

# 2008 Formulary

(List of Covered Drugs)



**BlueAdvantage PFFS Silver<sup>sm</sup>**  
**BlueAdvantage PFFS Gold<sup>sm</sup>**  
**BlueAdvantage PFFS Platinum<sup>sm</sup>**  
**BlueAdvantage PPO Sapphire<sup>sm</sup>**  
**BlueAdvantage PPO Diamond<sup>sm</sup>**  
**BlueAdvantage Plus<sup>sm</sup> Employer Group**  
**BlueRx<sup>®</sup> Option I**  
**BlueRx<sup>®</sup> Option II**  
**BlueRx<sup>®</sup> Option III**  
**BlueRx<sup>®</sup> Employer Group**

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

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.

Last Updated October 2007

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## What is the BlueAdvantage and BlueRx Formulary?

A formulary is a list of covered drugs selected by BlueAdvantage and BlueRx 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. BlueAdvantage and BlueRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueAdvantage and BlueRx 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?

Generally, if you are taking a drug on our 2008 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2008 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary or 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 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 2008. To get updated information about the drugs covered by **BlueAdvantage** and **BlueRx**, please visit our Web site at [www.bcbst-medicare.com](http://www.bcbst-medicare.com) or call **BlueAdvantage** Customer Service at 1-800-841-7434. TTY/TDD users should call 1-888-423-9490 or **BlueRx** Customer Service at 1-888-311-7508. TTY/TDD users should call 1-800-257-3384. Hours of operation are: 8 a.m. to 9 p.m. Eastern Time, 7 days a week. Between March 3 and September 30, you may be required to leave a message on holidays and weekends. Calls will be returned the next business day.

## How do I use the Formulary?

Drugs are listed in alphabetical order for your convenience. Because this formulary includes lists of covered drugs from multiple plans, please be sure to know the name of your plan (for example: BlueAdvantage Silver or BlueRx Option I) and look in the appropriate column for the correct tier level.

## What are generic drugs?

**BlueAdvantage and BlueRx cover both brand-name drugs and generic drugs.** A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

## 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:** BlueAdvantage and BlueRx require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from your plan before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueAdvantage and BlueRx limit the amount of the drug that your plan will cover. For example, BlueAdvantage and BlueRx provides 1 patch per day per prescription for Emsam. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, BlueAdvantage and BlueRx require 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, your plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan 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 6.

You can ask BlueAdvantage and BlueRx to make an exception to these restrictions or limits. See the section, "How do I request an exception to the BlueAdvantage and BlueRx formulary?" on page 2 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, you should first contact Customer Service and ask if your drug is covered. If you learn that BlueAdvantage or BlueRx does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by BlueAdvantage or BlueRx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by your plan.
- You can ask BlueAdvantage or BlueRx to make an exception and cover your drug. See below for information about how to request an exception.

NOTE: Due to a change in Medicare, most Medicare Drug Plans no longer cover erectile dysfunction (ED) drugs like Viagra, Cialis, Levitra, and Caverject. For more information, you can contact Customer Service.

## How do I request an exception to the BlueAdvantage and BlueRx Formulary?

You can ask BlueAdvantage and BlueRx 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 your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for

certain drugs, BlueAdvantage and BlueRx limit 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 more.

- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier (Tier 3), you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier (Tier 2) instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier (Tier 4).

Generally, BlueAdvantage and BlueRx will only approve your request for an exception if the alternative drugs included on the plan's formulary, preferred tier (Tier 2) or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

## For more information

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

If you have questions about **BlueAdvantage** please call Customer Service at 1-800-841-7434. TTY/TDD users should call 1-888-423-9490. Or visit [www.bcbst-medicare.com](http://www.bcbst-medicare.com)

If you have questions about **BlueRx** please call Customer Service at 1-888-311-7508. TTY/TDD users should call 1-800-257-3384. Or visit [www.bcbst-medicare.com](http://www.bcbst-medicare.com)

Hours of operation: 8 a.m. to 9 p.m. Eastern Time, 7 days a week. From March 3 to September 30, you may be required to leave a message on weekends or holidays. Calls will be returned the next business day.

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](http://www.medicare.gov).

## BlueAdvantage and BlueRx Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by BlueAdvantage and BlueRx. Drugs are listed in alphabetical order. Because this formulary includes lists of covered drugs from multiple plans, please be sure to know the name of your plan (for example: BlueAdvantage Silver or BlueRX Option I) and look in the appropriate column for the correct tier level.

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

The Tier Level column indicates what tier or copay amount you will pay for each drug. If this column is blank, it means the drug is not covered. If there is a double asterisk, it means the brand is not covered but a generic is available.

The information in the Requirements/Limits column tells you if BlueAdvantage or BlueRx has any special requirements for coverage of your drug.

**PA** means that this drug requires prior authorization.

**QL** means that there are quantity limits on this drug.

**ST** means that step therapy applies to this drug.

BlueRx Option III provides coverage for all generics during the coverage gap. Please refer to your Summary of Benefits for more information about this coverage.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
8-MOP	Dermatological Agents			3	
ABELCET	Antifungals	3		3	
ABILIFY	Antipsychotics	3		3	
ABILIFY DISCMELT	Antipsychotics	3		3	
ABRAXANE	Antineoplastics			3	
ACCOLATE	Respiratory Tract Agents	3	QL	3	QL
ACCUNEB	Respiratory Tract Agents			3	
ACCUPRIL	Cardiovascular Agents	**		3**	
ACCURETIC	Cardiovascular Agents	**		3**	
ACCUTANE	Dermatological Agents	**		3**	
acebutolol hcl	Cardiovascular Agents	1		1	
ACEON	Cardiovascular Agents			3	
ACETADOTE	Antidotes, Deterrents, and Toxicologic Agents			3	
<i>acetaminophen w/ codeine</i>	Analgesics	1		1	
<i>acetaminophen-caff-dihydrocod</i>	Analgesics	1		1	
<i>acetazolamide</i>	Cardiovascular Agents	1		1	
ACETAZOLAMIDE SODIUM	Cardiovascular Agents			3	
<i>acetic acid (otic)</i>	Otic Agents	1		1	
<i>acetic acid-aluminum acetate</i>	Otic Agents	1		1	
<i>acetylcysteine</i>	Antidotes, Deterrents, and Toxicologic Agents	1		1	
ACIPHEX	Gastrointestinal Agents		QL	3	QL
ACLOVATE	Dermatological Agents	**		3**	
ACTHIB	Immunological Agents	2		2	
ACTIGALL	Gastrointestinal Agents	**		3**	
ACTIMMUNE	Immunological Agents	4		4	
ACTIQ	Analgesics	4	PA, QL	4	PA, QL

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
ACTIVELLA	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	3		3	
ACTONEL	Metabolic Bone Disease Agents	2	QL	2	QL
ACTONEL WITH CALCIUM	Metabolic Bone Disease Agents	2	QL	2	QL
ACTOPLUS MET	Blood Glucose Regulators	2		2	
ACTOS	Blood Glucose Regulators	2		2	
ACULAR	Ophthalmic Agents			3	
ACULAR LS	Ophthalmic Agents			3	
ACULAR PF	Ophthalmic Agents			3	
<i>acyclovir</i>	Antivirals	1		1	
<i>acyclovir sodium</i>	Antivirals	1		1	
ADACEL	Immunological Agents	2		2	
ADAGEN	Enzyme Replacements/ Modifiers	4		4	
ADALAT CC	Cardiovascular Agents	**		3**	
ADDERALL	Central Nervous System Agents	**		3**	
ADDERALL XR	Central Nervous System Agents		QL	3	QL
ADOXA	Antibacterials	**		3**	
ADOXA PAK 1/100	Antibacterials	**		3**	
ADOXA PAK 1/150	Antibacterials	**		3**	
ADOXA PAK 1/75	Antibacterials	**		3**	
ADOXA PAK 2/100	Antibacterials	**		3**	
ADRENALIN	Respiratory Tract Agents			3	
ADRIAMYCIN	Antineoplastics			3	
ADVAIR DISKUS	Respiratory Tract Agents	2		2	
ADVAIR HFA	Respiratory Tract Agents	2		2	
ADVICOR	Cardiovascular Agents	3		3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
AEROBID	Respiratory Tract Agents			3	
AEROBID-M	Respiratory Tract Agents			3	
AGENERASE	Antivirals	2		2	
AGGRENEX	Blood Products/ Modifiers/ Volume Expanders	3	QL	3	QL
AGRYLIN	Blood Products/ Modifiers/ Volume Expanders	3**		3**	
AKINETON	Antiparkinson Agents	2		2	
AKNE-MYCIN	Dermatological Agents			3	
ALAMAST	Ophthalmic Agents			3	
ALA-SCALP	Dermatological Agents			3	
ALBALON	Ophthalmic Agents	**		3**	
ALBENZA	Antiparasitics			3	
<i>albuterol</i>	Respiratory Tract Agents	1		1	
<i>albuterol sulfate</i>	Respiratory Tract Agents	1		1	
ALCAINE	Ophthalmic Agents	**		3**	
<i>alclometasone dipropionate</i>	Dermatological Agents	1		1	
<i>alcohol in d5w</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
ALCOHOL SWABS	Unclassified Agents	3		3	
ALDACTAZIDE	Cardiovascular Agents	**		3**	
ALDACTONE	Cardiovascular Agents	**		3**	
ALDARA	Dermatological Agents	2		2	
ALDURAZYME	Enzyme Replacements/ Modifiers	4		4	
ALESSE-28	Unclassified Agents	3**		3**	
ALFERON N	Immunological Agents	4		4	
ALIMTA	Antineoplastics	4		4	
ALINIA	Antiparasitics	3		3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
ALKERAN	Antineoplastics	3		3	
ALLEGRA	Respiratory Tract Agents		QL	3	QL
ALLEGRA-D 12 HOUR	Respiratory Tract Agents		QL	3	QL
ALLEGRA-D 24 HOUR	Respiratory Tract Agents		QL	3	QL
<i>allopurinol</i>	Antigout Agents	1		1	
<i>allopurinol sodium</i>	Antigout Agents	1		1	
ALOCRIIL	Ophthalmic Agents			3	
ALOMIDE	Ophthalmic Agents			3	
ALOPRIM	Antigout Agents	**		3**	
ALORA	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
ALOXI	Antiemetics			3	
ALPHAGAN P	Ophthalmic Agents	2		2	
ALREX	Ophthalmic Agents			3	
ALTACE	Cardiovascular Agents	3		3	
ALTOPREV	Cardiovascular Agents			3	
ALUPENT	Respiratory Tract Agents			3	
<i>amantadine hcl</i>	Antiparkinson Agents	1		1	
AMARYL	Blood Glucose Regulators	3**		3**	
AMBIEN	Sedatives/ Hypnotics	**	QL	3**	QL
AMBIEN CR	Sedatives/ Hypnotics	3	ST, QL	3	ST, QL
AMBISOME	Antifungals	3		3	
<i>amcinonide</i>	Dermatological Agents	1		1	
AMERGE	Antimigraine Agents	3	QL	3	QL
AMEVIVE	Dermatological Agents	4	PA	4	PA
<i>amikacin sulfate</i>	Antibacterials	1		1	
AMIKIN	Antibacterials	**		3**	
<i>amiloride &amp; hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
<i>amiloride hcl</i>	Cardiovascular Agents	1		1	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
AMINESS	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
<i>amino acid electrolyte infusion</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>amino acid electrolyte w/ calcium infusion in d25w</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>amino acid infusion</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>amino acid infusion in d10w</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>amino acid infusion in d20w</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>amino acid infusion in d25w</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>aminophylline</i>	Respiratory Tract Agents	1		1	
AMINOSYN	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
AMINOSYN 7%/ ELECTROLYTES	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
AMINOSYN II	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
AMINOSYN II 3.5%/ DEXTROSE	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
AMINOSYN II 3.5/ DEXTROSE	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
AMINOSYN II 4.25/ DEXTROSE	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
AMINOSYN II 5/ DEXTROSE 25	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
AMINOSYN II M 3.5%/ DEXTRO	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
AMINOSYN II M 4.25/ DEXTRO	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
AMINOSYN M	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
AMINOSYN-HBC	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
AMINOSYN-PF	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
AMINOSYN-PF 7%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
<i>amiodarone hcl</i>	Cardiovascular Agents	1		1	
AMITIZA	Gastrointestinal Agents		QL	3	QL
<i>amitriptyline hcl</i>	Antidepressants	1		1	
<i>amlodipine besylate</i>	Cardiovascular Agents	1		1	
<i>amlodipine besylate-benazepril hcl</i>	Cardiovascular Agents	1		1	
AMMONIUM CHLORIDE	Therapeutic Nutrients/ Minerals/ Electrolytes			3	
AMOXAPINE	Antidepressants	3		3	
<i>amoxicillin</i>	Antibacterials	1		1	
<i>amoxicillin &amp; pot clavulanate</i>	Antibacterials	1		1	
AMOXIL	Antibacterials			3	
<i>amphetamine-dextroamphetamine</i>	Central Nervous System Agents	1		1	
AMPHOTEC	Antifungals			3	
<i>amphotericin b</i>	Antifungals	1		1	
<i>ampicillin</i>	Antibacterials	1		1	
<i>ampicillin &amp; sulbactam sodium</i>	Antibacterials	1		1	
<i>ampicillin sodium</i>	Antibacterials	1		1	
ANADROL-50	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	4		4	
ANAFRANIL	Antidepressants	**		3**	
<i>anagrelide hcl</i>	Blood Products/ Modifiers/ Volume Expanders	1		1	
ANAPROX	Analgesics	**		3**	
ANAPROX DS	Analgesics	**		3**	
ANCOBON	Antifungals	3		3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
ANDRODERM	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	3		3	
ANDROGEL	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
ANDROGEL PUMP	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
ANDROID	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
ANDROXY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
ANSAID	Analgesics	**		3**	
ANTABUSE	Antidotes, Deterrents, and Toxicologic Agents	2		2	
ANTARA	Cardiovascular Agents	3		3	
ANTIVERT	Antiemetics	**		3**	
ANTIZOL	Antidotes, Deterrents, and Toxicologic Agents	3		3	
ANUSOL-HC	Inflammatory Bowel Disease Agents	**		3**	
ANZEMET	Antiemetics		QL	3	QL
APHTHASOL	Dental and Oral Agents			3	
APIDRA	Blood Glucose Regulators	3		3	
APOKYN	Antiparkinson Agents			4	
APTIVUS	Antivirals	3		3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
ARALAST	Respiratory Tract Agents			3	
ARALEN	Antiparasitics	**		3**	
ARANESP	Blood Products/ Modifiers/ Volume Expanders	2	PA	2	PA
ARANESP ALBUMIN FREE	Blood Products/ Modifiers/ Volume Expanders	2	PA	2	PA
ARANESP ALBUMIN FREE SURE	Blood Products/ Modifiers/ Volume Expanders	2	PA	2	PA
ARAVA	Immunological Agents	2**	QL	2**	QL
AREDIA	Metabolic Bone Disease Agents	**		3**	
ARESTIN	Dental and Oral Agents			3	
ARICEPT	Antidementia Agents	2		2	
ARICEPT ODT	Antidementia Agents	2		2	
ARIMIDEX	Antineoplastics	2		2	
ARISTOSPAN INTRA-ARTICULAR	Anti-inflammatory Agents			3	
ARISTOSPAN INTRALESIONAL	Anti-inflammatory Agents			3	
ARIXTRA	Blood Products/ Modifiers/ Volume Expanders	2		2	
AROMASIN	Antineoplastics	3		3	
ARRANON	Antineoplastics			4	
ARTHROTEC 50	Analgesics	3		3	
ARTHROTEC 75	Analgesics	3		3	
ASACOL	Inflammatory Bowel Disease Agents	3		3	
ASMANEX 120 METERED DOSES	Respiratory Tract Agents	3		3	
ASMANEX 14 METERED DOSES	Respiratory Tract Agents	3		3	
ASMANEX 30 METERED DOSES	Respiratory Tract Agents	3		3	
ASMANEX 60 METERED DOSES	Respiratory Tract Agents	3		3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>aspirin w/ codeine</i>	Analgesics	1		1	
ASTELIN	Respiratory Tract Agents	2		2	
ATACAND	Cardiovascular Agents	3		3	
ATACAND HCT	Cardiovascular Agents	3		3	
<i>atenolol</i>	Cardiovascular Agents	1		1	
<i>atenolol &amp; chlorthalidone</i>	Cardiovascular Agents	1		1	
ATGAM	Immunological Agents			3	
ATRIDOX	Antibacterials			3	
ATRIPLA	Antivirals	3		3	
<i>atropine sulfate</i>	Gastrointestinal Agents	1		1	
<i>atropine sulfate (ophthalmic)</i>	Ophthalmic Agents	1		1	
ATROVENT	Respiratory Tract Agents	**		3**	
ATROVENT HFA	Respiratory Tract Agents	3		3	
ATTENUVAX	Immunological Agents	2		2	
<i>aug betamethasone dipropionate</i>	Dermatological Agents	1		1	
AUGMENTIN	Antibacterials	**		3**	
AUGMENTIN ES-600	Antibacterials	**		3**	
AUGMENTIN XR	Antibacterials			3	
AVALIDE	Cardiovascular Agents	3		3	
AVANDAMET	Blood Glucose Regulators	2		2	
AVANDARYL	Blood Glucose Regulators	2		2	
AVANDIA	Blood Glucose Regulators	2		2	
AVAPRO	Cardiovascular Agents	3		3	
AVASTIN	Antineoplastics			3	
AVELOX	Antibacterials	2	QL	2	QL
AVELOX ABC PACK	Antibacterials	2	QL	2	QL
AVINZA	Analgesics	3		3	
AVODART	Genitourinary Agents	2	QL	2	QL
AVONEX	Immunological Agents	4		4	
AXERT	Antimigraine Agents		QL	3	QL

