

Blue MedicareRxSM (PDP)



2020 Summary of Benefits Blue MedicareRxSM (PDP)

Employer Group Medicare Prescription Drug Plan
with supplemental coverage
\$10 / \$20

Blue MedicareRx (PDP)

(a Medicare Prescription Drug Plan (PDP) offered by ANTHEM INSURANCE CO. & BCBSMA & BCBSRI & BCBSVT with a Medicare contract)

SUMMARY OF BENEFITS

January 1, 2020 - December 31, 2020

Thank you for your interest in Blue MedicareRx. Blue MedicareRx includes standard Medicare Part D benefits supplemented with coverage provided by your former employer/union health plan. Blue MedicareRx is referred throughout this Summary of Benefits as “plan” or “this plan.”

This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call us and ask for the “Evidence of Coverage.”

For More Information

Blue MedicareRx Phone Numbers, Hours of Operation, and Website

Please call Blue MedicareRx for more information about our plan.

Current members should call toll-free **1-888-620-1748**. (TTY/TDD **711**) 24 hours a day, 7 days a week.

Prospective Members should call toll-free **1-800-505-2583**. (TTY/TDD **711**) 10/1–3/31, 8:00 a.m. to 8:00 p.m., 7 days a week; 4/1–9/30, 8:00 a.m. to 8:00 p.m., Monday through Friday, 8:00 a.m. to 12:00 p.m., Saturday and Sunday. You can use our automated answering system outside of these hours.

Visit us at <http://groups.rxmedicareplans.com>

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print. For additional information, call us at 1-888-620-1748, 24 hours a day, 7 days a week. TTY/TDD users should call 711.

Who can join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, are a US citizen or are lawfully present in the United States, and live in the service area which includes the United States and its territories (excluding the Virgin Islands).

If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA private fee-for-service (MA PFFS) plan that includes Medicare prescription drugs, you may not enroll in a prescription drug plan (PDP) unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service (PFFS) plan that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP. Please contact your local benefits administrator for more information.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (<http://groups.rxmedicareplans.com>). Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of 2 “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages in your Medicare prescription drug coverage that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage. For more information about formulary tiers and stages of the benefit, please see the plan’s formulary and the *Evidence of Coverage* on our website at <http://groups.rxmedicareplans.com>, or contact Customer Care.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan’s pharmacy directory at our website (<http://groups.rxmedicareplans.com>). Or, call us and we will send you a copy of the pharmacy directory.

Summary of Benefits

January 1, 2020 – December 31, 2020

Prescription Drug Benefits

The benefits described below are offered by Blue MedicareRx, a standard Medicare Part D plan supplemented with benefits provided by your former employer.

Initial Coverage		<i>You pay the following until your total yearly drug costs reach \$4,020¹:</i>	
Standard Retail Cost-Sharing		One-month supply	Three-month supply ²
Tier 1	Generic	\$10	\$30
Tier 2	Brand	\$20	\$60
<i>Specialty drugs are limited to a one-month supply per fill.</i>			

Mail Order Cost-Sharing		One-month supply	Three-month supply
Tier 1	Generic	\$10	\$10
Tier 2	Brand	\$20	\$40
<i>Specialty drugs are limited to a one-month supply per fill.</i>			

Coverage Gap	<p>After your total yearly drug costs reach \$4,020, your former employer provides supplemental coverage that will keep your copayments and/or coinsurance as outlined above. Your copayments and/or coinsurance will not change until you qualify for Catastrophic Coverage.</p>
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Catastrophic Coverage	<i>After your yearly out-of-pocket drug costs reach \$6,350, you pay:</i>
Generic (including brand drugs treated as generic)	\$3.60
All other Drugs	\$8.95

¹ All covered drugs are on the Blue MedicareRx group formulary/drug list.

² Available at retail pharmacies that have agreed to allow members to fill 90-day supplies of their prescriptions.

General Information

In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.

Certain prescription drugs will have maximum quantity limits.

Your provider must get prior authorization from Blue MedicareRx for certain prescription drugs.

Covered Part D drugs are available at out-of-network pharmacies in special circumstances as long as the pharmacy is located within the United States and its territories (excluding the Virgin Islands). For examples of what would qualify as special circumstances, refer to the Evidence of Coverage (EOC). Your copayment and/or coinsurance at out-of-network pharmacies is the same as at network pharmacies and depends on whether you purchase a Generic, Brand or Specialty drug.

Medicare considers drugs which cost more than \$670 for a one month supply to be Specialty drugs.

Medicare Coverage Gap Discount Program

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs to Part D enrollees who have reached year-to-date “total drug costs” of \$4,020 and are not already receiving “Extra Help.”

If you have reached year-to-date “total drug costs” of \$4,020, your former employer provides supplemental coverage that will keep your copayments and/or coinsurance in the Coverage Gap the same as what you pay in the Initial Coverage Level. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs and move you through the Coverage Gap. The amount discounted by the manufacturer will count toward your out-of-pocket costs as if you had paid this amount. Your Explanation of Benefits (EOB) will show any discounted amount provided.

Once your out-of-pocket costs reach \$6,350, you will move to the Catastrophic phase and the Medicare Coverage Gap Discount Program will no longer be applicable.

If you have any questions about the availability of discounts for the drugs you are taking or about the Medicare Coverage Gap Discount Program in general, please contact Customer Care.

Blue MedicareRxSM (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue MedicareRx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue MedicareRx:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the number on the back of your Member ID Card. TTY/TDD users should call 711.

If you believe that Blue MedicareRx has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Blue MedicareRx (PDP)
Grievance Department Coordinator
P.O. Box 30016
Pittsburgh, PA 15222-0330
Phone: 1-866-884-9478
Fax: 1-866-217-3353

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, Blue MedicareRx Grievance Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your Member ID Card. TTY: 711.

ARABIC

ملاحظة: إذا كنت تتحدث اللغة الإنجليزية، يمكنك استخدام خدمات المساعدة اللغوية مجانًا. اتصل بالرقم الموجود على ظهر بطاقة هوية العضو. (رقم الهاتف: 711).

CHINESE

小贴士：如果您说中文，欢迎使用免费语言协助服务。请拨打您会员身份证上的电话号码。（TTY: 711）。

FRENCH

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le numéro figurant au verso de votre Carte de membre. TTY: 711.

FRENCH CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou do Kat ID Manm ou an. TTY: 711.

GREEK

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχει διαθέσιμη υπηρεσία γλωσσικής υποστήριξης, η οποία παρέχεται δωρεάν. Καλέστε τον αριθμό στο πίσω μέρος της κάρτας μέλους (Αριθμός για άτομα με προβλήματα ακοής/ομιλίας: 711).

HINDI

ध्यान दीजिए : अगर आप हिंदी बोलते हैं तो आपके जलभाषा

KOREAN

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 회원 카드 뒷면에 표시된 전화번호(TTY: 711)로 연락주시기 바랍니다.

MON-KHMER, CAMBODIAN

ប្រយ័ត្ន: ប្រសិនបើអ្នកនិយាយភាសាកម្ពុជា ឬភាសាខ្មែរ អ្នកនឹងទទួលបានសេវាបកប្រែសេរី និងឥតគិតថ្លៃ ដោយសេរី។ សូមទូរស័ព្ទលេខ ៧១១ លើផ្ទៃក្រោយនៃកាតព័ទ្ធអ្នក។ TTY: 711។

POLISH

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie Twojej Członkowskiej karty ident. Tel. tekst.: 711.

PORTUGUESE

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para o número no verso do seu Cartão de Identificação de Membro. TTY: 711.

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону, указанному на обороте вашей идентификационной карты участника. Телетайп: 711.

SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al número que aparece al reverso de su tarjeta de membresía. TTY: 711.

सिंायता सेव्ाएं मुफ्त आपके सदस्य ID कार्ड के पीछे
उपलब्ध हैं।

ददए गए नम्बर पर कॉल करें। TTY:
711.

ITALIAN

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami il numero che si trova sul retro della sua tessera (Member ID Card). TTY: 711.

TAGALOG

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang numero sa likod ng iyong ID card ng Miyembro. TTY: 711.

VIETNAMESE

LƯU Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi tới số ở mặt sau Thẻ ID Thành Viên của quý vị. TTY: 711.



This information is not a complete description of benefits. Call 1-800-505-2583 (TTY/TDD: 711) for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premium, deductible and/or copayments/coinsurance may change on January 1 of each year.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Please call Blue MedicareRx for more information about our plan.

Current members should call toll-free **1-888-620-1748**. (TTY/TDD **711**) 24 hours a day, 7 days a week.

Prospective Members should call toll-free **1-800-505-2583**. (TTY/TDD **711**) 10/1–3/31, 8:00 a.m. to 8:00 p.m., 7 days a week; 4/1–9/30, 8:00 a.m. to 8:00 p.m., Monday through Friday, 8:00 a.m. to 12:00 p.m., Saturday and Sunday. You can use our automated answering system outside of these hours.

Visit us at **<http://groups.rxmedicareplans.com>**

Medicare

For more information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. Or, visit **www.medicare.gov** on the web.

If you have special needs, this document may be available in other formats.

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

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

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Blue MedicareRxSM (PDP) 2-tier 2020 Formulary (List of Covered Drugs)

\$10 / \$20

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

This formulary was updated on 08/27/2019. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-620-1748 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit Groups.RxMedicarePlans.com.

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the Blue MedicareRx Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug. The enclosed formulary is current as of January 1, 2020.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Blue MedicareRx Formulary

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

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

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

- B/D stands for drugs covered under Medicare Part B or D.
- QL stands for Quantity Limits.
- PA stands for Prior Authorization.
- ST stands for Step Therapy.
- LA stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-888-620-1748, 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 2-Tier Standard 2020 Comprehensive Drug List

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

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OPIOID ANALGESICS, CII					
<i>endocet 2.5-325mg</i> (generic of PERCO CET)	Tier 1	QL	<i>hydroco/apap tab 7.5-325</i> (generic of NORCO,LORCET PLUS)	Tier 1	QL
QL (360 tabs / 30 days)			QL (180 tabs / 30 days)		
<i>endocet 5-325mg</i> (generic of PERCO CET)	Tier 1	QL	<i>hydroco/apap tab 10-325mg</i> (generic of NORCO,LORCET HD)	Tier 1	QL
QL (360 tabs / 30 days)			QL (180 tabs / 30 days)		
<i>endocet 7.5-325mg</i> (generic of PERCO CET)	Tier 1	QL	<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	Tier 1	QL
QL (240 tabs / 30 days)			QL (2700 mL / 30 days)		
<i>endocet 10-325mg</i> (generic of PERCO CET)	Tier 1	QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL
QL (180 tabs / 30 days)			QL (150 tabs / 30 days)		
<i>fantanyl citrate</i> (generic of ACTIQ) LPOP	Tier 1	QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD	Tier 1	QL
QL (120 lozenges / 30 days)			QL (600 mL / 30 days)		
<i>fantanyl patch 12 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL PA	<i>hydromorphone hcl</i> SOLN	Tier 2	B/D
QL (10 patches / 30 days)			10mg/ml, 50mg/5ml, 500mg/50ml		
<i>fantanyl patch 25 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS	Tier 1	QL
QL (10 patches / 30 days)			QL (180 tabs / 30 days)		
<i>fantanyl patch 50 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL PA	HYSINGLA ER	Tier 2	QL PA
QL (10 patches / 30 days)			QL (30 tabs / 30 days)		
<i>fantanyl patch 75 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL PA	<i>lorcet hd tab 10-325mg</i> (generic of NORCO)	Tier 1	QL
QL (10 patches / 30 days)			QL (180 tabs / 30 days)		
<i>fantanyl patch 100 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL PA	<i>lorcet plus tab 7.5-325</i> (generic of NORCO)	Tier 1	QL
QL (10 patches / 30 days)			QL (180 tabs / 30 days)		
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO,LORCET)	Tier 1	QL	<i>lorcet tab 5-325mg</i> (generic of NORCO)	Tier 1	QL
QL (240 tabs / 30 days)			QL (240 tabs / 30 days)		
			<i>methadone hcl</i> SOLN	Tier 1	QL PA
			5mg/5ml, 10mg/5ml		
			QL (450 mL / 30 days)		

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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<i>methadone hcl 5mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 1	QL PA
<i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 1	QL PA
<i>methadone hcl intensol</i> (generic of METHADOSE) QL (90 mL / 30 days)	Tier 1	QL PA
<i>morphine ext-rel tab</i> (generic of MS CONTIN) QL (90 tabs / 30 days)	Tier 1	QL PA
<i>morphine sul inj 1mg/ml</i> MORPHINE SUL INJ 4MG/ML	Tier 2	B/D
<i>morphine sul inj 10mg/ml</i> MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	Tier 2	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 2	B/D
<i>morphine sulfate SOLN</i> 8mg/ml	Tier 2	B/D
<i>morphine sulfate TABS</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>morphine sulfate oral soln 10mg/5ml</i> QL (900 mL / 30 days)	Tier 1	QL
<i>morphine sulfate oral soln 20mg/5ml</i> QL (900 mL / 30 days)	Tier 1	QL
<i>morphine sulfate oral soln 100mg/5ml</i> QL (180 mL / 30 days)	Tier 1	QL
NUCYNTA ER QL (60 tabs / 30 days)	Tier 2	QL PA
<i>oxycodone hcl CAPS</i> QL (180 caps / 30 days)	Tier 1	QL
<i>oxycodone hcl CONC</i> QL (180 mL / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl SOLN</i> QL (900 mL / 30 days)	Tier 1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL
<i>oxycodone hcl TABS</i> 10mg, 20mg QL (180 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 1	QL

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> 2% (generic of XYLOCAINE)	Tier 1	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) .5%, 1%	Tier 1	B/D
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE)	Tier 1	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE)	Tier 1	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i> (generic of XYLOCAINE-MPF)	Tier 1	B/D

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ANTI-INFECTIVES			ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS			ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate</i> SOLN	Tier 1		DAPTOMYCIN 350mg	Tier 2	
<i>gentamicin in saline</i>	Tier 1		<i>daptomycin</i> (generic of CUBICIN) 500mg	Tier 1	
<i>gentamicin sulfate</i> SOLN	Tier 1		EMVERM	Tier 1	QL
<i>neomycin sulfate</i> TABS	Tier 1		QL (12 tabs / 365 days)		
<i>paramomycin sulfate</i> CAPS	Tier 1		<i>ertapenem sodium</i> (generic of INVANZ)	Tier 1	
<i>streptomycin sulfate</i> SOLR	Tier 1		<i>imipenem-cilastatin</i>	Tier 1	
SULFADIAZINE TABS	Tier 2		<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	Tier 1	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	Tier 1	NMO PA	<i>ivermectin</i> (generic of STROMECTOL) TABS	Tier 1	
<i>tobramycin inj 1.2 gm/30ml</i>	Tier 1		<i>linezolid in sodium chloride</i>	Tier 2	
<i>tobramycin inj 1.2gm</i>	Tier 1		<i>linezolid inj</i> (generic of ZYVOX)	Tier 1	
<i>tobramycin inj 10mg/ml</i>	Tier 1		<i>linezolid susp</i> (generic of ZYVOX)	Tier 1	
<i>tobramycin inj 80mg/2ml</i>	Tier 1		<i>linezolid tab 600mg</i> (generic of ZYVOX)	Tier 1	
<i>tobramycin sulfate</i> SOLN	Tier 1		<i>meropenem</i> (generic of MERREM)	Tier 1	
ANTI-INFECTIVES - MISCELLANEOUS			<i>methenamine hippurate</i> (generic of HIPREX)	Tier 1	
<i>albendazole</i> (generic of ALBENZA) TABS	Tier 1		<i>metronidazole</i> (generic of FLAGYL) TABS	Tier 1	
ALINIA	Tier 2		<i>metronidazole in nacl</i>	Tier 1	
<i>atovaquone</i> (generic of MEPRON) SUSP	Tier 1		NEBUPENT	Tier 2	B/D
<i>aztreonam</i> (generic of AZACTAM)	Tier 1		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg	Tier 2	
CAYSTON	Tier 2	NMO LA PA	<i>nitrofurantoin monohydrate macro</i> (generic of MACROBID)	Tier 2	
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	Tier 1		PENTAM 300	Tier 2	
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	Tier 1		<i>pentamidine isethionate</i> (generic of PENTAM 300)	Tier 1	
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	Tier 1		<i>praziquantel</i> (generic of BILTRICIDE) TABS	Tier 1	
<i>clindamycin phosphate in d5w</i>	Tier 1		SIVEXTRO	Tier 2	
CLINDAMYCIN PHOSPHATE IN NAACL	Tier 2		<i>sulfamethoxazole-trimethoprim ds</i> (generic of BACTRIM DS)	Tier 1	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	Tier 1		<i>sulfamethoxazole-trimethoprim inj</i>	Tier 1	
<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 1				
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	Tier 1				
<i>dapsone</i> TABS	Tier 1				

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Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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<i>sulfamethoxazole-trimethoprim susp</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i> (generic of BACTRIM)	Tier 1	
SYNERCID	Tier 2	
<i>tigecycline</i> (generic of TYGACIL)	Tier 1	
<i>trimethoprim</i> TABS	Tier 1	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg QL (120 caps / 30 days)	Tier 1	QL
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (240 caps / 30 days)	Tier 1	QL
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	Tier 1	
VANCOMYCIN IN NAACL	Tier 2	
ANTIFUNGALS		
ABELCET	Tier 2	B/D
AMBISOME	Tier 2	B/D
<i>amphotericin b</i> SOLR	Tier 1	B/D
<i>caspofungin acetate</i> (generic of CANCIDAS)	Tier 1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	Tier 1	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 50mg, 100mg, 200mg	Tier 1	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	Tier 1	
<i>fluconazole inj nacl 200</i>	Tier 1	
<i>fluconazole inj nacl 400</i>	Tier 1	
<i>flucytosine</i> (generic of ANCOBON) CAPS	Tier 1	
<i>griseofulvin microsize</i>	Tier 1	
<i>griseofulvin ultramicrosize</i>	Tier 1	
<i>itraconazole</i> (generic of SPORANOX) CAPS	Tier 1	PA
<i>ketoconazole</i> TABS	Tier 1	PA
MYCAMINE	Tier 2	
NOXAFIL SUSP QL (630 mL / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
NOXAFIL TBEC QL (93 tabs / 30 days)	Tier 2	QL
<i>nystatin</i> TABS	Tier 1	
<i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / year)	Tier 1	QL
<i>voriconazole</i> (generic of VFEND IV) SOLR	Tier 1	PA
<i>voriconazole</i> (generic of VFEND) SUSR	Tier 1	PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg	Tier 1	
<i>voriconazole</i> (generic of VFEND) TABS 200mg	Tier 1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	Tier 1	
<i>chloroquine phosphate</i> TABS	Tier 1	
COARTEM	Tier 2	
<i>mefloquine hcl</i>	Tier 1	
PRIMAQUINE PHOSPHATE 26.3mg	Tier 2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) 26.3mg	Tier 1	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	Tier 1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN)	Tier 1	NMO
APTIVUS	Tier 2	NMO
<i>atazanavir sulfate</i> (generic of REYATAZ)	Tier 1	NMO
CRIXIVAN	Tier 2	NMO
<i>didanosine</i> (generic of VIDEX EC)	Tier 1	NMO
EDURANT	Tier 2	NMO
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg	Tier 1	NMO
<i>efavirenz</i> (generic of SUSTIVA) CAPS 200mg	Tier 1	NMO
<i>efavirenz</i> (generic of SUSTIVA) TABS	Tier 1	NMO
EMTRIVA	Tier 2	NMO

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Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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<i>fosamprenavir tab 700 mg</i> (generic of LEXIVA)	Tier 1	NMO
FUZEON	Tier 2	NMO
INTELENCE 25mg	Tier 2	NMO
INTELENCE 100mg, 200mg	Tier 2	NMO
INVIRASE	Tier 2	NMO
ISENTRESS CHEW 25mg	Tier 2	NMO
ISENTRESS CHEW 100mg	Tier 2	NMO
ISENTRESS PACK	Tier 2	NMO
ISENTRESS TABS	Tier 2	NMO
ISENTRESS HD	Tier 2	NMO
<i>lamivudine</i> (generic of EPIVIR)	Tier 1	NMO
LEXIVA SUSP	Tier 2	NMO
<i>nevirapine susp 50 mg/5ml</i> (generic of VIRAMUNE)	Tier 1	NMO
<i>nevirapine tab 100mg er</i>	Tier 1	NMO
<i>nevirapine tab 200mg</i> (generic of VIRAMUNE)	Tier 1	NMO
<i>nevirapine tab 400mg er</i> (generic of VIRAMUNE XR)	Tier 1	NMO
NORVIR PACK	Tier 2	NMO
NORVIR SOLN	Tier 2	NMO
PIFELTRO	Tier 2	NMO
PREZISTA SUSP QL (400 mL / 30 days)	Tier 2	QL NMO
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 2	QL NMO
RESCRIPTOR	Tier 2	NMO
REYATAZ PACK	Tier 2	NMO
<i>ritonavir</i> (generic of NORVIR)	Tier 1	NMO
SELZENTRY SOLN	Tier 2	NMO
SELZENTRY TABS 25mg	Tier 2	NMO
SELZENTRY TABS 75mg, 150mg, 300mg	Tier 2	NMO
<i>stavudine</i> 15mg, 20mg	Tier 1	NMO

Drug Name	Drug Tier	Requirements/ Limits
<i>stavudine</i> (generic of ZERIT) 30mg, 40mg	Tier 1	NMO
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD)	Tier 1	NMO
TIVICAY 10mg	Tier 2	NMO
TIVICAY 25mg, 50mg	Tier 2	NMO
TROGARZO	Tier 2	NMO LA
TYBOST	Tier 2	NMO
VIDEX EC 125mg	Tier 2	NMO
VIDEX PEDIATRIC	Tier 2	NMO
VIRACEPT	Tier 2	NMO
VIREAD POWD	Tier 2	NMO
VIREAD TABS 150mg, 200mg, 250mg	Tier 2	NMO
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	Tier 1	NMO
<i>zidovudine syp 50mg/5ml</i> (generic of RETROVIR)	Tier 1	NMO
<i>zidovudine tab 300mg</i>	Tier 1	NMO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> (generic of EPZICOM)	Tier 1	NMO
<i>abacavir sulfate-lamivudine- zidovudine</i> (generic of TRIZIVIR)	Tier 1	NMO
ATRIPLA	Tier 2	NMO
BIKTARVY	Tier 2	NMO
CIMDUO	Tier 2	NMO
COMPLERA	Tier 2	NMO
DELSTRIGO	Tier 2	NMO
DESCOVY	Tier 2	NMO
DOVATO	Tier 2	NMO
EVOTAZ	Tier 2	NMO
GENVOYA	Tier 2	NMO
JULUCA	Tier 2	NMO
KALETRA TAB 100-25MG	Tier 2	NMO
KALETRA TAB 200-50MG	Tier 2	NMO
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	Tier 1	NMO
<i>lopinavir-ritonavir</i> (generic of KALETRA)	Tier 1	NMO
ODEFSEY	Tier 2	NMO
PREZCOBIX	Tier 2	NMO
STRIBILD	Tier 2	NMO
SYMFI	Tier 2	NMO

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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SYMFI LO	Tier 2	NMO
SYMTUZA	Tier 2	NMO
TRIUMEQ	Tier 2	NMO
TRUVADA TAB 100-150 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	Tier 2	QL NMO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS	Tier 1	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	Tier 1	
<i>isoniazid</i> TABS	Tier 1	
<i>isoniazid syp 50mg/5ml</i>	Tier 1	
PASER D/R	Tier 2	
PRIFTIN	Tier 2	
<i>pyrazinamide</i> TABS	Tier 1	
<i>rifabutin</i> (generic of MYCOBUTIN)	Tier 1	
<i>rifampin</i> (generic of RIFADIN) CAPS; SOLR	Tier 1	
RIFATER	Tier 2	
SIRTURO	Tier 2	LA PA
TRECTOR	Tier 2	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; TABS	Tier 1	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP	Tier 1	
<i>acyclovir sodium</i>	Tier 1	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	Tier 1	NMO
BARACLUDE SOLN	Tier 2	NMO
<i>entecavir</i> (generic of BARACLUDE)	Tier 1	NMO
EPCLUSA	Tier 2	NMO PA
EPIVIR HBV SOLN	Tier 2	NMO
<i>famciclovir</i>	Tier 1	
<i>ganciclovir sodium</i> (generic of CYTOVENE)	Tier 1	B/D
HARVONI	Tier 2	NMO PA

Drug Name	Drug Tier	Requirements/ Limits
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV)	Tier 1	NMO
MAVYRET	Tier 2	NMO PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR QL (1080 mL / year)	Tier 1	QL
PEGASYS	Tier 2	NMO PA
PEGASYS PROCLICK	Tier 2	NMO PA
REBETOL SOLN	Tier 2	NMO
RELENZA DISKHALER QL (6 inhalers / year)	Tier 2	QL
<i>ribasphere</i> CAPS	Tier 1	NMO
<i>ribasphere</i> TABS 200mg	Tier 1	NMO
<i>ribasphere</i> TABS 600mg	Tier 1	NMO
<i>ribavirin 200mg</i>	Tier 1	NMO
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	Tier 1	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	Tier 1	
<i>valganciclovir hcl</i> (generic of VALCYTE)	Tier 1	
VEMLIDY	Tier 2	NMO
VOSEVI	Tier 2	NMO PA
CEPHALOSPORINS		
<i>cefaclor</i>	Tier 1	
CEFACTOR MONOHYDRATE ER	Tier 2	
<i>cefadroxil</i> CAPS	Tier 1	
<i>cefadroxil</i> SUSR; TABS	Tier 1	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	Tier 2	
<i>cefazolin inj</i>	Tier 1	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	Tier 1	
CEFAZOLIN SODIUM 1GM/50ML	Tier 2	
<i>cefdinir</i>	Tier 1	

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Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefepime hcl</i> (generic of MAXIPIME)	Tier 1		<i>ciprofloxacin hcl tab</i> 100mg	Tier 1	
<i>cefixime</i> (generic of SUPRAX) SUSR	Tier 1		<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	Tier 1	
<i>cefoxitin sodium</i>	Tier 1		<i>ciprofloxacin hcl tab</i> 750mg	Tier 1	
<i>cefpodoxime proxetil</i>	Tier 1		<i>ciprofloxacin in d5w</i>	Tier 1	
<i>cefprozil</i>	Tier 1		<i>levofloxacin</i> (generic of LEVAQUIN) TABS	Tier 1	
<i>ceftazidime</i> SOLR	Tier 1		<i>levofloxacin in d5w</i>	Tier 1	
CEFTAZIDIME/DEXTROSE	Tier 2		<i>levofloxacin inj</i> 25mg/ml	Tier 1	
<i>ceftriaxone sodium</i> SOLR	Tier 1		<i>levofloxacin oral soln</i> 25 mg/ml	Tier 1	
1gm, 2gm, 10gm, 250mg, 500mg					
<i>cefuroxime axetil</i>	Tier 1		PENICILLINS		
<i>cefuroxime sodium</i>	Tier 1		<i>amoxicillin</i> CAPS; SUSR; TABS	Tier 1	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	Tier 1		<i>amoxicillin</i> CHEW	Tier 1	
<i>cephalexin</i> SUSR	Tier 1		<i>amoxicillin & pot clavulanate</i> 200-28.5 chw tabs	Tier 1	
<i>tazicef</i> SOLR	Tier 1		<i>amoxicillin & pot clavulanate</i> 200/5ml susr	Tier 1	
TEFLARO	Tier 2		<i>amoxicillin & pot clavulanate</i> 250-125 tabs	Tier 1	
ERYTHROMYCINS/MACROLIDES			<i>amoxicillin & pot clavulanate</i> 250/5ml susr (generic of AUGMENTIN)	Tier 1	
<i>azithromycin</i> PACK	Tier 1		<i>amoxicillin & pot clavulanate</i> 400-57 chw tabs	Tier 1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR; SUSR	Tier 1		<i>amoxicillin & pot clavulanate</i> 400/5ml susr	Tier 1	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	Tier 1		<i>amoxicillin & pot clavulanate</i> 500-125 tabs (generic of AUGMENTIN)	Tier 1	
<i>clarithromycin</i> TABS	Tier 1		<i>amoxicillin & pot clavulanate</i> 600/5ml susr	Tier 1	
<i>clarithromycin er</i> (generic of BIAXIN XL)	Tier 1		<i>amoxicillin & pot clavulanate</i> 875-125 tabs	Tier 1	
<i>clarithromycin for susp</i>	Tier 1		<i>amoxicillin & pot clavulanate</i> er 12hr 1000-62.5 tabs	Tier 1	
DIFICID	Tier 2		<i>ampicillin & sulbactam sodium</i>	Tier 1	
<i>e.e.s 400</i>	Tier 1		<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	Tier 1	
<i>ery-tab</i>	Tier 1		<i>ampicillin & sulbactam sodium</i> (generic of UNASYN) BULK PACK)	Tier 1	
ERYTHROCIN LACTOBIONATE	Tier 2		<i>ampicillin cap</i> 500mg	Tier 1	
<i>erythrocin stearate</i>	Tier 1				
<i>erythromycin base</i>	Tier 1				
<i>erythromycin cap</i> 250mg ec	Tier 1				
<i>erythromycin ethylsuccinate</i> TABS	Tier 1				
FLUOROQUINOLONES					
<i>ciprofloxacin</i> (generic of CIPRO) SUSR	Tier 1				

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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<i>ampicillin inj</i>	Tier 1		<i>doxycycline hyclate</i> SOLR	Tier 1	
<i>ampicillin sodium</i>	Tier 1		<i>doxycycline hyclate</i> TABS	Tier 1	
BICILLIN L-A	Tier 2		20mg, 100mg		
<i>dicloxacillin sodium</i>	Tier 1		<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	Tier 1	
<i>nafcillin sodium</i> 1gm, 2gm	Tier 1		<i>minocycline hcl</i> CAPS 75mg	Tier 1	
<i>nafcillin sodium</i> 10gm	Tier 1		<i>mondoxyne nl cap</i> 100mg	Tier 1	
NAFCILLIN SODIUM FOR INJ 10GM	Tier 2		<i>morgidox cap</i> 1x50mg	Tier 1	
<i>oxacillin sodium</i> 1gm, 2gm	Tier 1		<i>tetracycline hcl</i> CAPS	Tier 1	
<i>oxacillin sodium</i> 10gm	Tier 1		ANTINEOPLASTIC AGENTS		
PENICILLIN G POT IN DEXTROSE 2MU	Tier 2		ALKYLATING AGENTS		
PENICILLIN G POT IN DEXTROSE 3MU	Tier 2		BENDEKA	Tier 2	B/D NMO
PENICILLIN G PROCAINE	Tier 2		<i>cyclophosphamide</i> CAPS 25mg, 50mg	Tier 1	B/D
<i>penicillin g sodium</i>	Tier 1		CYCLOPHOSPHAMIDE CAPS 25mg, 50mg	Tier 2	B/D
<i>penicillin v potassium</i> SOLR	Tier 1		<i>cyclophosphamide</i> SOLR	Tier 1	B/D
<i>penicillin v potassium</i> TABS	Tier 1		EMCYT	Tier 2	
<i>penicillin gk inj</i> 5mu	Tier 1		GLEOSTINE 10mg	Tier 2	
<i>penicillin gk inj</i> 20mu	Tier 1		GLEOSTINE 40mg, 100mg	Tier 2	
<i>pfizerpen-g inj</i> 5mu	Tier 1		LEUKERAN	Tier 2	
<i>pfizerpen-g inj</i> 20mu	Tier 1		ANTHRACYCLINES		
<i>piper/tazoba inj</i> 2-0.25gm (generic of ZOSYN)	Tier 1		<i>adriamycin</i> SOLN	Tier 1	B/D
<i>piper/tazoba inj</i> 3-0.375gm (generic of ZOSYN)	Tier 1		<i>doxorubicin hcl</i>	Tier 1	B/D
<i>piper/tazoba inj</i> 4-0.5gm (generic of ZOSYN)	Tier 1		<i>doxorubicin hcl liposomal</i> (generic of DOXIL)	Tier 1	B/D
PIPER/TAZOBA INJ 12-1.5GM	Tier 2		<i>epirubicin hcl</i> 50mg/25ml	Tier 1	B/D
<i>piper/tazoba inj</i> 36-4.5gm (generic of ZOSYN)	Tier 1		<i>epirubicin hcl</i> (generic of ELLENCE) 200mg/100ml	Tier 1	B/D
TETRACYCLINES			ANTIMETABOLITES		
<i>doxy</i> 100	Tier 1		<i>adrucil inj</i>	Tier 1	B/D
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	Tier 1		ALIMTA	Tier 2	B/D
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	Tier 1		<i>azacitidine</i> (generic of VIDAZA)	Tier 1	B/D NMO
<i>doxycycline hyclate</i> CAPS 50mg	Tier 1		<i>cytarabine</i> 20mg/ml	Tier 1	B/D
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	Tier 1		<i>fluorouracil</i> SOLN	Tier 1	B/D
			<i>gemcitabine inj soln</i> 1gm/26.3ml, 2gm/52.6ml	Tier 1	B/D
			<i>gemcitabine inj soln</i> (generic of GEMCITABINE) 200mg/5.26ml	Tier 1	B/D
			<i>gemcitabine inj solr</i>	Tier 1	B/D
			<i>mercaptopurine</i> TABS	Tier 1	

