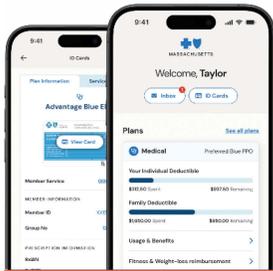




Effective: 1/1/2026

WELCOME SMHG MEDEX



Get a personalized view of your plan
MyBlue is your online member account that gives you instant access to your plan benefits from any device.

Get Started
Register for MyBlue at bluecrossma.org
or download the app.

GET THE MOST OUT OF YOUR PLAN

PLAN OPTIONS

SUPPLEMENTAL: **Medex 2**

[Summary](#) [↓](#)

WELLNESS

[Fitness Reimbursement](#) [↓](#)

[Weight-Loss Reimbursement](#) [↓](#)

[Blue365](#) [↓](#)

RESOURCES

[Enrollment Form](#) [↓](#)

[Prescription Drug Plan Enrollment Form](#) [↓](#)

[Prescription Summary of Benefits](#) [↓](#)

[Medex Formulary](#) [↓](#)

[Member Service](#) [↓](#)

[MyBlue](#) [↓](#)

Left Blank Intentionally

MEDEX[®] 2

SMHG

This Medex plan provides benefits for:

- Medicare Part A and B Deductibles and Coinsurances
- OBRA Benefits

This Medex plan does not provide benefits for:

- Prescription Drugs

TAP INTO YOUR HEALTH PLAN

MyBlue is your online member account that makes understanding and using your health plan simple.



Track claims and benefits



Find personalized care options



View your member ID card

Get started

Sign in or create an account today. Download the app or visit bluecrossma.org.



QUESTIONS? CALL 1-800-932-8323. (TTY) 711.

The Member Service staff can assist you Monday through Friday, 8 a.m. to 6 p.m.
Medicare Office Telephone Number in Massachusetts: 1-800-MEDICARE (1-800-633-4227)



This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance; however, the Commonwealth of Massachusetts has stated that enrollment in Original Medicare (Medicare Part A and Medicare Part B) satisfies these standards.

YOUR MEDICAL BENEFITS

| | Medicare Provides | Medex Provides |
|---|---|--|
| Inpatient Care | | |
| Hospital care—including surgical services, X-rays and lab tests, anesthesia, drugs and medications, and intensive care services | <ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after Part A deductible • Coverage for days 61–90 after daily Part A coinsurance • Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance | <ul style="list-style-type: none"> • Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up[†] |
| Physician or other professional provider services | 80% of approved charges after annual Part B deductible | Full coverage of Medicare deductible and coinsurance |
| Skilled nursing facility—participating with Medicare* | <ul style="list-style-type: none"> • Full coverage for days 1–20 • Coverage for days 21–100 after daily Part A coinsurance | <ul style="list-style-type: none"> • Full coverage of Medicare daily coinsurance for days 21–100 • \$10 daily for days 101–365 |
| Skilled nursing facility—not participating with Medicare* | No benefits | \$8 daily for 365 days per benefit period |
| Outpatient Care | | |
| Office visits, emergency services, surgery, radiation therapy, X-ray and lab tests, podiatrists' services, durable medical equipment, and cardiac rehabilitation services | 80% of approved charges after annual Part B deductible | Full coverage of Medicare deductible and coinsurance |
| Blood glucose monitors and materials to test for the presence of blood sugar | 80% of approved charges after annual Part B deductible for all diabetics | Full coverage of Medicare deductible and coinsurance |
| Urine test strips (Claims must be submitted on a Medex Subscriber Claim form) | No benefits | Full coverage based on the allowed charge |
| Chiropractor services | 80% of approved charges after annual Part B deductible, for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray | Full coverage of Medicare deductible and coinsurance for Medicare-approved charges only |
| Short-term rehabilitation – physical therapy, speech-pathology, and occupational therapy services approved by Medicare | 80% of approved charges after annual Part B deductible | Full coverage of Medicare deductible and coinsurance |

Mental Health and Substance Use Treatment

Biologically based mental conditions**

| | | |
|---|---|--|
| <p>Inpatient admissions in a general or mental hospital</p> | <ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after Part A deductible • Coverage for days 61–90 after daily Part A coinsurance • Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance • Coverage for mental hospital admissions is limited to a 190 day lifetime maximum | <ul style="list-style-type: none"> • Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up[†] |
| <p>Outpatient visits</p> | <p>80% of approved charges after annual Part B deductible</p> | <ul style="list-style-type: none"> • When covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum • When visits are not covered by Medicare, full coverage with no visit maximum |

Non-biologically based mental conditions

| | | |
|---|---|--|
| <p>Inpatient admissions in a general hospital</p> | <ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after Part A deductible • Coverage for days 61–90 after daily Part A coinsurance • Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance | <ul style="list-style-type: none"> • Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up[†] |
| <p>Inpatient admissions in a mental hospital</p> | <p>Same coverage as a general hospital, but coverage is limited to a 190 day lifetime maximum</p> | <ul style="list-style-type: none"> • Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • When Medicare benefits are used up, full coverage up to 120 days per benefit period (at least 60 days per calendar year), less any days in a mental hospital already covered by Medicare or Medex in that benefit period (or calendar year)[†] |
| <p>Outpatient visits</p> | <p>80% of approved charges after annual Part B deductible</p> | <ul style="list-style-type: none"> • When covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum • When not covered by Medicare, full coverage up to 24 visits per calendar year |

[†] The additional days are a combination of days in a general or mental hospital.

* A combined maximum of 365 days per benefit period in a Medicare participating and non-participating skilled nursing facility.

** Treatment of rape-related mental or emotional disorders for victims of an assault with intent to rape is covered to the same extent as biologically based conditions.

Preventive Services Approved by Medicare and Medex

Medicare provides coverage for certain preventive services at no cost to members. For the current list of covered preventive services, refer to your Medicare & You handbook or go to [medicare.gov](https://www.medicare.gov). Some preventive covered services are highlighted below.

- One routine fecal-occult blood test every year for members age 50 or older (Full coverage for tests)
- One routine flexible sigmoidoscopy every four years for members age 50 or older (Full coverage for tests)
- One routine colonoscopy every two years for a high-risk member (Full coverage for tests)
- Other routine colorectal cancer screening tests or procedures and changes to tests or procedures according to frequency limits set by Medicare (Full coverage for tests)
- Routine prostate cancer screening for members 50 or older including one (PSA) test and one digital rectal exam, per calendar year (Full coverage for exam if doctor accepts assignment, full coverage for PSA test)
- One routine gynecological exam every two years (Full coverage for exam if doctor accepts assignment)
- One routine gynecological exam per calendar year for a member at high risk for cancer (Full coverage for exam if doctor accepts assignment)
- One baseline mammogram during the five year period a member is age 35-39 and one routine mammogram per calendar year for members age 40 and older (Full coverage for screening)
- One routine Pap smear test per calendar year (Full coverage for test)

Important Information

- The Medicare deductible and coinsurance amounts are subject to change January 1 of each year.
- Benefits are available immediately upon your effective date.
- Blue Cross Blue Shield and Medicare will pay only for services that are medically necessary.

Get the Most from Your Plan: Visit us at bluecrossma.org or call 1-800-932-8323 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs or equipment (see your plan description for details)

\$150 per calendar year

Weight Loss Reimbursement: a benefit that rewards participation in a qualified weight loss program (see your plan description for details)

\$150 per calendar year

Limitations and Exclusions. These pages summarize your health care plan. Your plan description and riders define the full terms and conditions. Should any questions arise concerning benefits, the plan description and riders will govern. For a complete list of limitations and exclusions, refer to your plan description and riders.

Note: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

® Registered Marks of the Blue Cross and Blue Shield Association. ® Registered Marks of Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. © 2025 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

Left Blank Intentionally



MASSACHUSETTS

FITNESS REIMBURSEMENT

Get rewarded for your healthy habits!

Save up to

\$150



Qualified for Reimbursement:

- A full service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
- A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs
- Online fitness memberships, subscriptions, programs, or classes
- Cardiovascular and strength-training equipment for fitness that is purchased for use in the home, such as stationary bikes, weights, exercise bands, treadmills, fitness machines



Not Qualified for Reimbursement:

- One-time initiation or termination fees
- Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues
- Personal trainer sessions
- Fitness clothing

Get Started

To submit your reimbursement, sign in to MyBlue at bluecrossma.org.

Your reimbursement is waiting!



MASSACHUSETTS

FITNESS REIMBURSEMENT REQUEST

Please print all information clearly. To verify that this reimbursement is offered within your plan, or for more information, you can sign in to MyBlue at bluecrossma.org or call the Member Service number on your ID card. All fitness reimbursement requests must be submitted by March 31 of the following year.

Subscriber Information (Policyholder)

| | | | |
|--|------------------------|------------|----------------|
| Identification Number on Subscriber ID Card (including first 3 characters) | Subscriber's Last Name | First Name | Middle Initial |
| Address – Number and Street | City | State | ZIP Code |
| Employer's Name | | | |

Claim Information

| | | | |
|--|---|----------------|---------------------------|
| Member's Last Name | First Name | Middle Initial | Date of Birth __/__/__ |
| Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Dependent (up to age 26) <input type="checkbox"/> Other (specify): _____ | Name, Address, and Phone Number of Qualified Fitness Expense | | |
| | Total Dollars requested for Qualified Fitness Expense: \$ _____ Calendar year that fees were paid: _____ | | |

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so you should consult your tax advisor.

Certification and Authorization (This form must be signed and dated below.)
I certify that the information provided in support of this submission is complete and correct, and that I have not previously submitted for these services. I enrolled in the qualified program with the full intention of using such program. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified fitness program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature: _____

Date: __/__/__

Complete this form and mail it to:
Blue Cross Blue Shield of Massachusetts,
Local Claims Department,
PO Box 986030, Boston, MA 02298

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Left Blank Intentionally



MASSACHUSETTS

LOSE WEIGHT, GAIN SAVINGS

Stay motivated and get up to \$150 annually for participating in a qualified weight-loss program.¹



Qualifies for weight-loss reimbursement

- Hospital-based programs and Weight Watchers[®] in person
- Weight Watchers online and other non-hospital programs (in person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists



Doesn't qualify for weight-loss reimbursement

- One-time initiation or termination fees
- Food, supplements, books, scales, or exercise equipment
- Individual nutrition counseling sessions, doctor/nurse visits, lab tests, or other services that are covered benefits under your medical plan

GET REIMBURSED IN THREE EASY STEPS

1

Choose

Start by picking a qualified weight-loss program.

2

Complete

Once you pay for the program, complete the attached form.

3

Mail

Send the completed form to the address listed.

You can also sign in to MyBlue to submit the form at member.bluecrossma.com/login.

Be sure to check with your primary care provider before starting any weight-loss program.

Questions?

Call Team Blue Member Service at the number on your ID card.

1. To verify this reimbursement is offered for your plan, or for more information, sign in to MyBlue at bluecrossma.com/myblue or call the Team Blue Member Service at the number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.



MASSACHUSETTS

WEIGHT-LOSS REIMBURSEMENT REQUEST

Please print clearly.

To verify this reimbursement is offered within your plan, or for more information, sign in to MyBlue at bluecrossma.org or call Team Blue Member Service at the number on your ID card. All weight-loss reimbursement requests must be submitted by March 31 of the following year.

Subscriber information (policyholder)

| | | | |
|---|------------------------|------------|----------------|
| Identification number on subscriber ID card (including first 3 characters) | Subscriber's last name | First name | Middle initial |
| Address – number and street | City | State | ZIP code |
| Employer's name | | | |

Claim information

| | | | |
|--|------------|----------------|--------------------------|
| Member's last name | First name | Middle initial | Date of birth (MM/DD/YY) |
| Claim is for (choose one and color in the entire box): | | | |
| <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Other (specify) _____ | | | |
| <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26) | | | |
| Name, address, and phone number of qualified weight-loss program: | | | |
| Total dollars requested: \$ _____ | | | Year fees paid: |
| Monthly program participation fee: \$ _____ | | | |

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within thirty calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

Certification and authorization (this form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I enrolled in the qualified program with the full intention of using such program. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified weight-loss program to Blue Cross Blue Shield of Massachusetts.

| | |
|-----------------------|-----------------|
| Subscriber signature: | Date (MM/DD/YY) |
|-----------------------|-----------------|

Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts Local Claims Department
P.O. Box 986030
Boston, MA 02298

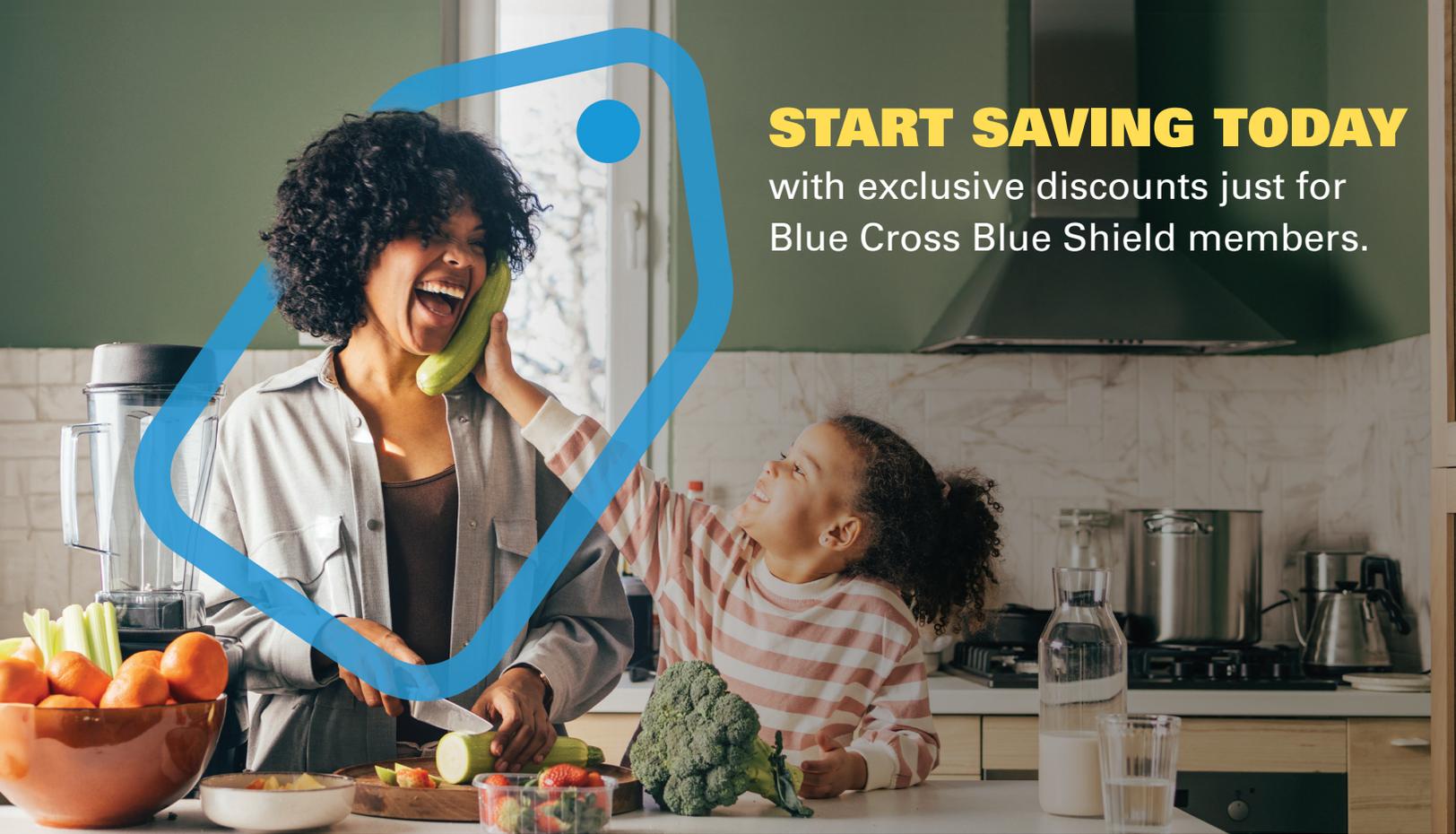
Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Left Blank Intentionally



START SAVING TODAY

with exclusive discounts just for Blue Cross Blue Shield members.

What if there was a way for you to save money on what you and your family need most?

Say hello to Blue365! It's available to you as a Blue Cross Blue Shield member and free to register. Access year-round discounts on affordable solutions to support your health. And unlike some other discount programs, there's no need to earn rewards or points in order to take advantage of these exclusive deals—you can start saving immediately!

Enjoy one-of-a-kind discounts on:



Fitness Gear & Apparel



Gym Memberships



Hearing Aids



Nutrition



Vision Care

...And much more!

Sign up for free today by visiting Blue365deals.com or scan the code:



MASSACHUSETTS

Blue365

© 2025 Blue Cross and Blue Shield Association — All Rights Reserved. The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies. Blue365 offers access to savings on health and wellness products and services and other interesting items that Members may purchase from independent vendors, which are not covered benefits under your policies with Blue Cross and Blue Shield of Texas, its contracts with Medicare, or any other applicable federal health care program. These products and services will be offered to you through the entire benefit year. During the year, the independent vendors may offer additional discounts on these products and services. To find out what is covered under your policies, contact Blue Cross and Blue Shield of Massachusetts. The products and services described on the Site are neither offered nor guaranteed under your Blue Cross and Blue Shield of Massachusetts's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Cross and Blue Shield of Massachusetts's grievance process. BCBSA may receive payments from vendors providing products and services on or accessible through the Site. Neither BCBSA nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or Site.

Left Blank Intentionally



MASSACHUSETTS

THANK YOU FOR CHOOSING A BLUE CROSS BLUE SHIELD PLAN

Please take a few minutes to help us set up your membership, by filling out the attached enrollment form.

BEFORE YOU BEGIN

Read the instructions below carefully.

For members of HMO Blue[®], Network Blue[®], Blue Choice[®], HMO Blue New EnglandSM, or Blue Choice New EnglandSM: You're required to choose a primary care provider (PCP) when you enroll. Choose a PCP from your plan's provider directory. Be sure to read the "PCP ID #" in Section 2. List your PCP choice on your enrollment form. You can also find the PCP ID number by visiting bluecrossma.org and selecting **Find a Doctor**.

For members of Access BlueSM:

Although you aren't required to choose a PCP, we recommend that you choose one by following the instructions in Section 2 on the back of this page.

Important: Are you covered by Medicare or other insurance? We need to know if you or any family member listed has Medicare and/or other insurance in addition to your Blue Cross Blue Shield of Massachusetts plan. Be sure to check either **Y** (for yes) or **N** (for no) in the correct box. This information will help us coordinate your benefits accurately. Follow the instructions in Sections 2 and 3.

Print two copies of your completed application. Keep one for your records and send the other to your employer to sign and mail to Blue Cross Blue Shield of Massachusetts. Your employer must sign the application to complete your enrollment request.

Special Instructions for Student Coverage: If you're seeking coverage for a full-time student dependent age 19 or older, you may need to fill out a Student Certificate. Check with your employer to see if this coverage is available.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Instructions

Section 1 To Be Filled Out by Your Employer

Your employer will fill out this section.

Type of Transaction—Check one or more boxes that apply.

Subscriber Cancellation Codes. If the subscriber won't be continuing any Blue Cross Blue Shield coverage, select one of the following carefully and indicate the three-digit code on the form.

| Code # | Reason for Canceling | Code # | Reason for Canceling |
|--------|--|--------|--|
| 041 | <ul style="list-style-type: none"> Changing to other health plan Voluntary termination COBRA cancellation (under 18 months or nonpayment) | 061 | <ul style="list-style-type: none"> Left employment COBRA ending |
| 042 | <ul style="list-style-type: none"> 65 or over, changing to Group Medex[®] plan. (Requires Medicare A and B) 65 or over, changing to direct-pay Medex plan. (Requires Medicare A and B) 65 or over, changing to Medicare supplement other than Medex plans. | 063 | <ul style="list-style-type: none"> Transfer |
| 043 | <ul style="list-style-type: none"> Medicare (age = 65 or over) | 064 | <ul style="list-style-type: none"> Cancellation as of original effective date |
| | | 070 | <ul style="list-style-type: none"> Deceased |
| | | 071 | <ul style="list-style-type: none"> Moved out of state (out of HMO service area) |
| | | 076 | <ul style="list-style-type: none"> Military service |

Note: If your subscribers are adding or dropping one benefit only (medical/dental), please indicate “add medical,” “add dental,” “cancel medical,” or “cancel dental” in the “Remarks” section.

If your new hires are subject to a probationary period, indicate the time frame in the “Remarks” section, as well as the qualifying events for new enrollees.

If a subscriber is being moved from an active group to a retiree group (within the same account), this is a transfer and not a termination. Include the new Medical or Dental Group #.

Cancellation date will be the first day of no coverage.

Qualifying Events—Remarks:

To assist in the enrollment process, use check boxes or write the applicable information in the “Remarks” section of the form.

- **Open Enrollment**—Check this box for open enrollment.
- **New Hire**—Check this box for new hires by the company.
- **COBRA**—Check this box if person is continuing coverage under COBRA.
- **Add Spouse**—Check this box if spouse is being added. Ensure that date of marriage is within approved retroactive period.
- **Add Dependent**—Check this box if adding any dependent.
- **Loss of Coverage**—Check this box if employee lost coverage through spouse or parent. Include HIPAA Continuation of Coverage Letter from prior company/insurer. If you have questions, contact your account service representative.
- **Other**—Check this box if change to family requires additional explanation. Write in the reason for change (e.g., court order, adoption, New Dependent Law under HCR, legal guardianship, etc.). Include supporting documentation. If you have questions, contact your account service representative.

Section 2 Yourself (Member 1)

Fill in all information that applies to you. (REQUIRED)*

PCP ID#—If your health plan requires you to choose a primary care provider (PCP), fill in this section. Write the PCP ID number (not the telephone number) of the doctor you've chosen to coordinate your health care. You'll find the doctor's PCP ID number in the provider directory for your health plan. If you need help choosing a PCP, call our Physician Selection Service at 1-800-821-1388. A representative will help you select a provider. You can find the PCP ID number at bluecrossma.org, select Find a Doctor.

Gender—Enter M for male, F for female, or NB for non-binary.

Other Insurance—Do you have other health insurance or Medicare in addition to your Blue Cross Blue Shield plan? Be sure to check either Y (for yes) or N (for no) in the correct box. If you have other insurance, write the name of the other insurance company and your member identification number.

To Add or Delete a Member—Are you adding or deleting a member under your existing membership? If yes, fill in the areas in Sections 1 and 2. You may need help from your employer to fill in Section 1. Then, give us the details about the members you're adding or deleting in Section 3 and/or Section 4.

Section 3 Member 2

If you choose a Family membership, fill in this section if you want Member 2 to be covered. (REQUIRED)* (Note: Member 2 cannot be covered under an Individual membership.)

Other Insurance—Does your spouse have other health insurance or Medicare? Be sure to check either Y (for yes) or N (for no) in the correct box. If your spouse or partner has other insurance, write the name of the other insurance company and the member identification number.

Section 4 Your Eligible Dependents (Members 3, 4, and 5)

If you choose a Family membership, fill in this section for all children or other eligible dependents you want to be covered. (REQUIRED)* (Note: Dependents cannot be covered under an Individual membership.)

If you have more than three dependents to be covered, use additional Enrollment Forms as needed. Indicate on the form that additional forms have been used and write in the total number of dependents you want to be enrolled.

Section 5 Personal Savings Account

Your employer may have chosen to offer a personal savings account alongside your medical offering. To determine if this applies to you, consult your open enrollment materials and/or your Human Resources department.

For each option:

Start Date: Your start date will be considered established for tax purposes as of the start date of your medical plan, provided that you have signed, dated, and submitted the completed application for these accounts on or before that date.

End Date: Your end date is the date you choose to stop deposits into the selected financial account. If you have any questions, see your employer.

Note: If you're transferring from one medical/dental plan to another plan, complete Section 5 of the Enrollment and Change Form to let us know that you'll be continuing your personal savings account.

Section 6 Signatures (Employee & Employer)

Employee: Sign and date the application and return it to your employer. **Employer:** Sign and date the application and return it to Blue Cross Blue Shield of Massachusetts.

Please mail to:

P.O. Box 986001
Boston, MA 02298
or fax to 1-617-246-7531

* Under the Affordable Care Act, we're required to collect the Social Security number for you and any dependent enrolling in your plan.

Please Read the Instructions Before Filling Out This Form.

Please TYPE OR PRINT CLEARLY, using blue or black ink, to avoid coverage delay.



Enrollment and Change Form

1. To Be Filled Out by Your Employer

| | | | | | |
|--|---|---|-------------------------|----------------------------------|--|
| Company Name | | Current Medical Group #: | | Medical Group # Transferring To: | |
| Current BCBS ID #, if any: | Requested Effective Date: MM DD YYYY | Date of Hire: MM DD YYYY | Current Dental Group #: | Dental Group # Transferring to: | |
| Type of Transaction <input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE Three-digit termination code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Remarks (e.g., qualifying event for a new add, change to family or other instruction): <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Change to Family <input type="checkbox"/> Add Spouse <input type="checkbox"/> Add Dependent <input type="checkbox"/> New Hire <input type="checkbox"/> Loss of Coverage (HIPAA Continuation of Coverage Letter required) <input type="checkbox"/> COBRA <input type="checkbox"/> Other: _____ | | | |

2. Yourself (Member 1)

| | | | | |
|---|---|--|--|--|
| What products? <input type="checkbox"/> Access Blue <input type="checkbox"/> Blue Choice <input type="checkbox"/> Blue Choice New England <input type="checkbox"/> Blue MedicareRx (Part D) | <input type="checkbox"/> Dental Blue <input type="checkbox"/> HMO Blue <input type="checkbox"/> HMO Blue New England <input type="checkbox"/> Managed Blue for Seniors | <input type="checkbox"/> Medex (Group) <input type="checkbox"/> Network Blue <input type="checkbox"/> PPO <input type="checkbox"/> Saver Blue | Membership Type (Medical) <input type="checkbox"/> Individual <input type="checkbox"/> Family | Membership Type (Dental) <input type="checkbox"/> Individual <input type="checkbox"/> Family |
| First Name | M.I. | Last Name | Gender | Date of Birth |
| Street Address/ P.O. Box # | Apt. # | City/ Town | State | ZIP Code |
| Home Phone () | Cell Phone () | Email | | |
| Social Security # (REQUIRED) ¹ | Other Insurance? Y <input type="checkbox"/> / N <input type="checkbox"/> | Other Insurance Company Name | Member Identification Number | |
| PCP ID # (See instructions) | Name of PCP | City/State | Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/> | |
| Are you covered by Medicare? ² Y <input type="checkbox"/> / N <input type="checkbox"/> | Part A Effective Date MM DD YYYY | Part B Effective Date MM DD YYYY | Part D Effective Date MM DD YYYY | Medicare # <input type="checkbox"/> 65+ <input type="checkbox"/> Disabled <input type="checkbox"/> ESRD If Retired, Date |

3. Member 2

| | | | | |
|---|-------------------------------------|--|---|--|
| Check One: <input type="checkbox"/> Spouse <input type="checkbox"/> Divorced Spouse (court ordered) | | | Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental | |
| First Name | M.I. | Last Name | Gender | Date of Birth |
| Social Security # (REQUIRED) ¹ | Phone () | Other Insurance? Y <input type="checkbox"/> / N <input type="checkbox"/> | Other Insurance Company Name | Member Identification Number |
| PCP ID # (see instructions) | Name of PCP | City/State | Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/> | |
| Are you covered by Medicare? ² Y <input type="checkbox"/> / N <input type="checkbox"/> | Part A Effective Date MM DD YYYY | Part B Effective Date MM DD YYYY | Part D Effective Date MM DD YYYY | Medicare # <input type="checkbox"/> 65+ <input type="checkbox"/> Disabled <input type="checkbox"/> ESRD If Retired, Date |

4. Your Eligible Dependents (Members 3, 4, and 5)

| | | | | |
|---|-----------------------------|--|---|---|
| Dependent's First Name (3.) | M.I. | Last Name | Gender | Date of Birth |
| Social Security # (REQUIRED) ¹ | PCP ID # (See instructions) | Name of PCP | Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/> | |
| Full-time student and aged 19 or older <input type="checkbox"/> | | Disabled and aged 26 or older <input type="checkbox"/> | | Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental |
| Dependent's First Name (4.) | M.I. | Last Name | Gender | Date of Birth |
| Social Security # (REQUIRED) ¹ | PCP ID # (See instructions) | Name of PCP | Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/> | |
| Full-time student and aged 19 or older <input type="checkbox"/> | | Disabled and aged 26 or older <input type="checkbox"/> | | Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental |
| Dependent's First Name (5.) | M.I. | Last Name | Gender | Date of Birth |
| Social Security # (REQUIRED) ¹ | PCP ID # (See instructions) | Name of PCP | Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/> | |
| Full-time student and aged 19 or older <input type="checkbox"/> | | Disabled and aged 26 or older <input type="checkbox"/> | | Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental |
| Check if you're using separate forms for additional dependent children <input type="checkbox"/> | | | Total # of dependents: _____ | |

5. Personal Savings Account

| | | | |
|--|------------|----------|---|
| <input type="checkbox"/> HSA: Health Savings Account | Start Date | End Date | FSA Goal Amount (see instructions for limits): \$ |
| <input type="checkbox"/> FSA: Health Flexible Spending Account | Start Date | End Date | Health: \$ |
| <input type="checkbox"/> DCFSA: Dependent Care Flexible Spending Account | Start Date | End Date | Dependent Care: \$ |

6. Signatures (Employee & Employer)

The information here is complete and true. I understand that Blue Cross and Blue Shield will rely on this information to enroll me and my dependents or to make changes to my membership. I understand that I should read the subscriber certificate or benefit booklet provided by my employer to understand my benefits and any restrictions that apply to my health care plan. I understand that Blue Cross and Blue Shield may obtain personal and medical information about me to carry out its business, and that it may use and disclose that information in accordance with law. I acknowledge that I may obtain further information about the collection, use, and disclosure of my information in "Our Commitment to Confidentiality," Blue Cross and Blue Shield's notice of privacy practices.

Employee's Signature _____ Date _____ Employer's Signature _____ Date _____

1. REQUIRED: Under the Affordable Care Act, we're required to collect the Social Security number for you and any dependent enrolling in your plan.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

Left Blank Intentionally



Connecticut | Massachusetts
Rhode Island | Vermont

Blue MedicareRx (PDP) 2026

ENROLLMENT FORM

Who can use this form?

People with Medicare who want to join a Medicare Prescription Drug Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the United States
- Live in the plan's service area

Important: To join a Medicare Prescription Drug Plan, you must also have either, or both:

- Medicare Part A (hospital insurance)
- Medicare Part B (medical insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within three months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [medicare.gov](https://www.medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1 and Section 3 (unless marked optional). The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

What happens next?

Send your completed and signed form to:

| | |
|--|--|
| Blue MedicareRx P.O. Box 30001 Pittsburgh, PA 15222-0330 | Once we process your request to join, we'll contact you. |
|--|--|

How do I get help with this form? Contact us:

Connecticut residents:

1-866-832-9702 (TTY: 711)
24 hours a day, 7 days a week

Massachusetts residents:

1-800-678-2265 (TTY: 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

Rhode Island residents:

1-800-505-2583 (TTY: 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
You can use our automated answering system outside of these hours.

Vermont residents:

1-888-496-4178 (TTY: 711)
24 hours a day, 7 days a week

Or, call Medicare at **1-800-MEDICARE**
(1-800-633-4227). TTY users can call 1-877-486-2048.

Independent Licensees of the

Blue Cross and Blue Shield Association.

S2893_2520_C OMB No. 0938-1378 Expires: 12/31/2026

Select the 2026 plan you want to join: Blue MedicareRx Value Plus: \$20.70 per month Blue MedicareRx Premier: \$238.60 per month

First name:

Last name:

Middle initial (optional):

Birth date:

(MM/DD/YYYY) (_ _ _ _ _)

Sex:

 Male Female

Phone number:

() -

Permanent residence street address (Don't enter a P.O. Box):

For individuals experiencing homelessness, a P.O. Box may be considered your permanent residence address.

 Check here if you are an individual experiencing homelessness and a P.O. Box is your permanent residence address.

Street address:

City:

State:

ZIP code:

Mailing address, if different from your permanent address (P.O. Box allowed):

Street address:

City:

State:

ZIP code:

Email (optional):

Your Medicare information:

Medicare Number: _ _ _ - _ _ _ - _ _ _

Answer these important questions:Will you have other prescription drug coverage (like VA, TRICARE®) in addition to Blue MedicareRx? Yes No

Name of other coverage:

Member number for this coverage:

Group number for this coverage:

IMPORTANT: Read and sign below:

- I must keep Hospital (Part A) or Medical (Part B) to stay in Blue MedicareRx.
- By joining this Medicare Prescription Drug Plan, I acknowledge that Blue MedicareRx will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one Part D plan at a time – and that enrollment in this plan will automatically end my enrollment in another Part D plan (exceptions apply for MA PFFS, MA MSA plans).
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I'll be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the United States border.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 Medicare.

Signature:

Today's date:

If you're the authorized representative, sign above and fill out these fields:

Name:

Phone number:

Street address:

Relationship to enrollee:

Typically, you may enroll in a Medicare Prescription Drug Plan only during the open enrollment period between October 15 and December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the open enrollment period. Please read the below statements carefully and check the box if the statement applies to you. By checking any of the following boxes you're certifying that, to the best of your knowledge, you're eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled. Please check all that apply and include applicable dates in the designated space for each section.

- I'm applying during the Open Enrollment Period (October 15 through December 7) for an effective date of January 1.

Medicare assistance programs

- I recently had a change in my Medicaid (new recipient of Medicaid; had a change in level of Medicaid assistance; or lost Medicaid) on:
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (new recipient of Extra Help; had a change in the level of Extra Help; or lost Extra Help) on:
- I have Medicare and Medicaid, or I get Extra Help paying for Medicare drug costs. I want to switch to a standalone PDP and/or switch between standalone PDP.
- I belong to a pharmacy assistance program provided by my state.
- I recently left a PACE program on:
- I live in or recently moved out of a long-term care facility (for example, a nursing home). I moved/will move into/out of the facility on:

Insert date: (_ _ _ _ _)
(M M / D D / Y Y Y Y)

Change in residence

- 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. I moved on:
- I recently returned to the United States after living permanently outside of the United States. I returned to the United States on:
- I recently obtained lawful presence status in the United States. I received this status on:
- I recently was released from incarceration. I was released on:

Insert date: (_ _ _ _ _)
(M M / D D / Y Y Y Y)

I'm new to Medicare.

- 65th birthday
- Disability determination
- Existing Medicare (via disability) – now turning 65
Insert date: (_ _ _ _ _)
(M M / D D / Y Y Y Y)

I involuntarily lost coverage.

- I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's) on:
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan on:
Insert date: (_ _ _ _ _)
(M M / D D / Y Y Y Y)

Miscellaneous reasons

- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.
- I was affected by an emergency or major disaster (as directed by the Federal Emergency Management Agency (FEMA) or by a federal, state, or local government entity). One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- I'm enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP) between January 1 and March 31.
- Individuals enrolled in a plan placed in receivership
- Individuals enrolled in a plan that has been identified by Centers for Medicare & Medicaid Services (CMS) as a Consistent Poor Performer
- I'm leaving employer or union group coverage on:
Insert date: (_ _ _ _ _)
(M M / D D / Y Y Y Y)

Other

- Other explain: _____

If none of these statements apply to you or you're not sure, please contact us to see if you're eligible to enroll.

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

If you'd like information in any languages other than English, please contact Customer Care.

Select one if you want us to send you information in an accessible format.

Large print Braille Audio CD Data CD

Please contact Blue MedicareRx at the phone number listed on the front page if you need information in an accessible format other than what is listed above.

Do you work? Yes No

Does your spouse work? Yes No

Paying your plan premiums

You can pay your monthly plan premium by mail, electronic funds transfer (EFT), which is an automatic withdrawal from your bank account, or credit card each month. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay Blue MedicareRx the Part D-IRMAA.

Please select a premium payment option:

Receive a bill

Automatic deduction from your monthly Social Security or Railroad Retirement Board benefit check

Automatic bank draft withdrawal from checking or savings account

Please send us a VOIDED check and fill in the requested information, which allows us to deduct your monthly premium payment from your bank account. checking savings (check one)

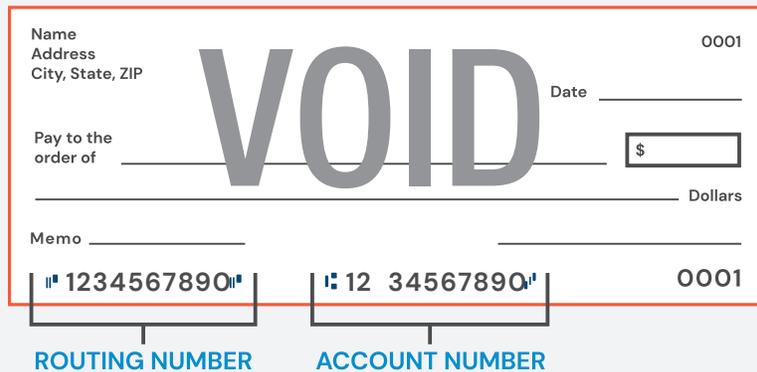
Name on account

Financial institution

Routing number Account number

Account holder signature _____

The account holder signature is required in order to deduct premiums from checking or savings account.



By selecting automatic bank withdrawal, I authorize the bank or financial organization named above to pay my premium through electronic bank withdrawal payable to Blue MedicareRx. I authorize the deduction of up to \$300 at a time (only if the balance is such). The bank or other financial organization will be fully protected in honoring these payments until notice from me canceling this request is received.

Note: The option to pay using a credit card will be included on your monthly invoice. You can also call Customer Care toll-free once your enrollment in the plan is active. We can also assist you with signing up for automatic payments, SSA deductions and any questions about paying your plan premium.

For individuals helping enrollee with completing this form only:

Complete this section if you're an individual (e.g., SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: _____

Signature: _____

Relationship to enrollee: _____

National Producer Number (agents/brokers only): _____

Broker box for Connecticut, Massachusetts, and Rhode Island only:

Medicare Prescription Drug Plan office and producer use only:

Date application received by agent/broker/rep: _____

Effective date of coverage: _____

Enrollment period type: IEP AEP SEP

Broker Agent

Agent individual writing code: _____

Agent/broker/rep name: _____

National Provider Number (NPN): _____

Agent/broker/rep signature: _____

Agent/broker/rep only – please fax the completed application to the following number within 24 hours of receipt:

Connecticut: 1-866-342-7048 Massachusetts & Rhode Island: 1-401-459-5025

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is OMB 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT: Don't send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It won't be kept, reviewed, or forwarded to the plan. See "What happens next?" on the first page of this document when you send your completed form to the plan.

Blue MedicareRx (PDP) is a Prescription Drug Plan with a Medicare contract. Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) are two Medicare Prescription Drug Plans available to service residents of Connecticut, Massachusetts, Rhode Island, and Vermont.

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.

You can file a complaint if you feel that you received inaccurate, misleading, or inappropriate information. Please call Customer Care at the number on the front page of this form (TTY users call: **711**). If your complaint involves a broker or agent, be sure to include the name of the broker/agent when filing your complaint.

Privacy Act Statement:

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) plans, improve care, and for the payment of Medicare benefits. Sections 1860D-1 of the Social Security Act and 42 CFR §§ 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)," System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

® Registered Marks of the Blue Cross and Blue Shield Association.

® Registered Marks are the property of their respective owners. © 2025 All Rights Reserved.

Left Blank Intentionally



MASSACHUSETTS

Blue MedicareRxSM (PDP)

Blue MedicareRxSM (PDP)

2026 SUMMARY OF BENEFITS

2026 Summary of Benefits

Blue MedicareRx (PDP)

Employer Group Medicare
Prescription Drug Plan with
Supplemental Coverage:
\$5 / \$10 / \$25

Option 25



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

S2893_2512_GRP_M

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, 2026 - December 31, 2026

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 to 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

Hours of Operation

You can call us 24 hours a day, 7 days a week.

Blue MedicareRx Phone Numbers and Website

Please call Blue MedicareRx for more information about our plan.

Current members should call toll-free **1-888-543-4917**. (TTY/TDD **711**).

Prospective Members, please contact your benefits administrator.

Visit us at our Document Portal:
rxmedicareplans.memberdoc.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 **<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>** 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 **1-888-543-4917**, 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.

