

Geisinger Gold Federal Employee Health Benefits (FEHB) Standard Medicare

2027 Formulary
(List of Covered Drugs)

Geisinger
HEALTH PLAN

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

This formulary was updated on 10/05/2026. 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 [geisingergold.com](https://www.geisingergold.com).

Geisinger Gold Rx Federal Employees Plan (HMO)

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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.

This document includes a Drug List (formulary) for our plan which is current as of October 5, 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, 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 FEHB Standard 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/medicare-dsnp>.

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 on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to Geisinger Gold’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, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the 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 Geisinger Gold’s formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 5, 2026. 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 10. 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 183. 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 based on specific criteria 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 Geisinger Gold’s formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

- You can ask Customer Care 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 Geisinger Gold'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.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, 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 tiering or formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need 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 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 FEHB Standard 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 183.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., OZEMPIC) 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

	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.
	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. Information may need to be submitted describing the use and setting of the drug to make the determination. Without prior approval, our plan may not cover this drug.
	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.
	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.
	Quantity Limit Restriction	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.
	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
	Step Therapy Restriction for New Starts Only	If this drug is new to you, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

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

OTHER SPECIAL REQUIREMENTS FOR COVERAGE

	Non-Mail Order Drug	Drugs not available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary.
	Non-Extended Day Supply	Drugs not available for an extended day supply (i.e., more than a one-month supply) are noted with “NDS” in the Requirements/Limits column of your formulary.
	Insulin	Insulin products at a maximum \$35 per month.
	Vaccine	Medicare Part D Vaccines covered at \$0.
	Preventative Care Drugs	Preventative care drugs covered at \$0
	Select Care Drugs	Select care drugs covered at \$0
	Excluded Products	CMS excluded products that are chosen to be covered by the plan.

Every medication on the Geisinger Gold 2027 FEHB Standard formulary is in one of four (4) cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher the cost of the medication. As shown in the table below, the amount of the copayment or coinsurance depends on which cost-sharing tier your medication is in. Please note that 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.

Your share of the cost when you get a 30-day supply of a covered Part D prescription drug after meeting your deductible (if applicable) and prior to entering catastrophic coverage:

Tier 1 (Generic)	\$10
Tier 2 (Preferred Brand)	\$45
Tier 3 (Non-Preferred Drug)	\$60
Tier 4 (Specialty)	\$75

Your share of the cost when you get an 84-100* day supply of a covered Part D prescription drug prior to entering catastrophic coverage:

Tier	When obtained at a Geisinger contracted retail network pharmacy	When obtained at a Geisinger contracted mail order pharmacy
Tier 1 (Generic)	\$20	\$15
Tier 2 (Preferred Brand)	\$90	\$67.50
Tier 3 (Non-Preferred Drug)	\$120	\$90
Tier 4 (Specialty)	\$150	\$112.50

*Supply may be restricted due to product packaging and/or State and Federal Laws

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS.....	12
ANALGESICS - ANTI-INFLAMMATORY.....	14
ANALGESICS - NONNARCOTIC.....	18
ANALGESICS - OPIOID.....	19
ANDROGENS-ANABOLIC.....	22
ANORECTAL AND RELATED PRODUCTS.....	22
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....	23
ANTI-INFECTIVE AGENTS - MISC.....	26
ANTIANXIETY AGENTS.....	26
ANTIBACTERIALS.....	27
ANTICOAGULANTS.....	35
ANTICONVULSANTS.....	37
ANTIDEPRESSANTS.....	42
ANTIDIABETICS.....	45
ANTIDOTES AND SPECIFIC ANTAGONISTS.....	51
ANTIEMETICS.....	52
ANTIFUNGALS.....	53
ANTIHYPERTENSIVES.....	54
ANTIHYPERTENSIVES.....	56
ANTIMYCOBACTERIAL AGENTS.....	59
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	59
ANTIPARASITICS.....	82
ANTIPARKINSON AND RELATED THERAPY AGENTS.....	82
ANTIPSYCHOTICS/ANTIMANIC AGENTS.....	84
ANTISPASTICITY AGENTS.....	89
ANTIVIRALS.....	90
BIOLOGICALS MISC.....	95
CARDIOVASCULAR AGENTS.....	99
CARDIOVASCULAR AGENTS - MISC.....	105
COUGH/COLD/ALLERGY.....	106
DENTAL AND ORAL AGENTS.....	106
DERMATOLOGICALS.....	107
DIAGNOSTIC PRODUCTS.....	115
ENDOCRINE AND METABOLIC AGENTS - MISC.....	116
ENDOCRINE MEDICATIONS.....	118
GASTROINTESTINAL MEDICATIONS.....	124
GENITOURINARY AGENTS.....	127
GOUT AGENTS.....	129

