

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 November 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 November 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 November 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 154. 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 154.

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.

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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
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)	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), C (May be payable under part B), NDS-NM
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	PA, QL (280 ml per 56 days), C (May be payable under part B), NDS-NM
<i>tobramycin 300 mg/5ml nebu soln</i>	1	PA, QL (280 ml per 56 days), C (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 (1 SYRINGE) 200 MG/ML PREF SY KT	1	PA, QL (3 ea 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

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
YUSIMRY 40 MG/0.8ML SOLN A-INJ	1	PA, QL (4.8 ml per 28 days), NDS-NM
ANTIRHEUMATIC - ENZYME INHIBITORS		
<i>leflunomide (10 mg tab, 20 mg tab)</i>	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

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 (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	1	PA, QL (3.6 ml per 28 days), NDS-NM
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	
FLURBIPROFEN 100 MG TAB	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	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	1	
<i>sulindac (150 mg tab, 200 mg tab)</i>	1	
TOLMETIN SODIUM 400 MG CAP	1	
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESIC COMBINATIONS		
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	1	QL (180 ea per 30 days)
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	QL (180 ea per 30 days)
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)</i>	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		
<i>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)</i>	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
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	1	QL (180 ea per 30 days), NDS-NM
<i>hydromorphone hcl 2 mg/ml solution</i>	1	NDS-NM
HYDROMORPHONE HCL PF (1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION)	1	NDS-NM
<i>hydromorphone hcl pf (10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution)</i>	1	
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION	1	
<i>methadone hcl 10 mg tab</i>	1	QL (180 ea per 30 days), NDS-NM
METHADONE HCL 10 MG/5ML SOLUTION	1	QL (900 ml per 30 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>methadone hcl 10 mg/ml conc</i>	1	QL (180 ml per 30 days), NDS-NM
METHADONE HCL 10 MG/ML SOLUTION	1	NDS-NM
<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

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Drug Name	Drug Tier	Requirements / Limits
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
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		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION)	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

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Drug Name	Drug Tier	Requirements / Limits
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
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), C (1 syringe), NDS-NM
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	1	QL (1.5 ml per 28 days), C (1 syringe), NDS-NM

ANDROGENS-ANABOLIC (CONTINUED)

ANABOLIC STEROIDS

OXANDROLONE 10 MG TAB	1	QL (60 ea per 30 days)
OXANDROLONE 2.5 MG TAB	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	
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)	1	

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Drug Name	Drug Tier	Requirements / Limits
TESTOSTERONE 10 MG/ACT (2%) GEL	1	
TESTOSTERONE CYPIONATE (100 MG/ML SOLUTION, 200 MG/ML SOLUTION)	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	
BACITRACIN 50000 UNIT RECON SOLN	1	
<i>cefepime hcl (1 gm recon soln, 2 gm recon soln)</i>	1	
CEFEPIME HCL (1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION)	1	

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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 NAACL (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	
DAPTOMYCIN 350 MG RECON SOLN	1	
DAPTOMYCIN 500 MG RECON SOLN	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	

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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	
TIGECYCLINE 50 MG RECON SOLN	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)	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	
<i>vancomycin hcl 750 mg recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN HCL IN DEXTROSE (1-5 GM/200ML-% SOLUTION, 500-5 MG/100ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION)	1	
VANCOMYCIN HCL IN NAACL (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, 500 mg recon soln)</i>	1	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	1	
RECARBRIO 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	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANTIANGINAL AGENTS (CONTINUED)		
NITRATES		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
ISOSORBIDE MONONITRATE (10 MG TAB, 20 MG TAB)	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	
ANTIANKXIETY AGENTS (CONTINUED)		
ANTIANKXIETY 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
<i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h)</i>	1	QL (30 ea per 30 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<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	
QUINIDINE SULFATE 200 MG TAB	1	
QUINIDINE SULFATE 300 MG TAB	1	

ANTIARRHYTHMICS TYPE I-B

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

<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>propafenone hcl (150 mg tab, 225 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>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
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

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
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)
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	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
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), C (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>breyndra (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)
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	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>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), C (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 (1.5 MG PACK) 3 X 0.5 MG TAB SOL	1	QL (84 ea per 28 days)
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	1	QL (112 ea per 28 days)
ELIQUIS 0.15 MG CAP SPRINK	1	QL (74 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
ELIQUIS 0.5 MG TAB SOL	1	QL (592 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)
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), C (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), C (28 syringes)
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	1	QL (8.4 ml per 14 days), C (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), C (28 syringes)
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	1	QL (16.8 ml per 14 days), C (28 syringes)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	1	QL (11.2 ml per 14 days), C (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), C (14 syringes)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	1	QL (8.4 ml per 14 days), C (14 syringes)

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) (1000 unit/ml solution, 5000 unit/0.5ml soln prsyr, 5000 unit/ml solution, 20000 unit/ml solution)</i>	1	C (May be payable under part B)
<i>heparin sodium (porcine) 10000 unit/ml solution</i>	1	
HEPARIN SODIUM (PORCINE) PF (5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION)	1	C (May be payable under part B)
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	C (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
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	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.		
BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
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	
<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	