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Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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<i>methotrexate sodium inj soln</i>	Tier 1	B/D	KISQALI FEMARA 600 DOSE	Tier 2	NMO PA
<i>methotrexate sodium inj solr</i>	Tier 1	B/D	LYNPARZA	Tier 2	NMO LA PA
PURIXAN	Tier 2	NMO	NINLARO	Tier 2	NMO PA
TABLOID	Tier 2		ODOMZO	Tier 2	NMO LA PA
ANTIMITOTIC, TAXOIDS			RITUXAN	Tier 2	NMO LA PA
ABRAXANE	Tier 2	B/D	RITUXAN HYCELA	Tier 2	NMO LA PA
<i>docetaxel</i> (generic of TAXOTERE) CONC 20mg/ml, 80mg/4ml	Tier 1	B/D	RUBRACA	Tier 2	NMO LA PA
DOCETAXEL CONC 80mg/4ml, 160mg/8ml	Tier 2	B/D	TALZENNA	Tier 2	NMO LA PA
DOCETAXEL CONC 200mg/10ml	Tier 1	B/D	TECENTRIQ	Tier 2	NMO LA PA
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 2	B/D	TIBSOVO	Tier 2	NMO LA PA
<i>docetaxel</i> (generic of DOCETAXEL) SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	B/D	VELCADE	Tier 2	NMO PA
<i>paclitaxel</i>	Tier 1	B/D	VENCLEXTA 10mg	Tier 2	NMO LA PA
TAXOTERE 80mg/4ml	Tier 2	B/D	VENCLEXTA 50mg, 100mg	Tier 2	NMO LA PA
ANTIMITOTIC, VINCA ALKALOIDS			VENCLEXTA STARTING PACK	Tier 2	NMO LA PA
<i>vincristine sulfate</i>	Tier 1	B/D	VERZENIO	Tier 2	NMO LA PA
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	Tier 1	B/D	ZEJULA	Tier 2	NMO LA PA
BIOLOGIC RESPONSE MODIFIERS			ZOLINZA	Tier 2	NMO PA
AVASTIN	Tier 2	NMO LA PA	HORMONAL ANTINEOPLASTIC AGENTS		
BORTEZOMIB	Tier 2	NMO PA	<i>abiraterone acetate</i> (generic of ZYTIGA)	Tier 1	NMO PA
DAURISMO	Tier 2	NMO LA PA	<i>anastrozole</i> (generic of ARIMIDEX) TABS	Tier 1	
ERIVEDGE	Tier 2	NMO LA PA	<i>bicalutamide</i> (generic of CASODEX)	Tier 1	
FARYDAK	Tier 2	NMO LA PA	DEPO-PROVERA INJ 400/ML	Tier 2	B/D
HERCEPTIN	Tier 2	NMO PA	ERLEADA	Tier 2	NMO LA PA
HERCEPTIN HYLECTA	Tier 2	NMO PA	<i>exemestane</i> (generic of AROMASIN)	Tier 1	
IBRANCE	Tier 2	QL NMO LA PA	FASLODEX	Tier 2	B/D
QL (21 caps / 28 days)		PA	<i>flutamide</i>	Tier 1	
IDHIFA	Tier 2	QL NMO LA PA	<i>letrozole</i> (generic of FEMARA) TABS	Tier 1	
QL (30 tabs / 30 days)		PA	<i>leuprolide inj 1mg/0.2</i>	Tier 1	NMO PA
KADCYLA	Tier 2	B/D NMO	LUPRON DEPOT (1-MONTH) 3.75mg	Tier 2	NMO PA
KEYTRUDA	Tier 2	NMO PA	LUPRON DEPOT INJ 11.25MG (3-MONTH)	Tier 2	NMO PA
KISQALI	Tier 2	NMO PA	LYSODREN	Tier 2	
KISQALI FEMARA 200 DOSE	Tier 2	NMO PA	<i>megestrol ac sus 40mg/ml</i>	Tier 2	
KISQALI FEMARA 400 DOSE	Tier 2	NMO PA	<i>megestrol ac tab 20mg</i>	Tier 2	
			<i>megestrol ac tab 40mg</i>	Tier 2	

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>megestrol sus 625mg/5ml</i> (generic of MEGACE ES)	Tier 2	PA	CALQUENCE	Tier 2	NMO LA PA
<i>nilutamide</i> (generic of NILANDRON)	Tier 1		CAPRELSA	Tier 2	NMO LA PA
SOLTAMOX	Tier 2		COMETRIQ	Tier 2	NMO LA PA
<i>tamoxifen citrate</i> TABS	Tier 1		COPIKTRA	Tier 2	NMO LA PA
<i>toremifene citrate</i> (generic of FARESTON)	Tier 1		COTELLIC	Tier 2	NMO LA PA
TRELSTAR DEP INJ 3.75MG	Tier 2	NMO PA	<i>erlotinib hcl</i> (generic of TARCEVA) 25mg QL (90 tabs / 30 days)	Tier 1	QL NMO PA
TRELSTAR LA INJ 11.25MG	Tier 2	NMO PA	<i>erlotinib hcl</i> (generic of TARCEVA) 100mg, 150mg QL (30 tabs / 30 days)	Tier 1	QL NMO PA
XTANDI	Tier 2	NMO LA PA	GILOTRIF TAB 20MG	Tier 2	NMO LA PA
ZYTIGA 500mg	Tier 2	NMO LA PA	GILOTRIF TAB 30MG	Tier 2	NMO LA PA
IMMUNOMODULATORS			GILOTRIF TAB 40MG	Tier 2	NMO LA PA
POMALYST CAP 1MG QL (21 caps / 21 days)	Tier 2	QL NMO LA PA	ICLUSIG	Tier 2	NMO LA PA
POMALYST CAP 2MG QL (21 caps / 21 days)	Tier 2	QL NMO LA PA	<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	Tier 1	QL NMO PA
POMALYST CAP 3MG QL (21 caps / 28 days)	Tier 2	QL NMO LA PA	<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	Tier 1	QL NMO PA
POMALYST CAP 4MG QL (21 caps / 28 days)	Tier 2	QL NMO LA PA	IMBRUVICA	Tier 2	NMO LA PA
REVLIMID QL (28 caps / 28 days)	Tier 2	QL NMO LA PA	INLYTA 1mg QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
THALOMID 50mg, 100mg QL (28 caps / 28 days)	Tier 2	QL NMO PA	INLYTA 5mg QL (120 tabs / 30 days)	Tier 2	QL NMO LA PA
THALOMID 150mg, 200mg QL (56 caps / 28 days)	Tier 2	QL NMO PA	IRESSA	Tier 2	NMO LA PA
KINASE INHIBITORS			JAKAFI QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
AFINITOR QL (30 tabs / 30 days)	Tier 2	QL NMO PA	LENVIMA 4 MG DAILY DOSE	Tier 2	NMO LA PA
AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	Tier 2	QL NMO PA	LENVIMA 8 MG DAILY DOSE	Tier 2	NMO LA PA
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	Tier 2	QL NMO PA	LENVIMA 10 MG DAILY DOSE	Tier 2	NMO LA PA
AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	Tier 2	QL NMO PA	LENVIMA 12MG DAILY DOSE	Tier 2	NMO LA PA
ALECENSA	Tier 2	NMO LA PA	LENVIMA 14 MG DAILY DOSE	Tier 2	NMO LA PA
ALUNBRIG	Tier 2	NMO LA PA	LENVIMA 18 MG DAILY DOSE	Tier 2	NMO LA PA
BALVERSA	Tier 2	NMO LA PA	LENVIMA 20 MG DAILY DOSE	Tier 2	NMO LA PA
BOSULIF	Tier 2	NMO PA			
BRAFTOVI	Tier 2	NMO LA PA			
CABOMETYX QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA			

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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LENVIMA 24 MG DAILY DOSE	Tier 2	NMO LA PA
LORBRENA	Tier 2	NMO LA PA
MEKINIST	Tier 2	NMO LA PA
MEKTOVI	Tier 2	NMO LA PA
NERLYNX	Tier 2	NMO LA PA
NEXAVAR	Tier 2	NMO LA PA
PIQRAY 200MG DAILY DOSE	Tier 2	NMO PA
PIQRAY 250MG DAILY DOSE	Tier 2	NMO PA
PIQRAY 300MG DAILY DOSE	Tier 2	NMO PA
RYDAPT	Tier 2	NMO PA
SPRYCEL	Tier 2	NMO PA
STIVARGA	Tier 2	NMO LA PA
SUTENT QL (30 caps / 30 days)	Tier 2	QL NMO PA
TAFINLAR	Tier 2	NMO LA PA
TAGRISSO QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
TASIGNA	Tier 2	NMO PA
TYKERB	Tier 2	NMO LA PA
VITRAKVI	Tier 2	NMO LA PA
VIZIMPRO	Tier 2	NMO LA PA
VOTRIENT	Tier 2	NMO LA PA
XALKORI	Tier 2	NMO LA PA
XOSPATA	Tier 2	NMO LA PA
ZELBORAF	Tier 2	NMO LA PA
ZYDELIG	Tier 2	NMO LA PA
ZYKADIA	Tier 2	NMO LA PA
MISCELLANEOUS		
<i>bexarotene</i> (generic of TARGRETIN)	Tier 1	NMO PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS	Tier 1	
LONSURF	Tier 2	NMO PA
MATULANE	Tier 2	LA
SYLATRON	Tier 2	NMO PA
SYNRIBO	Tier 2	NMO PA
<i>tretinoin</i> (chemotherapy)	Tier 1	
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	Tier 1	B/D
<i>cisplatin</i> SOLN	Tier 1	B/D
<i>oxaliplatin inj 50mg</i>	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>oxaliplatin inj 50mg/10ml</i>	Tier 1	B/D
<i>oxaliplatin inj 100mg</i>	Tier 1	B/D
<i>oxaliplatin inj 100mg/20ml</i>	Tier 1	B/D
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml	Tier 1	B/D
<i>leucovorin calcium</i> SOLR	Tier 1	B/D
<i>leucovorin calcium</i> TABS	Tier 1	
MESNEX TABS	Tier 2	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN	Tier 1	B/D
<i>irinotecan hcl</i> (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml	Tier 1	B/D
<i>irinotecan hcl</i> 500mg/25ml	Tier 1	B/D
<i>toposar</i>	Tier 1	B/D
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine--benazepril hcl cap 10-20 mg</i> (generic of LOTREL)	Tier 1	
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	Tier 1	
<i>amlodipine-benazepril hcl cap 5-10 mg</i> (generic of LOTREL)	Tier 1	
<i>amlodipine-benazepril hcl cap 5-20 mg</i> (generic of LOTREL)	Tier 1	
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	Tier 1	
<i>amlodipine-benazepril hcl cap 10-40mg</i> (generic of LOTREL)	Tier 1	
<i>benazepril & hydrochlorothiazide</i>	Tier 1	
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	Tier 1	
<i>captopril & hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	Tier 1	

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00020364_v6_01/2020

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<i>fosinopril sodium & hydrochlorothiazide</i>	Tier 1		<i>terazosin hcl</i> 10mg	Tier 1	
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	Tier 1		ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	Tier 1		<i>amlodipine besylate-olmesartan medoxomil</i> (generic of AZOR)	Tier 1	
ACE INHIBITORS			<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	Tier 1	
<i>benazepril hcl</i> TABS 5mg	Tier 1		<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	Tier 1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1		<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	Tier 1	
<i>captopril</i> TABS	Tier 1		<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	Tier 1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS	Tier 1		<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i> (generic of EXFORGE HCT)	Tier 1	
<i>fosinopril sodium</i>	Tier 1		<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i> (generic of EXFORGE HCT)	Tier 1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	Tier 1		<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i> (generic of EXFORGE HCT)	Tier 1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	Tier 1		<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i> (generic of EXFORGE HCT)	Tier 1	
<i>moexipril hcl</i>	Tier 1		<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i> (generic of EXFORGE HCT)	Tier 1	
<i>perindopril erbumine</i>	Tier 1		ENTRESTO	Tier 2	
<i>quinapril hcl</i> (generic of ACCUPRIL)	Tier 1		<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	Tier 1	
<i>ramipril</i> (generic of ALTACE)	Tier 1		<i>losartan-hydrochlorothiazide</i> (generic of HYZAAR)	Tier 1	
<i>trandolapril</i> 1mg, 2mg	Tier 1				
<i>trandolapril</i> (generic of MAVIK) 4mg	Tier 1				
ALDOSTERONE RECEPTOR ANTAGONISTS					
<i>eplerenone</i> (generic of INSPRA)	Tier 1				
<i>spironolactone</i> (generic of ALDACTONE) TABS	Tier 1				
ALPHA BLOCKERS					
<i>doxazosin mesylate</i> (generic of CARDURA) TABS	Tier 1				
<i>prazosin hcl</i> (generic of MINIPRESS)	Tier 1				
<i>terazosin hcl</i> 1mg, 2mg, 5mg	Tier 1				

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> (generic of TRIBENZOR)	Tier 1		<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide</i> (generic of BENICAR HCT)	Tier 1		<i>sotalol hcl</i> 240mg	Tier 1	
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	Tier 1		<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS			ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>irbesartan</i> (generic of AVAPRO)	Tier 1		<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	Tier 1	
<i>losartan potassium</i> (generic of COZAAR)	Tier 1		<i>lovastatin</i>	Tier 1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS	Tier 1		<i>pravastatin sodium</i> 10mg	Tier 1	
<i>telmisartan</i> (generic of MICARDIS)	Tier 1		<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	Tier 1	
<i>valsartan</i> (generic of DIOVAN)	Tier 1		<i>rosuvastatin calcium</i> (generic of CRESTOR) QL (30 tabs / 30 days)	Tier 1	QL
ANTIARRHYTHMICS			<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
<i>amiodarone hcl soln</i>	Tier 1		<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>amiodarone tab 100mg</i>	Tier 1		ANTILIPEMICS, MISCELLANEOUS		
<i>amiodarone tab 200mg</i>	Tier 1		<i>cholestyramine</i> (generic of QUESTRAN)	Tier 1	
<i>amiodarone tab 400mg</i>	Tier 1		<i>cholestyramine light pack</i>	Tier 1	
<i>disopyramide phosphate</i> (generic of NORPACE)	Tier 2		<i>cholestyramine light powd</i> (generic of QUESTRAN LIGHT)	Tier 1	
<i>dofetilide</i> (generic of TIKOSYN)	Tier 1	NMO	<i>colesevelam hcl</i> (generic of WELCHOL)	Tier 1	
<i>flecainide acetate</i>	Tier 1		<i>colestipol hcl gran</i> (generic of COLESTID)	Tier 1	
MULTAQ	Tier 2		<i>colestipol hcl pack</i> (generic of COLESTID)	Tier 1	
NORPACE CR	Tier 2		<i>colestipol hcl tabs</i> (generic of COLESTID)	Tier 1	
<i>pacerone</i> 100mg, 400mg	Tier 1		<i>ezetimibe</i> (generic of ZETIA)	Tier 1	
<i>pacerone</i> 200mg	Tier 1		<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 1	
<i>propafenone hcl</i>	Tier 1		<i>fenofibrate</i> TABS 54mg, 160mg	Tier 1	
<i>propafenone hcl 12hr</i> (generic of RYTHMOL SR)	Tier 1				
<i>quinidine sulfate</i>	Tier 1				
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1				
<i>sorine</i> 240mg	Tier 1				

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	Tier 1	
<i>gemfibrozil</i> (generic of LOPID) TABS	Tier 1	
JUXTAPID	Tier 2	NMO LA PA
<i>niacin er</i> (<i>antihyperlipidemic</i>) (generic of NIASPAN) 500mg QL (60 tabs / 30 days)	Tier 1	QL
<i>niacin er</i> (<i>antihyperlipidemic</i>) (generic of NIASPAN) 750mg, 1000mg	Tier 1	
<i>niacor</i>	Tier 1	
PRALUENT	Tier 2	PA
<i>prevalite</i> PACK	Tier 1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD	Tier 1	
VASCEPA	Tier 2	
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 & hctz tab 50-</i> 25mg (generic of LOPRESSOR HCT)	Tier 1	
<i>metoprolol & hctz tab 100-</i> 25mg	Tier 1	
<i>metoprolol & hctz tab 100-</i> 50mg	Tier 1	
<i>propranolol & hydrochlorothiazide</i>	Tier 1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	Tier 1	
<i>atenolol</i> (generic of TENORMIN) TABS	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
BYSTOLIC 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
BYSTOLIC 20mg QL (60 tabs / 30 days)	Tier 2	QL
<i>carvedilol</i> (generic of COREG)	Tier 1	
<i>labetalol hcl</i> TABS	Tier 1	
<i>metoprolol succinate</i> (generic of TOPROL XL)	Tier 1	
<i>metoprolol tartrate</i> SOCT	Tier 1	
<i>metoprolol tartrate</i> SOLN	Tier 1	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
<i>nadolol</i> (generic of CORGARD) TABS	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol cap er</i> (generic of INDERAL LA)	Tier 1	
<i>propranolol hcl</i> TABS	Tier 1	
<i>propranolol oral sol</i>	Tier 1	
<i>timolol maleate</i> TABS	Tier 1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS	Tier 1	
<i>cartia xt cap 120/24hr</i> (generic of CARDIZEM CD)	Tier 1	
<i>cartia xt cap 180/24hr</i> (generic of CARDIZEM CD)	Tier 1	
<i>cartia xt cap 240/24hr</i> (generic of CARDIZEM CD)	Tier 1	
<i>cartia xt cap 300/24hr</i> (generic of CARDIZEM CD)	Tier 1	
<i>dilt-xr cap</i>	Tier 1	
<i>diltiazem cap 240mg cd</i> (generic of CARDIZEM CD)	Tier 1	
<i>diltiazem cap 360mg cd</i> (generic of CARDIZEM CD)	Tier 1	
<i>diltiazem cap er/12hr</i>	Tier 1	

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1		<i>verapamil hcl tab er</i> 180mg	Tier 1	
<i>diltiazem hcl</i> TABS 90mg	Tier 1		DIGITALIS GLYCOSIDES		
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24	Tier 1		<i>digitek</i> (generic of LANOXIN) .25mg PA if 70 years and older	Tier 1	PA
<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of CARDIZEM CD)	Tier 1		<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days)	Tier 1	QL
<i>diltiazem hcl extended release beads cap sr</i> (generic of TIAZAC) 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1		<i>digox</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>diltiazem hcl extended release beads cap sr</i> (generic of CARDIZEM CD) 180mg	Tier 1		<i>digox</i> (generic of LANOXIN) 250mcg PA if 70 years and older	Tier 1	PA
<i>diltiazem inj</i>	Tier 1		<i>digoxin</i> (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>felodipine</i>	Tier 1		<i>digoxin</i> (generic of LANOXIN) TABS 250mcg PA if 70 years and older	Tier 1	PA
<i>isradipine</i>	Tier 1		<i>digoxin inj</i> (generic of LANOXIN)	Tier 1	
<i>nicardipine hcl</i> CAPS	Tier 1		<i>digoxin sol 50mcg/ml</i> PA if 70 years and older	Tier 1	PA
<i>nifedipine</i> (generic of PROCARDIA XL) TB24	Tier 1		DIURETICS		
<i>nifedipine er</i> (generic of ADALAT CC)	Tier 1		<i>acetazolamide</i> CP12; TABS	Tier 1	
<i>nimodipine</i> CAPS	Tier 1		<i>amiloride & hydrochlorothiazide</i>	Tier 1	
NYMALIZE	Tier 2		<i>amiloride hcl</i> TABS	Tier 1	
<i>taztia xt</i> (generic of TIAZAC)	Tier 1		<i>bumetanide</i> SOLN	Tier 1	
<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg	Tier 1		<i>bumetanide</i> (generic of BUMEX) TABS	Tier 1	
<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	Tier 1		<i>chlorothiazide tabs</i>	Tier 1	
<i>verapamil cap er</i> 300mg, 360mg	Tier 1		<i>chlorthalidone</i>	Tier 1	
<i>verapamil hcl</i> SOLN	Tier 1		<i>furosemide</i> SOLN	Tier 1	
<i>verapamil hcl</i> TABS 40mg, 80mg	Tier 1		<i>furosemide</i> (generic of LASIX) TABS	Tier 1	
<i>verapamil hcl</i> (generic of CALAN) TABS 120mg	Tier 1		<i>furosemide inj</i>	Tier 1	
<i>verapamil hcl tab er</i> (generic of CALAN SR) 120mg, 240mg	Tier 1		<i>hydrochlorothiazide</i> CAPS; TABS	Tier 1	
			<i>indapamide</i>	Tier 1	
			<i>methazolamide</i> TABS	Tier 1	
			<i>metolazone</i>	Tier 1	

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE)	Tier 1	
<i>torsemide tabs</i>	Tier 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> (generic of DYZIDE)	Tier 1	
<i>triamterene & hydrochlorothiazide tabs</i> (generic of MAXZIDE)	Tier 1	
<i>triamterene & hydrochlorothiazide tabs</i> (generic of MAXZIDE-25)	Tier 1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> (generic of TEKTURNA)	Tier 1	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	Tier 1	
<i>clonidine hcl ptwk</i> (generic of CATAPRES-TTS-1) .1mg/24hr	Tier 1	
<i>clonidine hcl ptwk</i> (generic of CATAPRES-TTS-2) .2mg/24hr	Tier 1	
<i>clonidine hcl ptwk</i> (generic of CATAPRES-TTS-3) .3mg/24hr	Tier 1	
CORLANOR TABS	Tier 2	
DEMSEER	Tier 2	PA
<i>hydralazine hcl</i> SOLN; TABS	Tier 1	
<i>midodrine hcl</i>	Tier 1	
<i>minoxidil</i> TABS	Tier 1	
NORTHERA 100mg QL (90 caps / 30 days)	Tier 2	QL NMO LA PA
NORTHERA 200mg, 300mg QL (180 caps / 30 days)	Tier 2	QL NMO LA PA
<i>ranolazine</i> (generic of RANEXA)	Tier 1	
NITRATES		
<i>isosorb mononitrate tab</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	Tier 1	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	Tier 1	
<i>isosorbide dinitrate er</i>	Tier 1	
<i>isosorbide mononitrate er</i>	Tier 1	
<i>minitran</i> (generic of NITRO-DUR)	Tier 1	
NITRO-BID	Tier 2	
NITRO-DUR DIS 0.3MG/HR	Tier 2	
NITRO-DUR DIS 0.8MG/HR	Tier 2	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	Tier 1	
<i>nitroglycerin td patch</i> .1mg/hr	Tier 1	
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>ambrisentan</i> (generic of LETAIRIS) QL (30 tabs / 30 days)	Tier 1	QL NMO LA PA
<i>bosentan</i> (generic of TRACLEER) 62.5mg QL (120 tabs / 30 days)	Tier 1	QL NMO LA PA
<i>bosentan</i> (generic of TRACLEER) 125mg QL (60 tabs / 30 days)	Tier 1	QL NMO LA PA
OPSUMIT QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>sildenafil citrate tab 20 mg</i> (pulmonary hypertension) (generic of REVATIO) QL (90 tabs / 30 days)	Tier 1	QL NMO PA
<i>treprostinil</i>	Tier 1	NMO LA PA
VENTAVIS	Tier 2	NMO PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL	<i>clobazam</i> (generic of ONFI)	Tier 1	PA
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL	<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 2mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL	<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1		<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 1	QL
<i>buspirone hcl</i> TABS 7.5mg, 30mg	Tier 1		<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>fluvoxamine maleate</i> TABS	Tier 1		<i>clorazepate dipotassium</i> QL (180 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA
<i>lorazepam</i> (generic of ATIVAN) SOLN	Tier 1		DIASTAT ACUDIAL	Tier 2	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	Tier 1	QL	DIASTAT PEDIATRIC	Tier 2	
<i>lorazepam intensol</i> QL (150 mL / 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 PA
ANTICONVULSANTS			<i>diazepam gel</i>	Tier 1	
APTIOM QL (60 tabs / 30 days)	Tier 2	QL	<i>diazepam inj</i>	Tier 1	
BANZEL SUS 40MG/ML	Tier 2	PA	<i>diazepam intensol</i> QL (240 mL / 30 days) PA if 65 years and older	Tier 1	QL PA
BANZEL TAB 200MG	Tier 2	PA	<i>diazepam oral soln 1 mg/ml</i> QL (1200 mL / 30 days) PA if 65 years and older	Tier 1	QL PA
BANZEL TAB 400MG	Tier 2	PA	DILANTIN CAP 30MG	Tier 2	
BRIVIACT INJ 50MG/5ML	Tier 2	PA	DILANTIN CAP 100MG	Tier 2	
BRIVIACT SOL 10MG/ML	Tier 2	PA	DILANTIN CHEW TAB 50MG	Tier 2	
BRIVIACT TAB 10MG	Tier 2	PA	DILANTIN-125 SUSP	Tier 2	
BRIVIACT TAB 25MG	Tier 2	PA	<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	Tier 1	
BRIVIACT TAB 50MG	Tier 2	PA	<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	Tier 1	
BRIVIACT TAB 75MG	Tier 2	PA			
BRIVIACT TAB 100MG	Tier 2	PA			
<i>carbamazepine</i> CHEW	Tier 1				
<i>carbamazepine</i> (generic of CARBATROL) CP12	Tier 1				
<i>carbamazepine</i> (generic of TEGRETOL) SUSP; TABS	Tier 1				
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	Tier 1				
CELONTIN	Tier 2				

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	Tier 1		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg	Tier 1	QL
EPIDIOLEX QL (600 mL / 30 days)	Tier 2	QL NMO LA PA			QL (120 tabs / 30 days)
<i>epitol</i> (generic of TEGRETOL)	Tier 1		<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	Tier 1		<i>lamotrigine</i> (generic of LAMICTAL) TABS	Tier 1	
<i>felbamate</i> (generic of FELBATOL) SUSP	Tier 1		<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	Tier 1	
<i>felbamate</i> (generic of FELBATOL) TABS	Tier 1		<i>levetiracetam</i> (generic of KEPPRA) SOLN; TABS	Tier 1	
FYCOMPA SUSP QL (720 mL / 30 days)	Tier 2	QL PA	<i>levetiracetam</i> (generic of KEPPRA XR) TB24	Tier 1	
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 2	QL PA	<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	Tier 1	
FYCOMPA TABS 4mg, 6mg QL (60 tabs / 30 days)	Tier 2	QL PA	<i>levetiracetam oral soln 100 mg/ml</i> (generic of KEPPRA)	Tier 1	
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 2	QL PA	LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	Tier 1	QL	LYRICA CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	Tier 1	QL	LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL	LYRICA SOLN QL (900 mL / 30 days)	Tier 2	QL PA
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	Tier 1	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL)	Tier 1	
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL	PEGANONE	Tier 2	
			<i>phenobarbital</i> ELIX PA if 70 years and older	Tier 2	PA
			<i>phenobarbital</i> TABS PA if 70 years and older	Tier 2	PA
			PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 70 years and older	Tier 2	PA
			<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 70 years and older	Tier 2	PA
			PHENYTEK	Tier 2	

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	Tier 1		<i>vigadrone</i> (generic of SABRIL) QL (180 packets / 30 days)	Tier 1	QL NMO LA PA
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	Tier 1		VIMPAT 50mg QL (120 tabs / 30 days)	Tier 2	QL
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	Tier 1		VIMPAT 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	QL
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	Tier 1		VIMPAT INJ 200MG/20ML	Tier 2	
<i>phenytoin sodium inj</i> 50mg/ml	Tier 1		VIMPAT SOL 10MG/ML QL (1200 mL / 30 days)	Tier 2	QL
<i>primidone</i> (generic of MYSOLINE) TABS	Tier 1		<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 1	
<i>roweepra</i> (generic of KEPPRA)	Tier 1		<i>zonisamide</i> CAPS 50mg	Tier 1	
<i>roweepra xr</i> (generic of KEPPRA XR)	Tier 1		ANTIDEMENTIA		
SPRITAM	Tier 2		<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>subvenite tab</i> (generic of LAMICTAL)	Tier 1		<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 1	
SYMPAZAN 5mg	Tier 2	PA	<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
SYMPAZAN 10mg, 20mg	Tier 2	PA	<i>donepezil hydrochloride</i> TBDP 10mg	Tier 1	
<i>tiagabine hcl</i> (generic of GABITRIL)	Tier 1		<i>galantamine hydrobromide</i> SOLN	Tier 1	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	Tier 1		<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS QL (60 tabs / 30 days)	Tier 1	QL
<i>topiramate</i> (generic of TOPAMAX) TABS	Tier 1		<i>galantamine hydrobromide</i> (generic of RAZADYNE) ER) QL (30 caps / 30 days)	Tier 1	QL
<i>valproate sodium</i> (generic of DEPAICON) SOLN 100mg/ml	Tier 1		<i>memantine hcl cp24</i> (generic of NAMENDA XR) PA if < 30 yrs	Tier 1	PA
<i>valproate sodium</i> SOLN 250mg/5ml	Tier 1		<i>memantine soln</i> PA if < 30 yrs	Tier 1	PA
<i>valproic acid</i> (generic of DEPAKENE) CAPS	Tier 1				
<i>vigabatrin powd pack</i> 500mg (generic of SABRIL) QL (180 packets / 30 days)	Tier 1	QL NMO LA PA			
<i>vigabatrin tab</i> 500mg (generic of SABRIL) QL (180 tabs / 30 days)	Tier 1	QL NMO LA PA			

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>memantine tabs</i> (generic of NAMENDA) PA if < 30 yrs	Tier 1	PA	<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 2	
NAMZARIC	Tier 2		<i>desvenlafaxine succinate</i> (generic of PRISTIQ) QL (30 tabs / 30 days)	Tier 1	QL PA
<i>rivastigmine tartrate</i> 1.5mg, 3mg QL (90 caps / 30 days)	Tier 1	QL	<i>doxepin hcl</i> CAPS; CONC	Tier 2	
<i>rivastigmine tartrate</i> 4.5mg, 6mg QL (60 caps / 30 days)	Tier 1	QL	<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 1	QL
<i>rivastigmine td patch 24hr</i> 4.6 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 1	QL	EMSAM QL (30 patches / 30 days)	Tier 2	QL PA
<i>rivastigmine td patch 24hr</i> 9.5 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 1	QL	<i>escitalopram oxalate</i> SOLN	Tier 1	
<i>rivastigmine td patch 24hr</i> 13.3 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 1	QL	<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	Tier 1	
ANTIDEPRESSANTS			FETZIMA 20mg, 40mg QL (60 caps / 30 days)	Tier 2	QL PA
<i>amitriptyline hcl</i> TABS	Tier 2		FETZIMA 80mg, 120mg QL (30 caps / 30 days)	Tier 2	QL PA
<i>amoxapine tab 25mg</i>	Tier 2		FETZIMA TITRATION PACK	Tier 2	PA
<i>amoxapine tab 50mg</i>	Tier 2		<i>fluoxetine cap 10mg</i> (generic of PROZAC)	Tier 1	
<i>amoxapine tab 100mg</i>	Tier 2		<i>fluoxetine cap 20mg</i> (generic of PROZAC)	Tier 1	
<i>amoxapine tab 150mg</i>	Tier 2		<i>fluoxetine cap 40mg</i> (generic of PROZAC)	Tier 1	
<i>bupropion hcl</i> TABS	Tier 1		<i>fluoxetine hcl</i> SOLN	Tier 1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	Tier 1		<i>imipramine hcl</i> (generic of TOFRANIL) TABS	Tier 1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	Tier 1		<i>maprotiline hcl</i>	Tier 1	
<i>citalopram hydrobromide</i> SOLN	Tier 1		MARPLAN TAB 10MG QL (180 tabs / 30 days)	Tier 2	QL
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	Tier 1		<i>mirtazapine</i> TABS 7.5mg	Tier 1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS	Tier 2	PA	<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 1	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 2		<i>mirtazapine</i> TABS 45mg	Tier 1	
			<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	Tier 1	
			<i>nefazodone hcl</i>	Tier 1	

