTEO	Tier 2	B/D
NOVOLIN R (brand RELION not covered)	Tier 2		<i>ibandronate sodium</i> (generic of BONIVA) TABS	Tier 2	
			NATPARA	Tier 2	B/D
			PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 2		<i>aurovela 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 2	
<i>pamidronate disodium</i> SOLR	Tier 2		<i>aurovela fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	
PROLIA PA (1 injection / 180 days)	Tier 3	PA	<i>aurovela fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	
TYMLOS	Tier 2	B/D	<i>aviane</i>	Tier 2	
XGEVA	Tier 2	B/D	<i>ayuna</i>	Tier 2	
<i>zoledronic acid</i> CONC	Tier 3		<i>azurette</i> (generic of MIRCETTE)	Tier 2	
<i>zoledronic acid</i> SOLN 4mg/100ml	Tier 3		<i>balziva</i>	Tier 2	
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 3		<i>bekyree</i> (generic of MIRCETTE)	Tier 2	
CHELATING AGENTS			<i>blisovi fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	
CHEMET	Tier 3		<i>briellyn</i>	Tier 2	
<i>clovique</i> (generic of SYPRINE)	Tier 1	B/D	<i>camila</i>	Tier 2	
<i>deferasirox</i> (generic of JADENU) TABS	Tier 1	B/D	<i>caziant</i>	Tier 2	
JADENU SPRINKLE	Tier 2	LA B/D	<i>chateal</i>	Tier 2	
<i>kionex</i>	Tier 2		<i>cryselle-28</i>	Tier 2	
LOKELMA	Tier 2		<i>cyclafem 1/35</i>	Tier 2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS	Tier 1		<i>cyclafem 7/7/7</i>	Tier 2	
<i>sodium polystyrene</i> <i>sulfonate</i>	Tier 2		<i>cyred eq</i>	Tier 2	
<i>sodium polystyrene</i> <i>sulfonate powder</i>	Tier 2		<i>dasetta 1/35</i>	Tier 2	
<i>sps</i>	Tier 2		<i>dasetta 7/7/7</i>	Tier 2	
<i>trientine hcl</i> (generic of SYPRINE)	Tier 1	B/D	<i>deblitane</i>	Tier 2	
VELTASSA	Tier 3	LA B/D	<i>desogestrel-ethinyl estradiol</i> (<i>biphasic</i>) (generic of MIRCETTE)	Tier 2	
CONTRACEPTIVES			<i>drospirenone-ethinyl</i> <i>estradiol</i> (generic of YASMIN 28)	Tier 2	
<i>afirmelle</i>	Tier 2		<i>drospirenone-ethinyl</i> <i>estradiol</i> (generic of YAZ)	Tier 2	
<i>altavera</i>	Tier 2		<i>elinest</i>	Tier 2	
<i>alyacen 1/35</i>	Tier 2		ELLA	Tier 2	
<i>alyacen 7/7/7</i>	Tier 2		<i>emoquette</i>	Tier 2	
<i>apri</i>	Tier 2		<i>enpresse-28</i>	Tier 2	
<i>aranelle</i>	Tier 2		<i>enskyce</i>	Tier 2	
<i>aubra eq</i>	Tier 2		<i>errin</i>	Tier 2	
			<i>estarylla</i>	Tier 2	
			<i>ethynodiol diacet & eth</i> <i>estradiol</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>falmina</i>	Tier 2		<i>levora 0.15/30-28</i>	Tier 2	
<i>femynor</i>	Tier 2		<i>lillow</i>	Tier 2	
<i>gianvi</i> (generic of YAZ)	Tier 2		<i>loryna</i> (generic of YAZ)	Tier 2	
<i>hailey 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 2		<i>low-ogestrel</i>	Tier 2	
<i>heather</i>	Tier 2		<i>lutura</i>	Tier 2	
<i>incassia</i>	Tier 2		<i>lyza</i>	Tier 2	
<i>introvale</i>	Tier 2		<i>marlissa</i>	Tier 2	
<i>isibloom</i>	Tier 2		<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 2	
<i>jasmiel</i> (generic of YAZ)	Tier 2		<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 2	
<i>jolessa</i>	Tier 2		<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 2	
<i>juleber</i>	Tier 2		<i>microgestin fe</i> (generic of LOESTRIN FE 1/20)	Tier 2	
<i>junel 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 2		<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	
<i>junel 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 2		<i>mili</i>	Tier 2	
<i>junel fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2		<i>mono-lynyah</i>	Tier 2	
<i>junel fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2		<i>necon 0.5/35-28</i>	Tier 2	
<i>kariva</i> (generic of MIRCETTE)	Tier 2		<i>nikki</i> (generic of YAZ)	Tier 2	
<i>kelnor 1/35</i>	Tier 2		<i>nora-be</i>	Tier 2	
<i>kelnor 1/50</i>	Tier 2		<i>norethin acet & estrad-fe</i> (generic of LOESTRIN FE 1/20) TABS	Tier 2	
<i>kurvelo</i>	Tier 2		<i>norethindrone (contraceptive)</i>	Tier 2	
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 2		<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1.5/30-21)	Tier 2	
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 2		<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1/20-21)	Tier 2	
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2		<i>norgestimate-ethinyl estradiol</i>	Tier 2	
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2		<i>norgestimate-ethinyl estradiol (triphasic)</i>	Tier 2	
<i>larissia</i>	Tier 2				
<i>leena</i>	Tier 2				
<i>lessina</i>	Tier 2				
<i>levonest</i>	Tier 2				
<i>levonorgestrel & eth estradiol</i>	Tier 2				
<i>levonorgestrel-eth estradiol (triphasic)</i>	Tier 2				
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	Tier 2				