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
LEVETIRACETAM 250 MG TAB	1	ST-NSO
<i>levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
LEVETIRACETAM IN NAACL (500 MG/100ML SOLUTION, 1000 MG/100ML SOLUTION, 1500 MG/100ML SOLUTION)	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

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>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 25 mg/ml solution</i>	1	QL (480 ml per 30 days), PA-NSO
<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
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>vigadrone 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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
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
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 20 mg tab)</i>	1	QL (45 ea per 30 days)
<i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i>	1	QL (600 ml per 30 days)
<i>citalopram hydrobromide 40 mg tab</i>	1	QL (30 ea per 30 days)
<i>escitalopram oxalate (15 mg cap, 20 mg tab)</i>	1	QL (30 ea per 30 days)
<i>escitalopram oxalate (5 mg tab, 10 mg tab)</i>	1	QL (45 ea per 30 days)
<i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</i>	1	QL (600 ml per 30 days)
<i>fluoxetine hcl (10 mg cap, 10 mg tab)</i>	1	QL (90 ea per 30 days)
<i>fluoxetine hcl (20 mg cap, 20 mg tab)</i>	1	QL (120 ea per 30 days)
<i>fluoxetine hcl 20 mg/5ml solution</i>	1	QL (600 ml per 30 days)
<i>fluoxetine hcl 40 mg cap</i>	1	QL (60 ea per 30 days)
FLUOXETINE HCL 60 MG TAB	1	QL (30 ea per 30 days)
<i>fluoxetine hcl 60 mg tab</i>	1	QL (30 ea per 30 days)
FLUOXETINE HCL 90 MG CAP DR	1	QL (4 ea per 28 days)
<i>fluvoxamine maleate 100 mg tab</i>	1	QL (90 ea per 30 days)
<i>fluvoxamine maleate 25 mg tab</i>	1	QL (30 ea per 30 days)
<i>fluvoxamine maleate 50 mg tab</i>	1	QL (45 ea per 30 days)
<i>fluvoxamine maleate er (100 mg cap er 24h, 150 mg cap er 24h)</i>	1	QL (60 ea per 30 days)
<i>paroxetine hcl (10 mg tab, 40 mg tab)</i>	1	QL (45 ea per 30 days)
PAROXETINE HCL 10 MG/5ML SUSPENSION	1	
<i>paroxetine hcl 20 mg tab</i>	1	QL (30 ea per 30 days)
<i>paroxetine hcl 30 mg tab</i>	1	QL (60 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>paroxetine hcl er (25 mg tab er 24h, 37.5 mg tab er 24h)</i>	1	QL (60 ea per 30 days)
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	1	QL (30 ea per 30 days)
SERTRALINE HCL (150 MG CAP, 200 MG CAP)	1	QL (30 ea per 30 days)
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	1	QL (45 ea per 30 days)
<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)

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Drug Name	Drug Tier	Requirements / Limits
<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)
<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)
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	1	QL (30 ea per 30 days)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	1	QL (60 ea per 30 days)
JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	1	QL (30 ea per 30 days)
JANUMET XR 50-1000 MG TAB ER 24H	1	QL (60 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	1	QL (60 ea per 30 days)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	1	QL (60 ea per 30 days)
JENTADUETO XR 5-1000 MG TAB ER 24H	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)
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		
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	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)
<i>diazoxide 50 mg/ml suspension</i>	1	
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	1	
GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	1	

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Drug Name	Drug Tier	Requirements / Limits
GVOKE KIT 1 MG/0.2ML SOLUTION	1	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	1	
<i>metformin hcl 1000 mg tab</i>	1	QL (75 ea per 30 days)
<i>metformin hcl 500 mg tab</i>	1	QL (150 ea per 30 days)
<i>metformin hcl 850 mg tab</i>	1	QL (90 ea per 30 days)
<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), C (1 pen)

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Drug Name	Drug Tier	Requirements / Limits
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	1	PA, QL (3 ml per 28 days), C (1 pen)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	1	PA, QL (3 ml per 28 days), C (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)
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
KIRSTY 100 UNIT/ML SOLN PEN	1	INS
KIRSTY 100 UNIT/ML SOLUTION	1	PA-BVD, INS
LANTUS 100 UNIT/ML SOLUTION	1	INS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	1	INS
MERILOG 100 UNIT/ML SOLUTION	1	PA-BVD, INS
MERILOG SOLOSTAR 100 UNIT/ML SOLN PEN	1	INS

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Drug Name	Drug Tier	Requirements / Limits
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
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