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	Tier 1		<i>amantadine hcl</i> TABS	Tier 1	
<i>nortriptyline hcl</i> SOLN	Tier 2		APOKYN	Tier 2	QL NMO LA PA
<i>paroxetine hcl tabs</i> (generic of PAXIL)	Tier 1		QL (20 cartridges / 30 days)		
PAXIL SUSP	Tier 2	QL	<i>benztropine mesylate inj</i> (generic of COGENTIN)	Tier 1	
QL (900 mL / 30 days)			<i>benztropine mesylate tab</i> 0.5mg	Tier 2	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	Tier 1		PA if 70 years and older		
<i>protriptyline hcl</i>	Tier 2		<i>benztropine mesylate tab</i> 1mg	Tier 2	PA
<i>sertraline hcl</i> CONC	Tier 1		PA if 70 years and older		
<i>sertraline hcl</i> (generic of ZOLOFT) TABS	Tier 1		<i>benztropine mesylate tab</i> 2mg	Tier 2	PA
<i>tranylcypromine sulfate</i> (generic of PARNATE)	Tier 1		PA if 70 years and older		
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1		<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS; TABS	Tier 1	
<i>trimipramine maleate</i> CAPS 25mg	Tier 2	QL	<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	Tier 1	
QL (240 caps / 30 days)			<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	Tier 1	
<i>trimipramine maleate</i> CAPS 50mg	Tier 2	QL	<i>carbidopa-levodopa</i> TBDP	Tier 1	
QL (120 caps / 30 days)			<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 50)	Tier 1	
<i>trimipramine maleate</i> CAPS 100mg	Tier 2	QL	<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 75)	Tier 1	
QL (60 caps / 30 days)			<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 100)	Tier 1	
TRINTELLIX 5mg	Tier 2	QL PA	<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 125)	Tier 1	
QL (120 tabs / 30 days)			<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 150)	Tier 1	
TRINTELLIX 10mg	Tier 2	QL PA	<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 200)	Tier 1	
QL (60 tabs / 30 days)			<i>entacapone</i> (generic of COMTAN)	Tier 1	
TRINTELLIX 20mg	Tier 2	QL PA	NEUPRO	Tier 2	
QL (30 tabs / 30 days)			<i>pramipexole tab</i> 0.5mg (generic of MIRAPEX)	Tier 1	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24	Tier 1				
<i>venlafaxine hcl</i> TABS	Tier 1				
VIIBRYD STARTER PACK	Tier 2	PA			
VIIBRYD TAB	Tier 2	QL PA			
QL (30 tabs / 30 days)					
ANTIPARKINSONIAN AGENTS					
<i>amantadine hcl</i> CAPS	Tier 1	QL			
QL (120 caps / 30 days)					
<i>amantadine hcl</i> SYRP	Tier 1				

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	Tier 1		<i>clozapine odt</i> (generic of FAZACLO) 12.5mg, 25mg	Tier 1	PA
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	Tier 1		<i>clozapine odt</i> (generic of FAZACLO) 100mg QL (270 tabs / 30 days)	Tier 1	QL PA
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	Tier 1		<i>clozapine odt</i> (generic of FAZACLO) 150mg QL (180 tabs / 30 days)	Tier 1	QL PA
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	Tier 1		<i>clozapine odt</i> (generic of FAZACLO) 200mg QL (135 tabs / 30 days)	Tier 1	QL PA
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	Tier 1		<i>clozapine tab 25mg</i> (generic of CLOZARIL)	Tier 1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	Tier 1		<i>clozapine tab 50mg</i> (generic of CLOZAPINE)	Tier 1	
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	Tier 1		<i>clozapine tab 100mg</i> (generic of CLOZARIL) QL (270 tabs / 30 days)	Tier 1	QL
<i>ropinirole tab 0.25mg</i>	Tier 1		<i>clozapine tab 200mg</i> (generic of CLOZAPINE) QL (135 tabs / 30 days)	Tier 1	QL
<i>ropinirole tab 1mg</i>	Tier 1		FANAPT QL (60 tabs / 30 days)	Tier 2	QL PA
<i>ropinirole tab 2mg</i>	Tier 1		FANAPT TITRATION PACK	Tier 2	PA
<i>ropinirole tab 3mg</i>	Tier 1		<i>fluphenazine decanoate</i> SOLN	Tier 1	
<i>ropinirole tab 4mg</i>	Tier 1		<i>fluphenazine hcl</i>	Tier 1	
<i>ropinirole tab 5mg</i>	Tier 1		GEODON SOLR QL (6 mL / 3 days)	Tier 2	QL
<i>selegiline hcl</i> CAPS; TABS	Tier 1		<i>haloperidol</i> TABS	Tier 1	
<i>trihexyphenidyl hcl</i> PA if 70 years and older	Tier 2	PA	<i>haloperidol conc 2mg/ml</i>	Tier 1	
ANTIPSYCHOTICS			<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 1	
ABILIFY MAINTENA QL (1 injection / 28 days)	Tier 2	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 1	
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	Tier 1	QL	<i>haloperidol lactate inj</i> 5mg/ml (generic of HALDOL)	Tier 1	
<i>aripiprazole oral solution 1 mg/ml</i> QL (900 mL / 30 days)	Tier 1	QL			
<i>aripiprazole tab</i> (generic of ABILIFY) QL (30 tabs / 30 days)	Tier 1	QL			
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	Tier 2	QL			
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	Tier 2	QL			
ARISTADA INITIO	Tier 2				
<i>chlorpromazine hcl</i> TABS	Tier 1				
CHLORPROMAZINE INJ	Tier 2				

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUST INJ 39 MG/0.25 ML QL (1 injection / 28 days)	Tier 2	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
INVEGA SUST INJ 78 MG/0.5 ML QL (1 injection / 28 days)	Tier 2	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg QL (60 tabs / 30 days)	Tier 1	QL
INVEGA SUST INJ 117 MG/0.75 ML QL (1 injection / 28 days)	Tier 2	QL	<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 1	QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	Tier 2	QL	<i>paliperidone</i> (generic of INVEGA) 6mg QL (60 tabs / 30 days)	Tier 1	QL
INVEGA SUST INJ 234 MG/1.5 ML QL (1 injection / 28 days)	Tier 2	QL	<i>perphenazine</i> TABS	Tier 1	
INVEGA TRINZA QL (1 injection / 90 days)	Tier 2	QL	PERSERIS QL (1 injection / 30 days)	Tier 2	QL
LATUDA 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 2	QL	<i>pimozide</i>	Tier 1	
LATUDA 80mg QL (60 tabs / 30 days)	Tier 2	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS	Tier 1	
<i>loxapine succinate</i>	Tier 1		<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>molindone hcl</i>	Tier 1		<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 1	QL PA
NUPLAZID CAPS QL (30 caps / 30 days)	Tier 2	QL NMO LA PA	REXULTI 3mg, 4mg QL (30 tabs / 30 days)	Tier 2	QL
NUPLAZID TABS 10MG QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA	REXULTI .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	Tier 1	QL	RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 1	QL	RISPERDAL INJ 25MG QL (2 injections / 28 days)	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL	RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	Tier 2	QL
			RISPERDAL INJ 50MG QL (2 injections / 28 days)	Tier 2	QL

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone</i> (generic of RISPERSDAL) SOLN QL (240 mL / 30 days)	Tier 1	QL	<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 1	QL
<i>risperidone</i> (generic of RISPERSDAL) TABS	Tier 1		<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	Tier 1	QL	<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 1	QL	<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL
SAPHRIS QL (60 tabs / 30 days)	Tier 2	QL	<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL
<i>thioridazine hcl</i> TABS	Tier 1		<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 1	QL
<i>thiothixene</i>	Tier 1		<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 1	QL
<i>trifluoperazine hcl</i>	Tier 1		<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 1	QL
VERSACLOZ QL (600 mL / 30 days)	Tier 2	QL PA	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 1	QL
VRAYLAR 1.5mg QL (60 caps / 30 days)	Tier 2	QL PA			
VRAYLAR 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 2	QL PA			
VRAYLAR THERAPY PACK	Tier 2	PA			
<i>ziprasidone hcl</i> (generic of GEODON) QL (60 caps / 30 days)	Tier 1	QL			
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	Tier 2	QL PA			
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	Tier 2	QL PA			
ZYPREXA RELPREVV INJ 210MG QL (2 vials / 28 days)	Tier 2	QL PA			
ATTENTION DEFICIT HYPERACTIVITY DISORDER					
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 1	QL			

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 1	QL	<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 1	QL	<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 1	QL	<i>methylphenidate hcl tbc</i> 10 mg QL (90 tabs / 30 days)	Tier 1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 1	QL	<i>methylphenidate hcl tbc</i> 20mg QL (90 tabs / 30 days)	Tier 1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 40mg QL (60 caps / 30 days)	Tier 1	QL	HYPNOTICS		
<i>atomoxetine hcl</i> (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 1	QL	HETLIOZ	Tier 2	NMO LA PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 1	QL	SILENOR	Tier 2	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 1	QL	QL (30 tabs / 30 days)		
<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 70 years and older	Tier 2	PA	<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 1	QL PA
<i>metadate er tab 20mg</i> QL (90 tabs / 30 days)	Tier 1	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 1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 1	QL	<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 1	QL	MIGRAINE		
			AIMOVIG	Tier 2	QL PA
			QL (1 pen / 30 days)		
			<i>dihydroergotamine mesylate inj 1 mg/ml</i> (generic of D.H.E. 45)	Tier 1	
			<i>dihydroergotamine mesylate nasal spr 4 mg/ml</i> QL (8 mL / 30 days)	Tier 1	QL PA

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>eletriptan hydrobromide</i> (generic of RELPAX) QL (12 tabs / 30 days)	Tier 1	QL	<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	Tier 1	QL
EMGALITY SOAJ QL (2 pens / 30 days)	Tier 2	QL PA	<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	Tier 1	QL
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL PA	<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 1	QL
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT) TABS	Tier 1		<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 1	QL
<i>naratriptan hcl</i> (generic of AMERGE) QL (12 tabs / 30 days)	Tier 1	QL	<i>sumatriptan inj 6mg/0.5ml</i> SOSY QL (12 injections / 30 days)	Tier 1	QL
<i>rizatriptan benzoate</i> 5mg QL (18 tabs / 30 days)	Tier 1	QL	<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	Tier 1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) 10mg QL (18 tabs / 30 days)	Tier 1	QL	<i>zolmitriptan</i> (generic of ZOMIG) TABS QL (12 tabs / 30 days)	Tier 1	QL
<i>rizatriptan benzoate odt</i> (generic of MAXALT-MLT) QL (18 tabs / 30 days)	Tier 1	QL	<i>zolmitriptan odt</i> (generic of ZOMIG ZMT) QL (12 tabs / 30 days)	Tier 1	QL
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 inhalers / 30 days)	Tier 1	QL	MISCELLANEOUS		
<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 inhalers / 30 days)	Tier 1	QL	AUSTEDO 6mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (18 injections / 30 days)	Tier 1	QL	AUSTEDO 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (18 injections / 30 days)	Tier 1	QL	<i>lithium carbonate</i> CAPS; TABS	Tier 1	
			<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	Tier 1	
			<i>lithium carbonate er</i> 450mg	Tier 1	
			LITHIUM SOLN 8MEQ/5ML	Tier 2	
			LYRICA CR QL (60 tabs / 30 days)	Tier 2	QL PA
			NUDEXTA QL (60 caps / 30 days)	Tier 2	QL PA
			<i>pyridostigmine tab 60mg</i> (generic of MESTINON)	Tier 1	

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>riluzole</i> (generic of RILUTEK)	Tier 1	
<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	Tier 1	QL NMO PA
<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	Tier 1	QL NMO PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON QL (14 syringes / 28 days)	Tier 2	QL NMO PA
<i>dalfampridine</i> (generic of AMPYRA)	Tier 1	NMO PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	Tier 2	QL NMO PA
<i>glatiramer acetate 20mg/ml</i> (generic of COPAXONE) QL (30 syringes / 30 days)	Tier 1	QL NMO PA
<i>glatiramer acetate 40mg/ml</i> (generic of COPAXONE) QL (12 syringes / 28 days)	Tier 1	QL NMO PA
<i>glatopa</i> (generic of COPAXONE) 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NMO PA
<i>glatopa</i> (generic of COPAXONE) 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NMO PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	Tier 1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	Tier 2	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	Tier 1	
<i>dantrolene sodium</i> CAPS 100mg	Tier 1	
<i>tizanidine hcl</i> TABS 2mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) 50mg QL (90 tabs / 30 days)	Tier 1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 1	QL PA
XYREM QL (540 mL / 30 days)	Tier 2	QL NMO LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	Tier 1	
<i>buprenorphine hcl</i> SUBL QL (90 tabs / 30 days)	Tier 1	QL PA
<i>buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl dihydrate 4-1mg</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl dihydrate 8-2mg</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl dihydrate 12-3mg</i> (generic of SUBOXONE) QL (60 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>bupropion hcl</i> (smoking deterrent)	Tier 1	
CHANTIX	Tier 2	PA
CHANTIX CONTINUING MONTH	Tier 2	PA
CHANTIX STARTER PACK	Tier 2	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	Tier 1	
<i>naloxone inj 0.4mg/ml</i>	Tier 1	
<i>naloxone inj 1mg/ml</i>	Tier 1	
<i>naltrexone hcl</i> TABS	Tier 1	

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NARCAN	Tier 2		INSULIN SAFETY NEEDLES	Tier 2	
NICOTROL INHALER	Tier 2		INSULIN SYRINGE	Tier 2	
NICOTROL NS	Tier 2		LEVEMIR	Tier 2	
VIVITROL	Tier 2		LEVEMIR FLEXTOUCH	Tier 2	
ENDOCRINE AND METABOLIC			NOVOLIN 70/30 (brand RELION not covered)	Tier 2	
ANDROGENS			NOVOLIN 70/30 FLEXPEN (brand RELION not covered)	Tier 2	
ANADROL-50	Tier 2	PA	NOVOLIN N (brand RELION not covered)	Tier 2	
ANDRODERM QL (30 patches / 30 days)	Tier 2	QL PA	NOVOLIN R (brand RELION not covered)	Tier 2	
oxandrolone TABS	Tier 1	PA	NOVOLOG	Tier 2	
testosterone GEL 1% QL (300 grams / 30 days)	Tier 1	QL PA	NOVOLOG 70/30 FLEXPEN	Tier 2	
testosterone (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)	Tier 1	QL PA	NOVOLOG FLEXPEN	Tier 2	
testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	Tier 1	PA	NOVOLOG MIX 70/30	Tier 2	
testosterone enanthate SOLN	Tier 1	PA	NOVOLOG PENFILL	Tier 2	
ANTIDIABETICS, INJECTABLE			OZEMPIC INJ 0.25 OR 0.5MG/DOSE QL (1 pen / 28 days)	Tier 2	QL
BASAGLAR KWIKPEN	Tier 2		OZEMPIC INJ 1MG/DOSE QL (2 pens / 28 days)	Tier 2	QL
BD ALCOHOL SWABS	Tier 2		SOLIQUA 100/33 QL (10 pens / 30 days)	Tier 2	QL
BD ULTRAFINE INSULIN SYRINGE	Tier 2		TRESIBA FLEXTOUCH	Tier 2	
BD ULTRAFINE/NANO PEN NEEDLES	Tier 2		TRESIBA INJ	Tier 2	
BYDUREON BCISE QL (4 pens / 28 days)	Tier 2	QL	TRULICITY QL (4 pens / 28 days)	Tier 2	QL
BYDUREON PEN QL (4 pens / 28 days)	Tier 2	QL	VICTOZA QL (3 pens / 30 days)	Tier 2	QL
BYETTA QL (1 pen / 30 days)	Tier 2	QL	XULTOPHY 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
FIASP	Tier 2		ANTIDIABETICS, ORAL		
FIASP FLEXTOUCH	Tier 2		acarbose (generic of PRECOSE) TABS	Tier 1	
GAUZE PADS 2" X 2"	Tier 2		FARXIGA QL (30 tabs / 30 days)	Tier 2	QL
HUMULIN R INJ U-500	Tier 2	B/D	glimpiride (generic of AMARYL) 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
HUMULIN R U-500 KWIKPEN	Tier 2				
INSULIN PEN NEEDLE	Tier 2				

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days)	Tier 1	QL	JARDIANCE 10mg QL (60 tabs / 30 days)	Tier 2	QL
<i>glip/metform tab 2.5-250mg</i> QL (240 tabs / 30 days)	Tier 1	QL	JARDIANCE 25mg QL (30 tabs / 30 days)	Tier 2	QL
<i>glip/metform tab 2.5-500mg</i> QL (120 tabs / 30 days)	Tier 1	QL	JENTADUETO QL (60 tabs / 30 days)	Tier 2	QL
<i>glip/metform tab 5-500mg</i> QL (120 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	Tier 2	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	Tier 2	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL	<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL	<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	Tier 1	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
JANUMET QL (60 tabs / 30 days)	Tier 2	QL	<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	Tier 1	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL	<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	Tier 1	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	Tier 1	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL			
JANUVIA QL (30 tabs / 30 days)	Tier 2	QL			

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> .5mg QL (120 tabs / 30 days)	Tier 1	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-500MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 10-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 25-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRADJENTA QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg	Tier 1	
<i>alendronate sodium</i> TABS 40mg	Tier 1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	
<i>ibandronate sodium tabs</i> (generic of BONIVA)	Tier 1	B/D
PAMIDRONATE DISODIUM 6mg/ml	Tier 2	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	Tier 1	B/D
<i>pamidronate inj</i> 30mg	Tier 1	B/D
<i>pamidronate inj</i> 90mg	Tier 1	B/D
<i>zoledronic acid inj</i> 5mg/100ml (generic of RECLAST)	Tier 1	B/D NMO
<i>zoledronic inj</i> 4mg/5ml	Tier 1	B/D NMO
CHELATING AGENTS		
CHEMET	Tier 2	
DEPEN TITRATABS	Tier 2	
JADENU	Tier 2	NMO LA PA
JADENU SPRINKLE	Tier 2	NMO LA PA
<i>kionex sus</i> 15gm/60ml	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
<i>sodium polystyrene sulfonate susp</i>	Tier 1	
<i>sps susp</i> 15gm/60ml	Tier 1	
<i>trientine hcl</i> (generic of SYPRINE)	Tier 1	PA
CONTRACEPTIVES		
<i>altavera tab</i>	Tier 1	
<i>alyacen</i> 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	
<i>apri</i>	Tier 1	
<i>aranelle</i>	Tier 1	
<i>aubra</i>	Tier 1	
<i>aviane</i>	Tier 1	
<i>balziva</i>	Tier 1	
<i>bekyree</i> (generic of MIRCETTE)	Tier 1	
<i>blisovi fe</i> 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 1	

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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<i>briellyn</i>	Tier 1		<i>jolivette</i> (generic of ORTHO MICRONOR)	Tier 1	
<i>camila</i>	Tier 1		<i>juleber</i>	Tier 1	
<i>caziant pak</i>	Tier 1		<i>junel 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	
<i>cryselle-28</i>	Tier 1		<i>junel 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 1	
<i>cyklaferm 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1		<i>junel fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	
<i>cyklaferm 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 1		<i>junel fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	
<i>cyred tab</i>	Tier 1		<i>kariva</i> (generic of MIRCETTE)	Tier 1	
<i>dasetta 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1		<i>kelnor 1/35</i>	Tier 1	
<i>dasetta 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 1		<i>kelnor 1/50</i>	Tier 1	
<i>deblitane</i>	Tier 1		<i>kurvelo</i>	Tier 1	
<i>delyla</i>	Tier 1		<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	
<i>desogestrel & ethinyl estradiol</i>	Tier 1		<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 1	
<i>desogestrel-ethinyl estradiol</i> (biphasic) (generic of MIRCETTE)	Tier 1		<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	Tier 1		<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	Tier 1		<i>larissia tab</i>	Tier 1	
ELLA	Tier 2		<i>leena</i>	Tier 1	
<i>emoquette</i>	Tier 1		<i>lessina</i>	Tier 1	
<i>enpresse-28</i>	Tier 1		<i>levonest</i>	Tier 1	
<i>enskyce</i>	Tier 1		<i>levonor/ethi tab</i>	Tier 1	
<i>errin</i> (generic of ORTHO MICRONOR)	Tier 1		<i>levonorgestrel & eth estradiol</i>	Tier 1	
<i>estarylla tab 0.25-35</i>	Tier 1		<i>levonorgestrel-ethinyl estradiol</i> (91-day)	Tier 1	
<i>ethynodiol diacet & eth estrad</i>	Tier 1		<i>levora 0.15/30-28</i>	Tier 1	
<i>ethynodiol tab 1-50</i>	Tier 1		<i>loryna</i> (generic of YAZ)	Tier 1	
<i>falmina</i>	Tier 1		<i>low-ogestrel</i>	Tier 1	
<i>femynor</i>	Tier 1		<i>lutra</i>	Tier 1	
<i>gianvi</i> (generic of YAZ)	Tier 1		<i>lyza</i> (generic of ORTHO MICRONOR)	Tier 1	
<i>heather</i>	Tier 1		<i>marlissa</i>	Tier 1	
<i>incassia</i>	Tier 1		<i>medroxyprogesterone acetate</i> (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 1	
<i>introvale</i>	Tier 1				
<i>isibloom</i>	Tier 1				
<i>jasmiel</i> (generic of YAZ)	Tier 1				
<i>jolessa tab 0.15-0.03 mg</i>	Tier 1				

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 1		<i>portia-28</i>	Tier 1	
<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 1		<i>previfem</i>	Tier 1	
<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1		<i>reclipsen</i>	Tier 1	
<i>microgestin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1		<i>setlakin tab</i>	Tier 1	
<i>mili</i>	Tier 1		<i>sharobel</i> (generic of ORTHO MICRONOR)	Tier 1	
<i>mono-lynyah tab 0.25-35</i>	Tier 1		<i>sprintec 28</i>	Tier 1	
<i>necon 0.5/35-28</i>	Tier 1		<i>sronyx</i>	Tier 1	
<i>nikki</i> (generic of YAZ)	Tier 1		<i>syeda</i> (generic of YASMIN 28)	Tier 1	
<i>nora-be tab</i>	Tier 1		<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	
<i>norethindrone</i> (contraceptive) (generic of ORTHO MICRONOR)	Tier 1		<i>tilia fe</i> (generic of ESTROSTEP FE)	Tier 1	
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1/20-21)	Tier 1		<i>tri-estarylla</i>	Tier 1	
<i>norgest/ethi tab 0.25/35</i>	Tier 1		<i>tri-legest fe</i> (generic of ESTROSTEP FE)	Tier 1	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1		<i>tri-lynyah</i>	Tier 1	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1		<i>tri-lo marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>norlyroc</i>	Tier 1		<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>nortrel 0.5/35 (28)</i>	Tier 1		<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>nortrel 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1		<i>tri-mili</i>	Tier 1	
<i>nortrel 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 1		<i>tri-previfem</i>	Tier 1	
NUVARING	Tier 2		<i>tri-sprintec</i>	Tier 1	
<i>ocella tab 3-0.03mg</i> (generic of YASMIN 28)	Tier 1		<i>tri-vylibra</i>	Tier 1	
<i>orsythia</i>	Tier 1		<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>philith</i>	Tier 1		<i>trivora-28</i>	Tier 1	
<i>pimtreea</i> (generic of MIRCETTE)	Tier 1		<i>tulana</i>	Tier 1	
<i>pirmella 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1		<i>velivet</i>	Tier 1	
			<i>vienna</i>	Tier 1	
			<i>viorele</i> (generic of MIRCETTE)	Tier 1	
			<i>vyfemla</i>	Tier 1	
			<i>vylibra</i>	Tier 1	
			<i>xulane</i>	Tier 1	
			<i>zarah</i> (generic of YASMIN 28)	Tier 1	
			<i>zovia 1/35e</i>	Tier 1	
			ENDOMETRIOSIS		
			<i>danazol</i> CAPS	Tier 1	

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
SYNAREL	Tier 2	
ENZYME REPLACEMENTS		
ALDURAZYME	Tier 2	NMO LA PA
CARBAGLU	Tier 2	NMO LA PA
CERDELGA	Tier 2	NMO PA
CEREZYME	Tier 2	NMO LA PA
CYSTADANE	Tier 2	NMO LA
CYSTAGON	Tier 2	NMO LA PA
FABRAZYME	Tier 2	NMO LA PA
KUVAN	Tier 2	NMO LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	Tier 1	B/D
LUMIZYME	Tier 2	NMO LA PA
<i>miglustat</i> (generic of ZAVESCA)	Tier 1	NMO PA
NAGLAZYME	Tier 2	NMO LA PA
NITYR	Tier 2	NMO LA PA
ORFADIN	Tier 2	NMO LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	Tier 1	NMO PA
ESTROGENS		
DELESTROGEN 10mg/ml	Tier 2	
<i>estradiol</i> (generic of CLIMARA) PTWK	Tier 2	
<i>estradiol</i> (generic of ESTRACE) TABS	Tier 1	
<i>estradiol vaginal cream</i> (generic of ESTRACE)	Tier 1	
<i>estradiol vaginal tab</i> (generic of VAGIFEM)	Tier 1	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL	Tier 1	
<i>fyavolv</i>	Tier 2	
<i>fyavolv</i> (generic of FEMHRT LOW DOSE)	Tier 2	
<i>jinteli</i>	Tier 2	
<i>norethindrone acetate-ethinyl estradiol</i>	Tier 2	
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT LOW DOSE)	Tier 2	
<i>yuvafem vaginal tablet 10 mcg</i> (generic of VAGIFEM)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	Tier 1	
DEXAMETHASONE CONC	Tier 2	
<i>dexamethasone</i> ELIX; SOLN	Tier 1	
<i>dexamethasone</i> TABS	Tier 1	
<i>dexamethasone sodium phosphate</i> 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 1	
<i>dexamethasone sodium phosphate</i> (generic of DEXAMETHASONE SODIUM PHOS) 10mg/ml	Tier 1	
<i>fludrocortisone acetate</i> TABS	Tier 1	
<i>hydrocortisone</i> (generic of CORTEF) TABS	Tier 1	
<i>methylpr ss inj</i> (generic of SOLU-MEDROL)	Tier 1	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	Tier 1	
<i>methylpred tab 4mg</i> (generic of MEDROL)	Tier 1	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	Tier 1	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	Tier 1	B/D
<i>methylpred tab 32mg</i> (generic of MEDROL)	Tier 1	B/D
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	Tier 1	B/D
<i>pred sod pho sol 5mg/5ml</i> (generic of PEDIAPRED)	Tier 1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 1	B/D
<i>prednisolone sol 15mg/5ml</i>	Tier 1	B/D
<i>prednisolone sol 25mg/5ml</i>	Tier 1	B/D
PREDNISON CON 5MG/ML	Tier 2	B/D
<i>prednisone pak 5mg</i>	Tier 1	
<i>prednisone pak 10mg</i>	Tier 1	
<i>prednisone sol 5mg/5ml</i>	Tier 1	B/D
<i>prednisone tab 1mg</i>	Tier 1	B/D

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

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

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Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone tab 2.5mg</i>	Tier 1	B/D
<i>prednisone tab 5mg</i>	Tier 1	B/D
<i>prednisone tab 10mg</i>	Tier 1	B/D
<i>prednisone tab 20mg</i>	Tier 1	B/D
<i>prednisone tab 50mg</i>	Tier 1	B/D
SOLU-CORTEF	Tier 2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	Tier 2	
GLUCAGON EMERGENCY KIT	Tier 2	
PROGLYCEM SUS 50MG/ML	Tier 2	
MISCELLANEOUS		
<i>cabergoline</i>	Tier 1	
<i>calcitonin (salmon) (generic of MIACALCIN)</i>	Tier 1	B/D
<i>cinacalcet hcl 30mg, 90mg</i> QL (120 tabs / 30 days)	Tier 1	B/D QL NMO
<i>cinacalcet hcl 60mg</i> QL (60 tabs / 30 days)	Tier 1	B/D QL NMO
FORTEO	Tier 2	NMO PA
GENOTROPIN	Tier 2	NMO PA
GENOTROPIN MINIQUICK .2mg	Tier 2	NMO PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NMO PA
INCRELEX	Tier 2	NMO LA PA
KORLYM	Tier 2	NMO LA PA
LUPRON DEP-PED INJ 7.5MG	Tier 2	NMO PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	Tier 2	NMO PA
LUPRON DEPOT-PED (1-MONTH)	Tier 2	NMO PA
LUPRON DEPOT-PED (3-MONTH)	Tier 2	NMO PA
NATPARA	Tier 2	NMO PA
<i>octreotide acetate (generic of SANDOSTATIN)</i> 50mcg/ml, 100mcg/ml	Tier 1	NMO PA
<i>octreotide acetate</i> 200mcg/ml	Tier 1	NMO PA

Drug Name	Drug Tier	Requirements/ Limits
<i>octreotide acetate (generic of SANDOSTATIN)</i> 500mcg/ml	Tier 1	NMO PA
<i>octreotide acetate</i> 1000mcg/ml	Tier 1	NMO PA
PROLIA QL (1 injection / 180 days)	Tier 2	QL NMO
<i>raloxifene hcl (generic of EVISTA)</i>	Tier 1	
SIGNIFOR	Tier 2	NMO LA PA
SOMATULINE DEPOT	Tier 2	NMO PA
SOMAVERT	Tier 2	NMO LA PA
TYMLOS	Tier 2	NMO PA
XGEVA	Tier 2	NMO PA
PHOSPHATE BINDER AGENTS		
AURYXIA QL (360 tabs / 30 days)	Tier 2	QL PA
<i>calcium acetate (phosphate binder) CAPS</i> QL (360 caps / 30 days)	Tier 1	QL
<i>calcium acetate (phosphate binder) TABS</i> QL (360 tabs / 30 days)	Tier 1	QL
<i>sevelamer carbonate (generic of RENVELA)</i> PACK 2.4gm QL (180 packets / 30 days)	Tier 1	QL
<i>sevelamer carbonate (generic of RENVELA)</i> PACK .8gm QL (540 packets / 30 days)	Tier 1	QL
<i>sevelamer carbonate (generic of RENVELA)</i> TABS QL (540 tabs / 30 days)	Tier 1	QL
PROGESTINS		
<i>medroxyprogesterone acetate tab (generic of PROVERA)</i>	Tier 1	

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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

Drug Name	Drug Tier	Requirements/ Limits
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	Tier 1	
<i>metoclopramide hcl inj</i>	Tier 1	
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg, 8mg	Tier 1	B/D
<i>ondansetron hcl</i> TABS 24mg	Tier 1	B/D
<i>ondansetron hcl inj</i>	Tier 1	
<i>ondansetron hcl oral soln</i>	Tier 1	B/D
<i>ondansetron odt</i>	Tier 1	B/D
<i>prochlorperazine inj</i>	Tier 1	
<i>prochlorperazine maleate</i> TABS	Tier 1	
<i>prochlorperazine supp</i>	Tier 1	
<i>promethazine hcl</i> SYRP; TABS PA if 70 years and older	Tier 1	PA
<i>promethazine hcl inj</i> (generic of PHENERGAN) PA if 70 years and older	Tier 2	PA
<i>scopolamine</i> (generic of TRANSDERM SCOP) QL (10 patches / 30 days) PA if 70 years and older	Tier 2	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl cap 10mg</i>	Tier 2	
<i>dicyclomine hcl soln 10mg/5ml</i>	Tier 2	
<i>dicyclomine hcl tab 20mg</i>	Tier 2	
<i>glycopyrrolate tab 1mg</i>	Tier 1	
<i>glycopyrrolate tab 2mg</i>	Tier 1	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SUSR	Tier 1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
<i>famotidine in nacl</i>	Tier 1	
<i>famotidine inj</i>	Tier 1	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg	Tier 1	
<i>ranitidine hcl</i> TABS 300mg	Tier 1	
<i>ranitidine hcl inj</i> (generic of ZANTAC)	Tier 1	
<i>ranitidine syrup</i>	Tier 1	

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INFLAMMATORY BOWEL DISEASE					
<i>balsalazide disodium</i> (generic of COLAZAL)	Tier 1		<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
<i>budesonide ec</i> (generic of ENTOCORT EC)	Tier 1		<i>peg 3350/electrolytes</i>	Tier 1	
<i>colocort enema 100mg</i> (generic of CORTENEMA)	Tier 1		PLENVU	Tier 2	
<i>hydrocortisone (enema)</i> (generic of CORTENEMA)	Tier 1		SUPREP BOWEL PREP KIT	Tier 2	
<i>mesalamine</i> (generic of DELZICOL) CPDR	Tier 1		<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
<i>mesalamine ENEM</i>	Tier 1		MISCELLANEOUS		
<i>mesalamine</i> (generic of CANASA) SUPP	Tier 1		<i>alosetron hcl</i> (generic of LOTRONEX)	Tier 1	PA
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm	Tier 1		AMITIZA CAP 8MCG QL (180 caps / 30 days)	Tier 2	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	Tier 1		AMITIZA CAP 24MCG QL (60 caps / 30 days)	Tier 2	QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	Tier 1		<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM)	Tier 1	
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	Tier 1		<i>diphenoxylate w/ atropine</i> LIQD	Tier 2	
LAXATIVES			<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	Tier 2	
<i>constulose</i>	Tier 1		GATTEX	Tier 2	NMO LA PA
<i>enulose</i>	Tier 1		LINZESS QL (30 caps / 30 days)	Tier 2	QL
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	Tier 1		<i>loperamide hcl</i> CAPS	Tier 1	
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1		<i>misoprostol</i> (generic of CYTOTEC) TABS	Tier 1	
<i>gavilyte-n/flavor pack</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1		MOVANTIK 12.5mg QL (60 tabs / 30 days)	Tier 2	QL
<i>generlac</i>	Tier 1		MOVANTIK 25mg QL (30 tabs / 30 days)	Tier 2	QL
GOLYTELY	Tier 2		RELISTOR SOLN	Tier 2	PA
<i>lactulose</i> SOLN	Tier 1		<i>sucralfate</i> (generic of CARAFATE) TABS	Tier 1	
<i>lactulose (encephalopathy)</i>	Tier 1		<i>ursodiol</i> (generic of ACTIGALL) CAPS	Tier 1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	Tier 1		<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 1	