HEMATOPOIETIC AGENTS.....	129
IMMUNOLOGICAL AGENTS.....	131
INFLAMMATORY BOWEL DISEASE AGENTS.....	138
LOCAL ANESTHETICS-PARENTERAL.....	138
MEDICAL DEVICES AND SUPPLIES.....	139
MIGRAINE PRODUCTS.....	146
MISCELLANEOUS THERAPEUTIC AGENTS.....	147
MISCELLANEOUS THERAPEUTIC CLASSES.....	151
NASAL AGENTS - SYSTEMIC AND TOPICAL.....	151
NUTRIENTS.....	152
OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS.....	156
OPHTHALMIC AGENTS.....	167
OTIC AGENTS.....	171
OXYTOCICS.....	171
PASSIVE IMMUNIZING AND TREATMENT AGENTS.....	171
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....	171
RESPIRATORY TRACT AGENTS.....	174
SLEEP DISORDER AGENTS.....	181
VAGINAL AND RELATED PRODUCTS.....	182

Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphetamine 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)</i>	1	
<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	
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	1	
<i>dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)</i>	1	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	1	PA, QL (30 ea per 30 days)
ANTI-OBESITY AGENTS		
<i>benzphetamine hcl 50 mg tab</i>	1*	
CONTRAVE 8-90 MG TAB ER 12H	3*	QL (120 ea per 30 days), PA-NSO
<i>diethylpropion hcl 25 mg tab</i>	1*	
DIETHYLPROPION HCL ER 75 MG TAB ER 24H	1*	
IMCIVREE 10 MG/ML SOLUTION	3*	QL (9 ml per 30 days)
<i>liraglutide -weight management 18 mg/3ml soln pen</i>	3	QL (15 ml per 30 days), PA-NSO, NDS-NM
<i>lomaira 8 mg tab</i>	1*	
ORLISTAT 120 MG CAP	3*	QL (90 ea per 30 days), PA-NSO
<i>phendimetrazine tartrate 35 mg tab</i>	1*	
PHENDIMETRAZINE TARTRATE ER 105 MG CAP ER 24H	1*	
<i>phentermine hcl (8 mg tab, 15 mg cap, 30 mg cap, 37.5 mg cap, 37.5 mg tab)</i>	1*	

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

Drug Name	Drug Tier	Requirements / Limits
<i>phentermine-topiramate er (3.75-23 mg cap er 24h, 7.5-46 mg cap er 24h, 11.25-69 mg cap er 24h, 15-92 mg cap er 24h)</i>	1*	QL (30 ea per 30 days), PA-NSO
<i>phentermine-topiramate erxdnu (3.75-23 mg cap er 24h, 7.5-46 mg cap er 24h, 11.25-69 mg cap er 24h, 15-92 mg cap er 24h)</i>	1*	QL (30 ea per 30 days), PA-NSO
PLENITY CAP	3*	
PLENITY WELCOME KIT CAP	3*	
QSYMIA (3.75-23 MG CAP ER 24H, 7.5-46 MG CAP ER 24H, 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H)	3	QL (30 ea per 30 days), PA-NSO
SAXENDA 18 MG/3ML SOLN PEN	3*	QL (15 ml per 30 days), PA-NSO, NDS-NM
XENICAL 120 MG CAP	3*	QL (90 ea per 30 days), PA-NSO
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	
<i>clonidine hcl er 0.1 mg tab er 12h</i>	1	
<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	
QELBREE 100 MG CAP ER 24H	3	PA, QL (30 ea per 30 days)
QELBREE 150 MG CAP ER 24H	3	PA, QL (60 ea per 30 days)
QELBREE 200 MG CAP ER 24H	3	PA, QL (90 ea per 30 days)
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	
<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	