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

Drug Name	Therapeutic Category	BlueRx I, BlueAdvantage Silver & Sapphire Tier Level	Limits	BlueRx II, III & Employer Group BlueAdvantage Gold, Platinum, Diamond & Plus Tier Level	Limits
AXID	Gastrointestinal Agents	**	QL	3**	QL
AYGESTIN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	**		3**	
AZACTAM	Antibacterials	3		3	
AZACTAM IN DEXTROSE	Antibacterials	3		3	
AZASAN	Immunological Agents			3	
AZASITE		3		3	
<i>azathioprine</i>	Immunological Agents	1		1	
AZATHIOPRINE SODIUM	Immunological Agents	3		3	
AZELEX	Dermatological Agents			3	
AZILECT	Antiparkinson Agents	3	QL	3	QL
<i>azithromycin</i>	Antibacterials	1		1	
AZMACORT	Respiratory Tract Agents	3		3	
AZOPT	Ophthalmic Agents	2		2	
AZULFIDINE	Inflammatory Bowel Disease Agents	3**		3**	
AZULFIDINE EN-TABS	Inflammatory Bowel Disease Agents	3**		3**	
BACITRACIN	Antibacterials	3		3	
<i>bacitracin (ophthalmic)</i>	Antibacterials	1		1	
<i>bacitracin-polymyxin b (ophth)</i>	Ophthalmic Agents	1		1	
<i>bacitracin-poly-neomycin-hc</i>	Ophthalmic Agents	1		1	
<i>baclofen</i>	Skeletal Muscle Relaxants	1		1	
BACTOCILL IN DEXTROSE	Antibacterials			3	
BACTRIM	Antibacterials	**		3**	
BACTRIM DS	Antibacterials	**		3**	
BACTROBAN	Antibacterials	2**		2**	
BACTROBAN NASAL	Antibacterials			3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
BARACLUDE	Antivirals	3		3	
BD ECLIPSE SYRINGE/1ML/30	Unclassified Agents	2		2	
BD INSULIN SYRINGE SAFETY	Unclassified Agents	2		2	
BD NEEDLE/30G X 1/2"	Unclassified Agents	2		2	
BECONASE AQ	Respiratory Tract Agents			3	
BENADRYL	Antiemetics	**		3**	
<i>benazepril &amp; hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
<i>benazepril hcl</i>	Cardiovascular Agents	1		1	
BENICAR	Cardiovascular Agents	3		3	
BENICAR HCT	Cardiovascular Agents	3		3	
BENOQUIN	Dermatological Agents			3	
BENTYL	Gastrointestinal Agents	**		3**	
BENZACLIN	Dermatological Agents			3	
BENZAMYCIN	Dermatological Agents	**		3**	
<i>benzoyl peroxide-erythromycin</i>	Dermatological Agents	1		1	
<i>benztropine mesylate</i>	Antiparkinson Agents	1		1	
BETAGAN	Ophthalmic Agents	**		3**	
BETAGAN C CAP QD	Ophthalmic Agents	**		3**	
BETAGAN WITHOUT C CAP	Ophthalmic Agents	**		3**	
<i>betamethasone dipropionate (topical)</i>	Dermatological Agents	1		1	
<i>betamethasone valerate</i>	Dermatological Agents	1		1	
BETAPACE	Cardiovascular Agents	**		3**	
BETAPACE AF	Cardiovascular Agents	**		3**	
BETASERON	Immunological Agents	4		4	
<i>betaxolol hcl</i>	Cardiovascular Agents	1		1	
<i>bethanechol chloride</i>	Genitourinary Agents	1		1	
BETIMOL	Ophthalmic Agents			3	
BETOPTIC-S	Ophthalmic Agents			3	
BEXXAR	Antineoplastics			3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
BIAXIN	Antibacterials	**		3**	
BIAXIN XL	Antibacterials			3	
BIAXIN XL PAC	Antibacterials			3	
BICILLIN C-R	Antibacterials	3		3	
BICILLIN L-A	Antibacterials	3		3	
BICNU W/DILUENT ABSOLUTE	Antineoplastics	3		3	
BIDIL	Cardiovascular Agents			3	
BILTRICIDE	Antiparasitics			3	
BIO-STATIN	Antifungals			3	
<i>bisoprolol &amp; hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
<i>bisoprolol fumarate</i>	Cardiovascular Agents	1		1	
BLENOXANE	Antineoplastics	**		3**	
<i>bleomycin sulfate</i>	Antineoplastics	1		1	
BLEPH-10	Ophthalmic Agents	**		3**	
BLEPHAMIDE	Ophthalmic Agents			3	
BLEPHAMIDE S.O.P.	Ophthalmic Agents			3	
BONIVA	Metabolic Bone Disease Agents	3	PA, QL	3	PA, QL
BOOSTRIX	Immunological Agents	2		2	
BOTOX	Unclassified Agents		PA	3	PA
BRETHINE	Respiratory Tract Agents	**		3**	
BREVICON-28	Unclassified Agents	**		3**	
<i>brimonidine tartrate</i>	Ophthalmic Agents	1		1	
<i>bromocriptine mesylate</i>	Antiparkinson Agents	1		1	
BROVANA	Respiratory Tract Agents		QL	3	QL
<i>bumetanide</i>	Cardiovascular Agents	1		1	
BUMEX	Cardiovascular Agents	**		3**	
BUPHENYL	Enzyme Replacements/ Modifiers	3		3	
BUPRENEX	Analgesics	**		3**	
<i>buprenorphine hcl</i>	Analgesics	1		1	
<i>bupropion hcl</i>	Antidepressants	1	QL	1	QL
<i>bupropion hcl (smoking deterrent)</i>	Antidotes, Deterrents, and Toxicologic Agents	1		1	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

Drug Name	Therapeutic Category	BlueRx I, BlueAdvantage Silver & Sapphire Tier Level	Limits	BlueRx II, III & Employer Group BlueAdvantage Gold, Platinum, Diamond & Plus Tier Level	Limits
BUSPAR	Anxiolytics	**		3**	
<i>bupirone hcl</i>	Anxiolytics	1		1	
BUSULFEX	Antineoplastics	3		3	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	Analgesics	1		1	
<i>butalbital-aspirin-caffeine w/cod</i>	Analgesics	1		1	
<i>butorphanol tartrate</i>	Analgesics	1	QL	1	QL
BYETTA	Blood Glucose Regulators	2	ST, QL	2	ST, QL
<i>cabergoline</i>	Hormonal Agents, Suppressant (Pituitary)	1		1	
CADUET	Cardiovascular Agents		QL	3	QL
CAFERGOT	Antimigraine Agents	**		3**	
CALAN	Cardiovascular Agents	**		3**	
CALAN SR	Cardiovascular Agents	**		3**	
CALCIJEX	Therapeutic Nutrients/ Minerals/ Electrolytes	**		3**	
<i>calcitonin (salmon)</i>	Metabolic Bone Disease Agents	1		1	
<i>calcitriol</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
CAMPATH	Antineoplastics	3		3	
CAMPRAL	Antidotes, Deterrents, and Toxicologic Agents	3		3	
CAMPTOSAR	Antineoplastics	3		3	
CANASA	Inflammatory Bowel Disease Agents	3		3	
CANCIDAS	Antifungals	4		4	
CANTIL	Gastrointestinal Agents			3	
CAPASTAT SULFATE	Antimycobacterials			3	
CAPEX	Dermatological Agents			3	
CAPITAL/CODEINE	Analgesics			3	
CAPOTEN	Cardiovascular Agents	**		3**	
CAPOZIDE	Cardiovascular Agents	**		3**	
<i>captopril</i>	Cardiovascular Agents	1		1	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>captopril &amp; hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
CARAC	Dermatological Agents			3	
CARAFATE	Gastrointestinal Agents	**		3**	
<i>carbachol (ophth)</i>	Ophthalmic Agents	1		1	
<i>carbamazepine</i>	Anticonvulsants	1		1	
CARBATROL	Anticonvulsants	3		3	
<i>carbidopa-levodopa</i>	Antiparkinson Agents	1		1	
<i>carbinoxamine maleate</i>	Respiratory Tract Agents	1		1	
<i>carboplatin</i>	Antineoplastics	1		1	
CARDENE	Cardiovascular Agents	**		3**	
CARDENE I.V.	Cardiovascular Agents			3	
CARDENE SR	Cardiovascular Agents			3	
CARDIZEM	Cardiovascular Agents	**		3**	
CARDIZEM CD	Cardiovascular Agents	**		3**	
CARDIZEM LA	Cardiovascular Agents	3		3	
CARDURA	Cardiovascular Agents	**		3**	
CARDURA XL	Genitourinary Agents			3	
CARIMUNE	Immunological Agents	3		3	
CARIMUNE NANOFILTERED	Immunological Agents	3		3	
<i>carisoprodol</i>	Skeletal Muscle Relaxants	1		1	
<i>carisoprodol w/ aspirin</i>	Skeletal Muscle Relaxants	1		1	
<i>carisoprodol w/ aspirin &amp; codeine</i>	Skeletal Muscle Relaxants	1		1	
CARMOL-HC	Dermatological Agents	**		3**	
CARNITOR	Unclassified Agents	**		3**	
<i>carteolol hcl (ophth)</i>	Ophthalmic Agents	1		1	
CARTIA XT	Cardiovascular Agents	2		2	
CARTROL	Cardiovascular Agents			3	
CASODEX	Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)	3		3	
CATAFLAM	Analgesics	**		3**	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
CATAPRES	Cardiovascular Agents	**		3**	
CATAPRES-TTS-1	Cardiovascular Agents	3		3	
CATAPRES-TTS-2	Cardiovascular Agents	3		3	
CATAPRES-TTS-3	Cardiovascular Agents	3		3	
CEDAX	Antibacterials	3		3	
CEENU	Antineoplastics	3		3	
<i>cefaclor</i>	Antibacterials	1		1	
<i>cefaclor monohydrate</i>	Antibacterials	1		1	
<i>cefadroxil</i>	Antibacterials	1		1	
<i>cefazolin sodium</i>	Antibacterials	1		1	
CEFAZOLIN SODIUM-DEXTROSE	Antibacterials	3		3	
<i>cefdinir</i>	Antibacterials	1		1	
CEFIZOX IN DEXTROSE 5%	Antibacterials			3	
<i>cefotaxime sodium</i>	Antibacterials	1		1	
<i>cefopidine sodium</i>	Antibacterials	1		1	
<i>cefprozil</i>	Antibacterials	1		1	
<i>cefprozil</i>	Antibacterials	1		1	
<i>ceftazidime</i>	Antibacterials	1		1	
CEFTIN	Antibacterials	**		3**	
<i>ceftriaxone sodium</i>	Antibacterials	1		1	
<i>ceftriaxone sodium in dextrose</i>	Antibacterials	1		1	
CEFTRIAZONE/DEXTROSE	Antibacterials			3	
<i>cefuroxime axetil</i>	Antibacterials	1		1	
<i>cefuroxime sodium</i>	Antibacterials	1		1	
CEFUROXIME/DEXTROSE	Antibacterials			3	
CEFZIL	Antibacterials	**		3**	
CELEBREX	Analgesics	2	PA, QL	2	PA, QL
CELESTONE	Anti-inflammatory Agents			3	
CELEXA	Antidepressants	**		3**	
CELLCEPT	Immunological Agents	2		2	
CELLCEPT INTRAVENOUS	Immunological Agents	2		2	
CELONTIN	Anticonvulsants	3		3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
CENESTIN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	3		3	
CEPHALEXIN	Antibacterials	3		3	
CEREBYX	Anticonvulsants	**		3**	
CEREDASE	Enzyme Replacements/ Modifiers	4		4	
CEREZYME	Enzyme Replacements/ Modifiers	4		4	
CERUBIDINE	Antineoplastics	**		3**	
CHANTIX	Antidotes, Deterrents, and Toxicologic Agents		QL	3	QL
CHEMET	Antidotes, Deterrents, and Toxicologic Agents			3	
CHLORAMPHENICOL SODIUM SU	Antibacterials			3	
<i>chlordiazepoxide-amitriptyline</i>	Antidepressants	1		1	
<i>chlorhexidine gluconate (mouth-throat)</i>	Dental and Oral Agents	1		1	
<i>chloroquine phosphate</i>	Antiparasitics	1		1	
<i>chlorothiazide</i>	Cardiovascular Agents	1		1	
<i>chlorpromazine hcl</i>	Antiemetics	1		1	
<i>chlorpropamide</i>	Blood Glucose Regulators	1		1	
<i>chlorthalidone</i>	Cardiovascular Agents	1		1	
<i>chlorzoxazone</i>	Skeletal Muscle Relaxants	1		1	
<i>cholestyramine</i>	Cardiovascular Agents	1		1	
<i>cholestyramine light</i>	Cardiovascular Agents	1		1	
<i>chorionic gonadotropin</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	1		1	
<i>ciclopirox olamine</i>	Antifungals	1		1	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>cilostazol</i>	Blood Products/ Modifiers/ Volume Expanders	1	QL	1	QL
CILOXAN	Ophthalmic Agents			3	
<i>cimetidine</i>	Gastrointestinal Agents	1		1	
<i>cimetidine hcl</i>	Gastrointestinal Agents	1		1	
CIPRO	Antibacterials	**	QL	3**	QL
CIPRO HC	Otic Agents	3		3	
CIPRO I.V.	Antibacterials	2**		2**	
CIPRO I.V.-IN D5W	Antibacterials	2		2	
CIPRO XR	Antibacterials	2**	QL	2**	QL
CIPRODEX	Otic Agents	3		3	
<i>ciprofloxacin</i>	Antibacterials	1		1	
<i>ciprofloxacin hcl</i>	Antibacterials	1	QL	1	QL
<i>ciprofloxacin hcl (ophth)</i>	Ophthalmic Agents	1		1	
<i>ciprofloxacin-ciprofloxacin hcl</i>	Antibacterials	1		1	
<i>cisplatin</i>	Antineoplastics	1		1	
<i>citalopram hydrobromide</i>	Antidepressants	1		1	
<i>cladribine</i>	Antineoplastics	1		1	
CLAFORAN	Antibacterials	**		3**	
CLAFORAN/D5W	Antibacterials			3	
CLARINEX	Respiratory Tract Agents	2	QL	2	QL
CLARINEX REDITABS	Respiratory Tract Agents	2	QL	2	QL
CLARINEX-D 12 HOUR	Respiratory Tract Agents	2	QL	2	QL
CLARINEX-D 24 HOUR	Respiratory Tract Agents	2	QL	2	QL
<i>clarithromycin</i>	Antibacterials	1		1	
<i>clemastine fumarate</i>	Respiratory Tract Agents	1		1	
CLEOCIN	Antibacterials	**		3**	
CLEOCIN PEDIATRIC GRANULE	Antibacterials			3	
CLEOCIN PHOSPHATE	Antibacterials	**		3**	
CLEOCIN-T	Antibacterials	**		3**	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
CLIMARA	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	3**		3**	
CLIMARA PRO	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	3		3	
CLIMIMIX E 4.25%/ DEXTROSE	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
CLINDAGEL	Antibacterials			3	
<i>clindamycin hcl</i>	Antibacterials	1		1	
<i>clindamycin phosphate</i>	Antibacterials	1		1	
<i>clindamycin phosphate (topical)</i>	Antibacterials	1		1	
<i>clindamycin phosphate vaginal</i>	Antibacterials	1		1	
CLINDESSE	Antibacterials			3	
CLINIMIX 2.75%/ DEXTROSE 5	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
CLINIMIX 4.25%/ DEXTROSE 5	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
CLINIMIX 5%/ DEXTROSE 15%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
CLINIMIX 5%/ DEXTROSE 20%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
CLINIMIX 5%/ DEXTROSE 25%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
CLINIMIX E 2.75%/ DEXTROSE	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
CLINIMIX E 5%/ DEXTROSE 15	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
CLINIMIX E 5%/ DEXTROSE 20	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
CLINIMIX E 5%/ DEXTROSE 25	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
CLINIMIX E 5%/ DEXTROSE 35	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
CLINORIL	Analgesics	**		3**	
<i>clobetasol propionate</i>	Dermatological Agents	1		1	
<i>clobetasol propionate emollient base</i>	Dermatological Agents	1		1	
CLOBEX	Dermatological Agents			3	
CLODERM	Dermatological Agents			3	
CLOLAR	Antineoplastics			3	
<i>clomipramine hcl</i>	Antidepressants	1		1	
<i>clonidine hcl</i>	Cardiovascular Agents	1		1	
CLORPRES	Cardiovascular Agents			3	
<i>clotrimazole</i>	Antifungals	1		1	
<i>clotrimazole (topical)</i>	Dermatological Agents	1		1	
<i>clotrimazole w/ betamethasone</i>	Dermatological Agents	1		1	
<i>clozapine</i>	Antipsychotics	1		1	
CLOZARIL	Antipsychotics	**		3**	
COGENTIN	Antiparkinson Agents			3	
COGNEX	Antidementia Agents	3		3	
COLAZAL	Inflammatory Bowel Disease Agents	3		3	
COLCHICINE	Antigout Agents	2		2	
<i>colchicine w/ probenecid</i>	Antigout Agents	1		1	
COLESTID	Cardiovascular Agents	**		3**	
COLESTID FLAVORED	Cardiovascular Agents	**		3**	
<i>colestipol hcl</i>	Cardiovascular Agents	1		1	
<i>colistimethate sodium</i>	Antibacterials	1		1	
COLY-MYCIN-M	Antibacterials	**		3**	
COLY-MYCIN-S	Otic Agents			3	
COLYTE	Gastrointestinal Agents	**		3**	
COLYTE-FLAVOR PACKS	Gastrointestinal Agents	**		3**	
COMBIPATCH	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	3		3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
COMBIVENT	Respiratory Tract Agents	3		3	
COMBIVIR	Antivirals	3		3	
COMBUNOX	Analgesics		QL	3	QL
COMTAN	Antiparkinson Agents	2		2	
COMVAX	Immunological Agents	2		2	
CONCERTA	Central Nervous System Agents		QL	3	QL
CONDYLOX	Dermatological Agents	2**		2**	
COPAXONE	Immunological Agents	4		4	
COPEGUS	Antivirals	3**		3**	
CORDARONE	Cardiovascular Agents	**		3**	
CORDRAN	Dermatological Agents			3	
CORDRAN SP	Dermatological Agents			3	
CORDRAN TAPE	Dermatological Agents			3	
COREG	Cardiovascular Agents	2		2	
COREG CR	Cardiovascular Agents	2	QL	2	QL
CORGARD	Cardiovascular Agents	**		3**	
CORTEF	Anti-inflammatory Agents	3**		3**	
CORTIFOAM	Inflammatory Bowel Disease Agents			3	
<i>cortisone acetate</i>	Anti-inflammatory Agents	1		1	
CORTISPORIN	Dermatological Agents			3	
CORTISPORIN-TC	Otic Agents			3	
CORZIDE	Cardiovascular Agents			3	
COSMEGEN	Antineoplastics			3	
COSOPT	Ophthalmic Agents	3		3	
COUMADIN	Blood Products/ Modifiers/ Volume Expanders	2**		2**	
COVERA-HS	Cardiovascular Agents	3		3	
COZAAR	Cardiovascular Agents	2		2	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
CREON 5	Enzyme Replacements/ Modifiers	3		3	
CREON 10	Enzyme Replacements/ Modifiers	3		3	
CREON 20	Enzyme Replacements/ Modifiers	3		3	
CRESTOR	Cardiovascular Agents	2	QL	2	QL
CRINONE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
CRIXIVAN	Antivirals	3		3	
CROLOM	Ophthalmic Agents	**		3**	
<i>cromolyn sodium</i>	Respiratory Tract Agents	1		1	
<i>cromolyn sodium (ophth)</i>	Ophthalmic Agents	1		1	
CUBICIN	Antibacterials			3	
CUPRIMINE	Genitourinary Agents	2		2	
CUTIVATE	Dermatological Agents	**		3**	
CYCLESSA	Unclassified Agents	**		3**	
<i>cyclobenzaprine hcl</i>	Skeletal Muscle Relaxants	1		1	
<i>cyclophosphamide</i>	Antineoplastics	1		1	
<i>cyclosporine</i>	Immunological Agents	1		1	
CYCLOSPORINE MODIFIED	Immunological Agents	3		3	
<i>cyclosporine modified (for microemulsion)</i>	Immunological Agents	1		1	
CYKLOKAPRON	Blood Products/ Modifiers/ Volume Expanders	2		2	
CYMBALTA	Antidepressants	2	QL	2	QL
<i>cyproheptadine hcl</i>	Respiratory Tract Agents	1		1	
CYSTADANE	Enzyme Replacements/ Modifiers	3		3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