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 1		<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 5) 540mg	Tier 1	
XIFAXAN 550mg	Tier 2	PA	<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 10) 1080mg	Tier 1	
PANCREATIC ENZYMES			URINARY ANTISPASMODICS		
CREON	Tier 2		MYRBETRIQ QL (30 tabs / 30 days)	Tier 2	QL
ZENPEP	Tier 2		<i>oxybutynin chloride</i> SYRP	Tier 1	
PROTON PUMP INHIBITORS			<i>oxybutynin chloride</i> TABS	Tier 1	
DEXILANT QL (30 caps / 30 days)	Tier 2	QL	<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 30 days)	Tier 1	QL ST	<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR QL (30 caps / 30 days)	Tier 1	QL	<i>oxybutynin chloride</i> TB24 15mg QL (60 tabs / 30 days)	Tier 1	QL
<i>omeprazole cap 10mg</i>	Tier 1		<i>tolterodine tartrate cap er</i> (generic of DETROL LA) QL (30 caps / 30 days)	Tier 1	QL ST
<i>omeprazole cap 20mg</i>	Tier 1		<i>tolterodine tartrate tabs</i> (generic of DETROL)	Tier 1	ST
<i>omeprazole cap 40mg</i>	Tier 1		TOVIAZ QL (30 tabs / 30 days)	Tier 2	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR	Tier 1		<i>tropium chloride</i> TABS QL (60 tabs / 30 days)	Tier 1	QL
<i>pantoprazole sodium tbec</i> (generic of PROTONIX)	Tier 1		VAGINAL ANTI-INFECTIVES		
GENITOURINARY			<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	Tier 1	
BENIGN PROSTATIC HYPERPLASIA			<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	Tier 1	
<i>alfuzosin hcl</i> (generic of UROXATRAL) QL (30 tabs / 30 days)	Tier 1	QL	<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	Tier 1	
<i>dutasteride</i> (generic of AVODART) CAPS QL (30 caps / 30 days)	Tier 1	QL	<i>terconazole vaginal</i> CREA .8%	Tier 1	
<i>dutasteride-tamsulosin hcl</i> (generic of JALYN) QL (30 caps / 30 days)	Tier 1	QL	<i>terconazole vaginal</i> SUPP	Tier 1	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 1		<i>vandazole</i>	Tier 1	
<i>tamsulosin hcl</i> (generic of FLOMAX)	Tier 1				
MISCELLANEOUS					
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	Tier 1				
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 15) 15meq	Tier 1				

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEMATOLOGIC ANTICOAGULANTS			MISCELLANEOUS		
COUMADIN	Tier 2		<i>anagrelide hcl</i> 1mg	Tier 1	
ELIQUIS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL	<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	Tier 1	
ELIQUIS 5mg QL (74 tabs / 30 days)	Tier 2	QL	BERINERT QL (24 boxes / 30 days)	Tier 2	QL NMO LA PA
ELIQUIS STARTER PACK QL (74 tabs / 30 days)	Tier 2	QL	<i>cilostazol</i>	Tier 1	
<i>enoxaparin sodium</i> (generic of LOVENOX)	Tier 1		DROXIA	Tier 2	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	Tier 1		ENDARI	Tier 2	NMO LA PA
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1		FIRAZYR QL (9 syringes / 30 days)	Tier 2	QL NMO PA
<i>heparin sod (porcine) in d5w</i>	Tier 2		HAEGARDA 2000unit QL (30 vials / 30 days)	Tier 2	QL NMO LA PA
<i>heparin sod inj 1000/ml</i>	Tier 1	B/D	HAEGARDA 3000unit QL (20 vials / 30 days)	Tier 2	QL NMO LA PA
<i>heparin sod inj 5000/ml</i>	Tier 1	B/D	<i>pentoxifylline</i> TBCR	Tier 1	
<i>heparin sod inj 10000/ml</i>	Tier 1	B/D	PROMACTA PACK QL (360 packets / 30 days)	Tier 2	QL NMO LA PA
<i>heparin sod inj 20000/ml</i>	Tier 1	B/D	PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
HEPARIN SODIUM/NACL 0.45%	Tier 2		PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>jantoven</i> (generic of COUMADIN)	Tier 1		<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	Tier 1	
PRADAXA QL (60 caps / 30 days)	Tier 2	QL	<i>tranexamic acid</i> (generic of LYSTEDA) TABS	Tier 1	
<i>warfarin sodium</i> (generic of COUMADIN)	Tier 1		PLATELET AGGREGATION INHIBITORS		
XARELTO 2.5mg QL (60 tabs / 30 days)	Tier 2	QL	<i>aspirin-dipyridamole</i> (generic of AGGRENEX)	Tier 1	
XARELTO 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL	BRILINTA	Tier 2	
XARELTO STARTER PACK QL (51 tabs / 30 days)	Tier 2	QL	<i>clopidogrel tab 75mg</i> (generic of PLAVIX)	Tier 1	
HEMATOPOIETIC GROWTH FACTORS			<i>prasugrel hcl</i> (generic of EFFIENT)	Tier 1	
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NMO PA	IMMUNOLOGIC AGENTS		
PROCRIT 20000unit/ml, 40000unit/ml	Tier 2	NMO PA	DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ZARXIO	Tier 2	NMO PA	HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	Tier 2	QL NMO PA

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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

Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD LIQUID	Tier 2	NMO PA
GAMMAGARD S/D	Tier 2	NMO PA
GAMMAKED	Tier 2	NMO PA
GAMMAPLEX	Tier 2	NMO PA
GAMMAPLEX 10GM/100ML	Tier 2	NMO PA
GAMUNEX-C	Tier 2	NMO PA
OCTAGAM	Tier 2	NMO PA
PANZYGA	Tier 2	NMO PA
PRIVIGEN	Tier 2	NMO PA
IMMUNOMODULATORS		
ACTIMMUNE	Tier 2	NMO LA PA
ARCALYST	Tier 2	NMO PA
INTRON-A INJ 10MU	Tier 2	B/D NMO
INTRON-A INJ 18MU	Tier 2	B/D NMO
INTRON-A INJ 25MU	Tier 2	B/D NMO
INTRON-A INJ 50MU	Tier 2	B/D NMO
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> (generic of IMURAN) TABS	Tier 1	B/D
BENLYSTA	Tier 2	NMO PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS; SOLN	Tier 1	B/D NMO
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	Tier 1	B/D NMO
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 1	B/D NMO
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	Tier 1	B/D NMO
<i>gengraf</i> (generic of NEORAL)	Tier 1	B/D NMO
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	Tier 1	B/D NMO
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	Tier 1	B/D NMO
<i>mycophenolate sodium tbec</i> (generic of MYFORTIC)	Tier 1	B/D NMO
NULOJIX	Tier 2	B/D NMO
PROGRAF PACK	Tier 2	B/D NMO

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
SANDIMMUNE SOLN 100mg/ml	Tier 2	B/D NMO
<i>sirolimus</i> (generic of RAPAMUNE) SOLN	Tier 1	B/D NMO
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	Tier 1	B/D NMO
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	Tier 1	B/D NMO
<i>tacrolimus</i> (generic of PROGRAF) CAPS	Tier 1	B/D NMO
ZORTRESS TAB 0.5MG	Tier 2	B/D NMO
ZORTRESS TAB 0.25MG	Tier 2	B/D NMO
ZORTRESS TAB 0.75MG	Tier 2	B/D NMO
ZORTRESS TAB 1MG	Tier 2	B/D NMO
VACCINES		
ACTHIB	Tier 2	
ADACEL	Tier 2	
BCG VACCINE	Tier 2	
BEXSERO	Tier 2	
BOOSTRIX	Tier 2	
DAPTACEL	Tier 2	
DIPHThERIA/TETANUS TOXOID	Tier 2	B/D
ENGERIX-B SUSP	Tier 2	B/D
GARDASIL 9	Tier 2	
HAVRIX	Tier 2	
HIBERIX	Tier 2	
IMOVAX RABIES (H.D.C.V.)	Tier 2	B/D
INFANRIX	Tier 2	
IPOL INACTIVATED IPV	Tier 2	
IXIARO	Tier 2	
KINRIX	Tier 2	
M-M-R II	Tier 2	
MENACTRA	Tier 2	
MENVEO	Tier 2	
PEDIARIX	Tier 2	
PEDVAX HIB	Tier 2	
PENTACEL	Tier 2	
PROQUAD	Tier 2	
QUADRACEL	Tier 2	
RBAVERT	Tier 2	B/D
RECOMBIVAX HB	Tier 2	B/D

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

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Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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<i>potassium chloride</i> PACK	Tier 1		DEXTROSE 5%/NACL 0.3%	Tier 2	
<i>potassium chloride</i> SOLN 10%, 20%	Tier 1		<i>dextrose 5%/nacl 0.9%</i>	Tier 1	
<i>potassium chloride</i> TBCR 8meq, 10meq	Tier 1		<i>dextrose 5%/nacl 0.33%</i>	Tier 1	
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	Tier 1		<i>dextrose 5%/nacl 0.45%</i>	Tier 1	
<i>potassium chloride microencapsulated crystals</i>	Tier 1		<i>dextrose 5%/nacl 0.225%</i>	Tier 1	
<i>sodium chloride</i> SOLN 2.5meq/ml	Tier 1		<i>dextrose 5%/potassium chl</i>	Tier 1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1		<i>dextrose 10% flex contain</i>	Tier 1	
TPN ELECTROLYTES	Tier 2	B/D	DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	Tier 2	
IV NUTRITION			<i>dextrose 10%/nacl 0.45%</i>	Tier 1	
AMINOSYN II INJ 10%	Tier 2	B/D	<i>dextrose 50%</i>	Tier 1	
AMINOSYN-PF 7%	Tier 2	B/D	<i>dextrose in lactated ringers</i>	Tier 1	
AMINOSYN-PF INJ 10%	Tier 2	B/D	<i>dextrose inj 70%</i>	Tier 1	
CLINIMIX 4.25%/DEXTROSE 5%	Tier 2	B/D	IONOSOL-MB/DEXTROSE 5%	Tier 2	
CLINIMIX 5%/DEXTROSE 15%	Tier 2	B/D	ISOLYTE P	Tier 2	
CLINIMIX 5%/DEXTROSE 20%	Tier 2	B/D	ISOLYTE S	Tier 2	
CLINIMIX INJ 4.25/D10	Tier 2	B/D	<i>kcl 0.15%/d5w/nacl 0.2%</i>	Tier 1	
FREAMINE HBC 6.9%	Tier 2	B/D	KCL 0.3%/D5W/NACL 0.9%	Tier 2	
FREAMINE III	Tier 2	B/D	<i>kcl 0.3%/d5w/nacl 0.45%</i>	Tier 1	
<i>hepatamine</i>	Tier 2	B/D	<i>kcl 0.15%/d5w/nacl 0.9%</i>	Tier 1	
INTRALIPID 30%	Tier 2	B/D	KCL 0.15%/D5W/NACL 0.225%	Tier 2	
INTRALIPID INJ 20%	Tier 2	B/D	<i>kcl 0.075%/d5w/nacl 0.45%</i>	Tier 1	
NEPHRAMINE	Tier 2	B/D	<i>kcl/d5w inj 0.3%</i>	Tier 1	
NUTRILIPID INJ 20%	Tier 2	B/D	<i>kcl/d5w/nacl inj</i>	Tier 1	
PREMASOL SOL 10%	Tier 2	B/D	<i>0.22%/0.45%</i>		
PROCALAMINE	Tier 2	B/D	<i>kcl/d5w/nacl inj .15/.33%</i>	Tier 1	
PROSOL	Tier 2	B/D	<i>kcl/d5w/nacl inj .15/.45%</i>	Tier 1	
TRAVASOL	Tier 2	B/D	<i>kcl/nacl inj 0.3-0.9</i>	Tier 1	
TROPHAMINE INJ 10%	Tier 2	B/D	<i>kcl/nacl inj 0.15%-0.9%</i>	Tier 1	
IV REPLACEMENT SOLUTIONS			<i>lactated ringer's</i>	Tier 1	
<i>dextrose 2.5%/nacl 0.45%</i>	Tier 1		NORMOSOL-M IN D5W	Tier 2	
<i>dextrose 5%</i>	Tier 1		NORMOSOL-R	Tier 2	
DEXTROSE 5%/ELECTROLYTE	Tier 2		NORMOSOL-R IN D5W	Tier 2	
<i>dextrose 5%/nacl 0.2%</i>	Tier 1		PLASMA-LYTE A	Tier 2	
			PLASMA-LYTE-148	Tier 2	
			<i>pot chloride inj 2meq/ml</i>	Tier 1	
			<i>potassium chloride</i> SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	Tier 1	

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride in nacl</i>	Tier 1	
<i>sodium chloride SOLN 3%, 5%</i>	Tier 1	
<i>sodium chloride 0.45%</i>	Tier 1	
<i>sodium chloride inj 0.9%</i>	Tier 1	
VITAMINS		
<i>calcitriol (generic of ROCALTROL) CAPS</i>	Tier 1	B/D
<i>calcitriol inj</i>	Tier 1	B/D
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	Tier 1	B/D
M-NATAL PLUS	Tier 2	
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	Tier 1	B/D
<i>paricalcitol CAPS 4mcg</i>	Tier 1	B/D
PNV FOLIC ACID + IRON MUL	Tier 2	
PRENATAL	Tier 2	
PRENATAL PLUS	Tier 2	
PRENATAL PLUS LOW IRON	Tier 2	
RAYALDEE	Tier 2	
TRICARE	Tier 2	
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	Tier 1	
BLEPHAMIDE OINT	Tier 2	
<i>neomycin-polymy-dexameth (generic of MAXITROL) OINT</i>	Tier 1	
<i>neomycin-polymy-dexameth (generic of MAXITROL) SUSP</i>	Tier 1	
<i>neomycin-polymyxin-hc (ophth)</i>	Tier 1	
<i>sulfacetamide sod-prednisolone</i>	Tier 1	
TOBRADEX OINT	Tier 2	
TOBRADEX ST	Tier 2	
<i>tobramycin-dexamethasone (generic of TOBRADEX)</i>	Tier 1	
ZYLET	Tier 2	
ANTI-INFECTIVES		
AZASITE	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>bacitracin (ophthalmic)</i>	Tier 1	
<i>bacitracin-polymyxin b (ophth)</i>	Tier 1	
BESIVANCE	Tier 2	
CILOXAN OINT	Tier 2	
<i>ciprofloxacin hcl (ophth) (generic of CILOXAN)</i>	Tier 1	
<i>erythromycin (ophth)</i>	Tier 1	
<i>gatifloxacin (ophth) (generic of ZYMAXID)</i>	Tier 1	
<i>gentak</i>	Tier 1	
<i>gentamicin sulfate soln (ophth)</i>	Tier 1	
MOXEZA	Tier 2	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX)</i>	Tier 1	
NATACYN	Tier 2	
<i>neomycin-bacitracin zn-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>ofloxacin (ophth) (generic of OCUFLOX)</i>	Tier 1	
<i>polymyxin b-trimethoprim (generic of POLYTRIM)</i>	Tier 1	
<i>sulfacetamide sodium (ophth) OINT</i>	Tier 1	
<i>sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN</i>	Tier 1	
<i>tobramycin (ophth) (generic of TOBREX)</i>	Tier 1	
<i>trifluridine</i>	Tier 1	
ZIRGAN	Tier 2	
ANTI-INFLAMMATORIES		
ALREX	Tier 2	
<i>bromfenac sodium (ophth)</i>	Tier 1	
BROMSITE	Tier 2	
<i>dexamethasone sodium phosphate (ophth)</i>	Tier 1	
<i>diclofenac sodium (ophth)</i>	Tier 1	
DUREZOL	Tier 2	
<i>fluorometholone</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	

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Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
ILEVRO	Tier 2	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) .4%	Tier 1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) .5%	Tier 1	
LOTEMAX GEL; OINT	Tier 2	
<i>loteprednol etabonate</i> (generic of LOTE MAX)	Tier 1	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE)	Tier 1	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	Tier 2	
PROLENSA	Tier 2	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	Tier 1	
BEPREVE	Tier 2	
<i>cromolyn sodium (ophth)</i>	Tier 1	
LASTACAFT	Tier 2	
<i>olopatadine hcl 0.2%</i> (generic of PATADAY)	Tier 1	
PAZEO	Tier 2	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	Tier 2	
AZOPT	Tier 2	
<i>betaxolol hcl (ophth)</i>	Tier 1	
BETOPTIC-S	Tier 2	
<i>brimonidine sol 0.2%</i>	Tier 1	
<i>brimonidine sol 0.15%</i> (generic of ALPHAGAN P)	Tier 1	
<i>carteolol hcl (ophth)</i>	Tier 1	
COMBIGAN	Tier 2	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	Tier 1	
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	Tier 1	
<i>latanoprost</i> (generic of XALATAN) SOLN	Tier 1	
<i>levobunolol hcl</i>	Tier 1	
LUMIGAN	Tier 2	
PHOSPHOLINE IODIDE	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN	Tier 1	
RHOPRESSA	Tier 2	
SIMBRINZA	Tier 2	
<i>timolol maleate (ophth) soln</i> (generic of TIMOPTIC)	Tier 1	
<i>timolol maleate gel</i> (generic of TIMOPTIC-XE)	Tier 1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i> (generic of ISTALOL)	Tier 1	
TRAVATAN Z	Tier 2	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
CYSTARAN	Tier 2	NMO LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	Tier 1	
RESTASIS	Tier 2	QL
QL (60 single use vials / 30 days)		
RESTASIS MULTIDOSE	Tier 2	QL
QL (1 bottle / 30 days)		
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	Tier 2	QL
QL (60 blisters / 30 days)		
BEVESPI AEROSPHERE	Tier 2	QL
QL (1 inhaler / 30 days)		
COMBIVENT RESPIMAT	Tier 2	QL
QL (2 inhalers / 30 days)		
<i>ipratropium-albuterol nebu</i>	Tier 1	B/D
TRELEGY ELLIPTA	Tier 2	QL
QL (60 blisters / 30 days)		
ANTICHOLINERGICS		
ATROVENT HFA	Tier 2	QL
QL (2 inhalers / 30 days)		
INCRUSE ELLIPTA	Tier 2	QL
QL (30 blisters / 30 days)		

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium bromide</i> SOLN	Tier 1	B/D
<i>ipratropium bromide (nasal)</i>	Tier 1	
ANTIHISTAMINES		
<i>azelastine spr 0.1%</i>	Tier 1	
<i>azelastine spr 0.15%</i> (generic of ASTEPRO)	Tier 1	
<i>cetirizine syrup</i>	Tier 1	
<i>cyproheptadine hcl</i> SYRP; TABS PA if 70 years and older	Tier 2	PA
<i>diphenhydramine hcl inj</i> 50mg/ml	Tier 1	
<i>hydroxyzine hcl</i> SYRP PA if 70 years and older	Tier 2	PA
<i>hydroxyzine hcl</i> TABS PA if 70 years and older	Tier 1	PA
<i>hydroxyzine hcl inj</i> PA if 70 years and older	Tier 2	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	Tier 1	PA
<i>levocetirizine</i> <i>dihydrochloride</i> SOLN	Tier 1	
<i>levocetirizine</i> <i>dihydrochloride</i> TABS	Tier 1	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 1	QL
<i>albuterol sulfate</i> NEBU	Tier 1	B/D
<i>albuterol sulfate</i> SYRP	Tier 1	
<i>albuterol sulfate</i> TABS	Tier 1	
<i>albuterol sulfate</i> TB12	Tier 1	
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU 1.25mg/3ml	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol hcl soln nebu</i> <i>conc 1.25 mg/0.5ml</i> (generic of XOPENEX CONCENTRATE)	Tier 1	B/D
<i>levalbuterol tartrate hfa</i> QL (2 inhalers / 30 days)	Tier 1	QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
<i>terbutaline sulfate</i> TABS	Tier 1	
VENTOLIN HFA QL (2 inhalers / 30 days)	Tier 2	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; PACK	Tier 1	
<i>montelukast sodium</i> (generic of SINGULAIR) TABS	Tier 1	
<i>zafirlukast</i> (generic of ACCOLATE)	Tier 1	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu</i>	Tier 1	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 1	B/D
ARALAST NP	Tier 2	NMO LA PA
DALIRESP	Tier 2	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) .3mg/0.3ml (generic of EpiPen)	Tier 1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) .15mg/0.3ml (generic of EpiPen)	Tier 1	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 1	
ESBRIET	Tier 2	NMO PA
KALYDECO	Tier 2	NMO PA
NUCALA	Tier 2	NMO LA PA
OFEV	Tier 2	NMO PA
ORKAMBI	Tier 2	NMO PA

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00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

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

Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT QL (1 inhaler / 30 days)	Tier 2	QL
TOPICAL DERMATOLOGY, ACNE		
<i>amnesteem</i>	Tier 1	PA
<i>avita</i> (generic of RETIN-A) CREA QL (45 grams / 30 days)	Tier 1	QL PA
<i>avita</i> GEL QL (45 grams / 30 days)	Tier 1	QL PA
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	Tier 1	
<i>claravis</i>	Tier 1	PA
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL QL (75 grams / 30 days)	Tier 1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN	Tier 1	
<i>clindamycin phosphate (topical)</i> SOLN QL (60 mL / 30 days)	Tier 1	QL
<i>ery pad 2%</i>	Tier 1	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	Tier 1	
<i>erythromycin (acne aid)</i> SOLN	Tier 1	
<i>isotretinoin</i> CAPS	Tier 1	PA
<i>myorisan</i>	Tier 1	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	Tier 1	
<i>tretinoin</i> (generic of RETIN-A) CREA QL (45 grams / 30 days)	Tier 1	QL PA
<i>tretinoin</i> (generic of RETIN-A) GEL .01%, .025% QL (45 grams / 30 days)	Tier 1	QL PA
<i>zenatane</i>	Tier 1	PA

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, ANTIBIOTICS			DERMATOLOGY, ANTISEBORRHEICS		
<i>gentamicin sulfate (topical)</i>	Tier 1		<i>calcipotriene</i> OINT	Tier 1	QL PA
<i>mupirocin</i> OINT	Tier 1	QL	QL (120 grams / 30 days)		
QL (220 grams / 30 days)			<i>calcipotriene</i> SOLN	Tier 1	QL PA
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	Tier 1		QL (120 mL / 30 days)		
<i>ssd</i> (generic of SILVADENE)	Tier 1		<i>calcitrene</i>	Tier 1	QL PA
SULFAMYLON CREA	Tier 2		QL (120 grams / 30 days)		
DERMATOLOGY, ANTIFUNGALS			<i>tazarotene</i> (generic of TAZORAC) CREA	Tier 1	QL PA
<i>ciclopirox</i> (generic of LOPROX) CREA	Tier 1	QL	QL (60 grams / 30 days)		
QL (90 grams / 30 days)			TAZORAC CREA .05%	Tier 2	QL PA
<i>ciclopirox</i> (generic of LOPROX) SUSP	Tier 1	QL	QL (60 grams / 30 days)		
QL (60 mL / 30 days)			DERMATOLOGY, CORTICOSTEROIDS		
<i>clotrimazole (topical)</i> CREA	Tier 1		<i>ala-cort</i>	Tier 1	
<i>clotrimazole (topical)</i> SOLN	Tier 1	QL	<i>alclometasone dipropionate</i>	Tier 1	
QL (30 mL / 30 days)			<i>betamethasone dipropionate (topical)</i>	Tier 1	
<i>clotrimazole w/ betamethasone</i> (generic of LOTRISONE) CREA	Tier 1		<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	Tier 1	
<i>ketconazole cream</i>	Tier 1	QL	<i>betamethasone dipropionate augmented</i> GEL; LOTN	Tier 1	
QL (60 grams / 30 days)			<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT	Tier 1	
<i>nyamyc</i>	Tier 1	QL	<i>betamethasone valerate</i> CREA; LOTN; OINT	Tier 1	
QL (60 grams / 30 days)			ENSTILAR	Tier 2	QL PA
<i>nystatin (topical)</i>	Tier 1		QL (120 grams / 30 days)		
<i>nystatin pow 100000</i>	Tier 1	QL	<i>fluocinolone acetonide</i> CREA .01%	Tier 1	
QL (60 grams / 30 days)			<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%	Tier 1	
<i>nystop</i>	Tier 1	QL	<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL	Tier 1	
QL (60 grams / 30 days)					
DERMATOLOGY, ANTIPSORIATICS					
<i>acitretin</i> (generic of SORIATANE) 10mg, 25mg	Tier 1	PA			
<i>acitretin</i> 17.5mg	Tier 1	PA			
<i>calcipotriene</i> (generic of DOVONEX) CREA	Tier 1	QL PA			
QL (120 grams / 30 days)					

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT	Tier 1		<i>mometasone furoate</i> (generic of ELOCON) CREA	Tier 1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN QL (90 mL / 30 days)	Tier 1	QL	<i>mometasone furoate</i> OINT; Tier 1 SOLN	Tier 1	
<i>fluocinolone acetonide oil body</i> (generic of DERMA-SMOOTHIE/FS SCALP)	Tier 1		TEXACORT SOLN 2.5%	Tier 2	
<i>fluocinonide</i> CREA .05% QL (120 grams / 30 days)	Tier 1	QL	<i>triamcinolone acetonide</i> (topical) CREA .1% QL (454 grams / 30 days)	Tier 1	QL
<i>fluocinonide</i> GEL QL (60 grams / 30 days)	Tier 1	QL	<i>triamcinolone acetonide</i> (topical) CREA .025%, .5%	Tier 1	
<i>fluocinonide</i> OINT QL (60 grams / 30 days)	Tier 1	QL	<i>triamcinolone acetonide</i> (topical) LOTN	Tier 1	
<i>fluocinonide</i> SOLN QL (60 mL / 30 days)	Tier 1	QL	<i>triamcinolone acetonide</i> (topical) OINT	Tier 1	
<i>fluocinonide emulsified base</i> QL (120 grams / 30 days)	Tier 1	QL	DERMATOLOGY, LOCAL ANESTHETICS		
<i>fluticasone propionate</i> CREA; OINT	Tier 1		<i>glydo</i> QL (30 mL / 30 days)	Tier 1	QL PA
<i>halobetasol propionate</i> CREA; OINT QL (50 grams / 30 days)	Tier 1	QL	<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	Tier 1	QL PA
<i>hydrocortisone</i> (topical) cream 1%	Tier 1		<i>lidocaine hcl</i> GEL QL (30 mL / 30 days)	Tier 1	QL PA
<i>hydrocortisone</i> (topical) cream 2.5%	Tier 1		<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 1	QL PA
<i>hydrocortisone</i> (topical) lotion 2.5%	Tier 1		<i>lidocaine oint</i> 5% QL (50 grams / 30 days)	Tier 1	QL PA
<i>hydrocortisone</i> (topical) oint 2.5%	Tier 1		<i>lidocaine-prilocaine</i> QL (30 grams / 30 days)	Tier 1	QL PA
<i>hydrocortisone butyrate</i> cream 0.1% (generic of LOCOID) QL (45 grams / 30 days)	Tier 1	QL	DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>hydrocortisone butyrate oint</i> 0.1% QL (45 grams / 30 days)	Tier 1	QL	<i>ammonium lactate</i> CREA; LOTN	Tier 1	
			<i>diclofenac sodium</i> (topical) 1% gel (generic of VOLTAREN) QL (1000 grams / 30 days)	Tier 1	QL PA
			<i>fluorouracil</i> (topical) (generic of EFUDEX) CREA 5% QL (40 grams / 30 days)	Tier 1	QL

You can find information on what symbols and abbreviations on this table mean by going to page V. 48
B/D – Covered under Medicare Part B or D **QL** – Quantity Limits **PA** – Prior Authorization
ST – Step Therapy **LA** – Limited Access **NMO** – No Mail Order
00020364_v6_01/2020

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (topical)</i> SOLN QL (10 mL / 30 days)	Tier 1	QL
<i>imiquimod</i> (generic of ALDARA) CREA 5% QL (24 packets / 30 days)	Tier 1	QL
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	Tier 1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	
PANRETIN QL (60 grams / 30 days)	Tier 2	QL
PICATO .05% QL (2 tubes / 30 days)	Tier 2	QL
PICATO .015% QL (3 tubes / 30 days)	Tier 2	QL
<i>podofilox</i> SOLN	Tier 1	
<i>procto-med hc</i> (generic of ANUSOL-HC)	Tier 1	
<i>procto-pak</i> (generic of PROCTOCORT)	Tier 1	
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	Tier 1	
<i>proctozone-hc</i> (generic of ANUSOL-HC)	Tier 1	
RECTIV QL (30 grams / 30 days)	Tier 2	QL
<i>rosadan</i> (generic of METROCREAM)	Tier 1	
<i>tacrolimus (topical)</i> (generic of PROTOPIC) QL (100 grams / 30 days)	Tier 1	QL
TARGRETIN GEL QL (60 grams / 30 days)	Tier 2	QL NMO PA
VALCHLOR QL (60 grams / 30 days)	Tier 2	QL NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> (generic of OVIDE)	Tier 1	
<i>permethrin cre 5%</i> (generic of ELIMITE)	Tier 1	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	Tier 1	
REGRANEX QL (30 grams / 30 days)	Tier 2	QL PA
SANTYL	Tier 2	
<i>sodium chlor sol 0.9% irr water for irrigation, sterile</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC)	Tier 1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	Tier 1	
<i>clotrimazole</i> LOZG	Tier 1	
<i>lidocaine hcl (mouth-throat)</i>	Tier 1	
<i>nystatin (mouth-throat)</i>	Tier 1	
<i>paroex sol 0.12%</i> (generic of PERIDEX)	Tier 1	
<i>periogard</i> (generic of PERIDEX)	Tier 1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN)	Tier 1	
<i>triamcinolone acetonide (mouth)</i>	Tier 1	
OTIC		
<i>acetic acid (otic)</i>	Tier 1	
CIPRODEX	Tier 2	
<i>flac</i> (generic of DERMOTIC)	Tier 1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	Tier 1	
<i>neomycin-polymyxin-hc (otic)</i>	Tier 1	
<i>ofloxacin (otic)</i> (generic of FLOXIN OTIC)	Tier 1	

