

Geisinger Gold Standard Rx

2025 Formulary

(List of Covered Drugs)

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

This formulary was updated on June 26, 2025. For more recent information or other questions, please contact Geisinger Gold Member Services at (800) 988-4861 (TTY users should call 711), 8 a.m. to 8 p.m. (7 days a week, Oct. – Mar.) or 8 a.m. to 8 p.m. (Mon. – Fri., April – Sept.) or 8 a.m. to 2 p.m. (Sat., April – Sept.) or visit www.GeisingerGold.com.

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

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Geisinger Health Plan. When it refers to “plan” or “our plan,” it means Geisinger Gold Standard Rx.

This document includes Drug List (formulary) for our plan which is current as of June 26, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company/Geisinger Quality Options, Inc., health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. are part of Geisinger, an integrated health care delivery and coverage organization. Risant Health is the parent organization of Geisinger.

What is the Geisinger Gold Standard Rx formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Geisinger Gold network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <https://www.geisinger.org/health-plan/find/covered-drug-pharmacy>.

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

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

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was

already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Geisinger Gold Standard Rx’s Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Geisinger Gold Standard Rx’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of June 26, 2025. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. If non-

maintenance changes are made to the formulary during the plan year, we will update our formulary and post it on our website. You will also be notified of any non-maintenance change in writing if you are affected by the changes via errata sheets. We also maintain and update our online formulary on a monthly basis.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 12. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 151. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 16 tablets per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our 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 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Geisinger Gold Standard Rx’s formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Geisinger Gold Standard Rx’s Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For members being admitted to or discharged from a long-term care facility, early refill edits are not used to limit appropriate and necessary access to their Part D benefit, and such enrollees are allowed to access a refill upon admission or discharge.

For more information

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

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

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

Geisinger Gold Standard Rx Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 151.

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

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

The following Utilization Management abbreviations may be found within the body of this document COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
PA	Prior Authorization Restriction	Our plan requires you (or your prescriber) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
PA-BVD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HRM	Prior Authorization Restriction for High Risk Medications	Members age 65 years or older are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
PA-NSO	Prior Authorization Restriction for New Starts Only	If this drug is new to you, you (or your prescriber) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
QL	Quantity Limit	Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame. This could include a: per fill, daily, monthly, or yearly limitation.
ST	Step Therapy Restriction	In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
ST-NSO	Step Therapy for New Starts Only	In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

The following additional coverage note abbreviations may be found within the body of this document

OTHER SPECIAL REQUIREMENTS FOR COVERAGE

ABBREVIATION	DESCRIPTION	EXPLANATION
NM	Non-Mail Order Drug	Drugs <u>not</u> available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary.
NDS	Non-Extended Days Supply	Drugs <u>not</u> available for an extended days supply (i.e., more than a one month supply) are noted with “NDS” in the Requirements/Limits column of your formulary.
INS	Select Insulins	Insulin products at a maximum \$35 per month.
VAC	Vaccine	Medicare Part D Vaccines covered at \$0.

Every medication on the Geisinger Gold Standard Rx formulary is in a single cost-sharing tier, which is associated with a 25% coinsurance. Please note: what you pay for your medication depends on which “drug payment stage” you are in when you get the medication, where you get the medication filled, and if you qualify for any additional payment assistance.

If you also receive Pennsylvania Medical Assistance (Medicaid) benefits, some drugs that are not covered by our plan may be covered by your Pennsylvania Medical Assistance (Medicaid) coverage. To find out which drugs are covered by Pennsylvania Medical Assistance, please contact your local Human Services/County Assistance Office, or call the Pennsylvania Medical Assistance Benefit Helpline at 1-800-692-7462 for more information.

Day Supply may be restricted on some drugs due to product packaging and/or State and Federal laws.

If you are a member of an employer group, these prices may not apply to you. Please refer to your benefit documents for appropriate cost sharing amounts.

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	12
AMINOGLYCOSIDES	13
ANALGESICS - ANTI-INFLAMMATORY	13
ANALGESICS - NONNARCOTIC	17
ANALGESICS - OPIOID	17
ANDROGENS-ANABOLIC	20
ANORECTAL AND RELATED PRODUCTS	21
ANTHELMINTICS	21
ANTI-INFECTIVE AGENTS - MISC.	21
ANTIANGINAL AGENTS	25
ANTIANXIETY AGENTS	25
ANTIARRHYTHMICS	26
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	27
ANTICOAGULANTS	30
ANTICONVULSANTS	32
ANTIDEPRESSANTS	36
ANTIDIABETICS	39
ANTIDIARRHEALS	44
ANTIDOTES AND SPECIFIC ANTAGONISTS	44
ANTIEMETICS	44
ANTIFUNGALS	45
ANTIHYPERLIPIDEMICS	46
ANTIHYPERTENSIVES	48
ANTIMALARIALS	51
ANTIMYASTHENIC/CHOLINERGIC AGENTS	51
ANTIMYCOBACTERIAL AGENTS	52
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	52
ANTIPARKINSON AND RELATED THERAPY AGENTS	73
ANTIPSYCHOTICS/ANTIMANIC AGENTS	74
ANTIVIRALS	79
BETA BLOCKERS	84
CALCIUM CHANNEL BLOCKERS	85
CARDIOTONICS	86
CARDIOVASCULAR AGENTS	86
CEPHALOSPORINS	87
CONTRACEPTIVES	88
CORTICOSTEROIDS	88
COUGH/COLD/ALLERGY	90

DENTAL AND ORAL AGENTS.....	90
DERMATOLOGICALS.....	91
DIGESTIVE AIDS.....	98
DIURETICS.....	98
ENDOCRINE AND METABOLIC AGENTS - MISC.....	99
ENDOCRINE MEDICATIONS.....	102
ESTROGENS.....	102
FLUOROQUINOLONES.....	107
GASTROINTESTINAL AGENTS.....	108
GASTROINTESTINAL AGENTS - MISC.....	108
GENITOURINARY AGENTS.....	109
GENITOURINARY AGENTS - MISCELLANEOUS.....	109
GOUT AGENTS.....	110
HEMATOLOGICAL AGENTS - MISC.....	110
HEMATOPOIETIC AGENTS.....	111
HEMOSTATICS.....	113
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS.....	113
IMMUNOLOGICAL AGENTS.....	114
LAXATIVES.....	114
LOCAL ANESTHETICS-PARENTERAL.....	115
MEDICAL DEVICES AND SUPPLIES.....	115
MIGRAINE PRODUCTS.....	122
MINERALS ELECTROLYTES.....	123
MISCELLANEOUS THERAPEUTIC CLASSES.....	125
MULTIVITAMINS.....	128
MUSCULOSKELETAL THERAPY AGENTS.....	128
NASAL AGENTS - SYSTEMIC AND TOPICAL.....	129
NEUROMUSCULAR AGENTS.....	129
NUTRIENTS.....	130
OPHTHALMIC AGENTS.....	131
OTIC AGENTS.....	134
PASSIVE IMMUNIZING AND TREATMENT AGENTS.....	135
PENICILLINS.....	136
PROGESTINS.....	137
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....	138
RESPIRATORY AGENTS - MISC.....	141
RESPIRATORY TRACT AGENTS.....	142
RESPIRATORY TRACT/PULMONARY AGENTS.....	144
SLEEP DISORDER AGENTS.....	144
SULFONAMIDES.....	144

TETRACYCLINES.....	144
THYROID AGENTS.....	145
TOXOIDS.....	146
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS.....	146
URINARY ANTISPASMODICS.....	147
VACCINES.....	148
VAGINAL AND RELATED PRODUCTS.....	150

Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
AMPHETAMINES		
<i>amphetamine-dextroamphetamine (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)</i>	1	NDS-NM
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	NDS-NM
<i>dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab)</i>	1	NDS-NM
<i>dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)</i>	1	NDS-NM
ANALEPTICS		
<i>caffeine citrate (20 mg/ml solution, 60 mg/3ml solution)</i>	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)</i>	1	PA
<i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	1	PA
STIMULANTS - MISC.		
<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	1	PA
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	NDS-NM
<i>dexmethylphenidate hcl er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h)</i>	1	NDS-NM
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	NDS-NM
<i>METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)</i>	1	NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl er (cd) (10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er)</i>	1	NDS-NM
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	NDS-NM
<i>modafinil (100 mg tab, 200 mg tab)</i>	1	PA
AMINOGLYCOSIDES (CONTINUED)		
<i>amikacin sulfate (1 gm/4ml solution, 500 mg/2ml solution)</i>	1	
ARIKAYCE 590 MG/8.4ML SUSPENSION	1	PA, QL (235.2 ml per 28 days), NDS-NM
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION, 2-0.9 MG/ML-% SOLUTION)	1	
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	1	
<i>neomycin sulfate 500 mg tab</i>	1	
<i>paromomycin sulfate 250 mg cap</i>	1	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	1	
<i>tobramycin 300 mg/4ml nebu soln</i>	1	PA, QL (224 ml per 28 days), (May be payable under part B), NDS-NM
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	PA, QL (280 ml per 56 days), (May be payable under part B), NDS-NM
<i>tobramycin 300 mg/5ml nebu soln</i>	1	PA, QL (280 ml per 56 days), (May be payable under part B), NDS-NM
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	1	
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-FKJP (2 PEN) 40 MG/0.8ML AUT-IJ KIT	1	PA, QL (6 ea per 28 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-FKJP (2 SYRINGE) 20 MG/0.4ML PREF SY KT	1	PA, QL (2 ea per 28 days), NDS-NM
ADALIMUMAB-FKJP (2 SYRINGE) 40 MG/0.8ML PREF SY KT	1	PA, QL (6 ea per 28 days), NDS-NM
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ)	1	PA, QL (2.4 ml per 28 days), NDS-NM
AMJEVITA 20 MG/0.2ML SOLN PRSYR	1	PA, QL (0.4 ml per 28 days), NDS-NM
AMJEVITA-PED 15KG TO <30KG 20 MG/0.2ML SOLN PRSYR	1	PA, QL (0.4 ml per 28 days), NDS-NM
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	1	PA, QL (3 ea per 28 days), NDS-NM
CIMZIA 2 X 200 MG KIT	1	PA, QL (3 ea per 28 days), NDS-NM
CIMZIA-STARTER 200 MG/ML PREF SY KT	1	PA, QL (3 ea per 28 days), NDS-NM
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	1	PA, QL (8 ml per 28 days), NDS-NM
ENBREL MINI 50 MG/ML SOLN CART	1	PA, QL (8 ml per 28 days), NDS-NM
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	1	PA, QL (8 ml per 28 days), NDS-NM
HADLIMA 40 MG/0.4ML SOLN PRSYR	1	PA, QL (2.4 ml per 28 days), NDS-NM
HADLIMA 40 MG/0.8ML SOLN PRSYR	1	PA, QL (4.8 ml per 28 days), NDS-NM
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	1	PA, QL (2.4 ml per 28 days), NDS-NM
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	1	PA, QL (4.8 ml per 28 days), NDS-NM
SIMPONI (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	1	PA, QL (4 ml per 28 days), NDS-NM
SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR)	1	PA, QL (0.5 ml per 28 days), NDS-NM
YUSIMRY 40 MG/0.8ML SOLN A-INJ	1	PA, QL (4.8 ml per 28 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ANTIRHEUMATIC - ENZYME INHIBITORS		
leflunomide (10 mg tab, 20 mg tab)	1	
OLUMIANT (1 MG TAB, 2 MG TAB, 4 MG TAB)	1	PA, QL (30 ea per 30 days), NDS-NM
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	1	PA, QL (30 ea per 30 days), NDS-NM
RINVOQ 45 MG TAB ER 24H	1	PA, QL (84 ea per 180 days), NDS-NM
RINVOQ LQ 1 MG/ML SOLUTION	1	PA, QL (360 ml per 30 days), NDS-NM
XELJANZ (5 MG TAB, 10 MG TAB)	1	PA, QL (60 ea per 30 days), NDS-NM
XELJANZ 1 MG/ML SOLUTION	1	PA, QL (300 ml per 30 days), NDS-NM
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	1	PA, QL (30 ea per 30 days), NDS-NM
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET 100 MG/0.67ML SOLN PRSYR	1	PA, NDS-NM
INTERLEUKIN-1BETA BLOCKERS		
ILARIS 150 MG/ML SOLUTION	1	PA, QL (2 ml per 28 days), NDS-NM
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	1	PA, QL (40 ml per 30 days), NDS-NM
ACTEMRA 162 MG/0.9ML SOLN PRSYR	1	PA, QL (3.6 ml per 28 days), NDS-NM
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	1	PA, QL (3.6 ml per 28 days), NDS-NM
KEVZARA (150 MG/1.14ML SOLN A-INJ, 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	1	PA, QL (2.28 ml per 28 days), NDS-NM
TOFIDENCE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	1	PA, QL (40 ml per 30 days), NDS-NM
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	1	PA, QL (3.6 ml per 28 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	1	PA, QL (40 ml per 30 days), NDS-NM
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	1	
DICLOFENAC EPOLAMINE 1.3 % PATCH	1	PA, QL (60 ea per 30 days)
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium 1.5 % solution</i>	1	QL (300 ml per 30 days)
<i>diclofenac sodium er 100 mg tab er 24h</i>	1	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	1	
<i>diflunisal 500 mg tab</i>	1	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	1	
<i>etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	1	
FENOPROFEN CALCIUM 600 MG TAB	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP)	1	
<i>mefenamic acid 250 mg cap</i>	1	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	1	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
sulindac (150 mg tab, 200 mg tab)	1	
TOLMETIN SODIUM 400 MG CAP	1	
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESIC COMBINATIONS		
bac (butalbital-acetamin-caff) 50-325-40 mg tab	1	QL (180 ea per 30 days)
butalbital-acetaminophen 50-325 mg tab	1	QL (180 ea per 30 days)
butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)	1	QL (180 ea per 30 days)
BUTALBITAL-ASPIRIN-CAFFEINE (50-325-40 MG CAP, 50-325-40 MG TAB)	1	QL (180 ea per 30 days), NDS-NM
ANALGESICS - OPIOID (CONTINUED)		
OPIOID AGONISTS		
fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)	1	QL (10 ea per 30 days), NDS-NM
fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)	1	PA, QL (120 ea per 30 days), NDS-NM
HYDROMORPHONE HCL (1 MG/ML SOLUTION, 4 MG/ML SOLUTION)	1	NDS-NM
hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)	1	QL (180 ea per 30 days), NDS-NM
hydromorphone hcl 2 mg/ml solution	1	NDS-NM
HYDROMORPHONE HCL PF (1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION)	1	NDS-NM
hydromorphone hcl pf (10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution)	1	
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION	1	
methadone hcl 10 mg tab	1	QL (180 ea per 30 days), NDS-NM
METHADONE HCL 10 MG/5ML SOLUTION	1	QL (900 ml per 30 days), NDS-NM
methadone hcl 10 mg/ml conc	1	QL (180 ml per 30 days), NDS-NM
methadone hcl 10 mg/ml solution	1	NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>methadone hcl 5 mg tab</i>	1	QL (360 ea per 30 days), NDS-NM
METHADONE HCL 5 MG/5ML SOLUTION	1	QL (1800 ml per 30 days), NDS-NM
<i>methadone hcl intensol 10 mg/ml conc</i>	1	QL (180 ml per 30 days), NDS-NM
<i>methadose 40 mg tab sol</i>	1	QL (90 ea per 30 days), NDS-NM
MORPHINE SULFATE (1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION, 8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	NDS-NM
MORPHINE SULFATE (15 MG TAB, 30 MG TAB)	1	QL (180 ea per 30 days), NDS-NM
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	1	QL (180 ea per 30 days), NDS-NM
<i>morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)</i>	1	QL (200 ml per 30 days), NDS-NM
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	QL (200 ml per 30 days), NDS-NM
MORPHINE SULFATE (PF) (0.5 MG/ML SOLUTION, 1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	NDS-NM
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL (700 ml per 30 days), NDS-NM
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QL (300 ml per 30 days), NDS-NM
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QL (300 ml per 30 days), NDS-NM
<i>morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)</i>	1	QL (90 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 10 MG CAP ER 24H	1	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 100 MG CAP ER 24H	1	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 20 MG CAP ER 24H	1	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 30 MG CAP ER 24H	1	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 40 MG CAP ER 24H	1	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 50 MG CAP ER 24H	1	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 60 MG CAP ER 24H	1	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 80 MG CAP ER 24H	1	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER BEADS (30 MG CAP ER 24H, 45 MG CAP ER 24H, 60 MG CAP ER 24H, 120 MG CAP ER 24H)	1	QL (30 ea per 30 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MORPHINE SULFATE ER BEADS (75 MG CAP ER 24H, 90 MG CAP ER 24H)	1	QL (60 ea per 30 days), NDS-NM
<i>oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	QL (180 ea per 30 days), NDS-NM
<i>oxycodone hcl 100 mg/5ml conc</i>	1	QL (180 ml per 30 days), NDS-NM
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL (1300 ml per 30 days), NDS-NM
<i>oxymorphone hcl (5 mg tab, 10 mg tab)</i>	1	QL (180 ea per 30 days), NDS-NM
<i>tramadol hcl 100 mg tab</i>	1	QL (120 ea per 30 days), NDS-NM
<i>tramadol hcl 50 mg tab</i>	1	QL (240 ea per 30 days), NDS-NM
<i>tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg cap er 24h, 300 mg tab er 24h)</i>	1	QL (30 ea per 30 days), NDS-NM

OPIOID COMBINATIONS

<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>	1	QL (2700 ml per 30 days), NDS-NM
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL (2700 ml per 30 days), NDS-NM
<i>acetaminophen-codeine 300-15 mg tab</i>	1	QL (390 ea per 30 days), NDS-NM
<i>acetaminophen-codeine 300-30 mg tab</i>	1	QL (360 ea per 30 days), NDS-NM
<i>acetaminophen-codeine 300-60 mg tab</i>	1	QL (180 ea per 30 days), NDS-NM
<i>endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	QL (360 ea per 30 days), NDS-NM
<i>hydrocodone-acetaminophen (5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	QL (360 ea per 30 days), NDS-NM
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	QL (360 ea per 30 days), NDS-NM
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	QL (240 ea per 30 days), NDS-NM

OPIOID PARTIAL AGONISTS

BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	1	QL (1.28 ml per 28 days), NDS-NM
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	1	QL (1.92 ml per 28 days), NDS-NM
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	1	QL (2.56 ml per 28 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	1	QL (0.64 ml per 28 days), NDS-NM
BRIXADI 128 MG/0.36ML SOLN PRSYR	1	QL (0.36 ml per 28 days), NDS-NM
BRIXADI 64 MG/0.18ML SOLN PRSYR	1	QL (0.18 ml per 28 days), NDS-NM
BRIXADI 96 MG/0.27ML SOLN PRSYR	1	QL (0.27 ml per 28 days), NDS-NM
<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	1	QL (4 ea per 28 days), NDS-NM
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	QL (90 ea per 30 days), NDS-NM
<i>buprenorphine hcl 0.3 mg/ml solution</i>	1	NDS-NM
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)</i>	1	QL (90 ea per 30 days), NDS-NM
<i>butorphanol tartrate 10 mg/ml solution</i>	1	QL (5 ml per 28 days), NDS-NM
<i>nalbuphine hcl (10 mg/ml solution, 20 mg/ml solution)</i>	1	
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	1	QL (0.5 ml per 28 days), (1 syringe), NDS-NM
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	1	QL (1.5 ml per 28 days), (1 syringe), NDS-NM

ANDROGENS-ANABOLIC (CONTINUED)

ANABOLIC STEROIDS

<i>oxandrolone 10 mg tab</i>	1	QL (60 ea per 30 days)
<i>oxandrolone 2.5 mg tab</i>	1	QL (120 ea per 30 days)

ANDROGENS

ANDRODERM (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR)	1	
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	1	
<i>methyltestosterone 10 mg cap</i>	1	
<i>testosterone (1.62 % gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TESTOSTERONE 10 MG/ACT (2%) GEL	1	
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>budesonide (2 mg foam, 2 mg/act foam)</i>	1	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
RECTAL COMBINATIONS		
PROCTOFOAM HC 1-1 % FOAM	1	
RECTAL STEROIDS		
<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	1	
<i>procto-med hc 2.5 % cream</i>	1	
VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	1	QL (30 gm per 30 days)
ANTHELMINTICS (CONTINUED)		
<i>albendazole 200 mg tab</i>	1	
<i>ivermectin 3 mg tab</i>	1	PA
<i>praziquantel 600 mg tab</i>	1	
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab)</i>	1	
<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	1	
<i>bacitracin 50000 unit recon soln</i>	1	
<i>cefepime hcl (1 gm recon soln, 2 gm recon soln)</i>	1	
<i>CEFEPIME HCL (1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
CEFEPIME-DEXTROSE (1-5 GM-%(50ML) RECON SOLN, 2-5 GM-%(50ML) RECON SOLN)	1	
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>clarithromycin er 500 mg tab er 24h</i>	1	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	1	
<i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	1	
<i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	1	
CLINDAMYCIN PHOSPHATE IN NACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	1	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	1	
<i>daptomycin 350 mg recon soln</i>	1	
<i>daptomycin 500 mg recon soln</i>	1	
DIFICID 200 MG TAB	1	PA, QL (20 ea per 10 days), NDS-NM
DIFICID 40 MG/ML RECON SUSP	1	PA, QL (136 ml per 10 days), NDS-NM
ERYTHROCIN LACTOBIONATE 500 MG RECON SOLN	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
ERYTHROMYCIN BASE 250 MG CP DR PART	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	1	
<i>lincomycin hcl 300 mg/ml solution</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>linezolid 600 mg tab</i>	1	QL (60 ea per 30 days)
<i>linezolid 600 mg/300ml solution</i>	1	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	1	
<i>metronidazole (250 mg tab, 500 mg tab, 500 mg/100ml solution)</i>	1	
METRONIDAZOLE 500 MG/100ML SOLUTION	1	
<i>pentamidine isethionate 300 mg recon soln</i>	1	PA-BVD
<i>polymyxin b sulfate 500000 unit recon soln</i>	1	
SIVEXTRO 200 MG TAB	1	PA, QL (6 ea per 30 days), NDS-NM
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	1	
<i>tigecycline 50 mg recon soln</i>	1	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	1	
TRIMETHOPRIM 100 MG TAB	1	
<i>trimethoprim 100 mg tab</i>	1	
VANCOMYCIN HCL (1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 1.75 GM RECON SOLN, 2 GM RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN)	1	
VANCOMYCIN HCL (25 MG/ML RECON SOLN, 50 MG/ML RECON SOLN, 100 GM RECON SOLN, 125 MG CAP, 250 MG CAP, 250 MG/5ML RECON SOLN, 500 MG/100ML SOLUTION, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION)	1	
<i>vancomycin hcl 1 gm recon soln</i>	1	
<i>vancomycin hcl 10 gm recon soln</i>	1	
<i>vancomycin hcl 5 gm recon soln</i>	1	
<i>vancomycin hcl 500 mg recon soln</i>	1	
<i>vancomycin hcl 500 mg recon soln</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin hcl 750 mg recon soln</i>	1	
VANCOMYCIN HCL IN DEXTROSE (1-5 GM/200ML-% SOLUTION, 500-5 MG/100ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION)	1	
VANCOMYCIN HCL IN NACL (1-0.9 GM/200ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION)	1	
XIFAXAN 550 MG TAB	1	PA, NDS-NM
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	1	
NITAZOXANIDE 500 MG TAB	1	PA
CARBAPENEMS		
<i>ertapenem sodium 1 gm recon soln</i>	1	
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	1	
<i>meropenem (1 gm recon soln, 2 gm recon soln, 500 mg recon soln)</i>	1	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	1	
RECARBRI 1.25 GM RECON SOLN	1	PA, QL (56 ea per 14 days), NDS-NM
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE 1 GM RECON SOLN	1	
PLEUROMUTILINS		
XENLETA 150 MG/15ML SOLUTION	1	PA, QL (900 ml per 30 days), NDS-NM
XENLETA 600 MG TAB	1	PA, QL (60 ea per 30 days), NDS-NM
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate 1 gm tab</i>	1	
<i>nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	
ANTIANGINAL AGENTS (CONTINUED)		
NITRATES		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	1	
<i>isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	1	
NITRO-BID 2 % OINTMENT	1	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	1	
ANTIANXIETY AGENTS (CONTINUED)		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>meprobamate (200 mg tab, 400 mg tab)</i>	1	PA, HRM (PA Required for Members age 65 and older), NDS-NM
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	1	QL (120 ea per 30 days), NDS-NM
<i>alprazolam (2 mg tab, 2 mg tab disp)</i>	1	QL (150 ea per 30 days), NDS-NM
<i>alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h)</i>	1	QL (30 ea per 30 days), NDS-NM
<i>alprazolam er 2 mg tab er 24h</i>	1	QL (150 ea per 30 days), NDS-NM
<i>alprazolam er 3 mg tab er 24h</i>	1	QL (90 ea per 30 days), NDS-NM
ALPRAZOLAM INTENSOL 1 MG/ML CONC	1	QL (300 ml per 30 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h)</i>	1	QL (30 ea per 30 days), NDS-NM
<i>alprazolam xr 2 mg tab er 24h</i>	1	QL (150 ea per 30 days), NDS-NM
<i>alprazolam xr 3 mg tab er 24h</i>	1	QL (90 ea per 30 days), NDS-NM
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	1	QL (120 ea per 30 days), NDS-NM
<i>clorazepate dipotassium 15 mg tab</i>	1	QL (180 ea per 30 days), NDS-NM
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	1	QL (120 ea per 30 days), NDS-NM
<i>diazepam 5 mg/5ml solution</i>	1	QL (1200 ml per 30 days), NDS-NM
<i>diazepam 5 mg/ml conc</i>	1	QL (240 ml per 30 days), NDS-NM
<i>diazepam intensol 5 mg/ml conc</i>	1	QL (240 ml per 30 days), NDS-NM
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	NDS-NM
<i>lorazepam 2 mg/ml conc</i>	1	QL (150 ml per 30 days), NDS-NM
<i>lorazepam 2 mg/ml solution</i>	1	QL (120 ml per 30 days), NDS-NM
<i>lorazepam 4 mg/ml solution</i>	1	QL (90 ml per 30 days), NDS-NM
<i>lorazepam intensol 2 mg/ml conc</i>	1	QL (150 ml per 30 days), NDS-NM
<i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i>	1	QL (120 ea per 30 days), NDS-NM

ANTIARRHYTHMICS (CONTINUED)

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	1	
<i>quinidine gluconate er 324 mg tab er</i>	1	
<i>QUINIDINE SULFATE 200 MG TAB</i>	1	
<i>QUINIDINE SULFATE 300 MG TAB</i>	1	

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	1	
--	---	--

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
---	---	--

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	1	
<i>propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	1	
<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	PA-BVD
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	1	PA, QL (4.56 ml per 28 days), NDS-NM
DUPIXENT 100 MG/0.67ML SOLN PRSYR	1	PA, QL (1.34 ml per 28 days), NDS-NM
DUPIXENT 300 MG/2ML SOLN A-INJ	1	PA, QL (8 ml per 28 days), NDS-NM
DUPIXENT 300 MG/2ML SOLN PRSYR	1	PA, QL (8 ml per 28 days), NDS-NM
FASENRA 10 MG/0.5ML SOLN PRSYR	1	PA, QL (0.5 ml per 28 days), NDS-NM
FASENRA 30 MG/ML SOLN PRSYR	1	PA, QL (1 ml per 28 days), NDS-NM
FASENRA PEN 30 MG/ML SOLN A-INJ	1	PA, QL (1 ml per 28 days), NDS-NM
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	1	PA, QL (3 ml per 28 days), NDS-NM
NUCALA 100 MG RECON SOLN	1	PA, QL (3 ea per 28 days), NDS-NM
NUCALA 40 MG/0.4ML SOLN PRSYR	1	PA, QL (0.4 ml per 28 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TEZSPIRE (210 MG/1.91ML SOLN A-INJ, 210 MG/1.91ML SOLN PRSYR)	1	PA, QL (1.91 ml per 28 days), NDS-NM
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	1	PA, NDS-NM
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA 17 MCG/ACT AERO SOLN	1	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	1	QL (30 ea per 30 days)
<i>ipratropium bromide 0.02 % solution</i>	1	PA-BVD
SPIRIVA HANDIHALER 18 MCG CAP	1	QL (30 ea per 30 days)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	1	QL (4 gm per 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)</i>	1	
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	1	
<i>zileuton er 600 mg tab er 12h</i>	1	QL (120 ea per 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	1	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	QL (120 ml per 30 days), PA-BVD
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	1	QL (60 ea per 30 days)
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	1	QL (240 ea per 30 days)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	1	QL (12 gm per 30 days)
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	1	QL (24 gm per 30 days)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	QL (10.6 gm per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	1	
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	1	
SYMPATHOMIMETICS		
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	1	
ALBUTEROL 108MCGHFA INHALER (18GM, VENTOLIN EQUIV)	1	
<i>albuterol 108mcghfa inhaler (6.7gm, proventil equiv)</i>	1	
<i>albuterol 108mcghfa inhaler (8.5gm, proair equiv)</i>	1	
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln)</i>	1	PA-BVD
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	1	
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	PA-BVD
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	1	PA-BVD
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	1	PA-BVD
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	1	QL (60 ea per 30 days)
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	1	PA, QL (120 ml per 30 days), (May be payable under part B)
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	1	QL (60 ea per 30 days)
<i>breyyna (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	1	QL (30.9 gm per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	1	QL (10.7 gm per 28 days)
<i>budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	1	QL (30.6 gm per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	1	QL (4 gm per 20 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	1	
<i>epinephrine (0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	1	QL (4 ea per 30 days)
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL (60 ea per 30 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	QL (1 ea per 30 days)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	1	PA, QL (120 ml per 30 days), (May be payable under part B)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	1	PA-BVD
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	1	PA-BVD
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	1	
PROAIR RESPICLICK 108 (90 BASE) MCG/ACT AER POW BA	1	
SEREVENT DISKUS 50 MCG/ACT AER POW BA	1	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	1	
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	1	
<i>terbutaline sulfate (1 mg/ml solution, 2.5 mg tab, 5 mg tab)</i>	1	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	1	QL (60 ea per 30 days)
<i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL (60 ea per 30 days)

ANTICOAGULANTS (CONTINUED)

ANTICOAGULANTS - MISC.