Drug Name	Therapeutic Category	BlueRx I, BlueAdvantage Silver & Sapphire Tier Level	Limits	BlueRx II, III & Employer Group BlueAdvantage Gold, Platinum, Diamond & Plus Tier Level	Limits
CYSTAGON	Enzyme Replacements/ Modifiers	3		3	
CYTARABINE	Antineoplastics	3		3	
CYTOMEL	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	3		3	
CYTOTEC	Gastrointestinal Agents	**		3**	
CYTOVENE	Antivirals			3	
CYTOXAN	Antineoplastics	3**		3**	
D.H.E. 45	Antimigraine Agents	3**		3**	
<i>dacarbazine</i>	Antineoplastics	1		1	
DACOGEN	Antineoplastics	3		3	
<i>danazol</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	1		1	
DANTRIUM	Skeletal Muscle Relaxants	**		3**	
<i>dantrolene sodium</i>	Skeletal Muscle Relaxants	1		1	
DAPSONE	Antimycobacterials	2		2	
DAPTACEL	Immunological Agents	2		2	
DARAPRIM	Antiparasitics	2		2	
DARVOCET A500	Analgesics	**	QL	3**	QL
DARVOCET-N 100	Analgesics	**	QL	3**	QL
DARVOCET-N 50	Analgesics	**	QL	3**	QL
DARVON	Analgesics	**		3**	
DARVON-N	Analgesics			3	
<i>daunorubicin hcl</i>	Antineoplastics	1		1	
DAUNOXOME	Antineoplastics			3	
DAYPRO	Analgesics	**		3**	
DAYTRANA	Central Nervous System Agents		PA, QL	3	PA, QL
DDAVP	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	3**		3**	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
DECAVAC	Immunological Agents	2		2	
DECLOMYCIN	Antibacterials	**		3**	
DELESTROGEN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
DELFLEX-SM/4.25% DEXTROSE	Unclassified Agents			3	
DEMADEX	Cardiovascular Agents	**		3**	
<i>demeclocycline hcl</i>	Antibacterials	1		1	
DEMEROL	Analgesics	**		3**	
DEMSER	Unclassified Agents			3	
DENAVIR	Antivirals	2		2	
DEPACON	Anticonvulsants	3**		3**	
DEPAKENE	Anticonvulsants	3**		3**	
DEPAKOTE	Anticonvulsants	3	QL	3	QL
DEPAKOTE ER	Antimigraine Agents	3	QL	3	QL
DEPAKOTE SPRINKLES	Anticonvulsants	3	QL	3	QL
DEPEN TITRATABS	Genitourinary Agents	3		3	
DEPODUR	Analgesics			3	
DEPO-ESTRADIOL	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
DEPO-MEDROL	Anti-inflammatory Agents			3	
DEPO-PROVERA	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
DEPO-PROVERA CONTRACEPTIV	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	**		3**	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
DEPO-SUBQ PROVERA 104	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
DEPO-TESTOSTERONE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	**		3**	
DERMA-SMOOTHIE/FS BODY OIL	Dermatological Agents			3	
DERMA-SMOOTHIE/FS SCALP OI	Dermatological Agents			3	
DERMATOP	Dermatological Agents	**		3**	
DERMOTIC	Otic Agents	2		2	
<i>desipramine hcl</i>	Antidepressants	1		1	
<i>desmopressin acetate</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	1		1	
<i>desmopressin acetate refrigerated</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	1		1	
<i>desmopressin acetate spray refrigerated</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	1		1	
DESOGEN	Unclassified Agents	3**		3**	
<i>desogestrel &amp; ethinyl estradiol</i>	Unclassified Agents	1		1	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	Unclassified Agents	1		1	
DESONATE	Dermatological Agents	3		3	
<i>desonide</i>	Dermatological Agents	1		1	
DESOWEN	Dermatological Agents	**		3**	
<i>desoximetasone</i>	Dermatological Agents	1		1	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
DESOXYN	Central Nervous System Agents			3	
DETROL	Genitourinary Agents	2	QL	2	QL
DETROL LA	Genitourinary Agents	2	QL	2	QL
DEXAMETHASONE	Anti-inflammatory Agents	2		2	
DEXAMETHASONE INTENSOL	Anti-inflammatory Agents	2		2	
<i>dexamethasone sodium phosphate</i>	Anti-inflammatory Agents	1		1	
<i>dexamethasone sodium phosphate (ophth)</i>	Ophthalmic Agents	1		1	
	Respiratory Tract Agents			3	
DEXEDRINE	Central Nervous System Agents	**		3**	
<i>dexmethylphenidate hcl</i>	Central Nervous System Agents	1	QL	1	QL
DEXPAK 13 DAY	Anti-inflammatory Agents			3	
<i>dexrazoxane</i>	Antineoplastics	1		1	
<i>dextroamphetamine sulfate</i>	Central Nervous System Agents	1		1	
<i>dextrose</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
DEXTROSE 10%/NACL 0.45%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
DEXTROSE 2.5%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
DEXTROSE 5%/NACL 0.225%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
DEXTROSE 5%/ POTASSIUM CHL	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
<i>dextrose in lactated ringers</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>dextrose w/ kcl</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>dextrose w/ kcl &amp; nacl</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>dextrose w/ sodium chloride</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
DEXTROSTAT	Central Nervous System Agents	**		3**	
DIABETA	Blood Glucose Regulators			3	
DIABINESE	Blood Glucose Regulators	**		3**	
DIAMOX	Cardiovascular Agents	3		3	
DIANEAL LOW CALCIUM/1.5%	Unclassified Agents	3		3	
DIANEAL LOW CALCIUM/2.5%	Unclassified Agents	3		3	
DIANEAL LOW CALCIUM/4.25%	Unclassified Agents	3		3	
DIANEAL PD-2/1.5% DEXTROS	Unclassified Agents	3		3	
DIANEAL PD-2/2.5% DEXTROS	Unclassified Agents	3		3	
DIANEAL PD-2/3.5% DEXTROS	Unclassified Agents	3		3	
DIANEAL PD-2/4.25% DEXTRO	Unclassified Agents	3		3	
DIBENZYLINE	Cardiovascular Agents			3	
<i>diclofenac potassium</i>	Analgesics	1		1	
<i>diclofenac sodium</i>	Analgesics	1		1	
<i>dicloxacillin sodium</i>	Antibacterials	1		1	
<i>dicyclomine hcl</i>	Gastrointestinal Agents	1		1	
<i>didanosine</i>	Antivirals	1		1	
DIDRONEL	Metabolic Bone Disease Agents	3**	QL	3**	QL
DIFFERIN	Dermatological Agents			3	
<i>diflorasone diacetate</i>	Dermatological Agents	1		1	
DIFLUCAN	Antifungals	**	QL	3**	QL
DIFLUCAN IN ISO-OSMOTIC D	Antifungals	**		3**	
DIFLUCAN IN NACL	Antifungals	**		3**	
<i>difunisal</i>	Analgesics	1		1	
DIGOXIN	Cardiovascular Agents	3		3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>dihydroergotamine mesylate</i>	Antimigraine Agents	1		1	
DILACOR XR	Cardiovascular Agents	**		3**	
DILANTIN	Anticonvulsants	3**		3**	
DILANTIN INFATABS	Anticonvulsants	3		3	
DILATRATE SR	Cardiovascular Agents			3	
DILAUDID	Analgesics	**		3**	
DILAUDID-5	Analgesics			3	
DILAUDID-HP	Analgesics	**		3**	
DILOR	Respiratory Tract Agents			3	
<i>diltiazem hcl</i>	Cardiovascular Agents	1		1	
<i>diltiazem hcl coated beads</i>	Cardiovascular Agents	1		1	
<i>diltiazem hcl extended release beads</i>	Cardiovascular Agents	1		1	
DIOVAN	Cardiovascular Agents	2		2	
DIOVAN HCT	Cardiovascular Agents	2		2	
DIPENTUM	Inflammatory Bowel Disease Agents			3	
<i>diphenhydramine hcl</i>	Antiemetics	1		1	
<i>diphenoxylate w/ atropine</i>	Gastrointestinal Agents	1		1	
<i>dipivefrin hcl</i>	Ophthalmic Agents	1		1	
DIPROLENE	Dermatological Agents	**		3**	
DIPROLENE AF	Dermatological Agents	**		3**	
DIPHTHERIA/TETANUS TOXOID	Immunological Agents	2		2	
<i>dipyridamole</i>	Blood Products/ Modifiers/ Volume Expanders	1		1	
<i>disopyramide phosphate</i>	Cardiovascular Agents	1		1	
DISPERMOX	Antibacterials			3	
DITROPAN	Genitourinary Agents	**		3**	
DITROPAN XL	Genitourinary Agents	**	QL	3**	QL
DIURIL	Cardiovascular Agents			3	
DIURIL IV	Cardiovascular Agents			3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
DIVIGEL	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	3		3	
DOLOPHINE	Analgesics	**	PA	3**	PA
DOLOPHINE HCL	Analgesics	**	PA	3**	PA
DORYX	Antibacterials			3	
DOSTINEX	Hormonal Agents, Suppressant (Pituitary)	**		3**	
DOVONEX	Dermatological Agents	3		3	
<i>doxazosin mesylate</i>	Cardiovascular Agents	1		1	
<i>doxepin hcl</i>	Antidepressants	1		1	
DOXIL	Antineoplastics			3	
<i>doxorubicin hcl</i>	Antineoplastics	1		1	
<i>doxycycline (monohydrate)</i>	Antibacterials	1		1	
<i>doxycycline hyclate</i>	Antibacterials	1		1	
DROXIA	Antineoplastics	3		3	
DTIC-DOME	Antineoplastics	2**		2**	
DUAC	Dermatological Agents			3	
DUETACT	Blood Glucose Regulators	2		2	
DUONEB	Respiratory Tract Agents			3	
DURACLON	Analgesics			3	
DURAGESIC	Analgesics	**	QL	3**	QL
DURICEF	Antibacterials	**		3**	
DYAZIDE	Cardiovascular Agents	**		3**	
DYGASE	Enzyme Replacements/ Modifiers			3	
DYNABAC D5-PAK	Antibacterials	3		3	
DYNACIN	Antibacterials	**		3**	
DYNACIRC CR	Cardiovascular Agents	2		2	
DYNACIRC-CR	Cardiovascular Agents	2		2	
DYRENIUM	Cardiovascular Agents			3	
E.E.S. GRANULES	Antibacterials	**		3**	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
EC-NAPROSYN	Analgesics	**		3**	
<i>econazole nitrate</i>	Dermatological Agents	1		1	
ECONOPRED PLUS	Ophthalmic Agents	**		3**	
EDECRIN	Cardiovascular Agents			3	
EFFEXOR	Antidepressants	**		3**	
EFFEXOR XR	Antidepressants	3	QL	3	QL
EFUDEX	Dermatological Agents	3**		3**	
EFUDEX OCCLUSION PACK	Dermatological Agents	3		3	
ELAPRASE	Enzyme Replacements/ Modifiers	3		3	
ELDEPRYL	Antiparkinson Agents	**		3**	
<i>electrolyte-2 in invert sugar</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>electrolyte-48 in dextrose</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>electrolyte-75 in dextrose</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>electrolyte-h in dextrose</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>electrolyte-m in dextrose</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>electrolyte-r</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>electrolyte-r in dextrose</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>electrolytes parenteral</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
ELESTAT	Ophthalmic Agents			3	
ELESTRIN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	3		3	
ELIDEL	Dermatological Agents	3	QL	3	QL

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
ELIGARD	Hormonal Agents, Suppressant (Pituitary)			3	
ELIMITE	Antiparasitics	**		3**	
ELITEK	Antineoplastics	3		3	
ELIXOPHYLLIN	Respiratory Tract Agents			3	
ELLENC	Antineoplastics	**		3**	
ELMIRON	Genitourinary Agents			3	
ELOCON	Dermatological Agents	**		3**	
ELOXATIN	Antineoplastics	3		3	
ELSPAR	Antineoplastics	4		4	
EMADINE	Ophthalmic Agents			3	
EMCYT	Antineoplastics	2		2	
EMEND	Antiemetics	2		2	
EMLA	Dermatological Agents	3**		3**	
EMLA/TEGADERM	Dermatological Agents	3		3	
EMSAM	Antidepressants	3	QL	3	QL
EMTRIVA	Antivirals	2		2	
ENABLEX	Genitourinary Agents	2	QL	2	QL
<i>enalapril maleate</i>	Cardiovascular Agents	1		1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
ENBREL	Immunological Agents	4	PA, ST, QL	4	PA, ST, QL
ENBREL SURECLICK	Immunological Agents	4	PA, ST, QL	4	PA, ST, QL
ENGERIX-B	Immunological Agents	2		2	
ENJUVIA	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
ENLON-PLUS	Antimyasthenic Agents			3	
ENTOCORT EC	Anti-inflammatory Agents	3		3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
ENZYCAP	Enzyme Replacements/ Modifiers			3	
ENZYMAX	Enzyme Replacements/ Modifiers			3	
<i>epinephrine hcl</i>	Respiratory Tract Agents	1		1	
EPIPEN 2-PAK	Respiratory Tract Agents	3		3	
EPIPEN-JR 2-PAK	Respiratory Tract Agents	3		3	
EPIRUBICIN HCL	Antineoplastics	3		3	
EPIVIR	Antivirals	2		2	
EPIVIR HBV	Antivirals	2		2	
EPOGEN	Blood Products/ Modifiers/ Volume Expanders	2	PA	2	PA
EPZICOM	Antivirals	3		3	
EQUAGESIC	Analgesics			3	
EQUETRO	Bipolar Agents			3	
ERAXIS	Antifungals	4		4	
ERBITUX	Antineoplastics	4		4	
<i>ergoloid mesylates</i>	Antidementia Agents	1		1	
ERGOMAR	Antimigraine Agents	3		3	
<i>ergotamine w/ caffeine</i>	Antimigraine Agents	1		1	
ERTACZO	Dermatological Agents			3	
ERYC	Antibacterials	**		3**	
ERYGEL	Dermatological Agents	**		3**	
ERYPED	Antibacterials			3	
ERYPED 200	Antibacterials	**		3**	
ERYPED 400	Antibacterials			3	
ERY-TAB	Antibacterials			3	
ERYTHROCIN	Antibacterials	3		3	
ERYTHROCIN LACTOBIONATE	Antibacterials	3		3	
<i>erythromycin (acne aid)</i>	Dermatological Agents	1		1	
<i>erythromycin (ophth)</i>	Ophthalmic Agents	1		1	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
ERYTHROMYCIN BASE	Antibacterials	3		3	
<i>erythromycin ethylsuccinate</i>	Antibacterials	1		1	
ERYTHROMYCIN LACTOBIONATE	Antibacterials	3		3	
<i>erythromycin stearate</i>	Antibacterials	1		1	
<i>erythromycin-sulfisoxazole</i>	Antibacterials	1		1	
ESCLIM	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
ESTRACE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	**		3**	
ESTRADERM	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
<i>estradiol</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	1		1	
ESTRASORB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
ESTRING	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
ESTROGEL	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>estropipate</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	1		1	
ESTROSTEP FE	Unclassified Agents	3		3	
<i>ethambutol hcl</i>	Antimycobacterials	1		1	
ETHMOZINE	Cardiovascular Agents			3	
<i>ethosuximide</i>	Anticonvulsants	1		1	
<i>ethynodiol diacet &amp; eth estrad</i>	Unclassified Agents	1		1	
ETHYOL	Antineoplastics			3	
<i>etidronate disodium</i>	Metabolic Bone Disease Agents	1		1	
<i>etodolac</i>	Analgesics	1		1	
ETOPOPHOS	Antineoplastics	3		3	
<i>etoposide</i>	Antineoplastics	1		1	
EURAX	Antiparasitics	3		3	
EVISTA	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
EVOCLIN	Antibacterials			3	
EVOXAC	Dental and Oral Agents	3		3	
EXELDERM	Dermatological Agents			3	
EXELON	Antidementia Agents	2		2	
EXFORGE		2		2	
EXJADE	Antidotes, Deterrents, and Toxicologic Agents	2		2	
EXUBERA COMBINATION PACK	Blood Glucose Regulators	3		3	
EXUBERA KIT	Blood Glucose Regulators	3		3	
FABRAZYME	Enzyme Replacements/ Modifiers	4		4	
FACTIVE	Antibacterials			3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>famotidine</i>	Gastrointestinal Agents	1		1	
<i>famotidine in nacl</i>	Gastrointestinal Agents	1		1	
FAMVIR	Antivirals	2		2	
FANSIDAR	Antiparasitics			3	
FARESTON	Antineoplastics	2		2	
FASLODEX	Antineoplastics	3		3	
<i>fat emulsion</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
FAZACLO	Antipsychotics	3		3	
FELBATOL	Anticonvulsants	3		3	
FELDENE	Analgesics	**		3**	
<i>felodipine</i>	Cardiovascular Agents	1		1	
FEMARA	Antineoplastics	3		3	
FEMCON FE	Unclassified Agents			3	
FEMHRT 1/5	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	3		3	
FEMHRT LOW DOSE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	3		3	
FEMRING	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
FEMTRACE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
<i>fenofibrate</i>	Cardiovascular Agents	1		1	
<i>fenofibrate micronized</i>	Cardiovascular Agents	1		1	
<i>fenopropfen calcium</i>	Analgesics	1		1	
<i>fentanyl</i>	Analgesics	1	QL	1	QL
<i>fentanyl citrate</i>	Analgesics	1	PA, QL	1	PA, QL
FENTORA	Analgesics		PA, QL	4	PA, QL

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>fexofenadine hcl</i>	Respiratory Tract Agents	1	QL	1	QL
FINACEA	Dermatological Agents			3	
<i>finasteride</i>	Genitourinary Agents	1	QL	1	QL
FIORICET/CODEINE	Analgesics	**		3**	
FIORINAL/CODEINE #3	Analgesics	**		3**	
FLAGYL	Antibacterials	**		3**	
FLAGYL ER	Antibacterials			3	
FLAREX	Ophthalmic Agents			3	
<i>flavoxate hcl</i>	Genitourinary Agents	1		1	
FLEBOGAMMA	Immunological Agents			3	
<i>flecainide acetate</i>	Cardiovascular Agents	1		1	
FLEXERIL	Skeletal Muscle Relaxants	**		3**	
FLOMAX	Genitourinary Agents	2		2	
FLONASE	Respiratory Tract Agents	**	QL	3**	QL
FLORINEF	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	**		3**	
FLOVENT HFA	Respiratory Tract Agents	2		2	
FLOXIN OTIC	Otic Agents	3		3	
FLOXIN OTIC SINGLES	Otic Agents	3		3	
<i>floxuridine</i>	Antineoplastics	1		1	
<i>fluconazole</i>	Antifungals	1	QL	1	QL
<i>fluconazole in dextrose</i>	Antifungals	1		1	
<i>fluconazole in nacl</i>	Antifungals	1		1	
FLUDARA	Antineoplastics	3**		3**	
FLUDARABINE PHOSPHATE	Antineoplastics	3		3	
<i>fludrocortisone acetate</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	1		1	
FLUMADINE	Antivirals	**		3**	
<i>flunisolide (nasal)</i>	Respiratory Tract Agents	1		1	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>fluocinolone acetonide</i>	Dermatological Agents	1		1	
<i>fluocinonide</i>	Dermatological Agents	1		1	
<i>fluocinonide emulsified base</i>	Dermatological Agents	1		1	
<i>fluorometholone (ophth)</i>	Ophthalmic Agents	1		1	
FLUROPLEX	Dermatological Agents	3		3	
<i>fluorouracil</i>	Antineoplastics	1		1	
<i>fluorouracil (topical)</i>	Dermatological Agents	1		1	
<i>fluoxetine hcl</i>	Antidepressants	1	QL	1	QL
<i>fluphenazine decanoate</i>	Antipsychotics	1		1	
FLUPHENAZINE HCL	Antipsychotics	3		3	
<i>flurbiprofen</i>	Analgesics	1		1	
<i>flurbiprofen sodium</i>	Ophthalmic Agents	1		1	
<i>flutamide</i>	Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)	1		1	
<i>fluticasone propionate</i>	Dermatological Agents	1		1	
<i>fluticasone propionate (nasal)</i>	Respiratory Tract Agents	1	QL	1	QL
<i>fluvoxamine maleate</i>	Antidepressants	1		1	
FML FORTE	Ophthalmic Agents			3	
FML LIQUIFILM	Ophthalmic Agents	**		3**	
FML S.O.P.	Ophthalmic Agents			3	
FOCALIN	Central Nervous System Agents	**		3**	
FOCALIN XR	Central Nervous System Agents		QL	3	QL
FORADIL AEROLIZER	Respiratory Tract Agents	2		2	
FORTAMET	Blood Glucose Regulators	3		3	
FORTAZ	Antibacterials	3		3	
FORTAZ INFUSION PACK	Antibacterials	3**		3**	
FORTEO	Metabolic Bone Disease Agents	4	PA, QL	4	PA, QL