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 covered drugs) and any restrictions on our Document Portal at: rxmedicareplans.memberdoc.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 3 “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, your out-of-pocket prescription costs to date 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 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 Document Portal at: rxmedicareplans.memberdoc.com, or contact Customer Care at the number listed on the previous page.

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 on our Document Portal at: rxmedicareplans.memberdoc.com. Or, call us and we will send you a copy of the pharmacy directory.

ADDITIONAL BENEFIT INFORMATION FOR BLUE MEDICARERX

Important message about what you pay for vaccines

Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.

Important message about what you pay for insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

SUMMARY OF BENEFITS

January 1, 2026 – December 31, 2026

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 | | You pay the following until your total yearly out-of-pocket drug costs reach \$2,100 ¹ , thereafter, you will pay nothing for covered Part D drugs: | |
|---|--------------------|--|---------------------------------|
| Standard Retail Cost-Sharing | | One-month supply | Three-month supply ² |
| Tier 1 | Generic | \$5 | \$15 |
| Tier 2 | Preferred Brand | \$10 | \$30 |
| Tier 3 | Non-Preferred Drug | \$25 | \$75 |
| Specialty drugs are limited to a one-month supply per fill. | | | |
| Mail Order Cost-Sharing | | One-month supply | Three-month supply |
| Tier 1 | Generic | \$5 | \$10 |
| Tier 2 | Preferred Brand | \$10 | \$20 |
| Tier 3 | Non-Preferred Drug | \$25 | \$50 |
| Specialty drugs are limited to a one-month supply per fill. | | | |

Catastrophic Coverage

During this payment stage, you pay nothing for your Part D covered drugs.

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. 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 Non-Preferred drug. When using an out of network pharmacy, you may be responsible for any cost differential between the amount charged and the allowed charge.

Medicare considers drugs which cost more than \$950 for a one-month supply to be specialty drugs.

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 (Braille, large print, audio CD, data CD, accessible electronic formats, and 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, the 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 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, TTY: 1-800-537-7697

Complaint forms are available at
<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

You can file a complaint if you feel that you received inaccurate, misleading, or inappropriate information. Please call Customer Care at the number listed on the back page of this booklet (TTY users call: 711). If your complaint involves a broker or agent, be sure to include the name of the broker/agent when filing your complaint.



FOR QUESTIONS, OR TO ENROLL:

This information is not a complete description of benefits. Please refer to the contact list below for more information.

Please call Blue MedicareRx for more information about our plan. Current members should call toll-free 1-888-543-4917. (TTY/TDD 711) Prospective Members, please contact your benefits administrator. Visit us at rxmedicareplans.memberdoc.com

Customer Care Hours:

24 hours a day, 7 days a week

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 medicare.gov on the web.

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



MASSACHUSETTS

Blue Cross and Blue Shield of Massachusetts, Inc., 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.

® Registered Marks of the Blue Cross and Blue Shield Association. SM Service Mark of Anthem Blue Cross Blue Shield. © 2025 Blue Cross and Blue Shield of Massachusetts, Inc.

Left Blank Intentionally



MASSACHUSETTS

| Blue MedicareRxSM (PDP)

Blue MedicareRxSM (PDP) 3 Tier Select 2026 Formulary (List of Covered Drugs or “Drug List”)

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

This formulary was updated on 10/09/2025. For more recent information or other questions, please contact Blue MedicareRx at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal (rxmedicareplans.memberdoc.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. If you are unsure about which drugs may or may not be covered, please call Customer Care to verify drug coverage.

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 Drug List (formulary) for our plan which is current as of January 1, 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2026, and from time to time during the year.

What is the Blue MedicareRx Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. 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 change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx may add or remove drugs on the formulary during the year, move them to different cost sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our Document Portal here: rxmedicareplans.memberdoc.com.

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

Immediate substitutions of certain new versions of brand name drugs and original biological products. We may immediately remove a drug on our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Blue MedicareRx formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

Drugs removed from the market. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost sharing tier, or both. 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the brand name drug you have been taking. 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 titled “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 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 9, 2025. 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. 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 Document Portal (rxmedicareplans.memberdoc.com) to get information showing changes, additions, and/or deletions of medications contained in our formulary.

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 work just as well and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

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 prescriber 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 30 tablets per prescription for simvastatin 80 mg tablets. 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 V 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 them 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 waive coverage restrictions including prior authorization, step therapy, or a quantity limit 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.

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.

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 the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need this exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you talk to your prescriber 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 has a coverage restriction, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

For more information

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

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

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

Blue MedicareRx formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx. If you have trouble finding your drug on 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., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

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 Covered under Medicare B or D. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- QL Quantity Limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for simvastatin 80 mg tablets.
- PA Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- ST Step Therapy. In some cases, our plan 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, we 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.
- NM Not Available at Mail Order. Drugs with this abbreviation are not typically available at CVS Caremark Mail Service Pharmacy. Maintenance medications (drugs you take on a regular basis for a chronic or long-term condition) without this abbreviation are typically available at CVS Caremark Mail Service Pharmacy. Actual availability may vary.

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

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| ANALGESICS | | | OPIOID ANALGESICS, LONG-ACTING | | |
| GOUT | | | <i>fentanyl</i> PT72 12mcg/hr, Tier 3 QL PA 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days) | | |
| <i>allopurinol</i> TABS 100mg, Tier 1 300mg | | | <i>hydrocodone bitartrate</i> Tier 3 QL PA T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days) | | |
| <i>colchicine</i> TABS .6mg Tier 2 QL QL (120 tabs / 30 days) | | | <i>hydrocodone bitartrate</i> Tier 1 QL PA T24A 100mg, 120mg QL (30 tabs / 30 days) | | |
| <i>colchicine w/ probenecid tab</i> Tier 2 0.5-500 mg | | | <i>methadone hcl</i> TABS 5mg, Tier 2 QL PA 10mg QL (90 tabs / 30 days) | | |
| <i>probenecid</i> TABS 500mg Tier 2 | | | <i>morphine sulfate</i> (generic of Tier 2 QL PA MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days) | | |
| MISCELLANEOUS | | | OPIOID ANALGESICS, SHORT-ACTING | | |
| <i>lidocaine hcl (local anesth.)</i> Tier 2 B/D (generic of XYLOCAINE- MPF) SOLN .5%, 1%, 1.5% | | | <i>acetaminophen w/ codeine</i> Tier 2 QL <i>soln</i> 120-12 mg/5ml QL (2700 mL / 30 days) | | |
| <i>lidocaine hcl (local anesth.)</i> Tier 2 B/D (generic of XYLOCAINE) SOLN .5%, 1%, 2% | | | <i>acetaminophen w/ codeine</i> Tier 1 QL <i>tab</i> 300-15 mg QL (400 tabs / 30 days) | | |
| NSAIDS | | | <i>acetaminophen w/ codeine</i> Tier 1 QL <i>tab</i> 300-30 mg QL (360 tabs / 30 days) | | |
| <i>celecoxib</i> (generic of Tier 2 QL CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days) | | | <i>acetaminophen w/ codeine</i> Tier 1 QL <i>tab</i> 300-60 mg QL (180 tabs / 30 days) | | |
| <i>celecoxib</i> (generic of Tier 2 QL CELEBREX) CAPS 400mg QL (30 caps / 30 days) | | | <i>endocet tab</i> 2.5-325mg Tier 2 QL (generic of PERCOCET) QL (360 tabs / 30 days) | | |
| <i>diclofenac potassium</i> TABS Tier 1 QL 50mg QL (120 tabs / 30 days) | | | | | |
| <i>diclofenac sodium</i> TB24 Tier 2 100mg | | | | | |
| <i>diclofenac sodium</i> TBEC Tier 1 25mg, 50mg, 75mg | | | | | |
| <i>flurbiprofen</i> TABS 100mg Tier 2 | | | | | |
| <i>ibu</i> TABS 400mg, 600mg, Tier 1 800mg | | | | | |
| <i>ibuprofen</i> SUSP 100mg/5ml Tier 2 | | | | | |
| <i>ibuprofen</i> TABS 400mg, Tier 1 600mg, 800mg | | | | | |
| <i>meloxicam</i> TABS 7.5mg, Tier 1 15mg | | | | | |
| <i>nabumetone</i> TABS 500mg, Tier 1 750mg | | | | | |
| <i>naproxen</i> TABS 250mg, Tier 1 375mg, 500mg | | | | | |
| <i>sulindac</i> TABS 150mg, Tier 1 200mg | | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|--|-----------|-------------------------|
| <i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days) | Tier 2 | QL | <i>morphine sulfate SOLN</i> 100mg/5ml QL (180 mL / 30 days) | Tier 2 | QL |
| <i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days) | Tier 2 | QL | <i>morphine sulfate TABS</i> 15mg, 30mg QL (180 tabs / 30 days) | Tier 2 | QL |
| <i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days) | Tier 2 | QL | <i>oxycodone hcl SOLN</i> 5mg/5ml QL (900 mL / 30 days) | Tier 3 | QL |
| <i>hydrocodone- acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days) | Tier 3 | QL | <i>oxycodone hcl TABS 5mg,</i> 10mg, 20mg QL (180 tabs / 30 days) | Tier 2 | QL |
| <i>hydrocodone- acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days) | Tier 2 | QL | <i>oxycodone hcl (generic of ROXICODONE) TABS</i> 15mg, 30mg QL (180 tabs / 30 days) | Tier 2 | QL |
| <i>hydrocodone- acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days) | Tier 2 | QL | <i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)</i> QL (360 tabs / 30 days) | Tier 2 | QL |
| <i>hydrocodone- acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days) | Tier 2 | QL | <i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i> QL (360 tabs / 30 days) | Tier 2 | QL |
| <i>hydrocodone-ibuprofen tab</i> 7.5-200 mg QL (150 tabs / 30 days) | Tier 2 | QL | <i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i> QL (240 tabs / 30 days) | Tier 2 | QL |
| <i>hydromorphone hcl (generic</i> of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days) | Tier 2 | QL | <i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i> QL (180 tabs / 30 days) | Tier 2 | QL |
| <i>morphine sulfate SOLN</i> 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml | Tier 3 | B/D | <i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days) | Tier 1 | QL |
| <i>morphine sulfate SOLN</i> 10mg/5ml, 20mg/5ml QL (900 mL / 30 days) | Tier 2 | QL | ANTI-INFECTIVES ANTI-INFECTIVES - MISCELLANEOUS | | |
| | | | <i>albendazole TABS 200mg</i> QL (672 tabs / year) | Tier 3 | QL PA |
| | | | <i>amikacin sulfate SOLN</i> 1gm/4ml, 500mg/2ml | Tier 3 | |

Blue MedicareRx 3-Tier Select 2026 Comprehensive Drug List effective 01/01/2026

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| ARIKAYCE SUSP 590mg/8.4ml | Tier 2 | NM PA |
| <i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days) | Tier 3 | QL PA |
| <i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm | Tier 3 | |
| CAYSTON SOLR 75mg | Tier 2 | NM PA |
| <i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg | Tier 1 | |
| <i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | Tier 2 | |
| <i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg | Tier 3 | |
| <i>dapsone</i> TABS 25mg, 100mg | Tier 2 | |
| DAPTOMYCIN SOLR 350mg | Tier 2 | |
| <i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg | Tier 1 | |
| <i>daptomycin</i> SOLR 500mg | Tier 1 | |
| EMVERM CHEW 100mg QL (12 tabs / year) | Tier 1 | QL |
| <i>ertapenem sodium</i> SOLR 1gm | Tier 2 | |
| <i>fosfomycin tromethamine</i> PACK 3gm | Tier 3 | |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | Tier 2 | |
| <i>gentamicin in saline inj 2 mg/ml</i> | Tier 2 | |
| <i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml | Tier 2 | |
| <i>imipenem-cilastatin</i> <i>intravenous for soln 250 mg</i> | Tier 3 | |
| <i>imipenem-cilastatin</i> <i>intravenous for soln 500 mg</i> (generic of PRIMAXIN IV) | Tier 3 | |
| IMPAVIDO CAPS 50mg | Tier 2 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| <i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days) | Tier 2 | QL PA |
| <i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days) | Tier 2 | QL PA |
| <i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml | Tier 3 | |
| <i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days) | Tier 1 | QL |
| <i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days) | Tier 3 | QL |
| LINEZOLID INJ 2MG/ML | Tier 3 | |
| <i>meropenem</i> SOLR 1gm, 500mg | Tier 3 | |
| <i>meropenem</i> (generic of MEROPENEM) SOLR 2gm | Tier 3 | |
| <i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm | Tier 2 | |
| <i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml | Tier 2 | |
| <i>metronidazole</i> TABS 250mg, 500mg | Tier 1 | |
| <i>neomycin sulfate</i> TABS 500mg | Tier 1 | |
| <i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days) | Tier 1 | QL |
| <i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg | Tier 2 | |
| <i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg | Tier 2 | |
| <i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg | Tier 3 | B/D |
| <i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg | Tier 3 | |
| <i>praziquantel</i> TABS 600mg | Tier 3 | |
| <i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days) | Tier 1 | QL PA |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|--|-----------|-------------------------|
| <i>streptomycin sulfate</i> SOLR 1gm | Tier 3 | | <i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg | Tier 1 | B/D |
| <i>sulfadiazine</i> TABS 500mg | Tier 3 | | <i>caspofungin acetate</i> SOLR 50mg, 70mg | Tier 3 | |
| <i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml | Tier 3 | | CRESEMBA CAPS 74.5mg, 186mg | Tier 2 | PA |
| <i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml | Tier 2 | | <i>fluconazole</i> SUSR 10mg/ml; TABS 50mg | Tier 2 | |
| <i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM) | Tier 1 | | <i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml | Tier 2 | |
| <i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS) | Tier 1 | | <i>fluconazole</i> TABS 100mg, 200mg | Tier 1 | |
| <i>tinidazole</i> TABS 250mg, 500mg | Tier 2 | | <i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg | Tier 1 | |
| TOBI PODHALER CAPS 28mg | Tier 2 | NM PA | <i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml | Tier 2 | |
| <i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml | Tier 1 | NM PA | <i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml | Tier 2 | |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml | Tier 2 | | <i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg | Tier 1 | PA |
| <i>trimethoprim</i> TABS 100mg | Tier 2 | | <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg | Tier 3 | |
| <i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days) | Tier 3 | QL | <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg | Tier 3 | |
| <i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days) | Tier 3 | QL | <i>itraconazole</i> (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days) | Tier 3 | QL |
| <i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg | Tier 3 | | <i>ketoconazole</i> TABS 200mg | Tier 2 | PA |
| <i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg | Tier 3 | | <i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg | Tier 3 | |
| VANCOMYCIN INJ 1 GM | Tier 3 | | <i>nystatin</i> TABS 500000unit | Tier 2 | |
| VANCOMYCIN INJ 500MG | Tier 3 | | <i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days) | Tier 1 | QL PA |
| VANCOMYCIN INJ 750MG | Tier 3 | | <i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) | Tier 1 | QL PA |
| ANTIFUNGALS | | | PA applies after a 90 day supply in a calendar year | | |
| <i>amphotericin b</i> SOLR 50mg | Tier 3 | B/D | <i>voriconazole</i> (generic of VFEND IV) SOLR 200mg | Tier 3 | PA |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| <i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days) | Tier 1 | QL PA | EDURANT PED TBSO 2.5mg | Tier 2 | NM |
| <i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days) | Tier 3 | QL | <i>efavirenz</i> TABS 600mg | Tier 3 | NM |
| <i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days) | Tier 3 | QL | <i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg | Tier 3 | NM |
| ANTIMALARIALS | | | EMTRIVA SOLN 10mg/ml | Tier 3 | NM |
| <i>atovaquone-proguanil hcl</i> tab 62.5-25 mg (generic of MALARONE) | Tier 3 | | <i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg | Tier 1 | NM |
| <i>atovaquone-proguanil hcl</i> tab 250-100 mg (generic of MALARONE) | Tier 3 | | <i>fosamprenavir calcium</i> TABS 700mg | Tier 1 | NM |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg | Tier 3 | | INTELENCE TABS 25mg | Tier 3 | NM |
| COARTEM TAB 20-120MG | Tier 3 | | ISENTRESS CHEW 25mg | Tier 3 | NM |
| <i>mefloquine hcl</i> TABS 250mg | Tier 2 | | ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg | Tier 2 | NM |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | Tier 2 | | ISENTRESS HD TABS 600mg | Tier 2 | NM |
| <i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg | Tier 2 | | <i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg | Tier 2 | NM |
| <i>quinine sulfate</i> CAPS 324mg | Tier 3 | PA | <i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg | Tier 1 | NM |
| ANTIRETROVIRAL AGENTS | | | <i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg | Tier 3 | NM |
| <i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml | Tier 3 | NM | <i>nevirapine</i> TABS 200mg | Tier 1 | NM |
| <i>abacavir sulfate</i> TABS 300mg | Tier 3 | NM | NORVIR PACK 100mg | Tier 3 | NM |
| APTIVUS CAPS 250mg | Tier 2 | NM | PIFELTRO TABS 100mg | Tier 2 | NM |
| <i>atazanavir sulfate</i> CAPS 150mg | Tier 3 | NM | PREZISTA SUSP 100mg/ml | Tier 2 | QL NM |
| <i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg | Tier 3 | NM | QL (400 mL / 30 days) | | |
| <i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days) | Tier 3 | QL NM | PREZISTA TABS 75mg QL (480 tabs / 30 days) | Tier 3 | QL NM |
| <i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days) | Tier 3 | QL NM | PREZISTA TABS 150mg QL (240 tabs / 30 days) | Tier 2 | QL NM |
| EDURANT TABS 25mg | Tier 2 | NM | REYATAZ PACK 50mg | Tier 2 | NM |
| | | | <i>ritonavir</i> (generic of NORVIR) TABS 100mg | Tier 2 | NM |
| | | | RUKOBIA TB12 600mg | Tier 2 | NM |
| | | | SELZENTRY SOLN 20mg/ml | Tier 2 | NM |
| | | | SUNLENCA TABS 300mg; TBPK 300mg | Tier 2 | NM |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| <i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg | Tier 3 | NM | <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) | Tier 1 | NM |
| TIVICAY TABS 50mg | Tier 2 | NM | <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) | Tier 3 | NM |
| TIVICAY PD TBSO 5mg | Tier 2 | NM | <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) | Tier 3 | NM |
| TYBOST TABS 150mg | Tier 2 | NM | EVOTAZ TAB 300-150 | Tier 2 | NM |
| VIRACEPT TABS 250mg, 625mg | Tier 2 | NM | GENVOYA TAB | Tier 2 | NM |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg | Tier 2 | NM | JULUCA TAB 50-25MG | Tier 2 | NM |
| <i>zidovudine</i> (generic of RETROVIR) CAPS 100mg | Tier 3 | NM | KALETRA SOL | Tier 3 | NM |
| <i>zidovudine</i> (generic of RETROVIR) SYRP 50mg/5ml | Tier 2 | NM | <i>lamivudine-zidovudine tab 150-300 mg</i> | Tier 3 | NM |
| <i>zidovudine</i> TABS 300mg | Tier 2 | NM | <i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA) | Tier 3 | NM |
| ANTIRETROVIRAL COMBINATION AGENTS | | | <i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA) | Tier 3 | NM |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | Tier 3 | NM | ODEFSEY TAB | Tier 2 | NM |
| BIKTARVY TAB 30-120-15 MG | Tier 2 | NM | PREZCOBIX TAB 675/150 | Tier 2 | NM |
| BIKTARVY TAB 50-200-25 MG | Tier 2 | NM | PREZCOBIX TAB 800-150 | Tier 2 | NM |
| CIMDUO TAB 300-300 | Tier 2 | NM | STRIBILD TAB | Tier 2 | NM |
| DELSTRIGO TAB | Tier 2 | NM | SYMTUZA TAB | Tier 2 | NM |
| DESCOVY TAB 120-15MG | Tier 2 | NM | TRIUMEQ PD TAB | Tier 3 | NM |
| DESCOVY TAB 200/25MG | Tier 2 | NM | TRIUMEQ TAB | Tier 2 | NM |
| DOVATO TAB 50-300MG | Tier 2 | NM | ANTITUBERCULAR AGENTS | | |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | Tier 3 | NM | <i>cycloserine</i> CAPS 250mg | Tier 1 | |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | Tier 1 | NM | <i>ethambutol hcl</i> TABS 100mg, 400mg | Tier 2 | |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI) | Tier 1 | NM | <i>isoniazid</i> TABS 100mg, 300mg | Tier 1 | |
| <i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i> (generic of COMPLERA) | Tier 1 | NM | PRIFTIN TABS 150mg | Tier 3 | |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA) | Tier 3 | NM | <i>pyrazinamide</i> TABS 500mg | Tier 3 | |
| | | | <i>rifabutin</i> CAPS 150mg | Tier 3 | |
| | | | <i>rifampin</i> CAPS 150mg, 300mg | Tier 2 | |
| | | | <i>rifampin</i> (generic of RIFADIN) SOLR 600mg | Tier 3 | |
| | | | SIRTURO TABS 20mg, 100mg | Tier 2 | NM PA |
| | | | ANTIVIRALS | | |
| | | | <i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| <i>acyclovir sodium</i> SOLN 50mg/ml | Tier 3 | B/D |
| <i>adefovir dipivoxil</i> TABS 10mg | Tier 3 | NM |
| BARACLUDE SOLN .05mg/ml | Tier 2 | NM ST |
| <i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg | Tier 3 | NM |
| EPCLUSIA PAK 150-37.5 | Tier 2 | NM PA |
| EPCLUSIA PAK 200-50MG | Tier 2 | NM PA |
| EPCLUSIA TAB 200-50MG | Tier 2 | NM PA |
| EPCLUSIA TAB 400-100 | Tier 2 | NM PA |
| <i>ganciclovir sodium</i> SOLR 500mg | Tier 3 | B/D |
| <i>lamivudine (hbv)</i> TABS 100mg | Tier 2 | NM |
| LIVTENCITY TABS 200mg QL (336 tabs / 28 days) | Tier 2 | QL NM PA |
| MAVYRET PAK 50-20MG | Tier 2 | NM PA |
| MAVYRET TAB 100-40MG | Tier 2 | NM PA |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year) | Tier 2 | QL |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year) | Tier 2 | QL |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year) | Tier 2 | QL |
| PAXLOVID PAK QL (22 tabs / 90 days) | Tier 1 | QL |
| PAXLOVID TAB 150-100 QL (40 tabs / 90 days) | Tier 1 | QL |
| PAXLOVID TAB 300-100 QL (60 tabs / 90 days) | Tier 1 | QL |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | Tier 2 | NM PA |
| PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days) | Tier 2 | QL PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year) | Tier 2 | QL |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg | Tier 2 | NM |
| <i>rimantadine hydrochloride</i> TABS 100mg | Tier 3 | |
| <i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg | Tier 2 | |
| <i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml | Tier 1 | |
| <i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg | Tier 2 | |
| VOSEVI TAB | Tier 2 | NM PA |
| CEPHALOSPORINS | | |
| <i>cefaclor</i> CAPS 250mg, 500mg | Tier 2 | |
| <i>cefadroxil</i> CAPS 500mg | Tier 1 | |
| CEFAZOLIN SOLR 2gm, 3gm | Tier 3 | |
| CEFAZOLIN INJ 1GM/50ML | Tier 3 | |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg | Tier 2 | |
| CEFAZOLIN SOLN 2GM/100ML-4% | Tier 3 | |
| CEFAZOLIN/DEX SOL 1GM/50ML-4% | Tier 3 | |
| CEFAZOLIN/DEX SOL 2GM/50ML-3% | Tier 3 | |
| CEFAZOLIN/DEX SOL 3GM/50ML-2% | Tier 3 | |
| CEFAZOLIN/DEX SOL 3GM/150ML-4% | Tier 3 | |
| <i>cefdinir</i> CAPS 300mg | Tier 1 | |
| <i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml | Tier 2 | |
| <i>cefepime hcl</i> SOLR 1gm, 2gm | Tier 3 | |
| <i>cefixime</i> CAPS 400mg | Tier 3 | |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm | Tier 3 | |
| <i>cefpodoxime proxetil</i> TABS 100mg, 200mg | Tier 2 | |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | Tier 2 | |

| Drug Name | Drug Requirements/ Tier Limits | Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|---|-----------------------------------|
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm | Tier 3 | <i>ciprofloxacin 400 mg/200ml in d5w</i> | Tier 2 |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg | Tier 3 | <i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg | Tier 1 |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg | Tier 1 | <i>ciprofloxacin hcl</i> TABS 750mg | Tier 1 |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg | Tier 2 | <i>levofloxacin</i> SOLN 25mg/ml | Tier 3 |
| <i>cephalexin</i> CAPS 250mg, 500mg | Tier 1 | <i>levofloxacin</i> TABS 250mg, 500mg, 750mg | Tier 1 |
| <i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml | Tier 2 | <i>levofloxacin in d5w iv soln 250 mg/50ml</i> | Tier 2 |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm | Tier 3 | <i>levofloxacin in d5w iv soln 500 mg/100ml</i> | Tier 2 |
| TEFLARO SOLR 400mg, 600mg | Tier 2 | <i>levofloxacin in d5w iv soln 750 mg/150ml</i> | Tier 2 |
| ERYTHROMYCINS/MACROLIDES | | <i>moxifloxacin hcl</i> TABS 400mg | Tier 2 |
| <i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml | Tier 2 | <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> | Tier 3 |
| <i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg | Tier 1 | PENICILLINS | |
| <i>azithromycin</i> TABS 600mg | Tier 1 | <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | Tier 1 |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml | Tier 3 | <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | Tier 2 |
| <i>clarithromycin</i> TABS 250mg, 500mg | Tier 2 | <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | Tier 3 |
| DIFICID SUSR 40mg/ml; TABS 200mg | Tier 2 | <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | Tier 2 |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | Tier 3 | <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES-600) | Tier 2 |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | Tier 3 | <i>amoxicillin & k clavulanate tab 250-125 mg</i> | Tier 2 |
| <i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg | Tier 3 | <i>amoxicillin & k clavulanate tab 500-125 mg</i> | Tier 1 |
| <i>fidaxomicin</i> (generic of DIFICID) TABS 200mg | Tier 1 | <i>amoxicillin & k clavulanate tab 875-125 mg</i> | Tier 1 |
| FLUOROQUINOLONES | | <i>ampicillin</i> CAPS 500mg | Tier 1 |
| <i>ciprofloxacin 200 mg/100ml in d5w</i> | Tier 2 | <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> (generic of UNASYN) | Tier 3 |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|--|-----------|-------------------------|
| <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i> | Tier 3 | | <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | Tier 3 | |
| <i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> | Tier 3 | | TETRACYCLINES | | |
| <i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> | Tier 3 | | <i>doxy 100 SOLR 100mg</i> | Tier 3 | |
| <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i> | Tier 3 | | <i>doxycycline (monohydrate) CAPS 50mg, 100mg</i> | Tier 1 | |
| <i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i> | Tier 3 | | <i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i> | Tier 2 | |
| BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | Tier 3 | | <i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i> | Tier 2 | |
| <i>dicloxacillin sodium CAPS 250mg, 500mg</i> | Tier 2 | | <i>doxycycline hyclate SOLR 100mg</i> | Tier 3 | |
| <i>nafcillin sodium SOLR 1gm, 2gm</i> | Tier 3 | | <i>minocycline hcl CAPS 50mg, 75mg, 100mg</i> | Tier 2 | |
| <i>nafcillin sodium SOLR 10gm</i> | Tier 1 | | <i>tetracycline hcl CAPS 250mg, 500mg</i> | Tier 3 | |
| <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i> | Tier 3 | | <i>tigecycline (generic of TYGACIL) SOLR 50mg</i> | Tier 3 | |
| <i>penicillin g sodium SOLR 5000000unit</i> | Tier 3 | | ANTINEOPLASTIC AGENTS | | |
| <i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i> | Tier 1 | | ALKYLATING AGENTS | | |
| <i>pfizerpen SOLR 5000000unit, 20000000unit</i> | Tier 3 | | <i>cyclophosphamide CAPS 25mg, 50mg</i> | Tier 2 | B/D |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> | Tier 3 | | CYCLOPHOSPHAMIDE TABS 25mg, 50mg | Tier 3 | B/D |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> | Tier 3 | | GLEOSTINE CAPS 10mg, 40mg | Tier 3 | NM |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> | Tier 3 | | GLEOSTINE CAPS 100mg | Tier 2 | NM |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> | Tier 3 | | LEUKERAN TABS 2mg | Tier 2 | PA |
| | | | ANTIMETABOLITES | | |
| | | | INQOVI TAB 35-100MG QL (5 tabs / 28 days) | Tier 2 | QL NM PA |
| | | | LONSURF TAB 15-6.14 QL (100 tabs / 28 days) | Tier 2 | QL NM PA |
| | | | LONSURF TAB 20-8.19 QL (80 tabs / 28 days) | Tier 2 | QL NM PA |
| | | | <i>mercaptopurine (generic of PURIXAN) SUSP 2000mg/100ml</i> | Tier 1 | NM |
| | | | <i>mercaptopurine TABS 50mg</i> | Tier 2 | |
| | | | <i>methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm</i> | Tier 1 | B/D |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|---|-----------|----------------------|
| ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days) | Tier 2 | QL NM PA | <i>nilutamide</i> (generic of NILANDRON) TABS 150mg | Tier 1 | |
| TABLOID TABS 40mg | Tier 2 | PA | NUBEQA TABS 300mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| HORMONAL ANTINEOPLASTIC AGENTS | | | | | |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days) | Tier 1 | QL NM PA | ORGOVYX TABS 120mg | Tier 2 | NM PA |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days) | Tier 1 | QL NM PA | ORSERDU TABS 86mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days) | Tier 1 | QL NM PA | ORSERDU TABS 345mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| <i>abirtega</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days) | Tier 3 | QL NM PA | SOLTAMOX SOLN 10mg/5ml | Tier 2 | |
| AKEEGA TAB 50/500MG QL (60 tabs / 30 days) | Tier 2 | QL NM PA | <i>tamoxifen citrate</i> TABS 10mg, 20mg | Tier 1 | |
| AKEEGA TAB 100/500 QL (60 tabs / 30 days) | Tier 2 | QL NM PA | <i>toremifene citrate</i> (generic of FARESTON) TABS 60mg | Tier 3 | PA |
| <i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg | Tier 1 | | XTANDI CAPS 40mg QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| <i>bicalutamide</i> (generic of CASODEX) TABS 50mg | Tier 1 | | XTANDI TABS 40mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | Tier 3 | NM PA | XTANDI TABS 80mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| ERLEADA TABS 60mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA | YONSA TABS 125mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| ERLEADA TABS 240mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA | IMMUNOMODULATORS | | |
| EULEXIN CAPS 125mg | Tier 1 | | <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days) | Tier 1 | QL NM PA |
| <i>exemestane</i> (generic of AROMASIN) TABS 25mg | Tier 3 | | <i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days) | Tier 1 | QL NM PA |
| FIRMAGON SOLR 80mg | Tier 3 | NM PA | POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days) | Tier 2 | QL NM PA |
| FIRMAGON SOLR 120mg/vial | Tier 2 | NM PA | THALOMID CAPS 50mg QL (84 caps / 28 days) | Tier 2 | QL NM PA |
| <i>letrozole</i> (generic of FEMARA) TABS 2.5mg | Tier 1 | | THALOMID CAPS 100mg QL (112 caps / 28 days) | Tier 2 | QL NM PA |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml | Tier 3 | NM PA | | | |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg | Tier 2 | NM PA | | | |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg | Tier 2 | NM PA | | | |
| LYSODREN TABS 500mg | Tier 2 | NM | | | |
| <i>megestrol acetate</i> TABS 20mg, 40mg | Tier 2 | | | | |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|--|-----------|-------------------------|
| MISCELLANEOUS | | | | | |
| BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days) | Tier 2 | QL NM PA | BALVERSA TABS 3mg QL (84 tabs / 28 days) | Tier 2 | QL NM PA |
| <i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days) | Tier 1 | QL NM PA | BALVERSA TABS 4mg QL (56 tabs / 28 days) | Tier 2 | QL NM PA |
| <i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg | Tier 1 | | BALVERSA TABS 5mg QL (28 tabs / 28 days) | Tier 2 | QL NM PA |
| IWILFIN TABS 192mg QL (240 tabs / 30 days) | Tier 2 | QL NM PA | BOSULIF CAPS 50mg QL (30 caps / 30 days) | Tier 2 | QL NM PA |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg | Tier 2 | | BOSULIF CAPS 100mg QL (300 caps / 30 days) | Tier 2 | QL NM PA |
| MATULANE CAPS 50mg | Tier 2 | NM | BOSULIF TABS 100mg QL (180 tabs / 30 days) | Tier 2 | QL NM PA |
| <i>mesna</i> (generic of MESNEX) TABS 400mg | Tier 1 | | BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| MODEYSO CAPS 125mg QL (20 caps / 28 days) | Tier 2 | QL NM PA | BRAFTOVI CAPS 75mg QL (180 caps / 30 days) | Tier 2 | QL NM PA |
| <i>tretinoin</i> (chemotherapy) CAPS 10mg | Tier 1 | | BRUKINSA CAPS 80mg QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| WELIREG TABS 40mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA | CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| MOLECULAR TARGET AGENTS | | | | | |
| ALECENSA CAPS 150mg QL (240 caps / 30 days) | Tier 2 | QL NM PA | CALQUENCE TABS 100mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| ALUNBRIG TABS 30mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA | CAPRELSA TABS 100mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA | CAPRELSA TABS 300mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| ALUNBRIG PAK QL (30 tabs / 30 days) | Tier 2 | QL NM PA | COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days) | Tier 2 | QL NM PA |
| AUGTYRO CAPS 40mg QL (240 caps / 30 days) | Tier 2 | QL NM PA | COMETRIQ KIT 100MG QL (56 caps / 28 days) | Tier 2 | QL NM PA |
| AUGTYRO CAPS 160mg QL (60 caps / 30 days) | Tier 2 | QL NM PA | COMETRIQ KIT 140MG QL (112 caps / 28 days) | Tier 2 | QL NM PA |
| AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days) | Tier 2 | QL NM PA | COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days) | Tier 2 | QL NM PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA | COTELLIC TABS 20mg QL (63 tabs / 28 days) | Tier 2 | QL NM PA |

Blue MedicareRx 3-Tier Select 2026 Comprehensive Drug List effective 01/01/2026

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days) | Tier 2 | QL NM PA |
| <i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days) | Tier 1 | QL NM PA |
| <i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days) | Tier 1 | QL NM PA |
| DAURISMO TABS 25mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| DAURISMO TABS 100mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| ERIVEDGE CAPS 150mg QL (30 caps / 30 days) | Tier 2 | QL NM PA |
| <i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days) | Tier 1 | QL NM PA |
| <i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg QL (30 tabs / 30 days) | Tier 1 | QL NM PA |
| <i>erlotinib hcl</i> TABS 150mg QL (30 tabs / 30 days) | Tier 1 | QL NM PA |
| <i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | Tier 1 | QL NM PA |
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days) | Tier 1 | QL NM PA |
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days) | Tier 1 | QL NM PA |
| FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days) | Tier 2 | QL NM PA |
| FRUZAQLA CAPS 1mg QL (84 caps / 28 days) | Tier 2 | QL NM PA |
| FRUZAQLA CAPS 5mg QL (21 caps / 28 days) | Tier 2 | QL NM PA |
| GAVRETO CAPS 100mg QL (120 caps / 30 days) | Tier 2 | QL NM PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days) | Tier 1 | QL NM PA |
| GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| GOMEKLI CAPS 1mg QL (168 caps / 28 days) | Tier 2 | QL NM PA |
| GOMEKLI CAPS 2mg QL (84 caps / 28 days) | Tier 2 | QL NM PA |
| GOMEKLI TBSO 1mg QL (168 tabs / 28 days) | Tier 2 | QL NM PA |
| HERNEXEOS TABS 60mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days) | Tier 2 | QL NM PA |
| IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days) | Tier 2 | QL NM PA |
| IBTROZI CAPS 200mg QL (90 caps / 30 days) | Tier 2 | QL NM PA |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days) | Tier 3 | QL NM PA |
| <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days) | Tier 1 | QL NM PA |
| IMBRUVICA CAPS 70mg QL (30 caps / 30 days) | Tier 2 | QL NM PA |
| IMBRUVICA CAPS 140mg QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days) | Tier 2 | QL NM PA |
| IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |

Blue MedicareRx 3-Tier Select 2026 Comprehensive Drug List effective 01/01/2026

| Drug Name | Drug Requirements/ Tier Limits | Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|---|-----------------------------------|
| IMKELDI SOLN 80mg/ml QL (280 mL / 28 days) | Tier 2 QL NM PA | LAZCLUZE TABS 80mg QL (60 tabs / 30 days) | Tier 2 QL NM PA |
| INLYTA TABS 1mg QL (180 tabs / 30 days) | Tier 2 QL NM PA | LAZCLUZE TABS 240mg QL (30 tabs / 30 days) | Tier 2 QL NM PA |
| INLYTA TABS 5mg QL (120 tabs / 30 days) | Tier 2 QL NM PA | LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days) | Tier 2 QL NM PA |
| INREBIC CAPS 100mg QL (120 caps / 30 days) | Tier 2 QL NM PA | LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days) | Tier 2 QL NM PA |
| ITOVEBI TABS 3mg QL (56 tabs / 28 days) | Tier 2 QL NM PA | LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days) | Tier 2 QL NM PA |
| ITOVEBI TABS 9mg QL (28 tabs / 28 days) | Tier 2 QL NM PA | LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days) | Tier 2 QL NM PA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days) | Tier 2 QL NM PA | LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days) | Tier 2 QL NM PA |
| JAYPIRCA TABS 50mg QL (30 tabs / 30 days) | Tier 2 QL NM PA | LENVIMA CAP 14 MG QL (60 caps / 30 days) | Tier 2 QL NM PA |
| JAYPIRCA TABS 100mg QL (60 tabs / 30 days) | Tier 2 QL NM PA | LENVIMA CAP 18 MG QL (90 caps / 30 days) | Tier 2 QL NM PA |
| KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days) | Tier 2 QL NM PA | LENVIMA CAP 24 MG QL (90 caps / 30 days) | Tier 2 QL NM PA |
| KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days) | Tier 2 QL NM PA | LORBRENA TABS 25mg QL (90 tabs / 30 days) | Tier 2 QL NM PA |
| KISQALI 400 PAK FEMARA QL (70 tabs / 28 days) | Tier 2 QL NM PA | LORBRENA TABS 100mg QL (30 tabs / 30 days) | Tier 2 QL NM PA |
| KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days) | Tier 2 QL NM PA | LUMAKRAS TABS 120mg QL (240 tabs / 30 days) | Tier 2 QL NM PA |
| KISQALI 600 PAK FEMARA QL (91 tabs / 28 days) | Tier 2 QL NM PA | LUMAKRAS TABS 240mg QL (120 tabs / 30 days) | Tier 2 QL NM PA |
| KOSELUGO CAPS 10mg QL (240 caps / 30 days) | Tier 2 QL NM PA | LUMAKRAS TABS 320mg QL (90 tabs / 30 days) | Tier 2 QL NM PA |
| KOSELUGO CAPS 25mg QL (120 caps / 30 days) | Tier 2 QL NM PA | LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days) | Tier 2 QL NM PA |
| KRAZATI TABS 200mg QL (180 tabs / 30 days) | Tier 2 QL NM PA | LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days) | Tier 2 QL NM PA |
| <i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days) | Tier 1 QL NM PA | LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days) | Tier 2 QL NM PA |

Blue MedicareRx 3-Tier Select 2026 Comprehensive Drug List effective 01/01/2026

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days) | Tier 2 | QL NM PA | PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days) | Tier 2 | QL NM PA |
| MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days) | Tier 2 | QL NM PA | PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days) | Tier 2 | QL NM PA |
| MEKINIST TABS 2mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA | PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days) | Tier 2 | QL NM PA |
| MEKINIST TABS .5mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA | PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days) | Tier 2 | QL NM PA |
| MEKTOVI TABS 15mg QL (180 tabs / 30 days) | Tier 2 | QL NM PA | QINLOCK TABS 50mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| NERLYNX TABS 40mg QL (180 tabs / 30 days) | Tier 2 | QL NM PA | RETEVMO TABS 40mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| <i>nilotinib hcl</i> CAPS 50mg QL (120 caps / 30 days) | Tier 1 | QL NM PA | RETEVMO TABS 80mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| <i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days) | Tier 1 | QL NM PA | RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days) | Tier 2 | QL NM PA | REVUFORJ TABS 25mg QL (240 tabs / 30 days) | Tier 2 | QL NM PA |
| ODOMZO CAPS 200mg QL (30 caps / 30 days) | Tier 2 | QL NM PA | REVUFORJ TABS 110mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| OGSIVEO TABS 50mg QL (180 tabs / 30 days) | Tier 2 | QL NM PA | REVUFORJ TABS 160mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days) | Tier 2 | QL NM PA | REZLIDHIA CAPS 150mg QL (60 caps / 30 days) | Tier 2 | QL NM PA |
| OJEMDA SUSR 25mg/ml QL (96 mL / 28 days) | Tier 2 | QL NM PA | ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days) | Tier 2 | QL NM PA |
| OJEMDA TABS 100mg QL (24 tabs / 28 days) | Tier 2 | QL NM PA | ROZLYTREK CAPS 100mg QL (180 caps / 30 days) | Tier 2 | QL NM PA |
| OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA | ROZLYTREK CAPS 200mg QL (90 caps / 30 days) | Tier 2 | QL NM PA |
| <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days) | Tier 1 | QL NM PA | ROZLYTREK PACK 50mg QL (336 packets / 28 days) | Tier 2 | QL NM PA |
| | | | RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |

Blue MedicareRx 3-Tier Select 2026 Comprehensive Drug List effective 01/01/2026

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|---|-----------|----------------------|
| RYDAPT CAPS 25mg QL (224 caps / 28 days) | Tier 2 | QL NM PA | <i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | Tier 1 | QL NM PA |
| SCSEMBLIX TABS 20mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA | TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days) | Tier 2 | QL NM PA |
| SCSEMBLIX TABS 40mg QL (300 tabs / 30 days) | Tier 2 | QL NM PA | TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days) | Tier 2 | QL NM PA |
| SCSEMBLIX TABS 100mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA | TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| <i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days) | Tier 1 | QL NM PA | TURALIO CAPS 125mg QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| STIVARGA TABS 40mg QL (84 tabs / 28 days) | Tier 2 | QL NM PA | VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days) | Tier 2 | QL NM PA |
| <i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days) | Tier 1 | QL NM PA | VENCLEXTA TABS 10mg QL (112 tabs / 28 days) | Tier 2 | QL NM PA |
| TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days) | Tier 2 | QL NM PA | VENCLEXTA TABS 50mg QL (112 tabs / 28 days) | Tier 2 | QL NM PA |
| TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days) | Tier 2 | QL NM PA | VENCLEXTA TABS 100mg QL (180 tabs / 30 days) | Tier 2 | QL NM PA |
| TAFINLAR TBSO 10mg QL (840 tabs / 28 days) | Tier 2 | QL NM PA | VENCLEXTA TAB START PK QL (42 tabs / 28 days) | Tier 2 | QL NM PA |
| TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA | VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days) | Tier 2 | QL NM PA |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days) | Tier 2 | QL NM PA | VITRAKVI CAPS 25mg QL (180 caps / 30 days) | Tier 2 | QL NM PA |
| TALZENNA CAPS .25mg QL (90 caps / 30 days) | Tier 2 | QL NM PA | VITRAKVI CAPS 100mg QL (60 caps / 30 days) | Tier 2 | QL NM PA |
| TAZVERIK TABS 200mg QL (240 tabs / 30 days) | Tier 2 | QL NM PA | VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days) | Tier 2 | QL NM PA |
| TEPMETKO TABS 225mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA | VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| TIBSOVO TABS 250mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA | VONJO CAPS 100mg QL (120 caps / 30 days) | Tier 2 | QL NM PA |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|---|-----------|-------------------------|
| VORANIGO TABS 10mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA | ZELBORAF TABS 240mg QL (240 tabs / 30 days) | Tier 2 | QL NM PA |
| VORANIGO TABS 40mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA | ZOLINZA CAPS 100mg QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days) | Tier 2 | QL NM PA | ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| XALKORI CPSP 150mg QL (180 caps / 30 days) | Tier 2 | QL NM PA | ZYKADIA TABS 150mg QL (84 tabs / 28 days) | Tier 2 | QL NM PA |
| XOSPATA TABS 40mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA | CARDIOVASCULAR ACE INHIBITOR COMBINATIONS | | |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days) | Tier 2 | QL NM PA | <i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days) | Tier 1 | QL |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days) | Tier 2 | QL NM PA | <i>amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL)</i> QL (30 caps / 30 days) | Tier 1 | QL |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days) | Tier 2 | QL NM PA | <i>amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL)</i> QL (30 caps / 30 days) | Tier 1 | QL |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days) | Tier 2 | QL NM PA | <i>amlodipine besylate- benazepril hcl cap 5-40 mg QL (30 caps / 30 days)</i> | Tier 1 | QL |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days) | Tier 2 | QL NM PA | <i>amlodipine besylate- benazepril hcl cap 10-20 mg (generic of LOTREL)</i> QL (30 caps / 30 days) | Tier 1 | QL |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days) | Tier 2 | QL NM PA | <i>amlodipine besylate- benazepril hcl cap 10-40 mg (generic of LOTREL)</i> QL (30 caps / 30 days) | Tier 1 | QL |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days) | Tier 2 | QL NM PA | <i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i> | Tier 2 | |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days) | Tier 2 | QL NM PA | <i>benazepril & hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)</i> | Tier 2 | |
| ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA | <i>benazepril & hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)</i> | Tier 2 | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT) | Tier 2 | | <i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg | Tier 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | Tier 1 | | <i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg | Tier 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC) | Tier 1 | | <i>trandolapril</i> TABS 1mg, 2mg, 4mg | Tier 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> | Tier 2 | | ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> | Tier 2 | | <i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg | Tier 2 | |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC) | Tier 1 | | KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC) | Tier 1 | | <i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg | Tier 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC) | Tier 1 | | ALPHA BLOCKERS | | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC) | Tier 1 | | <i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg | Tier 1 | |
| ACE INHIBITORS | | | <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg | Tier 2 | |
| <i>benazepril hcl</i> TABS 5mg | Tier 1 | | <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg | Tier 1 | |
| <i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg | Tier 1 | | ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg | Tier 1 | | <i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg | Tier 1 | | <i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | Tier 1 | | <i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>moexipril hcl</i> TABS 7.5mg, 15mg | Tier 2 | | <i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg | Tier 2 | | ENTRESTO CAP 6-6MG QL (240 caps / 30 days) | Tier 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| ENTRESTO CAP 15-16MG QL (240 caps / 30 days) | Tier 2 | QL |
| <i>irbesartan- hydrochlorothiazide tab 150- 12.5 mg (generic of AVALIDE)</i> QL (60 tabs / 30 days) | Tier 1 | QL |
| <i>irbesartan- hydrochlorothiazide tab 300- 12.5 mg (generic of AVALIDE)</i> QL (30 tabs / 30 days) | Tier 1 | QL |
| <i>losartan potassium & hydrochlorothiazide tab 50- 12.5 mg (generic of HYZAAR)</i> Tier 1 | Tier 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100- 12.5 mg (generic of HYZAAR)</i> Tier 1 | Tier 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100- 25 mg (generic of HYZAAR)</i> Tier 1 | Tier 1 | |
| <i>olmesartan medoxomil- hydrochlorothiazide tab 20- 12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>olmesartan medoxomil- hydrochlorothiazide tab 40- 12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>olmesartan medoxomil- hydrochlorothiazide tab 40- 25 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>sacubitril-valsartan tab 24- 26 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>sacubitril-valsartan tab 49- 51 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days) | Tier 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| <i>sacubitril-valsartan tab 97- 103 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>valsartan- hydrochlorothiazide tab 80- 12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>valsartan- hydrochlorothiazide tab 160- 12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>valsartan- hydrochlorothiazide tab 160- 25 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>valsartan- hydrochlorothiazide tab 320- 12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>valsartan- hydrochlorothiazide tab 320- 25 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days) | Tier 2 | QL |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>candesartan cilexetil (generic of ATACAND) TABS 32mg</i> QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>irbesartan TABS 75mg</i> QL (30 tabs / 30 days) | Tier 1 | QL |
| <i>irbesartan (generic of AVAPRO) TABS 150mg, 300mg</i> QL (30 tabs / 30 days) | Tier 1 | QL |
| <i>losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg</i> | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days) | Tier 2 | QL | <i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg | Tier 1 | |
| <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days) | Tier 2 | QL | <i>sotalol hcl</i> TABS 240mg | Tier 1 | |
| <i>telmisartan</i> TABS 20mg QL (30 tabs / 30 days) | Tier 2 | QL | <i>sotalol hcl (afib/afi)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg | Tier 2 | |
| <i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days) | Tier 2 | QL | ANTILIPEMICS, FIBRATES | | |
| <i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days) | Tier 1 | QL | <i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg | Tier 2 | |
| <i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days) | Tier 1 | QL | <i>fenofibrate</i> TABS 54mg, 160mg | Tier 2 | |
| ANTIARRHYTHMICS | | | <i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg | Tier 2 | |
| <i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg | Tier 3 | | <i>gemfibrozil</i> (generic of LOPID) TABS 600mg | Tier 1 | |
| <i>amiodarone hcl</i> TABS 200mg | Tier 1 | | ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| <i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg | Tier 3 | | <i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days) | Tier 1 | QL |
| <i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg | Tier 3 | NM | <i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days) | Tier 1 | QL |
| <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg | Tier 2 | | <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days) | Tier 1 | QL |
| MULTAQ TABS 400mg QL (60 tabs / 30 days) | Tier 3 | QL | <i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>pacerone</i> TABS 100mg, 400mg | Tier 3 | | <i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days) | Tier 1 | QL |
| <i>pacerone</i> TABS 200mg | Tier 1 | | <i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | Tier 1 | QL |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg | Tier 3 | | ANTILIPEMICS, MISCELLANEOUS | | |
| <i>propafenone hcl</i> TABS 150mg, 225mg, 300mg | Tier 2 | | <i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose | Tier 2 | |
| <i>quinidine sulfate</i> TABS 200mg, 300mg | Tier 3 | | <i>cholestyramine light</i> PACK 4gm | Tier 2 | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| <i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose | Tier 2 | | <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | Tier 1 | |
| <i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm | Tier 3 | | <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | Tier 1 | |
| <i>colestipol hcl</i> PACK 5gm | Tier 3 | | BETA-BLOCKERS | | |
| <i>colestipol hcl</i> (generic of COLESTID) TABS 1gm | Tier 2 | | <i>acebutolol hcl</i> CAPS 200mg, 400mg | Tier 2 | |
| <i>ezetimibe</i> (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days) | Tier 1 | QL | <i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg | Tier 1 | |
| NEXLETOL TABS 180mg QL (30 tabs / 30 days) | Tier 2 | QL | <i>bisoprolol fumarate</i> TABS 5mg, 10mg | Tier 1 | |
| NEXLIZET TAB 180/10MG QL (30 tabs / 30 days) | Tier 2 | QL | <i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg | Tier 1 | |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days) | Tier 2 | QL | <i>labetalol hcl</i> TABS 100mg, 200mg, 300mg | Tier 2 | |
| <i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA) | Tier 2 | PA | <i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg | Tier 1 | |
| <i>prevalite</i> PACK 4gm | Tier 2 | | <i>metoprolol tartrate</i> SOLN 5mg/5ml | Tier 3 | |
| <i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose | Tier 2 | | <i>metoprolol tartrate</i> TABS 25mg | Tier 1 | |
| REPATHA SOSY 140mg/ml QL (6 syringes / 28 days) | Tier 2 | QL NM PA | <i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg | Tier 1 | |
| REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days) | Tier 2 | QL NM PA | <i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days) | Tier 2 | QL |
| VASCEPA CAPS .5gm, 1gm | Tier 2 | | <i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days) | Tier 2 | QL |
| BETA-BLOCKER/DIURETIC COMBINATIONS | | | <i>pindolol</i> TABS 5mg, 10mg | Tier 2 | |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50) | Tier 1 | | <i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg | Tier 2 | |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100) | Tier 1 | | <i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml | Tier 2 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | Tier 1 | | <i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg | Tier 1 | |
| | | | <i>timolol maleate</i> TABS 5mg, 10mg, 20mg | Tier 2 | |

| Drug Name | Drug Requirements/ Tier Limits | Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|---|-----------------------------------|
| CALCIUM CHANNEL BLOCKERS | | DIURETICS | |
| <i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg | Tier 1 | <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg | Tier 2 |
| <i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg | Tier 1 | <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> | Tier 1 |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg | Tier 1 | <i>amiloride hcl</i> TABS 5mg | Tier 1 |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg | Tier 3 | <i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg | Tier 2 |
| <i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml | Tier 2 | <i>bumetanide</i> (generic of BUMEX) TABS .5mg | Tier 2 |
| <i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg | Tier 1 | <i>chlorthalidone</i> TABS 25mg, 50mg | Tier 1 |
| <i>diltiazem hcl</i> TABS 90mg | Tier 1 | <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml | Tier 1 |
| <i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg | Tier 1 | <i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg | Tier 1 |
| <i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg | Tier 3 | <i>furosemide inj</i> SOLN 10mg/ml | Tier 2 |
| <i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | Tier 2 | <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | Tier 1 |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg | Tier 2 | <i>indapamide</i> TABS 1.25mg, 2.5mg | Tier 1 |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg | Tier 2 | <i>methazolamide</i> TABS 25mg, 50mg | Tier 3 |
| <i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg | Tier 2 | <i>metolazone</i> TABS 2.5mg, 5mg, 10mg | Tier 1 |
| <i>nimodipine</i> CAPS 30mg | Tier 3 | <i>spironolactone & hydrochlorothiazide tab 25- 25 mg</i> | Tier 1 |
| <i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | Tier 2 | <i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg | Tier 1 |
| <i>verapamil hcl</i> SOLN 2.5mg/ml | Tier 3 | <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> | Tier 1 |
| <i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | Tier 1 | <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | Tier 1 |
| | | <i>triamterene & hydrochlorothiazide tab 75- 50 mg</i> | Tier 1 |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|--|-----------|-------------------------|
| MISCELLANEOUS | | | | | |
| <i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg QL (30 tabs / 30 days) | Tier 3 | QL | <i>metirosine</i> (generic of DEMSER) CAPS 250mg | Tier 1 | NM PA |
| <i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr | Tier 2 | | <i>midodrine hcl</i> TABS 2.5mg, 5mg | Tier 2 | |
| <i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr | Tier 2 | | <i>midodrine hcl</i> TABS 10mg | Tier 3 | |
| <i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr | Tier 2 | | <i>minoxidil</i> TABS 2.5mg, 10mg | Tier 1 | |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg | Tier 1 | | <i>ranolazine</i> TB12 500mg, 1000mg | Tier 3 | |
| CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days) | Tier 3 | QL | VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days) | Tier 2 | QL PA |
| <i>digoxin</i> SOLN .05mg/ml | Tier 3 | | NITRATES | | |
| <i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml | Tier 3 | | <i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg | Tier 2 | |
| <i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days) | Tier 1 | QL | <i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg | Tier 2 | |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days) | Tier 3 | QL NM PA | <i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg | Tier 1 | |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days) | Tier 1 | QL NM PA | NITRO-BID OINT 2% | Tier 2 | |
| <i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml | Tier 3 | | <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | Tier 2 | |
| <i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 65 years and older | Tier 2 | PA | <i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg | Tier 1 | |
| <i>hydralazine hcl</i> SOLN 20mg/ml | Tier 3 | | PULMONARY ARTERIAL HYPERTENSION | | |
| <i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | Tier 1 | | ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| <i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days) | Tier 3 | QL | <i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days) | Tier 1 | QL NM PA |
| | | | <i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days) | Tier 1 | QL NM PA |
| | | | <i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days) | Tier 1 | QL NM PA |
| | | | <i>bosentan</i> (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days) | Tier 1 | QL NM PA |
| | | | OPSUMIT TABS 10mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days) | Tier 2 | QL NM PA | <i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days) | Tier 2 | QL |
| <i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days) | Tier 3 | QL NM PA | <i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml | Tier 1 | |
| UPTRAVI TABS 200mcg QL (140 tabs / 28 days) | Tier 2 | QL NM PA | <i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days) | Tier 1 | QL |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days) | Tier 2 | QL NM PA | <i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days) | Tier 2 | QL |
| UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days) | Tier 2 | QL NM PA | ANTIDEMENTIA | | |
| WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days) | Tier 2 | QL NM PA | <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days) | Tier 1 | QL |
| WINREVAIR INJ 45MG QL (2 vials / 21 days) | Tier 2 | QL NM PA | <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg | Tier 1 | |
| WINREVAIR INJ 60MG QL (2 vials / 21 days) | Tier 2 | QL NM PA | <i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days) | Tier 1 | QL |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days) | Tier 2 | QL NM PA | <i>donepezil hydrochloride</i> TBDP 10mg | Tier 1 | |
| YUTREPIA CAPS 106mcg QL (224 caps / 28 days) | Tier 2 | QL NM PA | <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days) | Tier 2 | QL |
| CENTRAL NERVOUS SYSTEM | | | <i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days) | Tier 3 | QL |
| ANTI-ANXIETY | | | <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days) | Tier 1 | QL | <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA applies if 29 years and younger | Tier 3 | PA |
| <i>bupirone hcl</i> TABS 5mg, 10mg, 15mg | Tier 1 | | <i>memantine hcl</i> TABS 5mg, 10mg PA applies if 29 years and younger | Tier 2 | PA |
| <i>bupirone hcl</i> TABS 7.5mg, 30mg | Tier 2 | | <i>memantine hcl-donepezil hcl</i> cap er 24hr 14-10 mg (generic of NAMZARIC) | Tier 3 | |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg | Tier 2 | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| <i>memantine hcl-donepezil hcl</i> (generic of NAMZARIC) cap er 24hr 21-10 mg | Tier 3 | | <i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg | Tier 3 | PA |
| <i>memantine hcl-donepezil hcl</i> (generic of NAMZARIC) cap er 24hr 28-10 mg | Tier 3 | | <i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg | Tier 3 | PA |
| NAMZARIC CAP 7-10MG | Tier 3 | | PA applies if 65 years and older | | |
| <i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr | Tier 3 | QL | <i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg | Tier 3 | PA |
| QL (30 patches / 30 days) | | | PA applies if 65 years and older | | |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg | Tier 2 | QL | <i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg | Tier 2 | QL |
| QL (60 caps / 30 days) | | | QL (30 tabs / 30 days) | | |
| ANTIDEPRESSANTS | | | <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | Tier 2 | PA |
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | Tier 2 | PA | PA applies if 65 years and older | | |
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg | Tier 2 | PA | DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg | Tier 3 | QL PA |
| PA applies if 65 years and older | | | QL (60 caps / 30 days) | | |
| AUVELITY TAB 45-105MG | Tier 3 | QL PA | <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg | Tier 2 | QL |
| QL (60 tabs / 30 days) | | | QL (60 caps / 30 days) | | |
| <i>bupropion hcl</i> TABS 75mg, 100mg | Tier 1 | | EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr | Tier 2 | QL PA |
| <i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg | Tier 1 | QL | QL (30 patches / 30 days) | | |
| QL (60 tabs / 30 days) | | | <i>escitalopram oxalate</i> SOLN 5mg/5ml | Tier 3 | |
| <i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg | Tier 1 | QL | <i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg | Tier 1 | |
| QL (60 tabs / 30 days) | | | FETZIMA CP24 20mg, 40mg | Tier 3 | QL PA |
| <i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg | Tier 1 | QL | QL (60 caps / 30 days) | | |
| QL (30 tabs / 30 days) | | | FETZIMA CP24 80mg, 120mg | Tier 3 | QL PA |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml | Tier 2 | | QL (30 caps / 30 days) | | |
| <i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg | Tier 1 | | FETZIMA CAP TITRATIO | Tier 3 | QL PA |
| | | | QL (2 packs / year) | | |
| | | | <i>fluoxetine hcl</i> CAPS 10mg, 40mg | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| <i>fluoxetine hcl</i> (generic of PROZAC) CAPS 20mg | Tier 1 | | <i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg | Tier 1 | |
| <i>fluoxetine hcl</i> SOLN 20mg/5ml | Tier 2 | | <i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg | Tier 3 | |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older | Tier 1 | PA | <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg | Tier 1 | |
| MARPLAN TABS 10mg QL (180 tabs / 30 days) | Tier 3 | QL | <i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days) | Tier 3 | QL |
| <i>mirtazapine</i> TABS 7.5mg | Tier 2 | | <i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days) | Tier 3 | QL |
| <i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg | Tier 1 | | TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days) | Tier 3 | QL PA |
| <i>mirtazapine</i> TABS 45mg | Tier 1 | | <i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg | Tier 1 | |
| <i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg | Tier 2 | | <i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | Tier 2 | |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg | Tier 3 | | <i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | Tier 3 | QL |
| <i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg | Tier 1 | | ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days) | Tier 2 | QL NM PA |
| <i>nortriptyline hcl</i> SOLN 10mg/5ml | Tier 3 | | ZURZUVAE CAPS 30mg QL (14 caps / 14 days) | Tier 2 | QL NM PA |
| <i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older | Tier 3 | QL PA | ANTIPARKINSONIAN AGENTS | | |
| <i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older | Tier 1 | PA | <i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days) | Tier 2 | QL |
| <i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg | Tier 2 | | <i>amantadine hcl</i> SOLN 50mg/5ml | Tier 2 | |
| <i>protriptyline hcl</i> TABS 5mg, 10mg | Tier 3 | | <i>benztropine mesylate</i> SOLN 1mg/ml | Tier 3 | |
| RALDESY SOLN 10mg/ml QL (1800 mL / 30 days) | Tier 3 | QL PA | <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 65 years and older | Tier 1 | PA |
| <i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml | Tier 2 | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| <i>bromocriptine mesylate</i> (generic of PARLODEL) TABS 2.5mg | Tier 3 | | <i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days) | Tier 3 | QL |
| <i>carb/levo orally</i> <i>disintegrating tab 10-100mg</i> | Tier 2 | | <i>ropinirole hydrochloride</i> | Tier 1 | |
| <i>carb/levo orally</i> <i>disintegrating tab 25-100mg</i> | Tier 2 | | TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg | | |
| <i>carb/levo orally</i> <i>disintegrating tab 25-250mg</i> | Tier 2 | | <i>selegiline hcl</i> CAPS 5mg; TABS 5mg | Tier 2 | |
| <i>carbidopa & levodopa tab</i> 10-100 mg (generic of SINEMET) | Tier 1 | | <i>trihexyphenidyl hcl</i> SOLN .4mg/ml | Tier 2 | |
| <i>carbidopa & levodopa tab</i> 25-100 mg (generic of SINEMET) | Tier 1 | | <i>trihexyphenidyl hcl</i> TABS 2mg, 5mg | Tier 1 | |
| <i>carbidopa & levodopa tab</i> 25-250 mg | Tier 1 | | ANTIPSYCHOTICS | | |
| <i>carbidopa & levodopa tab er</i> 25-100 mg | Tier 2 | | ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days) | Tier 3 | QL |
| <i>carbidopa & levodopa tab er</i> 50-200 mg | Tier 2 | | ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days) | Tier 3 | QL |
| <i>carbidopa-levodopa-</i> <i>entacapone tabs 12.5-50-</i> <i>200 mg</i> | Tier 3 | | ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days) | Tier 3 | QL |
| <i>carbidopa-levodopa-</i> <i>entacapone tabs 18.75-75-</i> <i>200 mg</i> | Tier 3 | | <i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days) | Tier 3 | QL |
| <i>carbidopa-levodopa-</i> <i>entacapone tabs 25-100-</i> <i>200 mg</i> | Tier 3 | | <i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days) | Tier 3 | QL |
| <i>carbidopa-levodopa-</i> <i>entacapone tabs 31.25-125-</i> <i>200 mg</i> | Tier 3 | | <i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days) | Tier 3 | QL ST |
| <i>carbidopa-levodopa-</i> <i>entacapone tabs 37.5-150-</i> <i>200 mg</i> | Tier 3 | | ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days) | Tier 3 | QL |
| <i>carbidopa-levodopa-</i> <i>entacapone tabs 50-200-</i> <i>200 mg</i> | Tier 3 | | ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days) | Tier 3 | QL |
| <i>entacapone</i> TABS 200mg | Tier 3 | | ARISTADA INITIO PRSY 675mg/2.4ml | Tier 3 | |
| INBRIJA CAPS 42mg QL (300 caps / 30 days) | Tier 2 | QL NM PA | | | |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg | Tier 1 | | | | |

Blue MedicareRx 3-Tier Select 2026 Comprehensive Drug List effective 01/01/2026

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|---|-----------|-------------------------|
| <i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days) | Tier 3 | QL | ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year) | Tier 3 | QL |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days) | Tier 3 | QL | FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days) | Tier 3 | QL PA |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | Tier 3 | | FANAPT PAK PACK A QL (2 packs / year) | Tier 3 | QL PA |
| <i>clozapine</i> (generic of CLOZARIL) TABS 25mg | Tier 2 | | FANAPT PAK PACK B QL (2 packs / year) | Tier 3 | QL PA |
| <i>clozapine</i> TABS 50mg | Tier 2 | | FANAPT PAK PACK C QL (2 packs / year) | Tier 3 | QL PA |
| <i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days) | Tier 2 | QL | <i>fluphenazine decanoate</i> SOLN 25mg/ml | Tier 3 | |
| <i>clozapine</i> TABS 200mg QL (120 tabs / 30 days) | Tier 2 | QL | <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | Tier 3 | |
| <i>clozapine</i> TBDP 12.5mg, 25mg | Tier 3 | PA | <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | Tier 2 | |
| <i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days) | Tier 3 | QL PA | <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml | Tier 2 | |
| <i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days) | Tier 3 | QL PA | <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml | Tier 2 | |
| <i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days) | Tier 3 | QL PA | INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days) | Tier 3 | QL |
| COBENFY CAP 50-20MG QL (60 caps / 30 days) | Tier 3 | QL PA | INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days) | Tier 3 | QL |
| COBENFY CAP 100-20MG QL (60 caps / 30 days) | Tier 3 | QL PA | INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days) | Tier 3 | QL |
| COBENFY CAP 125-30MG QL (60 caps / 30 days) | Tier 3 | QL PA | <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg | Tier 2 | |
| COBENFY STRT CAP PACK QL (2 packs / year) | Tier 3 | QL PA | <i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days) | Tier 3 | QL |
| ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days) | Tier 3 | QL | | | |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

Blue MedicareRx 3-Tier Select 2026 Comprehensive Drug List effective 01/01/2026

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| <i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days) | Tier 3 | QL |
| LYBALVI TAB 5-10MG QL (30 tabs / 30 days) | Tier 3 | QL |
| LYBALVI TAB 10-10MG QL (30 tabs / 30 days) | Tier 3 | QL |
| LYBALVI TAB 15-10MG QL (30 tabs / 30 days) | Tier 3 | QL |
| LYBALVI TAB 20-10MG QL (30 tabs / 30 days) | Tier 3 | QL |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg | Tier 3 | |
| NUPLAZID CAPS 34mg QL (30 caps / 30 days) | Tier 3 | QL NM PA |
| NUPLAZID TABS 10mg QL (30 tabs / 30 days) | Tier 3 | QL NM PA |
| <i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day) | Tier 3 | QL |
| <i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>olanzapine</i> TABS 10mg QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>olanzapine</i> (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days) | Tier 3 | QL ST |
| <i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days) | Tier 3 | QL ST |
| OPIPZA FILM 2mg, 5mg QL (30 films / 30 days) | Tier 3 | QL PA |
| OPIPZA FILM 10mg QL (90 films / 30 days) | Tier 3 | QL PA |
| <i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days) | Tier 3 | QL |
| <i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days) | Tier 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| <i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days) | Tier 3 | QL |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg | Tier 2 | |
| <i>pimozide</i> TABS 1mg, 2mg | Tier 3 | |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days) | Tier 2 | QL |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days) | Tier 2 | QL |
| <i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days) | Tier 2 | QL |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days) | Tier 3 | QL PA |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days) | Tier 3 | QL PA |
| REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days) | Tier 3 | QL |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days) | Tier 3 | QL |
| <i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days) | Tier 2 | QL |
| <i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg | Tier 1 | |
| <i>risperidone</i> TABS .25mg | Tier 1 | |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days) | Tier 3 | QL ST |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| <i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days) | Tier 3 | QL ST |
| <i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days) | Tier 3 | QL ST |
| <i>risperidone microspheres</i> (generic of RISPERSAL CONSTA) SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days) | Tier 3 | QL |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days) | Tier 3 | QL |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | Tier 2 | |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg | Tier 3 | |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg | Tier 2 | |
| VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days) | Tier 3 | QL PA |
| VRAYLAR CAPS 1.5mg QL (60 caps / 30 days) | Tier 3 | QL |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days) | Tier 3 | QL |
| <i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days) | Tier 3 | QL |
| <i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days) | Tier 3 | QL |
| ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days) | Tier 3 | QL NM PA |
| ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days) | Tier 3 | QL NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| ANTIEPILEPTIC AGENTS | | |
| APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days) | Tier 3 | QL |
| APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days) | Tier 3 | QL |
| BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days) | Tier 3 | QL PA |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days) | Tier 3 | QL PA |
| <i>carbamazepine</i> CHEW 100mg | Tier 2 | |
| <i>carbamazepine</i> CHEW 200mg | Tier 3 | |
| <i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg | Tier 3 | |
| <i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml | Tier 3 | |
| <i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg | Tier 2 | |
| <i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg | Tier 3 | |
| <i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days) | Tier 3 | QL PA |
| <i>clobazam</i> (generic of ONFI) TABs 10mg, 20mg QL (60 tabs / 30 days) | Tier 3 | QL PA |
| <i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days) | Tier 1 | QL |
| <i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days) | Tier 1 | QL |
| <i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days) | Tier 2 | QL |
| <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days) | Tier 2 | QL |

Blue MedicareRx 3-Tier Select 2026 Comprehensive Drug List effective 01/01/2026

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|--|-----------|----------------------|
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older | Tier 3 | QL PA | <i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg | Tier 1 | |
| DIACOMIT CAPS 250mg QL (360 caps / 30 days) | Tier 3 | QL NM PA | EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days) | Tier 3 | QL NM PA |
| DIACOMIT CAPS 500mg QL (180 caps / 30 days) | Tier 3 | QL NM PA | <i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days) | Tier 3 | QL |
| DIACOMIT PACK 250mg QL (360 packets / 30 days) | Tier 3 | QL NM PA | <i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days) | Tier 3 | QL |
| DIACOMIT PACK 500mg QL (180 packets / 30 days) | Tier 3 | QL NM PA | <i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml | Tier 2 | |
| <i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply | Tier 2 | QL PA | <i>felbamate</i> SUSP 600mg/5ml | Tier 3 | |
| <i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply | Tier 1 | QL PA | <i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg | Tier 3 | |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg | Tier 3 | | FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days) | Tier 3 | QL NM PA |
| <i>diazepam inj</i> SOLN 5mg/ml | Tier 3 | | FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days) | Tier 3 | QL PA |
| <i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply | Tier 2 | QL PA | FYCOMPA TABS 2mg QL (60 tabs / 30 days) | Tier 3 | QL PA |
| DILANTIN CAPS 30mg | Tier 3 | | FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days) | Tier 3 | QL PA |
| <i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg | Tier 3 | | <i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days) | Tier 1 | QL |
| <i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg | Tier 2 | | <i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days) | Tier 1 | QL |
| | | | <i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days) | Tier 2 | QL |

Blue MedicareRx 3-Tier Select 2026 Comprehensive Drug List effective 01/01/2026

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|--|-----------|-------------------------|
| <i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days) | Tier 1 | QL | <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO) | Tier 3 | |
| <i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days) | Tier 1 | QL | <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO) | Tier 3 | |
| <i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml | Tier 3 | | <i>methsuximide</i> (generic of CELONTIN) CAPS 300mg | Tier 3 | |
| <i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days) | Tier 3 | QL | NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days) | Tier 3 | QL |
| <i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days) | Tier 3 | QL | <i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml | Tier 3 | |
| <i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days) | Tier 3 | QL | <i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg | Tier 2 | |
| <i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg | Tier 2 | | <i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days) | Tier 3 | QL PA |
| <i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | Tier 1 | | <i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days) | Tier 3 | QL PA |
| <i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml | Tier 2 | | <i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older | Tier 3 | QL PA |
| <i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml | Tier 3 | | <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older | Tier 2 | QL PA |
| <i>levetiracetam</i> (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg | Tier 1 | | <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older | Tier 3 | PA |
| LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days) | Tier 3 | QL | <i>phenytek</i> CAPS 200mg, 300mg | Tier 2 | |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO) | Tier 3 | | | | |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| <i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg | Tier 2 | | <i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days) | Tier 3 | QL PA |
| <i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml | Tier 2 | | <i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days) | Tier 3 | QL PA |
| <i>phenytoin sodium</i> SOLN 50mg/ml | Tier 3 | | SPRITAM TB3D 250mg QL (360 tabs / 30 days) | Tier 3 | QL |
| <i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg | Tier 2 | | SPRITAM TB3D 500mg QL (180 tabs / 30 days) | Tier 3 | QL |
| <i>phenytoin sodium extended</i> CAPS 200mg, 300mg | Tier 2 | | SPRITAM TB3D 750mg QL (120 tabs / 30 days) | Tier 3 | QL |
| <i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older | Tier 2 | QL PA | SPRITAM TB3D 1000mg QL (90 tabs / 30 days) | Tier 3 | QL |
| <i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older | Tier 2 | QL PA | <i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | Tier 1 | |
| <i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older | Tier 2 | QL PA | SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days) | Tier 3 | QL PA |
| <i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older | Tier 3 | QL PA | <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg | Tier 3 | |
| <i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg | Tier 1 | | <i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg | Tier 2 | |
| <i>primidone</i> TABS 125mg | Tier 1 | | <i>topiramate</i> CPSP 50mg | Tier 3 | |
| <i>roweepira</i> (generic of KEPPRA) TABS 500mg | Tier 1 | | <i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days) | Tier 3 | QL PA |
| <i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days) | Tier 3 | QL PA | <i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg | Tier 1 | |
| | | | <i>valproate sodium</i> SOLN 100mg/ml | Tier 3 | |
| | | | <i>valproate sodium</i> SOLN 250mg/5ml | Tier 2 | |
| | | | <i>valproic acid</i> CAPS 250mg | Tier 1 | |
| | | | VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days) | Tier 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days) | Tier 3 | QL |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days) | Tier 3 | QL |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days) | Tier 3 | QL |
| <i>vigabatin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days) | Tier 1 | QL NM PA |
| <i>vigabatin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days) | Tier 1 | QL NM PA |
| <i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days) | Tier 1 | QL NM PA |
| <i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days) | Tier 1 | QL NM PA |
| VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days) | Tier 2 | QL NM PA |
| <i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days) | Tier 1 | QL NM PA |
| XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | Tier 3 | QL |
| XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days) | Tier 3 | QL |
| XCOPRI PAK 12.5-25 QL (28 tabs / 28 days) | Tier 3 | QL |
| XCOPRI PAK 50-100MG QL (28 tabs / 28 days) | Tier 3 | QL |
| XCOPRI PAK 100-150 QL (56 tabs / 28 days) | Tier 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days) | Tier 3 | QL |
| XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days) | Tier 3 | QL |
| ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days) | Tier 3 | QL PA |
| <i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg | Tier 2 | |
| <i>zonisamide</i> CAPS 50mg | Tier 2 | |
| ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days) | Tier 3 | QL NM PA |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | | |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | Tier 3 | QL PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | Tier 3 | QL PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | Tier 3 | QL PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | Tier 3 | QL PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | Tier 3 | QL PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | Tier 3 | QL PA |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| <i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | Tier 2 | QL PA | <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older | Tier 2 | QL PA |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | Tier 2 | QL PA | <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older | Tier 2 | QL PA |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | Tier 2 | QL PA | <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days) | Tier 3 | QL PA |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | Tier 2 | QL PA | <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days) | Tier 3 | QL PA |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | Tier 2 | QL PA | <i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days) | Tier 2 | QL PA |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days) | Tier 2 | QL PA | <i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days) | Tier 2 | QL PA |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | Tier 2 | QL PA | <i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days) | Tier 3 | QL PA |
| <i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days) | Tier 3 | QL | HYPNOTICS | | |
| <i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days) | Tier 3 | QL | DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days) | Tier 3 | QL | <i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABs 2.5mg, 5mg QL (120 tabs / 30 days) | Tier 2 | QL PA | <i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABs 10mg QL (60 tabs / 30 days) | Tier 2 | QL PA | <i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days) | Tier 1 | QL NM PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older | Tier 3 | QL PA | <i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days) | Tier 2 | QL |
| <i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older | Tier 3 | QL PA | <i>sumatriptan SOLN</i> 5mg/act QL (24 units / 30 days) | Tier 3 | QL |
| <i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | Tier 1 | QL PA | <i>sumatriptan SOLN</i> 20mg/act QL (12 units / 30 days) | Tier 3 | QL |
| MIGRAINE | | | <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days) | Tier 3 | QL |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days) | Tier 2 | QL NM PA | <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days) | Tier 3 | QL |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days) | Tier 1 | QL PA | <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days) | Tier 3 | QL |
| EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days) | Tier 2 | QL NM PA | <i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days) | Tier 3 | QL |
| EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days) | Tier 2 | QL NM PA | <i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days) | Tier 1 | QL |
| EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days) | Tier 2 | QL NM PA | UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days) | Tier 2 | QL PA |
| <i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days) | Tier 2 | QL PA | MISCELLANEOUS | | |
| NURTEC TBDP 75mg QL (16 tabs / 30 days) | Tier 2 | QL PA | AUSTEDO TABS 6mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days) | Tier 2 | QL PA | AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| <i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days) | Tier 2 | QL | AUSTEDO XR TB24 6mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| <i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days) | Tier 2 | QL | AUSTEDO XR TB24 12mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA | <i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days) | Tier 1 | QL NM PA |
| AUSTEDO XR TB24 24mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA | <i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days) | Tier 1 | QL NM PA |
| AUSTEDO XR TAB TITR KIT QL (2 packs / year) | Tier 2 | QL NM PA | <i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days) | Tier 1 | QL NM PA |
| <i>lithium</i> SOLN 8meq/5ml | Tier 3 | | <i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days) | Tier 1 | QL NM PA |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg | Tier 1 | | OCREVUS SOLN 300mg/10ml | Tier 2 | NM PA |
| <i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg | Tier 1 | | MUSCULOSKELETAL THERAPY AGENTS | | |
| NUDEXTA CAP 20-10MG QL (60 caps / 30 days) | Tier 3 | QL PA | <i>baclofen</i> TABS 5mg QL (90 tabs / 30 days) | Tier 2 | QL |
| <i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg | Tier 2 | | <i>baclofen</i> TABS 10mg, 20mg | Tier 2 | |
| <i>riluzole</i> TABS 50mg | Tier 3 | | <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older | Tier 2 | QL PA |
| <i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days) | Tier 3 | QL NM PA | <i>tizanidine hcl</i> TABS 2mg | Tier 1 | |
| <i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days) | Tier 1 | QL NM PA | <i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg | Tier 1 | |
| MULTIPLE SCLEROSIS AGENTS | | | NARCOLEPSY/CATAPLEXY | | |
| BAFIERTAM CPDR 95mg QL (120 caps / 30 days) | Tier 2 | QL NM PA | <i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days) | Tier 3 | QL PA |
| BETASERON KIT .3mg QL (14 kits / 28 days) | Tier 2 | QL NM PA | <i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days) | Tier 3 | QL PA |
| COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days) | Tier 2 | QL NM PA | <i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days) | Tier 2 | QL PA |
| COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days) | Tier 2 | QL NM PA | | | |
| <i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA | | | |
| <i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days) | Tier 1 | QL NM PA | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| <i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days) | Tier 2 | QL PA | <i>bupropion hcl</i> (smoking deterrent) TB12 150mg QL (60 tabs / 30 days) | Tier 1 | QL |
| SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days) | Tier 2 | QL NM PA | <i>disulfiram</i> TABS 250mg, 500mg | Tier 2 | |
| PSYCHOTHERAPEUTIC-MISC | | | KLOXXADO LIQD 8mg/0.1ml | Tier 2 | |
| <i>acamprosate calcium</i> TBEC 333mg | Tier 3 | | <i>naloxone hcl</i> LIQD 4mg/0.1ml | Tier 2 | |
| <i>buprenorphine hcl</i> 2mg QL (180 tabs / 30 days) | Tier 2 | QL | <i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml | Tier 1 | |
| <i>buprenorphine hcl</i> 8mg QL (120 tabs / 30 days) | Tier 2 | QL | <i>naltrexone hcl</i> TABS 50mg | Tier 2 | |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (180 films / 30 days) | Tier 3 | QL | NICOTROL NS SOLN 10mg/ml | Tier 3 | |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days) | Tier 3 | QL | <i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days) | Tier 3 | QL |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (120 films / 30 days) | Tier 3 | QL | <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year) | Tier 3 | QL |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days) | Tier 3 | QL | VIVITROL SUSR 380mg | Tier 2 | NM |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days) | Tier 1 | QL | ENDOCRINE AND METABOLIC ANDROGENS | | |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days) | Tier 1 | QL | <i>danazol</i> CAPS 50mg, 100mg, 200mg | Tier 3 | |
| | | | <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml | Tier 2 | PA |
| | | | <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days) | Tier 3 | QL PA |
| | | | <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml | Tier 2 | PA |
| | | | <i>testosterone enanthate</i> SOLN 200mg/ml | Tier 2 | PA |
| | | | <i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days) | Tier 3 | QL PA |
| | | | ANTIDIABETICS | | |
| | | | <i>acarbose</i> TABS 25mg, 50mg, 100mg | Tier 2 | |
| | | | <i>dapagliflozin propanediol</i> TABS 5mg, 10mg QL (30 tabs / 30 days) | Tier 2 | QL |