<i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>	1	QL (60 ea per 30 days)
ELIQUIS 2.5 MG TAB	1	QL (60 ea per 30 days)
ELIQUIS 5 MG TAB	1	QL (120 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	1	QL (74 ea per 180 days)
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	1	QL (30 ea per 30 days)
XARELTO 1 MG/ML RECON SUSP	1	QL (620 ml per 30 days)
XARELTO 2.5 MG TAB	1	QL (60 ea per 30 days)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	1	QL (51 ea per 180 days)
COUMARIN ANTICOAGULANTS		
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr)</i>	1	QL (28 ml per 14 days), (28 syringes)
<i>enoxaparin sodium (80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr)</i>	1	QL (22.4 ml per 14 days), (28 syringes)
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	1	QL (8.4 ml per 14 days), (28 syringes)
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	QL (28 ml per 14 days)
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	1	QL (11.2 ml per 14 days), (28 syringes)
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	1	QL (16.8 ml per 14 days), (28 syringes)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	1	QL (11.2 ml per 14 days), (14 syringes)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	1	
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	1	QL (5.6 ml per 14 days), (14 syringes)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	1	QL (8.4 ml per 14 days), (14 syringes)
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/0.5ml soln prsyr, 5000 unit/ml solution, 20000 unit/ml solution)</i>	1	(May be payable under part B)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>heparin sodium (porcine) 10000 unit/ml solution</i>	1	
HEPARIN SODIUM (PORCINE) PF (5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION)	1	(May be payable under part B)
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	(May be payable under part B)
ANTICONVULSANTS (CONTINUED)		
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (10 mg tab, 20 mg tab)</i>	1	QL (60 ea per 30 days)
<i>clobazam 2.5 mg/ml suspension</i>	1	QL (480 ml per 30 days)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	1	QL (120 ea per 30 days), NDS-NM
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	1	QL (300 ea per 30 days), NDS-NM
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	1	
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	1	QL (10 ea per 30 days), NDS-NM
NAYZILAM 5 MG/0.1ML SOLUTION	1	QL (10 ea per 30 days)
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	1	QL (60 ea per 30 days), PA-NSO
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	1	QL (10 ea per 30 days)
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	1	QL (10 ea per 30 days)
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	1	QL (10 ea per 30 days)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	1	QL (10 ea per 30 days)
ANTICONVULSANTS - MISC.		
<i>BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)</i>	1	QL (60 ea per 30 days), NDS-NM
BRIVIACT 10 MG/ML SOLUTION	1	QL (600 ml per 30 days), NDS-NM
BRIVIACT 50 MG/5ML SOLUTION	1	PA-NSO
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)</i>	1	
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	1	PA-NSO, NDS-NM
DILANTIN (30 MG CAP, 100 MG CAP)	1	
DILANTIN INFATABS 50 MG CHEW TAB	1	
EPIDIOLEX 100 MG/ML SOLUTION	1	PA-NSO
<i>epitol 200 mg tab</i>	1	
EPRONTIA 25 MG/ML SOLUTION	1	QL (480 ml per 30 days), PA-NSO
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	1	QL (30 ea per 30 days), PA-NSO
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	1	QL (60 ea per 30 days), PA-NSO
FINTEPLA 2.2 MG/ML SOLUTION	1	QL (360 ml per 30 days), PA-NSO, NDS-NM
<i>fosphenytoin sodium (100 mg pe/2ml solution, 500 mg pe/10ml solution)</i>	1	
FYCOMPA 0.5 MG/ML SUSPENSION	1	QL (720 ml per 30 days), PA-NSO, NDS-NM
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	1	QL (1200 ml per 30 days)
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	QL (60 ea per 30 days)
<i>lacosamide 200 mg/20ml solution</i>	1	PA
<i>lamotrigine (5 mg chew tab, 25 & 50 & 100 mg kit, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)</i>	1	
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	1	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	1	
LEVETIRACETAM 250 MG TAB	1	ST-NSO
<i>levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>levetiracetam in nacl (500 mg/100ml solution, 1000 mg/100ml solution, 1500 mg/100ml solution)</i>	1	
MOTPOLY XR (150 MG CAP ER 24H, 200 MG CAP ER 24H)	1	QL (60 ea per 30 days), PA-NSO
MOTPOLY XR 100 MG CAP ER 24H	1	QL (30 ea per 30 days), PA-NSO
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	1	
<i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>perampanel 2 mg tab</i>	1	QL (30 ea per 30 days), PA-NSO
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
<i>phenytek (200 mg cap, 300 mg cap)</i>	1	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs 50 mg chew tab</i>	1	
<i>phenytoin sodium 50 mg/ml solution</i>	1	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	
<i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	1	
<i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i>	1	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	1	PA-NSO
SEZABY 100 MG RECON SOLN	1	NDS-NM
SPRITAM (500 MG TAB, 750 MG TAB, 1000 MG TAB)	1	ST-NSO
SPRITAM 250 MG TAB	1	ST-NSO
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>topiramate er (25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)</i>	1	PA-NSO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
VIMPAT 200 MG/20ML SOLUTION	1	PA-NSO
ZONISADE 100 MG/5ML SUSPENSION	1	QL (900 ml per 30 days), PA-NSO
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
ZTALMY 50 MG/ML SUSPENSION	1	QL (1100 ml per 30 days), PA-NSO, NDS-NM
CARBAMATES		
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	1	
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	1	QL (28 ea per 180 days), PA-NSO, NDS-NM
XCOPRI (150 MG TAB, 200 MG TAB)	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	1	QL (28 ea per 180 days), PA-NSO
GABA MODULATORS		
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	1	
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	1	PA-NSO, NDS-NM
<i>vigadroner 500 mg packet</i>	1	PA-NSO, NDS-NM
<i>vigpoder 500 mg packet</i>	1	PA-NSO, NDS-NM
SUCCINIMIDES		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1	
<i>methsuximide 300 mg cap</i>	1	
VALPROIC ACID		
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>	1	
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	1	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1	

ANTIDEPRESSANTS (CONTINUED)

ANTIDEPRESSANTS - MISC.

AUVELITY 45-105 MG TAB ER	1	QL (60 ea per 30 days), PA-NSO
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	1	QL (180 ea per 30 days)
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</i>	1	QL (60 ea per 30 days)
BUPROPION HCL ER (XL) (150 MG TAB ER 24H, 300 MG TAB ER 24H, 450 MG TAB ER 24H)	1	QL (30 ea per 30 days)
<i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	1	QL (30 ea per 30 days)
ZULRESSO 100 MG/20ML SOLUTION	1	PA-NSO, NDS-NM
ZURZUVAE (20 MG CAP, 25 MG CAP)	1	QL (28 ea per 14 days), PA-NSO, NDS-NM
ZURZUVAE 30 MG CAP	1	QL (14 ea per 14 days), PA-NSO, NDS-NM

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	1	QL (30 ea per 30 days), NDS-NM
MARPLAN 10 MG TAB	1	
PHENELZINE SULFATE 15 MG TAB	1	
<i>tranylcypromine sulfate 10 mg tab</i>	1	

N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS

SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	1	QL (16 ea per 28 days), PA-NSO, NDS-NM
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	1	QL (24 ea per 28 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide (10 mg tab, 20 mg tab)	1	QL (45 ea per 30 days)
citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)	1	QL (600 ml per 30 days)
citalopram hydrobromide 40 mg tab	1	QL (30 ea per 30 days)
escitalopram oxalate (5 mg tab, 10 mg tab)	1	QL (45 ea per 30 days)
escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)	1	QL (600 ml per 30 days)
escitalopram oxalate 20 mg tab	1	QL (30 ea per 30 days)
fluoxetine hcl (10 mg cap, 10 mg tab)	1	QL (90 ea per 30 days)
fluoxetine hcl (20 mg cap, 20 mg tab)	1	QL (120 ea per 30 days)
fluoxetine hcl 20 mg/5ml solution	1	QL (600 ml per 30 days)
fluoxetine hcl 40 mg cap	1	QL (60 ea per 30 days)
FLUOXETINE HCL 60 MG TAB	1	QL (30 ea per 30 days)
fluoxetine hcl 60 mg tab	1	QL (30 ea per 30 days)
FLUOXETINE HCL 90 MG CAP DR	1	QL (4 ea per 28 days)
fluvoxamine maleate 100 mg tab	1	QL (90 ea per 30 days)
fluvoxamine maleate 25 mg tab	1	QL (30 ea per 30 days)
fluvoxamine maleate 50 mg tab	1	QL (45 ea per 30 days)
fluvoxamine maleate er (100 mg cap er 24h, 150 mg cap er 24h)	1	QL (60 ea per 30 days)
paroxetine hcl (10 mg tab, 40 mg tab)	1	QL (45 ea per 30 days)
PAROXETINE HCL 10 MG/5ML SUSPENSION	1	
paroxetine hcl 20 mg tab	1	QL (30 ea per 30 days)
paroxetine hcl 30 mg tab	1	QL (60 ea per 30 days)
paroxetine hcl er (25 mg tab er 24h, 37.5 mg tab er 24h)	1	QL (60 ea per 30 days)
paroxetine hcl er 12.5 mg tab er 24h	1	QL (30 ea per 30 days)
SERTRALINE HCL (150 MG CAP, 200 MG CAP)	1	QL (30 ea per 30 days)
sertraline hcl (25 mg tab, 50 mg tab)	1	QL (45 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>sertraline hcl 100 mg tab</i>	1	QL (60 ea per 30 days)
<i>sertraline hcl 20 mg/ml conc</i>	1	QL (300 ml per 30 days)
SEROTONIN MODULATORS		
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 250 MG TAB)	1	QL (60 ea per 30 days)
NEFAZODONE HCL 200 MG TAB	1	QL (90 ea per 30 days)
RALDESY 10 MG/ML SOLUTION	1	QL (1200 ml per 30 days), PA-NSO
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	1	QL (30 ea per 30 days), PA-NSO
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (30 ea per 30 days), PA-NSO
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h)</i>	1	QL (30 ea per 30 days)
DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR)	1	QL (60 ea per 30 days), PA-NSO
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 40 mg cp dr part, 60 mg cp dr part)</i>	1	QL (60 ea per 30 days)
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	1	QL (30 ea per 30 days), PA-NSO
FETZIMA TITRATION 20 & 40 MG CP24 THPK	1	QL (28 ea per 180 days), PA-NSO
VENLAFAXINE BESYLATE ER 112.5 MG TAB ER 24H	1	QL (90 ea per 30 days)
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	QL (90 ea per 30 days)
<i>venlafaxine hcl er (37.5 mg cap er 24h, 37.5 mg tab er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h, 225 mg tab er 24h)</i>	1	QL (30 ea per 30 days)
<i>venlafaxine hcl er 75 mg cap er 24h</i>	1	QL (90 ea per 30 days)
TRICYCLIC AGENTS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	PA-NSO, HRM (PA Required for Members age 65 and older)
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	1	PA-NSO, HRM (PA Required for Members age 65 and older)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	1	PA-NSO, HRM (PA Required for Members age 65 and older)
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	PA-NSO, HRM (PA Required for Members age 65 and older)
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	1	PA-NSO, HRM (PA Required for Members age 65 and older)
<i>imipramine pamoate (75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap)</i>	1	PA-NSO, HRM (PA Required for Members age 65 and older)
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	1	PA-NSO, HRM (PA Required for Members age 65 and older)
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	PA-NSO, HRM (PA Required for Members age 65 and older)

ANTIDIABETICS (CONTINUED)

ANTIDIABETIC COMBINATIONS

<i>glipizide-metformin hcl (2.5-500 mg tab, 5-500 mg tab)</i>	1	QL (120 ea per 30 days)
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	1	QL (240 ea per 30 days)
<i>GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)</i>	1	QL (30 ea per 30 days)
<i>JANUMET (50-1000 MG TAB, 50-500 MG TAB)</i>	1	QL (60 ea per 30 days)
<i>JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)</i>	1	QL (30 ea per 30 days)
<i>JANUMET XR 50-1000 MG TAB ER 24H</i>	1	QL (60 ea per 30 days)
<i>JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)</i>	1	QL (60 ea per 30 days)
<i>JENTADUETO XR 2.5-1000 MG TAB ER 24H</i>	1	QL (60 ea per 30 days)
<i>JENTADUETO XR 5-1000 MG TAB ER 24H</i>	1	QL (30 ea per 30 days)
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	1	QL (90 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	1	QL (60 ea per 30 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	1	QL (30 ea per 30 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	1	QL (60 ea per 30 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	1	QL (30 ea per 30 days)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	1	QL (60 ea per 30 days)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	1	QL (60 ea per 30 days)
XIGDUO XR (5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	1	QL (30 ea per 30 days)
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	1	ST, QL (15 ml per 30 days), INS
ANTIDIABETIC-ANTIBODIES		
TZIELD 2 MG/2ML SOLUTION	1	PA, NDS-NM
DIABETIC OTHER		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	1	QL (90 ea per 30 days)
BAQSIMI ONE PACK 3 MG/DOSE POWDER	1	
BAQSIMI TWO PACK 3 MG/DOSE POWDER	1	
CYCLOSET 0.8 MG TAB	1	PA, QL (180 ea per 30 days)
diazoxide 50 mg/ml suspension	1	
GVOKE HYPOOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	1	
GVOKE HYPOOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	1	
GVOKE KIT 1 MG/0.2ML SOLUTION	1	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	1	
metformin hcl 1000 mg tab	1	QL (75 ea per 30 days)
metformin hcl 500 mg tab	1	QL (150 ea per 30 days)
metformin hcl 850 mg tab	1	QL (90 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>metformin hcl er 500 mg tab er 24h</i>	1	QL (120 ea per 30 days)
<i>metformin hcl er 750 mg tab er 24h</i>	1	QL (60 ea per 30 days)
<i>mifepristone 300 mg tab</i>	1	PA, QL (120 ea per 30 days), NDS-NM
MIGLITOL 100 MG TAB	1	QL (90 ea per 30 days)
MIGLITOL 25 MG TAB	1	QL (90 ea per 30 days)
MIGLITOL 50 MG TAB	1	QL (90 ea per 30 days)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	1	QL (90 ea per 30 days)
<i>pioglitazone hcl (30 mg tab, 45 mg tab)</i>	1	QL (30 ea per 30 days)
<i>pioglitazone hcl 15 mg tab</i>	1	QL (90 ea per 30 days)
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	1	QL (120 ea per 30 days)
<i>repaglinide 2 mg tab</i>	1	QL (240 ea per 30 days)
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	1	PA, QL (10.8 ml per 28 days)
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	1	PA, QL (6 ml per 28 days)

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB)	1	QL (30 ea per 30 days)
TRADJENTA 5 MG TAB	1	QL (30 ea per 30 days)

INCRETIN MIMETIC AGENTS

<i>liraglutide 18 mg/3ml soln pen</i>	1	PA, QL (9 ml per 30 days)
MOUNJARO (5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	1	PA, QL (2 ml per 28 days)
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	1	PA, QL (2 ml per 180 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1	PA, QL (3 ml per 28 days), (1 pen)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	1	PA, QL (3 ml per 28 days), (1 pen)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	1	PA, QL (3 ml per 28 days), (1 pen)
RYBELSUS (7 MG TAB, 14 MG TAB)	1	PA, QL (30 ea per 30 days)
RYBELSUS 3 MG TAB	1	PA, QL (30 ea per 180 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	1	PA, QL (2 ml per 28 days)
TRULICITY 1.5 MG/0.5ML SOLN A-INJ	1	PA, QL (2 ml per 28 days)
INSULIN		
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	1	PA-BVD, INS
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	1	PA, INS
INSULIN ASPART 100 UNIT/ML SOLUTION	1	PA-BVD, INS
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	1	INS
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	1	INS
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	1	INS
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	1	INS
INSULIN DEGLUDEC FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	1	INS
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	1	INS
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	1	INS
LANTUS 100 UNIT/ML SOLUTION	1	INS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	1	INS
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	1	INS
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	1	INS
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	1	INS
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	1	INS
NOVOLIN N 100 UNIT/ML SUSPENSION	1	INS
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	1	INS
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	1	INS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	1	INS
NOVOLIN R 100 UNIT/ML SOLUTION	1	INS
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	1	INS
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	1	INS
NOVOLIN R RELION 100 UNIT/ML SOLUTION	1	INS
NOVOLOG 100 UNIT/ML SOLUTION	1	PA-BVD, INS
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	1	INS
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	1	INS
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	1	INS
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	1	INS
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	1	INS
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	1	INS
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	1	INS
NOVOLOG RELION 100 UNIT/ML SOLUTION	1	PA-BVD, INS
TRESIBA 100 UNIT/ML SOLUTION	1	INS
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	1	INS

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA (5 MG TAB, 10 MG TAB)	1	QL (30 ea per 30 days)
JARDIANCE (10 MG TAB, 25 MG TAB)	1	QL (30 ea per 30 days)

SULFONYLUREAS

<i>glimepiride 1 mg tab</i>	1	QL (240 ea per 30 days)
<i>glimepiride 2 mg tab</i>	1	QL (120 ea per 30 days)
<i>glimepiride 4 mg tab</i>	1	QL (60 ea per 30 days)
<i>glipizide 10 mg tab</i>	1	QL (120 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
glipizide 5 mg tab	1	QL (240 ea per 30 days)
glipizide er 10 mg tab er 24h	1	QL (60 ea per 30 days)
glipizide er 2.5 mg tab er 24h	1	QL (240 ea per 30 days)
glipizide er 5 mg tab er 24h	1	QL (120 ea per 30 days)
glipizide xl 10 mg tab er 24h	1	QL (60 ea per 30 days)
glipizide xl 2.5 mg tab er 24h	1	QL (240 ea per 30 days)
glipizide xl 5 mg tab er 24h	1	QL (120 ea per 30 days)

ANTIDIARRHEALS (CONTINUED)

ANTIDIARRHEAL AGENTS - MISC.

<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	1	QL (60 ea per 30 days)
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	
<i>loperamide hcl 2 mg cap</i>	1	
XERMELO 250 MG TAB	1	PA, QL (90 ea per 30 days), NDS-NM

ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)

<i>acetylcysteine 200 mg/ml solution</i>	1	
<i>deferoxamine mesylate (2 gm recon soln, 500 mg recon soln)</i>	1	PA-BVD
<i>fomepizole 1.5 gm/1.5ml solution</i>	1	NDS-NM

OPIOID ANTAGONISTS

<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid, 4 mg/10ml solution)</i>	1	
<i>naltrexone hcl 50 mg tab</i>	1	
VIVITROL 380 MG RECON SUSP	1	NDS-NM

ANTIEMETICS (CONTINUED)

5-HT3 RECEPTOR ANTAGONISTS

<i>gransetron hcl (1 mg/ml solution, 4 mg/4ml solution)</i>	1	
---	---	--

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>granisetron hcl 1 mg tab</i>	1	PA-BVD
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	1	PA-BVD
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab, 24 mg tab)</i>	1	PA-BVD
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)</i>	1	
<i>ondansetron hcl +rfid 4 mg/2ml solution</i>	1	
<i>palonosetron hcl (0.25 mg/5ml soln prsyr, 0.25 mg/5ml solution)</i>	1	PA
PALONOSETRON HCL 0.25 MG/5ML SOLN PRSYR	1	
ANTIEMETICS - ANTICHOLINERGIC		
DIMENHYDRINATE 50 MG/ML SOLUTION	1	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	1	
<i>scopolamine 1 mg/3days patch 72hr</i>	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	1	PA, QL (2 ea per 28 days), (May be payable under part B)
<i>aprepitant (40 mg cap, 125 mg cap)</i>	1	PA, QL (3 ea per 2 days), (May be payable under part B)
<i>aprepitant (80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap)</i>	1	PA, QL (6 ea per 4 days), (May be payable under part B)
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	PA, QL (120 ea per 30 days)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	PA, QL (60 ea per 30 days)
ANTIFUNGALS (CONTINUED)		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>caspofungin acetate (50 mg recon soln, 70 mg recon soln)</i>	1	
<i>micafungin sodium (50 mg recon soln, 100 mg recon soln)</i>	1	
REZZAYO 200 MG RECON SOLN	1	PA, NDS-NM
ABELCET 5 MG/ML SUSPENSION	1	PA-BVD, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
AMPHOTERICIN B 50 MG RECON SOLN	1	PA-BVD
<i>amphotericin b liposome 50 mg recon susp</i>	1	PA-BVD, NDS-NM
<i>flucytosine (250 mg cap, 500 mg cap)</i>	1	NDS-NM
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>fluconazole (40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>fluconazole in sodium chloride (100-0.9 mg/50ml-% solution, 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	1	
<i>itraconazole 100 mg cap</i>	1	PA
<i>ketoconazole 200 mg tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	1	PA, QL (180 ea per 30 days), NDS-NM
<i>posaconazole 300 mg/16.7ml solution</i>	1	NDS-NM
<i>posaconazole 40 mg/ml suspension</i>	1	PA, QL (600 ml per 30 days), NDS-NM
<i>voriconazole (50 mg tab, 200 mg tab)</i>	1	
<i>voriconazole 200 mg recon soln</i>	1	PA
ANTIHYPOLIPIDEMICS (CONTINUED)		
ANGIOPOETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION)	1	PA, NDS-NM
ANTIHYPOLIPIDEMICS - MISC.		
<i>ezetimibe 10 mg tab</i>	1	
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1	QL (30 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>icosapent ethyl 0.5 gm cap</i>	1	QL (240 ea per 30 days)
<i>icosapent ethyl 1 gm cap</i>	1	QL (120 ea per 30 days)
NEXLETOL 180 MG TAB	1	PA, QL (30 ea per 30 days)
NEXLIZET 180-10 MG TAB	1	PA, QL (30 ea per 30 days)
<i>niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)</i>	1	QL (60 ea per 30 days)
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	QL (120 ea per 30 days)
PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	1	PA, QL (2 ml per 28 days)
REPATHA 140 MG/ML SOLN PRSYR	1	PA, QL (3 ml per 28 days)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	1	PA, QL (3.5 ml per 28 days)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	1	PA, QL (3 ml per 28 days)

BILE ACID SEQUESTRANTS

<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	1	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	1	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	

FIBRIC ACID DERIVATIVES

<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	1	
<i>fenofibric acid (35 mg tab, 45 mg cap dr, 105 mg tab, 135 mg cap dr)</i>	1	
<i>gemfibrozil 600 mg tab</i>	1	

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (45 ea per 30 days)
---	---	------------------------

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>atorvastatin calcium 80 mg tab</i>	1	QL (30 ea per 30 days)
<i>lovastatin (10 mg tab, 20 mg tab)</i>	1	QL (45 ea per 30 days)
<i>lovastatin 40 mg tab</i>	1	QL (60 ea per 30 days)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (45 ea per 30 days)
<i>pravastatin sodium 80 mg tab</i>	1	QL (30 ea per 30 days)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL (45 ea per 30 days)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 ea per 30 days)
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (45 ea per 30 days)
<i>simvastatin 80 mg tab</i>	1	QL (30 ea per 30 days)

ANTIHYPERTENSIVES (CONTINUED)

ACE INHIBITORS

<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (60 ea per 30 days)
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL (60 ea per 30 days)
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (60 ea per 30 days)
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	QL (60 ea per 30 days)
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	1	
PERINDOPRIL ERBUMINE 2 MG TAB	1	QL (60 ea per 30 days)
<i>perindopril erbumine 4 mg tab</i>	1	QL (60 ea per 30 days)
PERINDOPRIL ERBUMINE 8 MG TAB	1	QL (60 ea per 30 days)
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (60 ea per 30 days)
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	QL (60 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	QL (60 ea per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab)</i>	1	QL (60 ea per 30 days)
<i>candesartan cilexetil 32 mg tab</i>	1	QL (30 ea per 30 days)
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	1	QL (30 ea per 30 days)
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	1	QL (60 ea per 30 days)
<i>losartan potassium 100 mg tab</i>	1	QL (45 ea per 30 days)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	1	QL (30 ea per 30 days)
<i>olmesartan medoxomil 5 mg tab</i>	1	QL (60 ea per 30 days)
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	QL (30 ea per 30 days)
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab)</i>	1	QL (60 ea per 30 days)
<i>valsartan 320 mg tab</i>	1	QL (30 ea per 30 days)
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	1	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	1	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	1	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1	QL (30 ea per 30 days)
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	QL (60 ea per 30 days)
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)</i>	1	QL (30 ea per 30 days)
<i>candesartan cilexetil-hctz 16-12.5 mg tab</i>	1	QL (60 ea per 30 days)
<i>CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)</i>	1	
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	1	QL (60 ea per 30 days)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	QL (120 ea per 30 days)
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	1	QL (30 ea per 30 days)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	QL (60 ea per 30 days)
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1	QL (30 ea per 30 days)
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	1	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	1	QL (30 ea per 30 days)
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	1	QL (30 ea per 30 days)
<i>PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)</i>	1	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	QL (60 ea per 30 days)
<i>TELMISARTAN-AMLODIPINE 40-10 MG TAB</i>	1	QL (30 ea per 30 days)
<i>TELMISARTAN-AMLODIPINE 40-5 MG TAB</i>	1	QL (30 ea per 30 days)
<i>TELMISARTAN-AMLODIPINE 80-10 MG TAB</i>	1	QL (30 ea per 30 days)
<i>TELMISARTAN-AMLODIPINE 80-5 MG TAB</i>	1	QL (30 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	1	QL (30 ea per 30 days)
<i>valsartan-hydrochlorothiazide (160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	1	QL (30 ea per 30 days)
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab)</i>	1	QL (60 ea per 30 days)
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	1	QL (30 ea per 30 days)
<i>eplerenone (25 mg tab, 50 mg tab)</i>	1	
<i>metyrosine 250 mg cap</i>	1	PA, NDS-NM
<i>phenoxybenzamine hcl 10 mg cap</i>	1	PA
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	1	
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	1	
COARTEM 20-120 MG TAB	1	
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>mefloquine hcl 250 mg tab</i>	1	
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	1	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	1	
<i>pyrimethamine 25 mg tab</i>	1	PA, NDS-NM
<i>quinine sulfate 324 mg cap</i>	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
FIRDAPSE 10 MG TAB	1	PA, QL (240 ea per 30 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>	1	
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
CYCLOSERINE 250 MG CAP	1	
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 100 mg/ml solution, 300 mg tab)</i>	1	
PASER 4 GM PACKET	1	
PRIFTIN 150 MG TAB	1	
<i>pyrazinamide 500 mg tab</i>	1	
<i>rifabutin 150 mg cap</i>	1	
<i>rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)</i>	1	
SIRTURO (20 MG TAB, 100 MG TAB)	1	PA, NDS-NM
TRECATOR 250 MG TAB	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln, 100 mg/4ml solution)</i>	1	NDS-NM
<i>busulfan 6 mg/ml solution</i>	1	
<i>carboplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)</i>	1	
<i>carmustine 100 mg recon soln</i>	1	
<i>cisplatin (50 mg recon soln, 50 mg/50ml solution, 200 mg/200ml solution)</i>	1	
<i>cisplatin 100 mg/100ml solution</i>	1	
<i>CYCLOPHOSPHAMIDE (1 GM RECON SOLN, 1 GM/2ML SOLUTION, 1 GM/5ML SOLUTION, 2 GM RECON SOLN, 2 GM/10ML SOLUTION, 2 GM/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/2.5ML SOLUTION, 500 MG/5ML SOLUTION, 500 MG/ML SOLUTION, 1000 MG/10ML SOLUTION, 2000 MG/20ML SOLUTION)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG CAP, 50 MG TAB)	1	PA-BVD
CYCLOPHOSPHAMIDE 25 MG CAP	1	PA-BVD
<i>cyclophosphamide 25 mg cap</i>	1	PA-BVD
CYCLOPHOSPHAMIDE 50 MG CAP	1	PA-BVD
FRINDOVYX (1 GM/2ML SOLUTION, 2 GM/4ML SOLUTION, 500 MG/ML SOLUTION)	1	
GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP)	1	PA-NSO
GRAFAPEX (1 GM RECON SOLN, 5 GM RECON SOLN)	1	PA-NSO, NDS-NM
<i>jfosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm recon soln, 3 gm/60ml solution)</i>	1	
LEUKERAN 2 MG TAB	1	
<i>melphalan hcl 50 mg recon soln</i>	1	
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution, 200 mg/40ml solution)</i>	1	
TEMODAR 100 MG RECON SOLN	1	
<i>thiotepa (15 mg recon soln, 100 mg recon soln)</i>	1	
YONDELIS 1 MG RECON SOLN	1	PA-NSO, NDS-NM
ZANOSAR 1 GM RECON SOLN	1	
ZEPZELCA 4 MG RECON SOLN	1	PA-NSO, NDS-NM

ANTIMETABOLITES

<i>azacitidine 100 mg recon susp</i>	1	
<i>cladribine 10 mg/10ml solution</i>	1	PA-BVD
<i>clofarabine 1 mg/ml solution</i>	1	PA-NSO, NDS-NM
<i>cytarabine (pf) 100 mg/ml solution</i>	1	PA-BVD
<i>cytarabine (pf) 20 mg/ml solution</i>	1	PA-BVD
CYTARABINE 20 MG/ML SOLUTION	1	PA-BVD
<i>decitabine 50 mg recon soln</i>	1	
FLOXURIDINE 0.5 GM RECON SOLN	1	PA-BVD

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>fludarabine phosphate 50 mg recon soln</i>	1	
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	1	PA-BVD
FOLOTYN (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	1	NDS-NM
<i>gemcitabine hcl (1 gm recon soln, 1 gm/26.3ml solution, 1.5 gm/15ml solution, 2 gm recon soln, 2 gm/52.6ml solution, 200 mg recon soln, 200 mg/5.26ml solution)</i>	1	
GEMCITABINE HCL 1 GM/10ML SOLUTION	1	
GEMCITABINE HCL 2 GM/20ML SOLUTION	1	
GEMCITABINE HCL 200 MG/2ML SOLUTION	1	
JYLAMVO 2 MG/ML SOLUTION	1	PA-NSO
<i>mercaptopurine (50 mg tab, 2000 mg/100ml suspension)</i>	1	
METHOTREXATE 1000 MG/40ML SOLUTION	1	
METHOTREXATE SODIUM (1 GM RECON SOLN, 2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	1	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	1	
<i>nelarabine 5 mg/ml solution</i>	1	
ONUREG (200 MG TAB, 300 MG TAB)	1	QL (14 ea per 28 days), PA-NSO, NDS-NM
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION)	1	NDS-NM
PEMETREXED DISODIUM (100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION, 850 MG/34ML SOLUTION)	1	NDS-NM
PEMETREXED DITROMETHAMINE 100 MG RECON SOLN	1	NDS-NM
PRALATREXATE (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	1	NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TABLOID 40 MG TAB	1	
XATMEP 2.5 MG/ML SOLUTION	1	PA-NSO
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
ALYMSYS (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	1	NDS-NM
CYRAMZA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	1	PA-NSO, NDS-NM
FRUZAQLA 1 MG CAP	1	QL (84 ea per 28 days), PA-NSO, NDS-NM
FRUZAQLA 5 MG CAP	1	QL (21 ea per 28 days), PA-NSO, NDS-NM
INLYTA 1 MG TAB	1	QL (180 ea per 30 days), PA-NSO, NDS-NM
INLYTA 5 MG TAB	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	1	NDS-NM
VEGZELMA (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	1	NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ZALTRAP (100 MG/4ML SOLUTION, 200 MG/8ML SOLUTION)	1	PA-NSO, NDS-NM
ZIRABEV (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	1	NDS-NM
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS 50 MG RECON SOLN	1	PA-NSO, NDS-NM
ARZERRA (100 MG/5ML CONC, 1000 MG/50ML CONC)	1	PA-NSO, NDS-NM
BAVENCIO 200 MG/10ML SOLUTION	1	PA-NSO, NDS-NM
BESPONSA 0.9 MG RECON SOLN	1	PA-NSO, NDS-NM
BIZENGRI (750 MG DOSE) 375 MG/18.75ML SOLN THPK	1	QL (75 ml per 28 days), PA-NSO, NDS-NM
BLINCYTO 35 MCG RECON SOLN	1	PA-NSO, NDS-NM
COLUMVI (2.5 MG/2.5ML SOLUTION, 10 MG/10ML SOLUTION)	1	QL (30 ml per 21 days), PA-NSO, NDS-NM
DANYELZA 40 MG/10ML SOLUTION	1	PA-NSO, NDS-NM
DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	1	PA-NSO, NDS-NM
ELAHERE 100 MG/20ML SOLUTION	1	PA-NSO, NDS-NM
ELREXFIO (44 MG/1.1ML SOLUTION, 76 MG/1.9ML SOLUTION)	1	PA-NSO, NDS-NM
EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN)	1	PA-NSO, NDS-NM
ENHERTU 100 MG RECON SOLN	1	PA-NSO, NDS-NM
EPKINLY (4 MG/0.8ML SOLUTION, 48 MG/0.8ML SOLUTION)	1	PA-NSO, NDS-NM
GAZYVA 1000 MG/40ML SOLUTION	1	PA-NSO, NDS-NM
IMDELLTRA (1 MG RECON SOLN, 10 MG RECON SOLN)	1	PA-NSO, NDS-NM
IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION)	1	PA-NSO, NDS-NM
IMJUDO 25 MG/1.25ML SOLUTION	1	PA, QL (18.75 ml per 180 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
IMJUDO 300 MG/15ML SOLUTION	1	PA, QL (15 ml per 180 days), NDS-NM
JEMPERLI 500 MG/10ML SOLUTION	1	PA-NSO, NDS-NM
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	1	PA-NSO, NDS-NM
KEYTRUDA 100 MG/4ML SOLUTION	1	PA-NSO, NDS-NM
KIMMTRAK 100 MCG/0.5ML SOLUTION	1	PA-NSO, NDS-NM
LIBTAYO 350 MG/7ML SOLUTION	1	PA-NSO, NDS-NM
LOQTORZI 240 MG/6ML SOLUTION	1	PA-NSO, NDS-NM
LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION)	1	PA-NSO, NDS-NM
MONJUVI 200 MG RECON SOLN	1	PA-NSO, NDS-NM
MYLOTARG 4.5 MG RECON SOLN	1	PA-NSO, NDS-NM
OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 120 MG/12ML SOLUTION, 240 MG/24ML SOLUTION)	1	PA-NSO, NDS-NM
PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN)	1	PA-NSO, NDS-NM
POLIVY (30 MG RECON SOLN, 140 MG RECON SOLN)	1	PA, NDS-NM
RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	1	PA-NSO, NDS-NM
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	1	PA-NSO, NDS-NM
RYBREVANT 350 MG/7ML SOLUTION	1	PA-NSO, NDS-NM
SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	1	PA-NSO, NDS-NM
TALVEY (3 MG/1.5ML SOLUTION, 40 MG/ML SOLUTION)	1	PA-NSO, NDS-NM
TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION)	1	PA-NSO, NDS-NM
TECVAYLI (30 MG/3ML SOLUTION, 153 MG/1.7ML SOLUTION)	1	PA, NDS-NM
TIVDAK 40 MG RECON SOLN	1	PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TRUXIMA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	1	PA-NSO, NDS-NM
UNITUXIN 17.5 MG/5ML SOLUTION	1	QL (40 ml per 30 days), PA-NSO, NDS-NM
VYLOY (100 MG RECON SOLN, 300 MG RECON SOLN)	1	PA-NSO, NDS-NM
YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION)	1	PA-NSO, NDS-NM
ZYNLONTA 10 MG RECON SOLN	1	PA-NSO, NDS-NM
ZYNYZ 500 MG/20ML SOLUTION	1	QL (20 ml per 28 days), PA-NSO, NDS-NM