Index

A		
<i>abacavir sulfate</i>	5	
<i>abacavir sulfate-lamivudine</i>	6	
<i>abacavir sulfate-lamivudine-zidovudine</i>	6	
ABELCET.....	5	
ABILIFY		
see <i>aripiprazole tab</i>	23	
ABILIFY MAINTENA.....	23	
<i>abiraterone acetate</i>	10	
ABRAXANE.....	10	
<i>acamprosate calcium</i>	28	
<i>acarbose</i>	29	
ACCOLATE		
see <i>zafirlukast</i>	45	
ACCUPRIL		
see <i>quinapril hcl</i>	13	
ACCURETIC		
see <i>quinapril-hydrochlorothiazide</i>	13	
<i>acebutolol hcl</i>	15	
<i>acetaminophen w/ codeine 300-15mg</i>	1	
<i>acetaminophen w/ codeine 300-30mg</i>	1	
<i>acetaminophen w/ codeine 300-60mg</i>	1	
<i>acetaminophen w/ codeine soln</i>	1	
<i>acetazolamide</i>	16	
<i>acetic acid</i>	49	
<i>acetic acid (otic)</i>	49	
<i>acetylcysteine</i>	45	
<i>acitretin</i>	47	
ACTHIB.....	41	
ACTIGALL		
see <i>ursodiol</i>	37	
ACTIMMUNE.....	40	
ACTIQ		
see <i>fentanyl citrate</i>	2	
ACTOS		
see <i>pioglitazone hcl</i>	30	
ACULAR		
see <i>ketorolac tromethamine (ophth)</i>	44	
ACULAR LS		
see <i>ketorolac tromethamine (ophth)</i>	44	
<i>acyclovir</i>	7	
<i>acyclovir sodium</i>	7	
ADACEL.....	41	
ADALAT CC		
see <i>nifedipine er</i>	16	
ADDERALL		
see <i>amphetamine-dextroamphetamine tab 10 mg</i>	25	
see <i>amphetamine-dextroamphetamine tab 12.5 mg</i>	25	
see <i>amphetamine-dextroamphetamine tab 15 mg</i>	26	
see <i>amphetamine-dextroamphetamine tab 20 mg</i>	26	
see <i>amphetamine-dextroamphetamine tab 30 mg</i>	26	
see <i>amphetamine-dextroamphetamine tab 5 mg</i>	25	
see <i>amphetamine-dextroamphetamine tab 7.5 mg</i>	25	
ADDERALL XR		
see <i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	25	
see <i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	25	
see <i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	25	
see <i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	25	
see <i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	25	
see <i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	25	
<i>adefovir dipivoxil</i>	7	
ADEMPAS.....	17	
<i>adriamycin</i>	9	
<i>adrucil inj</i>	9	
ADVAIR DISKUS.....	46	
ADVAIR HFA.....	46	
AFINITOR.....	11	
AFINITOR DISPERZ.....	11	
AGGRENOLX		
see <i>aspirin-dipyridamol</i>	39	
AGRYLIN		
see <i>anagrelide hcl</i>	39	
AIMOVIQ.....	26	
<i>ala-cort</i>	47	
<i>albendazole</i>	4	
ALBENZA		
see <i>albendazole</i>	4	
<i>albuterol sulfate</i>	45	
ALCAINE		
see <i>proparacaine hcl</i>	44	
<i>alclometasone dipropionate</i>	47	
ALDACTAZIDE		
see <i>spironolactone & hydrochlorothiazide</i>	17	
ALDACTONE		
see <i>spironolactone</i>	13	
ALDARA		
see <i>imiquimod</i>	49	
ALDURAZYME.....	34	
ALECENSA.....	11	
<i>alendronate sodium</i>	31	
<i>alfuzosin hcl</i>	38	
ALIMTA.....	9	
ALINIA.....	4	
<i>aliskiren fumarate</i>	17	
<i>allopurinol tab</i>	1	
<i>alosetron hcl</i>	37	
ALPHAGAN P		
see <i>brimonidine sol 0.15%</i>	44	
ALPHAGAN P SOL 0.1%.....	44	
<i>alprazolam tab 0.25mg</i>	18	
<i>alprazolam tab 0.5mg</i>	17	
<i>alprazolam tab 1mg</i>	18	
<i>alprazolam tab 2mg</i>	18	
ALREX.....	43	

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

ALTACE	cap 5-20 mg.....12	amphetamine-
see ramipril.....13	amlodipine-benazepril hcl	dextroamphetamine cap sr
altavera tab.....31	cap 5-40 mg.....12	24hr 15 mg .....25
ALUNBRIG.....11	amlodipine-valsartan-	amphetamine-
alyacen 1/35.....31	hydrochlorothiazide 10-160-	dextroamphetamine cap sr
amantadine hcl.....22	12.5mg.....13	24hr 20 mg .....25
AMARYL	amlodipine-valsartan-	amphetamine-
see glimepiride .....29, 30	hydrochlorothiazide 10-160-	dextroamphetamine cap sr
AMBIEN	25mg.....13	24hr 25 mg .....25
see zolpidem tartrate.....26	amlodipine-valsartan-	amphetamine-
AMBISOME.....5	hydrochlorothiazide 10-320-	dextroamphetamine cap sr
ambrisentan .....17	25mg.....13	24hr 30 mg .....25
AMERGE	amlodipine-valsartan-	amphetamine-
see naratriptan hcl.....27	hydrochlorothiazide 5-160-	dextroamphetamine cap sr
amikacin sulfate .....4	12.5mg.....13	24hr 5 mg .....25
amiloride &	amlodipine-valsartan-	amphetamine-
hydrochlorothiazide.....16	hydrochlorothiazide 5-160-	dextroamphetamine tab 10
amiloride hcl.....16	25mg.....13	mg.....25
AMINOSYN II INJ 10% .....42	ammonium lactate .....48	amphetamine-
AMINOSYN-PF 7% .....42	amnesteem.....46	dextroamphetamine tab 12.5
AMINOSYN-PF INJ 10%...42	amoxapine tab 100mg .....21	mg.....25
amiodarone hcl soln.....14	amoxapine tab 150mg .....21	amphetamine-
amiodarone tab 100mg.....14	amoxapine tab 25mg .....21	dextroamphetamine tab 15
amiodarone tab 200mg.....14	amoxapine tab 50mg .....21	mg.....26
amiodarone tab 400mg.....14	amoxicillin .....8	amphetamine-
AMITIZA CAP 24MCG .....37	amoxicillin & pot clavulanate	dextroamphetamine tab 20
AMITIZA CAP 8MCG .....37	200/5ml susr .....8	mg.....26
amitriptyline hcl .....21	amoxicillin & pot clavulanate	amphetamine-
amlodipine besylate .....15	200-28.5 chw tabs .....8	dextroamphetamine tab 30
amlodipine besylate-	amoxicillin & pot clavulanate	mg.....26
olmesartan medoxomil.....13	250/5ml susr .....8	amphetamine-
amlodipine besylate-	amoxicillin & pot clavulanate	dextroamphetamine tab 5
valsartan tab 10-160 mg ...13	250-125 tabs.....8	mg.....25
amlodipine besylate-	amoxicillin & pot clavulanate	amphetamine-
valsartan tab 10-320 mg ...13	400/5ml susr .....8	dextroamphetamine tab 7.5
amlodipine besylate-	amoxicillin & pot clavulanate	mg.....25
valsartan tab 5-160 mg .....13	400-57 chw tabs .....8	amphotericin b .....5
amlodipine besylate-	amoxicillin & pot clavulanate	ampicillin & sulbactam
valsartan tab 5-320 mg .....13	500-125 tabs.....8	sodium.....8
amlodipine--benazepril hcl	amoxicillin & pot clavulanate	ampicillin cap 500mg .....8
cap 10-20 mg .....12	600/5ml susr .....8	ampicillin inj .....9
amlodipine-benazepril hcl	amoxicillin & pot clavulanate	ampicillin sodium .....9
cap 10-40mg.....12	875-125 tabs.....8	AMPYRA
amlodipine-benazepril hcl	amoxicillin & pot clavulanate	see dalfampridine.....28
cap 2.5-10 mg .....12	er 12hr 1000-62.5 tabs.....8	ANADROL-50 .....29
amlodipine-benazepril hcl	amphetamine-	ANAFRANIL
cap 5-10 mg .....12	dextroamphetamine cap sr	see clomipramine hcl ....21
amlodipine-benazepril hcl	24hr 10 mg.....25	anagrelide hcl .....39

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

ANAPROX DS	see <i>azelastine spr 0.15%</i>	see <i>amlodipine besylate-</i>
see <i>naproxen sodium</i>.....1	.....45	<i>olmesartan medoxomil</i> .. 13
<i>anastrozole</i> .....10	<i>atazanavir sulfate</i>.....5	<i>aztreonam</i>.....4
ANCOBON	<i>atenolol</i>.....15	AZULFIDINE
see <i>flucytosine</i>.....5	<i>atenolol & chlorthalidone</i> ... 15	see <i>sulfasalazine</i>.....37
ANDRODERM .....29	ATIVAN	AZULFIDINE EN-TABS
ANDROGEL	see <i>lorazepam</i>.....18	see <i>sulfasalazine ec</i>.....37
see <i>testosterone</i>.....29	<i>atomoxetine hcl</i>.....26	B
ANORO ELLIPTA .....44	<i>atorvastatin calcium</i>.....14	<i>bacitracin (ophthalmic)</i>.....43
ANTABUSE	<i>atovaquone</i>.....4	<i>bacitracin-polymyxin b</i>
see <i>disulfiram</i> .....28	<i>atovaquone-proguanil hcl</i> ...5	(<i>ophth</i>) .....43
ANUSOL-HC	ATRIPLA.....6	<i>bacitracin-poly-neomycin-hc</i>
see <i>procto-med hc</i>.....49	ATROPINE SULFATE .....44	.....43
see <i>proctosol hc cre 2.5%</i>	ATROVENT HFA .....44	<i>baclofen</i>.....28
.....49	<i>abra</i>.....31	BACTRIM
see <i>proctozone-hc</i>.....49	AUGMENTIN	see <i>sulfamethoxazole-</i>
APOKYN .....22	see <i>amoxicillin & pot</i>	<i>trimethoprim tab 400-</i>
<i>aprepitant</i>.....36	<i>clavulanate 250/5ml susr</i> 8	<i>80mg</i>.....5
<i>aprepitant pak 80mg &</i>	see <i>amoxicillin & pot</i>	BACTRIM DS
<i>125mg</i>.....36	<i>clavulanate 500-125 tabs</i> 8	see <i>sulfamethoxazole-</i>
<i>apri</i>.....31	AURYXIA .....35	<i>trimethop ds</i> .....4
APTIOM .....18	AUSTEDO .....27	<i>balsalazide disodium</i> .....37
APTIVUS.....5	AVALIDE	BALVERSA.....11
ARALAST NP.....45	see <i>irbesartan-</i>	<i>balziva</i> .....31
<i>aranelle</i>.....31	<i>hydrochlorothiazide</i> .....13	BANZEL SUS 40MG/ML... 18
ARAVA	AVAPRO	BANZEL TAB 200MG 18
see <i>leflunomide</i> .....40	see <i>irbesartan</i> .....14	BANZEL TAB 400MG 18
ARCALYST .....40	AVASTIN .....10	BARACLUDGE.....7
ARICEPT	<i>aviane</i> .....31	see <i>entecavir</i>.....7
see <i>donepezil</i>	<i>avita</i> .....46	BASAGLAR KWIKPEN....29
<i>hydrochloride</i>.....20	AVODART	BCG VACCINE .....41
ARIMIDEX	see <i>dutasteride</i>.....38	BD ALCOHOL SWABS....29
see <i>anastrozole</i> .....10	AYGESTIN	BD ULTRAFINE INSULIN
<i>aripiprazole odt</i> .....23	see <i>norethindrone acetate</i>	SYRINGE .....29
<i>aripiprazole oral solution 1</i>	.....36	BD ULTRAFINE/NANO PEN
<i>mg/ml</i>.....23	<i>azacitidine</i>.....9	NEEDLES .....29
<i>aripiprazole tab</i> .....23	AZACTAM	<i>bekyree</i>.....31
ARISTADA.....23	see <i>aztreonam</i> .....4	<i>benazepril &</i>
ARISTADA INITIO .....23	AZASITE.....43	<i>hydrochlorothiazide</i>.....12
ARIXTRA	<i>azathioprine</i> .....40	<i>benazepril hcl</i> .....13
see <i>fondaparinux sodium</i>	<i>azelastine drop 0.05%</i> .....44	BENDEKA .....9
.....39	<i>azelastine spr 0.1%</i> .....45	BENICAR
<i>armodafinil</i> .....28	<i>azelastine spr 0.15%</i>.....45	see <i>olmesartan medoxomil</i>
ARNUITY ELLIPTA.....46	AZILECT	.....14
AROMASIN	see <i>rasagiline mesylate</i> 23	BENICAR HCT
see <i>exemestane</i> .....10	<i>azithromycin</i>.....8	see <i>olmesartan</i>
<i>aspirin-dipyridamole</i>.....39	AZOPT.....44	<i>medoxomil-</i>
ASTEPRO	AZOR	<i>hydrochlorothiazide</i> .....14

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

BENLYSTA.....	40	<i>blisovi fe 1.5/30</i>	31	BYDUREON BCISE.....	29
BENZAMYCIN		BONIVA		BYDUREON PEN.....	29
see <i>benzoyl peroxide-</i>		see <i>ibandronate sodium</i>		BYETTA.....	29
<i>erythromycin</i>	46	<i>tabs</i>	31	BYSTOLIC.....	15
<i>benzoyl peroxide-</i>		BOOSTRIX.....	41	C	
<i>erythromycin</i>	46	BORTEZOMIB.....	10	<i>cabergoline</i>	35
<i>benztropine mesylate inj</i> ...	22	<i>bosentan</i>	17	CABOMETYX.....	11
<i>benztropine mesylate tab</i>		BOSULIF.....	11	CAFERGOT	
<i>0.5mg</i>	22	BRAFTOVI.....	11	see <i>ergotamine w/ caffeine</i>	
<i>benztropine mesylate tab</i>		BREO ELLIPTA.....	46	.....	27
<i>1mg</i>	22	<i>briellyn</i>	32	CALAN	
<i>benztropine mesylate tab</i>		BRILINTA.....	39	see <i>verapamil hcl</i>	16
<i>2mg</i>	22	<i>brimonidine sol 0.15%</i>	44	CALAN SR	
BEPREVE.....	44	<i>brimonidine sol 0.2%</i>	44	see <i>verapamil hcl tab er</i>	16
BERINERT.....	39	BRIVIACT INJ 50MG/5ML	18	<i>calcipotriene</i>	47
BESIVANCE.....	43	BRIVIACT SOL 10MG/ML	18	<i>calcitonin (salmon)</i>	35
<i>betamethasone dipropionate</i>		BRIVIACT TAB 100MG....	18	<i>calcitrene</i>	47
<i>(topical)</i>	47	BRIVIACT TAB 10MG.....	18	<i>calcitriol</i>	43
<i>betamethasone dipropionate</i>		BRIVIACT TAB 25MG.....	18	<i>calcitriol inj</i>	43
<i>augmented</i>	47	BRIVIACT TAB 50MG.....	18	<i>calcitriol oral soln 1 mcg/ml</i>	
<i>betamethasone valerate</i> ...	47	BRIVIACT TAB 75MG.....	18	.....	43
BETAPACE		<i>bromfenac sodium (ophth)</i>	43	<i>calcium acetate (phosphate</i>	
see <i>sorine</i>	14	<i>bromocriptine mesylate</i>	22	<i>binder)</i>	35
see <i>sotalol hcl</i>	14	BROMSITE.....	43	CALQUENCE.....	11
BETAPACE AF		<i>budesonide (inhalation)</i>	46	<i>camila</i>	32
see <i>sotalol hcl (afib/af)</i> ..	14	<i>budesonide ec</i>	37	CAMPTOSAR	
BETASERON.....	28	<i>bumetanide</i>	16	see <i>irinotecan hcl</i>	12
<i>betaxolol hcl (ophth)</i>	44	BUMEX		CANASA	
<i>bethanechol chloride</i>	38	see <i>bumetanide</i>	16	see <i>mesalamine</i>	37
BETOPTIC-S.....	44	BUPHENYL		CANCIDAS	
BEVESPI AEROSPHERE	44	see <i>sodium phenylbutyrate</i>		see <i>caspofungin acetate</i> .5	
<i>bexarotene</i>	12	.....	34	CAPRELSA.....	11
BEXSERO.....	41	<i>buprenorphine hcl</i>	28	<i>captopril</i>	13
BIAXIN XL		<i>buprenorphine hcl-naloxone</i>		<i>captopril &</i>	
see <i>clarithromycin er</i>	8	<i>hcl dihydrate 12-3mg</i>	28	<i>hydrochlorothiazide</i>	12
<i>bicalutamide</i>	10	<i>buprenorphine hcl-naloxone</i>		CARAFATE	
BICILLIN L-A.....	9	<i>hcl dihydrate 2-0.5mg</i>	28	see <i>sucralfate</i>	37
BIKTARVY.....	6	<i>buprenorphine hcl-naloxone</i>		CARBAGLU.....	34
BILTRICIDE		<i>hcl dihydrate 4-1mg</i>	28	<i>carbamazepine</i>	18
see <i>praziquantel</i>	4	<i>buprenorphine hcl-naloxone</i>		CARBATROL	
<i>bisoprolol &</i>		<i>hcl dihydrate 8-2mg</i>	28	see <i>carbamazepine</i>	18
<i>hydrochlorothiazide</i>	15	<i>buprenorphine hcl-naloxone</i>		<i>carbidopa/levodopa/entacap</i>	
<i>bisoprolol fumarate</i>	15	<i>hcl sl</i>	28	<i>one</i>	22
BIVIGAM.....	40	<i>bupropion hcl</i>	21	<i>carbidopa-levodopa</i>	22
BLEPH-10		<i>bupropion hcl (smoking</i>		<i>carboplatin</i>	12
see <i>sulfacetamide sodium</i>		<i>deterrent)</i>	28	CARDIZEM	
<i>(ophth)</i>	43	<i>bupirone hcl</i>	18	see <i>diltiazem hcl</i>	16
BLEPHAMIDE.....	43	<i>butorphanol tartrate</i>	1	CARDIZEM CD	

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

see <i>cartia xt cap 120/24hr</i>	<i>cefazolin inj</i>.....7	<i>cilostazol</i>.....39
.....15	<i>cefazolin sodium</i>.....7	CILOXAN.....43
see <i>cartia xt cap 180/24hr</i>	CEFAZOLIN SODIUM 1	see <i>ciprofloxacin hcl</i>
.....15	GM/50ML.....7	(<i>ophth</i>).....43
see <i>cartia xt cap 240/24hr</i>	<i>cefdinir</i>.....7	CIMDUO.....6
.....15	<i>cefepime hcl</i>.....8	<i>cinacalcet hcl</i>.....35
see <i>cartia xt cap 300/24hr</i>	<i>cefixime</i>.....8	CIPRO
.....15	<i>cefoxitin sodium</i>.....8	see <i>ciprofloxacin</i>.....8
see <i>diltiazem cap 240mg</i>	<i>cefpodoxime proxetil</i>.....8	see <i>ciprofloxacin hcl tab</i> ..8
<i>cd</i>.....15	<i>cefprozil</i>.....8	CIPRODEX.....49
see <i>diltiazem cap 360mg</i>	<i>ceftazidime</i>.....8	<i>ciprofloxacin</i>.....8
<i>cd</i>.....15	CEFTAZIDIME/DEXTROSE	<i>ciprofloxacin hcl (ophth)</i> ...43
see <i>diltiazem hcl coated</i>	.....8	<i>ciprofloxacin hcl tab</i>.....8
<i>beads</i>.....16	<i>ceftriaxone sodium</i>.....8	<i>ciprofloxacin in d5w</i>.....8
see <i>diltiazem hcl coated</i>	<i>cefuroxime axetil</i>.....8	<i>cisplatin</i>.....12
<i>beads cap sr 24hr</i>.....16	<i>cefuroxime sodium</i>.....8	<i>cialopram hydrobromide</i> ..21
see <i>diltiazem hcl extended</i>	CELEBREX	<i>claravis</i>.....46
<i>release beads cap sr</i>....16	see <i>celecoxib</i>.....1	<i>clarithromycin</i>.....8
CARDURA	<i>celecoxib</i>.....1	<i>clarithromycin er</i>.....8
see <i>doxazosin mesylate</i> 13	CELEXA	<i>clarithromycin for susp</i>.....8
CARNITOR	see <i>citalopram</i>	CLEOCIN
see <i>levocarnitine</i>	<i>hydrobromide</i>.....21	see <i>clindamycin cap</i>
(<i>metabolic modifiers</i>).....34	CELLCEPT	300mg.....4
<i>carteolol hcl (ophth)</i>.....44	see <i>mycophenolate mofetil</i>	see <i>clindamycin cap 75mg</i>
<i>cartia xt cap 120/24hr</i>.....15	.....40	.....4
<i>cartia xt cap 180/24hr</i>.....15	CELONTIN.....18	see <i>clindamycin hcl cap</i>
<i>cartia xt cap 240/24hr</i>.....15	<i>cephalexin</i>.....8	150 mg.....4
<i>cartia xt cap 300/24hr</i>.....15	CERDELGA.....34	see <i>clindamycin</i>
<i>carvedilol</i>.....15	CEREZYME.....34	<i>phosphate vaginal</i>.....38
CASODEX	<i>cetirizine syrup</i>.....45	CLEOCIN PEDIATRIC
see <i>bicalutamide</i>.....10	<i>cevimeline hcl</i>.....49	GRANULE
<i>caspofungin acetate</i>.....5	CHANTIX.....28	see <i>clindamycin soln</i>
CATAPRES	CHANTIX CONTINUING	75mg/5ml.....4
see <i>clonidine hcl</i>.....17	MONTH.....28	CLEOCIN PHOSPHATE
CATAPRES-TTS-1	CHANTIX STARTER PACK	see <i>clindamycin</i>
see <i>clonidine hcl ptwk</i> ...17	.....28	<i>phosphate inj</i>.....4
CATAPRES-TTS-2	CHEMET.....31	CLEOCIN-T
see <i>clonidine hcl ptwk</i> ...17	<i>chlorhexidine gluconate</i>	see <i>clindamycin</i>
CATAPRES-TTS-3	(<i>mouth-throat</i>).....49	<i>phosphate (topical)</i>.....46
see <i>clonidine hcl ptwk</i> ...17	<i>chloroquine phosphate</i>.....5	CLIMARA
CAYSTON.....4	<i>chlorothiazide tabs</i>.....16	see <i>estradiol</i>.....34
<i>caziant pak</i>.....32	<i>chlorpromazine hcl</i>.....23	<i>clindamycin cap 300mg</i>.....4
<i>cefaclor</i>.....7	CHLORPROMAZINE INJ..23	<i>clindamycin cap 75mg</i>.....4
CEFACLOR	<i>chlorthalidone</i>.....16	<i>clindamycin hcl cap 150 mg</i> 4
MONOHYDRATE ER.....7	<i>cholestyramine</i>.....14	<i>clindamycin phosphate</i>
<i>cefadroxil</i>.....7	<i>cholestyramine light pack</i> ..14	(<i>topical</i>).....46
CEFAZOLIN IN DEXTROSE	<i>cholestyramine light powd</i> .14	<i>clindamycin phosphate in</i>
2GM/100ML-4%.....7	<i>ciclopirox</i>.....47	<i>d5w</i>.....4

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

CLINDAMYCIN	see <i>colestipol hcl gran</i> ... 14	COUMADIN	39
PHOSPHATE IN NA ₂ CO ₃.....4	see <i>colestipol hcl pack</i> .. 14	see <i>jantoven</i>	39
<i>clindamycin phosphate inj</i> ...4	see <i>colestipol hcl tabs</i> ... 14	see <i>warfarin sodium</i>	39
<i>clindamycin phosphate vaginal</i>	<i>colestipol hcl gran</i> 14	COZAAR	
.....38	<i>colestipol hcl pack</i> 14	see <i>losartan potassium</i> . 14	
<i>clindamycin soln 75mg/5ml</i> .4	<i>colestipol hcl tabs</i>	CREON.....	38
CLINIMIX	<i>colistimethate sodium</i>	CRESTOR	
4.25%/DEXTROSE 5%.....42	<i>colocort enema 100mg</i>.....37	see <i>rosuvastatin calcium</i>	
CLINIMIX 5%/DEXTROSE	COLY-MYCIN M	..... 14	
15%.....42	see <i>colistimethate sodium</i>	CRIVAN.....	5
CLINIMIX 5%/DEXTROSE	..... 4	<i>cromolyn sodium</i>	
20%.....42	COLYTE-FLAVOR PACKS	(<i>mastocytosis</i>)	37
CLINIMIX INJ 4.25/D10 ....42	see <i>gavilyte-c</i>	<i>cromolyn sodium (ophth)</i> ..	44
<i>clobazam</i>.....18	COMBIGAN	<i>cromolyn sodium nebu</i>	45
<i>clomipramine hcl</i>.....21	COMBIVENT RESPIMAT .44	<i>cryselle-28</i>	32
<i>clonazepam</i>.....18	COMBIVIR	CUBICIN	
<i>clonidine hcl</i>.....17	see <i>lamivudine-zidovudine</i>	see <i>daptomycin</i>	4
<i>clonidine hcl ptwk</i>.....17	..... 6	<i>cyclafem 1/35</i>	32
<i>clopidogrel tab 75mg</i>.....39	COMETRIQ	<i>cyclafem 7/7/7</i>	32
<i>clorazepate dipotassium</i> ...18	COMPLERA.....	<i>cyclobenzaprine hcl</i>	28
<i>clotrimazole</i>.....49	<i>compro</i>	<i>cyclophosphamide</i>	9
<i>clotrimazole (topical)</i>.....47	COMTAN	CYCLOPHOSPHAMIDE.....	9
<i>clotrimazole w/</i>	see <i>entacapone</i>	<i>cycloserine</i>	7
<i>betamethasone</i>	<i>constulose</i>	<i>cyclosporine</i>	40
.....47	37	<i>cyclosporine modified (for</i>	
CLOZAPINE	COPAXONE	<i>microemulsion)</i>	40
see <i>clozapine tab 200mg</i>	see <i>glatiramer acetate</i>	CYKLOKAPRON	
.....23	.....28	see <i>tranexamic acid</i>	39
see <i>clozapine tab 50mg</i> 23	see <i>glatiramer acetate</i>	CYMBALTA	
<i>clozapine odt</i>.....23	.....28	see <i>duloxetine hcl</i>	21
<i>clozapine tab 100mg</i>.....23	see <i>glatopa</i>	<i>cyproheptadine hcl</i>	45
<i>clozapine tab 200mg</i>.....23	.....28	<i>cyred tab</i>	32
<i>clozapine tab 25mg</i>.....23	COPIKTRA	CYSTADANE.....	34
<i>clozapine tab 50mg</i>.....23	11	CYSTAGON	34
CLOZARIL	COREG	CYSTARAN	44
see <i>clozapine tab 100mg</i>	see <i>carvedilol</i>	<i>cytarabine</i>	9
.....23	..... 15	CYTOMEL	
see <i>clozapine tab 25mg</i> 23	CORGARD	see <i>liothyronine sodium</i> 36	
COARTEM.....5	see <i>nadolol</i>	CYTOTEC	
COGENTIN	15	see <i>misoprostol</i>	37
see <i>benztropine mesylate</i>	CORLANOR	CYTOVENE	
<i>inj</i>.....22	17	see <i>ganciclovir sodium</i>	7
COLAZAL	CORTEF	D	
see <i>balsalazide disodium</i>	see <i>hydrocortisone</i>	D.H.E. 45	
.....37	34	see <i>dihydroergotamine</i>	
<i>colchicine w/ probenecid</i>.....1	CORTENEMA	<i>mesylate inj 1 mg/ml</i>	26
COLCRYST.....1	see <i>colocort enema</i>	<i>dalfampridine</i>	28
<i>colesevelam hcl</i>	<i>100mg</i>	DALIRESP	45
.....14	37		
COLESTID	see <i>hydrocortisone</i>		
	(<i>enema</i>).....		
	37		
	<i>cortisone acetate</i>		
	34		
	COSOPT		
	see <i>dorzolamide hcl-</i>		
	<i>timolol maleate</i>		
	44		
	COTELLIC		
	11		

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

<i>danazol</i>	33	.....	29	.....	42
DANTRIUM		DERMA-SMOOTH/FS		dextrose 10%/nacl 0.45%.	42
see <i>dantrolene sodium</i> ..	28	BODY		dextrose 2.5%/nacl 0.45%	42
<i>dantrolene sodium</i>	28	see <i>fluocinolone acetonide</i>		dextrose 5%.....	42
<i>dapsone</i>	4	.....	47	DEXTROSE 5%	
DAPTACEL	41	DERMA-SMOOTH/FS		/ELECTROLYTE.....	42
<i>daptomycin</i>	4	SCALP		dextrose 5%/nacl 0.2%....	42
DAPTOMYCIN	4	see <i>fluocinolone acetonide</i>		dextrose 5%/nacl 0.225%.	42
<i>dasetta 1/35</i>	32	<i>oil body</i>	48	DEXTROSE 5%/NACL 0.3%	
<i>dasetta 7/7/7</i>	32	DERMOTIC		.....	42
DAURISMO.....	10	see <i>flac</i>	49	dextrose 5%/nacl 0.33%...	42
DDAVP		see <i>fluocinolone acetonide</i>		dextrose 5%/nacl 0.45%...	42
see <i>desmopressin acetate</i>		(<i>otic</i>).....	49	dextrose 5%/nacl 0.9%....	42
<i>spray</i>	36	DESCOVY	6	dextrose 5%/potassium chl	
see <i>desmopressin acetate</i>		<i>desipramine hcl</i>	21	.....	42
<i>tabs</i>	36	<i>desmopressin acetate spray</i>		dextrose 50%.....	42
see <i>desmopressin inj</i>		.....	36	dextrose in lactated ringers	
<i>4mcg/ml</i>	36	<i>desmopressin acetate spray</i>		.....	42
<i>deblitane</i>	32	<i>refrigerated</i>	36	dextrose inj 70%	42
DELESTROGEN.....	34	<i>desmopressin acetate tabs</i>		DIASTAT ACUDIAL.....	18
see <i>estradiol valerate</i>	34	.....	36	DIASTAT PEDIATRIC	18
DELSTRIGO	6	<i>desmopressin inj 4mcg/ml</i>	36	<i>diazepam</i>	18
<i>delyla</i>	32	<i>desogestrel & ethinyl</i>		<i>diazepam gel</i>	18
DELZICOL		<i>estradiol</i>	32	<i>diazepam inj</i>	18
see <i>mesalamine</i>	37	<i>desogestrel-ethinyl estradiol</i>		<i>diazepam intensol</i>	18
DEM SER.....	17	(<i>biphasic</i>)	32	<i>diazepam oral soln 1 mg/ml</i>	
DEPACON		<i>desvenlafaxine succinate</i> ..	21	.....	18
see <i>valproate sodium</i>	20	DETROL		<i>diclofenac potassium</i>	1
DEPAKENE		see <i>tolterodine tartrate</i>		<i>diclofenac sodium</i>	1
see <i>valproic acid</i>	20	<i>tabs</i>	38	<i>diclofenac sodium (ophth)</i> .	43
DEPAKOTE		DETROL LA		<i>diclofenac sodium (topical)</i>	
see <i>divalproex sodium</i> ...	19	see <i>tolterodine tartrate cap</i>		1% gel.....	48
DEPAKOTE ER		<i>er</i>	38	<i>dicloxacillin sodium</i>	9
see <i>divalproex sodium</i> ...	18	<i>dexamethasone</i>	34	<i>dicyclomine hcl cap 10mg</i> .	36
DEPAKOTE SPRINKLES		DEXAMETHASONE	34	<i>dicyclomine hcl soln</i>	
see <i>divalproex sodium</i> ...	18	DEXAMETHASONE		10mg/5ml.....	36
DEPEN TITRATABS.....	31	SODIUM PHOS		<i>dicyclomine hcl tab 20mg</i> .	36
DEPO-MEDROL		see <i>dexamethasone</i>		<i>didanosine</i>	5
see <i>methylprednisolone</i>		<i>sodium phosphate</i>	34	DIFICID.....	8
<i>acetate</i>	34	<i>dexamethasone sodium</i>		DIFLUCAN	
DEPO-PROVERA		<i>phosphate</i>	34	see <i>fluconazole</i>	5
CONTRACEPTIV		<i>dexamethasone sodium</i>		<i>diflunisal</i>	1
see <i>medroxyprogesterone</i>		<i>phosphate (ophth)</i>	43	<i>digitek</i>	16
<i>acetate (contraceptive)</i> ..	32	DEXILANT	38	<i>digox</i>	16
DEPO-PROVERA INJ		<i>dexmethylphenidate hcl</i>	26	<i>digoxin</i>	16
400/ML.....	10	<i>dextrose 10% flex contain</i> .	42	<i>digoxin inj</i>	16
DEPO-TESTOSTERONE		DEXTROSE 10% W/		<i>digoxin sol 50mcg/ml</i>	16
see <i>testosterone cypionate</i>		SODIUM CHLORIDE 0.2%		<i>dihydroergotamine mesylate</i>	