Blue MedicareRx 3-Tier Select 2026 Comprehensive Drug List effective 01/01/2026

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days) | Tier 2 | QL | JANUMET XR TAB 50-1000 QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days) | Tier 1 | QL | JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days) | Tier 1 | QL | JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>glipizide</i> TABS 5mg QL (240 tabs / 30 days) | Tier 1 | QL | JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days) | Tier 2 | QL ST |
| <i>glipizide</i> TABS 10mg QL (120 tabs / 30 days) | Tier 1 | QL | JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days) | Tier 1 | QL | JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days) | Tier 1 | QL | JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days) | Tier 1 | QL | JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days) | Tier 2 | QL | JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days) | Tier 2 | QL |
| <i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days) | Tier 2 | QL | <i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days) | Tier 1 | QL |
| <i>glipizide-metformin hcl tab</i> 5-500 mg QL (120 tabs / 30 days) | Tier 2 | QL | <i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days) | Tier 1 | QL |
| GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days) | Tier 2 | QL | <i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days) | Tier 1 | QL |
| GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days) | Tier 2 | QL | <i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR) | Tier 1 | QL |
| JANUMET TAB 50-500MG QL (60 tabs / 30 days) | Tier 2 | QL | <i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR) | Tier 1 | QL |
| JANUMET TAB 50-1000 QL (60 tabs / 30 days) | Tier 2 | QL | MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days) | Tier 2 | QL PA |
| JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days) | Tier 2 | QL | <i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days) | Tier 2 | QL |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days) | Tier 2 | QL PA | XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days) | Tier 2 | QL |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days) | Tier 2 | QL PA | XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days) | Tier 2 | QL |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days) | Tier 2 | QL PA | ANTIDIABETICS, INSULINS | | |
| <i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days) | Tier 1 | QL | ADMELOG SOLN 100unit/ml | Tier 2 | B/D |
| <i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days) | Tier 1 | QL | ADMELOG SOLOSTAR SOPN 100unit/ml | Tier 2 | |
| <i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days) | Tier 1 | QL | ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY | Tier 2 | PA |
| RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days) | Tier 2 | QL PA | CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days) | Tier 3 | QL PA |
| TRADJENTA TABS 5mg QL (30 tabs / 30 days) | Tier 2 | QL | CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days) | Tier 3 | QL PA |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days) | Tier 2 | QL | CEQUR SIMPL MIS INSERTER QL (2 inserters / year) | Tier 3 | QL PA |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days) | Tier 2 | QL | FIASP SOLN 100unit/ml | Tier 2 | B/D |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days) | Tier 2 | QL | FIASP FLEXTOUCH SOPN 100unit/ml | Tier 2 | |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days) | Tier 2 | QL | FIASP PENFILL SOCT 100unit/ml | Tier 2 | |
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days) | Tier 2 | QL PA | FIASP PUMPCART SOCT 100unit/ml | Tier 2 | B/D |
| XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days) | Tier 2 | QL | GAUZE PADS 2" X 2" | Tier 2 | PA |
| XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days) | Tier 2 | QL | HUMULIN R U-500 (CONCENTR SOLN 500unit/ml) | Tier 2 | B/D |
| XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days) | Tier 2 | QL | HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | Tier 2 | |
| | | | INSULIN PEN NEEDLES: EMBECTA-BD | Tier 2 | PA |
| | | | INSULIN SAFETY NEEDLES: EMBECTA-BD | Tier 2 | PA |
| | | | INSULIN SYRINGES: EMBECTA-BD | Tier 2 | PA |
| | | | LANTUS SOLN 100unit/ml | Tier 2 | |
| | | | LANTUS SOLOSTAR SOPN 100unit/ml | Tier 2 | |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| NOVOLIN INJ 70/30 (brand RELION not covered) | Tier 2 | | OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days) | Tier 3 | QL PA |
| NOVOLIN INJ 70/30 FP (brand RELION not covered) | Tier 2 | | OMNIPOD DASH KIT INTRO QL (1 kit / year) | Tier 3 | QL PA |
| NOVOLIN N SUSP 100unit/ml (brand RELION not covered) | Tier 2 | | OMNIPOD DASH MIS PODS QL (15 pods / 30 days) | Tier 3 | QL PA |
| NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered) | Tier 2 | | SOLIQUA INJ 100/33 QL (5 pens / 25 days) | Tier 2 | QL |
| NOVOLIN R SOLN 100unit/ml (brand RELION not covered) | Tier 2 | B/D | TOUJEO MAX SOLOSTAR SOPN 300unit/ml | Tier 2 | |
| NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered) | Tier 2 | | TOUJEO SOLOSTAR SOPN 300unit/ml | Tier 2 | |
| NOVOLOG SOLN 100unit/ml | Tier 2 | B/D | XULTOPHY INJ 100/3.6 QL (5 pens / 30 days) | Tier 2 | QL |
| NOVOLOG FLEXPEN SOPN 100unit/ml | Tier 2 | | CALCIUM REGULATORS | | |
| NOVOLOG FLEXPEN RELION SOPN 100unit/ml | Tier 2 | | <i>alendronate sodium</i> TABS 10mg, 35mg | Tier 1 | |
| NOVOLOG MIX INJ 70/30 (brand RELION not covered) | Tier 2 | | <i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg | Tier 1 | |
| NOVOLOG MIX INJ FLEXPEN (brand RELION not covered) | Tier 2 | | BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days) | Tier 2 | QL NM PA |
| NOVOLOG PENFILL SOCT 100unit/ml | Tier 2 | | <i>calcitonin (salmon) spray</i> SOLN 200unit/act | Tier 2 | B/D |
| NOVOLOG RELION SOLN 100unit/ml | Tier 2 | B/D | <i>ibandronate sodium</i> TABS 150mg | Tier 2 | B/D |
| OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year) | Tier 3 | QL PA | PAMIDRONATE DISODIUM SOLN 6mg/ml | Tier 2 | B/D |
| OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days) | Tier 3 | QL PA | <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml | Tier 2 | B/D |
| OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year) | Tier 3 | QL PA | PROLIA SOSY 60mg/ml QL (1 syringe / 180 days) | Tier 3 | QL NM |
| | | | TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product) | Tier 2 | QL NM PA |
| | | | WYOST SOLN 120mg/1.7ml | Tier 2 | NM PA |
| | | | <i>zoledronic acid</i> CONC 4mg/5ml | Tier 3 | B/D NM |
| | | | <i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml | Tier 3 | B/D NM |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| CHELATING AGENTS | | | | | |
| CHEMET CAPS 100mg | Tier 2 | | <i>cyred eq</i> | Tier 2 | |
| <i>deferasirox</i> (generic of JADENU) TABS 90mg | Tier 2 | NM PA | <i>dasetta 1/35</i> | Tier 2 | |
| <i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg | Tier 3 | NM PA | <i>dasetta 7/7/7</i> | Tier 2 | |
| <i>deferasirox</i> (generic of EXJADE) TBSO 125mg | Tier 3 | NM PA | <i>deblitane</i> TABS .35mg | Tier 2 | |
| <i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg | Tier 1 | NM PA | DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | Tier 2 | |
| <i>kionex</i> SUSP 15gm/60ml | Tier 3 | | <i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | Tier 2 | |
| LOKELMA PACK 5gm, 10gm | Tier 2 | | <i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i> | Tier 2 | |
| <i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg | Tier 1 | NM | <i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i> | Tier 2 | |
| <i>sodium polystyrene sulfonate powder</i> | Tier 2 | | <i>elinest</i> | Tier 2 | |
| <i>sps</i> SUSP 15gm/60ml | Tier 3 | | <i>eluryng</i> (generic of NUVARING) | Tier 2 | |
| <i>sps rectal</i> SUSP 15gm/60ml | Tier 3 | | <i>emzahn</i> TABS .35mg | Tier 2 | |
| <i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg | Tier 1 | NM PA | <i>enilloring</i> (generic of NUVARING) | Tier 2 | |
| CONTRACEPTIVES | | | <i>enskyce</i> | Tier 2 | |
| <i>afirmelle</i> | Tier 2 | | <i>errin</i> TABS .35mg | Tier 2 | |
| <i>altavera</i> | Tier 2 | | <i>estarylla</i> | Tier 2 | |
| <i>alyacen 1/35</i> | Tier 2 | | <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING) | Tier 2 | |
| <i>alyacen 7/7/7</i> | Tier 2 | | <i>falmina</i> | Tier 2 | |
| <i>apri</i> | Tier 2 | | <i>feirza 1.5/30</i> | Tier 2 | |
| <i>aranelle</i> | Tier 2 | | <i>feirza 1/20</i> | Tier 2 | |
| <i>aubra eq</i> | Tier 2 | | <i>hailey 1.5/30</i> | Tier 2 | |
| <i>aurovela 1/20</i> | Tier 2 | | <i>haloette</i> (generic of NUVARING) | Tier 2 | |
| <i>aurovela fe 1.5/30</i> | Tier 2 | | <i>heather</i> TABS .35mg | Tier 2 | |
| <i>aurovela fe 1/20</i> | Tier 2 | | <i>iclevia</i> | Tier 2 | |
| <i>aviane</i> | Tier 2 | | <i>incassia</i> TABS .35mg | Tier 2 | |
| <i>ayuna</i> | Tier 2 | | <i>introvale</i> | Tier 2 | |
| <i>azurette</i> | Tier 2 | | <i>isibloom</i> | Tier 2 | |
| <i>balziva</i> | Tier 2 | | <i>jasmiel</i> (generic of YAZ) | Tier 2 | |
| <i>blisovi fe 1.5/30</i> | Tier 2 | | <i>jolessa</i> | Tier 2 | |
| <i>briellyn</i> | Tier 2 | | <i>juleber</i> | Tier 2 | |
| <i>camila</i> TABS .35mg | Tier 2 | | <i>junel 1.5/30</i> | Tier 2 | |
| <i>chateal eq</i> | Tier 2 | | <i>junel 1/20</i> | Tier 2 | |
| <i>cryselle-28</i> | Tier 2 | | <i>junel fe 1.5/30</i> | Tier 2 | |

Blue MedicareRx 3-Tier Select 2026 Comprehensive Drug List effective 01/01/2026

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| <i>junel fe 1/20</i> | Tier 2 | | <i>nikki</i> (generic of YAZ) | Tier 2 | |
| <i>kariva</i> | Tier 2 | | <i>nora-be</i> TABS .35mg | Tier 2 | |
| <i>kelnor 1/35</i> | Tier 2 | | <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> | Tier 2 | |
| <i>kurvelo</i> | Tier 2 | | <i>norethindrone</i> (contraceptive) TABS .35mg | Tier 2 | |
| <i>larin 1.5/30</i> | Tier 2 | | <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | Tier 2 | |
| <i>larin 1/20</i> | Tier 2 | | <i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> | Tier 2 | |
| <i>larin fe 1.5/30</i> | Tier 2 | | <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | Tier 2 | |
| <i>larin fe 1/20</i> | Tier 2 | | <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | Tier 2 | |
| <i>lessina</i> | Tier 2 | | <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | Tier 2 | |
| <i>levonest</i> | Tier 2 | | <i>norlyroc</i> TABS .35mg | Tier 2 | |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | Tier 2 | | <i>nortrel 0.5/35 (28)</i> | Tier 2 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | Tier 2 | | <i>nortrel 1/35 (21)</i> | Tier 2 | |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | Tier 2 | | <i>nortrel 1/35 (28)</i> | Tier 2 | |
| <i>levora 0.15/30-28</i> | Tier 2 | | <i>nortrel 7/7/7</i> | Tier 2 | |
| LILETTA IUD 20.1mcg/day | Tier 2 | NM | <i>nylia 1/35</i> | Tier 2 | |
| <i>loestrin 1.5/30-21</i> | Tier 2 | | <i>nylia 7/7/7</i> | Tier 2 | |
| <i>loestrin 1/20-21</i> | Tier 2 | | <i>ocella</i> (generic of YASMIN 28) | Tier 2 | |
| <i>loestrin fe 1.5/30</i> | Tier 2 | | <i>orquidea</i> TABS .35mg | Tier 2 | |
| <i>loestrin fe 1/20</i> | Tier 2 | | <i>philith</i> | Tier 2 | |
| <i>loryna</i> (generic of YAZ) | Tier 2 | | <i>pimtrea</i> | Tier 2 | |
| <i>low-ogestrel</i> | Tier 2 | | <i>portia-28</i> | Tier 2 | |
| <i>luteru</i> | Tier 2 | | <i>reclipsen</i> | Tier 2 | |
| <i>lyleq</i> TABS .35mg | Tier 2 | | <i>setlakin</i> | Tier 2 | |
| <i>lyza</i> TABS .35mg | Tier 2 | | <i>sharobel</i> TABS .35mg | Tier 2 | |
| <i>marlissa</i> | Tier 2 | | <i>simliya</i> | Tier 2 | |
| <i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i> | Tier 2 | | <i>sprintec 28</i> | Tier 2 | |
| <i>meleya</i> TABS .35mg | Tier 2 | | <i>sronyx</i> | Tier 2 | |
| <i>microgestin 1.5/30</i> | Tier 2 | | <i>syeda</i> (generic of YASMIN 28) | Tier 2 | |
| <i>microgestin 1/20</i> | Tier 2 | | <i>tarina fe 1/20 eq</i> | Tier 2 | |
| <i>microgestin fe 1.5/30</i> | Tier 2 | | <i>tilia fe</i> | Tier 2 | |
| <i>microgestin fe 1/20</i> | Tier 2 | | <i>tri-estarylla</i> | Tier 2 | |
| <i>mili</i> | Tier 2 | | <i>tri-legest fe</i> | Tier 2 | |
| <i>mono-linyah</i> | Tier 2 | | | | |
| <i>necon 0.5/35-28</i> | Tier 2 | | | | |
| NEXPLANON IMPL 68mg | Tier 2 | NM | | | |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name | Drug Requirements/ Tier Limits | Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|--|-----------------------------------|
| <i>tri-lynyah</i> | Tier 2 | <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | Tier 2 |
| <i>tri-lo-estarylla</i> | Tier 2 | <i>estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)</i> | Tier 2 |
| <i>tri-lo-marzia</i> | Tier 2 | <i>estradiol vaginal (generic of ESTRACE) CREA .1mg/gm</i> | Tier 2 |
| <i>tri-lo-mili</i> | Tier 2 | <i>estradiol vaginal (generic of VAGIFEM) TABS 10mcg</i> | Tier 3 |
| <i>tri-lo-sprintec</i> | Tier 2 | <i>estradiol valerate (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml</i> | Tier 3 |
| <i>tri-mili</i> | Tier 2 | <i>estradiol valerate OIL 40mg/ml</i> | Tier 3 |
| <i>tri-sprintec</i> | Tier 2 | <i>fyavolv tab 0.5mg-2.5mcg</i> | Tier 2 |
| <i>tri-vylibra</i> | Tier 2 | <i>fyavolv tab 1mg-5mcg</i> | Tier 2 |
| <i>tri-vylibra lo</i> | Tier 2 | <i>jinteli</i> | Tier 2 |
| <i>turqoz</i> | Tier 2 | <i>lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i> | Tier 2 |
| <i>valtya 1/50</i> | Tier 2 | <i>mimvey (generic of ACTIVELLA)</i> | Tier 2 |
| <i>velivet</i> | Tier 2 | <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | Tier 2 |
| <i>vestura (generic of YAZ)</i> | Tier 2 | <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | Tier 2 |
| <i>vienna</i> | Tier 2 | <i>yuvafem (generic of VAGIFEM) TABS 10mcg</i> | Tier 3 |
| <i>viorele</i> | Tier 2 | GLUCOCORTICOIDS | |
| <i>vyfemla</i> | Tier 2 | <i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i> | Tier 2 |
| <i>vylibra</i> | Tier 2 | <i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml</i> | Tier 2 |
| <i>wera</i> | Tier 2 | <i>fludrocortisone acetate TABS .1mg</i> | Tier 1 |
| <i>xarah fe</i> | Tier 2 | <i>hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg</i> | Tier 2 |
| <i>xulane</i> | Tier 2 | | |
| <i>zafemy</i> | Tier 2 | | |
| <i>zovia 1/35</i> | Tier 2 | | |
| <i>zumandimine (generic of YASMIN 28)</i> | Tier 2 | | |
| ESTROGENS | | | |
| <i>abigale (generic of ACTIVELLA)</i> | Tier 2 | | |
| <i>abigale lo</i> | Tier 2 | | |
| <i>dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i> | Tier 2 | | |
| <i>estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i> | Tier 2 | | |
| <i>estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i> | Tier 2 | | |
| <i>estradiol TABS .5mg, 1mg, 2mg</i> | Tier 1 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| <i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg | Tier 3 | |
| <i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg | Tier 2 | B/D |
| <i>methylprednisolone</i> TABS 32mg | Tier 2 | B/D |
| <i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg | Tier 1 | |
| <i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml | Tier 2 | B/D |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg | Tier 2 | B/D |
| <i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg | Tier 2 | B/D |
| <i>prednisolone</i> SOLN 15mg/5ml | Tier 1 | B/D |
| <i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml | Tier 3 | B/D |
| <i>prednisolone sodium phosphate</i> SOLN 15mg/5ml | Tier 1 | B/D |
| <i>prednisolone sodium phosphate</i> SOLN 25mg/5ml | Tier 3 | B/D |
| <i>prednisone</i> SOLN 5mg/5ml | Tier 3 | B/D |
| <i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | Tier 1 | B/D |
| <i>prednisone</i> TBPK 5mg, 10mg | Tier 1 | |
| SOLU-CORTEF SOLR 250mg, 500mg, 1000mg | Tier 3 | |
| GLUCOSE ELEVATING AGENTS | | |
| <i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml | Tier 1 | |
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml | Tier 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| MISCELLANEOUS | | |
| <i>betaine powder for oral solution</i> (generic of CYSTADANE) | Tier 1 | NM |
| <i>cabergoline</i> TABS .5mg | Tier 2 | |
| <i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg | Tier 1 | NM PA |
| CERDELGA CAPS 84mg | Tier 2 | NM PA |
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days) | Tier 3 | B/D QL NM |
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days) | Tier 3 | B/D QL NM |
| CYSTAGON CAPS 50mg, 150mg | Tier 3 | NM PA |
| <i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml | Tier 1 | |
| <i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg | Tier 2 | |
| <i>desmopressin acetate spray</i> SOLN .01% | Tier 3 | |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01% | Tier 3 | |
| GENOTROPIN CART 5mg, 12mg | Tier 2 | NM PA |
| GENOTROPIN MINIQUICK PRSY .2mg | Tier 2 | NM PA |
| GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | Tier 2 | NM PA |
| INCRELEX SOLN 40mg/4ml | Tier 2 | NM PA |
| <i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg | Tier 1 | NM PA |
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml | Tier 1 | NM PA |
| <i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg | Tier 3 | B/D |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| <i>mifepristone</i> (<i>hyperglycemia</i>) (generic of KORLYM) TABS 300mg | Tier 1 | NM PA | <i>tolvaptan tab therapy pack</i> 30 & 15 mg | Tier 1 | NM PA |
| <i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg | Tier 1 | NM PA | <i>tolvaptan tab therapy pack</i> 45 & 15 mg | Tier 1 | NM PA |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml | Tier 3 | NM PA | <i>tolvaptan tab therapy pack</i> 60 & 30 mg | Tier 1 | NM PA |
| <i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | Tier 3 | NM PA | <i>tolvaptan tab therapy pack</i> 90 & 30 mg | Tier 1 | NM PA |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml | Tier 1 | NM PA | PROGESTINS | | |
| <i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml | Tier 1 | NM PA | <i>gallifrey</i> TABS 5mg | Tier 2 | |
| <i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg | Tier 2 | | <i>medroxyprogesterone</i> <i>acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg | Tier 1 | |
| REVCIVI SOLN 2.4mg/1.5ml | Tier 2 | NM PA | <i>megestrol acetate</i> SUSP 40mg/ml | Tier 2 | |
| REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA | <i>norethindrone acetate</i> TABS 5mg | Tier 2 | |
| <i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg | Tier 1 | NM PA | <i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg | Tier 2 | |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | Tier 2 | NM PA | THYROID AGENTS | | |
| <i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg | Tier 1 | NM PA | <i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 1 | |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml | Tier 2 | NM PA | <i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 1 | |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | Tier 2 | NM PA | <i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | Tier 1 | |
| SYNAREL SOLN 2mg/ml | Tier 2 | PA | <i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg | Tier 2 | |
| <i>tolvaptan</i> (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE) | Tier 1 | NM PA | <i>methimazole</i> TABS 5mg, 10mg | Tier 1 | |
| <i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg | Tier 1 | NM PA | <i>propylthiouracil</i> TABS 50mg | Tier 2 | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|---|-----------|-------------------------|
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 3 | | <i>ondansetron</i> TBDP 4mg, 8mg | Tier 2 | B/D |
| <i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 1 | | <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml | Tier 2 | |
| VITAMIN D ANALOGS | | | <i>ondansetron hcl</i> TABS 4mg, 8mg | Tier 2 | B/D |
| <i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg | Tier 1 | B/D | <i>prochlorperazine</i> SUPP 25mg | Tier 3 | |
| <i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml | Tier 3 | B/D | <i>prochlorperazine edisylate</i> SOLN 10mg/2ml | Tier 3 | |
| <i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg | Tier 3 | B/D | <i>prochlorperazine maleate</i> TABS 5mg, 10mg | Tier 1 | |
| <i>paricalcitol</i> CAPS 4mcg | Tier 3 | B/D | <i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 2 | PA |
| GASTROINTESTINAL ANTIEMETICS | | | <i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 2 | PA |
| <i>aprepitant</i> CAPS 40mg, 125mg | Tier 3 | B/D | <i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) | Tier 3 | QL |
| <i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg | Tier 3 | B/D | ANTISPASMODICS | | |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | Tier 3 | B/D | <i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older | Tier 2 | PA |
| <i>compro</i> SUPP 25mg | Tier 3 | | <i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older | Tier 3 | PA |
| <i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days) | Tier 3 | B/D QL | <i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days) | Tier 2 | QL |
| <i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days) | Tier 3 | B/D QL | <i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days) | Tier 2 | QL |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 1 | PA | H2-RECEPTOR ANTAGONISTS | | |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml | Tier 2 | | <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml | Tier 2 | |
| <i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg | Tier 1 | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|--|-----------|-------------------------|
| <i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg | Tier 1 | | LAXATIVES | | |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | Tier 2 | | <i>constulose</i> SOLN 10gm/15ml | Tier 2 | |
| <i>nizatidine</i> CAPS 150mg, 300mg | Tier 3 | | <i>enulose</i> SOLN 10gm/15ml | Tier 2 | |
| INFLAMMATORY BOWEL DISEASE | | | <i>gavilyte-c</i> | Tier 1 | |
| <i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg | Tier 2 | | <i>gavilyte-g</i> (generic of GOLYTELY) | Tier 1 | |
| <i>budesonide</i> CPEP 3mg QL (90 caps / 30 days) | Tier 3 | QL | <i>gavilyte-n/ flavor pack</i> | Tier 1 | |
| <i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days) | Tier 1 | QL PA | <i>generlac</i> SOLN 10gm/15ml | Tier 2 | |
| <i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml | Tier 3 | | <i>lactulose</i> SOLN 10gm/15ml | Tier 2 | |
| <i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days) | Tier 3 | QL | <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml | Tier 2 | |
| <i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days) | Tier 3 | QL | <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY) | Tier 1 | |
| <i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days) | Tier 3 | QL | <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | Tier 1 | |
| <i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days) | Tier 3 | QL | PLENVU SOL | Tier 3 | |
| <i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days) | Tier 3 | QL | <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT) | Tier 2 | |
| <i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days) | Tier 3 | QL | MISCELLANEOUS | | |
| <i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg | Tier 1 | | <i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days) | Tier 1 | QL PA |
| <i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg | Tier 2 | | <i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days) | Tier 3 | QL PA |
| | | | CREON CAP 3000UNIT | Tier 2 | |
| | | | CREON CAP 6000UNIT | Tier 2 | |
| | | | CREON CAP 12000UNT | Tier 2 | |
| | | | CREON CAP 24000UNT | Tier 2 | |
| | | | CREON CAP 36000UNT | Tier 2 | |
| | | | <i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml | Tier 3 | |
| | | | <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL) | Tier 3 | |
| | | | GATTEX KIT 5mg | Tier 2 | NM PA |
| | | | LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days) | Tier 2 | QL |
| | | | <i>loperamide hcl</i> CAPS 2mg | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| <i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg | Tier 2 | |
| MOVANTIK TABS 12.5mg, 25mg | Tier 2 | QL |
| QL (30 tabs / 30 days) | | |
| RELISTOR SOLN 12mg/0.6ml | Tier 2 | QL PA |
| QL (28 vials / 28 days) | | |
| RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml | Tier 2 | QL PA |
| QL (28 syringes / 28 days) | | |
| <i>sucralfate</i> (generic of CARAFATE) TABS 1gm | Tier 2 | |
| <i>ursodiol</i> CAPS 300mg | Tier 3 | |
| <i>ursodiol</i> TABS 250mg | Tier 2 | |
| <i>ursodiol</i> (generic of URSO FORTE) TABS 500mg | Tier 2 | |
| VOQUEZNA PAK DUAL PAK | Tier 2 | QL PA |
| QL (2 kits / year) | | |
| VOQUEZNA PAK TRIP PK | Tier 2 | QL PA |
| QL (2 kits / year) | | |
| VOWST CAP | Tier 2 | QL NM PA |
| QL (12 caps / 30 days) | | |
| XERMELO TABS 250mg | Tier 2 | QL NM PA |
| QL (84 tabs / 28 days) | | |
| XIFAXAN TABS 550mg | Tier 2 | PA |
| ZENPEP CAP 3000UNIT | Tier 3 | |
| ZENPEP CAP 5000UNIT | Tier 3 | |
| ZENPEP CAP 10000UNT | Tier 3 | |
| ZENPEP CAP 15000UNT | Tier 3 | |
| ZENPEP CAP 20000UNT | Tier 3 | |
| ZENPEP CAP 25000UNT | Tier 3 | |
| ZENPEP CAP 40000UNT | Tier 3 | |
| ZENPEP CAP 60000UNT | Tier 3 | |
| PROTON PUMP INHIBITORS | | |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg | Tier 1 | |
| <i>pantoprazole sodium</i> (generic of PANTOPRAZOLE SODIUM) SOLR 40mg | Tier 3 | |
| <i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| GENITOURINARY | | |
| BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg | Tier 1 | QL |
| QL (30 tabs / 30 days) | | |
| <i>dutasteride</i> (generic of AVODART) CAPS .5mg | Tier 2 | QL |
| QL (30 caps / 30 days) | | |
| <i>finasteride</i> (generic of PROSCAR) TABS 5mg | Tier 1 | QL |
| QL (30 tabs / 30 days) | | |
| <i>tadalafil</i> (generic of CIALIS) TABS 5mg | Tier 2 | QL PA |
| QL (30 tabs / 30 days) | | |
| <i>tamsulosin hcl</i> CAPS .4mg | Tier 1 | QL |
| QL (60 caps / 30 days) | | |
| MISCELLANEOUS | | |
| <i>acetic acid</i> SOLN .25% | Tier 1 | |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg | Tier 2 | |
| <i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq | Tier 2 | |
| <i>potassium citrate</i> (alkalinizer) TBCR 540mg | Tier 2 | |
| <i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg | Tier 2 | |
| URINARY ANTISPASMODICS | | |
| GEMTESA TABS 75mg | Tier 2 | QL |
| QL (30 tabs / 30 days) | | |
| MYRBETRIQ SRER 8mg/ml | Tier 2 | QL |
| QL (300 mL / 28 days) | | |
| MYRBETRIQ TB24 25mg, 50mg | Tier 2 | QL |
| QL (30 tabs / 30 days) | | |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml | Tier 2 | QL |
| QL (600 mL / 30 days) | | |
| <i>oxybutynin chloride</i> TABS 5mg | Tier 2 | QL |
| QL (120 tabs / 30 days) | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|---|-----------|-------------------------|
| <i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days) | Tier 2 | QL | ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days) | Tier 2 | QL |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days) | Tier 2 | QL | <i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | Tier 3 | |
| <i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days) | Tier 3 | QL | <i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | Tier 3 | |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days) | Tier 3 | QL | HEP SOD/NAACL INJ 25000UNT | Tier 2 | |
| <i>tolterodine tartrate</i> TABS 1mg QL (60 tabs / 30 days) | Tier 3 | QL | <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | Tier 2 | B/D |
| <i>tolterodine tartrate</i> (generic of DETROL) TABS 2mg QL (60 tabs / 30 days) | Tier 3 | QL | <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | Tier 1 | |
| <i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days) | Tier 2 | QL | <i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days) | Tier 2 | QL |
| VAGINAL ANTI-INFECTIVES | | | <i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2% | Tier 2 | | <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | Tier 1 | |
| <i>metronidazole vaginal</i> GEL .75% | Tier 2 | | XARELTO TABS 2.5mg QL (60 tabs / 30 days) | Tier 2 | QL |
| <i>terconazole vaginal</i> CREA .4%, .8% | Tier 2 | | XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days) | Tier 2 | QL |
| HEMATOLOGIC ANTICOAGULANTS | | | XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days) | Tier 2 | QL |
| <i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days) | Tier 2 | QL | HEMATOPOIETIC GROWTH FACTORS | | |
| <i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days) | Tier 2 | QL | FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days) | Tier 2 | QL NM PA |
| ELIQUIS TABS 2.5mg QL (60 tabs / 30 days) | Tier 2 | QL | | | |
| ELIQUIS TABS 5mg QL (74 tabs / 30 days) | Tier 2 | QL | | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | Tier 2 | NM PA |
| PROCRIT SOLN 20000unit/ml, 40000unit/ml | Tier 2 | NM PA |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | Tier 2 | NM PA |
| MISCELLANEOUS | | |
| ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| anagrelide hcl CAPS 1mg | Tier 3 | |
| anagrelide hcl (generic of AGRYLIN) CAPS .5mg | Tier 3 | |
| BERINERT KIT 500unit QL (24 boxes / 30 days) | Tier 2 | QL NM PA |
| cilostazol TABS 50mg, 100mg | Tier 1 | |
| DOPTELET TABS 20mg | Tier 2 | NM PA |
| HAEGARDA SOLR 2000unit QL (30 vials / 30 days) | Tier 2 | QL NM PA |
| HAEGARDA SOLR 3000unit QL (20 vials / 30 days) | Tier 2 | QL NM PA |
| icatibant acetate (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days) | Tier 1 | QL NM PA |
| <i>l</i> -glutamine (sickle cell) (generic of ENDARI) PACK 5gm | Tier 1 | NM PA |
| pentoxifylline TBCR 400mg | Tier 1 | |
| sajazir (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days) | Tier 1 | QL NM PA |
| SIKLOS TABS 100mg | Tier 3 | |
| SIKLOS TABS 1000mg | Tier 2 | |
| TAVNEOS CAPS 10mg QL (180 caps / 30 days) | Tier 2 | QL NM PA |
| tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml | Tier 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| tranexamic acid TABS 650mg | Tier 2 | |
| PLATELET AGGREGATION INHIBITORS | | |
| aspirin-dipyridamole cap er 12hr 25-200 mg | Tier 3 | |
| clopidogrel bisulfate (generic of PLAVIX) TABS 75mg | Tier 1 | |
| dipyridamole TABS 25mg, 50mg, 75mg PA applies if 65 years and older | Tier 2 | PA |
| prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg | Tier 2 | |
| ticagrelor (generic of BRILINTA) TABS 60mg, 90mg | Tier 2 | |
| IMMUNOLOGIC AGENTS | | |
| AUTOIMMUNE AGENTS | | |
| BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days) | Tier 2 | QL NM PA |
| BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days) | Tier 2 | QL NM PA |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days) | Tier 2 | QL NM PA |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days) | Tier 2 | QL NM PA |
| ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days) | Tier 2 | QL NM PA |
| ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days) | Tier 2 | QL NM PA |
| ENBREL SOSY 50mg/ml QL (8 syringes / 28 days) | Tier 2 | QL NM PA |
| ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days) | Tier 2 | QL NM PA |