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<i>norgestimate-ethinyl estradiol (triphasic) (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 2		<i>tri-previfem</i>	Tier 2	
<i>norlyroc</i>	Tier 2		<i>tri-sprintec</i>	Tier 2	
<i>nortrel 0.5/35 (28)</i>	Tier 2		<i>tri-vylibra</i>	Tier 2	
<i>nortrel 1/35 (21)</i>	Tier 2		<i>tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 2	
<i>nortrel 1/35 (28)</i>	Tier 2		<i>trivora-28</i>	Tier 2	
<i>nortrel 7/7/7</i>	Tier 2		<i>tulana</i>	Tier 2	
<i>ocella (generic of YASMIN 28)</i>	Tier 2		<i>velivet</i>	Tier 2	
<i>orsythia</i>	Tier 2		<i>vienna</i>	Tier 2	
<i>philith</i>	Tier 2		<i>viorele (generic of MIRCETTE)</i>	Tier 2	
<i>pimtrea (generic of MIRCETTE)</i>	Tier 2		<i>vyfemla</i>	Tier 2	
<i>pirmella 1/35</i>	Tier 2		<i>vylibra</i>	Tier 2	
<i>portia-28</i>	Tier 2		<i>wera</i>	Tier 2	
<i>previfem</i>	Tier 2		<i>xulane</i>	Tier 3	
<i>reclipsen</i>	Tier 2		<i>zarah (generic of YASMIN 28)</i>	Tier 2	
<i>setlakin</i>	Tier 2		<i>zovia 1/35e</i>	Tier 2	
<i>sharobel</i>	Tier 2		<i>zumandimine (generic of YASMIN 28)</i>	Tier 2	
<i>simliya (generic of MIRCETTE)</i>	Tier 2		ENDOMETRIOSIS		
<i>sprintec 28</i>	Tier 2		<i>danazol CAPS</i>	Tier 3	
<i>sronyx</i>	Tier 2		<i>SYNAREL</i>	Tier 2	
<i>syeda (generic of YASMIN 28)</i>	Tier 2		ESTROGENS		
<i>tarina fe 1/20 eq (generic of LOESTRIN FE 1/20)</i>	Tier 2		<i>amabelz</i>	Tier 2	
<i>tilia fe (generic of ESTROSTEP FE)</i>	Tier 2		<i>amabelz (generic of ACTIVELLA)</i>	Tier 2	
<i>tri-estarylla</i>	Tier 2		<i>DELESTROGEN 10mg/ml</i>	Tier 3	
<i>tri-legest fe (generic of ESTROSTEP FE)</i>	Tier 2		<i>dotti (generic of VIVELLE-DOT)</i>	Tier 2	
<i>tri-linyah</i>	Tier 2		<i>estradiol (generic of VIVELLE-DOT) PTTW</i>	Tier 2	
<i>tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 2		<i>estradiol (generic of CLIMARA) PTWK</i>	Tier 2	
<i>tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 2		<i>estradiol (generic of ESTRACE) TABS</i>	Tier 1	
<i>tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 2		<i>estradiol & norethindrone acetate</i>	Tier 2	
<i>tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 2		<i>estradiol & norethindrone acetate (generic of ACTIVELLA)</i>	Tier 2	
<i>tri-mili</i>	Tier 2		<i>estradiol vaginal (generic of ESTRACE) CREA</i>	Tier 2	

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<i>estradiol vaginal</i> (generic of VAGIFEM) TABS	Tier 3		<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	Tier 2	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL	Tier 3		<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL)	Tier 2	
<i>fyavolv tab 0.5mg-2.5mcg</i> (generic of FEMHRT LOW DOSE)	Tier 2		<i>prednisolone</i> SOLN	Tier 1	
<i>fyavolv tab 1mg-5mcg</i>	Tier 2		<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	Tier 2	
<i>jinteli</i>	Tier 2		<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 1	
<i>lopreeza</i> (generic of ACTIVEVELLA)	Tier 2		<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	Tier 2	
<i>mimvey</i> (generic of ACTIVEVELLA)	Tier 2		<i>prednisone</i> SOLN	Tier 3	
<i>norethindrone acetate-ethinyl estradiol</i>	Tier 2		<i>prednisone</i> TABS	Tier 1	
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT LOW DOSE)	Tier 2		<i>prednisone</i> TBPK	Tier 2	
<i>yuvafem</i> (generic of VAGIFEM)	Tier 3		PREDNISONE INTENSOL	Tier 3	
GLUCOCORTICOIDS			SOLU-CORTEF	Tier 3	
<i>cortisone acetate</i> TABS	Tier 3		GLUCOSE ELEVATING AGENTS		
<i>dexamethasone</i> ELIX; SOLN; TABS	Tier 2		<i>diazoxide</i> (generic of PROGLYCEM) SUSP	Tier 1	
DEXAMETHASONE INTENSOL	Tier 3		GVOKE HYPOPEN 2-PACK	Tier 2	
<i>dexamethasone sodium phosphate</i> 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 2		GVOKE PFS	Tier 2	
<i>dexamethasone sodium phosphate</i> (generic of DEXAMETHASONE SODIUM PHOS) 10mg/ml	Tier 2		MISCELLANEOUS		
<i>fludrocortisone acetate</i> TABS	Tier 1		<i>cabergoline</i>	Tier 2	
<i>hydrocortisone</i> (generic of CORTEF) TABS	Tier 2		CARBAGLU	Tier 2	LA B/D
<i>methylprednisolone</i> (generic of MEDROL) TABS	Tier 2		CERDELGA	Tier 2	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK	Tier 1		<i>cinacalcet hcl</i> (generic of SENSIPAR) 30mg QL (120 tabs / 30 days)	Tier 3	QL
			<i>cinacalcet hcl</i> (generic of SENSIPAR) 60mg QL (60 tabs / 30 days)	Tier 1	QL
			<i>cinacalcet hcl</i> (generic of SENSIPAR) 90mg QL (120 tabs / 30 days)	Tier 1	QL
			CYSTADANE	Tier 2	LA
			CYSTAGON	Tier 3	LA B/D
			<i>desmopressin acetate</i> (generic of DDAVP) SOLN	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate</i> (generic of DDAVP) TABS	Tier 2		<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS	Tier 2	QL
<i>desmopressin acetate spray</i> (generic of DDAVP)	Tier 3		QL (360 caps / 30 days)		
<i>desmopressin acetate spray refrigerated</i>	Tier 3		<i>calcium acetate (phosphate binder)</i> TABS	Tier 3	QL
GENOTROPIN	Tier 2	B/D	QL (360 tabs / 30 days)		
GENOTROPIN MINIQUICK	Tier 2	B/D	<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm	Tier 1	QL
INCRELEX	Tier 2	LA B/D	QL (180 packets / 30 days)		
KORLYM	Tier 2	LA B/D	<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm	Tier 1	QL
KUVAN	Tier 2	LA B/D	QL (540 packets / 30 days)		
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	Tier 3		<i>sevelamer carbonate</i> (generic of RENVELA) TABS	Tier 3	QL
<i>miglustat</i> (generic of ZAVESCA)	Tier 1	QL B/D	QL (540 tabs / 30 days)		
QL (90 caps / 30 days)			PROGESTINS		
<i>nitisinone</i> (generic of ORFADIN)	Tier 1	B/D	<i>medroxyprogesterone acetate</i> (generic of PROVERA)	Tier 1	
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml	Tier 3	B/D	<i>megestrol acetate</i> SUSP	Tier 2	
<i>octreotide acetate</i> 200mcg/ml	Tier 3	B/D	<i>megestrol acetate (appetite)</i>	Tier 3	B/D
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml	Tier 1	B/D	<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	Tier 2	
<i>octreotide acetate</i> 1000mcg/ml	Tier 1	B/D	THYROID AGENTS		
OSPHERA	Tier 2	B/D	<i>euthyrox</i> (generic of SYNTHROID)	Tier 1	
<i>raloxifene hcl</i> (generic of EVISTA)	Tier 2		<i>levo-t</i> (generic of SYNTHROID)	Tier 1	
SIGNIFOR	Tier 2	LA B/D	<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	Tier 1	
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	Tier 1	B/D	<i>levoxyl</i> (generic of SYNTHROID)	Tier 1	
SOMATULINE DEPOT 60mg/0.2ml, 90mg/0.3ml	Tier 2	B/D	<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	Tier 2	
SOMATULINE DEPOT 120mg/0.5ml	Tier 2				
SOMAVERT	Tier 2	LA B/D			
STIMATE	Tier 2				
PHOSPHATE BINDER AGENTS					
AURYXIA	Tier 3	QL B/D			
QL (360 tabs / 30 days)					

