



MASSACHUSETTS

| Blue MedicareRxSM (PDP)

Blue MedicareRxSM (PDP) 3-tier 2020 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 / \$40 - Option 34
\$10 / \$25 / \$45 - Option 30
\$10 / \$25 / \$50 - Option 29
\$10 / \$30 / \$65 - Option 27
\$15 / \$30 / \$50 - Option 31
\$10 / \$20 / \$35 - Option 35
\$10 / \$20 / \$65 - Option 36

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

This formulary was updated on 08/27/2019. 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, 2020. 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, 2021, 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 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, 2020.

- 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 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 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.

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

Blue MedicareRx Formulary

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

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

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

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

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

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS					
GOUT					
<i>allopurinol tab</i> (generic of ZYLOPRIM)	Tier 1		<i>naproxen dr</i> (generic of EC-NAPROSYN) 375mg	Tier 1	
<i>colchicine w/ probenecid</i>	Tier 2		<i>naproxen dr</i> (generic of EC-NAPROXEN) 500mg	Tier 1	
COLCRYS	Tier 2	QL	<i>sulindac TABS</i>	Tier 1	
QL (120 tabs / 30 days)			OPIOID ANALGESICS		
MITIGARE	Tier 2	QL	<i>acetaminophen w/ codeine</i> 300-15mg	Tier 1	QL
QL (60 caps / 30 days)			QL (400 tabs / 30 days)		
<i>probenecid</i>	Tier 1		<i>acetaminophen w/ codeine</i> 300-30mg (generic of TYLENOL/CODEINE #3)	Tier 1	QL
NSAIDS			QL (360 tabs / 30 days)		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg	Tier 2	QL	<i>acetaminophen w/ codeine</i> 300-60mg (generic of TYLENOL/CODEINE #4)	Tier 1	QL
QL (240 caps / 30 days)			QL (180 tabs / 30 days)		
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg	Tier 2	QL	<i>acetaminophen w/ codeine soln</i>	Tier 1	QL
QL (120 caps / 30 days)			QL (2700 mL / 30 days)		
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg	Tier 2	QL	<i>nalbuphine hcl SOLN</i>	Tier 3	
QL (60 caps / 30 days)			<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM)	Tier 1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg	Tier 2	QL	QL (240 tabs / 30 days)		
QL (30 caps / 30 days)			OPIOID ANALGESICS, CII		
<i>diclofenac potassium</i>	Tier 2	QL	<i>endocet 2.5-325mg</i> (generic of PERCOCET)	Tier 2	QL
QL (120 tabs / 30 days)			QL (360 tabs / 30 days)		
<i>diclofenac sodium TB24</i>	Tier 2		<i>endocet 5-325mg</i> (generic of PERCOCET)	Tier 2	QL
<i>diclofenac sodium TBEC</i>	Tier 1		QL (360 tabs / 30 days)		
<i>diflunisal TABS</i>	Tier 2		<i>endocet 7.5-325mg</i> (generic of PERCOCET)	Tier 2	QL
<i>flurbiprofen TABS</i>	Tier 1		QL (240 tabs / 30 days)		
<i>ibu tab 600mg</i>	Tier 1		<i>endocet 10-325mg</i> (generic of PERCOCET)	Tier 2	QL
<i>ibu tab 800mg</i>	Tier 1		QL (180 tabs / 30 days)		
<i>ibuprofen SUSP</i>	Tier 2				
<i>ibuprofen TABS</i> 400mg, 600mg, 800mg	Tier 1				
<i>meloxicam</i> (generic of MOBIC) TABS	Tier 1				
<i>nabumetone TABS</i>	Tier 1				
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg	Tier 1				
<i>naproxen TABS</i> 375mg, 500mg	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

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Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	Tier 1	QL PA	<i>hydrocodone-ibuprofen 7.5-200mg</i> QL (150 tabs / 30 days)	Tier 2	QL
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD QL (600 mL / 30 days)	Tier 3	QL
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL PA	<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml QL (180 tabs / 30 days)	Tier 3	B/D
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (180 tabs / 30 days)	Tier 2	QL
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL PA	HYSINGLA ER QL (30 tabs / 30 days)	Tier 2	QL PA
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL PA	<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	Tier 2	QL
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO,LORCET) QL (240 tabs / 30 days)	Tier 2	QL	<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (180 tabs / 30 days)	Tier 2	QL
<i>hydroco/apap tab 7.5-325mg</i> (generic of NORCO,LORCET PLUS) QL (180 tabs / 30 days)	Tier 2	QL	<i>lorcet tab 5-325mg</i> (generic of NORCO) QL (240 tabs / 30 days)	Tier 2	QL
<i>hydroco/apap tab 10-325mg</i> (generic of NORCO,LORCET HD) QL (180 tabs / 30 days)	Tier 2	QL	<i>methadone hcl</i> SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 2	QL PA
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 3	QL	<i>methadone hcl 5mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 2	QL PA
			<i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 2	QL PA
			<i>methadone hcl intensol</i> (generic of METHADOSE) QL (90 mL / 30 days)	Tier 2	QL PA
			<i>methadone hcl soln 10 mg/5ml</i> QL (450 mL / 30 days)	Tier 2	QL PA
			<i>morphine ext-rel tab</i> (generic of MS CONTIN) QL (90 tabs / 30 days)	Tier 2	QL PA
			<i>morphine sul inj 1mg/ml</i>	Tier 3	B/D

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

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

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

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Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
MORPHINE SUL INJ 2MG/ML	Tier 3	B/D
MORPHINE SUL INJ 4MG/ML	Tier 3	B/D
<i>morphine sul inj 10mg/ml</i>	Tier 3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	Tier 3	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>morphine sulfate</i> SOLN 8mg/ml	Tier 3	B/D
<i>morphine sulfate</i> TABS QL (180 tabs / 30 days)	Tier 2	QL
<i>morphine sulfate oral soln 10mg/5ml</i> QL (900 mL / 30 days)	Tier 2	QL
<i>morphine sulfate oral soln 20mg/5ml</i> QL (900 mL / 30 days)	Tier 2	QL
<i>morphine sulfate oral soln 100mg/5ml</i> QL (180 mL / 30 days)	Tier 2	QL
NUCYNTA ER QL (60 tabs / 30 days)	Tier 2	QL PA
<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
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) 2%	Tier 3	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) .5%, 1%	Tier 3	B/D
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE)	Tier 3	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE)	Tier 3	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i> (generic of XYLOCAINE-MPF)	Tier 3	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate</i> SOLN	Tier 3	
<i>gentamicin in saline</i>	Tier 3	
<i>gentamicin sulfate</i> SOLN	Tier 3	
<i>neomycin sulfate</i> TABS	Tier 1	
<i>paromomycin sulfate</i> CAPS	Tier 3	
<i>streptomycin sulfate</i> SOLR	Tier 1	
SULFADIAZINE TABS	Tier 3	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	Tier 1	NMO PA
<i>tobramycin inj 1.2 gm/30ml</i>	Tier 3	
<i>tobramycin inj 1.2gm</i>	Tier 1	
<i>tobramycin inj 10mg/ml</i>	Tier 3	

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin inj 80mg/2ml</i>	Tier 3		<i>linezolid inj</i> (generic of ZYVOX)	Tier 3	
<i>tobramycin sulfate SOLN</i>	Tier 3		<i>linezolid susp</i> (generic of ZYVOX)	Tier 1	
ANTI-INFECTIVES - MISCELLANEOUS			<i>linezolid tab 600mg</i> (generic of ZYVOX)	Tier 3	
<i>albendazole</i> (generic of ALBENZA) TABS	Tier 1		<i>meropenem</i> (generic of MERREM)	Tier 3	
ALINIA	Tier 2		<i>methenamine hippurate</i> (generic of HIPREX)	Tier 2	
<i>atovaquone</i> (generic of MEPRON) SUSP	Tier 1		<i>metronidazole</i> (generic of FLAGYL) TABS	Tier 1	
<i>aztreonam</i> (generic of AZACTAM)	Tier 3		<i>metronidazole in nacl</i>	Tier 3	
CAYSTON	Tier 2	NMO LA PA	NEBUPENT	Tier 3	B/D
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	Tier 1		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg	Tier 2	
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	Tier 1		<i>nitrofurantoin monohyd macro</i> (generic of MACROBID)	Tier 2	
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	Tier 1		PENTAM 300	Tier 3	
<i>clindamycin phosphate in d5w</i>	Tier 3		<i>pentamidine isethionate</i> (generic of PENTAM 300)	Tier 3	
CLINDAMYCIN PHOSPHATE IN NACL	Tier 3		<i>praziquantel</i> (generic of BILTRICIDE) TABS	Tier 2	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	Tier 3		SIVEXTRO	Tier 2	
<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 3		<i>sulfamethoxazole-trimethoprim ds</i> (generic of BACTRIM DS)	Tier 1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	Tier 3		<i>sulfamethoxazole-trimethoprim inj</i>	Tier 3	
<i>dapsone</i> TABS	Tier 2		<i>sulfamethoxazole-trimethoprim susp</i>	Tier 2	
DAPTOMYCIN 350mg	Tier 2		<i>sulfamethoxazole-trimethoprim tab 400-80mg</i> (generic of BACTRIM)	Tier 1	
<i>daptomycin</i> (generic of CUBICIN) 500mg	Tier 1		SYNERCID	Tier 2	
EMVERM	Tier 1	QL	<i>tigecycline</i> (generic of TYGACIL)	Tier 1	
QL (12 tabs / 365 days)			<i>trimethoprim</i> TABS	Tier 1	
<i>ertapenem sodium</i> (generic of INVANZ)	Tier 3		<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg	Tier 3	QL
<i>imipenem-cilastatin</i>	Tier 2		QL (120 caps / 30 days)		
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	Tier 2				
<i>ivermectin</i> (generic of STROMECTOL) TABS	Tier 2				
<i>linezolid in sodium chloride</i>	Tier 3				

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl</i> (generic of VANCOMYCIN) CAPS 250mg QL (240 caps / 30 days)	Tier 1	QL
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	Tier 3	
VANCOMYCIN IN NACL	Tier 3	
ANTIFUNGALS		
ABELCET	Tier 2	B/D
AMBISOME	Tier 2	B/D
<i>amphotericin b</i> SOLR	Tier 3	B/D
<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 inj nacl 200</i>	Tier 3	
<i>fluconazole inj nacl 400</i>	Tier 3	
<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	PA
<i>ketoconazole</i> TABS	Tier 2	PA
MYCAMINE	Tier 2	
NOXAFIL SUSP QL (630 mL / 30 days)	Tier 2	QL
NOXAFIL TBEC QL (93 tabs / 30 days)	Tier 2	QL
<i>nystatin</i> TABS	Tier 2	
<i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / year)	Tier 1	QL
<i>voriconazole</i> (generic of VFEND IV) SOLR	Tier 1	PA
<i>voriconazole</i> (generic of VFEND) SUSR	Tier 1	PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg	Tier 3	
<i>voriconazole</i> (generic of VFEND) TABS 200mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	Tier 3	
<i>chloroquine phosphate</i> TABS	Tier 2	
COARTEM	Tier 3	
<i>mefloquine hcl</i>	Tier 2	
PRIMAQUINE PHOSPHATE 26.3mg	Tier 2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) 26.3mg	Tier 2	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	Tier 3	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN	Tier 3	NMO
<i>abacavir sulfate</i> (generic of ZIAGEN) TABS	Tier 2	NMO
APTIVUS	Tier 2	NMO
<i>atazanavir sulfate</i> (generic of REYATAZ)	Tier 3	NMO
CRIVAN	Tier 3	NMO
<i>didanosine</i> (generic of VIDEX EC)	Tier 3	NMO
EDURANT	Tier 2	NMO
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg	Tier 3	NMO
<i>efavirenz</i> (generic of SUSTIVA) CAPS 200mg	Tier 1	NMO
<i>efavirenz</i> (generic of SUSTIVA) TABS	Tier 1	NMO
EMTRIVA	Tier 2	NMO
<i>fosamprenavir tab 700 mg</i> (generic of LEXIVA)	Tier 1	NMO
FUZEON	Tier 2	NMO
INTELENCE 25mg	Tier 3	NMO
INTELENCE 100mg, 200mg	Tier 2	NMO
INVIRASE	Tier 2	NMO
ISENTRESS CHEW 25mg	Tier 2	NMO
ISENTRESS CHEW 100mg	Tier 2	NMO
ISENTRESS PACK	Tier 2	NMO
ISENTRESS TABS	Tier 2	NMO
ISENTRESS HD	Tier 2	NMO

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

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<i>lamivudine</i> (generic of EPIVIR)	Tier 2	NMO
LEXIVA SUSP	Tier 3	NMO
<i>nevirapine susp 50 mg/5ml</i> (generic of VIRAMUNE)	Tier 3	NMO
<i>nevirapine tab 100mg er</i>	Tier 3	NMO
<i>nevirapine tab 200mg</i> (generic of VIRAMUNE)	Tier 2	NMO
<i>nevirapine tab 400mg er</i> (generic of VIRAMUNE XR)	Tier 3	NMO
NORVIR PACK	Tier 3	NMO
NORVIR SOLN	Tier 3	NMO
PIFELTRO	Tier 2	NMO
PREZISTA SUSP QL (400 mL / 30 days)	Tier 2	QL NMO
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL NMO
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 2	QL NMO
RESCRIPTOR	Tier 3	NMO
REYATAZ PACK	Tier 2	NMO
<i>ritonavir</i> (generic of NORVIR)	Tier 2	NMO
SELZENTRY SOLN	Tier 2	NMO
SELZENTRY TABS 25mg	Tier 3	NMO
SELZENTRY TABS 75mg, 150mg, 300mg	Tier 2	NMO
<i>stavudine</i> 15mg, 20mg	Tier 2	NMO
<i>stavudine</i> (generic of ZERIT) 30mg, 40mg	Tier 2	NMO
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD)	Tier 2	NMO
TIVICAY 10mg	Tier 2	NMO
TIVICAY 25mg, 50mg	Tier 2	NMO
TYBOST	Tier 3	NMO
VIDEX EC 125mg	Tier 3	NMO
VIDEX PEDIATRIC	Tier 3	NMO
VIRACEPT	Tier 2	NMO
VIREAD POWD	Tier 2	NMO

Drug Name	Drug Tier	Requirements/ Limits
VIREAD TABS 150mg, 200mg, 250mg	Tier 2	NMO
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	Tier 3	NMO
<i>zidovudine syp 50mg/5ml</i> (generic of RETROVIR)	Tier 3	NMO
<i>zidovudine tab 300mg</i>	Tier 2	NMO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> (generic of EPZICOM)	Tier 2	NMO
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	Tier 1	NMO
ATRIPLA	Tier 2	NMO
BIKTARVY	Tier 2	NMO
CIMDUO	Tier 2	NMO
COMPLERA	Tier 2	NMO
DELSTRIGO	Tier 2	NMO
DESCOVY	Tier 2	NMO
DOVATO	Tier 2	NMO
EVOTAZ	Tier 2	NMO
GENVOYA	Tier 2	NMO
JULUCA	Tier 2	NMO
KALETRA TAB 100-25MG	Tier 3	NMO
KALETRA TAB 200-50MG	Tier 2	NMO
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	Tier 3	NMO
<i>lopinavir-ritonavir</i> (generic of KALETRA)	Tier 3	NMO
ODEFSEY	Tier 2	NMO
PREZCOBIX	Tier 2	NMO
STRIBILD	Tier 2	NMO
SYMFI	Tier 2	NMO
SYMFI LO	Tier 2	NMO
SYMTUZA	Tier 2	NMO
TRIUMEQ	Tier 2	NMO
TRUVADA TAB 100-150 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	Tier 2	QL NMO

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS	Tier 1	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	Tier 2	
<i>isoniazid</i> TABS	Tier 1	
<i>isoniazid syp 50mg/5ml</i>	Tier 3	
PASER D/R	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	
RIFATER	Tier 3	
SIRTURO	Tier 2	LA PA
TRECTOR	Tier 3	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; TABS	Tier 1	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP	Tier 3	
<i>acyclovir sodium</i>	Tier 3	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	Tier 1	NMO
BARACLUDE SOLN	Tier 2	NMO
<i>entecavir</i> (generic of BARACLUDE)	Tier 3	NMO
EPCLUSA	Tier 2	NMO PA
EPIVIR HBV SOLN	Tier 3	NMO
<i>famciclovir</i>	Tier 2	
<i>ganciclovir sodium</i> (generic of CYTOVENE)	Tier 3	B/D
HARVONI	Tier 2	NMO PA
<i>lamivudine (hbw)</i> (generic of EPIVIR HBV)	Tier 3	NMO
MAVYRET	Tier 2	NMO PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 2	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR QL (1080 mL / year)	Tier 2	QL
PEGASYS	Tier 2	NMO PA
PEGASYS PROCLICK	Tier 2	NMO PA
RELENZA DISKHALER QL (6 inhalers / year)	Tier 2	QL
<i>ribasphere</i> CAPS	Tier 2	NMO
<i>ribasphere</i> TABS 200mg	Tier 3	NMO
<i>ribavirin cap 200mg</i>	Tier 2	NMO
<i>ribavirin tab 200mg</i>	Tier 3	NMO
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	Tier 2	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	Tier 2	
<i>valganciclovir hcl</i> (generic of VALCYTE)	Tier 1	
VEMLIDY	Tier 2	NMO
VOSEVI	Tier 2	NMO PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS	Tier 2	
<i>cefadroxil</i> CAPS	Tier 1	
<i>cefadroxil</i> SUSR	Tier 2	
<i>cefadroxil</i> TABS	Tier 3	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	Tier 3	
<i>cefazolin inj</i>	Tier 3	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	Tier 3	
CEFAZOLIN SODIUM 1 GM/50ML	Tier 3	
<i>cefdinir</i> CAPS	Tier 1	
<i>cefdinir</i> SUSR	Tier 3	
<i>cefepime hcl</i> (generic of MAXIPIME)	Tier 3	
<i>cefixime</i> (generic of SUPRAX) SUSR	Tier 3	
<i>cefoxitin sodium</i>	Tier 3	
<i>cefpodoxime proxetil</i> SUSR	Tier 3	
<i>cefpodoxime proxetil</i> TABS	Tier 2	

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

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<i>ceftazidime SOLR</i>	Tier 3	
<i>ceftriaxone sodium SOLR</i> 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
<i>cefuroxime axetil</i>	Tier 2	
<i>cefuroxime sodium</i>	Tier 3	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	Tier 1	
<i>cephalexin SUSR</i>	Tier 2	
<i>tazicef SOLR</i>	Tier 3	
TEFLARO	Tier 2	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin PACK</i>	Tier 2	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR	Tier 3	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR	Tier 2	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	Tier 1	
<i>clarithromycin TABS</i>	Tier 2	
<i>clarithromycin er</i> (generic of BIAXIN XL)	Tier 2	
<i>clarithromycin for susp</i>	Tier 3	
<i>e.e.s. 400mg tab</i>	Tier 3	
<i>ery-tab</i>	Tier 3	
ERYTHROCIN	Tier 3	
LACTOBIONATE		
<i>erythrocin stearate</i>	Tier 3	
<i>erythromycin base</i>	Tier 3	
<i>erythromycin cap 250mg ec</i>	Tier 3	
<i>erythromycin ethylsuccinate</i> TABS	Tier 3	
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tab 100mg</i>	Tier 3	
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	Tier 1	
<i>ciprofloxacin hcl tab 750mg</i>	Tier 1	
<i>ciprofloxacin in d5w</i>	Tier 3	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	Tier 1	
<i>levofloxacin in d5w</i>	Tier 3	
<i>levofloxacin inj 25mg/ml</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 3	
PENICILLINS		
<i>amoxicillin</i>	Tier 1	
<i>amoxicillin & pot clavulanate</i> 200-28.5 chw tabs	Tier 3	
<i>amoxicillin & pot clavulanate</i> 200/5ml susr	Tier 2	
<i>amoxicillin & pot clavulanate</i> 250-125 tabs	Tier 3	
<i>amoxicillin & pot clavulanate</i> 250/5ml susr (generic of AUGMENTIN)	Tier 3	
<i>amoxicillin & pot clavulanate</i> 400-57 chw tabs	Tier 3	
<i>amoxicillin & pot clavulanate</i> 400/5ml susr	Tier 2	
<i>amoxicillin & pot clavulanate</i> 500-125 tabs (generic of AUGMENTIN)	Tier 1	
<i>amoxicillin & pot clavulanate</i> 600/5ml susr	Tier 2	
<i>amoxicillin & pot clavulanate</i> 875-125 tabs	Tier 1	
<i>ampicillin & sulbactam sodium</i>	Tier 3	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	Tier 3	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK)	Tier 3	
<i>ampicillin cap 500mg</i>	Tier 1	
<i>ampicillin inj</i>	Tier 3	
<i>ampicillin sodium</i>	Tier 3	
BICILLIN L-A	Tier 3	
<i>dicloxacillin sodium</i>	Tier 2	
<i>nafcillin sodium 1gm, 2gm</i>	Tier 3	
<i>nafcillin sodium 10gm</i>	Tier 1	
NAFCILLIN SODIUM FOR INJ 10GM	Tier 3	
PENICILLIN G POT IN DEXTROSE 2MU	Tier 3	
PENICILLIN G POT IN DEXTROSE 3MU	Tier 3	

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Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

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PENICILLIN G PROCAINE	Tier 3	
<i>penicillin g sodium</i>	Tier 3	
<i>penicillin v potassium</i>	Tier 1	
<i>penicillin gk inj 5mu</i>	Tier 3	
<i>penicillin gk inj 20mu</i>	Tier 3	
<i>pfizerpen-g inj 5mu</i>	Tier 3	
<i>pfizerpen-g inj 20mu</i>	Tier 3	
<i>piper/tazoba inj 2-0.25gm</i> (generic of ZOSYN)	Tier 3	
<i>piper/tazoba inj 3-0.375gm</i> (generic of ZOSYN)	Tier 3	
<i>piper/tazoba inj 4-0.5gm</i> (generic of ZOSYN)	Tier 3	
PIPER/TAZOBA INJ 12- 1.5GM	Tier 3	
<i>piper/tazoba inj 36-4.5gm</i> (generic of ZOSYN)	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> (generic of MINOCIN) CAPS 50mg, 100mg	Tier 1	
<i>minocycline hcl</i> CAPS 75mg	Tier 1	
<i>mondoxylene nl cap 100mg</i>	Tier 1	
<i>morgidox cap 1x50mg</i>	Tier 2	
<i>tetracycline hcl</i> CAPS	Tier 3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide</i> CAPS 25mg, 50mg	Tier 2	B/D
CYCLOPHOSPHAMIDE CAPS 25mg, 50mg	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
EMCYT	Tier 3	
GLEOSTINE 10mg	Tier 3	
GLEOSTINE 40mg, 100mg	Tier 2	
LEUKERAN	Tier 2	
ANTIMETABOLITES		
<i>mercaptopurine</i> TABS	Tier 2	
<i>methotrexate sodium inj soln</i>	Tier 2	B/D
<i>methotrexate sodium inj solr</i>	Tier 3	B/D
PURIXAN	Tier 2	NMO
TABLOID	Tier 2	
BIOLOGIC RESPONSE MODIFIERS		
DAURISMO	Tier 2	NMO LA PA
ERIVEDGE	Tier 2	NMO LA PA
FARYDAK	Tier 2	NMO LA PA
IBRANCE QL (21 caps / 28 days)	Tier 2	QL NMO LA PA
IDHIFA QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
KISQALI	Tier 2	NMO PA
KISQALI FEMARA 200 DOSE	Tier 2	NMO PA
KISQALI FEMARA 400 DOSE	Tier 2	NMO PA
KISQALI FEMARA 600 DOSE	Tier 2	NMO PA
LYNPARZA	Tier 2	NMO LA PA
NINLARO	Tier 2	NMO PA
ODOMZO	Tier 2	NMO LA PA
RUBRACA	Tier 2	NMO LA PA
TALZENNA	Tier 2	NMO LA PA
TIBSOVO	Tier 2	NMO LA PA
VENCLEXTA 10mg	Tier 3	NMO LA PA
VENCLEXTA 50mg, 100mg	Tier 2	NMO LA PA
VENCLEXTA STARTING PACK	Tier 2	NMO LA PA
VERZENIO	Tier 2	NMO LA PA
ZEJULA	Tier 2	NMO LA PA
ZOLINZA	Tier 2	NMO PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA)	Tier 1	NMO PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS	Tier 1	

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<i>bicalutamide</i> (generic of CASODEX)	Tier 1	
ERLEADA	Tier 2	NMO LA PA
<i>exemestane</i> (generic of AROMASIN)	Tier 3	
<i>flutamide</i>	Tier 2	
<i>letrozole</i> (generic of FEMARA) TABS	Tier 1	
<i>leuprolide inj 1mg/0.2</i>	Tier 2	NMO PA
LUPRON DEPOT (1-MONTH) 3.75mg	Tier 2	NMO PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	Tier 2	NMO PA
LYSODREN	Tier 2	
<i>megestrol ac sus 40mg/ml</i>	Tier 2	
<i>megestrol ac tab 20mg</i>	Tier 2	
<i>megestrol ac tab 40mg</i>	Tier 2	
<i>megestrol sus 625mg/5ml</i> (generic of MEGACE ES)	Tier 3	PA
<i>nilutamide</i> (generic of NILANDRON)	Tier 1	
SOLTAMOX	Tier 2	
<i>tamoxifen citrate</i> TABS	Tier 1	
<i>toremifene citrate</i> (generic of FARESTON)	Tier 1	
TRELSTAR DEP INJ 3.75MG	Tier 2	NMO PA
TRELSTAR LA INJ 11.25MG	Tier 2	NMO PA
XTANDI	Tier 2	NMO LA PA
ZYTIGA 500mg	Tier 2	NMO LA PA
IMMUNOMODULATORS		
POMALYST CAP 1MG QL (21 caps / 21 days)	Tier 2	QL NMO LA PA
POMALYST CAP 2MG QL (21 caps / 21 days)	Tier 2	QL NMO LA PA
POMALYST CAP 3MG QL (21 caps / 28 days)	Tier 2	QL NMO LA PA
POMALYST CAP 4MG QL (21 caps / 28 days)	Tier 2	QL NMO LA PA
REVLIMID QL (28 caps / 28 days)	Tier 2	QL NMO LA PA
THALOMID 50mg, 100mg QL (28 caps / 28 days)	Tier 2	QL NMO PA