Blue MedicareRx 3-Tier Select 2026 Comprehensive Drug List effective 01/01/2026

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|---|-----------|----------------------|
| ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days) | Tier 2 | QL NM PA | PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days) | Tier 2 | QL NM PA |
| HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days) | Tier 2 | QL NM PA | PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days) | Tier 2 | QL NM PA |
| HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days) | Tier 2 | QL NM PA | RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days) | Tier 2 | QL NM PA | RINVOQ TB24 45mg QL (168 tabs / year) | Tier 2 | QL NM PA |
| HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days) | Tier 2 | QL NM PA | RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days) | Tier 2 | QL NM PA |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days) | Tier 2 | QL NM PA | SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days) | Tier 2 | QL NM PA |
| HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days) | Tier 2 | QL NM PA | SKYRIZI SOLN 600mg/10ml | Tier 2 | NM PA |
| HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days) | Tier 2 | QL NM PA | SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days) | Tier 2 | QL NM PA |
| HUMIRA PEN KIT PS/UV QL (3 pens / 28 days) | Tier 2 | QL NM PA | SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days) | Tier 2 | QL NM PA |
| HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days) | Tier 2 | QL NM PA | SOTYKTU TABS 6mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days) | Tier 2 | QL NM PA | STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days) | Tier 2 | QL NM PA |
| PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days) | Tier 2 | QL NM PA | STELARA SOLN 130mg/26ml | Tier 2 | NM PA |
| PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days) | Tier 2 | QL NM PA | STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days) | Tier 2 | QL NM PA |
| PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days) | Tier 2 | QL NM PA | TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days) | Tier 2 | QL NM PA |
| PYZCHIVA SOLN 130mg/26ml | Tier 2 | NM PA | TREMFYA SOLN 200mg/20ml | Tier 2 | NM PA |
| | | | TREMFYA SOPN 100mg/ml QL (1 pen / 28 days) | Tier 2 | QL NM PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days) | Tier 2 | QL NM PA | YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days) | Tier 2 | QL NM PA |
| TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days) | Tier 2 | QL NM PA | DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) | | |
| TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days) | Tier 2 | QL NM PA | <i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg | Tier 2 | |
| TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days) | Tier 2 | QL NM PA | JYLAMVO SOLN 2mg/ml | Tier 3 | B/D |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | Tier 2 | NM PA | <i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days) | Tier 2 | QL |
| TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days) | Tier 2 | QL NM PA | <i>methotrexate sodium</i> TABS 2.5mg | Tier 2 | |
| USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days) | Tier 2 | QL NM PA | XATMEP SOLN 2.5mg/ml | Tier 3 | B/D |
| USTEKINUMAB SOLN 130mg/26ml | Tier 2 | NM PA | IMMUNOGLOBULINS | | |
| USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days) | Tier 2 | QL NM PA | ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | Tier 2 | NM PA |
| VELSIPITY TABS 2mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA | BIVIGAM SOLN 5gm/50ml, 10% | Tier 2 | NM PA |
| XELJANZ SOLN 1mg/ml QL (480 mL / 24 days) | Tier 2 | QL NM PA | FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml | Tier 2 | NM PA |
| XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA | GAMASTAN INJ | Tier 3 | B/D NM |
| XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA | GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | Tier 2 | NM PA |
| YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days) | Tier 2 | QL NM PA | GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | Tier 2 | NM PA |
| YESINTEK SOLN 130mg/26ml | Tier 2 | NM PA | GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | Tier 2 | NM PA |
| YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days) | Tier 2 | QL NM PA | GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | Tier 2 | NM PA |
| | | | GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | Tier 2 | NM PA |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | Tier 2 | NM PA | <i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg | Tier 3 | B/D NM |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | Tier 2 | NM PA | <i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg | Tier 3 | B/D NM |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | Tier 2 | NM PA | <i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg | Tier 2 | B/D NM |
| IMMUNOMODULATORS | | | <i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml | Tier 1 | B/D NM |
| ACTIMMUNE SOLN 100mcg/0.5ml | Tier 2 | NM PA | <i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg | Tier 3 | B/D NM |
| ARCALYST SOLR 220mg | Tier 2 | NM PA | PROGRAF PACK .2mg, 1mg | Tier 3 | B/D NM |
| IMMUNOSUPPRESSANTS | | | REZUROCK TABS 200mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| ASTAGRAF XL CP24 5mg | Tier 2 | B/D NM | <i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg | Tier 3 | B/D NM |
| ASTAGRAF XL CP24 .5mg, 1mg | Tier 3 | B/D NM | <i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg | Tier 3 | B/D NM |
| <i>azathioprine</i> (generic of IMURAN) TABS 50mg | Tier 2 | B/D | VACCINES | | |
| BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days) | Tier 2 | QL NM PA | ABRYSVO SOLR 120mcg/0.5ml | Tier 1 | PA |
| BENLYSTA SOLR 120mg, 400mg | Tier 2 | NM PA | ACTHIB INJ | Tier 1 | |
| BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days) | Tier 2 | QL NM PA | ADACEL INJ | Tier 1 | |
| <i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg | Tier 3 | B/D NM | AREXVY SUSR 120mcg/0.5ml | Tier 1 | PA |
| <i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml | Tier 3 | B/D NM | BCG VACCINE SOLR 50mg | Tier 1 | |
| <i>cyclosporine modified (for microemulsion)</i> CAPS 50mg | Tier 3 | B/D NM | BEXSERO SUSY .5ml | Tier 1 | |
| <i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg | Tier 1 | B/D NM | BOOSTRIX INJ | Tier 1 | |
| | | | DAPTACEL INJ | Tier 1 | |
| | | | DENGVAXIA SUS | Tier 1 | |
| | | | ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | Tier 1 | B/D |
| | | | GARDASIL 9 SUSP .5ml; SUSY .5ml | Tier 1 | |
| | | | HAVRIX SUSY 720elu/0.5ml, 1440unit/ml | Tier 1 | |
| | | | HEPLISAV-B SOSY 20mcg/0.5ml | Tier 1 | B/D |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| HIBERIX SOLR 10mcg | Tier 1 | |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | Tier 1 | B/D |
| INFANRIX INJ | Tier 1 | |
| IPOL INJ INACTIVE | Tier 1 | |
| IXIARO INJ | Tier 1 | |
| JYNNEOS SUSP .5ml | Tier 1 | B/D |
| KINRIX INJ | Tier 1 | |
| M-M-R II INJ | Tier 1 | |
| MENQUADFI SOLN .5ml | Tier 1 | |
| MENVEO INJ | Tier 1 | |
| MENVEO SOL | Tier 1 | |
| MRESVIA SUSY 50mcg/0.5ml | Tier 1 | PA |
| PEDIARIX INJ 0.5ML | Tier 1 | |
| PEDVAX HIB SUSP 7.5mcg/0.5ml | Tier 1 | |
| PENBRAYA INJ | Tier 1 | |
| PENMENVY INJ | Tier 1 | |
| PENTACEL INJ | Tier 1 | |
| PRIORIX INJ | Tier 1 | |
| PROQUAD INJ | Tier 1 | |
| QUADRACEL INJ 0.5ML | Tier 1 | |
| RABAVERT INJ | Tier 1 | B/D |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | Tier 1 | B/D |
| ROTARIX SUS | Tier 1 | |
| ROTATEQ SOL | Tier 1 | |
| SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime) | Tier 1 | QL |
| TENIVAC INJ 5-2LF | Tier 1 | B/D |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml | Tier 1 | |
| TRUMENBA SUSY .5ml | Tier 1 | |
| TWINRIX INJ | Tier 1 | |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml | Tier 1 | |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| VARIVAX SUSR 1350pfu/0.5ml | Tier 1 | |
| VAXCHORA SUS | Tier 1 | |
| VIMKUNYA SUSY 40mcg/0.8ml | Tier 1 | |
| VIVOTIF CAP EC | Tier 1 | |
| YF-VAX INJ | Tier 1 | |
| NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE | | |
| D2.5W/NAACL INJ 0.45% | Tier 3 | |
| D10W/NAACL INJ 0.2% | Tier 2 | |
| <i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i> | Tier 2 | |
| <i>dextrose 5% in lactated ringers</i> | Tier 2 | |
| <i>dextrose 5% w/ sodium chloride 0.2%</i> | Tier 2 | |
| <i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i> | Tier 2 | |
| <i>dextrose 5% w/ sodium chloride 0.9%</i> | Tier 2 | |
| <i>dextrose 5% w/ sodium chloride 0.45%</i> | Tier 2 | |
| <i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i> | Tier 2 | |
| <i>dextrose 10% w/ sodium chloride 0.45%</i> | Tier 2 | |
| ISOLYTE-P INJ /D5W | Tier 3 | |
| ISOLYTE-S INJ PH 7.4 | Tier 3 | |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | Tier 2 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i> | Tier 2 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | Tier 2 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | Tier 2 | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM) | Tier 2 | | POT CHL 40MEQ/L IN NACL 0.9% INJ | Tier 3 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM) | Tier 2 | | <i>potassium chloride</i> SOLN 2meq/ml | Tier 2 | |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> | Tier 2 | | <i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | Tier 2 | |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | Tier 2 | | <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> | Tier 2 | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%) | Tier 2 | | <i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3% | Tier 2 | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | Tier 2 | | TPN ELECTROL INJ | Tier 3 | B/D |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM) | Tier 2 | | ELECTROLYTES/MINERALS/VITAMINS, ORAL | | |
| KCL/D5W/NACL INJ 0.3/0.9% | Tier 3 | | <i>klor-con</i> PACK 20meq | Tier 3 | |
| <i>lactated ringer's solution</i> | Tier 2 | | <i>klor-con 8</i> TBCR 8meq | Tier 1 | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | Tier 2 | | <i>klor-con 10</i> TBCR 10meq | Tier 1 | |
| <i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50% | Tier 2 | | <i>klor-con m10</i> TBCR 10meq | Tier 1 | |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W) | Tier 2 | | <i>klor-con m15</i> TBCR 15meq | Tier 1 | |
| <i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE A) | Tier 3 | | <i>klor-con m20</i> TBCR 20meq | Tier 1 | |
| POT CHL 20MEQ/L IN NACL 0.9% INJ | Tier 3 | | M-NATAL PLUS TAB | Tier 2 | |
| POT CHL 20MEQ/L IN NACL 0.45% INJ | Tier 3 | | <i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq | Tier 1 | |
| | | | <i>potassium chloride</i> PACK 20meq; SOLN 10%, 20% | Tier 3 | |
| | | | <i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq | Tier 1 | |
| | | | PRENATAL TAB 27-1MG | Tier 2 | |
| | | | PRENATAL TAB PLUS | Tier 2 | |
| | | | <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> | Tier 1 | |
| | | | WESTAB PLUS TAB 27-1MG | Tier 2 | |
| | | | IV NUTRITION | | |
| | | | CLINIMIX INJ 4.25/D5W | Tier 3 | B/D |
| | | | CLINIMIX INJ 4.25/D10 | Tier 3 | B/D |
| | | | CLINIMIX INJ 5%/D15W | Tier 3 | B/D |
| | | | CLINIMIX INJ 5%/D20W | Tier 3 | B/D |
| | | | CLINIMIX INJ 6/5 | Tier 3 | B/D |
| | | | CLINIMIX INJ 8/10 | Tier 3 | B/D |
| | | | CLINIMIX INJ 8/14 | Tier 3 | B/D |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|---|-----------|-------------------------|
| <i>clinisol sf 15%</i> | Tier 3 | B/D | <i>moxifloxacin hcl (ophth)</i> | Tier 2 | QL |
| CLINOLIPID EMU 20% | Tier 3 | B/D | (generic of VIGAMOX) | | |
| <i>dextrose SOLN 5%, 10%</i> | Tier 2 | | SOLN .5% | | |
| <i>dextrose SOLN 50%, 70%</i> | Tier 2 | B/D | QL (12 mL / 30 days) | | |
| INTRALIPID EMUL | Tier 3 | B/D | NATACYN SUSP 5% | Tier 3 | |
| 20gm/100ml, 30gm/100ml | | | <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> | Tier 2 | |
| NUTRILIPID EMUL | Tier 3 | B/D | <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | Tier 2 | |
| 20gm/100ml | | | <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | Tier 2 | |
| <i>plenamine</i> | Tier 3 | B/D | <i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3% | Tier 1 | |
| PREMASOL SOL 10% | Tier 1 | B/D | <i>polycin ophth oint</i> | Tier 1 | |
| PROSOL INJ 20% | Tier 3 | B/D | <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | Tier 1 | |
| TRAVASOL INJ 10% | Tier 3 | B/D | <i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i> | Tier 2 | |
| TROPHAMINE INJ 10% | Tier 3 | B/D | <i>tobramycin (ophth) SOLN .3%</i> | Tier 1 | |
| OPHTHALMIC | | | <i>trifluridine SOLN 1%</i> | Tier 3 | |
| ANTI-INFECTIVE/ANTI-INFLAMMATORY | | | XDEM VY SOLN .25% | Tier 2 | NM PA |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | Tier 2 | | ZIRGAN GEL .15% | Tier 3 | |
| <i>neo-polycin hc ophth oint 1%</i> | Tier 2 | | ANTI-INFLAMMATORIES | | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i> | Tier 1 | | <i>dexamethasone sodium phosphate (ophth) SOLN .1%</i> | Tier 2 | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i> | Tier 1 | | <i>diclofenac sodium (ophth) SOLN .1%</i> | Tier 1 | |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | Tier 1 | | <i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1% | Tier 2 | |
| TOBRADEX OIN 0.3-0.1% | Tier 2 | | <i>flurbiprofen sodium SOLN .03%</i> | Tier 2 | |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | Tier 2 | | <i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4% | Tier 2 | |
| ZYLET SUS 0.5-0.3% | Tier 2 | | <i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5% | Tier 1 | |
| ANTI-INFECTIVES | | | LOTEMAX OINT .5% | Tier 2 | |
| <i>bacitracin (ophthalmic) OINT 500unit/gm</i> | Tier 2 | | <i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1% | Tier 2 | |
| <i>bacitracin-polymyxin b ophth oint</i> | Tier 1 | | | | |
| BESIVANCE SUSP .6% | Tier 2 | | | | |
| CILOXAN OINT .3% | Tier 2 | | | | |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i> | Tier 1 | | | | |
| <i>erythromycin (ophth) OINT 5mg/gm</i> | Tier 1 | | | | |
| <i>gentamicin sulfate (ophth) SOLN .3%</i> | Tier 1 | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|--|-----------|-------------------------|
| ANTIALLERGICS | | | OTIC | | |
| azelastine hcl (ophth) SOLN .05% | Tier 1 | | XIIDRA SOLN 5% | Tier 2 | |
| cromolyn sodium (ophth) SOLN 4% | Tier 1 | | OTIC AGENTS | | |
| ZERVIAE SOLN .24% | Tier 3 | | acetic acid (otic) SOLN 2% | Tier 2 | |
| ANTIGLAUCOMA | | | ciprofloxacin- dexamethasone otic susp 0.3-0.1% | Tier 3 | |
| betaxolol hcl (ophth) .5% | Tier 2 | | flac (generic of DERMOTIC) OIL .01% | Tier 2 | |
| brimonidine tartrate .2% | Tier 1 | | fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01% | Tier 2 | |
| carteolol hcl (ophth) 1% | Tier 1 | | hydrocortisone w/ acetic acid otic soln 1-2% | Tier 3 | |
| COMBIGAN SOL 0.2/0.5% | Tier 2 | | neomycin-polymyxin-hc otic soln 1% | Tier 2 | |
| dorzolamide hcl SOLN 2% | Tier 1 | | neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% | Tier 2 | |
| dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT) | Tier 1 | | ofloxacin (otic) SOLN .3% | Tier 3 | |
| latanoprost (generic of XALATAN) SOLN .005% | Tier 1 | | RESPIRATORY | | |
| levobunolol hcl SOLN .5% | Tier 1 | | ANTICHOLINERGIC/BETA AGONIST COMBINATIONS | | |
| pilocarpine hcl SOLN 1%, 2%, 4% | Tier 2 | | ANORO ELLIPT AER 62.5- 25 | Tier 2 | QL |
| RHOPRESSA SOLN .02% | Tier 3 | | QL (60 blisters / 30 days) | | |
| ROCKLATAN DRO | Tier 3 | | BEVESPI AER 9-4.8MCG | Tier 2 | QL |
| SIMBRINZA SUS 1-0.2% | Tier 3 | | QL (1 inhaler / 30 days) | | |
| timolol maleate (ophth) SOLG .25%, .5% | Tier 2 | | BREZTRI AERO AER | Tier 2 | QL |
| timolol maleate (ophth) SOLN .25%, .5% | Tier 1 | | SPHERE | | |
| VYZULTA SOLN .024% | Tier 3 | | QL (1 inhaler / 30 days) | | |
| MISCELLANEOUS | | | BREZTRI AERO AER | Tier 2 | QL |
| ATROPINE SULFATE | Tier 2 | | SPHERE (INSTITUTIONAL PACK) | | |
| SOLN 1% | | | QL (4 inhalers / 28 days) | | |
| atropine sulfate (ophthalmic) SOLN 1% | Tier 2 | | COMBIVENT AER 20-100 | Tier 3 | QL |
| CYSTADROPS SOLN .37% | Tier 2 | NM PA | QL (2 inhalers / 30 days) | | |
| CYSTARAN SOLN .44% | Tier 2 | NM PA | ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml | Tier 2 | B/D |
| EYSUVIS SUSP .25% | Tier 3 | | TRELEGY AER ELLIPTA | Tier 2 | QL |
| MIEBO SOLN 1.338gm/ml | Tier 2 | | 100-62.5-25 MCG | | |
| proparacaine hcl (generic of ALCAINE) SOLN .5% | Tier 2 | | QL (60 blisters / 30 days) | | |
| RESTASIS EMUL .05% | Tier 2 | | | | |
| RESTASIS MULTIDOSE EMUL .05% | Tier 2 | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days) | Tier 2 | QL | <i>levocetirizine</i> <i>dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days) | Tier 1 | QL |
| ANTICHOLINERGICS | | | BETA AGONISTS | | |
| ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days) | Tier 3 | QL | <i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA) | Tier 2 | QL |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days) | Tier 2 | QL | <i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA) | Tier 2 | QL |
| <i>ipratropium bromide</i> SOLN .02% | Tier 1 | B/D | <i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA) | Tier 2 | QL |
| <i>ipratropium bromide (nasal)</i> SOLN .03%, .06% | Tier 2 | | <i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | Tier 2 | B/D |
| SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days) | Tier 3 | QL | <i>albuterol sulfate</i> NEBU .083% | Tier 1 | B/D |
| ANTI-HISTAMINES | | | <i>albuterol sulfate</i> SYRP 2mg/5ml | Tier 2 | |
| <i>azelastine hcl</i> SOLN .1% | Tier 2 | | <i>albuterol sulfate</i> TABS 2mg, 4mg | Tier 3 | |
| <i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days) | Tier 1 | QL | <i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days) | Tier 2 | QL ST |
| <i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 2 | PA | SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days) | Tier 2 | QL |
| <i>diphenhydramine hcl</i> SOLN 50mg/ml | Tier 2 | | <i>terbutaline sulfate</i> TABS 2.5mg, 5mg | Tier 3 | |
| <i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older | Tier 3 | PA | VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days) | Tier 2 | QL |
| <i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 2 | PA | VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days) | Tier 2 | QL |
| <i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 2 | PA | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| LEUKOTRIENE MODULATORS | | | | | |
| <i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg | Tier 1 | | OFEV CAPS 100mg, 150mg QL (60 caps / 30 days) | Tier 2 | QL NM PA |
| <i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg | Tier 3 | | ORKAMBI GRA 75-94MG QL (56 packets / 28 days) | Tier 2 | QL NM PA |
| <i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg | Tier 2 | | ORKAMBI GRA 100-125 QL (56 packets / 28 days) | Tier 2 | QL NM PA |
| MISCELLANEOUS | | | | | |
| <i>acetylcysteine</i> SOLN 10%, 20% | Tier 3 | B/D | ORKAMBI GRA 150-188 QL (56 packets / 28 days) | Tier 2 | QL NM PA |
| ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days) | Tier 2 | QL NM PA | ORKAMBI TAB 100-125 QL (112 tabs / 28 days) | Tier 2 | QL NM PA |
| ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days) | Tier 2 | QL NM PA | ORKAMBI TAB 200-125 QL (112 tabs / 28 days) | Tier 2 | QL NM PA |
| ARALAST NP SOLR 500mg, 1000mg | Tier 2 | NM PA | <i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days) | Tier 1 | QL NM PA |
| <i>cromolyn sodium</i> NEBU 20mg/2ml | Tier 2 | B/D | <i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days) | Tier 1 | QL NM PA |
| <i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen) | Tier 2 | | <i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days) | Tier 1 | QL NM PA |
| <i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen) | Tier 2 | | <i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days) | Tier 1 | QL NM PA |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick) | Tier 2 | | PROLASTIN-C SOLN 1000mg/20ml | Tier 2 | NM PA |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days) | Tier 2 | QL NM PA | PULMOZYME SOLN 2.5mg/2.5ml | Tier 2 | NM PA |
| FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days) | Tier 2 | QL NM PA | <i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year) | Tier 3 | QL |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days) | Tier 2 | QL NM PA | <i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days) | Tier 3 | QL |
| KALYDECO TABS 150mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA | SYMDEKO TAB 50-75MG QL (56 tabs / 28 days) | Tier 2 | QL NM PA |
| | | | SYMDEKO TAB 100-150 QL (56 tabs / 28 days) | Tier 2 | QL NM PA |
| | | | <i>theophylline</i> TB12 100mg, 200mg, 300mg, 450mg | Tier 3 | |
| | | | <i>theophylline</i> TB24 400mg, 600mg | Tier 2 | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|--|-----------|-------------------------|
| TRIKAFTA PAK 59.5MG QL (56 packs / 28 days) | Tier 2 | QL NM PA | ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days) | Tier 2 | QL |
| TRIKAFTA PAK 75MG QL (56 packs / 28 days) | Tier 2 | QL NM PA | <i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml | Tier 3 | B/D |
| TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days) | Tier 2 | QL NM PA | STEROID/BETA-AGONIST COMBINATIONS | | |
| TRIKAFTA TAB 100-50- 75MG & 150MG QL (84 tabs / 28 days) | Tier 2 | QL NM PA | ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days) | Tier 2 | QL |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days) | Tier 2 | QL NM PA | ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days) | Tier 2 | QL |
| XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days) | Tier 2 | QL NM PA | ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days) | Tier 2 | QL |
| XOLAIR SOLR 150mg QL (8 vials / 28 days) | Tier 2 | QL NM PA | AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days) | Tier 2 | QL |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days) | Tier 2 | QL NM PA | BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days) | Tier 2 | QL |
| XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days) | Tier 2 | QL NM PA | BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days) | Tier 2 | QL |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg | Tier 2 | NM PA | BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days) | Tier 2 | QL |
| NASAL STEROIDS | | | <i>breyana</i> (generic of SYMBICORT) QL (3 inhalers / 30 days) | Tier 2 | QL |
| <i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days) | Tier 2 | QL | <i>budesonide-formoterol fumarate dihyd aerosol 80- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days) | Tier 2 | QL |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days) | Tier 1 | QL | <i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days) | Tier 2 | QL |
| XHANCE EXHU 93mcg/act QL (32 mL / 30 days) | Tier 3 | QL PA | | | |
| STEROID INHALANTS | | | | | |
| ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days) | Tier 3 | QL | | | |
| ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days) | Tier 3 | QL | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| DULERA AER 50-5MCG QL (3 inhalers / 30 days) | Tier 3 | QL | <i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days) | Tier 2 | QL |
| DULERA AER 100-5MCG QL (3 inhalers / 30 days) | Tier 3 | QL | <i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days) | Tier 2 | QL |
| DULERA AER 200-5MCG QL (3 inhalers / 30 days) | Tier 3 | QL | <i>erythromycin (acne aid) SOLN</i> 2% QL (60 mL / 30 days) | Tier 2 | QL |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered) | Tier 2 | QL | <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg | Tier 3 | PA |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered) | Tier 2 | QL | <i>neuac</i> QL (45 gm / 30 days) | Tier 2 | QL |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered) | Tier 2 | QL | <i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days) | Tier 3 | QL |
| <i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) | Tier 2 | QL | <i>tretinoin</i> (generic of RETIN- A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days) | Tier 3 | QL PA |
| TOPICAL DERMATOLOGY, ACNE | | | <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg | Tier 3 | PA |
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg | Tier 3 | PA | DERMATOLOGY, ANTIBIOTICS | | |
| <i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 40mg | Tier 3 | PA | <i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days) | Tier 2 | QL |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg | Tier 3 | PA | <i>mupirocin</i> OINT 2% QL (220 gm / 30 days) | Tier 1 | QL |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)- 5%</i> QL (45 gm / 30 days) | Tier 2 | QL | <i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1% | Tier 1 | |
| | | | <i>ssd</i> (generic of SILVADENE) CREA 1% | Tier 1 | |
| | | | DERMATOLOGY, ANTIFUNGALS | | |
| | | | <i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days) | Tier 2 | QL |
| | | | <i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days) | Tier 2 | QL |
| | | | <i>clotrimazole (topical)</i> 1% QL (45 gm / 30 days) | Tier 1 | QL |
| | | | <i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days) | Tier 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| <i>clotrimazole w/ betamethasone cream 1- 0.05%</i> | Tier 2 | QL | <i>betamethasone dipropionate (topical) LOTN .05%</i> | Tier 2 | QL |
| QL (45 gm / 30 days) | | | QL (120 mL / 30 days) | | |
| <i>ketoconazole (topical) CREA 2%</i> | Tier 2 | QL | <i>betamethasone dipropionate (topical) OINT .05%</i> | Tier 3 | QL |
| QL (60 gm / 30 days) | | | QL (120 gm / 30 days) | | |
| <i>ketoconazole (topical) SHAM 2%</i> | Tier 1 | QL | <i>betamethasone dipropionate augmented CREA .05%</i> | Tier 2 | QL |
| QL (120 mL / 30 days) | | | QL (120 gm / 30 days) | | |
| <i>klayesta POWD 100000unit/gm</i> | Tier 2 | QL | <i>betamethasone dipropionate augmented GEL .05%</i> | Tier 3 | QL |
| QL (60 gm / 30 days) | | | QL (120 gm / 30 days) | | |
| <i>nyamyc POWD 100000unit/gm</i> | Tier 2 | QL | <i>betamethasone dipropionate augmented LOTN .05%</i> | Tier 3 | QL |
| QL (60 gm / 30 days) | | | QL (120 mL / 30 days) | | |
| <i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i> | Tier 1 | QL | <i>betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%</i> | Tier 3 | QL |
| QL (30 gm / 30 days) | | | QL (120 gm / 30 days) | | |
| <i>nystatin (topical) POWD 100000unit/gm</i> | Tier 2 | QL | <i>betamethasone valerate CREA .1%; OINT .1%</i> | Tier 2 | QL |
| QL (60 gm / 30 days) | | | QL (120 gm / 30 days) | | |
| <i>nystop POWD 100000unit/gm</i> | Tier 2 | QL | <i>betamethasone valerate LOTN .1%</i> | Tier 2 | QL |
| QL (60 gm / 30 days) | | | QL (120 mL / 30 days) | | |
| <i>selenium sulfide LOTN 2.5%</i> | Tier 1 | | <i>clobetasol propionate</i> | Tier 3 | QL |
| | | | CREA .05%; GEL .05%; OINT .05% | | |
| | | | QL (120 gm / 30 days) | | |
| DERMATOLOGY, ANTIPSORIATICS | | | <i>clobetasol propionate</i> | Tier 3 | QL |
| <i>acitretin CAPS 10mg, 17.5mg, 25mg</i> | Tier 3 | PA | (generic of CLOBEX) SHAM .05% | | |
| <i>calcipotriene SOLN .005%</i> | Tier 2 | QL PA | QL (236 mL / 30 days) | | |
| QL (120 mL / 30 days) | | | <i>clobetasol propionate</i> | Tier 3 | QL |
| ENSTILAR AER | Tier 3 | QL PA | SOLN .05% | | |
| QL (120 gm / 30 days) | | | QL (100 mL / 30 days) | | |
| <i>tazarotene (generic of TAZORAC) CREA .05%, .1%</i> | Tier 2 | QL PA | <i>clobetasol propionate e CREA .05%</i> | Tier 3 | QL |
| QL (60 gm / 30 days) | | | QL (120 gm / 30 days) | | |
| DERMATOLOGY, CORTICOSTEROIDS | | | <i>clodan (generic of CLOBEX) SHAM .05%</i> | Tier 3 | QL |
| <i>ala-cort CREA 1%</i> | Tier 1 | | QL (236 mL / 30 days) | | |
| <i>alclometasone dipropionate CREA .05%; OINT .05%</i> | Tier 2 | QL | <i>fluocinolone acetonide CREA .01%</i> | Tier 3 | QL |
| QL (60 gm / 30 days) | | | QL (60 gm / 30 days) | | |
| <i>betamethasone dipropionate (topical) CREA .05%</i> | Tier 2 | QL | <i>fluocinolone acetonide (generic of SYNALAR) CREA .025%</i> | Tier 3 | QL |
| QL (120 gm / 30 days) | | | QL (120 gm / 30 days) | | |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01% | Tier 2 | QL | <i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5% | Tier 1 | QL |
| QL (118.28 mL / 30 days) | | | QL (454 gm / 30 days) | | |
| <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01% | Tier 2 | QL | <i>triamcinolone acetonide</i> (topical) LOTN .025%, .1% | Tier 2 | |
| QL (118.28 mL / 30 days) | | | <i>triamcinolone acetonide</i> (topical) OINT .025%, .1%, .5% | Tier 1 | |
| <i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% | Tier 2 | QL | <i>triderm</i> CREA .5% | Tier 1 | QL |
| QL (120 gm / 30 days) | | | QL (454 gm / 30 days) | | |
| <i>fluocinolone acetonide</i> SOLN .01% | Tier 3 | QL | DERMATOLOGY, LOCAL ANESTHETICS | | |
| QL (60 mL / 30 days) | | | <i>glydo</i> PRSY 2% | Tier 2 | QL PA |
| <i>fluocinonide</i> (generic of VANOS) CREA .1% | Tier 2 | QL | QL (60 mL / 30 days) | | |
| QL (120 gm / 30 days) | | | <i>lidocaine</i> OINT 5% | Tier 3 | QL PA |
| <i>fluocinonide</i> CREA .05% | Tier 2 | QL | QL (50 gm / 30 days) | | |
| QL (120 gm / 30 days) | | | <i>lidocaine</i> (generic of LIDODERM) PTCH 5% | Tier 3 | QL PA |
| <i>fluocinonide</i> GEL .05%; OINT .05% | Tier 3 | QL | QL (3 patches / 1 day) | | |
| QL (60 gm / 30 days) | | | <i>lidocaine hcl</i> SOLN 4% | Tier 2 | QL PA |
| <i>fluocinonide</i> SOLN .05% | Tier 2 | QL | QL (50 mL / 30 days) | | |
| QL (60 mL / 30 days) | | | <i>lidocaine-prilocaine cream</i> 2.5-2.5% | Tier 1 | B/D QL |
| <i>fluocinonide emulsified base</i> CREA .05% | Tier 3 | QL | QL (30 gm / 30 days) | | |
| QL (120 gm / 30 days) | | | <i>lidocan</i> (generic of LIDODERM) PTCH 5% | Tier 3 | QL PA |
| <i>fluticasone propionate</i> CREA .05%; OINT .005% | Tier 2 | | QL (3 patches / 1 day) | | |
| <i>halobetasol propionate</i> CREA .05%; OINT .05% | Tier 3 | QL | <i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% | Tier 3 | QL PA |
| QL (50 gm / 30 days) | | | QL (3 patches / 1 day) | | |
| <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5% | Tier 1 | | DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| <i>hydrocortisone (topical)</i> OINT 1% | Tier 1 | QL | <i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% | Tier 1 | QL NM PA |
| QL (30 gm / 30 days) | | | QL (60 gm / 30 days) | | |
| <i>hydrocortisone valerate</i> CREA .2% | Tier 2 | QL | <i>diclofenac sodium (topical)</i> SOLN 1.5% | Tier 2 | QL |
| QL (60 gm / 30 days) | | | QL (300 mL / 28 days) | | |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1% | Tier 2 | | <i>EUCRISA</i> OINT 2% | Tier 3 | QL PA |
| | | | QL (120 gm / 30 days) | | |
| | | | <i>fluorouracil (topical)</i> CREA 5% | Tier 3 | QL |
| | | | QL (40 gm / 30 days) | | |
| | | | <i>fluorouracil (topical)</i> SOLN 2%, 5% | Tier 2 | QL |
| | | | QL (10 mL / 30 days) | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>hydrocortisone (rectal)</i> CREA 1% | Tier 2 | |
| <i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5% | Tier 2 | |
| <i>imiquimod</i> CREA 5% QL (24 packets / 30 days) | Tier 2 | QL |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12% | Tier 1 | |
| <i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days) | Tier 2 | QL |
| <i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days) | Tier 2 | QL |
| <i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days) | Tier 3 | QL |
| PANRETIN GEL .1% QL (60 gm / 30 days) | Tier 2 | QL PA |
| <i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days) | Tier 3 | QL PA |
| <i>podofilox</i> SOLN .5% QL (7 mL / 28 days) | Tier 2 | QL |
| <i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5% | Tier 2 | |
| <i>proctocort</i> CREA 1% | Tier 2 | |
| <i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5% | Tier 2 | |
| <i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5% | Tier 2 | |
| <i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days) | Tier 3 | QL PA |
| VALCHLOR GEL .016% QL (60 gm / 30 days) | Tier 2 | QL NM PA |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| <i>malathion</i> LOTN .5% QL (59 mL / 30 days) | Tier 3 | QL |
| <i>permethrin</i> (generic of ELIMITE) CREA 5% QL (60 gm / 30 days) | Tier 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| DERMATOLOGY, WOUND CARE AGENTS | | |
| SANTYL OINT 250unit/gm QL (180 gm / 30 days) | Tier 3 | QL PA |
| <i>sodium chloride (gu irrigant)</i> SOLN .9% | Tier 2 | |
| <i>water for irrigation, sterile irrigation soln</i> | Tier 1 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| <i>chlorhexidine gluconate</i> (<i>mouth-throat</i>) (generic of PERIDEX) SOLN .12% | Tier 1 | |
| <i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days) | Tier 2 | QL |
| <i>kourzeq</i> PSTE .1% | Tier 2 | |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2% | Tier 1 | |
| <i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml | Tier 2 | |
| <i>periogard</i> (generic of PERIDEX) SOLN .12% | Tier 1 | |
| <i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg | Tier 2 | |
| <i>triamcinolone acetonide</i> (<i>mouth</i>) PSTE .1% | Tier 2 | |

Index

| | | |
|---|---|--|
| A | | |
| abacavir sulfate.....5 | | |
| abacavir sulfate-lamivudine tab 600-300 mg.....6 | | |
| abigale.....43 | | |
| abigale lo.....43 | | |
| ABILIFY | | |
| see aripiprazole.....26 | | |
| ABILIFY ASIMTUFII.....26 | | |
| ABILIFY MAINTENA.....26 | | |
| abiraterone acetate.....10 | | |
| abirtega.....10 | | |
| ABRYSVO.....53 | | |
| acamprosate calcium.....37 | | |
| acarbose.....37 | | |
| ACCOLATE | | |
| see zafirlukast.....59 | | |
| ACCUPRIL | | |
| see quinapril hcl.....17 | | |
| accutane.....61 | | |
| acebutolol hcl.....20 | | |
| acetaminophen w/ codeine soln 120-12 mg/5ml.....1 | | |
| acetaminophen w/ codeine tab 300-15 mg.....1 | | |
| acetaminophen w/ codeine tab 300-30 mg.....1 | | |
| acetaminophen w/ codeine tab 300-60 mg.....1 | | |
| acetazolamide.....21 | | |
| acetic acid.....48 | | |
| acetic acid (otic).....57 | | |
| acetylcysteine.....59 | | |
| acitretin.....62 | | |
| ACTHIB INJ.....53 | | |
| ACTIMMUNE.....53 | | |
| ACTIVELLA | | |
| see abigale.....43 | | |
| see estradiol & norethindrone acetate tab 1-0.5 mg.....43 | | |
| see mimvey.....43 | | |
| ACTOS | | |
| see pioglitazone hcl.....39 | | |
| ACULAR | | |
| | see ketorolac tromethamine (ophth) .....56 | |
| | ACULAR LS | |
| | see ketorolac tromethamine (ophth) .....56 | |
| | acyclovir.....6 | |
| | acyclovir sodium.....7 | |
| | ADACEL INJ.....53 | |
| | ADCIRCA | |
| | see alyq.....22 | |
| | see tadalafil (pulmonary hypertension).....23 | |
| | ADDERALL | |
| | see amphetamine- dextroamphetamine tab 10 mg.....34 | |
| | see amphetamine- dextroamphetamine tab 12.5 mg.....34 | |
| | see amphetamine- dextroamphetamine tab 15 mg.....34 | |
| | see amphetamine- dextroamphetamine tab 20 mg.....34 | |
| | see amphetamine- dextroamphetamine tab 30 mg.....34 | |
| | see amphetamine- dextroamphetamine tab 5 mg.....34 | |
| | see amphetamine- dextroamphetamine tab 7.5 mg.....34 | |
| | ADDERALL XR | |
| | see amphetamine- dextroamphetamine cap er 24hr 10 mg ...33 | |
| | see amphetamine- dextroamphetamine cap er 24hr 15 mg ...33 | |
| | see amphetamine- dextroamphetamine cap er 24hr 20 mg ...33 | |
| | see amphetamine- dextroamphetamine cap er 24hr 25 mg ...33 | |
| | see amphetamine- dextroamphetamine cap er 24hr 30 mg ...33 | |
| | see amphetamine- dextroamphetamine cap er 24hr 5 mg .....33 | |
| | adefovir dipivoxil.....7 | |
| | ADEMPAS.....22 | |
| | ADMELOG.....39 | |
| | ADMELOG SOLOSTAR .39 | |
| | ADVAIR DISKUS | |
| | see fluticasone- salmeterol aer powder ba 100-50 mcg/act...61 | |
| | see fluticasone- salmeterol aer powder ba 250-50 mcg/act...61 | |
| | see fluticasone- salmeterol aer powder ba 500-50 mcg/act...61 | |
| | see wixela inhub.....61 | |
| | ADVAIR HFA AER 115/21 .....60 | |
| | ADVAIR HFA AER 230/21 .....60 | |
| | ADVAIR HFA AER 45/21 60 | |
| | AFINITOR | |
| | see everolimus.....12 | |
| | see torpenz.....15 | |
| | AFINITOR DISPERZ | |
| | see everolimus.....12 | |
| | afirmelle.....41 | |
| | AGRYLIN | |
| | see anagrelide hcl.....50 | |
| | AIMOVIG.....35 | |
| | AIRSUPRA AER 90- 80MCG.....60 | |
| | AKEEGA TAB 100/500 ...10 | |
| | AKEEGA TAB 50/500MG .....10 | |
| | ala-cort.....62 | |
| | albendazole.....2 | |
| | albuterol sulfate.....58 | |
| | ALCAINE | |

| | | |
|------------------------------------|--|-------------------------------------|
| see <i>propracaine hcl</i> ...57 | <i>amlodipine besylate-</i> | <i>amphetamine-</i> |
| <i>alclometasone dipropionate</i> | <i>benazepril hcl cap 2.5-10</i> | <i>dextroamphetamine cap</i> |
|62 | <i>mg</i>.....16 | <i>er 24hr 20 mg</i>.....33 |
| ALCOHOL SWABS: | <i>amlodipine besylate-</i> | <i>amphetamine-</i> |
| EMBECTA- | <i>benazepril hcl cap 5-10</i> | <i>dextroamphetamine cap</i> |
| BD/MHC/RUGBY .....39 | <i>mg</i>.....16 | <i>er 24hr 25 mg</i>.....33 |
| ALDACTONE | <i>amlodipine besylate-</i> | <i>amphetamine-</i> |
| see <i>spironolactone</i>.....17 | <i>benazepril hcl cap 5-20</i> | <i>dextroamphetamine cap</i> |
| ALECENSA .....11 | <i>mg</i>.....16 | <i>er 24hr 30 mg</i>.....33 |
| <i>alendronate sodium</i> .....40 | <i>amlodipine besylate-</i> | <i>amphetamine-</i> |
| <i>alfuzosin hcl</i>.....48 | <i>benazepril hcl cap 5-40</i> | <i>dextroamphetamine cap</i> |
| <i>aliskiren fumarate</i> .....22 | <i>mg</i>.....16 | <i>er 24hr 5 mg</i>.....33 |
| <i>allopurinol</i> .....1 | <i>amlodipine besylate-</i> | <i>amphetamine-</i> |
| <i>alose tron hcl</i> .....47 | <i>valsartan tab 10-160 mg</i> | <i>dextroamphetamine tab</i> |
| <i>alprazolam</i> .....23 |17 | <i>10 mg</i>.....34 |
| <i>altavera</i>.....41 | <i>amlodipine besylate-</i> | <i>amphetamine-</i> |
| ALUNBRIG .....11 | <i>valsartan tab 10-320 mg</i> | <i>dextroamphetamine tab</i> |
| ALUNBRIG PAK .....11 |17 | <i>12.5 mg</i>.....34 |
| ALVAIZ .....50 | <i>amlodipine besylate-</i> | <i>amphetamine-</i> |
| ALVESCO.....60 | <i>valsartan tab 5-160 mg</i> 17 | <i>dextroamphetamine tab</i> |
| <i>alyacen 1/35</i>.....41 | <i>amlodipine besylate-</i> | <i>15 mg</i>.....34 |
| <i>alyacen 7/7/7</i> .....41 | <i>valsartan tab 5-320 mg</i> 17 | <i>amphetamine-</i> |
| ALYFTREK TAB 10-50-125 | <i>amnesteam</i>.....61 | <i>dextroamphetamine tab</i> |
|59 | <i>amoxapine</i> .....24 | <i>20 mg</i>.....34 |
| ALYFTREK TAB 4-20-50 59 | <i>amoxicillin</i> .....8 | <i>amphetamine-</i> |
| ALYGLO .....52 | <i>amoxicillin & k clavulanate</i> | <i>dextroamphetamine tab</i> |
| <i>alyq</i>.....22 | <i>for susp 200-28.5 mg/5ml</i> | <i>30 mg</i>.....34 |
| <i>amantadine hcl</i> .....25 |8 | <i>amphetamine-</i> |
| AMBIEN | <i>amoxicillin & k clavulanate</i> | <i>dextroamphetamine tab 5</i> |
| see <i>zolpidem tartrate</i> ...35 | <i>for susp 250-62.5 mg/5ml</i> | <i>mg</i>.....34 |
| AMBISOME |8 | <i>amphetamine-</i> |
| see <i>amphotericin b</i> | <i>amoxicillin & k clavulanate</i> | <i>dextroamphetamine tab</i> |
| <i>liposome</i> .....4 | <i>for susp 400-57 mg/5ml</i> | <i>7.5 mg</i>.....34 |
| <i>ambrisentan</i>.....22 | <i>amoxicillin & k clavulanate</i> | <i>amphotericin b</i> .....4 |
| <i>amikacin sulfate</i>.....2 | <i>for susp 600-42.9 mg/5ml</i> | <i>amphotericin b liposome</i> ...4 |
| <i>amiloride &</i> |8 | <i>ampicillin</i>.....8 |
| <i>hydrochlorothiazide tab</i> | <i>amoxicillin & k clavulanate</i> | <i>ampicillin & sulbactam</i> |
| <i>5-50 mg</i>.....21 | <i>tab 250-125 mg</i>.....8 | <i>sodium for inj 1.5 (1-0.5)</i> |
| <i>amiloride hcl</i> .....21 | <i>amoxicillin & k clavulanate</i> | <i>gm</i>.....8 |
| <i>amiodarone hcl</i>.....19 | <i>tab 500-125 mg</i>.....8 | <i>ampicillin & sulbactam</i> |
| <i>amitriptyline hcl</i>.....24 | <i>amoxicillin & k clavulanate</i> | <i>sodium for inj 3 (2-1) gm</i> |
| <i>amlodipine besylate</i> .....21 | <i>tab 875-125 mg</i>.....8 |9 |
| <i>amlodipine besylate-</i> | <i>amphetamine-</i> | <i>ampicillin & sulbactam</i> |
| <i>benazepril hcl cap 10-20</i> | <i>dextroamphetamine cap</i> | <i>sodium for iv soln 1.5 (1-</i> |
| <i>mg</i>.....16 | <i>er 24hr 10 mg</i>.....33 | <i>0.5) gm</i>.....9 |
| <i>amlodipine besylate-</i> | <i>amphetamine-</i> | <i>ampicillin & sulbactam</i> |
| <i>benazepril hcl cap 10-40</i> | <i>dextroamphetamine cap</i> | <i>sodium for iv soln 15 (10-</i> |
| <i>mg</i>.....16 | <i>er 24hr 15 mg</i>.....33 | <i>5) gm</i>.....9 |

| | | |
|--|--|---|
| <i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>.....9 | <i>see fondaparinux sodium</i> .....49 | <i>see irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> .....18 |
| <i>ampicillin sodium</i> .....9 | <i>armodafinil</i>.....36 | <i>see irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> .....18 |
| AMPYRA | ARNUITY ELLIPTA.....60 | AVAPRO |
| <i>see dalfampridine</i>.....36 | AROMASIN | <i>see irbesartan</i> .....18 |
| ANAFRANIL | <i>see exemestane</i>.....10 | <i>aviane</i>.....41 |
| <i>see clomipramine hcl</i> ..24 | <i>asenapine maleate</i> .....27 | AVMAPKI PAK FAKZYNJA |
| <i>anagrelide hcl</i> .....50 | <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>.....50 |11 |
| <i>anastrozole</i> .....10 | ASTAGRAF XL.....53 | AVODART |
| ANCOBON | ATACAND | <i>see dutasteride</i>.....48 |
| <i>see flucytosine</i> .....4 | <i>see candesartan cilexetil</i> .....18 | <i>ayuna</i>.....41 |
| ANDROGEL PUMP | <i>atazanavir sulfate</i>.....5 | AYVAKIT.....11 |
| <i>see testosterone pump</i> 37 | <i>atenolol</i>.....20 | AZACTAM |
| ANORO ELLIPT AER 62.5-25 .....57 | <i>atenolol & chlorthalidone tab 100-25 mg</i>.....20 | <i>see aztreonam</i> .....3 |
| ANUSOL-HC | <i>atenolol & chlorthalidone tab 50-25 mg</i>.....20 | <i>azathioprine</i> .....53 |
| <i>see hydrocortisone (rectal)</i> .....64 | ATIVAN | <i>azelastine hcl</i>.....58 |
| <i>see procto-med hc</i> .....64 | <i>see lorazepam</i>.....23 | <i>azelastine hcl (ophth)</i>.....57 |
| <i>see proctosol hc</i>.....64 | <i>atomoxetine hcl</i>.....34 | AZILECT |
| <i>see proctozone-hc</i>.....64 | <i>atorvastatin calcium</i>.....19 | <i>see rasagiline mesylate</i> .....26 |
| <i>aprepitant</i>.....46 | <i>atovaquone</i>.....3 | <i>azithromycin</i>.....8 |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> .....46 | <i>atovaquone-proguanil hcl tab 250-100 mg</i>.....5 | <i>aztreonam</i>.....3 |
| <i>apri</i>.....41 | <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>.....5 | AZULFIDINE |
| APRISO | ATROPINE SULFATE ....57 | <i>see sulfasalazine</i>.....47 |
| <i>see mesalamine</i>.....47 | <i>atropine sulfate (ophthalmic)</i> .....57 | AZULFIDINE EN-TABS |
| APTIOM.....29 | ATROVENT HFA.....58 | <i>see sulfasalazine</i>.....47 |
| <i>see eslicarbazepine acetate</i>.....30 | <i>aubra eq</i> .....41 | <i>azurette</i>.....41 |
| APTIVUS .....5 | AUGMENTIN ES-600 | B |
| ARALAST NP .....59 | <i>see amoxicillin & clavulanate for susp 600-42.9 mg/5ml</i>.....8 | <i>bacitracin (ophthalmic)</i>....56 |
| <i>aranelle</i>.....41 | AUGTYRO .....11 | <i>bacitracin-polymyxin b ophth oint</i> .....56 |
| ARAVA | <i>aurovela 1/20</i>.....41 | <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>.....56 |
| <i>see leflunomide</i>.....52 | <i>aurovela fe 1.5/30</i>.....41 | <i>baclofen</i> .....36 |
| ARCALYST.....53 | <i>aurovela fe 1/20</i>.....41 | BACTRIM |
| AREXVY .....53 | AUSTEDO .....35 | <i>see sulfamethoxazole-trimethoprim tab 400-80 mg</i>.....4 |
| ARICEPT | AUSTEDO XR .....35, 36 | BACTRIM DS |
| <i>see donepezil hydrochloride</i>.....23 | AUSTEDO XR TAB TITR KIT .....36 | <i>see sulfamethoxazole-trimethoprim tab 800-160 mg</i>.....4 |
| ARIKAYCE .....3 | AUVELITY TAB 45-105MG .....24 | BAFIERTAM .....36 |
| ARIMIDEX | AVALIDE | <i>balsalazide disodium</i> .....47 |
| <i>see anastrozole</i>.....10 | | |
| <i>aripiprazole</i> .....26 | | |
| ARISTADA.....26 | | |
| ARISTADA INITIO .....26 | | |
| ARIXTRA | | |