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

<i>inj 1 mg/ml</i>.....26	<i>divalproex sodium</i> 18, 19	E
<i>dihydroergotamine mesylate</i>	<i>docetaxel</i> 10	<i>e.e.s 400</i> 8
<i>nasal spr 4 mg/ml</i>.....26	DOCETAXEL 10	EC-NAPROSYN
DILANTIN	<i>see docetaxel</i> 10	<i>see naproxen dr</i> 1
<i>see phenytoin sodium</i>	<i>dofetilide</i> 14	EC-NAPROXEN
<i>extended</i>.....20	DOLOPHINE	<i>see naproxen dr</i> 1
DILANTIN CAP 100MG ....18	<i>see methadone hcl 10mg</i> 3	EDURANT .....5
DILANTIN CAP 30MG .....18	<i>see methadone hcl 5mg</i> ..3	<i>efavirenz</i>.....5
DILANTIN CHEW TAB	<i>donepezil hydrochloride</i> ...20	EFFEXOR XR
50MG .....18	<i>dorzolamide hcl</i>.....44	<i>see venlafaxine hcl</i>.....22
DILANTIN INFATABS	<i>dorzolamide hcl-timolol</i>	EFFIENT
<i>see phenytoin</i>.....20	<i>maleate</i>.....44	<i>see prasugrel hcl</i>.....39
DILANTIN-125	DOVATO.....6	EFUDEX
<i>see phenytoin</i>.....20	DOVONEX	<i>see fluorouracil (topical)</i> 48
DILANTIN-125 SUSP .....18	<i>see calcipotriene</i> .....47	<i>eletriptan hydrobromide</i> ...27
DILAUDID	<i>doxazosin mesylate</i> 13	ELIMITE
<i>see hydromorphone hcl</i> ...2	<i>doxepin hcl</i>.....21	<i>see permethrin cre 5%</i> ..49
<i>diltiazem cap 240mg cd</i> ....15	DOXIL	ELIQUIS .....39
<i>diltiazem cap 360mg cd</i> ....15	<i>see doxorubicin hcl</i>	ELIQUIS STARTER PACK
<i>diltiazem cap er/12hr</i>.....15	<i>liposomal</i>.....9	.....39
<i>diltiazem hcl</i> .....16	<i>doxorubicin hcl</i>.....9	ELLA.....32
<i>diltiazem hcl coated beads</i> 16	<i>doxorubicin hcl liposomal</i> ...9	ELLECE
<i>diltiazem hcl coated beads</i>	<i>doxy 100</i> .....9	<i>see epirubicin hcl</i> 9
<i>cap sr 24hr</i>.....16	<i>doxycycline (monohydrate)</i> .9	ELOCON
<i>diltiazem hcl extended</i>	<i>doxycycline hyclate</i>.....9	<i>see mometasone furoate</i>
<i>release beads cap sr</i> 16	<i>dronabinol</i>.....36	.....48
<i>diltiazem inj</i>.....16	<i>drospirenone-ethinyl</i>	EMCYT .....9
<i>dilt-xr cap</i> .....15	<i>estradiol</i> .....32	EMEND.....36
DIOVAN	DROXIA.....39	<i>see aprepitant</i> .....36
<i>see valsartan</i>.....14	<i>duloxetine hcl</i>.....21	EMGALITY .....27
DIOVAN HCT	DURAGESIC	<i>emoquette</i>.....32
<i>see valsartan-</i>	<i>see fentanyl patch 100</i>	EMSAM .....21
<i>hydrochlorothiazide</i> 14	<i>mcg/hr</i> .....2	EMTRIVA.....5
<i>diphenhydramine hcl inj</i>	<i>see fentanyl patch 12</i>	EMVERM.....4
<i>50mg/ml</i> .....45	<i>mcg/hr</i> .....2	<i>enalapril maleate</i> 13
<i>diphenoxylate w/ atropine</i> .37	<i>see fentanyl patch 25</i>	<i>enalapril maleate &</i>
DIPHThERIA/TETANUS	<i>mcg/hr</i> .....2	<i>hydrochlorothiazide</i> 12
TOXOID .....41	<i>see fentanyl patch 50</i>	ENDARI .....39
DIPROLENE	<i>mcg/hr</i> .....2	<i>endocet 10-325mg</i>.....2
<i>see betamethasone</i>	<i>see fentanyl patch 75</i>	<i>endocet 2.5-325mg</i>.....2
<i>dipropionate augmented</i> 47	<i>mcg/hr</i> .....2	<i>endocet 5-325mg</i>.....2
DIPROLENE AF	DUREZOL.....43	<i>endocet 7.5-325mg</i>.....2
<i>see betamethasone</i>	<i>dutasteride</i>.....38	ENGERIX-B .....41
<i>dipropionate augmented</i> 47	<i>dutasteride-tamsulosin hcl</i> 38	<i>enoxaparin sodium</i> .....39
<i>disopyramide phosphate</i> ...14	DYAZIDE	<i>enpresse-28</i>.....32
<i>disulfiram</i>.....28	<i>see triamterene &</i>	<i>enskyce</i> .....32
DITROPAN XL	<i>hydrochlorothiazide cap</i>	ENSTILAR.....47
<i>see oxybutynin chloride</i> .38	37.5-25 mg..... 17	<i>entacapone</i>.....22

<i>entecavir</i>.....7	see <i>estradiol</i>.....34	<i>hydrochlorothiazide</i> 10-320-25mg..... 13
ENTOCORT EC	see <i>estradiol vaginal cream</i>.....34	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 5-160-12.5mg..... 13
see <i>budesonide ec</i>.....37	<i>estradiol</i>.....34	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 5-160-25mg..... 13
ENTRESTO.....13	<i>estradiol vaginal cream</i>.....34	<i>ezetimibe</i> 14
<i>enulose</i>.....37	<i>estradiol vaginal tab</i>.....34	F
EPCLUSA.....7	<i>estradiol valerate</i>.....34	FABRAZYME.....34
EPIDIOLEX.....19	ESTROSTEP FE	<i>falmina</i>.....32
<i>epinephrine (anaphylaxis)</i> .45	see <i>tilia fe</i>.....33	<i>famciclovir</i> 7
EPIPEN 2-PAK	see <i>tri-legest fe</i>.....33	<i>famotidine</i>.....36
see <i>epinephrine (anaphylaxis)</i>.....45	<i>ethambutol hcl</i>.....7	<i>famotidine in nacl</i>.....36
EPIPEN-JR 2-PAK	<i>ethosuximide</i> 19	<i>famotidine inj</i>.....36
see <i>epinephrine (anaphylaxis)</i>.....45	<i>ethynodiol diacet & eth estrad</i>.....32	FANAPT.....23
<i>epirubicin hcl</i>.....9	<i>ethynodiol tab 1-50</i>.....32	FANAPT TITRATION PACK.....23
<i>epitol</i>.....19	<i>etodolac</i> 1	FARESTON
EPIVIR	<i>etodolac er</i> 1	see <i>toremifene citrate</i> ... 11
see <i>lamivudine</i>.....6	<i>etoposide</i> 12	FARXIGA.....29
EPIVIR HBV.....7	EVISTA	FARYDAK..... 10
see <i>lamivudine (hbv)</i>.....7	see <i>raloxifene hcl</i>.....35	FASLODEX..... 10
<i>eplerenone</i>.....13	EVOTAZ.....6	FAZACLO
EPZICOM	EVOXAC	see <i>clozapine odt</i>.....23
see <i>abacavir sulfate-lamivudine</i>.....6	see <i>cevimeline hcl</i>.....49	<i>felbamate</i> 19
<i>ergotamine w/ caffeine</i>.....27	EXELON	FELBATOL
ERIVEDGE.....10	see <i>rivastigmine td patch 24hr 13.3 mg/24hr</i>.....21	see <i>felbamate</i> 19
ERLEADA.....10	see <i>rivastigmine td patch 24hr 4.6 mg/24hr</i>.....21	FELDENE
<i>erlotinib hcl</i>.....11	see <i>rivastigmine td patch 24hr 9.5 mg/24hr</i>.....21	see <i>piroxicam</i> 1
<i>errin</i>.....32	<i>exemestane</i> 10	<i>felodipine</i> 16
<i>ertapenem sodium</i>.....4	EXFORGE	FEMARA
<i>ery pad 2%</i>.....46	see <i>amlodipine besylate-valsartan tab 10-160 mg</i> 13	see <i>letrozole</i> 10
ERYGEL	see <i>amlodipine besylate-valsartan tab 10-320 mg</i> 13	FEMHRT LOW DOSE
see <i>erythromycin (acne aid)</i>.....46	see <i>amlodipine besylate-valsartan tab 5-160 mg</i> . 13	see <i>fyavolv</i>.....34
<i>ery-tab</i>.....8	see <i>amlodipine besylate-valsartan tab 5-320 mg</i> . 13	see <i>norethindrone acetate-ethinyl estradiol</i>.....34
ERYTHROCIN	EXFORGE HCT	<i>femynor</i>.....32
LACTOBIONATE.....8	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-12.5mg..... 13	<i>fenofibrate</i> 14
<i>erythrocin stearate</i>.....8	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg..... 13	<i>fenofibrate micronized</i> 15
<i>erythromycin (acne aid)</i>....46	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg..... 13	<i>fentanyl citrate</i>.....2
<i>erythromycin (ophth)</i>.....43	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg..... 13	<i>fentanyl patch 100 mcg/hr</i> ..2
<i>erythromycin base</i>.....8	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg..... 13	<i>fentanyl patch 12 mcg/hr</i>....2
<i>erythromycin cap 250mg ec</i> 8	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg..... 13	<i>fentanyl patch 25 mcg/hr</i>....2
<i>erythromycin ethylsuccinate</i> 8	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg..... 13	<i>fentanyl patch 50 mcg/hr</i>....2
ESBRIET.....45	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg..... 13	<i>fentanyl patch 75 mcg/hr</i>....2
<i>escitalopram oxalate</i>.....21	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg..... 13	FETZIMA.....21
<i>esomeprazole magnesium</i> 38	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg..... 13	
<i>estarylla tab 0.25-35</i>.....32	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg..... 13	
ESTRACE	see <i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg..... 13	

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

FETZIMA TITRATION PACK	<i>fluvoxamine maleate</i> 18	<i>gemcitabine inj soln</i> 9
.....21	FOCALIN	<i>gemfibrozil</i> 15
FIASP .....29	<i>see dexmethylphenidate</i>	<i>generlac</i>.....37
FIASP FLEXTOUCH.....29	<i>hcl</i>.....26	<i>gengraf</i> .....40
<i>finasteride</i> .....38	<i>fondaparinux sodium</i>.....39	GENOTROPIN.....35
FIRAZYR.....39	FORTEO.....35	GENOTROPIN MINIQUICK
<i>flac</i> .....49	FOSAMAX	.....35
FLAGYL	<i>see alendronate sodium</i> 31	<i>gentak</i>.....43
<i>see metronidazole</i>.....4	<i>fosamprenavir tab 700 mg</i> ..6	<i>gentamicin in saline</i> 4
<i>flecainide acetate</i>.....14	<i>fosinopril sodium</i>.....13	<i>gentamicin sulfate</i>.....4
FLOMAX	<i>fosinopril sodium &</i>	<i>gentamicin sulfate (topical)</i>
<i>see tamsulosin hcl</i>.....38	<i>hydrochlorothiazide</i>.....13	.....47
FLOVENT DISKUS .....46	FREAMINE HBC 6.9%.....42	<i>gentamicin sulfate soln</i>
FLOVENT HFA .....46	FREAMINE III .....42	<i>(ophth)</i> .....43
FLOXIN OTIC	<i>furosemide</i> .....16	GENVOYA.....6
<i>see ofloxacin (otic)</i> .....49	<i>furosemide inj</i> .....16	GEODON.....23
<i>fluconazole</i>.....5	FUZEON .....6	<i>see ziprasidone hcl</i> .....25
<i>fluconazole inj nacl 200</i>.....5	<i>fyavolv</i>.....34	<i>gianvi</i> .....32
<i>fluconazole inj nacl 400</i>.....5	FYCOMPA.....19	GILENYA CAP 0.5MG .....28
<i>flucytosine</i>.....5	G	GILOTRIF TAB 20MG .....11
<i>fludrocortisone acetate</i>.....34	<i>gabapentin</i>.....19	GILOTRIF TAB 30MG .....11
FLUMADINE	GABITRIL	GILOTRIF TAB 40MG .....11
<i>see rimantadine</i>	<i>see tiagabine hcl</i> .....20	<i>glatiramer acetate 20mg/ml</i>
<i>hydrochloride</i>.....7	<i>galantamine hydrobromide</i> 20	.....28
<i>flunisolide (nasal)</i>.....46	<i>galantamine hydrobromide</i>	<i>glatiramer acetate 40mg/ml</i>
<i>fluocinolone acetonide</i> 47, 48	<i>er</i> .....20	.....28
<i>fluocinolone acetonide (otic)</i>	GAMASTAN S/D.....40	<i>glatopa</i>.....28
.....49	GAMMAGARD LIQUID .....40	GLEEVEC
<i>fluocinolone acetonide oil</i>	GAMMAGARD S/D .....40	<i>see imatinib mesylate</i> ... 11
<i>body</i>.....48	GAMMAKED.....40	GLEOSTINE 9
<i>fluocinonide</i>.....48	GAMMAPLEX.....40	<i>glimepiride</i> 29, 30
<i>fluocinonide emulsified base</i>	GAMMAPLEX 10GM/100ML	<i>glip/metform tab 2.5-250mg</i>
.....48	.....40	.....30
<i>fluorometholone</i> .....43	GAMUNEX-C.....40	<i>glip/metform tab 2.5-500mg</i>
<i>fluorouracil</i> .....9	<i>ganciclovir sodium</i> .....7	.....30
<i>fluorouracil (topical)</i>.....48, 49	GARDASIL 9.....41	<i>glip/metform tab 5-500mg</i> .30
<i>fluoxetine cap 10mg</i>.....21	GASTROCROM	<i>glipizide</i>.....30
<i>fluoxetine cap 20mg</i>.....21	<i>see cromolyn sodium</i>	<i>glipizide xl</i>.....30
<i>fluoxetine cap 40mg</i>.....21	<i>(mastocytosis)</i>.....37	GLUCAGEN HYPOKIT .....35
<i>fluoxetine hcl</i>.....21	<i>gatifloxacin (ophth)</i> .....43	GLUCAGON EMERGENCY
<i>fluphenazine decanoate</i> ...23	GATTEX .....37	KIT .....35
<i>fluphenazine hcl</i>.....23	GAUZE PADS 2.....29	GLUCOPHAGE
<i>flurbiprofen</i>.....1	<i>gavilyte-c</i>.....37	<i>see metformin hcl</i>.....30
<i>flurbiprofen sodium</i> .....43	<i>gavilyte-g</i> .....37	GLUCOPHAGE XR
<i>flutamide</i> .....10	<i>gavilyte-n/ flavor pack</i>.....37	<i>see metformin er</i>.....30
<i>fluticasone propionate</i>.....48	GEMCITABINE	GLUCOTROL
<i>fluticasone propionate</i>	<i>see gemcitabine inj soln</i> ..9	<i>see glipizide</i> .....30
<i>(nasal)</i>.....46	<i>gemcitabine inj soln</i> .....9	GLUCOTROL XL

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

see <i>glipizide</i>	30	HIBERIX	41	<i>hydromorphone hcl</i>	2
see <i>glipizide xl</i>	30	HIPREX		<i>hydroxychloroquine sulfate</i>	
<i>glycopyrrolate tab 1mg</i>	36	see <i>methenamine</i>		.....	40
<i>glycopyrrolate tab 2mg</i>	36	<i>hippurate</i>	4	<i>hydroxyurea</i>	12
<i>glydo</i>	48	HUMIRA.....	39, 40	<i>hydroxyzine hcl</i>	45
GOLYTELY	37	HUMIRA INJ 10MG/0.2ML	40	<i>hydroxyzine hcl inj</i>	45
see <i>gavilyte-g</i>	37	HUMIRA KIT 20MG/0.4ML	40	<i>hydroxyzine pamoate</i>	45
see <i>peg 3350-kcl-sod</i>		HUMIRA KIT 40MG/0.8ML	40	HYSINGLA ER.....	2
<i>bicarb-sod chloride-sod</i>		HUMIRA PEDIATRIC		HYZAAR	
<i>sulfate</i>	37	CROHNS DISEASE.....	40	see <i>losartan-</i>	
<i>granisetron hcl</i>	36	HUMIRA PEN	40	<i>hydrochlorothiazide</i>	13
<i>griseofulvin microsize</i>	5	HUMIRA PEN CD/UC/HS		I	
<i>griseofulvin ultramicrosize</i> ...	5	STARTER.....	40	<i>ibandronate sodium tabs</i> ..	31
<i>guanfacine er (adhd)</i>	26	HUMIRA PEN INJ		IBRANCE.....	10
H		CD/UC/HS STARTER.....	40	<i>ibu tab 600mg</i>	1
HAEGARDA.....	39	HUMIRA PEN INJ PS/UV		<i>ibu tab 800mg</i>	1
HALDOL		STARTER.....	40	<i>ibuprofen</i>	1
see <i>haloperidol lactate inj</i>		HUMIRA PEN-PS/UV		ICLUSIG	11
<i>5mg/ml</i>	23	STARTER.....	40	IDHIFA.....	10
HALDOL DECANOATE 100		HUMULIN R INJ U-500.....	29	ILEVRO	44
see <i>haloperidol decanoate</i>		HUMULIN R U-500		<i>imatinib mesylate</i>	11
.....	23	KWIKPEN	29	IMBRUVICA.....	11
HALDOL DECANOATE 50		<i>hydralazine hcl</i>	17	<i>imipenem-cilastatin</i>	4
see <i>haloperidol decanoate</i>		HYDREA		<i>imipramine hcl</i>	21
.....	23	see <i>hydroxyurea</i>	12	<i>imiquimod</i>	49
<i>halobetasol propionate</i>	48	<i>hydrochlorothiazide</i>	16	IMITREX	
<i>haloperidol</i>	23	<i>hydroco/apap tab 10-325mg</i>		see <i>sumatriptan</i>	27
<i>haloperidol conc 2mg/ml</i> ...	23	.....	2	see <i>sumatriptan inj</i>	
<i>haloperidol decanoate</i>	23	<i>hydroco/apap tab 5-325mg</i> ..	2	<i>6mg/0.5ml</i>	27
<i>haloperidol lactate inj 5mg/ml</i>		<i>hydroco/apap tab 7.5-325</i> ...	2	see <i>sumatriptan succinate</i>	
.....	23	<i>hydrocodone-acetaminophen</i>		.....	27
HARVONI.....	7	<i>7.5-325 mg/15ml</i>	2	IMITREX STATDOSE	
HAVRIX.....	41	<i>hydrocodone-ibuprofen tab</i>		REFILL	
<i>heather</i>	32	<i>7.5-200 mg</i>	2	see <i>sumatriptan inj</i>	
<i>heparin sod (porcine) in d5w</i>		<i>hydrocortisone</i>	34	<i>4mg/0.5ml</i>	27
.....	39	<i>hydrocortisone (enema)</i>	37	see <i>sumatriptan inj</i>	
<i>heparin sod inj 1000/ml</i>	39	<i>hydrocortisone (topical)</i>		<i>6mg/0.5ml</i>	27
<i>heparin sod inj 10000/ml</i> ...	39	<i>cream 1%</i>	48	IMITREX STATDOSE	
<i>heparin sod inj 20000/ml</i> ...	39	<i>hydrocortisone (topical)</i>		SYSTEM	
<i>heparin sod inj 5000/ml</i>	39	<i>cream 2.5%</i>	48	see <i>sumatriptan inj</i>	
HEPARIN SODIUM/NACL		<i>hydrocortisone (topical)</i>		<i>4mg/0.5ml</i>	27
0.45%.....	39	<i>lotion 2.5%</i>	48	see <i>sumatriptan inj</i>	
<i>hepatamine</i>	42	<i>hydrocortisone (topical) oint</i>		<i>6mg/0.5ml</i>	27
HEPSERA		<i>2.5%</i>	48	IMOYAX RABIES (H.D.C.V.)	
see <i>adefovir dipivoxil</i>	7	<i>hydrocortisone butyrate</i>		.....	41
HERCEPTIN	10	<i>cream 0.1%</i>	48	IMURAN	
HERCEPTIN HYLECTA....	10	<i>hydrocortisone butyrate oint</i>		see <i>azathioprine</i>	40
HETLIOZ.....	26	<i>0.1%</i>	48	<i>incassia</i>	32

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

INCRELEX.....35	<i>irbesartan-</i>	JENTADUETO TAB XR 5-
INCRUSE ELLIPTA .....44	<i>hydrochlorothiazide</i> 13	1000 MG 30
<i>indapamide</i> 16	IRESSA.....11	<i>jinteli</i> 34
INDERAL LA	<i>irinotecan hcl</i>.....12	<i>jolessa tab 0.15-0.03 mg</i> ..32
see <i>propranolol cap er</i> ...15	ISENTRESS .....6	<i>jolivette</i> .....32
INFANRIX .....41	ISENTRESS HD .....6	<i>juleber</i>.....32
INLYTA .....11	<i>isibloom</i>.....32	JULUCA.....6
INSPRA	ISOLYTE P .....42	<i>junel 1.5/30</i>.....32
see <i>eplerenone</i>.....13	ISOLYTE S .....42	<i>junel 1/20</i>.....32
INSULIN PEN NEEDLE ...29	<i>isoniazid</i>.....7	<i>junel fe 1.5/30</i>.....32
INSULIN SAFETY	<i>isoniazid syp 50mg/5ml</i>.....7	<i>junel fe 1/20</i>.....32
NEEDLES .....29	ISOPTO CARPINE	JUXTAPID 15
INSULIN SYRINGE.....29	see <i>pilocarpine hcl</i>.....44	K
INTELENCE.....6	ISORDIL TITRADOSE	KADCYLA..... 10
INTRALIPID 30%.....42	see <i>isosorbide dinitrate</i> .17	KALETRA
INTRALIPID INJ 20%.....42	<i>isosorb mononitrate tab</i> ....17	see <i>lopinavir-ritonavir</i>.....6
INTRON-A INJ 10MU.....40	<i>isosorbide dinitrate</i>.....17	KALETRA TAB 100-25MG .6
INTRON-A INJ 18MU.....40	<i>isosorbide dinitrate er</i>.....17	KALETRA TAB 200-50MG .6
INTRON-A INJ 25MU.....40	<i>isosorbide mononitrate er</i> .17	KALYDECO .....45
INTRON-A INJ 50MU.....40	<i>isotretinoin</i> .....46	<i>kariva</i>.....32
<i>introvale</i> .....32	<i>isradipine</i> 16	<i>kcl 0.075%/d5w/nacl 0.45%</i>
INTUNIV	ISTALOL	.....42
see <i>guanfacine er (adhd)</i>	see <i>timolol maleate ophth</i>	KCL 0.15%/D5W/NACL
.....26	<i>soln 0.5% (once-daily)</i> ...44	0.225% .....42
INVANZ	<i>itraconazole</i> .....5	<i>kcl 0.15%/d5w/nacl 0.9%</i> ..42
see <i>ertapenem sodium</i>....4	<i>ivermectin</i> .....4	<i>kcl 0.3%/d5w/nacl 0.45%</i> ..42
INVEGA	IXIARO.....41	KCL 0.3%/D5W/NACL 0.9%
see <i>paliperidone</i>.....24	J	.....42
INVEGA SUST INJ 117	JADENU .....31	<i>kcl/d5w inj 0.3%</i>.....42
MG/0.75 ML .....24	JADENU SPRINKLE.....31	<i>kcl/d5w/nacl inj .15/.33%</i> ..42
INVEGA SUST INJ	JAKAFI.....11	<i>kcl/d5w/nacl inj .15/.45%</i> ..42
156MG/ML .....24	JALYN	<i>kcl/d5w/nacl inj 0.22%/0.45%</i>
INVEGA SUST INJ 234	see <i>dutasteride-tamsulosin</i>	.....42
MG/1.5 ML .....24	<i>hcl</i>.....38	<i>kcl/nacl inj 0.15%-0.9%</i>....42
INVEGA SUST INJ 39	<i>jantoven</i>.....39	<i>kcl/nacl inj 0.3-0.9</i>.....42
MG/0.25 ML .....24	JANUMET .....30	<i>kcl0.15%/d5w/nacl0.2%</i>....42
INVEGA SUST INJ 78	JANUMET XR TAB 100-	KEFLEX
MG/0.5 ML .....24	1000.....30	see <i>cephalexin</i> 8
INVEGA TRINZA .....24	JANUMET XR TAB 50-1000	<i>kelnor 1/35</i>.....32
INVIRASE .....6	.....30	<i>kelnor 1/50</i>.....32
IONOSOL-MB/DEXTROSE	JANUMET XR TAB 50-	KEPPRA
5%.....42	500MG .....30	see <i>levetiracetam</i> 19
IPOL INACTIVATED IPV .41	JANUVIA.....30	see <i>levetiracetam oral soln</i>
<i>ipratropium bromide</i> .....45	JARDIANCE .....30	<i>100 mg/ml</i> 19
<i>ipratropium bromide (nasal)</i>	<i>jasmiel</i>.....32	see <i>roweepra</i> .....20
.....45	JENTADUETO .....30	KEPPRA XR
<i>ipratropium-albuterol nebu</i> 44	JENTADUETO TAB XR 2.5-	see <i>levetiracetam</i> 19
<i>irbesartan</i>.....14	1000 MG .....30	see <i>roweepra xr</i> .....20

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

<i>ketoconazole</i>.....5	see <i>lamotrigine</i>.....19	<i>levalbuterol hcl</i>.....45
<i>ketoconazole cream</i>.....47	LAMISIL	<i>levalbuterol hcl soln nebu</i>
<i>ketoconazole shampoo</i>.....47	see <i>terbinafine hcl</i>.....5	<i>conc 1.25 mg/0.5ml</i>.....45
<i>ketorolac tromethamine</i>	<i>lamivudine</i>.....6	<i>levalbuterol tartrate hfa</i>.....45
<i>(ophth)</i>.....44	<i>lamivudine (hbv)</i>.....7	LEVAQUIN
KEYTRUDA.....10	<i>lamivudine-zidovudine</i>.....6	see <i>levofloxacin</i>.....8
KINRIX.....41	<i>lamotrigine</i>.....19	LEVEMIR.....29
<i>kionex sus 15gm/60ml</i>.....31	LANOXIN	LEVEMIR FLEXTOUCH...29
KISQALI.....10	see <i>digitek</i>.....16	<i>levetiracetam</i>.....19
KISQALI FEMARA 200	see <i>digox</i>.....16	LEVETIRACETAM
DOSE.....10	see <i>digoxin</i>.....16	see <i>levetiracetam in</i>
KISQALI FEMARA 400	see <i>digoxin inj</i>.....16	<i>sodium chloride</i>.....19
DOSE.....10	<i>lansoprazole</i>.....38	<i>levetiracetam in sodium</i>
KISQALI FEMARA 600	<i>larin 1.5/30</i>.....32	<i>chloride</i>.....19
DOSE.....10	<i>larin 1/20</i>.....32	<i>levetiracetam oral soln 100</i>
KITABIS PAK	<i>larin fe 1.5/30</i>.....32	<i>mg/ml</i>.....19
see <i>tobramycin</i>.....4	<i>larin fe 1/20</i>.....32	<i>levobunolol hcl</i>.....44
KLARON	<i>larissia tab</i>.....32	<i>levocarnitine (metabolic</i>
see <i>sulfacetamide sodium</i>	LASIX	<i>modifiers)</i>.....34
<i>(acne)</i>.....46	see <i>furosemide</i>.....16	<i>levocetirizine dihydrochloride</i>
KLONOPIN	LASTACRAFT.....44	.....45
see <i>clonazepam</i>.....18	<i>latanoprost</i>.....44	<i>levofloxacin</i>.....8
<i>klor-con 10</i>.....41	LATUDA.....24	<i>levofloxacin in d5w</i>.....8
<i>klor-con 8</i>.....41	<i>leena</i>.....32	<i>levofloxacin inj 25mg/ml</i>.....8
<i>klor-con m10</i>.....41	<i>leflunomide</i>.....40	<i>levofloxacin oral soln 25</i>
<i>klor-con m15</i>.....41	LENVIMA 10 MG DAILY	<i>mg/ml</i>.....8
<i>klor-con m20</i>.....41	DOSE.....11	<i>levonest</i>.....32
<i>klor-con pak 20meq</i>.....41	LENVIMA 12MG DAILY	<i>levonor/ethi tab</i>.....32
<i>klor-con spr cap 10meq</i>.....41	DOSE.....11	<i>levonorgestrel & eth estradiol</i>
<i>klor-con spr cap 8meq</i>.....41	LENVIMA 14 MG DAILY	.....32
KORLYM.....35	DOSE.....11	<i>levonorgestrel-ethinyl</i>
K-TAB	LENVIMA 18 MG DAILY	<i>estradiol (91-day)</i>.....32
see <i>potassium chloride</i>.....42	DOSE.....11	<i>levora 0.15/30-28</i>.....32
<i>kurvelo</i>.....32	LENVIMA 20 MG DAILY	<i>levo-t</i>.....36
KUVAN.....34	DOSE.....11	<i>levothyroxine sodium</i>.....36
L	LENVIMA 24 MG DAILY	<i>levoxyl</i>.....36
<i>labetalol hcl</i>.....15	DOSE.....12	LEXAPRO
<i>lactated ringer's</i>.....42	LENVIMA 4 MG DAILY	see <i>escitalopram oxalate</i>
<i>lactulose</i>.....37	DOSE.....11	.....21
<i>lactulose (encephalopathy)</i>	LENVIMA 8 MG DAILY	LEXIVA.....6
.....37	DOSE.....11	see <i>fosamprenavir tab 700</i>
LAMICTAL	<i>lessina</i>.....32	<i>mg</i>.....6
see <i>lamotrigine</i>.....19	LETAIRIS	LIALDA
see <i>subvenite tab</i>.....20	see <i>ambrisentan</i>.....17	see <i>mesalamine</i>.....37
LAMICTAL CHEWABLE	<i>letrozole</i>.....10	<i>lidocaine</i>.....48
DISPERS	<i>leucovorin calcium</i>.....12	<i>lidocaine hcl</i>.....48
see <i>lamotrigine</i>.....19	LEUKERAN.....9	<i>lidocaine hcl (local anesth.)</i> 3
LAMICTAL XR	<i>leuprolide inj 1mg/0.2</i>.....10	<i>lidocaine hcl (mouth-throat)</i>

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

.....49	see <i>junel fe 1/20</i>.....32	LOTRISONE
<i>lidocaine inj 0.5%</i>.....3	see <i>larin fe 1/20</i>.....32	see <i>clotrimazole w/</i>
<i>lidocaine inj 1%</i>.....3	see <i>microgestin fe 1/20</i> ..33	<i>betamethasone</i> .....47
<i>lidocaine inj 1.5%</i>	see <i>tarina fe 1/20</i> .....33	LOTRONEX
<i>preservative free (pf)</i>.....3	LOMOTIL	see <i>alosetron hcl</i>.....37
<i>lidocaine oint 5%</i>.....48	see <i>diphenoxylate w/</i>	<i>lovastatin</i> 14
<i>lidocaine-prilocaine</i> .....48	<i>atropine</i> .....37	LOVENOX
LIDODERM	LONSURF .....12	see <i>enoxaparin sodium</i> ..39
see <i>lidocaine</i> .....48	<i>loperamide hcl</i> .....37	<i>low-ogestrel</i> .....32
<i>linezolid in sodium chloride</i> ..4	LOPID	<i>loxapine succinate</i>.....24
<i>linezolid inj</i> .....4	see <i>gemfibrozil</i>.....15	LUMIGAN .....44
<i>linezolid susp</i> .....4	<i>lopinavir-ritonavir</i> .....6	LUMIZYME .....34
<i>linezolid tab 600mg</i>.....4	LOPRESSOR	LUPRON DEPOT (1-
LINZESS .....37	see <i>metoprolol tartrate</i> ..15	MONTH) 10
<i>liothyronine sodium</i>.....36	LOPRESSOR HCT	LUPRON DEPOT INJ
LIPITOR	see <i>metoprolol & hctz tab</i>	11.25MG (3-MONTH) 10
see <i>atorvastatin calcium</i> 14	<i>50-25mg</i>.....15	LUPRON DEPOT-PED (1-
<i>lisinopril</i>.....13	LOPROX	MONTH) .....35
<i>lisinopril &</i>	see <i>ciclopirox</i> .....47	LUPRON DEPOT-PED (3-
<i>hydrochlorothiazide</i>.....13	<i>lorazepam</i>.....18	MONTH) .....35
<i>lithium carbonate</i>.....27	<i>lorazepam intensol</i>.....18	LUPRON DEP-PED INJ
<i>lithium carbonate er</i> .....27	LORBRENA .....12	11.25MG (3-MONTH) .....35
LITHIUM SOLN 8MEQ/5ML	<i>lorcet hd tab 10-325mg</i>.....2	LUPRON DEP-PED INJ
.....27	<i>lorcet plus tab 7.5-325</i> .....2	7.5MG .....35
LITHOBID	<i>lorcet tab 5-325mg</i>.....2	<i>lutea</i>.....32
see <i>lithium carbonate er</i> 27	<i>loryna</i>.....32	LYNPARZA.....10
LOCOID	<i>losartan potassium</i>.....14	LYRICA.....19
see <i>hydrocortisone</i>	<i>losartan-hydrochlorothiazide</i>	LYRICA CR .....27
<i>butyrate cream 0.1%</i>.....48	.....13	LYSODREN .....10
LODINE	LOTEMAX.....44	LYSTEDA
see <i>etodolac</i>.....1	see <i>loteprednol etabonate</i>	see <i>tranexamic acid</i>.....39
LOESTRIN 1.5/30-21	.....44	<i>lyza</i> .....32
see <i>junel 1.5/30</i>.....32	LOTENSIN	M
see <i>larin 1.5/30</i>.....32	see <i>benazepril hcl</i> .....13	MACROBID
see <i>microgestin 1.5/30</i> ..33	LOTENSIN HCT	see <i>nitrofurantoin</i>
LOESTRIN 1/20-21	see <i>benazepril &</i>	<i>monohyd macro</i> .....4
see <i>junel 1/20</i>.....32	<i>hydrochlorothiazide</i> .....12	MACRODANTIN
see <i>larin 1/20</i>.....32	<i>loteprednol etabonate</i> .....44	see <i>nitrofurantoin</i>
see <i>microgestin 1/20</i>.....33	LOTREL	<i>macrocrystal</i>.....4
see <i>norethindrone acet &</i>	see <i>amlodipine--</i>	<i>magnesium sulfate</i>.....41
<i>eth estra</i> .....33	<i>benazepril hcl cap 10-20</i>	MAGNESIUM SULFATE ..41
LOESTRIN FE 1.5/30	<i>mg</i> .....12	see <i>magnesium sulfate</i> ..41
see <i>blisovi fe 1.5/30</i>.....31	see <i>amlodipine-benazepril</i>	MAGNESIUM SULFATE IN
see <i>junel fe 1.5/30</i>.....32	<i>hcl cap 10-40mg</i>.....12	D5W.....41
see <i>larin fe 1.5/30</i>.....32	see <i>amlodipine-benazepril</i>	see <i>magnesium sulfate in</i>
see <i>microgestin fe 1.5/30</i>	<i>hcl cap 5-10 mg</i>.....12	<i>dextrose</i> .....41
.....33	see <i>amlodipine-benazepril</i>	<i>magnesium sulfate in</i>
LOESTRIN FE 1/20	<i>hcl cap 5-20 mg</i>.....12	<i>dextrose</i>.....41