Drug Name	Drug Tier	Requirements/ Limits
THALOMID 150mg, 200mg QL (56 caps / 28 days)	Tier 2	QL NMO PA
KINASE INHIBITORS		
AFINITOR QL (30 tabs / 30 days)	Tier 2	QL NMO PA
AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	Tier 2	QL NMO PA
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	Tier 2	QL NMO PA
AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	Tier 2	QL NMO PA
ALECENSA	Tier 2	NMO LA PA
ALUNBRIG	Tier 2	NMO LA PA
BALVERSA	Tier 2	NMO LA PA
BOSULIF	Tier 2	NMO PA
BRAFTOVI	Tier 2	NMO LA PA
CABOMETYX QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
CALQUENCE	Tier 2	NMO LA PA
CAPRELSA	Tier 2	NMO LA PA
COMETRIQ	Tier 2	NMO LA PA
COPIKTRA	Tier 2	NMO LA PA
COTELLIC	Tier 2	NMO LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) 25mg QL (90 tabs / 30 days)	Tier 1	QL NMO PA
<i>erlotinib hcl</i> (generic of TARCEVA) 100mg, 150mg QL (30 tabs / 30 days)	Tier 1	QL NMO PA
GILOTRIF TAB 20MG	Tier 2	NMO LA PA
GILOTRIF TAB 30MG	Tier 2	NMO LA PA
GILOTRIF TAB 40MG	Tier 2	NMO LA PA
ICLUSIG	Tier 2	NMO LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	Tier 1	QL NMO PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	Tier 1	QL NMO PA
IMBRUVICA	Tier 2	NMO LA PA
INLYTA 1mg QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
INLYTA 5mg QL (120 tabs / 30 days)	Tier 2	QL NMO LA PA
IRESSA	Tier 2	NMO LA PA
JAKAFI QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
LENVIMA 4 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 8 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 10 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 12MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 14 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 18 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 20 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 24 MG DAILY DOSE	Tier 2	NMO LA PA
LORBRENA	Tier 2	NMO LA PA
MEKINIST	Tier 2	NMO LA PA
MEKTOVI	Tier 2	NMO LA PA
NERLYNX	Tier 2	NMO LA PA
NEXAVAR	Tier 2	NMO LA PA
PIQRAY 200MG DAILY DOSE	Tier 2	NMO PA
PIQRAY 250MG DAILY DOSE	Tier 2	NMO PA
PIQRAY 300MG DAILY DOSE	Tier 2	NMO PA
RYDAPT	Tier 2	NMO PA
SPRYCEL	Tier 2	NMO PA
STIVARGA	Tier 2	NMO LA PA
SUTENT QL (30 caps / 30 days)	Tier 2	QL NMO PA
TAFINLAR	Tier 2	NMO LA PA
TAGRISSO QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
TASIGNA	Tier 2	NMO PA
TYKERB	Tier 2	NMO LA PA
VITRAKVI	Tier 2	NMO LA PA
VIZIMPRO	Tier 2	NMO LA PA
VOTRIENT	Tier 2	NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
XALKORI	Tier 2	NMO LA PA
XOSPATA	Tier 2	NMO LA PA
ZELBORAF	Tier 2	NMO LA PA
ZYDELIG	Tier 2	NMO LA PA
ZYKADIA	Tier 2	NMO LA PA
MISCELLANEOUS		
<i>bexarotene</i> (generic of TARGRETIN)	Tier 1	NMO PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS	Tier 1	
LONSURF	Tier 2	NMO PA
MATULANE	Tier 2	LA
SYLATRON	Tier 2	NMO PA
SYNRIBO	Tier 2	NMO PA
<i>tretinoin</i> (chemotherapy)	Tier 1	
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> TABS 5mg, 10mg	Tier 2	
<i>leucovorin calcium</i> TABS 15mg, 25mg	Tier 3	
MESNEX TABS	Tier 2	
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (generic of LOTREL)	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (generic of LOTREL)	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL)	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (generic of LOTREL)	Tier 1	
<i>benazepril & hydrochlorothiazide</i>	Tier 1	
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	Tier 1	

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril maleate & hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	Tier 1	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	Tier 1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	Tier 1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS	Tier 1	
<i>fosinopril sodium</i>	Tier 1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	Tier 1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	Tier 1	
<i>moexipril hcl</i>	Tier 1	
<i>perindopril erbumine</i>	Tier 1	
<i>quinapril hcl</i> (generic of ACCUPRIL)	Tier 1	
<i>ramipril</i> (generic of ALTACE)	Tier 1	
<i>trandolapril</i> 1mg, 2mg	Tier 1	
<i>trandolapril</i> (generic of MAVIK) 4mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> (generic of INSPRA)	Tier 2	
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg	Tier 1	
<i>spironolactone</i> (generic of ALDACTONE) TABS 50mg, 100mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS	Tier 1	
<i>prazosin hcl</i> (generic of MINIPRESS)	Tier 2	
<i>terazosin hcl</i> 1mg, 2mg, 5mg	Tier 1	
<i>terazosin hcl</i> 10mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	Tier 1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	Tier 1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	Tier 1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	Tier 1	
ENTRESTO	Tier 2	
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	Tier 1	
<i>losartan potassium & hctz tab 50-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>losartan potassium & hctz tab 100-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>losartan potassium & hctz tab 100-25 mg</i> (generic of HYZAAR)	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide</i> (generic of BENICAR HCT)	Tier 1	
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i> (generic of AVAPRO)	Tier 1	

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

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<i>losartan potassium</i> (generic of COZAAR)	Tier 1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS	Tier 1	
<i>telmisartan</i> (generic of MICARDIS)	Tier 1	
<i>valsartan</i> (generic of DIOVAN)	Tier 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl soln</i>	Tier 3	
<i>amiodarone tab 100mg</i>	Tier 3	
<i>amiodarone tab 200mg</i>	Tier 1	
<i>amiodarone tab 400mg</i>	Tier 3	
<i>disopyramide phosphate</i> (generic of NORPACE)	Tier 3	
<i>dofetilide</i> (generic of TIKOSYN)	Tier 3	NMO
<i>flecainide acetate</i>	Tier 2	
MULTAQ	Tier 3	
NORPACE CR	Tier 3	
<i>pacerone</i> 100mg, 400mg	Tier 3	
<i>pacerone</i> 200mg	Tier 1	
<i>propafenone hcl</i>	Tier 1	
<i>propafenone hcl 12hr</i> (generic of RYTHMOL SR)	Tier 3	
<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/af)</i> (generic of BETAPACE AF)	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	Tier 1	
<i>lovastatin</i>	Tier 1	
<i>pravastatin sodium</i> 10mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	Tier 1	
<i>rosuvastatin calcium</i> (generic of CRESTOR) QL (30 tabs / 30 days)	Tier 1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN)	Tier 2	
<i>cholestyramine light pack</i>	Tier 3	
<i>cholestyramine light powd</i> (generic of QUESTRAN LIGHT)	Tier 2	
<i>colesevelam hcl</i> (generic of WELCHOL)	Tier 3	
<i>colestipol hcl gran</i> (generic of COLESTID)	Tier 3	
<i>colestipol hcl pack</i> (generic of COLESTID)	Tier 3	
<i>colestipol hcl tabs</i> (generic of COLESTID)	Tier 2	
<i>ezetimibe</i> (generic of ZETIA)	Tier 2	
<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	
JUXTAPID	Tier 2	NMO LA PA
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 500mg QL (60 tabs / 30 days)	Tier 3	QL
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 750mg, 1000mg	Tier 3	

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Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>niacor</i>	Tier 3	
PRALUENT	Tier 3	PA
<i>prevalite</i> PACK	Tier 3	
<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	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	Tier 1	
<i>atenolol</i> (generic of TENORMIN) TABS	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
BYSTOLIC 2.5mg, 5mg, 10mg	Tier 3	QL
QL (30 tabs / 30 days)		
BYSTOLIC 20mg	Tier 3	QL
QL (60 tabs / 30 days)		
<i>carvedilol</i> (generic of COREG)	Tier 1	
<i>labetalol hcl</i> TABS	Tier 2	
<i>metoprolol succinate</i> (generic of TOPROL XL)	Tier 1	
<i>metoprolol tartrate</i> SOCT	Tier 3	
<i>metoprolol tartrate</i> SOLN	Tier 3	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
<i>pindolol</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol cap er</i> (generic of INDERAL LA)	Tier 2	
<i>propranolol hcl</i> TABS	Tier 1	
<i>propranolol oral sol</i>	Tier 2	
<i>timolol maleate</i> TABS	Tier 2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS	Tier 1	
<i>cartia xt</i> (generic of CARDIZEM CD)	Tier 1	
<i>dilt-xr cap</i>	Tier 1	
<i>diltiazem cap 240mg cd</i> (generic of CARDIZEM CD)	Tier 1	
<i>diltiazem cap 360mg cd</i> (generic of CARDIZEM CD)	Tier 3	
<i>diltiazem cap er/12hr</i>	Tier 3	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
<i>diltiazem hcl</i> TABS 90mg	Tier 1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24	Tier 3	
<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of CARDIZEM CD)	Tier 1	
<i>diltiazem hcl extended release beads cap sr</i> (generic of TIAZAC) 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>diltiazem hcl extended release beads cap sr</i> (generic of CARDIZEM CD) 180mg	Tier 1	
<i>diltiazem inj</i>	Tier 3	
<i>felodipine</i>	Tier 1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24	Tier 1	
<i>nifedipine er</i> (generic of ADALAT CC)	Tier 1	
<i>nimodipine</i> CAPS	Tier 1	
NYMALIZE	Tier 2	
<i>taztia xt</i> (generic of TIAZAC)	Tier 1	

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Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

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<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg	Tier 3		<i>amiloride hcl</i> TABS	Tier 1	
<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	Tier 2		<i>bumetanide</i> SOLN	Tier 3	
<i>verapamil cap er</i> 300mg, 360mg	Tier 3		<i>bumetanide</i> (generic of BUMEX) TABS	Tier 2	
<i>verapamil hcl</i> SOLN	Tier 3		<i>chlorothiazide tabs</i>	Tier 2	
<i>verapamil hcl</i> TABS 40mg, 80mg	Tier 1		<i>chlorthalidone</i>	Tier 1	
<i>verapamil hcl</i> (generic of CALAN) TABS 120mg	Tier 1		<i>furosemide</i> SOLN	Tier 1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	Tier 1		<i>furosemide</i> (generic of LASIX) TABS	Tier 1	
<i>verapamil tab er</i> 180mg	Tier 1		<i>furosemide inj</i>	Tier 3	
<i>verapamil tab er</i> (generic of CALAN SR) 240mg	Tier 1		<i>hydrochlorothiazide</i> CAPS; TABS	Tier 1	
DIGITALIS GLYCOSIDES			<i>indapamide</i>	Tier 1	
<i>digitek</i> (generic of LANOXIN) .25mg	Tier 1	PA	<i>methazolamide</i> TABS	Tier 3	
PA if 70 years and older			<i>metolazone</i>	Tier 2	
<i>digitek</i> (generic of LANOXIN) .125mg	Tier 1	QL	<i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE)	Tier 2	
QL (30 tabs / 30 days)			<i>torsemide tabs</i>	Tier 1	
<i>digox</i> (generic of LANOXIN) 125mcg	Tier 1	QL	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZIDE)	Tier 1	
QL (30 tabs / 30 days)			<i>triamterene & hydrochlorothiazide tabs</i> (generic of MAXZIDE)	Tier 1	
<i>digox</i> (generic of LANOXIN) 250mcg	Tier 1	PA	<i>triamterene & hydrochlorothiazide tabs</i> (generic of MAXZIDE-25)	Tier 1	
PA if 70 years and older			MISCELLANEOUS		
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg	Tier 1	QL	<i>aliskiren fumarate</i> (generic of TEKTURN) TABS	Tier 3	
QL (30 tabs / 30 days)			<i>clonidine hcl</i> (generic of CATAPRES) TABS	Tier 1	
<i>digoxin</i> (generic of LANOXIN) TABS 250mcg	Tier 1	PA	<i>clonidine hcl ptwk</i> (generic of CATAPRES-TTS-1) .1mg/24hr	Tier 3	
PA if 70 years and older			<i>clonidine hcl ptwk</i> (generic of CATAPRES-TTS-2) .2mg/24hr	Tier 3	
<i>digoxin inj</i> (generic of LANOXIN)	Tier 3		<i>clonidine hcl ptwk</i> (generic of CATAPRES-TTS-3) .3mg/24hr	Tier 3	
<i>digoxin sol</i> 50mcg/ml	Tier 3	PA	CORLANOR TABS	Tier 3	
PA if 70 years and older			DEMSE	Tier 2	PA
DIURETICS					
<i>acetazolamide</i> CP12	Tier 3				
<i>acetazolamide</i> TABS	Tier 2				
<i>amiloride & hydrochlorothiazide</i>	Tier 1				

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<i>hydralazine hcl</i> SOLN	Tier 3	
<i>hydralazine hcl</i> TABS	Tier 1	
<i>midodrine hcl</i>	Tier 2	
<i>minoxidil</i> TABS	Tier 1	
NORTHERA 100mg QL (90 caps / 30 days)	Tier 2	QL NMO LA PA
NORTHERA 200mg, 300mg QL (180 caps / 30 days)	Tier 2	QL NMO LA PA
<i>ranolazine</i> (generic of RANEXA)	Tier 3	
NITRATES		
<i>isosorb mononitrate tab</i>	Tier 1	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	Tier 2	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	Tier 2	
<i>isosorbide dinitrate er</i>	Tier 3	
<i>isosorbide mononitrate er</i>	Tier 1	
<i>minitran</i> (generic of NITRO-DUR)	Tier 1	
NITRO-BID	Tier 2	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	Tier 2	
<i>nitroglycerin td patch</i> .1mg/hr	Tier 1	
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>ambrisentan</i> (generic of LETAIRIS) QL (30 tabs / 30 days)	Tier 1	QL NMO LA PA
<i>bosentan</i> (generic of TRACLEER) 62.5mg QL (120 tabs / 30 days)	Tier 1	QL NMO LA PA
<i>bosentan</i> (generic of TRACLEER) 125mg QL (60 tabs / 30 days)	Tier 1	QL NMO LA PA
OPSUMIT QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sildenafil citrate tab 20 mg</i> (pulmonary hypertension) (generic of REVATIO) QL (90 tabs / 30 days)	Tier 2	QL NMO PA
VENTAVIS	Tier 2	NMO PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 2 mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1	
<i>buspirone hcl</i> TABS 7.5mg	Tier 2	
<i>fluvoxamine maleate</i> TABS	Tier 1	
<i>lorazepam</i> (generic of ATIVAN) SOLN	Tier 3	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	Tier 1	QL
<i>lorazepam intensol</i> QL (150 mL / 30 days)	Tier 2	QL
ANTICONVULSANTS		
APTIOM QL (60 tabs / 30 days)	Tier 3	QL
BANZEL SUS 40MG/ML	Tier 2	PA
BANZEL TAB 200MG	Tier 2	PA
BANZEL TAB 400MG	Tier 2	PA
BRIVIACT INJ 50MG/5ML	Tier 3	PA
BRIVIACT SOL 10MG/ML	Tier 3	PA
BRIVIACT TAB 10MG	Tier 3	PA
BRIVIACT TAB 25MG	Tier 3	PA
BRIVIACT TAB 50MG	Tier 3	PA

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BRIVIACT TAB 75MG	Tier 3	PA
BRIVIACT TAB 100MG	Tier 3	PA
carbamazepine CHEW	Tier 2	
carbamazepine (generic of CARBATROL) CP12	Tier 3	
carbamazepine (generic of TEGRETOL) SUSP	Tier 3	
carbamazepine (generic of TEGRETOL) TABS	Tier 2	
carbamazepine (generic of TEGRETOL-XR) TB12	Tier 3	
CELONTIN	Tier 3	
clobazam (generic of ONFI)	Tier 3	PA
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
clorazepate dipotassium QL (180 tabs / 30 days) PA if 65 years and older	Tier 3	QL PA
DIASTAT ACUDIAL	Tier 3	
DIASTAT PEDIATRIC	Tier 3	
diazepam (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA
diazepam gel	Tier 3	
diazepam inj	Tier 3	
diazepam intensol QL (240 mL / 30 days) PA if 65 years and older	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
diazepam oral soln 1 mg/ml QL (1200 mL / 30 days) PA if 65 years and older	Tier 2	QL PA
DILANTIN CAP 30MG	Tier 3	
DILANTIN CAP 100MG	Tier 3	
DILANTIN CHEW TAB 50MG	Tier 3	
DILANTIN-125 SUSP	Tier 3	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR	Tier 3	
divalproex sodium (generic of DEPAKOTE ER) TB24	Tier 2	
divalproex sodium (generic of DEPAKOTE) TBEC	Tier 2	
EPIDIOLEX QL (600 mL / 30 days)	Tier 2	QL NMO LA PA
epitol (generic of TEGRETOL)	Tier 2	
ethosuximide (generic of ZARONTIN) CAPS; SOLN	Tier 3	
felbamate (generic of FELBATOL) SUSP	Tier 1	
felbamate (generic of FELBATOL) TABS	Tier 3	
FYCOMPA SUSP QL (720 mL / 30 days)	Tier 3	QL PA
FYCOMPA TABS 2mg, 4mg, 6mg QL (60 tabs / 30 days)	Tier 3	QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA
gabapentin (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	Tier 1	QL

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS	Tier 2	
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	Tier 2	QL	PEGANONE	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL	<i>phenobarbital</i> ELIX PA if 70 years and older	Tier 3	PA
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL	<i>phenobarbital</i> TABS PA if 70 years and older	Tier 2	PA
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 2		PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 70 years and older	Tier 3	PA
<i>lamotrigine</i> (generic of LAMICTAL) TABS	Tier 1		<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 70 years and older	Tier 3	PA
<i>levetiracetam</i> (generic of KEPPRA) SOLN	Tier 3		PHENYTEK	Tier 3	
<i>levetiracetam</i> (generic of KEPPRA) TABS	Tier 1		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	Tier 2	
<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	Tier 3		<i>phenytoin</i> (generic of DILANTIN-125) SUSP	Tier 2	
<i>levetiracetam sol</i> 100mg/ml (generic of KEPPRA)	Tier 2		<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	Tier 2	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 3	QL PA	<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	Tier 2	
LYRICA CAPS 200mg QL (90 caps / 30 days)	Tier 3	QL PA	<i>phenytoin sodium inj</i> 50mg/ml	Tier 3	
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 3	QL PA	<i>primidone</i> (generic of MYSOLINE) TABS	Tier 1	
LYRICA SOLN QL (900 mL / 30 days)	Tier 3	QL PA	<i>roweepra</i> (generic of KEPPRA)	Tier 1	
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP	Tier 3		SPRITAM	Tier 3	
			<i>subvenite tab</i> (generic of LAMICTAL)	Tier 1	
			SYMPAZAN 5mg	Tier 3	PA
			SYMPAZAN 10mg, 20mg	Tier 2	PA
			<i>tiagabine hcl</i> (generic of GABITRIL)	Tier 3	
			<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	Tier 2	
			<i>topiramate</i> (generic of TOPAMAX) TABS	Tier 1	
			<i>valproate sodium</i> (generic of DEPACon) SOLN	Tier 3	
			<i>valproate sodium oral soln</i>	Tier 2	

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

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

Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) QL (30 caps / 30 days)	Tier 2	QL
<i>memantine hcl cp24</i> (generic of NAMENDA XR) PA if < 30 yrs	Tier 3	PA
<i>memantine soln</i> PA if < 30 yrs	Tier 3	PA
<i>memantine tabs</i> (generic of NAMENDA) PA if < 30 yrs	Tier 2	PA
NAMZARIC	Tier 3	
<i>rivastigmine tartrate</i> 1.5mg, 3mg QL (90 caps / 30 days)	Tier 3	QL
<i>rivastigmine tartrate</i> 4.5mg, 6mg QL (60 caps / 30 days)	Tier 3	QL
<i>rivastigmine td patch 24hr</i> 4.6 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 3	QL
<i>rivastigmine td patch 24hr</i> 9.5 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 3	QL
<i>rivastigmine td patch 24hr</i> 13.3 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 3	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	Tier 2	
<i>amoxapine</i>	Tier 2	
<i>bupropion hcl</i> TABS	Tier 2	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	Tier 1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	Tier 2	
<i>citalopram hydrobromide</i> SOLN	Tier 2	

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	Tier 1		<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS	Tier 3	PA	<i>mirtazapine</i> TABS 45mg	Tier 1	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 3		<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	Tier 2	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 3		<i>nefazodone hcl</i>	Tier 3	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) QL (30 tabs / 30 days)	Tier 3	QL PA	<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	Tier 1	
<i>doxepin hcl</i> CAPS; CONC	Tier 2		<i>nortriptyline hcl</i> SOLN	Tier 3	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 2	QL	<i>paroxetine hcl</i> (generic of PAXIL) TABS	Tier 1	
EMSAM QL (30 patches / 30 days)	Tier 2	QL PA	PAXIL SUSP QL (900 mL / 30 days)	Tier 3	QL
<i>escitalopram oxalate</i> SOLN	Tier 3		<i>phenelzine sulfate</i> (generic of NARDIL) TABS	Tier 2	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	Tier 1		<i>protriptyline hcl</i>	Tier 3	
FETZIMA 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL PA	<i>sertraline hcl</i> CONC	Tier 3	
FETZIMA 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA	<i>sertraline hcl</i> (generic of ZOLOFT) TABS	Tier 1	
FETZIMA TITRATION PACK	Tier 3	PA	<i>tranylcypromine sulfate</i> (generic of PARNATE)	Tier 3	
<i>fluoxetine cap 10mg</i> (generic of PROZAC)	Tier 1		<i>trazodone hcl</i> TABS 50mg, 100mg	Tier 1	
<i>fluoxetine cap 20mg</i> (generic of PROZAC)	Tier 1		<i>trazodone tab 150mg</i>	Tier 1	
<i>fluoxetine cap 40mg</i> (generic of PROZAC)	Tier 1		<i>trimipramine maleate</i> CAPS 25mg QL (240 caps / 30 days)	Tier 3	QL
<i>fluoxetine hcl</i> SOLN	Tier 1		<i>trimipramine maleate</i> CAPS 50mg QL (120 caps / 30 days)	Tier 3	QL
<i>imipramine hcl</i> (generic of TOFRANIL) TABS	Tier 1		<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL
<i>maprotiline hcl</i>	Tier 2		TRINTELLIX 5mg QL (120 tabs / 30 days)	Tier 3	QL PA
MARPLAN TAB 10MG QL (180 tabs / 30 days)	Tier 3	QL	TRINTELLIX 10mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>mirtazapine</i> TABS 7.5mg	Tier 2		TRINTELLIX 20mg QL (30 tabs / 30 days)	Tier 3	QL PA
			<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24	Tier 1	

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl</i> TABS	Tier 1	
VIIBRYD STARTER PACK	Tier 3	PA
VIIBRYD TAB QL (30 tabs / 30 days)	Tier 3	QL PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS QL (120 caps / 30 days)	Tier 2	QL
<i>amantadine hcl</i> SYRP	Tier 1	
<i>amantadine hcl</i> TABS	Tier 2	
APOKYN QL (20 cartridges / 30 days)	Tier 2	QL NMO LA PA
<i>benztropine mesylate inj</i> (generic of COGENTIN)	Tier 3	
<i>benztropine mesylate tab</i> 0.5mg PA if 70 years and older	Tier 2	PA
<i>benztropine mesylate tab</i> 1mg PA if 70 years and older	Tier 2	PA
<i>benztropine mesylate tab</i> 2mg PA if 70 years and older	Tier 2	PA
<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> (generic of SINEMET CR) TBCR	Tier 2	
<i>carbidopa-levodopa</i> TBDP	Tier 3	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 50)	Tier 3	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 75)	Tier 3	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 100)	Tier 3	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 125)	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 150)	Tier 3	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 200)	Tier 3	
<i>entacapone</i> (generic of COMTAN)	Tier 3	
NEUPRO	Tier 3	
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	Tier 1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	Tier 3	
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	Tier 1	
<i>ropinirole tab 0.25mg</i>	Tier 1	
<i>ropinirole tab 1mg</i>	Tier 1	
<i>ropinirole tab 2mg</i>	Tier 1	
<i>ropinirole tab 3mg</i>	Tier 1	
<i>ropinirole tab 4mg</i>	Tier 1	
<i>ropinirole tab 5mg</i>	Tier 1	
<i>selegiline hcl</i> CAPS; TABS	Tier 2	
<i>trihexyphenidyl hcl</i> PA if 70 years and older	Tier 2	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA QL (1 injection / 28 days)	Tier 3	QL
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>aripiprazole oral solution 1 mg/ml</i> QL (900 mL / 30 days)	Tier 1	QL
<i>aripiprazole tab</i> (generic of ABILIFY) QL (30 tabs / 30 days)	Tier 3	QL

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

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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 50) SOLN 50mg/ml	Tier 3	
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	Tier 3	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 3	
ARISTADA INITIO	Tier 3		<i>haloperidol lactate inj</i> 5mg/ml (generic of HALDOL)	Tier 3	
<i>chlorpromazine hcl</i> TABS	Tier 3		INVEGA SUST INJ 39MG/0.25ML QL (1 injection / 28 days)	Tier 3	QL
CHLORPROMAZINE INJ	Tier 3		INVEGA SUST INJ 78MG/0.5ML QL (1 injection / 28 days)	Tier 3	QL
<i>clozapine odt</i> (generic of FAZACLO) 12.5mg, 25mg	Tier 3	PA	INVEGA SUST INJ 117MG/0.75ML QL (1 injection / 28 days)	Tier 3	QL
<i>clozapine odt</i> (generic of FAZACLO) 100mg QL (270 tabs / 30 days)	Tier 3	QL PA	INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	Tier 3	QL
<i>clozapine odt</i> (generic of FAZACLO) 150mg QL (180 tabs / 30 days)	Tier 3	QL PA	INVEGA SUST INJ 234MG/1.5ML QL (1 injection / 28 days)	Tier 3	QL
<i>clozapine odt</i> (generic of FAZACLO) 200mg QL (135 tabs / 30 days)	Tier 3	QL PA	INVEGA TRINZA QL (1 injection / 90 days)	Tier 3	QL
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	Tier 2		LATUDA 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL
<i>clozapine tab 50mg</i> (generic of CLOZAPINE)	Tier 2		LATUDA 80mg QL (60 tabs / 30 days)	Tier 3	QL
<i>clozapine tab 100mg</i> (generic of CLOZARIL) QL (270 tabs / 30 days)	Tier 3	QL	<i>loxapine succinate</i>	Tier 2	
<i>clozapine tab 200mg</i> (generic of CLOZAPINE) QL (135 tabs / 30 days)	Tier 3	QL	<i>molindone hcl</i>	Tier 3	
FANAPT QL (60 tabs / 30 days)	Tier 3	QL PA	NUPLAZID CAPS QL (30 caps / 30 days)	Tier 3	QL NMO LA PA
FANAPT TITRATION PACK	Tier 3	PA	NUPLAZID TABS 10MG QL (30 tabs / 30 days)	Tier 3	QL NMO LA PA
<i>fluphenazine decanoate</i> SOLN	Tier 3				
<i>fluphenazine hcl</i>	Tier 3				
GEODON SOLR QL (6 mL / 3 days)	Tier 3	QL			
<i>haloperidol</i> TABS	Tier 2				
<i>haloperidol conc 2mg/ml</i>	Tier 1				

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

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<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	Tier 3	QL	RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 1	QL	RISPERDAL INJ 25MG QL (2 injections / 28 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL	RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL	RISPERDAL INJ 50MG QL (2 injections / 28 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 3	QL	<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 2	QL
<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 3	QL	<i>risperidone</i> (generic of RISPERDAL) TABS	Tier 1	
<i>paliperidone</i> (generic of INVEGA) 6mg QL (60 tabs / 30 days)	Tier 3	QL	<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	Tier 3	QL
<i>perphenazine</i> TABS	Tier 2		<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL
PERSERIS QL (1 injection / 30 days)	Tier 3	QL	SAPHRIS QL (60 tabs / 30 days)	Tier 3	QL
<i>pimozide</i>	Tier 3		<i>thioridazine hcl</i> TABS	Tier 2	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS	Tier 1		<i>thiothixene</i>	Tier 3	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>trifluoperazine hcl</i>	Tier 2	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL PA	VERSACLOZ QL (600 mL / 30 days)	Tier 2	QL PA
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL	VRAYLAR 1.5mg QL (60 caps / 30 days)	Tier 3	QL PA
REXULTI .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL	VRAYLAR 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 3	QL PA
			VRAYLAR THERAPY PACK	Tier 3	PA
			<i>ziprasidone hcl</i> (generic of GEODON) QL (60 caps / 30 days)	Tier 3	QL
			ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	Tier 3	QL PA
			ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	Tier 3	QL PA

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23

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV 210MG QL (2 vials / 28 days)	Tier 3	QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 2	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 2	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 2	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 40mg QL (60 caps / 30 days)	Tier 3	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL
<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 70 years and older	Tier 2	PA