| | | |
|-------------------------------------|--------------------------------------|-------------------------------------|
| BALVERSA.....11 | <i>betamethasone valerate</i> .62 | (INSTITUTIONAL PACK) |
| <i>balziva</i> .....41 | BETAPACE |57 |
| BANZEL | see <i>sotalol hcl</i> .....19 | <i>briellyn</i> .....41 |
| see <i>rufinamide</i>.....32 | BETAPACE AF | BRILINTA |
| BARACLUDE.....7 | see <i>sotalol hcl (afib/af)</i> 19 | see <i>ticagrelor</i>.....50 |
| see <i>entecavir</i>.....7 | BETASERON.....36 | <i>brimonidine tartrate</i>.....57 |
| BCG VACCINE .....53 | <i>betaxolol hcl (ophth)</i> .....57 | BRIVIACT .....29 |
| <i>benazepril &</i> | <i>bethanechol chloride</i>.....48 | <i>bromocriptine mesylate</i> ...26 |
| <i>hydrochlorothiazide tab</i> | BEVESPI AER 9-4.8MCG | BRUKINSA .....11 |
| 10-12.5 mg.....16 |57 | <i>budesonide</i> .....47 |
| <i>benazepril &</i> | <i>bexarotene</i>.....11 | <i>budesonide (inhalation)</i> ..60 |
| <i>hydrochlorothiazide tab</i> | <i>bexarotene (topical)</i>.....63 | <i>budesonide-formoterol</i> |
| 20-12.5 mg.....16 | BEXSERO .....53 | <i>fumarate dihyd aerosol</i> |
| <i>benazepril &</i> | <i>bicalutamide</i>.....10 | 160-4.5 mcg/act .....60 |
| <i>hydrochlorothiazide tab</i> | BICILLIN L-A.....9 | <i>budesonide-formoterol</i> |
| 20-25 mg.....17 | BIKTARVY TAB 30-120-15 | <i>fumarate dihyd aerosol</i> |
| <i>benazepril &</i> | MG .....6 | 80-4.5 mcg/act .....60 |
| <i>hydrochlorothiazide tab</i> | BIKTARVY TAB 50-200-25 | <i>bumetanide</i>.....21 |
| 5-6.25mg.....16 | MG .....6 | BUMEX |
| <i>benazepril hcl</i> .....17 | BIMZELX .....50 | see <i>bumetanide</i>.....21 |
| BENICAR | <i>bisoprolol &</i> | BUPHENYL |
| see <i>olmesartan</i> | <i>hydrochlorothiazide tab</i> | see <i>sodium</i> |
| <i>medoxomil</i> .....19 | 10-6.25 mg.....20 | <i>phenylbutyrate</i> .....45 |
| BENICAR HCT | <i>bisoprolol &</i> | <i>buprenorphine hcl</i>.....37 |
| see <i>olmesartan</i> | <i>hydrochlorothiazide tab</i> | <i>buprenorphine hcl-</i> |
| <i>medoxomil-</i> | 2.5-6.25 mg.....20 | <i>naloxone hcl sl film 12-3</i> |
| <i>hydrochlorothiazide tab</i> | <i>bisoprolol &</i> | mg (base equiv) .....37 |
| 20-12.5 mg .....18 | <i>hydrochlorothiazide tab</i> | <i>buprenorphine hcl-</i> |
| see <i>olmesartan</i> | 5-6.25 mg.....20 | <i>naloxone hcl sl film 2-0.5</i> |
| <i>medoxomil-</i> | <i>bisoprolol fumarate</i> .....20 | mg (base equiv) .....37 |
| <i>hydrochlorothiazide tab</i> | BIVIGAM.....52 | <i>buprenorphine hcl-</i> |
| 40-12.5 mg .....18 | <i>blisovi fe 1.5/30</i>.....41 | <i>naloxone hcl sl film 4-1</i> |
| see <i>olmesartan</i> | BONSITY .....40 | mg (base equiv) .....37 |
| <i>medoxomil-</i> | BOOSTRIX INJ.....53 | <i>buprenorphine hcl-</i> |
| <i>hydrochlorothiazide tab</i> | <i>bosentan</i>.....22 | <i>naloxone hcl sl film 8-2</i> |
| 40-25 mg .....18 | BOSULIF .....11 | mg (base equiv) .....37 |
| BENLYSTA.....53 | BRAFTOVI.....11 | <i>buprenorphine hcl-</i> |
| <i>benztropine mesylate</i>.....25 | BREO ELLIPTA INH 100- | <i>naloxone hcl sl tab 2-0.5</i> |
| BERINERT .....50 | 25 .....60 | mg (base equiv) .....37 |
| BESIVANCE .....56 | BREO ELLIPTA INH 200- | <i>buprenorphine hcl-</i> |
| BESREMI .....11 | 25 .....60 | <i>naloxone hcl sl tab 8-2</i> |
| <i>betaine powder for oral</i> | BREO ELLIPTA INH 50- | mg (base equiv) .....37 |
| <i>solution</i>.....44 | 25MCG.....60 | <i>bupropion hcl</i> .....24 |
| <i>betamethasone</i> | <i>breyana</i>.....60 | <i>bupropion hcl (smoking</i> |
| <i>dipropionate (topical)</i> ...62 | BREZTRI AERO AER | <i>deterrent</i>).....37 |
| <i>betamethasone</i> | SPHERE .....57 | <i>bupirone hcl</i> .....23 |
| <i>dipropionate augmented</i> | BREZTRI AERO AER | BYSTOLIC |
|62 | SPHERE | see <i>nebivolol hcl</i>.....20 |

| | | |
|-------------------------------------|--------|--|
| C | | |
| <i>cabergoline</i> | 44 | |
| CABOMETYX..... | 11 | |
| <i>calcipotriene</i> | 62 | |
| <i>calcitonin (salmon) spray</i> | 40 | |
| <i>calcitriol</i> | 46 | |
| <i>calcitriol (oral)</i> | 46 | |
| CALQUENCE..... | 11 | |
| <i>camila</i> | 41 | |
| CANASA | | |
| <i>see mesalamine</i> | 47 | |
| <i>candesartan cilexetil</i> | 18 | |
| CAPLYTA..... | 27 | |
| CAPRELSA..... | 11 | |
| CARAFATE | | |
| <i>see sucralfate</i> | 48 | |
| <i>carb/levo orally</i> | | |
| <i>disintegrating tab 10-</i> | | |
| <i>100mg</i> | 26 | |
| <i>carb/levo orally</i> | | |
| <i>disintegrating tab 25-</i> | | |
| <i>100mg</i> | 26 | |
| <i>carb/levo orally</i> | | |
| <i>disintegrating tab 25-</i> | | |
| <i>250mg</i> | 26 | |
| CARBAGLU | | |
| <i>see carglumic acid</i> | 44 | |
| <i>carbamazepine</i> | 29 | |
| CARBATROL | | |
| <i>see carbamazepine</i> | 29 | |
| <i>carbidopa & levodopa tab</i> | | |
| <i>10-100 mg</i> | 26 | |
| <i>carbidopa & levodopa tab</i> | | |
| <i>25-100 mg</i> | 26 | |
| <i>carbidopa & levodopa tab</i> | | |
| <i>25-250 mg</i> | 26 | |
| <i>carbidopa & levodopa tab</i> | | |
| <i>er 25-100 mg</i> | 26 | |
| <i>carbidopa & levodopa tab</i> | | |
| <i>er 50-200 mg</i> | 26 | |
| <i>carbidopa-levodopa-</i> | | |
| <i>entacapone tabs 12.5-</i> | | |
| <i>50-200 mg</i> | 26 | |
| <i>carbidopa-levodopa-</i> | | |
| <i>entacapone tabs 18.75-</i> | | |
| <i>75-200 mg</i> | 26 | |
| <i>carbidopa-levodopa-</i> | | |
| <i>entacapone tabs 25-100-</i> | | |
| <i>200 mg</i> | 26 | |
| <i>carbidopa-levodopa-</i> | | |
| <i>entacapone tabs 31.25-</i> | | |
| <i>125-200 mg</i> | 26 | |
| <i>carbidopa-levodopa-</i> | | |
| <i>entacapone tabs 37.5-</i> | | |
| <i>150-200 mg</i> | 26 | |
| <i>carbidopa-levodopa-</i> | | |
| <i>entacapone tabs 50-200-</i> | | |
| <i>200 mg</i> | 26 | |
| CARDIZEM | | |
| <i>see diltiazem hcl</i> | 21 | |
| CARDIZEM CD | | |
| <i>see cartia xt</i> | 21 | |
| <i>see diltiazem hcl coated</i> | | |
| <i>beads</i> | 21 | |
| CARDURA | | |
| <i>see doxazosin mesylate</i> | | |
| ..... | 17 | |
| <i>carglumic acid</i> | 44 | |
| CARNITOR | | |
| <i>see levocarnitine</i> | | |
| <i>(metabolic modifiers)</i> | | |
| ..... | 44 | |
| <i>carteolol hcl (ophth)</i> | 57 | |
| <i>cartia xt</i> | 21 | |
| <i>carvedilol</i> | 20 | |
| CASODEX | | |
| <i>see bicalutamide</i> | 10 | |
| <i>caspofungin acetate</i> | 4 | |
| CATAPRES-TTS-1 | | |
| <i>see clonidine</i> | 22 | |
| CATAPRES-TTS-2 | | |
| <i>see clonidine</i> | 22 | |
| CATAPRES-TTS-3 | | |
| <i>see clonidine</i> | 22 | |
| CAYSTON..... | 3 | |
| <i>cefactor</i> | 7 | |
| <i>cefadroxil</i> | 7 | |
| CEFAZOLIN..... | 7 | |
| CEFAZOLIN INJ | | |
| 1GM/50ML..... | 7 | |
| <i>cefazolin sodium</i> | 7 | |
| CEFAZOLIN SOLN | | |
| 2GM/100ML-4%..... | 7 | |
| CEFAZOLIN/DEX SOL | | |
| 1GM/50ML-4%..... | 7 | |
| CEFAZOLIN/DEX SOL | | |
| 2GM/50ML-3%..... | 7 | |
| CEFAZOLIN/DEX SOL | | |
| 3GM/150ML-4%..... | 7 | |
| CEFAZOLIN/DEX SOL | | |
| 3GM/50ML-2%..... | 7 | |
| <i>cefdinir</i> | 7 | |
| <i>cefepime hcl</i> | 7 | |
| <i>cefixime</i> | 7 | |
| <i>cefoxitin sodium</i> | 7 | |
| <i>cefpodoxime proxetil</i> | 7 | |
| <i>cefprozil</i> | 7 | |
| <i>ceftazidime</i> | 8 | |
| <i>ceftriaxone sodium</i> | 8 | |
| <i>cefuroxime axetil</i> | 8 | |
| <i>cefuroxime sodium</i> | 8 | |
| CELEBREX | | |
| <i>see celecoxib</i> | 1 | |
| <i>celecoxib</i> | 1 | |
| CELEXA | | |
| <i>see citalopram</i> | | |
| <i>hydrobromide</i> | 24 | |
| CELLCEPT | | |
| <i>see mycophenolate</i> | | |
| <i>mofetil</i> | 53 | |
| CELONTIN | | |
| <i>see methsuximide</i> | 31 | |
| <i>cephalexin</i> | 8 | |
| CEQUR SIMPL KIT PATCH | | |
| 2U (3-DAY)..... | 39 | |
| CEQUR SIMPL KIT PATCH | | |
| 2U (4-DAY)..... | 39 | |
| CEQUR SIMPL MIS | | |
| INSERTER..... | 39 | |
| CERDELGA..... | 44 | |
| <i>cetirizine hcl</i> | 58 | |
| <i>chateal eq</i> | 41 | |
| CHEMET..... | 41 | |
| <i>chlorhexidine gluconate</i> | | |
| <i>(mouth-throat)</i> | 64 | |
| <i>chloroquine phosphate</i> | 5 | |
| <i>chlorpromazine hcl</i> | 27 | |
| <i>chlorthalidone</i> | 21 | |
| <i>cholestyramine</i> | 19 | |
| <i>cholestyramine light</i> .. | 19, 20 | |
| CIALIS | | |

| | | |
|---|---|---|
| <i>see</i> <i>tadalafil</i>.....48 | <i>clinisol sf 15%</i>.....56 | COMBIGAN SOL 0.2/0.5% .....57 |
| <i>ciclopirox olamine</i> .....61 | CLINOLIPID EMU 20%...56 | COMBIVENT AER 20-100.....57 |
| <i>cilostazol</i>.....50 | <i>clobazam</i> .....29 | COMETRIQ (60MG DOSE) .....11 |
| CILOXAN.....56 | <i>clobetasol propionate</i>.....62 | COMETRIQ KIT 100MG .11 |
| CIMDUO TAB 300-300 ....6 | <i>clobetasol propionate e</i> ...62 | COMETRIQ KIT 140MG .11 |
| <i>cinacalcet hcl</i>.....44 | CLOBEX | COMPLERA |
| CIPRO | <i>see clobetasol</i> | <i>see emtricitabine-</i> |
| <i>see ciprofloxacin hcl</i>.....8 | <i>propionate</i>.....62 | <i>rilpivirine-tenofovir df</i> |
| <i>ciprofloxacin 200 mg/100ml</i> <i>in d5w</i>.....8 | <i>see clodan</i>.....62 | <i>tab 200-25-300 mg</i> ....6 |
| <i>ciprofloxacin 400 mg/200ml</i> <i>in d5w</i>.....8 | <i>clodan</i>.....62 | <i>compro</i>.....46 |
| <i>ciprofloxacin hcl</i>.....8 | <i>clomipramine hcl</i>.....24 | <i>constulose</i>.....47 |
| <i>ciprofloxacin hcl (ophth)</i> ..56 | <i>clonazepam</i> .....29 | COPAXONE .....36 |
| <i>ciprofloxacin-</i> | <i>clonidine</i> .....22 | <i>see glatiramer acetate</i> .36 |
| <i>dexamethasone otic susp</i> <i>0.3-0.1%</i>.....57 | <i>clonidine hcl</i>.....22 | <i>see glatopa</i>.....36 |
| <i>citalopram hydrobromide</i> 24 | <i>clopidogrel bisulfate</i>.....50 | COPIKTRA .....11 |
| <i>claravis</i> .....61 | <i>clorazepate dipotassium</i> .30 | COREG |
| <i>clarithromycin</i> .....8 | <i>clotrimazole</i> .....64 | <i>see carvedilol</i>.....20 |
| CLEOCIN | <i>clotrimazole (topical)</i>.....61 | CORLANOR .....22 |
| <i>see clindamycin hcl</i>.....3 | <i>clotrimazole w/</i> | <i>see ivabradine hcl</i> .....22 |
| <i>see clindamycin</i> | <i>betamethasone cream 1-</i> <i>0.05%</i>.....62 | CORTEF |
| <i>phosphate vaginal</i> ...49 | <i>clozapine</i> .....27 | <i>see hydrocortisone</i>.....43 |
| CLEOCIN PHOSPHATE | CLOZARIL | CORTENEMA |
| <i>see clindamycin</i> | <i>see clozapine</i>.....27 | <i>see hydrocortisone</i> |
| <i>phosphate</i>.....3 | COARTEM TAB 20-120MG.....5 | <i>(intrarectal)</i> .....47 |
| CLEOCIN-T | COBENFY CAP 100-20MG.....27 | COSOPT |
| <i>see clindamycin</i> | COBENFY CAP 125-30MG.....27 | <i>see dorzolamide hcl-</i> <i>timolol maleate ophth</i> <i>soln 2-0.5%</i>.....57 |
| <i>phosphate (topical)</i> ..61 | COBENFY CAP 50-20MG.....27 | COTELLIC .....11 |
| CLIMARA | COBENFY STRT CAP PACK .....27 | COZAAR |
| <i>see estradiol</i>.....43 | COLAZAL | <i>see losartan potassium</i> .....18 |
| <i>clindamycin hcl</i> .....3 | <i>see balsalazide disodium</i> .....47 | CREON CAP 12000UNT 47 |
| <i>clindamycin phosphate</i> ....3 | <i>colchicine</i>.....1 | CREON CAP 24000UNT 47 |
| <i>clindamycin phosphate</i> <i>(topical)</i> .....61 | <i>colchicine w/ probenecid</i> <i>tab 0.5-500 mg</i>.....1 | CREON CAP 3000UNIT .47 |
| <i>clindamycin phosphate</i> <i>vaginal</i>.....49 | COLESTID | CREON CAP 36000UNT 47 |
| <i>clindamycin phosph-</i> <i>benzoyl peroxide (refrig)</i> <i>gel 1.2 (1)-5%</i>.....61 | <i>see colestipol hcl</i>.....20 | CREON CAP 6000UNIT .47 |
| CLINIMIX INJ 4.25/D10 ..55 | <i>colestipol hcl</i>.....20 | CRESEMBA.....4 |
| CLINIMIX INJ 4.25/D5W .55 | <i>colistimethate sodium</i> .....3 | CRESTOR |
| CLINIMIX INJ 5%/D15W .55 | COLY-MYCIN M | <i>see rosuvastatin calcium</i> .....19 |
| CLINIMIX INJ 5%/D20W .55 | <i>see colistimethate</i> | <i>cromolyn sodium</i>.....59 |
| CLINIMIX INJ 6/5.....55 | <i>sodium</i>.....3 | <i>cromolyn sodium</i> <i>(mastocytosis)</i>.....47 |
| CLINIMIX INJ 8/10.....55 | | <i>cromolyn sodium (ophth)</i> 57 |
| CLINIMIX INJ 8/14.....55 | | |

| | | |
|-------------------------------------|------------------------------------|--------------------------------------|
| <i>cryselle-28</i>.....41 | see <i>desmopressin</i> | <i>desmopressin acetate</i> |
| <i>cyclobenzaprine hcl</i>.....36 | <i>acetate</i>.....44 | <i>spray</i>.....44 |
| <i>cyclophosphamide</i>.....9 | <i>deblitane</i>.....41 | <i>desmopressin acetate</i> |
| CYCLOPHOSPHAMIDE...9 | <i>deferasirox</i>.....41 | <i>spray refrigerated</i>.....44 |
| <i>cycloserine</i>.....6 | DELESTROGEN | <i>desogest-eth estrad & eth</i> |
| <i>cyclosporine</i>.....53 | see <i>estradiol valerate</i> ..43 | <i>estrad tab 0.15-0.02/0.01</i> |
| <i>cyclosporine modified (for</i> | DELSTRIGO TAB.....6 | <i>mg(21/5)</i>.....41 |
| <i>microemulsion</i>).....53 | DEM SER | <i>desvenlafaxine succinate</i> 24 |
| CYKLOKAPRON | see <i>metyrosine</i>.....22 | DETROL |
| see <i>tranexamic acid</i>....50 | DENG VAXIA SUS.....53 | see <i>tolterodine tartrate</i> 49 |
| <i>cyproheptadine hcl</i>.....58 | DEPAKOTE | <i>dexamethasone</i>.....43 |
| <i>cyred eq</i>.....41 | see <i>divalproex sodium</i> 30 | <i>dexamethasone sodium</i> |
| CYSTADANE | DEPAKOTE ER | <i>phosphate</i>.....43 |
| see <i>betaine powder for</i> | see <i>divalproex sodium</i> 30 | <i>dexamethasone sodium</i> |
| <i>oral solution</i>.....44 | DEPAKOTE SPRINKLES | <i>phosphate (ophth)</i>.....56 |
| CYSTADROPS.....57 | see <i>divalproex sodium</i> 30 | <i>dexmethylphenidate hcl</i> ..34 |
| CYSTAGON.....44 | DEPEN TITRATABS | <i>dextrose</i>.....56 |
| CYSTARAN.....57 | see <i>penicillamine</i>.....41 | <i>dextrose 10% w/ sodium</i> |
| CYTOMEL | DEPO-MEDROL | <i>chloride 0.45%</i>.....54 |
| see <i>liothyronine sodium</i> | see <i>methylprednisolone</i> | <i>dextrose 2.5% w/ sodium</i> |
|45 | <i>acetate</i>.....44 | <i>chloride 0.45%</i>.....54 |
| CYTOTEC | DEPO-PROVERA | DEXTROSE 2.5%/SODIUM |
| see <i>misoprostol</i>.....48 | CONTRACEPTIV | CHLO |
| D | see | see <i>dextrose 2.5% w/</i> |
| D10W/NACL INJ 0.2%....54 | <i>medroxyprogesterone</i> | <i>sodium chloride 0.45%</i> |
| D2.5W/NACL INJ 0.45%.54 | <i>acetate (contraceptive)</i> |54 |
| <i>dabigatran etexilate</i> |42 | <i>dextrose 5% in lactated</i> |
| <i>mesylate</i>.....49 | DEPO-SUBQ PROVERA | <i>ringers</i>.....54 |
| <i>dalfampridine</i>.....36 | 104.....41 | <i>dextrose 5% w/ sodium</i> |
| DALIRESP | <i>depo-testosterone</i>.....37 | <i>chloride 0.2%</i>.....54 |
| see <i>roflumilast</i>.....59 | DERMA-SMOOTH/FS | <i>dextrose 5% w/ sodium</i> |
| <i>danazol</i>.....37 | BODY | <i>chloride 0.225%</i>.....54 |
| DANZITEN.....12 | see <i>fluocinolone</i> | <i>dextrose 5% w/ sodium</i> |
| <i>dapagliflozin propanediol</i> 37 | <i>acetone</i>.....63 | <i>chloride 0.3%</i>.....54 |
| <i>dapsone</i>.....3 | DERMA-SMOOTH/FS | <i>dextrose 5% w/ sodium</i> |
| DAPTACEL INJ.....53 | SCALP | <i>chloride 0.45%</i>.....54 |
| <i>daptomycin</i>.....3 | see <i>fluocinolone</i> | <i>dextrose 5% w/ sodium</i> |
| DAP TOMYCIN.....3 | <i>acetone</i>.....63 | <i>chloride 0.9%</i>.....54 |
| see <i>daptomycin</i>.....3 | DERMOTIC | DEXTROSE 5%/SODIUM |
| DARAPRIM | see <i>flac</i>.....57 | CHLORI |
| see <i>pyrimethamine</i>.....3 | see <i>fluocinolone</i> | see <i>dextrose 5% w/</i> |
| <i>darunavir</i>.....5 | <i>acetone</i> (otic).....57 | <i>sodium chloride 0.3%</i> |
| <i>dasatinib</i>.....12 | DESCOVY TAB 120-15MG |54 |
| <i>dasetta 1/35</i>.....41 |6 | DEXTROSE/SODIUM |
| <i>dasetta 7/7/7</i>.....41 | DESCOVY TAB 200/25MG | CHLORIDE |
| DAURISMO.....12 |6 | see <i>dextrose 5% w/</i> |
| DAYVIGO.....34 | <i>desipramine hcl</i>.....24 | <i>sodium chloride</i> |
| DDAVP | <i>desmopressin acetate</i>....44 | <i>0.225%</i>.....54 |

| | | | | |
|------------------------------------|----|--------------------------------------|-----------------------------------|----|
| DIACOMIT | 30 | see <i>valsartan-</i> | <i>duloxetine hcl</i> | 24 |
| <i>diazepam</i> | 30 | <i>hydrochlorothiazide tab</i> | DUPIXENT | 50 |
| <i>diazepam (anticonvulsant)</i> | | 320-12.5 mg | <i>dutasteride</i> | 48 |
| ..... | 30 | see <i>valsartan-</i> | E | |
| <i>diazepam inj</i> | 30 | <i>hydrochlorothiazide tab</i> | EDURANT | 5 |
| <i>diazepam intensol</i> | 30 | 320-25 mg | EDURANT PED | 5 |
| <i>diazoxide</i> | 44 | see <i>valsartan-</i> | <i>efavirenz</i> | 5 |
| <i>diclofenac potassium</i> | 1 | <i>hydrochlorothiazide tab</i> | <i>efavirenz-emtricitabine-</i> | |
| <i>diclofenac sodium</i> | 1 | 80-12.5 mg | <i>tenofovir df tab 600-200-</i> | |
| <i>diclofenac sodium (ophth)</i> | | <i>diphenhydramine hcl</i> | 300 mg | 6 |
| ..... | 56 | <i>diphenoxylate w/ atropine</i> | <i>efavirenz-lamivudine-</i> | |
| <i>diclofenac sodium (topical)</i> | | <i>tab 2.5-0.025 mg</i> | <i>tenofovir df tab 400-300-</i> | |
| ..... | 63 | DIPROLENE | 300 mg | 6 |
| <i>dicloxacillin sodium</i> | 9 | see <i>betamethasone</i> | <i>efavirenz-lamivudine-</i> | |
| <i>dicyclomine hcl</i> | 46 | <i>dipropionate</i> | <i>tenofovir df tab 600-300-</i> | |
| DIFICID..... | 8 | <i>augmented</i> | 300 mg | 6 |
| see <i>fidaxomicin</i> | 8 | <i>dipyridamole</i> | EFFEXOR XR | |
| DIFLUCAN |  | ..... | see <i>venlafaxine hcl</i> | 25 |
| see <i>fluconazole</i> | 4 | <i>disopyramide phosphate</i> | EFFIENT | |
| <i>digoxin</i> | 22 | ..... | see <i>prasugrel hcl</i> | 50 |
| <i>dihydroergotamine</i> | | <i>disulfiram</i> | ELIDEL | |
| <i>mesylate</i> | 35 | <i>divalproex sodium</i> | see <i>pimecrolimus</i> | 64 |
| DILANTIN | 30 | <i>dofetilide</i> | ELIGARD | 10 |
| see <i>phenytoin sodium</i> | | <i>donepezil hydrochloride</i> | ELIMITE | |
| <i>extended</i> | 32 | DOPTelet..... | see <i>permethrin</i> | 64 |
| DILANTIN INFATABS | | <i>dorzolamide hcl</i> | <i>elinest</i> | 41 |
| see <i>phenytoin</i> | 32 | <i>dorzolamide hcl-timolol</i> | ELIQUIS | 49 |
| DILANTIN-125 | | <i>maleate ophth soln 2-</i> | ELIQUIS STARTER PACK | |
| see <i>phenytoin</i> | 32 | 0.5%..... | ..... | 49 |
| DILAUDID | | <i>dotti</i> | <i>eluryng</i> | 41 |
| see <i>hydromorphone hcl</i> | 2 | DOVATO TAB 50-300MG..... | EMEND BIPACK | |
| <i>diltiazem hcl</i> | 21 | <i>doxazosin mesylate</i> | see <i>aprepitant</i> | 46 |
| <i>diltiazem hcl coated beads</i> |  | ..... | EMGALITY..... | 35 |
| ..... | 21 | <i>doxepin hcl</i> | EMSAM | 24 |
| <i>diltiazem hcl extended</i> | | <i>doxepin hcl (sleep)</i> | <i>emtricitabine</i> | 5 |
| <i>release beads</i> | 21 | <i>doxy 100</i> | <i>emtricitabine-rilpivirine-</i> | |
| <i>dilt-xr</i> | 21 | <i>doxycycline (monohydrate)</i> | <i>tenofovir df tab 200-25-</i> | |
| DIOVAN |  | ..... | 300 mg | 6 |
| see <i>valsartan</i> | 19 | <i>doxycycline hyclate</i> | <i>emtricitabine-tenofovir</i> | |
| DIOVAN HCT | | DRIZALMA SPRINKLE ... | <i>disoproxil fumarate tab</i> | |
| see <i>valsartan-</i> | | <i>dronabinol</i> | 100-150 mg..... | 6 |
| <i>hydrochlorothiazide tab</i> | | <i>drospirenone-ethinyl</i> | <i>emtricitabine-tenofovir</i> | |
| 160-12.5 mg | 18 | <i>estradiol tab 3-0.02 mg</i> | <i>disoproxil fumarate tab</i> | |
| see <i>valsartan-</i> | | <i>drospirenone-ethinyl</i> | 133-200 mg..... | 6 |
| <i>hydrochlorothiazide tab</i> | | <i>estradiol tab 3-0.03 mg</i> | <i>emtricitabine-tenofovir</i> | |
| 160-25 mg | 18 | <i>droxidopa</i> | <i>disoproxil fumarate tab</i> | |
| | | DULERA AER 100-5MCG | 167-250 mg..... | 6 |
| | | | | |
| | | | | |
| | | DULERA AER 200-5MCG | | |
| | | | | |
| | | | | |
| | | DULERA AER 50-5MCG | | |
| | | 61 | | |
| | | 61 | | |
| | | 61 | | |

| | | |
|--|---|--|
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>.....6 | EPIDIOLEX.....30 | <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>.....41 |
| EMTRIVA.....5 | <i>epinephrine (anaphylaxis)</i> .....22, 59 | <i>etravirine</i>.....5 |
| see <i>emtricitabine</i>.....5 | EPIPEN 2-PAK | EUCRISA.....63 |
| EMVERM.....3 | see <i>epinephrine (anaphylaxis)</i> .....59 | EULEXIN .....10 |
| <i>emzahn</i>.....41 | EPIPEN-JR 2-PAK | <i>everolimus</i> .....12 |
| <i>enalapril maleate</i> .....17 | see <i>epinephrine (anaphylaxis)</i> .....59 | <i>everolimus (immunosuppressant)</i> .53 |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>.....17 | EPIVIR | EVISTA |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>.....17 | see <i>lamivudine</i> .....5 | see <i>raloxifene hcl</i> .....45 |
| ENBREL .....50 | <i>eplerenone</i>.....17 | EVOTAZ TAB 300-150 .....6 |
| ENBREL MINI.....50 | EPRONTIA | EXELON |
| ENBREL SURECLICK...51 | see <i>topiramate</i> .....32 | see <i>rivastigmine</i> .....24 |
| ENDARI | <i>ergotamine w/ caffeine tab 1-100 mg</i>.....35 | <i>exemestane</i> .....10 |
| see <i>l-glutamine (sickle cell)</i>.....50 | ERIVEDGE .....12 | EXFORGE |
| <i>endocet tab 10-325mg</i>.....2 | ERLEADA.....10 | see <i>amlodipine besylate-valsartan tab 10-160 mg</i> .....17 |
| <i>endocet tab 2.5-325mg</i>....1 | <i>erlotinib hcl</i> .....12 | see <i>amlodipine besylate-valsartan tab 10-320 mg</i> .....17 |
| <i>endocet tab 5-325mg</i>.....2 | <i>errin</i> .....41 | see <i>amlodipine besylate-valsartan tab 5-160 mg</i> .....17 |
| <i>endocet tab 7.5-325mg</i>....2 | <i>ertapenem sodium</i>.....3 | see <i>amlodipine besylate-valsartan tab 5-320 mg</i> .....17 |
| ENGERIX-B.....53 | ERYTHROCIN | EXJADE |
| <i>enilloring</i> .....41 | LACTOBIONATE .....8 | see <i>deferasirox</i>.....41 |
| <i>enoxaparin sodium</i> .....49 | see <i>erythromycin lactobionate</i> .....8 | EYSUVIS .....57 |
| <i>enskyce</i> .....41 | <i>erythromycin (acne aid)</i> ..61 | <i>ezetimibe</i> .....20 |
| ENSTILAR AER.....62 | <i>erythromycin (ophth)</i>.....56 | F |
| <i>entacapone</i>.....26 | <i>erythromycin base</i> .....8 | <i>falmina</i> .....41 |
| <i>entecavir</i> .....7 | <i>erythromycin lactobionate</i> .8 | <i>famotidine</i> .....46, 47 |
| ENTRESTO | ERZOFRI.....27 | <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>.....47 |
| see <i>sacubitril-valsartan tab 24-26 mg</i> .....18 | ESBRIET | FANAPT .....27 |
| see <i>sacubitril-valsartan tab 49-51 mg</i> .....18 | see <i>pirfenidone</i>.....59 | FANAPT PAK PACK A ...27 |
| see <i>sacubitril-valsartan tab 97-103 mg</i> .....18 | <i>escitalopram oxalate</i>.....24 | FANAPT PAK PACK B ...27 |
| ENTRESTO CAP 15-16MG .....18 | <i>eslicarbazepine acetate</i> ..30 | FANAPT PAK PACK C ...27 |
| ENTRESTO CAP 6-6MG 17 | <i>estarylla</i> .....41 | FARESTON |
| <i>enulose</i>.....47 | ESTRACE | see <i>toremifene citrate</i> ..10 |
| EPCLUSA PAK 150-37.5..7 | see <i>estradiol vaginal</i> ...43 | FARXIGA.....38 |
| EPCLUSA PAK 200-50MG .....7 | <i>estradiol</i>.....43 | FASENRA.....59 |
| EPCLUSA TAB 200-50MG .....7 | <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> 43 | FASENRA PEN .....59 |
| EPCLUSA TAB 400-100...7 | <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> ...43 | <i>feirza 1.5/30</i>.....41 |
| | <i>estradiol vaginal</i>.....43 | <i>feirza 1/20</i>.....41 |
| | <i>estradiol valerate</i> .....43 | |
| | <i>ethambutol hcl</i> .....6 | |
| | <i>ethosuximide</i>.....30 | |

| | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <i>felbamate</i>.....30 | <i>flurbiprofen sodium</i>.....56 | GAMASTAN INJ.....52 |
| FELBATOL | <i>fluticasone propionate</i>.....63 | GAMMAGARD LIQUID...52 |
| see <i>felbamate</i>.....30 | <i>fluticasone propionate</i> | GAMMAGARD S/D IGA |
| <i>felodipine</i>.....21 | (<i>nasal</i>).....60 | LESS TH.....52 |
| FEMARA | <i>fluticasone-salmeterol aer</i> | GAMMAKED.....52 |
| see <i>letrozole</i>.....10 | <i>powder ba 100-50</i> | GAMMAPLEX.....52 |
| <i>fenofibrate</i>.....19 | <i>mcg/act</i>.....61 | GAMUNEX-C.....52 |
| <i>fenofibrate micronized</i> ...19 | <i>fluticasone-salmeterol aer</i> | <i>ganciclovir sodium</i>.....7 |
| <i>fentanyl</i>.....1 | <i>powder ba 250-50</i> | GARDASIL 9.....53 |
| FETZIMA.....24 | <i>mcg/act</i>.....61 | GASTROCROM |
| FETZIMA CAP TITRATIO | <i>fluticasone-salmeterol aer</i> | see <i>cromolyn sodium</i> |
|24 | <i>powder ba 500-50</i> | (<i>mastocytosis</i>).....47 |
| FIASP.....39 | <i>mcg/act</i>.....61 | GATTEX.....47 |
| FIASP FLEXTOUCH.....39 | <i>flvoxamine maleate</i>.....23 | GAUZE PADS 2.....39 |
| FIASP PENFILL.....39 | FML LIQUIFILM | <i>gavilyte-c</i>.....47 |
| FIASP PUMPCART.....39 | see <i>fluorometholone</i> | <i>gavilyte-g</i>.....47 |
| <i>fidaxomicin</i>.....8 | (<i>ophth</i>).....56 | <i>gavilyte-n/flavor pack</i>.....47 |
| <i>finasteride</i>.....48 | FOCALIN | GAVRETO.....12 |
| <i>ingolimod hcl</i>.....36 | see <i>dexmethylphenidate</i> | <i>gefitinib</i>.....12 |
| FINTEPLA.....30 | <i>hcl</i>.....34 | <i>gemfibrozil</i>.....19 |
| FIRAZYR | <i>fondaparinux sodium</i>.....49 | GEMTESA.....48 |
| see <i>icatibant acetate</i> ...50 | FOSAMAX | <i>generlac</i>.....47 |
| see <i>sajazir</i>.....50 | see <i>alendronate sodium</i> | <i>gengraf</i>.....53 |
| FIRMAGON.....10 |40 | GENOTROPIN.....44 |
| <i>flac</i>.....57 | <i>fosamprenavir calcium</i>.....5 | GENOTROPIN MINIQUICK |
| FLEBOGAMMA DIF.....52 | <i>fosfomycin tromethamine</i> ..3 |44 |
| <i>flecainide acetate</i>.....19 | <i>fosinopril sodium</i>.....17 | <i>gentamicin in saline inj 0.8</i> |
| <i>fluconazole</i>.....4 | <i>fosinopril sodium &</i> | <i>mg/ml</i>.....3 |
| <i>fluconazole in nacl 0.9% inj</i> | <i>hydrochlorothiazide tab</i> | <i>gentamicin in saline inj 2</i> |
| 200 mg/100ml.....4 | 10-12.5 mg.....17 | <i>mg/ml</i>.....3 |
| <i>fluconazole in nacl 0.9% inj</i> | <i>fosinopril sodium &</i> | <i>gentamicin sulfate</i>.....3 |
| 400 mg/200ml.....4 | <i>hydrochlorothiazide tab</i> | <i>gentamicin sulfate (ophth)</i> |
| <i>flucytosine</i>.....4 | 20-12.5 mg.....17 |56 |
| <i>fludrocortisone acetate</i> ...43 | FOTIVDA.....12 | <i>gentamicin sulfate (topical)</i> |
| <i>flunisolide (nasal)</i>.....60 | FRUZAQLA.....12 |61 |
| <i>fluocinolone acetonide</i> ...62, | FULPHILA.....49 | GENVOYA TAB.....6 |
| 63 | <i>furosemide</i>.....21 | GEODON |
| <i>fluocinolone acetonide</i> | <i>furosemide inj</i>.....21 | see <i>ziprasidone hcl</i>.....29 |
| (<i>otic</i>).....57 | <i>fyavolv tab 0.5mg-2.5mcg</i> | see <i>ziprasidone mesylate</i> |
| <i>fluocinonide</i>.....63 |43 |29 |
| <i>fluocinonide emulsified</i> | <i>fyavolv tab 1mg-5mcg</i>....43 | GILENYA |
| <i>base</i>.....63 | FYCOMPA.....30 | see <i>ingolimod hcl</i>.....36 |
| <i>fluorometholone (ophth)</i> ..56 | see <i>perampanel</i>.....31 | GILOTRIF.....12 |
| <i>fluorouracil (topical)</i>.....63 | G | <i>glatiramer acetate</i>.....36 |
| <i>fluoxetine hcl</i>.....24, 25 | <i>gabapentin</i>.....30, 31 | <i>glatopa</i>.....36 |
| <i>fluphenazine decanoate</i> ..27 | <i>galantamine hydrobromide</i> | GLEEVEC |
| <i>fluphenazine hcl</i>.....27 |23 | see <i>imatinib mesylate</i> ..12 |
| <i>flurbiprofen</i>.....1 | <i>gallifrey</i>.....45 | GLEOSTINE.....9 |