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<i>methimazole</i> (generic of TAPAZOLE) TABS	Tier 1		<i>prochlorperazine edisylate</i>	Tier 3	
<i>propylthiouracil</i> TABS	Tier 2		<i>prochlorperazine maleate</i> TABS	Tier 1	
SYNTHROID	Tier 3		<i>promethazine hcl</i> (generic of PHENERGAN) SOLN PA if 70 years and older	Tier 2	B/D
<i>unithroid</i> (generic of SYNTHROID)	Tier 1		<i>promethazine hcl</i> SYRP; TABS PA if 70 years and older	Tier 2	B/D
VITAMIN D ANALOGS			<i>scopolamine</i> (generic of TRANSDERM SCOP) QL (10 patches / 30 days) PA if 70 years and older	Tier 3	QL B/D
<i>calcitriol</i> (generic of ROCALTROL) CAPS	Tier 1		ANTISPASMODICS		
<i>calcitriol</i> SOLN 1mcg/ml	Tier 3		<i>dicyclomine hcl</i> CAPS; TABS	Tier 2	
<i>calcitriol</i> (generic of ROCALTROL) SOLN 1mcg/ml	Tier 3		<i>dicyclomine hcl</i> SOLN	Tier 3	
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3		<i>glycopyrrolate</i> TABS 1mg, 2mg	Tier 2	
<i>paricalcitol</i> CAPS 4mcg	Tier 3		H2-RECEPTOR ANTAGONISTS		
RAYALDEE	Tier 2		<i>famotidine</i> SOLN	Tier 2	
GASTROINTESTINAL ANTIEMETICS			<i>famotidine</i> SUSR QL (300 mL / 30 days)	Tier 3	QL
<i>aprepitant</i> (generic of EMEND) 40mg, 80mg	Tier 3		<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	Tier 1	QL
<i>aprepitant</i> 125mg	Tier 3		<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	Tier 1	QL
<i>compro</i>	Tier 3		<i>famotidine in nacl</i>	Tier 2	
<i>dronabinol</i> (generic of MARINOL) QL (60 caps / 30 days)	Tier 3	QL	<i>nizatidine</i> CAPS	Tier 2	
EMEND SUSR	Tier 3		INFLAMMATORY BOWEL DISEASE		
<i>granisetron hcl</i> SOLN	Tier 2		<i>balsalazide disodium</i> (generic of COLAZAL)	Tier 2	
<i>granisetron hcl</i> TABS	Tier 3		<i>budesonide</i> (generic of ENTOCORT EC) CPEP	Tier 3	
<i>meclizine hcl</i> TABS	Tier 1		<i>budesonide</i> (generic of UCERIS) TB24	Tier 1	
<i>metoclopramide hcl</i> SOLN	Tier 2		<i>colocort</i> (generic of CORTENEMA)	Tier 3	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	Tier 1		<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA)	Tier 3	
<i>ondansetron</i>	Tier 2				
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	Tier 2				
<i>ondansetron hcl</i> SOLN 4mg/5ml	Tier 3				
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg, 8mg	Tier 2				
<i>ondansetron hcl</i> TABS 24mg	Tier 2				
<i>prochlorperazine</i>	Tier 3				