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

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Drug Name	Drug Tier	Requirements / Limits
OPIOID ANTAGONISTS		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsy, 0.4 mg/ml solution, 2 mg/2ml soln prsy, 4 mg/10ml solution)</i>	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	C (RX Product only)
<i>naltrexone hcl 50 mg tab</i>	1	
VIVITROL 380 MG RECON SUSP	1	NDS-NM
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)</i>	1	
<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 prsy, 4 mg/2ml solution, 40 mg/20ml solution)</i>	1	
<i>ondansetron hcl +rfid (4 mg/2ml soln prsy, 4 mg/2ml solution)</i>	1	
<i>palonosetron hcl (0.25 mg/5ml soln prsy, 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), C (May be payable under part B)
<i>aprepitant (40 mg cap, 125 mg cap)</i>	1	PA, QL (3 ea per 2 days), C (May be payable under part B)

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Drug Name	Drug Tier	Requirements / Limits
<i>aprepitant (80 & 125 mg cap, 80 mg cap)</i>	1	PA, QL (6 ea per 4 days), C (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		
CASPOFUNGIN ACETATE (50 MG RECON SOLN, 70 MG RECON SOLN)	1	
MICAFUNGIN SODIUM (50 MG RECON SOLN, 100 MG RECON SOLN)	1	
REZZAYO 200 MG RECON SOLN	1	PA, NDS-NM
ABELCET 5 MG/ML SUSPENSION	1	PA-BVD, NDS-NM
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

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>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	
VORICONAZOLE 200 MG RECON SOLN	1	PA
ANTHYPERLIPIDEMICS (CONTINUED)		
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION)	1	PA, NDS-NM
ANTHYPERLIPIDEMICS - 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)
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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)
<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)

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Drug Name	Drug Tier	Requirements / Limits
<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)
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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)
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	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	

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Drug Name	Drug Tier	Requirements / Limits
<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)
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	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)
TELMISARTAN-AMLODIPINE 40-10 MG TAB	1	QL (30 ea per 30 days)
TELMISARTAN-AMLODIPINE 40-5 MG TAB	1	QL (30 ea per 30 days)
TELMISARTAN-AMLODIPINE 80-10 MG TAB	1	QL (30 ea per 30 days)
TELMISARTAN-AMLODIPINE 80-5 MG TAB	1	QL (30 ea per 30 days)
<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	

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Drug Name	Drug Tier	Requirements / Limits
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
<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
TRECTOR 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

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Drug Name	Drug Tier	Requirements / Limits
<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	
CISPLATIN (50 MG RECON SOLN, 50 MG/50ML SOLUTION, 200 MG/200ML SOLUTION)	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	
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	
GRAFAPEX (1 GM RECON SOLN, 5 GM RECON SOLN)	1	PA-NSO, NDS-NM
IFOSFAMIDE (1 GM RECON SOLN, 1 GM/20ML SOLUTION, 3 GM RECON SOLN, 3 GM/60ML SOLUTION)	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

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Drug Name	Drug Tier	Requirements / Limits
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
FLUDARABINE PHOSPHATE 50 MG RECON SOLN	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	

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Drug Name	Drug Tier	Requirements / Limits
<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
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

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Drug Name	Drug Tier	Requirements / Limits
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
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

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Drug Name	Drug Tier	Requirements / Limits
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
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

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Drug Name	Drug Tier	Requirements / Limits
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
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

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Drug Name	Drug Tier	Requirements / Limits
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
TAGRISSE (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
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)

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
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	
FIRMAGON 80 MG RECON SOLN	1	
FULVESTRANT 250 MG/5ML SOLN PRSYR	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

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
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
<i>dactinomycin 0.5 mg recon soln</i>	1	
DAUNORUBICIN HCL (20 MG/4ML SOLUTION, 50 MG/10ML SOLUTION)	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		
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	1	QL (66 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
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
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

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
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
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN)	1	PA-NSO, NDS-NM
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 160 MG TAB	1	QL (60 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

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Drug Name	Drug Tier	Requirements / Limits
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
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	1	QL (112 ea per 28 days), PA-NSO, NDS-NM
<i>everolimus (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
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

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
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
IBTROZI 200 MG CAP	1	QL (90 ea per 30 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)
IMBRUVICA (70 MG CAP, 420 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM
IMBRUVICA 140 MG CAP	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
IMBRUVICA 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
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

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
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
KOSELUGO 5 MG CAP SPRINK	1	QL (600 ea per 30 days), PA-NSO, NDS-NM
KOSELUGO 7.5 MG CAP SPRINK	1	QL (360 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
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

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
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
PAZOPANIB HCL 400 MG TAB	1	QL (60 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
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

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
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
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

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
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
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

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Drug Name	Drug Tier	Requirements / Limits
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
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
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
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)	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
EMRELIS (20 MG RECON SOLN, 100 MG RECON SOLN)	1	PA-NSO, NDS-NM
HERCESSI (150 MG RECON SOLN, 420 MG RECON SOLN)	1	NDS-NM
HERNEXEOS 60 MG TAB	1	QL (90 ea per 30 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
LYNOZYFIC (5 MG/2.5ML SOLUTION, 200 MG/10ML SOLUTION)	1	PA-NSO, NDS-NM
MARGENZA 250 MG/10ML SOLUTION	1	PA-NSO, NDS-NM
MATULANE 50 MG CAP	1	NDS-NM
MODEYSO 125 MG CAP	1	QL (20 ea per 28 days), PA-NSO, 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