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
FOSAMAX	Metabolic Bone Disease Agents	2	QL	2	QL
FOSAMAX PLUS D	Metabolic Bone Disease Agents	2	QL	2	QL
<i>foscarnet sodium</i>	Antivirals	1		1	
FOSCAVIR	Antivirals	3**		3**	
<i>fosinopril sodium</i>	Cardiovascular Agents	1		1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
FOSRENOL	Genitourinary Agents	3		3	
FRAGMIN	Blood Products/ Modifiers/ Volume Expanders	3		3	
FREAMINE HBC 6.9%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
FREAMINE III 3%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
FREAMINE III 8.5%/ DEXTROS	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
FROVA	Antimigraine Agents		QL	3	QL
FUDR	Antineoplastics	3**		3**	
FURADANTIN	Antibacterials			3	
<i>furosemide</i>	Cardiovascular Agents	1		1	
FUZEON	Antivirals	4		4	
<i>gabapentin</i>	Anticonvulsants	1		1	
GABITRIL	Anticonvulsants	3		3	
GAMMAGARD LIQUID	Immunological Agents	3		3	
GAMMAGARD S/D	Immunological Agents	3		3	
GAMUNEX	Immunological Agents	3		3	
<i>ganciclovir</i>	Antivirals	1		1	
GANTRISIN PEDIATRIC	Antibacterials			3	
GARDASIL	Immunological Agents	2	PA	2	PA
GASTROCROM	Respiratory Tract Agents	3		3	
GAUZE PADS 2"X2"	Unclassified Agents	3		3	
<i>gemfibrozil</i>	Cardiovascular Agents	1		1	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
GEMZAR	Antineoplastics	4		4	
GENOTROPIN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	4	PA	4	PA
GENOTROPIN MINIQUICK	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	4	PA	4	PA
<i>gentamicin in saline</i>	Antibacterials	1		1	
<i>gentamicin sulfate</i>	Antibacterials	1		1	
<i>gentamicin sulfate (ophth)</i>	Ophthalmic Agents	1		1	
<i>gentamicin sulfate (topical)</i>	Dermatological Agents	1		1	
GENTAMICIN SULFATE/0.9% S	Antibacterials			3	
GEOCILLIN	Antibacterials	2		2	
GEODON	Antipsychotics	3		3	
GLEEVEC	Antineoplastics	4	PA, QL	4	PA, QL
<i>glimepiride</i>	Blood Glucose Regulators	1		1	
<i>glipizide</i>	Blood Glucose Regulators	1		1	
<i>glipizide-metformin hcl</i>	Blood Glucose Regulators	1		1	
GLUCAGEN HYPOKIT	Blood Glucose Regulators	3		3	
GLUCAGON EMERGENCY KIT	Blood Glucose Regulators	2		2	
GLUCOPHAGE	Blood Glucose Regulators	**	QL	3**	QL
GLUCOPHAGE XR	Blood Glucose Regulators	**	QL	3**	QL
GLUCOTROL	Blood Glucose Regulators	**		3**	
GLUCOTROL XL	Blood Glucose Regulators	**		3**	
GLUCOVANCE	Blood Glucose Regulators	**		3**	
GLUMETZA	Blood Glucose Regulators		QL	3	QL
<i>glyburide</i>	Blood Glucose Regulators	1		1	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>glyburide micronized</i>	Blood Glucose Regulators	1		1	
<i>glyburide-metformin</i>	Blood Glucose Regulators	1		1	
<i>glycopyrrolate</i>	Gastrointestinal Agents	1		1	
GLYCRON	Blood Glucose Regulators			3	
GLYNASE	Blood Glucose Regulators	**		3**	
GLYSET	Blood Glucose Regulators	3		3	
GOLYTELY	Gastrointestinal Agents			3	
GRIFULVIN V	Antifungals	3**		3**	
<i>griseofulvin microsize</i>	Antifungals	1		1	
GRIS-PEG	Antifungals	3		3	
GUANABENZ ACETATE	Cardiovascular Agents			3	
<i>guanfacine hcl</i>	Cardiovascular Agents	1		1	
GUANIDINE HCL	Antimyasthenic Agents			3	
GYNAZOLE-1	Antifungals			3	
GYNODIOL	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
HALDOL	Antipsychotics	**		3**	
HALDOL DECANOATE-100	Antipsychotics	**		3**	
HALDOL DECANOATE-50	Antipsychotics	**		3**	
HALFLYTELY BOWEL PREP KIT	Gastrointestinal Agents	3		3	
<i>halobetasol propionate</i>	Dermatological Agents	1		1	
HALOG	Dermatological Agents			3	
<i>haloperidol</i>	Antipsychotics	1		1	
<i>haloperidol decanoate</i>	Antipsychotics	1		1	
<i>haloperidol lactate</i>	Antipsychotics	1		1	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
HAVRIX	Immunological Agents	2		2	
HECTOROL	Metabolic Bone Disease Agents	2		2	
HELIDAC	Gastrointestinal Agents		QL	3	QL
<i>heparin (porcine) in sodium chloride</i>	Blood Products/ Modifiers/ Volume Expanders	1		1	
<i>heparin sod (porcine) in d5w</i>	Blood Products/ Modifiers/ Volume Expanders	1		1	
HEPARIN SODIUM	Blood Products/ Modifiers/ Volume Expanders			3	
<i>heparin sodium (porcine)</i>	Blood Products/ Modifiers/ Volume Expanders	1		1	
HEPARIN SODIUM DCU	Blood Products/ Modifiers/ Volume Expanders			3	
HEPARIN SODIUM/ NACL 0.45%	Blood Products/ Modifiers/ Volume Expanders			3	
HEPATASOL	Therapeutic Nutrients/ Minerals/ Electrolytes			3	
HEPSERA	Antivirals	3	QL	3	QL
HERCEPTIN	Antineoplastics			3	
HEXALEN	Antineoplastics	4		4	
HIBTITER	Immunological Agents	2		2	
HIPREX	Antibacterials	**		3**	
homatropine hbr	Ophthalmic Agents	1		1	
HUMALOG	Blood Glucose Regulators	2		2	
HUMALOG MIX 50/50	Blood Glucose Regulators	2		2	
HUMALOG MIX 50/50 PEN	Blood Glucose Regulators	2		2	
HUMALOG MIX 75/25	Blood Glucose Regulators	2		2	
HUMALOG MIX 75/25 PEN	Blood Glucose Regulators	2		2	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
HUMALOG PEN	Blood Glucose Regulators	2		2	
HUMATIN	Antibacterials	**		3**	
HUMATROPE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	2	PA	2	PA
HUMATROPE COMBO PACK	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	2	PA	2	PA
HUMIRA	Immunological Agents	4	ST, QL	4	ST, QL
HUMIRA PEN	Immunological Agents	4	ST, QL	4	ST, QL
HUMULIN 50/50	Blood Glucose Regulators	2		2	
HUMULIN 70/30	Blood Glucose Regulators	2		2	
HUMULIN 70/30 PEN	Blood Glucose Regulators	2		2	
HUMULIN N	Blood Glucose Regulators	2		2	
HUMULIN N U-100 PEN	Blood Glucose Regulators	2		2	
HUMULIN R	Blood Glucose Regulators	2		2	
HUMULIN R U-500 (CONCENTR	Blood Glucose Regulators	2		2	
HYCAMTIN	Antineoplastics	3		3	
HYCET	Analgesics			3	
<i>hydralazine hcl</i>	Cardiovascular Agents	1		1	
HYDREA	Antineoplastics	**		3**	
<i>hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
<i>hydrocodone-acetaminophen</i>	Analgesics	1	QL	1	QL
<i>hydrocodone-ibuprofen</i>	Analgesics	1		1	
<i>hydrocortisone</i>	Anti-inflammatory Agents	1		1	
<i>hydrocortisone (intrarectal)</i>	Inflammatory Bowel Disease Agents	1		1	
<i>hydrocortisone (rectal)</i>	Inflammatory Bowel Disease Agents	1		1	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>hydrocortisone (topical)</i>	Dermatological Agents	1		1	
<i>hydrocortisone butyrate</i>	Dermatological Agents	1		1	
<i>hydrocortisone valerate</i>	Dermatological Agents	1		1	
<i>hydrocortisone w/acetic acid</i>	Otic Agents	1		1	
<i>hydromorphone hcl</i>	Analgesics	1		1	
<i>hydroxychloroquine sulfate</i>	Antiparasitics	1		1	
<i>hydroxyurea</i>	Antineoplastics	1		1	
<i>hydroxyzine hcl</i>	Respiratory Tract Agents	1		1	
<i>hydroxyzine pamoate</i>	Antiemetics	1		1	
HYTONE	Dermatological Agents	**		3**	
HYTRIN	Cardiovascular Agents	**		3**	
HYZAAR	Cardiovascular Agents	2		2	
<i>ibuprofen</i>	Analgesics	1		1	
IDAMYCIN PFS	Antineoplastics	**		3**	
<i>idarubicin hcl</i>	Antineoplastics	1		1	
IFEX	Antineoplastics	3**		3**	
IFEX/MESNEX COMBO PACK	Antineoplastics	4**		4**	
<i>ifosfamide</i>	Antineoplastics	1		1	
<i>ifosfamide &amp; mesna</i>	Antineoplastics	1		1	
IMDUR	Cardiovascular Agents	**		3**	
<i>imipramine hcl</i>	Antidepressants	1		1	
IMIPRAMINE PAMOATE	Antidepressants			3	
IMITREX	Antimigraine Agents	2	QL	2	QL
IMITREX STATDOSE REFILL	Antimigraine Agents	2	QL	2	QL
IMITREX STATDOSE SYSTEM	Antimigraine Agents	2	QL	2	QL
<i>immune globulin (human)</i>	Immunological Agents	1		1	
IMOVAX RABIES (H.D.C.V.)	Immunological Agents	2		2	
IMURAN	Immunological Agents	3**		3**	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
INCRELEX	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	4		4	
<i>indapamide</i>	Cardiovascular Agents	1		1	
INDERAL	Antimigraine Agents	**		3**	
INDERAL LA	Antimigraine Agents	**		3**	
INDERIDE 40/25	Cardiovascular Agents	**		3**	
INDOCIN	Analgesics			3	
INDOCIN SR	Analgesics	**		3**	
<i>indomethacin</i>	Analgesics	1		1	
INFANRIX	Immunological Agents	2		2	
INFERGEN	Immunological Agents			4	
INFUMORPH 500	Analgesics			3	
INNOHEP	Blood Products/ Modifiers/ Volume Expanders	3		3	
INNOPRAN XL	Cardiovascular Agents			3	
INSpra	Cardiovascular Agents		QL	3	QL
INTAL	Respiratory Tract Agents	3**		3**	
INTAL INHALER	Respiratory Tract Agents	3		3	
INTRALIPID	Therapeutic Nutrients/ Minerals/ Electrolytes	3**		3**	
INTRON-A	Immunological Agents	4		4	
INTRON-A W/DILUENT	Immunological Agents	4		4	
INVANZ	Antibacterials			3	
INVEGA	Antipsychotics	3	QL	3	QL
INVERSINE	Cardiovascular Agents			3	
<i>invert sugar</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
INVIRASE	Antivirals	3		3	
IONOSOL-B/ DEXTROSE 5%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
IONOSOL-MB/ DEXTROSE 5%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
IONOSOL-T/ DEXTROSE 5%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
IOPIDINE	Ophthalmic Agents			3	
IPLEX	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)			4	
IPOL INACTIVATED IPV	Immunological Agents	2		2	
<i>ipratropium bromide</i>	Respiratory Tract Agents	1		1	
<i>ipratropium bromide (nasal)</i>	Respiratory Tract Agents	1		1	
IRESSA	Antineoplastics	4	QL	4	QL
<i>irrigation solutions</i>	Unclassified Agents	1		1	
ISMO	Cardiovascular Agents	**		3**	
ISMOTIC	Cardiovascular Agents			3	
ISOLYTE-P/DEXTROSE 5%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
ISOLYTE-S	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
ISOLYTE-S PH 7.4	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
ISOLYTE-S/DEXTROSE 5%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
<i>isoniazid</i>	Antimycobacterials	1		1	
<i>isoniazid &amp; rifampin</i>	Antimycobacterials	1		1	
ISOPTIN SR	Cardiovascular Agents	**		3**	
ISORDIL TITRADOSE	Cardiovascular Agents	**		3**	
<i>isosorbide dinitrate</i>	Cardiovascular Agents	1		1	
<i>isosorbide mononitrate</i>	Cardiovascular Agents	1		1	
<i>isotretinoin</i>	Dermatological Agents	1		1	
<i>isradipine</i>	Cardiovascular Agents	1		1	
ISTALOL	Ophthalmic Agents			3	
ISUPREL	Respiratory Tract Agents			3	
<i>itraconazole</i>	Antifungals	1		1	
IVEEGAM EN	Immunological Agents	3		3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
JANUMET	Blood Glucose Regulators	3		3	
JANUVIA	Blood Glucose Regulators	3	QL	3	QL
JE-VAX	Immunological Agents	2		2	
KADIAN	Analgesics	2		2	
KALETRA	Antivirals	3		3	
KANAMYCIN SULFATE	Antibacterials	3		3	
KAYEXALATE	Antidotes, Deterrents, and Toxicologic Agents	**		3**	
KCL 0.075%/D5W/NACL 0.225	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
KCL 0.15%/D10W/NACL 0.2%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
KCL 0.15%/D5W/LR	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
KCL 0.224%/D5W/NACL 0.225	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
KCL 0.3%/D5W/LR	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
KCL 0.3%/D5W/LR IV LAC RI	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
KCL 0.3%/D5W/NACL 0.225%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
KCL 0.3%/D5W/NACL 0.9%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
KEFLEX	Antibacterials	**		3**	
KEMADRIN	Antiparkinson Agents	2		2	
KENALOG	Dermatological Agents			3	
KENALOG-10	Anti-inflammatory Agents			3	
KENALOG-40	Anti-inflammatory Agents			3	
KEPIVANCE	Dental and Oral Agents			3	
KEPPRA	Anticonvulsants	2		2	
KERLONE	Cardiovascular Agents	**		3**	
KETEK	Antibacterials	2	QL	2	QL

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
KETEK PAK	Antibacterials	2	QL	2	QL
<i>ketoconazole</i>	Antifungals	1		1	
<i>ketoconazole (topical)</i>	Dermatological Agents	1		1	
<i>ketoprofen</i>	Analgesics	1		1	
<i>ketorolac tromethamine</i>	Analgesics	1		1	
<i>ketotifen fumarate (ophth)</i>	Ophthalmic Agents	1		1	
KINERET	Immunological Agents	4	ST, QL	4	ST, QL
KLARON	Dermatological Agents	**		3**	
KLOR-CON M15	Therapeutic Nutrients/ Minerals/ Electrolytes			3	
KMART VALU PLUS INSULIN S	Unclassified Agents	2		2	
KRISTALOSE	Gastrointestinal Agents			3	
K-TABS	Therapeutic Nutrients/ Minerals/ Electrolytes	**		3**	
KUTRASE	Enzyme Replacements/ Modifiers			3	
KU-ZYME	Enzyme Replacements/ Modifiers			3	
KU-ZYME HP	Enzyme Replacements/ Modifiers			3	
KYTRIL	Antiemetics		QL	3	QL
<i>labetalol hcl</i>	Cardiovascular Agents	1		1	
LAC-HYDRIN	Dermatological Agents	**		3**	
LACRISERT	Ophthalmic Agents	3		3	
<i>lactated ringer's</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>lactated ringer's (irrigation)</i>	Unclassified Agents	1		1	
<i>lactic acid (ammonium lactate)</i>	Dermatological Agents	1		1	
<i>lactulose</i>	Gastrointestinal Agents	1		1	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>lactulose (encephalopathy)</i>	Gastrointestinal Agents	1		1	
LAMICTAL	Anticonvulsants	2		2	
LAMICTAL CHEWABLE DISPERS	Anticonvulsants	2**		2**	
LAMICTAL STARTER/ NOT TAKI	Anticonvulsants	2		2	
LAMICTAL STARTER/ TAKING C	Anticonvulsants	2		2	
LAMICTAL STARTER/ TAKING V	Anticonvulsants	2		2	
LAMISIL	Antifungals	3**		3**	
<i>lamotrigine</i>	Anticonvulsants	1		1	
LANOXICAPS	Cardiovascular Agents	2		2	
LANOXIN	Cardiovascular Agents	2**		2**	
LANTUS	Blood Glucose Regulators	2		2	
LANTUS OPTICLIK	Blood Glucose Regulators	2		2	
LAPASE	Enzyme Replacements/ Modifiers			3	
LARIAM	Antiparasitics	**		3**	
LASIX	Cardiovascular Agents	**		3**	
<i>leflunomide</i>	Immunological Agents	1		1	
LESCOL	Cardiovascular Agents			3	
LESCOL XL	Cardiovascular Agents			3	
<i>leucovorin calcium</i>	Antineoplastics	1		1	
LEUKERAN	Antineoplastics	2		2	
LEUKINE	Blood Products/ Modifiers/ Volume Expanders	4		4	
<i>leuprolide acetate</i>	Hormonal Agents, Suppressant (Pituitary)	1		1	
LEUSTATIN	Antineoplastics	3**		3**	
LEVAQUIN	Antibacterials	3	QL	3	QL
LEVAQUIN LEVA-PAK	Antibacterials	3	QL	3	QL
LEVAQUIN PREMIX	Antibacterials	3		3	
LEVATOL	Cardiovascular Agents			3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
LEVEMIR	Blood Glucose Regulators	2		2	
LEVEMIR FLEXPEN	Blood Glucose Regulators	2		2	
LEVLITE-28	Unclassified Agents	3**		3**	
LEVO DROMORAN	Analgesics			3	
<i>levobunolol hcl</i>	Ophthalmic Agents	1		1	
<i>levocarnitine (metabolic modifiers)</i>	Unclassified Agents	1		1	
LEVO-DROMORAN	Analgesics	**		3**	
<i>levonorgestrel &amp; eth estradiol</i>	Unclassified Agents	1		1	
<i>levonorgestrel-eth estradiol (triphasic)</i>	Unclassified Agents	1		1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	Unclassified Agents	1		1	
<i>levorphanol tartrate</i>	Analgesics	1		1	
<i>levothyroxine sodium</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	1	QL	1	QL
LEVULAN KERASTICK	Dermatological Agents	3		3	
LEXAPRO	Antidepressants	2		2	
LEXIVA	Antivirals	3		3	
LEXXEL	Cardiovascular Agents			3	
LIDEX	Dermatological Agents	**		3**	
LIDEX-E	Dermatological Agents	**		3**	
<i>lidocaine</i>	Dermatological Agents	1		1	
<i>lidocaine hcl</i>	Dermatological Agents	1		1	
<i>lidocaine hcl (cardiac)</i>	Anesthetics	1		1	
<i>lidocaine hcl (local anesth.)</i>	Anesthetics	1		1	
<i>lidocaine hcl (mouth-throat)</i>	Anesthetics	1		1	
<i>lidocaine-prilocaine</i>	Dermatological Agents	1		1	
LIDODERM	Dermatological Agents	3		3	