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>metadate tab 20mg er</i> QL (90 tabs / 30 days)	Tier 3	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL
<i>methylphenidate hcl tbc</i> 10 mg QL (90 tabs / 30 days)	Tier 3	QL
<i>methylphenidate hcl tbc</i> 20mg QL (90 tabs / 30 days)	Tier 3	QL
HYPNOTICS		
HETLIOZ	Tier 2	NMO LA PA
SILENOR QL (30 tabs / 30 days)	Tier 2	QL
<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 3	QL PA
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
MIGRAINE		
AIMOVIG QL (1 pen / 30 days)	Tier 2	QL PA
<i>dihydroergotamine mesylate inj</i> 1 mg/ml (generic of D.H.E. 45)	Tier 1	
<i>dihydroergotamine mesylate nasal spr</i> 4 mg/ml QL (8 mL / 30 days)	Tier 1	QL PA
EMGALITY SOAJ QL (2 pens / 30 days)	Tier 2	QL PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL PA
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT) TABS	Tier 3	
<i>rizatriptan benzoate</i> TABS 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> (generic of MAXALT-MLT) TBP QL (18 tabs / 30 days)	Tier 2	QL
<i>sumatriptan inj</i> 4mg/0.5ml (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (18 injections / 30 days)	Tier 3	QL
<i>sumatriptan inj</i> 4mg/0.5ml (generic of IMITREX STATDOSE REFILL) SOCT QL (18 injections / 30 days)	Tier 3	QL

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	Tier 3	QL	NUDEXTA QL (60 caps / 30 days)	Tier 3	QL PA
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	Tier 3	QL	<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	Tier 2	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 3	QL	<i>riluzole</i> (generic of RILUTEK)	Tier 2	
<i>sumatriptan inj 6mg/0.5ml</i> SOSY QL (12 injections / 30 days)	Tier 3	QL	<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	Tier 1	QL NMO PA
<i>sumatriptan nasal spray</i> (generic of IMITREX) 5mg/act QL (24 inhalers / 30 days)	Tier 3	QL	<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	Tier 1	QL NMO PA
<i>sumatriptan nasal spray</i> (generic of IMITREX) 20mg/act QL (12 inhalers / 30 days)	Tier 3	QL	MULTIPLE SCLEROSIS AGENTS		
<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	Tier 1	QL	BETASERON QL (14 syringes / 28 days)	Tier 2	QL NMO PA
MISCELLANEOUS			<i>dalfampridine</i> (generic of AMPYRA)	Tier 1	NMO PA
AUSTEDO 6mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA	GILENYA CAP 0.5MG QL (28 caps / 28 days)	Tier 2	QL NMO PA
AUSTEDO 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NMO LA PA	<i>glatiramer acetate 20mg/ml</i> (generic of COPAXONE) QL (30 syringes / 30 days)	Tier 1	QL NMO PA
<i>lithium carbonate</i> CAPS; TABS	Tier 1		<i>glatiramer acetate 40mg/ml</i> (generic of COPAXONE) QL (12 syringes / 28 days)	Tier 1	QL NMO PA
<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	Tier 1		<i>glatopa</i> (generic of COPAXONE) 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NMO PA
<i>lithium carbonate er</i> 450mg	Tier 1		<i>glatopa</i> (generic of COPAXONE) 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NMO PA
LITHIUM SOLN 8MEQ/5ML	Tier 3		MUSCULOSKELETAL THERAPY AGENTS		
LYRICA CR QL (60 tabs / 30 days)	Tier 2	QL PA	<i>baclofen</i> TABS 10mg, 20mg	Tier 2	
			<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	Tier 2	PA

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26

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

00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	Tier 3	
<i>dantrolene sodium</i> CAPS 100mg	Tier 3	
<i>tizanidine hcl</i> TABS 2mg	Tier 1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) 50mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 2	QL PA
XYREM QL (540 mL / 30 days)	Tier 2	QL NMO LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	Tier 3	
<i>buprenorphine hcl</i> SUBL QL (90 tabs / 30 days)	Tier 2	QL PA
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 2-0.5mg (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 4-1mg (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 8-2mg (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 12-3mg (generic of SUBOXONE) QL (60 films / 30 days)	Tier 3	QL
<i>buprenorphine hcl-naloxone hcl sl</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>bupropion hcl</i> (smoking deterrent)	Tier 2	
CHANTIX CONTINUING MONTH	Tier 3	PA
CHANTIX PAK 0.5& 1MG	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits
CHANTIX TAB 0.5MG	Tier 3	PA
CHANTIX TAB 1MG	Tier 3	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	Tier 2	
<i>naloxone inj</i> 0.4mg/ml	Tier 1	
<i>naloxone inj</i> 1mg/ml	Tier 1	
<i>naltrexone hcl</i> TABS	Tier 2	
NARCAN	Tier 2	
NICOTROL INHALER	Tier 3	
NICOTROL NS	Tier 3	
VIVITROL	Tier 2	
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50	Tier 2	PA
ANDRODERM QL (30 patches / 30 days)	Tier 3	QL PA
<i>oxandrolone tab</i> 2.5mg	Tier 2	PA
<i>oxandrolone tab</i> 10mg	Tier 3	PA
<i>testosterone</i> GEL 1% QL (300 grams / 30 days)	Tier 3	QL PA
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)	Tier 3	QL PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	Tier 2	PA
<i>testosterone enanthate</i> SOLN	Tier 2	PA
ANTIDIABETICS, INJECTABLE		
BASAGLAR KWIKPEN	Tier 2	
BD ALCOHOL SWABS	Tier 2	
BD ULTRAFINE INSULIN SYRINGE	Tier 2	
BD ULTRAFINE/NANO PEN NEEDLES	Tier 2	
BYDUREON BCISE QL (4 pens / 28 days)	Tier 2	QL
BYDUREON PEN QL (4 pens / 28 days)	Tier 2	QL

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

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

Drug Name	Drug Tier	Requirements/ Limits
XULTOPHY 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
ANTIDIABETICS, ORAL		
acarbose (generic of PRECOSE) TABS	Tier 2	
FARXIGA QL (30 tabs / 30 days)	Tier 2	QL
glimepiride (generic of AMARYL) 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
glimepiride (generic of AMARYL) 4mg QL (60 tabs / 30 days)	Tier 1	QL
glip/metform tab 2.5-250mg QL (240 tabs / 30 days)	Tier 1	QL
glip/metform tab 2.5-500mg QL (120 tabs / 30 days)	Tier 1	QL
glip/metform tab 5-500mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide xl (generic of GLUCOTROL XL) 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide xl (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	Tier 1	QL
JANUMET QL (60 tabs / 30 days)	Tier 2	QL

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL	<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	Tier 1	QL
JANUMET XR TAB 50-1000 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 TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	Tier 1	QL
JANUVIA QL (30 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	Tier 1	QL
JARDIANCE 10mg QL (60 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> .5mg QL (120 tabs / 30 days)	Tier 1	QL
JARDIANCE 25mg QL (30 tabs / 30 days)	Tier 2	QL	SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 2	QL
JENTADUETO QL (60 tabs / 30 days)	Tier 2	QL	SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	Tier 2	QL	SYNJARDY TAB 12.5-500MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	Tier 2	QL	SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL	SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL	SYNJARDY XR TAB 10-1000MG QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) 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> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL	SYNJARDY XR TAB 25-1000MG QL (30 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL	TRADJENTA QL (30 tabs / 30 days)	Tier 2	QL
			XIGDUO XR TAB 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
			XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL

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29

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	Tier 2	QL
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg	Tier 1	
<i>alendronate sodium</i> TABS 40mg	Tier 2	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	
<i>ibandronate sodium tabs</i> (generic of BONIVA)	Tier 2	B/D
PAMIDRONATE DISODIUM 6mg/ml	Tier 3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	Tier 3	B/D
<i>pamidronate inj 30mg</i>	Tier 3	B/D
<i>pamidronate inj 90mg</i>	Tier 3	B/D
<i>zoledronic acid inj 5mg/100ml</i> (generic of RECLAST)	Tier 3	B/D NMO
<i>zoledronic inj 4mg/5ml</i>	Tier 3	B/D NMO
CHELATING AGENTS		
CHEMET	Tier 3	
DEPEN TITRATABS	Tier 2	
JADENU	Tier 2	NMO LA PA
JADENU SPRINKLE	Tier 2	NMO LA PA
<i>kionex sus 15gm/60ml</i>	Tier 2	
<i>sodium polystyrene sulfonate powder</i>	Tier 2	
<i>sodium polystyrene sulfonate susp</i>	Tier 2	
<i>sps</i>	Tier 2	
<i>trientine hcl</i> (generic of SYPRINE)	Tier 1	PA
CONTRACEPTIVES		
<i>altavera tab</i>	Tier 2	
<i>alyacen 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>apri</i>	Tier 2	
<i>aranelle</i>	Tier 2	
<i>aubra</i>	Tier 2	
<i>aviane</i>	Tier 2	
<i>balziva</i>	Tier 2	
<i>bekyree</i> (generic of MIRCETTE)	Tier 2	
<i>blisovi fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	
<i>briellyn</i>	Tier 2	
<i>camila</i>	Tier 2	
<i>caziant pak</i>	Tier 2	
<i>cryselle-28</i>	Tier 2	
<i>cyclafem 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2	
<i>cyclafem 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 2	
<i>cyred tab</i>	Tier 2	
<i>dasetta 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2	
<i>dasetta 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 2	
<i>deblitane</i>	Tier 2	
<i>delyla</i>	Tier 2	
<i>desogestrel & ethinyl estradiol</i>	Tier 2	
<i>desogestrel-ethinyl estradiol</i> (biphasic) (generic of MIRCETTE)	Tier 2	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	Tier 2	
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	Tier 2	
ELLA	Tier 2	
<i>emoquette</i>	Tier 2	
<i>enpresse-28</i>	Tier 2	
<i>enskyce</i>	Tier 2	
<i>errin</i> (generic of ORTHO MICRONOR)	Tier 2	
<i>estarylla tab 0.25-35</i>	Tier 2	
<i>ethynodiol diacet & eth estrad</i>	Tier 2	
<i>ethynodiol tab 1-50</i>	Tier 2	

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>falmina</i>	Tier 2	
<i>femynor</i>	Tier 2	
<i>gianvi</i> (generic of YAZ)	Tier 2	
<i>heather</i>	Tier 2	
<i>incassia</i>	Tier 2	
<i>introvale</i>	Tier 2	
<i>isibloom</i>	Tier 2	
<i>jasmiel</i> (generic of YAZ)	Tier 2	
<i>jolessa</i>	Tier 2	
<i>jolivette</i> (generic of ORTHO MICRONOR)	Tier 2	
<i>juleber</i>	Tier 2	
<i>junel 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 2	
<i>junel 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 2	
<i>junel fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	
<i>junel fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	
<i>kariva</i> (generic of MIRCETTE)	Tier 2	
<i>kelnor 1/35</i>	Tier 2	
<i>kelnor 1/50</i>	Tier 2	
<i>kurvelo</i>	Tier 2	
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 2	
<i>larin 1/20</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>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	
<i>larissia tab</i>	Tier 2	
<i>leena</i>	Tier 2	
<i>lessina</i>	Tier 2	
<i>levonest</i>	Tier 2	
<i>levonor/ethi tab</i>	Tier 2	
<i>levonorgestrel & eth estradiol</i>	Tier 2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	Tier 2	
<i>levora 0.15/30-28</i>	Tier 2	
<i>loryna</i> (generic of YAZ)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>low-ogestrel</i>	Tier 2	
<i>lutra</i>	Tier 2	
<i>lyza</i> (generic of ORTHO MICRONOR)	Tier 2	
<i>marlissa</i>	Tier 2	
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 2	
<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 2	
<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 2	
<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	
<i>microgestin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	
<i>mili</i>	Tier 2	
<i>mono-lynyah tab 0.25-35</i>	Tier 2	
<i>necon 0.5/35-28</i>	Tier 2	
<i>nikki</i> (generic of YAZ)	Tier 2	
<i>nora-be</i>	Tier 2	
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR)	Tier 2	
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1/20-21)	Tier 2	
<i>norgest/ethi tab 0.25/35</i>	Tier 2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 2	
<i>norlyroc</i>	Tier 2	
<i>nortrel 0.5/35 (28)</i>	Tier 2	
<i>nortrel 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2	
<i>nortrel 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 2	

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Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>ocella</i> (generic of YASMIN 28)	Tier 2	
<i>orsythia</i>	Tier 2	
<i>philith</i>	Tier 2	
<i>pimtrea</i> (generic of MIRCETTE)	Tier 2	
<i>pirmella 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2	
<i>portia-28</i>	Tier 2	
<i>previfem</i>	Tier 2	
<i>reclipsen</i>	Tier 2	
<i>setlakin tab</i>	Tier 2	
<i>sharobel</i> (generic of ORTHO MICRONOR)	Tier 2	
<i>sprintec 28</i>	Tier 2	
<i>sronyx</i>	Tier 2	
<i>syeda</i> (generic of YASMIN 28)	Tier 2	
<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	
<i>tilia fe</i> (generic of ESTROSTEP FE)	Tier 2	
<i>tri-estarylla</i>	Tier 2	
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	Tier 2	
<i>tri-lynyah</i>	Tier 2	
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>tri-mili</i>	Tier 2	
<i>tri-previfem</i>	Tier 2	
<i>tri-sprintec</i>	Tier 2	
<i>tri-vylibra</i>	Tier 2	
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>trivora-28</i>	Tier 2	
<i>tulana</i>	Tier 2	
<i>velivet</i>	Tier 2	
<i>vienva</i>	Tier 2	
<i>violele</i> (generic of MIRCETTE)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>vyfemla</i>	Tier 2	
<i>vylibra</i>	Tier 2	
<i>xulane</i>	Tier 3	
<i>zarah</i> (generic of YASMIN 28)	Tier 2	
<i>zovia 1/35e</i>	Tier 2	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	Tier 3	
SYNAREL	Tier 2	
ENZYME REPLACEMENTS		
CARBAGLU	Tier 2	NMO LA PA
CERDELGA	Tier 2	NMO PA
CYSTADANE POW	Tier 2	NMO LA
CYSTAGON	Tier 3	NMO LA PA
KUVAN	Tier 2	NMO LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	Tier 3	B/D
<i>miglustat</i> (generic of ZAVESCA)	Tier 1	NMO PA
NITYR	Tier 2	NMO LA PA
ORFADIN	Tier 2	NMO LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) TABS	Tier 1	NMO PA
ESTROGENS		
DELESTROGEN 10mg/ml	Tier 3	
<i>estradiol</i> (generic of CLIMARA) PTWK	Tier 2	
<i>estradiol</i> (generic of ESTRACE) TABS	Tier 1	
<i>estradiol vaginal cream</i> (generic of ESTRACE)	Tier 2	
<i>estradiol vaginal tab</i> (generic of VAGIFEM)	Tier 3	
<i>estradiol valerate inj</i> (generic of DELESTROGEN)	Tier 3	
<i>fyavolv</i>	Tier 2	
<i>fyavolv</i> (generic of FEMHRT LOW DOSE)	Tier 2	
<i>jinteli</i>	Tier 2	
<i>norethindrone acetate-ethinyl estradiol</i>	Tier 2	

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

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<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT LOW DOSE)	Tier 2	
<i>yuvaferm vaginal tablet 10 mcg</i> (generic of VAGIFEM)	Tier 3	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	Tier 3	
DEXAMETHASONE CONC	Tier 3	
<i>dexamethasone</i> ELIX; SOLN	Tier 2	
<i>dexamethasone</i> TABS	Tier 1	
<i>dexamethasone sodium phosphate</i> 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 3	
<i>dexamethasone sodium phosphate</i> (generic of DEXAMETHASONE SODIUM PHOS) 10mg/ml	Tier 3	
<i>fludrocortisone acetate</i> TABS	Tier 1	
<i>hydrocortisone</i> (generic of CORTEF) TABS	Tier 2	
<i>methylpr ss inj</i> (generic of SOLU-MEDROL)	Tier 3	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	Tier 1	
<i>methylpred tab 4mg</i> (generic of MEDROL)	Tier 2	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	Tier 2	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	Tier 2	B/D
<i>methylpred tab 32mg</i> (generic of MEDROL)	Tier 2	B/D
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	Tier 3	B/D
<i>pred sod pho sol 5mg/5ml</i> (generic of PEDIAPRED)	Tier 3	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 1	B/D
<i>prednisolone sol 15mg/5ml</i>	Tier 1	B/D
<i>prednisolone sol 25mg/5ml</i>	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
PREDNISONE CON 5MG/ML	Tier 3	B/D
<i>prednisone pak 5mg</i>	Tier 2	
<i>prednisone pak 10mg</i>	Tier 2	
<i>prednisone sol 5mg/5ml</i>	Tier 3	B/D
<i>prednisone tab 1mg</i>	Tier 1	B/D
<i>prednisone tab 2.5mg</i>	Tier 1	B/D
<i>prednisone tab 5mg</i>	Tier 1	B/D
<i>prednisone tab 10mg</i>	Tier 1	B/D
<i>prednisone tab 20mg</i>	Tier 1	B/D
<i>prednisone tab 50mg</i>	Tier 1	B/D
SOLU-CORTEF	Tier 3	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	Tier 2	
GLUCAGON EMERGENCY KIT	Tier 2	
PROGLYCEM SUS 50MG/ML	Tier 3	
MISCELLANEOUS		
<i>cabergoline</i>	Tier 2	
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	Tier 2	B/D
<i>cinacalcet hcl</i> 30mg, 90mg QL (120 tabs / 30 days)	Tier 1	B/D QL NMO
<i>cinacalcet hcl</i> 60mg QL (60 tabs / 30 days)	Tier 1	B/D QL NMO
FORTEO	Tier 2	NMO PA
GENOTROPIN	Tier 2	NMO PA
GENOTROPIN MINISQUICK .2mg	Tier 2	NMO PA
GENOTROPIN MINISQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NMO PA
INCRELEX	Tier 2	NMO LA PA
KORLYM	Tier 2	NMO LA PA
NATPARA	Tier 2	NMO PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml	Tier 3	NMO PA
<i>octreotide acetate</i> 200mcg/ml	Tier 3	NMO PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml	Tier 1	NMO PA

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>octreotide acetate</i> 1000mcg/ml	Tier 1	NMO PA
<i>octreotide inj</i> 100mcg/ml (generic of SANDOSTATIN)	Tier 3	NMO PA
PROLIA QL (1 injection / 180 days)	Tier 3	QL NMO
<i>raloxifene tab</i> 60mg (generic of EVISTA)	Tier 2	
SIGNIFOR	Tier 2	NMO LA PA
SOMATULINE DEPOT	Tier 2	NMO PA
SOMAVERT	Tier 2	NMO LA PA
TYMLOS	Tier 2	NMO PA
XGEVA	Tier 2	NMO PA
PHOSPHATE BINDER AGENTS		
AURYXIA QL (360 tabs / 30 days)	Tier 3	QL PA
<i>calcium acetate (phosphate binder)</i> CAPS QL (360 caps / 30 days)	Tier 2	QL
<i>calcium acetate (phosphate binder)</i> TABS QL (360 tabs / 30 days)	Tier 2	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	Tier 1	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	Tier 1	QL
<i>sevelamer carbonate</i> (generic of RENVELA) TABS QL (540 tabs / 30 days)	Tier 3	QL
PROGESTINS		
<i>medroxyprogesterone acetate tab</i> (generic of PROVERA)	Tier 1	

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

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34

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	Tier 1	
<i>metoclopramide hcl inj</i>	Tier 3	
<i>ondansetron hcl</i> (generic of ZOFran) TABS 4mg, 8mg	Tier 2	B/D
<i>ondansetron hcl</i> TABS 24mg	Tier 2	B/D
<i>ondansetron hcl inj</i>	Tier 3	
<i>ondansetron hcl oral soln</i>	Tier 3	B/D
<i>ondansetron odt</i>	Tier 2	B/D
<i>prochlorperazine inj</i>	Tier 3	
<i>prochlorperazine maleate</i> TABS	Tier 1	
<i>prochlorperazine supp</i>	Tier 3	
<i>promethazine hcl</i> SYRP; TABS PA if 70 years and older	Tier 1	PA
<i>promethazine hcl inj</i> (generic of PHENERGAN) PA if 70 years and older	Tier 3	PA
<i>scopolamine</i> (generic of TRANSDERM SCOP) QL (10 patches / 30 days) PA if 70 years and older	Tier 3	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl cap 10mg</i>	Tier 2	
<i>dicyclomine hcl soln 10mg/5ml</i>	Tier 3	
<i>dicyclomine hcl tab 20mg</i>	Tier 2	
<i>glycopyrrolate tab 1mg</i>	Tier 2	
<i>glycopyrrolate tab 2mg</i>	Tier 2	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine in nacl</i>	Tier 3	
<i>famotidine inj</i>	Tier 3	
<i>famotidine tab</i> (generic of PEPCID)	Tier 1	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg	Tier 1	
<i>ranitidine hcl</i> TABS 300mg	Tier 1	
<i>ranitidine hcl inj</i> (generic of ZANTAC)	Tier 3	
<i>ranitidine syrup</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> (generic of COLAZAL)	Tier 2	
<i>budesonide ec</i> (generic of ENTOCORT EC)	Tier 3	
<i>colocort</i> (generic of CORTENEMA)	Tier 3	
<i>hydrocortisone (enema)</i> (generic of CORTENEMA)	Tier 3	
<i>mesalamine</i> (generic of DELZICOL) CPDR	Tier 3	
<i>mesalamine</i> ENEM	Tier 3	
<i>mesalamine</i> (generic of CANASA) SUPP	Tier 1	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm	Tier 3	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	Tier 3	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	Tier 1	
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	Tier 2	
LAXATIVES		
<i>constulose</i>	Tier 2	
<i>enulose</i>	Tier 2	
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	Tier 1	
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1	
<i>gavilyte-n/ flavor pack</i> (generic of NULYTELY/FLAVOR PACKS)	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 sulfat</i> (generic of GOLYTELY)	Tier 1	

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

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<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
<i>peg 3350/electrolytes</i>	Tier 1	
PLENVU	Tier 3	
SUPREP BOWEL PREP KIT	Tier 3	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX)	Tier 1	PA
AMITIZA 8mcg QL (180 caps / 30 days)	Tier 2	QL
AMITIZA 24mcg QL (60 caps / 30 days)	Tier 2	QL
<i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM)	Tier 1	
<i>diphenoxylate w/ atropine</i> LIQD	Tier 3	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	Tier 2	
GATTEX	Tier 2	NMO LA PA
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	PA
<i>sucrafate</i> (generic of CARAFATE) TABS	Tier 1	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	Tier 2	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 3	
XIFAXAN 550mg	Tier 2	PA
PANCREATIC ENZYMES		
CREON	Tier 2	
ZENPEP	Tier 3	
PROTON PUMP INHIBITORS		
DEXILANT QL (30 caps / 30 days)	Tier 3	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 30 days)	Tier 3	QL ST
<i>lansoprazole</i> (generic of PREVACID) CPDR QL (30 caps / 30 days)	Tier 2	QL
<i>omeprazole cap 10mg</i>	Tier 1	
<i>omeprazole cap 20mg</i>	Tier 1	
<i>omeprazole cap 40mg</i>	Tier 1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR	Tier 3	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC	Tier 1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) QL (30 tabs / 30 days)	Tier 1	QL
<i>dutasteride</i> (generic of AVODART) CAPS QL (30 caps / 30 days)	Tier 2	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 1	
<i>tamsulosin hcl</i> (generic of FLOMAX)	Tier 1	
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	Tier 2	
<i>potassium citrate</i> (<i>alkalinizer</i>) <i>er tabs</i> (generic of UROCIT-K 15) 15meq	Tier 3	
<i>potassium citrate</i> (<i>alkalinizer</i>) <i>er tabs</i> (generic of UROCIT-K 5) 540mg	Tier 3	

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00020364_v6_01/2020

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Drug Name	Drug Tier	Requirements/ Limits
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 10) 1080mg	Tier 3	
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG QL (30 tabs / 30 days)	Tier 3	QL
MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)	Tier 3	QL
<i>oxybutynin chloride</i> SYRP	Tier 2	
<i>oxybutynin chloride</i> TABS	Tier 2	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	Tier 2	QL
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg QL (60 tabs / 30 days)	Tier 2	QL
<i>oxybutynin chloride</i> TB24 15mg QL (60 tabs / 30 days)	Tier 2	QL
<i>tolterodine tartrate cap er</i> (generic of DETROL LA) QL (30 caps / 30 days)	Tier 3	QL ST
<i>tolterodine tartrate tabs</i> (generic of DETROL)	Tier 3	ST
TOVIAZ QL (30 tabs / 30 days)	Tier 2	QL
<i>tropium chloride</i> TABS QL (60 tabs / 30 days)	Tier 2	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	Tier 2	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	Tier 3	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	Tier 2	
<i>terconazole vaginal</i> CREA .8%	Tier 2	
<i>terconazole vaginal</i> SUPP	Tier 2	
<i>vandazole</i>	Tier 3	
HEMATOLOGIC ANTICOAGULANTS		
COUMADIN	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
ELIQUIS 5mg QL (74 tabs / 30 days)	Tier 2	QL
ELIQUIS STARTER PACK QL (74 tabs / 30 days)	Tier 2	QL
<i>enoxaparin sodium</i> (generic of LOVENOX)	Tier 3	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	Tier 3	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	
<i>heparin sod (porcine) in d5w</i>	Tier 3	
<i>heparin sod inj 1000/ml</i>	Tier 2	B/D
<i>heparin sod inj 5000/ml</i>	Tier 2	B/D
<i>heparin sod inj 10000/ml</i>	Tier 2	B/D
<i>heparin sod inj 20000/ml</i>	Tier 2	B/D
HEPARIN SODIUM/NACL 0.45%	Tier 3	
<i>jantoven</i> (generic of COUMADIN)	Tier 1	
PRADAXA QL (60 caps / 30 days)	Tier 3	QL
<i>warfarin sodium</i> (generic of COUMADIN)	Tier 1	
XARELTO 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
XARELTO 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
XARELTO STARTER PACK QL (51 tabs / 30 days)	Tier 2	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NMO PA
PROCRIT 20000unit/ml, 40000unit/ml	Tier 2	NMO PA
ZARXIO	Tier 2	NMO PA
MISCELLANEOUS		
<i>anagrelide hcl</i> 1mg	Tier 3	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	Tier 3	

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
BERINERT QL (24 boxes / 30 days)	Tier 2	QL NMO LA PA
<i>cilostazol</i>	Tier 1	
DROXIA	Tier 2	
ENDARI	Tier 2	NMO LA PA
FIRAZYR QL (9 syringes / 30 days)	Tier 2	QL NMO PA
HAEGARDA 2000unit QL (30 vials / 30 days)	Tier 2	QL NMO LA PA
HAEGARDA 3000unit QL (20 vials / 30 days)	Tier 2	QL NMO LA PA
<i>pentoxifylline</i> TBCR	Tier 1	
PROMACTA PACK QL (360 packets / 30 days)	Tier 2	QL NMO LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	Tier 3	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	Tier 2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole</i> (generic of AGGRENOX)	Tier 3	
BRILINTA	Tier 2	
<i>clopidogrel tab</i> 75mg (generic of PLAVIX)	Tier 1	
<i>prasugrel hcl</i> (generic of EFFIENT)	Tier 2	
IMMUNOLOGIC AGENTS DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	Tier 2	QL NMO PA
HUMIRA 40mg/0.4ml QL (6 injections / 28 days)	Tier 2	QL NMO PA