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>tretinoin 10 mg cap</i>	1	NDS-NM
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	
LEVOLEUCOVORIN CALCIUM 50 MG RECON SOLN	1	
LEVOLEUCOVORIN CALCIUM PF (175 MG/17.5ML SOLUTION, 250 MG/25ML SOLUTION)	1	NDS-NM
<i>mesna (100 mg/ml solution, 400 mg tab)</i>	1	
MITOTIC INHIBITORS		
<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
JEVTANA 60 MG/1.5ML SOLUTION	1	PA-NSO, NDS-NM
<i>paclitaxel (30 mg/5ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc, 300 mg/50ml conc)</i>	1	
PACLITAXEL PROTEIN-BOUND PART 100 MG RECON SUSP	1	PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
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 SUSPENSION	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)
TRIHXYPHENIDYL 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
<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	

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Drug Name	Drug Tier	Requirements / Limits
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	
ANTIPSYCHOTICS - MISC.		
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	1	QL (30 ea per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
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		
ERZOFRI 117 MG/0.75ML SUSP PRSYR	1	QL (0.75 ml per 28 days), PA-NSO, NDS-NM
ERZOFRI 156 MG/ML SUSP PRSYR	1	QL (1 ml per 28 days), PA-NSO, NDS-NM
ERZOFRI 234 MG/1.5ML SUSP PRSYR	1	QL (1.5 ml per 28 days), PA-NSO, NDS-NM
ERZOFRI 351 MG/2.25ML SUSP PRSYR	1	QL (2.25 ml per 28 days), PA-NSO, NDS-NM
ERZOFRI 39 MG/0.25ML SUSP PRSYR	1	QL (0.25 ml per 28 days), PA-NSO

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Drug Name	Drug Tier	Requirements / Limits
ERZOFRI 78 MG/0.5ML SUSP PRSYR	1	QL (0.5 ml per 28 days), PA-NSO, NDS-NM
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 A 1 & 2 & 4 & 6 MG TAB	1	QL (8 ea per 28 days)
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	1	QL (12 ea per 180 days)
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	1	QL (8 ea per 180 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
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)

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Drug Name	Drug Tier	Requirements / Limits
<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
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)

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Drug Name	Drug Tier	Requirements / Limits
<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
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	
PROCHLORPERAZINE EDISYLATE (10 MG/2ML SOLUTION, 50 MG/10ML SOLUTION)	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, C (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		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	1	QL (2.4 ml per 56 days), PA-NSO, NDS-NM
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	1	QL (3.2 ml per 56 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	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)
ARISTADA 1064 MG/3.9ML PRSYR	1	QL (3.9 ml per 56 days), PA-NSO, C (1 syringe), NDS-NM
ARISTADA 441 MG/1.6ML PRSYR	1	QL (1.6 ml per 28 days), PA-NSO, C (1 syringe), NDS-NM
ARISTADA 662 MG/2.4ML PRSYR	1	QL (2.4 ml per 28 days), PA-NSO, C (1 syringe), NDS-NM
ARISTADA 882 MG/3.2ML PRSYR	1	QL (3.2 ml per 28 days), PA-NSO, C (1 syringe), NDS-NM
ARISTADA INITIO 675 MG/2.4ML PRSYR	1	QL (2.4 ml per 180 days), PA-NSO, NDS-NM
OPIPZA (2 MG FILM, 5 MG FILM, 10 MG FILM)	1	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
APTIVUS 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

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Drug Name	Drug Tier	Requirements / Limits
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
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)

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Drug Name	Drug Tier	Requirements / Limits
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
KALETRA 400-100 MG/5ML SOLUTION	1	QL (480 ml per 30 days)
<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)
<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 (675-150 MG TAB, 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

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Drug Name	Drug Tier	Requirements / Limits
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
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	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)
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

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Drug Name	Drug Tier	Requirements / Limits
<i>ganciclovir sodium (500 mg recon soln, 500 mg/10ml solution)</i>	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)
<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)

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Drug Name	Drug Tier	Requirements / Limits
<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)
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)
REMDESIVIR (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	

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Drug Name	Drug Tier	Requirements / Limits
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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
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)	1	
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

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Drug Name	Drug Tier	Requirements / Limits
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	
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	1	PA, QL (60 ea per 30 days)
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	
<i>sacubitril-valsartan 24-26 mg tab</i>	1	QL (180 ea per 30 days)
<i>sacubitril-valsartan 49-51 mg tab</i>	1	QL (90 ea per 30 days)
<i>sacubitril-valsartan 97-103 mg tab</i>	1	QL (60 ea per 30 days)
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
<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	
CEFTRIAZONE SODIUM IN DEXTROSE (20 MG/ML SOLUTION, 40 MG/ML SOLUTION)	1	
CEFTRIAZONE 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	

