



MASSACHUSETTS

| Blue MedicareRxSM (PDP)

Blue MedicareRxSM (PDP) 3-tier 2019 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

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

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

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

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

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

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

What is the Blue MedicareRx Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

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

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

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of

the drug, at which time the member will receive a 30-day supply of the drug. The enclosed formulary is current as of January 1, 2019.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Blue MedicareRx Formulary

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

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

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

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

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

Blue MedicareRx 3-Tier Select 2019 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</i> (generic of NAPROSYN) TABS 250mg, 500mg	Tier 1	
<i>colchicine w/ probenecid</i>	Tier 2		<i>naproxen</i> TABS 375mg	Tier 1	
COLCRYS	Tier 2	QL	<i>naproxen dr</i> (generic of EC-NAPROSYN)	Tier 1	
QL (120 tabs / 30 days)			<i>sulindac</i> TABS	Tier 1	
MITIGARE	Tier 2	QL	OPIOID ANALGESICS		
QL (60 caps / 30 days)			<i>acetaminophen w/ codeine</i> 300-15mg	Tier 1	QL
<i>probenecid</i>	Tier 2		QL (400 tabs / 30 days)		
ULORIC	Tier 2	ST	<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</i> SOLN	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</i> TB24; TBEC	Tier 1		<i>endocet 5-325mg</i> (generic of PERCOCET)	Tier 2	QL
<i>diflunisal</i>	Tier 2		QL (360 tabs / 30 days)		
<i>flurbiprofen</i> TABS	Tier 2		<i>endocet 7.5-325mg</i> (generic of PERCOCET)	Tier 2	QL
<i>ibu tab 600mg</i>	Tier 1		QL (240 tabs / 30 days)		
<i>ibu tab 800mg</i>	Tier 1				
<i>ibuprofen</i> SUSP	Tier 2				
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1				
<i>ketoprofen cap 75mg</i>	Tier 2				
<i>meloxicam</i> (generic of MOBIC) TABS	Tier 1				
<i>nabumetone</i> TABS	Tier 1				

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

B/D – Covered under Medicare Part B or D **QL** – Quantity Limits **PA** – Prior Authorization
ST – Step Therapy **LA** – Limited Access **NMO** – No Mail Order

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Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>endocet 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL	<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 3	QL
<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> (generic of HYDROMORPHONE HYDROCHLORI) SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	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 1	QL
FENTORA QL (120 tabs / 30 days)	Tier 2	QL PA	<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (180 tabs / 30 days)	Tier 1	QL
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO,LORCET) QL (240 tabs / 30 days)	Tier 1	QL	<i>lorcet tab 5-325mg</i> (generic of NORCO) QL (240 tabs / 30 days)	Tier 1	QL
<i>hydroco/apap tab 7.5-325mg</i> (generic of NORCO,LORCET PLUS) QL (180 tabs / 30 days)	Tier 1	QL	<i>methadone hcl</i> SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 2	QL PA
<i>hydroco/apap tab 10-325mg</i> (generic of NORCO,LORCET HD) QL (180 tabs / 30 days)	Tier 1	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

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

B/D – Covered under Medicare Part B or D **QL** – Quantity Limits **PA** – Prior Authorization
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Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<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) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	Tier 2	QL PA
<i>morphine sul inj 1mg/ml</i>	Tier 3	B/D
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 15mg QL (180 tabs / 30 days)	Tier 2	QL
<i>morphine sulfate</i> TABS 30mg QL (90 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 (750 mL / 30 days)	Tier 2	QL
<i>morphine sulfate oral soln 100mg/5ml</i> QL (180 mL / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA ER 50mg, 100mg, 200mg, 250mg QL (60 tabs / 30 days)	Tier 2	QL PA
NUCYNTA ER 150mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>oxycodone hcl</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
<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

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00019323_v6_01/2019

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine inj 1%</i> (generic of XYLOCAINE)	Tier 3	B/D	CLINDAMYCIN PHOSPHATE IN NACL	Tier 3	
<i>lidocaine inj 1.5% preservative free (pf)</i> (generic of XYLOCAINE-MPF)	Tier 3	B/D	<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	Tier 3	
ANTI-INFECTIVES			<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 3	
ANTI-BACTERIALS - MISCELLANEOUS			<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	Tier 3	
<i>amikacin sulfate</i> SOLN	Tier 3		<i>dapsone</i> TABS	Tier 2	
<i>gentamicin in saline</i>	Tier 3		<i>daptomycin</i> (generic of CUBICIN) 500mg	Tier 1	
<i>gentamicin sulfate</i> SOLN	Tier 3		EMVERM	Tier 1	
<i>neomycin sulfate</i> TABS	Tier 2		<i>ertapenem sodium</i>	Tier 3	
<i>paromomycin sulfate</i> CAPS	Tier 3		<i>imipenem-cilastatin</i>	Tier 2	
<i>streptomycin sulfate</i> SOLR	Tier 1		<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	Tier 2	
SULFADIAZINE TABS	Tier 3		INVANZ	Tier 3	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	Tier 1	NMO PA	<i>ivermectin</i> (generic of STROMECTOL) TABS	Tier 2	
<i>tobramycin inj 1.2 gm/30ml</i>	Tier 3		<i>linezolid in sodium chloride</i>	Tier 3	
<i>tobramycin inj 1.2gm</i>	Tier 1		<i>linezolid inj</i> (generic of ZYVOX)	Tier 3	
<i>tobramycin inj 10mg/ml</i>	Tier 3		<i>linezolid susp</i> (generic of ZYVOX)	Tier 1	
<i>tobramycin inj 40mg/ml</i>	Tier 3		<i>linezolid tab 600mg</i> (generic of ZYVOX)	Tier 1	
<i>tobramycin inj 80mg/2ml</i>	Tier 3		<i>meropenem</i> (generic of MERREM)	Tier 3	
ANTI-INFECTIVES - MISCELLANEOUS			<i>methenamine hippurate</i> (generic of HIPREX)	Tier 2	
ALBENZA	Tier 2		<i>metronidazole</i> (generic of FLAGYL) TABS	Tier 1	
ALINIA	Tier 2		<i>metronidazole in nacl</i>	Tier 3	
<i>atovaquone</i> (generic of MEPRON) SUSP	Tier 1		NEBUPENT	Tier 3	B/D
<i>aztreonam</i> (generic of AZACTAM)	Tier 3		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg	Tier 2	PA
BILTRICIDE	Tier 2		PA applies if 70 years and older after a 90 day supply in a calendar year		
CAYSTON	Tier 2	NMO LA PA			
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	Tier 1				
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	Tier 1				
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	Tier 1				
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	Tier 3				
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN PHOSPHATE)	Tier 3				

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin monohydrate</i> (generic of MACROBID) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 2	PA
PENTAM 300	Tier 3	
<i>praziquantel</i> (generic of BILTRICIDE) TABS	Tier 2	
SIVEXTRO	Tier 2	
<i>sulfamethoxazole-trimethoprim</i> (generic of BACTRIM DS)	Tier 1	
<i>sulfamethoxazole-trimethoprim inj</i>	Tier 3	
<i>sulfamethoxazole-trimethoprim susp</i>	Tier 3	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i> (generic of BACTRIM)	Tier 1	
SYNERCID	Tier 2	
<i>tigecycline</i> (generic of TYGACIL)	Tier 1	
<i>trimethoprim</i> TABS	Tier 1	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg	Tier 3	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 250mg	Tier 1	
<i>vancomycin hcl</i> SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg	Tier 3	
VANCOMYCIN IN NAACL	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	Tier 1	
<i>fluconazole in dextrose</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<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> SUSP	Tier 2	
<i>griseofulvin microsize</i> TABS	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 3	
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	Tier 1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	Tier 3	
<i>chloroquine phosphate</i> TABS	Tier 3	
COARTEM	Tier 3	
<i>mefloquine hcl</i>	Tier 2	
PRIMAQUINE PHOSPHATE	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 1	NMO

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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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
<i>lamivudine</i> (generic of EPIVIR)	Tier 2	NMO
LEXIVA SUSP	Tier 3	NMO
<i>nevirapine tab 200mg</i> (generic of VIRAMUNE)	Tier 2	NMO
<i>nevirapine tb24</i> (generic of VIRAMUNE XR)	Tier 3	NMO
NORVIR CAPS	Tier 2	NMO
NORVIR PACK; SOLN	Tier 3	NMO
PREZISTA SUSP QL (400 mL / 30 days)	Tier 2	QL NMO
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 2	QL NMO
RESCRIPTOR	Tier 3	NMO

Drug Name	Drug Tier	Requirements/ Limits
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> (generic of ZERIT)	Tier 2	NMO
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD)	Tier 1	NMO
TIVICAY 10mg	Tier 2	NMO
TIVICAY 25mg, 50mg	Tier 2	NMO
TROGARZO	Tier 2	NMO LA
TYBOST	Tier 3	NMO
VIDEX EC 125mg	Tier 3	NMO
VIDEX PEDIATRIC	Tier 3	NMO
VIRACEPT	Tier 2	NMO
VIRAMUNE SUSP	Tier 3	NMO
VIREAD POWD	Tier 2	NMO
VIREAD TABS 150mg, 200mg, 250mg	Tier 2	NMO
ZERIT SOLR	Tier 2	NMO
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	Tier 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
DESCOVY	Tier 2	NMO
EVOTAZ	Tier 2	NMO
GENVOYA	Tier 2	NMO
JULUCA	Tier 2	NMO
KALETRA TAB 100-25MG	Tier 3	NMO
KALETRA TAB 200-50MG	Tier 2	NMO

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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<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
TRIUMEQ	Tier 2	NMO
TRUVADA TAB 100-150 QL (60 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	Tier 2	QL NMO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS	Tier 1	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	Tier 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

Drug Name	Drug Tier	Requirements/ Limits
BARACLUDE SOLN	Tier 2	NMO
<i>entecavir</i> (generic of BARACLUDE)	Tier 1	NMO
EPCLUSA	Tier 2	NMO PA
EPIVIR HBV SOLN	Tier 3	NMO
<i>famciclovir</i> TABS	Tier 2	
<i>ganciclovir sodium</i> (generic of CYTOVENE)	Tier 2	B/D
HARVONI	Tier 2	NMO PA
<i>lamivudine (hbw)</i> (generic of EPIVIR HBV)	Tier 3	NMO
MAVYRET	Tier 2	NMO PA
<i>moderiba tab 200mg</i>	Tier 3	NMO
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 2	QL
<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 180mcg/0.5ml	Tier 2	NMO PA
RELENZA DISKHALER QL (6 inhalers / year)	Tier 2	QL
<i>ribasphere</i> (generic of REBETOL) CAPS	Tier 2	NMO
<i>ribasphere</i> TABS	Tier 3	NMO
<i>ribavirin cap 200mg</i> (generic of REBETOL)	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
ZEPATIER	Tier 2	NMO PA

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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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 2	
<i>cefdinir</i> SUSR	Tier 3	
<i>cefepime hcl</i> (generic of MAXIPIME)	Tier 3	
<i>cefixime</i> (generic of SUPRAX)	Tier 3	
<i>cefoxitin sodium</i>	Tier 3	
<i>cefpodoxime proxetil</i> SUSR	Tier 3	
<i>cefpodoxime proxetil</i> TABS	Tier 2	
<i>ceftazidime</i> SOLR	Tier 3	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	Tier 3	
<i>ceftriaxone sodium</i> SOLR 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</i> SUSR	Tier 2	
SUPRAX CAPS	Tier 2	
SUPRAX CHEW	Tier 3	
SUPRAX SUSR 500mg/5ml	Tier 2	
<i>tazicef</i> SOLR	Tier 3	
TEFLARO	Tier 2	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<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</i> TABS 250mg	Tier 2	
<i>clarithromycin</i> (generic of BIAVIN) TABS 500mg	Tier 2	
<i>clarithromycin er</i> (generic of BIAVIN 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 LACTOBIONATE	Tier 3	
<i>erythrocine 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</i> 100mg	Tier 3	
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	Tier 1	
<i>ciprofloxacin hcl tab</i> 750mg	Tier 1	
<i>ciprofloxacin in d5w</i>	Tier 3	
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	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	
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 3	
PENICILLINS		
<i>amoxicillin</i>	Tier 1	
<i>amoxicillin & pot clavulanate</i> CHEW	Tier 3	
<i>amoxicillin & pot clavulanate</i> SUSR	Tier 2	

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	Tier 2	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	Tier 2	
<i>amoxicillin & pot clavulanate</i> TABS	Tier 1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) 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</i> 1gm, 2gm	Tier 3	
<i>nafcillin sodium</i> 10gm	Tier 1	
PENICILLIN G POT IN DEXTROSE 2MU	Tier 3	
PENICILLIN G POT IN DEXTROSE 3MU	Tier 3	
PENICILLIN G PROCAINE	Tier 3	
<i>penicillin g sodium</i>	Tier 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	

Drug Name	Drug Tier	Requirements/ Limits
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 2	
<i>minocycline hcl</i> CAPS 75mg	Tier 2	
<i>morgidox cap 1x50mg</i>	Tier 2	
<i>tetracycline hcl</i> CAPS	Tier 3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	Tier 2	B/D NMO
<i>cyclophosphamide</i> (generic of CYCLOPHOSPHAMIDE) CAPS	Tier 3	B/D
<i>dacarbazine</i> 100mg	Tier 2	B/D
EMCYT	Tier 3	
GLEOSTINE 10mg, 40mg, 100mg	Tier 3	
HEXALEN	Tier 2	
LEUKERAN	Tier 2	
ANTIBIOTICS		
<i>bleomycin sulfate</i>	Tier 3	B/D
<i>mitomycin</i> SOLR	Tier 1	B/D
ANTIMETABOLITES		
<i>adrucil</i>	Tier 3	B/D
ALIMTA	Tier 2	B/D

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<i>azacitidine</i> (generic of VIDAZA)	Tier 1	B/D NMO
<i>fluorouracil</i> SOLN	Tier 3	B/D
<i>mercaptopurine</i> TABS	Tier 3	
<i>methotrexate sodium inj</i>	Tier 3	B/D
PURIXAN	Tier 2	NMO
TABLOID	Tier 3	

ANTIMITOTIC, TAXOIDS

ABRAXANE	Tier 2	B/D
<i>docetaxel</i> (generic of TAXOTERE) CONC 20mg/ml, 80mg/4ml	Tier 1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml	Tier 2	B/D
DOCETAXEL CONC 200mg/10ml	Tier 1	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 2	B/D
<i>docetaxel</i> (generic of DOCETAXEL) SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	B/D
TAXOTERE 80mg/4ml	Tier 2	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN	Tier 2	NMO LA PA
BORTEZOMIB	Tier 2	NMO PA
ERIVEDGE	Tier 2	NMO LA PA
FARYDAK	Tier 2	NMO LA PA
HERCEPTIN	Tier 2	NMO PA
IBRANCE	Tier 2	NMO LA PA
IDHIFA	Tier 2	NMO LA PA
KEYTRUDA	Tier 2	NMO 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
MYLOTARG	Tier 2	NMO LA PA
NINLARO	Tier 2	NMO PA
ODOMZO	Tier 2	NMO LA PA
RITUXAN	Tier 2	NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
RITUXAN HYCELA	Tier 2	NMO LA PA
RUBRACA	Tier 2	NMO LA PA
TECENTRIQ	Tier 2	NMO LA PA
VELCADE	Tier 2	NMO PA
VENCLEXTA 10mg, 50mg	Tier 3	NMO LA PA
VENCLEXTA 100mg	Tier 2	NMO LA PA
VENCLEXTA STARTING PACK	Tier 2	NMO LA PA
VERZENIO	Tier 2	NMO LA PA
ZEJULA	Tier 2	NMO LA PA
ZOLINZA	Tier 2	NMO PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole</i> (generic of ARIMIDEX) TABS	Tier 1	
<i>bicalutamide</i> (generic of CASODEX)	Tier 2	
ERLEADA	Tier 2	NMO LA PA
<i>exemestane</i> (generic of AROMASIN)	Tier 3	
FARESTON	Tier 2	
FASLODEX	Tier 2	B/D
<i>flutamide</i>	Tier 2	
<i>letrozole</i> (generic of FEMARA) TABS	Tier 1	
<i>leuprolide inj</i> 1mg/0.2	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</i> 40mg/ml	Tier 3	
<i>megestrol ac tab</i> 20mg	Tier 2	
<i>megestrol ac tab</i> 40mg	Tier 2	
<i>megestrol sus</i> 625mg/5ml (generic of MEGACE ES)	Tier 3	PA
<i>nilutamide</i> (generic of NILANDRON)	Tier 1	
SOLTAMOX	Tier 2	
<i>tamoxifen citrate</i> TABS	Tier 1	
TRELSTAR DEP INJ 3.75MG	Tier 2	NMO PA
TRELSTAR LA INJ 11.25MG	Tier 2	NMO PA
XTANDI	Tier 2	NMO LA PA

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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ZYTIGA	Tier 2	NMO LA PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	Tier 2	NMO LA PA
POMALYST CAP 2MG	Tier 2	NMO LA PA
POMALYST CAP 3MG	Tier 2	NMO LA PA
POMALYST CAP 4MG	Tier 2	NMO LA PA
REVLIMID QL (28 caps / 28 days)	Tier 2	QL NMO LA PA
THALOMID 50mg, 100mg QL (30 caps / 30 days)	Tier 2	QL NMO PA
THALOMID 150mg, 200mg QL (60 caps / 30 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
BOSULIF	Tier 2	NMO 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
COTELLIC	Tier 2	NMO LA 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

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 8 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 10 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 14 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 18 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 20 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 24 MG DAILY DOSE	Tier 2	NMO LA PA
MEKINIST	Tier 2	NMO LA PA
NERLYNX	Tier 2	NMO LA PA
NEXAVAR	Tier 2	NMO LA PA
RYDAPT	Tier 2	NMO PA
SPRYCEL	Tier 2	NMO PA
STIVARGA	Tier 2	NMO LA PA
SUTENT	Tier 2	NMO PA
TAFINLAR	Tier 2	NMO LA PA
TAGRISSO	Tier 2	NMO LA PA
TARCEVA 25mg QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
TARCEVA 100mg, 150mg QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
TASIGNA	Tier 2	NMO PA
TYKERB	Tier 2	NMO LA PA
VOTRIENT	Tier 2	NMO LA PA
XALKORI	Tier 2	NMO LA PA
ZELBORAF	Tier 2	NMO LA PA
ZYDELIG	Tier 2	NMO LA PA
ZYKADIA	Tier 2	NMO LA PA
MISCELLANEOUS		
<i>bexarotene</i> (generic of TARGRETIN)	Tier 1	NMO PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS	Tier 1	
LONSURF	Tier 2	NMO PA
MATULANE	Tier 2	LA

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
SYLATRON KIT 200MCG	Tier 2	NMO PA
SYLATRON KIT 300MCG	Tier 2	NMO PA
SYLATRON KIT 600MCG	Tier 2	NMO PA
SYNRIBO	Tier 2	NMO PA
<i>tretinoin (chemotherapy)</i>	Tier 1	
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	Tier 3	B/D
<i>cisplatin</i>	Tier 2	B/D
PROTECTIVE AGENTS		
<i>dexrazoxane (generic of ZINECARD) 500mg</i>	Tier 1	B/D
<i>leucovorin calcium SOLR</i>	Tier 3	B/D
<i>leucovorin calcium TABS</i>	Tier 2	
<i>MESNEX TABS</i>	Tier 2	
TOPOISOMERASE INHIBITORS		
<i>etoposide SOLN</i>	Tier 2	B/D
<i>toposar</i>	Tier 2	B/D
<i>topotecan hcl (generic of TOPOTECAN HCL) SOLN</i>	Tier 1	B/D
<i>topotecan hcl (generic of HYCAMTIN) SOLR</i>	Tier 1	B/D
<i>TOPOTECAN INJ 4MG/4ML</i>	Tier 2	B/D
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 (generic of LOTREL)</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	Tier 1	
<i>benazepril & hydrochlorothiazide</i>	Tier 1	

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

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg	Tier 1	
<i>spironolactone</i> (generic of ALDACTONE) TABS 50mg, 100mg	Tier 1	
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>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> (generic of AZOR)	Tier 1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	Tier 1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	Tier 1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	Tier 1	
<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> (generic of TRIBENZOR)	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide</i> (generic of BENICAR HCT)	Tier 1	
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i> (generic of AVAPRO)	Tier 1	
<i>losartan potassium</i> (generic of COZAAR)	Tier 1	
<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	
<i>mexiletine hcl</i>	Tier 3	
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 2	
<i>propafenone hcl 12hr</i> (generic of RYTHMOL SR)	Tier 3	
<i>quinidine gluconate</i> TBCR	Tier 3	
<i>quinidine sulfate</i> TABS	Tier 1	

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1		<i>ezetimibe</i> (generic of ZETIA)	Tier 3	
<i>sorine</i> 240mg	Tier 1		<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 2	
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1		<i>fenofibrate</i> TABS 54mg, 160mg	Tier 2	
<i>sotalol hcl</i> 240mg	Tier 1		<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	Tier 2	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	Tier 1		<i>gemfibrozil</i> (generic of LOPID) TABS	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS			JUXTAPID	Tier 2	NMO LA PA
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	Tier 1		KYNAMRO	Tier 2	NMO PA
<i>lovastatin</i> 10mg, 20mg	Tier 1		<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 500mg QL (90 tabs / 30 days)	Tier 3	QL
<i>lovastatin</i> (generic of MEVACOR) 40mg	Tier 1		<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 750mg, 1000mg	Tier 3	
<i>pravastatin sodium</i> 10mg	Tier 1		<i>niacor</i>	Tier 2	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	Tier 1		PRALUENT	Tier 2	NMO PA
<i>rosuvastatin calcium</i> (generic of CRESTOR) QL (30 tabs / 30 days)	Tier 1	QL	<i>prevalite</i> PACK	Tier 3	
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	Tier 1		<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD	Tier 3	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	Tier 1	QL	VASCEPA	Tier 3	
ANTILIPEMICS, MISCELLANEOUS			WELCHOL PAK	Tier 2	
<i>cholestyramine</i> (generic of QUESTRAN)	Tier 3		BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>cholestyramine light</i> PACK	Tier 3		<i>atenolol & chlorthalidone</i>	Tier 1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	Tier 3		<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	Tier 1	
<i>colesevelam hcl</i> (generic of WELCHOL)	Tier 2		<i>metoprolol & hydrochlorothiazide</i>	Tier 2	
<i>colestipol hcl gran</i> (generic of COLESTID)	Tier 3		<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	Tier 2	
<i>colestipol hcl pack</i> (generic of COLESTID)	Tier 3		BETA-BLOCKERS		
<i>colestipol hcl tabs</i> (generic of COLESTID)	Tier 2		<i>acebutolol hcl</i> CAPS	Tier 1	
			<i>atenolol</i> (generic of TENORMIN) TABS 25mg	Tier 1	

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>atenolol</i> TABS 50mg, 100mg	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	
<i>propranolol cap er</i> (generic of INDERAL LA)	Tier 2	
<i>propranolol hcl</i> TABS	Tier 2	
<i>propranolol oral sol</i>	Tier 2	
<i>timolol maleate</i> TABS	Tier 2	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i> (generic of ADALAT CC)	Tier 2	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	Tier 1	
<i>cartia xt</i> (generic of CARDIZEM CD) 120mg, 180mg, 240mg	Tier 2	
<i>cartia xt</i> 300mg	Tier 2	
<i>dilt-xr cap</i>	Tier 2	
<i>diltiazem cap 120mg cd</i> (generic of CARDIZEM CD)	Tier 2	
<i>diltiazem cap 180mg cd</i> (generic of CARDIZEM CD)	Tier 2	
<i>diltiazem cap 240mg cd</i> (generic of CARDIZEM CD)	Tier 2	
<i>diltiazem cap 300mg cd</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem cap 360mg cd</i> (generic of CARDIZEM CD)	Tier 2	
<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 cap sr 24hr</i>	Tier 2	
<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of CARDIZEM CD) 120mg, 360mg	Tier 2	
<i>diltiazem hcl coated beads cap sr 24hr</i> 300mg	Tier 2	
<i>diltiazem hcl extended release beads cap sr</i> (generic of TIAZAC) 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
<i>diltiazem hcl extended release beads cap sr</i> (generic of CARDIZEM CD) 180mg	Tier 2	
<i>diltiazem inj</i>	Tier 3	
<i>felodipine</i>	Tier 1	
<i>nicardipine hcl</i> CAPS	Tier 3	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24	Tier 2	
<i>nifedipine er</i> (generic of ADALAT CC)	Tier 2	
<i>nimodipine</i> CAPS	Tier 1	
NYMALIZE	Tier 2	
<i>taztia xt</i> (generic of TIAZAC)	Tier 2	
<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg	Tier 2	
<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	Tier 2	
<i>verapamil cap er</i> 360mg	Tier 3	
<i>verapamil hcl</i> SOLN	Tier 3	
<i>verapamil hcl</i> TABS 40mg	Tier 1	