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<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
LIMITROL	Antidepressants	**		3**	
LIMITROL DS	Antidepressants	**		3**	
LINCOCIN	Antibacterials	**		3**	
<i>lindane</i>	Antiparasitics	1		1	
<i>liothyronine sodium</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	1		1	
LIPITOR	Cardiovascular Agents	3	QL	3	QL
LIPOSYN II	Therapeutic Nutrients/ Minerals/ Electrolytes	3**		3**	
LIPOSYN III	Therapeutic Nutrients/ Minerals/ Electrolytes	3**		3**	
LIPRAM 4500	Enzyme Replacements/ Modifiers	3		3	
LIPRAM-PN10	Enzyme Replacements/ Modifiers	3		3	
LIPRAM-PN16	Enzyme Replacements/ Modifiers	3		3	
LIPRAM-PN20	Enzyme Replacements/ Modifiers	3		3	
LIPRAM-UL12	Enzyme Replacements/ Modifiers	3		3	
LIPRAM-UL18	Enzyme Replacements/ Modifiers	3		3	
LIPRAM-UL20	Enzyme Replacements/ Modifiers	3		3	
<i>lisinopril</i>	Cardiovascular Agents	1		1	
<i>lisinopril &amp; hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
<i>lithium carbonate</i>	Bipolar Agents	1		1	
<i>lithium citrate</i>	Bipolar Agents	1		1	
LITHOBID	Bipolar Agents	**		3**	
LITHOSTAT	Genitourinary Agents			3	
LO/OVRAL-28	Unclassified Agents	3**		3**	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
LOCOID LIPOCREAM	Dermatological Agents			3	
LODOSYN	Antiparkinson Agents	3		3	
LOESTRIN 1.5/30-21	Unclassified Agents	3**		3**	
LOESTRIN 1/20-21	Unclassified Agents	3**		3**	
LOESTRIN 24 FE	Unclassified Agents	3		3	
LOESTRIN FE 1.5/30	Unclassified Agents	3**		3**	
LOESTRIN FE 1/20	Unclassified Agents	3**		3**	
LOFIBRA	Cardiovascular Agents	**		3**	
LOMOTIL	Gastrointestinal Agents	**		3**	
<i>loperamide hcl</i>	Gastrointestinal Agents	1		1	
LOPID	Cardiovascular Agents	**		3**	
LOPRESSOR	Cardiovascular Agents	**		3**	
LOPRESSOR HCT	Cardiovascular Agents	**		3**	
LOPROX	Antifungals			3	
LOPROX SHAMPOO	Antifungals			3	
LORCET 10/650	Analgesics	**	QL	3**	QL
LORCET PLUS	Analgesics	**	QL	3**	QL
LORTAB	Analgesics	**		3**	
LORTAB 10	Analgesics	**	QL	3**	QL
LORTAB 2.5	Analgesics	**	QL	3**	QL
LORTAB 5	Analgesics	**	QL	3**	QL
LORTAB 7.5	Analgesics	**	QL	3**	QL
LOTEMAX	Ophthalmic Agents			3	
LOTENSIN	Cardiovascular Agents	**		3**	
LOTENSIN HCT	Cardiovascular Agents	**		3**	
LOTREL	Cardiovascular Agents	2**		2**	
LOTRISONE	Dermatological Agents	**		3**	
LOTRONEX	Gastrointestinal Agents	2		2	
<i>lovastatin</i>	Cardiovascular Agents	1		1	
LOVAZA	Cardiovascular Agents	2	QL	2	QL
LOVENOX	Blood Products/ Modifiers/ Volume Expanders	2	QL	2	QL
<i>loxapine succinate</i>	Antipsychotics	1		1	
LOXITANE	Antipsychotics	**		3**	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
LUFYLLIN	Respiratory Tract Agents			3	
LUMIGAN	Ophthalmic Agents	3	QL	3	QL
LUNESTA	Sedatives/ Hypnotics		QL	3	QL
LUPRON 2 WEEK SUPPLY	Hormonal Agents, Suppressant (Pituitary)	4**		4**	
LUPRON 6-PACK	Hormonal Agents, Suppressant (Pituitary)	4**		4**	
LUPRON DEPOT	Hormonal Agents, Suppressant (Pituitary)	4		4	
LUPRON DEPOT-PED	Hormonal Agents, Suppressant (Pituitary)	2		2	
LUXIQ	Dermatological Agents			3	
LYBREL		3		3	
LYNOX	Analgesics			3	
LYRICA	Anticonvulsants	2	QL	2	QL
LYSODREN	Hormonal Agents, Suppressant (Adrenal)	2		2	
MACROBID	Antibacterials	**		3**	
MACRODANTIN	Antibacterials			3	
<i>magnesium salicylate</i>	Analgesics	1		1	
<i>magnesium sulfate</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
MAGNESIUM SULFATE IN D5W	Therapeutic Nutrients/ Minerals/ Electrolytes			3	
MALARONE	Antiparasitics			3	
<i>maprotiline hcl</i>	Antidepressants	1		1	
MARINOL	Antiemetics			3	
MARPLAN	Antidepressants	3		3	
MATULANE	Antineoplastics	4		4	
MAVIK	Cardiovascular Agents	**		3**	
MAXAIR AUTOHALER	Respiratory Tract Agents			3	
MAXALT	Antimigraine Agents	2		2	
MAXALT-MLT	Antimigraine Agents	2	QL	2	QL
MAXIDEX	Ophthalmic Agents			3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
MAXIDONE	Analgesics	**		3**	
MAXIPIME	Antibacterials	2		2	
MAXITROL	Ophthalmic Agents	**		3**	
MAXZIDE	Cardiovascular Agents	**		3**	
MAXZIDE-25	Cardiovascular Agents	**		3**	
<i>mebendazole</i>	Antiparasitics	1		1	
<i>meclizine hcl</i>	Antiemetics	1		1	
MECLOFENAMATE SODIUM	Analgesics			3	
MEDROL	Anti-inflammatory Agents	**		3**	
MEDROL DOSEPAK	Anti-inflammatory Agents	**		3**	
<i>medroxyprogesterone acetate</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	1		1	
<i>medroxyprogesterone acetate (contraceptive)</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	1		1	
<i>mefloquine hcl</i>	Antiparasitics	1		1	
MEFOXIN	Antibacterials	**		3**	
MEFOXIN ADD-VANTAGE	Antibacterials	**		3**	
MEFOXIN IN DEXTROSE 2.2%	Antibacterials			3	
MEFOXIN IN DEXTROSE 3.9%	Antibacterials			3	
MEGACE ES	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		PA	3	PA
MEGACE ORAL	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	**	PA	3**	PA

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>megestrol acetate</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	1	PA	1	PA
<i>meloxicam</i>	Analgesics	1	QL	1	QL
MENACTRA	Immunological Agents	2		2	
MENEST	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	3		3	
MENOMUNE-A/C/Y/W-135	Immunological Agents	2		2	
MENOSTAR	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
MENTAX	Antifungals			3	
<i>mepерidine hcl</i>	Analgesics	1		1	
<i>meprobamate</i>	Anxiolytics	1		1	
MEPRON	Antiparasitics	3		3	
<i>mercaptopurine</i>	Antineoplastics	1		1	
MERREM	Antibacterials	2		2	
MERUVAX II W/ DILUENT 1 DO	Immunological Agents	2		2	
MERUVAX II W/ DILUENT 10 D	Immunological Agents	2		2	
<i>mesalamine</i>	Inflammatory Bowel Disease Agents	1		1	
<i>mesna</i>	Antineoplastics	1		1	
MESNEX	Antineoplastics	3**		3**	
MESTINON	Antimyasthenic Agents	**		3**	
MESTINON TIMESPAN	Antimyasthenic Agents			3	
METADATE CD	Central Nervous System Agents		QL	3	QL
METADATE ER	Central Nervous System Agents	**		3**	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
METAGLIP	Blood Glucose Regulators	**		3**	
<i>metaproterenol sulfate</i>	Respiratory Tract Agents	1		1	
<i>metformin hcl</i>	Blood Glucose Regulators	1	QL	1	QL
METHADONE HCL	Analgesics	3	PA	3	PA
<i>methazolamide</i>	Cardiovascular Agents	1		1	
<i>methenamine hippurate</i>	Antibacterials	1		1	
METHERGINE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)			3	
<i>methimazole</i>	Hormonal Agents Suppressant (Thyroid)	1		1	
METHITEST	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
<i>methocarbamol</i>	Skeletal Muscle Relaxants	1		1	
<i>methotrexate sodium</i>	Antineoplastics	1		1	
<i>methscopolamine bromide</i>	Gastrointestinal Agents	1		1	
METHYCLOTHIAZIDE	Cardiovascular Agents	3		3	
<i>methyldopa</i>	Cardiovascular Agents	1		1	
<i>methyldopa &amp; hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
METHYLDOPATE HCL	Cardiovascular Agents	3		3	
METHYLIN	Central Nervous System Agents			3	
<i>methylphenidate hcl</i>	Central Nervous System Agents	1		1	
<i>methylprednisolone</i>	Anti-inflammatory Agents	1		1	
<i>methylprednisolone acetate</i>	Anti-inflammatory Agents	1		1	
<i>methylprednisolone sod succ</i>	Anti-inflammatory Agents	1		1	
<i>metipranolol</i>	Ophthalmic Agents	1		1	
<i>metoclopramide hcl</i>	Antiemetics	1		1	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>metolazone</i>	Cardiovascular Agents	1		1	
<i>metoprolol &amp; hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
<i>metoprolol succinate</i>	Cardiovascular Agents	1		1	
<i>metoprolol tartrate</i>	Cardiovascular Agents	1		1	
METRO IV	Antibacterials			3	
METROCREAM	Antibacterials	**		3**	
METROGEL	Antibacterials			3	
METROGEL VAGINAL	Antibacterials	**		3**	
METROLOTION	Antibacterials	**		3**	
<i>metronidazole</i>	Antibacterials	1		1	
<i>metronidazole (topical)</i>	Antibacterials	1		1	
<i>metronidazole in nacl</i>	Antibacterials	1		1	
<i>metronidazole vaginal</i>	Antibacterials	1		1	
MEVACOR	Cardiovascular Agents	**		3**	
<i>mexiletine hcl</i>	Cardiovascular Agents	1		1	
MIACALCIN	Metabolic Bone Disease Agents	3		3	
MICARDIS	Cardiovascular Agents	2		2	
MICARDIS HCT	Cardiovascular Agents	2		2	
<i>miconazole nitrate vaginal</i>	Antifungals	1		1	
MICRO-K	Therapeutic Nutrients/ Minerals/ Electrolytes	**		3**	
MICRONASE	Blood Glucose Regulators	**		3**	
MICROZIDE	Cardiovascular Agents	**		3**	
<i>midodrine hcl</i>	Cardiovascular Agents	1		1	
MIGERGOT	Antimigraine Agents			3	
MIGRANAL	Antimigraine Agents	3		3	
MINIPRESS	Cardiovascular Agents	**		3**	
MINOCIN	Antibacterials	**		3**	
MINOCIN PAC	Antibacterials			3	
<i>minocycline hcl</i>	Antibacterials	1		1	
<i>minoxidil</i>	Cardiovascular Agents	1		1	
MINTEZOL	Antiparasitics	3		3	
MIOSTAT	Ophthalmic Agents	**		3**	
MIRAPEX	Antiparkinson Agents	2		2	
<i>mirtazapine</i>	Antidepressants	1	QL	1	QL

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>misoprostol</i>	Gastrointestinal Agents	1		1	
<i>mitomycin</i>	Antineoplastics	1		1	
<i>mitoxantrone hcl</i>	Antineoplastics	1		1	
M-M-R II W/DILUENT 1 DOSE	Immunological Agents	2		2	
M-M-R II W/DILUENT 10 DOS	Immunological Agents	2		2	
MOBAN	Antipsychotics	2		2	
MOBIC	Analgesics	**	QL	3**	QL
MODICON-28	Unclassified Agents	**		3**	
<i>moexipril hcl</i>	Cardiovascular Agents	1		1	
<i>moexipril-hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
<i>mometasone furoate</i>	Dermatological Agents	1		1	
MONISTAT 7 COMBINATION PA	Antifungals			3	
MONODOX	Antibacterials	**		3**	
MONOKET	Cardiovascular Agents	**		3**	
MONOPRIL	Cardiovascular Agents	**		3**	
MONOPRIL HCT	Cardiovascular Agents	**		3**	
MONUROL	Antibacterials			3	
<i>morphine sulfate</i>	Analgesics	1		1	
<i>morphine sulfate for continuous microinfusion</i>	Analgesics	1		1	
MORPHINE SULFATE IN DEXTR	Analgesics			3	
MORPHINE SULFATE/D5W	Analgesics			3	
MORPHINE SULFATE/NS	Analgesics			3	
MORPHINE/D5W	Analgesics			3	
MOTOFEN	Gastrointestinal Agents			3	
MOTRIN	Analgesics	**		3**	
MOVIPREP	Gastrointestinal Agents			3	
M-R-VAX II	Immunological Agents	2		2	
MS CONTIN	Analgesics	**		3**	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
MUCOMYST-10	Antidotes, Deterrents, and Toxicologic Agents	**		3**	
MUMPSVAX W/ DILUENT 1 DOSE	Immunological Agents	2		2	
MUMPSVAX W/ DILUENT 10 DOS	Immunological Agents	2		2	
<i>mupirocin</i>	Antibacterials	1		1	
MUSTARGEN	Antineoplastics	3		3	
MUTAMYCIN	Antineoplastics	**		3**	
MYAMBUTOL	Antimycobacterials	**		3**	
MYCAMINE	Antifungals	4		4	
MYCELEX	Antifungals	**		3**	
MYCOBUTIN	Antimycobacterials	3		3	
MYCOSTATIN	Antifungals	**		3**	
MYDRIACYL	Ophthalmic Agents	**		3**	
MYFORTIC	Immunological Agents	3		3	
MYLOTARG	Antineoplastics			3	
MYOBLOC	Unclassified Agents		PA	3	PA
MYOZYME	Enzyme Replacements/ Modifiers	3		3	
MYSOLINE	Anticonvulsants	**		3**	
MYTELASE	Antimyasthenic Agents	3		3	
<i>nabumetone</i>	Analgesics	1		1	
<i>nadolol</i>	Cardiovascular Agents	1		1	
<i>nafcillin sodium</i>	Antibacterials	1		1	
NAFTIN	Antifungals	2		2	
NAFTIN-MP	Antifungals	2		2	
NAGLAZYME	Enzyme Replacements/ Modifiers	4		4	
<i>nalbuphine hcl</i>	Analgesics	1		1	
NALFON	Analgesics			3	
NALLPEN ISO-OSMOTIC IN DE	Antibacterials			3	
NALLPEN/DEXTROSE	Antibacterials			3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>naloxone hcl</i>	Antidotes, Deterrents, and Toxicologic Agents	1		1	
<i>naltrexone hcl</i>	Antidotes, Deterrents, and Toxicologic Agents	1		1	
NAMENDA	Antidementia Agents	2		2	
NAMENDA TITRATION PAK	Antidementia Agents	2		2	
NANDROLONE DECANOATE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
<i>naphazoline hcl</i>	Ophthalmic Agents	1		1	
NAPRELAN	Analgesics	**		3**	
NAPROSYN	Analgesics	**		3**	
<i>naproxen</i>	Analgesics	1		1	
<i>naproxen sodium</i>	Analgesics	1		1	
NARCAN	Antidotes, Deterrents, and Toxicologic Agents	**		3**	
NARDIL	Antidepressants	2		2	
NASACORT AQ	Respiratory Tract Agents		QL	3	QL
NASAREL	Respiratory Tract Agents			3	
NASONEX	Respiratory Tract Agents	2	QL	2	QL
NATACYN	Antifungals	2		2	
NAVANE	Antipsychotics	**		3**	
NAVELBINE	Antineoplastics	**		3**	
NEBUPENT	Antiparasitics			3	
<i>nefazodone hcl</i>	Antidepressants	1		1	
NEO-FRADIN	Antibacterials			3	
<i>neomycin sulfate</i>	Antibacterials	1		1	
<i>neomycin/polymyxin b gu</i>	Genitourinary Agents	1		1	
<i>neomycin-bacitracin zn-polymyxin</i>	Ophthalmic Agents	1		1	
<i>neomycin-polymy-dexameth</i>	Ophthalmic Agents	1		1	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>neomycin-polymygramicid</i>	Ophthalmic Agents	1		1	
<i>neomycin-polymyxin-hc (ophth)</i>	Ophthalmic Agents	1		1	
<i>neomycin-polymyxin-hc (otic)</i>	Otic Agents	1		1	
NEORAL	Immunological Agents	**		3**	
NEOSPORIN	Ophthalmic Agents	**		3**	
NEPHRAMINE	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
NEULASTA	Blood Products/ Modifiers/ Volume Expanders	4	PA	4	PA
NEUMEGA	Blood Products/ Modifiers/ Volume Expanders	4	PA	4	PA
NEUPOGEN	Blood Products/ Modifiers/ Volume Expanders	2	PA	2	PA
NEURONTIN	Anticonvulsants	3**		3**	
NEUTREXIN	Antiparasitics	3		3	
NEVANAC	Ophthalmic Agents			3	
NEXAVAR	Antineoplastics	4	PA, QL	4	PA, QL
NEXIUM	Gastrointestinal Agents	2	QL	2	QL
NEXIUM I.V.	Gastrointestinal Agents			3	
<i>niacin</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
NIASPAN	Cardiovascular Agents			2	
<i>nicardipine hcl</i>	Cardiovascular Agents	1		1	
<i>nicotine</i>	Antidotes, Deterrents, and Toxicologic Agents	1		1	
NICOTROL INHALER	Antidotes, Deterrents, and Toxicologic Agents	3		3	
NICOTROL NS	Antidotes, Deterrents, and Toxicologic Agents	3		3	
<i>nifedipine</i>	Cardiovascular Agents	1		1	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
NILANDRON	Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)	3		3	
NIMOTOP	Cardiovascular Agents	4**		4**	
NIPENT	Antineoplastics	4**		4**	
NITRO-BID	Cardiovascular Agents	3		3	
NITRO-DUR	Cardiovascular Agents	3		3	
<i>nitrofurantoin macrocrystal</i>	Antibacterials	1		1	
<i>nitrofurantoin monohydrate macro</i>	Antibacterials	1		1	
<i>nitroglycerin</i>	Cardiovascular Agents	1		1	
NITROLINGUAL PUMPSPRAY	Cardiovascular Agents	3		3	
NITROSTAT	Cardiovascular Agents	3**		3**	
<i>nizatidine</i>	Gastrointestinal Agents	1	QL	1	QL
NIZORAL	Antifungals	**		3**	
NORCO	Analgesics	**	QL	3**	QL
NORDETTE-28	Unclassified Agents	**		3**	
NORDITROPIN CARTRIDGE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		PA	4	PA
NORDITROPIN NORDIFLEX	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		PA	4	PA
NORDITROPIN NORDIFLEX PEN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		PA	4	PA
<i>norethin acet &amp; estrad-feral</i>	Unclassified Agents	1		1	
<i>norethindrone &amp; ethinyl estradiol</i>	Unclassified Agents	1		1	
<i>norethindrone &amp; mestranol</i>	Unclassified Agents	1		1	
<i>norethindrone (contraceptive)</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	1		1	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>norethindrone acet &amp; eth estra</i>	Unclassified Agents	1		1	
<i>norethindrone acetate</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	1		1	
<i>norethindrone-eth estradiol (biphasic)</i>	Unclassified Agents	1		1	
<i>norethindrone-eth estradiol (triphasic)</i>	Unclassified Agents	1		1	
NORFLEX	Skeletal Muscle Relaxants	**		3**	
<i>norgestimate-ethinyl estradiol</i>	Unclassified Agents	1		1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	Unclassified Agents	1		1	
<i>norgestrel &amp; ethinyl estradiol</i>	Unclassified Agents	1		1	
NORINYL 1+35	Unclassified Agents	3**		3**	
NORITATE	Antibacterials			3	
NORMOSOL-R	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
NOROXIN	Antibacterials		QL	3	QL
NORPACE	Cardiovascular Agents	**		3**	
NORPACE CR	Cardiovascular Agents	3		3	
NORPRAMIN	Antidepressants	**		3**	
NOR-QD	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2**		2**	
<i>nortriptyline hcl</i>	Antidepressants	1		1	
NORVASC	Cardiovascular Agents	3**		3**	
NORVIR	Antivirals	2		2	
NOVANTRONE	Antineoplastics	**		4**	
NOVOLIN 70/30	Blood Glucose Regulators	2		2	
NOVOLIN 70/30 INNOLET	Blood Glucose Regulators	2		2	
NOVOLIN 70/30 PENFILL	Blood Glucose Regulators	2		2	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
NOVOLIN N	Blood Glucose Regulators	2		2	
NOVOLIN N INNOLET	Blood Glucose Regulators	2		2	
NOVOLIN N U-100 PENFILL	Blood Glucose Regulators	2		2	
NOVOLIN R	Blood Glucose Regulators	2		2	
NOVOLIN R INNOLET	Blood Glucose Regulators	2		2	
NOVOLIN R U-100	Blood Glucose Regulators	2		2	
NOVOLIN R U-100 PENFILL	Blood Glucose Regulators	2		2	
NOVOLOG	Blood Glucose Regulators	2		2	
NOVOLOG FLEXPEN	Blood Glucose Regulators	2		2	
NOVOLOG MIX 70/30	Blood Glucose Regulators	2		2	
NOVOLOG MIX 70/30 PENFILL	Blood Glucose Regulators	2		2	
NOVOLOG MIX 70/30 PREFILL	Blood Glucose Regulators	2		2	
NOVOLOG PENFILL	Blood Glucose Regulators	2		2	
NOXAFIL	Antifungals	4	QL	4	QL
NUBAIN	Analgesics	**		3**	
NULYTELY	Gastrointestinal Agents	**		3**	
NUMORPHAN	Analgesics			3	
NUTROPIN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		PA	4	PA
NUTROPIN AQ	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		PA	4	PA
NUTROPIN AQ PEN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		PA	4	PA