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Drug Name	Drug Tier	Requirements / Limits
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		
BETAMETHASONE SOD PHOS & ACET 6 (3-3) MG/ML SUSPENSION	1	
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	
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)	1	

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Drug Name	Drug Tier	Requirements / Limits
<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>jaythari (6 mg tab, 30 mg tab)</i>	1	PA, QL (60 ea per 30 days), NDS-NM
<i>jaythari 18 mg tab</i>	1	PA, QL (30 ea per 30 days), NDS-NM
<i>jaythari 36 mg tab</i>	1	PA, NDS-NM
<i>kymbee (6 mg tab, 30 mg tab)</i>	1	PA, QL (60 ea per 30 days), NDS-NM
<i>kymbee 18 mg tab</i>	1	PA, QL (30 ea per 30 days), NDS-NM
<i>kymbee 36 mg tab</i>	1	PA, NDS-NM
<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	
METHYLPREDNISOLONE ACETATE (40 MG/ML SUSPENSION, 80 MG/ML SUSPENSION)	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
<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	
TRIAMCINOLONE ACETONIDE 40 MG/ML SUSPENSION	1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate 0.1 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
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	
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)

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Drug Name	Drug Tier	Requirements / Limits
<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 perox (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	
<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)
CLOTTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1	QL (90 ml per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>econazole nitrate 1 % cream</i>	1	
<i>ketconazole (2 % cream, 2 % foam, 2 % shampoo)</i>	1	
<i>klayesta 100000 unit/gm powder</i>	1	
NAFTIFINE HCL 1 % CREAM	1	QL (90 gm per 30 days)
NAFTIFINE HCL 1 % CREAM	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	
LEVULAN KERASTICK 20 % RECON SOLN	1	
PANRETIN 0.1 % GEL	1	PA-NSO, NDS-NM
VALCHLOR 0.016 % GEL	1	PA-NSO, NDS-NM
ANTIPSORIATICS		
<i>acitretin (10 mg cap, 17.5 mg cap)</i>	1	PA, QL (60 ea per 30 days)
<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

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
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
METHOXSALLEN 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, 45 MG/0.5ML SOLUTION)	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 (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	1	PA, QL (4 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
<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 (4 ml per 28 days), NDS-NM
TREMFYA ONE-PRESS 100 MG/ML SOLN PEN	1	PA, QL (2 ml per 28 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
TREMFYA PEN 100 MG/ML SOLN A-INJ	1	PA, QL (2 ml per 28 days), NDS-NM
TREMFYA PEN 200 MG/2ML SOLN A-INJ	1	PA, QL (4 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)
BETAMETHASONE VALERATE 0.1 % LOTION	1	QL (120 ml per 30 days)
<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)

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Drug Name	Drug Tier	Requirements / Limits
<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)
HYDROCORTISONE (1 % CREAM, 1 % OINTMENT, 2 % LOTION, 2.5 % CREAM, 2.5 % OINTMENT)	1	
HYDROCORTISONE 2.5 % LOTION	1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	1	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	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	

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Drug Name	Drug Tier	Requirements / Limits
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	C (May be payable under part B)
<i>premium lidocaine 5 % ointment</i>	1	
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	C (For Insulin Delivery Only)
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	1	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	1	C (For Insulin Delivery Only)
<i>imiquimod (3.75 % cream, 5 % cream)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>imiquimod pump 3.75 % cream</i>	1	
<i>isopropyl alcohol 70 % misc</i>	1	C (For Insulin Delivery Only)
<i>isopropyl alcohol wipes 70 % misc</i>	1	C (For Insulin Delivery Only)
<i>malathion 0.5 % lotion</i>	1	
<i>medpura alcohol pads 70 % misc</i>	1	C (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	C (For Insulin Delivery Only)
<i>ra isopropyl alcohol wipes 70 % misc</i>	1	C (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	
SULFAMYLON 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	

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Drug Name	Drug Tier	Requirements / Limits
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	
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION, 20 MG TAB, 40 MG TAB, 80 MG TAB)	1	
<i>torseamide (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	
<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)

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Drug Name	Drug Tier	Requirements / Limits
ALENDRONATE SODIUM (5 MG TAB, 10 MG TAB)	1	QL (30 ea per 30 days)
<i>alendronate sodium 70 mg/75ml solution</i>	1	
BOMYNTRA (120 MG/1.7ML SOLN PRSYR, 120 MG/1.7ML SOLUTION)	1	NDS-NM
<i>calcitonin (salmon) (200 unit/act solution, 200 unit/ml solution)</i>	1	
CONEXENCE 60 MG/ML SOLN PRSYR	1	QL (1 ml per 180 days)
<i>ibandronate sodium 150 mg tab</i>	1	
<i>ibandronate sodium 3 mg/3ml solution</i>	1	PA, C (May be payable under part B)
JUBBONTI 60 MG/ML SOLN PRSYR	1	QL (1 ml per 180 days)
OSENVELT 120 MG/1.7ML SOLUTION	1	NDS-NM
<i>pamidronate disodium (6 mg/ml solution, 30 mg/10ml solution, 90 mg/10ml solution)</i>	1	C (May be payable under part B)
<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)
STOBOCLO 60 MG/ML SOLN PRSYR	1	QL (1 ml per 180 days)
TERIPARATIDE 560 MCG/2.24ML SOLN PEN	1	PA, QL (2.48 ml per 28 days), C (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), C (May be payable under part B, 1 pen), NDS-NM
WYOST 120 MG/1.7ML SOLUTION	1	NDS-NM
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	1	C (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 FLEXPOR (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