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	Tier 1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	Tier 1	
<i>verapamil tab er</i> (generic of CALAN SR)	Tier 1	
DIGITALIS GLYCOSIDES		
<i>digitek</i> (generic of LANOXIN) .25mg PA if 70 years and older	Tier 2	PA
<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days)	Tier 2	QL
<i>digox</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days)	Tier 2	QL
<i>digox</i> (generic of LANOXIN) 250mcg PA if 70 years and older	Tier 2	PA
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days)	Tier 2	QL
<i>digoxin</i> (generic of LANOXIN) TABS 250mcg PA if 70 years and older	Tier 2	PA
<i>digoxin inj</i> (generic of LANOXIN)	Tier 3	
<i>digoxin sol</i> 50mcg/ml PA if 70 years and older	Tier 3	PA
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURN	Tier 3	
TEKTURN HCT	Tier 3	
DIURETICS		
<i>acetazolamide</i> CP12	Tier 3	
<i>acetazolamide</i> TABS	Tier 2	
<i>amiloride & hydrochlorothiazide</i>	Tier 1	
<i>amiloride hcl</i> TABS	Tier 2	
<i>bumetanide</i> SOLN	Tier 3	
<i>bumetanide</i> (generic of BUMEX) TABS	Tier 2	
<i>chlorothiazide tabs</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorthalidone</i>	Tier 2	
<i>furosemide</i> SOLN	Tier 1	
<i>furosemide</i> (generic of LASIX) TABS	Tier 1	
<i>furosemide inj</i>	Tier 3	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	Tier 1	
<i>hydrochlorothiazide</i> TABS	Tier 1	
<i>indapamide</i>	Tier 1	
<i>methazolamide</i> TABS	Tier 3	
<i>metolazone</i>	Tier 2	
<i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE)	Tier 2	
<i>torsemide tabs</i> 5mg, 100mg	Tier 1	
<i>torsemide tabs</i> (generic of DEMADAX) 10mg, 20mg	Tier 1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZIDE)	Tier 1	
<i>triamterene & hydrochlorothiazide tabs</i> (generic of MAXZIDE)	Tier 1	
<i>triamterene & hydrochlorothiazide tabs</i> (generic of MAXZIDE-25)	Tier 1	
MISCELLANEOUS		
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 3	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 3	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 3	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	Tier 1	
CORLANOR	Tier 3	
DEMSE	Tier 2	PA
<i>hydralazine hcl</i> SOLN	Tier 3	
<i>hydralazine hcl</i> TABS	Tier 1	

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<i>midodrine hcl</i>	Tier 2	
<i>minoxidil</i> TABS	Tier 1	
NORTHERA	Tier 2	NMO LA PA
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 2	
NITRO-BID	Tier 2	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	Tier 2	
<i>nitroglycerin td patch</i> .1mg/hr	Tier 2	
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	Tier 2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	Tier 2	QL NMO LA PA
QL (90 tabs / 30 days)		
LETAIRIS	Tier 2	QL NMO LA PA
QL (30 tabs / 30 days)		
OPSUMIT	Tier 2	QL NMO LA PA
QL (30 tabs / 30 days)		
REMODULIN	Tier 2	NMO LA PA
<i>sildenafil citrate tab 20 mg</i> (pulmonary hypertension) (generic of REVATIO)	Tier 2	QL NMO PA
QL (90 tabs / 30 days)		
TRACLEER TABS 62.5mg	Tier 2	QL NMO LA PA
QL (120 tabs / 30 days)		
TRACLEER TABS 125mg	Tier 2	QL NMO LA PA
QL (60 tabs / 30 days)		
VENTAVIS	Tier 2	NMO PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		

Drug Name	Drug Tier	Requirements/ Limits
<i>alprazolam tab 0.5mg</i> (generic of XANAX)	Tier 1	QL
QL (150 tabs / 30 days)		
<i>alprazolam tab 0.25mg</i> (generic of XANAX)	Tier 1	QL
QL (150 tabs / 30 days)		
<i>alprazolam tab 1mg</i> (generic of XANAX)	Tier 1	QL
QL (150 tabs / 30 days)		
<i>alprazolam tab 2 mg</i> (generic of XANAX)	Tier 1	QL
QL (150 tabs / 30 days)		
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	Tier 1	
<i>fluvoxamine maleate</i> TABS	Tier 1	
<i>lorazepam</i> (generic of ATIVAN) SOLN	Tier 3	
<i>lorazepam</i> (generic of ATIVAN) TABS	Tier 1	QL
QL (150 tabs / 30 days)		
<i>lorazepam intensol</i>	Tier 2	QL
QL (150 mL / 30 days)		
ANTICONSULSANTS		
APTOM 200mg	Tier 3	QL
QL (180 tabs / 30 days)		
APTOM 400mg	Tier 3	QL
QL (90 tabs / 30 days)		
APTOM 600mg, 800mg	Tier 3	QL
QL (60 tabs / 30 days)		
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
BRIVIACT TAB 75MG	Tier 3	PA
BRIVIACT TAB 100MG	Tier 3	PA

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine</i> CHEW	Tier 2	
<i>carbamazepine</i> (generic of CARBATROL) CP12	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	Tier 2	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	Tier 3	
CELONTIN	Tier 3	
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
<i>clorazepate dipotassium</i> 3.75mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 3	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 3	QL PA
DIASTAT ACUDIAL	Tier 3	
DIASTAT PEDIATRIC	Tier 3	
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA
<i>diazepam gel</i>	Tier 3	
<i>diazepam inj</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam intensol</i> QL (240 mL / 30 days) PA if 65 years and older	Tier 2	QL PA
<i>diazepam oral soln 1 mg/ml</i> 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	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	Tier 3	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	Tier 3	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	Tier 2	
<i>epitol</i> (generic of TEGRETOL)	Tier 2	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	Tier 3	
<i>felbamate</i> (generic of FELBATOL) SUSP	Tier 1	
<i>felbamate</i> (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
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	Tier 1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	Tier 1	QL

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 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) SUSP	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	Tier 2	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS	Tier 2	
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL	PEGANONE	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL	<i>phenobarbital</i> ELIX PA if 70 years and older	Tier 3	PA
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 2		<i>phenobarbital</i> TABS PA if 70 years and older	Tier 2	PA
<i>lamotrigine</i> (generic of LAMICTAL) TABS	Tier 1		PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 70 years and older	Tier 3	PA
<i>levetiracetam</i> (generic of KEPPRA) SOLN	Tier 3		<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 70 years and older	Tier 3	PA
<i>levetiracetam</i> (generic of KEPPRA) TABS	Tier 2		PHENYTEK	Tier 3	
<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	Tier 3		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	Tier 2	
<i>levetiracetam sol 100mg/ml</i> (generic of KEPPRA)	Tier 2		<i>phenytoin</i> (generic of DILANTIN-125) SUSP	Tier 2	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL	<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	Tier 2	
LYRICA CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL	<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	Tier 2	
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL	<i>phenytoin sodium inj</i> 50mg/ml	Tier 3	
LYRICA SOLN QL (946 mL / 30 days)	Tier 2	QL	<i>primidone</i> (generic of MYSOLINE) TABS	Tier 1	
ONFI	Tier 2	PA	<i>roweepra</i> (generic of KEPPRA)	Tier 2	
			SABRIL TABS QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
			SPRITAM	Tier 3	
			<i>subvenite tab</i> (generic of LAMICTAL)	Tier 1	
			<i>tiagabine hcl</i> (generic of GABITRIL)	Tier 3	
			<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	Tier 2	

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<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> (generic of DEPAKENE)	Tier 2	
<i>valproic acid</i> (generic of DEPAKENE)	Tier 2	
<i>vigabatrin powd pack</i> 500mg (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 2	
<i>zonisamide</i> CAPS 50mg	Tier 2	
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 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) QL (30 caps / 30 days)	Tier 3	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	Tier 2	
<i>citalopram hydrobromide</i> SOLN	Tier 2	

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine cap 40mg</i> (generic of PROZAC)	Tier 1	
<i>fluoxetine hcl</i> SOLN	Tier 1	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS	Tier 2	
<i>maprotiline hcl</i>	Tier 3	
MARPLAN TAB 10MG QL (180 tabs / 30 days)	Tier 3	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	Tier 1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	Tier 2	
<i>nefazodone hcl</i>	Tier 3	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	Tier 1	
<i>nortriptyline hcl</i> SOLN	Tier 3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS	Tier 1	
PAXIL SUSP QL (900 mL / 30 days)	Tier 3	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	Tier 2	
<i>protriptyline hcl</i>	Tier 3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC	Tier 3	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS	Tier 1	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	Tier 3	
<i>trazodone hcl</i> TABS 50mg, 100mg	Tier 1	
<i>trazodone tab 150mg</i>	Tier 1	
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 25mg QL (240 caps / 30 days)	Tier 3	QL

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 50mg QL (120 caps / 30 days)	Tier 3	QL
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL
TRINTELLIX 5mg QL (120 tabs / 30 days)	Tier 3	QL
TRINTELLIX 10mg QL (60 tabs / 30 days)	Tier 3	QL
TRINTELLIX 20mg QL (30 tabs / 30 days)	Tier 3	QL
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24	Tier 1	
<i>venlafaxine hcl</i> TABS	Tier 2	
VIIBRYD STARTER PACK	Tier 3	
VIIBRYD TAB QL (30 tabs / 30 days)	Tier 3	QL
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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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</i> 0.5mg (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab</i> 0.25mg (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab</i> 0.75mg (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab</i> 0.125mg (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab</i> 1.5mg (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab</i> 1mg (generic of MIRAPEX)	Tier 1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	Tier 3	
<i>ropinirole tab</i> 0.5mg (generic of REQUIP)	Tier 1	
<i>ropinirole tab</i> 0.25mg (generic of REQUIP)	Tier 1	

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole tab 1mg</i> (generic of REQUIP)	Tier 1	
<i>ropinirole tab 2mg</i> (generic of REQUIP)	Tier 1	
<i>ropinirole tab 3mg</i> (generic of REQUIP)	Tier 1	
<i>ropinirole tab 4mg</i> (generic of REQUIP)	Tier 1	
<i>ropinirole tab 5mg</i> (generic of REQUIP)	Tier 1	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	Tier 2	
<i>selegiline hcl</i> 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
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	Tier 3	QL
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	Tier 3	QL
<i>chlorpromazine hcl</i> TABS	Tier 3	
CHLORPROMAZINE INJ	Tier 3	
<i>clozapine odt</i> (generic of FAZACLO) 12.5mg, 25mg	Tier 3	PA
<i>clozapine odt</i> (generic of FAZACLO) 100mg QL (270 tabs / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine odt</i> (generic of FAZACLO) 150mg QL (180 tabs / 30 days)	Tier 3	QL PA
<i>clozapine odt</i> (generic of FAZACLO) 200mg QL (135 tabs / 30 days)	Tier 3	QL PA
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	Tier 2	
<i>clozapine tab 50mg</i>	Tier 2	
<i>clozapine tab 100mg</i> (generic of CLOZARIL) QL (270 tabs / 30 days)	Tier 3	QL
<i>clozapine tab 200mg</i> QL (135 tabs / 30 days)	Tier 3	QL
FANAPT QL (60 tabs / 30 days)	Tier 3	QL
FANAPT TITRATION PACK	Tier 3	
<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	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 3	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 3	
<i>haloperidol lactate inj 5mg/ml</i> (generic of HALDOL)	Tier 3	
INVEGA SUST INJ 39MG/0.25ML QL (1 injection / 28 days)	Tier 3	QL

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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INVEGA SUST INJ 78MG/0.5ML QL (1 injection / 28 days)	Tier 3	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
INVEGA SUST INJ 117MG/0.75ML QL (1 injection / 28 days)	Tier 3	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 3	QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	Tier 3	QL	<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 1	QL
INVEGA SUST INJ 234MG/1.5ML QL (1 injection / 28 days)	Tier 3	QL	<i>paliperidone</i> (generic of INVEGA) 6mg QL (60 tabs / 30 days)	Tier 1	QL
INVEGA TRINZA QL (1 injection / 90 days)	Tier 3	QL	<i>perphenazine</i> TABS <i>pimozide</i> (generic of ORAP)	Tier 3	Tier 3
LATUDA 20mg, 60mg, 80mg QL (60 tabs / 30 days)	Tier 3	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS	Tier 1	
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL
<i>loxapine succinate</i>	Tier 2		<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL
NUPLAZID TABS 17mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA	REXULTI 1mg QL (90 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	Tier 3	QL	REXULTI 2mg QL (60 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg QL (240 tabs / 30 days)	Tier 2	QL	REXULTI 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL	REXULTI .5mg QL (180 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL	REXULTI .25mg QL (360 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL	RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	Tier 3	QL
			RISPERDAL INJ 25MG QL (2 injections / 28 days)	Tier 3	QL

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	Tier 3	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 2	QL
<i>risperidone</i> (generic of RISPERDAL) TABS	Tier 1	
<i>risperidone</i> TBDP .5mg QL (90 tabs / 30 days)	Tier 3	QL
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	Tier 3	QL
SAPHRIS 2.5mg QL (240 tabs / 30 days)	Tier 3	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	Tier 3	QL
SAPHRIS 10mg QL (60 tabs / 30 days)	Tier 3	QL
<i>thioridazine hcl</i> TABS	Tier 2	
<i>thiothixene</i>	Tier 3	
<i>trifluoperazine hcl</i>	Tier 2	
VERSACLOZ QL (600 mL / 30 days)	Tier 2	QL PA
VRAYLAR 1.5mg QL (60 caps / 30 days)	Tier 3	QL PA
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

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</i> 5 mg (generic of ADDERALL) QL (360 tabs / 30 days)	Tier 2	QL
<i>amphetamine-dextroamphetamine tab</i> 7.5 mg (generic of ADDERALL) QL (240 tabs / 30 days)	Tier 2	QL

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	Tier 2	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 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

Drug Name	Drug Tier	Requirements/ Limits
<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 70 years and older	Tier 2	PA
<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 tab 10mg er</i> QL (90 tabs / 30 days)	Tier 3	QL
<i>methylphenidate tab 20mg er</i> QL (90 tabs / 30 days)	Tier 3	QL
HYPNOTICS		
HETLIOZ	Tier 2	NMO LA PA
SILENOR 3mg QL (60 tabs / 30 days)	Tier 2	QL
SILENOR 6mg QL (30 tabs / 30 days)	Tier 2	QL
<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 2	QL PA

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 2	QL PA	<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	Tier 3	QL
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL PA	<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	Tier 3	QL
MIGRAINE			<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 3	QL
<i>dihydroergotamine mesylate inj 1 mg/ml</i> (generic of D.H.E. 45)	Tier 1		<i>sumatriptan nasal spray</i> (generic of IMITREX) 5mg/act QL (24 inhalers / 30 days)	Tier 3	QL
<i>dihydroergotamine mesylate nasal</i> QL (8 mL / 30 days)	Tier 1	QL	<i>sumatriptan nasal spray</i> (generic of IMITREX) 20mg/act QL (12 inhalers / 30 days)	Tier 3	QL
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT) TABS	Tier 3		<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	Tier 1	QL
<i>rizatriptan benzoate</i> 5mg QL (18 tabs / 30 days)	Tier 2	QL	MISCELLANEOUS		
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL	AUSTEDO 6mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (18 injections / 30 days)	Tier 3	QL	AUSTEDO 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (18 injections / 30 days)	Tier 3	QL	<i>lithium carbonate</i> CAPS; TABS	Tier 1	
			<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	Tier 1	
			<i>lithium carbonate er</i> 450mg	Tier 1	
			LITHIUM SOLN 8MEQ/5ML	Tier 3	
			NUJEXTA QL (60 caps / 30 days)	Tier 3	QL PA

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27

B/D – Covered under Medicare Part B or D **QL** – Quantity Limits **PA** – Prior Authorization
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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS	Tier 2	
<i>riluzole</i> (generic of RILUTEK)	Tier 2	
<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	Tier 1	QL NMO PA
<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	Tier 1	QL NMO PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	Tier 2	NMO LA PA
BETASERON QL (14 syringes / 28 days)	Tier 2	QL NMO PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	Tier 2	QL NMO PA
<i>glatiramer acetate</i> 20mg/ml (generic of COPAXONE) QL (30 syringes / 30 days)	Tier 1	QL NMO PA
<i>glatiramer acetate</i> 40mg/ml (generic of COPAXONE) QL (12 syringes / 28 days)	Tier 1	QL NMO PA
<i>glatopa</i> (generic of COPAXONE) 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NMO PA
<i>glatopa</i> (generic of COPAXONE) 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NMO PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	Tier 1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	Tier 2	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<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 3	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 3	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 sl</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>bupropion hcl</i> (smoking deterrent) (generic of ZYBAN)	Tier 2	
CHANTIX CONTINUING MONTH	Tier 3	PA
CHANTIX PAK 0.5& 1MG	Tier 3	PA
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 2	
<i>naloxone inj</i> 1mg/ml	Tier 2	
<i>naltrexone hcl</i> TABS	Tier 2	
NARCAN	Tier 2	
NICOTROL INHALER	Tier 3	
NICOTROL NS	Tier 3	
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	Tier 3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	Tier 3	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	Tier 3	QL

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	Tier 3	QL
VIVITROL	Tier 2	NMO
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50	Tier 2	PA
ANDRODERM QL (30 patches / 30 days)	Tier 3	QL PA
<i>oxandrolone tab 2.5mg</i>	Tier 2	PA
<i>oxandrolone tab 10mg</i> (generic of OXANDRIN)	Tier 3	PA
<i>testosterone GEL 1%</i> 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	Tier 2	PA
<i>testosterone enanthate</i> SOLN	Tier 2	PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	Tier 2	
BASAGLAR KWIKPEN	Tier 2	
BD ULTRAFINE INSULIN SYRINGE	Tier 2	
BD ULTRAFINE/NANO PEN NEEDLES	Tier 2	
BYDUREON BCISE QL (4 pens / 28 days)	Tier 2	QL
BYDUREON INJ QL (4 vials / 28 days)	Tier 2	QL
BYDUREON PEN QL (4 pens / 28 days)	Tier 2	QL
BYETTA QL (1 pen / 30 days)	Tier 3	QL
FIASP	Tier 2	
FIASP FLEXTouch	Tier 2	
GAUZE PADS 2" X 2"	Tier 2	
HUMULIN R INJ U-500	Tier 2	B/D

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

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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<i>glimepiride</i> (generic of AMARYL) 1mg QL (240 tabs / 30 days)	Tier 1	QL	<i>glipizide xl</i> (generic of GLUCOTROL XL) 5mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glimepiride</i> (generic of AMARYL) 2mg QL (120 tabs / 30 days)	Tier 1	QL	<i>glipizide xl</i> (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days)	Tier 1	QL	JANUMET QL (60 tabs / 30 days)	Tier 2	QL
<i>glip/metformin</i> tab 2.5-250mg QL (240 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
<i>glip/metformin</i> tab 2.5-500mg QL (120 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
<i>glip/metformin</i> tab 5-500mg QL (120 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL	JANUVIA QL (30 tabs / 30 days)	Tier 2	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL	JARDIANCE 10mg QL (60 tabs / 30 days)	Tier 2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg QL (240 tabs / 30 days)	Tier 1	QL	JARDIANCE 25mg QL (30 tabs / 30 days)	Tier 2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (120 tabs / 30 days)	Tier 1	QL	JENTADUETO QL (60 tabs / 30 days)	Tier 2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	Tier 2	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 2.5mg QL (240 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	Tier 2	QL
			<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
			<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	Tier 1	QL
<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> .5mg QL (120 tabs / 30 days)	Tier 1	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-500MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY XR TAB 10-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 25-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRADJENTA QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	Tier 2	QL
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg	Tier 1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	
<i>ibandronate sodium</i> (generic of BONIVA) TABS	Tier 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</i> 30mg	Tier 3	B/D
<i>pamidronate inj</i> 90mg	Tier 3	B/D
<i>zoledronic acid inj</i> 5mg/100ml (generic of RECLAST)	Tier 3	B/D NMO
<i>zoledronic inj</i> 4mg/5ml (generic of ZOMETA)	Tier 3	B/D NMO

CALCIUM RECEPTOR AGONISTS

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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SENSIPAR 30mg, 90mg QL (120 tabs / 30 days)	Tier 2	B/D QL NMO
SENSIPAR 60mg QL (60 tabs / 30 days)	Tier 2	B/D QL NMO
CHELATING AGENTS		
CHEMET	Tier 3	
DEPEN TITRATABS	Tier 2	
JADENU	Tier 2	NMO LA PA
JADENU SPRINKLE	Tier 2	NMO LA PA
kionex sus 15gm/60ml	Tier 2	
sodium polystyrene sulfonate powder	Tier 2	
sodium polystyrene sulfonate susp	Tier 2	
sps	Tier 2	
trientine hcl (generic of SYPRINE)	Tier 1	PA
CONTRACEPTIVES		
altavera tab	Tier 2	
alyacen 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 2	
apri	Tier 2	
aranelle (generic of TRI-NORINYL 28)	Tier 2	
aubra	Tier 2	
aviane	Tier 2	
balziva	Tier 2	
blisovi fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 2	
blisovi fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 2	
briellyn	Tier 2	
camila	Tier 2	
caziant pak	Tier 2	
cryselle-28	Tier 2	
cyclafem 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 2	
cyclafem 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 2	
cyred tab	Tier 2	
dasetta 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
dasetta 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 2	
deblitane	Tier 2	
delyla	Tier 2	
desogestrel & ethinyl estradiol	Tier 2	
desogestrel-ethinyl estradiol (biphasic) (generic of MIRCETTE)	Tier 2	
drospirenone-ethinyl estradiol (generic of YASMIN 28)	Tier 2	
drospirenone-ethinyl estradiol (generic of YAZ)	Tier 2	
ELLA	Tier 3	
emoquette	Tier 2	
enpresse-28	Tier 2	
enskyce	Tier 2	
errin (generic of ORTHO MICRONOR)	Tier 2	
estarylla tab 0.25-35 (generic of ORTHO-CYCLEN)	Tier 2	
ethynodiol diacet & eth estrad	Tier 2	
ethynodiol tab 1-50	Tier 2	
falmina	Tier 2	
femynor (generic of ORTHO-CYCLEN)	Tier 2	
gianvi (generic of YAZ)	Tier 2	
heather	Tier 2	
introvale	Tier 2	
isibloom	Tier 2	
jolessa	Tier 2	
jolivette (generic of ORTHO MICRONOR)	Tier 2	
juleber	Tier 2	
junel 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 2	
junel 1/20 (generic of LOESTRIN 1/20-21)	Tier 2	
junel fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 2	