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA PEDIATRIC CROHNS DISEASE	Tier 2	NMO PA
HUMIRA PEN QL (6 pens / 28 days)	Tier 2	QL NMO PA
HUMIRA PEN CD/UC/HS STARTER	Tier 2	NMO PA
HUMIRA PEN INJ	Tier 2	NMO PA
HUMIRA PEN INJ PS/UV STARTER	Tier 2	NMO PA
HUMIRA PEN-PS/UV STARTER	Tier 2	NMO PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	Tier 2	
<i>leflunomide</i> (generic of ARAVA) TABS QL (30 tabs / 30 days)	Tier 2	QL
<i>methotrexate sodium tabs</i>	Tier 2	
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NMO LA PA
STELARA SOSY QL (1 syringe / 28 days)	Tier 2	QL NMO PA
XATMEP	Tier 3	B/D
XELJANZ QL (60 tabs / 30 days)	Tier 2	QL NMO PA
XELJANZ XR QL (30 tabs / 30 days)	Tier 2	QL NMO PA
IMMUNOGLOBULINS		
BIVIGAM	Tier 2	NMO PA
GAMASTAN S/D	Tier 2	B/D NMO
GAMMAGARD LIQUID	Tier 2	NMO PA
GAMMAGARD S/D	Tier 2	NMO PA
GAMMAKED	Tier 2	NMO PA
GAMMAPLEX	Tier 2	NMO PA
GAMMAPLEX 10GM/100ML	Tier 2	NMO PA

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GAMUNEX-C	Tier 2	NMO PA
OCTAGAM	Tier 2	NMO PA
PANZYGA	Tier 2	NMO PA
PRIVIGEN	Tier 2	NMO PA
IMMUNOMODULATORS		
ACTIMMUNE	Tier 2	NMO LA PA
ARCALYST	Tier 2	NMO PA
INTRON-A INJ 10MU	Tier 2	B/D NMO
INTRON-A INJ 18MU	Tier 2	B/D NMO
INTRON-A INJ 25MU	Tier 2	B/D NMO
INTRON-A INJ 50MU	Tier 2	B/D NMO
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> (generic of IMURAN) TABS	Tier 2	B/D
BENLYSTA	Tier 2	NMO PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS	Tier 3	B/D NMO
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	Tier 3	B/D NMO
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 3	B/D NMO
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	Tier 3	B/D NMO
<i>gengraf</i> (generic of NEORAL)	Tier 3	B/D NMO
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	Tier 2	B/D NMO
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	Tier 1	B/D NMO
<i>mycophenolate sodium tbec</i> (generic of MYFORTIC)	Tier 3	B/D NMO
PROGRAF PACK	Tier 3	B/D NMO
SANDIMMUNE SOLN 100mg/ml	Tier 2	B/D NMO
<i>sirolimus</i> (generic of RAPAMUNE) SOLN	Tier 1	B/D NMO
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	Tier 1	B/D NMO

Drug Name	Drug Tier	Requirements/ Limits
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	Tier 3	B/D NMO
<i>tacrolimus</i> (generic of PROGRAF) CAPS	Tier 3	B/D NMO
ZORTRESS TAB 0.5MG	Tier 2	B/D NMO
ZORTRESS TAB 0.25MG	Tier 2	B/D NMO
ZORTRESS TAB 0.75MG	Tier 2	B/D NMO
ZORTRESS TAB 1MG	Tier 2	B/D NMO
VACCINES		
ACTHIB	Tier 2	
ADACEL	Tier 2	
BCG VACCINE	Tier 2	
BEXSERO	Tier 2	
BOOSTRIX	Tier 2	
DAPTACEL	Tier 2	
DIPHThERIA/TETANUS TOXOID	Tier 2	B/D
ENGRIX-B SUSP	Tier 2	B/D
GARDASIL 9	Tier 2	
HAVRIX	Tier 2	
HIBERIX	Tier 2	
IMOVAX RABIES (H.D.C.V.)	Tier 2	B/D
INFANRIX	Tier 2	
IPOX INACTIVATED IPV	Tier 2	
IXIARO	Tier 2	
KINRIX	Tier 2	
M-M-R II	Tier 2	
MENACTRA	Tier 2	
MENVEO	Tier 2	
PEDIARIX	Tier 2	
PEDVAX HIB	Tier 2	
PENTACEL	Tier 2	
PROQUAD	Tier 2	
QUADRACEL	Tier 2	
RABAVERT	Tier 2	B/D
RECOMBIVAX HB	Tier 2	B/D
ROTARIX	Tier 2	
ROTATEQ	Tier 2	
SHINGRIX	Tier 2	QL
QL (2 vials per lifetime)		
TDVAX	Tier 2	B/D

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Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
TENIVAC	Tier 2	B/D
TRUMENBA	Tier 2	
TWINRIX INJ	Tier 2	
TYPHIM VI	Tier 2	
VAQTA	Tier 2	
VARIVAX	Tier 2	
YF-VAX	Tier 2	
ZOSTAVAX	Tier 2	QL
QL (1 vial per lifetime)		
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
<i>klor-con 8</i>	Tier 1	
<i>klor-con 10</i>	Tier 1	
<i>klor-con m10</i>	Tier 1	
<i>klor-con m15</i>	Tier 1	
<i>klor-con m20</i>	Tier 1	
<i>klor-con pak 20meq</i>	Tier 3	
<i>klor-con spr cap 8meq</i>	Tier 2	
<i>klor-con spr cap 10meq</i>	Tier 2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
<i>magnesium sulfate</i> SOLN 50%	Tier 2	
MAGNESIUM SULFATE IN D5W	Tier 2	
<i>magnesium sulfate in dextrose</i> (generic of MAGNESIUM SULFATE IN D5W)	Tier 2	
<i>magnesium sulfate inj 50%</i>	Tier 2	
<i>potassium chloride</i> CPCR	Tier 2	
<i>potassium chloride</i> PACK	Tier 3	
<i>potassium chloride</i> SOLN 10%, 20%	Tier 3	
<i>potassium chloride</i> TBCR 8meq, 10meq	Tier 1	
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride microencapsulated crystals</i>	Tier 1	
<i>sodium chloride</i> SOLN 2.5meq/ml	Tier 3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1	
TPN ELECTROLYTES	Tier 3	B/D
IV NUTRITION		
AMINOSYN II INJ 10%	Tier 3	B/D
AMINOSYN-PF 7%	Tier 3	B/D
AMINOSYN-PF 10%	Tier 3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 15%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 20%	Tier 3	B/D
CLINIMIX INJ 4.25/D10	Tier 3	B/D
FREAMINE HBC 6.9%	Tier 3	B/D
FREAMINE III	Tier 3	B/D
<i>hepatamine</i>	Tier 3	B/D
INTRALIPID 30%	Tier 3	B/D
INTRALIPID INJ 20%	Tier 3	B/D
NEPHRAMINE	Tier 3	B/D
NUTRILIPID INJ 20%	Tier 3	B/D
PREMASOL 10%	Tier 3	B/D
PROCALAMINE	Tier 3	B/D
PROSOL	Tier 3	B/D
TRAVASOL	Tier 3	B/D
TROPHAMINE INJ 10%	Tier 3	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose 2.5%/nacl 0.45%</i>	Tier 3	
<i>dextrose 5%</i>	Tier 3	
DEXTROSE 5% /ELECTROLYTE	Tier 3	
<i>dextrose 5%/nacl 0.2%</i>	Tier 3	
DEXTROSE 5%/NACL 0.3%	Tier 3	
<i>dextrose 5%/nacl 0.9%</i>	Tier 3	
<i>dextrose 5%/nacl 0.33%</i>	Tier 3	
<i>dextrose 5%/nacl 0.45%</i>	Tier 3	
<i>dextrose 5%/nacl 0.225%</i>	Tier 3	
<i>dextrose 5%/potassium chl</i>	Tier 3	
<i>dextrose 10% flex contain</i>	Tier 3	

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Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

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DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	Tier 3	
<i>dextrose 10%/nacl 0.45%</i>	Tier 3	
<i>dextrose 50%</i>	Tier 3	
<i>dextrose in lactated ringers</i>	Tier 3	
<i>dextrose inj 70%</i>	Tier 3	
ISOLYTE P	Tier 3	
ISOLYTE S	Tier 3	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	Tier 3	
KCL 0.3%/D5W/NACL 0.9%	Tier 3	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	Tier 3	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	Tier 3	
KCL 0.15%/D5W/NACL 0.225%	Tier 3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	Tier 3	
<i>kcl/d5w inj 0.3%</i>	Tier 3	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	Tier 3	
<i>kcl/d5w/nacl inj .15/.33%</i>	Tier 3	
<i>kcl/d5w/nacl inj .15/.45%</i>	Tier 3	
<i>kcl/nacl inj 0.3-0.9</i>	Tier 3	
<i>kcl/nacl inj 0.15%-0.9%</i>	Tier 3	
<i>lactated ringer's</i>	Tier 3	
NORMOSOL-M IN D5W	Tier 3	
NORMOSOL-R	Tier 3	
NORMOSOL-R IN D5W	Tier 3	
PLASMA-LYTE A	Tier 3	
PLASMA-LYTE-148	Tier 3	
<i>pot chloride inj 2meq/ml</i>	Tier 3	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	Tier 3	
<i>potassium chloride in nacl</i>	Tier 3	
<i>sod chloride inj 0.9%</i>	Tier 3	
<i>sodium chloride SOLN 3%, 5%</i>	Tier 3	
<i>sodium chloride 0.45%</i>	Tier 3	
VITAMINS		
<i>calcitriol (generic of ROCALTROL) CAPS</i>	Tier 1	B/D
<i>calcitriol inj</i>	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	Tier 3	B/D
M-NATAL PLUS	Tier 2	
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	Tier 3	B/D
<i>paricalcitol CAPS 4mcg</i>	Tier 3	B/D
PNV FOLIC ACID + IRON MUL	Tier 2	
PRENATAL	Tier 2	
PRENATAL PLUS	Tier 2	
PRENATAL PLUS LOW IRON	Tier 2	
RAYALDEE	Tier 2	
TRICARE	Tier 2	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	Tier 2	
BLEPHAMIDE OINT	Tier 3	
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	Tier 1	
<i>sulfacetamide sod- prednisolone</i>	Tier 1	
TOBRADEX OINT	Tier 2	
TOBRADEX ST	Tier 2	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	Tier 3	
ZYLET	Tier 2	
ANTI-INFECTIVES		
AZASITE	Tier 3	
<i>bacitracin (ophthalmic)</i>	Tier 2	
<i>bacitracin-polymyxin b (ophth)</i>	Tier 1	
BESIVANCE	Tier 2	
CILOXAN OINT	Tier 2	
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	Tier 1	
<i>erythromycin (ophth)</i>	Tier 1	
<i>gentak</i>	Tier 1	
<i>gentamicin sulfate soln (ophth)</i>	Tier 1	
MOXEZA	Tier 2	
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX)	Tier 2	

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NATACYN	Tier 3	
neomycin-bacitracin zn-polymyxin	Tier 2	
neomycin-polymyxin-gramicidin	Tier 2	
ofloxacin (ophth) (generic of OCUFLOX)	Tier 1	
polymyxin b-trimethoprim (generic of POLYTRIM)	Tier 1	
sulfacetamide sodium (ophth) OINT	Tier 2	
sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN	Tier 2	
tobramycin (ophth) (generic of TOBREX)	Tier 1	
trifluridine	Tier 2	
ZIRGAN	Tier 3	
ANTI-INFLAMMATORIES		
ALREX	Tier 2	
BROMSITE	Tier 3	
dexamethasone sodium phosphate (ophth)	Tier 2	
diclofenac sodium (ophth)	Tier 2	
DUREZOL	Tier 2	
fluorometholone	Tier 2	
flurbiprofen sodium	Tier 2	
ILEVRO	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR LS) .4%	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR) .5%	Tier 1	
LOTEMAX GEL; OINT	Tier 2	
loteprednol etabonate (generic of LOTEMAX)	Tier 2	
prednisolone acetate (ophth) (generic of PRED FORTE)	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	Tier 2	
PROLENSA	Tier 2	
ANTIALLERGICS		
azelastine drop 0.05%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
BEPREVE	Tier 2	
cromolyn sodium (ophth)	Tier 1	
LASTACAFT	Tier 3	
olopatadine hcl 0.2% (generic of PATADAY)	Tier 3	
PAZEO	Tier 2	
ANTI-GLAUCOMA		
ALPHAGAN P SOL 0.1%	Tier 2	
AZOPT	Tier 2	
betaxolol hcl (ophth)	Tier 2	
BETOPTIC-S	Tier 2	
brimonidine sol 0.2%	Tier 1	
brimonidine tartrate soln 0.15% (generic of ALPHAGAN P)	Tier 3	
carteolol hcl (ophth)	Tier 1	
COMBIGAN	Tier 2	
dorzolamide hcl (generic of TRUSOPT)	Tier 1	
dorzolamide hcl-timolol maleate (generic of COSOPT)	Tier 1	
latanoprost (generic of XALATAN) SOLN	Tier 1	
levobunolol hcl	Tier 1	
LUMIGAN	Tier 2	
PHOSPHOLINE IODIDE	Tier 3	
pilocarpine hcl (generic of ISOPTO CARPINE) SOLN	Tier 2	
RHOPRESSA	Tier 2	
SIMBRINZA	Tier 2	
timolol maleate (ophth) soln (generic of TIMOPTIC)	Tier 1	
timolol maleate gel (generic of TIMOPTIC-XE)	Tier 3	
timolol maleate ophth soln 0.5% (once-daily) (generic of ISTALOL)	Tier 3	
TRAVATAN Z	Tier 3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
CYSTARAN	Tier 2	NMO LA PA

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<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	Tier 2	
RESTASIS QL (60 single use vials / 30 days)	Tier 3	QL
RESTASIS MULTIDOSE QL (1 bottle / 30 days)	Tier 2	QL
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 nebu</i>	Tier 2	B/D
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</i> SOLN	Tier 1	B/D
<i>ipratropium bromide (nasal)</i>	Tier 2	
ANTI-HISTAMINES		
azelastine spr 0.1%	Tier 2	
azelastine spr 0.15% (generic of ASTEPRO)	Tier 2	
cetirizine syrup	Tier 1	
ciproheptadine hcl SYRP; TABS PA if 70 years and older	Tier 2	PA
diphenhydramine hcl inj 50mg/ml	Tier 3	
hydroxyzine hcl SYRP PA if 70 years and older	Tier 2	PA
hydroxyzine hcl TABS PA if 70 years and older	Tier 1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine hcl inj</i> PA if 70 years and older	Tier 3	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	Tier 1	PA
<i>levocetirizine dihydrochloride</i> TABS	Tier 1	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL
albuterol sulfate NEBU .5%, .63mg/3ml, 1.25mg/3ml	Tier 2	B/D
albuterol sulfate NEBU .083%	Tier 1	B/D
albuterol sulfate SYRP	Tier 1	
albuterol sulfate TABS	Tier 3	
levalbuterol tartrate hfa QL (2 inhalers / 30 days)	Tier 2	QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
terbutaline sulfate TABS	Tier 3	
VENTOLIN HFA QL (2 inhalers / 30 days)	Tier 2	QL
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) CHEW; TABS	Tier 1	
montelukast sodium (generic of SINGULAIR) PACK	Tier 3	
zafirlukast (generic of ACCOLATE)	Tier 2	
MAST CELL STABILIZERS		
cromolyn sod neb 20mg/2ml	Tier 2	B/D

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	Tier 2	B/D
ARALAST NP	Tier 2	NMO LA PA
DALIRESP	Tier 3	
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) .3mg/0.3ml (generic of EpiPen)	Tier 2	
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) .15mg/0.3ml (generic of EpiPen)	Tier 2	
epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
ESBRIET	Tier 2	NMO PA
KALYDECO	Tier 2	NMO PA
NUCALA	Tier 2	NMO LA PA
OFEV	Tier 2	NMO PA
ORKAMBI	Tier 2	NMO PA
PROLASTIN-C	Tier 2	NMO LA PA
PULMOZYME	Tier 2	NMO PA
SYMDEKO	Tier 2	NMO LA PA
theophylline TB12 100mg, 200mg	Tier 1	
theophylline TB12 300mg, 450mg	Tier 3	
theophylline TB24	Tier 2	
XOLAIR	Tier 2	NMO LA PA
ZEMAIRA	Tier 2	NMO LA PA
NASAL STEROIDS		
flunisolide (nasal) QL (3 bottles / 30 days)	Tier 2	QL
fluticasone propionate (nasal) QL (1 bottle / 30 days)	Tier 1	QL
STERIOD INHALANTS		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	Tier 2	QL
budesonide (inhalation) (generic of PULMICORT) .25mg/2ml, .5mg/2ml	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	Tier 2	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	Tier 2	QL
FLOVENT HFA QL (2 inhalers / 30 days)	Tier 2	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	Tier 3	QL
STERIOD/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
ADVAIR HFA QL (1 inhaler / 30 days)	Tier 2	QL
BREO ELLIPTA QL (60 blisters / 30 days)	Tier 2	QL
SYMBICORT QL (1 inhaler / 30 days)	Tier 2	QL
TOPICAL DERMATOLOGY, ACNE		
amnestem	Tier 3	PA
avita (generic of RETIN-A) CREA QL (45 grams / 30 days)	Tier 3	QL PA
avita GEL QL (45 grams / 30 days)	Tier 3	QL PA
claravis	Tier 3	PA
clindamycin phosphate (topical) (generic of CLEOCIN-T) GEL QL (75 grams / 30 days)	Tier 3	QL
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN	Tier 2	

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical)</i> SOLN QL (60 mL / 30 days)	Tier 3	QL
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	Tier 3	
<i>erythromycin (acne aid)</i> SOLN	Tier 2	
<i>isotretinoin</i> CAPS	Tier 3	PA
<i>myorisan</i>	Tier 3	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	Tier 3	
<i>tretinoin</i> (generic of RETIN-A) CREA QL (45 grams / 30 days)	Tier 3	QL PA
<i>tretinoin</i> (generic of RETIN-A) GEL .01%, .025% QL (45 grams / 30 days)	Tier 3	QL PA
<i>zenatane</i>	Tier 3	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA	Tier 3	
<i>gentamicin sulfate (topical)</i> OINT	Tier 2	
<i>mupirocin</i> OINT QL (220 grams / 30 days)	Tier 1	QL
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	Tier 1	
<i>ssd</i> (generic of SILVADENE)	Tier 1	
<i>SULFAMYLLON</i> CREA	Tier 3	
DERMATOLOGY, ANTIFUNGALS		
<i>clotrimazole (topical)</i> CREA	Tier 2	
<i>clotrimazole w/ betamethasone</i> (generic of LOTRISONE) CREA	Tier 2	
<i>ketoconazole cream</i> QL (60 grams / 30 days)	Tier 2	QL
<i>nyamyc</i> QL (60 grams / 30 days)	Tier 2	QL
<i>nystatin (topical)</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin pow 100000</i> QL (60 grams / 30 days)	Tier 2	QL
<i>nystop</i> QL (60 grams / 30 days)	Tier 2	QL
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE) 10mg, 25mg	Tier 3	PA
<i>acitretin</i> 17.5mg	Tier 3	PA
<i>calcipotriene</i> (generic of DOVONEX) CREA QL (120 grams / 30 days)	Tier 3	QL PA
<i>calcipotriene</i> OINT QL (120 grams / 30 days)	Tier 3	QL PA
<i>calcipotriene</i> SOLN QL (120 mL / 30 days)	Tier 3	QL PA
<i>calcitrene</i> QL (120 grams / 30 days)	Tier 3	QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA QL (60 grams / 30 days)	Tier 2	QL PA
TAZORAC CREA .05% QL (60 grams / 30 days)	Tier 3	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	Tier 1	
<i>selenium sulfide</i> LOTN	Tier 1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	Tier 1	
<i>alclometasone dipropionate</i> CREA	Tier 3	
<i>alclometasone dipropionate</i> OINT	Tier 2	
<i>betamethasone dipropionate (topical)</i> CREA; LOTN	Tier 2	
<i>betamethasone dipropionate (topical)</i> OINT	Tier 3	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	Tier 2	

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00020364_v6_01/2020

Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented GEL; LOTN</i>	Tier 3		<i>hydrocortisone (topical) lotion 2.5%</i>	Tier 2	
<i>betamethasone dipropionate augmented (generic of DIPROLENE) OINT</i>	Tier 3		<i>hydrocortisone (topical) oint 2.5%</i>	Tier 1	
<i>betamethasone valerate CREA; LOTN; OINT</i>	Tier 2		<i>hydrocortisone butyrate cream 0.1% (generic of LOCOID)</i>	Tier 3	QL
ENSTILAR	Tier 3	QL PA	QL (45 grams / 30 days)		
QL (120 grams / 30 days)			<i>hydrocortisone butyrate oint 0.1%</i>	Tier 3	QL
<i>fluocinolone acetonide CREA .01%</i>	Tier 2		QL (45 grams / 30 days)		
<i>fluocinolone acetonide (generic of SYNALAR) CREA .025%</i>	Tier 2		<i>mometasone furoate (generic of ELOCON) CREA</i>	Tier 2	
<i>fluocinolone acetonide (generic of SYNALAR) OINT</i>	Tier 2		<i>mometasone furoate OINT; SOLN</i>	Tier 2	
<i>fluocinolone acetonide (generic of SYNALAR) SOLN</i>	Tier 3	QL	<i>triamcinolone acetonide (topical) CREA .1%</i>	Tier 1	QL
QL (90 mL / 30 days)			QL (454 grams / 30 days)		
<i>fluocinonide CREA .05%</i>	Tier 3	QL	<i>triamcinolone acetonide (topical) CREA .025%, .5%</i>	Tier 1	
QL (120 grams / 30 days)			<i>triamcinolone acetonide (topical) LOTN</i>	Tier 2	
<i>fluocinonide GEL</i>	Tier 3	QL	<i>triamcinolone acetonide (topical) OINT</i>	Tier 1	
QL (60 grams / 30 days)			DERMATOLOGY, LOCAL ANESTHETICS		
<i>fluocinonide OINT</i>	Tier 3	QL	<i>glydo</i>	Tier 2	QL PA
QL (60 grams / 30 days)			QL (30 mL / 30 days)		
<i>fluocinonide SOLN</i>	Tier 3	QL	<i>lidocaine (generic of LIDODERM) PTCH</i>	Tier 3	QL PA
QL (60 mL / 30 days)			QL (3 patches / 1 day)		
<i>fluocinonide emulsified base</i>	Tier 3	QL	<i>lidocaine hcl GEL</i>	Tier 2	QL PA
QL (120 grams / 30 days)			QL (30 mL / 30 days)		
<i>fluticasone propionate CREA; OINT</i>	Tier 2		<i>lidocaine hcl SOLN 4%</i>	Tier 2	QL PA
<i>halobetasol propionate CREA; OINT</i>	Tier 3	QL	QL (50 mL / 30 days)		
QL (50 grams / 30 days)			<i>lidocaine oint 5%</i>	Tier 3	QL PA
<i>hydrocortisone (topical) cream 1%</i>	Tier 1		QL (50 grams / 30 days)		
<i>hydrocortisone (topical) cream 2.5%</i>	Tier 1		<i>lidocaine-prilocaine</i>	Tier 2	QL PA
			QL (30 grams / 30 days)		

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00020364_v6_01/2020

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ammonium lactate CREA	Tier 1	
ammonium lactate LOTN	Tier 2	
diclofenac sodium (topical) 1% gel (generic of VOLTAREN)	Tier 2	QL PA
QL (1000 grams / 30 days)		
fluorouracil (topical) (generic of EFUDEX) CREA 5%	Tier 3	QL
QL (40 grams / 30 days)		
fluorouracil (topical) SOLN	Tier 2	QL
QL (10 mL / 30 days)		
imiquimod (generic of ALDARA) CREA 5%	Tier 2	QL
QL (24 packets / 30 days)		
metronidazole (topical) (generic of METROCREAM) CREA	Tier 3	
metronidazole gel 0.75%	Tier 3	
PANRETIN	Tier 2	QL
QL (60 grams / 30 days)		
PICATO .05%	Tier 3	QL
QL (2 tubes / 30 days)		
PICATO .015%	Tier 3	QL
QL (3 tubes / 30 days)		
podofilox SOLN	Tier 2	
procto-med hc (generic of ANUSOL-HC)	Tier 2	
procto-pak (generic of PROCTOCORT)	Tier 2	
proctosol hc cre 2.5% (generic of ANUSOL-HC)	Tier 2	
proctozone-hc (generic of ANUSOL-HC)	Tier 2	
RECTIV	Tier 3	QL
QL (30 grams / 30 days)		
rosadan (generic of METROCREAM)	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
tacrolimus (topical) (generic of PROTOPIC)	Tier 3	QL
QL (100 grams / 30 days)		
TARGRETIN GEL	Tier 2	QL NMO PA
QL (60 grams / 30 days)		
VALCHLOR	Tier 2	QL NMO LA PA
QL (60 grams / 30 days)		
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion (generic of OVIDE)	Tier 3	
permethrin cre 5% (generic of ELIMITE)	Tier 2	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid .25%	Tier 1	
REGRANEX	Tier 2	QL PA
QL (30 grams / 30 days)		
SANTYL	Tier 3	
sodium chlor sol 0.9% irr	Tier 1	
water for irrigation, sterile	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX)	Tier 1	
clotrimazole LOZG	Tier 3	
lidocaine hcl (mouth-throat)	Tier 1	
nystatin (mouth-throat)	Tier 2	
paroex sol 0.12% (generic of PERIDEX)	Tier 1	
periogard (generic of PERIDEX)	Tier 1	
pilocarpine hcl (oral) (generic of SALAGEN)	Tier 3	
triamcinolone acetonide (mouth)	Tier 2	
OTIC		
acetic acid (otic)	Tier 2	
CIPRODEX	Tier 2	
neomycin-polymyxin-hc (otic)	Tier 2	

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Blue MedicareRx 3-Tier Select 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin (otic)</i> (generic of FLOXIN OTIC)	Tier 3	