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Drug Name	Drug Tier	Requirements / Limits
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
CALCITRIOL (0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION)	1	C (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	C (May be payable under part B)
<i>cinacalcet hcl 30 mg tab</i>	1	QL (60 ea per 30 days), C (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	C (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	C (May be payable under part B)
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	C (May be payable under part B)
<i>levocarnitine sf 1 gm/10ml solution</i>	1	C (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

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Drug Name	Drug Tier	Requirements / Limits
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	C (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
VYKAT XR (25 MG TAB ER 24H, 75 MG TAB ER 24H, 150 MG TAB ER 24H)	1	PA, QL (90 ea per 30 days), NDS-NM
XENPOZYME (4 MG RECON SOLN, 20 MG RECON SOLN)	1	PA, NDS-NM
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	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
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	

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Drug Name	Drug Tier	Requirements / Limits
CRENESSITY (25 MG CAP, 50 MG CAP, 100 MG CAP)	1	PA, QL (60 ea per 30 days), NDS-NM
CRENESSITY 50 MG/ML SOLUTION	1	PA, QL (120 ml per 30 days), NDS-NM
<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	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	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>abigale 1-0.5 mg tab</i>	1	
<i>afirmelle 0.1-20 mg-mcg tab</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)</i>	1	
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	1	
<i>elinest 0.3-30 mg-mcg tab</i>	1	
<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>estarylla 0.25-35 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>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	
<i>etonogestrel-ethinyl estradiol 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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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>luizza 1.5/30 1.5-30 mg-mcg tab</i>	1	
<i>luizza 1/20 1-20 mg-mcg tab</i>	1	
<i>lutra 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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
PREMPHASE 0.625-5 MG TAB	1	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	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-estarylla 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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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>vienva 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	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB)	1	
PREMARIN 1.25 MG TAB	1	
PREMARIN 25 MG RECON SOLN	1	
FLUOROQUINOLONES (CONTINUED)		
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION	1	
CIPROFLOXACIN IN D5W 400 MG/200ML SOLUTION	1	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>moxifloxacin hcl (400 mg tab, 400 mg/250ml solution)</i>	1	
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	1	
OFLOXACIN (300 MG TAB, 400 MG TAB)	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	
<i>metoclopramide hcl +rfd 5 mg/ml 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	

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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 (60 ml per 180 days), NDS-NM
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	1	
TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ	1	PA, QL (4 ml per 28 days), NDS-NM

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	
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	1	PA, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	
<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</i>	1	ST, QL (30 ea per 30 days)
<i>febuxostat 80 mg tab</i>	1	ST, QL (30 ea per 30 days)
KRYSTEXXA 8 MG/50ML SOLUTION	1	PA, QL (50 ml per 14 days), NDS-NM
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	

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Drug Name	Drug Tier	Requirements / Limits
<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)
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	1	
PROTAMINE		
PROTAMINE SULFATE 10 MG/ML SOLUTION	1	C (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

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Drug Name	Drug Tier	Requirements / Limits
<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, C (May be payable under part B)
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), C (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 SOLN PRSYR	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

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Drug Name	Drug Tier	Requirements / Limits
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
PROCRIT (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), C (May be payable under part B)
PROCRIT 40000 UNIT/ML SOLUTION	1	PA, QL (6 ml per 28 days), C (May be payable under part B)
REBLOZYL (25 MG RECON SOLN, 75 MG RECON SOLN)	1	PA, NDS-NM
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), C (May be payable under part B)
RETACRIT 40000 UNIT/ML SOLUTION	1	PA, QL (6 ml per 28 days), C (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
XOLREMDI 100 MG CAP	1	PA, QL (120 ea per 30 days), NDS-NM
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid 250 mg/ml solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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)
<i>eszopiclone 2 mg tab</i>	1	PA, QL (30 ea per 30 days), HRM (PA Required for Members age 65 and older)
IGALMI (120 MCG FILM, 180 MCG FILM)	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