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<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>kimidess</i> (generic of MIRCETTE)	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> (generic of TRI-NORINYL 28)	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	
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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> (generic of ORTHO-CYCLEN)	Tier 2	
<i>mono-lynyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 2	
<i>mononessa</i> (generic of ORTHO-CYCLEN)	Tier 2	
<i>myzilra</i>	Tier 2	
<i>necon 0.5/35-28</i>	Tier 2	
<i>necon 1/50-28</i>	Tier 2	
<i>necon 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	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> (generic of ORTHO-CYCLEN)	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> (generic of ORTHO TRI-CYCLEN)	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	
NUVARING	Tier 3	

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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<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> (generic of ORTHO-CYCLEN)	Tier 2	
<i>quasense</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> (generic of ORTHO-CYCLEN)	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-legest fe</i> (generic of ESTROSTEP FE)	Tier 2	
<i>tri-linyah</i> (generic of ORTHO TRI-CYCLEN)	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> (generic of ORTHO TRI-CYCLEN)	Tier 2	
<i>tri-previfem</i> (generic of ORTHO TRI-CYCLEN)	Tier 2	
<i>tri-sprintec</i> (generic of ORTHO TRI-CYCLEN)	Tier 2	
<i>tri-vylibra</i> (generic of ORTHO TRI-CYCLEN)	Tier 2	
<i>trinessa</i> (generic of ORTHO TRI-CYCLEN)	Tier 2	

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

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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estradiol (generic of CLIMARA) PTWK	Tier 2	
estradiol (generic of ESTRACE) TABS	Tier 1	
estradiol vaginal cream (generic of ESTRACE)	Tier 3	
estradiol vaginal tab (generic of VAGIFEM)	Tier 2	
estradiol valerate inj (generic of DELESTROGEN)	Tier 3	
fyavolv	Tier 2	
fyavolv (generic of FEMHRT LOW DOSE)	Tier 2	
jinteli	Tier 2	
norethindrone acetate-ethinyl estradiol	Tier 2	
norethindrone acetate-ethinyl estradiol (generic of FEMHRT LOW DOSE)	Tier 2	
yuvaferm vaginal tablet 10 mcg (generic of VAGIFEM)	Tier 2	
GLUCOCORTICOIDS		
cortisone acetate TABS	Tier 3	
DEXAMETHASONE CONC	Tier 3	
dexamethasone ELIX; SOLN	Tier 2	
dexamethasone TABS	Tier 1	
dexamethasone sodium phosphate	Tier 3	
fludrocortisone acetate TABS	Tier 1	
hydrocortisone (generic of CORTEF) TABS	Tier 2	
methylpr ss inj (generic of SOLU-MEDROL)	Tier 3	B/D
methylpred pak 4mg (generic of MEDROL DOSEPAK)	Tier 1	
methylpred tab 4mg (generic of MEDROL)	Tier 2	B/D
methylpred tab 8mg (generic of MEDROL)	Tier 2	B/D
methylpred tab 16mg (generic of MEDROL)	Tier 2	B/D

Drug Name	Drug Tier	Requirements/ Limits
methylpred tab 32mg (generic of MEDROL)	Tier 2	B/D
methylprednisolone acetate (generic of DEPO-MEDROL)	Tier 3	B/D
pred sod pho sol 5mg/5ml	Tier 3	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	Tier 1	B/D
prednisolone sol 15mg/5ml	Tier 1	B/D
prednisolone sol 25mg/5ml	Tier 3	B/D
PREDNISONE CON 5MG/ML	Tier 3	B/D
prednisone pak 5mg	Tier 1	
prednisone pak 10mg	Tier 1	
prednisone sol 5mg/5ml	Tier 3	B/D
prednisone tab 1mg	Tier 1	B/D
prednisone tab 2.5mg	Tier 1	B/D
prednisone tab 5mg	Tier 1	B/D
prednisone tab 10mg	Tier 1	B/D
prednisone tab 20mg	Tier 1	B/D
prednisone tab 50mg	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		
cabergoline	Tier 3	
calcitonin (salmon) (generic of MIACALCIN)	Tier 2	B/D
FORTEO	Tier 2	NMO PA
GENOTROPIN	Tier 2	NMO PA
GENOTROPIN MINQUICK .2mg	Tier 3	NMO PA
GENOTROPIN MINQUICK .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

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Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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<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
<i>octreotide acetate</i> 1000mcg/ml	Tier 1	NMO PA
<i>octreotide inj 100mcg/ml</i> (generic of SANDOSTATIN)	Tier 3	NMO PA
PROLIA QL (1 injection / 180 days)	Tier 3	QL NMO
<i>raloxifene tab 60mg</i> (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
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS QL (360 caps / 30 days)	Tier 3	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

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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 4mcg/ml</i> (generic of DDAVP)	Tier 3	
STIMATE	Tier 2	NMO
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> (generic of EMEND)	Tier 3	B/D
<i>aprepitant pak 80mg & 125mg</i>	Tier 3	B/D
<i>compro</i>	Tier 3	

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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> (generic of ZOFran)	Tier 3	B/D
<i>ondansetron odt</i> (generic of ZOFran ODT)	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 patch</i> (generic of TRANSDERM-SCOP) QL (10 patches / 30 days) PA if 70 years and older	Tier 3	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl cap 10mg</i> (generic of BENTYL)	Tier 2	
<i>dicyclomine hcl soln 10mg/5ml</i>	Tier 3	
<i>dicyclomine hcl tab 20mg</i>	Tier 2	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	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	Tier 1	
<i>ranitidine hcl inj</i> (generic of ZANTAC)	Tier 3	
<i>ranitidine inj</i> (generic of ZANTAC)	Tier 3	
<i>ranitidine syrup</i>	Tier 2	
INFLAMMATORY BOWEL DISEASE		
APRISO QL (120 caps / 30 days)	Tier 2	QL
<i>balsalazide disodium</i> (generic of COLAZAL)	Tier 3	
<i>budesonide ec</i> (generic of ENTOCORT EC)	Tier 1	
CANASA	Tier 3	
<i>colocort</i> (generic of CORTENEMA)	Tier 3	
DELZICOL	Tier 3	
<i>hydrocortisone (enema)</i> (generic of CORTENEMA)	Tier 3	
<i>mesalamine</i> ENEM	Tier 3	
<i>mesalamine</i> (generic of ASACOL HD) TBEC 800mg	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 1	
<i>enulose</i>	Tier 1	
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	Tier 1	

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Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1		<i>diphenoxylate w/ atropine</i> LIQD	Tier 3	
<i>gavilyte-n/flavor pack</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1		<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	Tier 2	
<i>generlac</i>	Tier 1		GATTEX	Tier 2	NMO LA PA
GOLYTELY	Tier 2		LINZESS	Tier 2	QL
<i>lactulose</i>	Tier 1		QL (30 caps / 30 days)		
<i>lactulose (encephalopathy)</i>	Tier 1		<i>loperamide hcl</i> CAPS	Tier 1	
MOVIPREP	Tier 3		<i>misoprostol</i> (generic of CYTOTEC) TABS	Tier 2	
NULYTELY/FLAVOR PACKS	Tier 2		MOVANTIK 12.5mg	Tier 2	QL
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	Tier 1		QL (60 tabs / 30 days)		
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1		MOVANTIK 25mg	Tier 2	QL
<i>peg 3350/electrolytes</i> (generic of COLYTE-FLAVOR PACKS)	Tier 1		QL (30 tabs / 30 days)		
<i>polyethylene glycol 3350</i> PACK	Tier 2		RELISTOR SOLN	Tier 2	PA
<i>polyethylene glycol 3350</i> POWD	Tier 1		<i>sucralate</i> (generic of CARAFATE) TABS	Tier 2	
SUPREP BOWEL PREP KIT	Tier 3		SYMPROIC	Tier 2	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1		<i>ursodiol</i> (generic of ACTIGALL) CAPS	Tier 2	
MISCELLANEOUS			<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 3	
<i>alosetron hcl</i> (generic of LOTRONEX)	Tier 1	PA	<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 3	
AMITIZA 8mcg	Tier 2	QL	XIFAXAN 550mg	Tier 2	PA
QL (180 caps / 30 days)			PANCREATIC ENZYMES		
AMITIZA 24mcg	Tier 2	QL	CREON	Tier 2	
QL (60 caps / 30 days)			ZENPEP	Tier 3	
<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM)	Tier 1		PROTON PUMP INHIBITORS		
			DEXILANT	Tier 3	QL
			QL (30 caps / 30 days)		
			<i>esomeprazole magnesium</i> (generic of NEXIUM)	Tier 3	QL
			QL (30 caps / 30 days)		
			<i>esomeprazole sodium inj</i> 20mg	Tier 3	
			<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	Tier 3	
			<i>lansoprazole</i> (generic of PREVACID) CPDR	Tier 2	QL
			QL (30 caps / 30 days)		
			<i>omeprazole cap 10mg</i>	Tier 1	
			<i>omeprazole cap 20mg</i>	Tier 1	

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<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> (alkalinizer) er tabs (generic of UROCIT-K 15) 15meq	Tier 3	
<i>potassium citrate</i> (alkalinizer) er tabs (generic of UROCIT-K 5) 540mg	Tier 3	
<i>potassium citrate</i> (alkalinizer) er tabs (generic of UROCIT-K 10) 1080mg	Tier 3	
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG QL (60 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

Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg, 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
VESICARE QL (30 tabs / 30 days)	Tier 3	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i> vaginal (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	
ELIQUIS	Tier 2	
ELIQUIS STARTER PACK	Tier 2	
<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

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<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	Tier 3	
<i>warfarin sodium</i> (generic of COUMADIN)	Tier 1	
XARELTO	Tier 2	
XARELTO STARTER PACK	Tier 2	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	Tier 2	NMO PA
NEUPOGEN	Tier 2	NMO PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NMO PA
PROCRIT 20000unit/ml, 40000unit/ml	Tier 2	NMO PA
MISCELLANEOUS		
<i>anagrelide hcl</i> 1mg	Tier 3	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	Tier 3	
BERINERT QL (24 boxes / 30 days)	Tier 2	QL NMO LA PA
<i>cilostazol</i>	Tier 1	
DROXIA	Tier 2	
ENDARI	Tier 2	NMO LA PA
FIRAZYR QL (9 syringes / 30 days)	Tier 2	QL NMO PA
HAEGARDA 2000unit QL (30 vials / 30 days)	Tier 2	QL NMO LA PA
HAEGARDA 3000unit QL (20 vials / 30 days)	Tier 2	QL NMO LA PA
<i>pentoxifylline</i> TBCR	Tier 1	
PROMACTA 12.5mg QL (360 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
PROMACTA 75mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	Tier 2	
<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 3	
ZONTIVITY	Tier 3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	Tier 2	QL NMO PA
HUMIRA 40mg/0.4ml QL (6 injections / 28 days)	Tier 2	QL NMO PA
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA PEDIATRIC CROHNS DISEASE	Tier 2	NMO PA
HUMIRA PEN QL (6 pens / 28 days)	Tier 2	QL NMO PA
HUMIRA PEN INJ CD/UC/HS STARTER	Tier 2	NMO PA
HUMIRA PEN INJ PS/UV STARTER	Tier 2	NMO PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	Tier 2	

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<i>leflunomide</i> (generic of ARAVA) TABS	Tier 2	
<i>methotrexate sodium tabs</i>	Tier 2	
REMICADE	Tier 2	NMO PA
XATMEP	Tier 3	B/D
XELJANZ QL (60 tabs / 30 days)	Tier 2	QL NMO PA
XELJANZ XR QL (30 tabs / 30 days)	Tier 2	QL NMO PA
IMMUNOGLOBULINS		
BIVIGAM	Tier 2	NMO PA
CARIMUNE NANOFILTERED	Tier 2	NMO PA
FLEBOGAMMA DIF	Tier 2	NMO PA
GAMASTAN S/D	Tier 2	B/D NMO
GAMMAGARD LIQUID	Tier 2	NMO PA
GAMMAGARD S/D	Tier 2	NMO PA
GAMMAKED	Tier 2	NMO PA
GAMMAPLEX	Tier 2	NMO PA
GAMMAPLEX 10GM/100ML	Tier 2	NMO PA
GAMUNEX-C	Tier 2	NMO PA
OCTAGAM	Tier 2	NMO PA
PRIVIGEN	Tier 2	NMO PA
IMMUNOMODULATORS		
ACTIMMUNE	Tier 2	NMO LA PA
ARCALYST	Tier 2	NMO PA
INTRON-A INJ 10MU	Tier 2	B/D NMO
INTRON-A INJ 18MU	Tier 2	B/D NMO
INTRON-A INJ 25MU	Tier 2	B/D NMO
INTRON-A INJ 50MU	Tier 2	B/D NMO
IMMUNOSUPPRESSANTS		
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	Tier 3	B/D NMO
<i>engraf</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
NULOJIX	Tier 2	B/D NMO
RAPAMUNE SOLN	Tier 2	B/D NMO
SANDIMMUNE SOLN 100mg/ml	Tier 2	B/D NMO
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	Tier 1	B/D NMO
<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
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
ENGERIX-B SUSP	Tier 2	B/D
GARDASIL 9	Tier 2	
HAVRIX	Tier 2	
HIBERIX	Tier 2	
IMOVAX RABIES (H.D.C.V.)	Tier 2	B/D
INFANRIX	Tier 2	
IPOL INACTIVATED IPV	Tier 2	

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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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)		
TENIVAC	Tier 2	B/D
TETANUS/DIPHTHERIA TOXOID	Tier 2	B/D
TRUMENBA	Tier 2	
TWINRIX INJ	Tier 2	
TYPHIM VI	Tier 2	
VAQTA	Tier 2	
VARIVAX	Tier 2	
YF-VAX	Tier 2	
ZOSTAVAX	Tier 2	QL
QL (1 vial per lifetime)		
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
klor-con 8	Tier 1	
klor-con 10	Tier 1	
klor-con m10	Tier 1	
KLOR-CON M15	Tier 2	
klor-con m20	Tier 1	
klor-con pak 20meq	Tier 3	
klor-con spr cap 8meq (generic of MICRO-K)	Tier 2	
klor-con spr cap 10meq (generic of MICRO-K)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
magnesium sulfate SOLN 50%	Tier 2	
MAGNESIUM SULFATE IN D5W	Tier 2	
magnesium sulfate in dextrose (generic of MAGNESIUM SULFATE IN D5W)	Tier 2	
magnesium sulfate inj 50%	Tier 2	
potassium chloride (generic of MICRO-K) CPCR	Tier 2	
potassium chloride PACK	Tier 3	
potassium chloride SOLN 10%, 20%	Tier 3	
potassium chloride TBCR 8meq, 10meq	Tier 1	
potassium chloride (generic of K-TAB) TBCR 20meq	Tier 1	
potassium chloride microencapsulated crystals	Tier 1	
sodium chloride SOLN 2.5meq/ml	Tier 3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
tpn electrolytes	Tier 3	B/D
IV NUTRITION		
AMINOSYN	Tier 3	B/D
AMINOSYN 7%/ELECTROLYTES	Tier 3	B/D
aminosyn 8.5%/electrolyte	Tier 3	B/D
aminosyn ii 8.5%/electrol	Tier 3	B/D
AMINOSYN II INJ 8.5%	Tier 3	B/D
AMINOSYN II INJ 10%	Tier 3	B/D
AMINOSYN M	Tier 3	B/D
AMINOSYN-HBC	Tier 3	B/D

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMINOSYN-PF 7%	Tier 3	B/D	DEXTROSE 10%/NACL 0.2%	Tier 3	
AMINOSYN-PF 10%	Tier 3	B/D	<i>dextrose 10%/nacl 0.45%</i>	Tier 3	
AMINOSYN-RF	Tier 3	B/D	<i>dextrose 50%</i>	Tier 3	
CLINIMIX 2.75%/DEXTROSE 5%	Tier 3	B/D	<i>dextrose in lactated ringers</i>	Tier 3	
CLINIMIX 4.25%/DEXTROSE 5%	Tier 3	B/D	<i>dextrose inj 70%</i>	Tier 3	
CLINIMIX 4.25%/DEXTROSE 25%	Tier 3	B/D	ISOLYTE P	Tier 3	
CLINIMIX 5%/DEXTROSE 15%	Tier 3	B/D	ISOLYTE S	Tier 3	
CLINIMIX 5%/DEXTROSE 20%	Tier 3	B/D	<i>kcl 0.15%/d5w/nacl 0.2%</i>	Tier 3	
CLINIMIX 5%/DEXTROSE 25%	Tier 3	B/D	KCL 0.3%/D5W/NACL 0.9%	Tier 3	
CLINIMIX INJ 4.25/D10	Tier 3	B/D	<i>kcl 0.3%/d5w/nacl 0.45%</i>	Tier 3	
CLINIMIX INJ 4.25/D20	Tier 3	B/D	<i>kcl 0.15%/d5w/nacl 0.9%</i>	Tier 3	
FREAMINE HBC 6.9%	Tier 3	B/D	KCL 0.15%/D5W/NACL 0.225%	Tier 3	
FREAMINE III	Tier 3	B/D	<i>kcl 0.075%/d5w/nacl 0.45%</i>	Tier 3	
<i>hepatamine</i>	Tier 3	B/D	<i>kcl/d5w inj 0.3%</i>	Tier 3	
INTRALIPID 30%	Tier 3	B/D	<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	Tier 3	
<i>intralipid inj 20%</i>	Tier 3	B/D	<i>kcl/d5w/nacl inj .15/.33%</i>	Tier 3	
NEPHRAMINE	Tier 3	B/D	<i>kcl/d5w/nacl inj .15/.45%</i>	Tier 3	
<i>nutrilipid inj 20%</i>	Tier 3	B/D	<i>kcl/nacl inj 0.3-0.9</i>	Tier 3	
<i>premasol 6%</i>	Tier 3	B/D	<i>kcl/nacl inj 0.15%-0.9%</i>	Tier 3	
PREMASOL 10%	Tier 3	B/D	<i>lactated ringer's</i>	Tier 3	
PROCALAMINE	Tier 3	B/D	NORMOSOL-M IN D5W	Tier 3	
PROSOL	Tier 3	B/D	NORMOSOL-R	Tier 3	
TRAVASOL	Tier 3	B/D	NORMOSOL-R IN D5W	Tier 3	
TROPHAMINE INJ 10%	Tier 3	B/D	PLASMA-LYTE A	Tier 3	
IV REPLACEMENT SOLUTIONS			PLASMA-LYTE-148	Tier 3	
<i>dextrose 2.5%/nacl 0.45%</i>	Tier 3		<i>pot chloride inj 2meq/ml</i>	Tier 3	
<i>dextrose 5%</i>	Tier 3		<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	Tier 3	
DEXTROSE 5%/ELECTROLYTE	Tier 3		<i>potassium chloride in nacl</i>	Tier 3	
<i>dextrose 5%/nacl 0.2%</i>	Tier 3		<i>sod chloride inj 0.9%</i>	Tier 3	
DEXTROSE 5%/NACL 0.3%	Tier 3		sodium chloride SOLN 3%, 5%	Tier 3	
<i>dextrose 5%/nacl 0.9%</i>	Tier 3		<i>sodium chloride 0.45%</i>	Tier 3	
<i>dextrose 5%/nacl 0.33%</i>	Tier 3		VITAMINS		
<i>dextrose 5%/nacl 0.45%</i>	Tier 3		calcitriol (generic of ROCALTROL) CAPS	Tier 2	B/D
<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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<i>calcitriol inj</i>	Tier 3	B/D
<i>calcitriol oral soln 1 mcg/ml</i> (generic of ROCALTROL)	Tier 3	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D
<i>paricalcitol</i> CAPS 4mcg	Tier 3	B/D
PNV PRENATAL TAB PLUS	Tier 2	
RAYALDEE	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-</i> <i>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</i> (ophth)	Tier 1	
BESIVANCE	Tier 2	
CILOXAN OINT	Tier 2	
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	Tier 1	
<i>erythromycin (ophth)</i>	Tier 1	
<i>gentak</i>	Tier 1	
<i>gentamicin sulfate soln</i> (ophth)	Tier 1	
MOXEZA	Tier 2	
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX)	Tier 2	
NATACYN	Tier 3	
<i>neomycin-bacitracin zn-</i> <i>polymyxin</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-</i> <i>gramicidin</i> (generic of NEOSPORIN)	Tier 2	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	Tier 1	
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	Tier 1	
<i>sulfacetamide sodium</i> (ophth) OINT	Tier 2	
<i>sulfacetamide sodium</i> (ophth) (generic of BLEPH-10) SOLN	Tier 2	
<i>tobramycin (ophth)</i> (generic of TOBREX)	Tier 1	
<i>trifluridine</i> (generic of VIROPTIC) SOLN	Tier 2	
ZIRGAN	Tier 3	

ANTI-INFLAMMATORIES

ALREX	Tier 2	
BROMSITE	Tier 3	
<i>dexamethasone sodium phosphate (ophth)</i>	Tier 2	
<i>diclofenac sodium (ophth)</i>	Tier 2	
DUREZOL	Tier 2	
<i>fluorometholone</i>	Tier 2	
<i>flurbiprofen sodium</i>	Tier 1	
ILEVRO	Tier 2	
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR LS) .4%	Tier 2	
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR) .5%	Tier 2	
LOTEMAX	Tier 2	
<i>prednisolone acetate</i> (ophth) (generic of OMNIPRED)	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	Tier 2	
PROLENSA	Tier 2	

ANTIALLERGICS

<i>azelastine drop 0.05%</i>	Tier 2	
BEPREVE	Tier 2	
<i>cromolyn sodium (ophth)</i>	Tier 1	

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

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LASTACFT	Tier 3	
<i>olopatadine hcl 0.2%</i> (generic of PATADAY)	Tier 3	
PAZEO	Tier 2	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	Tier 2	
AZOPT	Tier 2	
<i>betaxolol hcl (ophth)</i>	Tier 2	
BETOPTIC-S	Tier 2	
<i>brimonidine sol 0.2%</i>	Tier 1	
<i>brimonidine tartrate soln 0.15%</i> (generic of ALPHAGAN P)	Tier 3	
<i>carteolol hcl (ophth)</i>	Tier 1	
COMBIGAN	Tier 2	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	Tier 2	
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	Tier 2	
<i>latanoprost</i> (generic of XALATAN) SOLN	Tier 1	
<i>levobunolol hcl</i> (generic of BETAGAN)	Tier 1	
LUMIGAN	Tier 2	
<i>metipranolol</i>	Tier 2	
PHOSPHOLINE IODIDE	Tier 3	
<i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN	Tier 2	
SIMBRINZA	Tier 2	
<i>timolol maleate (ophth) soln</i> (generic of TIMOPTIC)	Tier 1	
<i>timolol maleate gel</i> (generic of TIMOPTIC-XE)	Tier 3	
<i>timolol maleate ophth soln 0.5% (once-daily)</i> (generic of ISTALOL)	Tier 3	
TRAVATAN Z	Tier 2	
MISCELLANEOUS		
CYSTARAN	Tier 2	NMO LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	Tier 2	

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

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00019323_v6_01/2019

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</i> <i>dihydrochloride</i> TABS	Tier 1	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	Tier 1	B/D
<i>albuterol sulfate</i> SYRP	Tier 2	
<i>albuterol sulfate</i> TABS	Tier 3	
<i>levalbuterol tartrate hfa</i> QL (2 inhalers / 30 days)	Tier 2	QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
<i>terbutaline sulfate</i> TABS	Tier 3	
VENTOLIN HFA QL (2 inhalers / 30 days)	Tier 2	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; TABS	Tier 1	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK	Tier 3	
<i>zafirlukast</i> (generic of ACCOLATE)	Tier 2	
MAST CELL STABILIZERS		
<i>cromolyn sod neb</i> 20mg/2ml	Tier 2	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 2	B/D
ARALAST NP	Tier 2	NMO LA PA
DALIRESP	Tier 3	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
ESBRIET	Tier 2	NMO PA
KALYDECO	Tier 2	NMO PA
OFEV	Tier 2	NMO PA
ORKAMBI TABS	Tier 2	NMO PA