<i>magnesium sulfate inj 50%</i> .....41	see <i>megestrol sus</i> 625mg/5ml 11	<i>methylphenidate hcl oral soln</i>.....26
MALARONE see <i>atovaquone-proguanil</i> <i>hcl</i>.....5	<i>megestrol ac sus 40mg/ml</i> 10	<i>methylphenidate hcl tbc</i> 10 mg.....26
<i>malathion</i> .....49	<i>megestrol ac tab 20mg</i> 10	<i>methylphenidate hcl tbc</i> 20mg.....26
<i>maprotiline hcl</i>.....21	<i>megestrol ac tab 40mg</i> 10	<i>methylpr ss inj</i>.....34
MARINOL see <i>dronabinol</i>.....36	<i>megestrol sus 625mg/5ml</i> .11	<i>methylpred pak 4mg</i> .....34
<i>marlissa</i>.....32	MEKINIST 12	<i>methylpred tab 16mg</i>.....34
MARPLAN TAB 10MG .....21	MEKTOVI.....12	<i>methylpred tab 32mg</i>.....34
MATULANE 12	<i>meloxicam</i> 1	<i>methylpred tab 4mg</i>.....34
MAVIK see <i>trandolapril</i>.....13	<i>memantine hcl cp24</i>.....20	<i>methylpred tab 8mg</i>.....34
MAVYRET.....7	<i>memantine soln</i> .....20	<i>methylprednisolone acetate</i>.....34
MAXALT see <i>rizatriptan benzoate</i> 27	<i>memantine tabs</i> .....21	<i>metoclopramide hcl</i>.....36
MAXALT-MLT see <i>rizatriptan benzoate</i> <i>odt</i> .....27	MENACTRA.....41	<i>metoclopramide hcl inj</i>.....36
MAXIPIME see <i>cefepime hcl</i> .....8	MENVEO .....41	<i>metolazone</i> 16
MAXITROL see <i>neomycin-polymy-</i> <i>dexameth</i>.....43	MEPRON see <i>atovaquone</i>.....4	<i>metoprolol & hctz tab 100-</i> <i>25mg</i> 15
MAXZIDE see <i>triamterene &</i> <i>hydrochlorothiazide tabs</i> 17	<i>mercaptapurine</i>.....9	<i>metoprolol & hctz tab 100-</i> <i>50mg</i> 15
MAXZIDE-25 see <i>triamterene &</i> <i>hydrochlorothiazide tabs</i> 17	<i>meropenem</i>.....4	<i>metoprolol & hctz tab 50-</i> <i>25mg</i> 15
<i>meclizine hcl</i> .....36	MERREM see <i>meropenem</i> .....4	<i>metoprolol succinate</i> 15
MEDROL see <i>methylpred tab 16mg</i>.....34	<i>mesalamine</i> .....37	<i>metoprolol tartrate</i> 15
see <i>methylpred tab 32mg</i>.....34	<i>mesalamine w/ cleanser</i> ...37	METROCREAM see <i>metronidazole</i> (<i>topical</i>) .....49
see <i>methylpred tab 4mg</i> 34	MESNEX..... 12	see <i>rosadan</i> .....49
see <i>methylpred tab 8mg</i> 34	MESTINON see <i>pyridostigmine tab</i> 60mg .....27	METROGEL-VAGINAL see <i>metronidazole vaginal</i>.....38
MEDROL DOSEPAK see <i>methylpred pak 4mg</i>.....34	<i>metadate er tab 20mg</i>.....26	METROLOTION see <i>metronidazole</i> (<i>topical</i>) .....49
<i>medroxyprogesterone</i> <i>acetate (contraceptive)</i> .....32	<i>metformin er</i>.....30	<i>metronidazole</i> 4
<i>medroxyprogesterone</i> <i>acetate tab</i> .....35	<i>metformin hcl</i> .....30	<i>metronidazole (topical)</i> .....49
<i>mefloquine hcl</i>.....5	<i>methadone hcl</i> .....2	<i>metronidazole gel 0.75%</i> ..49
MEGACE ES	<i>methadone hcl 10mg</i> .....3	<i>metronidazole in nacl</i> 4
	<i>methadone hcl 5mg</i> .....3	<i>metronidazole vaginal</i> 38
	<i>methadone hcl intensol</i>.....3	MIACALCIN see <i>calcitonin (salmon)</i> .35
	METHADOSE see <i>methadone hcl</i> <i>intensol</i>.....3	MICARDIS see <i>telmisartan</i> 14
	<i>methazolamide</i> 16	<i>microgestin 1.5/30</i> 33
	<i>methenamine hippurate</i> .....4	<i>microgestin 1/20</i> 33
	<i>methimazole</i> .....36	<i>microgestin fe 1.5/30</i> .....33
	<i>methotrexate sodium inj soln</i> 10	<i>microgestin fe 1/20</i> 33
	<i>methotrexate sodium inj solr</i> 10	
	<i>methotrexate sodium tabs</i> .40	
	METHYLIN see <i>methylphenidate hcl</i> <i>oral soln</i>.....26	
	<i>methylphenidate hcl</i>.....26	

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

<i>midodrine hcl</i>	17	4MG/ML.....	3	NAPROSYN	
<i>miglustat</i>	34	<i>morphine sulfate</i>	3	see <i>naproxen</i>	1
<i>mili</i>	33	MORPHINE SULFATE.....	3	<i>naproxen</i>	1
MINIPRESS		see <i>morphine sulfate</i>	3	<i>naproxen dr</i>	1
see <i>prazosin hcl</i>	13	<i>morphine sulfate oral soln</i>		<i>naproxen sodium</i>	1
<i>minitran</i>	17	100mg/5ml.....	3	<i>naratriptan hcl</i>	27
MINOCIN		<i>morphine sulfate oral soln</i>		NARCAN.....	29
see <i>minocycline hcl</i>	9	10mg/5ml.....	3	NARDIL	
<i>minocycline hcl</i>	9	<i>morphine sulfate oral soln</i>		see <i>phenelzine sulfate</i> ..	22
<i>minoxidil</i>	17	20mg/5ml.....	3	NATACYN.....	43
MIRAPEX		MOVANTIK.....	37	<i>nateglinide</i>	30
see <i>pramipexole tab</i>		MOXEZA.....	43	NATPARA.....	35
0.125mg.....	23	<i>moxifloxacin hcl (ophth)</i>	43	NAVELBINE	
see <i>pramipexole tab</i>		MS CONTIN		see <i>vinorelbine tartrate</i> ..	10
0.25mg.....	23	see <i>morphine ext-rel tab</i> ..	3	NEBUPENT.....	4
see <i>pramipexole tab</i>		MULTAQ.....	14	<i>necon 0.5/35-28</i>	33
0.5mg.....	22	<i>mupirocin</i>	47	<i>nefazodone hcl</i>	21
see <i>pramipexole tab</i>		MYAMBUTOL		<i>neomycin sulfate</i>	4
0.75mg.....	23	see <i>ethambutol hcl</i>	7	<i>neomycin-bacitracin zn-</i>	
see <i>pramipexole tab</i>		MYCAMINE.....	5	<i>polymyxin</i>	43
1.5mg.....	23	MYCOBUTIN		<i>neomycin-polymy-dexameth</i>	
see <i>pramipexole tab 1mg</i>		see <i>rifabutin</i>	7	.....	43
.....	23	<i>mycophenolate mofetil</i>	40	<i>neomycin-polymyxin-</i>	
MIRCETTE		<i>mycophenolate sodium tbec</i>		<i>gramicidin</i>	43
see <i>bekyree</i>	31	.....	40	<i>neomycin-polymyxin-hc</i>	
see <i>desogestrel-ethinyl</i>		MYFORTIC		<i>(ophth)</i>	43
<i>estradiol (biphasic)</i>	32	see <i>mycophenolate</i>		<i>neomycin-polymyxin-hc (otic)</i>	
see <i>kariva</i>	32	<i>sodium tbec</i>	40	.....	49
see <i>pimtreea</i>	33	<i>myorisan</i>	46	NEORAL	
see <i>viorele</i>	33	MYRBETRIQ.....	38	see <i>cyclosporine modified</i>	
<i>mirtazapine</i>	21	MYSOLINE		<i>(for microemulsion)</i>	40
<i>misoprostol</i>	37	see <i>primidone</i>	20	see <i>gengraf</i>	40
MITIGARE.....	1	N		NEPHRAMINE.....	42
M-M-R II.....	41	<i>nabumetone</i>	1	NERLYNX.....	12
M-NATAL PLUS.....	43	<i>nadolol</i>	15	NEUPRO.....	22
MOBIC		<i>nafcillin sodium</i>	9	NEURONTIN	
see <i>meloxicam</i>	1	NAFCILLIN SODIUM FOR		see <i>gabapentin</i>	19
<i>moexipril hcl</i>	13	INJ 10GM.....	9	<i>nevirapine susp 50 mg/5ml</i> ..	6
<i>molindone hcl</i>	24	NAGLAZYME.....	34	<i>nevirapine tab 100mg er</i>	6
<i>mometasone furoate</i>	48	<i>nalbuphine hcl</i>	1	<i>nevirapine tab 200mg</i>	6
<i>mondoxyne nl cap 100mg</i> ...9		<i>naloxone inj 0.4mg/ml</i>	28	<i>nevirapine tab 400mg er</i>	6
<i>mono-lynyah tab 0.25-35</i> ...33		<i>naloxone inj 1mg/ml</i>	28	NEXAVAR.....	12
<i>montelukast sodium</i>	45	<i>naltrexone hcl</i>	28	NEXIUM	
<i>morgidox cap 1x50mg</i>	9	NAMENDA		see <i>esomeprazole</i>	
<i>morphine ext-rel tab</i>	3	see <i>memantine tabs</i>	21	<i>magnesium</i>	38
<i>morphine sul inj 10mg/ml</i>....3		NAMENDA XR		<i>niacin er (antihyperlipidemic)</i>	
<i>morphine sul inj 1mg/ml</i>....3		see <i>memantine hcl cp2420</i>		.....	15
MORPHINE SUL INJ		NAMZARIC.....	21	<i>niacor</i>	15

NIASPAN	(contraceptive).....33	NUCALA.....45
see <i>niacin er</i>	<i>norethindrone acet & eth</i>	NUCYNTA ER.....3
(<i>antihyperlipidemic</i>).....15	<i>estra</i>.....33	NUEDEXTA.....27
<i>nicardipine hcl</i>.....16	<i>norethindrone acetate</i>.....36	NULOJIX.....40
NICOTROL INHALER.....29	<i>norethindrone acetate-ethinyl</i>	NULYTELY/FLAVOR
NICOTROL NS.....29	<i>estradiol</i>.....34	PACKS.....37
<i>nifedipine</i>.....16	<i>norgest/ethi tab 0.25/35</i>....33	see <i>gavilyte-n/flavor pack</i>
<i>nifedipine er</i>.....16	<i>norgestimate-ethinyl</i>	.....37
<i>nikki</i>.....33	<i>estradiol (triphasic) 0.18-</i>	see <i>peg 3350-potassium</i>
NILANDRON	<i>25/0.2 15-25/0.25-25 mg-mcg</i>	<i>chloride-sod bicarbonate-</i>
see <i>nilutamide</i>.....11	.....33	<i>sod chloride</i>.....37
<i>nilutamide</i>.....11	<i>norgestimate-ethinyl</i>	see <i>trilyte</i>.....37
<i>nimodipine</i>.....16	<i>estradiol (triphasic) 0.18-</i>	NUPLAZID CAPS.....24
NINLARO.....10	<i>35/0.2 15-35/0.25-35 mg-mcg</i>	NUPLAZID TABS 10MG...24
NITRO-BID.....17	.....33	NUTRILIPID INJ 20%.....42
NITRO-DUR	<i>norlyroc</i>.....33	NUVARING.....33
see <i>minitran</i>.....17	NORMOSOL-M IN D5W...42	NUVIGIL
see <i>nitroglycerin td patch</i>	NORMOSOL-R.....42	see <i>armodafinil</i>.....28
.....17	NORMOSOL-R IN D5W...42	<i>nyamyc</i>.....47
NITRO-DUR DIS 0.3MG/HR	NORPACE	NYMALIZE.....16
.....17	see <i>disopyramide</i>	<i>nystatin</i>.....5
NITRO-DUR DIS 0.8MG/HR	<i>phosphate</i>.....14	<i>nystatin (mouth-throat)</i>.....49
.....17	NORPACE CR.....14	<i>nystatin (topical)</i>.....47
<i>nitrofurantoin macrocrystal</i> ..4	NORPRAMIN	<i>nystatin pow 100000</i>.....47
<i>nitrofurantoin monohyd</i>	see <i>desipramine hcl</i>.....21	<i>nystop</i>.....47
<i>macro</i>.....4	NORTHERA.....17	O
<i>nitroglycerin</i>.....17	<i>nortrel 0.5/35 (28)</i>.....33	<i>ocella tab 3-0.03mg</i>.....33
<i>nitroglycerin td patch</i>.....17	<i>nortrel 1/35</i>.....33	OCTAGAM.....40
NITROSTAT	<i>nortrel 7/7/7</i>.....33	<i>octreotide acetate</i>.....35
see <i>nitroglycerin</i>.....17	<i>nortriptyline hcl</i>.....22	OCUFLOX
NITYR.....34	NORVASC	see <i>ofloxacin (ophth)</i>.....43
NIZORAL	see <i>amlodipine besylate</i> 15	ODEFSEY.....6
see <i>ketoconazole</i>	NORVIR	ODOMZO.....10
<i>shampoo</i>.....47	see <i>ritonavir</i>.....6	OFEV.....45
<i>nora-be tab</i>.....33	NORVIR PACK.....6	<i>ofloxacin (ophth)</i>.....43
NORCO	NORVIR SOLN.....6	<i>ofloxacin (otic)</i>.....49
see <i>hydroco/apap tab 10-</i>	NOVOLIN 70/30.....29	<i>olanzapine</i>.....24
<i>325mg</i>.....2	NOVOLIN 70/30 FLEXPEN	<i>olmesartan medoxomil</i>.....14
see <i>hydroco/apap tab 5-</i>	.....29	<i>olmesartan medoxomil-</i>
<i>325mg</i>.....2	NOVOLIN N.....29	<i>amlodipine-</i>
see <i>hydroco/apap tab 7.5-</i>	NOVOLIN R.....29	<i>hydrochlorothiazide</i>.....14
<i>325</i>.....2	NOVOLOG.....29	<i>olmesartan medoxomil-</i>
see <i>lorcet hd tab 10-</i>	NOVOLOG 70/30 FLEXPEN	<i>hydrochlorothiazide</i>.....14
<i>325mg</i>.....2	.....29	<i>olopatadine hcl 0.2%</i>.....44
see <i>lorcet plus tab 7.5-325</i>	NOVOLOG FLEXPEN.....29	<i>omeprazole cap 10mg</i>.....38
.....2	NOVOLOG MIX 70/30.....29	<i>omeprazole cap 20mg</i>.....38
see <i>lorcet tab 5-325mg</i>....2	NOVOLOG PENFILL.....29	<i>omeprazole cap 40mg</i>.....38
<i>norethindrone</i>	NOXAFIL.....5	<i>ondansetron hcl</i>.....36

<i>ondansetron hcl inj</i>.....36	<i>acetaminophen 10-325mg</i> ..3	<i>peg 3350/electrolytes</i>.....37
<i>ondansetron hcl oral soln</i> ..36	<i>oxycodone w/</i>	<i>peg 3350-kcl-sod bicarb-sod</i>
<i>ondansetron odt</i>.....36	<i>acetaminophen 2.5-325mg</i> .3	<i>chloride-sod sulfate</i>.....37
ONFI	<i>oxycodone w/</i>	<i>peg 3350-potassium</i>
see <i>clobazam</i> .....18	<i>acetaminophen 5-325mg</i> ....3	<i>chloride-sod bicarbonate-sod</i>
OPSUMIT.....17	<i>oxycodone w/</i>	<i>chloride</i>.....37
ORFADIN.....34	<i>acetaminophen 7.5-325mg</i> .3	PEGANONE .....19
ORKAMBI .....45	OZEMPIC INJ 0.25 OR	PEGASYS .....7
<i>orsythia</i> .....33	0.5MG/DOSE .....29	PEGASYS PROCLICK .....7
ORTHO MICRONOR	OZEMPIC INJ 1MG/DOSE	PENICILLIN G POT IN
see <i>errin</i> .....32	.....29	DEXTROSE 2MU .....9
see <i>jolivette</i> .....32	P	PENICILLIN G POT IN
see <i>lyza</i> .....32	<i>pacerone</i>.....14	DEXTROSE 3MU .....9
see <i>norethindrone</i>	<i>paclitaxel</i>.....10	PENICILLIN G PROCAINE.9
(<i>contraceptive</i>).....33	<i>paliperidone</i> .....24	<i>penicillin g sodium</i> .....9
see <i>sharobel</i>.....33	PAMELOR	<i>penicillin v potassium</i>.....9
ORTHO TRI-CYCLEN LO	see <i>nortriptyline hcl</i> .....22	<i>penicilln gk inj 20mu</i> .....9
see <i>norgestimate-ethinyl</i>	<i>pamidronate disodium</i>.....31	<i>penicilln gk inj 5mu</i> .....9
<i>estradiol (triphasic) 0.18-</i>	PAMIDRONATE DISODIUM	PENTACEL.....41
<i>25/0.215-25/0.25-25 mg-</i>	.....31	PENTAM 300.....4
<i>mcg</i> .....33	<i>pamidronate inj 30mg</i> .....31	see <i>pentamidine</i>
see <i>tri-lo marzia</i>.....33	<i>pamidronate inj 90mg</i> .....31	<i>isethionate</i>.....4
see <i>tri-lo-estarylla</i>.....33	PANRETIN.....49	<i>pentamidine isethionate</i>.....4
see <i>tri-lo-sprintec</i>.....33	<i>pantoprazole sodium</i>.....38	<i>pentoxifylline</i>.....39
see <i>tri-vylibra lo</i> .....33	<i>pantoprazole sodium tbec</i> .38	PEPCID
ORTHO-NOVUM 1/35	PANZYGA.....40	see <i>famotidine</i>.....36
see <i>alyacen 1/35</i>.....31	<i>paricalcitol</i>.....43	PERCOCET
see <i>cyclafem 1/35</i> .....32	PARLODEL	see <i>endocet 10-325mg</i> ...2
see <i>dasetta 1/35</i>.....32	see <i>bromocriptine</i>	see <i>endocet 2.5-325mg</i> ..2
see <i>nortrel 1/35</i> .....33	<i>mesylate</i>.....22	see <i>endocet 5-325mg</i> .....2
see <i>pirmella 1/35</i>.....33	PARNATE	see <i>endocet 7.5-325mg</i> ..2
ORTHO-NOVUM 7/7/7	see <i>tranylcypromine</i>	see <i>oxycodone w/</i>
see <i>cyclafem 7/7/7</i> .....32	<i>sulfate</i>.....22	<i>acetaminophen 10-325mg</i>
see <i>dasetta 7/7/7</i>.....32	<i>paroex sol 0.12%</i>.....49	.....3
see <i>nortrel 7/7/7</i> .....33	<i>paromomycin sulfate</i>.....4	see <i>oxycodone w/</i>
<i>oseltamivir phosphate</i> .....7	<i>paroxetine hcl tabs</i>.....22	<i>acetaminophen 2.5-325mg</i>
OVIDE	PASER D/R .....7	.....3
see <i>malathion</i>.....49	PATADAY	see <i>oxycodone w/</i>
<i>oxacillin sodium</i>.....9	see <i>olopatadine hcl 0.2%</i>	<i>acetaminophen 5-325mg</i> 3
<i>oxaliplatin inj 100mg</i> .....12	.....44	see <i>oxycodone w/</i>
<i>oxaliplatin inj 100mg/20ml</i> .12	PAXIL.....22	<i>acetaminophen 7.5-325mg</i>
<i>oxaliplatin inj 50mg</i> .....12	see <i>paroxetine hcl tabs</i> .22	.....3
<i>oxaliplatin inj 50mg/10ml</i> ...12	PAZEO.....44	PERIDEX
<i>oxandrolone</i> .....29	PEDIAPRED	see <i>chlorhexidine</i>
<i>oxcarbazepine</i>.....19	see <i>pred sod pho sol</i>	<i>gluconate (mouth-throat)</i>
<i>oxybutynin chloride</i> .....38	<i>5mg/5ml</i> .....34	.....49
<i>oxycodone hcl</i>.....3	PEDIARIX.....41	see <i>paroex sol 0.12%</i> ...49
<i>oxycodone w/</i>	PEDVAX HIB .....41	see <i>perio gard</i>.....49

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

<i>perindopril erbumine</i>	13	<i>sulfate</i>	40	<i>pred sod pho sol 5mg/5ml</i>	34
<i>perio gard</i>	49	PLASMA-LYTE A.....	42	<i>prednisolone acetate (ophth)</i>	44
<i>permethrin cre 5%</i>	49	PLASMA-LYTE-148.....	42	.....	44
<i>perphenazine</i>	24	PLAVIX		<i>prednisolone sodium</i>	
PERSERIS.....	24	<i>see clopidogrel tab 75mg</i>		<i>phosphate</i>	34
<i>pfizerpen-g inj 20mu</i>	9	.....	39	PREDNISOLONE SODIUM	
<i>pfizerpen-g inj 5mu</i>	9	PLENVU	37	PHOSPHATE (OPHTH)....	44
<i>phenelzine sulfate</i>	22	PNV FOLIC ACID + IRON		<i>prednisolone sol 15mg/5ml</i>	34
PHENERGAN		MUL	43	.....	34
<i>see promethazine hcl inj</i>	36	<i>podofilox</i>	49	<i>prednisolone sol 25mg/5ml</i>	34
<i>phenobarbital</i>	19	<i>polymyxin b-trimethoprim</i> ..	43	.....	34
<i>phenobarbital sodium</i>	19	POLYTRIM		PREDNISONE CON	
PHENOBARBITAL SODIUM		<i>see polymyxin b-</i>		5MG/ML.....	34
.....	19	<i>trimethoprim</i>	43	<i>prednisone pak 10mg</i>	34
PHENYTEK.....	19	POMALYST CAP 1MG	11	<i>prednisone pak 5mg</i>	34
<i>see phenytoin sodium</i>		POMALYST CAP 2MG	11	<i>prednisone sol 5mg/5ml</i>	34
<i>extended</i>	20	POMALYST CAP 3MG	11	<i>prednisone tab 10mg</i>	35
<i>phenytoin</i>	20	POMALYST CAP 4MG	11	<i>prednisone tab 1mg</i>	34
<i>phenytoin sodium extended</i>		<i>portia-28</i>	33	<i>prednisone tab 2.5mg</i>	35
.....	20	<i>pot chloride inj 2meq/ml</i>	42	<i>prednisone tab 20mg</i>	35
<i>phenytoin sodium inj</i>		<i>potassium chloride</i>	41, 42	<i>prednisone tab 50mg</i>	35
<i>50mg/ml</i>	20	<i>potassium chloride in nacl</i> ..	43	<i>prednisone tab 5mg</i>	35
<i>philit</i>	33	<i>potassium chloride</i>		PREMASOL SOL 10%	42
PHOSPHOLINE IODIDE...	44	<i>microencapsulated crystals</i>		PRENATAL.....	43
PICATO.....	49	<i>er</i>	42	PRENATAL PLUS	43
PIFELTRO	6	<i>potassium citrate (alkalinizer)</i>		PRENATAL PLUS LOW	
<i>pilocarpine hcl</i>	44	<i>er tabs</i>	38	IRON.....	43
<i>pilocarpine hcl (oral)</i>	49	PRADAXA.....	39	PREVACID	
<i>pimozide</i>	24	PRALUENT.....	15	<i>see lansoprazole</i>	38
<i>pimtreea</i>	33	<i>pramipexole tab 0.125mg</i> .	23	<i>prevalite</i>	15
<i>pindolol</i>	15	<i>pramipexole tab 0.25mg</i> ...	23	<i>previfem</i>	33
<i>pioglitazone hcl</i>	30	<i>pramipexole tab 0.5mg</i>	22	PREZCOBIX.....	6
PIPER/TAZOBA INJ 12-		<i>pramipexole tab 0.75mg</i> ...	23	PREZISTA.....	6
1.5GM.....	9	<i>pramipexole tab 1.5mg</i>	23	PRIFTIN.....	7
<i>piper/tazoba inj 2-0.25gm</i> ...	9	<i>pramipexole tab 1mg</i>	23	<i>primaquine phosphate</i>	5
<i>piper/tazoba inj 3-0.375gm</i> .	9	PRANDIN		PRIMAQUINE PHOSPHATE	
<i>piper/tazoba inj 36-4.5gm</i> ...	9	<i>see repaglinide</i>	30, 31	.....	5
<i>piper/tazoba inj 4-0.5gm</i>	9	<i>prasugrel hcl</i>	39	<i>see primaquine phosphate</i>	
PIQRAY 200MG DAILY		PRAVACHOL		.....	5
DOSE.....	12	<i>see pravastatin sodium</i> .	14	PRIMAXIN IV	
PIQRAY 250MG DAILY		<i>pravastatin sodium</i>	14	<i>see imipenem-cilastatin</i> ...	4
DOSE.....	12	<i>praziquantel</i>	4	<i>primidone</i>	20
PIQRAY 300MG DAILY		<i>prazosin hcl</i>	13	PRINIVIL	
DOSE.....	12	PRECOSE		<i>see lisinopril</i>	13
<i>pirmella 1/35</i>	33	<i>see acarbose</i>	29	PRISTIQ	
<i>piroxicam</i>	1	PRED FORTE		<i>see desvenlafaxine</i>	
PLAQUENIL		<i>see prednisolone acetate</i>		<i>succinate</i>	21
<i>see hydroxychloroquine</i>		<i>(ophth)</i>	44	PRIVIGEN	40

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

<i>probenecid</i>.....1	PROZAC	<i>hydrobromide er</i>.....20
PROCALAMINE.....42	see <i>fluoxetine cap 10mg</i> 21	REBETOL SOLN.....7
PROCARDIA XL	see <i>fluoxetine cap 20mg</i> 21	RECLAST
see <i>nifedipine</i>.....16	see <i>fluoxetine cap 40mg</i> 21	see <i>zoledronic acid inj</i>
<i>prochlorperazine inj</i>.....36	PULMICORT	5mg/100ml.....31
<i>prochlorperazine maleate</i> ..36	see <i>budesonide</i>	<i>reclipsen</i>.....33
<i>prochlorperazine supp</i>.....36	(<i>inhalation</i>).....46	RECOMBIVAX HB.....41
PROCRIT.....39	PULMICORT FLEXHALER	RECTIV.....49
PROCTOCORT	.....46	REGLAN
see <i>procto-pak</i>.....49	PULMOZYME.....46	see <i>metoclopramide hcl</i> 36
<i>procto-med hc</i>.....49	PURIXAN.....10	REGANEX.....49
<i>procto-pak</i>.....49	<i>pyrazinamide</i>.....7	RELENZA DISKHALER.....7
<i>proctosol hc cre 2.5%</i>.....49	<i>pyridostigmine tab 60mg</i> ...27	RELISTOR.....37
<i>proctozone-hc</i>.....49	Q	RELPAK
PROGLYCEM SUS	QUADRACEL.....41	see <i>eletriptan</i>
50MG/ML.....35	QUALAQUIN	<i>hydrobromide</i>.....27
PROGRAF.....40	see <i>quinine sulfate</i>.....5	REMERON
see <i>tacrolimus</i>.....41	QUESTRAN	see <i>mirtazapine</i>.....21
PROLASTIN-C.....46	see <i>cholestyramine</i>.....14	REMERON SOLTAB
PROLENSA.....44	QUESTRAN LIGHT	see <i>mirtazapine</i>.....21
PROLIA.....35	see <i>cholestyramine light</i>	REMICADE.....40
PROMACTA.....39	<i>powd</i>.....14	RENFLEXIS.....40
<i>promethazine hcl</i>.....36	see <i>prevalite</i>.....15	REVELA
<i>promethazine hcl inj</i>.....36	<i>quetiapine fumarate</i>.....24	see <i>sevelamer carbonate</i>
<i>propafenone hcl</i>.....14	<i>quinapril hcl</i>.....13	.....35
<i>propafenone hcl 12hr</i>.....14	<i>quinapril-hydrochlorothiazide</i>	<i>repaglinide</i>.....30, 31
<i>proparacaine hcl</i>.....44	.....13	REQUIP
<i>propranolol &</i>	<i>quinidine sulfate</i>.....14	see <i>ropinirole tab 0.5mg</i> 23
<i>hydrochlorothiazide</i>.....15	<i>quinine sulfate</i>.....5	RESCRIPTOR.....6
<i>propranolol cap er</i>.....15	R	RESTASIS.....44
<i>propranolol hcl</i>.....15	RABAVERT.....41	RESTASIS MULTIDOSE..44
<i>propranolol oral sol</i>.....15	<i>raloxifene hcl</i>.....35	RESTORIL
<i>propylthiouracil</i>.....36	<i>ramipril</i>.....13	see <i>temazepam</i>.....26
PROQUAD.....41	RANEXA	RETIN-A
PROSCAR	see <i>ranolazine</i>.....17	see <i>avita</i>.....46
see <i>finasteride</i>.....38	<i>ranitidine hcl</i>.....36	see <i>tretinoin</i>.....46
PROSOL.....42	<i>ranitidine hcl inj</i>.....36	RETROVIR
PROTONIX	<i>ranitidine syrup</i>.....36	see <i>zidovudine cap 100mg</i>
see <i>pantoprazole sodium</i>	<i>ranolazine</i>.....17	.....6
.....38	RAPAMUNE	see <i>zidovudine syp</i>
see <i>pantoprazole sodium</i>	see <i>sirolimus</i>.....41	50mg/5ml.....6
<i>tbec</i>.....38	<i>rasagiline mesylate</i>.....23	REVATIO
PROTOPIC	RAYALDEE.....43	see <i>sildenafil citrate tab 20</i>
see <i>tacrolimus (topical)</i> ..49	RAZADYNE	<i>mg (pulmonary</i>
<i>protriptyline hcl</i>.....22	see <i>galantamine</i>	<i>hypertension)</i>.....17
PROVERA	<i>hydrobromide</i>.....20	REVLIMID.....11
see <i>medroxyprogesterone</i>	RAZADYNE ER	REXULTI.....24
<i>acetate tab</i>.....35	see <i>galantamine</i>	REYATAZ.....6