ANTINEOPLASTIC - EGFR INHIBITORS

ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION)	1	NDS-NM
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>erlotinib hcl 25 mg tab</i>	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
<i>gefitinib 250 mg tab</i>	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
GILOTrif (20 MG TAB, 30 MG TAB, 40 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
LAZCLUZE 240 MG TAB	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
LAZCLUZE 80 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
PORTRAZZA 800 MG/50ML SOLUTION	1	QL (100 ml per 21 days), PA-NSO, NDS-NM
TAGRISSO (40 MG TAB, 80 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
TEVIMBRA 100 MG/10ML SOLUTION	1	PA-NSO, NDS-NM
VECTIBIX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	1	PA-NSO, NDS-NM
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
DAURISMO 25 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
ERIVEDGE 150 MG CAP	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
ODOMZO 200 MG CAP	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
<i>abiraterone acetate 500 mg tab</i>	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
<i>abirtega 250 mg tab</i>	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
<i>anastrozole 1 mg tab</i>	1	
<i>bicalutamide 50 mg tab</i>	1	QL (30 ea per 30 days)
ELIGARD 22.5 MG KIT	1	QL (1 ea per 84 days)
ELIGARD 30 MG KIT	1	QL (1 ea per 112 days)
ELIGARD 45 MG KIT	1	QL (1 ea per 168 days)
ELIGARD 7.5 MG KIT	1	QL (1 ea per 28 days)
EMCYT 140 MG CAP	1	
ERLEADA 240 MG TAB	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
ERLEADA 60 MG TAB	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
EULEXIN 125 MG CAP	1	QL (180 ea per 30 days), PA-NSO, NDS-NM
<i>exemestane 25 mg tab</i>	1	
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FIRMAGON 80 MG RECON SOLN	1	
<i>fulvestrant 250 mg/5ml soln prsyr</i>	1	NDS-NM
<i>letrozole 2.5 mg tab</i>	1	
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE	1	QL (1 ea per 84 days)
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	1	QL (1 ea per 28 days), NDS-NM
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	1	QL (1 ea per 84 days), NDS-NM
LYSODREN 500 MG TAB	1	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<i>nilutamide 150 mg tab</i>	1	QL (60 ea per 30 days)
NUBEQA 300 MG TAB	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
ORGOVYX 120 MG TAB	1	QL (64 ea per 30 days), PA-NSO, NDS-NM
ORSERDU 345 MG TAB	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
ORSERDU 86 MG TAB	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
SOLTAMOX 10 MG/5ML SOLUTION	1	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	1	
<i>toremifene citrate 60 mg tab</i>	1	
TRELSTAR MIXJECT 11.25 MG RECON SUSP	1	QL (1 ea per 84 days)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	1	QL (1 ea per 168 days)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	1	QL (1 ea per 28 days)
XTANDI (40 MG CAP, 40 MG TAB)	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
XTANDI 80 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
ANTINEOPLASTIC ANTIBIOTICS		
<i>bleomycin sulfate (15 recon soln, 30 recon soln)</i>	1	PA-BVD

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>dactinomycin 0.5 mg recon soln</i>	1	
<i>daunorubicin hcl (20 mg/4ml solution, 50 mg/10ml solution)</i>	1	
<i>doxorubicin hcl (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)</i>	1	PA-BVD
DOXORUBICIN HCL 2 MG/ML SOLUTION	1	PA-BVD
<i>doxorubicin hcl liposomal 2 mg/ml suspension</i>	1	
<i>epirubicin hcl (50 mg/25ml solution, 200 mg/100ml solution)</i>	1	
<i>idarubicin hcl (5 mg/5ml solution, 10 mg/10ml solution, 20 mg/20ml solution)</i>	1	
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1	
<i>mitoxantrone hcl (20 mg/10ml conc, 25 mg/12.5ml conc, 30 mg/15ml conc)</i>	1	
<i>mutamycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1	
<i>valrubicin 40 mg/ml solution</i>	1	

ANTINEOPLASTIC COMBINATIONS

DARZALEX FASPRO 1800-30000 MG-UT/15ML SOLUTION	1	QL (64.5 ml per 30 days), PA-NSO, NDS-NM
HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION	1	QL (5 ml per 21 days), NDS-NM
INQOVI 35-100 MG TAB	1	QL (5 ea per 28 days), PA-NSO, NDS-NM
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	1	QL (49 ea per 28 days), PA-NSO, NDS-NM
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	1	QL (70 ea per 28 days), PA-NSO, NDS-NM
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	1	QL (91 ea per 28 days), PA-NSO, NDS-NM
LONSURF 15-6.14 MG TAB	1	QL (100 ea per 28 days), PA-NSO, NDS-NM
LONSURF 20-8.19 MG TAB	1	QL (80 ea per 28 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
OPDIVO QVANTIG 600-10000 MG-UT/5ML SOLUTION	1	PA-NSO, NDS-NM
OPDUALAG 240-80 MG/20ML SOLUTION	1	QL (40 ml per 28 days), PA-NSO, NDS-NM
PHESGO 60-60-2000 MG-MG-U/ML SOLUTION	1	QL (10 ml per 21 days), NDS-NM
PHESGO 80-40-2000 MG-MG-U/ML SOLUTION	1	QL (15 ml per 21 days), NDS-NM
RITUXAN HYCELA 1400-23400 MG -UT/11.7ML SOLUTION	1	QL (46.8 ml per 28 days), PA-NSO, NDS-NM
RITUXAN HYCELA 1600-26800 MG -UT/13.4ML SOLUTION	1	QL (13.4 ml per 28 days), PA-NSO, NDS-NM
VYXEOS 44-100 MG RECON SUSP	1	PA-NSO, NDS-NM
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150 MG CAP	1	QL (240 ea per 30 days), PA-NSO, NDS-NM
ALIQOPA 60 MG RECON SOLN	1	QL (3 ea per 28 days), PA-NSO, NDS-NM
ALUNBRIG (90 MG TAB, 180 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
ALUNBRIG 30 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
ALUNBRIG 90 & 180 MG TAB THPK	1	QL (30 ea per 180 days), PA-NSO, NDS-NM
AUGTYRO 160 MG CAP	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
AUGTYRO 40 MG CAP	1	QL (240 ea per 30 days), PA-NSO, NDS-NM
BALVERSA 3 MG TAB	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
BALVERSA 4 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
BALVERSA 5 MG TAB	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
BELEODAQ 500 MG RECON SOLN	1	PA-NSO, NDS-NM
<i>bortezomib (1 mg recon soln, 2.5 mg recon soln, 3.5 mg recon soln)</i>	1	PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BOSULIF (50 MG CAP, 400 MG TAB, 500 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
BOSULIF 100 MG CAP	1	QL (180 ea per 30 days), PA-NSO, NDS-NM
BOSULIF 100 MG TAB	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
BRAFTOVI 75 MG CAP	1	QL (180 ea per 30 days), PA-NSO, NDS-NM
BRUKINSA 80 MG CAP	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
CABOMETYX (20 MG TAB, 60 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
CABOMETYX 40 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
CALQUENCE 100 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
CAPRELSA 100 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
CAPRELSA 300 MG TAB	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
COPIKTRA (15 MG CAP, 25 MG CAP)	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
COTELLIC 20 MG TAB	1	QL (63 ea per 28 days), PA-NSO, NDS-NM
DANZITEN (71 MG TAB, 95 MG TAB)	1	QL (120 capsule(s) per 30 days), PA-NSO, NDS-NM
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)</i>	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>dasatinib 20 mg tab</i>	1	QL (90 ea per 30 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)	1	QL (112 ea per 28 days), PA-NSO, NDS-NM
everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	1	QL (28 ea per 28 days), PA-NSO, NDS-NM
FARYDAK (10 MG CAP, 15 MG CAP, 20 MG CAP)	1	QL (6 ea per 21 days), PA-NSO, NDS-NM
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	1	QL (21 ea per 28 days), PA-NSO, NDS-NM
FYARRO 100 MG RECON SUSP	1	PA-NSO, NDS-NM
GAVRETO 100 MG CAP	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
GOMEKLI (1 MG CAP, 1 MG TAB SOL)	1	QL (168 ea per 28 days), PA-NSO, NDS-NM
GOMEKLI 2 MG CAP	1	QL (84 ea per 28 days), PA-NSO, NDS-NM
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	1	QL (21 ea per 28 days), PA-NSO, NDS-NM
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
IDHIFA (50 MG TAB, 100 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>imatinib mesylate 100 mg tab</i>	1	QL (90 ea per 30 days)
<i>imatinib mesylate 400 mg tab</i>	1	QL (60 ea per 30 days)
IMBRUICA (70 MG CAP, 420 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
IMBRUICA 140 MG CAP	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
IMBRUICA 70 MG/ML SUSPENSION	1	QL (240 ml per 30 days), PA-NSO, NDS-NM
IMKELDI 80 MG/ML SOLUTION	1	QL (280 ml per 28 days), PA-NSO, NDS-NM
INREBIC 100 MG CAP	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
ITOVEBI 3 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ITOVEBI 9 MG TAB	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
JAYPIRCA 100 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
JAYPIRCA 50 MG TAB	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
KISQALI (200 MG DOSE) 200 MG TAB THPK	1	QL (21 ea per 28 days), PA-NSO, NDS-NM
KISQALI (400 MG DOSE) 200 MG TAB THPK	1	QL (42 ea per 28 days), PA-NSO, NDS-NM
KISQALI (600 MG DOSE) 200 MG TAB THPK	1	QL (63 ea per 28 days), PA-NSO, NDS-NM
KOSELUGO 10 MG CAP	1	QL (240 ea per 30 days), PA-NSO, NDS-NM
KOSELUGO 25 MG CAP	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
KRAZATI 200 MG TAB	1	QL (180 ea per 30 days), PA-NSO, NDS-NM
KYPROLIS (10 MG RECON SOLN, 30 MG RECON SOLN, 60 MG RECON SOLN)	1	PA-NSO, NDS-NM
<i>lapatinib ditosylate 250 mg tab</i>	1	QL (180 ea per 30 days), PA-NSO, NDS-NM
LORBRENA 100 MG TAB	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
LORBRENA 25 MG TAB	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
LUMAKRAS 120 MG TAB	1	QL (240 ea per 30 days), PA-NSO, NDS-NM
LUMAKRAS 240 MG TAB	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
LUMAKRAS 320 MG TAB	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
LYNPARZA (100 MG TAB, 150 MG TAB)	1	QL (120 ea per 30 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	1	QL (84 ea per 28 days), PA-NSO, NDS-NM
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	1	QL (112 ea per 28 days), PA-NSO, NDS-NM
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	1	QL (140 ea per 28 days), PA-NSO, NDS-NM
MEKINIST 0.05 MG/ML RECON SOLN	1	QL (1200 ml per 30 days), PA-NSO, NDS-NM
MEKINIST 0.5 MG TAB	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
MEKINIST 2 MG TAB	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
MEKTOVI 15 MG TAB	1	QL (180 ea per 30 days), PA-NSO, NDS-NM
NERLYNX 40 MG TAB	1	QL (180 ea per 30 days), PA-NSO, NDS-NM
<i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i>	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	1	QL (3 ea per 28 days), PA-NSO, NDS-NM
OGSIVEO (100 MG TAB, 150 MG TAB)	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
OGSIVEO 50 MG TAB	1	QL (180 ea per 30 days), PA-NSO, NDS-NM
OJEMDA 100 MG TAB	1	QL (24 ea per 28 days), PA-NSO, NDS-NM
OJEMDA 25 MG/ML RECON SUSP	1	QL (96 ml per 28 days), PA-NSO, NDS-NM
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>pazopanib hcl 200 mg tab</i>	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	1	QL (30 ea per 30 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
QINLOCK 50 MG TAB	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
RETEVMO (40 MG CAP, 40 MG TAB)	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
RETEVMO 80 MG CAP	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
REZLIDHIA 150 MG CAP	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
ROMIDEPSIN (10 MG RECON SOLN, 27.5 MG/5.5ML SOLUTION)	1	PA-NSO, NDS-NM
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	1	QL (8 ea per 28 days), PA-NSO, NDS-NM
ROZLYTREK 100 MG CAP	1	QL (180 ea per 30 days), PA-NSO, NDS-NM
ROZLYTREK 200 MG CAP	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
ROZLYTREK 50 MG PACKET	1	QL (360 ea per 30 days), PA-NSO, NDS-NM
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
RYDAPT 25 MG CAP	1	QL (224 ea per 28 days), PA-NSO, NDS-NM
SCEMBLIX 100 MG TAB	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
SCEMBLIX 20 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
SCEMBLIX 40 MG TAB	1	QL (300 ea per 30 days), PA-NSO, NDS-NM
<i>sorafenib tosylate 200 mg tab</i>	1	QL (120 ea per 30 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
STIVARGA 40 MG TAB	1	QL (84 ea per 28 days), PA-NSO, NDS-NM
<i>sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)</i>	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
TABRECTA (150 MG TAB, 200 MG TAB)	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
TAFINLAR (50 MG CAP, 75 MG CAP)	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
TAFINLAR 10 MG TAB SOL	1	QL (900 ea per 30 days), PA-NSO, NDS-NM
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
TALZENNA 0.25 MG CAP	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
TAZVERIK 200 MG TAB	1	QL (240 ea per 30 days), PA-NSO, NDS-NM
<i>temsirolimus 25 mg/ml solution</i>	1	PA-NSO, NDS-NM
TEPMETKO 225 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
TIBSOVO 250 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
<i>torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	QL (28 ea per 28 days), PA-NSO, NDS-NM
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	1	QL (64 ea per 28 days), PA-NSO, NDS-NM
TURALIO 125 MG CAP	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	1	QL (56 ea per 28 days), PA-NSO, NDS-NM
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	1	QL (56 ea per 28 days), PA-NSO, NDS-NM
VITRAKVI 100 MG CAP	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
VITRAKVI 20 MG/ML SOLUTION	1	QL (300 ml per 30 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
VITRAKVI 25 MG CAP	1	QL (180 ea per 30 days), PA-NSO, NDS-NM
VONJO 100 MG CAP	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
VORANIGO 10 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
VORANIGO 40 MG TAB	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
XALKORI 150 MG CAP SPRINK	1	QL (180 ea per 30 days), PA-NSO, NDS-NM
XOSPATA 40 MG TAB	1	PA-NSO, NDS-NM
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
ZELBORAF 240 MG TAB	1	QL (240 ea per 30 days), PA-NSO, NDS-NM
ZOLINZA 100 MG CAP	1	QL (120 ea per 30 days), NDS-NM
ZYDELIG (100 MG TAB, 150 MG TAB)	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
ZYKADIA 150 MG TAB	1	QL (90 ea per 30 days), PA-NSO, NDS-NM

ANTINEOPLASTIC ENZYMES

ASPARLAS 3750 UNIT/5ML SOLUTION	1	NDS-NM
ERWINASE 10000 UNIT RECON SOLN	1	PA-NSO, NDS-NM
ERWINAZE 10000 UNIT RECON SOLN	1	PA-NSO, NDS-NM
ONCASPAR 750 UNIT/ML SOLUTION	1	NDS-NM
RYLAZE 10 MG/0.5ML SOLUTION	1	PA-NSO, NDS-NM

ANTINEOPLASTICS MISC.

ACTIMMUNE 100 MCG/0.5ML SOLUTION	1	NDS-NM
ANKTIVA 400 MCG/0.4ML SOLUTION	1	PA-NSO, NDS-NM
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BESREMI 500 MCG/ML SOLN PRSYR	1	QL (2 ml per 28 days), PA-NSO, NDS-NM
<i>bexarotene 75 mg cap</i>	1	NDS-NM
<i>dacarbazine (100 mg recon soln, 200 mg recon soln)</i>	1	
DATROWAY 100 MG RECON SOLN	1	QL (6 ea per 21 days), PA-NSO, NDS-NM
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	1	NDS-NM
<i>hydroxyurea 500 mg cap</i>	1	
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	1	NDS-NM
MARGENZA 250 MG/10ML SOLUTION	1	PA-NSO, NDS-NM
MATULANE 50 MG CAP	1	NDS-NM
NIPENT 10 MG RECON SOLN	1	
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	1	NDS-NM
ONTRUZANT (150 MG RECON SOLN, 420 MG RECON SOLN)	1	NDS-NM
PERJETA 420 MG/14ML SOLUTION	1	NDS-NM
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	1	QL (21 ea per 28 days), PA-NSO, NDS-NM
PROLEUKIN 22000000 UNIT RECON SOLN	1	NDS-NM
REVUFORJ 110 MG TAB	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
REVUFORJ 160 MG TAB	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
REVUFORJ 25 MG TAB	1	QL (240 ea per 30 days), PA-NSO, NDS-NM
TICE BCG 50 MG RECON SUSP	1	
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	1	NDS-NM
<i>tretinoin 10 mg cap</i>	1	NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TUKYSA (50 MG TAB, 150 MG TAB)	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
UVADEX 20 MCG/ML SOLUTION	1	
VENCLEXTA 10 MG TAB	1	QL (60 ea per 30 days), PA-NSO
VENCLEXTA 100 MG TAB	1	QL (180 ea per 30 days), PA-NSO, NDS-NM
VENCLEXTA 50 MG TAB	1	QL (30 ea per 30 days), PA-NSO
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	1	QL (42 ea per 180 days), PA-NSO, NDS-NM
WELIREG 40 MG TAB	1	QL (90 ea per 30 days), PA-NSO, NDS-NM
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	1	QL (20 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	1	QL (16 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	1	QL (4 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	1	QL (16 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	1	QL (12 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	1	QL (4 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	1	QL (24 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	1	QL (16 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	1	QL (32 ea per 28 days), PA-NSO, NDS-NM
ZIIHERA 300 MG RECON SOLN	1	PA-NSO, NDS-NM
CHEMOTHERAPY ADJUNCTS		
ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN)	1	PA, NDS-NM
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA 300 MG RECON SOLN	1	PA-NSO, NDS-NM
<i>dexrazoxane 250 mg recon soln</i>	1	
<i>dexrazoxane hcl (250 mg recon soln, 500 mg recon soln)</i>	1	
IWILFIN 192 MG TAB	1	QL (240 ea per 30 days), PA-NSO, NDS-NM
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg recon soln, 100 mg recon soln, 100 mg/10ml solution, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln, 500 mg/50ml solution)</i>	1	
<i>levoleucovorin calcium 50 mg recon soln</i>	1	
<i>levoleucovorin calcium pf (175 mg/17.5ml solution, 250 mg/25ml solution)</i>	1	NDS-NM
<i>mesna (100 mg/ml solution, 400 mg tab)</i>	1	
MITOTIC INHIBITORS		
<i>docetaxel (20 mg/2ml solution, 20 mg/ml conc, 80 mg/4ml conc, 80 mg/8ml solution, 160 mg/16ml solution, 160 mg/8ml conc)</i>	1	
<i>eribulin mesylate 1 mg/2ml solution</i>	1	PA-NSO, NDS-NM
ETOPOPHOS 100 MG RECON SOLN	1	
<i>etoposide (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)</i>	1	
IXEMPRA KIT (15 MG RECON SOLN, 45 MG RECON SOLN)	1	PA-NSO, NDS-NM
JEVANA 60 MG/1.5ML SOLUTION	1	PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>paclitaxel (30 mg/5ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc, 300 mg/50ml conc)</i>	1	
<i>paclitaxel protein-bound part 100 mg recon susp</i>	1	PA-NSO, NDS-NM
VINBLASTINE SULFATE 1 MG/ML SOLUTION	1	PA-BVD
VINCRISTINE SULFATE (1 MG/ML SOLUTION, 2 MG/2ML SOLUTION)	1	PA-BVD
<i>vinorelbine tartrate (10 mg/ml solution, 50 mg/5ml solution)</i>	1	
TOPOISOMERASE I INHIBITORS		
IRINOTECAN HCL (40 MG/2ML SOLUTION, 100 MG/5ML SOLUTION, 300 MG/15ML SOLUTION, 500 MG/25ML SOLUTION)	1	
ONIVYDE 43 MG/10ML INJECTABLE	1	PA-NSO, NDS-NM
<i>topotecan hcl (4 mg recon soln, 4 mg/4ml solution)</i>	1	
TRODELVY 180 MG RECON SOLN	1	PA-NSO, NDS-NM
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa 25 mg tab</i>	1	
<i>entacapone 200 mg tab</i>	1	
ONGENTYS (25 MG CAP, 50 MG CAP)	1	PA, QL (30 ea per 30 days)
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	1	PA, HRM (PA Required for Members age 65 and older)
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	PA, HRM (PA Required for Members age 65 and older)
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	1	
<i>apomorphine hcl 30 mg/3ml soln cart</i>	1	NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	1	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	1	
CARBIDOPA-LEVODOPA 10-100 MG TAB DISP	1	
CARBIDOPA-LEVODOPA 25-100 MG TAB DISP	1	
CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	1	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	1	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	1	
INBRIJA 42 MG CAP	1	QL (300 ea per 30 days), NDS-NM
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	1	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	1	
<i>ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	1	QL (30 ea per 30 days)
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium 8 meq/5ml solution</i>	1	
LITHIUM CARBONATE (150 MG CAP, 300 MG CAP)	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab)</i>	1	
LITHIUM CARBONATE 600 MG CAP	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ANTIPSYCHOTICS - MISC.		
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	1	QL (60 ea per 30 days), PA-NSO, NDS-NM
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	1	QL (56 ea per 180 days), PA-NSO, NDS-NM
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	1	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i>	1	
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	1	QL (30 ea per 30 days)
<i>lurasidone hcl 80 mg tab</i>	1	QL (60 ea per 30 days)
MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB)	1	
NUPLAZID (10 MG TAB, 34 MG CAP)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	1	QL (60 ea per 30 days)
<i>ziprasidone mesylate 20 mg recon soln</i>	1	QL (60 ea per 30 days)
BENZISOXAZOLES		
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	1	QL (60 ea per 30 days), NDS-NM
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	1	QL (8 ea per 28 days)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	1	QL (3.5 ml per 180 days), PA-NSO, NDS-NM
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	1	QL (5 ml per 180 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	1	QL (0.75 ml per 28 days), PA-NSO, NDS-NM
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	1	QL (1 ml per 28 days), PA-NSO, NDS-NM
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	1	QL (1.5 ml per 28 days), PA-NSO, NDS-NM
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	1	QL (0.25 ml per 28 days), PA-NSO
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	1	QL (0.5 ml per 28 days), PA-NSO, NDS-NM
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	1	QL (0.88 ml per 84 days), PA-NSO, NDS-NM
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	1	QL (1.32 ml per 84 days), PA-NSO, NDS-NM
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	1	QL (1.75 ml per 84 days), PA-NSO, NDS-NM
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	1	QL (2.63 ml per 84 days), PA-NSO, NDS-NM
<i>paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 9 mg tab er 24h)</i>	1	QL (30 ea per 30 days)
<i>paliperidone er 6 mg tab er 24h</i>	1	QL (60 ea per 30 days)
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	1	QL (1 ea per 28 days), PA-NSO, NDS-NM
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp)</i>	1	QL (60 ea per 30 days)
<i>risperidone (4 mg tab, 4 mg tab disp)</i>	1	QL (120 ea per 30 days)
<i>risperidone 1 mg/ml solution</i>	1	QL (480 ml per 30 days)
<i>risperidone microspheres er (12.5 mg, 25 mg, 37.5 mg, 50 mg)</i>	1	QL (2 ea per 28 days), PA-NSO
UZEDY 100 MG/0.28ML SUSP PRSYR	1	QL (0.28 ml per 28 days), PA-NSO, NDS-NM
UZEDY 125 MG/0.35ML SUSP PRSYR	1	QL (0.35 ml per 28 days), PA-NSO, NDS-NM
UZEDY 150 MG/0.42ML SUSP PRSYR	1	QL (0.42 ml per 56 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
UZEDY 200 MG/0.56ML SUSP PRSYR	1	QL (0.56 ml per 56 days), PA-NSO, NDS-NM
UZEDY 250 MG/0.7ML SUSP PRSYR	1	QL (0.7 ml per 56 days), PA-NSO, NDS-NM
UZEDY 50 MG/0.14ML SUSP PRSYR	1	QL (0.14 ml per 28 days), PA-NSO, NDS-NM
UZEDY 75 MG/0.21ML SUSP PRSYR	1	QL (0.21 ml per 28 days), PA-NSO, NDS-NM
DIBENZAPINES		
ADASUVE 10 MG AER POW BA	1	QL (1 ea per 7 days), PA-NSO
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	1	QL (60 ea per 30 days), PA-NSO
<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	1	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	1	
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	1	QL (30 ea per 30 days)
<i>olanzapine 10 mg recon soln</i>	1	QL (120 ea per 30 days)
<i>quetiapine fumarate (150 mg tab, 300 mg tab, 400 mg tab)</i>	1	QL (60 ea per 30 days)
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	QL (90 ea per 30 days)
<i>quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	1	QL (60 ea per 30 days)
<i>quetiapine fumarate er 200 mg tab er 24h</i>	1	QL (30 ea per 30 days)
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	1	QL (30 ea per 30 days), PA-NSO
VERSACLOZ 50 MG/ML SUSPENSION	1	
ZYPREXA RELPREVV (300 MG RECON SUSP, 405 MG RECON SUSP)	1	QL (2 ea per 28 days), PA-NSO, NDS-NM
ZYPREXA RELPREVV 210 MG RECON SUSP	1	QL (2 ea per 28 days), PA-NSO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	1	
<i>compro 25 mg suppos</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	
<i>FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 2.5 MG/ML SOLUTION, 5 MG TAB, 5 MG/ML CONC, 10 MG TAB)</i>	1	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	1	
<i>prochlorperazine 25 mg suppos</i>	1	
<i>PROCHLORPERAZINE EDISYLATE (10 MG/2ML SOLUTION, 50 MG/10ML SOLUTION)</i>	1	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	1	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	PA-NSO, (PA Required for Members age 65 and older)
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	1	
QUINOLINONE DERIVATIVES		
<i>ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR</i>	1	QL (2.4 ml per 56 days), PA-NSO, NDS-NM
<i>ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR</i>	1	QL (3.2 ml per 56 days), PA-NSO, NDS-NM
<i>ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)</i>	1	QL (1 ea per 28 days), PA-NSO, NDS-NM
<i>ariPIPRAZOLE (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	QL (30 ea per 30 days)
<i>ariPIPRAZOLE 1 mg/ml solution</i>	1	
<i>ariPIPRAZOLE 10 mg tab disp</i>	1	QL (60 ea per 30 days), NDS-NM
<i>ariPIPRAZOLE 15 mg tab disp</i>	1	QL (60 ea per 30 days)
<i>ARISTADA 1064 MG/3.9ML PRSYR</i>	1	QL (3.9 ml per 56 days), PA-NSO, (1 syringe), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ARISTADA 441 MG/1.6ML PRSYR	1	QL (1.6 ml per 28 days), PA-NSO, (1 syringe), NDS-NM
ARISTADA 662 MG/2.4ML PRSYR	1	QL (2.4 ml per 28 days), PA-NSO, (1 syringe), NDS-NM
ARISTADA 882 MG/3.2ML PRSYR	1	QL (3.2 ml per 28 days), PA-NSO, (1 syringe), NDS-NM
ARISTADA INITIO 675 MG/2.4ML PRSYR	1	QL (2.4 ml per 180 days), PA-NSO, NDS-NM
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM

ANTIVIRALS (CONTINUED)

ANTIRETROVIRALS

<i>abacavir sulfate 20 mg/ml solution</i>	1	QL (960 ml per 30 days)
<i>abacavir sulfate 300 mg tab</i>	1	QL (60 ea per 30 days)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	QL (30 ea per 30 days)
APRETUDE 600 MG/3ML SUSP	1	QL (3 ml per 28 days), NDS-NM
APTVUS 250 MG CAP	1	QL (120 ea per 30 days)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	1	QL (60 ea per 30 days)
<i>atazanavir sulfate 300 mg cap</i>	1	QL (30 ea per 30 days)
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	1	QL (30 ea per 30 days), NDS-NM
CABENUVA 400 & 600 MG/2ML SUSP	1	QL (4 ml per 28 days), NDS-NM
CABENUVA 600 & 900 MG/3ML SUSP	1	QL (6 ml per 28 days), NDS-NM
CIMDUO 300-300 MG TAB	1	QL (30 ea per 30 days), NDS-NM
<i>darunavir 600 mg tab</i>	1	QL (60 ea per 30 days), NDS-NM
<i>darunavir 800 mg tab</i>	1	QL (30 ea per 30 days), NDS-NM
DELSTRIGO 100-300-300 MG TAB	1	QL (30 ea per 30 days), NDS-NM
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	1	QL (30 ea per 30 days), NDS-NM
DOVATO 50-300 MG TAB	1	QL (30 ea per 30 days), NDS-NM
EDURANT 25 MG TAB	1	QL (30 ea per 30 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
EDURANT PED 2.5 MG TAB SOL	1	QL (180 ea per 30 days), NDS-NM
<i>efavirenz 600 mg tab</i>	1	QL (30 ea per 30 days)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	1	QL (30 ea per 30 days)
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	1	QL (30 ea per 30 days), NDS-NM
<i>emtricitab-rilpivir-tenofov df 200-25-300 mg tab</i>	1	QL (30 ea per 30 days), NDS-NM
<i>emtricitabine 200 mg cap</i>	1	QL (30 ea per 30 days)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	1	QL (30 ea per 30 days), NDS-NM
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	QL (30 ea per 30 days)
EMTRIVA 10 MG/ML SOLUTION	1	QL (850 ml per 30 days)
<i>etravirine (100 mg tab, 200 mg tab)</i>	1	QL (60 ea per 30 days)
EVOTAZ 300-150 MG TAB	1	QL (30 ea per 30 days), NDS-NM
<i>fosamprenavir calcium 700 mg tab</i>	1	QL (120 ea per 30 days)
FUZEON 90 MG RECON SOLN	1	QL (60 ea per 30 days), NDS-NM
GENVOYA 150-150-200-10 MG TAB	1	QL (30 ea per 30 days), NDS-NM
INTELENCE 25 MG TAB	1	QL (120 ea per 30 days)
ISENTRESS 100 MG CHEW TAB	1	QL (180 ea per 30 days), NDS-NM
ISENTRESS 100 MG PACKET	1	QL (60 ea per 30 days)
ISENTRESS 25 MG CHEW TAB	1	QL (180 ea per 30 days)
ISENTRESS 400 MG TAB	1	QL (120 ea per 30 days), NDS-NM
ISENTRESS HD 600 MG TAB	1	QL (60 ea per 30 days), NDS-NM
JULUCA 50-25 MG TAB	1	QL (30 ea per 30 days), NDS-NM
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	1	QL (960 ml per 30 days)
<i>lamivudine 150 mg tab</i>	1	QL (60 ea per 30 days)
<i>lamivudine 300 mg tab</i>	1	QL (30 ea per 30 days)
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	QL (60 ea per 30 days)
<i>lopinavir-ritonavir 100-25 mg tab</i>	1	QL (300 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>lopinavir-ritonavir 200-50 mg tab</i>	1	QL (120 ea per 30 days)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL (480 ml per 30 days)
<i>maraviroc 150 mg tab</i>	1	QL (60 ea per 30 days), NDS-NM
<i>maraviroc 300 mg tab</i>	1	QL (120 ea per 30 days), NDS-NM
<i>nevirapine 200 mg tab</i>	1	QL (60 ea per 30 days)
NEVIRAPINE 50 MG/5ML SUSPENSION	1	QL (1200 ml per 30 days)
NEVIRAPINE ER 100 MG TAB ER 24H	1	QL (90 ea per 30 days)
<i>nevirapine er 400 mg tab er 24h</i>	1	QL (30 ea per 30 days)
NORVIR 100 MG PACKET	1	QL (360 ea per 30 days)
ODEFSEY 200-25-25 MG TAB	1	QL (30 ea per 30 days), NDS-NM
PIFELTRO 100 MG TAB	1	QL (60 ea per 30 days), NDS-NM
PREZCOBIX 800-150 MG TAB	1	QL (30 ea per 30 days), NDS-NM
PREZISTA 100 MG/ML SUSPENSION	1	QL (400 ml per 30 days), NDS-NM
PREZISTA 150 MG TAB	1	QL (180 ea per 30 days), NDS-NM
PREZISTA 75 MG TAB	1	QL (480 ea per 30 days)
RETROVIR 10 MG/ML SOLUTION	1	
REYATAZ 50 MG PACKET	1	QL (180 ea per 30 days)
<i>ritonavir 100 mg tab</i>	1	QL (360 ea per 30 days)
RUKOBIA 600 MG TAB ER 12H	1	QL (60 ea per 30 days), NDS-NM
SELZENTRY 20 MG/ML SOLUTION	1	QL (1800 ml per 30 days)
SELZENTRY 25 MG TAB	1	QL (480 ea per 30 days)
SELZENTRY 75 MG TAB	1	QL (60 ea per 30 days), NDS-NM
<i>stavudine (15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	QL (60 ea per 30 days)
STRIBILD 150-150-200-300 MG TAB	1	QL (30 ea per 30 days), NDS-NM
SUNLENCA (4 X 300 MG TAB THPK, 300 MG TAB)	1	QL (4 ea per 180 days), NDS-NM
SUNLENCA 5 X 300 MG TAB THPK	1	QL (5 ea per 180 days), NDS-NM
SYMTUZA 800-150-200-10 MG TAB	1	QL (30 ea per 30 days), NDS-NM
<i>tenofovir disoproxil fumarate 300 mg tab</i>	1	QL (30 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TIVICAY (25 MG TAB, 50 MG TAB)	1	QL (60 ea per 30 days), NDS-NM
TIVICAY 10 MG TAB	1	QL (240 ea per 30 days)
TIVICAY PD 5 MG TAB SOL	1	QL (360 ea per 30 days)
TRIUMEQ 600-50-300 MG TAB	1	QL (30 ea per 30 days), NDS-NM
TRIUMEQ PD 60-5-30 MG TAB SOL	1	QL (180 ea per 30 days)
TROGARZO 200 MG/1.33ML SOLUTION	1	NDS-NM
TYBOST 150 MG TAB	1	QL (30 ea per 30 days)
VIRACEPT 250 MG TAB	1	QL (270 ea per 30 days), NDS-NM
VIRACEPT 625 MG TAB	1	QL (120 ea per 30 days), NDS-NM
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	1	QL (30 ea per 30 days)
VIREAD 40 MG/GM POWDER	1	QL (240 gm per 30 days)
VOCABRIA 30 MG TAB	1	QL (30 ea per 30 days), NDS-NM
<i>zidovudine 100 mg cap</i>	1	QL (180 ea per 30 days)
<i>zidovudine 300 mg tab</i>	1	QL (60 ea per 30 days)
<i>zidovudine 50 mg/5ml syrup</i>	1	QL (1920 ml per 30 days)