Index

A		
<i>abacavir sulfate</i>	5	
<i>abacavir sulfate-lamivudine</i>	6	
<i>abacavir sulfate-lamivudine-zidovudine</i>	6	
ABELCET.....	5	
ABILIFY		
see <i>aripiprazole tab</i>	21	
ABILIFY MAINTENA.....	21	
<i>abiraterone acetate</i>	9	
<i>acamprosate calcium</i>	27	
<i>acarbose</i>	28	
ACCOLATE		
see <i>zafirlukast</i>	43	
ACCUPRIL		
see <i>quinapril hcl</i>	12	
ACCURETIC		
see <i>quinapril-hydrochlorothiazide</i>	12	
<i>acebutolol hcl</i>	14	
<i>acetaminophen w/ codeine 300-15mg</i>	1	
<i>acetaminophen w/ codeine 300-30mg</i>	1	
<i>acetaminophen w/ codeine 300-60mg</i>	1	
<i>acetaminophen w/ codeine soln</i>	1	
<i>acetazolamide</i>	15	
<i>acetic acid</i>	47	
<i>acetic acid (otic)</i>	47	
<i>acetylcysteine</i>	44	
<i>acitretin</i>	45	
ACTHIB.....	39	
ACTIGALL		
see <i>ursodiol</i>	36	
ACTIMMUNE.....	39	
ACTIQ		
see <i>fentanyl citrate</i>	2	
ACTOS		
see <i>pioglitazone hcl</i>	29	
ACULAR		
see <i>ketorolac tromethamine (ophth)</i>	42	
ACULAR LS		
see <i>ketorolac tromethamine (ophth)</i>	42	
<i>acyclovir</i>	7	
<i>acyclovir sodium</i>	7	
ADACEL.....	39	
ADALAT CC		
see <i>nifedipine er</i>	14	
ADDERALL		
see <i>amphetamine-dextroamphetamine tab 10 mg</i>	24	
see <i>amphetamine-dextroamphetamine tab 12.5 mg</i>	24	
see <i>amphetamine-dextroamphetamine tab 15 mg</i>	24	
see <i>amphetamine-dextroamphetamine tab 20 mg</i>	24	
see <i>amphetamine-dextroamphetamine tab 30 mg</i>	24	
see <i>amphetamine-dextroamphetamine tab 5 mg</i>	24	
see <i>amphetamine-dextroamphetamine tab 7.5 mg</i>	24	
ADDERALL XR		
see <i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	24	
see <i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	24	
see <i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	24	
see <i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	24	
see <i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	24	
see <i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	24	
<i>adefovir dipivoxil</i>	7	
ADEMPAS.....	16	
ADVAIR DISKUS.....	44	
ADVAIR HFA.....	44	
AFINITOR.....	10	
AFINITOR DISPERZ.....	10	
AGGRENOLX		
see <i>aspirin-dipyridamole</i>	38	
AGRYLIN		
see <i>anagrelide hcl</i>	37	
AIMOVIG.....	25	
<i>ala-cort</i>	45	
<i>albendazole</i>	4	
ALBENZA		
see <i>albendazole</i>	4	
<i>albuterol sulfate</i>	43	
ALCAINE		
see <i>proparacaine hcl</i>	43	
<i>alclometasone dipropionate</i>	45	
ALDACTAZIDE		
see <i>spironolactone & hydrochlorothiazide</i>	15	
ALDACTONE		
see <i>spironolactone</i>	12	
ALDARA		
see <i>imiquimod</i>	47	
ALECENSA.....	10	
<i>alendronate sodium</i>	30	
<i>alfuzosin hcl</i>	36	
ALINIA.....	4	
<i>aliskiren fumarate</i>	15	
<i>allopurinol tab</i>	1	
<i>alosetron hcl</i>	36	
ALPHAGAN P		
see <i>brimonidine tartrate soln 0.15%</i>	42	
ALPHAGAN P SOL 0.1%.....	42	
<i>alprazolam tab 0.25mg</i>	16	
<i>alprazolam tab 0.5mg</i>	16	
<i>alprazolam tab 1mg</i>	16	
<i>alprazolam tab 2 mg</i>	16	
ALREX.....	42	
ALTACE		
see <i>ramipril</i>	12	
<i>altavera tab</i>	30	
ALUNBRIG.....	10	
<i>alyacen 1/35</i>	30	

<i>amantadine hcl</i>.....21	<i>amnestem</i> .....44	<i>amphetamine-</i>
AMARYL	<i>amoxapine</i> .....19	<i>dextroamphetamine tab 20</i>
see <i>glimepiride</i> .....28	<i>amoxicillin</i> .....8	<i>mg</i>.....24
AMBIEN	<i>amoxicillin & pot clavulanate</i>	<i>amphetamine-</i>
see <i>zolpidem tartrate</i> .....25	<i>200/5ml susr</i> .....8	<i>dextroamphetamine tab 30</i>
AMBISOME.....5	<i>amoxicillin & pot clavulanate</i>	<i>mg</i>.....24
<i>ambrisentan</i> .....16	<i>200-28.5 chw tabs</i> .....8	<i>amphetamine-</i>
<i>amikacin sulfate</i> .....3	<i>amoxicillin & pot clavulanate</i>	<i>dextroamphetamine tab 5</i>
<i>amiloride &</i>	<i>250/5ml susr</i> .....8	<i>mg</i>.....24
<i>hydrochlorothiazide</i> .....15	<i>amoxicillin & pot clavulanate</i>	<i>amphetamine-</i>
<i>amiloride hcl</i>.....15	<i>250-125 tabs</i>.....8	<i>dextroamphetamine tab 7.5</i>
AMINOSYN II INJ 10% ....40	<i>amoxicillin & pot clavulanate</i>	<i>mg</i>.....24
AMINOSYN-PF 10%.....40	<i>400/5ml susr</i> .....8	<i>amphotericin b</i> .....5
AMINOSYN-PF 7%.....40	<i>amoxicillin & pot clavulanate</i>	<i>ampicillin & sulbactam</i>
<i>amiodarone hcl soln</i>.....13	<i>400-57 chw tabs</i> .....8	<i>sodium</i> .....8
<i>amiodarone tab 100mg</i> ....13	<i>amoxicillin & pot clavulanate</i>	<i>ampicillin cap 500mg</i> .....8
<i>amiodarone tab 200mg</i> ....13	<i>500-125 tabs</i>.....8	<i>ampicillin inj</i> .....8
<i>amiodarone tab 400mg</i> ....13	<i>amoxicillin & pot clavulanate</i>	<i>ampicillin sodium</i> .....8
AMITIZA.....36	<i>600/5ml susr</i> .....8	AMPYRA
<i>amitriptyline hcl</i> .....19	<i>amoxicillin & pot clavulanate</i>	see <i>dalfampridine</i>.....26
<i>amlodipine besylate</i> .....14	<i>875-125 tabs</i>.....8	ANADROL-50 .....27
<i>amlodipine besylate-</i>	<i>amphetamine-</i>	ANAFRANIL
<i>benazepril hcl cap 10-20 mg</i>	<i>dextroamphetamine cap sr</i>	see <i>clomipramine hcl</i> ....20
.....11	<i>24hr 10 mg</i>.....24	<i>anagrelide hcl</i> .....37
<i>amlodipine besylate-</i>	<i>amphetamine-</i>	<i>anastrozole</i> .....9
<i>benazepril hcl cap 10-40 mg</i>	<i>dextroamphetamine cap sr</i>	ANCOBON
.....11	<i>24hr 15 mg</i>.....24	see <i>flucytosine</i> .....5
<i>amlodipine besylate-</i>	<i>amphetamine-</i>	ANDRODERM .....27
<i>benazepril hcl cap 2.5-10 mg</i>	<i>dextroamphetamine cap sr</i>	ANDROGEL
.....11	<i>24hr 20 mg</i>.....24	see <i>testosterone</i>.....27
<i>amlodipine besylate-</i>	<i>amphetamine-</i>	ANORO ELLIPTA .....43
<i>benazepril hcl cap 5-10 mg</i>	<i>dextroamphetamine cap sr</i>	ANTABUSE
.....11	<i>24hr 25 mg</i>.....24	see <i>disulfiram</i> .....27
<i>amlodipine besylate-</i>	<i>amphetamine-</i>	ANUSOL-HC
<i>benazepril hcl cap 5-20 mg</i>	<i>dextroamphetamine cap sr</i>	see <i>procto-med hc</i> .....47
.....11	<i>24hr 30 mg</i>.....24	see <i>proctosol hc cre 2.5%</i>
<i>amlodipine besylate-</i>	<i>amphetamine-</i>	47
<i>benazepril hcl cap 5-40 mg</i>	<i>dextroamphetamine cap sr</i>	see <i>proctozone-hc</i>.....47
.....11	<i>24hr 5 mg</i>.....24	APOKYN.....21
<i>amlodipine besylate-</i>	<i>amphetamine-</i>	<i>aprepitant</i>.....34
<i>valsartan tab 10-160 mg</i> ...12	<i>dextroamphetamine tab 10</i>	<i>aprepitant pak 80mg &</i>
<i>amlodipine besylate-</i>	<i>mg</i>.....24	<i>125mg</i>.....34
<i>valsartan tab 10-320 mg</i> ...12	<i>amphetamine-</i>	<i>apri</i>.....30
<i>amlodipine besylate-</i>	<i>dextroamphetamine tab 12.5</i>	APTIOM.....16
<i>valsartan tab 5-160 mg</i> ....12	<i>mg</i>.....24	APTIVUS .....5
<i>amlodipine besylate-</i>	<i>amphetamine-</i>	ARALAST NP .....44
<i>valsartan tab 5-320 mg</i> ....12	<i>dextroamphetamine tab 15</i>	<i>aranella</i>.....30
<i>ammonium lactate</i>.....47	<i>mg</i>.....24	ARAVA

see <i>leflunomide</i>	38	see <i>irbesartan</i>	12	BD ALCOHOL SWABS.....	27
ARCALYST	39	<i>aviane</i>	30	BD ULTRAFINE INSULIN	
ARICEPT		<i>avita</i>	44	SYRINGE	27
see <i>donepezil</i>		AVODART		BD ULTRAFINE/NANO PEN	
<i>hydrochloride</i>	19	see <i>dutasteride</i>	36	NEEDLES	27
ARIMIDEX		AYGESTIN		<i>bekyree</i>	30
see <i>anastrozole</i>	9	see <i>norethindrone acetate</i>		<i>benazepril &</i>	
<i>aripiprazole odt</i>	21	.....	34	<i>hydrochlorothiazide</i>	11
<i>aripiprazole oral solution 1</i>		AZACTAM		<i>benazepril hcl</i>	12
<i>mg/ml</i>	21	see <i>aztreonam</i>	4	BENICAR	
<i>aripiprazole tab</i>	21	AZASITE	41	see <i>olmesartan medoxomil</i>	
ARISTADA	22	<i>azathioprine</i>	39	.....	13
ARISTADA INITIO	22	<i>azelastine drop 0.05%</i>	42	BENICAR HCT	
ARIXTRA		<i>azelastine spr 0.1%</i>	43	see <i>olmesartan</i>	
see <i>fondaparinux sodium</i>		<i>azelastine spr 0.15%</i>	43	<i>medoxomil-</i>	
.....	37	AZILECT		<i>hydrochlorothiazide</i>	12
<i>armodafinil</i>	27	see <i>rasagiline mesylate</i>	21	BENLYSTA	39
ARNUITY ELLIPTA	44	<i>azithromycin</i>	8	<i>benztropine mesylate inj</i> ...	21
AROMASIN		AZOPT	42	<i>benztropine mesylate tab</i>	
see <i>exemestane</i>	10	<i>aztreonam</i>	4	<i>0.5mg</i>	21
<i>aspirin-dipyridamole</i>	38	AZULFIDINE		<i>benztropine mesylate tab</i>	
ASTEPRO		see <i>sulfasalazine</i>	35	<i>1mg</i>	21
see <i>azelastine spr 0.15%</i>		AZULFIDINE EN-TABS		<i>benztropine mesylate tab</i>	
.....	43	see <i>sulfasalazine ec</i>	35	<i>2mg</i>	21
<i>atazanavir sulfate</i>	5	B		BEPREVE	42
<i>atenolol</i>	14	<i>bacitracin (ophthalmic)</i>	41	BERINERT	38
<i>atenolol & chlorthalidone</i>	14	<i>bacitracin-polymyxin b</i>		BESIVANCE	41
ATIVAN		(<i>ophth</i>)	41	<i>betamethasone dipropionate</i>	
see <i>lorazepam</i>	16	<i>bacitracin-poly-neomycin-hc</i>		(<i>topical</i>)	45
<i>atomoxetine hcl</i>	24	.....	41	<i>betamethasone dipropionate</i>	
<i>atorvastatin calcium</i>	13	<i>baclofen</i>	26	<i>augmented</i>	45, 46
<i>atovaquone</i>	4	BACTRIM		<i>betamethasone valerate</i> ...	46
<i>atovaquone-proguanil hcl</i>	5	see <i>sulfamethoxazole-</i>		BETAPACE	
ATRIPLA	6	<i>trimethoprim tab 400-</i>		see <i>sorine</i>	13
ATROPINE SULFATE	42	<i>80mg</i>	4	see <i>sotalol hcl</i>	13
ATROVENT HFA	43	BACTRIM DS		BETAPACE AF	
<i>aubra</i>	30	see <i>sulfamethoxazole-</i>		see <i>sotalol hcl (afib/af)</i> ..	13
AUGMENTIN		<i>trimethop ds</i>	4	BETASERON	26
see <i>amoxicillin & pot</i>		<i>balsalazide disodium</i>	35	<i>betaxolol hcl (ophth)</i>	42
<i>clavulanate 250/5ml susr</i>	8	BALVERSA	10	<i>bethanechol chloride</i>	36
see <i>amoxicillin & pot</i>		<i>balziva</i>	30	BETOPTIC-S	42
<i>clavulanate 500-125 tabs</i>	8	BANZEL SUS 40MG/ML ...	16	BEVESPI AEROSPHERE	43
AURYXIA	34	BANZEL TAB 200MG	16	<i>bexarotene</i>	11
AUSTEDO	26	BANZEL TAB 400MG	16	BEXSERO	39
AVALIDE		BARACLUDE	7	BIAXIN XL	
see <i>irbesartan-</i>		see <i>entecavir</i>	7	see <i>clarithromycin er</i>	8
<i>hydrochlorothiazide</i>	12	BASAGLAR KWIKPEN	27	<i>bicalutamide</i>	10
AVAPRO		BCG VACCINE	39	BICILLIN L-A	8

BIKTARVY	6	<i>hcl dihydrate 4-1mg</i>	27	<i>entacapone</i>	21
BILTRICIDE		<i>buprenorphine hcl-naloxone</i>		CARDIZEM	
<i>see praziquantel</i>	4	<i>hcl dihydrate 8-2mg</i>	27	<i>see diltiazem hcl</i>	14
<i>bisoprolol &</i>		<i>buprenorphine hcl-naloxone</i>		CARDIZEM CD	
<i>hydrochlorothiazide</i>	14	<i>hcl sl</i>	27	<i>see cartia xt</i>	14
<i>bisoprolol fumarate</i>	14	<i>bupropion hcl</i>	19	<i>see diltiazem cap 240mg</i>	
BIVIGAM	38	<i>bupropion hcl (smoking</i>		<i>cd</i>	14
BLEPH-10		<i>deterrent)</i>	27	<i>see diltiazem cap 360mg</i>	
<i>see sulfacetamide sodium</i>		<i>buspirone hcl</i>	16	<i>cd</i>	14
<i>(ophth)</i>	42	BYDUREON BCISE	27	<i>see diltiazem hcl coated</i>	
BLEPHAMIDE	41	BYDUREON PEN	27	<i>beads</i>	14
<i>blisovi fe 1.5/30</i>	30	BYETTA	28	<i>see diltiazem hcl coated</i>	
BONIVA		BYSTOLIC	14	<i>beads cap sr 24hr</i>	14
<i>see ibandronate sodium</i>		C		<i>see diltiazem hcl extended</i>	
<i>tabs</i>	30	<i>cabergoline</i>	33	<i>release beads cap sr</i>	14
BOOSTRIX	39	CABOMETYX	10	CARDURA	
<i>bosentan</i>	16	CAFERGOT		<i>see doxazosin mesylate</i> 12	
BOSULIF	10	<i>see ergotamine w/ caffeine</i>		CARNITOR	
BRAFTOVI	10	.....	25	<i>see levocarnitine</i>	
BREO ELLIPTA	44	CALAN		<i>(metabolic modifiers)</i>	32
<i>briellyn</i>	30	<i>see verapamil hcl</i>	15	<i>carteolol hcl (ophth)</i>	42
BRILINTA	38	CALAN SR		<i>cartia xt</i>	14
<i>brimonidine sol 0.2%</i>	42	<i>see verapamil hcl</i>	15	<i>carvedilol</i>	14
<i>brimonidine tartrate soln</i>		<i>see verapamil tab er</i>	15	CASODEX	
<i>0.15%</i>	42	<i>calcipotriene</i>	45	<i>see bicalutamide</i>	10
BRIVIACT INJ 50MG/5ML 16		<i>calcitonin (salmon)</i>	33	<i>caspofungin acetate</i>	5
BRIVIACT SOL 10MG/ML 16		<i>calcitrene</i>	45	CATAPRES	
BRIVIACT TAB 100MG	17	<i>calcitriol</i>	41	<i>see clonidine hcl</i>	15
BRIVIACT TAB 10MG	16	<i>calcitriol inj</i>	41	CATAPRES-TTS-1	
BRIVIACT TAB 25MG	16	<i>calcitriol oral soln 1 mcg/ml</i>		<i>see clonidine hcl ptwk</i> ... 15	
BRIVIACT TAB 50MG	16	.....	41	CATAPRES-TTS-2	
BRIVIACT TAB 75MG	17	<i>calcium acetate (phosphate</i>		<i>see clonidine hcl ptwk</i> ... 15	
<i>bromocriptine mesylate</i>	21	<i>binder)</i>	34	CATAPRES-TTS-3	
BROMSITE	42	CALQUENCE	10	<i>see clonidine hcl ptwk</i> ... 15	
<i>budesonide (inhalation)</i>	44	camila	30	CAYSTON	4
<i>budesonide ec</i>	35	CANASA		<i>caziant pak</i>	30
<i>bumetanide</i>	15	<i>see mesalamine</i>	35	<i>cefaclor</i>	7
BUMEX		CANCIDAS		<i>cefadroxil</i>	7
<i>see bumetanide</i>	15	<i>see caspofungin acetate</i> .5		CEFAZOLIN IN DEXTROSE	
BUPHENYL		CAPRELSA	10	2GM/100ML-4%	7
<i>see sodium phenylbutyrate</i>		CARAFATE		<i>cefazolin inj</i>	7
.....	32	<i>see sucralfate</i>	36	<i>cefazolin sodium</i>	7
<i>buprenorphine hcl</i>	27	CARBAGLU	32	CEFAZOLIN SODIUM 1	
<i>buprenorphine hcl-naloxone</i>		<i>carbamazepine</i>	17	GM/50ML	7
<i>hcl dihydrate 12-3mg</i>	27	CARBATROL		<i>cefdinir</i>	7
<i>buprenorphine hcl-naloxone</i>		<i>see carbamazepine</i>	17	<i>cefepime hcl</i>	7
<i>hcl dihydrate 2-0.5mg</i>	27	<i>carbidopa-levodopa</i>	21	<i>cefixime</i>	7
<i>buprenorphine hcl-naloxone</i>		<i>carbidopa-levodopa-</i>		<i>cefoxitin sodium</i>	7

<i>cefpodoxime proxetil</i>	7	<i>claravis</i>	44	<i>clonidine hcl</i>	15
<i>ceftazidime</i>	8	<i>clarithromycin</i>	8	<i>clonidine hcl ptwk</i>	15
<i>ceftriaxone sodium</i>	8	<i>clarithromycin er</i>	8	<i>clopidogrel tab 75mg</i>	38
<i>cefuroxime axetil</i>	8	<i>clarithromycin for susp</i>	8	<i>clorazepate dipotassium</i> ...	17
<i>cefuroxime sodium</i>	8	CLEOCIN		<i>clotrimazole</i>	47
CELEBREX		<i>see clindamycin cap</i>		<i>clotrimazole (topical)</i>	45
<i>see celecoxib</i>	1	300mg	4	<i>clotrimazole w/</i>	
<i>celecoxib</i>	1	<i>see clindamycin cap 75mg</i>		<i>betamethasone</i>	45
CELEXA		.....	4	CLOZAPINE	
<i>see citalopram</i>		<i>see clindamycin hcl cap</i>		<i>see clozapine tab 200mg</i>	
<i>hydrobromide</i>	20	150 mg	4	.....	22
CELLCEPT		<i>see clindamycin</i>		<i>see clozapine tab 50mg</i>	22
<i>see mycophenolate mofetil</i>		<i>phosphate vaginal</i>	37	<i>clozapine odt</i>	22
.....	39	CLEOCIN PEDIATRIC		<i>clozapine tab 100mg</i>	22
CELONTIN.....	17	GRANULE		<i>clozapine tab 200mg</i>	22
<i>cephalexin</i>	8	<i>see clindamycin soln</i>		<i>clozapine tab 25mg</i>	22
CERDELGA	32	75mg/5ml	4	<i>clozapine tab 50mg</i>	22
<i>cetirizine syrup</i>	43	CLEOCIN PHOSPHATE		CLOZARIL	
CHANTIX CONTINUING		<i>see clindamycin</i>		<i>see clozapine tab 100mg</i>	
MONTH.....	27	<i>phosphate inj</i>	4	.....	22
CHANTIX PAK 0.5& 1MG .27		CLEOCIN-T		<i>see clozapine tab 25mg</i>	22
CHANTIX TAB 0.5MG	27	<i>see clindamycin</i>		COARTEM.....	5
CHANTIX TAB 1MG	27	<i>phosphate (topical)</i>	44	COGENTIN	
CHEMET.....	30	CLIMARA		<i>see benztropine mesylate</i>	
<i>chlorhexidine gluconate</i>		<i>see estradiol</i>	32	<i>inj</i>	21
(mouth-throat)	47	<i>clindamycin cap 300mg</i>	4	COLAZAL	
<i>chloroquine phosphate</i>	5	<i>clindamycin cap 75mg</i>	4	<i>see balsalazide disodium</i>	
<i>chlorothiazide tabs</i>	15	<i>clindamycin hcl cap 150 mg</i>	4	.....	35
<i>chlorpromazine hcl</i>	22	<i>clindamycin phosphate</i>		<i>colchicine w/ probenecid</i>	1
CHLORPROMAZINE INJ..	22	(<i>topical</i>)	44, 45	COLCRYS	1
<i>chlorthalidone</i>	15	<i>clindamycin phosphate in</i>		<i>colesevelam hcl</i>	13
<i>cholestyramine</i>	13	<i>d5w</i>	4	COLESTID	
<i>cholestyramine light pack</i> ..	13	CLINDAMYCIN		<i>see colestipol hcl gran</i> ...	13
<i>cholestyramine light powd</i> ..	13	PHOSPHATE IN NACL.....	4	<i>see colestipol hcl pack</i> ..	13
<i>cilostazol</i>	38	<i>clindamycin phosphate inj</i> ...	4	<i>see colestipol hcl tabs</i> ...	13
CILOXAN	41	<i>clindamycin phosphate</i>		<i>colestipol hcl gran</i>	13
<i>see ciprofloxacin hcl</i>		<i>vaginal</i>	37	<i>colestipol hcl pack</i>	13
(<i>ophth</i>)	41	<i>clindamycin soln 75mg/5ml</i> ..	4	<i>colestipol hcl tabs</i>	13
CIMDUO	6	CLINIMIX		<i>colistimethate sodium</i>	4
<i>cinacalcet hcl</i>	33	4.25%/DEXTROSE 5%.....	40	<i>colocort</i>	35
CIPRO		CLINIMIX 5%/DEXTROSE		COLY-MYCIN M	
<i>see ciprofloxacin hcl tab</i> ..	8	15%.....	40	<i>see colistimethate sodium</i>	
CIPRODEX	47	CLINIMIX 5%/DEXTROSE		.....	4
<i>ciprofloxacin hcl (ophth)</i>	41	20%.....	40	COLYTE-FLAVOR PACKS	
<i>ciprofloxacin hcl tab</i>	8	CLINIMIX INJ 4.25/D10	40	<i>see gavilyte-c</i>	35
<i>ciprofloxacin in d5w</i>	8	<i>clobazam</i>	17	COMBIGAN	42
<i>citalopram hydrobromide</i> ..	19,	<i>clomipramine hcl</i>	20	COMBIVENT RESPIMAT .	43
20		<i>clonazepam</i>	17	COMBIVIR	

see <i>lamivudine-zidovudine</i>	<i>cyclafem 7/7/7</i>.....30	DELESTROGEN.....32
.....6	<i>cyclobenzaprine hcl</i> .....26	see <i>estradiol valerate inj</i> 32
COMETRIQ.....10	<i>cyclophosphamide</i> .....9	DELSTRIGO .....6
COMPLERA.....6	CYCLOPHOSPHAMIDE ....9	<i>delyla</i> .....30
<i>compro</i> .....34	<i>cycloserine</i> .....7	DELZICOL
COMTAN	<i>cyclosporine</i> .....39	see <i>mesalamine</i> .....35
see <i>entacapone</i> .....21	<i>cyclosporine modified (for</i>	DEMSEER .....15
<i>constulose</i> .....35	<i>microemulsion)</i> .....39	DEPAICON
COPAXONE	CYKLOKAPRON	see <i>valproate sodium</i> ....18
see <i>glatiramer acetate</i>	see <i>tranexamic acid</i> .....38	DEPAKENE
<i>20mg/ml</i> .....26	CYMBALTA	see <i>valproic acid</i> .....19
see <i>glatiramer acetate</i>	see <i>duloxetine hcl</i> .....20	DEPAKOTE
<i>40mg/ml</i> .....26	<i>cyproheptadine hcl</i>.....43	see <i>divalproex sodium</i> ..17
see <i>glatopa</i> .....26	<i>cyred tab</i> .....30	DEPAKOTE ER
COPIKTRA.....10	CYSTADANE POW .....32	see <i>divalproex sodium</i> ..17
COREG	CYSTAGON.....32	DEPAKOTE SPRINKLES
see <i>carvedilol</i> .....14	CYSTARAN .....42	see <i>divalproex sodium</i> ..17
CORLANOR.....15	CYTOMEL	DEPEN TITRATABS.....30
CORTEF	see <i>liothyronine sodium</i> .34	DEPO-MEDROL
see <i>hydrocortisone</i> .....33	CYTOTEC	see <i>methylprednisolone</i>
CORTENEMA	see <i>misoprostol</i> .....36	<i>acetate</i> .....33
see <i>colocort</i> .....35	CYTOVENE	DEPO-PROVERA
see <i>hydrocortisone</i>	see <i>ganciclovir sodium</i> ....7	CONTRACEPTIV
(<i>enema</i>) .....35	D	see <i>medroxyprogesterone</i>
<i>cortisone acetate</i>.....33	D.H.E. 45	<i>acetate (contraceptive)</i> ..31
COSOPT	see <i>dihydroergotamine</i>	DEPO-TESTOSTERONE
see <i>dorzolamide hcl-</i>	<i>mesylate inj 1 mg/ml</i>.....25	see <i>testosterone cypionate</i>
<i>timolol maleate</i> .....42	<i>dalfampridine</i> .....26	27
COTELLIC .....10	DALIRESP .....44	DESCOVY .....6
COUMADIN .....37	<i>danazol</i> .....32	<i>desipramine hcl</i>.....20
see <i>jantoven</i> .....37	DANTRIUM	<i>desmopressin acetate spray</i>
see <i>warfarin sodium</i> .....37	see <i>dantrolene sodium</i> ..27	34
COZAAR	<i>dantrolene sodium</i> .....27	<i>desmopressin acetate spray</i>
see <i>losartan potassium</i> ..13	<i>dapsone</i> .....4	<i>refrigerated</i> .....34
CREON.....36	DAPTACEL .....39	<i>desmopressin acetate tabs</i>
CRESTOR	<i>daptomycin</i> .....4	34
see <i>rosuvastatin calcium</i>	DAPTOMYCIN.....4	<i>desmopressin inj 4mcg/ml</i> 34
.....13	<i>dasetta 1/35</i> .....30	<i>desogestrel & ethinyl</i>
CRIXIVAN .....5	<i>dasetta 7/7/7</i> .....30	<i>estradiol</i> .....30
<i>cromolyn sod neb 20mg/2ml</i>	DAURISMO .....9	<i>desogestrel-ethinyl estradiol</i>
.....43	DDAVP	(<i>biphasic</i>) .....30
<i>cromolyn sodium</i>	see <i>desmopressin acetate</i>	<i>desvenlafaxine succinate</i> ..20
(<i>mastocytosis</i>) .....36	<i>spray</i> .....34	DETROL
<i>cromolyn sodium (ophth)</i> ..42	see <i>desmopressin acetate</i>	see <i>tolterodine tartrate</i>
<i>cryselle-28</i> .....30	<i>tabs</i> .....34	<i>tabs</i> .....37
CUBICIN	see <i>desmopressin inj</i>	DETROL LA
see <i>daptomycin</i> .....4	<i>4mcg/ml</i> .....34	see <i>tolterodine tartrate cap</i>
<i>cyclafem 1/35</i> .....30	<i>deblitane</i> .....30	<i>er</i> .....37