| | | | | | |
|-------------------------------------|----|-------------------------------------|----|-------------------------------------|----|
| <i>glimepiride</i> | 38 | <i>see methenamine</i> | | <i>see losartan potassium &</i> | |
| <i>glipizide</i> | 38 | <i>hippurate</i> | 3 | <i>hydrochlorothiazide tab</i> | |
| <i>glipizide-metformin hcl tab</i> | | HUMIRA | 51 | <i>100-12.5 mg</i> | 18 |
| <i>2.5-250 mg</i> | 38 | HUMIRA PEN | 51 | <i>see losartan potassium &</i> | |
| <i>glipizide-metformin hcl tab</i> | | HUMIRA PEN KIT PS/UV | | <i>hydrochlorothiazide tab</i> | |
| <i>2.5-500 mg</i> | 38 | ..... | 51 | <i>100-25 mg</i> | 18 |
| <i>glipizide-metformin hcl tab</i> | | HUMIRA PEN-CD/UC/HS | | <i>see losartan potassium &</i> | |
| <i>5-500 mg</i> | 38 | START | 51 | <i>hydrochlorothiazide tab</i> | |
| GLUCOTROL XL | | HUMULIN R U-500 | | <i>50-12.5 mg</i> | 18 |
| <i>see glipizide</i> | 38 | (CONCENTR.....) | 39 | | |
| <i>glycopyrrolate</i> | 46 | HUMULIN R U-500 | | I | |
| <i>glydo</i> | 63 | KWIKPEN..... | 39 | <i>ibandronate sodium</i> | 40 |
| GLYXAMBI TAB 10-5 MG | | <i>hydralazine hcl</i> | 22 | IBRANCE..... | 12 |
| ..... | 38 | HYDREA | | IBTROZI..... | 12 |
| GLYXAMBI TAB 25-5 MG | | <i>see hydroxyurea</i> | 11 | <i>ibu</i> | 1 |
| ..... | 38 | <i>hydrochlorothiazide</i> | 21 | <i>ibuprofen</i> | 1 |
| GOLYTELY | | <i>hydrocodone bitartrate</i> | 1 | <i>icatibant acetate</i> | 50 |
| <i>see gavilyte-g</i> | 47 | <i>hydrocodone-</i> | | <i>iclevia</i> | 41 |
| <i>see peg 3350-kcl-na</i> | | <i>acetaminophen soln 7.5-</i> | | ICLUSIG | 12 |
| <i>bicarb-nacl-na sulfate</i> | | <i>325 mg/15ml</i> | 2 | IDHIFA..... | 12 |
| <i>for soln 236 gm</i> | 47 | <i>hydrocodone-</i> | | <i>imatinib mesylate</i> | 12 |
| GOMEKLI | 12 | <i>acetaminophen tab 10-</i> | | IMBRUVICA..... | 12 |
| <i>griseofulvin microsize</i> | 4 | <i>325 mg</i> | 2 | <i>imipenem-cilastatin</i> | |
| <i>griseofulvin ultramicrosize</i> | | <i>hydrocodone-</i> | | <i>intravenous for soln 250</i> | |
| <i>guanfacine hcl</i> | 22 | <i>acetaminophen tab 5-325</i> | | <i>mg</i> | 3 |
| <i>guanfacine hcl (adhd)</i> | 34 | <i>mg</i> | 2 | <i>imipenem-cilastatin</i> | |
| H | | <i>hydrocodone-</i> | | <i>intravenous for soln 500</i> | |
| HADLIMA..... | 51 | <i>acetaminophen tab 7.5-</i> | | <i>mg</i> | 3 |
| HADLIMA PUSHTOUCH | 51 | <i>325 mg</i> | 2 | <i>imipramine hcl</i> | 25 |
| HAEGARDA | 50 | <i>hydrocodone-ibuprofen tab</i> | | <i>imiquimod</i> | 64 |
| <i>hailey 1.5/30</i> | 41 | <i>7.5-200 mg</i> | 2 | IMITREX | |
| <i>halobetasol propionate</i> ... | 63 | <i>hydrocortisone</i> | 43 | <i>see sumatriptan</i> | |
| <i>haloette</i> | 41 | <i>hydrocortisone (intrarectal)</i> | | <i>succinate</i> | 35 |
| <i>haloperidol</i> | 27 | ..... | 47 | IMITREX STATDOSE | |
| <i>haloperidol decanoate</i> ... | 27 | <i>hydrocortisone (rectal)</i> | 64 | REFILL | |
| <i>haloperidol lactate</i> | 27 | <i>hydrocortisone (topical)</i> .. | 63 | <i>see sumatriptan</i> | |
| HAVRIX | 53 | <i>hydrocortisone sod</i> | | <i>succinate</i> | 35 |
| <i>heather</i> | 41 | <i>succinate</i> | 44 | IMITREX STATDOSE | |
| HEP SOD/NACL INJ | | <i>hydrocortisone valerate</i> .. | 63 | SYSTEM | |
| <i>25000UNT</i> | 49 | <i>hydrocortisone w/ acetic</i> | | <i>see sumatriptan</i> | |
| <i>heparin sodium (porcine)</i> | 49 | <i>acid otic soln 1-2%</i> | 57 | <i>succinate</i> | 35 |
| HEPLISAV-B | 53 | <i>hydromorphone hcl</i> | 2 | IMKELDI | 13 |
| HERNEXEOS | 12 | <i>hydroxychloroquine sulfate</i> | | IMOVAX RABIES | |
| HETLIOZ |  | ..... | 52 | (H.D.C.V.)..... | 54 |
| <i>see tasimelteon</i> | 34 | <i>hydroxyurea</i> | 11 | IMPAVIDO | 3 |
| HIBERIX | 54 | <i>hydroxyzine hcl</i> | 58 | IMURAN | |
| HIPREX | | <i>hydroxyzine pamoate</i> | 58 | <i>see azathioprine</i> | 53 |
| | | HYZAAR | | INBRIJA..... | 26 |
| | | | | <i>incassia</i> | 41 |

| | | | | | |
|------------------------------------|----|-----------------------------------|----|-------------------------------------|----|
| INCRELEX..... | 44 | ISOLYTE-P INJ /D5W..... | 54 | <i>junel 1.5/30</i> | 41 |
| INCRUSE ELLIPTA | 58 | ISOLYTE-S INJ PH 7.4...54 | | <i>junel 1/20</i> | 41 |
| <i>indapamide</i> | 21 | <i>isoniazid</i> | 6 | <i>junel fe 1.5/30</i> | 41 |
| INDERAL LA | | ISORDIL TITRADOSE | | <i>junel fe 1/20</i> | 42 |
| <i>see propranolol hcl</i> | 20 | <i>see isosorbide dinitrate</i> | | JYLAMVO..... | 52 |
| INFANRIX INJ | 54 | ..... | 22 | JYNARQUE | |
| INLYTA..... | 13 | <i>isosorbide dinitrate</i> | 22 | <i>see tolvaptan</i> | 45 |
| INQOVI TAB 35-100MG ... | 9 | <i>isosorbide mononitrate</i> ... | 22 | JYNNEOS..... | 54 |
| INREBIC | 13 | <i>isotretinoin</i> | 61 | K | |
| INSPIRA | | ITOVEBI | 13 | KALETRA | |
| <i>see eplerenone</i> | 17 | <i>itraconazole</i> | 4 | <i>see lopinavir-ritonavir tab</i> | |
| INSULIN PEN NEEDLES: | | <i>ivabradine hcl</i> | 22 | 100-25 mg | 6 |
| EMBECTA-BD..... | 39 | <i>ivermectin</i> | 3 | <i>see lopinavir-ritonavir tab</i> | |
| INSULIN SAFETY | | IWILFIN | 11 | 200-50 mg | 6 |
| NEEDLES: EMBECTA- | | IXIARO INJ | 54 | KALETRA SOL | 6 |
| BD | 39 | J | | KALYDECO | 59 |
| INSULIN SYRINGES: | | JADENU | | <i>kariva</i> | 42 |
| EMBECTA-BD..... | 39 | <i>see deferasirox</i> | 41 | KCL 0.3%/D5W/NACL | |
| INTELENCE | 5 | JAKAFI | 13 | 0.9% | |
| <i>see etravirine</i> | 5 | <i>jantoven</i> | 49 | <i>see kcl 40 meq/l (0.3%)</i> | |
| INTRALIPID..... | 56 | JANUMET TAB 50-1000.38 | | <i>in dextrose 5% & nacl</i> | |
| <i>introvale</i> | 41 | JANUMET TAB 50-500MG | | 0.9% inj..... | 55 |
| INTUNIV |  | ..... | 38 | <i>kcl 10 meq/l (0.075%) in</i> | |
| <i>see guanfacine hcl</i> | | JANUMET XR TAB 100- | | <i>dextrose 5% & nacl</i> | |
| (<i>adhd</i>)..... | 34 | 1000 | 38 | 0.45% inj..... | 54 |
| INVEGA | | JANUMET XR TAB 50- | | <i>kcl 20 meq/l (0.149%) in</i> | |
| <i>see paliperidone</i> | 28 | 1000 | 38 | <i>nacl 0.45% inj.....</i> | 55 |
| INVEGA HAFYERA | 27 | JANUMET XR TAB 50- | | <i>kcl 20 meq/l (0.15%) in</i> | |
| INVEGA SUSTENNA..... | 27 | 500MG | 38 | <i>dextrose 5% & nacl 0.2%</i> | |
| INVEGA TRINZA | 27 | JANUVIA | 38 | <i>inj</i> | 54 |
| IPOL INJ INACTIVE..... | 54 | JARDIANCE | 38 | <i>kcl 20 meq/l (0.15%) in</i> | |
| <i>ipratropium bromide</i> | 58 | <i>jasmiel</i> | 41 | <i>dextrose 5% & nacl</i> | |
| <i>ipratropium bromide (nasal)</i> | | <i>javygtor</i> | 44 | 0.45% inj..... | 54 |
| ..... | 58 | JAYPIRCA | 13 | <i>kcl 20 meq/l (0.15%) in</i> | |
| <i>ipratropium-albuterol nebu</i> | | JENTADUETO TAB 2.5- | | <i>dextrose 5% & nacl 0.9%</i> | |
| <i>soln 0.5-2.5(3) mg/3ml</i> | 57 | 1000 | 38 | <i>inj</i> | 54 |
| <i>irbesartan</i> | 18 | JENTADUETO TAB 2.5- | | <i>kcl 20 meq/l (0.15%) in nacl</i> | |
| <i>irbesartan-</i> | | 500 | 38 | 0.45% inj..... | 55 |
| <i>hydrochlorothiazide tab</i> | | JENTADUETO TAB 2.5- | | <i>kcl 20 meq/l (0.15%) in nacl</i> | |
| 150-12.5 mg..... | 18 | 850 | 38 | 0.9% inj..... | 55 |
| <i>irbesartan-</i> | | JENTADUETO TAB XR | | <i>kcl 30 meq/l (0.224%) in</i> | |
| <i>hydrochlorothiazide tab</i> | | 2.5-1000MG | 38 | <i>dextrose 5% & nacl</i> | |
| 300-12.5 mg..... | 18 | JENTADUETO TAB XR 5- | | 0.45% inj..... | 55 |
| IRESSA | | 1000MG | 38 | <i>kcl 40 meq/l (0.3%) in</i> | |
| <i>see gefitinib</i> | 12 | <i>jinteli</i> | 43 | <i>dextrose 5% & nacl</i> | |
| ISENTRESS | 5 | <i>jolessa</i> | 41 | 0.45% inj..... | 55 |
| ISENTRESS HD | 5 | <i>juleber</i> | 41 | JULUCA TAB 50-25MG.... | 6 |
| <i>isibloom</i> | 41 | | | | |

| | | |
|---|--|--|
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>.....55 | KUVAN see <i>javygtor</i>.....44 see <i>sapropterin dihydrochloride</i> .....45 | LENVIMA 20 MG DAILY DOSE .....13 |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>.....55 | L | LENVIMA 4 MG DAILY DOSE .....13 |
| KCL/D5W/NACL INJ 0.3/0.9%.....55 | <i>labetalol hcl</i>.....20 | LENVIMA 8 MG DAILY DOSE .....13 |
| <i>kelnor 1/35</i>.....42 | <i>lacosamide</i> .....31 | LENVIMA CAP 14 MG...13 |
| KEPPRA see <i>levetiracetam</i>.....31 | <i>lacosamide oral</i>.....31 | LENVIMA CAP 18 MG...13 |
| see <i>roweepra</i> .....32 | <i>lactated ringer's solution</i> .55 | LENVIMA CAP 24 MG...13 |
| KERENDIA .....17 | <i>lactic acid (ammonium lactate)</i> .....64 | <i>lessina</i> .....42 |
| <i>ketoconazole</i> .....4 | <i>lactulose</i> .....47 | LETAIRIS see <i>ambrisentan</i>.....22 |
| <i>ketoconazole (topical)</i>.....62 | <i>lactulose (encephalopathy)</i> .....47 | <i>letrozole</i> .....10 |
| <i>ketorolac tromethamine (ophth)</i>.....56 | LAMICTAL see <i>lamotrigine</i>.....31 | <i>leucovorin calcium</i> .....11 |
| KINERET .....51 | see <i>subvenite</i>.....32 | LEUKERAN .....9 |
| KINRIX INJ .....54 | LAMICTAL CHEWABLE DISPERS see <i>lamotrigine</i>.....31 | <i>leuprolide acetate</i> .....10 |
| <i>kionex</i>.....41 | see <i>lamotrigine</i>.....31 | <i>levalbuterol tartrate</i> .....58 |
| KISQALI 200 DOSE.....13 | <i>lamivudine</i> .....5 | <i>levetiracetam</i> .....31 |
| KISQALI 400 DOSE.....13 | <i>lamivudine (hbv)</i> .....7 | LEVETIRACETAM.....31 |
| KISQALI 400 PAK FEMARA .....13 | <i>lamivudine-zidovudine tab 150-300 mg</i>.....6 | <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....31 |
| KISQALI 600 DOSE.....13 | <i>lamotrigine</i>.....31 | <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....31 |
| KISQALI 600 PAK FEMARA .....13 | LANOXIN see <i>digoxin</i>.....22 | <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....31 |
| KITABIS PAK see <i>tobramycin</i>.....4 | <i>lanreotide acetate</i> .....44 | LEVETIRACETAM/SODIUM CHLO see <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>.....31 |
| KLARON see <i>sulfacetamide sodium (acne)</i>.....61 | LANTUS .....39 | see <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>.....31 |
| <i>klayesta</i> .....62 | LANTUS SOLOSTAR.....39 | see <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>.....31 |
| KLONOPIN see <i>clonazepam</i>.....29 | <i>lapatinib ditosylate</i> .....13 | <i>levobunolol hcl</i>.....57 |
| <i>klor-con</i>.....55 | <i>larin 1.5/30</i>.....42 | <i>levocarnitine (metabolic modifiers)</i> .....44 |
| <i>klor-con 10</i>.....55 | <i>larin 1/20</i>.....42 | <i>levocetirizine dihydrochloride</i>.....58 |
| <i>klor-con 8</i>.....55 | <i>larin fe 1.5/30</i>.....42 | <i>levofloxacin</i>.....8 |
| <i>klor-con m10</i>.....55 | <i>larin fe 1/20</i>.....42 | <i>levofloxacin in d5w iv soln 250 mg/50ml</i> .....8 |
| <i>klor-con m15</i>.....55 | LASIX see <i>furosemide</i>.....21 | |
| <i>klor-con m20</i>.....55 | <i>latanoprost</i>.....57 | |
| KLOXXADO .....37 | LATUDA see <i>lurasidone hcl</i> .27, 28 | |
| KORLYM see <i>mifepristone (hyperglycemia)</i>.....45 | LAZCLUZE .....13 | |
| KOSELUGO .....13 | <i>leflunomide</i> .....52 | |
| <i>kourzeq</i>.....64 | <i>lenalidomide</i> .....10 | |
| KRAZATI .....13 | LENVIMA 10 MG DAILY DOSE .....13 | |
| <i>kurvelo</i>.....42 | LENVIMA 12MG DAILY DOSE .....13 | |

| | | |
|--|--|---|
| <i>levofloxacin in d5w iv soln</i> 500 mg/100ml .....8 | <i>lisinopril &</i> <i>hydrochlorothiazide tab</i> 10-12.5 mg .....17 | LOTEMAX.....56 |
| <i>levofloxacin in d5w iv soln</i> 750 mg/150ml .....8 | <i>lisinopril &</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg .....17 | LOTENSIN see <i>benazepril hcl</i> .....17 |
| <i>levonest</i> .....42 | <i>lisinopril &</i> <i>hydrochlorothiazide tab</i> 20-25 mg .....17 | LOTENSIN HCT see <i>benazepril &</i> <i>hydrochlorothiazide tab</i> 10-12.5 mg .....16 |
| <i>levonorgestrel & ethinyl</i> <i>estradiol (91-day) tab</i> 0.15-0.03 mg .....42 | <i>lithium</i> .....36 | see <i>benazepril &</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg .....16 |
| <i>levonorgestrel & ethinyl</i> <i>estradiol tab 0.1 mg-20</i> <i>mcg</i> .....42 | <i>lithium carbonate</i> .....36 | see <i>benazepril &</i> <i>hydrochlorothiazide tab</i> 20-25 mg .....17 |
| <i>levonorgestrel-eth estra tab</i> 0.05-30/0.075-40/0.125- 30mg-mcg .....42 | LITHOBID see <i>lithium carbonate</i> ..36 | LOTREL see <i>amlodipine besylate-</i> <i>benazepril hcl cap 10-</i> <i>20 mg</i> .....16 |
| <i>levora 0.15/30-28</i> .....42 | LIVTENCITY .....7 | see <i>amlodipine besylate-</i> <i>benazepril hcl cap 10-</i> <i>40 mg</i> .....16 |
| <i>levo-t</i> .....45 | <i>loestrin 1.5/30-21</i> .....42 | see <i>amlodipine besylate-</i> <i>benazepril hcl cap 5-10</i> <i>mg</i> .....16 |
| <i>levothyroxine sodium</i> .....45 | <i>loestrin 1/20-21</i> .....42 | see <i>amlodipine besylate-</i> <i>benazepril hcl cap 5-20</i> <i>mg</i> .....16 |
| <i>levoxyl</i> .....45 | <i>loestrin fe 1.5/30</i> .....42 | LOTRONEX see <i>alosetron hcl</i> .....47 |
| LEXAPRO see <i>escitalopram oxalate</i>.....24 | <i>loestrin fe 1/20</i> .....42 | <i>lovastatin</i> .....19 |
| <i>l-glutamine (sickle cell)</i> ...50 | LOKELMA .....41 | LOVAZA see <i>omega-3-acid ethyl</i> <i>esters cap 1 gm</i> .....20 |
| LIALDA see <i>mesalamine</i> .....47 | LOMOTIL see <i>diphenoxylate w/</i> <i>atropine tab 2.5-0.025</i> <i>mg</i> .....47 | LOVENOX see <i>enoxaparin sodium</i>.....49 |
| <i>lidocaine</i> .....63 | LONSURF TAB 15-6.14 ...9 | <i>low-ogestrel</i> .....42 |
| <i>lidocaine hcl</i> .....63 | LONSURF TAB 20-8.19 ...9 | <i>loxapine succinate</i> .....27 |
| <i>lidocaine hcl (local anesth.)</i> .....1 | <i>loperamide hcl</i> .....47 | LUMAKRAS .....13 |
| <i>lidocaine hcl (mouth-throat)</i> .....64 | LOPID see <i>gemfibrozil</i> .....19 | LUPRON DEPOT (1- MONTH) .....10 |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5% .....63 | <i>lopinavir-ritonavir tab 100-</i> <i>25 mg</i> .....6 | LUPRON DEPOT (3- MONTH) .....10 |
| <i>lidocan</i> .....63 | <i>lopinavir-ritonavir tab 200-</i> <i>50 mg</i> .....6 | <i>lurasidone hcl</i> .....27, 28 |
| LIDODERM see <i>lidocaine</i> .....63 | LOPRESSOR see <i>metoprolol tartrate</i> 20 | <i>lutura</i> .....42 |
| see <i>lidocan</i> .....63 | <i>lorazepam</i> .....23 | LYBALVI TAB 10-10MG .28 |
| see <i>tridacaine ii</i> .....63 | <i>lorazepam intensol</i> .....23 | LYBALVI TAB 15-10MG .28 |
| LILETTA .....42 | LORBRENA .....13 | LYBALVI TAB 20-10MG .28 |
| <i>linezolid</i> .....3 | <i>loryna</i> .....42 | LYBALVI TAB 5-10MG ...28 |
| LINEZOLID INJ 2MG/ML ..3 | <i>losartan potassium</i> .....18 | |
| LINZESS .....47 | <i>losartan potassium &</i> <i>hydrochlorothiazide tab</i> 100-12.5 mg .....18 | |
| <i>liothyronine sodium</i> .....45 | <i>losartan potassium &</i> <i>hydrochlorothiazide tab</i> 100-25 mg .....18 | |
| LIPITOR see <i>atorvastatin calcium</i>.....19 | <i>losartan potassium &</i> <i>hydrochlorothiazide tab</i> 50-12.5 mg .....18 | |
| <i>lisinopril</i> .....17 | | |

| | | |
|---|--|--|
| <i>lyleq</i>.....42 | MAVYRET TAB 100-40MG.....7 | <i>meropenem</i>.....3 |
| <i>lyllana</i> .....43 | MAXALT see <i>rizatriptan benzoate</i>.....35 | MEROPENEM see <i>meropenem</i> .....3 |
| LYNPARZA.....13 | MAXALT-MLT see <i>rizatriptan benzoate</i>.....35 | <i>mesalamine</i> .....47 |
| LYRICA see <i>pregabalin</i>.....32 | MAXITROL see <i>neomycin-polymyxin- dexamethasone ophth oint 0.1%</i>.....56 | <i>mesalamine w/ cleanser</i> .47 |
| LYSODREN.....10 | see <i>neomycin-polymyxin- dexamethasone ophth susp 0.1%</i>.....56 | <i>mesna</i>.....11 |
| LYTGOBI (12 MG DAILY DOSE).....13 | MEDROL see <i>methylprednisolone</i>.....44 | MESNEX see <i>mesna</i>.....11 |
| LYTGOBI (16 MG DAILY DOSE).....13 | MEDROL DOSEPAK see <i>methylprednisolone</i>.....44 | MESTINON see <i>pyridostigmine bromide</i>.....36 |
| LYTGOBI (20 MG DAILY DOSE).....14 | <i>medroxyprogesterone acetate</i> .....45 | <i>metformin hcl</i> .....38 |
| <i>lyza</i> .....42 | <i>medroxyprogesterone acetate (contraceptive)</i> 42 | <i>methadone hcl</i> .....1 |
| M | <i>mefloquine hcl</i>.....5 | <i>methazolamide</i> .....21 |
| MACROBID see <i>nitrofurantoin monohyd macro</i>.....3 | <i>megestrol acetate</i> .....10, 45 | <i>methenamine hippurate</i> ....3 |
| MACRODANTIN see <i>nitrofurantoin macrocrystal</i> .....3 | MEKINIST.....14 | <i>methimazole</i> .....45 |
| <i>magnesium sulfate</i>.....55 | MEKTOVI .....14 | <i>methotrexate sodium</i> ..9, 52 |
| MAGNESIUM SULFATE 55 see <i>magnesium sulfate</i>.....55 | <i>meleya</i> .....42 | <i>methsuximide</i>.....31 |
| MAGNESIUM SULFATE IN D5W see <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>.....55 | <i>meloxicam</i> .....1 | METHYLIN see <i>methylphenidate hcl</i>.....34 |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....55 | <i>memantine hcl</i> .....23 | <i>methylphenidate hcl</i>.....34 |
| MALARONE see <i>atovaquone- proguanil hcl tab 250- 100 mg</i> .....5 | <i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>.....23 | <i>methylprednisolone</i>.....44 |
| see <i>atovaquone- proguanil hcl tab 62.5- 25 mg</i> .....5 | <i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>.....24 | <i>methylprednisolone acetate</i>.....44 |
| <i>malathion</i> .....64 | <i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>.....24 | <i>methylprednisolone sod succ</i>.....44 |
| <i>maraviroc</i>.....5 | MENQUADFI .....54 | <i>metoclopramide hcl</i>.....46 |
| MARINOL see <i>dronabinol</i>.....46 | MENVEO INJ.....54 | <i>metolazone</i> .....21 |
| <i>marlissa</i> .....42 | MENVEO SOL.....54 | <i>metoprolol succinate</i>.....20 |
| MARPLAN .....25 | MEPRON see <i>atovaquone</i>.....3 | <i>metoprolol tartrate</i>.....20 |
| MATULANE .....11 | <i>mercaptapurine</i>.....9 | METROCREAM see <i>metronidazole (topical)</i>.....64 |
| MAVYRET PAK 50-20MG 7 | | <i>metronidazole</i> .....3 |

| | | | | | |
|-------------------------------------|--------|-----------------------------------|----|--------------------------------------|--------|
| MIEBO | 57 | <i>naloxone hcl</i> | 37 | <i>neo-polycin hc ophth oint</i> | |
| <i>mifepristone</i> | | <i>naltrexone hcl</i> | 37 | 1%..... | 56 |
| (<i>hyperglycemia</i>)..... | 45 | NAMZARIC | | NEORAL | |
| <i>mili</i> | 42 | see <i>memantine hcl-</i> | | see <i>cyclosporine</i> | |
| <i>mimvey</i> | 43 | <i>donepezil hcl cap er</i> | | <i>modified (for</i> | |
| MINIVELLE | | 24hr 14-10 mg | 23 | <i>microemulsion)</i> | 53 |
| see <i>lyllana</i> | 43 | see <i>memantine hcl-</i> | | see <i>gengraf</i> | 53 |
| <i>minocycline hcl</i> | 9 | <i>donepezil hcl cap er</i> | | NERLYNX..... | 14 |
| <i>minoxidil</i> | 22 | 24hr 21-10 mg | 24 | <i>neuac</i> | 61 |
| <i>mirtazapine</i> | 25 | see <i>memantine hcl-</i> | | NEURONTIN | |
| <i>misoprostol</i> | 48 | <i>donepezil hcl cap er</i> | | see <i>gabapentin</i> | 30, 31 |
| M-M-R II INJ | 54 | 24hr 28-10 mg | 24 | <i>nevirapine</i> | 5 |
| M-NATAL PLUS TAB..... | 55 | NAMZARIC CAP 7-10MG | | NEXAVAR | |
| <i>modafinil</i> | 36, 37 | ..... | 24 | see <i>sorafenib tosylate</i> . | 15 |
| MODEYSO | 11 | <i>naproxen</i> | 1 | NEXLETOL..... | 20 |
| <i>moexipril hcl</i> | 17 | NARDIL | | NEXLIZET TAB 180/10MG | |
| <i>molindone hcl</i> | 28 | see <i>phenelzine sulfate</i> | 25 | ..... | 20 |
| <i>mometasone furoate</i> | 63 | NATACYN | 56 | NEXPLANON..... | 42 |
| <i>mono-lynyah</i> | 42 | <i>nateglinide</i> | 38 | <i>niacin (antihyperlipidemic)</i> | |
| <i>montelukast sodium</i> | 59 | NAYZILAM..... | 31 | ..... | 20 |
| <i>morphine sulfate</i> | 1, 2 | <i>nebivolol hcl</i> | 20 | NICOTROL NS | 37 |
| MOUNJARO | 38 | NEBUPENT | | <i>nifedipine</i> | 21 |
| MOVANTIK..... | 48 | see <i>pentamidine</i> | | <i>nikki</i> | 42 |
| <i>moxifloxacin hcl</i> | 8 | <i>isethionate inh</i> | 3 | NILANDRON | |
| <i>moxifloxacin hcl (ophth)</i> .. | 56 | <i>necon 0.5/35-28</i> | 42 | see <i>nilutamide</i> | 10 |
| <i>moxifloxacin hcl 400</i> | | <i>nefazodone hcl</i> | 25 | <i>nilotinib hcl</i> | 14 |
| <i>mg/250ml in sodium</i> | | <i>neomycin sulfate</i> | 3 | <i>nilutamide</i> | 10 |
| <i>chloride 0.8% inj</i> | 8 | <i>neomycin-bacitrac zn-</i> | | <i>nimodipine</i> | 21 |
| MRESVIA | 54 | <i>polymyx 5(3.5)mg-</i> | | NINLARO..... | 14 |
| MS CONTIN | | 400unt-10000unt op oin | | <i>nitazoxanide</i> | 3 |
| see <i>morphine sulfate</i> | 1 | ..... | 56 | <i>nitisinone</i> | 45 |
| MULTAQ..... | 19 | <i>neomycin-polymy-gramicid</i> | | NITRO-BID | 22 |
| <i>multiple electrolytes ph 5.5</i> | | op sol 1.75-10000- | | <i>nitrofurantoin macrocrystal</i> | 3 |
| ..... | 55 | 0.025mg-unt-mg/ml | 56 | <i>nitrofurantoin monohyd</i> | |
| <i>mupirocin</i> | 61 | <i>neomycin-polymyxin-</i> | | <i>macro</i> | 3 |
| MYCAMINE | | <i>dexamethasone ophth</i> | | <i>nitroglycerin</i> | 22 |
| see <i>micafungin sodium</i> . | 4 | <i>ointment 0.1%</i> | 56 | <i>nitroglycerin (intra-anal)</i> .. | 64 |
| <i>mycophenolate mofetil</i> | 53 | <i>neomycin-polymyxin-</i> | | NITROSTAT | |
| <i>mycophenolate sodium</i> ... | 53 | <i>dexamethasone ophth</i> | | see <i>nitroglycerin</i> | 22 |
| MYFORTIC | | <i>susp 0.1%</i> | 56 | <i>nizatidine</i> | 47 |
| see <i>mycophenolate</i> | | <i>neomycin-polymyxin-hc otic</i> | | <i>nora-be</i> | 42 |
| <i>sodium</i> | 53 | <i>soln 1%</i> | 57 | <i>norelgestromin-ethinyl</i> | |
| MYRBETRIQ | 48 | <i>neomycin-polymyxin-hc otic</i> | | <i>estradiol td ptwk 150-35</i> | |
| MYSOLINE | | <i>susp 3.5 mg/ml-10000</i> | | <i>mcg/24hr</i> | 42 |
| see <i>primidone</i> | 32 | <i>unit/ml-1%</i> | 57 | <i>norethindrone</i> | |
| N | | <i>neo-polycin 5(3.5)mg-</i> | | (<i>contraceptive</i>) | 42 |
| <i>nabumetone</i> | 1 | 400unt-10000unt op oin | | | |
| <i>nafcillin sodium</i> | 9 | ..... | 56 | | |

| | | |
|--|--|--|
| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>.....42 | NOVOLOG FLEXPEN RELION.....40 | <i>olanzapine</i> .....28 |
| <i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>.....42 | NOVOLOG MIX INJ 70/30 .....40 | <i>olmesartan medoxomil</i>....19 |
| <i>norethindrone acetate</i>....45 | NOVOLOG MIX INJ FLEXPEN.....40 | <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>.....18 |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>.....43 | NOVOLOG PENFILL .....40 | <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>.....18 |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>.....43 | NOVOLOG RELION .....40 | <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>.....18 |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>.....42 | NUBEQA .....10 | <i>omega-3-acid ethyl esters cap 1 gm</i> .....20 |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>.....42 | NUDEXTA CAP 20-10MG .....36 | <i>omeprazole</i>.....48 |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>.....42 | NUPLAZID .....28 | OMNIPOD 5 DX KIT INT G7G6 .....40 |
| <i>norlyroc</i>.....42 | NURTEC.....35 | OMNIPOD 5 DX MIS POD G7G6 .....40 |
| NORPACE see <i>disopyramide phosphate</i>.....19 | NUTRILIPID.....56 | OMNIPOD 5 L2 KIT INTRO G6 .....40 |
| NORPRAMIN see <i>desipramine hcl</i> ...24 | NUVARING see <i>eluryng</i>.....41 | OMNIPOD 5 L2 MIS PODS G6 .....40 |
| NORTHERA see <i>droxidopa</i>.....22 | see <i>enilloring</i>.....41 | OMNIPOD DASH KIT INTRO .....40 |
| <i>nortrel 0.5/35 (28)</i>.....42 | see <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> .....41 | OMNIPOD DASH MIS PODS .....40 |
| <i>nortrel 1/35 (21)</i>.....42 | see <i>haloette</i>.....41 | <i>ondansetron</i>.....46 |
| <i>nortrel 1/35 (28)</i>.....42 | NUVIGIL see <i>armodafinil</i>.....36 | <i>ondansetron hcl</i>.....46 |
| <i>nortrel 7/7/7</i>.....42 | <i>nyamyc</i>.....62 | ONFI see <i>clobazam</i>.....29 |
| <i>nortriptyline hcl</i> .....25 | <i>nylia 1/35</i>.....42 | ONUREG .....10 |
| NORVASC see <i>amlodipine besylate</i>.....21 | <i>nylia 7/7/7</i>.....42 | OPIPZA .....28 |
| NORVIR.....5 see <i>ritonavir</i> .....5 | <i>nystatin</i>.....4 | OPSUMIT .....22 |
| NOVOLIN INJ 70/30 .....40 | NYSTATIN see <i>nystatin (mouth-throat)</i>.....64 | ORFADIN see <i>nitisinone</i> .....45 |
| NOVOLIN INJ 70/30 FP..40 | <i>nystatin (mouth-throat)</i> ...64 | ORGOVYX.....10 |
| NOVOLIN N.....40 | <i>nystatin (topical)</i>.....62 | ORKAMBI GRA 100-125 59 |
| NOVOLIN N FLEXPEN...40 | <i>nystop</i>.....62 | ORKAMBI GRA 150-188 59 |
| NOVOLIN R.....40 | ○ | ORKAMBI GRA 75-94MG .....59 |
| NOVOLIN R FLEXPEN...40 | <i>ocella</i> .....42 | ORKAMBI TAB 100-125.59 |
| NOVOLOG .....40 | OCREVUS .....36 | ORKAMBI TAB 200-125.59 |
| NOVOLOG FLEXPEN ...40 | OCTAGAM .....53 | <i>orquidea</i>.....42 |
| | <i>octreotide acetate</i> .....45 | ORSERDU.....10 |
| | OCUFLOX see <i>ofloxacin (ophth)</i> ...56 | <i>oseltamivir phosphate</i>.....7 |
| | ODEFSEY TAB.....6 | <i>oxcarbazepine</i> .....31 |
| | ODOMZO .....14 | <i>oxybutynin chloride</i> ...48, 49 |
| | OFEV .....59 | <i>oxycodone hcl</i>.....2 |
| | <i>ofloxacin (ophth)</i> .....56 | |
| | <i>ofloxacin (otic)</i>.....57 | |
| | OGSIVEO .....14 | |
| | OJEMDA.....14 | |
| | OJJAARA .....14 | |

| | | |
|---|---|--|
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>.....2 | PEDVAX HIB .....54 | <i>see chlorhexidine gluconate (mouth-throat)</i> .....64 |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>.....2 | <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>.....47 | <i>see periogard</i>.....64 |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>.....2 | <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>....47 | <i>perindopril erbumine</i> .....17 |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>.....2 | PEGASYS .....7 | <i>perio gard</i> .....64 |
| OZEMPIC (0.25 OR 0.5MG/DOSE).....39 | PEMAZYRE .....14 | <i>permethrin</i>.....64 |
| OZEMPIC (1MG/DOSE) .39 | PENBRAYA INJ.....54 | <i>perphenazine</i>.....28 |
| OZEMPIC (2MG/DOSE) .39 | <i>penicillamine</i>.....41 | <i>pfizerpen</i>.....9 |
| P | <i>penicillin g potassium</i>.....9 | <i>phenelzine sulfate</i>.....25 |
| <i>pacerone</i>.....19 | <i>penicillin g sodium</i> .....9 | PHENERGAN |
| <i>paliperidone</i> .....28 | <i>penicillin v potassium</i>.....9 | <i>see promethazine hcl</i> ..46 |
| PAMELOR | PENMENVY INJ .....54 | <i>phenobarbital</i>.....31 |
| <i>see nortriptyline hcl</i> ....25 | PENTACEL INJ .....54 | <i>phenobarbital sodium</i> ....31 |
| <i>pamidronate disodium</i> ....40 | PENTAM 300 | <i>phenytek</i> .....31 |
| PAMIDRONATE | <i>see pentamidine isethionate inj</i>.....3 | <i>phenytoin</i> .....32 |
| DISODIUM .....40 | <i>pentamidine isethionate inh</i> .....3 | <i>phenytoin sodium</i>.....32 |
| PANRETIN .....64 |3 | <i>phenytoin sodium extended</i> .....32 |
| <i>pantoprazole sodium</i> .....48 | <i>pentamidine isethionate inj</i> .....3 | <i>philith</i> .....42 |
| PANTOPRAZOLE SODIUM |3 | PIFELTRO .....5 |
| <i>see pantoprazole sodium</i> .....48 | <i>pentoxifylline</i>.....50 | <i>pilocarpine hcl</i>.....57 |
| PANZYGA .....53 | PEPCID | <i>pilocarpine hcl (oral)</i> .....64 |
| <i>paricalcitol</i>.....46 | <i>see famotidine</i>.....47 | <i>pimecrolimus</i>.....64 |
| PARLODEL | <i>perampanel</i>.....31 | <i>pimozide</i> .....28 |
| <i>see bromocriptine mesylate</i> .....26 | PERCOCET | <i>pimtrea</i>.....42 |
| PARNATE | <i>see endocet tab 10-325mg</i> .....2 | <i>pindolol</i> .....20 |
| <i>see tranylcypramine sulfate</i>.....25 | <i>see endocet tab 2.5-325mg</i> .....1 | <i>pioglitazone hcl</i>.....39 |
| <i>paroxetine hcl</i> .....25 | <i>see endocet tab 5-325mg</i> .....2 | <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>.....9 |
| PAXIL | <i>see endocet tab 7.5-325mg</i> .....2 | <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>.....9 |
| <i>see paroxetine hcl</i>.....25 | <i>see oxycodone w/ acetaminophen tab 10-325 mg</i> .....2 | <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>.....9 |
| PAXLOVID PAK.....7 | <i>see oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....2 | <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>.....9 |
| PAXLOVID TAB 150-100..7 | <i>see oxycodone w/ acetaminophen tab 5-325 mg</i> .....2 | <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>.....9 |
| PAXLOVID TAB 300-100..7 | <i>see oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....2 | PIQRAY 200MG DAILY DOSE .....14 |
| <i>pazopanib hcl</i> .....14 | PERIDEX | PIQRAY 250MG TAB DOSE .....14 |
| PEDIAPRED | | |
| <i>see prednisolone sodium phosphate</i>.....44 | | |
| PEDIARIX INJ 0.5ML.....54 | | |

| | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| PIQRAY 300MG DAILY | see <i>dabigatran etexilate</i> | see <i>nifedipine</i>.....21 |
| DOSE.....14 | <i>mesylate</i>.....49 | <i>prochlorperazine</i>.....46 |
| <i>pirfenidone</i>.....59 | <i>pramipexole</i> | <i>prochlorperazine edisylate</i> |
| PLAQUENIL | <i>dihydrochloride</i>.....26 |46 |
| see <i>hydroxychloroquine</i> | <i>prasugrel hcl</i>.....50 | <i>prochlorperazine maleate</i> |
| <i>sulfate</i>.....52 | <i>pravastatin sodium</i>.....19 |46 |
| PLASMA-LYTE A | <i>praziquantel</i>.....3 | PROCRIT.....50 |
| see <i>multiple electrolytes</i> | <i>prazosin hcl</i>.....17 | <i>proctocort</i>.....64 |
| <i>ph 5.5</i>.....55 | PRED FORTE | <i>procto-med hc</i>.....64 |
| PLAVIX | see <i>prednisolone acetate</i> | <i>proctosol hc</i>.....64 |
| see <i>clopidogrel bisulfate</i> | <i>(ophth)</i>.....56 | <i>proctozone-hc</i>.....64 |
|50 | <i>prednisolone</i>.....44 | <i>progesterone</i>.....45 |
| <i>plenamine</i>.....56 | <i>prednisolone acetate</i> | PROGLYCEM |
| PLENVU SOL.....47 | <i>(ophth)</i>.....56 | see <i>diazoxide</i>.....44 |
| <i>podofilox</i>.....64 | <i>prednisolone sodium</i> | PROGRAF.....53 |
| <i>polycin ophth oint</i>.....56 | <i>phosphate</i>.....44 | see <i>tacrolimus</i>.....53 |
| <i>polymyxin b-trimethoprim</i> | <i>prednisone</i>.....44 | PROLASTIN-C.....59 |
| <i>ophth soln 10000 unit/ml-</i> | <i>pregabalin</i>.....32 | PROLIA.....40 |
| <i>0.1%</i>.....56 | PREMASOL SOL 10%...56 | <i>promethazine hcl</i>.....46 |
| POMALYST.....10 | PRENATAL TAB 27-1MG | PROMETRIUM |
| <i>portia-28</i>.....42 |55 | see <i>progesterone</i>.....45 |
| <i>posaconazole</i>.....4 | PRENATAL TAB PLUS..55 | <i>propafenone hcl</i>.....19 |
| POT CHL 20MEQ/L IN | <i>prevalite</i>.....20 | <i>proparacaine hcl</i>.....57 |
| NACL 0.45% INJ.....55 | PREVYMIS.....7 | <i>propranolol hcl</i>.....20 |
| POT CHL 20MEQ/L IN | PREZCOBIX TAB 675/150 | <i>propylthiouracil</i>.....45 |
| NACL 0.9% INJ.....55 |6 | PROQUAD INJ.....54 |
| POT CHL 40MEQ/L IN | PREZCOBIX TAB 800-150 | PROSCAR |
| NACL 0.9% INJ.....55 |6 | see <i>finasteride</i>.....48 |
| <i>potassium chloride</i>.....55 | PREZISTA.....5 | PROSOL INJ 20%.....56 |
| POTASSIUM CHLORIDE | see <i>darunavir</i>.....5 | PROTONIX |
| see <i>potassium chloride</i> 55 | PRIFTIN.....6 | see <i>pantoprazole sodium</i> |
| <i>potassium chloride 20</i> | <i>primaquine phosphate</i>.....5 |48 |
| <i>meq/l (0.15%) in</i> | PRIMAQUINE | <i>protriptyline hcl</i>.....25 |
| <i>dextrose 5% inj</i>.....55 | PHOSPHATE.....5 | PROVERA |
| <i>potassium chloride</i> | see <i>primaquine</i> | see |
| <i>microencapsulated</i> | <i>phosphate</i>.....5 | <i>medroxyprogesterone</i> |
| <i>crystals er</i>.....55 | PRIMAXIN IV | <i>acetate</i>.....45 |
| POTASSIUM | see <i>imipenem-cilastatin</i> | PROVIGIL |
| CHLORIDE/SODIUM | <i>intravenous for soln</i> | see <i>modafinil</i>.....36, 37 |
| see <i>kcl 20 meq/l (0.15%)</i> | <i>500 mg</i>.....3 | PROZAC |
| <i>in nacl 0.45% inj</i>.....55 | <i>primidone</i>.....32 | see <i>fluoxetine hcl</i>.....25 |
| see <i>kcl 20 meq/l (0.15%)</i> | PRIORIX INJ.....54 | PULMICORT |
| <i>in nacl 0.9% inj</i>.....55 | PRISTIQ | see <i>budesonide</i> |
| see <i>kcl 40 meq/l (0.3%)</i> | see <i>desvenlafaxine</i> | <i>(inhalation)</i>.....60 |
| <i>in nacl 0.9% inj</i>.....55 | <i>succinate</i>.....24 | PULMOZYME.....59 |
| <i>potassium citrate</i> | PRIVIGEN.....53 | PURIXAN |
| <i>(alkalinizer)</i>.....48 | <i>probenecid</i>.....1 | see <i>mercaptopurine</i>.....9 |
| PRADAXA | PROCARDIA XL | <i>pyrazinamide</i>.....6 |

| | | |
|---------------------------------------|---------------------------------------|--------------------------------------|
| <i>pyridostigmine bromide</i>.....36 | RETEVMO.....14 | <i>ropinirole hydrochloride</i> ..26 |
| <i>pyrimethamine</i> .....3 | RETIN-A | <i>rosuvastatin calcium</i> .....19 |
| PYZCHIVA.....51 | see <i>tretinoin</i>.....61 | ROTARIX SUS .....54 |
| Q | RETROVIR | ROTATEQ SOL .....54 |
| QINLOCK .....14 | see <i>zidovudine</i> .....6 | ROWASA |
| QUADRACEL INJ 0.5ML 54 | REVATIO | see <i>mesalamine w/</i> |
| QUESTRAN | see <i>sildenafil citrate</i> | <i>cleanser</i>.....47 |
| see <i>cholestyramine</i> .....19 | (<i>pulmonary</i> | <i>roweepra</i>.....32 |
| QUESTRAN LIGHT | <i>hypertension</i>).....23 | ROXICODONE |
| see <i>cholestyramine light</i> | REVCOVI .....45 | see <i>oxycodone hcl</i> .....2 |
|20 | REVUFORJ .....14 | ROZEREM |
| see <i>prevalite</i>.....20 | REXULTI .....28 | see <i>ramelteon</i> .....34 |
| <i>quetiapine fumarate</i> .....28 | REYATAZ .....5 | ROZLYTREK .....14 |
| <i>quinapril hcl</i> .....17 | see <i>atazanavir sulfate</i> ...5 | RUBRACA .....14 |
| <i>quinidine sulfate</i>.....19 | REZDIFFRA.....45 | <i>rufinamide</i>.....32 |
| <i>quinine sulfate</i> .....5 | REZLIDHIA.....14 | RUKOBIA.....5 |
| QULIPTA .....35 | REZUROCK.....53 | RYBELSUS.....39 |
| R | RHOPRESSA .....57 | RYDAPT .....15 |
| RABAVERT INJ .....54 | <i>ribavirin (hepatitis c)</i>.....7 | S |
| RALDESY .....25 | <i>rifabutin</i>.....6 | SABRIL |
| <i>raloxifene hcl</i> .....45 | RIFADIN | see <i>vigabatrin</i>.....33 |
| <i>ramelteon</i>.....34 | see <i>rifampin</i>.....6 | see <i>vigadrone</i>.....33 |
| <i>ramipril</i>.....17 | <i>rifampin</i>.....6 | see <i>vigpoder</i>.....33 |
| <i>ranolazine</i> .....22 | <i>riluzole</i> .....36 | <i>sacubitril-valsartan tab 24-</i> |
| <i>rasagiline mesylate</i> .....26 | <i>rimantadine hydrochloride</i> 7 | 26 mg .....18 |
| RECLAST | RINVOQ .....51 | <i>sacubitril-valsartan tab 49-</i> |
| see <i>zoledronic acid</i> .....40 | RINVOQ LQ.....51 | 51 mg .....18 |
| <i>reclipsen</i> .....42 | RISPERDAL | <i>sacubitril-valsartan tab 97-</i> |
| RECOMBIVAX HB.....54 | see <i>risperidone</i>.....28 | 103 mg .....18 |
| RECTIV | RISPERDAL CONSTA | <i>sajazir</i> .....50 |
| see <i>nitroglycerin (intra-</i> | see <i>risperidone</i> | SALAGEN |
| <i>anal</i>) .....64 | <i>microspheres</i> .....29 | see <i>pilocarpine hcl (oral)</i> |
| REGLAN | <i>risperidone</i>.....28, 29 |64 |
| see <i>metoclopramide hcl</i> | <i>risperidone microspheres</i> 29 | SANDIMMUNE |
|46 | RITALIN | see <i>cyclosporine</i> .....53 |
| RELENZA DISKHALER....7 | see <i>methylphenidate hcl</i> | SANDOSTATIN |
| RELISTOR.....48 |34 | see <i>octreotide acetate</i> .45 |
| REMERON | <i>ritonavir</i>.....5 | SANTYL.....64 |
| see <i>mirtazapine</i>.....25 | <i>rivaroxaban</i>.....49 | SAPHRIS |
| REMERON SOLTAB | <i>rivastigmine</i> .....24 | see <i>asenapine maleate</i> |
| see <i>mirtazapine</i>.....25 | <i>rivastigmine tartrate</i> .....24 |27 |
| <i>repaglinide</i> .....39 | <i>rizatriptan benzoate</i> .....35 | <i>sapropterin dihydrochloride</i> |
| REPATHA.....20 | ROCALTROL |45 |
| REPATHA SURECLICK .20 | see <i>calcitriol</i> .....46 | SCEMBLIX.....15 |
| RESTASIS.....57 | see <i>calcitriol (oral)</i>.....46 | <i>scopolamine</i>.....46 |
| RESTASIS MULTIDOSE 57 | ROCKLATAN DRO.....57 | SECUADO .....29 |
| RESTORIL | <i>roflumilast</i> .....59 | <i>selegiline hcl</i> .....26 |
| see <i>temazepam</i>.....35 | ROMVIMZA .....14 | <i>selenium sulfide</i>.....62 |

| | | | | | |
|--------------------------------------|----|------------------------------------|----|--|----|
| SELZENTRY | 5 | <i>sodium chloride (gu</i> | | <i>see buprenorphine hcl-</i> | |
| <i>see maraviroc</i> | 5 | <i>irrigant)</i> | 64 | <i>naloxone hcl sl film 2-</i> | |
| SENSIPAR | | <i>sodium fluoride chew; tab;</i> | | <i>0.5 mg (base equiv)</i> .. | 37 |
| <i>see cinacalcet hcl</i> | 44 | <i>1.1 (0.5 f) mg/ml soln</i> .. | 55 | <i>see buprenorphine hcl-</i> | |
| SEREVENT DISKUS | 58 | SODIUM OXYBATE | 37 | <i>naloxone hcl sl film 4-1</i> | |
| SEROQUEL | | <i>sodium phenylbutyrate</i> | 45 | <i>mg (base equiv)</i> | 37 |
| <i>see quetiapine fumarate</i> | | <i>sodium polystyrene</i> | | <i>see buprenorphine hcl-</i> | |
| ..... | 28 | <i>sulfonate powder</i> | 41 | <i>naloxone hcl sl film 8-2</i> | |
| SEROQUEL XR | | <i>solifenacin succinate</i> | 49 | <i>mg (base equiv)</i> | 37 |
| <i>see quetiapine fumarate</i> | | SOLIQUA INJ 100/33 | 40 | <i>subvenite</i> | 32 |
| ..... | 28 | SOLTAMOX..... | 10 | <i>sucalfate</i> | 48 |
| <i>sertraline hcl</i> | 25 | SOLU-CORTEF | 44 | <i>sulfacetamide sodium</i> | |
| <i>setlakin</i> | 42 | <i>see hydrocortisone sod</i> | | <i>(acne)</i> | 61 |
| <i>sharobel</i> | 42 | <i>succinate</i> | 44 | <i>sulfacetamide sodium</i> | |
| SHINGRIX | 54 | SOLU-MEDROL | | <i>(ophth)</i> | 56 |
| SIGNIFOR | 45 | <i>see methylprednisolone</i> | | <i>sulfacetamide sodium-</i> | |
| SIKLOS..... | 50 | <i>sod succ</i> | 44 | <i>prednisolone ophth soln</i> | |
| <i>sildenafil citrate (pulmonary</i> | | SOMATULINE DEPOT ... | 45 | <i>10-0.23(0.25)%</i> | 56 |
| <i>hypertension)</i> | 23 | SOMAVERT..... | 45 | <i>sulfadiazine</i> | 4 |
| SILENOR | | <i>sorafenib tosylate</i> | 15 | <i>sulfamethoxazole-</i> | |
| <i>see doxepin hcl (sleep)</i> | | <i>sotalol hcl</i> | 19 | <i>trimethoprim iv soln 400-</i> | |
| ..... | 34 | <i>sotalol hcl (afib/af)</i> | 19 | <i>80 mg/5ml</i> | 4 |
| SILVADENE | | SOTYKTU..... | 51 | <i>sulfamethoxazole-</i> | |
| <i>see silver sulfadiazine</i> .. | 61 | SPIRIVA RESPIMAT | 58 | <i>trimethoprim susp 200-40</i> | |
| <i>see ssd</i> | 61 | <i>spironolactone</i> | 17 | <i>mg/5ml</i> | 4 |
| <i>silver sulfadiazine</i> | 61 | <i>spironolactone &</i> | | <i>sulfamethoxazole-</i> | |
| SIMBRINZA SUS 1-0.2%..... | 57 | <i>hydrochlorothiazide tab</i> | | <i>trimethoprim tab 400-80</i> | |
| <i>simliya</i> | 42 | <i>25-25 mg</i> | 21 | <i>mg</i> | 4 |
| <i>simvastatin</i> | 19 | SPORANOX | | <i>sulfamethoxazole-</i> | |
| SINEMET | | <i>see itraconazole</i> | 4 | <i>trimethoprim tab 800-160</i> | |
| <i>see carbidopa &</i> | | <i>sprintec 28</i> | 42 | <i>mg</i> | 4 |
| <i>levodopa tab 10-100</i> | | SPRITAM..... | 32 | <i>sulfasalazine</i> | 47 |
| <i>mg</i> | 26 | SPRYCEL | | <i>sulindac</i> | 1 |
| <i>see carbidopa &</i> | | <i>see dasatinib</i> | 12 | <i>sumatriptan</i> | 35 |
| <i>levodopa tab 25-100</i> | | <i>sps</i> | 41 | <i>sumatriptan succinate</i> | 35 |
| <i>mg</i> | 26 | <i>sps rectal</i> | 41 | <i>sunitinib malate</i> | 15 |
| SINGULAIR | | <i>sronyx</i> | 42 | SUNLENCA | 5 |
| <i>see montelukast sodium</i> | | <i>ssd</i> | 61 | SUPREP BOWEL PREP | |
| ..... | 59 | STELARA | 51 | KIT | |
| <i>sirolimus</i> | 53 | STIVARGA | 15 | <i>see sod sulfate-pot sulf-</i> | |
| SIRTURO | 6 | <i>streptomycin sulfate</i> | 4 | <i>mg sulf oral sol 17.5-</i> | |
| SKYRIZI..... | 51 | STRIBILD TAB..... | 6 | <i>3.13-1.6 gm/177ml</i> ... <td>47</td> | 47 |
| SKYRIZI PEN | 51 | STROMEKTOL | | SUTENT | |
| <i>sod sulfate-pot sulf-mg sulf</i> | | <i>see ivermectin</i> | 3 | <i>see sunitinib malate</i> | 15 |
| <i>oral sol 17.5-3.13-1.6</i> | | SUBOXONE | | <i>syeda</i> | 42 |
| <i>gm/177ml</i> | 47 | <i>see buprenorphine hcl-</i> | | SYMBICORT | |
| <i>sodium chloride</i> | 55 | <i>naloxone hcl sl film 12-</i> | | <i>see breyna</i> | 60 |
| | | <i>3 mg (base equiv)</i> | 37 | | |

| | | |
|---|--|---|
| see <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>.....60 | see <i>bexarotene</i> .....11 | <i>theophylline</i>.....59 |
| see <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>.....60 | see <i>bexarotene (topical)</i> .....63 | <i>thioridazine hcl</i>.....29 |
| SYMDEKO TAB 100-15059 | <i>tarina fe 1/20 eq</i>.....42 | <i>thiothixene</i> .....29 |
| SYMDEKO TAB 50-75MG .....59 | TASIGNA | <i>tiadylt er</i>.....21 |
| SYMFI | see <i>nilotinib hcl</i>.....14 | <i>tiagabine hcl</i>.....32 |
| see <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> ..6 | <i>tasimelteon</i> .....34 | TIAZAC |
| SYMPAZAN.....32 | TAVNEOS .....50 | see <i>diltiazem hcl extended release beads</i>.....21 |
| SYMTUZA TAB.....6 | <i>tazarotene</i>.....62 | see <i>tiadylt er</i>.....21 |
| SYNALAR | <i>tazicef</i> .....8 | TIBSOVO.....15 |
| see <i>fluocinolone acetonide</i>.....62, 63 | TAZORAC | <i>ticagrelor</i>.....50 |
| SYNAREL.....45 | see <i>tazarotene</i> .....62 | TICOVAC.....54 |
| SYNTHROID .....46 | TAZVERIK.....15 | <i>tigecycline</i>.....9 |
| see <i>levo-t</i> .....45 | TEFLARO .....8 | TIKOSYN |
| see <i>levothyroxine sodium</i> .....45 | TEGRETOL | see <i>dofetilide</i>.....19 |
| see <i>levoxyl</i> .....45 | see <i>carbamazepine</i>....29 | <i>tilia fe</i> .....42 |
| see <i>unithroid</i> .....46 | TEGRETOL-XR | <i>timolol maleate</i>.....20 |
| SYPRINE | see <i>carbamazepine</i>....29 | <i>timolol maleate (ophth)</i> ...57 |
| see <i>trientine hcl</i>.....41 | TEKTURNA | <i>tinidazole</i> .....4 |
| T | see <i>aliskiren fumarate</i> .22 | TIVICAY.....6 |
| TABLOID .....10 | <i>telmisartan</i> .....19 | TIVICAY PD.....6 |
| TABRECTA .....15 | <i>temazepam</i>.....35 | <i>tizanidine hcl</i>.....36 |
| <i>tacrolimus</i> .....53 | TENIVAC INJ 5-2LF .....54 | TOBI PODHALER.....4 |
| <i>tacrolimus (topical)</i>.....64 | <i>tenofovir disoproxil fumarate</i>.....6 | TOBRADEX OIN 0.3-0.1% .....56 |
| <i>tadalafil</i> .....48 | TENORETIC 100 | <i>tobramycin</i> .....4 |
| <i>tadalafil (pulmonary hypertension)</i> .....23 | see <i>atenolol & chlorthalidone tab 100-25 mg</i> .....20 | <i>tobramycin (ophth)</i>.....56 |
| TAFINLAR .....15 | TENORETIC 50 | <i>tobramycin sulfate</i>.....4 |
| TAGRISO .....15 | see <i>atenolol & chlorthalidone tab 50-25 mg</i> .....20 | <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> ...56 |
| TALZENNA.....15 | TENORMIN | <i>tolterodine tartrate</i>.....49 |
| TAMIFLU | see <i>atenolol</i>.....20 | <i>tolvaptan</i> .....45 |
| see <i>oseltamivir phosphate</i>.....7 | TEPMETKO .....15 | <i>tolvaptan tab therapy pack 30 & 15 mg</i>.....45 |
| <i>tamoxifen citrate</i> .....10 | <i>terazosin hcl</i>.....17 | <i>tolvaptan tab therapy pack 45 & 15 mg</i>.....45 |
| <i>tamsulosin hcl</i>.....48 | <i>terbinafine hcl</i> .....4 | <i>tolvaptan tab therapy pack 60 & 30 mg</i>.....45 |
| TARCEVA | <i>terbutaline sulfate</i> .....58 | <i>tolvaptan tab therapy pack 90 & 30 mg</i>.....45 |
| see <i>erlotinib hcl</i>.....12 | <i>terconazole vaginal</i>.....49 | TOPAMAX |
| TARGRETIN | TERIPARATIDE.....40 | see <i>topiramate</i> .....32 |
| | <i>testosterone</i>.....37 | TOPAMAX SPRINKLE |
| | <i>testosterone cypionate</i> ...37 | see <i>topiramate</i> .....32 |
| | <i>testosterone enanthate</i> ...37 | <i>topiramate</i>.....32 |
| | <i>testosterone pump</i>.....37 | TOPROL XL |
| | <i>tetrabenazine</i>.....36 | |
| | <i>tetracycline hcl</i>.....9 | |
| | THALOMID .....10 | |

| | | |
|--------------------------------------|-------------------------------------|------------------------------------|
| <i>see metoprolol succinate</i> | <i>trihexyphenidyl hcl</i>.....26 | <i>see emtricitabine-</i> |
|20 | TRIJARDY XR TAB ER | <i>tenofovir disoproxil</i> |
| <i>toremifene citrate</i>.....10 | 24HR 10-5-1000MG ....39 | <i>fumarate tab 167-250</i> |
| <i>torpenz</i>.....15 | TRIJARDY XR TAB ER | <i>mg</i> .....6 |
| <i>torseamide</i>.....21 | 24HR 12.5-2.5-1000MG | <i>see emtricitabine-</i> |
| TOUJEO MAX SOLOSTAR |39 | <i>tenofovir disoproxil</i> |
|40 | TRIJARDY XR TAB ER | <i>fumarate tab 200-300</i> |
| TOUJEO SOLOSTAR.....40 | 24HR 25-5-1000MG ....39 | <i>mg</i> .....6 |
| TPN ELECTROL INJ .....55 | TRIJARDY XR TAB ER | TUKYSA .....15 |
| TRACLEER | 24HR 5-2.5-1000MG ...39 | TURALIO .....15 |
| <i>see bosentan</i> .....22 | TRIKAFTA PAK 59.5MG 60 | <i>turqoz</i>.....43 |
| TRADJENTA .....39 | TRIKAFTA PAK 75MG ...60 | TWINRIX INJ .....54 |
| <i>tramadol hcl</i>.....2 | TRIKAFTA TAB 100-50- | TYBOST .....6 |
| <i>trandolapril</i>.....17 | 75MG & 150MG .....60 | TYENNE .....52 |
| <i>tranexamic acid</i>.....50 | TRIKAFTA TAB 50-25- | TYGACIL |
| <i>tranylcypramine sulfate</i> ...25 | 37.5MG & 75MG .....60 | <i>see tigecycline</i>.....9 |
| TRAVASOL INJ 10%.....56 | <i>tri-legest fe</i>.....42 | TYKERB |
| <i>trazodone hcl</i>.....25 | TRILEPTAL | <i>see lapatinib ditosylate</i> 13 |
| TRELEGY AER ELLIPTA | <i>see oxcarbazepine</i>.....31 | TYPHIM VI.....54 |
| 100-62.5-25 MCG .....57 | <i>tri-lynyah</i> .....43 | U |
| TRELEGY AER ELLIPTA | <i>tri-lo-estarylla</i> .....43 | UBRELVY .....35 |
| 200-62.5-25 MCG .....58 | <i>tri-lo-marzia</i>.....43 | UCERIS |
| TREMFYA .....51, 52 | <i>tri-lo-mili</i> .....43 | <i>see budesonide</i>.....47 |
| TREMFYA INDUCTION | <i>tri-lo-sprintec</i>.....43 | UNASYN |
| PACK FO .....52 | <i>trimethoprim</i>.....4 | <i>see ampicillin &</i> |
| <i>tretinoin</i>.....61 | <i>tri-mili</i> .....43 | <i>sulbactam sodium for</i> |
| <i>tretinoin (chemotherapy)</i> .11 | <i>trimipramine maleate</i> .....25 | <i>inj 1.5 (1-0.5) gm</i> .....8 |
| <i>triamcinolone acetonide</i> | TRINTELLIX .....25 | <i>see ampicillin &</i> |
| (mouth).....64 | <i>tri-sprintec</i>.....43 | <i>sulbactam sodium for</i> |
| <i>triamcinolone acetonide</i> | TRIUMEQ PD TAB .....6 | <i>inj 3 (2-1) gm</i> .....9 |
| (topical) .....63 | TRIUMEQ TAB .....6 | UNASYN BULK PACK |
| <i>triamterene &</i> | <i>tri-vylibra</i> .....43 | <i>see ampicillin &</i> |
| <i>hydrochlorothiazide cap</i> | <i>tri-vylibra lo</i> .....43 | <i>sulbactam sodium for</i> |
| 37.5-25 mg.....21 | TROPHAMINE INJ 10% .56 | <i>iv soln 15 (10-5) gm</i> ...9 |
| <i>triamterene &</i> | <i>tropium chloride</i> .....49 | <i>unithroid</i>.....46 |
| <i>hydrochlorothiazide tab</i> | TRULICITY .....39 | UPTRAVI .....23 |
| 37.5-25 mg.....21 | TRUMENBA.....54 | UPTRAVI PACK TAB |
| <i>triamterene &</i> | TRUQAP.....15 | 200/800 .....23 |
| <i>hydrochlorothiazide tab</i> | TRUVADA | UROCIT-K 10 |
| 75-50 mg.....21 | <i>see emtricitabine-</i> | <i>see potassium citrate</i> |
| TRICOR | <i>tenofovir disoproxil</i> | (alkalinizer) .....48 |
| <i>see fenofibrate</i> .....19 | <i>fumarate tab 100-150</i> | UROCIT-K 15 |
| <i>tridacaine ii</i> .....63 | <i>mg</i> .....6 | <i>see potassium citrate</i> |
| <i>triderm</i> .....63 | <i>see emtricitabine-</i> | (alkalinizer) .....48 |
| <i>trientine hcl</i> .....41 | <i>tenofovir disoproxil</i> | UROXATRAL |
| <i>tri-estarylla</i> .....42 | <i>fumarate tab 133-200</i> | <i>see alfuzosin hcl</i>.....48 |
| <i>trifluoperazine hcl</i>.....29 | <i>mg</i> .....6 | URSO FORTE |
| <i>trifluridine</i> .....56 | | <i>see ursodiol</i>.....48 |

| | | |
|---|--|--|
| <i>ursodiol</i>.....48 | VANCOMYCIN INJ 750MG.....4 | <i>vigpoder</i>.....33 |
| USTEKINUMAB.....52 | VANFLYTA .....15 | VIIBRYD |
| V | VANOS | see <i>vilazodone hcl</i>.....25 |
| VAGIFEM | see <i>fluocinonide</i> .....63 | <i>vilazodone hcl</i>.....25 |
| see <i>estradiol vaginal</i> ...43 | VAQTA .....54 | VIMKUNYA.....54 |
| see <i>yuvaferm</i>.....43 | <i>varenicline tartrate</i> .....37 | VIMPAT |
| <i>valacyclovir hcl</i>.....7 | <i>varenicline tartrate tab 11 x</i> <i>0.5 mg & 42 x 1 mg start</i> <i>pack</i> .....37 | see <i>lacosamide</i> .....31 |
| VALCHLOR .....64 | VARIVAX .....54 | see <i>lacosamide oral</i> ...31 |
| VALCYTE | VASCEPA.....20 | <i>viorele</i> .....43 |
| see <i>valganciclovir hcl</i>....7 | VASERETIC | VIRACEPT.....6 |
| <i>valganciclovir hcl</i>.....7 | see <i>enalapril maleate &</i> <i>hydrochlorothiazide tab</i> <i>10-25 mg</i> .....17 | VIREAD .....6 |
| VALIUM | VASOTEC | see <i>tenofovir disoproxil</i> <i>fumarate</i> .....6 |
| see <i>diazepam</i>.....30 | see <i>enalapril maleate</i> ..17 | VITRAKVI .....15 |
| <i>valproate sodium</i> .....32 | VAXCHORA SUS .....54 | VIVELLE-DOT |
| <i>valproic acid</i>.....32 | <i>velivet</i> .....43 | see <i>dotti</i>.....43 |
| <i>valsartan</i> .....19 | VELSIPITY .....52 | see <i>estradiol</i>.....43 |
| <i>valsartan-</i> <i>hydrochlorothiazide tab</i> <i>160-12.5 mg</i>.....18 | VENCLEXTA .....15 | VIVITROL .....37 |
| <i>valsartan-</i> <i>hydrochlorothiazide tab</i> <i>160-25 mg</i>.....18 | VENCLEXTA TAB START PK .....15 | VIVOTIF CAP EC .....54 |
| <i>valsartan-</i> <i>hydrochlorothiazide tab</i> <i>320-12.5 mg</i>.....18 | <i>venlafaxine hcl</i>.....25 | VIZIMPRO .....15 |
| <i>valsartan-</i> <i>hydrochlorothiazide tab</i> <i>320-25 mg</i>.....18 | VENTOLIN HFA.....58 | VONJO .....15 |
| <i>valsartan-</i> <i>hydrochlorothiazide tab</i> <i>80-12.5 mg</i>.....18 | VENTOLIN HFA (INSTITUTIONAL PACK) .....58 | VOQUEZNA PAK DUAL PAK.....48 |
| VALTOCO 10 MG DOSE33 | <i>verapamil hcl</i>.....21 | VOQUEZNA PAK TRIP PK.....48 |
| VALTOCO 15 MG DOSE33 | VERQUVO.....22 | VORANIGO .....16 |
| VALTOCO 20 MG DOSE33 | VERSACLOZ.....29 | <i>voriconazole</i>.....4, 5 |
| VALTOCO 5 MG DOSE..32 | VERZENIO .....15 | VOSEVI TAB .....7 |
| VALTRESX | VESICARE | VOTRIENT |
| see <i>valacyclovir hcl</i> .....7 | see <i>solifenacin succinate</i>.....49 | see <i>pazopanib hcl</i> .....14 |
| <i>valtya 1/50</i>.....43 | <i>vestura</i>.....43 | VOWST CAP .....48 |
| VANCOGIN | VFEND | VRAYLAR .....29 |
| see <i>vancomycin hcl</i>.....4 | see <i>voriconazole</i> .....5 | <i>vyfemla</i> .....43 |
| <i>vancomycin hcl</i>.....4 | VFEND IV | <i>vylibra</i> .....43 |
| VANCOMYCIN | see <i>voriconazole</i> .....4 | VYZULTA.....57 |
| HYDROCHLORIDE | <i>vienva</i> .....43 | W |
| see <i>vancomycin hcl</i>.....4 | <i>vigabatrin</i> .....33 | <i>warfarin sodium</i> .....49 |
| VANCOMYCIN INJ 1 GM .4 | <i>vigadrone</i>.....33 | <i>water for irrigation, sterile</i> <i>irrigation soln</i>.....64 |
| VANCOMYCIN INJ 500MG.....4 | VIGAFYDE .....33 | WELIREG .....11 |
| | VIGAMOX | WELLBUTRIN SR |
| | see <i>moxifloxacin hcl</i> <i>(ophth)</i>.....56 | see <i>bupropion hcl</i>.....24 |
| | | WELLBUTRIN XL |
| | | see <i>bupropion hcl</i>.....24 |
| | | <i>wera</i>.....43 |
| | | WESTAB PLUS TAB 27- 1MG .....55 |
| | | WINREVAIR .....23 |

| | | |
|---|---|--|
| WINREVAIR INJ 45MG ..23 | XPOVIO PAK (40 MG ONCE WEEKLY)..... 16 | see <i>ethosuximide</i> .....30 |
| WINREVAIR INJ 60MG ..23 | XPOVIO PAK (40 MG TWICE WEEKLY) 16 | ZARXIO .....50 |
| <i>wixela inhub</i>.....61 | XPOVIO PAK (60 MG ONCE WEEKLY)..... 16 | ZEGALOGUE .....44 |
| WYOST .....40 | XPOVIO PAK (60 MG TWICE WEEKLY) 16 | ZEJULA .....16 |
| X | XPOVIO PAK (80 MG ONCE WEEKLY)..... 16 | ZELBORAF .....16 |
| XALATAN | XPOVIO PAK (80 MG TWICE WEEKLY) 16 | ZEMAIRA.....60 |
| see <i>latanoprost</i>.....57 | XTANDI .....10 | ZEMPLAR |
| XALKORI .....16 | <i>xulane</i>.....43 | see <i>paricalcitol</i> .....46 |
| XANAX | XULTOPHY INJ 100/3.6 .40 | <i>zenatane</i>.....61 |
| see <i>alprazolam</i>.....23 | XYLOCAINE | ZENPEP CAP 10000UNT |
| <i>xarah fe</i>.....43 | see <i>lidocaine hcl (local anesth.)</i>.....1 |48 |
| XARELTO .....49 | XYLOCAINE-MPF | ZENPEP CAP 15000UNT |
| see <i>rivaroxaban</i>.....49 | see <i>lidocaine hcl (local anesth.)</i>.....1 |48 |
| XARELTO STAR TAB | Y | ZENPEP CAP 20000UNT |
| 15/20MG .....49 | YASMIN 28 |48 |
| XATMEP .....52 | see <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | ZENPEP CAP 25000UNT |
| XCOPRI.....33 |41 |48 |
| XCOPRI PAK 100-150....33 | see <i>ocella</i>.....42 | ZENPEP CAP 3000UNIT48 |
| XCOPRI PAK 12.5-25....33 | see <i>syeda</i>.....42 | ZENPEP CAP 40000UNT |
| XCOPRI PAK 150-200MG | see <i>zumandimine</i> .....43 |48 |
| (MAINTENANCE).....33 | YAZ | ZENPEP CAP 5000UNIT48 |
| XCOPRI PAK 150-200MG | see <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | ZENPEP CAP 60000UNT |
| (TITRATION).....33 |41 |48 |
| XCOPRI PAK 50-100MG33 | see <i>jasmiel</i>.....41 | ZERVIAE .....57 |
| XDEMVY .....56 | see <i>loryna</i>.....42 | ZESTORETIC |
| XELJANZ.....52 | see <i>nikki</i>.....42 | see <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> .....17 |
| XELJANZ XR.....52 | see <i>vestura</i>.....43 | see <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> .....17 |
| XENAZINE | YESINTEK.....52 | see <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> .....17 |
| see <i>tetrabenazine</i>.....36 | YF-VAX INJ .....54 | ZESTRIL |
| XERMELO .....48 | YONSA .....10 | see <i>lisinopril</i> .....17 |
| XHANCE .....60 | YUTREPIA.....23 | ZETIA |
| XIFAXAN .....48 | <i>yuvafem</i>.....43 | see <i>ezetimibe</i>.....20 |
| XIGDUO XR TAB 10-1000 | Z | ZIAGEN |
|39 | <i>zafemy</i>.....43 | see <i>abacavir sulfate</i> .....5 |
| XIGDUO XR TAB 10-500MG | <i>zafirlukast</i> .....59 | <i>zidovudine</i>.....6 |
|39 | ZANAFLEX | <i>ziprasidone hcl</i>.....29 |
| XIGDUO XR TAB 2.5-1000 | see <i>tizanidine hcl</i>.....36 | <i>ziprasidone mesylate</i> .....29 |
|39 | ZARONTIN | ZIRGAN .....56 |
| XIGDUO XR TAB 5-1000MG | | ZITHROMAX |
|39 | | see <i>azithromycin</i> .....8 |
| XIGDUO XR TAB 5-500MG | | ZOCOR |
|39 | | see <i>simvastatin</i> .....19 |
| XIIDRA.....57 | | |
| XOLAIR .....60 | | |
| XOSPATA.....16 | | |
| XPOVIO PAK (100 MG ONCE WEEKLY)..... 16 | | |

| | | |
|-----------------------------------|------------------------------|--------------------------------|
| <i>zoledronic acid</i>.....40 | see <i>everolimus</i> | ZYPREXA |
| ZOLINZA .....16 | (<i>immunosuppressant</i>) | see <i>olanzapine</i>.....28 |
| ZOLOFT |53 | ZYPREXA RELPREVV ...29 |
| see <i>sertraline hcl</i>.....25 | <i>zovia 1/35</i>.....43 | ZYTIGA |
| <i>zolpidem tartrate</i>.....35 | ZTALMY .....33 | see <i>abiraterone acetate</i> |
| ZONEGRAN | <i>zumandimine</i> .....43 |10 |
| see <i>zonisamide</i>.....33 | ZURZUVAE .....25 | see <i>abirtega</i> .....10 |
| ZONISADE .....33 | ZYDELIG .....16 | ZYVOX |
| <i>zonisamide</i> .....33 | ZYKADIA .....16 | see <i>linezolid</i> .....3 |
| ZORTRESS | ZYLET SUS 0.5-0.3%.....56 | |



MASSACHUSETTS

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

This formulary was updated on 10/09/2025. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal (rxmedicareplans.memberdoc.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. Enrollment in an automatic refill program may not transfer between plans. You may be required to re-enroll your prescriptions in the new plan's automatic refill program.

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

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

Blue Cross and Blue Shield of Massachusetts, Inc., 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.

® Registered Marks of the Blue Cross and Blue Shield Association. SM Service Mark of Anthem Blue Cross Blue Shield. © 2025 Blue Cross and Blue Shield of Massachusetts, Inc.

Left Blank Intentionally

QUESTIONS ABOUT YOUR PLAN?

Call Member Service:
1-800-262-BLUE (2583)



GET MORE FROM YOUR PLAN

Understanding your benefits is the best way to get the most from your plan.
Call Member Service when you have questions about:

- Coverage
- Claims
- Deductibles
- Copays
- Pharmacy benefits
- Medications
- Prior Authorization
- MyBlue
- ID card replacement
- Fitness and weight-loss reimbursements
- Billing
- Coverage when traveling
- Pre-existing conditions
- Care management

Questions?

Give Us a Call – Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

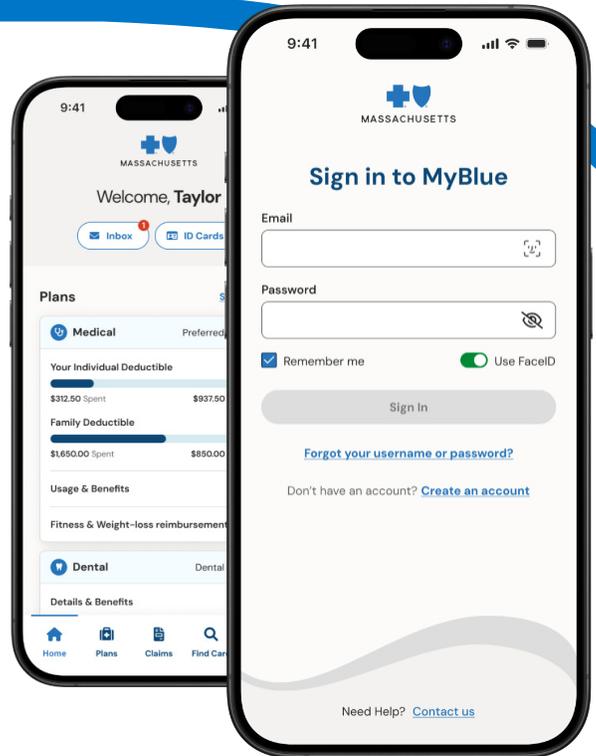
Left Blank Intentionally



MASSACHUSETTS

EASILY ACCESS YOUR HEALTH PLAN WITH MYBLUE

MyBlue is your personalized online member account that makes understanding and using your health plan simple.



DISCOVER THE POWER OF MYBLUE

Stay on top of your health from anywhere, at any time with access to:



COVERAGE AND
BENEFITS INFORMATION



YOUR CLAIMS
AND BALANCES



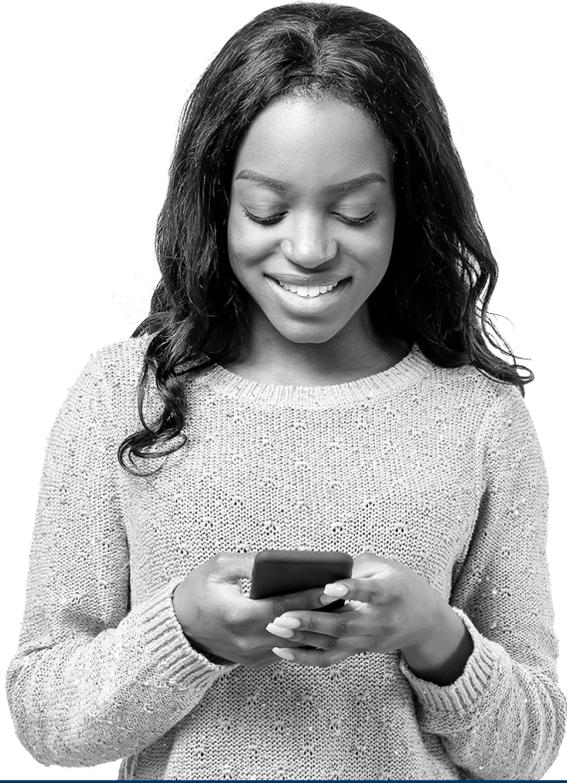
VIDEO DOCTOR VISITS
USING WELL CONNECTION

Get started

Create an account at bluecrossma.org or download the app from the App Store[®] or Google Play[™]. If you have questions, call Member Service at **1-800-832-3871**.

YOUR HEALTH PLAN IN YOUR POCKET

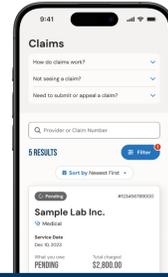
The MyBlue app makes it easy to:



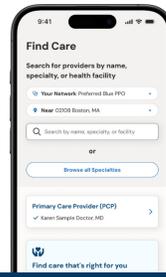
Download the MyBlue app and see your covered benefits and services by clicking on Benefits & Coverage under Plans.



Find, understand, and use your benefits



Review your claim details with guidance on next steps



Get personalized care options that fit your unique needs



Instantly access your digital members ID cards, and add them to your wallet



GET THE MYBLUE APP

You can download the MyBlue app from the App Store[®] or Google Play[™].



Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Left Blank Intentionally



Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689 (TTY: 711)**; fax at **1-617-246-3616**; or email at **civilrightscordinator@bcbsma.com**.

If you need help filing a grievance, the Civil Rights Coordinator 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, online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**.

Complaint forms are available at **hhs.gov**.

Left Blank Intentionally

PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Chinese/简体中文: 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: 711)。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

Arabic/العربية:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": 711).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : 711).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

Greek/Ελληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

Japanese/日本語: お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

Persian/پارسیان:

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ພາສາລາວ: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowłgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjijí' béésh bee hodíílnih (TTY: 711).