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

see <i>atazanavir sulfate</i> .....5	ROTATEQ .....41	see <i>silver sulfadiazine</i> ...47
RHOPRESSA .....44	ROWASA	see <i>ssd</i>.....47
<i>ribasphere</i>.....7	see <i>mesalamine w/</i>	<i>silver sulfadiazine</i> .....47
<i>ribavirin 200mg</i> .....7	<i>cleanser</i>.....37	SIMBRINZA .....44
<i>rifabutin</i> .....7	<i>roweepra</i>.....20	<i>simvastatin</i>.....14
RIFADIN	<i>roweepra xr</i>.....20	SINEMET
see <i>rifampin</i>.....7	ROXICODONE	see <i>carbidopa-levodopa</i> 22
<i>rifampin</i> .....7	see <i>oxycodone hcl</i>.....3	SINEMET CR
RIFATER.....7	RUBRACA .....10	see <i>carbidopa-levodopa</i> 22
RILUTEK	RYDAPT .....12	SINGULAIR
see <i>riluzole</i> .....28	RYTHMOL SR	see <i>montelukast sodium</i> 45
<i>riluzole</i> .....28	see <i>propafenone hcl 12hr</i>	<i>sirolimus</i> .....41
<i>rimantadine hydrochloride</i> ...7	.....14	SIRTURO .....7
RISPERDAL	S	SIVEXTRO .....4
see <i>risperidone</i>.....25	SABRIL	<i>sodium chlor sol 0.9% irr</i> ..49
RISPERDAL INJ 12.5MG..24	see <i>vigabatrin powd pack</i>	<i>sodium chloride</i>.....42, 43
RISPERDAL INJ 25MG ...24	<i>500mg</i> .....20	<i>sodium chloride 0.45%</i> .....43
RISPERDAL INJ 37.5MG..24	see <i>vigabatrin tab 500mg</i>	<i>sodium chloride inj 0.9%</i> ...43
RISPERDAL INJ 50MG ...24	.....20	<i>sodium fluoride chew; tab;</i>
<i>risperidone</i> .....25	see <i>vigadrone</i>.....20	1.1 (0.5 f) mg/ml soln .....42
RITALIN	SALAGEN	<i>sodium phenylbutyrate</i>.....34
see <i>methylphenidate hcl</i> 26	see <i>pilocarpine hcl (oral)</i>	<i>sodium polystyrene sulfonate</i>
<i>ritonavir</i> .....6	.....49	<i>powder</i>.....31
RITUXAN .....10	SANDIMMUNE .....41	<i>sodium polystyrene sulfonate</i>
RITUXAN HYCELA .....10	see <i>cyclosporine</i> .....40	<i>susp</i>.....31
<i>rivastigmine tartrate</i> .....21	SANDOSTATIN	SOLQUA 100/33.....29
<i>rivastigmine td patch 24hr</i>	see <i>octreotide acetate</i> ...35	SOLTAMOX.....11
13.3 mg/24hr.....21	SANTYL.....49	SOLU-CORTEF .....35
<i>rivastigmine td patch 24hr</i>	SAPHRIS .....25	SOLU-MEDROL
4.6 mg/24hr.....21	<i>scopolamine</i>.....36	see <i>methylpr ss inj</i> .....34
<i>rivastigmine td patch 24hr</i>	<i>selegiline hcl</i>.....23	SOMATULINE DEPOT .....35
9.5 mg/24hr.....21	<i>selenium sulfide</i> .....47	SOMAVERT .....35
<i>rizatriptan benzoate</i> .....27	SELZENTRY.....6	SORIATANE
<i>rizatriptan benzoate odt</i> ...27	SEREVENT DISKUS .....45	see <i>acitretin</i>.....47
ROCALTROL	SEROQUEL	<i>sorine</i>.....14
see <i>calcitriol</i>.....43	see <i>quetiapine fumarate</i> 24	<i>sotalol hcl</i>.....14
see <i>calcitriol oral soln 1</i>	SEROQUEL XR	<i>sotalol hcl (afib/af)</i>.....14
<i>mcg/ml</i>.....43	see <i>quetiapine fumarate</i> 24	<i>spironolactone</i> .....13
<i>ropinirole tab 0.25mg</i> .....23	<i>sertraline hcl</i> .....22	<i>spironolactone &</i>
<i>ropinirole tab 0.5mg</i> .....23	<i>setlakin tab</i>.....33	<i>hydrochlorothiazide</i>.....17
<i>ropinirole tab 1mg</i> .....23	<i>sevelamer carbonate</i> .....35	SPORANOX
<i>ropinirole tab 2mg</i> .....23	<i>sharobel</i>.....33	see <i>itraconazole</i>.....5
<i>ropinirole tab 3mg</i> .....23	SHINGRIX .....41	<i>sprintec 28</i>.....33
<i>ropinirole tab 4mg</i> .....23	SIGNIFOR .....35	SPRITAM.....20
<i>ropinirole tab 5mg</i> .....23	<i>sildenafil citrate tab 20 mg</i>	SPRYCEL.....12
<i>rosadan</i>.....49	(<i>pulmonary hypertension</i>) .17	<i>sps susp 15gm/60ml</i>.....31
<i>rosuvastatin calcium</i> .....14	SILENOR.....26	<i>sronyx</i>.....33
ROTARIX.....41	SILVADENE	<i>ssd</i>.....47

STALEVO 100	2mg.....28	SYNJARDY TAB 12.5-
see	<i>subvenite tab</i>.....20	500MG.....31
<i>carbidopa/levodopa/entac</i>	<i>sucralfate</i>.....37	SYNJARDY TAB 5-1000MG
<i>apone</i>.....22	<i>sulfacetamide sodium (acne)</i>	.....31
STALEVO 125	.....46	SYNJARDY TAB 5-500MG
see	<i>sulfacetamide sodium</i>	.....31
<i>carbidopa/levodopa/entac</i>	<i>(ophth)</i>.....43	SYNJARDY XR TAB 10-
<i>apone</i>.....22	<i>sulfacetamide sod-</i>	1000MG.....31
STALEVO 150	<i>prednisolone</i>.....43	SYNJARDY XR TAB 12.5-
see	SULFADIAZINE.....4	1000MG.....31
<i>carbidopa/levodopa/entac</i>	<i>sulfamethoxazole-trimethop</i>	SYNJARDY XR TAB 25-
<i>apone</i>.....22	<i>ds</i>.....4	1000MG.....31
STALEVO 200	<i>sulfamethoxazole-</i>	SYNJARDY XR TAB 5-
see	<i>trimethoprim inj</i>.....4	1000MG.....31
<i>carbidopa/levodopa/entac</i>	<i>sulfamethoxazole-</i>	SYNRIBO.....12
<i>apone</i>.....22	<i>trimethoprim susp</i>.....5	SYNTHROID.....36
STALEVO 50	<i>sulfamethoxazole-</i>	see <i>levo-t</i>.....36
see	<i>trimethoprim tab 400-80mg</i> .5	see <i>levothyroxine sodium</i>
<i>carbidopa/levodopa/entac</i>	SULFAMYLON.....47	.....36
<i>apone</i>.....22	<i>sulfasalazine</i>.....37	see <i>levoxyl</i>.....36
STALEVO 75	<i>sulfasalazine ec</i>.....37	see <i>unithroid</i>.....36
see	<i>sulindac</i>.....1	SYPRINE
<i>carbidopa/levodopa/entac</i>	<i>sumatriptan</i>.....27	see <i>trientine hcl</i>.....31
<i>apone</i>.....22	<i>sumatriptan inj 4mg/0.5ml</i> .27	T
STARLIX	<i>sumatriptan inj 6mg/0.5ml</i> .27	TABLOID.....10
see <i>nateglinide</i>.....30	<i>sumatriptan succinate</i>.....27	<i>tacrolimus</i>.....41
<i>stavudine</i>.....6	SUPRAX	<i>tacrolimus (topical)</i>.....49
STELARA.....40	see <i>cefixime</i>.....8	TAFINLAR.....12
STIMATE.....36	SUPREP BOWEL PREP KIT	TAGRISSE.....12
STIVARGA.....12	.....37	TALZENNA.....10
STRATTERA	SUSTIVA	TAMIFLU
see <i>atomoxetine hcl</i>.....26	see <i>efavirenz</i>.....5	see <i>oseltamivir phosphate</i>
<i>streptomycin sulfate</i>.....4	SUTENT.....12	.....7
STRIBILD.....6	<i>syeda</i>.....33	<i>tamoxifen citrate</i>.....11
STROMEKTOL	SYLATRON.....12	<i>tamsulosin hcl</i>.....38
see <i>ivermectin</i>.....4	SYMBICORT.....46	TAPAZOLE
SUBOXONE	SYMDEKO.....46	see <i>methimazole</i>.....36
see <i>buprenorphine hcl-</i>	SYMFI.....6	TARCEVA
<i>naloxone hcl dihydrate 12-</i>	SYMFI LO.....7	see <i>erlotinib hcl</i>.....11
3mg.....28	SYMPAZAN.....20	TARGETIN.....49
see <i>buprenorphine hcl-</i>	SYMTUZA.....7	see <i>bexarotene</i>.....12
<i>naloxone hcl dihydrate 2-</i>	SYNALAR	<i>tarina fe 1/20</i>.....33
0.5mg.....28	see <i>fluocinolone acetonide</i>	TASIGNA.....12
see <i>buprenorphine hcl-</i>	.....47, 48	TAXOTERE.....10
<i>naloxone hcl dihydrate 4-</i>	SYNAREL.....34	see <i>docetaxel</i>.....10
1mg.....28	SYNERCID.....5	<i>tazarotene</i>.....47
see <i>buprenorphine hcl-</i>	SYNJARDY TAB 12.5-	<i>tazicef</i>.....8
<i>naloxone hcl dihydrate 8-</i>	1000MG.....31	TAZORAC.....47

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

see <i>tazarotene</i>	47	<i>tigecycline</i>	5	TPN ELECTROLYTES	42
<i>taztia xt</i>	16	TIKOSYN		TRACLEER	
TDVAX.....	41	see <i>dofetilide</i>	14	see <i>bosentan</i>	17
TECENTRIQ	10	<i>tilia fe</i>	33	TRADJENTA	31
TEFLARO	8	<i>timolol maleate</i>	15	<i>tramadol hcl tab 50 mg</i>	1
TEGRETOL		<i>timolol maleate (ophth) soln</i>		<i>tramadol-acetaminophen</i>	1
see <i>carbamazepine</i>	18	.....	44	<i>trandolapril</i>	13
see <i>epitol</i>	19	<i>timolol maleate gel</i>	44	<i>tranexamic acid</i>	39
TEGRETOL-XR		<i>timolol maleate ophth soln</i>		TRANSDERM SCOP	
see <i>carbamazepine</i>	18	<i>0.5% (once-daily)</i>	44	see <i>scopolamine</i>	36
TEKTURNA		TIMOPTIC		<i>tranylcypromine sulfate</i>	22
see <i>aliskiren fumarate</i> ...	17	see <i>timolol maleate</i>		TRAVASOL	42
<i>telmisartan</i>	14	(<i>ophth</i>) <i>soln</i>	44	TRAVATAN Z	44
<i>temazepam</i>	26	TIMOPTIC-XE		<i>trazodone hcl</i>	22
TENIVAC	41	see <i>timolol maleate gel</i> ..	44	TRECATOR.....	7
<i>tenofovir disoproxil fumarate</i>		TIVICAY	6	TRELEGY ELLIPTA.....	44
.....	6	<i>tizanidine hcl</i>	28	TRELSTAR DEP INJ	
TENORETIC 100		TOBRADEX.....	43	3.75MG.....	11
see <i>atenolol &</i>		see <i>tobramycin-</i>		TRELSTAR LA INJ 11.25MG	
<i>chlorthalidone</i>	15	<i>dexamethasone</i>	43	.....	11
TENORETIC 50		TOBRADEX ST	43	<i>treprostinil</i>	17
see <i>atenolol &</i>		<i>tobramycin</i>	4	TRESIBA FLEXTOUCH....	29
<i>chlorthalidone</i>	15	<i>tobramycin (ophth)</i>	43	TRESIBA INJ.....	29
TENORMIN		<i>tobramycin inj 1.2 gm/30ml</i> ..	4	<i>tretinoin</i>	46
see <i>atenolol</i>	15	<i>tobramycin inj 1.2gm</i>	4	<i>tretinoin (chemotherapy)</i> ...	12
TERAZOL 7		<i>tobramycin inj 10mg/ml</i>	4	<i>triamcinolone acetonide</i>	
see <i>terconazole vaginal</i> ..	38	<i>tobramycin inj 80mg/2ml</i>	4	(<i>mouth</i>)	49
<i>terazosin hcl</i>	13	<i>tobramycin sulfate</i>	4	<i>triamcinolone acetonide</i>	
<i>terbinafine hcl</i>	5	<i>tobramycin-dexamethasone</i>		(<i>topical</i>).....	48
<i>terbutaline sulfate</i>	45	.....	43	<i>triamterene &</i>	
<i>terconazole vaginal</i>	38	TOBEX		<i>hydrochlorothiazide cap</i>	
<i>testosterone</i>	29	see <i>tobramycin (ophth)</i> ..	43	37.5-25 mg	17
<i>testosterone cypionate</i>	29	TOFRANIL		<i>triamterene &</i>	
<i>testosterone enanthate</i>	29	see <i>imipramine hcl</i>	21	<i>hydrochlorothiazide tabs</i> ...	17
<i>tetrabenazine</i>	28	<i>tolterodine tartrate cap er</i> ..	38	TRIBENZOR	
<i>tetracycline hcl</i>	9	<i>tolterodine tartrate tabs</i>	38	see <i>olmesartan</i>	
TEXACORT SOLN 2.5%...	48	TOPAMAX		<i>medoxomil-amlodipine-</i>	
THALOMID	11	see <i>topiramate</i>	20	<i>hydrochlorothiazide</i>	14
THEO-24.....	46	TOPAMAX SPRINKLE		TRICARE.....	43
<i>theophylline</i>	46	see <i>topiramate</i>	20	TRICOR	
<i>thioridazine hcl</i>	25	<i>topiramate</i>	20	see <i>fenofibrate</i>	14
<i>thiothixene</i>	25	<i>toposar</i>	12	<i>trientine hcl</i>	31
<i>tiagabine hcl</i>	20	TOPROL XL		<i>tri-estarylla</i>	33
TIAZAC		see <i>metoprolol succinate</i>		<i>trifluoperazine hcl</i>	25
see <i>diltiazem hcl extended</i>		.....	15	<i>trifluridine</i>	43
<i>release beads cap sr</i>	16	<i>toremifene citrate</i>	11	<i>trihexyphenidyl hcl</i>	23
see <i>taztia xt</i>	16	<i>toremide tabs</i>	17	<i>tri-legest fe</i>	33
TIBSOVO	10	TOVIAZ.....	38	TRILEPTAL	

see <i>oxcarbazepine</i> 19	ULTRAM	VANCOGIN
<i>tri-linyah</i> 33	see <i>tramadol hcl tab 50</i>	see <i>vancomycin hcl</i> 5
<i>tri-lo marzia</i> 33	<i>mg</i> 1	VANCOGIN HCL
<i>tri-lo-estarylla</i> 33	UNASYN	see <i>vancomycin hcl</i> 5
<i>tri-lo-sprintec</i> 33	see <i>ampicillin & sulbactam</i>	<i>vancomycin hcl</i> 5
<i>trilyte</i> 37	<i>sodium</i> 8	VANCOMYCIN IN NAACL 5
<i>trimethoprim</i> 5	UNASYN BULK PACK	<i>vandazole</i> 38
<i>tri-mili</i> 33	see <i>ampicillin & sulbactam</i>	VAQTA 41
<i>trimipramine maleate</i> 22	<i>sodium</i> 8	VARIVAX 41
TRINTELLIX 22	<i>unithroid</i> 36	VASCEPA 15
<i>tri-previfem</i> 33	URECHOLINE	VASERETIC
<i>tri-sprintec</i> 33	see <i>bethanechol chloride</i>	see <i>enalapril maleate &</i>
TRIUMEQ 7	..... 38	<i>hydrochlorothiazide</i> 12
<i>trivora-28</i> 33	UROCIT-K 10	VASOTEC
<i>tri-vylibra</i> 33	see <i>potassium citrate</i>	see <i>enalapril maleate</i> 13
<i>tri-vylibra lo</i> 33	(<i>alkalinizer</i>) <i>er tabs</i> 38	VELCADE 10
TRIZIVIR	UROCIT-K 15	<i>velivet</i> 33
see <i>abacavir sulfate-</i>	see <i>potassium citrate</i>	VEMLIDY 7
<i>lamivudine-zidovudine</i> 6	(<i>alkalinizer</i>) <i>er tabs</i> 38	VENCLEXTA 10
TROGARZO 6	UROCIT-K 5	VENCLEXTA STARTING
TROPHAMINE INJ 10% ... 42	see <i>potassium citrate</i>	PACK 10
<i>tropium chloride</i> 38	(<i>alkalinizer</i>) <i>er tabs</i> 38	<i>venlafaxine hcl</i> 22
TRULICITY 29	UROXATRAL	VENTAVIS 17
TRUMENBA 41	see <i>alfuzosin hcl</i> 38	VENTOLIN HFA 45
TRUSOPT	URSO 250	<i>verapamil cap er</i> 16
see <i>dorzolamide hcl</i> 44	see <i>ursodiol</i> 37	<i>verapamil hcl</i> 16
TRUVADA TAB 100-150 7	URSO FORTE	<i>verapamil hcl tab er</i> 16
TRUVADA TAB 133-200 7	see <i>ursodiol</i> 38	VERELAN
TRUVADA TAB 167-250 7	<i>ursodiol</i> 37, 38	see <i>verapamil cap er</i> 16
TRUVADA TAB 200-300 7	V	VERELAN PM
<i>tulana</i> 33	VAGIFEM	see <i>verapamil cap er</i> 16
TWINRIX INJ 41	see <i>estradiol vaginal tab</i> 34	VERSACLOZ 25
TYBOST 6	see <i>yuvaferm vaginal tablet</i>	VERZENIO 10
TYGACIL	10 <i>mcg</i> 34	VFEND
see <i>tigecycline</i> 5	<i>valacyclovir hcl</i> 7	see <i>voriconazole</i> 5
TYKERB 12	VALCHLOR 49	VFEND IV
TYLENOL/CODEINE #3	VALCYTE	see <i>voriconazole</i> 5
see <i>acetaminophen w/</i>	see <i>valganciclovir hcl</i> 7	VIBRAMYCIN
<i>codeine 300-30mg</i> 1	<i>valganciclovir hcl</i> 7	see <i>doxycycline hyclate</i> .. 9
TYLENOL/CODEINE #4	VALIUM	VICTOZA 29
see <i>acetaminophen w/</i>	see <i>diazepam</i> 18	VIDAZA
<i>codeine 300-60mg</i> 1	<i>valproate sodium</i> 20	see <i>azacitidine</i> 9
TYMLOS 35	<i>valproic acid</i> 20	VIDEX EC 6
TYPHIM VI 41	<i>valsartan</i> 14	see <i>didanosine</i> 5
U	<i>valsartan-</i>	VIDEX PEDIATRIC 6
ULTRACET	<i>hydrochlorothiazide</i> 14	<i>vienna</i> 33
see <i>tramadol-</i>	VALTRESX	<i>vigabatrin powd pack 500mg</i>
<i>acetaminophen</i> 1	see <i>valacyclovir hcl</i> 7	..... 20

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

<i>vigabatrin tab 500mg</i> .....20	WELLBUTRIN SR	<i>anesth.</i>).....3
<i>vigadrone</i> .....20	see <i>bupropion hcl</i>.....21	see <i>lidocaine inj 0.5%</i> .....3
VIGAMOX	WELLBUTRIN XL	see <i>lidocaine inj 1%</i> .....3
see <i>moxifloxacin hcl</i>	see <i>bupropion hcl</i>.....21	XYLOCAINE-MPF
(<i>ophth</i>).....43	X	see <i>lidocaine hcl (local</i>
VIIBRYD STARTER PACK	XALATAN	<i>anesth.</i>).....3
.....22	see <i>latanoprost</i>.....44	see <i>lidocaine inj 1.5%</i>
VIIBRYD TAB.....22	XALKORI .....12	<i>preservative free (pf)</i>.....3
VIMPAT.....20	XANAX	XYREM.....28
VIMPAT INJ 200MG/20ML20	see <i>alprazolam tab</i>	Y
VIMPAT SOL 10MG/ML...20	<i>0.25mg</i> .....18	YASMIN 28
<i>vincristine sulfate</i> .....10	see <i>alprazolam tab 0.5mg</i>	see <i>drospirenone-ethinyl</i>
<i>vinorelbine tartrate</i> .....10	.....17	<i>estradiol</i> .....32
<i>viorele</i> .....33	see <i>alprazolam tab 1mg</i> 18	see <i>ocella tab 3-0.03mg</i> 33
VIRACEPT .....6	see <i>alprazolam tab 2mg</i> 18	see <i>syeda</i>.....33
VIRAMUNE	XARELTO .....39	see <i>zarah</i> .....33
see <i>nevirapine susp 50</i>	XARELTO STARTER PACK	YAZ
<i>mg/5ml</i>.....6	.....39	see <i>drospirenone-ethinyl</i>
see <i>nevirapine tab 200mg</i>	XATMEP .....40	<i>estradiol</i> .....32
.....6	XELJANZ .....40	see <i>gianvi</i>.....32
VIRAMUNE XR	XELJANZ XR .....40	see <i>jasmiel</i> .....32
see <i>nevirapine tab 400mg</i>	XENAZINE	see <i>loryna</i> .....32
<i>er</i>.....6	see <i>tetrabenazine</i>.....28	see <i>nikki</i>.....33
VIREAD.....6	XGEVA .....35	YF-VAX.....41
see <i>tenofovir disoproxil</i>	XIFAXAN .....38	<i>yuvaem vaginal tablet 10</i>
<i>fumarate</i> .....6	XIGDUO XR TAB 10-	<i>mcg</i>.....34
VISTARIL	1000MG .....31	Z
see <i>hydroxyzine pamoate</i>	XIGDUO XR TAB 10-500MG	<i>zafirlukast</i> .....45
.....45	.....31	ZANAFLEX
VITRAKVI.....12	XIGDUO XR TAB 2.5-	see <i>tizanidine hcl</i>.....28
VIVITROL.....29	1000MG .....31	ZANTAC
VIZIMPRO.....12	XIGDUO XR TAB 5-1000MG	see <i>ranitidine hcl</i> .....36
VOLTAREN	.....31	see <i>ranitidine hcl inj</i>.....36
see <i>diclofenac sodium</i>	XIGDUO XR TAB 5-500MG	<i>zarah</i>.....33
(<i>topical</i>) 1% <i>gel</i>.....48	.....31	ZARONTIN
<i>voriconazole</i>.....5	XOLAIR.....46	see <i>ethosuximide</i> .....19
VOSEVI.....7	XOPENEX	ZARXIO .....39
VOTRIENT .....12	see <i>levulbuterol hcl</i>.....45	ZAVESCA
VRAYLAR .....25	XOPENEX CONCENTRATE	see <i>miglustat</i>.....34
VRAYLAR THERAPY PACK	see <i>levulbuterol hcl soln</i>	ZEJULA .....10
.....25	<i>nebu conc 1.25 mg/0.5ml</i>	ZELBORAF .....12
<i>vyfemla</i> .....33	.....45	ZEMAIRA.....46
<i>vylibra</i> .....33	XOSPATA.....12	ZEMPLAR
W	XTANDI.....11	see <i>paricalcitol</i> .....43
<i>warfarin sodium</i>.....39	<i>xulane</i> .....33	<i>zenatane</i>.....46
<i>water for irrigation, sterile</i> .49	XULTOPHY 100/3.6 .....29	ZENPEP .....38
WELCHOL	XYLOCAINE	ZERIT
see <i>colesevelam hcl</i>.....14	see <i>lidocaine hcl (local</i>	see <i>stavudine</i>.....6

Blue MedicareRx 2-Tier Standard 2020 Comprehensive Drug List

ZESTORETIC	ZOLINZA.....	0.5gm.....
see <i>lisinopril &</i>	<i>zolmitriptan</i>	<i>zovia 1/35e</i>
<i>hydrochlorothiazide</i> .....	.....27	.....33
13	<i>zolmitriptan odt</i>	ZOVIRAX
ZESTRIL	.....27	see <i>acyclovir</i>
see <i>lisinopril</i>	ZOLOFT	.....7
13	see <i>sertraline hcl</i>	ZYDELIG
ZETIA	.....22	.....12
see <i>ezetimibe</i>	<i>zolpidem tartrate</i>	ZYKADIA
14	.....26	.....12
ZIAC	ZOMIG	ZYLET
see <i>bisoprolol &</i>	see <i>zolmitriptan</i> .....	.....43
<i>hydrochlorothiazide</i> .....	.....27	ZYLOPRIM
15	ZOMIG ZMT	see <i>allopurinol tab</i>
ZIAGEN	see <i>zolmitriptan odt</i>.....	.....1
see <i>abacavir sulfate</i> .....	.....27	ZYMAXID
.....5	ZONEGRAN	see <i>gatifloxacin (ophth)</i>
<i>zidovudine cap 100mg</i>	see <i>zonisamide</i> .....	.....43
.....6	.....20	ZYPREXA
<i>zidovudine syp 50mg/5ml</i> ...	<i>zonisamide</i>	see <i>olanzapine</i>
.....6	.....20	.....24
<i>ziprasidone hcl</i>	ZORTRESS TAB 0.25MG.....	ZYPREXA RELPREVV.....
.....25	.....41	.....25
ZIRGAN	ZORTRESS TAB 0.5MG... ..	ZYPREXA RELPREVV INJ
.....43	.....41	210MG.....
ZITHROMAX	ZORTRESS TAB 0.75MG.....	.....25
see <i>azithromycin</i>	ZORTRESS TAB 1MG.....	ZYPREXA ZYDIS
8	.....41	see <i>olanzapine</i>
ZOCOR	ZOSTAVAX.....	.....24
see <i>simvastatin</i>	ZOSYN	ZYTIGA.....
14	see <i>piper/tazoba inj 2-</i>	see <i>abiraterone acetate</i> 10
ZOFRAN	<i>0.25gm</i>	ZYVOX
see <i>ondansetron hcl</i>.....	.....9	see <i>linezolid inj</i>
36	see <i>piper/tazoba inj 3-</i>	.....4
<i>zoledronic acid inj</i>	<i>0.375gm</i>	see <i>linezolid susp</i>
<i>5mg/100ml</i> .....	.....9	see <i>linezolid tab 600mg</i> ..
31	see <i>piper/tazoba inj 36-</i>	4
<i>zoledronic inj 4mg/5ml</i>	<i>4.5gm</i>	
31	.....9	
	see <i>piper/tazoba inj 4-</i>	



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

This formulary was updated on 08/27/2019. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-620-1748 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit Groups.RxMedicarePlans.com.

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

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

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

Typically, you should expect to receive your prescription drugs within 10 calendar days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us at 1-888-620-1748. TTY/TDD users should call 711.

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Official Use Only: Date Stamp



**Blue Cross
Blue Shield**
of Rhode Island

**Blue MedicareRxSM (PDP)
Medicare Prescription Drug Plan
2020 Enrollment Form**

Return completed applications to your Employer

Please refer to the Blue MedicareRx Evidence of Coverage for a complete listing of all plan benefits, conditions, limitations, and exclusions of coverage.

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Blue MedicareRxSM (PDP) 2020 Enrollment Application

Please contact Blue MedicareRx if you need information in another format (Large Print).

Step 1: Please provide information about you. (Please print clearly.)

Group Employer Name		Requested Effective Date of Coverage _____/_____/_____	
		<i>The effective date of enrollment will be the first of the month following the signature date, unless a future date is requested.</i>	
Last Name	First Name		MI
Permanent residence street address		City	State ZIP Code
Email address	Birth Date: (<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>) (M M / D D / Y Y Y Y)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Home phone number ()
Mailing address (only if different from your permanent residence address)			
Street/P.O. Box		City	State ZIP Code

Step 2: Please confirm that you qualify for Blue MedicareRx as a Retiree or Spouse/Dependent of a Retiree

1. I qualify for coverage under Blue MedicareRx as a retiree of the employer or union offering me this plan.
 Yes No
2. I qualify for coverage under Blue MedicareRx as the spouse or dependent of the retiree.
 Yes No
- Retirement date (month/date/year) of retiree: _____

Step 3: Please provide your Medicare Insurance information.

Please take out your red, white, and blue Medicare card to complete this section. <ul style="list-style-type: none">• Fill out this information as it appears on your Medicare card- OR -• Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.	Name (as it appears on your Medicare card): _____
	Medicare Claim Number _____
	Is Entitled to: _____ Effective Date HOSPITAL (Part A) _____ MEDICAL (Part B) _____
	You must have Medicare Part A or Part B (or both) to join a Medicare prescription drug plan.

Step 4: Please answer the following questions to help Medicare coordinate your benefits.

1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to Blue MedicareRx? Yes No
If "yes", please list your other coverage and your identification (ID) number(s) for this:

Name of other coverage: _____ ID # for this coverage: _____ Group # for this coverage: _____

2. Are you a resident in a long-term care facility, such as a nursing home? Yes No

If "yes" please provide the following information:

Name of Institution: _____

Address & Phone Number of Institution (number and street): _____

Step 5:  **Please read this important information.**

You may only enroll in this plan if you are a retiree or the spouse/dependent of a retiree who qualifies for this Blue MedicareRx plan based upon prior employment with the employer or union offering this plan. This plan is not available to individuals who work enough hours to qualify to enroll in the employer health plans offered to active employees by the employer or union offering this plan.

If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have prescription drug coverage as part of your Medicare Advantage plan. By joining Blue MedicareRx, your membership in your Medicare Advantage plan may end. This will affect both your doctor and hospital coverage, as well as your prescription drug benefits. Read the information that your Medicare Advantage plan sends you and if you have questions, contact your Medicare Advantage plan.

If you currently have health coverage from another employer or union, joining Blue MedicareRx could affect your employer or union health benefits. If you have health coverage from an employer or union, joining Blue MedicareRx may change how your current coverage works. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Step 6: Please provide your Enrollment Period information.

Typically, you may enroll in a Medicare Prescription Drug Plan only during the Annual Open Enrollment Period (AEP) from October 15 to December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the annual enrollment period. Please read the following statements and check the box(es) that apply to you. We will contact you for additional information.

<input type="checkbox"/> I am enrolling during my former employer's Annual Open Enrollment Period.	<input type="checkbox"/> I belong to a pharmacy assistance program provided by my state.
<input type="checkbox"/> I am new to Medicare.	<input type="checkbox"/> I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on: _____/_____/_____
<input type="checkbox"/> I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription	<input type="checkbox"/> I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a

<p>drug coverage, but I haven't had a change. I am making this enrollment request between January 1 and September 30 and I understand I can only make this request once per quarter.</p>	<p>change in the level of Extra Help, or lost Extra Help) on: ____/____/____</p>
--	---

<p><input type="checkbox"/> I live in or recently moved out of a Long-Term Care Facility (for example, a nursing home). Date I moved or will move out of the facility: ____/____/____</p>	<p><input type="checkbox"/> I am involuntarily losing coverage I had from an employer or union. Please attach copy of coverage termination letter.</p>
<p><input type="checkbox"/> I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). Date I lost my drug coverage: ____/____/____</p>	<p><input type="checkbox"/> I am voluntarily leaving employer or union coverage. Date I am leaving this coverage: ____/____/____</p>
<p><input type="checkbox"/> I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. Date of move: ____/____/____</p>	<p><input type="checkbox"/> I am eligible to disenroll from my Medicare Advantage plan and enroll in a Part D plan during an MA Open Enrollment Period or during a trial period. Provide beginning and end dates of eligibility period: Begin date: ____/____/____ End date: ____/____/____</p>
<p><input type="checkbox"/> I recently returned to the United States after living permanently outside of the U.S. Date I returned to the U.S.: ____/____/____</p>	<p><input type="checkbox"/> I recently left a Program of All-inclusive Care for the Elderly (PACE). Date I left PACE: ____/____/____</p>
<p><input type="checkbox"/> My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.</p>	<p><input type="checkbox"/> I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.</p>
	<p><input type="checkbox"/> None of these statements apply to me. *</p>

* If you have any questions regarding your enrollment eligibility, please contact your employer group Benefits Administrator.

Step 7: Application Agreement
Important: Read this information before signing in Section 8 below.

By completing this enrollment application, I agree to the following: Blue Medicare Rx is a Medicare Part D drug plan and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare coverage. It is my responsibility to inform Blue MedicareRx of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time. If I am currently in a Medicare prescription drug plan, my enrollment in Blue MedicareRx will end my enrollment in my current plan. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan only at certain times of the year and under certain special circumstances by sending a request to my former employer.

Blue MedicareRx serves a specific service area. If I move out of the area that Blue MedicareRx serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies except in an emergency when I cannot reasonably use Blue MedicareRx network pharmacies. Once I am a member of Blue MedicareRx, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Blue MedicareRx when I get it to know which rules I must follow to get coverage.

I understand that if I leave this plan and do not have or obtain other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

Step 8: Signature

I understand that my signature below (or the signature of the person authorized to act on my behalf under the laws of the State where I reside) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Blue MedicareRx or by Medicare.

Authorized signature*	Today's Date
------------------------------	--------------

**If you are the authorized representative, you must sign above and provide the following information:*

Name	Phone number	Relationship to enrollee	
Street Address	City	State	ZIP Code

**Applicant: Please Do Not Complete the Following Sections.
For Office and Agent/Broker Use Only.**

Group number:

Office Use: Name/Code Number/Signature of staff member (if he/she assisted in enrollment):

Inside rep: _____ / _____ / _____

Field rep: _____ / _____ / _____

Plan ID#: _____ and Effective Date of Coverage _____ **or** Not Eligible

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