Drug Name	Drug Tier	Requirements/ Limits
PROLASTIN-C	Tier 2	NMO LA PA
PULMOZYME	Tier 2	NMO PA
SYMDEKO	Tier 2	NMO LA PA
<i>theophylline</i> TB12; TB24	Tier 2	
XOLAIR	Tier 2	NMO LA PA
ZEMAIRA	Tier 2	NMO LA PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> QL (3 bottles / 30 days)	Tier 2	QL
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	Tier 1	QL
STEROID INHALANTS		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	Tier 2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) .25mg/2ml, .5mg/2ml	Tier 3	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	Tier 2	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	Tier 2	QL
FLOVENT HFA QL (2 inhalers / 30 days)	Tier 2	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	Tier 3	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
ADVAIR HFA QL (1 inhaler / 30 days)	Tier 2	QL

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00019323_v6_01/2019

Drug Name	Drug Tier	Requirements/ Limits
BREO ELLIPTA QL (60 blisters / 30 days)	Tier 2	QL
SYMBICORT QL (1 inhaler / 30 days)	Tier 2	QL
TOPICAL		
DERMATOLOGY, ACNE		
amnesteem	Tier 3	PA
avita (generic of RETIN-A) CREA	Tier 3	PA
avita GEL	Tier 3	PA
claravis	Tier 3	PA
clindamycin phosphate (topical) (generic of CLEOCIN-T) GEL; LOTN	Tier 3	
clindamycin phosphate (topical) (generic of CLEOCIN-T) SOLN	Tier 2	
erythromycin (acne aid) (generic of ERYGEL) GEL	Tier 3	
erythromycin (acne aid) SOLN	Tier 2	
isotretinoin CAPS	Tier 3	PA
myorisan	Tier 3	PA
sulfacetamide sodium (acne) (generic of KLARON)	Tier 3	
tretinoin (generic of RETIN-A) CREA	Tier 3	PA
tretinoin (generic of RETIN-A) GEL .01%, .025%	Tier 3	PA
zenatane	Tier 3	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical)	Tier 2	
mupirocin OINT	Tier 1	
silver sulfadiazine (generic of SILVADENE) CREA	Tier 1	
ssd (generic of SILVADENE)	Tier 1	
SULFAMYLLON CREA	Tier 3	
DERMATOLOGY, ANTIFUNGALS		
clotrimazole (topical) CREA	Tier 2	
clotrimazole w/ betamethasone (generic of LOTRISONE) CREA	Tier 2	

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

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate</i> CREA; LOTN; OINT	Tier 2	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	Tier 3	
<i>fluocinonide</i> CREA .05%	Tier 3	
<i>fluocinonide</i> GEL	Tier 3	
<i>fluocinonide</i> SOLN	Tier 2	
<i>fluocinonide emulsified base</i>	Tier 3	
<i>fluticasone propionate</i> CREA; OINT	Tier 2	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	Tier 3	
<i>hydrocortisone (topical)</i> CREA	Tier 1	
<i>hydrocortisone (topical)</i> LOTN	Tier 2	
<i>hydrocortisone (topical)</i> OINT 2.5%	Tier 1	
<i>hydrocortisone butyrate cream 0.1%</i> (generic of LOCOID)	Tier 3	
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 3	
<i>mometasone furoate</i> (generic of ELOCON) CREA	Tier 1	
<i>mometasone furoate</i> (generic of ELOCON) OINT	Tier 2	
<i>mometasone furoate</i> SOLN	Tier 2	
<i>triamcinolone acetonide</i> (topical) CREA; OINT	Tier 1	
<i>triamcinolone acetonide</i> (topical) LOTN	Tier 2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> QL (30 mL / 30 days)	Tier 2	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	Tier 3	QL PA
<i>lidocaine hcl</i> GEL QL (30 mL / 30 days)	Tier 2	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine oint 5%</i> QL (50 grams / 30 days)	Tier 3	QL PA
<i>lidocaine-prilocaine</i> QL (30 grams / 30 days)	Tier 2	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA	Tier 2	
<i>ammonium lactate</i> LOTN	Tier 2	
<i>diclofenac sodium (topical)</i> 1% gel (generic of VOLTAREN)	Tier 2	PA
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	Tier 3	
<i>fluorouracil (topical)</i> SOLN	Tier 2	
<i>imiquimod</i> (generic of ALDARA) CREA	Tier 3	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	Tier 3	
<i>metronidazole gel 0.75%</i>	Tier 3	
PANRETIN	Tier 2	
PICATO .05% QL (2 tubes / 30 days)	Tier 2	QL
PICATO .015% QL (3 tubes / 30 days)	Tier 2	QL
<i>podofilox</i> SOLN	Tier 2	
<i>procto-med hc</i> (generic of ANUSOL-HC)	Tier 2	
<i>procto-pak</i> (generic of PROCTOCORT)	Tier 2	
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	Tier 2	
<i>proctozone-hc</i> (generic of ANUSOL-HC)	Tier 2	
<i>rosadan</i> (generic of METROCREAM)	Tier 3	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	Tier 3	
TARGRETIN GEL	Tier 2	NMO PA
VALCHLOR	Tier 2	NMO LA PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

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

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00019323_v6_01/2019

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>malathion</i> (generic of OVIDE)	Tier 3	
<i>permethrin cre 5%</i> (generic of ELIMITE)	Tier 2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	Tier 1	
REGRANEX	Tier 2	PA
SANTYL	Tier 3	
<i>sodium chlor sol 0.9% irr</i>	Tier 1	
<i>water for irrigation, sterile</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX)	Tier 1	
<i>clotrimazole</i> LOZG	Tier 3	
<i>lidocaine hcl</i> (mouth-throat)	Tier 1	
<i>nystatin</i> (mouth-throat)	Tier 2	
<i>paroex sol 0.12%</i> (generic of PERIDEX)	Tier 1	
<i>periogard</i> (generic of PERIDEX)	Tier 1	
<i>pilocarpine hcl</i> (oral) (generic of SALAGEN)	Tier 3	
<i>triamcinolone acetonide</i> (mouth)	Tier 2	
OTIC		
<i>acetic acid</i> (otic)	Tier 2	
CIPRODEX	Tier 2	
<i>neomycin-polymyxin-hc</i> (otic)	Tier 2	
<i>ofloxacin</i> (otic) (generic of FLOXIN OTIC)	Tier 3	

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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

00019323_v6_01/2019

Index

A

- abacavir sulfate 5
 abacavir sulfate-lamivudine 6
 abacavir sulfate-lamivudine-
 zidovudine 6
 ABELCET 5
 ABILIFY
 see *aripiprazole tab* 23
 ABILIFY MAINTENA 23
 ABRAXANE 10
 acamprosate calcium 28
 acarbose 29
 ACCOLATE
 see *zafirlukast* 46
 ACCUPRIL
 see *quinapril hcl* 12
 ACCURETIC
 see *quinapril-
 hydrochlorothiazide* 12
 acebutolol hcl 14
 acetaminophen w/ codeine
 300-15mg 1
 acetaminophen w/ codeine
 300-30mg 1
 acetaminophen w/ codeine
 300-60mg 1
 acetaminophen w/ codeine
 soln 1
 acetazolamide 16
 acetic acid 49
 acetic acid (otic) 49
 acetylcysteine 46
 acitretin 47
 ACTHIB 41
 ACTIGALL
 see *ursodiol* 38
 ACTIMMUNE 41
 ACTIQ
 see *fentanyl citrate* 2
 ACTOS
 see *pioglitazone hcl* 31
 ACULAR
 see *ketorolac
 tromethamine (ophth)* 44
 ACULAR LS
 see *ketorolac
 tromethamine (ophth)* 44
 acyclovir 7
 acyclovir sodium 7
 ADACEL 41
 ADAGEN 34
 ADALAT CC
 see *afeditab cr* 15
 see *nifedipine er* 15
 ADDERALL
 see *amphetamine-
 dextroamphetamine tab* 10
 mg 26
 see *amphetamine-
 dextroamphetamine tab*
 12.5 mg 26
 see *amphetamine-
 dextroamphetamine tab* 15
 mg 26
 see *amphetamine-
 dextroamphetamine tab* 20
 mg 26
 see *amphetamine-
 dextroamphetamine tab* 30
 mg 26
 see *amphetamine-
 dextroamphetamine tab* 5
 mg 25
 see *amphetamine-
 dextroamphetamine tab*
 7.5 mg 25
 ADDERALL XR
 see *amphetamine-
 dextroamphetamine cap sr*
 24hr 10 mg 25
 see *amphetamine-
 dextroamphetamine cap sr*
 24hr 15 mg 25
 see *amphetamine-
 dextroamphetamine cap sr*
 24hr 20 mg 25
 see *amphetamine-
 dextroamphetamine cap sr*
 24hr 25 mg 25
 see *amphetamine-
 dextroamphetamine cap sr*
 24hr 30 mg 25
 see *amphetamine-
 dextroamphetamine cap sr*
 24hr 5 mg 25
 ADEMPAS 17
 adrucil 9
 ADVAIR DISKUS 46
 ADVAIR HFA 46
 afeditab cr 15
 AFINITOR 11
 AFINITOR DISPERZ 11
 AGGRENOLX
 see *aspirin-dipyridamole* 40
 AGRYLIN
 see *anagrelide hcl* 40
 ala-cort 47
 ALBENZA 4
 albuterol sulfate 46
 ALCALINE
 see *proparacaine hcl* 45
 alclometasone dipropionate
 47
 ALCOHOL SWABS 29
 ALDACTAZIDE
 see *spironolactone &
 hydrochlorothiazide* 16
 ALDACTONE
 see *spironolactone* 13
 ALDARA
 see *imiquimod* 48
 ALDURAZYME 34
 ALECENSA 11
 alendronate sodium 31
 alfuzosin hcl 39
 ALIMTA 9
 ALINIA 4
 allopurinol tab 1
 alosetron hcl 38
 ALPHAGAN P
 see *brimonidine tartrate
 soln 0.15%* 45
 ALPHAGAN P SOL 0.1% . 45
 alprazolam tab 0.25mg 17
 alprazolam tab 0.5mg 17
 alprazolam tab 1mg 17
 alprazolam tab 2 mg 17

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

ALREX	44	benazepril hcl cap 5-20 mg		amphetamine-
ALTACE		.....	12	dextroamphetamine tab 20
see ramipril	12	amlodipine besylate-		mg
altavera tab	32	benazepril hcl cap 5-40 mg		26
ALUNBRIG	11	.....	12	amphetamine-
alyacen 1/35	32	amlodipine besylate-		dextroamphetamine tab 30
amantadine hcl	22	olmesartan medoxomil.....	13	mg
AMARYL		amlodipine besylate-		26
see glimepiride	30	valsartan tab 10-160 mg ...	13	amphetamine-
AMBIEN		amlodipine besylate-		dextroamphetamine tab 5
see zolpidem tartrate	27	valsartan tab 10-320 mg ...	13	mg
AMBISOME	5	amlodipine besylate-		25
amikacin sulfate	4	valsartan tab 5-160 mg	13	amphetamine-
amiloride &		amlodipine besylate-		dextroamphetamine tab 7.5
hydrochlorothiazide	16	valsartan tab 5-320 mg	13	mg
amiloride hcl	16	ammonium lactate	48	25
AMINOSYN	42	amnestem	47	amphotericin b
AMINOSYN		amoxapine	20	5
7%/ELECTROLYTES	42	amoxicillin	8	ampicillin & sulbactam
aminosyn 8.5%/electrolyte	42	amoxicillin & pot clavulanate	8, 9	sodium
aminosyn ii 8.5%/electrol ..	42	.....		9
AMINOSYN II INJ 10%	42	amphetamine-		ampicillin cap 500mg
AMINOSYN II INJ 8.5%	42	dextroamphetamine cap sr		9
AMINOSYN M	42	24hr 10 mg	25	ampicillin inj
AMINOSYN-HBC	42	amphetamine-		9
AMINOSYN-PF 10%	43	dextroamphetamine cap sr		ampicillin sodium
AMINOSYN-PF 7%	43	24hr 15 mg	25	9
AMINOSYN-RF	43	amphetamine-		AMPYRA.....
amiodarone hcl soln	13	dextroamphetamine cap sr		28
amiodarone tab 100mg	13	24hr 20 mg	25	ANADROL-50
amiodarone tab 200mg	13	amphetamine-		29
amiodarone tab 400mg	13	dextroamphetamine cap sr		ANAFRANIL
AMITIZA.....	38	24hr 25 mg	25	see clomipramine hcl ...
amitriptyline hcl.....	20	amphetamine-		21
amlodipine besylate	15	dextroamphetamine cap sr		anagrelide hcl
amlodipine besylate-		24hr 30 mg	25	40
benazepril hcl cap 10-20 mg		amphetamine-		anastrozole
.....	12	dextroamphetamine cap sr		10
amlodipine besylate-		24hr 5 mg	25	ANCOBON
benazepril hcl cap 10-40 mg		amphetamine-		see flucytosine
.....	12	dextroamphetamine cap sr		5
amlodipine besylate-		24hr 30 mg	25	ANDRODERM.....
benazepril hcl cap 2.5-10 mg		amphetamine-		29
.....	12	dextroamphetamine cap sr		ANDROGEL
amlodipine besylate-		24hr 5 mg	25	see testosterone
benazepril hcl cap 5-10 mg		amphetamine-		29
.....	12	dextroamphetamine tab 10		ANORO ELLIPTA.....
amlodipine besylate-		mg	26	45
benazepril hcl cap 5-10 mg		mg	26	ANTABUSE
.....	12	amphetamine-		see disulfiram
amlodipine besylate-		dextroamphetamine tab 15		28
.....		mg	26	ANUSOL-HC
				see procto-med hc.....
				48
				see proctosol hc cre 2.5%
				
				48
				see proctozone-hc
				48
				APOKYN.....
				22
				aprepitant.....
				36
				aprepitant pak 80mg &
				125mg
				36
				apri
				32
				APRISO
				37
				APTIOM
				17
				APTIVUS
				5
				ARALAST NP
				46
				aranelle
				32
				ARAVA

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

see <i>leflunomide</i>	41	AVAPRO		BANZEL TAB 400MG	17
ARCALYST	41	see <i>irbesartan</i>	13	BARACLUDE	7
ARICEPT		AVASTIN	10	see <i>entecavir</i>	7
see <i>donepezil</i>		<i>aviane</i>	32	BASAGLAR KWIKPEN	29
<i>hydrochloride</i>	20	<i>avita</i>	47	BCG VACCINE	41
ARIMIDEX		AVODART		BD ULTRAFINE INSULIN	
see <i>anastrozole</i>	10	see <i>dutasteride</i>	39	SYRINGE	29
<i>aripiprazole odt</i>	23	AYGESTIN		BD ULTRAFINE/NANO PEN	
<i>aripiprazole oral solution 1</i>		see <i>norethindrone acetate</i>		NEEDLES	29
<i>mg/ml</i>	23	.....	36	<i>benazepril &</i>	
<i>aripiprazole tab</i>	23	<i>azacitidine</i>	10	<i>hydrochlorothiazide</i>	12
ARISTADA	23	AZACTAM		<i>benazepril hcl</i>	12
ARIXTRA		see <i>aztreonam</i>	4	BENDEKA	9
see <i>fondaparinux sodium</i>		AZASITE	44	BENICAR	
.....	39	<i>azathioprine</i>	41	see <i>olmesartan medoxomil</i>	
<i>armodafinil</i>	28	<i>azelastine drop 0.05%</i>	44	.....	13
ARNUITY ELLIPTA	46	<i>azelastine spr 0.1%</i>	45	BENICAR HCT	
AROMASIN		<i>azelastine spr 0.15%</i>	45	see <i>olmesartan</i>	
see <i>exemestane</i>	10	AZILECT		<i>medoxomil-</i>	
ASACOL HD		see <i>rasagiline mesylate</i>	22	<i>hydrochlorothiazide</i>	13
see <i>mesalamine</i>	37	<i>azithromycin</i>	8	BENLYSTA	41
<i>aspirin-dipyridamole</i>	40	AZOPT	45	BENTYL	
ASTEPRO		AZOR		see <i>dicyclomine hcl cap</i>	
see <i>azelastine spr 0.15%</i>		see <i>amlodipine besylate-</i>		<i>10mg</i>	37
.....	45	<i>olmesartan medoxomil</i> ..	13	<i>benztropine mesylate inj</i> ...	22
<i>atazanavir sulfate</i>	5	<i>aztreonam</i>	4	<i>benztropine mesylate tab</i>	
<i>atenolol</i>	14, 15	AZULFIDINE		<i>0.5mg</i>	22
<i>atenolol & chlorthalidone</i> ..	14	see <i>sulfasalazine</i>	37	<i>benztropine mesylate tab</i>	
ATIVAN		AZULFIDINE EN-TABS		<i>1mg</i>	22
see <i>lorazepam</i>	17	see <i>sulfasalazine ec</i>	37	<i>benztropine mesylate tab</i>	
<i>atomoxetine hcl</i>	26	B		<i>2mg</i>	22
<i>atorvastatin calcium</i>	14	<i>bacitracin (ophthalmic)</i>	44	BEPREVE	44
<i>atovaquone</i>	4	<i>bacitracin-polymyxin b</i>		BERINERT	40
<i>atovaquone-proguanil hcl</i> ...	5	<i>(ophth)</i>	44	BESIVANCE	44
ATRIPLA	6	<i>bacitracin-poly-neomycin-hc</i>		BETAGAN	
ATROVENT HFA	45	.....	44	see <i>levobunolol hcl</i>	45
<i>aubra</i>	32	<i>baclofen</i>	28	<i>betamethasone dipropionate</i>	
AUGMENTIN		BACTRIM		<i>(topical)</i>	47
see <i>amoxicillin & pot</i>		see <i>sulfamethoxazole-</i>		<i>betamethasone dipropionate</i>	
<i>clavulanate</i>	9	<i>trimethoprim tab 400-</i>		<i>augmented</i>	47
AUGMENTIN ES-600		<i>80mg</i>	5	<i>betamethasone valerate</i> ...	48
see <i>amoxicillin & pot</i>		BACTRIM DS		BETAPACE	
<i>clavulanate</i>	9	see <i>sulfamethoxazole-</i>		see <i>sorine</i>	14
AURYXIA	36	<i>trimethop ds</i>	5	see <i>sotalol hcl</i>	14
AUSTEDO	27	<i>balsalazide disodium</i>	37	BETAPACE AF	
AVALIDE		<i>balziva</i>	32	see <i>sotalol hcl (afib/af)</i> .	14
see <i>irbesartan-</i>		BANZEL SUS 40MG/ML ...	17	BETASERON	28
<i>hydrochlorothiazide</i>	13	BANZEL TAB 200MG	17	<i>betaxolol hcl (ophth)</i>	45

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

bethanechol chloride	39	BUMEX	see carbamazepine	18	
BETOPTIC-S	45	see bumetanide	16	carbidopa-levodopa	22
BEVESPI AEROSPHERE	45	BUPHENYL	see sodium phenylbutyrate	carbidopa-levodopa-	
bexarotene	11	.....	34	entacapone	22
BEXSERO	41	buprenorphine hcl	28	carboplatin	12
BIAXIN		buprenorphine hcl-naloxone		CARDIZEM	
see clarithromycin	8	hcl sl	28	see diltiazem hcl	15
BIAXIN XL		bupropion hcl	20	CARDIZEM CD	
see clarithromycin er	8	bupropion hcl (smoking		see cartia xt	15
bicalutamide	10	deterrent)	28	see diltiazem cap 120mg	
BICILLIN L-A	9	buspirone hcl	17	cd	15
BIKTARVY	6	BYDUREON BCISE	29	see diltiazem cap 180mg	
BILTRICIDE	4	BYDUREON INJ	29	cd	15
see praziquantel	5	BYDUREON PEN	29	see diltiazem cap 240mg	
bisoprolol &		BYETTA	29	cd	15
hydrochlorothiazide	14	BYSTOLIC	15	see diltiazem cap 360mg	
bisoprolol fumarate	15	C		cd	15
BIVIGAM	41	cabergoline	35	see diltiazem hcl coated	
bleomycin sulfate	9	CABOMETYX	11	beads cap sr 24hr	15
BLEPH-10		CAFERGOT		see diltiazem hcl extended	
see sulfacetamide sodium		see ergotamine w/ caffeine		release beads cap sr	15
(ophth)	44	.....	27	CARDURA	
BLEPHAMIDE	44	CALAN		see doxazosin mesylate	13
blisovi fe 1.5/30	32	see verapamil hcl	16	CARIMUNE	
blisovi fe 1/20	32	CALAN SR		NANOFILTERED	41
BONIVA		see verapamil hcl	16	CARNITOR	
see ibandronate sodium	31	see verapamil tab er	16	see levocarnitine	
BOOSTRIX	41	calcipotriene	47	(metabolic modifiers)	34
BORTEZOMIB	10	calcitonin (salmon)	35	carteolol hcl (ophth)	45
BOSULIF	11	calcitrene	47	cartia xt	15
BREO ELLIPTA	47	calcitriol	43	carvedilol	15
briellyn	32	calcitriol inj	44	CASODEX	
BRILINTA	40	calcitriol oral soln 1 mcg/ml		see bicalutamide	10
brimonidine sol 0.2%	45	.....	44	caspofungin acetate	5
brimonidine tartrate soln		calcium acetate (phosphate		CATAPRES	
0.15%	45	binder)	36	see clonidine hcl	16
BRIVIACT INJ 50MG/5ML	17	CALQUENCE	11	CATAPRES-TTS-1	
BRIVIACT SOL 10MG/ML	17	camila	32	see clonidine hcl	16
BRIVIACT TAB 100MG ...	17	CANASA	37	CATAPRES-TTS-2	
BRIVIACT TAB 10MG	17	CANCIDAS		see clonidine hcl	16
BRIVIACT TAB 25MG	17	see caspofungin acetate .	5	CATAPRES-TTS-3	
BRIVIACT TAB 50MG	17	CAPRELSA	11	see clonidine hcl	16
BRIVIACT TAB 75MG	17	CARAFATE		CAYSTON	4
bromocriptine mesylate	22	see sucralfate	38	caziant pak	32
BROMSITE	44	CARBAGLU	34	cefaclor	8
budesonide (inhalation)	46	carbamazepine	18	cefadroxil	8
budesonide ec	37	CARBATROL		CEFAZOLIN IN DEXTROSE	
bumetanide	16			2GM/100ML-4%	8