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<i>mesalamine</i> (generic of APRISO) CP24 QL (120 caps / 30 days)	Tier 3	QL
<i>mesalamine</i> (generic of DELZICOL) CPDR QL (180 caps / 30 days)	Tier 3	QL
<i>mesalamine</i> ENEM	Tier 3	
<i>mesalamine</i> (generic of CANASA) SUPP	Tier 3	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	Tier 3	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	Tier 1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC	Tier 2	
LAXATIVES		
<i>constulose</i>	Tier 2	
<i>enulose</i>	Tier 2	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1	
<i>gavilyte-n/flavor pack</i> (generic of NULYTELY)	Tier 1	
<i>generlac</i>	Tier 2	
GOLYTELY	Tier 2	
<i>lactulose</i> SOLN	Tier 2	
<i>lactulose (encephalopathy)</i>	Tier 2	
NULYTELY/FLAVOR PACKS	Tier 2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	Tier 1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY)	Tier 1	
PLENVU	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
SUPREP BOWEL PREP KIT	Tier 3	
<i>trilyte</i> (generic of NULYTELY)	Tier 1	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) 1mg QL (60 tabs / 30 days)	Tier 1	QL B/D
<i>alosetron hcl</i> (generic of LOTRONEX) .5mg QL (60 tabs / 30 days)	Tier 3	QL B/D
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM)	Tier 3	
<i>diphenoxylate w/ atropine</i> LIQD	Tier 3	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	Tier 2	
GATTEX	Tier 2	LA B/D
LINZESS QL (30 caps / 30 days)	Tier 3	QL
<i>loperamide hcl</i> CAPS	Tier 2	
<i>misoprostol</i> (generic of CYTOTEC) TABS	Tier 2	
MOVANTIK 12.5mg QL (60 tabs / 30 days)	Tier 2	QL
MOVANTIK 25mg QL (30 tabs / 30 days)	Tier 2	QL
RELISTOR SOLN	Tier 2	B/D
<i>sucralfate</i> (generic of CARAFATE) TABS	Tier 2	
TRULANCE QL (30 tabs / 30 days)	Tier 3	QL
<i>ursodiol</i> (generic of ACTIGALL) CAPS	Tier 2	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 3	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 3	
XIFAXAN 550mg	Tier 2	B/D
PANCREATIC ENZYMES		
CREON	Tier 2	
ZENPEP	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROTON PUMP INHIBITORS					
DEXILANT QL (30 caps / 30 days)	Tier 3	QL	<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	Tier 2	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR QL (30 caps / 30 days)	Tier 3	QL	<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg QL (60 tabs / 30 days)	Tier 2	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR QL (60 caps / 30 days)	Tier 2	QL	<i>oxybutynin chloride</i> TB24 15mg QL (60 tabs / 30 days)	Tier 2	QL
<i>omeprazole</i> CPDR	Tier 1		<i>solifenacin succinate</i> (generic of VESICARE) QL (30 tabs / 30 days)	Tier 2	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR	Tier 3		<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 QL (30 caps / 30 days)	Tier 3	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC	Tier 1		<i>tolterodine tartrate</i> (generic of DETROL) TABS QL (60 tabs / 30 days)	Tier 3	QL
GENITOURINARY					
BENIGN PROSTATIC HYPERPLASIA					
<i>alfuzosin hcl</i> (generic of UROXATRAL) QL (30 tabs / 30 days)	Tier 1	QL	TOVIAZ QL (30 tabs / 30 days)	Tier 2	QL
<i>dutasteride</i> (generic of AVODART) CAPS QL (30 caps / 30 days)	Tier 2	QL	<i>tropium chloride</i> TABS QL (60 tabs / 30 days)	Tier 2	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 1		VAGINAL ANTI-INFECTIVES		
<i>tamsulosin hcl</i> (generic of FLOMAX)	Tier 1		<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	Tier 2	
MISCELLANEOUS			<i>metronidazole vaginal</i>	Tier 2	
<i>acetic acid</i> .25%	Tier 1		<i>terconazole vaginal</i>	Tier 2	
<i>bethanechol chloride</i> TABS	Tier 2		<i>vandazole</i>	Tier 2	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 15) 15meq	Tier 3		HEMATOLOGIC		
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 5) 540mg	Tier 3		ANTICOAGULANTS		
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10) 1080mg	Tier 3		COUMADIN	Tier 2	
URINARY ANTISPASMODICS			ELIQUIS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
MYRBETRIQ QL (30 tabs / 30 days)	Tier 3	QL	ELIQUIS 5mg QL (74 tabs / 30 days)	Tier 2	QL
<i>oxybutynin chloride</i> SYRP	Tier 2		ELIQUIS STARTER PACK QL (74 tabs / 30 days)	Tier 2	QL
<i>oxybutynin chloride</i> TABS	Tier 2		<i>enoxaparin sodium</i> (generic of LOVENOX)	Tier 3	
			<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	Tier 3	

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<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1		<i>icatibant acetate</i> (generic of FIRAZYR) PA (9 syringes / 30 days)	Tier 1	PA B/D
<i>heparin sod (porcine) in d5w</i>	Tier 2		<i>pentoxifylline</i> TBCR	Tier 1	
<i>heparin sodium (porcine)</i>	Tier 2		PROMACTA PACK 12.5mg QL (360 packets / 30 days)	Tier 2	QL LA B/D
HEPARIN SODIUM/NACL 0.45%	Tier 2		PROMACTA PACK 25mg QL (180 packets / 30 days)	Tier 2	QL LA B/D
HEPARIN SODIUM/SODIUM CHL	Tier 2		PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL LA B/D
<i>jantoven</i>	Tier 1		PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	Tier 2	QL LA B/D
PRADAXA QL (60 caps / 30 days)	Tier 3	QL	<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	Tier 3	
<i>warfarin sodium</i>	Tier 1		<i>tranexamic acid</i> (generic of LYSTEDA) TABS	Tier 2	
XARELTO 2.5mg QL (60 tabs / 30 days)	Tier 2	QL	PLATELET AGGREGATION INHIBITORS		
XARELTO 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL	<i>aspirin-dipyridamole</i> (generic of AGGRENEX)	Tier 3	
XARELTO STARTER PACK QL (51 tabs / 30 days)	Tier 2	QL	BRILINTA	Tier 3	
HEMATOPOIETIC GROWTH FACTORS			<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS	Tier 1	
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	B/D	<i>dipyridamole</i> TABS PA if 70 years and older	Tier 2	B/D
PROCRIT 20000unit/ml, 40000unit/ml	Tier 2	B/D	<i>prasugrel hcl</i> (generic of EFFIENT)	Tier 2	
ZARXIO	Tier 2	B/D	IMMUNOLOGIC AGENTS		
MISCELLANEOUS			AUTOIMMUNE AGENTS		
<i>anagrelide hcl</i> 1mg	Tier 3		ENBREL SOLR QL (16 vials / 28 days)	Tier 2	QL B/D
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	Tier 3		ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2	QL B/D
BERINERT PA (24 boxes / 30 days)	Tier 2	PA LA B/D	ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL B/D
<i>cilostazol</i>	Tier 1		ENBREL MINI QL (8 injections / 28 days)	Tier 2	QL B/D
DROXIA	Tier 2				
ENDARI	Tier 2	LA B/D			
HAEGARDA 2000unit QL (30 vials / 30 days)	Tier 2	QL LA B/D			
HAEGARDA 3000unit QL (20 vials / 30 days)	Tier 2	QL LA B/D			