CMV AGENTS

<i>cidofovir 75 mg/ml solution</i>	1	
<i>foscarnet sodium 6000 mg/250ml solution</i>	1	PA-BVD
GANCICLOVIR SODIUM (500 MG RECON SOLN, 500 MG/10ML SOLUTION)	1	PA-BVD
LIVTENCITY 200 MG TAB	1	PA, QL (120 ea per 30 days), NDS-NM
PREVYMIS (240 MG TAB, 480 MG TAB)	1	PA, QL (30 ea per 30 days), NDS-NM
PREVYMIS (240 MG/12ML SOLUTION, 480 MG/24ML SOLUTION)	1	PA, NDS-NM
<i>valganciclovir hcl 450 mg tab</i>	1	

HEPATITIS AGENTS

<i>adefovir dipivoxil 10 mg tab</i>	1	
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	1	QL (30 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>lamivudine 100 mg tab</i>	1	QL (30 ea per 30 days)
MAVYRET 100-40 MG TAB	1	PA, QL (84 ea per 28 days), NDS-NM
MAVYRET 50-20 MG PACKET	1	PA, QL (168 ea per 28 days), NDS-NM
PEGASYS 180 MCG/0.5ML SOLN PRSYR	1	QL (2 ml per 28 days), NDS-NM
PEGASYS 180 MCG/ML SOLUTION	1	QL (4 ml per 28 days), NDS-NM
RIBAVIRIN 200 MG CAP	1	
RIBAVIRIN 200 MG TAB	1	
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	1	PA, QL (28 ea per 28 days), NDS-NM
VEMLIDY 25 MG TAB	1	QL (30 ea per 30 days)
HERPES AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	1	
<i>acyclovir sodium 50 mg/ml solution</i>	1	PA-BVD
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	1	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate (45 mg cap, 75 mg cap)</i>	1	QL (42 ea per 180 days)
<i>oseltamivir phosphate 30 mg cap</i>	1	QL (84 ea per 180 days)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL (540 ml per 180 days)
RIMANTADINE HCL 100 MG TAB	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	1	QL (2 ea per 30 days)
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	1	QL (4 ea per 180 days)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	1	QL (1 ea per 30 days)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	1	QL (4 ea per 180 days)
MISC. ANTIVIRALS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	1	QL (20 ea per 5 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	1	QL (30 ea per 5 days)
PAXLOVID 6 X 150 MG & 5 X 100MG TAB THPK	1	QL (11 ea per 5 days)
REMDESEIVIR (100 MG RECON SOLN, 150 MG RECON SOLN)	1	NDS-NM
VEKLURY 100 MG RECON SOLN	1	NDS-NM
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	1	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	1	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	1	
<i>metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>pindolol (5 mg tab, 10 mg tab)</i>	1	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	1	
<i>propranolol hcl er (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)</i>	1	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	1	
<i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
CALCIUM CHANNEL BLOCKERS (CONTINUED)		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	1	
<i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	1	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1	
<i>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg tab er 24h, 180 mg cap er 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	1	
<i>diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	1	
<i>felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	1	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1	
<i>nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	1	
<i>nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	1	
<i>nimodipine 30 mg cap</i>	1	
<i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>VERAPAMIL HCL ER (120 MG CAP ER 24H, 120 MG TAB ER, 180 MG CAP ER 24H, 180 MG TAB ER, 240 MG CAP ER 24H, 240 MG TAB ER, 360 MG CAP ER 24H)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
CARDIOTONICS (CONTINUED)		
INOTROPES		
<i>dobutamine hcl (12.5 mg/ml solution, 250 mg/20ml solution)</i>	1	PA-BVD
DOBUTAMINE IN D5W 2 MG/ML SOLUTION	1	PA-BVD
DOBUTAMINE-DEXTROSE (1-5 MG/ML-% SOLUTION, 4-5 MG/ML-% SOLUTION)	1	PA-BVD
<i>milrinone lactate (10 mg/10ml solution, 20 mg/20ml solution, 50 mg/50ml solution)</i>	1	PA-BVD
<i>milrinone lactate in dextrose (20-5 mg/100ml-% solution, 40-5 mg/200ml-% solution)</i>	1	PA-BVD
CARDIOVASCULAR AGENTS (CONTINUED)		
ALPHA-ADRENERGIC AGONISTS		
<i>droxidopa (200 mg cap, 300 mg cap)</i>	1	PA, QL (180 ea per 30 days), NDS-NM
<i>droxidopa 100 mg cap</i>	1	PA, QL (90 ea per 30 days), NDS-NM
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
CARDIOVASCULAR AGENTS, OTHER		
ATTRUBY 356 MG TAB THPK	1	PA, QL (112 ea per 28 days), NDS-NM
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	1	PA, QL (30 ea per 30 days), NDS-NM
<i>digitek (125 mcg tab, 250 mcg tab)</i>	1	
<i>digox (125 mcg tab, 250 mcg tab)</i>	1	
<i>digoxin (0.25 mg/ml solution, 125 mcg tab, 250 mcg tab)</i>	1	
ENTRESTO 24-26 MG TAB	1	QL (180 ea per 30 days)
ENTRESTO 49-51 MG TAB	1	QL (90 ea per 30 days)
ENTRESTO 97-103 MG TAB	1	QL (60 ea per 30 days)
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	1	PA, QL (60 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
LODOCO 0.5 MG TAB	1	PA, QL (30 ea per 30 days)
<i>pentoxifylline er 400 mg tab er</i>	1	
<i>ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)</i>	1	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	1	PA, QL (30 ea per 30 days)
VYNDAMAX 61 MG CAP	1	PA, QL (30 ea per 30 days), NDS-NM
VYNDAQEL 20 MG CAP	1	PA, QL (120 ea per 30 days), NDS-NM

CEPHALOSPORINS (CONTINUED)

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
<i>cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 500 mg recon soln)</i>	1	
CEFAZOLIN SODIUM (100 GM RECON SOLN, 300 GM RECON SOLN)	1	
CEFAZOLIN SODIUM-DEXTROSE (1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION, 2-3 GM-%(50ML) RECON SOLN, 2-4 GM/100ML-% SOLUTION, 3-2 GM-%(50ML) RECON SOLN)	1	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	1	

CEPHALOSPORINS - 2ND GENERATION

CEFACLOR (250 MG CAP, 500 MG CAP)	1	
<i>cefotetan disodium (1 gm recon soln, 2 gm recon soln)</i>	1	
<i>cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	1	
CEFOXITIN SODIUM-DEXTROSE (1-4 GM-%(50ML) RECON SOLN, 2-2.2 GM-%(50ML) RECON SOLN)	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	1	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<i>cefixime 400 mg cap</i>	1	
CEFOTAXIME SODIUM 1 GM RECON SOLN	1	
CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB)	1	
CEFTAZIDIME (2 GM RECON SOLN, 6 GM RECON SOLN)	1	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 500 mg recon soln)</i>	1	
<i>ceftriaxone sodium (100 gm recon soln, 250 mg recon soln)</i>	1	
CEFTRIAXONE SODIUM IN DEXTROSE (20 MG/ML SOLUTION, 40 MG/ML SOLUTION)	1	
CEFTRIAXONE SODIUM-DEXTROSE (1-3.74 GM-%(50ML) RECON SOLN, 2-2.22 GM-%(50ML) RECON SOLN)	1	
<i>tazicef 1 gm recon soln</i>	1	
TAZICEF 6 GM RECON SOLN	1	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA 1 GM RECON SOLN	1	PA, QL (112 ea per 14 days), NDS-NM
CONTRACEPTIVES (CONTINUED)		
EMERGENCY CONTRACEPTIVES		
ELLA 30 MG TAB	1	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
<i>betamethasone sod phos & acet 6 (3-3) mg/ml suspension</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BETAMETHASONE SODIUM PHOSPHATE (6 MG/ML SOLUTION, 12 MG/2ML SOLUTION)	1	
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er 9 mg tab er 24h</i>	1	PA, QL (30 ea per 30 days)
<i>decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i>	1	
<i>deflazacort (6 mg tab, 30 mg tab)</i>	1	PA, QL (60 ea per 30 days), NDS-NM
<i>deflazacort 18 mg tab</i>	1	PA, QL (30 ea per 30 days), NDS-NM
<i>deflazacort 36 mg tab</i>	1	PA, NDS-NM
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	1	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	1	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	1	
<i>dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	1	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>hydrocortisone sod suc (pf) 100 mg recon soln</i>	1	
<i>methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	PA-BVD
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	1	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	PA-BVD
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>	1	PA-BVD

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	1	PA-BVD
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1	PA-BVD
SOLU-CORTEF (250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	1	
<i>triamcinolone acetonide 40 mg/ml suspension</i>	1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate 0.1 mg tab</i>	1	
COUGH/COLD/ALLERGY (CONTINUED)		
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	PA-BVD
DENTAL AND ORAL AGENTS (CONTINUED)		
<i>cevimeline hcl 30 mg cap</i>	1	
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>clotrimazole 10 mg troche</i>	1	
<i>denta 5000 plus 1.1 % cream</i>	1	
<i>dentagel 1.1 % gel</i>	1	
LIDOCAINE HCL 4 % SOLUTION	1	
<i>lidocaine viscous hcl 2 % solution</i>	1	
NYSTATIN 100000 UNIT/ML SUSPENSION	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
<i>oralone 0.1 % paste</i>	1	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
<i>sf 1.1 % gel</i>	1	
<i>sf 5000 plus 1.1 % cream</i>	1	
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	1	
<i>sodium fluoride (1.1 % cream, 1.1 % gel)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	1	
<i>sodium fluoride 5000 plus 1.1 % cream</i>	1	
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel, 1.1 % paste)</i>	1	
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	

DERMATOLOGICALS (CONTINUED)

ACNE PRODUCTS

<i>adapalene (0.1 % cream, 0.3 % gel)</i>	1	QL (45 gm per 30 days)
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	QL (45 gm per 30 days)
<i>amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	
<i>clindamycin phos (once-daily) 1 % gel</i>	1	
<i>clindamycin phos (twice-daily) 1 % gel</i>	1	
<i>clindamycin phos-benzoyl peroxy (1-5 % gel, 1.2-5 % gel)</i>	1	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	1	
<i>erythromycin (2 % gel, 2 % solution)</i>	1	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	1	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	PA, QL (45 gm per 30 days)
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	

ANTIBIOTICS - TOPICAL

<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
---	---	--

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>mupirocin 2 % ointment</i>	1	
<i>mupirocin calcium 2 % cream</i>	1	
ANTIFUNGALS - TOPICAL		
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	QL (60 gm per 30 days)
<i>CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION</i>	1	QL (90 ml per 30 days)
<i>econazole nitrate 1 % cream</i>	1	
<i>ketoconazole (2 % cream, 2 % foam, 2 % shampoo)</i>	1	
<i>klayesta 100000 unit/gm powder</i>	1	
<i>NAFTIFINE HCL 1 % CREAM</i>	1	QL (90 gm per 30 days)
<i>NAFTIFINE HCL 1 % CREAM</i>	1	QL (90 gm per 30 days)
<i>naftifine hcl 2 % cream</i>	1	QL (60 gm per 30 days)
<i>nyamyc 100000 unit/gm powder</i>	1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	1	
<i>nystop 100000 unit/gm powder</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	1	PA-NSO, NDS-NM
<i>fluorouracil (0.5 % cream, 2 % solution, 5 % cream, 5 % solution)</i>	1	
<i>LEVULAN KERASTICK 20 % RECON SOLN</i>	1	
<i>PANRETIN 0.1 % GEL</i>	1	PA-NSO, NDS-NM
<i>VALCHLOR 0.016 % GEL</i>	1	PA-NSO, NDS-NM
ANTIPSORIATICS		
<i>acitretin (10 mg cap, 17.5 mg cap)</i>	1	PA, QL (60 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>acitretin 25 mg cap</i>	1	PA
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	1	QL (120 gm per 30 days)
CALCIPOTRIENE 0.005 % SOLUTION	1	QL (60 ml per 30 days)
<i>calcitrene 0.005 % ointment</i>	1	QL (120 gm per 30 days)
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	1	PA, NDS-NM
COSENTYX (75 MG/0.5ML SOLN PRSYR, 125 MG/5ML SOLUTION, 150 MG/ML SOLN PRSYR)	1	PA, NDS-NM
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	1	PA, NDS-NM
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	1	PA, NDS-NM
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	1	PA, NDS-NM
METHOXSALEN RAPID 10 MG CAP	1	
OTEZLA (10 & 20 & 30 MG TAB THPK, 20 MG TAB, 30 MG TAB)	1	PA, QL (60 ea per 30 days), NDS-NM
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	1	PA, QL (55 ea per 180 days), NDS-NM
SELARSDI 45 MG/0.5ML SOLN PRSYR	1	PA, QL (0.5 ml per 28 days), NDS-NM
SELARSDI 90 MG/ML SOLN PRSYR	1	PA, QL (1 ml per 28 days), NDS-NM
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	1	PA, QL (1 ea per 28 days), NDS-NM
SKYRIZI 150 MG/ML SOLN PRSYR	1	PA, QL (1 ml per 28 days), NDS-NM
SKYRIZI PEN 150 MG/ML SOLN A-INJ	1	PA, QL (1 ml per 28 days), NDS-NM
SPEVIGO 450 MG/7.5ML SOLUTION	1	PA, QL (15 ml per 7 days), NDS-NM
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	1	PA, QL (0.5 ml per 28 days), NDS-NM
STELARA 90 MG/ML SOLN PRSYR	1	PA, QL (1 ml per 28 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>tazarotene (0.05 % cream, 0.1 % cream)</i>	1	PA, QL (60 gm per 30 days)
<i>tazarotene (0.05 % gel, 0.1 % gel)</i>	1	PA, QL (100 gm per 30 days)
TREMFYA 100 MG/ML SOLN PRSYR	1	PA, QL (2 ml per 28 days), NDS-NM
TREMFYA 200 MG/20ML SOLUTION	1	PA, QL (60 ml per 180 days), NDS-NM
TREMFYA 200 MG/2ML SOLN PRSYR	1	PA, QL (2 ml per 28 days), NDS-NM
TREMFYA ONE-PRESS 100 MG/ML SOLN A-INJ	1	PA, QL (2 ml per 28 days), NDS-NM
TREMFYA PEN (100 MG/ML SOLN A-INJ, 200 MG/2ML SOLN A-INJ)	1	PA, QL (2 ml per 28 days), NDS-NM
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	1	PA, QL (0.5 ml per 28 days), NDS-NM
YESINTEK 130 MG/26ML SOLUTION	1	PA, QL (104 ml per 180 days), NDS-NM
YESINTEK 90 MG/ML SOLN PRSYR	1	PA, QL (1 ml per 28 days), NDS-NM

CORTICOSTEROIDS - TOPICAL

ALA SCALP 2 % LOTION	1	
<i>ala-cort 1 % cream</i>	1	
AMCINONIDE 0.1 % CREAM	1	
AMCINONIDE 0.1 % LOTION	1	
AMCINONIDE 0.1 % OINTMENT	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	1	QL (90 gm per 30 days)
<i>betamethasone dipropionate 0.05 % lotion</i>	1	QL (120 ml per 30 days)
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	1	QL (100 gm per 30 days)
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1	QL (120 ml per 30 days)
<i>betamethasone valerate (0.1 % cream, 0.1 % ointment)</i>	1	QL (180 gm per 30 days)
<i>betamethasone valerate 0.1 % lotion</i>	1	QL (120 ml per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	1	QL (400 gm per 28 days)
<i>clobetasol prop emollient base 0.05 % cream</i>	1	QL (120 gm per 30 days)
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	1	QL (120 gm per 30 days)
<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo)</i>	1	QL (118 ml per 30 days)
<i>clobetasol propionate 0.05 % foam</i>	1	QL (100 gm per 30 days)
<i>clobetasol propionate 0.05 % liquid</i>	1	QL (125 ml per 30 days)
<i>clobetasol propionate 0.05 % solution</i>	1	QL (50 ml per 30 days)
<i>clobetasol propionate e 0.05 % cream</i>	1	QL (120 gm per 30 days)
<i>clobetasol propionate emulsion 0.05 % foam</i>	1	QL (100 gm per 30 days)
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	1	QL (120 gm per 30 days)
<i>desonide 0.05 % lotion</i>	1	QL (118 ml per 30 days)
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	1	QL (120 gm per 30 days)
<i>diflorasone diacetate 0.05 % ointment</i>	1	
<i>fluocinolone acetonide 0.01 % solution</i>	1	
<i>fluocinolone acetonide body 0.01 % oil</i>	1	QL (120 ml per 30 days)
<i>fluocinolone acetonide scalp 0.01 % oil</i>	1	QL (120 ml per 30 days)
<i>fluocinonide (0.05 % cream, 0.05 % ointment)</i>	1	QL (120 gm per 30 days)
FLUOCINONIDE 0.05 % GEL	1	QL (120 gm per 30 days)
<i>fluocinonide 0.05 % solution</i>	1	QL (120 ml per 30 days)
<i>fluocinonide emulsified base 0.05 % cream</i>	1	QL (120 gm per 30 days)
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	1	
FLUTICASONE PROPIONATE 0.05 % LOTION	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	QL (100 gm per 30 days)
<i>hydrocortisone (1 % cream, 1 % ointment, 2 % lotion, 2.5 % cream, 2.5 % ointment)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
HYDROCORTISONE 2.5 % LOTION	1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	1	
<i>hydrocortisone butyrate 0.1 % ointment</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	1	
<i>hydrocortisone valerate (0.2 % cream, 0.2 % ointment)</i>	1	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
PREDNICARBATE 0.1 % OINTMENT	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	1	
ECZEMA AGENTS		
ADBRY (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ)	1	PA, QL (6 ml per 28 days), NDS-NM
CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)	1	PA, QL (30 ea per 30 days), NDS-NM
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR 0.2 % GEL	1	PA, QL (30 gm per 30 days), NDS-NM
<i>pimecrolimus 1 % cream</i>	1	PA, QL (100 gm per 30 days)
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	QL (60 gm per 30 days)
LOCAL ANESTHETICS - TOPICAL		
<i>glydo 2 % prsyr</i>	1	
<i>lidocaine 5 % ointment</i>	1	
<i>lidocaine 5 % patch</i>	1	PA, QL (90 ea per 30 days)
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	1	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	(May be payable under part B)
<i>premium lidocaine 5 % ointment</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MISC. TOPICAL		
<i>acyclovir 5 % cream</i>	1	QL (5 gm per 30 days)
<i>acyclovir 5 % ointment</i>	1	QL (30 gm per 30 days)
<i>alcohol wipes 70 % misc</i>	1	(For Insulin Delivery Only)
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	1	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	1	(For Insulin Delivery Only)
<i>imiquimod (3.75 % cream, 5 % cream)</i>	1	
<i>imiquimod pump 3.75 % cream</i>	1	
<i>isopropyl alcohol 70 % misc</i>	1	(For Insulin Delivery Only)
<i>isopropyl alcohol wipes 70 % misc</i>	1	(For Insulin Delivery Only)
<i>malathion 0.5 % lotion</i>	1	
<i>medpura alcohol pads 70 % misc</i>	1	(For Insulin Delivery Only)
<i>permethrin 5 % cream</i>	1	
<i>podofilox 0.5 % gel</i>	1	
PODOFILOX 0.5 % SOLUTION	1	
<i>qc alcohol 70 % misc</i>	1	(For Insulin Delivery Only)
<i>ra isopropyl alcohol wipes 70 % misc</i>	1	(For Insulin Delivery Only)
<i>selenium sulfide 2.5 % lotion</i>	1	
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 1 % gel)</i>	1	
<i>rosadan 0.75 % cream</i>	1	
WOUND CARE PRODUCTS		
REGRANEX 0.01 % GEL	1	PA, QL (30 gm per 30 days), NDS-NM
SANTYL 250 UNIT/GM OINTMENT	1	PA, QL (90 gm per 30 days)
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SULFAMYLYON 85 MG/GM CREAM	1	QL (453.6 gm per 30 days)
DIGESTIVE AIDS (CONTINUED)		
DIGESTIVE ENZYMES		
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	1	
SUCRAID 8500 UNIT/ML SOLUTION	1	PA, NDS-NM
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	1	
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	1	
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	1	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	
<i>spironolactone-hctz 25-25 mg tab</i>	1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	
LOOP DIURETICS		
<i>bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	1	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
BONE DENSITY REGULATORS		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL (4 ea per 28 days)
ALENDRONATE SODIUM (5 MG TAB, 10 MG TAB)	1	QL (30 ea per 30 days)
<i>alendronate sodium 70 mg/75ml solution</i>	1	
<i>calcitonin (salmon) (200 unit/act solution, 200 unit/ml solution)</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	
<i>ibandronate sodium 3 mg/3ml solution</i>	1	PA, (May be payable under part B)
<i>pamidronate disodium (6 mg/ml solution, 30 mg/10ml solution, 90 mg/10ml solution)</i>	1	(May be payable under part B)
PROLIA 60 MG/ML SOLN PRSYR	1	PA, QL (1 ml per 180 days)
<i>raloxifene hcl 60 mg tab</i>	1	
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	1	
<i>risedronate sodium 35 mg tab dr</i>	1	QL (4 ea per 28 days)
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	1	PA, QL (2.48 ml per 28 days), (May be payable under part B, 1 pen), NDS-NM
<i>teriparatide 560 mcg/2.24ml soln pen</i>	1	PA, QL (2.48 ml per 28 days), (May be payable under part B, 1 pen), NDS-NM
TYMLOS 3120 MCG/1.56ML SOLN PEN	1	PA, QL (1.56 ml per 30 days), (May be payable under part B, 1 pen), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
XGEVA 120 MG/1.7ML SOLUTION	1	PA-NSO, NDS-NM
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	1	(May be payable under part B)
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	1	PA
PREGNYL 10000 UNIT RECON SOLN	1	
GROWTH HORMONES		
NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	1	PA
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	1	PA, NDS-NM
SOGROYA (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	1	PA, NDS-NM
METABOLIC MODIFIERS		
ALDURAZYME 2.9 MG/5ML SOLUTION	1	PA, NDS-NM
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	1	(May be payable under part B)
<i>carglumic acid 200 mg tab sol</i>	1	PA, NDS-NM
<i>cinacalcet hcl (60 mg tab, 90 mg tab)</i>	1	(May be payable under part B)
<i>cinacalcet hcl 30 mg tab</i>	1	QL (60 ea per 30 days), (May be payable under part B)
CRYSVITA 10 MG/ML SOLUTION	1	PA, QL (2 ml per 28 days), NDS-NM
CRYSVITA 20 MG/ML SOLUTION	1	PA, QL (8 ml per 28 days), NDS-NM
CRYSVITA 30 MG/ML SOLUTION	1	PA, QL (6 ml per 28 days), NDS-NM
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	1	(May be payable under part B)
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution)</i>	1	(May be payable under part B)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ELAPRASE 6 MG/3ML SOLUTION	1	PA, NDS-NM
ELFABRIO 20 MG/10ML SOLUTION	1	PA, NDS-NM
FABRAZYME (5 MG RECON SOLN, 35 MG RECON SOLN)	1	PA, NDS-NM
LAMZEDE 10 MG RECON SOLN	1	PA, NDS-NM
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	(May be payable under part B)
<i>levocarnitine sf 1 gm/10ml solution</i>	1	(May be payable under part B)
LUMIZYME 50 MG RECON SOLN	1	PA, NDS-NM
MEPSEVII 10 MG/5ML SOLUTION	1	PA, NDS-NM
NAGLAZYME 1 MG/ML SOLUTION	1	PA, NDS-NM
NEXVIAZYME 100 MG RECON SOLN	1	PA, NDS-NM
NULIBRY 9.5 MG RECON SOLN	1	PA, NDS-NM
<i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i>	1	(May be payable under part B)
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	1	PA, NDS-NM
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	1	NDS-NM
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	1	PA, NDS-NM
TRYNGOLZA 80 MG/0.8ML SOLN A-INJ	1	PA, QL (0.8 ml per 30 days), NDS-NM
XENPOZYME (4 MG RECON SOLN, 20 MG RECON SOLN)	1	PA, NDS-NM
SOMATOSTATIC AGENTS		
<i>lanreotide acetate 120 mg/0.5ml solution</i>	1	
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution)</i>	1	
<i>octreotide acetate 1000 mcg/ml solution</i>	1	NDS-NM
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	1	PA, QL (60 ml per 30 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG)	1	PA, QL (1 ea per 28 days), NDS-NM
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	1	NDS-NM
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	1	PA, QL (120 ea per 30 days), NDS-NM
ENDOCRINE MEDICATIONS (CONTINUED)		
OTHER ENDOCRINE DRUGS		
<i>cabergoline 0.5 mg tab</i>	1	
<i>desmopressin ace spray refrig 0.01 % solution</i>	1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 4 mcg/ml solution)</i>	1	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	1	
<i>desmopressin acetate spray 0.01 % solution</i>	1	
INCRELEX 40 MG/4ML SOLUTION	1	NDS-NM
KERENDIA (10 MG TAB, 20 MG TAB)	1	PA, QL (30 ea per 30 days)
LUPRON DEPOT-PED (1-MONTH) (11.25 MG KIT, 15 MG KIT)	1	NDS-NM
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	1	NDS-NM
NOCDURNA (27.7 MCG SL TAB, 55.3 MCG SL TAB)	1	PA, QL (30 ea per 30 days)
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	1	PA, NDS-NM
TEPEZZA 500 MG RECON SOLN	1	PA, NDS-NM
TRIPTODUR 22.5 MG SRER	1	PA, QL (1 ea per 168 days), NDS-NM
VASOSTRICT 20 UNIT/ML SOLUTION	1	
ESTROGENS (CONTINUED)		
ESTROGEN COMBINATIONS		
<i>afirmelle 0.1-20 mg-mcg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>altavera 0.15-30 mg-mcg tab</i>	1	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	1	
<i>amabelz 1-0.5 mg tab</i>	1	
ANNOVERA 0.013-0.15 MG/24HR RING	1	QL (1 ea per 365 days)
<i>apri 0.15-30 mg-mcg tab</i>	1	
<i>ashlyna 0.15-0.03 &0.01 mg tab</i>	1	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	1	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	1	
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	1	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	1	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	1	
<i>aviane 0.1-20 mg-mcg tab</i>	1	
<i>ayuna 0.15-30 mg-mcg tab</i>	1	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	1	
<i>balziva 0.4-35 mg-mcg tab</i>	1	
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	1	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	1	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	1	
<i>camrese 0.15-0.03 &0.01 mg tab</i>	1	
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	1	
<i>chateal 0.15-30 mg-mcg tab</i>	1	
<i>chateal eq 0.15-30 mg-mcg tab</i>	1	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	1	
<i>daysee 0.15-0.03 &0.01 mg tab</i>	1	
DROSPIREN-ETH ESTRAD-LEVOMEFOL (3-0.02-0.451 MG TAB, 3-0.03-0.451 MG TAB)	1	
<i>drospirenone-ethynodiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	1	
<i>elinest 0.3-30 mg-mcg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>eluryng 0.12-0.015 mg/24hr ring</i>	1	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	1	
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	1	
<i>enskyce 0.15-30 mg-mcg tab</i>	1	
<i>estarrylla 0.25-35 mg-mcg tab</i>	1	
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	
<i>etonogestrel-ethynodiol dihydrogen phosphate 0.12-0.015 mg/24hr ring</i>	1	
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	1	
<i>feirza 1/20 1-20 mg-mcg tab</i>	1	
<i>galbriela 0.8-25 mg-mcg chew tab</i>	1	
<i>gemmily 1-20 mg-mcg(24) cap</i>	1	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	1	
<i>hailey 24 fe 1-20 mg-mcg(24) tab</i>	1	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	1	
<i>haloette 0.12-0.015 mg/24hr ring</i>	1	
<i>iclevia 0.15-0.03 mg tab</i>	1	
<i>introvale 0.15-0.03 mg tab</i>	1	
<i>isibloom 0.15-30 mg-mcg tab</i>	1	
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	1	
<i>jinteli 1-5 mg-mcg tab</i>	1	
<i>jolessa 0.15-0.03 mg tab</i>	1	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	1	
<i>junel 1/20 1-20 mg-mcg tab</i>	1	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	1	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	1	
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	1	
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>kalliga 0.15-30 mg-mcg tab</i>	1	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	1	
<i>kurvelo 0.15-30 mg-mcg tab</i>	1	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	1	
<i>larin 1/20 1-20 mg-mcg tab</i>	1	
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	1	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	1	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	1	
<i>layolis fe 0.8-25 mg-mcg chew tab</i>	1	
<i>lessina 0.1-20 mg-mcg tab</i>	1	
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	1	
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	1	
<i>lo-zumandimine 3-0.02 mg tab</i>	1	
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	1	
<i>loryna 3-0.02 mg tab</i>	1	
<i>lutera 0.1-20 mg-mcg tab</i>	1	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	1	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	1	
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	1	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	1	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	1	
<i>mili 0.25-35 mg-mcg tab</i>	1	
<i>mimvey 1-0.5 mg tab</i>	1	
<i>mono-linyah 0.25-35 mg-mcg tab</i>	1	
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	1	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i>	1	
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	1	
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	1	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	1	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	1	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	1	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	1	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	1	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	1	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	
<i>nylia 1/35 1-35 mg-mcg tab</i>	1	
<i>nymyo 0.25-35 mg-mcg tab</i>	1	
<i>ocella 3-0.03 mg tab</i>	1	
<i>philith 0.4-35 mg-mcg tab</i>	1	
<i>PREMPHASE 0.625-5 MG TAB</i>	1	
<i>PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)</i>	1	
<i>rivelsa 42-21-21-7 days tab</i>	1	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	1	
<i>simpesse 0.15-0.03 &0.01 mg tab</i>	1	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	1	
<i>syeda 3-0.03 mg tab</i>	1	
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	1	
<i>tri-femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	1	
<i>tri-estarrylla 0.18/0.215/0.25 mg-35 mcg tab</i>	1	
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	1	
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	1	
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	1	
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	1	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	1	
<i>turqoz 0.3-30 mg-mcg tab</i>	1	
<i>tydemy 3-0.03-0.451 mg tab</i>	1	
<i>vestura 3-0.02 mg tab</i>	1	
<i>vienna 0.1-20 mg-mcg tab</i>	1	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	1	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	1	
<i>wera 0.5-35 mg-mcg tab</i>	1	
<i>xarah fe 1-20/1-30/1-35 mg-mcg tab</i>	1	
<i>xulane 150-35 mcg/24hr patch wk</i>	1	
<i>zafemy 150-35 mcg/24hr patch wk</i>	1	
<i>zarah 3-0.03 mg tab</i>	1	
<i>zumandimine 3-0.03 mg tab</i>	1	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>estradiol valerate (20 mg/ml oil, 40 mg/ml oil)</i>	1	
<i>PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB, 25 MG RECON SOLN)</i>	1	
FLUOROQUINOLONES (CONTINUED)		
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin in d5w 400 mg/200ml solution</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin in d5w (250 mg/50ml solution, 500 mg/100ml solution, 750 mg/150ml solution)</i>	1	
MOXIFLOXACIN HCL (400 MG TAB, 400 MG/250ML SOLUTION)	1	
MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION	1	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	1	