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

<i>cefazolin inj</i> 8	see <i>ciprofloxacin hcl tab</i> .. 8	PHOSPHATE IN NACL 4
<i>cefazolin sodium</i> 8	CIPRO I.V.-IN D5W	<i>clindamycin phosphate inj</i> .. 4
CEFAZOLIN SODIUM 1	see <i>ciprofloxacin in d5w</i> .. 8	<i>clindamycin phosphate</i>
GM/50ML 8	CIPRODEX..... 49	<i>vaginal</i> 39
<i>cefdinir</i> 8	<i>ciprofloxacin hcl (ophth)</i> 44	<i>clindamycin soln 75mg/5ml</i> 4
<i>cefepime hcl</i> 8	<i>ciprofloxacin hcl tab</i> 8	CLINIMIX
<i>cefixime</i> 8	<i>ciprofloxacin in d5w</i> 8	2.75%/DEXTROSE 5%..... 43
<i>cefoxitin sodium</i> 8	<i>cisplatin</i> 12	CLINIMIX
<i>cefpodoxime proxetil</i> 8	<i>citalopram hydrobromide</i> . 20,	4.25%/DEXTROSE 25%... 43
<i>ceftazidime</i> 8	21	CLINIMIX
<i>ceftriaxone sodium</i> 8	<i>claravis</i> 47	4.25%/DEXTROSE 5%..... 43
<i>cefuroxime axetil</i> 8	<i>clarithromycin</i> 8	CLINIMIX 5%/DEXTROSE
<i>cefuroxime sodium</i> 8	<i>clarithromycin er</i> 8	15% 43
CELEBREX	<i>clarithromycin for susp</i> 8	CLINIMIX 5%/DEXTROSE
see <i>celecoxib</i> 1	CLEOCIN	20% 43
<i>celecoxib</i> 1	see <i>clindamycin cap</i>	CLINIMIX 5%/DEXTROSE
CELEXA	300mg 4	25% 43
see <i>citalopram</i>	see <i>clindamycin cap 75mg</i>	CLINIMIX INJ 4.25/D10 43
<i>hydrobromide</i> 21	 4	CLINIMIX INJ 4.25/D20 43
CELLCEPT	see <i>clindamycin hcl cap</i>	<i>clomipramine hcl</i> 21
see <i>mycophenolate mofetil</i>	150 mg 4	<i>clonazepam</i> 18
..... 41	see <i>clindamycin</i>	<i>clonidine hcl</i> 16
CELONTIN 18	<i>phosphate vaginal</i> 39	<i>clopidogrel tab 75mg</i> 40
<i>cephalexin</i> 8	CLEOCIN IN D5W	<i>clorazepate dipotassium</i> ... 18
CERDELGA..... 34	see <i>clindamycin</i>	<i>clotrimazole</i> 49
CEREZYME..... 34	<i>phosphate in d5w</i> 4	<i>clotrimazole (topical)</i> 47
<i>cetirizine syrup</i> 45	CLEOCIN PEDIATRIC	<i>clotrimazole w/</i>
CHANTIX CONTINUING	GRANULE	<i>betamethasone</i> 47
MONTH..... 28	see <i>clindamycin soln</i>	<i>clozapine odt</i> 23
CHANTIX PAK 0.5& 1MG 28	75mg/5ml 4	<i>clozapine tab 100mg</i> 23
CHANTIX TAB 0.5MG 28	CLEOCIN PHOSPHATE	<i>clozapine tab 200mg</i> 23
CHANTIX TAB 1MG 28	see <i>clindamycin</i>	<i>clozapine tab 25mg</i> 23
CHEMET..... 32	<i>phosphate in d5w</i> 4	<i>clozapine tab 50mg</i> 23
<i>chlorhexidine gluconate</i>	see <i>clindamycin</i>	CLOZARIL
(mouth-throat) 49	<i>phosphate inj</i> 4	see <i>clozapine tab 100mg</i>
<i>chloroquine phosphate</i> 5	CLEOCIN-T	 23
<i>chlorothiazide tabs</i> 16	see <i>clindamycin</i>	see <i>clozapine tab 25mg</i> 23
<i>chlorpromazine hcl</i> 23	<i>phosphate (topical)</i> 47	COARTEM..... 5
CHLORPROMAZINE INJ . 23	CLIMARA	COGENTIN
<i>chlorthalidone</i> 16	see <i>estradiol</i> 35	see <i>benztropine mesylate</i>
<i>cholestyramine</i> 14	<i>clindamycin cap 300mg</i> 4	<i>inj</i> 22
<i>cholestyramine light</i> 14	<i>clindamycin cap 75mg</i> 4	COLAZAL
<i>cilostazol</i> 40	<i>clindamycin hcl cap 150 mg</i> 4	see <i>balsalazide disodium</i>
CILOXAN..... 44	<i>clindamycin phosphate</i>	 37
see <i>ciprofloxacin hcl</i>	(topical) 47	<i>colchicine w/ probenecid</i> 1
(ophth)..... 44	<i>clindamycin phosphate in</i>	COLCRYS 1
CIMDUO 6	<i>d5w</i> 4	<i>colesevelam hcl</i> 14
CIPRO	CLINDAMYCIN	COLESTID

see *colestipol hcl gran* ... 14
 see *colestipol hcl pack* .. 14
 see *colestipol hcl tabs* ... 14
colestipol hcl gran 14
colestipol hcl pack 14
colestipol hcl tabs 14
colistimethate sodium 4
colocort 37
 COLY-MYCIN M
 see *colistimethate sodium*
 4
 COLYTE-FLAVOR PACKS
 see *gavilyte-c* 37
 see *peg 3350/electrolytes*
 38
 COMBIGAN 45
 COMBIVENT RESPIMAT . 45
 COMBIVIR
 see *lamivudine-zidovudine*
 7
 COMETRIQ 11
 COMPLERA 6
compro 36
 COMTAN
 see *entacapone* 22
constulose 37
 COPAXONE
 see *glatiramer acetate*
 20mg/ml 28
 see *glatiramer acetate*
 40mg/ml 28
 see *glatopa* 28
 COREG
 see *carvedilol* 15
 CORLANOR 16
 CORTEF
 see *hydrocortisone* 35
 CORTENEMA
 see *colocort* 37
 see *hydrocortisone*
 (enema) 37
cortisone acetate 35
 COSOPT
 see *dorzolamide hcl-*
 timolol maleate 45
 COTELLIC 11
 COUMADIN 39
 see *jantoven* 40

see *warfarin sodium* 40
 COZAAR
 see *losartan potassium* . 13
 CREON 38
 CRESTOR
 see *rosuvastatin calcium*
 14
 CRIXIVAN 6
cromolyn sod neb 20mg/2ml
 46
cromolyn sodium
 (mastocytosis) 38
cromolyn sodium (ophth) .. 44
cryselle-28 32
 CUBICIN
 see *daptomycin* 4
cyclafem 1/35 32
cyclafem 7/7/7 32
cyclobenzaprine hcl 28
cyclophosphamide 9
 CYCLOPHOSPHAMIDE
 see *cyclophosphamide* ... 9
cycloserine 7
cyclosporine 41
cyclosporine modified (for
microemulsion) 41
 CYKLOKAPRON
 see *tranexamic acid* 40
 CYMBALTA
 see *duloxetine hcl* 21
cyproheptadine hcl 45
cyred tab 32
 CYSTADANE POW 34
 CYSTAGON 34
 CYSTARAN 45
 CYTOMEL
 see *liothyronine sodium* 36
 CYTOTEC
 see *misoprostol* 38
 CYTOVENE
 see *ganciclovir sodium* 7
D
 D.H.E. 45
 see *dihydroergotamine*
 mesylate inj 1 mg/ml 27
dacarbazine 9
 DALIRESP 46
danazol 34

DANTRIUM
 see *dantrolene sodium* .. 28
dantrolene sodium 28
dapsone 4
 DAPTACEL 41
daptomycin 4
dasetta 1/35 32
dasetta 7/7/7 32
 DDAVP
 see *desmopressin acetate*
 spray 36
 see *desmopressin acetate*
 tabs 36
 see *desmopressin inj*
 4mcg/ml 36
deblitane 32
 DELESTROGEN 34
 see *estradiol valerate inj* 35
delyla 32
 DELZICOL 37
 DEMADEX
 see *toremide tabs* 16
 DEMSER 16
 DEPACON
 see *valproate sodium* 20
 DEPAKENE
 see *valproate sodium oral*
 soln 20
 see *valproic acid* 20
 DEPAKOTE
 see *divalproex sodium* .. 18
 DEPAKOTE ER
 see *divalproex sodium* .. 18
 DEPAKOTE SPRINKLES
 see *divalproex sodium* .. 18
 DEPEND TITRATABS 32
 DEPO-MEDROL
 see *methylprednisolone*
 acetate 35
 DEPO-PROVERA
 CONTRACEPTIV
 see *medroxyprogesterone*
 acetate (contraceptive) . 33
 DEPO-TESTOSTERONE
 see *testosterone cypionate*
 29
 DESCOVY 6
desipramine hcl 21

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

<i>desmopressin acetate spray</i> 36	DIASTAT ACUDIAL 18	<i>diltiazem cap 300mg cd</i> 15
<i>desmopressin acetate spray</i> <i>refrigerated</i> 36	DIASTAT PEDIATRIC 18	<i>diltiazem cap 360mg cd</i> 15
<i>desmopressin acetate tabs</i> 36	<i>diazepam</i> 18	<i>diltiazem cap er/12hr</i> 15
<i>desmopressin inj 4mcg/ml</i> 36	<i>diazepam gel</i> 18	<i>diltiazem hcl</i> 15
<i>desogestrel & ethinyl</i> <i>estradiol</i> 32	<i>diazepam inj</i> 18	<i>diltiazem hcl cap sr 24hr</i> ... 15
<i>desogestrel-ethinyl estradiol</i> <i>(biphasic)</i> 32	<i>diazepam intensol</i> 18	<i>diltiazem hcl coated beads</i> <i>cap sr 24hr</i> 15
<i>desvenlafaxine succinate</i> . 21	<i>diazepam oral soln 1 mg/ml</i> 18	<i>diltiazem hcl extended</i> <i>release beads cap sr</i> 15
DETROL <i>see tolterodine tartrate</i> <i>tabs</i> 39	<i>diclofenac potassium</i> 1	<i>diltiazem inj</i> 15
DETROL LA <i>see tolterodine tartrate cap</i> <i>er</i> 39	<i>diclofenac sodium</i> 1	<i>dilt-xr cap</i> 15
<i>dexamethasone</i> 35	<i>diclofenac sodium (ophth)</i> 44	DIOVAN <i>see valsartan</i> 13
DEXAMETHASONE 35	<i>diclofenac sodium (topical)</i> <i>1% gel</i> 48	DIOVAN HCT <i>see valsartan-</i> <i>hydrochlorothiazide</i> 13
<i>dexamethasone sodium</i> <i>phosphate</i> 35	<i>dicloxacin sodium</i> 9	<i>diphenhydramine hcl inj</i> <i>50mg/ml</i> 45
<i>dexamethasone sodium</i> <i>phosphate (ophth)</i> 44	<i>dicyclomine hcl cap 10mg</i> 37	<i>diphenoxylate w/ atropine</i> . 38
DEXILANT 38	<i>dicyclomine hcl soln</i> <i>10mg/5ml</i> 37	DIPHThERIA/TETANUS
<i>dexmethylphenidate hcl</i> 26	<i>dicyclomine hcl tab 20mg</i> . 37	TOXOID 41
<i>dexrazoxane</i> 12	<i>didanosine</i> 6	DIPROLENE <i>see betamethasone</i> <i>dipropionate augmented</i> 47
<i>dextrose 10% flex contain</i> 43	DIFLUCAN <i>see fluconazole</i> 5	DIPROLENE AF <i>see betamethasone</i> <i>dipropionate augmented</i> 47
DEXTROSE 10%/NACL 0.2% 43	<i>diflunisal</i> 1	<i>disopyramide phosphate</i> ... 13
<i>dextrose 10%/nacl 0.45%</i> . 43	<i>digitek</i> 16	<i>disulfiram</i> 28
<i>dextrose 2.5%/nacl 0.45%</i> 43	<i>digox</i> 16	DITROPAN XL <i>see oxybutynin chloride</i> 39
<i>dextrose 5%</i> 43	<i>digoxin</i> 16	<i>divalproex sodium</i> 18
DEXTROSE 5% /ELECTROLYTE 43	<i>digoxin inj</i> 16	<i>docetaxel</i> 10
<i>dextrose 5%/nacl 0.2%</i> 43	<i>digoxin sol 50mcg/ml</i> 16	DOCETAXEL 10
<i>dextrose 5%/nacl 0.225%</i> . 43	<i>dihydroergotamine mesylate</i> <i>inj 1 mg/ml</i> 27	<i>see docetaxel</i> 10
DEXTROSE 5%/NACL 0.3% 43	<i>dihydroergotamine mesylate</i> <i>nasal</i> 27	<i>dofetilide</i> 13
<i>dextrose 5%/nacl 0.33%</i> ... 43	DILANTIN <i>see phenytoin sodium</i> <i>extended</i> 19	DOLOPHINE <i>see methadone hcl 10mg</i> 2
<i>dextrose 5%/nacl 0.45%</i> ... 43	DILANTIN CAP 100MG ... 18	<i>see methadone hcl 5mg</i> .. 2
<i>dextrose 5%/nacl 0.9%</i> 43	DILANTIN CAP 30MG 18	<i>donepezil hydrochloride</i> 20
<i>dextrose 5%/potassium chl</i> 43	DILANTIN CHEW TAB 50MG 18	<i>dorzolamide hcl</i> 45
<i>dextrose 50%</i> 43	DILANTIN INFATABS <i>see phenytoin</i> 19	<i>dorzolamide hcl-timolol</i> <i>maleate</i> 45
<i>dextrose in lactated ringers</i> 43	DILANTIN-125 <i>see phenytoin</i> 19	DOVONEX <i>see calcipotriene</i> 47
<i>dextrose inj 70%</i> 43	DILANTIN-125 SUSP 18	<i>doxazosin mesylate</i> 13
	DILAUDID <i>see hydromorphone hcl</i> .. 2	<i>doxepin hcl</i> 21
	<i>diltiazem cap 120mg cd</i> 15	<i>doxy 100</i> 9
	<i>diltiazem cap 180mg cd</i> 15	
	<i>diltiazem cap 240mg cd</i> 15	

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

<i>doxycycline (monohydrate)</i> . 9	EMEND 37	<i>erythromycin (ophth)</i> 44
<i>doxycycline hyclate</i> 9	see <i>aprepitant</i> 36	<i>erythromycin base</i> 8
<i>dronabinol</i> 37	<i>emoquette</i> 32	<i>erythromycin cap 250mg ec</i> 8
<i>drospirenone-ethinyl</i>	EMSAM..... 21	<i>erythromycin ethylsuccinate</i> 8
<i>estradiol</i> 32	EMTRIVA..... 6	ESBRIET 46
DROXIA..... 40	EMVERM..... 4	<i>escitalopram oxalate</i> 21
<i>duloxetine hcl</i> 21	<i>enalapril maleate</i> 12	<i>esomeprazole magnesium</i> 38
DURAGESIC	<i>enalapril maleate &</i>	<i>esomeprazole sodium inj.</i> .. 38
see <i>fentanyl patch 100</i>	<i>hydrochlorothiazide</i> 12	<i>estarylla tab 0.25-35</i> 32
<i>mcg/hr</i> 2	ENDARI..... 40	ESTRACE
see <i>fentanyl patch 12</i>	<i>endocet 10-325mg</i> 2	see <i>estradiol</i> 35
<i>mcg/hr</i> 2	<i>endocet 2.5-325mg</i> 1	see <i>estradiol vaginal</i>
see <i>fentanyl patch 25</i>	<i>endocet 5-325mg</i> 1	<i>cream</i> 35
<i>mcg/hr</i> 2	<i>endocet 7.5-325mg</i> 1	<i>estradiol</i> 35
see <i>fentanyl patch 50</i>	ENERIX-B..... 41	<i>estradiol vaginal cream</i> 35
<i>mcg/hr</i> 2	<i>enoxaparin sodium</i> 39	<i>estradiol vaginal tab</i> 35
see <i>fentanyl patch 75</i>	<i>enpresse-28</i> 32	<i>estradiol valerate inj</i> 35
<i>mcg/hr</i> 2	<i>enskyce</i> 32	ESTROSTEP FE
DUREZOL 44	<i>entacapone</i> 22	see <i>tilia fe</i> 34
<i>dutasteride</i> 39	<i>entecavir</i> 7	see <i>tri-legest fe</i> 34
DYAZIDE	ENTOCORT EC	<i>ethambutol hcl</i> 7
see <i>triamterene &</i>	see <i>budesonide ec</i> 37	<i>ethosuximide</i> 18
<i>hydrochlorothiazide cap</i>	ENTRESTO 13	<i>ethynodiol diacet & eth</i>
<i>37.5-25 mg</i> 16	<i>enulose</i> 37	<i>estrad</i> 32
E	EPCLUSA..... 7	<i>ethynodiol tab 1-50</i> 32
<i>e.e.s. 400mg tab</i> 8	<i>epinephrine (anaphylaxis)</i> 46	<i>etoposide</i> 12
EC-NAPROSYN	<i>epitol</i> 18	EVISTA
see <i>naproxen dr</i> 1	EPIVIR	see <i>raloxifene tab 60mg</i> 36
EDURANT 6	see <i>lamivudine</i> 6	EVOTAZ 6
<i>efavirenz</i> 6	EPIVIR HBV 7	EXELON
EFFEXOR XR	see <i>lamivudine (hbv)</i> 7	see <i>rivastigmine td patch</i>
see <i>venlafaxine hcl</i> 22	<i>eplerenone</i> 12	<i>24hr 13.3 mg/24hr</i> 20
EFFIENT	EPZICOM	see <i>rivastigmine td patch</i>
see <i>prasugrel hcl</i> 40	see <i>abacavir sulfate-</i>	<i>24hr 4.6 mg/24hr</i> 20
EFUDEX	<i>lamivudine</i> 6	see <i>rivastigmine td patch</i>
see <i>fluorouracil (topical)</i> 48	<i>ergotamine w/ caffeine</i> 27	<i>24hr 9.5 mg/24hr</i> 20
ELDEPRYL	ERIVEDGE 10	<i>exemestane</i> 10
see <i>selegiline hcl</i> 23	ERLEADA..... 10	EXFORGE
ELIMITE	<i>errin</i> 32	see <i>amlodipine besylate-</i>
see <i>permethrin cre 5%</i> .. 49	<i>ertapenem sodium</i> 4	<i>valsartan tab 10-160 mg</i> 13
ELIQUIS..... 39	ERYGEL	see <i>amlodipine besylate-</i>
ELIQUIS STARTER PACK	see <i>erythromycin (acne</i>	<i>valsartan tab 10-320 mg</i> 13
..... 39	<i>aid)</i> 47	see <i>amlodipine besylate-</i>
ELLA..... 32	<i>ery-tab</i> 8	<i>valsartan tab 5-160 mg</i> . 13
ELOCON	ERYTHROCIN	see <i>amlodipine besylate-</i>
see <i>mometasone furoate</i>	LACTOBIONATE 8	<i>valsartan tab 5-320 mg</i> . 13
..... 48	<i>erythrocin stearate</i> 8	<i>ezetimibe</i> 14
EMCYT 9	<i>erythromycin (acne aid)</i> 47	

F			
FABRAZYME	34	see <i>tamsulosin hcl</i>	39
<i>falmina</i>	32	FLONASE	
<i>famciclovir</i>	7	see <i>fluticasone propionate</i>	
<i>famotidine in nacl</i>	37	(nasal)	46
<i>famotidine inj</i>	37	FLOVENT DISKUS	46
<i>famotidine tab</i>	37	FLOVENT HFA	46
FANAPT	23	FLOXIN OTIC	
FANAPT TITRATION PACK		see <i>ofloxacin (otic)</i>	49
.....	23	<i>fluconazole</i>	5
FARESTON	10	<i>fluconazole in dextrose</i>	5
FARXIGA	29	<i>fluconazole inj nacl 200</i>	5
FARYDAK	10	<i>fluconazole inj nacl 400</i>	5
FASLODEX	10	<i>flucytosine</i>	5
FAZACLO		<i>fludrocortisone acetate</i>	35
see <i>clozapine odt</i>	23	FLUMADINE	
<i>felbamate</i>	18	see <i>rimantadine</i>	
FELBATOL		<i>hydrochloride</i>	7
see <i>felbamate</i>	18	<i>flunisolide (nasal)</i>	46
<i>felodipine</i>	15	<i>fluocinolone acetonide</i>	48
FEMARA		<i>fluocinonide</i>	48
see <i>letrozole</i>	10	<i>fluocinonide emulsified base</i>	
FEMHRT LOW DOSE		.....	48
see <i>fyavolv</i>	35	<i>fluorometholone</i>	44
see <i>norethindrone acetate-</i>		<i>fluorouracil</i>	10
<i>ethinyl estradiol</i>	35	<i>fluorouracil (topical)</i>	48
<i>femynor</i>	32	<i>fluoxetine cap 10mg</i>	21
<i>fenofibrate</i>	14	<i>fluoxetine cap 20mg</i>	21
<i>fenofibrate micronized</i>	14	<i>fluoxetine cap 40mg</i>	21
<i>fentanyl citrate</i>	2	<i>fluoxetine hcl</i>	21
<i>fentanyl patch 100 mcg/hr</i> ..	2	<i>fluphenazine decanoate</i>	23
<i>fentanyl patch 12 mcg/hr</i>	2	<i>fluphenazine hcl</i>	23
<i>fentanyl patch 25 mcg/hr</i>	2	<i>flurbiprofen</i>	1
<i>fentanyl patch 50 mcg/hr</i>	2	<i>flurbiprofen sodium</i>	44
<i>fentanyl patch 75 mcg/hr</i>	2	<i>flutamide</i>	10
FENTORA	2	<i>fluticasone propionate</i>	48
FETZIMA	21	<i>fluticasone propionate</i>	
FETZIMA TITRATION PACK		(nasal)	46
.....	21	<i>fluvoxamine maleate</i>	17
FIASP	29	FOCALIN	
FIASP FLEXTOUCH	29	see <i>dexmethylphenidate</i>	
<i>finasteride</i>	39	<i>hcl</i>	26
FIRAZYR	40	<i>fondaparinux sodium</i>	39
FLAGYL		FORTEO	35
see <i>metronidazole</i>	4	FOSAMAX	
FLEBOGAMMA DIF	41	see <i>alendronate sodium</i> 31	
<i>flecainide acetate</i>	13	<i>fosamprenavir tab 700 mg</i> ..	6
FLOMAX		<i>fosinopril sodium</i>	12
		<i>fosinopril sodium &</i>	
		<i>hydrochlorothiazide</i>	12
		FREAMINE HBC 6.9%	43
		FREAMINE III	43
		<i>furosemide</i>	16
		<i>furosemide inj</i>	16
		FUZEON	6
		<i>fyavolv</i>	35
		FYCOMPA	18
		G	
		<i>gabapentin</i>	18, 19
		GABITRIL	
		see <i>tiagabine hcl</i>	19
		<i>galantamine hydrobromide</i> 20	
		<i>galantamine hydrobromide</i>	
		<i>er</i>	20
		GAMASTAN S/D	41
		GAMMAGARD LIQUID	41
		GAMMAGARD S/D	41
		GAMMAKED	41
		GAMMAPLEX	41
		GAMMAPLEX 10GM/100ML	
		.....	41
		GAMUNEX-C	41
		<i>ganciclovir sodium</i>	7
		GARDASIL 9	41
		GASTROCROM	
		see <i>cromolyn sodium</i>	
		<i>(mastocytosis)</i>	38
		GATTEX	38
		GAUZE PADS 2	29
		<i>gavilyte-c</i>	37
		<i>gavilyte-g</i>	38
		<i>gavilyte-n/ flavor pack</i>	38
		<i>gemfibrozil</i>	14
		<i>generlac</i>	38
		<i>gengraf</i>	41
		GENOTROPIN	35
		GENOTROPIN MINIQUICK	
		.....	35
		<i>gentak</i>	44
		<i>gentamicin in saline</i>	4
		<i>gentamicin sulfate</i>	4
		<i>gentamicin sulfate (topical)</i>	
		.....	47
		<i>gentamicin sulfate soln</i>	
		<i>(ophth)</i>	44
		GENVOYA	6
		GEODON	23

