



MASSACHUSETTS

| Blue MedicareRxSM (PDP)

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

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

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

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

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the Blue MedicareRx Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug. The enclosed formulary is current as of January 1, 2021.

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

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

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Blue MedicareRx Formulary

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

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

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

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

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

Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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

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

Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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

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

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

Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| <i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg | Tier 1 | | <i>penicillin v potassium</i> | Tier 1 | |
| <i>ciprofloxacin hcl</i> TABS 750mg | Tier 1 | | <i>pfizerpen</i> | Tier 3 | |
| <i>ciprofloxacin in d5w</i> | Tier 2 | | <i>piperacillin sodium-tazobactam sodium</i> | Tier 3 | |
| <i>levofloxacin</i> SOLN 25mg/ml | Tier 3 | | TETRACYCLINES | | |
| <i>levofloxacin</i> (generic of LEVAQUIN) TABS | Tier 1 | | <i>doxy 100</i> | Tier 3 | |
| <i>levofloxacin in d5w</i> | Tier 2 | | <i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg | Tier 1 | |
| PENICILLINS | | | <i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg | Tier 2 | |
| <i>amoxicillin</i> | Tier 1 | | <i>doxycycline hyclate</i> CAPS 50mg | Tier 2 | |
| <i>amoxicillin & pot clavulanate</i> CHEW | Tier 3 | | <i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg | Tier 2 | |
| <i>amoxicillin & pot clavulanate</i> SUSR | Tier 2 | | <i>doxycycline hyclate</i> SOLR | Tier 3 | |
| <i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR | Tier 3 | | <i>doxycycline hyclate</i> TABS 20mg, 100mg | Tier 2 | |
| <i>amoxicillin & pot clavulanate</i> TABS | Tier 1 | | <i>minocycline hcl</i> CAPS 50mg, 75mg | Tier 2 | |
| <i>amoxicillin & pot clavulanate</i> TABS | Tier 3 | | <i>minocycline hcl</i> (generic of MINOCIN) CAPS 100mg | Tier 2 | |
| <i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS | Tier 1 | | <i>mondoxylene nl</i> | Tier 1 | |
| <i>ampicillin</i> | Tier 1 | | <i>tetracycline hcl</i> CAPS 50mg | Tier 3 | B/D |
| <i>ampicillin & sulbactam sodium</i> (generic of UNASYN) | Tier 3 | | TIGECYCLINE 50mg | Tier 2 | |
| <i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK) | Tier 3 | | <i>tigecycline</i> (generic of TYGACIL) 50mg | Tier 1 | |
| <i>ampicillin sodium</i> | Tier 3 | | ANTINEOPLASTIC AGENTS | | |
| BICILLIN L-A | Tier 3 | | ALKYLATING AGENTS | | |
| <i>dicloxacillin sodium</i> | Tier 2 | | <i>cyclophosphamide</i> CAPS 10mg | Tier 2 | |
| <i>nafcillin sodium</i> 1gm, 2gm | Tier 3 | | GLEOSTINE 40mg, 100mg | Tier 2 | |
| <i>nafcillin sodium</i> 10gm | Tier 1 | | LEUKERAN | Tier 2 | |
| NAFCILLIN SODIUM 10gm | Tier 2 | | ANTIMETABOLITES | | |
| <i>penicillin g potassium</i> | Tier 3 | | <i>mercaptopurine</i> TABS | Tier 2 | |
| PENICILLIN G POTASSIUM IN | Tier 3 | | <i>methotrexate sodium</i> SOLN; SOLR | Tier 2 | |
| PENICILLIN G PROCAINE | Tier 3 | | PURIXAN | Tier 2 | |
| <i>penicillin g sodium</i> | Tier 3 | | TABLOID | Tier 3 | |
| | | | HORMONAL ANTINEOPLASTIC AGENTS | | |
| | | | <i>abiraterone acetate</i> (generic of ZYTIGA) | Tier 1 | |
| | | | <i>anastrozole</i> (generic of ARIMIDEX) TABS | Tier 1 | |