GASTROINTESTINAL AGENTS (CONTINUED)

GASTROINTESTINAL AGENTS, OTHER

CHOLBAM (50 MG CAP, 250 MG CAP)	1	PA, NDS-NM
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
<i>enulose 10 gm/15ml solution</i>	1	
GATTEX 5 MG KIT	1	PA, NDS-NM
<i>generlac 10 gm/15ml solution</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 5 mg/ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
REBYOTA 150 ML SUSPENSION	1	PA, NDS-NM
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	1	PA, QL (30 ea per 30 days), NDS-NM
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	
VOWST CAP	1	PA, QL (12 ea per 30 days), NDS-NM

GASTROINTESTINAL AGENTS - MISC. (CONTINUED)

INFLAMMATORY BOWEL AGENTS

AVSOLA 100 MG RECON SOLN	1	PA, NDS-NM
<i>balsalazide disodium 750 mg cap</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
INFLECTRA 100 MG RECON SOLN	1	PA, NDS-NM
<i>mesalamine (4 gm enema, 1000 mg suppos)</i>	1	
<i>mesalamine (400 mg cap dr, 800 mg tab dr)</i>	1	QL (180 ea per 30 days)
<i>mesalamine 1.2 gm tab dr</i>	1	QL (120 ea per 30 days)
<i>mesalamine er 500 mg cap er</i>	1	
<i>mesalamine-cleanser 4 gm kit</i>	1	
RENFLEXIS 100 MG RECON SOLN	1	PA, NDS-NM
SELARSDI 130 MG/26ML SOLUTION	1	PA, QL (104 ml per 180 days), NDS-NM
SKYRIZI 180 MG/1.2ML SOLN CART	1	PA, QL (1.2 ml per 56 days), NDS-NM
SKYRIZI 360 MG/2.4ML SOLN CART	1	PA, QL (2.4 ml per 56 days), NDS-NM
SKYRIZI 600 MG/10ML SOLUTION	1	PA, QL (30 ml per 180 days), NDS-NM
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	1	

GENITOURINARY AGENTS (CONTINUED)

GENITOURINARY AGENTS, OTHER

<i>acetic acid 0.25 % solution</i>	1	
CYSTAGON (50 MG CAP, 150 MG CAP)	1	
ELMIRON 100 MG CAP	1	
FILSPARI (200 MG TAB, 400 MG TAB)	1	PA, QL (30 ea per 30 days), NDS-NM
NEOMYCIN-POLYMYXIN B GU 40-200000 SOLUTION	1	
OXLUMO 94.5 MG/0.5ML SOLUTION	1	PA, NDS-NM
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	1	
PROCYNSBI (25 MG CAP DR, 75 MG CAP DR)	1	PA, NDS-NM

GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)

PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	
--	---	--

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>dutasteride 0.5 mg cap</i>	1	
<i>finasteride 5 mg tab</i>	1	
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	1	PA, QL (30 ea per 30 days)
<i>tamsulosin hcl 0.4 mg cap</i>	1	
GOUT AGENTS (CONTINUED)		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	QL (60 ea per 30 days)
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	
<i>febuxostat (40 mg tab, 80 mg tab)</i>	1	ST, QL (30 ea per 30 days)
KRYSTEXXA 8 MG/ML SOLUTION	1	PA, QL (1 ml per 14 days), NDS-NM
<i>probenecid 500 mg tab</i>	1	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI 189 MG/ML SOLUTION	1	PA, NDS-NM
HEMATOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE (100 MG TAB, 150 MG TAB)	1	PA, QL (60 ea per 30 days), NDS-NM
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA (500 KIT, 1500 KIT)	1	PA, NDS-NM
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	1	
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	1	
CABLIVI 11 MG KIT	1	PA, QL (31 ea per 30 days), NDS-NM
<i>cilostazol (50 mg tab, 100 mg tab)</i>	1	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	1	QL (30 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	1	
PROTAMINE		
PROTAMINE SULFATE 10 MG/ML SOLUTION	1	(May be payable under part B)
PYRUVATE KINASE ACTIVATORS		
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	1	PA, QL (60 ea per 30 days), NDS-NM
PYRUKYND TAPER PACK (7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	1	PA, QL (14 ea per 14 days), NDS-NM
PYRUKYND TAPER PACK 5 MG TAB THPK	1	PA, QL (60 ea per 30 days), NDS-NM
HEMATOPOIETIC AGENTS (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
CERDELGA 84 MG CAP	1	PA, QL (60 ea per 30 days), NDS-NM
CEREZYME 400 UNIT RECON SOLN	1	PA, NDS-NM
ELELYSO 200 UNIT RECON SOLN	1	PA, NDS-NM
<i>miglustat 100 mg cap</i>	1	PA, QL (180 ea per 30 days), NDS-NM
VPRIV 400 UNIT RECON SOLN	1	PA, NDS-NM
<i>yargesa 100 mg cap</i>	1	PA, QL (180 ea per 30 days), NDS-NM
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO 100 MG/10ML SOLUTION	1	PA, NDS-NM
<i>L-glutamine 5 gm packet</i>	1	PA, QL (180 ea per 30 days), NDS-NM
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	1	PA, (May be payable under part B)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DOPTELET 20MG TAB	1	PA, QL (60 ea per 30 days), NDS-NM
DOPTELET TAB 40MG DAILY DOSE PACK	1	PA, QL (60 ea per 30 days), NDS-NM
DOPTELET TAB 60MG DAILY DOSE PACK	1	PA, QL (60 ea per 30 days), NDS-NM
<i>eltrombopag olamine (12.5 mg tab, 25 mg tab)</i>	1	PA, QL (30 ea per 30 days), NDS-NM
<i>eltrombopag olamine (50 mg tab, 75 mg tab)</i>	1	PA, QL (60 ea per 30 days), NDS-NM
<i>eltrombopag olamine 12.5 mg packet</i>	1	PA, QL (360 ea per 30 days), NDS-NM
<i>eltrombopag olamine 25 mg packet</i>	1	PA, QL (180 ea per 30 days), NDS-NM
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	1	PA, QL (12 ml per 28 days), (May be payable under part B)
FYLNETRA 6 MG/0.6ML SOLN PRSYR	1	PA, QL (1.2 ml per 28 days), NDS-NM
LEUKINE 250 MCG RECON SOLN	1	PA, NDS-NM
NEULASTA ONPRO 6 MG/0.6ML PREF SY KT	1	PA, NDS-NM
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	1	PA, NDS-NM
NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN)	1	PA, NDS-NM
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	1	PA, NDS-NM
PROCIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	1	PA, QL (12 ml per 28 days), (May be payable under part B)
PROCIT 40000 UNIT/ML SOLUTION	1	PA, QL (6 ml per 28 days), (May be payable under part B)
REBLOZYL (25 MG RECON SOLN, 75 MG RECON SOLN)	1	PA, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	1	PA
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	1	PA, QL (12 ml per 28 days), (May be payable under part B)
RETACRIT 40000 UNIT/ML SOLUTION	1	PA, QL (6 ml per 28 days), (May be payable under part B)
ROLVEDON 13.2 MG/0.6ML SOLN PRSYR	1	PA, QL (1.2 ml per 28 days), NDS-NM
STIMUFEND 6 MG/0.6ML SOLN PRSYR	1	PA, QL (1.2 ml per 28 days), NDS-NM
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	1	PA, QL (1.2 ml per 28 days), NDS-NM
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	1	PA, NDS-NM
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	1	PA, QL (1.2 ml per 28 days), NDS-NM

STEM CELL MOBILIZERS

<i>plerixafor 24 mg/1.2ml solution</i>	1	NDS-NM
<i>XOLREMDI 100 MG CAP</i>	1	PA, QL (120 ea per 30 days), NDS-NM

HEMOSTATICS (CONTINUED)

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid 250 mg/ml solution</i>	1	
<i>tranexamic acid (650 mg tab, 1000 mg/10ml solution)</i>	1	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)

NON-BARBITURATE HYPNOTICS

<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	1	QL (30 ea per 30 days)
<i>estazolam (1 mg tab, 2 mg tab)</i>	1	QL (30 ea per 30 days), NDS-NM
<i>eszopiclone 1 mg tab</i>	1	PA, QL (30 ea per 30 days), HRM (PA Required for Members age 65 and older)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>eszopiclone 2 mg tab</i>	1	PA, QL (30 ea per 30 days), HRM (PA Required for Members age 65 and older)
<i>IGALMI (120 MCG FILM, 180 MCG FILM)</i>	1	QL (60 ea per 30 days), PA-NSO
<i>ramelteon 8 mg tab</i>	1	QL (30 ea per 30 days)
<i>tasimelteon 20 mg cap</i>	1	PA, QL (30 ea per 30 days), NDS-NM
<i>temazepam (7.5 mg cap, 15 mg cap, 30 mg cap)</i>	1	QL (30 ea per 30 days), NDS-NM
<i>zaleplon (5 mg cap, 10 mg cap)</i>	1	PA, QL (30 ea per 30 days), HRM (PA Required for Members age 65 and older)
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	1	PA, QL (30 ea per 30 days), HRM (PA Required for Members age 65 and older)
<i>zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)</i>	1	PA, QL (30 ea per 30 days), HRM (PA Required for Members age 65 and older)

IMMUNOLOGICAL AGENTS (CONTINUED)

ANGIOEDEMA (HAE) AGENTS

CINRYZE 500 UNIT RECON SOLN	1	PA, QL (20 ea per 30 days), NDS-NM
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	1	PA, QL (24 ea per 28 days), NDS-NM
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	1	PA, QL (18 ml per 30 days), NDS-NM
ORLADEYO (110 MG CAP, 150 MG CAP)	1	PA, QL (28 ea per 28 days), NDS-NM
TAKHYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	1	PA, QL (4 ml per 28 days), NDS-NM
TAKHYRO 150 MG/ML SOLN PRSYR	1	PA, QL (2 ml per 28 days), NDS-NM

LAXATIVES (CONTINUED)

LAXATIVE COMBINATIONS

CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	1	
--	---	--

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GAVILYTE-C 240 GM RECON SOLN	1	
<i>gavilyte-g 236 gm recon soln</i>	1	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	1	
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	1	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	1	
<i>peg-3350/electrolytes 236 gm recon soln</i>	1	
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	1	
SUTAB 1479-225-188 MG TAB	1	QL (24 ea per 30 days)

LAXATIVES - MISCELLANEOUS

<i>constulose 10 gm/15ml solution</i>	1	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	1	QL (30 ea per 30 days)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	1	QL (60 ea per 30 days)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	1	QL (30 ea per 30 days)

LOCAL ANESTHETICS-PARENTERAL (CONTINUED)

LOCAL ANESTHETICS - AMIDES

<i>lidocaine hcl (0.5 % solution, 1 % solution, 2 % solution)</i>	1	
<i>lidocaine hcl (pf) (0.5 % solution, 1 % solution, 1.5 % solution, 2 % solution, 4 % solution)</i>	1	

MEDICAL DEVICES AND SUPPLIES (CONTINUED)

BANDAGES-DRESSINGS-TAPE

GAUZE PADS	1	(For Insulin Delivery Only)
GAUZE PADS 2X2	1	(For Insulin Delivery Only)

DIABETIC SUPPLIES

INSULIN SYRINGE (DISP) U-100 1 ML	1	
-----------------------------------	---	--

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	1	PA
OMNIPOD 5 G6 INTRO (GEN 5) KIT	1	PA
OMNIPOD 5 G6 PODS (GEN 5) MISC	1	PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	1	PA
OMNIPOD 5 G7 PODS (GEN 5) MISC	1	PA
OMNIPOD 5 LIBRE2 PLUS G6 KIT	1	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	1	PA
OMNIPOD CLASSIC PDM (GEN 3) KIT	1	
OMNIPOD CLASSIC PODS (GEN 3) MISC	1	
OMNIPOD DASH INTRO (GEN 4) KIT	1	
OMNIPOD DASH PDM (GEN 4) KIT	1	
OMNIPOD DASH PODS (GEN 4) MISC	1	
OMNIPOD GO (10 UNIT/24HR KIT, 15 UNIT/24HR KIT, 20 UNIT/24HR KIT, 25 UNIT/24HR KIT, 30 UNIT/24HR KIT, 35 UNIT/24HR KIT, 40 UNIT/24HR KIT)	1	QL (30 ea per 30 days)
V-GO 20 20 UNIT/24HR KIT	1	QL (30 ea per 30 days)
V-GO 30 30 UNIT/24HR KIT	1	QL (30 ea per 30 days)
V-GO 40 40 UNIT/24HR KIT	1	QL (30 ea per 30 days)
MISC. DEVICES		
ALCOHOL SWABS 1X1	1	(For Insulin Delivery Only)
PARENTERAL THERAPY SUPPLIES		
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	1	
ASSURE ID INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC)	1	
AUTOPEN DEVICE	1	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML MISC	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BD INSULIN SYRINGE (27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.5 ML MISC)	1	
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML MISC	1	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	1	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC)	1	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML MISC	1	
CAREONE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
CARETOUCH INSULIN SYRINGE (30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
CEQUR SIMPLICITY 2U DEVICE	1	QL (10 ea per 30 days)
CEQUR SIMPLICITY INSERTER MISC	1	QL (2 ea per 365 days)
COMFORT EZ INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 15/64" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
DROPSAFE SAFETY SYRINGE/NEEDLE (X 5/16" 0.5 ML MISC, X 15/64" 0.5 ML MISC)	1	
EASY COMFORT INSULIN SYRINGE (29G X 5/16" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC, 32G X 5/16" 0.5 ML MISC)	1	
EASY TOUCH INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	1	
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	1	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	1	
EMBECTA INSULIN SYRINGE U/F (30G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
EQL INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
EXEL COMFORT POINT INSULIN SYR (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	1	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML MISC	1	
FREESTYLE PRECISION INS SYR (30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML MISC	1	
GLOBAL INJECT EASE INSULIN SYR (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
GLUCOPRO INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
GNP INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML MISC	1	
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	1	QL (1 ea per 365 days)
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	1	QL (1 ea per 365 days)
INPEN 100-GREY-LILLY-HUMALOG DEVICE	1	QL (1 ea per 365 days)
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	1	QL (1 ea per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
INPEN 100-PINK-LILLY-HUMALOG DEVICE	1	QL (1 ea per 365 days)
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	1	QL (1 ea per 365 days)
INSULIN PEN NEEDLE	1	
INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	
INSULIN SYRINGE (DISP) U-100 1 ML	1	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
INSULIN SYRINGE/NEEDLE (27G X 1/2" 0.5 ML MISC, 28G X 1/2" 0.5 ML MISC)	1	
KINRAY INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	1	
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	1	
KROGER INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
LITETOUGH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	1	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	1	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML MISC	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	1	
MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
MONOJECT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	1	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	
NOVOPEN ECHO DEVICE	1	
PRECISION SURE-DOSE SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 3/8" 0.5 ML MISC)	1	
PREFERRED PLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	1	
PRO COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	1	
RA INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	1	
REALITY INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC)	1	
RELION INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
SAFETY INSULIN SYRINGES (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	1	
SB INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	1	
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SURE COMFORT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
SURE-JECT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
TOPCARE ULTRA COMFORT INS SYR (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
TRUE COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC, 32G X 5/16" 0.5 ML MISC)	1	
TRUEPLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	1	
ULTICARE INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
ULTILET INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC)	1	
ULTILET INSULIN SYRINGE SHORT (30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ULTRA-THIN II INS SYR SHORT (30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	1	
ULTRACARE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	1	
VANISHPOINT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 3/16" 0.5 ML MISC, X 5/16" 0.5 ML MISC)	1	
VERIFINE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
ZEVRX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 5/16" 0.5 ML MISC)	1	

MIGRAINE PRODUCTS (CONTINUED)

AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	1	PA, QL (1 ml per 28 days)
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	1	QL (8 ml per 28 days)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	1	PA, QL (2 ml per 28 days)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	1	PA, QL (3 ml per 28 days)
ERGOTAMINE-CAFFEINE 1-100 MG TAB	1	QL (40 ea per 28 days)
MIGERGOT 2-100 MG SUPPOS	1	QL (20 ea per 28 days)
NURTEC 75 MG TAB DISP	1	PA, QL (18 ea per 30 days)
QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)	1	PA, QL (30 ea per 30 days)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	PA, QL (10 ea per 30 days)
UBRELVY (50 MG TAB, 100 MG TAB)	1	PA, QL (16 ea per 30 days)
VYEPTI 100 MG/ML SOLUTION	1	PA, QL (3 ml per 90 days)

SEROTONIN AGONISTS

<i>almotriptan malate (6.25 mg tab, 12.5 mg tab)</i>	1	QL (16 ea per 28 days)
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	1	QL (16 ea per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	1	QL (16 ea per 28 days)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	1	QL (16 ea per 28 days)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (16 ea per 28 days)
<i>sumatriptan succinate (6 mg/0.5ml soln a-inj, 6 mg/0.5ml soln prsyr, 6 mg/0.5ml solution)</i>	1	QL (8 ml per 28 days)
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	1	QL (8 ml per 28 days)
<i>sumatriptan succinate refill 4 mg/0.5ml soln cart</i>	1	QL (8 ml per 28 days)
<i>sumatriptan succinate refill 6 mg/0.5ml soln cart</i>	1	QL (8 ml per 28 days)
<i>zolmitriptan (2.5 mg tab, 5 mg tab)</i>	1	QL (16 ea per 28 days)
<i>zomig (2.5 mg tab, 5 mg tab)</i>	1	QL (16 ea per 28 days)

MINERALS ELECTROLYTES (CONTINUED)

BICARBONATES

sodium acetate 2 meq/ml solution

1

CALCIUM

calcium chloride 10 % solution

1

calcium gluconate 10 % solution

1

ELECTROLYTE MIXTURES

DEXTROSE 5%/ELECTROLYTE #48 SOLUTION

1

dextrose in lactated ringers 5 % solution

1

DEXTROSE-SODIUM CHLORIDE (10-0.2 % SOLUTION, 10-0.45 % SOLUTION)

PA-BVD

dextrose-sodium chloride (5-0.2 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution)

1

DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION

1

KCL (0.149%) IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION)

1

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
KCL (0.298%) IN NACL 40-0.9 MEQ/L-% SOLUTION	1	
<i>kcl in dextrose-nacl (10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i>	1	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	1	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	1	
POTASSIUM CHLORIDE IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	1	
<i>potassium chloride in nacl (20-0.45 meq/l-% solution, 20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i>	1	
<i>ringers solution</i>	1	
FLUORIDE		
<i>fluoritab 0.275 (0.125 f) mg/drop solution</i>	1	
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	
SODIUM FLUORIDE 2.2 MG	1	
MAGNESIUM		
<i>magnesium sulfate (2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution, 50 % solution)</i>	1	
<i>magnesium sulfate in d5w 1-5 gm/100ml-% solution</i>	1	
PHOSPHATE		
<i>sodium phosphates 45 mmole/15ml solution</i>	1	
POTASSIUM		
<i>klor-con 10 10 meq tab er</i>	1	
<i>klor-con 8 meq tab er</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m10 10 meq tab er</i>	1	
<i>klor-con m15 15 meq tab er</i>	1	
<i>klor-con m20 20 meq tab er</i>	1	
<i>potassium acetate 2 meq/ml solution</i>	1	
<i>potassium chloride (2 meq/ml solution, 10 % solution, 10 meq/100ml solution, 10 meq/50ml solution, 20 meq packet, 20 meq/100ml solution, 20 meq/15ml (10%) solution, 20 meq/50ml solution, 40 meq/100ml solution, 40 meq/15ml (20%) solution)</i>	1	
POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	1	
POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION	1	
POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION	1	
<i>potassium chloride crys er (10 tab er, 20 tab er)</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)</i>	1	
SODIUM		
<i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
<i>deferasirox (125 mg tab sol, 180 mg tab, 360 mg tab)</i>	1	PA
<i>deferasirox (90 mg packet, 90 mg tab, 180 mg packet, 250 mg tab sol, 360 mg packet, 500 mg tab sol)</i>	1	PA, NDS-NM
<i>deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)</i>	1	PA, NDS-NM
<i>deferiprone (500 mg tab, 1000 mg tab)</i>	1	PA, NDS-NM
<i>penicillamine 250 mg tab</i>	1	
<i>trientine hcl 250 mg cap</i>	1	
IMMUNOMODULATORS		
JOENJA 70 MG TAB	1	PA, QL (60 ea per 30 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
REZUROCK 200 MG TAB	1	PA, QL (60 ea per 30 days), NDS-NM
THALOMID (150 MG CAP, 200 MG CAP)	1	QL (60 ea per 30 days), NDS-NM
THALOMID (50 MG CAP, 100 MG CAP)	1	QL (30 ea per 30 days), NDS-NM

IMMUNOSUPPRESSIVE AGENTS

ARCALYST 220 MG RECON SOLN	1	PA, NDS-NM
ASTAGRAF XL (0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H)	1	PA-NSO, (May be payable under part B)
ATGAM 50 MG/ML SOLUTION	1	PA-BVD
<i>azasan (75 mg tab, 100 mg tab)</i>	1	PA-BVD
<i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i>	1	PA-BVD
AZATHIOPRINE SODIUM 100 MG RECON SOLN	1	PA-BVD
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	1	PA, NDS-NM
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	1	PA, QL (8 ml per 28 days), NDS-NM
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	1	PA-BVD
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	PA-BVD
EMPAVELI 1080 MG/20ML SOLUTION	1	PA, NDS-NM
ENSPRYNG 120 MG/ML SOLN PRSYR	1	PA, QL (3 ml per 28 days), NDS-NM
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	1	PA-BVD
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)</i>	1	PA-NSO, (May be payable under part B)
<i>everolimus 1 mg tab</i>	1	PA-NSO, (May be payable under part B), NDS-NM
GAMIFANT (10 MG/2ML SOLUTION, 50 MG/10ML SOLUTION, 100 MG/20ML SOLUTION)	1	PA, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	PA-BVD
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg recon soln, 500 mg tab)</i>	1	PA-BVD
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	1	PA-BVD
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	1	PA-BVD
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	1	PA-BVD
NULOJIX 250 MG RECON SOLN	1	PA-NSO, (May be payable under part B), NDS-NM
PROGRAF (0.2 MG PACKET, 1 MG PACKET, 5 MG/ML SOLUTION)	1	PA-BVD
SAPHNELO 300 MG/2ML SOLUTION	1	PA, QL (2 ml per 28 days), NDS-NM
SIMULECT (10 MG RECON SOLN, 20 MG RECON SOLN)	1	PA-BVD, NDS-NM
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	PA-BVD
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	PA-BVD
TAVNEOS 10 MG CAP	1	PA, QL (180 ea per 30 days), NDS-NM
THYMOGLOBULIN 25 MG RECON SOLN	1	PA-BVD, NDS-NM
VEOPOZ 400 MG/2ML SOLUTION	1	PA, NDS-NM

IRRIGATION SOLUTIONS

<i>ringers irrigation solution</i>	1	
<i>sterile water for irrigation solution</i>	1	

LYMPHATIC AGENTS

SYLVANT (100 MG RECON SOLN, 400 MG RECON SOLN)	1	PA-NSO, NDS-NM
--	---	----------------

PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS

VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	1	PA, QL (56 ea per 28 days), NDS-NM
---	---	------------------------------------

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
VIJOICE (50 MG PACKET, 50 MG TAB THPK)	1	PA, QL (28 ea per 28 days), NDS-NM
POTASSIUM REMOVING AGENTS		
<i>kionex 15 gm/60ml suspension</i>	1	
LOKELMA 10 GM PACKET	1	PA, QL (34 ea per 30 days)
LOKELMA 5 GM PACKET	1	PA, QL (30 ea per 30 days)
<i>sodium polystyrene sulfonate powder</i>	1	
SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION)	1	
MULTIVITAMINS (CONTINUED)		
PRENATAL VITAMINS		
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	1	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
BACLOFEN 10 MG/5ML SOLUTION	1	PA, QL (1200 ml per 30 days)
<i>chlorzoxazone 500 mg tab</i>	1	
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>orphenadrine citrate er 100 mg tab er 12h</i>	1	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS (1.5 MG CAP, 10 MG CAP)	1	PA, QL (60 ea per 30 days), NDS-NM
SOHONOS 1 MG CAP	1	PA, QL (120 ea per 30 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SOHONOS 2.5 MG CAP	1	PA, QL (90 ea per 30 days), NDS-NM
SOHONOS 5 MG CAP	1	PA, QL (30 ea per 30 days), NDS-NM

NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)

NASAL ANTIALLERGY

<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	1	
<i>fluticasone propionate 50 mcg/act suspension</i>	1	(rx product only)
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	
<i>mometasone furoate 50 mcg/act suspension</i>	1	
<i>olopatadine hcl 0.6 % solution</i>	1	

NEUROMUSCULAR AGENTS (CONTINUED)

ALS AGENTS

<i>edaravone 30 mg/100ml solution</i>	1	PA, QL (2800 ml per 28 days), NDS-NM
RADICAVA ORS 105 MG/5ML SUSPENSION	1	PA, QL (70 ml per 28 days), NDS-NM
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	1	PA, QL (70 ml per 28 days), NDS-NM
<i>riluzole 50 mg tab</i>	1	

FRIEDRICH'S ATAXIA AGENTS

SKYCLARYS 50 MG CAP	1	PA, QL (90 ea per 30 days), NDS-NM
---------------------	---	------------------------------------

MUSCULAR DYSTROPHY AGENTS

AMONDYS 45 100 MG/2ML SOLUTION	1	PA, NDS-NM
EXONDYS 51 (100 MG/2ML SOLUTION, 500 MG/10ML SOLUTION)	1	PA, NDS-NM
VILTEPSO 250 MG/5ML SOLUTION	1	PA, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
VYONDYS 53 100 MG/2ML SOLUTION	1	PA, NDS-NM
RETT SYNDROME AGENTS		
DAYBUE 200 MG/ML SOLUTION	1	PA, QL (3600 ml per 30 days), NDS-NM
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	1	PA, NDS-NM
NUTRIENTS (CONTINUED)		
CARBOHYDRATES		
<i>dextrose (10 % solution, 20 % solution, 40 % solution, 50 % solution, 250 mg/ml solution)</i>	1	PA-BVD
DEXTROSE (10 % SOLUTION, 70 % SOLUTION)	1	PA-BVD
<i>dextrose 5 % solution</i>	1	
DEXTROSE 50 % SOLUTION	1	PA-BVD
LIPIDS		
CLINOLIPID 20 % EMULSION	1	PA-BVD
DOJOLVI 100 % LIQUID	1	PA, NDS-NM
INTRALIPID (20 % EMULSION, 30 % EMULSION)	1	PA-BVD
NUTRILIPID 20 % EMULSION	1	PA-BVD
PROTEINS		
<i>aminosyn ii (10 % solution, 15 % solution)</i>	1	PA-BVD
AMINOSYN-PF (7 % SOLUTION, 10 % SOLUTION)	1	PA-BVD
AMINOSYN-PF 7% 7 % SOLUTION	1	PA-BVD
<i>clinisol sf 15 % solution</i>	1	PA-BVD
FREAMINE III 10 % SOLUTION	1	PA-BVD
PREMASOL 10 % SOLUTION	1	PA-BVD
PROSOL 20 % SOLUTION	1	PA-BVD
TRAVASOL 10 % SOLUTION	1	PA-BVD
TROPHAMINE 10 % SOLUTION	1	PA-BVD