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 (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)</i>	1	PA, NDS-NM
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 10 mg chew tab)</i>	3	
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	NDS-NM
<i>methylphenidate hcl (5 mg/5ml solution, 10 mg/5ml solution)</i>	1	
<i>methylphenidate hcl er (10 mg tab er, 18 mg tab er, 20 mg tab er)</i>	1	NDS-NM
<i>methylphenidate hcl er (18 mg tab er 24h, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
<i>methylphenidate hcl er (cd) (20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er)</i>	1	
<i>methylphenidate hcl er (cd) 10 mg cap er</i>	1	NDS-NM
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)</i>	1	NDS-NM
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	1	PA, NDS-NM
<i>methylphenidate hcl er (osm) (27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
<i>methylphenidate hcl er (osm) 18 mg tab er</i>	1	NDS-NM
<i>methylphenidate hcl er(diffus) (27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
<i>modafinil (100 mg tab, 200 mg tab)</i>	1	PA

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

<i>leflunomide (10 mg tab, 20 mg tab)</i>	1	
OLUMIANT (1 MG TAB, 2 MG TAB, 4 MG TAB)	4	PA, QL (30 ea per 30 days), NDS-NM
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	4	PA, QL (30 ea per 30 days), NDS-NM
RINVOQ 45 MG TAB ER 24H	4	PA, QL (84 ea per 180 days), NDS-NM

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

Drug Name	Drug Tier	Requirements / Limits
RINVOQ LQ 1 MG/ML SOLUTION	4	PA, QL (360 ml per 30 days), NDS-NM
<i>tofacitinib citrate (5 mg tab, 10 mg tab)</i>	4	PA, QL (60 ea per 30 days), NDS-NM
<i>tofacitinib citrate 1 mg/ml solution</i>	4	PA, QL (300 ml per 30 days), NDS-NM
<i>tofacitinib citrate er (11 mg tab er 24h, 22 mg tab er 24h)</i>	4	PA, QL (30 ea per 30 days), NDS-NM
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>adult aspirin regimen 81 mg tab dr</i>	\$0*	
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	\$0*	
<i>aspirin 81 (81 mg chew tab, 81 mg tab dr)</i>	\$0*	
<i>aspirin adult low dose 81 mg tab dr</i>	\$0*	
<i>aspirin adult low strength 81 mg tab dr</i>	\$0*	
<i>aspirin childrens 81 mg chew tab</i>	\$0*	
<i>aspirin ec adult low dose 81 mg tab dr</i>	\$0*	
<i>aspirin ec low dose 81 mg tab dr</i>	\$0*	
<i>aspirin ec low strength 81 mg tab dr</i>	\$0*	
<i>aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	\$0*	
<i>aspirin regimen 81 mg tab dr</i>	\$0*	
<i>bayer aspirin ec low dose 81 mg tab dr</i>	\$0*	
<i>bayer low dose (81 mg chew tab, 81 mg tab dr)</i>	\$0*	
<i>cataflam 50 mg tab</i>	1	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	1	
<i>childrens aspirin 81 mg chew tab</i>	\$0*	
<i>cvs aspirin adult low dose 81 mg chew tab</i>	\$0*	
<i>cvs aspirin adult low strength 81 mg tab dr</i>	\$0*	
<i>cvs aspirin ec 81 mg tab dr</i>	\$0*	
<i>cvs aspirin low dose 81 mg tab dr</i>	\$0*	

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>cvs aspirin low strength 81 mg tab dr</i>	\$0*	
DICLOFENAC EPOLAMINE 1.3 % PATCH	3	PA, QL (60 ea per 30 days)
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (1.5 % solution, 25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium 1 % gel</i>	1	QL (300 gm 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>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	1	
<i>ecotrin low strength 81 mg tab dr</i>	\$0*	
<i>eq aspirin adult low dose 81 mg tab dr</i>	\$0*	
<i>eq aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	\$0*	
<i>eql aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	\$0*	
<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	
<i>fenoprofen calcium 400 mg cap</i>	1	
FLECTOR 1.3 % PATCH	3	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ft aspirin 81 mg chew tab</i>	\$0*	
<i>ft aspirin adult low dose 81 mg tab dr</i>	\$0*	
<i>ft aspirin low dose 81 mg tab dr</i>	\$0*	
<i>gnp adult aspirin low strength 81 mg chew tab</i>	\$0*	
<i>gnp aspirin 81 mg tab dr</i>	\$0*	
<i>gnp aspirin low dose 81 mg tab dr</i>	\$0*	
<i>goodsense aspirin 81 mg chew tab</i>	\$0*	
<i>goodsense aspirin low dose 81 mg tab dr</i>	\$0*	