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
NUVARING	Unclassified Agents	3	QL	3	QL
NYDRAZID	Antimycobacterials	**		3**	
<i>nystatin</i>	Antifungals	1		1	
<i>nystatin (mouth-throat)</i>	Antifungals	1		1	
<i>nystatin (topical)</i>	Antifungals	1		1	
<i>nystatin-triamcinolone</i>	Dermatological Agents	1		1	
OCTAGAM	Immunological Agents	3		3	
<i>octreotide acetate</i>	Hormonal Agents, Suppressant (Pituitary)	1		1	
OCUFEN	Ophthalmic Agents	**		3**	
OCUFLOX	Ophthalmic Agents	**		3**	
<i>ofloxacin</i>	Antibacterials	1		1	
<i>ofloxacin (ophth)</i>	Ophthalmic Agents	1		1	
OGEN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	**		3**	
OGESTREL	Unclassified Agents			3	
OLUX	Dermatological Agents			3	
OLUX-E	Dermatological Agents			3	
OMACOR	Cardiovascular Agents	2	QL	2	QL
<i>omeprazole</i>	Gastrointestinal Agents	1	QL	1	QL
OMNICEF	Antibacterials	2**		2**	
OMNI-PAC	Antibacterials	2**		2**	
ONCASPAR	Antineoplastics	4		4	
<i>ondansetron</i>	Antiemetics	1	QL	1	QL
<i>ondansetron hcl</i>	Antiemetics	1	QL	1	QL
<i>ondansetron hcl and dextrose</i>	Antiemetics	1		1	
ONTAK	Antineoplastics	3		3	
OPANA	Analgesics		QL	3	QL
OPANA ER	Analgesics		QL	3	QL
OPIUM TINCTURE	Analgesics			3	
OPTIPRANOLOL	Ophthalmic Agents	**		3**	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
OPTIVAR	Ophthalmic Agents	2		2	
ORACEA	Dermatological Agents			3	
ORAMORPH SR	Analgesics	3**		3**	
ORAP	Antipsychotics	2		2	
ORAPRED	Anti-inflammatory Agents	3**		3**	
ORAPRED ODT	Anti-inflammatory Agents	3		3	
ORENCIA	Immunological Agents		PA, QL	4	PA, QL
ORFADIN	Enzyme Replacements/ Modifiers	4		4	
<i>orphenadrine citrate</i>	Skeletal Muscle Relaxants	1		1	
<i>orphenadrine w/ aspirin &amp; caff</i>	Skeletal Muscle Relaxants	1		1	
ORTHO EVRA	Unclassified Agents	2	QL	2	QL
ORTHO MICRONOR	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2**		2**	
ORTHO TRI-CYCLEN	Unclassified Agents	2**		2**	
ORTHO TRI-CYCLEN LO	Unclassified Agents	2		2	
ORTHO-CEPT-28	Unclassified Agents	3**		3**	
ORTHOCLONE OKT3	Immunological Agents			3	
ORTHO-CYCLEN-28	Unclassified Agents	2**		2**	
ORTHO-NOVUM 1/35-28	Unclassified Agents	3**		3**	
ORTHO-NOVUM 1/50-28	Unclassified Agents	3**		3**	
ORTHO-NOVUM 7/7/7-28	Unclassified Agents	3**		3**	
OSMOPREP	Gastrointestinal Agents	3		3	
OVCON-35	Unclassified Agents	3**		3**	
OVCON-50 28	Unclassified Agents	3		3	
OVIDE	Antiparasitics			3	
OXACILLIN SODIUM	Antibacterials			3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
OXANDRIN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	**		4**	
<i>oxandrolone</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	1		1	
<i>oxaprozin</i>	Analgesics	1		1	
OXISTAT	Dermatological Agents			3	
OXSORALEN	Dermatological Agents			3	
OXSORALEN ULTRA	Dermatological Agents	2		2	
<i>oxybutynin chloride</i>	Genitourinary Agents	1	QL	1	QL
<i>oxycodone hcl</i>	Analgesics	1		1	
<i>oxycodone w/ acetaminophen</i>	Analgesics	1	QL	1	QL
<i>oxycodone w/ aspirin</i>	Analgesics	1		1	
OXYCONTIN	Analgesics	2**	QL	2**	QL
OXYIR	Analgesics	**		3**	
<i>oxytocin</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	1		1	
OXYTROL	Genitourinary Agents	3	QL	3	QL
PACERONE	Cardiovascular Agents			3	
<i>paclitaxel</i>	Antineoplastics	1		1	
PALCAPS 10	Enzyme Replacements/ Modifiers	3		3	
PALCAPS 20	Enzyme Replacements/ Modifiers	3		3	
PALGIC	Respiratory Tract Agents			3	
PALIPASE	Enzyme Replacements/ Modifiers	3		3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
PALIPASE MT 16	Enzyme Replacements/ Modifiers	3		3	
PALIPASE MT 20	Enzyme Replacements/ Modifiers	3		3	
PALPEON DR 10	Enzyme Replacements/ Modifiers	3		3	
PALPEON DR 20	Enzyme Replacements/ Modifiers	3		3	
PALPEON MT 20	Enzyme Replacements/ Modifiers	3		3	
PALTRASE V8	Enzyme Replacements/ Modifiers	3		3	
PAMELOR	Antidepressants	**		3**	
<i>pamidronate disodium</i>	Metabolic Bone Disease Agents	1		1	
PAMINE	Gastrointestinal Agents	3**		3**	
PAMINE FORTE	Gastrointestinal Agents	3**		3**	
PANCREASE MT 10	Enzyme Replacements/ Modifiers	3		3	
PANCREASE MT 16	Enzyme Replacements/ Modifiers	3		3	
PANCREASE MT 20	Enzyme Replacements/ Modifiers	3		3	
PANCREASE MT 4	Enzyme Replacements/ Modifiers	3		3	
PANCRECARB MS-16	Enzyme Replacements/ Modifiers			3	
PANCRECARB MS-4	Enzyme Replacements/ Modifiers			3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
PANCRECARB MS-8	Enzyme Replacements/ Modifiers			3	
PANCRELIPASE	Enzyme Replacements/ Modifiers	3		3	
PANCRELIPASE MST-16	Enzyme Replacements/ Modifiers	3		3	
PANCRON 10	Enzyme Replacements/ Modifiers	3		3	
PANCRON 20	Enzyme Replacements/ Modifiers	3		3	
PANDEL	Dermatological Agents			3	
PANGESTYME CN 10	Enzyme Replacements/ Modifiers	3		3	
PANGESTYME CN 20	Enzyme Replacements/ Modifiers	3		3	
PANGESTYME EC	Enzyme Replacements/ Modifiers	3		3	
PANGESTYME MT 16	Enzyme Replacements/ Modifiers	3		3	
PANGESTYME UL 12	Enzyme Replacements/ Modifiers	3		3	
PANGESTYME UL 18	Enzyme Replacements/ Modifiers	3		3	
PANGESTYME UL 20	Enzyme Replacements/ Modifiers	3		3	
PANGLOBULIN	Immunological Agents	3		3	
PANGLOBULIN NF	Immunological Agents	3		3	
PANGLOBULIN.	Immunological Agents	3		3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
PANIXINE DISPERDOSE	Antibacterials			3	
PANLOR DC	Analgesics			3	
PANLOR SS	Analgesics	**		3**	
PANOCAPS	Enzyme Replacements/ Modifiers	3		3	
PANOCAPS MT 16	Enzyme Replacements/ Modifiers	3		3	
PANOCAPS MT 20	Enzyme Replacements/ Modifiers	3		3	
PANOKASE	Enzyme Replacements/ Modifiers	3		3	
PANOKASE-16	Enzyme Replacements/ Modifiers	3		3	
PANRETIN	Antineoplastics	3		3	
<i>papaverine hcl</i>	Cardiovascular Agents	1		1	
PARAFON FORTE DSC	Skeletal Muscle Relaxants	**		3**	
PARAPLATIN	Antineoplastics	3**		3**	
PARCOPA	Antiparkinson Agents			3	
<i>paregoric</i>	Gastrointestinal Agents	1		1	
PARLODEL	Antiparkinson Agents	**		3**	
PARNATE	Antidepressants	3**		3**	
<i>paromomycin sulfate</i>	Antibacterials	1		1	
<i>paroxetine hcl</i>	Antidepressants	1		1	
PASER	Antimycobacterials	3		3	
PATADAY	Ophthalmic Agents	3		3	
PATANOL	Ophthalmic Agents	3		3	
PAXIL	Antidepressants	**		3**	
PAXIL CR	Antidepressants	3		3	
PCE	Antibacterials			3	
PEDIAPRED	Anti-inflammatory Agents	**		3**	
PEDIARIX	Immunological Agents	2		2	
PEDIAZOLE	Antibacterials	**		3**	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
PEDIOTIC	Otic Agents	**		3**	
PEDVAX HIB	Immunological Agents	2		2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	Gastrointestinal Agents	1		1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	Gastrointestinal Agents	1		1	
PEGANONE	Anticonvulsants	3		3	
PEGASYS	Immunological Agents	4	PA, QL	4	PA, QL
PEG-INTRON	Immunological Agents	4	PA, QL	4	PA, QL
PEG-INTRON REDIPEN	Immunological Agents	4	PA, QL	4	PA, QL
PEG-INTRON REDIPEN PAK 4	Immunological Agents	4	PA, QL	4	PA, QL
<i>penicillin g potassium</i>	Antibacterials	1		1	
PENICILLIN G POTASSIUM IN	Antibacterials	3		3	
PENICILLIN G PROCAINE	Antibacterials	3		3	
PENICILLIN G SODIUM	Antibacterials	3		3	
<i>penicillin v potassium</i>	Antibacterials	1		1	
PENLAC NAIL LACQUER	Antifungals	3		3	
PENTAM 300	Antiparasitics	**		3**	
<i>pentamidine isethionate</i>	Antiparasitics	1		1	
PENTASA	Inflammatory Bowel Disease Agents	2		2	
<i>pentazocine w/ apap</i>	Analgesics	1		1	
<i>pentazocine w/ naloxone</i>	Analgesics	1		1	
<i>pentoxifylline</i>	Blood Products/ Modifiers/ Volume Expanders	1		1	
PEPCID	Gastrointestinal Agents	**		3**	
PEPCID PREMIXED	Gastrointestinal Agents	**		3**	
PERCOCET	Analgesics	**	QL	3**	QL
PERCODAN	Analgesics	**		3**	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
PERIDEX ORAL RINSE	Dental and Oral Agents	**		3**	
PERIOSTAT	Antibacterials	**		3**	
<i>peritoneal dialysis solutions</i>	Unclassified Agents	1		1	
PERLOXX	Analgesics			3	
<i>permethrin</i>	Antiparasitics	1		1	
<i>perphenazine</i>	Antiemetics	1		1	
PERPHENAZINE/ AMITRIPTYLIN	Antipsychotics			3	
<i>perphenazine-amitriptyline</i>	Antipsychotics	1		1	
PERSANTINE	Blood Products/ Modifiers/ Volume Expanders	**		3**	
PEXEVA	Antidepressants			3	
PFIZERPEN-G	Antibacterials	**		3**	
<i>phenazopyridine hcl</i>	Genitourinary Agents	1		1	
PHENERGAN	Antiemetics	**		3**	
PHENYTEK	Anticonvulsants	3		3	
<i>phenytoin</i>	Anticonvulsants	1		1	
<i>phenytoin sodium</i>	Anticonvulsants	1		1	
<i>phenytoin sodium extended</i>	Anticonvulsants	1		1	
PHOSLO	Genitourinary Agents	2		2	
PHOSPHOLINE IODIDE	Ophthalmic Agents			3	
PHOTOFRIN	Antineoplastics	3		3	
PHYSIOSOL IRRIGATION PH 7	Unclassified Agents			3	
<i>pilocarpine hcl (oral)</i>	Dental and Oral Agents	1		1	
PILOPINE HS	Ophthalmic Agents	3		3	
<i>pindolol</i>	Cardiovascular Agents	1		1	
PIPERACILLIN SODIUM	Antibacterials			3	
<i>piroxicam</i>	Analgesics	1		1	
PITOCIN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	**		3**	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
PLAN B	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
PLAQUENIL	Antiparasitics	**		3**	
PLARETASE 8000	Enzyme Replacements/ Modifiers			3	
PLASMA-LYTE 56	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
PLASMA-LYTE A	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
PLASMA-LYTE-148	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
PLASMA-LYTE-148/ D5W	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
PLASMA-LYTE-56/D5W	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
PLATINOL AQ	Antineoplastics	3**		3**	
PLAVIX	Blood Products/ Modifiers/ Volume Expanders	2		2	
PLENAXIS	Antineoplastics	4		4	
PLENDIL	Cardiovascular Agents	**		3**	
PLETAL	Blood Products/ Modifiers/ Volume Expanders	**	QL	3**	QL
<i>podofilox</i>	Dermatological Agents	1		1	
<i>podophyllum resin</i>	Dermatological Agents	1		1	
<i>polyethylene glycol 3350</i>	Gastrointestinal Agents	1		1	
POLYGAM S/D	Immunological Agents	3		3	
POLYMYXIN B SULFATE	Antibacterials			3	
<i>polymyxin b-trimethoprim</i>	Ophthalmic Agents	1		1	
POLY-PRED	Ophthalmic Agents			3	
POLYTRIM	Ophthalmic Agents	**		3**	
PONSTEL	Analgesics			3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>potassium chloride</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
POTASSIUM CHLORIDE 0.15%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
POTASSIUM CHLORIDE 0.224%	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
<i>potassium chloride in nacl</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>potassium chloride microencapsulated crystals cr</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>potassium citrate (alkalinizer)</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>pramoxine-chloroxylonol</i>	Otic Agents	1		1	
PRANDIN	Blood Glucose Regulators	3		3	
PRAVACHOL	Cardiovascular Agents	**		3**	
<i>pravastatin sodium</i>	Cardiovascular Agents	1		1	
<i>prazosin hcl</i>	Cardiovascular Agents	1		1	
PRECOSE	Blood Glucose Regulators	3		3	
PRED FORTE	Ophthalmic Agents	**		3**	
PRED MILD	Ophthalmic Agents			3	
PRED-G	Ophthalmic Agents			3	
PRED-G S.O.P.	Ophthalmic Agents			3	
<i>prednicarbate</i>	Dermatological Agents	1		1	
<i>prednisolone</i>	Anti-inflammatory Agents	1		1	
<i>prednisolone acetate (ophth)</i>	Ophthalmic Agents	1		1	
<i>prednisolone sodium phosphate</i>	Anti-inflammatory Agents	1		1	
<i>prednisolone sodium phosphate (ophth)</i>	Ophthalmic Agents	1		1	
PREDNISON	Anti-inflammatory Agents	2		2	
PREDNISON INTENSOL	Anti-inflammatory Agents	2		2	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

Drug Name	Therapeutic Category	BlueRx I, BlueAdvantage Silver & Sapphire Tier Level	Limits	BlueRx II, III & Employer Group BlueAdvantage Gold, Platinum, Diamond & Plus Tier Level	Limits
PREFEST	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
PRELONE	Anti-inflammatory Agents	**		3**	
PREMARIN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
PREMARIN W/ APPLICATOR	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
PREMASOL	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
PREMPHASE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
PREMPRO	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
<i>prenatal vit w/ ferrous fumarate-folic acid</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
PREVACID	Gastrointestinal Agents	3	QL	3	QL
PREVACID I.V.	Gastrointestinal Agents	3		3	
PREVACID NAPRAPAC	Analgesics	3	QL	3	QL
PREVACID SOLUTAB	Gastrointestinal Agents	3	QL	3	QL
PREVPAC	Gastrointestinal Agents		QL	3	QL
PREZISTA	Antivirals	2		2	
PRIALT	Analgesics			3	
PRIFTIN	Antimycobacterials			3	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