<i>dexamethasone</i> .....33	<i>dicyclomine hcl cap 10mg</i> .35	<i>50mg/ml</i> .....43
DEXAMETHASONE .....33	<i>dicyclomine hcl soln</i>	<i>diphenoxylate w/ atropine</i> .36
DEXAMETHASONE	<i>10mg/5ml</i> .....35	DIPHThERIA/TETANUS
SODIUM PHOS	<i>dicyclomine hcl tab 20mg</i> .35	TOXOID .....39
<i>see dexamethasone</i>	<i>didanosine</i> .....5	DIPROLENE
<i>sodium phosphate</i> .....33	DIFLUCAN	<i>see betamethasone</i>
<i>dexamethasone sodium</i>	<i>see fluconazole</i> .....5	<i>dipropionate augmented</i> 46
<i>phosphate</i> .....33	<i>diflunisal</i> .....1	DIPROLENE AF
<i>dexamethasone sodium</i>	<i>digitek</i> .....15	<i>see betamethasone</i>
<i>phosphate (ophth)</i> .....42	<i>digox</i> .....15	<i>dipropionate augmented</i> 45
DEXILANT .....36	<i>digoxin</i> .....15	<i>disopyramide phosphate</i> ...13
<i>dexmethylphenidate hcl</i> ....24	<i>digoxin inj</i> .....15	<i>disulfiram</i> .....27
<i>dextrose 10% flex contain</i> .40	<i>digoxin sol 50mcg/ml</i> .....15	DITROPAN XL
DEXTROSE 10% W/	<i>dihydroergotamine mesylate</i>	<i>see oxybutynin chloride</i> .37
SODIUM CHLORIDE 0.2%	<i>inj 1 mg/ml</i> .....25	<i>divalproex sodium</i> .....17
.....41	<i>dihydroergotamine mesylate</i>	<i>dofetilide</i> .....13
<i>dextrose 10%/nacl 0.45%</i> .41	<i>nasal spr 4 mg/ml</i> .....25	DOLOPHINE
<i>dextrose 2.5%/nacl 0.45%</i> 40	DILANTIN	<i>see methadone hcl 10mg</i> 2
<i>dextrose 5%</i> .....40	<i>see phenytoin sodium</i>	<i>see methadone hcl 5mg</i> ..2
DEXTROSE 5%	<i>extended</i> .....18	<i>donepezil hydrochloride</i> ....19
/ELECTROLYTE .....40	DILANTIN CAP 100MG ....17	<i>dorzolamide hcl</i> .....42
<i>dextrose 5%/nacl 0.2%</i> ....40	DILANTIN CAP 30MG .....17	<i>dorzolamide hcl-timolol</i>
<i>dextrose 5%/nacl 0.225%</i> .40	DILANTIN CHEW TAB	<i>maleate</i> .....42
DEXTROSE 5%/NACL 0.3%	50MG .....17	DOVATO .....6
.....40	DILANTIN INFATABS	DOVONEX
<i>dextrose 5%/nacl 0.33%</i> ...40	<i>see phenytoin</i> .....18	<i>see calcipotriene</i> .....45
<i>dextrose 5%/nacl 0.45%</i> ...40	DILANTIN-125	<i>doxazosin mesylate</i> .....12
<i>dextrose 5%/nacl 0.9%</i> ....40	<i>see phenytoin</i> .....18	<i>doxepin hcl</i> .....20
<i>dextrose 5%/potassium chl</i>	DILANTIN-125 SUSP .....17	<i>doxy 100</i> .....9
.....40	DILAUDID	<i>doxycycline (monohydrate)</i> .9
<i>dextrose 50%</i> .....41	<i>see hydromorphone hcl</i> ...2	<i>doxycycline hyclate</i> .....9
<i>dextrose in lactated ringers</i>	<i>diltiazem cap 240mg cd</i> ....14	<i>dronabinol</i> .....34
.....41	<i>diltiazem cap 360mg cd</i> ....14	<i>drospirenone-ethinyl</i>
<i>dextrose inj 70%</i> .....41	<i>diltiazem cap er/12hr</i> .....14	<i>estradiol</i> .....30
DIASSTAT ACUDIAL .....17	<i>diltiazem hcl</i> .....14	DROXIA .....38
DIASSTAT PEDIATRIC .....17	<i>diltiazem hcl coated beads</i> 14	<i>duloxetine hcl</i> .....20
<i>diazepam</i> .....17	<i>diltiazem hcl coated beads</i>	DURAGESIC
<i>diazepam gel</i> .....17	<i>cap sr 24hr</i> .....14	<i>see fentanyl patch 100</i>
<i>diazepam inj</i> .....17	<i>diltiazem hcl extended</i>	<i>mcg/hr</i> .....2
<i>diazepam intensol</i> .....17	<i>release beads cap sr</i> .....14	<i>see fentanyl patch 12</i>
<i>diazepam oral soln 1 mg/ml</i>	<i>diltiazem inj</i> .....14	<i>mcg/hr</i> .....2
.....17	<i>dilt-xr cap</i> .....14	<i>see fentanyl patch 25</i>
<i>diclofenac potassium</i> .....1	DIOVAN	<i>mcg/hr</i> .....2
<i>diclofenac sodium</i> .....1	<i>see valsartan</i> .....13	<i>see fentanyl patch 50</i>
<i>diclofenac sodium (ophth)</i> .42	DIOVAN HCT	<i>mcg/hr</i> .....2
<i>diclofenac sodium (topical)</i>	<i>see valsartan-</i>	<i>see fentanyl patch 75</i>
<i>1% gel</i> .....47	<i>hydrochlorothiazide</i> .....12	<i>mcg/hr</i> .....2
<i>dicloxacin sodium</i> .....8	<i>diphenhydramine hcl inj</i>	DUREZOL .....42

<i>dutasteride</i> .....36	ENSTILAR .....46	<i>see estradiol</i>.....32
DYAZIDE	<i>entacapone</i> .....21	<i>see estradiol vaginal</i>
<i>see triamterene &</i>	<i>entecavir</i> .....7	<i>cream</i> .....32
<i>hydrochlorothiazide cap</i>	ENTOCORT EC	<i>estradiol</i> .....32
37.5-25 mg .....15	<i>see budesonide ec</i> .....35	<i>estradiol vaginal cream</i> .....32
E	ENTRESTO .....12	<i>estradiol vaginal tab</i> .....32
<i>e.e.s. 400mg tab</i> .....8	<i>enulose</i> .....35	<i>estradiol valerate inj</i> .....32
EC-NAPROSYN	EPCLUSA .....7	ESTROSTEP FE
<i>see naproxen dr</i> .....1	EPIDIOLEX .....17	<i>see tilia fe</i> .....32
EC-NAPROXEN	<i>epinephrine (anaphylaxis)</i> .44	<i>see tri-legest fe</i> .....32
<i>see naproxen dr</i> .....1	EPIPEN 2-PAK	<i>ethambutol hcl</i> .....7
EDURANT .....5	<i>see epinephrine</i>	<i>ethosuximide</i> .....17
<i>efavirenz</i> .....5	<i>(anaphylaxis)</i> .....44	<i>ethynodiol diacet & eth</i>
EFFEXOR XR	EPIPEN-JR 2-PAK	<i>estrad</i> .....30
<i>see venlafaxine hcl</i> .....20	<i>see epinephrine</i>	<i>ethynodiol tab 1-50</i> .....30
EFFIENT	<i>(anaphylaxis)</i> .....44	EVISTA
<i>see prasugrel hcl</i> .....38	<i>epitol</i> .....17	<i>see raloxifene tab 60mg</i> 34
EFUDEX	EPIVIR	EVOTAZ .....6
<i>see fluorouracil (topical)</i> 47	<i>see lamivudine</i> .....6	EXELON
ELIMITE	EPIVIR HBV .....7	<i>see rivastigmine td patch</i>
<i>see permethrin cre 5%</i> ..47	<i>see lamivudine (hbv)</i> .....7	24hr 13.3 mg/24hr .....19
ELIQUIS .....37	<i>eplerenone</i> .....12	<i>see rivastigmine td patch</i>
ELIQUIS STARTER PACK	EPZICOM	24hr 4.6 mg/24hr .....19
.....37	<i>see abacavir sulfate-</i>	<i>see rivastigmine td patch</i>
ELLA .....30	<i>lamivudine</i> .....6	24hr 9.5 mg/24hr .....19
ELOCON	<i>ergotamine w/ caffeine</i> .....25	<i>exemestane</i> .....10
<i>see mometasone furoate</i>	ERIVEDGE .....9	EXFORGE
.....46	ERLEADA .....10	<i>see amlodipine besylate-</i>
EMCYT .....9	<i>erlotinib hcl</i> .....10	<i>valsartan tab 10-160 mg</i> 12
EMEND .....34	<i>errin</i> .....30	<i>see amlodipine besylate-</i>
<i>see aprepitant</i> .....34	<i>ertapenem sodium</i> .....4	<i>valsartan tab 10-320 mg</i> 12
EMGALITY .....25	ERYGEL	<i>see amlodipine besylate-</i>
<i>emoquette</i> .....30	<i>see erythromycin (acne</i>	<i>valsartan tab 5-160 mg</i> .12
EMSAM .....20	<i>aid)</i> .....45	<i>see amlodipine besylate-</i>
EMTRIVA .....5	<i>ery-tab</i> .....8	<i>valsartan tab 5-320 mg</i> .12
EMVERM .....4	ERYTHROCIN	<i>ezetimibe</i> .....13
<i>enalapril maleate</i> .....12	LACTOBIONATE .....8	F
<i>enalapril maleate &</i>	<i>erythrocin stearate</i> .....8	<i>falmina</i> .....31
<i>hydrochlorothiazide</i> .....12	<i>erythromycin (acne aid)</i> ....45	<i>famciclovir</i> .....7
ENDARI .....38	<i>erythromycin (ophth)</i> .....41	<i>famotidine in nacl</i> .....35
<i>endocet 10-325mg</i> .....1	<i>erythromycin base</i> .....8	<i>famotidine inj</i> .....35
<i>endocet 2.5-325mg</i> .....1	<i>erythromycin cap 250mg ec</i> 8	<i>famotidine tab</i> .....35
<i>endocet 5-325mg</i> .....1	<i>erythromycin ethylsuccinate</i> 8	FANAPT .....22
<i>endocet 7.5-325mg</i> .....1	ESBRIET .....44	FANAPT TITRATION PACK
ENGERIX-B .....39	<i>escitalopram oxalate</i> .....20	22
<i>enoxaparin sodium</i> .....37	<i>esomeprazole magnesium</i> 36	FARESTON
<i>enpresse-28</i> .....30	<i>estarylla tab 0.25-35</i> .....30	<i>see toremifene citrate</i> ....10
<i>enskyce</i> .....30	ESTRACE	FARXIGA .....28

FARYDAK.....9	fluocinonide.....46	GAMMAPLEX 10GM/100ML.....38
FAZACLO	fluocinonide emulsified base.....46	GAMUNEX-C.....39
see clozapine odt.....22	fluorometholone.....42	ganciclovir sodium.....7
felbamate.....17	fluorouracil (topical).....47	GARDASIL 9.....39
FELBATOL	fluoxetine cap 10mg.....20	GASTROCROM
see felbamate.....17	fluoxetine cap 20mg.....20	see cromolyn sodium (mastocytosis).....36
felodipine.....14	fluoxetine cap 40mg.....20	GATTEX.....36
FEMARA	fluoxetine hcl.....20	GAUZE PADS 2.....28
see letrozole.....10	fluphenazine decanoate.....22	gavilyte-c.....35
FEMHRT LOW DOSE	fluphenazine hcl.....22	gavilyte-g.....35
see fyavolv.....32	flurbiprofen.....1	gavilyte-n/flavor pack.....35
see norethindrone acetate-ethinyl estradiol.....33	flurbiprofen sodium.....42	gemfibrozil.....13
femynor.....31	flutamide.....10	generlac.....35
fenofibrate.....13	fluticasone propionate.....46	gengraf.....39
fenofibrate micronized.....13	fluticasone propionate (nasal).....44	GENOTROPIN.....33
fentanyl citrate.....2	fluvoxamine maleate.....16	GENOTROPIN MINIQUICK.....33
fentanyl patch 100 mcg/hr.....2	FOCALIN	gentak.....41
fentanyl patch 12 mcg/hr.....2	see dexmethylphenidate hcl.....24	gentamicin in saline.....3
fentanyl patch 25 mcg/hr.....2	fondaparinux sodium.....37	gentamicin sulfate.....3
fentanyl patch 50 mcg/hr.....2	FORTEO.....33	gentamicin sulfate (topical).....45
fentanyl patch 75 mcg/hr.....2	FOSAMAX	gentamicin sulfate soln (ophth).....41
FETZIMA.....20	see alendronate sodium 30	GENVOYA.....6
FETZIMA TITRATION PACK.....20	fosamprenavir tab 700 mg.....5	GEODON.....22
FIASP.....28	fosinopril sodium.....12	see ziprasidone hcl.....23
FIASP FLEXTOUCH.....28	fosinopril sodium & hydrochlorothiazide.....12	gianvi.....31
finasteride.....36	FREAMINE HBC 6.9%.....40	GILENYA CAP 0.5MG.....26
FIRAZYR.....38	FREAMINE III.....40	GILOTRIF TAB 20MG.....10
FLAGYL	furosemide.....15	GILOTRIF TAB 30MG.....10
see metronidazole.....4	furosemide inj.....15	GILOTRIF TAB 40MG.....10
flecainide acetate.....13	FUZEON.....5	glatiramer acetate 20mg/ml.....26
FLOMAX	fyavolv.....32	glatiramer acetate 40mg/ml.....26
see tamsulosin hcl.....36	FYCOMPA.....17	glatopa.....26
FLOVENT DISKUS.....44	G	GLEEVEC
FLOVENT HFA.....44	gabapentin.....17, 18	see imatinib mesylate.....10
FLOXIN OTIC	GABITRIL	GLEOSTINE.....9
see ofloxacin (otic).....48	see tiagabine hcl.....18	glimepiride.....28
fluconazole.....5	galantamine hydrobromide.....19	glip/metform tab 2.5-250mg.....28
fluconazole inj nacl 200.....5	galantamine hydrobromide er.....19	glip/metform tab 2.5-500mg.....28
fluconazole inj nacl 400.....5	GAMASTAN S/D.....38	glip/metform tab 5-500mg.....28
flucytosine.....5	GAMMAGARD LIQUID.....38	
fludrocortisone acetate.....33	GAMMAGARD S/D.....38	
FLUMADINE	GAMMAKED.....38	
see rimantadine hydrochloride.....7	GAMMAPLEX.....38	
flunisolide (nasal).....44		
fluocinolone acetonide.....46		

<i>glipizide</i>.....28	<i>heparin sod inj 1000/ml</i>.....37	<i>cream 1%</i> .....46
<i>glipizide xl</i> .....28	<i>heparin sod inj 10000/ml</i> ...37	<i>hydrocortisone (topical)</i>
GLUCAGEN HYPOKIT .....33	<i>heparin sod inj 20000/ml</i> ...37	<i>cream 2.5%</i> .....46
GLUCAGON EMERGENCY	<i>heparin sod inj 5000/ml</i>.....37	<i>hydrocortisone (topical)</i>
KIT .....33	HEPARIN SODIUM/NACL	<i>lotion 2.5%</i>.....46
GLUCOPHAGE	0.45%.....37	<i>hydrocortisone (topical) oint</i>
<i>see metformin hcl</i> .....29	<i>hepatamine</i> .....40	<i>2.5%</i> .....46
GLUCOPHAGE XR	HEPSERA	<i>hydrocortisone butyrate</i>
<i>see metformin er</i> .....29	<i>see adefovir dipivoxil</i> .....7	<i>cream 0.1%</i> .....46
GLUCOTROL	HETLIOZ.....25	<i>hydrocortisone butyrate oint</i>
<i>see glipizide</i>.....28	HIBERIX .....39	<i>0.1%</i> .....46
GLUCOTROL XL	HIPREX	<i>hydromorphone hcl</i>.....2
<i>see glipizide</i>.....28	<i>see methenamine</i>	<i>hydroxychloroquine sulfate</i>
<i>see glipizide xl</i> .....28	<i>hippurate</i> .....4	38
<i>glycopyrrolate tab 1mg</i>.....35	HUMIRA.....38	<i>hydroxyurea</i>.....11
<i>glycopyrrolate tab 2mg</i>.....35	HUMIRA INJ 10MG/0.2ML38	<i>hydroxyzine hcl</i>.....43
<i>glydo</i> .....46	HUMIRA KIT 20MG/0.4ML38	<i>hydroxyzine hcl inj</i> .....43
GOLYTELY .....35	HUMIRA KIT 40MG/0.8ML38	<i>hydroxyzine pamoate</i>.....43
<i>see gavilyte-g</i> .....35	HUMIRA PEDIATRIC	HYSINGLA ER.....2
<i>see peg 3350-kcl-sod</i>	CROHNS DISEASE.....38	HYZAAR
<i>bicarb-sod chloride-sod</i>	HUMIRA PEN .....38	<i>see losartan potassium &</i>
<i>sulfate</i>.....35	HUMIRA PEN CD/UC/HS	<i>hctz tab 100-12.5 mg</i> ....12
<i>granisetron hcl</i> .....34	STARTER .....38	<i>see losartan potassium &</i>
<i>griseofulvin microsize</i>.....5	HUMIRA PEN INJ	<i>hctz tab 100-25 mg</i> .....12
<i>griseofulvin ultramicrosize</i> ...5	CD/UC/HS STARTER.....38	<i>see losartan potassium &</i>
<i>guanfacine er (adhd)</i>.....24	HUMIRA PEN INJ PS/UV	<i>hctz tab 50-12.5 mg</i> .....12
H	STARTER .....38	I
HAEGARDA.....38	HUMIRA PEN-PS/UV	<i>ibandronate sodium tabs</i> ..30
HALDOL	STARTER .....38	IBRANCE.....9
<i>see haloperidol lactate inj</i>	HUMULIN R INJ U-500.....28	<i>ibu tab 600mg</i> .....1
<i>5mg/ml</i>.....22	HUMULIN R U-500	<i>ibu tab 800mg</i> .....1
HALDOL DECANOATE 100	KWIKPEN .....28	<i>ibuprofen</i>.....1
<i>see haloperidol decanoate</i>	<i>hydralazine hcl</i>.....16	ICLUSIG .....10
.....22	HYDREA	IDHIFA.....9
HALDOL DECANOATE 50	<i>see hydroxyurea</i>.....11	ILEVRO .....42
<i>see haloperidol decanoate</i>	<i>hydrochlorothiazide</i>.....15	<i>imatinib mesylate</i> .....10
.....22	<i>hydroco/apap tab 10-325mg</i>	IMBRUVICA.....10
<i>halobetasol propionate</i>.....46	2	<i>imipenem-cilastatin</i> .....4
<i>haloperidol</i> .....22	<i>hydroco/apap tab 5-325mg</i> .2	<i>imipramine hcl</i> .....20
<i>haloperidol conc 2mg/ml</i> ...22	<i>hydroco/apap tab 7.5-325mg</i>	<i>imiquimod</i> .....47
<i>haloperidol decanoate</i>.....22	2	IMITREX
<i>haloperidol lactate inj 5mg/ml</i>	<i>hydrocodone-acetaminophen</i>	<i>see sumatriptan inj</i>
.....22	<i>7.5-325 mg/15ml</i>.....2	<i>6mg/0.5ml</i> .....26
HARVONI.....7	<i>hydrocodone-ibuprofen 7.5-</i>	<i>see sumatriptan nasal</i>
HAVRIX.....39	<i>200mg</i>.....2	<i>spray</i> .....26
<i>heather</i>.....31	<i>hydrocortisone</i> .....33	<i>see sumatriptan succinate</i>
<i>heparin sod (porcine) in d5w</i>	<i>hydrocortisone (enema)</i> ....35	26
.....37	<i>hydrocortisone (topical)</i>	IMITREX STATDOSE

KEPPRA		LAMICTAL CHEWABLE		LEUKERAN	9
see levetiracetam	18	DISPERS		leuprolide inj 1mg/0.2.....	10
see levetiracetam sol		see lamotrigine	18	levabuterol tartrate hfa	43
100mg/ml.....	18	LAMISIL		LEVAQUIN	
see roweepra.....	18	see terbinafine hcl	5	see levofloxacin.....	8
ketoconazole	5	lamivudine.....	6	LEVEMIR	28
ketoconazole cream	45	lamivudine (hbv)	7	LEVEMIR FLEXTouch ...	28
ketoconazole shampoo	45	lamivudine-zidovudine	6	levetiracetam	18
ketorolac tromethamine		lamotrigine	18	LEVETIRACETAM	
(ophth)	42	LANOXIN		see levetiracetam in	
KINRIX	39	see digitek	15	sodium chloride	18
kionex sus 15gm/60ml	30	see digox	15	levetiracetam in sodium	
KISQALI	9	see digoxin	15	chloride	18
KISQALI FEMARA 200		see digoxin inj	15	levetiracetam sol 100mg/ml	
DOSE.....	9	lansoprazole	36	.....	18
KISQALI FEMARA 400		larin 1.5/30	31	levobunolol hcl	42
DOSE.....	9	larin 1/20	31	levocarnitine (metabolic	
KISQALI FEMARA 600		larin fe 1.5/30	31	modifiers)	32
DOSE.....	9	larin fe 1/20	31	levocetirizine dihydrochloride	
KITABIS PAK		larissia tab.....	31	.....	43
see tobramycin	3	LASIX		levofloxacin	8
KLARON		see furosemide	15	levofloxacin in d5w.....	8
see sulfacetamide sodium		LASTACFT	42	levofloxacin inj 25mg/ml.....	8
(acne)	45	latanoprost.....	42	levofloxacin oral soln 25	
KLONOPIN		LATUDA.....	22	mg/ml	8
see clonazepam	17	leena.....	31	levonest	31
klor-con 10	40	leflunomide	38	levonor/ethi tab	31
klor-con 8	40	LENVIMA 10 MG DAILY		levonorgestrel & eth estradiol	
klor-con m10	40	DOSE.....	11	.....	31
klor-con m15	40	LENVIMA 12MG DAILY		levonorgestrel-ethinyl	
klor-con m20	40	DOSE.....	11	estradiol (91-day).....	31
klor-con pak 20meq	40	LENVIMA 14 MG DAILY		levora 0.15/30-28.....	31
klor-con spr cap 10meq	40	DOSE.....	11	levo-t.....	34
klor-con spr cap 8meq	40	LENVIMA 18 MG DAILY		levothyroxine sodium	34
KORLYM.....	33	DOSE.....	11	levoxyl.....	34
K-TAB		LENVIMA 20 MG DAILY		LEXAPRO	
see potassium chloride..	40	DOSE.....	11	see escitalopram oxalate	
kurvelo	31	LENVIMA 24 MG DAILY		.....	20
KUVAN	32	DOSE.....	11	LEXIVA	6
L		LENVIMA 4 MG DAILY		see fosamprenavir tab 700	
labetalol hcl	14	DOSE.....	11	mg	5
lactated ringer's.....	41	LENVIMA 8 MG DAILY		LIALDA	
lactulose.....	35	DOSE.....	11	see mesalamine	35
lactulose (encephalopathy)		lessina.....	31	lidocaine	46
.....	35	LETAIRIS		lidocaine hcl	46
LAMICTAL		see ambrisentan.....	16	lidocaine hcl (local anesth.)	3
see lamotrigine	18	letrozole	10	lidocaine hcl (mouth-throat)	
see subvenite tab	18	leucovorin calcium	11	.....	47

<i>lidocaine inj 0.5%</i>.....3	see <i>tarina fe 1/20</i> .....32	<i>benazepril hcl cap 5-20</i>
<i>lidocaine inj 1%</i>.....3	LOMOTIL	<i>mg</i> .....11
<i>lidocaine inj 1.5%</i>	see <i>diphenoxylate w/</i>	LOTTRISONE
<i>preservative free (pf)</i>.....3	<i>atropine</i> .....36	see <i>clotrimazole w/</i>
<i>lidocaine oint 5%</i>.....46	LONSURF.....11	<i>betamethasone</i> .....45
<i>lidocaine-prilocaine</i> .....46	<i>loperamide hcl</i> .....36	LOTTRONEX
LIDODERM	LOPID	see <i>alosetron hcl</i>.....36
see <i>lidocaine</i> .....46	see <i>gemfibrozil</i> .....13	<i>lovastatin</i> .....13
<i>linezolid in sodium chloride</i> .4	<i>lopinavir-ritonavir</i> .....6	LOVENOX
<i>linezolid inj</i> .....4	LOPRESSOR	see <i>enoxaparin sodium</i> .37
<i>linezolid susp</i> .....4	see <i>metoprolol tartrate</i> ..14	<i>low-ogestrel</i> .....31
<i>linezolid tab 600mg</i> .....4	LOPRESSOR HCT	<i>loxapine succinate</i> .....22
LINZESS.....36	see <i>metoprolol &</i>	LUMIGAN .....42
<i>liothyronine sodium</i> .....34	<i>hydrochlorothiazide</i> .....14	LUPRON DEPOT (1-
LIPITOR	<i>lorazepam</i> .....16	MONTH) .....10
see <i>atorvastatin calcium</i> 13	<i>lorazepam intensol</i>.....16	LUPRON DEPOT INJ
<i>lisinopril</i> .....12	LORBRENA.....11	11.25MG (3-MONTH) .....10
<i>lisinopril &</i>	<i>lorcet hd tab 10-325mg</i> .....2	<i>luteal</i>.....31
<i>hydrochlorothiazide</i> .....12	<i>lorcet plus tab 7.5-325</i> .....2	LYNPARZA.....9
<i>lithium carbonate</i>.....26	<i>lorcet tab 5-325mg</i> .....2	LYRICA.....18
<i>lithium carbonate er</i> .....26	<i>loryna</i> .....31	LYRICA CR .....26
LITHIUM SOLN 8MEQ/5ML	<i>losartan potassium</i>.....13	LYSODREN.....10
.....26	<i>losartan potassium & hctz</i>	LYSTEDA
LITHOBID	<i>tab 100-12.5 mg</i>.....12	see <i>tranexamic acid</i> .....38
see <i>lithium carbonate er</i> 26	<i>losartan potassium & hctz</i>	<i>lyza</i> .....31
LOCOID	<i>tab 100-25 mg</i>.....12	M
see <i>hydrocortisone</i>	<i>losartan potassium & hctz</i>	MACROBID
<i>butyrate cream 0.1%</i> .....46	<i>tab 50-12.5 mg</i>.....12	see <i>nitrofurantoin</i>
LOESTRIN 1.5/30-21	LOTEMAX.....42	<i>monohyd macro</i> .....4
see <i>junel 1.5/30</i>.....31	see <i>loteprednol etabonate</i>	MACRODANTIN
see <i>larin 1.5/30</i>.....31	42	see <i>nitrofurantoin</i>
see <i>microgestin 1.5/30</i> ..31	LOTENSIN	<i>macrocrystal</i>.....4
LOESTRIN 1/20-21	see <i>benazepril hcl</i> .....12	<i>magnesium sulfate</i>.....40
see <i>junel 1/20</i>.....31	LOTENSIN HCT	MAGNESIUM SULFATE ..40
see <i>larin 1/20</i>.....31	see <i>benazepril &</i>	see <i>magnesium sulfate</i> .40
see <i>microgestin 1/20</i> .....31	<i>hydrochlorothiazide</i> .....11	MAGNESIUM SULFATE IN
see <i>norethindrone acet &</i>	<i>loteprednol etabonate</i> .....42	D5W.....40
<i>eth estra</i> .....31	LOTREL	see <i>magnesium sulfate in</i>
LOESTRIN FE 1.5/30	see <i>amlodipine besylate-</i>	<i>dextrose</i> .....40
see <i>blisovi fe 1.5/30</i>.....30	<i>benazepril hcl cap 10-20</i>	<i>magnesium sulfate in</i>
see <i>junel fe 1.5/30</i> .....31	<i>mg</i> .....11	<i>dextrose</i> .....40
see <i>larin fe 1.5/30</i>.....31	see <i>amlodipine besylate-</i>	<i>magnesium sulfate inj 50%</i>
see <i>microgestin fe 1.5/30</i>	<i>benazepril hcl cap 10-40</i>	40
.....31	<i>mg</i> .....11	MALARONE
LOESTRIN FE 1/20	see <i>amlodipine besylate-</i>	see <i>atovaquone-proguanil</i>
see <i>junel fe 1/20</i> .....31	<i>benazepril hcl cap 5-10</i>	<i>hcl</i> .....5
see <i>larin fe 1/20</i>.....31	<i>mg</i> .....11	<i>malathion</i> .....47
see <i>microgestin fe 1/20</i> .31	see <i>amlodipine besylate-</i>	<i>maprotiline hcl</i> .....20