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>h-e-b aspirin 81 mg tab dr</i>	\$0*	
<i>hm aspirin 81 mg chew tab</i>	\$0*	
<i>hm aspirin ec low dose 81 mg tab dr</i>	\$0*	
<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	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	1	
<i>indomethacin er 75 mg cap er</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QL (20 ea per 5 days)
<i>kls aspirin low dose 81 mg tab dr</i>	\$0*	
<i>kp aspirin 81 mg tab dr</i>	\$0*	
LURBIPR 100 MG TAB	1	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>mm aspirin 81 mg tab dr</i>	\$0*	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	1	
NALFON 400 MG CAP	1	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>naproxen dr 500 mg tab dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	1	
<i>px aspirin 81 mg chew tab</i>	\$0*	
<i>px enteric aspirin 81 mg tab dr</i>	\$0*	
<i>qc aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	\$0*	
<i>qc childrens aspirin 81 mg chew tab</i>	\$0*	
<i>ra aspirin adult low dose 81 mg chew tab</i>	\$0*	

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Drug Name	Drug Tier	Requirements / Limits
<i>ra aspirin adult low strength 81 mg chew tab</i>	\$0*	
<i>ra aspirin childrens 81 mg chew tab</i>	\$0*	
<i>ra aspirin ec 81 mg tab dr</i>	\$0*	
<i>ra aspirin ec adult low st 81 mg tab dr</i>	\$0*	
<i>relafen 500 mg tab</i>	1	
<i>salsalate (500 mg tab, 750 mg tab)</i>	1	
<i>sb childrens aspirin 81 mg chew tab</i>	\$0*	
<i>sb low dose asa ec 81 mg tab dr</i>	\$0*	
<i>sm aspirin adult low strength (81 mg chew tab, 81 mg tab dr)</i>	\$0*	
<i>sm aspirin ec low strength 81 mg tab dr</i>	\$0*	
<i>sm aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	\$0*	
<i>sm childrens aspirin 81 mg chew tab</i>	\$0*	
<i>st joseph aspirin 81 mg tab dr</i>	\$0*	
<i>st joseph low dose (81 mg chew tab, 81 mg tab dr)</i>	\$0*	
<i>sulindac (150 mg tab, 200 mg tab)</i>	1	
TOLMETIN SODIUM 400 MG CAP	1	
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	1	
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	3	NDS-NM
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT (100 MCG/ML SOLUTION, 500 MCG/20ML SOLUTION, 500 MCG/5ML SOLUTION)	4	PA, (May be payable under part B), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<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)
<i>buprenorphine hcl 0.3 mg/ml solution</i>	3	NDS-NM
<i>butorphanol tartrate 10 mg/ml solution</i>	1	
CODEINE SULFATE (15 MG TAB, 30 MG TAB, 60 MG TAB)	1	NDS-NM
DISKETS 40 MG TAB SOL	1	NDS-NM
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	1	NDS-NM
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	NDS-NM
HYDROMORPHONE HCL (1 MG/ML SOLUTION, 4 MG/ML SOLUTION)	3	NDS-NM
<i>hydromorphone hcl 2 mg/ml solution</i>	3	NDS-NM
HYDROMORPHONE HCL PF (1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION, 10 MG/ML SOLUTION)	3	NDS-NM
<i>levorphanol tartrate 2 mg tab</i>	1	NDS-NM
<i>meperidine hcl (50 mg tab, 50 mg/5ml solution)</i>	1	NDS-NM
<i>methadone hcl (5 mg tab, 10 mg tab, 10 mg/ml conc, 40 mg tab sol)</i>	1	NDS-NM
METHADONE HCL 10 MG/5ML SOLUTION	1	NDS-NM
<i>methadone hcl 10 mg/ml solution</i>	3	NDS-NM
METHADONE HCL 5 MG/5ML SOLUTION	1	
<i>methadone hcl intensol 10 mg/ml conc</i>	1	NDS-NM
<i>methadose 40 mg tab sol</i>	1	NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
MORPHINE SULFATE (1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION, 8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	3	NDS-NM
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	1	NDS-NM