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| TAGRISSE QL (30 tabs / 30 days) | Tier 2 | QL LA |
| TALZENNA | Tier 2 | LA |
| TASIGNA | Tier 2 | |
| TAZVERIK | Tier 2 | LA |
| TIBSOVO | Tier 2 | LA |
| TUKYSA | Tier 2 | LA |
| TURALIO | Tier 2 | LA |
| TYKERB | Tier 2 | LA |
| VENCLEXTA 10mg QL (112 tabs / 28 days) | Tier 3 | QL LA |
| VENCLEXTA 50mg QL (112 tabs / 28 days) | Tier 2 | QL LA |
| VENCLEXTA 100mg QL (180 tabs / 30 days) | Tier 2 | QL LA |
| VENCLEXTA STARTING PACK QL (42 tabs / 28 days) | Tier 2 | QL LA |
| VERZENIO | Tier 2 | LA |
| VITRAKVI | Tier 2 | LA |
| VIZIMPRO | Tier 2 | LA |
| VOTRIENT | Tier 2 | LA |
| XALKORI | Tier 2 | LA |
| XOSPATA | Tier 2 | LA |
| XPOVIO 40 MG ONCE WEEKLY | Tier 2 | LA |
| XPOVIO 40 MG TWICE WEEKLY | Tier 2 | LA |
| XPOVIO 60 MG ONCE WEEKLY | Tier 2 | LA |
| XPOVIO 60 MG TWICE WEEKLY | Tier 2 | LA |
| XPOVIO 80 MG ONCE WEEKLY | Tier 2 | LA |
| XPOVIO 80 MG TWICE WEEKLY | Tier 2 | LA |
| XPOVIO 100 MG ONCE WEEKLY | Tier 2 | LA |
| ZEJULA | Tier 2 | LA |
| ZELBORAF | Tier 2 | LA |
| ZOLINZA | Tier 2 | |
| ZYDELIG | Tier 2 | LA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| ZYKADIA | Tier 2 | LA |
| PROTECTIVE AGENTS | | |
| <i>leucovorin calcium</i> TABS 5mg, 10mg | Tier 2 | |
| <i>leucovorin calcium</i> TABS 15mg, 25mg | Tier 3 | |
| MESNEX TABS | Tier 2 | |
| CARDIOVASCULAR ACE INHIBITOR COMBINATIONS | | |
| <i>amlodipine besylate- benazepril hcl</i> QL (30 caps / 30 days) | Tier 1 | QL |
| <i>amlodipine besylate- benazepril hcl</i> (generic of LOTREL) QL (30 caps / 30 days) | Tier 1 | QL |
| <i>benazepril & hydrochlorothiazide</i> | Tier 2 | |
| <i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT) | Tier 2 | |
| <i>enalapril maleate & hydrochlorothiazide</i> | Tier 1 | |
| <i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC) | Tier 1 | |
| <i>fosinopril sodium & hydrochlorothiazide</i> | Tier 2 | |
| <i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC) | Tier 1 | |
| <i>quinapril- hydrochlorothiazide</i> (generic of ACCURETIC) | Tier 1 | |
| ACE INHIBITORS | | |
| <i>benazepril hcl</i> TABS 5mg | Tier 1 | |
| <i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg | Tier 1 | |
| <i>enalapril maleate</i> (generic of VASOTEC) TABS | Tier 1 | |
| <i>fosinopril sodium</i> | Tier 1 | |
| <i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 30mg, 40mg | 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
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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

You can find information on what symbols and abbreviations on this table mean by going to page V. 14

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

You can find information on what symbols and abbreviations on this table mean by going to page V. 17
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 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | Tier 3 | QL B/D | <i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days) | Tier 2 | QL |
| <i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | Tier 3 | QL B/D | <i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 inhalers / 30 days) | Tier 3 | QL |
| <i>temazepam</i> (generic of RESTORIL) 30mg QL (30 caps / 30 days) PA if 65 years and older | Tier 3 | QL B/D | <i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 inhalers / 30 days) | Tier 3 | QL |
| <i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year | Tier 1 | QL B/D | <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days) | Tier 3 | QL |
| MIGRAINE | | | <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days) | Tier 3 | QL |
| AIMOVIQ QL (1 pen / 30 days) | Tier 2 | QL B/D | <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days) | Tier 3 | QL |
| <i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) 1mg/ml | Tier 1 | | <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days) | Tier 3 | QL |
| <i>dihydroergotamine mesylate</i> (generic of MIGRANAL) 4mg/ml QL (8 mL / 30 days) | Tier 1 | QL B/D | <i>sumatriptan succinate</i> (generic of IMITREX) SOLN QL (12 injections / 30 days) | Tier 3 | QL |
| <i>ergotamine w/ caffeine</i> (generic of CAFERGOT) TABS | Tier 2 | | <i>sumatriptan succinate</i> SOSY QL (12 injections / 30 days) | Tier 3 | QL |
| <i>rizatriptan benzoate</i> 5mg QL (18 tabs / 30 days) | Tier 2 | QL | | | |
| <i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days) | Tier 2 | QL | | | |
| <i>rizatriptan benzoate</i> 5mg QL (18 tabs / 30 days) | Tier 2 | QL | | | |

Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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

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

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

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

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

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

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 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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

Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

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

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Blue MedicareRx 3-Tier Select 2021 Comprehensive Drug List

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| DERMATOLOGY, ANTIBIOTICS | | | DERMATOLOGY, ANTISEBORRHEICS | | |
| gentamicin sulfate (topical) CREA QL (30 gm / 30 days) | Tier 3 | QL | tazarotene (generic of TAZORAC) CREA QL (60 gm / 30 days) | Tier 2 | QL B/D |
| gentamicin sulfate (topical) OINT | Tier 2 | | TAZORAC CREA .05% QL (60 gm / 30 days) | Tier 3 | QL B/D |
| mupirocin OINT QL (220 gm / 30 days) | Tier 1 | QL | DERMATOLOGY, CORTICOSTEROIDS | | |
| silver sulfadiazine (generic of SILVADENE) CREA | Tier 1 | | ala-cort | Tier 1 | |
| ssd (generic of SILVADENE) | Tier 1 | | alclometasone dipropionate | Tier 2 | |
| SULFAMYLON CREA | Tier 3 | | betamethasone dipropionate (topical) CREA; LOTN | Tier 2 | |
| DERMATOLOGY, ANTIFUNGALS | | | betamethasone dipropionate (topical) OINT | Tier 3 | |
| clotrimazole (topical) CREA QL (45 gm / 30 days) | Tier 2 | QL | betamethasone dipropionate augmented (generic of DIPROLENE AF) CREA | Tier 2 | |
| clotrimazole w/ betamethasone CREA QL (45 gm / 30 days) | Tier 2 | QL | betamethasone dipropionate augmented GEL; LOTN | Tier 3 | |
| ketoconazole (topical) CREA QL (60 gm / 30 days) | Tier 2 | QL | betamethasone dipropionate augmented (generic of DIPROLENE) OINT | Tier 3 | |
| nyamyc QL (60 gm / 30 days) | Tier 2 | QL | betamethasone valerate CREA; LOTN; OINT | Tier 2 | |
| nystatin (topical) CREA; OINT QL (30 gm / 30 days) | Tier 2 | QL | clobetasol propionate (generic of TEMOVATE) CREA; OINT QL (60 gm / 30 days) | Tier 2 | QL |
| nystatin (topical) POWD QL (60 gm / 30 days) | Tier 2 | QL | clobetasol propionate GEL QL (60 gm / 30 days) | Tier 3 | QL |
| nystop QL (60 gm / 30 days) | Tier 2 | QL | clobetasol propionate SOLN QL (50 mL / 30 days) | Tier 2 | QL |
| DERMATOLOGY, ANTIPSORIATICS | | | clobetasol propionate e QL (60 gm / 30 days) | Tier 2 | QL |
| acitretin (generic of SORIATANE) 10mg, 25mg | Tier 3 | B/D | ENSTILAR QL (120 gm / 30 days) | Tier 3 | QL B/D |
| acitretin 17.5mg | Tier 3 | B/D | fluocinolone acetonide CREA .01% | Tier 2 | |
| calcipotriene (generic of DOVONEX) CREA QL (120 gm / 30 days) | Tier 3 | QL B/D | fluocinolone acetonide (generic of SYNALAR) CREA .025% | Tier 2 | |
| calcipotriene OINT QL (120 gm / 30 days) | Tier 3 | QL B/D | | | |
| calcipotriene SOLN QL (120 mL / 30 days) | Tier 3 | QL B/D | | | |
| calcitrene QL (120 gm / 30 days) | Tier 3 | QL B/D | | | |

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

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

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

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