MARINOL		<i>meloxicam</i>.....1	<i>methylpr ss inj</i>.....33
see <i>dronabinol</i>.....34		<i>memantine hcl cp24</i>.....19	<i>methylpred pak 4mg</i> .....33
<i>marlissa</i>.....31		<i>memantine soln</i> .....19	<i>methylpred tab 16mg</i> .....33
MARPLAN TAB 10MG.....20		<i>memantine tabs</i> .....19	<i>methylpred tab 32mg</i> .....33
MATULANE .....11		MENACTRA.....39	<i>methylpred tab 4mg</i> .....33
MAVIK		MENVEO .....39	<i>methylpred tab 8mg</i> .....33
see <i>trandolapril</i>.....12		MEPRON	<i>methylprednisolone acetate</i>
MAVYRET.....7		see <i>atovaquone</i>.....4	33
MAXALT		<i>mercaptopurine</i> .....9	<i>metoclopramide hcl</i> 34, 35
see <i>rizatriptan benzoate</i> 25		<i>meropenem</i>.....4	<i>metoclopramide hcl inj</i>.....35
MAXALT-MLT		MERREM	<i>metolazone</i> .....15
see <i>rizatriptan benzoate</i> 25		see <i>meropenem</i> .....4	<i>metoprolol &</i>
MAXIPIME		<i>mesalamine</i> .....35	<i>hydrochlorothiazide</i>.....14
see <i>cefepime hcl</i> .....7		<i>mesalamine w/ cleanser</i> ..35	<i>metoprolol succinate</i>.....14
MAXITROL		MESNEX.....11	<i>metoprolol tartrate</i>.....14
see <i>neomycin-polymy-</i>		MESTINON	METROCREAM
<i>dexameth</i>.....41		see <i>pyridostigmine</i>	see <i>metronidazole</i>
MAXZIDE		<i>bromide</i> .....26	<i>(topical)</i> .....47
see <i>triamterene &</i>		<i>metadate tab 20mg er</i>.....25	see <i>rosadan</i> .....47
<i>hydrochlorothiazide tabs</i> 15		<i>metformin er</i>.....29	METROGEL-VAGINAL
MAXZIDE-25		<i>metformin hcl</i> .....29	see <i>metronidazole vaginal</i>
see <i>triamterene &</i>		<i>methadone hcl</i> .....2	37
<i>hydrochlorothiazide tabs</i> 15		<i>methadone hcl 10mg</i> .....2	<i>metronidazole</i> .....4
<i>meclizine hcl</i> .....34		<i>methadone hcl 5mg</i> .....2	<i>metronidazole (topical)</i> .....47
MEDROL		<i>methadone hcl intensol</i> .....2	<i>metronidazole gel 0.75%</i> ..47
see <i>methylpred tab 16mg</i>		<i>methadone hcl soln 10</i>	<i>metronidazole in nacl</i>.....4
.....33		<i>mg/5ml</i>.....2	<i>metronidazole vaginal</i>.....37
see <i>methylpred tab 32mg</i>		METHADOSE	MIACALCIN
.....33		see <i>methadone hcl</i>	see <i>calcitonin (salmon)</i> .33
see <i>methylpred tab 4mg</i> 33		<i>intensol</i>.....2	MICARDIS
see <i>methylpred tab 8mg</i> 33		<i>methazolamide</i> .....15	see <i>telmisartan</i>.....13
MEDROL DOSEPAK		<i>methenamine hippurate</i> .....4	<i>microgestin 1.5/30</i> .....31
see <i>methylpred pak 4mg</i>		<i>methimazole</i> .....34	<i>microgestin 1/20</i> .....31
.....33		<i>methotrexate sodium inj soln</i>	<i>microgestin fe 1.5/30</i> .....31
<i>medroxyprogesterone</i>		9	<i>microgestin fe 1/20</i> .....31
<i>acetate (contraceptive)</i> .....31		<i>methotrexate sodium inj solr</i>	<i>midodrine hcl</i> .....16
<i>medroxyprogesterone</i>		9	<i>miglustat</i> .....32
<i>acetate tab</i> .....34		<i>methotrexate sodium tabs</i> .38	<i>mili</i> .....31
<i>mefloquine hcl</i>.....5		METHYLIN	MINIPRESS
MEGACE ES		see <i>methylphenidate hcl</i>	see <i>prazosin hcl</i> .....12
see <i>megestrol sus</i>		<i>oral soln</i>.....25	<i>minitran</i>.....16
<i>625mg/5ml</i>.....10		<i>methylphenidate hcl</i>.....25	MINOCIN
<i>megestrol ac sus 40mg/ml</i> 10		<i>methylphenidate hcl oral soln</i>	see <i>minocycline hcl</i> .....9
<i>megestrol ac tab 20mg</i> .....10		25	<i>minocycline hcl</i> .....9
<i>megestrol ac tab 40mg</i> .....10		<i>methylphenidate hcl tbc</i> 10	<i>minoxidil</i>.....16
<i>megestrol sus 625mg/5ml</i> .10		<i>mg</i>.....25	MIRAPEX
MEKINIST .....11		<i>methylphenidate hcl tbc</i>	see <i>pramipexole tab</i>
MEKTOVI.....11		<i>20mg</i>.....25	<i>0.125mg</i> .....21

see <i>pramipexole tab</i>		MOXEZA.....41	<i>nefazodone hcl</i> .....20
0.25mg .....21		<i>moxifloxacin hcl (ophth)</i> ....41	<i>neomycin sulfate</i>.....3
see <i>pramipexole tab</i>		MS CONTIN	<i>neomycin-bacitracin zn-</i>
0.5mg .....21		see <i>morphine ext-rel tab</i> ..2	<i>polymyxin</i>.....42
see <i>pramipexole tab</i>		MULTAQ.....13	<i>neomycin-polymy-dexameth</i>
0.75mg .....21		<i>mupirocin</i> .....45	41
see <i>pramipexole tab</i>		MYAMBUTOL	<i>neomycin-polymyxin-</i>
1.5mg .....21		see <i>ethambutol hcl</i> .....7	<i>gramicidin</i> .....42
see <i>pramipexole tab 1mg</i>		MYCAMINE .....5	<i>neomycin-polymyxin-hc (otic)</i>
.....21		MYCOBUTIN	47
MIRCETTE		see <i>rifabutin</i>.....7	NEORAL
see <i>bekyree</i>.....30		<i>mycophenolate mofetil</i>.....39	see <i>cyclosporine modified</i>
see <i>desogestrel-ethinyl</i>		<i>mycophenolate sodium tbec</i>	(for microemulsion) .....39
<i>estradiol (biphasic)</i> .....30		39	see <i>gengraf</i> .....39
see <i>kariva</i>.....31		MYFORTIC	NEPHRAMINE.....40
see <i>pimtreea</i>.....32		see <i>mycophenolate</i>	NERLYNX.....11
see <i>viorele</i> .....32		<i>sodium tbec</i>.....39	NEUPRO .....21
<i>mirtazapine</i> .....20		<i>myorisan</i> .....45	NEURONTIN
<i>misoprostol</i>.....36		MYRBETRIQ TAB 25MG..37	see <i>gabapentin</i>.....17, 18
MITIGARE.....1		MYRBETRIQ TAB 50MG..37	<i>nevirapine susp 50 mg/5ml</i> ..6
M-M-R II .....39		MYSOLINE	<i>nevirapine tab 100mg er</i> ....6
M-NATAL PLUS.....41		see <i>primidone</i>.....18	<i>nevirapine tab 200mg</i> .....6
MOBIC		N	<i>nevirapine tab 400mg er</i> ....6
see <i>meloxicam</i> .....1		<i>nabumetone</i>.....1	NEXAVAR .....11
<i>moexipril hcl</i>.....12		<i>nafcillin sodium</i> .....8	NEXIUM
<i>molindone hcl</i>.....22		NAFCILLIN SODIUM FOR	see <i>esomeprazole</i>
<i>mometasone furoate</i> .....46		INJ 10GM.....8	<i>magnesium</i> .....36
<i>mondoxyne nl cap 100mg</i> ...9		<i>nalbuphine hcl</i>.....1	<i>niacin er (antihyperlipidemic)</i>
<i>mono-lynyah tab 0.25-35</i> ...31		<i>naloxone inj 0.4mg/ml</i> .....27	13
<i>montelukast sodium</i> .....43		<i>naloxone inj 1mg/ml</i> .....27	<i>niacor</i>.....14
<i>morgidox cap 1x50mg</i>.....9		<i>naltrexone hcl</i> .....27	NIASPAN
<i>morphine ext-rel tab</i> .....2		NAMENDA	see <i>niacin er</i>
<i>morphine sul inj 10mg/ml</i> ....3		see <i>memantine tabs</i>.....19	(antihyperlipidemic) .....13
<i>morphine sul inj 1mg/ml</i> .....2		NAMENDA XR	NICOTROL INHALER.....27
MORPHINE SUL INJ		see <i>memantine hcl cp2419</i>	NICOTROL NS .....27
2MG/ML .....3		NAMZARIC .....19	<i>nifedipine</i> .....14
MORPHINE SUL INJ		NAPROSYN	<i>nifedipine er</i> .....14
4MG/ML .....3		see <i>naproxen</i> .....1	<i>nikki</i> .....31
<i>morphine sulfate</i> .....3		<i>naproxen</i>.....1	NILANDRON
MORPHINE SULFATE .....3		<i>naproxen dr</i>.....1	see <i>nilutamide</i> .....10
see <i>morphine sulfate</i> .....3		NARCAN.....27	<i>nilutamide</i> .....10
<i>morphine sulfate oral soln</i>		NARDIL	<i>nimodipine</i> .....14
100mg/5ml .....3		see <i>phenelzine sulfate</i> ...20	NINLARO.....9
<i>morphine sulfate oral soln</i>		NATACYN.....42	NITRO-BID .....16
10mg/5ml .....3		<i>nateglinide</i> .....29	NITRO-DUR
<i>morphine sulfate oral soln</i>		NATPARA.....33	see <i>minitran</i> .....16
20mg/5ml .....3		NEBUPENT .....4	see <i>nitroglycerin td patch</i>
MOVANTIK .....36		<i>necon 0.5/35-28</i>.....31	16

<i>nitrofurantoin macrocrystal</i> ..4	NORPRAMIN	O
<i>nitrofurantoin monohyd</i>	see <i>desipramine hcl</i> .....20	<i>ocella</i> .....32
<i>macro</i> .....4	NORTHERA.....16	OCTAGAM .....39
<i>nitroglycerin</i>.....16	<i>nortrel 0.5/35 (28)</i> .....31	<i>octreotide acetate</i> .....33, 34
<i>nitroglycerin td patch</i> .....16	<i>nortrel 1/35</i>.....31	<i>octreotide inj 100mcg/ml</i> ...34
NITROSTAT	<i>nortrel 7/7/7</i>.....31	OCUFLOX
see <i>nitroglycerin</i> .....16	<i>nortriptyline hcl</i>.....20	see <i>ofloxacin (ophth)</i>.....42
NITYR .....32	NORVASC	ODEFSEY .....6
NIZORAL	see <i>amlodipine besylate</i> 14	ODOMZO .....9
see <i>ketoconazole</i>	NORVIR	OFEV .....44
<i>shampoo</i>.....45	see <i>ritonavir</i>.....6	<i>ofloxacin (ophth)</i> .....42
<i>nora-be</i> .....31	NORVIR PACK .....6	<i>ofloxacin (otic)</i> .....48
NORCO	NORVIR SOLN .....6	<i>olanzapine</i> .....23
see <i>hydroco/apap tab 10-</i>	NOVOLIN 70/30.....28	<i>olmesartan medoxomil</i>.....13
<i>325mg</i> .....2	NOVOLIN 70/30 FLEXPEN	<i>olmesartan medoxomil-</i>
see <i>hydroco/apap tab 5-</i>	28	<i>hydrochlorothiazide</i>.....12
<i>325mg</i> .....2	NOVOLIN N .....28	<i>olopatadine hcl 0.2%</i> .....42
see <i>hydroco/apap tab 7.5-</i>	NOVOLIN R .....28	<i>omeprazole cap 10mg</i> .....36
<i>325mg</i> .....2	NOVOLOG.....28	<i>omeprazole cap 20mg</i> .....36
see <i>lorcet hd tab 10-</i>	NOVOLOG 70/30 FLEXPEN	<i>omeprazole cap 40mg</i> .....36
<i>325mg</i> .....2	28	<i>ondansetron hcl</i> .....35
see <i>lorcet plus tab 7.5-325</i>	NOVOLOG FLEXPEN .....28	<i>ondansetron hcl inj</i>.....35
.....2	NOVOLOG MIX 70/30 .....28	<i>ondansetron hcl oral soln</i> ..35
see <i>lorcet tab 5-325mg</i>....2	NOVOLOG PENFILL .....28	<i>ondansetron odt</i>.....35
<i>norethindrone</i>	NOXAFIL .....5	ONFI
(contraceptive) .....31	NUCALA .....44	see <i>clobazam</i> .....17
<i>norethindrone acet & eth</i>	NUCYNTA ER .....3	OPSUMIT .....16
<i>estra</i> .....31	NUDEXTA .....26	ORFADIN .....32
<i>norethindrone acetate</i> .....34	NULYTELY/FLAVOR	ORKAMBI .....44
<i>norethindrone acetate-ethinyl</i>	PACKS.....35	<i>orsythia</i> .....32
<i>estradiol</i> .....32, 33	see <i>gavilyte-n/flavor pack</i>	ORTHO MICRONOR
<i>norgest/ethi tab 0.25/35</i> ....31	35	see <i>errin</i> .....30
<i>norgestimate-ethinyl</i>	see <i>peg 3350-potassium</i>	see <i>jolivet</i> .....31
<i>estradiol (triphasic) 0.18-</i>	<i>chloride-sod bicarbonate-</i>	see <i>lyza</i> .....31
<i>25/0.215-25/0.25-25 mg-mcg</i>	<i>sod chloride</i> .....36	see <i>norethindrone</i>
.....31	see <i>trilyte</i> .....36	(contraceptive) .....31
<i>norgestimate-ethinyl</i>	NUPLAZID CAPS .....22	see <i>sharobel</i> .....32
<i>estradiol (triphasic) 0.18-</i>	NUPLAZID TABS 10MG ...22	ORTHO TRI-CYCLEN LO
<i>35/0.215-35/0.25-35 mg-mcg</i>	NUTRILIPID INJ 20% .....40	see <i>norgestimate-ethinyl</i>
.....31	NUVIGIL	<i>estradiol (triphasic) 0.18-</i>
<i>norlyroc</i> .....31	see <i>armodafinil</i> .....27	<i>25/0.215-25/0.25-25 mg-</i>
NORMOSOL-M IN D5W ...41	<i>nyamyc</i> .....45	<i>mcg</i> .....31
NORMOSOL-R .....41	NYMALIZE.....14	see <i>tri-lo- tab marzia</i> ....32
NORMOSOL-R IN D5W....41	<i>nystatin</i> .....5	see <i>tri-lo-estarylla</i>.....32
NORPACE	<i>nystatin (mouth-throat)</i>.....47	see <i>tri-lo-sprintec</i>.....32
see <i>disopyramide</i>	<i>nystatin (topical)</i>.....45	see <i>tri-vylibra lo</i> .....32
<i>phosphate</i>.....13	<i>nystatin pow 100000</i>.....45	ORTHO-NOVUM 1/35
NORPACE CR .....13	<i>nystop</i> .....45	see <i>alyacen 1/35</i> .....30

see <i>cyclafem</i> 1/35	30	<i>paroex sol</i> 0.12%	47	.....	3
see <i>dasetta</i> 1/35	30	<i>paromomycin sulfate</i>	3	see <i>oxycodone w/</i>	
see <i>nortrel</i> 1/35	31	<i>paroxetine hcl</i>	20	<i>acetaminophen</i> 2.5-325mg	
see <i>pirmella</i> 1/35	32	PASER D/R	7	.....	3
ORTHO-NOVUM 7/7/7		PATADAY		see <i>oxycodone w/</i>	
see <i>cyclafem</i> 7/7/7	30	see <i>olopatadine hcl</i> 0.2%		<i>acetaminophen</i> 5-325mg	3
see <i>dasetta</i> 7/7/7	30	.....	42	see <i>oxycodone w/</i>	
see <i>nortrel</i> 7/7/7	31	PAXIL	20	<i>acetaminophen</i> 7.5-325mg	
<i>oseltamivir phosphate</i>	7	see <i>paroxetine hcl</i>	20	.....	3
OVIDE		PAZEO	42	PERIDEX	
see <i>malathion</i>	47	PEDIAPRED		see <i>chlorhexidine</i>	
<i>oxandrolone tab</i> 10mg	27	see <i>pred sod pho sol</i>		<i>gluconate (mouth-throat)</i>	
<i>oxandrolone tab</i> 2.5mg	27	5mg/5ml	33	.....	47
<i>oxcarbazepine</i>	18	PEDIARIX	39	see <i>paroex sol</i> 0.12%	47
<i>oxybutynin chloride</i>	37	PEDVAX HIB	39	see <i>perigard</i>	47
<i>oxycodone hcl</i>	3	<i>peg 3350/electrolytes</i>	36	<i>perindopril erbumine</i>	12
<i>oxycodone w/</i>		<i>peg 3350-kcl-sod bicarb-sod</i>		<i>perigard</i>	47
<i>acetaminophen</i> 10-325mg	3	<i>chloride-sod sulfate</i>	35	<i>permethrin cre</i> 5%	47
<i>oxycodone w/</i>		<i>peg 3350-potassium</i>		<i>perphenazine</i>	23
<i>acetaminophen</i> 2.5-325mg	3	<i>chloride-sod bicarbonate-sod</i>		PERSERIS	23
<i>oxycodone w/</i>		<i>chloride</i>	36	<i>pfizerpen-g inj</i> 20mu	9
<i>acetaminophen</i> 5-325mg	3	PEGANONE	18	<i>pfizerpen-g inj</i> 5mu	9
<i>oxycodone w/</i>		PEGASYS	7	<i>phenelzine sulfate</i>	20
<i>acetaminophen</i> 7.5-325mg	3	PEGASYS PROCLICK	7	PHENERGAN	
OZEMPIC INJ 0.25 OR		PENICILLIN G POT IN		see <i>promethazine hcl inj</i> 35	
0.5MG/DOSE	28	DEXTROSE 2MU	8	<i>phenobarbital</i>	18
OZEMPIC INJ 1MG/DOSE		PENICILLIN G POT IN		<i>phenobarbital sodium</i>	18
.....	28	DEXTROSE 3MU	8	PHENOBARBITAL SODIUM	
P		PENICILLIN G PROCAINE	9	.....	18
<i>pacerone</i>	13	<i>penicillin g sodium</i>	9	PHENYTEK	18
<i>paliperidone</i>	23	<i>penicillin v potassium</i>	9	see <i>phenytoin sodium</i>	
PAMELOR		<i>penicillin gk inj</i> 20mu	9	extended	18
see <i>nortriptyline hcl</i>	20	<i>penicillin gk inj</i> 5mu	9	<i>phenytoin</i>	18
<i>pamidronate disodium</i>	30	PENTACEL	39	<i>phenytoin sodium extended</i>	
PAMIDRONATE DISODIUM		PENTAM 300	4	.....	18
.....	30	see <i>pentamidine</i>		<i>phenytoin sodium inj</i>	
<i>pamidronate inj</i> 30mg	30	<i>isethionate</i>	4	50mg/ml	18
<i>pamidronate inj</i> 90mg	30	<i>pentamidine isethionate</i>	4	<i>philith</i>	32
PANRETIN	47	<i>pentoxifylline</i>	38	PHOSPHOLINE IODIDE	42
<i>pantoprazole sodium</i>	36	PEPCID		PICATO	47
PANZYGA	39	see <i>famotidine tab</i>	35	PIFELTRO	6
<i>paricalcitol</i>	41	PERCOCET		<i>pilocarpine hcl</i>	42
PARLODEL		see <i>endocet</i> 10-325mg	1	<i>pilocarpine hcl (oral)</i>	47
see <i>bromocriptine</i>		see <i>endocet</i> 2.5-325mg	1	<i>pimozide</i>	23
<i>mesylate</i>	21	see <i>endocet</i> 5-325mg	1	<i>pimtrea</i>	32
PARNATE		see <i>endocet</i> 7.5-325mg	1	<i>pindolol</i>	14
see <i>tranylcypromine</i>		see <i>oxycodone w/</i>		<i>pioglitazone hcl</i>	29
<i>sulfate</i>	20	<i>acetaminophen</i> 10-325mg		PIPER/TAZOBA INJ 12-	

1.5GM.....9	<i>pramipexole tab 1mg</i> .....21	<i>primaquine phosphate</i> .....5
<i>piper/tazoba inj 2-0.25gm</i> ...9	PRANDIN	PRIMAQUINE PHOSPHATE
<i>piper/tazoba inj 3-0.375gm</i> .9	see <i>repaglinide</i> .....29	5
<i>piper/tazoba inj 36-4.5gm</i> ...9	<i>prasugrel hcl</i> .....38	see <i>primaquine phosphate</i>
<i>piper/tazoba inj 4-0.5gm</i> .....9	PRAVACHOL	5
PIQRAY 200MG DAILY	see <i>pravastatin sodium</i> .13	PRIMAXIN IV
DOSE.....11	<i>pravastatin sodium</i>.....13	see <i>imipenem-cilastatin</i> ...4
PIQRAY 250MG DAILY	<i>praziquantel</i> .....4	<i>primidone</i> .....18
DOSE.....11	<i>prazosin hcl</i>.....12	PRINIVIL
PIQRAY 300MG DAILY	PRECOSE	see <i>lisinopril</i> .....12
DOSE.....11	see <i>acarbose</i>.....28	PRISTIQ
<i>pirmella 1/35</i> .....32	PRED FORTE	see <i>desvenlafaxine</i>
PLAQUENIL	see <i>prednisolone acetate</i>	<i>succinate</i> .....20
see <i>hydroxychloroquine</i>	(<i>ophth</i>).....42	PRIVIGEN .....39
<i>sulfate</i>.....38	<i>pred sod pho sol 5mg/5ml</i> .33	<i>probenecid</i>.....1
PLASMA-LYTE A.....41	<i>prednisolone acetate (ophth)</i>	PROCALAMINE.....40
PLASMA-LYTE-148 .....41	42	PROCARDIA XL
PLAVIX	<i>prednisolone sodium</i>	see <i>nifedipine</i> .....14
see <i>clopidogrel tab 75mg</i>	<i>phosphate</i> .....33	<i>prochlorperazine inj</i> .....35
.....38	PREDNISOLONE SODIUM	<i>prochlorperazine maleate</i> .35
PLENVU.....36	PHOSPHATE (OPHTH)....42	<i>prochlorperazine supp</i> .....35
PNV FOLIC ACID + IRON	<i>prednisolone sol 15mg/5ml</i>	PROCRT .....37
MUL .....41	33	PROCTOCORT
<i>podofilox</i>.....47	<i>prednisolone sol 25mg/5ml</i>	see <i>procto-pak</i> .....47
<i>polymyxin b-trimethoprim</i> ..42	33	<i>procto-med hc</i>.....47
POLYTRIM	PREDNISONE CON	<i>procto-pak</i>.....47
see <i>polymyxin b-</i>	5MG/ML .....33	<i>proctosol hc cre 2.5%</i> .....47
<i>trimethoprim</i> .....42	<i>prednisone pak 10mg</i> .....33	<i>proctozone-hc</i> .....47
POMALYST CAP 1MG .....10	<i>prednisone pak 5mg</i> .....33	PROGLYCEM SUS
POMALYST CAP 2MG .....10	<i>prednisone sol 5mg/5ml</i>....33	50MG/ML.....33
POMALYST CAP 3MG .....10	<i>prednisone tab 10mg</i> .....33	PROGRAF.....39
POMALYST CAP 4MG .....10	<i>prednisone tab 1mg</i> .....33	see <i>tacrolimus</i> .....39
<i>portia-28</i>.....32	<i>prednisone tab 2.5mg</i> .....33	PROLASTIN-C.....44
<i>pot chloride inj 2meq/ml</i> ...41	<i>prednisone tab 20mg</i> .....33	PROLENSA.....42
<i>potassium chloride</i> .....40, 41	<i>prednisone tab 50mg</i> .....33	PROLIA .....34
<i>potassium chloride in nacl</i> .41	<i>prednisone tab 5mg</i> .....33	PROMACTA .....38
<i>potassium chloride</i>	PREMASOL 10%.....40	<i>promethazine hcl</i> .....35
<i>microencapsulated crystals</i>	PRENATAL.....41	<i>promethazine hcl inj</i>.....35
<i>er</i>.....40	PRENATAL PLUS .....41	<i>propafenone hcl</i>.....13
<i>potassium citrate (alkalinizer)</i>	PRENATAL PLUS LOW	<i>propafenone hcl 12hr</i>.....13
<i>er tabs</i>.....36, 37	IRON.....41	<i>proparacaine hcl</i> .....43
PRADAXA.....37	PREVACID	<i>propranolol cap er</i>.....14
PRALUENT.....14	see <i>lansoprazole</i> .....36	<i>propranolol hcl</i> .....14
<i>pramipexole tab 0.125mg</i> .21	<i>prevalite</i> .....14	<i>propranolol oral sol</i> .....14
<i>pramipexole tab 0.25mg</i> ...21	<i>previfem</i> .....32	<i>propylthiouracil</i> .....34
<i>pramipexole tab 0.5mg</i> .....21	PREZCOBIX.....6	PROQUAD .....39
<i>pramipexole tab 0.75mg</i> ...21	PREZISTA .....6	PROSCAR
<i>pramipexole tab 1.5mg</i> .....21	PRIFTIN.....7	see <i>finasteride</i>.....36