<i>morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)</i>	1	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)	3	NDS-NM
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	NDS-NM
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	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	
MORPHINE SULFATE ER 10 MG CAP ER 24H	3	NDS-NM
MORPHINE SULFATE ER 100 MG CAP ER 24H	3	NDS-NM
MORPHINE SULFATE ER 20 MG CAP ER 24H	3	NDS-NM
MORPHINE SULFATE ER 30 MG CAP ER 24H	3	NDS-NM
MORPHINE SULFATE ER 50 MG CAP ER 24H	3	NDS-NM
MORPHINE SULFATE ER 60 MG CAP ER 24H	3	NDS-NM
MORPHINE SULFATE ER 80 MG CAP ER 24H	3	NDS-NM
MORPHINE SULFATE ER BEADS (30 MG CAP ER 24H, 45 MG CAP ER 24H, 60 MG CAP ER 24H, 75 MG CAP ER 24H, 90 MG CAP ER 24H, 120 MG CAP ER 24H)	3	NDS-NM
<i>nalbuphine hcl (10 mg/ml solution, 20 mg/ml solution)</i>	3	
NUCYNTA (50 MG TAB, 75 MG TAB, 100 MG TAB)	3	
NUCYNTA ER (50 MG TAB ER 12H, 100 MG TAB ER 12H, 150 MG TAB ER 12H, 200 MG TAB ER 12H, 250 MG TAB ER 12H)	3	
<i>oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	NDS-NM
<i>oxycodone hcl (5 mg/5ml solution, 100 mg/5ml conc)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	1	PA, NDS-NM
OXYCONTIN (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER)	3	PA
<i>oxymorphone hcl (5 mg tab, 10 mg tab)</i>	1	
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	NDS-NM
<i>tapentadol hcl (50 mg tab, 75 mg tab, 100 mg tab)</i>	1	NDS-NM
TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	1	NDS-NM
<i>tramadol hcl 100 mg tab</i>	1	
<i>tramadol hcl 50 mg tab</i>	1	NDS-NM
TRAMADOL HCL ER (100 MG CAP ER 24H, 200 MG CAP ER 24H)	1	
<i>xyvona 2 mg tab</i>	1	NDS-NM
OPIOID COMBINATIONS		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>	1	
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)</i>	1	NDS-NM
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	
<i>ascomp-codeine 50-325-40-30 mg cap</i>	1	NDS-NM
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	NDS-NM
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	NDS-NM
<i>endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	NDS-NM
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab)</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>hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab)</i>	1	NDS-NM
NALOCET 2.5-300 MG TAB	1	NDS-NM
<i>oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	NDS-NM
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	NDS-NM
ANDROGENS-ANABOLIC		
ANDROGENS		
AVEED 750 MG/3ML SOLUTION	4	PA
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	1	
<i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i>	1	
METHITEST 10 MG TAB	4	
<i>testosterone (1.62 % gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	1	
TESTOSTERONE 10 MG/ACT (2%) GEL	3	
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
ANORECTAL AND RELATED PRODUCTS		
RECTAL PRODUCTS - MISC.		
ANUCORT-HC 25 MG SUPPOS	1*	
ANUSOL-HC 25 MG SUPPOS	1*	
<i>budesonide (2 mg foam, 2 mg/act foam)</i>	3	
HEMMOREX-HC 25 MG SUPPOS	1*	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone (2.5 % cream, 100 mg/60ml enema)</i>	1	
<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	1	
<i>hydrocortisone acetate 25 mg suppos</i>	1*	
<i>lidocaine-hydrocort (perianal) 3-0.5 % cream</i>	1*	
<i>lidocaine-hydrocortisone ace (1-3 % kit, 2.8-0.55 % gel, 3-0.5 % kit, 3-1 % kit, 3-2.5 % kit)</i>	1*	
LIDOCORT 3-0.5 % CREAM	1*	
<i>nitroglycerin 0.4 % ointment</i>	3	QL (30 gm per 30 days)
<i>procto-med hc 2.5 % cream</i>	1	
<i>proctosol hc 2.5 % cream</i>	1	
<i>proctozone-hc 2.5 % cream</i>	1	