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Drug Name	Drug Tier	Requirements / Limits
ORLADEYO (110 MG CAP, 150 MG CAP)	1	PA, QL (28 ea per 28 days), NDS-NM
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	1	PA, QL (4 ml per 28 days), NDS-NM
TAKHZYRO 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	
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		
LIDOCAINE HCL (0.5 % SOLUTION, 1 % SOLUTION, 2 % 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
<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	C (For Insulin Delivery Only)
GAUZE PADS 2X2	1	C (For Insulin Delivery Only)
DIABETIC SUPPLIES		
INSULIN SYRINGE (DISP) U-100 1 ML	1	
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	1	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	1	
OMNIPOD 5 G6 PODS (GEN 5) MISC	1	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	1	
OMNIPOD 5 G7 PODS (GEN 5) MISC	1	
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT	1	
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	1	
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	C (For Insulin Delivery 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
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 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	
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	
CEQR SIMPLICITY 2U DEVICE	1	QL (10 ea per 30 days)
CEQR 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 15/64" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	

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Drug Name	Drug Tier	Requirements / Limits
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
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)
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	

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
LITETOUCH 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	
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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	

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 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	
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, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
ZEVRIX 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)

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
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)
<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	
<i>dextrose in lactated ringers 5 % solution</i>	1	
DEXTROSE-SODIUM CHLORIDE (10-0.2 % SOLUTION, 10-0.45 % SOLUTION)	1	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	

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
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	
KCL (0.298%) IN NACL 40-0.9 MEQ/L-% SOLUTION	1	
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)	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	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	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		
MAGNESIUM SULFATE (2 GM/50ML SOLUTION, 4 GM/100ML SOLUTION, 4 GM/50ML SOLUTION, 20 GM/500ML SOLUTION, 40 GM/1000ML SOLUTION, 50 % SOLUTION)	1	
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% SOLUTION	1	
PHOSPHATE		
SODIUM PHOSPHATES 45 MMOLE/15ML 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
POTASSIUM		
KLOR-CON 10 10 MEQ TAB ER	1	
KLOR-CON 8 MEQ TAB ER	1	
<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	
POTASSIUM ACETATE 2 MEQ/ML SOLUTION	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	
POTASSIUM CHLORIDE ER (8 CAP ER, 8 TAB ER, 10 CAP ER, 10 TAB ER, 15 TAB ER, 20 TAB ER)	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

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>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
<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
NIKTIMVO 22 MG/0.44ML SOLUTION	1	PA, QL (0.88 ml per 14 days), NDS-NM
NIKTIMVO 9 MG/0.18ML SOLUTION	1	PA, QL (0.72 ml per 14 days), 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, C (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

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
ENSPRYNG 120 MG/ML SOLN PRSYR	1	PA, QL (3 ml per 28 days), NDS-NM
ENVARUSUS 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, C (May be payable under part B)
<i>everolimus 1 mg tab</i>	1	PA-NSO, C (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
<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, C (May be payable under part B), NDS-NM
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	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
<i>tacrolimus 5mg/ml solution</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		
RINGERS IRRIGATION SOLUTION	1	

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Drug Name	Drug Tier	Requirements / Limits
<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
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	
<i>baclofen 10 mg/5ml solution</i>	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	

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Drug Name	Drug Tier	Requirements / Limits
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
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	C (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	
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS 50 MG CAP	1	PA, QL (90 ea per 30 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
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
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
DEXTROSE 5 % SOLUTION	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

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Drug Name	Drug Tier	Requirements / Limits
PREMASOL 10 % SOLUTION	1	PA-BVD
PROSOL 20 % SOLUTION	1	PA-BVD
TRAVASOL 10 % SOLUTION	1	PA-BVD
TROPHAMINE 10 % SOLUTION	1	PA-BVD
OPHTHALMIC AGENTS (CONTINUED)		
BETA-BLOCKERS - OPTHALMIC		
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	
DORZOLAMIDE HCL-TIMOLOL MAL (2-0.5 % SOLUTION, 22.3-6.8 MG/ML SOLUTION)	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 % 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)

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Drug Name	Drug Tier	Requirements / Limits
BESIVANCE 0.6 % SUSPENSION	1	
CILOXAN 0.3 % OINTMENT	1	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
<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	
SULFACETAMIDE SODIUM (10 % OINTMENT, 10 % SOLUTION)	1	
<i>tobramycin 0.3 % solution</i>	1	
TRIFLURIDINE 1 % SOLUTION	1	
XDEMVIY 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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
<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
<i>diclofenac sodium 0.1 % solution</i>	1	
DORZOLAMIDE HCL 2 % SOLUTION	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	C (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	
<i>pilocarpine hcl 1.25 % solution</i>	1	PA, QL (5 ml per 30 days)
XIIDRA 5 % SOLUTION	1	
PROSTAGLANDINS - OPHTHALMIC		
LATANOPROST 0.005 % SOLUTION	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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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, C (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, C (May be payable under part B), NDS-NM
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	1	PA, C (May be payable under part B), NDS-NM
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	1	PA, C (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, C (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, C (May be payable under part B), NDS-NM
HIZENTRA 10 GM/50ML SOLN PRSYR	1	PA, C (May be payable under part B), NDS-NM
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 40 GM/400ML SOLUTION)	1	PA, C (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)