see <i>ziprasidone hcl</i>	25	HALDOL		HUMULIN R U-500	
<i>gianvi</i>	32	see <i>haloperidol lactate inj</i>		KWIKPEN	29
GILENYA CAP 0.5MG	28	5mg/ml	23	HYCANTIN	
GILOTRIF TAB 20MG	11	HALDOL DECANOATE 100		see <i>topotecan hcl</i>	12
GILOTRIF TAB 30MG	11	see <i>haloperidol decanoate</i>		<i>hydralazine hcl</i>	16
GILOTRIF TAB 40MG	11	.....	23	HYDREA	
<i>glatiramer acetate 20mg/ml</i>		HALDOL DECANOATE 50		see <i>hydroxyurea</i>	11
.....	28	see <i>haloperidol decanoate</i>		<i>hydrochlorothiazide</i>	16
<i>glatiramer acetate 40mg/ml</i>		.....	23	<i>hydroco/apap tab 10-325mg</i>	
.....	28	<i>halobetasol propionate</i>	48	.....	2
<i>glatopa</i>	28	<i>haloperidol</i>	23	<i>hydroco/apap tab 5-325mg</i> .	2
GLEEVEC		<i>haloperidol conc 2mg/ml</i> ...	23	<i>hydroco/apap tab 7.5-325mg</i>	
see <i>imatinib mesylate</i>	11	<i>haloperidol decanoate</i>	23	.....	2
GLEOSTINE	9	<i>haloperidol lactate inj 5mg/ml</i>		<i>hydrocodone-acetaminophen</i>	
<i>glimepiride</i>	30	.....	23	7.5-325 mg/15ml	2
<i>glip/metform tab 2.5-250mg</i>		HARVONI	7	<i>hydrocodone-ibuprofen 7.5-</i>	
.....	30	HAVRIX	41	200mg	2
<i>glip/metform tab 2.5-500mg</i>		<i>heather</i>	32	<i>hydrocortisone</i>	35
.....	30	<i>heparin sod (porcine) in d5w</i>		<i>hydrocortisone (enema)</i>	37
<i>glip/metform tab 5-500mg</i> .	30	.....	39	<i>hydrocortisone (topical)</i>	48
<i>glipizide</i>	30	<i>heparin sod inj 1000/ml</i>	39	<i>hydrocortisone butyrate</i>	
<i>glipizide xl</i>	30	<i>heparin sod inj 10000/ml</i> ...	40	cream 0.1%	48
GLUCAGEN HYPOKIT	35	<i>heparin sod inj 20000/ml</i> ...	40	<i>hydrocortisone butyrate oint</i>	
GLUCAGON EMERGENCY		<i>heparin sod inj 5000/ml</i>	39	0.1%	48
KIT	35	HEPARIN SODIUM/NACL		<i>hydromorphone hcl</i>	2
GLUCOPHAGE		0.45%	40	HYDROMORPHONE	
see <i>metformin hcl</i>	31	<i>hepatamine</i>	43	HYDROCHLORI	
GLUCOPHAGE XR		HEPSERA		see <i>hydromorphone hcl</i> ..	2
see <i>metformin er</i>	30	see <i>adefovir dipivoxil</i>	7	<i>hydroxychloroquine sulfate</i>	
GLUCOTROL		HERCEPTIN.....	10	.....	40
see <i>glipizide</i>	30	HETLIOZ.....	26	<i>hydroxyurea</i>	11
GLUCOTROL XL		HEXALEN	9	<i>hydroxyzine hcl</i>	45
see <i>glipizide</i>	30	HIBERIX	41	<i>hydroxyzine hcl inj</i>	46
see <i>glipizide xl</i>	30	HIPREX		<i>hydroxyzine pamoate</i>	46
<i>glycopyrrolate</i>	37	see <i>methenamine</i>		HYSINGLA ER	2
<i>glydo</i>	48	<i>hippurate</i>	4	HYZAAR	
GOLYTELY	38	HUMIRA.....	40	see <i>losartan potassium &</i>	
see <i>gavilyte-g</i>	38	HUMIRA INJ 10MG/0.2ML	40	<i>hctz tab 100-12.5 mg</i>	13
see <i>peg 3350-kcl-sod</i>		HUMIRA KIT 20MG/0.4ML	40	see <i>losartan potassium &</i>	
<i>bicarb-sod chloride-sod</i>		HUMIRA KIT 40MG/0.8ML	40	<i>hctz tab 100-25 mg</i>	13
<i>sulfate</i>	38	HUMIRA PEDIATRIC		see <i>losartan potassium &</i>	
<i>granisetron hcl</i>	37	CROHNS DISEASE	40	<i>hctz tab 50-12.5 mg</i>	13
GRANIX	40	HUMIRA PEN	40		
<i>griseofulvin microsize</i>	5	HUMIRA PEN INJ		I	
<i>griseofulvin ultramicrosize</i> ..	5	CD/UC/HS STARTER	40	<i>ibandronate sodium</i>	31
<i>guanfacine er (adhd)</i>	26	HUMIRA PEN INJ PS/UV		IBRANCE	10
H		STARTER	40	<i>ibu tab 600mg</i>	1
HAEGARDA	40	HUMULIN R INJ U-500.....	29	<i>ibu tab 800mg</i>	1
				<i>ibuprofen</i>	1

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

ICLUSIG	11	INTRON-A INJ 18MU.....	41	see <i>timolol maleate ophth</i>	
IDHIFA	10	INTRON-A INJ 25MU.....	41	soln 0.5% (once-daily)...	45
ILEVRO.....	44	INTRON-A INJ 50MU.....	41	itraconazole	5
<i>imatinib mesylate</i>	11	<i>introvale</i>	32	ivermectin	4
IMBRUVICA.....	11	INTUNIV		IXIARO	42
<i>imipenem-cilastatin</i>	4	see <i>guanfacine er (adhd)</i>		J	
<i>imipramine hcl</i>	21	.....	26	JADENU	32
<i>imiquimod</i>	48	INVANZ.....	4	JADENU SPRINKLE	32
IMITREX		INVEGA		JAKAFI.....	11
see <i>sumatriptan inj</i>		see <i>paliperidone</i>	24	<i>jantoven</i>	40
6mg/0.5ml	27	INVEGA SUST INJ		JANUMET	30
see <i>sumatriptan nasal</i>		117MG/0.75ML.....	24	JANUMET XR TAB 100-	
<i>spray</i>	27	INVEGA SUST INJ		1000	30
see <i>sumatriptan succinate</i>		156MG/ML	24	JANUMET XR TAB 50-1000	
.....	27	INVEGA SUST INJ		.....	30
IMITREX STATDOSE		234MG/1.5ML.....	24	JANUMET XR TAB 50-	
REFILL		INVEGA SUST INJ		500MG	30
see <i>sumatriptan inj</i>		39MG/0.25ML.....	23	JANUVIA.....	30
4mg/0.5ml	27	INVEGA SUST INJ		JARDIANCE	30
see <i>sumatriptan inj</i>		78MG/0.5ML.....	24	JENTADUETO	30
6mg/0.5ml	27	INVEGA TRINZA.....	24	JENTADUETO TAB XR 2.5-	
IMITREX STATDOSE		INVIRASE	6	1000 MG	30
SYSTEM		IPOLE INACTIVATED IPV..	41	JENTADUETO TAB XR 5-	
see <i>sumatriptan inj</i>		<i>ipratropium bromide</i>	45	1000 MG	30
4mg/0.5ml	27	<i>ipratropium bromide (nasal)</i>		<i>jinteli</i>	35
see <i>sumatriptan inj</i>		.....	45	<i>jolessa</i>	32
6mg/0.5ml	27	<i>ipratropium-albuterol nebu</i>	45	<i>jolivette</i>	32
IMOVAX RABIES (H.D.C.V.)		<i>irbesartan</i>	13	<i>juleber</i>	32
.....	41	<i>irbesartan-</i>		JULUCA.....	6
IMURAN		<i>hydrochlorothiazide</i>	13	<i>junel 1.5/30</i>	32
see <i>azathioprine</i>	41	IRESSA.....	11	<i>junel 1/20</i>	32
INCRELEX.....	35	ISENTRESS	6	<i>junel fe 1.5/30</i>	32
INCRUSE ELLIPTA	45	ISENTRESS HD.....	6	<i>junel fe 1/20</i>	33
<i>indapamide</i>	16	<i>isibloom</i>	32	JUXTAPID	14
INDERAL LA		ISOLYTE P	43	K	
see <i>propranolol cap er</i> ..	15	ISOLYTE S	43	KALETRA	
INFANRIX.....	41	<i>isoniazid</i>	7	see <i>lopinavir-ritonavir</i>	7
INLYTA	11	<i>isoniazid syp 50mg/5ml</i>	7	KALETRA TAB 100-25MG .	6
INSPIRA		ISOPTO CARPINE		KALETRA TAB 200-50MG .	6
see <i>epiorenone</i>	12	see <i>pilocarpine hcl</i>	45	KALYDECO	46
INSULIN PEN NEEDLE	29	ISORDIL TITRADOSE		<i>kariva</i>	33
INSULIN SAFETY		see <i>isosorbide dinitrate</i> .	17	<i>kcl 0.075%/d5w/nacl 0.45%</i>	
NEEDLES	29	<i>isosorb mononitrate tab</i>	17	.....	43
INSULIN SYRINGE.....	29	<i>isosorbide dinitrate</i>	17	KCL 0.15%/D5W/NACL	
INTELENCE	6	<i>isosorbide dinitrate er</i>	17	0.225%.....	43
INTRALIPID 30%	43	<i>isosorbide mononitrate er</i> .	17	<i>kcl 0.15%/d5w/nacl 0.9%..</i>	43
<i>intralipid inj 20%</i>	43	<i>isotretinoin</i>	47	<i>kcl 0.3%/d5w/nacl 0.45%..</i>	43
INTRON-A INJ 10MU.....	41	ISTALOL		KCL 0.3%/D5W/NACL 0.9%	

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

..... 43	<i>klor-con spr cap 10meq 42</i>	LENVIMA 14 MG DAILY
<i>kcl/d5w inj 0.3% 43</i>	<i>klor-con spr cap 8meq 42</i>	DOSE..... 11
<i>kcl/d5w/nacl inj .15/.33% .. 43</i>	KORLYM..... 35	LENVIMA 18 MG DAILY
<i>kcl/d5w/nacl inj .15/.45% .. 43</i>	K-TAB	DOSE..... 11
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	<i>see potassium chloride . 42</i>	LENVIMA 20 MG DAILY
..... 43	<i>kurvelo 33</i>	DOSE..... 11
<i>kcl/nacl inj 0.15%-0.9%..... 43</i>	KUVAN 34	LENVIMA 24 MG DAILY
<i>kcl/nacl inj 0.3-0.9 43</i>	KYNAMRO 14	DOSE..... 11
<i>kcl0.15%/d5w/nacl0.2% 43</i>	L	LENVIMA 8 MG DAILY
KEFLEX	<i>labetalol hcl..... 15</i>	DOSE..... 11
<i>see cephalexin..... 8</i>	LAC-HYDRIN	<i>lessina..... 33</i>
<i>kelnor 1/35 33</i>	<i>see ammonium lactate .. 48</i>	LET AIRIS..... 17
<i>kelnor 1/50 33</i>	<i>lactated ringer's 43</i>	<i>letrozole 10</i>
KEPPRA	<i>lactulose 38</i>	<i>leucovorin calcium..... 12</i>
<i>see levetiracetam 19</i>	<i>lactulose (encephalopathy)</i>	LEUKERAN 9
<i>see levetiracetam sol</i>	 38	<i>leuprolide inj 1mg/0.2..... 10</i>
100mg/ml 19	LAMICTAL	<i>levabuterol tartrate hfa 46</i>
<i>see roweepra 19</i>	<i>see lamotrigine 19</i>	LEVAQUIN
<i>ketoconazole 5</i>	<i>see subvenite tab 19</i>	<i>see levofloxacin 8</i>
<i>ketoconazole cream 47</i>	LAMICTAL CHEWABLE	LEVEMIR 29
<i>ketoconazole shampoo 47</i>	DISPERS	LEVEMIR FLEXTOUCH .. 29
<i>ketoprofen cap 75mg 1</i>	<i>see lamotrigine 19</i>	<i>levetiracetam 19</i>
<i>ketorolac tromethamine</i>	LAMISIL	LEVETIRACETAM
<i>(ophth) 44</i>	<i>see terbinafine hcl 5</i>	<i>see levetiracetam in</i>
KEYTRUDA..... 10	<i>lamivudine 6</i>	<i>sodium chloride 19</i>
<i>kimidess..... 33</i>	<i>lamivudine (hbv) 7</i>	<i>levetiracetam in sodium</i>
KINRIX..... 42	<i>lamivudine-zidovudine 7</i>	<i>chloride 19</i>
<i>kionex sus 15gm/60ml 32</i>	<i>lamotrigine 19</i>	<i>levetiracetam sol 100mg/ml</i>
KISQALI..... 10	LANOXIN	 19
KISQALI FEMARA 200	<i>see digitek 16</i>	<i>levobunolol hcl..... 45</i>
DOSE..... 10	<i>see digox 16</i>	<i>levocarnitine (metabolic</i>
KISQALI FEMARA 400	<i>see digoxin..... 16</i>	<i>modifiers) 34</i>
DOSE..... 10	<i>see digoxin inj..... 16</i>	<i>levocetirizine dihydrochloride</i>
KISQALI FEMARA 600	<i>lansoprazole 38</i>	 46
DOSE..... 10	<i>larin 1.5/30 33</i>	<i>levofloxacin 8</i>
KITABIS PAK	<i>larin 1/20 33</i>	<i>levofloxacin in d5w..... 8</i>
<i>see tobramycin 4</i>	<i>larin fe 1.5/30..... 33</i>	<i>levofloxacin inj 25mg/ml..... 8</i>
KLARON	<i>larin fe 1/20 33</i>	<i>levofloxacin oral soln 25</i>
<i>see sulfacetamide sodium</i>	<i>larissia tab 33</i>	<i>mg/ml 8</i>
(acne) 47	LASIX	<i>levonest 33</i>
KLONOPIN	<i>see furosemide 16</i>	<i>levonor/ethi tab..... 33</i>
<i>see clonazepam 18</i>	LASTACFT 45	<i>levonorgestrel & eth estradiol</i>
<i>klor-con 10 42</i>	<i>latanoprost..... 45</i>	 33
<i>klor-con 8 42</i>	LATUDA..... 24	<i>levonorgestrel-ethinyl</i>
<i>klor-con m10..... 42</i>	<i>leena 33</i>	<i>estradiol (91-day) 33</i>
KLOR-CON M15 42	<i>leflunomide 41</i>	<i>levora 0.15/30-28 33</i>
<i>klor-con m20..... 42</i>	LENVIMA 10 MG DAILY	<i>levo-t 36</i>
<i>klor-con pak 20meq 42</i>	DOSE..... 11	<i>levothyroxine sodium 36</i>

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

<i>levoxyl</i>	36	see <i>norethindrone acet & eth estra</i>	33	<i>benazepril hcl cap 10-20 mg</i>	12
LEXAPRO		LOESTRIN FE 1.5/30		see <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	12
see <i>escitalopram oxalate</i>	21	see <i>blisovi fe 1.5/30</i>	32	see <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	12
LEXIVA	6	see <i>junel fe 1.5/30</i>	32	see <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	12
see <i>fosamprenavir tab 700 mg</i>	6	see <i>larin fe 1.5/30</i>	33	LOTRISONE	
<i>lidocaine</i>	48	see <i>microgestin fe 1.5/30</i>	33	see <i>clotrimazole w/ betamethasone</i>	47
<i>lidocaine hcl</i>	48	LOESTRIN FE 1/20		LOTRONEX	
<i>lidocaine hcl (local anesth.)</i> 3		see <i>blisovi fe 1/20</i>	32	see <i>alosetron hcl</i>	38
<i>lidocaine hcl (mouth-throat)</i>	49	see <i>junel fe 1/20</i>	33	<i>lovastatin</i>	14
<i>lidocaine inj 0.5%</i>	3	see <i>larin fe 1/20</i>	33	LOVENOX	
<i>lidocaine inj 1%</i>	4	see <i>microgestin fe 1/20</i>	33	see <i>enoxaparin sodium</i>	39
<i>lidocaine inj 1.5%</i>		see <i>tarina fe 1/20</i>	34	<i>low-ogestrel</i>	33
<i>preservative free (pf)</i>	4	LOMOTIL		<i>loxapine succinate</i>	24
<i>lidocaine oint 5%</i>	48	see <i>diphenoxylate w/ atropine</i>	38	LUMIGAN	45
<i>lidocaine-prilocaine</i>	48	LONSURF	11	LUMIZYME	34
LIDODERM		<i>loperamide hcl</i>	38	LUPRON DEPOT (1-MONTH)	10
see <i>lidocaine</i>	48	LOPID		LUPRON DEPOT INJ 11.25MG (3-MONTH)	10
<i>linezolid in sodium chloride</i>	4	see <i>gemfibrozil</i>	14	<i>luteal</i>	33
<i>linezolid inj</i>	4	<i>lopinavir-ritonavir</i>	7	LYNPARZA	10
<i>linezolid susp</i>	4	LOPRESSOR		LYRICA	19
<i>linezolid tab 600mg</i>	4	see <i>metoprolol tartrate</i> ..	15	LYSODREN	10
LINZESS	38	LOPRESSOR HCT		LYSTEDA	
<i>liothyronine sodium</i>	36	see <i>metoprolol & hydrochlorothiazide</i>	14	see <i>tranexamic acid</i>	40
LIPITOR		<i>lorazepam</i>	17	<i>lyza</i>	33
see <i>atorvastatin calcium</i>	14	<i>lorazepam intensol</i>	17	M	
<i>lisinopril</i>	12	<i>lorcet hd tab 10-325mg</i>	2	MACROBID	
<i>lisinopril & hydrochlorothiazide</i>	12	<i>lorcet plus tab 7.5-325</i>	2	see <i>nitrofurantoin monohyd macro</i>	5
<i>lithium carbonate</i>	27	<i>lorcet tab 5-325mg</i>	2	MACRODANTIN	
<i>lithium carbonate er</i>	27	<i>loryna</i>	33	see <i>nitrofurantoin macrocrystal</i>	4
LITHIUM SOLN 8MEQ/5ML	27	<i>losartan potassium</i>	13	<i>magnesium sulfate</i>	42
LITHOBID		<i>losartan potassium & hctz tab 100-12.5 mg</i>	13	MAGNESIUM SULFATE ..	42
see <i>lithium carbonate er</i>	27	<i>losartan potassium & hctz tab 100-25 mg</i>	13	see <i>magnesium sulfate</i> ..	42
LOCOID		<i>losartan potassium & hctz tab 50-12.5 mg</i>	13	MAGNESIUM SULFATE IN D5W	42
see <i>hydrocortisone butyrate cream 0.1%</i>	48	LOTEMAX	44	see <i>magnesium sulfate in dextrose</i>	42
LOESTRIN 1.5/30-21		LOTENSIN			
see <i>junel 1.5/30</i>	32	see <i>benazepril hcl</i>	12		
see <i>larin 1.5/30</i>	33	LOTENSIN HCT			
see <i>microgestin 1.5/30</i> ..	33	see <i>benazepril & hydrochlorothiazide</i>	12		
LOESTRIN 1/20-21		LOTREL			
see <i>junel 1/20</i>	32	see <i>amlodipine besylate-</i>			
see <i>larin 1/20</i>	33				
see <i>microgestin 1/20</i>	33				

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

<i>magnesium sulfate in dextrose</i>	42	<i>megestrol ac sus 40mg/ml</i>	10	.....	26
<i>magnesium sulfate inj 50%</i>	42	<i>megestrol ac tab 20mg</i>	10	<i>methylphenidate tab 20mg er</i>	26
MALARONE		<i>megestrol ac tab 40mg</i>	10	<i>methylpr ss inj</i>	35
<i>see atovaquone-proguanil</i>		<i>megestrol sus 625mg/5ml</i>	10	<i>methylpred pak 4mg</i>	35
<i>hcl</i>	5	MEKINIST	11	<i>methylpred tab 16mg</i>	35
<i>malathion</i>	49	<i>meloxicam</i>	1	<i>methylpred tab 32mg</i>	35
<i>maprotiline hcl</i>	21	<i>memantine hcl cp24</i>	20	<i>methylpred tab 4mg</i>	35
MARINOL		<i>memantine soln</i>	20	<i>methylpred tab 8mg</i>	35
<i>see dronabinol</i>	37	<i>memantine tabs</i>	20	<i>methylprednisolone acetate</i>	35
<i>marlissa</i>	33	MENACTRA	42	<i>metipranolol</i>	45
MARPLAN TAB 10MG	21	MENVEO	42	<i>metoclopramide hcl</i>	37
MATULANE	11	MEPRON		<i>metoclopramide hcl inj</i>	37
MAVIK		<i>see atovaquone</i>	4	<i>metolazone</i>	16
<i>see trandolapril</i>	12	<i>mercaptopurine</i>	10	<i>metoprolol &</i>	
MAVYRET	7	<i>meropenem</i>	4	<i>hydrochlorothiazide</i>	14
MAXALT		MERREM		<i>metoprolol succinate</i>	15
<i>see rizatriptan benzoate</i>	27	<i>see meropenem</i>	4	<i>metoprolol tartrate</i>	15
MAXIIME		<i>mesalamine</i>	37	METROCREAM	
<i>see cefepime hcl</i>	8	<i>mesalamine w/ cleanser</i> ...	37	<i>see metronidazole</i>	
MAXITROL		MESNEX	12	<i>(topical)</i>	48
<i>see neomycin-polymy-</i>		MESTINON		<i>see rosadan</i>	48
<i>dexameth</i>	44	<i>see pyridostigmine</i>		METROGEL-VAGINAL	
MAXZIDE		<i>bromide</i>	28	<i>see metronidazole vaginal</i>	
<i>see triamterene &</i>		<i>metadate tab 20mg er</i>	26	.....	39
<i>hydrochlorothiazide tabs</i>	16	<i>metformin er</i>	30	<i>metronidazole</i>	4
MAXZIDE-25		<i>metformin hcl</i>	31	<i>metronidazole (topical)</i>	48
<i>see triamterene &</i>		<i>methadone hcl</i>	2	<i>metronidazole gel 0.75%</i> ..	48
<i>hydrochlorothiazide tabs</i>	16	<i>methadone hcl 10mg</i>	2	<i>metronidazole in nacl</i>	4
<i>meclizine hcl</i>	37	<i>methadone hcl 5mg</i>	2	<i>metronidazole vaginal</i>	39
MEDROL		<i>methadone hcl intensol</i>	3	MEVACOR	
<i>see methylpred tab 16mg</i>		<i>methadone hcl soln 10</i>		<i>see lovastatin</i>	14
.....	35	<i>mg/5ml</i>	3	<i>mexiletine hcl</i>	13
<i>see methylpred tab 32mg</i>		METHADOSE		MIACALCIN	
.....	35	<i>see methadone hcl</i>		<i>see calcitonin (salmon)</i> .	35
<i>see methylpred tab 4mg</i>	35	<i>intensol</i>	3	MICARDIS	
<i>see methylpred tab 8mg</i>	35	<i>methazolamide</i>	16	<i>see telmisartan</i>	13
MEDROL DOSEPAK		<i>methenamine hippurate</i>	4	<i>microgestin 1.5/30</i>	33
<i>see methylpred pak 4mg</i>		<i>methimazole</i>	36	<i>microgestin 1/20</i>	33
.....	35	<i>methotrexate sodium inj</i>	10	<i>microgestin fe 1.5/30</i>	33
<i>medroxyprogesterone</i>		<i>methotrexate sodium tabs</i>	41	<i>microgestin fe 1/20</i>	33
<i>acetate (contraceptive)</i>	33	METHYLIN		MICRO-K	
<i>medroxyprogesterone</i>		<i>see methylphenidate hcl</i>		<i>see klor-con spr cap</i>	
<i>acetate tab</i>	36	<i>oral soln</i>	26	<i>10meq</i>	42
<i>mefloquine hcl</i>	5	<i>methylphenidate hcl</i>	26	<i>see klor-con spr cap 8meq</i>	
MEGACE ES		<i>methylphenidate hcl oral soln</i>		.....	42
<i>see megestrol sus</i>		.....	26	<i>see potassium chloride</i> .	42
		<i>methylphenidate tab 10mg er</i>			