Drug Name	Therapeutic Category	BlueRx I, BlueAdvantage Silver & Sapphire Tier Level	Limits	BlueRx II, III & Employer Group BlueAdvantage Gold, Platinum, Diamond & Plus Tier Level	Limits
PRILOSEC	Gastrointestinal Agents	**	QL	3**	QL
PRIMAQUINE PHOSPHATE	Antiparasitics	2		2	
PRIMAXIN I.M.	Antibacterials	3		3	
PRIMAXIN IV	Antibacterials	3		3	
PRIMAXIN IV ADVANTAGE	Antibacterials	3		3	
<i>primidone</i>	Anticonvulsants	1		1	
PRIMSOL	Antibacterials			3	
PRINIVIL	Cardiovascular Agents	**		3**	
PRINZIDE	Cardiovascular Agents	**		3**	
PROAIR HFA	Respiratory Tract Agents	3		3	
PROAMATINE	Cardiovascular Agents	**		3**	
PRO-BANTHINE	Gastrointestinal Agents			3	
<i>probenecid</i>	Antigout Agents	1		1	
<i>procainamide hcl</i>	Cardiovascular Agents	1		1	
PROCAINAMIDE HCL ER	Cardiovascular Agents			3	
PROCALAMINE	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
PROCANBID	Cardiovascular Agents			3	
PROCARDIA	Cardiovascular Agents	**		3**	
PROCARDIA XL	Cardiovascular Agents	**		3**	
PROCHIEVE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
<i>prochlorperazine</i>	Antipsychotics	1		1	
<i>prochlorperazine edisylate</i>	Antiemetics	1		1	
<i>prochlorperazine maleate</i>	Antiemetics	1		1	
PROCRIT	Blood Products/ Modifiers/ Volume Expanders	2	PA	2	PA
PROCTOCORT	Dermatological Agents	**		3**	
PROGLYCEM	Blood Glucose Regulators	3		3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
PROGRAF	Immunological Agents	3		3	
PROLASTIN	Respiratory Tract Agents	2		2	
PROLEUKIN	Antineoplastics	4		4	
<i>promethazine hcl</i>	Antiemetics	1		1	
PROMETHAZINE VC	Respiratory Tract Agents			3	
PROMETRIUM	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	3		3	
PRONESTYL	Cardiovascular Agents			3	
PRONESTYL SR	Cardiovascular Agents			3	
<i>propafenone hcl</i>	Cardiovascular Agents	1		1	
PROPANTHELINE BROMIDE	Gastrointestinal Agents			3	
<i>proparacaine hcl</i>	Ophthalmic Agents	1		1	
PROPINE	Ophthalmic Agents	**		3**	
<i>propoxyphene hcl</i>	Analgesics	1		1	
<i>propoxyphene hcl w/ apap</i>	Analgesics	1	QL	1	QL
<i>propoxyphene-n w/ apap</i>	Analgesics	1	QL	1	QL
<i>propranolol &amp; hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
PROPRANOLOL HCL	Antimigraine Agents	3		3	
<i>propylthiouracil</i>	Hormonal Agents Suppressant (Thyroid)	1		1	
PROQUAD	Immunological Agents	2		2	
PROQUIN XR	Antibacterials			3	
PROSCAR	Genitourinary Agents	**	QL	3**	QL
PROTONIX	Gastrointestinal Agents	2	QL	2	QL
PROTOPIC	Dermatological Agents	2	QL	2	QL
PROVENTIL	Respiratory Tract Agents	**		3**	
PROVENTIL HFA	Respiratory Tract Agents	3		3	

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\*\*Generic available.

Drug Name	Therapeutic Category	BlueRx I, BlueAdvantage Silver & Sapphire Tier Level	Limits	BlueRx II, III & Employer Group BlueAdvantage Gold, Platinum, Diamond & Plus Tier Level	Limits
PROVERA	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	**		3**	
PROVIGIL	Central Nervous System Agents	2	QL	2	QL
PROZAC	Antidepressants	**	QL	3**	QL
PROZAC WEEKLY	Antidepressants		QL	3	QL
PSORCON E	Dermatological Agents	**		3**	
PULMICORT	Respiratory Tract Agents		QL	3	QL
PULMICORT FLEXHALER	Respiratory Tract Agents			3	
PULMICORT TURBUHALER	Respiratory Tract Agents			3	
PULMOZYME	Respiratory Tract Agents	4		4	
PURINETHOL	Antineoplastics	**		3**	
<i>pyrazinamide</i>	Antimycobacterials	1		1	
PYRIDIUM	Genitourinary Agents	**		3**	
<i>pyridostigmine bromide</i>	Antimyasthenic Agents	1		1	
QUADRAMET	Antineoplastics			3	
QUALAQUIN	Antiparasitics	3	PA	3	PA
QUESTRAN	Cardiovascular Agents	**		3**	
QUESTRAN LIGHT	Cardiovascular Agents	**		3**	
<i>quinapril hcl</i>	Cardiovascular Agents	1		1	
<i>quinapril-hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
QUINIDINE GLUCONATE	Cardiovascular Agents	3		3	
<i>quinidine sulfate</i>	Cardiovascular Agents	1		1	
QUINIDINE SULFATE ER	Cardiovascular Agents			3	
QUIXIN	Ophthalmic Agents			3	
QVAR	Respiratory Tract Agents	2		2	
RABAVERT	Immunological Agents	2		2	
RANEXA	Cardiovascular Agents	2	PA, QL	2	PA, QL

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
RANICLOR	Antibacterials			3	
<i>ranitidine hcl</i>	Gastrointestinal Agents	1		1	
RAPAMUNE	Immunological Agents	3		3	
RAPIFLUX	Antidepressants	**		3**	
RAPTIVA	Dermatological Agents	4	ST, QL	4	ST, QL
RAUWOLFIA/ BENDROFLUMETHIA	Cardiovascular Agents			3	
RAZADYNE	Antidementia Agents	3		3	
RAZADYNE ER	Antidementia Agents	3	QL	3	QL
REBETOL	Antivirals	3		3	
REBIF	Immunological Agents	4		4	
REBIF TITRATION PACK	Immunological Agents	4		4	
RECOMBIVAX HB	Immunological Agents	2		2	
REGLAN	Antiemetics	**		3**	
REGRANEX	Dermatological Agents	3		3	
RELENZA DISKHALER	Antivirals	3	QL	3	QL
RELION 70/30	Blood Glucose Regulators	2		2	
RELION 70/30 INNOLET	Blood Glucose Regulators	2		2	
RELION N	Blood Glucose Regulators	2		2	
RELION N INNOLET	Blood Glucose Regulators	2		2	
RELION R	Blood Glucose Regulators	2		2	
RELPAX	Antimigraine Agents	3	QL	3	QL
REMERON	Antidepressants	**	QL	3**	QL
REMERON SOLTAB	Antidepressants	**	QL	3**	QL
REMICADE	Immunological Agents	4	PA	4	PA
REMODULIN	Respiratory Tract Agents	3		3	
RENAGEL	Genitourinary Agents	3		3	

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\*\*Generic available.

Drug Name	Therapeutic Category	BlueRx I, BlueAdvantage Silver & Sapphire Tier Level	Limits	BlueRx II, III & Employer Group BlueAdvantage Gold, Platinum, Diamond & Plus Tier Level	Limits
RENAMIN	Therapeutic Nutrients/ Minerals/ Electrolytes			3	
REPREXAIN	Analgesics			3	
REQUIP	Antiparkinson Agents	2		2	
RESCRIPTOR	Antivirals	3		3	
RESERPINE	Cardiovascular Agents			3	
RESTASIS	Ophthalmic Agents	2	QL	2	QL
RETIN-A	Dermatological Agents	**		3**	
RETIN-A MICRO	Dermatological Agents			3	
RETROVIR	Antivirals	3**		3**	
RETROVIR IV INFUSION	Antivirals	3		3	
REVATIO	Respiratory Tract Agents	2	PA, QL	2	PA, QL
REVEX	Antidotes, Deterrents, and Toxicologic Agents			3	
REVIA	Antidotes, Deterrents, and Toxicologic Agents	**		3**	
REVLIMID	Antineoplastics	4	PA	4	PA
REYATAZ	Antivirals	2		2	
RHEUMATREX	Immunological Agents	**		3**	
RHINOCORT AQUA	Respiratory Tract Agents	3	QL	3	QL
<i>ribavirin (hepatitis c)</i>	Antivirals	1		1	
RIDAURA	Immunological Agents	3		3	
RIFADIN	Antimycobacterials	**		3**	
RIFAMATE	Antimycobacterials	**		3**	
<i>rifampin</i>	Antimycobacterials	1		1	
RIFATER	Antimycobacterials	3		3	
RILUTEK	Central Nervous System Agents	3		3	
<i>rimantadine hydrochloride</i>	Antivirals	1		1	
<i>ringer's</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>ringer's irrigation</i>	Unclassified Agents	1		1	
RIOMET	Blood Glucose Regulators	3		3	
RISPERDAL	Antipsychotics	3		3	
RISPERDAL CONSTA	Antipsychotics	3		3	
RISPERDAL M-TAB	Antipsychotics	3		3	
RITALIN	Central Nervous System Agents	**		3**	
RITALIN LA	Central Nervous System Agents	3	QL	3	QL
RITALIN SR	Central Nervous System Agents	3**		3**	
RITUXAN	Antineoplastics	4	PA	4	PA
RMS	Analgesics	**		3**	
ROBAXIN	Skeletal Muscle Relaxants	**		3**	
ROBAXIN-750	Skeletal Muscle Relaxants	**		3**	
ROBINUL	Gastrointestinal Agents	**		3**	
ROBINUL FORTE	Gastrointestinal Agents	**		3**	
ROCALTROL	Therapeutic Nutrients/ Minerals/ Electrolytes	**		3**	
ROCEPHIN	Antibacterials	3**		3**	
ROCEPHIN IN ISO-OSMOTIC D	Antibacterials	3**		3**	
ROFERON-A	Immunological Agents	2		2	
ROTATEQ	Immunological Agents	2		2	
ROWASA	Inflammatory Bowel Disease Agents	**		3**	
ROXANOL	Analgesics	**		3**	
ROXICET	Analgesics			3	
ROXICODONE	Analgesics	**		3**	
ROXICODONE INTENSOL	Analgesics	**		3**	
ROZEREM	Sedatives/ Hypnotics		QL	3	QL
ROZEX	Antibacterials			3	
RYTHMOL	Cardiovascular Agents	**		3**	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
RYTHMOL SR	Cardiovascular Agents	2		2	
SAIZEN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	4	PA	4	PA
SAIZEN CLICK.EASY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	4	PA	4	PA
SALAGEN	Dental and Oral Agents	**		3**	
<i>saline, bacteriostatic</i>	Unclassified Agents	1		1	
SANCTURA	Genitourinary Agents		QL	3	QL
SANDIMMUNE	Immunological Agents	3**		3**	
SANDOSTATIN	Hormonal Agents, Suppressant (Pituitary)	4**		4**	
SANDOSTATIN LAR DEPOT	Hormonal Agents, Suppressant (Pituitary)	4		4	
SANTYL	Dermatological Agents	3		3	
SARAFEM	Antidepressants		QL	3	QL
SEASONALE	Unclassified Agents	**		3**	
SEASONIQUE	Unclassified Agents			3	
SECTRAL	Cardiovascular Agents	**		3**	
<i>selegiline hcl</i>	Antiparkinson Agents	1		1	
<i>selenium sulfide</i>	Dermatological Agents	1		1	
SELSUN SHAMPOO	Dermatological Agents	**		3**	
SEMPREX-D	Respiratory Tract Agents			3	
SENSIPAR	Hormonal Agents, Suppressant (Parathyroid)	4		4	
SEPTRA	Antibacterials	**		3**	
SEPTRA DS	Antibacterials	**		3**	
SEREVENT DISKUS	Respiratory Tract Agents	2		2	
SEROMYCIN	Antimycobacterials			3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
SEROQUEL	Antipsychotics	2		2	
SEROQUEL XR	Antipsychotics	2	QL	2	QL
SEROSTIM	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		PA	4	PA
<i>sertraline hcl</i>	Antidepressants	1		1	
SILVADENE	Antibacterials	**		3**	
<i>silver sulfadiazine</i>	Antibacterials	1		1	
SIMULECT	Immunological Agents			3	
<i>simvastatin</i>	Cardiovascular Agents	1		1	
SINEMET	Antiparkinson Agents	**		3**	
SINEMET CR	Antiparkinson Agents	**		3**	
SINGULAIR	Respiratory Tract Agents	2	QL	2	QL
SKELAXIN	Skeletal Muscle Relaxants			3	
SKELID	Metabolic Bone Disease Agents		QL	3	QL
<i>sodium bicarbonate</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>sodium chloride</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>sodium chloride (gu irrigant)</i>	Genitourinary Agents	1		1	
SODIUM CHLORIDE BACTERIOS	Unclassified Agents			3	
SODIUM EDECIN	Cardiovascular Agents			3	
<i>sodium fluoride</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>sodium lactate</i>	Therapeutic Nutrients/ Minerals/ Electrolytes	1		1	
<i>sodium polystyrene sulfonate</i>	Antidotes, Deterrents, and Toxicologic Agents	1		1	
SOLARAZE	Dermatological Agents	2		2	
SOLODYN	Antibacterials		QL	3	QL
SOLTAMOX	Antineoplastics	3		3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
SOLU-CORTEF	Anti-inflammatory Agents	2**		2**	
SOLU-MEDROL	Anti-inflammatory Agents	**		3**	
SOLU-MEDROL ACT-O-VIAL	Anti-inflammatory Agents	**		3**	
SOMA	Skeletal Muscle Relaxants	**		3**	
SOMA COMPOUND	Skeletal Muscle Relaxants	**		3**	
SOMA COMPOUND/ CODEINE	Skeletal Muscle Relaxants	**		3**	
SOMAVERT	Hormonal Agents, Suppressant (Pituitary)	4		4	
SONATA	Sedatives/ Hypnotics	3	QL	3	QL
SORIATANE	Dermatological Agents	3		3	
<i>sotalol hcl</i>	Cardiovascular Agents	1		1	
<i>sotalol hcl (afib/afl)</i>	Cardiovascular Agents	1		1	
SPECTRACEF	Antibacterials	2		2	
SPIRIVA HANDIHALER	Respiratory Tract Agents	2	QL	2	QL
<i>spironolactone</i>	Cardiovascular Agents	1		1	
<i>spironolactone &amp; hydrochlorothiazide</i>	Cardiovascular Agents	1		1	
SPORANOX	Antifungals	**		3**	
SPORANOX PULSEPAK	Antifungals	**		3**	
SPRYCEL	Antineoplastics	4	PA, QL	4	PA, QL
STADOL	Analgesics	**		3**	
STALEVO 100	Antiparkinson Agents	2		2	
STALEVO 150	Antiparkinson Agents	2		2	
STALEVO 50	Antiparkinson Agents	2		2	
STARLIX	Blood Glucose Regulators	2	QL	2	QL
STERAPRED	Anti-inflammatory Agents	**		3**	
STERAPRED 12 DAY	Anti-inflammatory Agents	**		3**	
STERAPRED DS	Anti-inflammatory Agents	**		3**	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
STERAPRED DS 12 DAY	Anti-inflammatory Agents	**		3**	
STIMATE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	3		3	
STRATTERA	Central Nervous System Agents	3		3	
STREPTOMYCIN SULFATE	Antibacterials			3	
STRIANT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
STROMEKTOL	Antiparasitics			3	
SUBOXONE	Analgesics	3		3	
SUBUTEX	Analgesics	3		3	
SUCRAID	Enzyme Replacements/ Modifiers	4		4	
<i>sucrafate</i>	Gastrointestinal Agents	1		1	
SULAR	Cardiovascular Agents	2		2	
SULFACETAMIDE SODIUM	Ophthalmic Agents			3	
<i>sulfacetamide sodium (acne)</i>	Dermatological Agents	1		1	
<i>sulfacetamide sodium (ophth)</i>	Ophthalmic Agents	1		1	
<i>sulfacetamide sod-prednisolone</i>	Ophthalmic Agents	1		1	
SULFADIAZINE	Antibacterials	2		2	
<i>sulfamethoxazole-trimethoprim</i>	Antibacterials	1		1	
SULFAMYLON	Antibacterials			3	
<i>sulfasalazine</i>	Inflammatory Bowel Disease Agents	1		1	
<i>sulindac</i>	Analgesics	1		1	
SUMYCIN	Antibacterials			3	
SUPRAX	Antibacterials	3		3	
SURMONTIL	Antidepressants	3**		3**	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

Drug Name	Therapeutic Category	BlueRx I, BlueAdvantage Silver & Sapphire Tier Level	Limits	BlueRx II, III & Employer Group BlueAdvantage Gold, Platinum, Diamond & Plus Tier Level	Limits
SUSTIVA	Antivirals	2		2	
SUTENT	Antineoplastics	4	PA, QL	4	PA, QL
SYMBICORT		2		2	
SYMBYAX	Bipolar Agents	3	QL	3	QL
SYMLIN	Blood Glucose Regulators	3	QL	3	QL
SYMMETREL	Antiparkinson Agents	**		3**	
SYNAGIS	Antineoplastics		PA	4	PA
SYNALAR	Dermatological Agents	**		3**	
SYNALGOS-DC	Analgesics			3	
SYNAREL	Hormonal Agents, Suppressant (Pituitary)	3		3	
SYNERA	Dermatological Agents			3	
SYNERCID	Antibacterials			3	
SYNTHROID	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	2**	QL	2**	QL
SYPRINE	Antidotes, Deterrents, and Toxicologic Agents	3		3	
TABLOID	Antineoplastics	3		3	
TACLONEX	Dermatological Agents			3	
TAGAMET	Gastrointestinal Agents	**		3**	
TALACEN	Analgesics	**		3**	
TALADINE	Gastrointestinal Agents	**		3**	
TALWIN	Analgesics			3	
TALWIN NX	Analgesics	**		3**	
TAMBOCOR	Cardiovascular Agents	**		3**	
TAMIFLU	Antivirals	3	QL	3	QL
<i>tamoxifen citrate</i>	Antineoplastics	1		1	
TAPAZOLE	Hormonal Agents Suppressant (Thyroid)	**		3**	
TARCEVA	Antineoplastics	4	PA, QL	4	PA, QL
TARGRETIN	Antineoplastics	2		2	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
TARKA	Cardiovascular Agents	2		2	
TASMAR	Antiparkinson Agents	3		3	
TAXOL	Antineoplastics	4**		4**	
TAXOTERE	Antineoplastics	4		4	
TAZICEF	Antibacterials			3	
TAZORAC	Dermatological Agents	3		3	
TEGRETOL	Anticonvulsants	**		3**	
TEGRETOL-XR	Anticonvulsants	3		3	
TEKTURNA			QL	3	QL
TEMOVATE	Dermatological Agents	**		3**	
TEMOVATE E	Dermatological Agents	**		3**	
TENEX	Cardiovascular Agents	**		3**	
TENORETIC 100	Cardiovascular Agents	**		3**	
TENORETIC 50	Cardiovascular Agents	**		3**	
TENORMIN	Cardiovascular Agents	**		3**	
TERAZOL 3	Antifungals	**		3**	
TERAZOL 7	Antifungals	**		3**	
<i>terazosin hcl</i>	Cardiovascular Agents	1		1	
<i>terbinafine hcl</i>	Antifungals	1		1	
<i>terbutaline sulfate</i>	Respiratory Tract Agents	1		1	
<i>terconazole vaginal</i>	Antifungals	1		1	
TESLAC	Antineoplastics	3		3	
TESTIM	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
TESTOPEL	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
<i>testosterone cypionate</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	1		1	

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
<i>testosterone enanthate</i>	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	1		1	
TESTRED	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			3	
TETANUS TOXOID	Immunological Agents	2		2	
TETANUS TOXOID ADSORBED	Immunological Agents	2		2	
TETANUS/DIPHThERIA TOXOID	Immunological Agents	2		2	
<i>tetracycline hcl</i>	Antibacterials	1		1	
TEVETEN	Cardiovascular Agents			3	
TEVETEN HCT	Cardiovascular Agents			3	
TEV-TROPIN	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		PA	4	PA
TEXACORT	Dermatological Agents			3	
THALITONE	Cardiovascular Agents			3	
THALOMID	Antineoplastics	4		4	
THEO-24	Respiratory Tract Agents			3	
<i>theophylline</i>	Respiratory Tract Agents	1		1	
THERACYS	Antineoplastics	2		2	
THIOLA	Genitourinary Agents	3		3	
<i>thioridazine hcl</i>	Antipsychotics	1		1	
<i>thiotepa</i>	Antineoplastics	1		1	
<i>thiothixene</i>	Antipsychotics	1		1	
THYMOGLOBULIN	Immunological Agents			3	
THYROLAR-1	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
THYROLAR-1/2	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			3	
THYROLAR-1/4	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			3	
THYROLAR-2	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			3	
THYROLAR-3	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			3	
TIAZAC	Cardiovascular Agents	**		3**	
TICE BCG	Antineoplastics	2		2	
TICLID	Blood Products/ Modifiers/ Volume Expanders	**		3**	
<i>ticlopidine hcl</i>	Blood Products/ Modifiers/ Volume Expanders	1		1	
TIGAN	Antiemetics	**		3**	
TIKOSYN	Cardiovascular Agents	3		3	
TILADE	Respiratory Tract Agents	2		2	
TIMENTIN	Antibacterials	3		3	
TIMOLIDE 10/25	Cardiovascular Agents			3	
<i>timolol maleate</i>	Antimigraine Agents	1		1	
<i>timolol maleate (ophth)</i>	Ophthalmic Agents	1		1	
TIMOPTIC	Ophthalmic Agents	**		3**	
TIMOPTIC OCUDOSE	Ophthalmic Agents	**		3**	
TIMOPTIC-XE	Ophthalmic Agents	**		3**	
TINDAMAX	Antiparasitics			3	
<i>tizanidine hcl</i>	Skeletal Muscle Relaxants	1	QL	1	QL
TOBI	Antibacterials			3	
TOBRADEX	Ophthalmic Agents	3		3	
<i>tobramycin sulfate</i>	Antibacterials	1		1	
<i>tobramycin sulfate (ophth)</i>	Ophthalmic Agents	1		1	

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\*\*Generic available.