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMIC AGENTS (CONTINUED)		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
BETOPTIC-S 0.25 % SUSPENSION	1	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	1	
CARTEOLOL HCL 1 % SOLUTION	1	
<i>dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)</i>	1	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
<i>timolol hemihydrate 0.5 % solution</i>	1	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	1	
<i>timolol maleate (once-daily) 0.5 % solution</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	1	
SIMBRINZA 1-0.2 % SUSPENSION	1	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac 500-10000 unit/gm ointment</i>	1	QL (7 gm per 7 days)
AZASITE 1 % SOLUTION	1	
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	1	QL (7 gm per 7 days)
BESIVANCE 0.6 % SUSPENSION	1	
CILOXAN 0.3 % OINTMENT	1	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
<i>erythromycin 5 mg/gm ointment</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>gatifloxacin 0.5 % solution</i>	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	1	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	1	QL (7 gm per 7 days)
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	1	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polycin 500-10000 unit/gm ointment</i>	1	QL (7 gm per 7 days)
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	1	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TRIFLURIDINE 1 % SOLUTION	1	
XDEMVY 0.25 % SOLUTION	1	PA, QL (10 ml per 42 days), NDS-NM
ZIRGAN 0.15 % GEL	1	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA 0.02 % SOLUTION	1	ST, QL (5 ml per 30 days)
ROCKLATAN 0.02-0.005 % SOLUTION	1	ST, QL (5 ml per 30 days)
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl 0.5 % solution</i>	1	
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>difluprednate 0.05 % emulsion</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FLAREX 0.1 % SUSPENSION	1	
<i>fluorometholone 0.1 % suspension</i>	1	
FML FORTE 0.25 % SUSPENSION	1	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % suspension)</i>	1	
MAXIDEX 0.1 % SUSPENSION	1	
<i>neo-polycin hc 1 % ointment</i>	1	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
<i>prednisolone acetate 1 % suspension</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
TOBRADEX 0.3-0.1 % OINTMENT	1	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	1	
OPHTHALMICS - MISC.		
ALOCRIL 2 % SOLUTION	1	
ALOMIDE 0.1 % SOLUTION	1	
<i>altafrin (2.5 % solution, 10 % solution)</i>	1	
ATROPINE SULFATE 1 % SOLUTION	1	
<i>atropine sulfate 1 % solution</i>	1	
<i>azelastine hcl 0.05 % solution</i>	1	
<i>brinzolamide 1 % suspension</i>	1	
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>cyclosporine 0.05 % emulsion</i>	1	
CYSTARAN 0.44 % SOLUTION	1	NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>dorzolamide hcl 2 % solution</i>	1	
<i>epinastine hcl 0.05 % solution</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	1	(RX only)
OXERVATE 0.002 % SOLUTION	1	PA, QL (56 ml per 28 days), NDS-NM
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	1	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1	
VURITY 1.25 % SOLUTION	1	PA, QL (2.5 ml per 30 days)
XIIDRA 5 % SOLUTION	1	
PROSTAGLANDINS - OPHTHALMIC		
<i>latanoprost 0.005 % solution</i>	1	
LUMIGAN 0.01 % SOLUTION	1	
<i>tafluprost (pf) 0.0015 % solution</i>	1	
<i>travoprost (bak free) 0.004 % solution</i>	1	ST
VYZULTA 0.024 % SOLUTION	1	
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
<i>ciprofloxacin hcl 0.2 % solution</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	1	
<i>ofloxacin 0.3 % solution</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
BIVIGAM 10 GM/100ML SOLUTION	1	PA, (May be payable under part B), NDS-NM
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	1	PA, (May be payable under part B), NDS-NM
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	1	PA, (May be payable under part B), NDS-NM
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	1	PA, (May be payable under part B), NDS-NM
GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	1	PA, (May be payable under part B), NDS-NM
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	1	PA, (May be payable under part B), NDS-NM
HIZENTRA 10 GM/50ML SOLN PRSYR	1	PA, (May be payable under part B), NDS-NM
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 40 GM/400ML SOLUTION)	1	PA, (May be payable under part B), NDS-NM
MONOCLONAL ANTIBODIES		
BEYFORTUS 100 MG/ML SOLN PRSYR	1	PA, QL (4 ml per 150 days)
BEYFORTUS 50 MG/0.5ML SOLN PRSYR	1	PA, QL (1 ml per 150 days)
SYNAGIS (50 MG/0.5ML SOLUTION, 100 MG/ML SOLUTION)	1	PA, NDS-NM
ZINPLAVA 1000 MG/40ML SOLUTION	1	PA, NDS-NM
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA (2.5 GM/25ML KIT, 5 GM/50ML KIT, 10 GM/100ML KIT, 20 GM/200ML KIT, 30 GM/300ML KIT)	1	PA, (May be payable under part B), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PENICILLINS (CONTINUED)		
AMINOPENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	
AMOXICILLIN 400 MG/5ML RECON SUSP	1	
<i>ampicillin 500 mg cap</i>	1	
<i>ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	1	
<i>ampicillin sodium (125 mg recon soln, 250 mg recon soln, 500 mg recon soln)</i>	1	
NATURAL PENICILLINS		
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	1	
PENICILLIN G POT IN DEXTROSE (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	1	
<i>penicillin g potassium (5000000 recon soln, 20000000 recon soln)</i>	1	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	1	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	1	
<i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)</i>	1	
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm recon ln, 3-0.375 gm recon ln, 3.375 (3-0.375) gm recon ln, 4-0.5 gm recon ln, 4.5 (4-0.5) gm recon ln, 13.5 (12-1.5) gm recon ln, 40.5 (36-4.5) gm recon ln)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	1	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	1	
NAFCILLIN SODIUM IN DEXTROSE (1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION)	1	
<i>oxacillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	1	
OXACILLIN SODIUM IN DEXTROSE (1 GM/50ML SOLUTION, 2 GM/50ML SOLUTION)	1	
PROGESTINS (CONTINUED)		
<i>camila 0.35 mg tab</i>	1	
<i>deblitane 0.35 mg tab</i>	1	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	1	QL (0.65 ml per 84 days)
<i>emzahh 0.35 mg tab</i>	1	
<i>errin 0.35 mg tab</i>	1	
<i>gallifrey 5 mg tab</i>	1	
<i>heather 0.35 mg tab</i>	1	
<i>incassia 0.35 mg tab</i>	1	
<i>jencycla 0.35 mg tab</i>	1	
LILETTA (52 MG) 20.1 MCG/DAY IUD	1	
<i>lyleq 0.35 mg tab</i>	1	
<i>lyza 0.35 mg tab</i>	1	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	
<i>meleya 0.35 mg tab</i>	1	
NEXPLANON 68 MG IMPLANT	1	
<i>nora-be 0.35 mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone 0.35 mg tab</i>	1	
<i>norethindrone acetate 5 mg tab</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	
<i>sharobel 0.35 mg tab</i>	1	
<i>tulana 0.35 mg tab</i>	1	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium 333 mg tab dr</i>	1	
<i>disulfiram 250 mg tab</i>	1	
DISULFIRAM 500 MG TAB	1	

ANTIDEMENTIA AGENTS

<i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)</i>	1	QL (30 ea per 30 days)
ERGOLOID MESYLATES 1 MG TAB	1	
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	1	
<i>galantamine hydrobromide er (8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h)</i>	1	QL (30 ea per 30 days)
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution, 28 x 5 mg & 21 x 10 mg tab)</i>	1	
<i>memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)</i>	1	QL (30 ea per 30 days)
<i>rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i>	1	QL (30 ea per 30 days)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	1	

COMBINATION PSYCHOTHERAPEUTICS

CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB)	1	PA-NSO, HRM (PA Required for Members age 65 and older)
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)</i>	1	QL (30 ea per 30 days)
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	1	PA-NSO, HRM (PA Required for Members age 65 and older)
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO (6 MG TAB, 9 MG TAB, 12 MG TAB)	1	PA, QL (120 ea per 30 days), NDS-NM
AUSTEDO PATIENT TITRATION KIT 6 & 9 & 12 MG TAB THPK	1	PA, QL (70 ea per 180 days), NDS-NM
INGREZZA (40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK)	1	PA, QL (30 ea per 30 days), NDS-NM
INGREZZA 40 & 80 MG CAP THPK	1	PA, QL (28 ea per 180 days), NDS-NM
<i>tetrabenazine (12.5 mg tab, 25 mg tab)</i>	1	QL (120 ea per 30 days), NDS-NM
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	1	QL (1 ea per 28 days), NDS-NM
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	1	QL (1 ea per 28 days), NDS-NM
BETASERON 0.3 MG KIT	1	QL (14 ea per 28 days), NDS-NM
BRIUMVI 150 MG/6ML SOLUTION	1	PA, QL (24 ml per 180 days), NDS-NM
<i>dalfampridine er 10 mg tab er 12h</i>	1	QL (60 ea per 30 days)
<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	1	QL (60 ea per 30 days), NDS-NM
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	1	QL (120 ea per 180 days), NDS-NM
<i>fingolimod hcl 0.5 mg cap</i>	1	QL (30 ea per 30 days)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	QL (30 ml per 30 days), NDS-NM
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	QL (12 ml per 28 days), NDS-NM
<i>glatopa 20 mg/ml soln prsyr</i>	1	QL (30 ml per 30 days), NDS-NM
<i>glatopa 40 mg/ml soln prsyr</i>	1	QL (12 ml per 28 days), NDS-NM
KESIMPTA 20 MG/0.4ML SOLN A-INJ	1	QL (1.2 ml per 28 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MAYZENT (1 MG TAB, 2 MG TAB)	1	QL (30 ea per 30 days), NDS-NM
MAYZENT 0.25 MG TAB	1	QL (150 ea per 30 days), NDS-NM
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	1	QL (12 ea per 180 days), NDS-NM
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	1	QL (7 ea per 180 days), NDS-NM
OCREVUS 300 MG/10ML SOLUTION	1	PA, QL (20 ml per 180 days), NDS-NM
PLEGRIDY (125 MCG/0.5ML SOLN A-INJ, 125 MCG/0.5ML SOLN PRSYR)	1	QL (1 ml per 28 days), NDS-NM
PLEGRIDY STARTER PACK (63 & 94 MCG/0.5ML SOLN A-INJ, 63 & 94 MCG/0.5ML SOLN PRSYR)	1	QL (1 ml per 28 days), NDS-NM
REBIF 44 MCG/0.5ML SOLN PRSYR	1	QL (6 ml per 28 days), NDS-NM
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	1	QL (6 ml per 28 days), NDS-NM
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	1	QL (4.2 ml per 28 days), NDS-NM
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	1	QL (4.2 ml per 28 days), NDS-NM
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	1	QL (30 ea per 30 days)
TYSABRI 300 MG/15ML CONC	1	PA, NDS-NM
ZEPOSIA 0.92 MG CAP	1	PA, QL (30 ea per 30 days), NDS-NM
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	1	PA, QL (7 ea per 180 days), NDS-NM
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	1	PA, QL (28 ea per 180 days), NDS-NM
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) 300 mg tab</i>	1	PA, QL (60 ea per 30 days)
<i>gabapentin (once-daily) 600 mg tab</i>	1	PA, QL (90 ea per 30 days)
<i>pregabalin er (82.5 mg tab er 24h, 165 mg tab er 24h)</i>	1	PA, QL (90 ea per 30 days), NDS-NM
<i>pregabalin er 330 mg tab er 24h</i>	1	PA, QL (60 ea per 30 days), NDS-NM
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD) 10 MG TAB	1	QL (90 ea per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FLUOXETINE HCL (PMDD) 20 MG TAB	1	QL (120 ea per 30 days)
AQNEURSA 1 GM PACKET	1	PA, QL (112 ea per 28 days), NDS-NM
MIPLYFFA (47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP)	1	PA, QL (90 ea per 30 days), NDS-NM
NUEDEXTA 20-10 MG CAP	1	PA, QL (60 ea per 30 days), NDS-NM
PIMOZIDE (1 MG TAB, 2 MG TAB)	1	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	1	QL (60 ea per 30 days)
NICOTROL NS 10 MG/ML SOLUTION	1	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	1	QL (60 ea per 30 days)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	1	QL (53 ea per 180 days)
<i>varenicline tartrate(continue) 1 mg tab</i>	1	QL (60 ea per 30 days)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA 25 MG/0.5ML SOLN PRSYR	1	PA, QL (0.5 ml per 84 days), NDS-NM
TEGSEDI 284 MG/1.5ML SOLN PRSYR	1	PA, QL (6 ml per 28 days), NDS-NM
RESPIRATORY AGENTS - MISC. (CONTINUED)		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	1	PA, NDS-NM
PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION)	1	PA, NDS-NM
CYSTIC FIBROSIS AGENTS		
ALYFTREK 10-50-125 MG TAB	1	PA, QL (56 ea per 28 days), NDS-NM
ALYFTREK 4-20-50 MG TAB	1	PA, QL (84 ea per 28 days), NDS-NM
BRONCHITOL 40 MG CAP	1	PA, QL (560 ea per 28 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BRONCHITOL TOLERANCE TEST 40 MG CAP	1	PA, QL (560 ea per 28 days), NDS-NM
CAYSTON 75 MG RECON SOLN	1	PA, QL (84 ml per 56 days), NDS-NM
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	1	PA, QL (60 ea per 30 days), NDS-NM
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	1	PA, QL (120 ea per 30 days), NDS-NM
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	1	PA, QL (60 ea per 30 days), NDS-NM
PULMOZYME 2.5 MG/2.5ML SOLUTION	1	PA, (May be payable under part B), NDS-NM
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	1	PA, QL (60 ea per 30 days), NDS-NM
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	1	PA, QL (90 ea per 30 days), NDS-NM
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	1	PA, QL (56 ea per 28 days), NDS-NM

PULMONARY FIBROSIS AGENTS

OFEV (100 MG CAP, 150 MG CAP)	1	PA, QL (60 ea per 30 days), NDS-NM
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	1	PA, QL (270 ea per 30 days), NDS-NM
<i>pirfenidone 801 mg tab</i>	1	PA, QL (90 ea per 30 days), NDS-NM

RESPIRATORY TRACT AGENTS (CONTINUED)

ANTIHISTAMINES

<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	1	(rx product only)
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	PA, HRM (PA Required for Members age 65 and older)
<i>desloratadine 5 mg tab</i>	1	QL (30 ea per 30 days)
<i>diphenhydramine hcl 50 mg/ml solution</i>	1	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	(rx product only)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine hcl (12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	1	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml solution)</i>	1	PA, HRM (PA Required for Members age 65 and older)
<i>promethegan 25 mg suppos</i>	1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	1	PA, QL (90 ea per 30 days), NDS-NM
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	1	PA, QL (30 ea per 30 days), NDS-NM
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	1	PA, QL (60 ea per 30 days), NDS-NM
<i>epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)</i>	1	PA, (May be payable under part B)
OPSUMIT 10 MG TAB	1	PA, QL (30 ea per 30 days), NDS-NM
<i>sildenafil citrate (10 mg/12.5ml solution, 20 mg tab)</i>	1	PA
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	PA, NDS-NM
<i>tadalafil (pah) 20 mg tab</i>	1	PA, QL (60 ea per 30 days)
TYVASO 0.6 MG/ML SOLUTION	1	PA, QL (81.2 ml per 28 days), (May be payable under part B), NDS-NM
TYVASO DPI INSTITUTIONAL KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	1	PA, QL (112 ea per 28 days), NDS-NM
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	1	PA, QL (112 ea per 28 days), NDS-NM
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	1	PA, QL (224 ea per 28 days), NDS-NM
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	1	PA, QL (196 ea per 28 days), NDS-NM
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	1	PA, QL (252 ea per 28 days), NDS-NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TYVASO REFILL 0.6 MG/ML SOLUTION	1	PA, QL (81.2 ml per 28 days), (May be payable under part B), NDS-NM
TYVASO STARTER 0.6 MG/ML SOLUTION	1	PA, QL (81.2 ml per 28 days), (May be payable under part B), NDS-NM
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB, 1800 MCG RECON SOLN)	1	PA, QL (60 ea per 30 days), NDS-NM
UPTRAVI 200 & 800 MCG TAB THPK	1	PA, QL (200 ea per 180 days), NDS-NM
UPTRAVI 200 MCG TAB	1	PA, QL (140 ea per 28 days), NDS-NM

RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>roflumilast 500 mcg tab</i>	1	PA, QL (30 ea per 30 days)
<i>theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	

SLEEP DISORDER AGENTS (CONTINUED)

SLEEP DISORDERS, OTHER

SODIUM OXYBATE 500 MG/ML SOLUTION	1	PA, QL (540 ml per 30 days), NDS-NM
SUNOSI (75 MG TAB, 150 MG TAB)	1	PA, QL (30 ea per 30 days)
XYWAV 500 MG/ML SOLUTION	1	PA, QL (540 ml per 30 days), NDS-NM

SULFONAMIDES (CONTINUED)

SULFADIAZINE 500 MG TAB	1	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 400-80 mg/5ml solution, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	1	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	1	

TETRACYCLINES (CONTINUED)

<i>demeclacycline hcl (150 mg tab, 300 mg tab)</i>	1	
--	---	--

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>doxy 100 100 mg recon soln</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 50 mg tab dr, 75 mg tab dr, 100 mg cap, 100 mg recon soln, 100 mg tab, 100 mg tab dr, 150 mg tab dr)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	1	
<i>lymepak 100 mg tab</i>	1	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	1	
<i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h)</i>	1	QL (30 ea per 30 days)
<i>minocycline hcl er 135 mg tab er 24h</i>	1	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1	

THYROID AGENTS (CONTINUED)

ANTITHYROID AGENTS

<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil 50 mg tab</i>	1	

THYROID HORMONES

<i>ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)</i>	1	QL (30 ea per 30 days)
<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	1	
<i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	1	
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	

TOXOIDS (CONTINUED)

TOXOID COMBINATIONS

ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	1	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	1	VAC
DAPTACEL 23-15-5 SUSPENSION	1	VAC
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	1	PA-BVD, VAC
INFANRIX 25-58-10 SUSPENSION	1	VAC
KINRIX (0.5 ML SUSP PRSYR, SUSPENSION)	1	VAC
PEDIARIX SUSP PRSYR	1	VAC
PENTACEL RECON SUSP	1	VAC
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	1	VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	1	PA-BVD, VAC
TENIVAC 5-2 LFU INJECTABLE	1	PA-BVD, VAC
TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	1	PA-BVD, VAC
VAXELIS (SUSP PRSYR, SUSPENSION)	1	VAC

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)

ANTISPASMODICS

<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
---	---	--

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate (0.2 mg/ml solution, 0.4 mg/2ml solution, 1 mg tab, 1 mg/5ml solution, 2 mg tab, 4 mg/20ml solution)</i>	1	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	1	
<i>cimetidine hcl 300 mg/5ml solution</i>	1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/4ml solution, 40 mg/5ml recon susp, 200 mg/20ml solution)</i>	1	
<i>famotidine (pf) 20 mg/2ml solution</i>	1	
FAMOTIDINE PREMIXED 20-0.9 MG/50ML-% SOLUTION	1	
MISC. ANTI-ULCER		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	1	
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1	
<i>esomeprazole sodium 40 mg recon soln</i>	1	PA
<i>lansoprazole (15 mg cap dr, 15 mg tab dr disp, 30 mg cap dr, 30 mg tab dr disp)</i>	1	
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg recon soln, 40 mg tab dr)</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>solifenacina succinato (5 mg tab, 10 mg tab)</i>	1	QL (30 ea per 30 days)
<i>tolterodine tartrato (1 mg tab, 2 mg tab)</i>	1	
<i>tolterodine tartrato er (2 mg cap er 24h, 4 mg cap er 24h)</i>	1	QL (30 ea per 30 days)
<i>trospium chloride 20 mg tab</i>	1	
<i>trospium chloride er 60 mg cap er 24h</i>	1	
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
GEMTESA 75 MG TAB	1	PA, QL (30 ea per 30 days)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	1	QL (30 ea per 30 days)
MYRBETRIQ 8 MG/ML SRER	1	QL (300 ml per 30 days)

VACCINES (CONTINUED)

BACTERIAL VACCINES

ACTHIB RECON SOLN	1	VAC
BCG VACCINE 50 MG RECON SOLN	1	VAC
BEXSERO SUSP PRSYR	1	VAC
HIBERIX 10 MCG RECON SOLN	1	VAC
MENACTRA SOLUTION	1	VAC
MENQUADFI SOLUTION	1	VAC
MENVEO (RECON SOLN, SOLUTION)	1	VAC
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	1	VAC
PENBRAYA RECON SUSP	1	VAC
TRUMENBA SUSP PRSYR	1	VAC
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	1	VAC
VAXCHORA RECON SUSP	1	VAC
VIVOTIF CAP DR	1	QL (4 ea per 999 days), VAC

VIRAL VACCINES

ABRYSVO 120 MCG/0.5ML RECON SOLN	1	VAC
----------------------------------	---	-----

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
AREXVY 120 MCG/0.5ML RECON SUSP	1	VAC
DENGVAXIA RECON SUSP	1	VAC
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	1	PA-BVD, VAC
ERVEBO SUSPENSION	1	QL (1 ea per 999 days), VAC
GARDASIL 9 (SUSP PRSYR, SUSPENSION)	1	VAC
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC
HAVRIX 720 EL U/0.5ML SUSP PRSYR	1	VAC
HAVRIX 720 EL U/0.5ML SUSPENSION	1	VAC
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	1	PA-BVD, VAC
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	1	PA-BVD, VAC
IPOL INJECTABLE	1	VAC
IXCHIQ RECON SOLN	1	VAC
IXIARO SUSPENSION	1	VAC
JYNNEOS 0.5 ML SUSPENSION	1	VAC
M-M-R II RECON SOLN	1	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	1	VAC
PREHEVBRIOD 10 MCG/ML SUSPENSION	1	PA-BVD, VAC
PRIORIX RECON SUSP	1	VAC
PROQUAD RECON SUSP	1	VAC
RABAVERT RECON SUSP	1	PA-BVD, VAC
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	1	PA-BVD, VAC
ROTARIX (RECON SUSP, SUSPENSION)	1	VAC
ROTATEQ SOLUTION	1	VAC
SHINGRIX 50 MCG/0.5ML RECON SUSP	1	QL (2 ea per 999 days), VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	VAC
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	VAC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	1	VAC
VAQTA 25 UNIT/0.5ML SUSPENSION	1	VAC
VAQTA 50 UNIT/ML SUSPENSION	1	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	1	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	1	VAC
YF-VAX INJECTABLE	1	VAC

VAGINAL AND RELATED PRODUCTS (CONTINUED)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate 2 % cream</i>	1	
<i>metronidazole 0.75 % gel</i>	1	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1	

VAGINAL ESTROGENS

<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	1	
<i>ESTRING (2 MG RING, 7.5 MCG/24HR RING)</i>	1	
<i>PREMARIN 0.625 MG/GM CREAM</i>	1	
<i>yuvafem 10 mcg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Index

A

abacavir sulfate.....	79	afirmelle.....	102
abacavir sulfate-lamivudine.....	79	AIMOVIG.....	122
ABELCET.....	45	ak-poly-bac.....	131
ABILIFY ASIMTUFII.....	78	AKEEGA.....	59
ABILIFY MAINTENA.....	78	AKYNZEO.....	45
abiraterone acetate.....	59	ALA SCALP 2 % LOTION.....	94
abirtega.....	59	ala-cort.....	94
ABRYSVO.....	148	albendazole.....	21
acamprosate calcium.....	138	ALBUTEROL 108MCGHFA INHALER (18GM, VENTOLIN EQUIV).....	29
acarbose.....	40	albuterol 108mcghfa inhaler (6.7gm, proventil equiv).....	29
acebutolol hcl.....	84	albuterol 108mcghfa inhaler (8.5gm, proair equiv).....	29
acetaminophen-codeine.....	19	albuterol sulfate.....	29
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION.....	19	ALBUTEROL SULFATE.....	29
acetazolamide.....	98	albuterol sulfate (5 mg/ml) 0.5% nebu soln.....	29
acetazolamide er.....	98	ALCOHOL SWABS 1X1.....	116
acetic acid.....	109,134	alcohol wipes.....	97
acetylcysteine.....	44,90	ALDURAZYME.....	100
acitretin.....	92,93	ALECENSA.....	62
ACTEMRA.....	15	alendronate sodium.....	99
ACTEMRA ACTPEN.....	15	ALENDRONATE SODIUM.....	99
ACTHIB.....	148	alfuzosin hcl er.....	109
ACTIMMUNE.....	69	ALIQOPA.....	62
acyclovir.....	83,97	aliskiren fumarate.....	51
acyclovir sodium.....	83	allopurinol.....	110
ADACEL.....	146	almotriptan malate.....	122
ADAKVEO.....	111	ALOCRIL.....	133
ADALIMUMAB-FKJP (2 PEN).....	13	ALOMIDE.....	133
ADALIMUMAB-FKJP (2 SYRINGE).....	14	alosetron hcl.....	44
adapalene.....	91	alprazolam.....	25
adapalene-benzoyl peroxide.....	91	alprazolam er.....	25
ADASUVE.....	77	ALPRAZOLAM INTENSOL.....	25
ADBRY.....	96	alprazolam xr.....	26
ADCETRIS.....	56	altafrin.....	133
adefovir dipivoxil.....	82	altavera.....	103
ADEMPAS.....	143	ALUNBRIG.....	62
ADVAIR HFA.....	29	alyacen 1/35.....	103
ADVOCATE INSULIN SYRINGE.....	116	ALYFTREK.....	141
ADZYNMA.....	110	ALYMSYS.....	55

amabelz.....	103	ANKTIVA.....	69
amantadine hcl.....	73	ANNOVERA.....	103
ambrisentan.....	143	ANORO ELLIPTA.....	29
AMCINONIDE.....	94	apomorphine hcl.....	73
AMCINONIDE 0.1 % CREAM.....	94	APRACLONIDINE HCL 0.5 % SOLUTION.....	131
AMCINONIDE 0.1 % OINTMENT.....	94	aprepitant.....	45
amikacin sulfate.....	13	APRETUDE.....	79
amiloride hcl.....	98	apri.....	103
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB.....	98	APTIVUS.....	79
aminocaproic acid.....	113	AQ INSULIN SYRINGE.....	116
aminosyn ii.....	130	AQNEURSA.....	141
AMINOSYN-PF.....	130	ARALAST NP.....	141
AMINOSYN-PF 7%.....	130	ARANESP (ALBUMIN FREE).....	111
amiodarone hcl.....	27	ARCALYST.....	126
amitriptyline hcl.....	38	AREXVY.....	149
AMJEVITA.....	14	arformoterol tartrate.....	29
AMJEVITA-PED 15KG TO <30KG.....	14	ARIKAYCE.....	13
amlodipine besy-benazepril hcl.....	49	ariPIPrazole.....	78
amlodipine besylate.....	85	ARISTADA.....	78,79
amlodipine besylate-valsartan.....	49	ARISTADA INITIO.....	79
amlodipine-olmesartan.....	49	armodafinil.....	12
ammonium lactate.....	97	ARMOUR THYROID.....	145
amnesteem.....	91	ARNUITY ELLIPTA.....	28
AMONDYS 45.....	129	ARZERRA.....	56
amoxapine.....	38	asenapine maleate.....	77
amoxicillin.....	136	ashlyna.....	103
AMOXICILLIN.....	136	ASPARLAS.....	69
amoxicillin-pot clavulanate.....	136	aspirin-dipyridamole er.....	110
AMOXICILLIN-POT CLAVULANATE ER.....	136	ASSURE ID INSULIN SAFETY SYR.....	116
amphetamine-dextroamphetamine.....	12	ASTAGRAF XL.....	126
amphetamine-dextroamphetamine.....	12	atazanavir sulfate.....	79
AMPHOTERICIN B.....	46	atenolol.....	84
amphotericin b liposome.....	46	atenolol-chlorthalidone.....	49
ampicillin.....	136	ATGAM.....	126
ampicillin sodium.....	136	atomoxetine hcl.....	12
ampicillin-sulbactam sodium.....	136	atorvastatin calcium.....	47,48
AMVUTTRA.....	141	atovaquone.....	24
anagrelide hcl.....	110	atovaquone-proguanil hcl.....	51
anastrozole.....	59	ATROPINE SULFATE.....	133
ANDRODERM.....	20	atropine sulfate.....	133
		ATROVENT HFA.....	28

ATTRUBY.....	86	BAVENCIO.....	56
AUGTYRO.....	62	BCG VACCINE.....	148
aurovela 1.5/30.....	103	BD INSULIN SYR ULTRAFINE II.....	116
aurovela 1/20.....	103	BD INSULIN SYRINGE.....	117
aurovela 24 fe.....	103	BD INSULIN SYRINGE MICROFINE.....	117
aurovela fe 1.5/30.....	103	BD INSULIN SYRINGE U-500.....	117
aurovela fe 1/20.....	103	BD INSULIN SYRINGE ULTRAFINE.....	117
AUSTEDO.....	139	BD SAFETYGLIDE INSULIN SYRINGE.....	117
AUSTEDO PATIENT TITRATION KIT.....	139	BD VEO INSULIN SYR ULTRAFINE.....	117
AUTOPEN.....	116	BELEODAQ.....	62
AUVELITY.....	36	benazepril hcl.....	48
aviane.....	103	benazepril-hydrochlorothiazide.....	50
AVONEX PEN.....	139	bendamustine hcl.....	52
AVONEX PREFILLED.....	139	BENLYSTA.....	126
AVSOLA.....	108	benzoyl peroxide-erythromycin.....	91
ayuna.....	103	benztropine mesylate.....	73
AYVAKIT.....	69	BESIVANCE.....	131
azacitidine.....	53	BESPONSA.....	56
azasan.....	126	BESREMI.....	70
AZASITE.....	131	betamethasone dipropionate.....	94
azathioprine.....	126	betamethasone dipropionate aug.....	94
AZATHIOPRINE SODIUM.....	126	betamethasone sod phos & acet.....	88
azelaic acid.....	97	BETAMETHASONE SODIUM PHOSPHATE.....	89
azelastine hcl.....	129,133	betamethasone valerate.....	94
azithromycin.....	21	BETASERON.....	139
aztreonam.....	21	betaxolol hcl.....	84
azurette.....	103	BETAXOLOL HCL 0.5 % SOLUTION.....	131
B		bethanechol chloride.....	148
bac (butalbital-acetamin-caff).....	17	BETOPTIC-S.....	131
bacitra-neomycin-polymyxin-hc.....	132	bexarotene.....	70,92
bacitracin.....	21	BEXZERO.....	148
BACITRACIN.....	131	BEFORTUS.....	135
bacitracin-polymyxin b.....	131	bicalutamide.....	59
baclofen.....	128	BICILLIN L-A.....	136
BACLOFEN.....	128	BIKTARVY.....	79
balsalazide disodium.....	108	bisoprolol fumarate.....	84
BALVERSA.....	62	bisoprolol-hydrochlorothiazide.....	50
balziva.....	103	BIVIGAM.....	135
BAQSIMI ONE PACK.....	40	BIZENGRI (750 MG DOSE).....	56
BAQSIMI TWO PACK.....	40	bleomycin sulfate.....	60
		BLINCYTO.....	56

blisovi 24 fe.....	103
blisovi fe 1.5/30.....	103
blisovi fe 1/20.....	103
BOOSTRIX.....	146
bortezomib.....	62
bosentan.....	143
BOSULIF.....	63
BRAFTOVI.....	63
BREO ELLIPTA.....	29
breyna.....	29
BREZTRI AEROSPHERE.....	29
brimonidine tartrate.....	131
brimonidine tartrate-timolol.....	131
brinzolamide.....	133
BRIUMVI.....	139
BRIVIACT.....	32
BRIXADI.....	20
BRIXADI (WEEKLY).....	19,20
bromfenac sodium (once-daily).....	133
bromocriptine mesylate.....	74
BRONCHITOL.....	141
BRONCHITOL TOLERANCE TEST.....	142
BRUKINSA.....	63
budesonide.....	21,28,89
budesonide er.....	89
budesonide-formoterol fumarate.....	29
bumetanide.....	98
buprenorphine.....	20
buprenorphine hcl.....	20
buprenorphine hcl-naloxone hcl.....	20
bupropion hcl.....	36
bupropion hcl er (smoking det).....	141
bupropion hcl er (sr).....	36
BUPROPION HCL ER (XL).....	36
buspirone hcl.....	25
busulfan.....	52
butalbital-acetaminophen.....	17
butalbital-apap-caffeine.....	17
BUTALBITAL-ASPIRIN-CAFFEINE.....	17
butorphanol tartrate.....	20