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

MICROZIDE		<i>morphine ext-rel tab</i> 3	<i>naloxone inj 1mg/ml</i> 28
see <i>hydrochlorothiazide</i>	16	<i>morphine sul inj 10mg/ml</i> 3	<i>naltrexone hcl</i> 28
<i>midodrine hcl</i>	17	<i>morphine sul inj 1mg/ml</i> 3	NAMENDA
<i>miglustat</i>	34	MORPHINE SUL INJ	see <i>memantine tabs</i> 20
<i>mili</i>	33	2MG/ML	NAMENDA XR
MINIPRESS		MORPHINE SUL INJ	see <i>memantine hcl cp2420</i>
see <i>prazosin hcl</i>	13	4MG/ML	NAMZARIC
<i>minitran</i>	17	<i>morphine sulfate</i> 3	20
MINOCIN		MORPHINE SULFATE	NAPROSYN
see <i>minocycline hcl</i>	9	see <i>morphine sulfate</i>	see <i>naproxen</i>
<i>minocycline hcl</i>	9	<i>morphine sulfate oral soln</i>	<i>naproxen</i> 1
<i>minoxidil</i>	17	<i>100mg/5ml</i>	<i>naproxen dr</i>
MIRAPEX		<i>morphine sulfate oral soln</i>	1
see <i>pramipexole tab</i>		<i>10mg/5ml</i>	NARCAN..... 28
0.125mg	22	<i>morphine sulfate oral soln</i>	NARDIL
see <i>pramipexole tab</i>		<i>20mg/5ml</i>	see <i>phenelzine sulfate</i> .. 21
0.25mg	22	MOVANTIK	NATACYN
see <i>pramipexole tab</i>		MOVIPREP	44
0.5mg	22	MOXEZA.....	<i>nateglinide</i>
see <i>pramipexole tab</i>		<i>moxifloxacin hcl (ophth)</i> 44	31
0.75mg	22	MS CONTIN	NATPARA.....
see <i>pramipexole tab</i>		see <i>morphine ext-rel tab</i> . 3	35
1.5mg	22	MULTAQ	NEBUPENT
see <i>pramipexole tab 1mg</i>		<i>mupirocin</i>	4
.....	22	MYAMBUTOL	<i>necon 0.5/35-28</i>
MIRCETTE		see <i>ethambutol hcl</i>	33
see <i>desogestrel-ethinyl</i>		MYCAMINE	<i>necon 1/50-28</i>
<i>estradiol (biphasic)</i>	32	5	33
see <i>kariva</i>	33	MYCOBUTIN	<i>nefazodone hcl</i>
see <i>kimidess</i>	33	see <i>rifabutin</i>	21
see <i>pimtreea</i>	34	<i>mycophenolate mofetil</i>	<i>neomycin sulfate</i>
see <i>viorele</i>	34	<i>mycophenolate sodium tbec</i>	4
<i>mirtazapine</i>	21	.....	<i>neomycin-bacitracin zn-</i>
<i>misoprostol</i>	38	MYFORTIC	<i>polymyxin</i>
MITIGARE	1	see <i>mycophenolate</i>	44
<i>mitomycin</i>	9	<i>sodium tbec</i>	44
M-M-R II.....	42	41	<i>neomycin-polymy-dexameth</i>
MOBIC		MYLOTARG .....	.....
see <i>meloxicam</i>	1	10	<i>neomycin-polymyxin-</i>
<i>moderiba tab 200mg</i>	7	<i>myorisan</i>	<i>gramicidin</i>
<i>moexipril hcl</i>	12	47	44
<i>moexipril-</i>		MYRBETRIQ TAB 25MG . 39	<i>neomycin-polymyxin-hc (otic)</i>
<i>hydrochlorothiazide</i>	12	MYRBETRIQ TAB 50MG . 39	.....
<i>mometasone furoate</i>	48	MYSOLINE	49
<i>mono-lynyah tab 0.25-35</i> ... 33		see <i>primidone</i>	NEORAL
<i>mononessa</i>	33	19	see <i>cyclosporine modified</i>
<i>montelukast sodium</i>	46	<i>myzilra</i>	<i>(for microemulsion)</i>
<i>morgidox cap 1x50mg</i>	9	N	see <i>gengraf</i>
		<i>nabumetone</i>	41
		<i>nafcillin sodium</i>	NEOSPORIN
		NAGLAZYME	see <i>neomycin-polymyxin-</i>
		<i>nalbuphine hcl</i>	<i>gramicidin</i>
		<i>naloxone inj 0.4mg/ml</i>	44
			NEPHRAMINE
			43
			NERLYNX.....
			11
			NEUPOGEN
			40
			NEUPRO
			22
			NEURONTIN
			see <i>gabapentin</i>
			18, 19
			<i>nevirapine tab 200mg</i>
			6
			<i>nevirapine tb24</i>
			6
			NEXAVAR
			11
			NEXIUM

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

see esomeprazole	2	NUEDEXTA.....	27
magnesium	38	NULOJIX.....	41
NEXIUM I.V.		NULYTELY/FLAVOR	
see esomeprazole sodium		PACKS.....	38
inj.....	38	see gavilyte-n/flavor pack	
niacin er (antihyperlipidemic)		.....	38
.....	14	see peg 3350-potassium	
niacor	14	chloride-sod bicarbonate-	
NIASPAN		sod chloride	38
see niacin er		see trilyte.....	38
(antihyperlipidemic)	14	NUPLAZID	24
nicardipine hcl	15	nutrilipid inj 20%	43
NICOTROL INHALER	28	NUVARING.....	33
NICOTROL NS.....	28	NUVIGIL	
nifedipine	15	see armodafinil	28
nifedipine er	15	nyamyc	47
nikki.....	33	NYMALIZE.....	15
NILANDRON		nystatin	5
see nilutamide	10	nystatin (mouth-throat).....	49
nilutamide	10	nystatin (topical)	47
nimodipine	15	nystatin pow 100000	47
NINLARO	10	nystop	47
NITRO-BID	17	O	
NITRO-DUR		ocella.....	34
see minitran	17	OCTAGAM	41
see nitroglycerin td patch		octreotide acetate	36
.....	17	octreotide inj 100mcg/ml... 36	
nitrofurantoin macrocrystal . 4		OCUFLOX	
nitrofurantoin monohyd		see ofloxacin (ophth)	44
macro.....	5	ODEFSEY	7
nitroglycerin	17	ODOMZO.....	10
nitroglycerin td patch.....	17	OFEV	46
NITROSTAT		ofloxacin (ophth).....	44
see nitroglycerin	17	ofloxacin (otic)	49
NIZORAL		olanzapine	24
see ketoconazole		olmesartan medoxomil.....	13
shampoo	47	olmesartan medoxomil-	
nora-be	33	amlodipine-	
NORCO		hydrochlorothiazide	13
see hydroco/apap tab 10-		olmesartan medoxomil-	
325mg	2	hydrochlorothiazide	13
see hydroco/apap tab 5-		olopatadine hcl 0.2%.....	45
325mg	2	omeprazole cap 10mg	38
see hydroco/apap tab 7.5-		omeprazole cap 20mg	38
325mg	2	omeprazole cap 40mg	39
see lorcet hd tab 10-		OMNIPRED	
325mg	2	see prednisolone acetate	
see lorcet plus tab 7.5-325		(ophth).....	44
.....	2		
see lorcet tab 5-325mg ... 2			
norethindrone			
(contraceptive).....	33		
norethindrone acet & eth			
estra	33		
norethindrone acetate	36		
norethindrone acetate-ethinyl			
estradiol	35		
norgest/ethi tab 0.25/35	33		
norgestimate-ethinyl			
estradiol (triphasic) 0.18-			
25/0.215-25/0.25-25 mg-mcg			
.....	33		
norgestimate-ethinyl			
estradiol (triphasic) 0.18-			
35/0.215-35/0.25-35 mg-mcg			
.....	33		
norlyroc	33		
NORMOSOL-M IN D5W ... 43			
NORMOSOL-R.....	43		
NORMOSOL-R IN D5W ... 43			
NORPACE			
see disopyramide			
phosphate	13		
NORPACE CR	13		
NORPRAMIN			
see desipramine hcl	21		
NORTHERA	17		
nortrel 0.5/35 (28).....	33		
nortrel 1/35	33		
nortrel 7/7/7	33		
nortriptyline hcl	21		
NORVASC			
see amlodipine besylate 15			
NORVIR	6		
see ritonavir	6		
NOVOLIN 70/30	29		
NOVOLIN N.....	29		
NOVOLIN R.....	29		
NOVOLOG	29		
NOVOLOG 70/30 FLEXPEN			
.....	29		
NOVOLOG FLEXPEN	29		
NOVOLOG MIX 70/30	29		
NOVOLOG PENFILL	29		
NOXAFIL	5		
NUC YNTA ER	3		

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

<i>ondansetron hcl</i> 37	see <i>previfem</i> 34	<i>pantoprazole sodium</i> 39
<i>ondansetron hcl inj</i> 37	see <i>sprintec</i> 28 34	<i>paricalcitol</i> 44
<i>ondansetron hcl oral soln</i> . 37	see <i>vylibra</i> 34	PARLODEL
<i>ondansetron odt</i> 37	ORTHO-NOVUM 1/35	see <i>bromocriptine</i>
ONFI 19	see <i>alyacen</i> 1/35 32	<i>mesylate</i> 22
OPSUMIT 17	see <i>cyclafem</i> 1/35 32	PARNATE
ORAP	see <i>dasetta</i> 1/35 32	see <i>tranylcypromine</i>
see <i>pimozide</i> 24	see <i>nortrel</i> 1/35..... 33	<i>sulfate</i> 21
ORFADIN 34	see <i>pirmella</i> 1/35 34	<i>paroex sol 0.12%</i> 49
ORKAMBI 46	ORTHO-NOVUM 7/7/7	<i>paromomycin sulfate</i> 4
<i>orsythia</i> 34	see <i>cyclafem</i> 7/7/7 32	<i>paroxetine hcl</i> 21
ORTHO MICRONOR	see <i>dasetta</i> 7/7/7 32	PASER D/R 7
see <i>errin</i> 32	see <i>necon</i> 7/7/7 33	PATADAY
see <i>jolivette</i> 32	see <i>nortrel</i> 7/7/7..... 33	see <i>olopatadine hcl 0.2%</i>
see <i>lyza</i> 33	<i>oseltamivir phosphate</i> 7	 45
see <i>norethindrone</i>	OVIDE	PAXIL..... 21
(contraceptive) 33	see <i>malathion</i> 49	see <i>paroxetine hcl</i> 21
see <i>sharobel</i> 34	OXANDRIN	PAZEO 45
ORTHO TRI-CYCLEN	see <i>oxandrolone tab 10mg</i>	PEDIARIX..... 42
see <i>norgestimate-ethinyl</i>	 29	PEDVAX HIB 42
<i>estradiol (triphasic) 0.18-</i>	<i>oxandrolone tab 10mg</i> 29	<i>peg 3350/electrolytes</i> 38
<i>35/0.215-35/0.25-35 mg-</i>	<i>oxandrolone tab 2.5mg</i> 29	<i>peg 3350-kcl-sod bicarb-sod</i>
<i>mcg</i> 33	<i>oxcarbazepine</i> 19	<i>chloride-sod sulfate</i> 38
see <i>tri-linyah</i> 34	<i>oxybutynin chloride</i> 39	<i>peg 3350-potassium</i>
see <i>tri-mili</i> 34	<i>oxycodone hcl</i> 3	<i>chloride-sod bicarbonate-sod</i>
see <i>trinessa</i> 34	<i>oxycodone w/</i>	<i>chloride</i> 38
see <i>tri-previfem</i> 34	<i>acetaminophen 10-325mg</i> .. 3	PEGANONE 19
see <i>tri-sprintec</i> 34	<i>oxycodone w/</i>	PEGASYS 7
see <i>tri-vylibra</i> 34	<i>acetaminophen 2.5-325mg</i> . 3	PEGASYS PROCLICK 7
ORTHO TRI-CYCLEN LO	<i>oxycodone w/</i>	PENICILLIN G POT IN
see <i>norgestimate-ethinyl</i>	<i>acetaminophen 5-325mg</i> 3	DEXTROSE 2MU 9
<i>estradiol (triphasic) 0.18-</i>	<i>oxycodone w/</i>	PENICILLIN G POT IN
<i>25/0.215-25/0.25-25 mg-</i>	<i>acetaminophen 7.5-325mg</i> . 3	DEXTROSE 3MU 9
<i>mcg</i> 33	OZEMPIC INJ 0.25 OR	PENICILLIN G PROCAINE 9
see <i>tri-lo- tab marzia</i> 34	0.5MG/DOSE 29	<i>penicillin g sodium</i> 9
see <i>tri-lo-estarylla</i> 34	OZEMPIC INJ 1MG/DOSE	<i>penicillin v potassium</i> 9
see <i>tri-lo-sprintec</i> 34	 29	<i>penicillin gk inj 20mu</i> 9
see <i>trinessa lo</i> 34	P	<i>penicillin gk inj 5mu</i> 9
ORTHO-CYCLEN	<i>pacerone</i> 13	PENTACEL..... 42
see <i>estarylla tab 0.25-35</i>	<i>paliperidone</i> 24	PENTAM 300 5
..... 32	PAMELOR	<i>pentoxifylline</i> 40
see <i>femynor</i> 32	see <i>nortriptyline hcl</i> 21	PEPCID
see <i>mili</i> 33	<i>pamidronate disodium</i> 31	see <i>famotidine tab</i> 37
see <i>mono-linyah tab 0.25-</i>	PAMIDRONATE DISODIUM	PERCOCET
<i>35</i> 33	 31	see <i>endocet 10-325mg</i> ... 2
see <i>mononessa</i> 33	<i>pamidronate inj 30mg</i> 31	see <i>endocet 2.5-325mg</i> .. 1
see <i>norgest/ethi tab</i>	<i>pamidronate inj 90mg</i> 31	see <i>endocet 5-325mg</i> 1
<i>0.25/35</i> 33	PANRETIN 48	see <i>endocet 7.5-325mg</i> .. 1

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

see oxycodone w/ acetaminophen 10-325mg 3	pindolol 15	prasugrel hcl 40
see oxycodone w/ acetaminophen 2.5-325mg 3	pioglitazone hcl..... 31	PRAVACHOL
see oxycodone w/ acetaminophen 5-325mg 3	PIPER/TAZOBA INJ 12- 1.5GM..... 9	see pravastatin sodium . 14
see oxycodone w/ acetaminophen 7.5-325mg 3	piper/tazoba inj 2-0.25gm ... 9	pravastatin sodium 14
PERIDEX	piper/tazoba inj 3-0.375gm . 9	praziquantel 5
see chlorhexidine gluconate (mouth-throat) 49	piper/tazoba inj 36-4.5gm ... 9	prazosin hcl 13
see paroex sol 0.12%.... 49	piper/tazoba inj 4-0.5gm 9	PRECOSE
see perigard..... 49	pirmella 1/35 34	see acarbose 29
perindopril erbumine 12	PLAQUENIL	pred sod pho sol 5mg/5ml 35
perigard..... 49	see hydroxychloroquine	prednisolone acetate (ophth) 44
permethrin cre 5%..... 49	sulfate..... 40	prednisolone sodium
perphenazine..... 24	PLASMA-LYTE A..... 43	phosphate 35
pfizerpen-g inj 20mu 9	PLASMA-LYTE-148 43	PREDNISOLONE SODIUM
pfizerpen-g inj 5mu 9	PLAVIX	PHOSPHATE (OPHTH).... 44
phenelzine sulfate 21	see clopidogrel tab 75mg 40	prednisolone sol 15mg/5ml 35
PHENERGAN	PNV PRENATAL TAB PLUS 44	prednisolone sol 25mg/5ml 35
see promethazine hcl inj 37	podofilox 48	PREDNISONE CON
phenobarbital..... 19	polyethylene glycol 3350 .. 38	5MG/ML 35
phenobarbital sodium..... 19	polymyxin b-trimethoprim . 44	prednisone pak 10mg 35
PHENOBARBITAL SODIUM	POLYTRIM	prednisone pak 5mg 35
..... 19	see polymyxin b- trimethoprim 44	prednisone sol 5mg/5ml.... 35
PHENYTEK 19	POMALYST CAP 1MG 11	prednisone tab 10mg 35
see phenytoin sodium	POMALYST CAP 2MG 11	prednisone tab 1mg 35
extended 19	POMALYST CAP 3MG 11	prednisone tab 2.5mg 35
phenytoin 19	POMALYST CAP 4MG 11	prednisone tab 20mg 35
phenytoin sodium extended 19	portia-28..... 34	prednisone tab 50mg 35
phenytoin sodium inj	pot chloride inj 2meq/ml.... 43	prednisone tab 5mg 35
50mg/ml 19	potassium chloride 42, 43	PREMASOL 10% 43
philith..... 34	potassium chloride in nacl 43	premasol 6% 43
PHOSLO	potassium chloride microencapsulated crystals er 42	PREVACID
see calcium acetate (phosphate binder) 36	potassium citrate (alkalinizer) er tabs 39	see lansoprazole 38
PHOSPHOLINE IODIDE .. 45	PRADAXA 40	prevalite 14
PICATO 48	PRALUENT 14	previfem 34
pilocarpine hcl 45	pramipexole tab 0.125mg . 22	PREZCOBIX..... 7
pilocarpine hcl (oral)..... 49	pramipexole tab 0.25mg ... 22	PREZISTA 6
pimozide 24	pramipexole tab 0.5mg 22	PRIFTIN..... 7
pimtrea 34	pramipexole tab 0.75mg ... 22	PRIMAQUINE PHOSPHATE 5
	pramipexole tab 1.5mg 22	PRIMAXIN IV
	pramipexole tab 1mg 22	see imipenem-cilastatin .. 4
	PRANDIN	primidone 19
	see repaglinide 31	PRINIVIL
		see lisinopril 12
		PRISTIQ
		see desvenlafaxine

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

<i>succinate</i>	21	<i>see fluoxetine cap 20mg</i>	21	<i>see ribasphere</i>	7
PRIVIGEN	41	<i>see fluoxetine cap 40mg</i>	21	<i>see ribavirin cap 200mg</i> ..	7
<i>probenecid</i>	1	PULMICORT		RECLAST	
PROCALAMINE	43	<i>see budesonide</i>		<i>see zoledronic acid inj</i>	
PROCARDIA XL		(<i>inhalation</i>)	46	5mg/100ml	31
<i>see nifedipine</i>	15	PULMICORT FLEXHALER		<i>reclipsen</i>	34
<i>prochlorperazine inj</i>	37	.....	46	RECOMBIVAX HB	42
<i>prochlorperazine maleate</i> .	37	PULMOZYME	46	REGLAN	
<i>prochlorperazine supp</i>	37	PURIXAN	10	<i>see metoclopramide hcl</i>	37
PROCRT	40	<i>pyrazinamide</i>	7	REGRANEX	49
PROCTOCORT		<i>pyridostigmine bromide</i>	28	RELENZA DISKHALER	7
<i>see procto-pak</i>	48	Q		RELISTOR	38
<i>procto-med hc</i>	48	QUADRACEL	42	REMERON	
<i>procto-pak</i>	48	QUALAQUIN		<i>see mirtazapine</i>	21
<i>proctosol hc cre 2.5%</i>	48	<i>see quinine sulfate</i>	5	REMERON SOLTAB	
<i>proctozone-hc</i>	48	<i>quasense</i>	34	<i>see mirtazapine</i>	21
PROGLYCEM SUS		QUESTRAN		REMICADE	41
50MG/ML	35	<i>see cholestyramine</i>	14	REMODULIN	17
PROGRAF		QUESTRAN LIGHT		REVELA	
<i>see tacrolimus</i>	41	<i>see cholestyramine light</i>	14	<i>see sevelamer carbonate</i>	
PROLASTIN-C	46	<i>see prevalite</i>	14	.....	36
PROLENSA	44	<i>quetiapine fumarate</i>	24	<i>repaglinide</i>	31
PROLIA	36	<i>quinapril hcl</i>	12	REQUIP	
PROMACTA	40	<i>quinapril-hydrochlorothiazide</i>		<i>see ropinirole tab 0.25mg</i>	
<i>promethazine hcl</i>	37	.....	12	.....	22
<i>promethazine hcl inj</i>	37	<i>quinidine gluconate</i>	13	<i>see ropinirole tab 0.5mg</i>	22
<i>propafenone hcl</i>	13	<i>quinidine sulfate</i>	13	<i>see ropinirole tab 1mg</i> ...	23
<i>propafenone hcl 12hr</i>	13	<i>quinine sulfate</i>	5	<i>see ropinirole tab 2mg</i> ...	23
<i>proparacaine hcl</i>	45	R		<i>see ropinirole tab 3mg</i> ...	23
<i>propranolol cap er</i>	15	RABAVERT	42	<i>see ropinirole tab 4mg</i> ...	23
<i>propranolol hcl</i>	15	<i>raloxifene tab 60mg</i>	36	<i>see ropinirole tab 5mg</i> ...	23
<i>propranolol oral sol</i>	15	<i>ramipril</i>	12	RESCRIPTOR	6
<i>propylthiouracil</i>	36	RANEXA	17	RESTASIS	45
PROQUAD	42	<i>ranitidine hcl</i>	37	RESTASIS MULTIDOSE ..	45
PROSCAR		<i>ranitidine hcl inj</i>	37	RESTORIL	
<i>see finasteride</i>	39	<i>ranitidine inj</i>	37	<i>see temazepam</i>	26, 27
PROSOL	43	<i>ranitidine syrup</i>	37	RETIN-A	
PROTONIX		RAPAMUNE	41	<i>see avita</i>	47
<i>see pantoprazole sodium</i>		<i>see sirolimus</i>	41	<i>see tretinoin</i>	47
.....	39	<i>rasagiline mesylate</i>	22	RETROVIR	
PROTOPIC		RAYALDEE	44	<i>see zidovudine cap 100mg</i>	
<i>see tacrolimus (topical)</i> .	48	RAZADYNE		.....	6
<i>protriptyline hcl</i>	21	<i>see galantamine</i>		<i>see zidovudine syp</i>	
PROVERA		<i>hydrobromide</i>	20	50mg/5ml	6
<i>see medroxyprogesterone</i>		RAZADYNE ER		REVATIO	
<i>acetate tab</i>	36	<i>see galantamine</i>		<i>see sildenafil citrate tab 20</i>	
PROZAC		<i>hydrobromide er</i>	20	<i>mg (pulmonary</i>	
<i>see fluoxetine cap 10mg</i>	21	REBETOL		<i>hypertension)</i>	17