PROSOL.....40	<i>ranolazine</i> .....16	<i>hypertension</i>) .....16
PROTONIX	RAPAMUNE	REVLIMID.....10
<i>see pantoprazole sodium</i>	<i>see sirolimus</i> .....39	REXULTI .....23
.....36	<i>rasagiline mesylate</i> .....21	REYATAZ .....6
PROTOPIC	RAYALDEE.....41	<i>see atazanavir sulfate</i> .....5
<i>see tacrolimus (topical)</i> ..47	RAZADYNE	RHOPRESSA.....42
<i>protriptyline hcl</i>.....20	<i>see galantamine</i>	<i>ribasphere</i>.....7
PROVERA	<i>hydrobromide</i> .....19	<i>ribavirin cap 200mg</i> .....7
<i>see medroxyprogesterone</i>	RAZADYNE ER	<i>ribavirin tab 200mg</i> .....7
<i>acetate tab</i>.....34	<i>see galantamine</i>	<i>rifabutin</i>.....7
PROZAC	<i>hydrobromide er</i> .....19	RIFADIN
<i>see fluoxetine cap 10mg</i> 20	RECLAST	<i>see rifampin</i> .....7
<i>see fluoxetine cap 20mg</i> 20	<i>see zoledronic acid inj</i>	<i>rifampin</i>.....7
<i>see fluoxetine cap 40mg</i> 20	5mg/100ml .....30	RIFATER .....7
PULMICORT	<i>reclipsen</i> .....32	RILUTEK
<i>see budesonide</i>	RECOMBIVAX HB.....39	<i>see riluzole</i>.....26
<i>(inhalation)</i>.....44	RECTIV.....47	<i>riluzole</i> .....26
PULMICORT FLEXHALER	REGLAN	<i>rimantadine hydrochloride</i> ..7
.....44	<i>see metoclopramide hcl</i> 35	RISPERDAL
PULMOZYME .....44	REGRANEX.....47	<i>see risperidone</i>.....23
PURIXAN.....9	RELENZA DISKHALER.....7	RISPERDAL INJ 12.5MG .23
<i>pyrazinamide</i>.....7	RELISTOR.....36	RISPERDAL INJ 25MG ....23
<i>pyridostigmine bromide</i> ....26	REMERON	RISPERDAL INJ 37.5MG .23
Q	<i>see mirtazapine</i>.....20	RISPERDAL INJ 50MG ....23
QUADRACEL.....39	REMERON SOLTAB	<i>risperidone</i>.....23
QUALAQUIN	<i>see mirtazapine</i>.....20	RITALIN
<i>see quinine sulfate</i> .....5	REVELA	<i>see methylphenidate hcl</i> 25
QUESTRAN	<i>see sevelamer carbonate</i>	<i>ritonavir</i>.....6
<i>see cholestyramine</i> .....13	34	<i>rivastigmine tartrate</i> .....19
QUESTRAN LIGHT	<i>repaglinide</i> .....29	<i>rivastigmine td patch 24hr</i>
<i>see cholestyramine light</i>	REQUIP	13.3 mg/24hr .....19
<i>powd</i>.....13	<i>see ropinirole tab 0.5mg</i> 21	<i>rivastigmine td patch 24hr</i>
<i>see prevalite</i> .....14	RESCRIPTOR .....6	4.6 mg/24hr .....19
<i>quetiapine fumarate</i> .....23	RESTASIS.....43	<i>rivastigmine td patch 24hr</i>
<i>quinapril hcl</i>.....12	RESTASIS MULTIDOSE ..43	9.5 mg/24hr .....19
<i>quinapril-hydrochlorothiazide</i>	RESTORIL	<i>rizatriptan benzoate</i> .....25
.....12	<i>see temazepam</i>.....25	ROCALTROL
<i>quinidine sulfate</i> .....13	RETIN-A	<i>see calcitriol</i> .....41
<i>quinine sulfate</i>.....5	<i>see avita</i>.....44	<i>see calcitriol oral soln 1</i>
R	<i>see tretinoin</i>.....45	<i>mcg/ml</i> .....41
RABAVERT.....39	RETROVIR	<i>ropinirole tab 0.25mg</i> .....21
<i>raloxifene tab 60mg</i> .....34	<i>see zidovudine cap 100mg</i>	<i>ropinirole tab 0.5mg</i> .....21
<i>ramipril</i> .....12	6	<i>ropinirole tab 1mg</i>.....21
RANEXA	<i>see zidovudine syp</i>	<i>ropinirole tab 2mg</i>.....21
<i>see ranolazine</i> .....16	50mg/5ml .....6	<i>ropinirole tab 3mg</i>.....21
<i>ranitidine hcl</i>.....35	REVATIO	<i>ropinirole tab 4mg</i>.....21
<i>ranitidine hcl inj</i> .....35	<i>see sildenafil citrate tab 20</i>	<i>ropinirole tab 5mg</i>.....21
<i>ranitidine syrup</i>.....35	mg (pulmonary	<i>rosadan</i>.....47

<i>rosuvastatin calcium</i>	13	(pulmonary hypertension) .16	<i>sps</i>	30
ROTARIX	39	SILENOR	<i>sronyx</i>	32
ROTATEQ	39	SILVADENE	<i>ssd</i>	45
ROWASA		see <i>silver sulfadiazine</i> ...	STALEVO 100	
see <i>mesalamine w/</i>		see <i>ssd</i>	see <i>carbidopa-levodopa-</i>	
<i>cleanser</i>	35	<i>silver sulfadiazine</i>	<i>entacapone</i>	21
<i>roweepra</i>	18	SIMBRINZA	STALEVO 125	
ROXICODONE		<i>simvastatin</i>	see <i>carbidopa-levodopa-</i>	
see <i>oxycodone hcl</i>	3	SINEMET	<i>entacapone</i>	21
RUBRACA	9	see <i>carbidopa-levodopa</i> 21	STALEVO 150	
RYDAPT	11	SINEMET CR	see <i>carbidopa-levodopa-</i>	
RYTHMOL SR		see <i>carbidopa-levodopa</i> 21	<i>entacapone</i>	21
see <i>propafenone hcl 12hr</i>		SINGULAIR	STALEVO 200	
.....	13	see <i>montelukast sodium</i> 43	see <i>carbidopa-levodopa-</i>	
S		<i>sirolimus</i>	<i>entacapone</i>	21
SABRIL		SIRTURO	STALEVO 50	
see <i>vigabatrin powd pack</i>		SIVEXTRO	see <i>carbidopa-levodopa-</i>	
500mg	19	<i>sod chloride inj 0.9%</i>	<i>entacapone</i>	21
see <i>vigabatrin tab 500mg</i>		<i>sodium chlor sol 0.9% irr</i> ...	STALEVO 75	
.....	19	<i>sodium chloride</i>	see <i>carbidopa-levodopa-</i>	
see <i>vigadrone</i>	19	40, 41	<i>entacapone</i>	21
SALAGEN		<i>sodium chloride 0.45%</i>	STARLIX	
see <i>pilocarpine hcl (oral)</i>		41	see <i>nateglinide</i>	29
.....	47	<i>sodium fluoride chew; tab;</i>	<i>stavudine</i>	6
SANDIMMUNE	39	1.1 (0.5 f) mg/ml soln	STELARA	38
see <i>cyclosporine</i>	39	40	STIMATE	34
SANDOSTATIN		<i>sodium phenylbutyrate</i>	STIVARGA	11
see <i>octreotide acetate</i> ...	33	32	STRATTERA	
see <i>octreotide inj</i>		<i>sodium polystyrene sulfonate</i>	see <i>atomoxetine hcl</i>	24
100mcg/ml	34	<i>powder</i>	<i>streptomycin sulfate</i>	3
SANTYL	47	30	STRIBILD	6
SAPHRIS	23	<i>sodium polystyrene sulfonate</i>	STROMECTOL	
<i>scopolamine</i>	35	<i>susp</i>	see <i>ivermectin</i>	4
<i>selegiline hcl</i>	21	SOLQUA 100/33	SUBOXONE	
<i>selenium sulfide</i>	45	28	see <i>buprenorphine hcl-</i>	
SELZENTRY	6	SOLTAMOX	<i>naloxone hcl dihydrate 12-</i>	
SEREVENT DISKUS	43	SOLU-CORTEF	3mg	27
SEROQUEL		33	see <i>buprenorphine hcl-</i>	
see <i>quetiapine fumarate</i> 23		SOLU-MEDROL	<i>naloxone hcl dihydrate 2-</i>	
SEROQUEL XR		see <i>methylpr ss inj</i>	0.5mg	27
see <i>quetiapine fumarate</i> 23		SOMATULINE DEPOT	see <i>buprenorphine hcl-</i>	
<i>sertraline hcl</i>	20	34	<i>naloxone hcl dihydrate 4-</i>	
<i>setlakin tab</i>	32	SOMAVERT	1mg	27
<i>sevelamer carbonate</i>	34	SORIATANE	see <i>buprenorphine hcl-</i>	
<i>sharobel</i>	32	see <i>acitretin</i>	<i>naloxone hcl dihydrate 8-</i>	
SHINGRIX	39	45	2mg	27
SIGNIFOR	34	<i>sorine</i>	<i>subvenite tab</i>	18
<i>sildenafil citrate tab 20 mg</i>		13	<i>sucralfate</i>	36
		<i>sotalol hcl</i>		
		13		
		<i>sotalol hcl (afib/af)</i>		
		13		
		<i>spironolactone</i>		
		12		
		<i>spironolactone &</i>		
		<i>hydrochlorothiazide</i>		
		15		
		SPORANOX		
		see <i>itraconazole</i>		
		5		
		<i>sprintec 28</i>		
		32		
		SPRITAM		
		18		
		SPRYCEL		
		11		

<i>sulfacetamide sodium (acne)</i>.....45	SYNJARDY TAB 5-500MG.....29	see <i>carbamazepine</i>.....17
<i>sulfacetamide sodium (ophth)</i>.....42	SYNJARDY XR TAB 10-1000MG.....29	see <i>epitol</i>.....17
<i>sulfacetamide sod-prednisolone</i>.....41	SYNJARDY XR TAB 12.5-1000MG.....29	TEGRETOL-XR
SULFADIAZINE.....3	SYNJARDY XR TAB 25-1000MG.....29	see <i>carbamazepine</i>.....17
<i>sulfamethoxazole-trimethopds</i>.....4	SYNJARDY XR TAB 5-1000MG.....29	TEKTURNA
<i>sulfamethoxazole-trimethoprim inj</i>.....4	SYNRIBO.....11	see <i>aliskiren fumarate</i> ...15
<i>sulfamethoxazole-trimethoprim susp</i>.....4	SYNTHROID.....34	<i>telmisartan</i>.....13
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>.....4	see <i>levo-t</i>.....34	<i>temazepam</i>.....25
SULFAMYLON.....45	see <i>levothyroxine sodium</i>.....34	TENIVAC.....40
<i>sulfasalazine</i>.....35	see <i>levoxyl</i>.....34	<i>tenofovir disoproxil fumarate</i>.....6
<i>sulfasalazine ec</i>.....35	see <i>unithroid</i>.....34	TENORETIC 100
<i>sulindac</i>.....1	SYPRINE	see <i>atenolol</i> & <i>chlorthalidone</i>.....14
<i>sumatriptan inj 4mg/0.5ml</i>.....25	see <i>trientine hcl</i>.....30	TENORETIC 50
<i>sumatriptan inj 6mg/0.5ml</i>.....26	T	see <i>atenolol</i> & <i>chlorthalidone</i>.....14
SUPRAX	TABLOID.....9	TENORMIN
see <i>cefixime</i>.....7	<i>tacrolimus</i>.....39	see <i>atenolol</i>.....14
SUPREP BOWEL PREP KIT.....36	<i>tacrolimus (topical)</i>.....47	TERAZOL 7
SUSTIVA	TAFINLAR.....11	see <i>terconazole vaginal</i> 37
see <i>efavirenz</i>.....5	TAGRISSO.....11	<i>terazosin hcl</i>.....12
SUTENT.....11	TALZENNA.....9	<i>terbinafine hcl</i>.....5
<i>syeda</i>.....32	TAMIFLU	<i>terbutaline sulfate</i>.....43
SYLATRON.....11	see <i>oseltamivir phosphate</i>.....7	<i>terconazole vaginal</i>.....37
SYMBICORT.....44	<i>tamoxifen citrate</i>.....10	<i>testosterone</i>.....27
SYMDEKO.....44	<i>tamsulosin hcl</i>.....36	<i>testosterone cypionate</i>.....27
SYMFI.....6	TAPAZOLE	<i>testosterone enanthate</i>.....27
SYMFI LO.....6	see <i>methimazole</i>.....34	<i>tetrabenazine</i>.....26
SYMPAZAN.....18	TARCEVA	<i>tetracycline hcl</i>.....9
SYMTUZA.....6	see <i>erlotinib hcl</i>.....10	THALOMID.....10
SYNALAR	TARGRETIN.....47	<i>theophylline</i>.....44
see <i>fluocinolone acetonide</i>.....46	see <i>bexarotene</i>.....11	<i>thioridazine hcl</i>.....23
SYNAREL.....32	<i>tarina fe 1/20</i>.....32	<i>thiothixene</i>.....23
SYNERCID.....4	TASIGNA.....11	<i>tiagabine hcl</i>.....18
SYNJARDY TAB 12.5-1000MG.....29	<i>tazarotene</i>.....45	TIAZAC
SYNJARDY TAB 12.5-500MG.....29	<i>tazicef</i>.....8	see <i>diltiazem hcl extended release beads cap sr</i>.....14
SYNJARDY TAB 5-1000MG.....29	TAZORAC.....45	see <i>taztia xt</i>.....14
	see <i>tazarotene</i>.....45	TIBSOVO.....9
	<i>taztia xt</i>.....14	<i>tigecycline</i>.....4
	TDVAX.....39	TIKOSYN
	TEFLARO.....8	see <i>dofetilide</i>.....13
	TEGRETOL	<i>tilia fe</i>.....32

<i>timolol maleate ophth soln</i>	<i>tranylcypromine sulfate</i> .....20	<i>tri-vylibra</i> .....32
0.5% (once-daily) .....42	TRAVASOL.....40	<i>tri-vylibra lo</i> .....32
TIMOPTIC	TRAVATAN Z .....42	TRIZIVIR
see <i>timolol maleate</i>	<i>trazodone hcl</i> .....20	see <i>abacavir sulfate-</i>
(<i>ophth</i>) soln .....42	<i>trazodone tab 150mg</i> .....20	<i>lamivudine-zidovudine</i>.....6
TIMOPTIC-XE	TRECATOR .....7	TROPHAMINE INJ 10% ...40
see <i>timolol maleate gel</i> ..42	TRELEGY ELLIPTA.....43	<i>trospium chloride</i> .....37
TIVICAY .....6	TRELSTAR DEP INJ	TRULICITY .....28
<i>tizanidine hcl</i> .....27	3.75MG .....10	TRUMENBA .....40
TOBRADEX .....41	TRELSTAR LA INJ 11.25MG	TRUSOPT
see <i>tobramycin-</i>	10	see <i>dorzolamide hcl</i> .....42
<i>dexamethasone</i> .....41	TRESIBA FLEXTOUCH....28	TRUVADA TAB 100-150 ...6
TOBRADEX ST.....41	TRESIBA INJ .....28	TRUVADA TAB 133-200 ...6
<i>tobramycin</i> .....3	<i>tretinoin</i> .....45	TRUVADA TAB 167-250 ...6
<i>tobramycin (ophth)</i> .....42	<i>tretinoin (chemotherapy)</i> ...11	TRUVADA TAB 200-300 ...6
<i>tobramycin inj 1.2 gm/30ml</i> .3	<i>triamcinolone acetonide</i>	<i>tulana</i> .....32
<i>tobramycin inj 1.2gm</i> .....3	(<i>mouth</i>) .....47	TWINRIX INJ .....40
<i>tobramycin inj 10mg/ml</i> .....3	<i>triamcinolone acetonide</i>	TYBOST .....6
<i>tobramycin inj 80mg/2ml</i> ....4	(<i>topical</i>) .....46	TYGACIL
<i>tobramycin sulfate</i> .....4	<i>triamterene &</i>	see <i>tigecycline</i>.....4
<i>tobramycin-dexamethasone</i>	<i>hydrochlorothiazide cap</i>	TYKERB .....11
.....41	37.5-25 mg.....15	TYLENOL/CODEINE #3
TOBREX	<i>triamterene &</i>	see <i>acetaminophen w/</i>
see <i>tobramycin (ophth)</i> ..42	<i>hydrochlorothiazide tabs</i> ...15	<i>codeine 300-30mg</i> .....1
TOFRANIL	TRICARE .....41	TYLENOL/CODEINE #4
see <i>imipramine hcl</i> .....20	TRICOR	see <i>acetaminophen w/</i>
<i>tolterodine tartrate cap er</i> ..37	see <i>fenofibrate</i> .....13	<i>codeine 300-60mg</i> .....1
<i>tolterodine tartrate tabs</i> ....37	<i>trientine hcl</i> .....30	TYMLOS .....34
TOPAMAX	<i>tri-estarylla</i> .....32	TYPHIM VI.....40
see <i>topiramate</i>.....18	<i>trifluoperazine hcl</i>.....23	U
TOPAMAX SPRINKLE	<i>trifluridine</i> .....42	ULTRAM
see <i>topiramate</i>.....18	<i>trihexyphenidyl hcl</i> .....21	see <i>tramadol hcl tab 50</i>
<i>topiramate</i> .....18	<i>tri-legest fe</i> .....32	<i>mg</i> .....1
TOPROL XL	TRILEPTAL	UNASYN
see <i>metoprolol succinate</i>	see <i>oxcarbazepine</i> .....18	see <i>ampicillin & sulbactam</i>
.....14	<i>tri-linyah</i> .....32	<i>sodium</i> .....8
<i>toremifene citrate</i> .....10	<i>tri-lo- tab marzia</i> .....32	UNASYN BULK PACK
<i>toremide tabs</i> .....15	<i>tri-lo-estarylla</i> .....32	see <i>ampicillin & sulbactam</i>
TOVIAZ .....37	<i>tri-lo-sprintec</i> .....32	<i>sodium</i> .....8
TPN ELECTROLYTES .....40	<i>trilyte</i> .....36	<i>unithroid</i> .....34
TRACLEER	<i>trimethoprim</i> .....4	URECHOLINE
see <i>bosentan</i> .....16	<i>tri-mili</i> .....32	see <i>bethanechol chloride</i>
TRADJENTA.....29	<i>trimipramine maleate</i> .....20	36
<i>tramadol hcl tab 50 mg</i> .....1	TRINTELLIX .....20	UROCIT-K 10
<i>trandolapril</i> .....12	<i>tri-previfem</i> .....32	see <i>potassium citrate</i>
<i>tranexamic acid</i> .....38	<i>tri-sprintec</i> .....32	(<i>alkalinizer</i>) er tabs.....37
TRANSDERM SCOP	TRIUMEQ .....6	UROCIT-K 15
see <i>scopolamine</i> .....35	<i>trivora-28</i>.....32	see <i>potassium citrate</i>

(alkalinizer) er tabs .....36	VENCLEXTA .....9	er.....6
UROCIT-K 5	VENCLEXTA STARTING	VIREAD .....6
see <i>potassium citrate</i>	PACK.....9	see <i>tenofovir disoproxil</i>
(alkalinizer) er tabs .....36	<i>venlafaxine hcl</i>.....20, 21	<i>fumarate</i>.....6
UROXATRAL	VENTAVIS .....16	VISTARIL
see <i>alfuzosin hcl</i>.....36	VENTOLIN HFA.....43	see <i>hydroxyzine pamoate</i>
URSO 250	<i>verapamil cap er</i> .....15	43
see <i>ursodiol</i> .....36	<i>verapamil hcl</i>.....15	VITRAKVI .....11
URSO FORTE	<i>verapamil tab er</i> .....15	VIVITROL .....27
see <i>ursodiol</i> .....36	VERELAN	VIZIMPRO .....11
<i>ursodiol</i> .....36	see <i>verapamil cap er</i> .....15	VOLTAREN
V	VERELAN PM	see <i>diclofenac sodium</i>
VAGIFEM	see <i>verapamil cap er</i> .....15	(topical) 1% gel .....47
see <i>estradiol vaginal tab</i> 32	VERSACLOZ .....23	<i>voriconazole</i> .....5
see <i>yuvaferm vaginal tablet</i>	VERZENIO .....9	VOSEVI .....7
10 mcg.....33	VFEND	VOTRIENT .....11
<i>valacyclovir hcl</i>.....7	see <i>voriconazole</i> .....5	VRAYLAR.....23
VALCHLOR.....47	VFEND IV	VRAYLAR THERAPY PACK
VALCYTE	see <i>voriconazole</i> .....5	23
see <i>valganciclovir hcl</i> .....7	VIBRAMYCIN	<i>vyfemla</i> .....32
<i>valganciclovir hcl</i>.....7	see <i>doxycycline hyclate</i> ...9	<i>vylibra</i> .....32
VALIUM	VICTOZA .....28	W
see <i>diazepam</i> .....17	VIDEX EC .....6	<i>warfarin sodium</i> .....37
<i>valproate sodium</i>.....18	see <i>didanosine</i> .....5	<i>water for irrigation, sterile</i> 47
<i>valproate sodium oral soln</i> 18	VIDEX PEDIATRIC.....6	WELCHOL
<i>valproic acid</i>.....19	<i>vienva</i> .....32	see <i>colesevelam hcl</i>.....13
<i>valsartan</i> .....13	<i>vigabatrin powd pack 500mg</i>	WELLBUTRIN SR
<i>valsartan-</i>	19	see <i>bupropion hcl</i>.....19
<i>hydrochlorothiazide</i> .....12	<i>vigabatrin tab 500mg</i> .....19	WELLBUTRIN XL
VALTRESX	<i>vigadrone</i> .....19	see <i>bupropion hcl</i>.....19
see <i>valacyclovir hcl</i> .....7	VIGAMOX	X
VANCOCIN	see <i>moxifloxacin hcl</i>	XALATAN
see <i>vancomycin hcl</i> .....5	(ophth).....41	see <i>latanoprost</i>.....42
VANCOCIN HCL	VIIBRYD STARTER PACK	XALKORI .....11
see <i>vancomycin hcl</i> .....4	21	XANAX
<i>vancomycin hcl</i> .....4, 5	VIIBRYD TAB .....21	see <i>alprazolam tab</i>
VANCOMYCIN IN NACL....5	VIMPAT .....19	0.25mg .....16
<i>vandazole</i>.....37	VIMPAT INJ 200MG/20ML19	see <i>alprazolam tab 0.5mg</i>
VAQTA.....40	VIMPAT SOL 10MG/ML....19	16
VARIVAX .....40	<i>violele</i> .....32	see <i>alprazolam tab 1mg</i> 16
VASCEPA .....14	VIRACEPT .....6	see <i>alprazolam tab 2 mg</i>
VASERETIC	VIRAMUNE	16
see <i>enalapril maleate &</i>	see <i>nevirapine susp 50</i>	XARELTO .....37
<i>hydrochlorothiazide</i> .....12	<i>mg/5ml</i> .....6	XARELTO STARTER PACK
VASOTEC	see <i>nevirapine tab 200mg</i>	37
see <i>enalapril maleate</i> ....12	6	XATMEP .....38
<i>velivet</i>.....32	VIRAMUNE XR	XELJANZ .....38
VEMLIDY .....7	see <i>nevirapine tab 400mg</i>	XELJANZ XR .....38

XENAZINE			
see <i>tetrabenazine</i>	26		
XGEVA	34		
XIFAXAN.....	36		
XIGDUO XR TAB 10-			
1000MG	30		
XIGDUO XR TAB 10-500MG			
.....	30		
XIGDUO XR TAB 2.5-			
1000MG	29		
XIGDUO XR TAB 5-1000MG			
.....	30		
XIGDUO XR TAB 5-500MG			
.....	29		
XOLAIR.....	44		
XOSPATA.....	11		
XTANDI.....	10		
<i>xulane</i>	32		
XULTOPHY 100/3.6.....	28		
XYLOCAINE			
see <i>lidocaine hcl (local</i>			
<i>anesth.)</i>	3		
see <i>lidocaine inj 0.5%</i>	3		
see <i>lidocaine inj 1%</i>	3		
XYLOCAINE-MPF			
see <i>lidocaine hcl (local</i>			
<i>anesth.)</i>	3		
see <i>lidocaine inj 1.5%</i>			
<i>preservative free (pf)</i>	3		
XYREM	27		
Y			
YASMIN 28			
see <i>drospirenone-ethinyl</i>			
<i>estradiol</i>	30		
see <i>ocella</i>	32		
see <i>syeda</i>	32		
see <i>zarah</i>	32		
YAZ			
see <i>drospirenone-ethinyl</i>			
<i>estradiol</i>	30		
see <i>gianvi</i>	31		
see <i>jasmiel</i>	31		
see <i>loryna</i>	31		
see <i>nikki</i>	31		
YF-VAX.....	40		
<i>yuvaferm vaginal tablet 10</i>			
<i>mcg</i>	33		
Z			
<i>zafirlukast</i>	43		
ZANAFLEX			
see <i>tizanidine hcl</i>	27		
ZANTAC			
see <i>ranitidine hcl</i>	35		
see <i>ranitidine hcl inj</i>	35		
<i>zarah</i>	32		
ZARONTIN			
see <i>ethosuximide</i>	17		
ZARXIO	37		
ZAVESCA			
see <i>miglustat</i>	32		
ZEJULA	9		
ZELBORAF.....	11		
ZEMAIRA.....	44		
ZEMPLAR			
see <i>paricalcitol</i>	41		
<i>zenatane</i>	45		
ZENPEP	36		
ZERIT			
see <i>stavudine</i>	6		
ZESTORETIC			
see <i>lisinopril &</i>			
<i>hydrochlorothiazide</i>	12		
ZESTRIL			
see <i>lisinopril</i>	12		
ZETIA			
see <i>ezetimibe</i>	13		
ZIAC			
see <i>bisoprolol &</i>			
<i>hydrochlorothiazide</i>	14		
ZIAGEN			
see <i>abacavir sulfate</i>	5		
<i>zidovudine cap 100mg</i>	6		
<i>zidovudine syp 50mg/5ml</i> ...	6		
<i>zidovudine tab 300mg</i>	6		
<i>ziprasidone hcl</i>	23		
ZIRGAN	42		
ZITHROMAX			
see <i>azithromycin</i>	8		
ZOCOR			
see <i>simvastatin</i>	13		
ZOFRAN			
see <i>ondansetron hcl</i>	35		
<i>zoledronic acid inj</i>			
<i>5mg/100ml</i>	30		
<i>zoledronic inj 4mg/5ml</i>	30		
ZOLINZA	9		
ZOLOFT			
see <i>sertraline hcl</i>	20		
<i>zolpidem tartrate</i>	25		
ZONEGRAN			
see <i>zonisamide</i>	19		
<i>zonisamide</i>	19		
ZORTRESS TAB 0.25MG			39
ZORTRESS TAB 0.5MG ..			39
ZORTRESS TAB 0.75MG			39
ZORTRESS TAB 1MG			39
ZOSTAVAX	40		
ZOSYN			
see <i>piper/tazoba inj 2-</i>			
<i>0.25gm</i>	9		
see <i>piper/tazoba inj 3-</i>			
<i>0.375gm</i>	9		
see <i>piper/tazoba inj 36-</i>			
<i>4.5gm</i>	9		
see <i>piper/tazoba inj 4-</i>			
<i>0.5gm</i>	9		
<i>zovia 1/35e</i>	32		
ZOVIRAX			
see <i>acyclovir</i>	7		
ZYDELIG	11		
ZYKADIA	11		
ZYLET	41		
ZYLOPRIM			
see <i>allopurinol tab</i>	1		
ZYPREXA			
see <i>olanzapine</i>	23		
ZYPREXA RELPREVV	23		
ZYPREXA RELPREVV			
210MG.....	24		
ZYPREXA ZYDIS			
see <i>olanzapine</i>	23		
ZYTIGA.....	10		
see <i>abiraterone acetate</i> ..	9		
ZYVOX			
see <i>linezolid inj</i>	4		
see <i>linezolid susp</i>	4		
see <i>linezolid tab 600mg</i> ..	4		



MASSACHUSETTS

P.O. Box 30011, Pittsburgh, PA 15222-0330

This formulary was updated on 08/27/2019. 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.

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

You also have the option to enroll your prescriptions in an automatic refill program. Under this program, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. And, when your prescription is going to expire or is out of refills, we'll contact your doctor for a new one. We'll contact you by phone, text message or email (your choice) before we mail your medication.

For new prescriptions we'll let you know before we send the first fill of your medication. There may be times when Medicare requires us to get your approval before sending your prescription to you. On every order, you'll have time to make changes or cancel and you won't be charged until it ships. You can start or stop automatic refills at any time.

Typically, you should expect to receive your prescription drugs within 10 calendar days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us at 1-888-543-4917. TTY/TDD users should call 711.

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