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ENBREL SURECLICK QL (8 injections / 28 days)	Tier 2	QL B/D	<i>leflunomide</i> (generic of ARAVA) TABS QL (30 tabs / 30 days)	Tier 2	QL
HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	Tier 2	QL B/D	<i>methotrexate sodium</i> TABS	Tier 2	
HUMIRA 10mg/0.2ml, 20mg/0.4ml QL (2 syringes / 28 days)	Tier 2	QL B/D	XATMEP	Tier 3	
HUMIRA 40mg/0.4ml QL (6 injections / 28 days)	Tier 2	QL B/D	IMMUNOGLOBULINS		
HUMIRA 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL B/D	BIVIGAM	Tier 2	B/D
HUMIRA PEDIATRIC CROHNS D	Tier 2	B/D	GAMASTAN	Tier 3	
HUMIRA PEN QL (6 pens / 28 days)	Tier 2	QL B/D	GAMMAGARD LIQUID	Tier 2	B/D
HUMIRA PEN-CD/UC/HS START	Tier 2	B/D	GAMMAGARD S/D IGA LESS TH	Tier 2	B/D
HUMIRA PEN-PS/UV STARTER	Tier 2	B/D	GAMMAKED	Tier 2	B/D
RINVOQ QL (30 tabs / 30 days)	Tier 2	QL B/D	GAMMAPLEX	Tier 2	B/D
SKYRIZI PA (7 kits / year)	Tier 2	PA B/D	GAMUNEX-C	Tier 2	B/D
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL LA B/D	OCTAGAM	Tier 2	B/D
STELARA SOSY QL (1 syringe / 28 days)	Tier 2	QL B/D	PANZYGA	Tier 2	B/D
TALTZ QL (3 syringes / 28 days)	Tier 2	QL LA B/D	PRIVIGEN	Tier 2	B/D
XELJANZ QL (60 tabs / 30 days)	Tier 2	QL B/D	IMMUNOMODULATORS		
XELJANZ XR QL (30 tabs / 30 days)	Tier 2	QL B/D	ACTIMMUNE	Tier 2	LA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)			ARCALYST	Tier 2	B/D
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	Tier 2		INTRON A	Tier 2	
			IMMUNOSUPPRESSANTS		
			<i>azathioprine</i> (generic of IMURAN) TABS	Tier 2	
			BENLYSTA	Tier 2	B/D
			<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS	Tier 3	
			<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	Tier 3	
			<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 3	
			<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	Tier 3	
			<i>everolimus</i> (immunosuppressant) (generic of ZORTRESS) .5mg, .75mg	Tier 1	
			<i>everolimus</i> (immunosuppressant) (generic of ZORTRESS) .25mg	Tier 3	

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<i>gengraf</i> (generic of NEORAL)	Tier 3		MENACTRA	Tier 3	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	Tier 2		MENVEO	Tier 3	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	Tier 1		PEDIARIX	Tier 2	
<i>mycophenolate sodium</i> (generic of MYFORTIC)	Tier 3		PEDVAX HIB	Tier 2	
PROGRAF PACK	Tier 3		PENTACEL	Tier 3	
SANDIMMUNE SOLN 100mg/ml	Tier 2		PROQUAD	Tier 2	
<i>sirolimus</i> (generic of RAPAMUNE) SOLN	Tier 1		QUADRACEL	Tier 2	
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	Tier 1		RABAVERT	Tier 3	
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	Tier 3		RECOMBIVAX HB	Tier 2	
<i>tacrolimus</i> (generic of PROGRAF) CAPS	Tier 3		ROTARIX	Tier 2	
ZORTRESS 1mg	Tier 2		ROTATEQ	Tier 2	
VACCINES			SHINGRIX	Tier 3	PA
ACTHIB	Tier 2		PA (2 vials per lifetime)		
ADACEL	Tier 2		TDVAX	Tier 2	
BCG VACCINE	Tier 3		TENIVAC	Tier 2	
BEXSERO	Tier 3		TRUMENBA	Tier 3	
BOOSTRIX	Tier 2		TWINRIX	Tier 3	
DAPTACEL	Tier 2		TYPHIM VI	Tier 3	
DIPHThERIA/TETANUS TOXOID	Tier 2		VAQTA	Tier 2	
ENGERIX-B SUSP	Tier 2		VARIVAX	Tier 3	
GARDASIL 9	Tier 3		YF-VAX	Tier 3	
HAVRIX	Tier 2		ZOSTAVAX	Tier 3	PA
HIBERIX	Tier 2		PA (1 vial per lifetime)		
IMOVAX RABIES (H.D.C.V.)	Tier 3		NUTRITIONAL/SUPPLEMENTS		
INFANRIX	Tier 2		ELECTROLYTES/MINERALS,		
IPOL INACTIVATED IPV	Tier 2		INJECTABLE		
IXIARO	Tier 3		DEXTROSE 5% /ELECTROLYTE	Tier 3	
KINRIX	Tier 2		DEXTROSE 5%/NACL 0.3%	Tier 2	
M-M-R II	Tier 2		DEXTROSE 10%/NACL 0.2%	Tier 2	
			<i>dextrose in lactated ringers</i>	Tier 2	
			<i>dextrose w/ sodium chloride</i>	Tier 2	
			ISOLYTE-P/DEXTROSE 5%	Tier 3	
			ISOLYTE-S	Tier 3	
			KCL 0.3%/D5W/NACL 0.9%	Tier 3	
			KCL 0.15%/D5W/NACL 0.225%	Tier 3	
			<i>lactated ringer's</i>	Tier 2	

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2		<i>klor-con sprinkle</i>	Tier 2	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2		M-NATAL PLUS	Tier 2	
<i>magnesium sulfate</i> SOLN 50%	Tier 2		ONE VITE WOMENS PRENATAL	Tier 2	
MAGNESIUM SULFATE IN D5W	Tier 2		PNV FOLIC ACID + IRON MUL	Tier 2	
<i>magnesium sulfate in dextrose</i> (generic of MAGNESIUM SULFATE IN D5W)	Tier 2		<i>potassium chloride</i> CPCR	Tier 2	
NORMOSOL -R	Tier 3		<i>potassium chloride</i> PACK	Tier 3	
NORMOSOL-M IN D5W	Tier 3		<i>potassium chloride</i> SOLN 10%, 20%	Tier 3	
PLASMA-LYTE A	Tier 3		<i>potassium chloride</i> TBCR 8meq, 10meq	Tier 1	
PLASMA-LYTE-148	Tier 3		<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	Tier 1	
<i>potassium chloride</i> SOLN 2meq/ml	Tier 2		<i>potassium chloride microencapsulated crystals er</i>	Tier 1	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 3		PRENATAL	Tier 2	
<i>potassium chloride in dextrose</i>	Tier 2		PRENATAL PLUS	Tier 2	
<i>potassium chloride in dextrose & sodium chloride</i>	Tier 2		PRENATAL TAB PLUS	Tier 2	
<i>potassium chloride in nacl</i>	Tier 2		PRENATAL VITAMINS PLUS LO	Tier 2	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	Tier 2		<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1	
TPN ELECTROLYTES	Tier 3		TRICARE	Tier 2	
ELECTROLYTES/MINERALS/VITAMINS, ORAL			IV NUTRITION		
<i>klor-con</i>	Tier 3		AMINOSYN II	Tier 3	
<i>klor-con 8</i>	Tier 1		AMINOSYN-PF 7%	Tier 3	
<i>klor-con 10</i>	Tier 1		CLINIMIX 4.25%/DEXTROSE 1	Tier 3	
<i>klor-con m10</i>	Tier 1		CLINIMIX 4.25%/DEXTROSE 5	Tier 3	
<i>klor-con m15</i>	Tier 1		CLINIMIX 5%/DEXTROSE 15%	Tier 3	
<i>klor-con m20</i>	Tier 1		CLINIMIX 5%/DEXTROSE 20%	Tier 3	
			<i>clinisol sf 15%</i>	Tier 3	
			CLINOLIPID	Tier 3	
			<i>dextrose</i> SOLN 5%, 10%	Tier 2	
			<i>dextrose</i> SOLN 50%, 70%	Tier 2	
			FREAMINE HBC 6.9%	Tier 3	
			FREAMINE III	Tier 3	
			<i>hepatamine</i>	Tier 3	