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Drug Name	Drug Tier	Requirements / Limits
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, C (May be payable under part B), NDS-NM
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	
<i>ampicillin 500 mg cap</i>	1	
AMPICILLIN SODIUM (1 GM RECON SOLN, 2 GM RECON SOLN, 10 GM RECON SOLN)	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	

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Drug Name	Drug Tier	Requirements / Limits
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	
PIPERACILLIN-TAZOBACTAM-NACL 4-0.5 GM/100ML RECON SOLN	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	1	
NAFCILLIN SODIUM (1 GM RECON SOLN, 2 GM RECON SOLN, 10 GM RECON SOLN)	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	

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Drug Name	Drug Tier	Requirements / Limits
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	
<i>norethindrone 0.35 mg tab</i>	1	
<i>norethindrone acetate 5 mg tab</i>	1	
<i>orquidea 0.35 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)

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Drug Name	Drug Tier	Requirements / Limits
<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
<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

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Drug Name	Drug Tier	Requirements / Limits
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 prsy</i>	1	QL (30 ml per 30 days), NDS-NM
<i>glatiramer acetate 40 mg/ml soln prsy</i>	1	QL (12 ml per 28 days), NDS-NM
<i>glatopa 20 mg/ml soln prsy</i>	1	QL (30 ml per 30 days), NDS-NM
<i>glatopa 40 mg/ml soln prsy</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
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
OCREVUS ZUNOVO 920-23000 MG-UT/23ML SOLUTION	1	PA, QL (23 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

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Drug Name	Drug Tier	Requirements / Limits
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)
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

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Drug Name	Drug Tier	Requirements / Limits
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
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, C (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

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Drug Name	Drug Tier	Requirements / Limits
<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)		
ANTI-HISTAMINES		
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	1	C (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	C (rx product only)
<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, C (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, C (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)

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Drug Name	Drug Tier	Requirements / Limits
TYVASO 0.6 MG/ML SOLUTION	1	PA, QL (81.2 ml per 28 days), C (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 INSTITUTIONAL KIT 80 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 MAINTENANCE KIT 80 MCG POWDER	1	PA, QL (112 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
TYVASO REFILL 0.6 MG/ML SOLUTION	1	PA, QL (81.2 ml per 28 days), C (May be payable under part B), NDS-NM
TYVASO STARTER 0.6 MG/ML SOLUTION	1	PA, QL (81.2 ml per 28 days), C (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	

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Drug Name	Drug Tier	Requirements / Limits
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>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	1	
<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	
MINOCYCLINE HCL ER (45 MG TAB ER 24H, 90 MG TAB ER 24H)	1	QL (30 ea per 30 days)
MINOCYCLINE HCL ER 135 MG TAB ER 24H	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	

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Drug Name	Drug Tier	Requirements / Limits
<i>propylthiouracil 50 mg tab</i>	1	
THYROID HORMONES		
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)	1	QL (30 ea per 30 days)
<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	
<i>liomny (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
<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 SUSP PRSYR, 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

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Drug Name	Drug Tier	Requirements / Limits
INFANRIX 25-58-10 SUSPENSION	1	VAC
KINRIX 0.5 ML SUSP PRSYR	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 LF/0.5ML SUSPENSION	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	
<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	
CIMETIDINE HCL 300 MG/5ML SOLUTION	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	

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Drug Name	Drug Tier	Requirements / Limits
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	
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	1	QL (30 ea per 30 days)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	1	
<i>tolterodine tartrate 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

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Drug Name	Drug Tier	Requirements / Limits
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 (0.5 ML SOLUTION, SOLUTION)	1	VAC
MENVEO (RECON SOLN, SOLUTION)	1	VAC
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	1	VAC
PENBRAYA RECON SUSP	1	VAC
PENMENVY 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		
ABRYSSVO 120 MCG/0.5ML RECON SOLN	1	VAC
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 U/ML SUSP PRSYR, 1440 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 SUSPENSION	1	VAC

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Drug Name	Drug Tier	Requirements / Limits
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
PREHEVBRIO 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
STAMARIL RECON SUSP	1	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	VAC
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	1	VAC
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	1	VAC
VAQTA 25 UNIT/0.5ML SUSP PRSYR	1	VAC
VAQTA 25 UNIT/0.5ML SUSPENSION	1	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	1	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	1	VAC
YF-VAX RECON SUSP	1	VAC
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate 2 % 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
<i>metronidazole 0.75 % gel</i>	1	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1	
VAGINAL ESTROGENS		
<i>estradiol (0.01 % cream, 10 mcg tab)</i>	1	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	1	
PREMARIN 0.625 MG/GM CREAM	1	
<i>yuvafem 10 mcg tab</i>	1	

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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

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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)

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

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos 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، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 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 kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન 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).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, លេខាជន្នយុវជនភាសា ដោយមិនគិតលុយ គឺអាចមានសំណប់អង្គការ ច្នៃ ច្នៃលេខ 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 11/26/2025. 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.