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

REVLIMID.....	11	<i>ropinirole tab 1mg</i>	23	<i>sharobel</i>	34
REXULTI.....	24	<i>ropinirole tab 2mg</i>	23	SHINGRIX	42
REYATAZ	6	<i>ropinirole tab 3mg</i>	23	SIGNIFOR	36
<i>see atazanavir sulfate</i>	5	<i>ropinirole tab 4mg</i>	23	<i>sildenafil citrate tab 20 mg</i> <i>(pulmonary hypertension)</i> ..	17
<i>ribasphere</i>	7	<i>ropinirole tab 5mg</i>	23	SILENOR	26
<i>ribavirin cap 200mg</i>	7	<i>rosadan</i>	48	SILVADENE	
<i>ribavirin tab 200mg</i>	7	<i>rosuvastatin calcium</i>	14	<i>see silver sulfadiazine</i> ..	47
<i>rifabutin</i>	7	ROTARIX.....	42	<i>see ssd</i>	47
RIFADIN		ROTATEQ	42	<i>silver sulfadiazine</i>	47
<i>see rifampin</i>	7	ROWASA		SIMBRINZA.....	45
<i>rifampin</i>	7	<i>see mesalamine w/</i>		<i>simvastatin</i>	14
RIFATER	7	<i>cleanser</i>	37	SINEMET	
RILUTEK		<i>roweepra</i>	19	<i>see carbidopa-levodopa</i> 22	
<i>see riluzole</i>	28	ROXICODONE		SINEMET CR	
<i>riluzole</i>	28	<i>see oxycodone hcl</i>	3	<i>see carbidopa-levodopa</i> 22	
<i>rimantadine hydrochloride</i> ..	7	RUBRACA	10	SINGULAIR	
RISPERDAL		RYDAPT	11	<i>see montelukast sodium</i> 46	
<i>see risperidone</i>	25	RYTHMOL SR		<i>sirolimus</i>	41
RISPERDAL INJ 12.5MG .	24	<i>see propafenone hcl 12hr</i>		SIRTURO	7
RISPERDAL INJ 25MG	24	.....	13	SIVEXTRO	5
RISPERDAL INJ 37.5MG .	25	S		<i>sod chloride inj 0.9%</i>	43
RISPERDAL INJ 50MG	25	SABRIL	19	<i>sodium chlor sol 0.9% irr</i> ..	49
<i>risperidone</i>	25	<i>see vigabatrin powd pack</i>		<i>sodium chloride</i>	42, 43
RITALIN		500mg	20	<i>sodium chloride 0.45%</i>	43
<i>see methylphenidate hcl</i> 26		SALAGEN		<i>sodium fluoride chew; tab;</i>	
<i>ritonavir</i>	6	<i>see pilocarpine hcl (oral)</i>		1.1 (0.5 f) mg/ml soln	42
RITUXAN.....	10	.....	49	<i>sodium phenylbutyrate</i>	34
RITUXAN HYCELA.....	10	SANDIMMUNE.....	41	<i>sodium polystyrene sulfonate</i>	
<i>rivastigmine tartrate</i>	20	<i>see cyclosporine</i>	41	<i>powder</i>	32
<i>rivastigmine td patch 24hr</i>		SANDOSTATIN		<i>sodium polystyrene sulfonate</i>	
13.3 mg/24hr	20	<i>see octreotide acetate</i> ...	36	<i>susp</i>	32
<i>rivastigmine td patch 24hr</i>		<i>see octreotide inj</i>		SOLQUA 100/33	29
4.6 mg/24hr	20	100mcg/ml	36	SOLTAMOX.....	10
<i>rivastigmine td patch 24hr</i>		SANTYL	49	SOLU-CORTEF	35
9.5 mg/24hr	20	SAPHRIS	25	SOLU-MEDROL	
<i>rizatriptan benzoate</i>	27	<i>scopolamine patch</i>	37	<i>see methylpr ss inj</i>	35
ROBINUL		<i>selegiline hcl</i>	23	SOMATULINE DEPOT	36
<i>see glycopyrrolate</i>	37	<i>selenium sulfide</i>	47	SOMAVERT	36
ROBINUL FORTE		SELZENTRY	6	SORIATANE	
<i>see glycopyrrolate</i>	37	SENSIPAR	32	<i>see acitretin</i>	47
ROCALTROL		SEREVENT DISKUS	46	<i>sorine</i>	14
<i>see calcitriol</i>	43	SEROQUEL		<i>sotalol hcl</i>	14
<i>see calcitriol oral soln 1</i>		<i>see quetiapine fumarate</i> 24		<i>sotalol hcl (afib/af)</i>	14
mcg/ml.....	44	SEROQUEL XR		<i>spironolactone</i>	13
ROCEPHIN		<i>see quetiapine fumarate</i> 24		<i>spironolactone &</i>	
<i>see ceftriaxone sodium</i> ...	8	<i>sertraline hcl</i>	21	<i>hydrochlorothiazide</i>	16
<i>ropinirole tab 0.25mg</i>	22	<i>setlakin tab</i>	34	SPORANOX	
<i>ropinirole tab 0.5mg</i>	22	<i>sevelamer carbonate</i>	36		

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

see <i>itraconazole</i>	5	<i>prednisolone</i>	44	SYNJARDY TAB 5-500MG	
<i>sprintec</i> 28	34	SULFADIAZINE	4	.....	31
SPRITAM.....	19	<i>sulfamethoxazole-trimethop</i>		SYNJARDY XR TAB 10-	
SPRYCEL	11	<i>ds</i>	5	1000MG	31
<i>sps</i>	32	<i>sulfamethoxazole-</i>		SYNJARDY XR TAB 12.5-	
<i>sronyx</i>	34	<i>trimethoprim inj</i>	5	1000MG	31
<i>ssd</i>	47	<i>sulfamethoxazole-</i>		SYNJARDY XR TAB 25-	
STALEVO 100		<i>trimethoprim susp</i>	5	1000MG	31
see <i>carbidopa-levodopa-</i>		<i>sulfamethoxazole-</i>		SYNJARDY XR TAB 5-	
<i>entacapone</i>	22	<i>trimethoprim tab 400-80mg</i>	5	1000MG	31
STALEVO 125		SULFAMYLOXON	47	SYNRIBO	12
see <i>carbidopa-levodopa-</i>		<i>sulfasalazine</i>	37	SYNTHROID	36
<i>entacapone</i>	22	<i>sulfasalazine ec</i>	37	see <i>levo-t</i>	36
STALEVO 150		<i>sulindac</i>	1	see <i>levothyroxine sodium</i>	
see <i>carbidopa-levodopa-</i>		<i>sumatriptan inj 4mg/0.5ml</i>	27	.....	36
<i>entacapone</i>	22	<i>sumatriptan inj 6mg/0.5ml</i>	27	see <i>levoxyol</i>	36
STALEVO 200		<i>sumatriptan nasal spray</i>	27	see <i>unithroid</i>	36
see <i>carbidopa-levodopa-</i>		<i>sumatriptan succinate</i>	27	SYPRINE	
<i>entacapone</i>	22	SUPRAX	8	see <i>trientine hcl</i>	32
STALEVO 50		see <i>cefixime</i>	8	T	
see <i>carbidopa-levodopa-</i>		SUPREP BOWEL PREP KIT		TABLOID	10
<i>entacapone</i>	22	.....	38	<i>tacrolimus</i>	41
STALEVO 75		SURMONTIL		<i>tacrolimus (topical)</i>	48
see <i>carbidopa-levodopa-</i>		see <i>trimipramine maleate</i>		TAFINLAR	11
<i>entacapone</i>	22	.....	21, 22	TAGRISSO	11
STARLIX		SUSTIVA		TAMIFLU	
see <i>nateglinide</i>	31	see <i>efavirenz</i>	6	see <i>oseltamivir phosphate</i>	
<i>stavudine</i>	6	SUTENT	11	.....	7
STIMATE	36	<i>syeda</i>	34	<i>tamoxifen citrate</i>	10
STIVARGA	11	SYLATRON KIT 200MCG	12	<i>tamsulosin hcl</i>	39
STRATTERA		SYLATRON KIT 300MCG	12	TAPAZOLE	
see <i>atomoxetine hcl</i>	26	SYLATRON KIT 600MCG	12	see <i>methimazole</i>	36
<i>streptomycin sulfate</i>	4	SYMBICORT	47	TARCEVA.....	11
STRIBILD	7	SYMDEKO	46	TARGRETIN.....	48
STROMECTOL		SYMFI.....	7	see <i>bexarotene</i>	11
see <i>ivermectin</i>	4	SYMFILO	7	<i>tarina fe 1/20</i>	34
SUBOXONE MIS 12-3MG	29	SYMPROIC	38	TASIGNA.....	11
SUBOXONE MIS 2-0.5MG		SYNALAR		TAXOTERE	10
.....	28	see <i>fluocinolone acetonide</i>		see <i>docetaxel</i>	10
SUBOXONE MIS 4-1MG..	28	.....	48	<i>tazarotene</i>	47
SUBOXONE MIS 8-2MG..	28	SYNAREL	34	<i>tazicef</i>	8
<i>subvenite tab</i>	19	SYNERCID	5	TAZORAC	47
<i>sucralfate</i>	38	SYNJARDY TAB 12.5-		see <i>tazarotene</i>	47
<i>sulfacetamide sodium (acne)</i>		1000MG	31	<i>taztia xt</i>	15
.....	47	SYNJARDY TAB 12.5-		TECENTRIQ	10
<i>sulfacetamide sodium</i>		500MG	31	TEFLARO	8
(<i>ophth</i>)	44	SYNJARDY TAB 5-1000MG		TEGRETOL	
<i>sulfacetamide sod-</i>		.....	31	see <i>carbamazepine</i>	18

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

see <i>epitol</i>	18	see <i>timolol maleate gel</i> .	45	<i>dipotassium</i>	18
TEGRETOL-XR		TIVICAY	6	<i>tranylcypromine sulfate</i>	21
see <i>carbamazepine</i>	18	<i>tizanidine hcl</i>	28	TRAVASOL	43
TEKTURNA	16	TOBRADEX.....	44	TRAVATAN Z	45
TEKTURNA HCT	16	see <i>tobramycin-</i>		<i>trazodone hcl</i>	21
<i>telmisartan</i>	13	<i>dexamethasone</i>	44	<i>trazodone tab 150mg</i>	21
<i>temazepam</i>	26, 27	TOBRADEX ST	44	TRECATOR.....	7
TENIVAC	42	<i>tobramycin</i>	4	TRELEGY ELLIPTA.....	45
<i>tenofovir disoproxil fumarate</i>		<i>tobramycin (ophth)</i>	44	TRELSTAR DEP INJ	
.....	6	<i>tobramycin inj 1.2 gm/30ml</i> .	4	3.75MG	10
TENORMIN		<i>tobramycin inj 1.2gm</i>	4	TRELSTAR LA INJ 11.25MG	
see <i>atenolol</i>	14	<i>tobramycin inj 10mg/ml</i>	4	.....	10
TERAZOL 7		<i>tobramycin inj 40mg/ml</i>	4	TRESIBA FLEXTOUCH....	29
see <i>terconazole vaginal</i>	39	<i>tobramycin inj 80mg/2ml</i>	4	<i>tretinoin</i>	47
<i>terazosin hcl</i>	13	<i>tobramycin-dexamethasone</i>		<i>tretinoin (chemotherapy)</i> ..	12
<i>terbinafine hcl</i>	5	.....	44	<i>triamcinolone acetonide</i>	
<i>terbutaline sulfate</i>	46	TOBREX		(mouth)	49
<i>terconazole vaginal</i>	39	see <i>tobramycin (ophth)</i> .	44	<i>triamcinolone acetonide</i>	
<i>testosterone</i>	29	TOFRANIL		(topical)	48
<i>testosterone cypionate</i>	29	see <i>imipramine hcl</i>	21	<i>triamterene &</i>	
<i>testosterone enanthate</i>	29	<i>tolterodine tartrate cap er</i> .	39	<i>hydrochlorothiazide cap</i>	
TETANUS/DIPHThERIA		<i>tolterodine tartrate tabs</i>	39	37.5-25 mg	16
TOXOID	42	TOPAMAX		<i>triamterene &</i>	
<i>tetrabenazine</i>	28	see <i>topiramate</i>	20	<i>hydrochlorothiazide tabs</i> ...	16
<i>tetracycline hcl</i>	9	TOPAMAX SPRINKLE		TRIBENZOR	
THALOMID	11	see <i>topiramate</i>	19	see <i>olmesartan</i>	
<i>theophylline</i>	46	<i>topiramate</i>	19, 20	<i>medoxomil-amlodipine-</i>	
<i>thioridazine hcl</i>	25	<i>toposar</i>	12	<i>hydrochlorothiazide</i>	13
<i>thiothixene</i>	25	<i>topotecan hcl</i>	12	TRICOR	
<i>tiagabine hcl</i>	19	TOPOTECAN HCL		see <i>fenofibrate</i>	14
TIAZAC		see <i>topotecan hcl</i>	12	<i>trientine hcl</i>	32
see <i>diltiazem hcl extended</i>		TOPOTECAN INJ 4MG/4ML		<i>trifluoperazine hcl</i>	25
<i>release beads cap sr</i>	15	.....	12	<i>trifluridine</i>	44
see <i>taztia xt</i>	15	TOPROL XL		<i>trihexyphenidyl hcl</i>	23
<i>tigecycline</i>	5	see <i>metoprolol succinate</i>		<i>tri-legest fe</i>	34
TIKOSYN		.....	15	TRILEPTAL	
see <i>dofetilide</i>	13	<i>toremide tabs</i>	16	see <i>oxcarbazepine</i>	19
<i>tilia fe</i>	34	TOVIAZ.....	39	<i>tri-linyah</i>	34
<i>timolol maleate</i>	15	<i>tpn electrolytes</i>	42	<i>tri-lo- tab marzia</i>	34
<i>timolol maleate (ophth) soln</i>		TRACLEER	17	<i>tri-lo-estarylla</i>	34
.....	45	TRADJENTA	31	<i>tri-lo-sprintec</i>	34
<i>timolol maleate gel</i>	45	<i>tramadol hcl tab 50 mg</i>	1	<i>trilyte</i>	38
<i>timolol maleate ophth soln</i>		<i>trandolapril</i>	12	<i>trimethoprim</i>	5
0.5% (once-daily)	45	<i>tranexamic acid</i>	40	<i>tri-mili</i>	34
TIMOPTIC		TRANSDERM-SCOP		<i>trimipramine maleate</i> ..	21, 22
see <i>timolol maleate</i>		see <i>scopolamine patch</i> .	37	<i>trinessa</i>	34
(<i>ophth</i>) soln	45	TRANXENE T		<i>trinessa lo</i>	34
TIMOPTIC-XE		see <i>clorazepate</i>		TRI-NORINYL	28

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

see <i>aranelle</i>	32	see <i>ampicillin & sulbactam sodium</i>	9	VARIVAX	42
see <i>leena</i>	33	<i>unithroid</i>	36	VASCEPA	14
TRINTELLIX	22	URECHOLINE		VASERETIC	
<i>tri-previfem</i>	34	see <i>bethanechol chloride</i>		see <i>enalapril maleate & hydrochlorothiazide</i>	12
<i>tri-sprintec</i>	34	.....	39	VASOTEC	
TRIUMEQ	7	UROCIT-K 10		see <i>enalapril maleate</i>	12
<i>trivora-28</i>	34	see <i>potassium citrate (alkalinizer) er tabs</i>	39	VELCADE	10
<i>tri-vylibra</i>	34	UROCIT-K 15		<i>velivet</i>	34
TRIZIVIR		see <i>potassium citrate (alkalinizer) er tabs</i>	39	VEMLIDY	7
see <i>abacavir sulfate-lamivudine-zidovudine</i>	6	UROCIT-K 5		VENCLEXTA	10
TROGARZO	6	see <i>potassium citrate (alkalinizer) er tabs</i>	39	VENCLEXTA STARTING PACK	10
TROPHAMINE INJ 10% ...	43	UROXATRAL		<i>venlafaxine hcl</i>	22
<i>tropium chloride</i>	39	see <i>alfuzosin hcl</i>	39	VENTAVIS	17
TRULICITY	29	URSO 250		VENTOLIN HFA	46
TRUMENBA	42	see <i>ursodiol</i>	38	<i>verapamil cap er</i>	15
TRUSOPT		URSO FORTE		<i>verapamil hcl</i>	15, 16
see <i>dorzolamide hcl</i>	45	see <i>ursodiol</i>	38	<i>verapamil tab er</i>	16
TRUVADA TAB 100-150 ...	7	V		VERELAN	
TRUVADA TAB 133-200	7	VAGIFEM		see <i>verapamil cap er</i>	15
TRUVADA TAB 167-250	7	see <i>estradiol vaginal tab</i> 35		VERELAN PM	
TRUVADA TAB 200-300	7	see <i>yuvaferm vaginal tablet 10 mcg</i>	35	see <i>verapamil cap er</i>	15
<i>tulana</i>	34	<i>valacyclovir hcl</i>	7	VERSACLOZ	25
TWINRIX INJ	42	VALCHLOR	48	VERZENIO	10
TYBOST	6	VALCYTE		VESICARE	39
TYGACIL		see <i>valganciclovir hcl</i>	7	<i>vestura</i>	34
see <i>tigecycline</i>	5	<i>valganciclovir hcl</i>	7	VFEND	
TYKERB	11	see <i>valganciclovir hcl</i>	7	see <i>voriconazole</i>	5
TYLENOL/CODEINE #3		VALIUM		VFEND IV	
see <i>acetaminophen w/ codeine 300-30mg</i>	1	see <i>diazepam</i>	18	see <i>voriconazole</i>	5
TYLENOL/CODEINE #4		<i>valproate sodium</i>	20	VIBRAMYCIN	
see <i>acetaminophen w/ codeine 300-60mg</i>	1	<i>valproate sodium oral soln</i> 20		see <i>doxycycline hyclate</i> ..	9
TYMLOS	36	<i>valproic acid</i>	20	VICTOZA	29
TYPHIM VI	42	<i>valsartan</i>	13	VIDAZA	
U		<i>valsartan-hydrochlorothiazide</i>	13	see <i>azacitidine</i>	10
ULORIC	1	VALTREX		VIDEX EC	6
ULTRAM		see <i>valacyclovir hcl</i>	7	see <i>didanosine</i>	6
see <i>tramadol hcl tab 50 mg</i>	1	VANCOCIN HCL		VIDEX PEDIATRIC	6
ULTRAVATE		see <i>vancomycin hcl</i>	5	<i>vienva</i>	34
see <i>halobetasol propionate</i>	48	<i>vancomycin hcl</i>	5	<i>vigabatrin powd pack 500mg</i>	20
UNASYN		VANCOMYCIN IN NACL ...	5	VIGAMOX	
see <i>ampicillin & sulbactam sodium</i>	9	<i>vandazole</i>	39	see <i>moxifloxacin hcl (ophth)</i>	44
UNASYN BULK PACK		VAQTA	42	VIIBRYD STARTER PACK	22
				VIIBRYD TAB	22

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

VIMPAT	20	.....	17	estradiol	32
VIMPAT INJ 200MG/20ML	20	see <i>alprazolam tab 1mg</i>	17	see <i>gianvi</i>	32
VIMPAT SOL 10MG/ML ...	20	see <i>alprazolam tab 2 mg</i>	.....	see <i>loryna</i>	33
viorele	34	.....	17	see <i>nikki</i>	33
VIRACEPT	6	XARELTO	40	see <i>vestura</i>	34
VIRAMUNE	6	XARELTO STARTER PACK	.....	YF-VAX.....	42
see <i>nevirapine tab 200mg</i>	.....	.....	40	<i>yuvaferm vaginal tablet 10</i>	.....
.....	6	XATMEP	41	<i>mcg</i>	35
VIRAMUNE XR	.....	XELJANZ.....	41	Z	.....
see <i>nevirapine tb24</i>	6	XELJANZ XR.....	41	<i>zafirlukast</i>	46
VIREAD	6	XENAZINE	.....	ZANAFLEX	.....
see <i>tenofovir disoproxil</i>	.....	see <i>tetrabenazine</i>	28	see <i>tizanidine hcl</i>	28
<i>fumarate</i>	6	XGEVA	36	ZANTAC	.....
VIROPTIC	.....	XIFAXAN	38	see <i>ranitidine hcl</i>	37
see <i>trifluridine</i>	44	XIGDUO XR TAB 10-	.....	see <i>ranitidine hcl inj</i>	37
VISTARIL	.....	1000MG	31	see <i>ranitidine inj</i>	37
see <i>hydroxyzine pamoate</i>	.....	XIGDUO XR TAB 10-500MG	.....	<i>zarah</i>	34
.....	46	.....	31	ZARONTIN	.....
VIVITROL	29	XIGDUO XR TAB 2.5-	.....	see <i>ethosuximide</i>	18
VOLTAREN	.....	1000MG	31	ZEJULA	10
see <i>diclofenac sodium</i>	.....	XIGDUO XR TAB 5-1000MG	.....	ZELBORAF	11
<i>(topical) 1% gel</i>	48	.....	31	ZEMAIRA.....	46
<i>voriconazole</i>	5	XIGDUO XR TAB 5-500MG	.....	ZEMPLAR	.....
VOSEVI	7	.....	31	see <i>paricalcitol</i>	44
VOTRIENT	11	XOLAIR.....	46	<i>zenatane</i>	47
VRAYLAR	25	XTANDI.....	10	<i>zenchent</i>	34
VRAYLAR THERAPY PACK	.....	<i>xulane</i>	34	ZENPEP	38
.....	25	XULTOPHY 100/3.6.....	29	ZEPATIER	7
<i>vyfemla</i>	34	XYLOCAINE	.....	ZERIT	6
<i>vylibra</i>	34	see <i>lidocaine hcl (local</i>	.....	see <i>stavudine</i>	6
W	.....	<i>anesth.)</i>	3	ZESTORETIC	.....
<i>warfarin sodium</i>	40	see <i>lidocaine inj 0.5%</i>	3	see <i>lisinopril &</i>	.....
<i>water for irrigation, sterile</i>	49	see <i>lidocaine inj 1%</i>	4	<i>hydrochlorothiazide</i>	12
WELCHOL	.....	XYLOCAINE-MPF	.....	ZESTRIL	.....
see <i>colesevelam hcl</i>	14	see <i>lidocaine hcl (local</i>	.....	see <i>lisinopril</i>	12
WELCHOL PAK	14	<i>anesth.)</i>	3	ZETIA	.....
WELLBUTRIN SR	.....	see <i>lidocaine inj 1.5%</i>	.....	see <i>ezetimibe</i>	14
see <i>bupropion hcl</i>	20	<i>preservative free (pf)</i>	4	ZIAC	.....
WELLBUTRIN XL	.....	XYREM.....	28	see <i>bisoprolol &</i>	.....
see <i>bupropion hcl</i>	20	Y	.....	<i>hydrochlorothiazide</i>	14
X	.....	YASMIN 28	.....	ZIAGEN	.....
XALATAN	.....	see <i>drospirenone-ethinyl</i>	.....	see <i>abacavir sulfate</i>	5
see <i>latanoprost</i>	45	<i>estradiol</i>	32	<i>zidovudine cap 100mg</i>	6
XALKORI	11	see <i>ocella</i>	34	<i>zidovudine syp 50mg/5ml</i> ...	6
XANAX	.....	see <i>syeda</i>	34	<i>zidovudine tab 300mg</i>	6
see <i>alprazolam tab</i>	.....	see <i>zarah</i>	34	ZINECARD	.....
<i>0.25mg</i>	17	YAZ	.....	see <i>dexrazoxane</i>	12
see <i>alprazolam tab 0.5mg</i>	.....	see <i>drospirenone-ethinyl</i>	.....	<i>ziprasidone hcl</i>	25

Blue MedicareRx 3-Tier Select 2019 Comprehensive Drug List

ZIRGAN	44	ZONEGRAN		ZYBAN	
ZITHROMAX		see <i>zonisamide</i>	20	see <i>bupropion hcl</i>	
see <i>azithromycin</i>	8	<i>zonisamide</i>	20	(<i>smoking deterrent</i>)	28
ZOCOR		ZONTIVITY	40	ZYDELIG	11
see <i>simvastatin</i>	14	ZORTRESS TAB 0.25MG	41	ZYKADIA	11
ZOFRAN		ZORTRESS TAB 0.5MG ..	41	ZYLET	44
see <i>ondansetron hcl</i>	37	ZORTRESS TAB 0.75MG	41	ZYLOPRIM	
see <i>ondansetron hcl oral</i>		ZOSTAVAX	42	see <i>allopurinol tab</i>	1
<i>soln</i>	37	ZOSYN		ZYPREXA	
ZOFRAN ODT		see <i>piper/tazoba inj</i> 2-		see <i>olanzapine</i>	24
see <i>ondansetron odt</i>	37	0.25gm	9	ZYPREXA RELPREVV	25
<i>zoledronic acid inj</i>		see <i>piper/tazoba inj</i> 3-		ZYPREXA RELPREVV	
<i>5mg/100ml</i>	31	0.375gm	9	210MG	25
<i>zoledronic inj 4mg/5ml</i>	31	see <i>piper/tazoba inj</i> 36-		ZYPREXA ZYDIS	
ZOLINZA	10	4.5gm	9	see <i>olanzapine</i>	24
ZOLOFT		see <i>piper/tazoba inj</i> 4-		ZYTIGA	11
see <i>sertraline hcl</i>	21	0.5gm	9	ZYVOX	
<i>zolpidem tartrate</i>	27	<i>zovia 1/35e</i>	34	see <i>linezolid inj</i>	4
ZOMETA		<i>zovia 1/50e</i>	34	see <i>linezolid susp</i>	4
see <i>zoledronic inj 4mg/5ml</i>		ZOVIRAX		see <i>linezolid tab 600mg</i> ..	4
.....	31	see <i>acyclovir</i>	7		

P.O. Box 30011 Pittsburgh PA 15222-0330



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

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

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