C

CABENUVA.....	79
cabergoline.....	102
CABLIVI.....	110
CABOMETYX.....	63
caffeine citrate.....	12
calcipotriene.....	93
CALCIPOTRIENE 0.005 % SOLUTION.....	93
calcipotriene-betameth diprop.....	95
calcitonin (salmon).....	99
calcitrene.....	93
calcitriol.....	100
calcium chloride.....	123
calcium gluconate.....	123
CALQUENCE.....	63
camila.....	137
camrese.....	103
camrese lo.....	103
CAMZYOS.....	86
candesartan cilexetil.....	49
candesartan cilexetil-hctz.....	50
CAPLYTA.....	75
CAPRELSA.....	63
captopril.....	48
CAPTOPRIL-HYDROCHLOROTHIAZIDE.....	50
carbamazepine.....	32
carbamazepine er.....	32
carbidopa.....	73
carbidopa-levodopa.....	74
CARBIDOPA-LEVODOPA 10-100 MG TAB DISP ..	74
CARBIDOPA-LEVODOPA 25-100 MG TAB DISP ..	74
CARBIDOPA-LEVODOPA 25-250 MG TAB DISP ..	74
carbidopa-levodopa er.....	74
carbidopa-levodopa-entacapone.....	74
carboplatin.....	52
CAREONE INSULIN SYRINGE.....	117
CARETOUCH INSULIN SYRINGE.....	117
carglumic acid.....	100
carmustine.....	52
CARTEOLOL HCL.....	131

cartia xt.....	85	chlorthalidone.....	99
carvedilol.....	84	chlorzoxazone.....	128
caspofungin acetate.....	45	CHOLBAM.....	108
CAYSTON.....	142	cholestyramine.....	47
CEFACLOR.....	87	cholestyramine light.....	47
cefadroxil.....	87	CHORIONIC GONADOTROPIN.....	100
cefazolin sodium.....	87	CIBINQO.....	96
CEFAZOLIN SODIUM.....	87	ciclopirox.....	92
CEFAZOLIN SODIUM-DEXTROSE.....	87	ciclopirox olamine.....	92
cefdinir.....	88	cidofovir.....	82
cefepime hcl.....	21	cilostazol.....	110
CEFEPIME HCL.....	21	CILOXAN.....	131
CEFEPIME-DEXTROSE.....	22	CIMDUO.....	79
cefixime.....	88	cimetidine.....	147
CEFOTAXIME SODIUM.....	88	cimetidine hcl.....	147
cefotetan disodium.....	87	CIMZIA.....	14
cefoxitin sodium.....	87	CIMZIA (2 SYRINGE).....	14
CEFOXITIN SODIUM-DEXTROSE.....	87	CIMZIA-STARTER.....	14
CEFPODOXIME PROXETIL.....	88	cinacalcet hcl.....	100
cefprozil.....	87	CINRYZE.....	114
CEFTAZIDIME.....	88	ciprofloxacin hcl.....	107,131,134
ceftriaxone sodium.....	88	ciprofloxacin in d5w.....	108
CEFTRIAXONE SODIUM IN DEXTROSE.....	88	CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION.....	107
CEFTRIAXONE SODIUM-DEXTROSE.....	88	ciprofloxacin-dexamethasone.....	134
cefuroxime axetil.....	88	cisplatin.....	52
cefuroxime sodium.....	88	cisplatin 100 mg/100ml solution.....	52
celecoxib.....	16	citalopram hydrobromide.....	37
cephalexin.....	87	cladribine.....	53
CEQUR SIMPLICITY 2U.....	117	claravis.....	91
CEQUR SIMPLICITY INSERTER.....	117	clarithromycin.....	22
CERDELGA.....	111	clarithromycin er.....	22
CEREZYME.....	111	CLENPIQ.....	114
cetirizine hcl.....	142	clindamycin hcl.....	22
cevimeline hcl.....	90	clindamycin palmitate hcl.....	22
chateal.....	103	clindamycin phos (once-daily).....	91
chateal eq.....	103	clindamycin phos (twice-daily).....	91
CHLORAMPHENICOL SOD SUCCINATE.....	24	clindamycin phos-benzoyl perox.....	91
CHLORDIAZEPOXIDE-AMITRIPTYLINE.....	138	clindamycin phosphate.....	22,91,150
chlorhexidine gluconate.....	90	clindamycin phosphate in d5w.....	22
chloroquine phosphate.....	51	CLINDAMYCIN PHOSPHATE IN NACL.....	22
chlorpromazine hcl.....	78		

clinisol sf.....	.130	COSENTYX UNOREADY.....	.93
CLINOLIPID.....	.130	COTELLIC.....	.63
clobazam.....	.32	CREON.....	.98
clobetasol prop emollient base.....	.95	cromolyn sodium.....	.27,108
clobetasol propionate.....	.95	CROMOLYN SODIUM 4 % SOLUTION.....	.133
clobetasol propionate e.....	.95	CRYSVITA.....	.100
clobetasol propionate emulsion.....	.95	cvs isopropyl alcohol wipes.....	.97
clofarabine.....	.53	cyclobenzaprine hcl.....	.128
clomipramine hcl.....	.39	CYCLOPHOSPHAMIDE.....	.52,53
clonazepam.....	.32	cyclophosphamide.....	.53
clonidine.....	.49	CYCLOSERINE.....	.52
clonidine hcl.....	.49	CYCLOSET.....	.40
clopidogrel bisulfate.....	.110	cyclosporine.....	.126,133
clorazepate dipotassium.....	.26	cyclosporine modified.....	.126
clotrimazole.....	.90,92	cyproheptadine hcl.....	.142
clotrimazole-betamethasone.....	.92	CYRAMZA.....	.55
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION.....	.92	CYSTAGON.....	.109
clozapine.....	.77	CYSTARAN.....	.133
COARTEM.....	.51	CYTARABINE.....	.53
COBENFY.....	.75	cytarabine (pf).....	.53
COBENFY STARTER PACK.....	.75		
colchicine.....	.110	D	
colchicine-probenecid.....	.110	dabigatran etexilate mesylate.....	.30
colesevelam hcl.....	.47	dacarbazine.....	.70
colestipol hcl.....	.47	dactinomycin.....	.61
colistimethate sodium (cba).....	.22	dalfampridine er.....	.139
COLUMVI.....	.56	danazol.....	.20
COMBIVENT RESPIMAT.....	.29	dantrolene sodium.....	.128
COMETRIQ (100 MG DAILY DOSE).....	.63	DANYELZA.....	.56
COMETRIQ (140 MG DAILY DOSE).....	.63	DANZITEN.....	.63
COMETRIQ (60 MG DAILY DOSE).....	.63	dapsone.....	.52
COMFORT EZ INSULIN SYRINGE.....	.117	DAPTACEL.....	.146
compro.....	.78	daptomycin.....	.22
constulose.....	.115	darunavir.....	.79
COPIKTRA.....	.63	DARZALEX.....	.56
COSELA.....	.72	DARZALEX FASPRO.....	.61
COSENTYX.....	.93	dasatinib.....	.63
COSENTYX (300 MG DOSE).....	.93	dasetta 1/35.....	.103
COSENTYX SENSOREADY (300 MG).....	.93	DATROWAY.....	.70
COSENTYX SENSOREADY PEN.....	.93	daunorubicin hcl.....	.61
		DAURISMO.....	.59

DAYBUE.....	130	dextrose in lactated ringers.....	123
daysee.....	103	DEXTROSE-SODIUM CHLORIDE.....	123
deblitane.....	137	dextrose-sodium chloride.....	123
decadron.....	89	DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION.....	123
decitabine.....	53	DIACOMIT.....	33
deferasirox.....	125	diazepam.....	26,32
deferasirox granules.....	125	diazepam intensol.....	26
deferiprone.....	125	diazoxide.....	40
deferoxamine mesylate.....	44	DICLOFENAC EPOLAMINE.....	16
deflazacort.....	89	diclofenac potassium.....	16
DELSTRIGO.....	79	diclofenac sodium.....	16,134
demeclocycline hcl.....	144	diclofenac sodium er.....	16
DENGVAXIA.....	149	diclofenac-misoprostol.....	16
denta 5000 plus.....	90	dicloxacillin sodium.....	137
dentagel.....	90	dicyclomine hcl.....	146
DEPO-SUBQ PROVERA 104.....	137	DIFICID.....	22
DESCOVY.....	79	diflorasone diacetate.....	95
desipramine hcl.....	39	dilunisal.....	16
desloratadine.....	142	diluprednate.....	132
desmopressin ace spray refrigerated.....	102	digitek.....	86
desmopressin acetate.....	102	digox.....	86
desmopressin acetate pf.....	102	digoxin.....	86
desmopressin acetate spray.....	102	dihydroergotamine mesylate.....	122
desonide.....	95	DILANTIN.....	33
desoximetasone.....	95	DILANTIN INFATABS.....	33
desvenlafaxine succinate er.....	38	dilt-xr.....	85
dexamethasone.....	89	diltiazem hcl.....	85
DEXAMETHASONE INTENSOL.....	89	diltiazem hcl er.....	85
DEXAMETHASONE SOD PHOS +RFID.....	89	diltiazem hcl er beads.....	85
dexamethasone sod phosphate pf.....	89	diltiazem hcl er coated beads.....	85
dexamethasone sodium phosphate.....	89	DIMENHYDRINATE.....	45
DEXAMETHASONE SODIUM PHOSPHATE.....	132	dimethyl fumarate.....	139
dexmethylphenidate hcl.....	12	dimethyl fumarate starter pack.....	139
dexmethylphenidate hcl er.....	12	diphenhydramine hcl.....	142
dexrazoxane.....	72	diphenoxylate-atropine.....	44
dexrazoxane hcl.....	72	DIPHTHERIA-TETANUS TOXOIDS DT.....	146
dextroamphetamine sulfate.....	12	dipyridamole.....	110
dextroamphetamine sulfate er.....	12	disopyramide phosphate.....	26
dextrose.....	130	disulfiram.....	138
DEXTROSE.....	130	DISULFIRAM 500 MG TAB.....	138
DEXTROSE 5%/ELECTROLYTE #48.....	123		

divalproex sodium.....	35	EASY TOUCH INSULIN SAFETY SYR.....	117
divalproex sodium er.....	36	EASY TOUCH INSULIN SYRINGE.....	117
dobutamine hcl.....	86	econazole nitrate.....	92
DOBUTAMINE IN D5W.....	86	edaravone.....	129
DOBUTAMINE-DEXTROSE.....	86	EDURANT.....	79
docetaxel.....	72	EDURANT PED.....	80
dofetilide.....	27	efavirenz.....	80
DOJOLVI.....	130	efavirenz-emtricitab-tenofo df.....	80
donepezil hcl.....	138	efavirenz-lamivudine-tenofovir.....	80
DOPTELET 20MG TAB.....	112	ELAHERE.....	56
DOPTELET TAB 40MG DAILY DOSE PACK.....	112	ELAPRASE.....	101
DOPTELET TAB 60MG DAILY DOSE PACK.....	112	ELELYSO.....	111
dorzolamide hcl.....	134	ELFABRIO.....	101
dorzolamide hcl-timolol mal.....	131	ELIGARD.....	59
dorzolamide hcl-timolol mal pf.....	131	elinest.....	103
DOVATO.....	79	ELIQUIS.....	30
doxazosin mesylate.....	49	ELIQUIS DVT/PE STARTER PACK.....	31
doxepin hcl.....	39,113	ELITEK.....	72
DOXERCALCIFEROL.....	100	ELLA.....	88
doxercalciferol.....	100	ELMIRON.....	109
doxorubicin hcl.....	61	ELREXFIO.....	56
DOXORUBICIN HCL.....	61	eltrombopag olamine.....	112
doxorubicin hcl liposomal.....	61	eluryng.....	104
doxy 100.....	145	EMBECTA INSULIN SYRINGE.....	118
doxycycline hyclate.....	145	EMBECTA INSULIN SYRINGE U-500.....	118
doxycycline monohydrate.....	145	EMBECTA INSULIN SYRINGE U/F.....	118
doxylamine-pyridoxine.....	45	EMCYT.....	59
DRIZALMA SPRINKLE.....	38	EMGALITY.....	122
dronabinol.....	45	EMGALITY (300 MG DOSE).....	122
DROPLET INSULIN SYRINGE.....	117	EMPAVELI.....	126
DROPSAFE SAFETY SYRINGE/NEEDLE.....	117	EMPLICITI.....	56
DROSPIREN-ETH ESTRAD-LEVOMEFOL.....	103	EMSAM.....	36
drospirenone-ethinyl estradiol.....	103	emtricitab-rilpivir-tenofov df.....	80
droxidopa.....	86	emtricitabine.....	80
DULERA.....	30	emtricitabine-tenofovir df.....	80
duloxetine hcl.....	38	EMTRIVA.....	80
DUPIXENT.....	27	emzahh.....	137
dutasteride.....	110	enalapril maleate.....	48
E		enalapril-hydrochlorothiazide.....	50
EASY COMFORT INSULIN SYRINGE.....	117	ENBREL.....	14
		ENBREL MINI.....	14

ENBREL SURECLICK.....	14	ERYTHROMYCIN BASE 250 MG CP DR PART.....	22
endocet.....	19	erythromycin ethylsuccinate.....	22
ENGERIX-B.....	149	escitalopram oxalate.....	37
ENHERTU.....	56	eslicarbazepine acetate.....	33
enilloring.....	104	esomeprazole magnesium.....	147
enoxaparin sodium.....	31	esomeprazole sodium.....	147
enpresso-28.....	104	estarrylla.....	104
enskyce.....	104	estazolam.....	113
ENSPRYNG.....	126	estradiol.....	107,150
entacapone.....	73	estradiol valerate.....	107
entecavir.....	82	estradiol-norethindrone acet.....	104
ENTRESTO.....	86	ESTRING.....	150
enulose.....	108	eszopiclone.....	113,114
ENVARSUS XR.....	126	ethambutol hcl.....	52
EPIDIOLEX.....	33	ethosuximide.....	35
epinastine hcl.....	134	etodolac.....	16
epinephrine.....	30	etodolac er.....	16
epirubicin hcl.....	61	etongestrel-ethynodiol estradiol.....	104
epitol.....	33	ETOPOPHOS.....	72
EPKINLY.....	56	etoposide.....	72
eplerenone.....	51	etravirine.....	80
EPOGEN.....	112	EULEXIN.....	59
epoprostenol sodium.....	143	euthyrox.....	145
EPRONTIA.....	33	everolimus.....	64,126
EQL INSULIN SYRINGE.....	118	EVKEEZA.....	46
ERBITUX.....	58	EVOTAZ.....	80
ERGOLOID MESYLATES.....	138	EVYSDI.....	130
ERGOTAMINE-CAFFEINE.....	122	EXEL COMFORT POINT INSULIN SYR.....	118
eribulin mesylate.....	72	exemestane.....	59
ERIVEDGE.....	59	EXONDYS 51.....	129
ERLEADA.....	59	ezetimibe.....	46
erlotinib hcl.....	58	ezetimibe-simvastatin.....	46
errin.....	137		
ertapenem sodium.....	24		
ERVEBO.....	149		
ERWINASE.....	69		
ERWINAZE.....	69		
ERYTHROCIN LACTOBIONATE 500 MG RECON SOLN.....	22	F	
erythromycin.....	22,91,131	FABRAZYME.....	101
erythromycin base.....	22	famciclovir.....	83

FARXIGA	43	fluoritab	124
FARYDAK	64	fluorometholone	133
FASENRA	27	fluorouracil	54,92
FASENRA PEN	27	fluoxetine hcl	37
febuxostat	110	FLUOXETINE HCL	37
feirza 1.5/30	104	FLUOXETINE HCL (PMDD)	140,141
feirza 1/20	104	fluphenazine decanoate	78
felbamate	35	FLUPHENAZINE HCL	78
felodipine er	85	flurbiprofen	16
fenofibrate	47	FLURBIPROFEN SODIUM	134
fenofibrate micronized	47	fluticasone propionate	95,129
fenofibric acid	47	FLUTICASONE PROPIONATE 0.05 % LOTION	95
FENOPROFEN CALCIUM	16	FLUTICASONE PROPIONATE DISKUS	28
fentanyl	17	FLUTICASONE PROPIONATE HFA	28
fentanyl citrate	17	fluticasone-salmeterol	30
FETROJA	88	FLUTICASONE-SALMETEROL	30
FETZIMA	38	fluvoxamine maleate	37
FETZIMA TITRATION	38	fluvoxamine maleate er	37
FIFTY50 SUPERIOR COMFORT SYR	118	FML FORTE	133
FILSPARI	109	FOLOTYN	54
finasteride	110	fomepizole	44
fingolimod hcl	139	fondaparinux sodium	31
FINTEPLA	33	formoterol fumarate	30
FIRDAPSE	51	fosamprenavir calcium	80
FIRMAGON	60	foscarnet sodium	82
FIRMAGON (240 MG DOSE)	59	fosinopril sodium	48
FLAREX	133	fosinopril sodium-hctz	50
flecainide acetate	26	fosphenytoin sodium	33
FLOXURIDINE	53	FOTIVDA	64
fluconazole	46	FREAMINE III	130
fluconazole in sodium chloride	46	FREESTYLE PRECISION INS SYR	118
flucytosine	46	FRINDOVYX	53
fludarabine phosphate	54	FRUZAQLA	55
fludrocortisone acetate	90	fulvestrant	60
flunisolide	129	furosemide	98
fluocinolone acetonide	95,134	FUZEON	80
fluocinolone acetonide body	95	FYARRO	64
fluocinolone acetonide scalp	95	FYCOMPA	33
fluocinonide	95	FYLNETRA	112
FLUOCINONIDE 0.05 % GEL	95		
fluocinonide emulsified base	95		

G

gabapentin.....	33
gabapentin (once-daily).....	140
galantamine hydrobromide.....	138
galantamine hydrobromide er.....	138
galbriela.....	104
gallifrey.....	137
GAMIFANT.....	126
GAMMAGARD.....	135
GAMMAGARD S/D LESS IGA.....	135
GAMMAPLEX.....	135
GAMUNEX-C.....	135
GANCICLOVIR SODIUM.....	82
GARDASIL 9.....	149
gatifloxacin.....	132
GATTEX.....	108
GAUZE PADS.....	115
GAUZE PADS 2X2.....	115
GAVILYTE-C.....	115
gavilyte-g.....	115
gavilyte-n with flavor pack.....	115
GAVRETO.....	64
GAZYVA.....	56
gefitinib.....	58
gemcitabine hcl.....	54
GEMCITABINE HCL 1 GM/10ML SOLUTION.....	54
GEMCITABINE HCL 2 GM/20ML SOLUTION.....	54
GEMCITABINE HCL 200 MG/2ML SOLUTION.....	54
gemfibrozil.....	47
gemmily.....	104
GEMTESA.....	148
generlac.....	108
genograf.....	127
GENTAMICIN IN SALINE.....	13
gentamicin sulfate.....	13,91,132
GENVOYA.....	80
GILOTrif.....	58
GIVLAARI.....	110
glatiramer acetate.....	139
glatopa.....	139

GLEOSTINE.....	53
glimepiride.....	43
glipizide.....	43,44
glipizide er.....	44
glipizide xl.....	44
glipizide-metformin hcl.....	39
GLOBAL EASY GLIDE INSULIN SYR.....	118
GLOBAL INJECT EASE INSULIN SYR.....	118
GLUCOPRO INSULIN SYRINGE.....	118
glycopyrrolate.....	147
glydo.....	96
GLYXAMBI.....	39
GNP INSULIN SYRINGE.....	118
GNP INSULIN SYRINGES 29GX1/2".....	118
GOMEKLI.....	64
GRAFAPEX.....	53
granisetron hcl.....	44,45
griseofulvin microsize.....	46
griseofulvin ultramicrosize.....	46
guanfacine hcl er.....	12
GVOKE HYPOOPEN 1-PACK.....	40
GVOKE HYPOOPEN 2-PACK.....	40
GVOKE KIT.....	40
GVOKE PFS.....	40

H

HADLIMA.....	14
HADLIMA PUSH TOUCH.....	14
HAEGARDA.....	114
hailey 1.5/30.....	104
hailey 24 fe.....	104
hailey fe 1/20.....	104
halobetasol propionate.....	95
haloette.....	104
haloperidol.....	75
haloperidol decanoate.....	75
haloperidol lactate.....	75
HAVRIX.....	149
HEALTHWISE INSULIN SYR/NEEDLE.....	118
heather.....	137
heparin sodium (porcine).....	31,32

HEPARIN SODIUM (PORCINE) PF.....	32	icosapent ethyl.....	47
heparin sodium (porcine) pf.....	32	idarubicin hcl.....	61
HEPLISAV-B.....	149	IDHIFA.....	64
HERCEPTIN HYLECTA.....	61	ifosfamide.....	53
HERZUMA.....	70	IGALMI.....	114
HIBERIX.....	148	ILARIS.....	15
HIZENTRA.....	135	imatinib mesylate.....	64
HUMULIN R U-500 (CONCENTRATED).....	42	IMBRUVICA.....	64
HUMULIN R U-500 KWIKPEN.....	42	IMDELLTRA.....	56
hydralazine hcl.....	51	IMFINZI.....	56
hydrochlorothiazide.....	99	imipenem-cilastatin.....	24
hydrocodone-acetaminophen.....	19	imipramine hcl.....	39
hydrocortisone.....	21,89,95	imipramine pamoate.....	39
hydrocortisone (perianal).....	21	imiquimod.....	97
HYDROCORTISONE 2.5 % LOTION.....	96	imiquimod pump.....	97
hydrocortisone butyrate.....	96	IMJUDO.....	56,57
HYDROCORTISONE BUTYRATE 0.1 % CREAM.....	96	IMKELDI.....	64
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION.....	96	IMOVAX RABIES.....	149
hydrocortisone sod suc (pf).....	89	INBRIJA.....	74
hydrocortisone valerate.....	96	incassia.....	137
hydrocortisone-acetic acid.....	134	INCRELEX.....	102
HYDROMORPHONE HCL.....	17	INCRUSE ELLIPTA.....	28
hydromorphone hcl.....	17	indapamide.....	99
hydromorphone hcl 2 mg/ml solution.....	17	INFANRIX.....	146
HYDROMORPHONE HCL PF.....	17	INFLECTRA.....	109
hydromorphone hcl pf.....	17	INGREZZA.....	139
hydroxychloroquine sulfate.....	51	INLYTA.....	55
hydroxyurea.....	70	INPEN 100-BLUE-LILLY-HUMALOG.....	118
hydroxyzine hcl.....	25	INPEN 100-BLUE-NOVOLOG-FIASP.....	118
hydroxyzine pamoate.....	25	INPEN 100-GREY-LILLY-HUMALOG.....	118
HYFTOR.....	96	INPEN 100-GREY-NOVOLOG-FIASP.....	118
HYQVIA.....	135	INPEN 100-PINK-LILLY-HUMALOG.....	119
I		INPEN 100-PINK-NOVOLOG-FIASP.....	119
ibandronate sodium.....	99	INQOVI.....	61
IBRANCE.....	64	INREBIC.....	64
ibu.....	16	INSULIN ASPART.....	42
ibuprofen.....	16	INSULIN ASPART FLEXPEN.....	42
icatibant acetate.....	114	INSULIN ASPART PENFILL.....	42
iclevia.....	104	INSULIN ASPART PROT & ASPART.....	42
ICLUSIG.....	64	INSULIN DEGLUDEC.....	42
		INSULIN DEGLUDEC FLEXTOUCH.....	42

INSULIN GLARGINE MAX SOLOSTAR.....	42
INSULIN GLARGINE SOLOSTAR.....	42
INSULIN PEN NEEDLE.....	119
INSULIN SYRINGE.....	119
INSULIN SYRINGE (DISP) U-100 0.3 ML.....	119
INSULIN SYRINGE (DISP) U-100 1 ML.....	115,119
INSULIN SYRINGE-NEEDLE U-100.....	119
INSULIN SYRINGE/NEEDLE.....	119
INTELENCE.....	80
INTRALIPID.....	130
introvale.....	104
INVEGA HAFYERA.....	75
INVEGA SUSTENNA.....	76
INVEGA TRINZA.....	76
IPOL.....	149
ipratropium bromide.....	28,129
ipratropium-albuterol.....	30
irbesartan.....	49
irbesartan-hydrochlorothiazide.....	50
IRINOTECAN HCL.....	73
ISENTRESS.....	80
ISENTRESS HD.....	80
isibloom.....	104
isoniazid.....	52
isopropyl alcohol.....	97
isopropyl alcohol wipes.....	97
isosorbide dinitrate.....	25
isosorbide mononitrate.....	25
isosorbide mononitrate er.....	25
isotretinoin.....	91
isradipine.....	85
ITOVEBI.....	64,65
itraconazole.....	46
ivabradine hcl.....	86
ivermectin.....	21
IWILFIN.....	72
IXCHIQ.....	149
IXEMPRA KIT.....	72
IXIARO.....	149

J

jaimiess.....	104
JAKAFI.....	65
jantoven.....	31
JANUMET.....	39
JANUMET XR.....	39
JANUVIA.....	41
JARDIANCE.....	43
JAYPIRCA.....	65
JEMPERLI.....	57
jencycla.....	137
JENTADUETO.....	39
JENTADUETO XR.....	39
JEVTANA.....	72
jintel.....	104
JOENJA.....	125
jolessa.....	104
JULUCA.....	80
junel 1.5/30.....	104
junel 1/20.....	104
junel fe 1.5/30.....	104
junel fe 1/20.....	104
junel fe 24.....	104
JYLAMVO.....	54
JYNNEOS.....	149

K

KADCYLA.....	57
kaitlib fe.....	104
kalliga.....	105
KALYDECO.....	142
KANJINTI.....	70
kariva.....	105
KCL (0.149%) IN NACL.....	123
KCL (0.298%) IN NACL.....	124
kcl in dextrose-nacl.....	124
KCL-LACTATED RINGERS-D5W.....	124
KERENDIA.....	102
KESIMPTA.....	139
ketoconazole.....	46,92

ketorolac tromethamine	134	lansoprazole	147
KEVZARA	15	LANTUS	42
KEYTRUDA	57	LANTUS SOLOSTAR	42
KIMMTRAK	57	lapatinib ditosylate	65
KINERET	15	larin 1.5/30	105
KINRAY INSULIN SYRINGE	119	larin 1/20	105
KINRIX	146	larin 24 fe	105
kionex	128	larin fe 1.5/30	105
KISQALI (200 MG DOSE)	65	larin fe 1/20	105
KISQALI (400 MG DOSE)	65	latanoprost	134
KISQALI (600 MG DOSE)	65	layolis fe	105
KISQALI FEMARA (200 MG DOSE)	61	LAZCLUZE	58
KISQALI FEMARA (400 MG DOSE)	61	LEADER INSULIN SYRINGE	119
KISQALI FEMARA (600 MG DOSE)	61	leflunomide	15
klayesta	92	lenalidomide	126
klor-con	124	LENVIMA (10 MG DAILY DOSE)	55
klor-con 10	124	LENVIMA (12 MG DAILY DOSE)	55
klor-con m10	125	LENVIMA (14 MG DAILY DOSE)	55
klor-con m15	125	LENVIMA (18 MG DAILY DOSE)	55
klor-con m20	125	LENVIMA (20 MG DAILY DOSE)	55
KMART VALU INSULIN SYRINGE 29G	119	LENVIMA (24 MG DAILY DOSE)	55
KMART VALU INSULIN SYRINGE 30G	119	LENVIMA (4 MG DAILY DOSE)	55
KOSELUGO	65	LENVIMA (8 MG DAILY DOSE)	55
KRAZATI	65	lessina	105
KROGER INSULIN SYRINGE	119	letrozole	60
KRYSTEXXA	110	leucovorin calcium	72
kurvelo	105	LEUKERAN	53
KYPROLIS	65	LEUKINE	112

L

l-glutamine	111	leuprolide acetate	60
labetalol hcl	84	LEUPROLIDE ACETATE (3 MONTH)	60
lacosamide	33	levalbuterol hcl	30
lactulose	115	LEVALBUTEROL TARTRATE	30
lactulose encephalopathy	108	levetiracetam	33
lamivudine	80,83	LEVETIRACETAM	33
lamivudine-zidovudine	80	levetiracetam er	33
lamotrigine	33	levetiracetam in nacl	34
lamotrigine er	33	levo-t	145
LAMZEDÉ	101	LEVOBUNOLOL HCL	131
lanreotide acetate	101	levocarnitine	101
		levocarnitine sf	101
		levocetirizine dihydrochloride	142

levofloxacin.....	108	loperamide hcl.....	44
LEVOFLOXACIN.....	132	lopinavir-ritonavir.....	80,81
levofloxacin in d5w.....	108	LOQTORZI.....	57
levoleucovorin calcium.....	72	lorazepam.....	26
levoleucovorin calcium pf.....	72	lorazepam intensol.....	26
levonorgest-eth estrad 91-day.....	105	LORBRENA.....	65
levonorgestrel-ethynodiol estrad.....	105	loryna.....	105
levothyroxine sodium.....	145	losartan potassium.....	49
levoxyl.....	145	losartan potassium-hctz.....	50
LEVULAN KERASTICK.....	92	loteprednol etabonate.....	133
LIBERVANT.....	32	lovastatin.....	48
LIBTAYO.....	57	loxapine succinate.....	77
lidocaine.....	96	lubiprostone.....	115
LIDOCAINE HCL.....	90	LUMAKRAS.....	65
lidocaine hcl.....	96,115	LUMIGAN.....	134
lidocaine hcl (pf).....	115	LUMIZYME.....	101
lidocaine hcl urethral/mucosal.....	96	LUNSUMIO.....	57
lidocaine viscous hcl.....	90	LUPRON DEPOT (1-MONTH).....	60
lidocaine-prilocaine.....	96	LUPRON DEPOT (3-MONTH).....	60
LILETTA (52 MG).....	137	LUPRON DEPOT-PED (1-MONTH).....	102
lincomycin hcl.....	22	LUPRON DEPOT-PED (3-MONTH).....	102
linezolid.....	23	lurasidone hcl.....	75
LINEZOLID IN SODIUM CHLORIDE.....	23	lutera.....	105
LINZESS.....	115	LYBALVI.....	138
liothyronine sodium.....	146	lyeq.....	137
liraglutide.....	41	lymekak.....	145
lisinopril.....	48	LYNPARZA.....	65
lisinopril-hydrochlorothiazide.....	50	LYSODREN.....	60
LITETOUCH INSULIN SYRINGE.....	119	LYTGOBI (12 MG DAILY DOSE).....	66
lithium.....	74	LYTGOBI (16 MG DAILY DOSE).....	66
LITHIUM CARBONATE.....	74	LYTGOBI (20 MG DAILY DOSE).....	66
lithium carbonate.....	74	lyza.....	137
LITHIUM CARBONATE 600 MG CAP.....	74		
lithium carbonate er.....	74		
LIVTENCITY.....	82		
lo-zumandimine.....	105	M	
LODOCO.....	87	M-M-R II.....	149
lojaimiess.....	105	MAGELLAN INSULIN SAFETY SYR.....	119
LOKELMA.....	128	magnesium sulfate.....	124
LONGS INSULIN SYRINGE.....	119	magnesium sulfate in d5w.....	124
LONSURF.....	61	malathion.....	97
		maraviroc.....	81
		MARGENZA.....	70

MARPLAN	36	METHADONE HCL 5 MG/5ML SOLUTION	18
MATULANE	70	methadone hcl intensol	18
MAVYRET	83	methadose	18
MAXI-COMFORT INSULIN SYRINGE	119	methazolamide	98
MAXICOMFORT SYR 27G X 1/2"	119	methenamine hippurate	24
MAXIDEX	133	methimazole	145
MAYZENT	140	methocarbamol	128
MAYZENT STARTER PACK	140	METHOTREXATE	54
meclizine hcl	45	METHOTREXATE SODIUM	54
MECLOFENAMATE SODIUM	16	methotrexate sodium (pf)	54
MEDIC INSULIN SYRINGE	120	METHOXSALEN RAPID 10 MG CAP	93
medpura alcohol pads	97	methscopolamine bromide	147
medroxyprogesterone acetate	137	methsuximide	35
mefenamic acid	16	METHYLPHENIDATE HCL ER	12
mefloquine hcl	51	methylphenidate hcl er (cd)	13
megestrol acetate	60	methylphenidate hcl er (osm)	13
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	137	methylprednisolone	89
MEKINIST	66	methylprednisolone acetate	89
MEKTOVI	66	methylprednisolone sodium succ	89
meleya	137	methyltestosterone	20
meloxicam	16	metoclopramide hcl	108
melphalan hcl	53	metolazone	99
memantine hcl	138	metoprolol succinate er	84
memantine hcl er	138	metoprolol tartrate	84
MENACTRA	148	metoprolol-hydrochlorothiazide	50
MENQUADFI	148	metronidazole	23,97,150
MENVEO	148	METRONIDAZOLE	23
meprobamate	25	metyrosine	51
MEPSEVII	101	mexiletine hcl	26
mercaptopurine	54	micafungin sodium	45
meropenem	24	microgestin 1.5/30	105
MEROPENEM-SODIUM CHLORIDE	24	microgestin 1/20	105
mesalamine	109	microgestin 24 fe	105
mesalamine er	109	microgestin fe 1.5/30	105
mesalamine-cleanser	109	microgestin fe 1/20	105
mesna	72	midodrine hcl	86
metformin hcl	40	mifepristone	41
metformin hcl er	41	MIGERGOT	122
methadone hcl	17,18	MIGLITOL 100 MG TAB	41
METHADONE HCL 10 MG/5ML SOLUTION	17	MIGLITOL 25 MG TAB	41

MIGLITOL 50 MG TAB	41	MOTPOLY XR	34
miglustat	111	MOUNJARO	41
mili	105	MOVANTIK	115
milrinone lactate	86	MOXIFLOXACIN HCL	108
milrinone lactate in dextrose	86	moxifloxacin hcl	132
mimvey	105	MOXIFLOXACIN HCL (2X DAY)	132
minocycline hcl	145	MOXIFLOXACIN HCL IN NACL	108
minocycline hcl er	145	MRESVIA	149
minoxidil	51	MS INSULIN SYRINGE	120
MIPLYFFA	141	mupirocin	92
mirtazapine	36	mupirocin calcium	92
misoprostol	147	mutamycin	61
mitomycin	61	MVASI	55
mitoxantrone hcl	61	mycophenolate mofetil	127
MM INSULIN SYRINGE/NEEDLE	120	mycophenolate mofetil hcl	127
modafinil	13	mycophenolate sodium	127
moexipril hcl	48	mycophenolic acid	127
MOLINDONE HCL	75	MYLOTARG	57
mometasone furoate	96,129	MYRBETRIQ	148
MONJUVI	57		
mono-linyah	105		
MONOJECT INSULIN SYRINGE	120		
MONOJECT ULTRA COMFORT SYRINGE	120		
montelukast sodium	28		
MORPHINE SULFATE	18		
morphine sulfate	18	na sulfate-k sulfate-mg sulf	115
morphine sulfate (concentrate)	18	nabumetone	16
MORPHINE SULFATE (CONCENTRATE)	18	nadolol	84
MORPHINE SULFATE (PF)	18	nafcillin sodium	137
MORPHINE SULFATE 10 MG/5ML SOLUTION	18	NAFCILLIN SODIUM IN DEXTROSE	137
MORPHINE SULFATE 20 MG/5ML SOLUTION	18	NAFTIFINE HCL	92
morphine sulfate er	18	naftifine hcl	92
MORPHINE SULFATE ER	18	NAFTIFINE HCL 1 % CREAM	92
MORPHINE SULFATE ER 10 MG CAP ER 24H	18	NAGLAZYME	101
MORPHINE SULFATE ER 100 MG CAP ER 24H	18	nalbuphine hcl	20
MORPHINE SULFATE ER 20 MG CAP ER 24H	18	naloxone hcl	44
MORPHINE SULFATE ER 30 MG CAP ER 24H	18	naltrexone hcl	44
MORPHINE SULFATE ER 50 MG CAP ER 24H	18	naproxen	16
MORPHINE SULFATE ER 60 MG CAP ER 24H	18	naproxen sodium	16
MORPHINE SULFATE ER 80 MG CAP ER 24H	18	naratriptan hcl	122
MORPHINE SULFATE ER BEADS	18,19	nateglinide	41
		NAYZILAM	32
		NEFAZODONE HCL	38
		nelarabine	54
		neo-polycin hc	133