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INTRALIPID	Tier 3		<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	Tier 1	
NEPHRAMINE	Tier 3		<i>sulfacetamide sodium</i> (<i>ophth</i>) OINT	Tier 2	
NUTRILIPID	Tier 3		<i>sulfacetamide sodium</i> (<i>ophth</i>) (generic of BLEPH-10) SOLN	Tier 2	
<i>plenamine</i>	Tier 3		<i>tobramycin (ophth)</i> (generic of TOBREX)	Tier 1	
PREMASOL	Tier 3		<i>trifluridine</i>	Tier 3	
PROCALAMINE	Tier 3		ZIRGAN	Tier 3	
PROSOL	Tier 3		ANTI-INFLAMMATORIES		
TRAVASOL	Tier 3		ALREX	Tier 2	
TROPHAMINE	Tier 3		BROMSITE	Tier 3	
OPHTHALMIC			<i>dexamethasone sodium phosphate (ophth)</i>	Tier 2	
ANTI-INFECTIVE/ANTI-INFLAMMATORY			<i>diclofenac sodium (ophth)</i>	Tier 1	
<i>bacitracin-poly-neomycin-hc</i>	Tier 2		DUREZOL	Tier 2	
BLEPHAMIDE S.O.P.	Tier 3		FLAREX	Tier 3	
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	Tier 1		<i>fluorometholone (ophth)</i>	Tier 2	
<i>sulfacetamide sod-</i> <i>prednisolone</i>	Tier 1		<i>flurbiprofen sodium</i>	Tier 2	
TOBRADEX OINT	Tier 2		ILEVRO	Tier 2	
TOBRADEX ST	Tier 2		<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR LS) .4%	Tier 2	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	Tier 3		<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR) .5%	Tier 1	
ZYLET	Tier 2		LOTEMAX OINT	Tier 2	
ANTI-INFECTIVES			<i>prednisolone acetate</i> (<i>ophth</i>) (generic of PRED FORTE)	Tier 2	
<i>bacitracin (ophthalmic)</i>	Tier 2		PREDNISOLONE SODIUM	Tier 2	
<i>bacitracin-polymyxin b</i> (<i>ophth</i>)	Tier 1		PHOSP SOLN 1%		
BESIVANCE	Tier 2		PROLENSA	Tier 2	
CILOXAN OINT	Tier 2		ANTIALLERGICS		
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	Tier 1		<i>azelastine hcl (ophth)</i>	Tier 2	
<i>erythromycin (ophth)</i>	Tier 1		BEPREVE	Tier 2	
<i>gentak</i>	Tier 2		<i>cromolyn sodium (ophth)</i>	Tier 1	
<i>gentamicin sulfate (ophth)</i>	Tier 1		LASTACAPT	Tier 3	
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX)	Tier 2		<i>olopatadine hcl .2%</i>	Tier 2	
NATACYN	Tier 3		PAZEO	Tier 2	
<i>neomycin-bacitracin zn-</i> <i>polymyxin</i>	Tier 2		ZERViate	Tier 3	
<i>neomycin-polymyxin-</i> <i>gramicidin</i>	Tier 2				
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	Tier 1				

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
ANTIGLAUCOMA		
ALPHAGAN P .1%	Tier 2	
AZOPT	Tier 2	
<i>betaxolol hcl (ophth)</i>	Tier 2	
BETOPTIC-S	Tier 2	
<i>brimonidine tartrate SOLN</i> .2%	Tier 1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	Tier 3	
<i>carteolol hcl (ophth)</i>	Tier 1	
COMBIGAN	Tier 2	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	Tier 1	
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	Tier 1	
<i>latanoprost</i> (generic of XALATAN) SOLN	Tier 1	
<i>levobunolol hcl</i>	Tier 1	
LUMIGAN	Tier 2	
PHOSPHOLINE IODIDE	Tier 3	
<i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN	Tier 2	
RHOPRESSA	Tier 2	
SIMBRINZA	Tier 2	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC-XE) SOLG	Tier 3	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC) SOLN	Tier 1	
<i>timolol maleate (ophth)</i> <i>once-daily</i> (generic of ISTALOL)	Tier 3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
CYSTARAN	Tier 2	LA B/D
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	Tier 2	
XIIDRA QL (60 single use vials / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA QL (60 blisters / 30 days)	Tier 2	QL
BEVESPI AEROSPHERE QL (1 inhaler / 30 days)	Tier 2	QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	Tier 3	QL
<i>ipratropium-albuterol</i>	Tier 2	
TRELEGY ELLIPTA QL (60 blisters / 30 days)	Tier 2	QL
ANTICHOLINERGICS		
ATROVENT HFA QL (2 inhalers / 30 days)	Tier 3	QL
INCRUSE ELLIPTA QL (30 blisters / 30 days)	Tier 2	QL
<i>ipratropium bromide SOLN</i>	Tier 1	
<i>ipratropium bromide (nasal)</i>	Tier 2	
ANTI-HISTAMINES		
<i>azelastine hcl SOLN</i>	Tier 2	
<i>cetirizine hcl SOLN</i>	Tier 1	
<i>cyproheptadine hcl SYRP;</i> TABS PA if 70 years and older	Tier 2	B/D
<i>diphenhydramine hcl SOLN</i>	Tier 2	
<i>hydroxyzine hcl SOLN</i> PA if 70 years and older	Tier 3	B/D
<i>hydroxyzine hcl SYRP</i> PA if 70 years and older	Tier 2	B/D
<i>hydroxyzine hcl TABS</i> PA if 70 years and older	Tier 1	B/D
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	Tier 1	B/D
<i>levocetirizine dihydrochloride TABS</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BETA AGONISTS			BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) .3mg/0.3ml (generic of EpiPen)	Tier 2	
<i>albuterol sulfate</i> (generic of PROAIR HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) .15mg/0.3ml (generic of EpiPen)	Tier 2	
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2		<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
<i>albuterol sulfate</i> NEBU .083%	Tier 1		ESBRIET CAPS QL (270 caps / 30 days)	Tier 2	QL B/D
<i>albuterol sulfate</i> SYRP	Tier 1		ESBRIET TABS 267mg QL (270 tabs / 30 days)	Tier 2	QL B/D
<i>albuterol sulfate</i> TABS	Tier 3		ESBRIET TABS 801mg QL (90 tabs / 30 days)	Tier 2	QL B/D
<i>levalbuterol tartrate</i> QL (2 inhalers / 30 days)	Tier 2	QL	FASENRA Tier 2 LA B/D		
SEREVENT DISKUS QL (60 inhalations / 30 days)	Tier 2	QL	FASENRA PEN Tier 2 LA B/D		
<i>terbutaline sulfate</i> TABS	Tier 3		KALYDECO PACK QL (56 packs / 28 days)	Tier 2	QL B/D
VENTOLIN HFA QL (2 inhalers / 30 days)	Tier 2	QL	KALYDECO TABS QL (60 tabs / 30 days)	Tier 2	QL B/D
LEUKOTRIENE MODULATORS			OFEV QL (60 caps / 30 days)	Tier 2	QL B/D
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; TABS	Tier 1		ORKAMBI PACK QL (56 packs / 28 days)	Tier 2	QL B/D
<i>montelukast sodium</i> (generic of SINGULAIR) PACK	Tier 3		ORKAMBI TABS QL (112 tabs / 28 days)	Tier 2	QL B/D
<i>zafirlukast</i> (generic of ACCOLATE)	Tier 2		PROLASTIN-C Tier 2 LA B/D		
MISCELLANEOUS			PULMOZYME Tier 2 B/D		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 2		SYMDEKO QL (56 tabs / 28 days)	Tier 2	QL LA B/D
ARALAST NP	Tier 2	LA B/D	SYMJEPI Tier 3		
<i>cromolyn sodium</i> NEBU	Tier 2		<i>theophylline</i> TB12 Tier 3		
DALIRESP	Tier 3		<i>theophylline</i> TB24 Tier 2		
			TRIKAFTA QL (84 tabs / 28 days)	Tier 2	QL LA B/D
			XOLAIR Tier 2 LA B/D		
			ZEMAIRA Tier 2 LA B/D		