Drug Name	Therapeutic Category	BlueRx I, BlueAdvantage Silver & Sapphire Tier Level	Limits	BlueRx II, III & Employer Group BlueAdvantage Gold, Platinum, Diamond & Plus Tier Level	Limits
TOBRAMYCIN SULFATE ADD-VA	Antibacterials			3	
TOBRAMYCIN SULFATE/SODIUM	Antibacterials			3	
TOBEX	Ophthalmic Agents	**		3**	
TOFRANIL	Antidepressants	**		3**	
TOFRANIL-PM	Antidepressants			3	
TOLAZAMIDE	Blood Glucose Regulators	3		3	
TOLBUTAMIDE	Blood Glucose Regulators			3	
<i>tolmetin sodium</i>	Analgesics	1		1	
TOPAMAX	Anticonvulsants	2		2	
TOPAMAX SPRINKLE	Anticonvulsants	2		2	
TOPICORT	Dermatological Agents	**		3**	
TOPICORT LP	Dermatological Agents	**		3**	
TOPROL XL	Cardiovascular Agents	**		3**	
<i>torseamide</i>	Cardiovascular Agents	1		1	
TRACLEER	Cardiovascular Agents	4	PA	4	PA
<i>tramadol hcl</i>	Analgesics	1	QL	1	QL
<i>tramadol-acetaminophen</i>	Analgesics	1	QL	1	QL
TRANDATE	Cardiovascular Agents	**		3**	
TRANDATE IV	Cardiovascular Agents	**		3**	
<i>trandolapril</i>	Cardiovascular Agents	1		1	
TRANSDERM-SCOP	Antiemetics	3		3	
<i>tranylcypromine sulfate</i>	Antidepressants	1		1	
TRAVASOL	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
TRAVASOL 2.75%/ DEXTROSE 1	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
TRAVASOL 2.75%/ DEXTROSE 5	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
TRAVASOL 4.25%/ DEXTROSE 1	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
TRAVASOL 4.25%/ DEXTROSE 2	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
TRAVASOL 4.25%/ DEXTROSE 5	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
TRAVASOL 5.5%/ DEXTROSE 10	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
TRAVASOL 5.5%/ DEXTROSE 20	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
TRAVASOL 5.5%/ ELECTROLYTE	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
TRAVASOL 8.5%/ DEXTROSE 10	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
TRAVASOL 8.5%/ DEXTROSE 20	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
TRAVASOL 8.5%/ DEXTROSE 50	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
TRAVATAN	Ophthalmic Agents	2	QL	2	QL
TRAVATAN Z	Ophthalmic Agents	2	QL	2	QL
TRAVERT 10%-1/2NS-KCL	Therapeutic Nutrients/ Minerals/ Electrolytes			3	
TRAVERT 10%-NORMAL SALINE	Therapeutic Nutrients/ Minerals/ Electrolytes			3	
<i>trazodone hcl</i>	Antidepressants	1		1	
TRECTOR	Antimycobacterials			3	
TRELSTAR DEPOT	Hormonal Agents, Suppressant (Pituitary)			2	
TRELSTAR LA	Hormonal Agents, Suppressant (Pituitary)			2	
TRENTAL	Blood Products/ Modifiers/ Volume Expanders	**		3**	
<i>tretinoin</i>	Dermatological Agents	1		1	
<i>tretinoin (chemotherapy)</i>	Antineoplastics	1		1	
TREXALL	Antineoplastics			3	
<i>triamcinolone acetonide (mouth)</i>	Dental and Oral Agents	1		1	
<i>triamcinolone acetonide (topical)</i>	Dermatological Agents	1		1	
TRIAMCINOLONE ACETONIDE I	Dermatological Agents	2		2	
<i>triamterene &amp; hydrochlorothiazide</i>	Cardiovascular Agents	1		1	

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\*\*Generic available.

Drug Name	Therapeutic Category	BlueRx I, BlueAdvantage Silver & Sapphire Tier Level	Limits	BlueRx II, III & Employer Group BlueAdvantage Gold, Platinum, Diamond & Plus Tier Level	Limits
TRICOR	Cardiovascular Agents	2		2	
<i>trifluoperazine hcl</i>	Antipsychotics	1		1	
<i>trifluridine</i>	Ophthalmic Agents	1		1	
TRIGLIDE	Cardiovascular Agents			3	
<i>trihexyphenidyl hcl</i>	Antiparkinson Agents	1		1	
TRIHIBIT	Immunological Agents	2		2	
TRILEPTAL	Anticonvulsants	3		3	
TRI-LEVLEN	Unclassified Agents	**		3**	
TRI-LEVLEN CONTRACT PACK	Unclassified Agents	**		3**	
<i>trimethobenzamide hcl</i>	Antiemetics	1		1	
<i>trimethoprim</i>	Antibacterials	1		1	
<i>trimipramine maleate</i>	Antidepressants	1		1	
TRI-NORINYL 28	Unclassified Agents	**		3**	
TRIPEDIA	Immunological Agents	2		2	
TRIPHASIL 28	Unclassified Agents	**		3**	
TRISENOX	Antineoplastics	4		4	
TRIZIVIR	Antivirals	3		3	
TROPHAMINE	Therapeutic Nutrients/ Minerals/ Electrolytes	3		3	
<i>tropicamide</i>	Ophthalmic Agents	1		1	
TRUSOPT	Ophthalmic Agents	3		3	
TRUVADA	Antivirals	3		3	
TWINJECT	Respiratory Tract Agents			3	
TWINRIX	Immunological Agents	2		2	
TYGACIL	Antibacterials	3		3	
TYKERB	Antineoplastics	4	PA, QL	4	PA, QL
TYLENOL/CODEINE #3	Analgesics	**		3**	
TYLENOL/CODEINE #4	Analgesics	**		3**	
TYLOX	Analgesics	**	QL	3**	QL
TYPHIM VI	Immunological Agents	2		2	
TYSABRI	Immunological Agents		PA, QL	4	PA, QL
TYZEKA	Antivirals	3	QL	3	QL

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
TYZINE	Respiratory Tract Agents	2		2	
TYZINE PEDIATRIC NASAL DR	Respiratory Tract Agents	2		2	
ULTRABAG/DIANEAL LOW CALC	Unclassified Agents	3		3	
ULTRABAG/DIANEAL PD-2/1.5	Unclassified Agents	3		3	
ULTRABAG/DIANEAL PD-2/2.5	Unclassified Agents	3		3	
ULTRABAG/DIANEAL PD-2/4.2	Unclassified Agents	3		3	
ULTRACAPS MT 20	Enzyme Replacements/ Modifiers	3		3	
ULTRACET	Analgesics	**	QL	3**	QL
ULTRAM	Analgesics	**	QL	3**	QL
ULTRAM ER	Analgesics		QL	3	QL
ULTRASE	Enzyme Replacements/ Modifiers			3	
ULTRASE MT 12	Enzyme Replacements/ Modifiers			3	
ULTRASE MT 18	Enzyme Replacements/ Modifiers			3	
ULTRASE MT 20	Enzyme Replacements/ Modifiers			3	
ULTRAVATE	Dermatological Agents	**		3**	
UNASYN	Antibacterials	**		3**	
UNASYN ADD-VANTAGE	Antibacterials			3	
UNASYN BULK PACK	Antibacterials	**		3**	
UNASYN PIGGYBACK UNIT	Antibacterials			3	
UNIFINE PENTIPS/12MM	Unclassified Agents	2		2	
UNIPHYL	Respiratory Tract Agents	**		3**	
UNIRETIC	Cardiovascular Agents	**		3**	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
UNIVASC	Cardiovascular Agents	**		3**	
<i>urea-hc acetate</i>	Dermatological Agents	1		1	
URECHOLINE	Genitourinary Agents	**		3**	
UREX	Antibacterials	**		3**	
URISPAS	Genitourinary Agents	**		3**	
UROCIT-K 10	Therapeutic Nutrients/ Minerals/ Electrolytes	**		3**	
UROCIT-K 5	Therapeutic Nutrients/ Minerals/ Electrolytes	**		3**	
UROXATRAL	Genitourinary Agents	3	QL	3	QL
URSO 250	Gastrointestinal Agents			3	
URSO FORTE	Gastrointestinal Agents			3	
<i>ursodiol</i>	Gastrointestinal Agents	1		1	
UVADEX	Dermatological Agents	3		3	
VAGIFEM	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	3		3	
VALCYTE	Antivirals	4		4	
<i>valproate sodium</i>	Anticonvulsants	1		1	
<i>valproic acid</i>	Anticonvulsants	1		1	
VALTREX	Antivirals	2		2	
VANCOGIN HCL	Antibacterials	4		4	
VANCOGIN HCL ISO-OSMOTIC	Antibacterials	4		4	
<i>vancomycin hcl</i>	Antibacterials	1		1	
VANOS	Dermatological Agents			3	
VANSPAR	Anxiolytics	**		3**	
VANTAS	Hormonal Agents, Suppressant (Pituitary)	2		2	
VANTIN	Antibacterials	3**		3**	
VAQTA	Immunological Agents	2		2	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
VARIVAX	Immunological Agents	2		2	
VASERETIC	Cardiovascular Agents	**		3**	
VASOTEC	Cardiovascular Agents	**		3**	
VECTIBIX	Antineoplastics	3		3	
VELCADE	Antineoplastics	3		3	
<i>venlafaxine hcl</i>	Antidepressants	1		1	
VENOGLOBULIN-S	Immunological Agents	3		3	
VENTAVIS	Respiratory Tract Agents		PA	4	PA
VENTOLIN HFA	Respiratory Tract Agents	3		3	
<i>verapamil hcl</i>	Cardiovascular Agents	1		1	
VERDESO	Dermatological Agents			3	
VERELAN	Cardiovascular Agents	**		3**	
VERELAN PM	Cardiovascular Agents	3**		3**	
VESANOID	Antineoplastics	2**		2**	
VESICARE	Genitourinary Agents	2	QL	2	QL
VEXOL	Ophthalmic Agents			3	
VFEND	Antifungals	3		3	
VFEND IV	Antifungals	3		3	
VIADUR	Hormonal Agents, Suppressant (Pituitary)			2	
VIBRAMYCIN	Antibacterials	**		3**	
VIBRATAB	Antibacterials	**		3**	
VICODIN	Analgesics	**	QL	3**	QL
VICODIN ES	Analgesics	**	QL	3**	QL
VICOPROFEN	Analgesics	**		3**	
VIDAZA	Antineoplastics	3		3	
VIDEX	Antivirals	2		2	
VIDEX EC	Antivirals	2		2	
VIGAMOX	Ophthalmic Agents	2		2	
VINBLASTINE SULFATE	Antineoplastics			3	
<i>vincristine sulfate</i>	Antineoplastics	1		1	
<i>vinorelbine tartrate</i>	Antineoplastics	1		1	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
VIOKASE	Enzyme Replacements/ Modifiers	3		3	
VIOKASE 16	Enzyme Replacements/ Modifiers	3		3	
VIOKASE 8	Enzyme Replacements/ Modifiers	3		3	
VIRACEPT	Antivirals	3		3	
VIRAMUNE	Antivirals	3		3	
VIRAZOLE	Antivirals			3	
VIREAD	Antivirals	3		3	
VIROPTIC	Ophthalmic Agents	3**		3**	
VISICOL	Gastrointestinal Agents			3	
VISTARIL	Antiemetics	**		3**	
VISTIDE	Antivirals	3		3	
VIVACTIL	Antidepressants	3		3	
VIVAGLOBIN	Immunological Agents			3	
VIVELLE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
VIVELLE-DOT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	2		2	
VIVITROL	Antidotes, Deterrents, and Toxicologic Agents			3	
VIVOTIF BERNA	Immunological Agents	2		2	
VOLTAREN	Analgesics	3**		3**	
VOLTAREN-XR	Analgesics	**		3**	
VOPAC	Analgesics			3	
VOSPIRE ER	Respiratory Tract Agents	**		3**	
VUMON	Antineoplastics			3	

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\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
VYTORIN	Cardiovascular Agents	2		2	
<i>warfarin sodium</i>	Blood Products/ Modifiers/ Volume Expanders	1		1	
<i>water for irrigation, sterile</i>	Unclassified Agents	1		1	
WELCHOL	Cardiovascular Agents	3	QL	3	QL
WELLBUTRIN	Antidepressants	**		3**	
WELLBUTRIN SR	Antidepressants	**		3**	
WELLBUTRIN XL	Antidepressants		QL	3	QL
WESTCORT	Dermatological Agents	**		3**	
XALATAN	Ophthalmic Agents	2	QL	2	QL
XIBROM	Ophthalmic Agents			3	
XIFAXAN	Antibacterials			3	
XODOL	Analgesics		QL	3	QL
XOLAIR	Respiratory Tract Agents	4	PA	4	PA
XOLEGEL	Dermatological Agents	3		3	
XOPENEX	Respiratory Tract Agents			3	
XOPENEX CONCENTRATE	Respiratory Tract Agents			3	
XOPENEX HFA	Respiratory Tract Agents			3	
XYLOCAINE	Anesthetics	**		3**	
XYLOCAINE JELLY	Dermatological Agents	**		3**	
XYLOCAINE VISCOUS	Anesthetics	**		3**	
XYREM	Central Nervous System Agents	3		3	
YASMIN 28	Unclassified Agents			3	
YAZ	Unclassified Agents			3	
YF-VAX	Immunological Agents	2		2	
ZANAFLEX	Skeletal Muscle Relaxants	**	QL	3**	QL
ZANOSAR	Antineoplastics	4		4	
ZANTAC	Gastrointestinal Agents	**		3**	
ZARONTIN	Anticonvulsants	**		3**	

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<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
ZAROXOLYN	Cardiovascular Agents	**		3**	
ZAVESCA	Enzyme Replacements/ Modifiers	4		4	
Z-CLINZ 10	Dermatological Agents			3	
Z-CLINZ 5	Dermatological Agents			3	
ZEBETA	Cardiovascular Agents	**		3**	
ZEGERID	Gastrointestinal Agents	3	QL	3	QL
ZELAPAR	Antiparkinson Agents			3	
ZEMAIRA	Respiratory Tract Agents			3	
ZEMPLAR	Metabolic Bone Disease Agents			3	
ZENAPAX	Immunological Agents			3	
ZERIT	Antivirals	2		2	
ZESTORETIC	Cardiovascular Agents	**		3**	
ZESTRIL	Cardiovascular Agents	**		3**	
ZETIA	Cardiovascular Agents	2		2	
ZIAC	Cardiovascular Agents	**		3**	
ZIAGEN	Antivirals	3		3	
ZIANA	Dermatological Agents			3	
<i>zidovudine</i>	Antivirals	1		1	
ZINACEF	Antibacterials			3	
ZINACEF/D5W	Antibacterials			3	
ZINECARD	Antineoplastics	**		3**	
ZITHROMAX	Antibacterials			3	
ZITHROMAX TRI-PAK	Antibacterials	**		3**	
ZITHROMAX Z-PAK	Antibacterials	**		3**	
ZMAX	Antibacterials			3	
ZOCOR	Cardiovascular Agents	**		3**	
ZOFRAN	Antiemetics	**	QL	3**	QL
ZOFRAN ODT	Antiemetics	**	QL	3**	QL
ZOLADEX	Hormonal Agents, Suppressant (Pituitary)			4	
ZOLINZA	Antineoplastics	4	QL	4	QL

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>BlueRx I, BlueAdvantage Silver &amp; Sapphire Tier Level</b>	<b>Limits</b>	<b>BlueRx II, III &amp; Employer Group BlueAdvantage Gold, Platinum, Diamond &amp; Plus Tier Level</b>	<b>Limits</b>
ZOLOFT	Antidepressants	**		3**	
<i>zolpidem tartrate</i>	Sedatives/ Hypnotics	1	QL	1	QL
ZOMETA	Metabolic Bone Disease Agents	4		4	
ZOMIG	Antimigraine Agents		QL	3	QL
ZOMIG ZMT	Antimigraine Agents		QL	3	QL
ZONALON	Dermatological Agents	2**		2**	
ZONEGRAN	Anticonvulsants	**		3**	
<i>zonisamide</i>	Anticonvulsants	1		1	
ZORBTIVE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		PA	4	PA
ZOSTAVAX	Immunological Agents	2	PA	2	PA
ZOSYN	Antibacterials	4		4	
ZOVIRAX	Antivirals	3**		3**	
ZYBAN	Antidotes, Deterrents, and Toxicologic Agents	**		3**	
ZYDONE	Analgesics		QL	3	QL
ZYFLO	Respiratory Tract Agents	3	QL	3	QL
ZYLET	Ophthalmic Agents			3	
ZYLOPRIM	Antigout Agents	**		3**	
ZYMAR	Ophthalmic Agents			3	
ZYPREXA	Antipsychotics	3		3	
ZYPREXA ZYDIS	Antipsychotics	3		3	
ZYRTEC	Respiratory Tract Agents	3	QL	3	QL
ZYRTEC-D	Respiratory Tract Agents	3		3	
ZYVOX	Antibacterials	4	QL	4	QL

\*BlueRx covers Tier 1 drugs through the coverage gap for Option III.

\*\*Generic available.











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A health plan with a Medicare contract.

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