N

na sulfate-k sulfate-mg sulf	115
nabumetone	16
nadolol	84
nafcillin sodium	137
NAFCILLIN SODIUM IN DEXTROSE	137
NAFTIFINE HCL	92
naftifine hcl	92
NAFTIFINE HCL 1 % CREAM	92
NAGLAZYME	101
nalbuphine hcl	20
naloxone hcl	44
naltrexone hcl	44
naproxen	16
naproxen sodium	16
naratriptan hcl	122
nateglinide	41
NAYZILAM	32
NEFAZODONE HCL	38
nelarabine	54
neo-polycin hc	133

neomycin sulfate	13	norethindrone acet-ethinyl est	106
neomycin-bacitracin zn-polymyx	132	norethindrone acetate	138
NEOMYCIN-POLYMYXIN B GU	109	norethindrone-eth estradiol	106
neomycin-polymyxin-dexameth	133	norgestim-eth estrad triphasic	106
NEOMYCIN-POLYMYXIN-GRAMICIDIN	132	norgestimate-eth estradiol	106
NEOMYCIN-POLYMYXIN-HC	133	nortrel 0.5/35 (28)	106
neomycin-polymyxin-hc	135	nortrel 1/35 (21)	106
NERLYNX	66	nortrel 1/35 (28)	106
NEULASTA ONPRO	112	nortrel 7/7/7	106
nevirapine	81	nortriptyline hcl	39
NEVIRAPINE	81	NORVIR	81
NEVIRAPINE ER	81	NOVOLIN 70/30	42
nevirapine er	81	NOVOLIN 70/30 FLEXPEN	42
NEXLETOL	47	NOVOLIN 70/30 FLEXPEN RELION	42
NEXLIZET	47	NOVOLIN 70/30 RELION	42
NEXPLANON	137	NOVOLIN N	42
NEXVIAZYME	101	NOVOLIN N FLEXPEN	42
niacin er (antihyperlipidemic)	47	NOVOLIN N FLEXPEN RELION	42
nicardipine hcl	85	NOVOLIN N RELION	43
NICOTROL NS	141	NOVOLIN R	43
nifedipine er	85	NOVOLIN R FLEXPEN	43
nifedipine er osmotic release	85	NOVOLIN R FLEXPEN RELION	43
nilotinib hcl	66	NOVOLIN R RELION	43
nilutamide	60	NOVOLOG	43
nimodipine	85	NOVOLOG 70/30 FLEXPEN RELION	43
NINLARO	66	NOVOLOG FLEXPEN	43
NIPENT	70	NOVOLOG FLEXPEN RELION	43
NITAZOXANIDE 500 MG TAB	24	NOVOLOG MIX 70/30	43
NITRO-BID	25	NOVOLOG MIX 70/30 FLEXPEN	43
nitrofurantoin macrocrystal	24	NOVOLOG MIX 70/30 RELION	43
nitrofurantoin monohyd macro	25	NOVOLOG PENFILL	43
nitroglycerin	21,25	NOVOLOG RELION	43
NIVESTYM	112	NOVOPEN ECHO	120
NOCDURNA	102	NPLATE	112
nora-be	137	NUBEQA	60
NORDITROPIN FLEXPRESS	100	NUCALA	27
norelgestromin-eth estradiol	105	NUEDEXTA	141
norethin ace-eth estrad-fe	105	NULIBRY	101
norethin-eth estradiol-fe	106	NULOJIX	127
norethindron-ethinyl estrad-fe	106	NUPLAZID	75
norethindrone	138	NURTEC	122

NUTRILIPID	130	OMNIPOD DASH PDM (GEN 4)	116
nyamyc	92	OMNIPOD DASH PODS (GEN 4)	116
nylia 1/35	106	OMNIPOD GO	116
nymyo	106	ONCASPAR	69
nystatin	46,90,92	ondansetron	45
NYSTATIN	90	ondansetron hcl	45
nystatin-triamcinolone	92	ondansetron hcl +rfid	45
nystop	92	ONGENTYS	73
NYVEPRIA	112	ONIVYDE	73
O		ONTRUZANT	70
ocella	106	ONUREG	54
OCREVUS	140	OPDIVO	57
octreotide acetate	101	OPDIVO QVANTIG	62
ODEFSEY	81	OPDUALAG	62
ODOMZO	59	OPSUMIT	143
OFEV	142	oralone	90
ofloxacin	108,132,134	ORGOVYX	60
OGIVRI	70	ORKAMBI	142
OGSIVEO	66	ORLADEYO	114
OJEMDA	66	orphenadrine citrate er	128
OJJAARA	66	ORSERDU	60
olanzapine	77	oseltamivir phosphate	83
olanzapine-fluoxetine hcl	139	OTEZLA	93
olmesartan medoxomil	49	oxacillin sodium	137
olmesartan medoxomil-hctz	50	OXACILLIN SODIUM IN DEXTROSE	137
olmesartan-amlodipine-hctz	50	oxaliplatin	53
olopatadine hcl	129,134	oxandrolone	20
OLUMIANT	15	oxaprozin	16
omega-3-acid ethyl esters	47	oxazepam	26
omeprazole	147	oxcarbazepine	34
OMNIPOD 5 DEXG7G6 PODS GEN 5	116	OXERVATE	134
OMNIPOD 5 G6 INTRO (GEN 5)	116	OXLUMO	109
OMNIPOD 5 G6 PODS (GEN 5)	116	oxybutynin chloride	147
OMNIPOD 5 G7 INTRO (GEN 5)	116	oxybutynin chloride er	147
OMNIPOD 5 G7 PODS (GEN 5)	116	oxycodone hcl	19
OMNIPOD 5 LIBRE2 PLUS G6	116	oxycodone-acetaminophen	19
OMNIPOD 5 LIBRE2 PLUS G6 PODS	116	oxymorphone hcl	19
OMNIPOD CLASSIC PDM (GEN 3)	116	OZEMPIC (0.25 OR 0.5 MG/DOSE)	41
OMNIPOD CLASSIC PODS (GEN 3)	116	OZEMPIC (1 MG/DOSE)	41
OMNIPOD DASH INTRO (GEN 4)	116	OZEMPIC (2 MG/DOSE)	41

P

pacerone.....	27	perampanel.....	34
paclitaxel.....	73	perindopril erbumine.....	48
paclitaxel protein-bound part.....	73	PERINDOPRIL ERBUMINE 2 MG TAB.....	48
PADCEV.....	57	PERINDOPRIL ERBUMINE 8 MG TAB.....	48
paliperidone er.....	76	PERJETA.....	70
palonosetron hcl.....	45	permethrin.....	97
PALONOSETRON HCL.....	45	perphenazine.....	78
pamidronate disodium.....	99	PERPHENAZINE-AMITRIPTYLINE.....	139
PANRETIN.....	92	PERSERIS.....	76
pantoprazole sodium.....	147	PHENELZINE SULFATE 15 MG TAB.....	36
paricalcitol.....	101	phenobarbital.....	34
paromomycin sulfate.....	13	phenoxybenzamine hcl.....	51
paroxetine hcl.....	37	phenytek.....	34
PAROXETINE HCL.....	37	phenytoin.....	34
paroxetine hcl er.....	37	phenytoin infatabs.....	34
PASER.....	52	phenytoin sodium.....	34
PAXLOVID.....	84	phenytoin sodium extended.....	34
PAXLOVID (150/100).....	83	PHESGO.....	62
PAXLOVID (300/100).....	84	philith.....	106
pazopanib hcl.....	66	PHOSPHOLINE IODIDE.....	134
PEDIARIX.....	146	PIFELTRO.....	81
PEDVAX HIB.....	148	pilocarpine hcl.....	90,134
peg 3350-kcl-na bicarb-nacl.....	115	pimecrolimus.....	96
peg-3350/electrolytes.....	115	PIMOZIDE.....	141
peg-3350/electrolytes/ascorbat.....	115	pindolol.....	84
peg-kcl-nacl-nasulf-na asc-c.....	115	pioglitazone hcl.....	41
PEGASYS.....	83	pioglitazone hcl-metformin hcl.....	39
PEMAZYRE.....	66	piperacillin sod-tazobactam so.....	136
PEMETREXED.....	54	PIQRAY (200 MG DAILY DOSE).....	66
PEMETREXED DISODIUM.....	54	PIQRAY (250 MG DAILY DOSE).....	67
PEMETREXED DITROMETHAMINE.....	54	PIQRAY (300 MG DAILY DOSE).....	67
PENBRAYA.....	148	pirfenidone.....	142
penicillamine.....	125	piroxicam.....	16
PENICILLIN G POT IN DEXTROSE.....	136	PLEGRIDY.....	140
penicillin g potassium.....	136	PLEGRIDY STARTER PACK.....	140
penicillin v potassium.....	136	plerixafor.....	113
PENTACEL.....	146	podofilox.....	97
pentamidine isethionate.....	23	PODOFILOX 0.5 % SOLUTION.....	97
pentoxifylline er.....	87	POLIVY.....	57
		polycin.....	132
		polymyxin b sulfate.....	23

polymyxin b-trimethoprim.....	132	PREMPRO.....	106
POMALYST.....	70	PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	128
PORTRAZZA.....	58	prevalite.....	47
posaconazole.....	46	PREVYMIS.....	82
potassium acetate.....	125	PREZCOBIX.....	81
potassium chloride.....	125	PREZISTA.....	81
POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION.....	125	PRIFTIN.....	52
POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION.....	125	primaquine phosphate.....	51
POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION.....	125	PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB.....	51
potassium chloride crys er.....	125	primidone.....	34
potassium chloride er.....	125	PRIORIX.....	149
potassium chloride in dextrose.....	124	PRIVIGEN.....	135
POTASSIUM CHLORIDE IN NACL.....	124	PRO COMFORT INSULIN SYRINGE.....	120
potassium chloride in nacl.....	124	PROAIR RESPICLICK.....	30
potassium citrate er.....	109	probenecid.....	110
PRALATREXATE.....	54	prochlorperazine.....	78
PRALUENT.....	47	PROCHLORPERAZINE EDISYLATE.....	78
pramipexole dihydrochloride.....	74	prochlorperazine maleate.....	78
prasugrel hcl.....	110	PROCERIT.....	112
pravastatin sodium.....	48	procto-med hc.....	21
praziquantel.....	21	PROTOFOAM HC.....	21
prazosin hcl.....	49	PROCYSB.....	109
PRECISION SURE-DOSE SYRINGE.....	120	PRODIGY INSULIN SYRINGE.....	120
PREDNICARBATE.....	96	progesterone.....	138
prednisolone.....	89	PROGRAF.....	127
prednisolone acetate.....	133	PROLASTIN-C.....	141
prednisolone sodium phosphate.....	89,90	PROLEUKIN.....	70
PREDNISOLONE SODIUM PHOSPHATE.....	133	PROLIA.....	99
prednisone.....	90	promethazine hcl.....	143
PREFERRED PLUS INSULIN SYRINGE.....	120	promethegan.....	143
pregabalin.....	34	propafenone hcl.....	27
pregabalin er.....	140	propafenone hcl er.....	27
PREGNYL.....	100	paraparacaine hcl.....	132
PREHEVBARIO.....	149	propranolol hcl.....	84
PREMARIN.....	107,150	propranolol hcl er.....	84
PREMASOL.....	130	PROPRANOLOL-HCTZ.....	50
premium lidocaine.....	96	propylthiouracil.....	145
PREMPHASE.....	106	PROQUAD.....	149
		PROSOL.....	130

PROTAMINE SULFATE.....	111	REBIF REBIDOSE.....	140
protriptyline hcl.....	39	REBIF REBIDOSE TITRATION PACK.....	140
PULMICORT FLEXHALER.....	29	REBIF TITRATION PACK.....	140
PULMOZYME.....	142	REBLOZYL.....	112
PX INSULIN SYRINGE.....	120	REBYOTA.....	108
pyrazinamide.....	52	RECARBRIOS.....	24
pyridostigmine bromide.....	52	RECOMBIVAX HB.....	149
pyrimethamine.....	51	REGRANEX.....	97
PYRUKYND.....	111	RELEUKO.....	113
PYRUKYND TAPER PACK.....	111	RELION INSULIN SYRINGE.....	120
Q		REMDESIVIR.....	84
qc alcohol.....	97	RENFLEXIS.....	109
QINLOCK.....	67	repaglinide.....	41
QUADRACEL.....	146	REPATHA.....	47
quetiapine fumarate.....	77	REPATHA PUSHTRONEX SYSTEM.....	47
quetiapine fumarate er.....	77	REPATHA SURECLICK.....	47
quinapril hcl.....	48	RETACRIT.....	113
quinapril-hydrochlorothiazide.....	50	RETEVMO.....	67
quinidine gluconate er.....	26	RETROVIR.....	81
QUINIDINE SULFATE 200 MG TAB.....	26	REVUFORJ.....	70
QUINIDINE SULFATE 300 MG TAB.....	26	REXULTI.....	79
quinine sulfate.....	51	REYATAZ.....	81
QULIPTA.....	122	REZDIFRA.....	108
QVAR REDIHALER.....	29	REZLIDHIA.....	67
R		REZUROCK.....	126
RA INSULIN SYRINGE.....	120	REZZAYO.....	45
ra isopropyl alcohol wipes.....	97	RHOPRESSA.....	132
RABAVERT.....	149	RIABNI.....	57
rabeprazole sodium.....	147	RIBAVIRIN 200 MG CAP.....	83
RADICAVA ORS.....	129	RIBAVIRIN 200 MG TAB.....	83
RADICAVA ORS STARTER KIT.....	129	rifabutin.....	52
RALDESY.....	38	rifampin.....	52
raloxifene hcl.....	99	riluzole.....	129
ramelteon.....	114	RIMANTADINE HCL.....	83
ramipril.....	48	ringers.....	124
ranolazine er.....	87	ringers irrigation.....	127
rasagiline mesylate.....	74	RINVOQ.....	15
REALITY INSULIN SYRINGE.....	120	RINVOQ LQ.....	15
REBIF.....	140	risedronate sodium.....	99
		risperidone.....	76
		risperidone microspheres er.....	76

ritonavir	81	SELZENTRY	81
RITUXAN HYCELA	62	SEREVENT DISKUS	30
rivastigmine	138	SEROSTIM	100
rivastigmine tartrate	138	SERTRALINE HCL	37
rivelsa	106	sertraline hcl	37,38
rizatriptan benzoate	123	SEZABY	34
ROCKLATAN	132	sf	90
roflumilast	144	sf 5000 plus	90
ROLVEDON	113	sharobel	138
ROMIDEPSIN	67	SHINGRIX	149
ROMVIMZA	67	SIGNIFOR	101
ropinirole hcl	74	SIGNIFOR LAR	102
ropinirole hcl er	74	sildenafil citrate	143
rosadan	97	silver sulfadiazine	97
rosuvastatin calcium	48	SIMBRINZA	131
ROTARIX	149	simliya	106
ROTATEQ	149	simpesse	106
ROZLYTREK	67	SIMPONI	14
RUBRACA	67	SIMULECT	127
rufinamide	34	simvastatin	48
RUKOBIA	81	sirolimus	127
RUXIENCE	57	SIRTURO	52
RYBELSUS	41	SIVEXTRO	23
RYBREVANT	57	SKYCLARYS	129
RYDAPT	67	SKYRIZI	93,109
RYLAZE	69	SKYRIZI (150 MG DOSE)	93
S		SKYRIZI PEN	93
SAFETY INSULIN SYRINGES	120	SOD FLUORIDE-POTASSIUM NITRATE	90
SANTYL	97	sodium acetate	123
SAPHNELO	127	sodium chloride	125
sapropterin dihydrochloride	101	sodium fluoride	90
SARCLISA	57	SODIUM FLUORIDE	124
SB INSULIN SYRINGE	120	SODIUM FLUORIDE 2.2 MG	124
SCEMBLIX	67	SODIUM FLUORIDE 5000 ENAMEL	91
scopolamine	45	sodium fluoride 5000 plus	91
SECUADO	77	sodium fluoride 5000 ppm	91
SECURESAFE INSULIN SYRINGE	120	SODIUM FLUORIDE 5000 SENSITIVE	91
SELARSDI	93,109	SODIUM OXYBATE	144
selegiline hcl	74	sodium phenylbutyrate	101
selenium sulfide	97	sodium phosphates	124
		sodium polystyrene sulfonate	128

SOFOSBUVIR-VELPATASVIR	83	sulfasalazine	109
SOGROYA	100	sulfatrim pediatric	144
SOHONOS	128,129	sulindac	17
solifenacin succinate	148	sumatriptan	123
SOLTAMOX	60	sumatriptan succinate	123
SOLU-CORTEF	90	SUMATRIPTAN SUCCINATE REFILL	123
SOMATULINE DEPOT	102	sumatriptan succinate refill 4 mg/0.5ml soln	
SOMAVERT	102	cart	123
sorafenib tosylate	67	sumatriptan succinate refill 6 mg/0.5ml soln	
sotalol hcl	84	cart	123
sotalol hcl (af)	84	sumatriptan-naproxen sodium	122
SPEVIGO	93	sunitinib malate	68
SPIRIVA HANDIHALER	28	SUNLENCA	81
SPIRIVA RESPIMAT	28	SUNOSI	144
spironolactone	99	SURE COMFORT INSULIN SYRINGE	121
spironolactone-hctz	98	SURE-JECT INSULIN SYRINGE	121
SPRAVATO (56 MG DOSE)	36	SUTAB	115
SPRAVATO (84 MG DOSE)	36	syeda	106
sprintec 28	106	SYLVANT	127
SPRITAM	34	SYMDEKO	142
SPS (SODIUM POLYSTYRENE SULF)	128	SYMLINPEN 120	41
ssd	97	SYMLINPEN 60	41
stavudine	81	SYMPAZAN	32
STELARA	93	SYMTUZA	81
sterile water for irrigation	127	SYNAGIS	135
STIMUFEND	113	SYNJARDY	40
STIOLTO RESPIMAT	30	SYNJARDY XR	40
STIVARGA	68	SYNTHROID	146
STRENSIQ	101	T	
STREPTOMYCIN SULFATE	13	TABLOID	55
STRIBILD	81	TABRECTA	68
STRIVERDI RESPIMAT	30	tacrolimus	96,127
SUBLOCADE	20	tadalafil	110
SUCRAID	98	tadalafil (pah)	143
sucralfate	147	TAFINLAR	68
sulfacetamide sodium	132	tafluprost (pf)	134
sulfacetamide sodium (acne)	91	TAGRISSO	58
SULFACETAMIDE-PREDNISOLONE	133	TAKHYRO	114
SULFADIAZINE 500 MG TAB	144	TALVEY	57
sulfamethoxazole-trimethoprim	144	TALZENNA	68
SULFAMYRON	98		

tamoxifen citrate	60	tetracycline hcl	145
tamsulosin hcl	110	TEVIMBRA	58
tasimelteon	114	TEZSPIRE	28
TAVALISSE	110	THALOMID	126
TAVNEOS	127	theophylline er	144
tazarotene	94	thioridazine hcl	78
TAZICEF	88	thiotepa	53
tazicef 1 gm recon soln.	88	thiothixene	75
TAZVERIK	68	THYMOGLOBULIN	127
TDVAX	146	tiadylt er	85
TECENTRIQ	57	tiagabine hcl	35
TECHLITE INSULIN SYRINGE	121	TIBSOVO	68
TECVAYLI	57	ticagrelor	111
TEFLARO	23	TICE BCG	70
TEGSEDI	141	TICOVAC	149
telmisartan	49	tigecycline	23
TELMISARTAN-AMLODIPINE 40-10 MG TAB	50	tilia fe	106
TELMISARTAN-AMLODIPINE 40-5 MG TAB	50	timolol hemihydrate	131
TELMISARTAN-AMLODIPINE 80-10 MG TAB	50	timolol maleate	85,131
TELMISARTAN-AMLODIPINE 80-5 MG TAB	50	timolol maleate (once-daily)	131
telmisartan-hctz	51	tinidazole	23
temazepam	114	TIVDAK	57
TEMODAR	53	TIVICAY	82
temsirolimus	68	TIVICAY PD	82
TENIVAC	146	tizanidine hcl	128
tenofovir disoproxil fumarate	81	TOBRADEX	133
TEPEZZA	102	tobramycin	13,132
TEPMETKO	68	TOBRAMYCIN	13
terazosin hcl	49	tobramycin sulfate	13
terbinafine hcl	46	tobramycin-dexamethasone	133
terbutaline sulfate	30	TOFIDENCE	15
terconazole	150	TOLMETIN SODIUM	17
teriflunomide	140	tolterodine tartrate	148
teriparatide	99	tolterodine tartrate er	148
TERIPARATIDE (RECOMBINANT)	99	tolvaptan	102
testosterone	20	TOPCARE ULTRA COMFORT INS SYR	121
TESTOSTERONE 10 MG/ACT (2%) GEL	21	topiramate	34
testosterone cypionate	21	topiramate er	34
TESTOSTERONE ENANTHATE	21	topotecan hcl	73
TETANUS-DIPHTHERIA TOXOIDS TD	146	toremifene citrate	60
tetrabenazine	139	torpenz	68

torsemide.....	98	TRINTELLIX.....	38
TRADJENTA.....	41	TRIPTODUR.....	102
tramadol hcl.....	19	TRIUMEQ.....	82
tramadol hcl er.....	19	TRIUMEQ PD.....	82
tramadol-acetaminophen.....	19	TRODELVY.....	73
trandolapril.....	49	TROGARZO.....	82
tranexamic acid.....	113	TROPHAMINE.....	130
tranylcyprromine sulfate.....	36	trospium chloride.....	148
TRAVASOL.....	130	trospium chloride er.....	148
travoprost (bak free).....	134	TRUE COMFORT INSULIN SYRINGE.....	121
TRAZIMERA.....	70	TRUE COMFORT PRO INSULIN SYR.....	121
trazodone hcl.....	38	TRUEPLUS INSULIN SYRINGE.....	121
TRECATOR.....	52	TRULICITY.....	42
TRELEGY ELLIPTA.....	30	TRUMENBA.....	148
TRELSTAR MIXJECT.....	60	TRUQAP.....	68
TREMFYA.....	94	TRUXIMA.....	58
TREMFYA ONE-PRESS.....	94	TRYNGOLZA.....	101
TREMFYA PEN.....	94	TUKYSA.....	71
TRESIBA.....	43	tulana.....	138
TRESIBA FLEXTOUCH.....	43	TURALIO.....	68
tretinoin.....	70,91	turqoz.....	107
tri femynor.....	106	TWINRIX.....	150
tri-estarrylla.....	106	TYBOST.....	82
tri-linyah.....	106	tydemy.....	107
tri-lo-marzia.....	107	TYENNE.....	15,16
tri-lo-mili.....	107	TYMLOS.....	99
tri-lo-sprintec.....	107	TYPHIM VI.....	148
tri-nymyo.....	107	TYSABRI.....	140
tri-sprintec.....	107	TYVASO.....	143
triamcinolone acetonide.....	90,91,96	TYVASO DPI INSTITUTIONAL KIT.....	143
triamterene-hctz.....	98	TYVASO DPI MAINTENANCE KIT.....	143
trientine hcl.....	125	TYVASO DPI TITRATION KIT.....	143
trifluoperazine hcl.....	78	TYVASO REFILL.....	144
TRIFLURIDINE.....	132	TYVASO STARTER.....	144
trihexyphenidyl hcl.....	73	TZIELD.....	40
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION ..	73		
TRIJARDY XR.....	40		
TRIKAFTA.....	142		
TRIMETHOPRIM.....	23		
trimethoprim.....	23		
trimipramine maleate.....	39		
		U	
		UBRELVY.....	122
		UDENYCA.....	113
		ULTICARE INSULIN SAFETY SYR.....	121
		ULTICARE INSULIN SYRINGE.....	121

ULTIGUARD SAFEPACK SYR/NEEDLE.....	121	VAQTA.....	150
ULTILET INSULIN SYRINGE.....	121	varenicline tartrate.....	141
ULTILET INSULIN SYRINGE SHORT.....	121	varenicline tartrate (starter).....	141
ULTRA FLO INSULIN SYRINGE.....	121	varenicline tartrate(continue).....	141
ULTRA-THIN II INS SYR SHORT.....	122	VARIVAX.....	150
ULTRA-THIN II INSULIN SYRINGE.....	122	VASOSTRICT.....	102
ULTRACARE INSULIN SYRINGE.....	122	VAXCHORA.....	148
unithroid.....	146	VAXELIS.....	146
UNITUXIN.....	58	VECTIBIX.....	58
UPTRAVI.....	144	VEGZELMA.....	55
ursodiol.....	108	VEKLURY.....	84
UVADEX.....	71	VEMLIDY.....	83
UZEDY.....	76,77	VENCLEXTA.....	71
V		VENCLEXTA STARTING PACK.....	71
V-GO 20.....	116	VENLAFAKINE BESYLATE ER.....	38
V-GO 30.....	116	venlafaxine hcl.....	38
V-GO 40.....	116	venlafaxine hcl er.....	38
valacyclovir hcl.....	83	VEOPOZ.....	127
VALCHLOR.....	92	verapamil hcl.....	85
valganciclovir hcl.....	82	VERAPAMIL HCL ER.....	85
valproate sodium.....	36	VERIFINE INSULIN SYRINGE.....	122
valproic acid.....	36	VERQUVO.....	87
valrubicin.....	61	VERSACLOZ.....	77
valsartan.....	49	VERZENIO.....	68
valsartan-hydrochlorothiazide.....	51	vestura.....	107
VALTOCO 10 MG DOSE.....	32	vienna.....	107
VALTOCO 15 MG DOSE.....	32	vigabatrin.....	35
VALTOCO 20 MG DOSE.....	32	vigadronе.....	35
VALTOCO 5 MG DOSE.....	32	vigpoder.....	35
VALUE HEALTH INSULIN SYRINGE.....	122	VIJOICE.....	127,128
VANCOMYCIN HCL.....	23	vilazodone hcl.....	38
vancomycin hcl 1 gm recon soln.....	23	VILTEPSO.....	129
vancomycin hcl 10 gm recon soln.....	23	VIMKUNYA.....	150
vancomycin hcl 5 gm recon soln.....	23	VIMPAT.....	35
vancomycin hcl 500 mg recon soln.....	23	VINBLASTINE SULFATE.....	73
vancomycin hcl 750 mg recon soln.....	24	VINCRISTINE SULFATE.....	73
VANCOMYCIN HCL IN DEXTROSE.....	24	vinorelbine tartrate.....	73
VANCOMYCIN HCL IN NACL.....	24	viorele.....	107
VANFLYTA.....	68	VIRACEPT.....	82
VANISHPOINT INSULIN SYRINGE.....	122	VIREAD.....	82
		VITRAKVI.....	68,69

VIVITROL	44	XGEVA	100
VIVOTIF	148	XIFAXAN	24
VIZIMPRO	58	XIGDUO XR	40
VOCABRIA	82	XiIDRA	134
volnea	107	XOFLUZA (40 MG DOSE)	83
VONJO	69	XOFLUZA (80 MG DOSE)	83
VORANIGO	69	XOLAIR	28
voriconazole	46	XOLREMDI	113
VOWST	108	XOSPATA	69
VPRIV	111	XPOVIO (100 MG ONCE WEEKLY)	71
VRAYLAR	75	XPOVIO (40 MG ONCE WEEKLY)	71
VUITY	134	XPOVIO (40 MG TWICE WEEKLY)	71
VYEPTI	122	XPOVIO (60 MG ONCE WEEKLY)	71
VYLOY	58	XPOVIO (60 MG TWICE WEEKLY)	71
VYNDAMAX	87	XPOVIO (80 MG ONCE WEEKLY)	71
VYNDAQEL	87	XPOVIO (80 MG TWICE WEEKLY)	72
VYONDYS 53	130	XTANDI	60
VYXEOS	62	xulane	107
VYZULTA	134	XULTOPHY	40
		XYWAV	144

W

warfarin sodium	31
WELIREG	71
wera	107
wixela inhub	30

X

XALKORI	69
xarah fe	107
XARELTO	31
XARELTO STARTER PACK	31
XATMEP	55
XCOPRI	35
XCOPRI (250 MG DAILY DOSE)	35
XCOPRI (350 MG DAILY DOSE)	35
XDEMVY	132
XELJANZ	15
XELJANZ XR	15
XENLETA	24
XENPOZYME	101
XERMELO	44

XGEVA	100
XIFAXAN	24
XIGDUO XR	40
XiIDRA	134
XOFLUZA (40 MG DOSE)	83
XOFLUZA (80 MG DOSE)	83
XOLAIR	28
XOLREMDI	113
XOSPATA	69
XPOVIO (100 MG ONCE WEEKLY)	71
XPOVIO (40 MG ONCE WEEKLY)	71
XPOVIO (40 MG TWICE WEEKLY)	71
XPOVIO (60 MG ONCE WEEKLY)	71
XPOVIO (60 MG TWICE WEEKLY)	71
XPOVIO (80 MG ONCE WEEKLY)	71
XPOVIO (80 MG TWICE WEEKLY)	72
XTANDI	60
xulane	107
XULTOPHY	40
XYWAV	144

Y

yargesa	111
YEROVY	58
YESINTEK	94
YF-VAX	150
YONDELIS	53
YUSIMRY	14
yuvafem	150

Z

zafemy	107
zafirlukast	28
zaleplon	114
ZALTRAP	56
ZANOSAR	53
zarah	107
ZARXIO	113
ZEJULA	69
ZELBORAF	69
zenatane	91

ZENPEP.....	98
ZEPOSIA.....	140
ZEPOSIA 7-DAY STARTER PACK.....	140
ZEPOSIA STARTER KIT.....	140
ZEPZELCA.....	53
ZEVRX INSULIN SYRINGE.....	122
zidovudine.....	82
ZIEXTENZO.....	113
ZIIHERA.....	72
zileuton er.....	28
ZINPLAVA.....	135
ziprasidone hcl.....	75
ziprasidone mesylate.....	75
ZIRABEV.....	56
ZIRGAN.....	132
zoledronic acid.....	100
ZOLINZA.....	69
zolmitriptan.....	123
zolpidem tartrate.....	114
zolpidem tartrate er.....	114
zomig.....	123
ZONISADE.....	35
zonisamide.....	35
ZTALMY.....	35
ZULRESSO.....	36
zumandimine.....	107
ZURZUVAE.....	36
ZYDELIG.....	69
ZYKADIA.....	69
ZYNLONTA.....	58
ZYNYZ.....	58
ZYPREXA RELPREVV.....	77

Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (Geisinger Health Plan) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity and sex stereotypes). Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Geisinger Health Plan:

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

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, call Geisinger Health Plan at 800-447-4000 or TTY: 711.

If you believe that Geisinger Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 N. Academy Ave., Danville, PA 17822-3220
Phone: 866-577-7733, TTY: 711
Fax: 570-271-7225
ghpcivilrights@thehealthplan.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the civil rights grievance coordinator is available to help you.

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

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

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

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телефон: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث لغة غير اللغة فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم هاتف الصمم والذكور: 711.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુધૂના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુદ્ધ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કોણ કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រជុំក្រុងក្រសួងសាធារណការ នគរបាលភ្នំពេញ ត្រូវក្រុមក្រសួងសាធារណការ ច្បាប់ទៅ 800-447-4000 (TTY: 711)।

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).

This formulary was updated on June 26, 2025. For more recent information or other questions, please contact Geisinger Gold Member Services at (800) 988-4861 (TTY users should call 711), 8 a.m. to 8 p.m. (7 days a week, Oct. – Mar.) or 8 a.m. to 8 p.m. (Mon. – Fri., April – Sept.) or 8 a.m. to 2 p.m. (Sat., April – Sept.) or visit www.GeisingerGold.com.