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NASAL STEROIDS			ADVAIR HFA		
<i>flunisolide (nasal)</i>	Tier 2	QL	QL (1 inhaler / 30 days)	Tier 2	QL
<i>fluticasone propionate (nasal)</i>	Tier 1	QL	BREO ELLIPTA	Tier 2	QL
QL (3 bottles / 30 days)			QL (60 blisters / 30 days)		
QL (1 bottle / 30 days)			SYMBICORT	Tier 2	QL
STEROID INHALANTS			TOPICAL DERMATOLOGY, ACNE		
ARNUITY ELLIPTA	Tier 2	QL	<i>amnesteem</i>	Tier 3	B/D
QL (30 inhalations / 30 days)			<i>avita</i> (generic of RETIN-A) CREA	Tier 3	QL B/D
<i>budesonide (inhalation)</i> (generic of PULMICORT) .5mg/2ml	Tier 3	QL	QL (45 gm / 30 days)		
QL (60 respules / 30 days)			<i>avita</i> GEL	Tier 3	QL B/D
<i>budesonide (inhalation)</i> (generic of PULMICORT) .25mg/2ml	Tier 3	QL	QL (45 gm / 30 days)		
QL (90 respules / 30 days)			<i>claravis</i>	Tier 3	B/D
FLOVENT DISKUS	Tier 2	QL	<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL	Tier 2	QL
50mcg/blist			QL (75 gm / 30 days)		
QL (180 inhalations / 30 days)			<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN	Tier 2	QL
FLOVENT DISKUS	Tier 2	QL	QL (60 mL / 30 days)		
100mcg/blist, 250mcg/blist			<i>clindamycin phosphate (topical)</i> SOLN	Tier 2	QL
QL (240 inhalations / 30 days)			QL (60 mL / 30 days)		
FLOVENT HFA	Tier 2	QL	<i>erythromycin (acne aid)</i> SOLN	Tier 2	QL
QL (2 inhalers / 30 days)			QL (60 mL / 30 days)		
PULMICORT FLEXHALER	Tier 3	QL	<i>isotretinoin</i> CAPS	Tier 3	B/D
90mcg/act			<i>myorisan</i>	Tier 3	B/D
QL (3 inhalers / 30 days)			<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	Tier 3	
PULMICORT FLEXHALER	Tier 3	QL	<i>tretinoin</i> (generic of RETIN-A) CREA	Tier 3	QL B/D
180mcg/act			QL (45 gm / 30 days)		
QL (2 inhalers / 30 days)			<i>tretinoin</i> (generic of RETIN-A) GEL .01%, .025%	Tier 3	QL B/D
STEROID/BETA-AGONIST COMBINATIONS			QL (45 gm / 30 days)		
ADVAIR DISKUS	Tier 2	QL	<i>zenatane</i>	Tier 3	B/D
QL (60 inhalations / 30 days)					

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DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA QL (30 gm / 30 days)	Tier 3	QL
gentamicin sulfate (topical) OINT	Tier 2	
mupirocin OINT QL (220 gm / 30 days)	Tier 1	QL
silver sulfadiazine (generic of SILVADENE) CREA	Tier 1	
ssd (generic of SILVADENE)	Tier 1	
SULFAMYLON CREA	Tier 3	
DERMATOLOGY, ANTIFUNGALS		
clotrimazole (topical) CREA QL (45 gm / 30 days)	Tier 2	QL
clotrimazole w/ betamethasone CREA QL (45 gm / 30 days)	Tier 2	QL
ketoconazole (topical) CREA QL (60 gm / 30 days)	Tier 2	QL
nyamyc QL (60 gm / 30 days)	Tier 2	QL
nystatin (topical) CREA; OINT QL (30 gm / 30 days)	Tier 2	QL
nystatin (topical) POWD QL (60 gm / 30 days)	Tier 2	QL
nystop QL (60 gm / 30 days)	Tier 2	QL
DERMATOLOGY, ANTIPSORIATICS		
acitretin (generic of SORIATANE) 10mg, 25mg	Tier 3	B/D
acitretin 17.5mg	Tier 3	B/D
calcipotriene (generic of DOVONEX) CREA QL (120 gm / 30 days)	Tier 3	QL B/D
calcipotriene OINT QL (120 gm / 30 days)	Tier 3	QL B/D
calcipotriene SOLN QL (120 mL / 30 days)	Tier 3	QL B/D
calcitrene QL (120 gm / 30 days)	Tier 3	QL B/D

Drug Name	Drug Tier	Requirements/ Limits
tazarotene (generic of TAZORAC) CREA QL (60 gm / 30 days)	Tier 2	QL B/D
TAZORAC CREA .05% QL (60 gm / 30 days)	Tier 3	QL B/D
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM QL (120 mL / 30 days)	Tier 1	QL
selenium sulfide LOTN	Tier 1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort	Tier 1	
alclometasone dipropionate	Tier 2	
betamethasone dipropionate (topical) CREA; LOTN	Tier 2	
betamethasone dipropionate (topical) OINT	Tier 3	
betamethasone dipropionate augmented (generic of DIPROLENE AF) CREA	Tier 2	
betamethasone dipropionate augmented GEL; LOTN	Tier 3	
betamethasone dipropionate augmented (generic of DIPROLENE) OINT	Tier 3	
betamethasone valerate CREA; LOTN; OINT	Tier 2	
clobetasol propionate (generic of TEMOVATE) CREA; OINT QL (60 gm / 30 days)	Tier 2	QL
clobetasol propionate GEL QL (60 gm / 30 days)	Tier 3	QL
clobetasol propionate SOLN QL (50 mL / 30 days)	Tier 2	QL
clobetasol propionate e QL (60 gm / 30 days)	Tier 2	QL
ENSTILAR QL (120 gm / 30 days)	Tier 3	QL B/D
fluocinolone acetonide CREA .01%	Tier 2	
fluocinolone acetonide (generic of SYNALAR) CREA .025%	Tier 2	

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<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT	Tier 2	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN QL (90 mL / 30 days)	Tier 3	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL
<i>fluocinonide</i> GEL QL (60 gm / 30 days)	Tier 3	QL
<i>fluocinonide</i> OINT QL (60 gm / 30 days)	Tier 3	QL
<i>fluocinonide</i> SOLN QL (60 mL / 30 days)	Tier 2	QL
<i>fluocinonide emulsified base</i> QL (120 gm / 30 days)	Tier 2	QL
<i>fluticasone propionate</i> CREA; OINT	Tier 2	
<i>halobetasol propionate</i> CREA; OINT QL (50 gm / 30 days)	Tier 3	QL
<i>hydrocortisone (topical)</i> CREA	Tier 1	
<i>hydrocortisone (topical)</i> LOTN	Tier 1	
<i>hydrocortisone (topical)</i> OINT 2.5%	Tier 1	
<i>mometasone furoate</i> CREA; OINT; SOLN	Tier 2	
<i>triamcinolone acetonide (topical)</i> CREA .1% QL (454 gm / 30 days)	Tier 1	QL
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%	Tier 1	
<i>triamcinolone acetonide (topical)</i> LOTN	Tier 2	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	Tier 1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> QL (30 mL / 30 days)	Tier 2	QL B/D
<i>lidocaine</i> OINT QL (50 gm / 30 days)	Tier 3	QL B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL B/D
<i>lidocaine hcl</i> GEL QL (30 mL / 30 days)	Tier 2	QL B/D
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 2	QL B/D
<i>lidocaine-prilocaine</i> QL (30 gm / 30 days)	Tier 2	QL B/D
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium (topical)</i> (generic of VOLTAREN) GEL QL (1000 gm / 30 days)	Tier 2	QL B/D
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA QL (40 gm / 30 days)	Tier 3	QL
<i>fluorouracil (topical)</i> SOLN QL (10 mL / 30 days)	Tier 2	QL
<i>imiquimod</i> (generic of ALDARA) CREA 5% QL (24 packets / 30 days)	Tier 2	QL
<i>lactic acid (ammonium lactate)</i> CREA	Tier 1	
<i>lactic acid (ammonium lactate)</i> LOTN	Tier 2	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	Tier 3	
<i>metronidazole (topical)</i> GEL .75%	Tier 2	
PICATO .05% QL (2 tubes / 30 days)	Tier 3	QL
PICATO .015% QL (3 tubes / 30 days)	Tier 3	QL
<i>podofilox</i> SOLN	Tier 2	
<i>procto-med hc</i> (generic of ANUSOL-HC)	Tier 2	
<i>procto-pak</i> (generic of PROCTOCORT)	Tier 2	
<i>proctosol hc</i> (generic of ANUSOL-HC)	Tier 2	

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

B/D – Covered under Medicare Part B or D **QL** – Quantity Limits **PA** – Prior Authorization
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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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RECTIV QL (30 gm / 30 days)	Tier 3	QL	<i>ofloxacin</i> (otic)	Tier 3	
<i>rosadan</i> (generic of METROCREAM)	Tier 3				
<i>tacrolimus</i> (topical) (generic of PROTOPIC) QL (100 gm / 30 days)	Tier 3	QL			
TARGRETIN GEL QL (60 gm / 30 days)	Tier 2	QL			
VALCHLOR QL (60 gm / 30 days)	Tier 2	QL LA			
DERMATOLOGY, SCABICIDES AND PEDICULIDES					
<i>malathion</i>	Tier 3				
<i>permethrin</i> (generic of ELIMITE)	Tier 2				
DERMATOLOGY, WOUND CARE AGENTS					
REGRANEX QL (30 gm / 30 days)	Tier 2	QL B/D			
SANTYL	Tier 3				
<i>sodium chloride</i> (gu irrigant)	Tier 2				
<i>water for irrigation, sterile</i>	Tier 1				
MOUTH/THROAT/DENTAL AGENTS					
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX)	Tier 1				
<i>clotrimazole</i> TROC QL (150 lozenges / 30 days)	Tier 3	QL			
<i>lidocaine hcl</i> (mouth-throat)	Tier 1				
<i>nystatin</i> (mouth-throat)	Tier 2				
<i>paroex</i> (generic of PERIDEX)	Tier 1				
<i>periogard</i> (generic of PERIDEX)	Tier 1				
<i>pilocarpine hcl</i> (oral) (generic of SALAGEN)	Tier 3				
<i>triamcinolone acetonide</i> (mouth)	Tier 2				
OTIC					
<i>acetic acid</i> (otic)	Tier 2				
CIPRODEX	Tier 2				

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		4
		<i>pentamidine isethionate inj</i>
	
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		<i>325mg</i>
		2
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		2
		<i>see endocet tab 7.5-</i>
		<i>325mg</i>
		2
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MASSACHUSETTS

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