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium 333 mg tab dr</i>	1	
<i>disulfiram 250 mg tab</i>	1	
DISULFIRAM 500 MG TAB	1	
<i>naltrexone hcl 50 mg tab</i>	1	
VIVITROL 380 MG RECON SUSP	1	NDS-NM

OPIOID DEPENDENCE TREATMENTS

BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	4	QL (1.28 ml per 28 days), NDS-NM
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	4	QL (1.92 ml per 28 days), NDS-NM
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	4	QL (2.56 ml per 28 days), NDS-NM
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	4	QL (0.64 ml per 28 days), NDS-NM
BRIXADI 128 MG/0.36ML SOLN PRSYR	4	QL (0.36 ml per 28 days), NDS-NM
BRIXADI 64 MG/0.18ML SOLN PRSYR	4	QL (0.18 ml per 28 days), NDS-NM
BRIXADI 96 MG/0.27ML SOLN PRSYR	4	QL (0.27 ml per 28 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</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	NDS-NM
<i>lofexidine hcl 0.18 mg tab</i>	4	PA, QL (224 ea per 14 days)
SUBLOCADE (100 MG/0.5ML SOLN PRSYR, 300 MG/1.5ML SOLN PRSYR)	3	NDS-NM
OPIOID REVERSAL AGENTS		
<i>ft naloxone hcl 4 mg/0.1ml liquid</i>	\$0*	
<i>gnp naloxone hcl 4 mg/0.1ml liquid</i>	\$0*	
KLOXXADO 8 MG/0.1ML LIQUID	2	
<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>	\$0*	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	2	PREV
OPVEE 2.7 MG/0.1ML SOLUTION	2	
REXTOVY 4 MG/0.25ML LIQUID	2	
SMOKING CESSATION AGENTS		
APO-VARENICLINE (0.5 MG TAB, 1 MG TAB)	2	QL (60 ea per 30 days), PREV
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	2	PREV
CHANTIX (0.5 MG TAB, 1 MG TAB)	2	QL (60 ea per 30 days), PREV
CHANTIX CONTINUING MONTH PAK 1 MG TAB	2	QL (60 ea per 30 days), PREV
<i>cvs nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	\$0*	
<i>cvs nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	\$0*	
<i>eq nicotine (4 mg gum, 4 mg lozenge, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	\$0*	
<i>eq nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	\$0*	

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>eq nicotine step 3 7 mg/24hr patch 24hr</i>	\$0*	
<i>eqi nicotine polacrilex (2 mg lozenge, 4 mg lozenge)</i>	\$0*	
<i>ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	\$0*	
<i>ft nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	\$0*	
<i>gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	\$0*	
<i>gnp nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	\$0*	
<i>gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	\$0*	
<i>goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	\$0*	
<i>goodsense nicotine polacrilex 4 mg gum</i>	\$0*	
<i>habitrol 21 mg/24hr patch 24hr</i>	\$0*	
<i>hm nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	\$0*	
<i>hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	\$0*	
<i>kls quit2 (2 mg gum, 2 mg lozenge)</i>	\$0*	
<i>kls quit4 (4 mg gum, 4 mg lozenge)</i>	\$0*	
<i>nicoderm cq (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	3*	
<i>nicorette (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	3*	
<i>nicorette mini (2 mg lozenge, 4 mg lozenge)</i>	3*	
<i>nicorette starter kit (2 mg gum, 4 mg gum)</i>	3*	
<i>nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr, 21-14-7 mg/24hr kit)</i>	\$0*	
<i>nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	\$0*	
<i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	\$0*	

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>nicotine polacrilex mini 2 mg lozenge</i>	\$0*	
<i>nicotine step 1 21 mg/24hr patch 24hr</i>	\$0*	
<i>nicotine step 2 14 mg/24hr patch 24hr</i>	\$0*	
<i>nicotine step 3 7 mg/24hr patch 24hr</i>	\$0*	
NICOTROL NS 10 MG/ML SOLUTION	2	PREV
<i>px stop smoking aid (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	\$0*	
<i>qc nicotine transdermal system (14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	\$0*	
<i>ra mini nicotine (2 mg lozenge, 4 mg lozenge)</i>	\$0*	
<i>ra nicotine (2 mg gum, 4 mg gum, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	\$0*	
<i>ra nicotine gum (2 mg gum, 4 mg gum)</i>	\$0*	
<i>ra nicotine polacrilex (2 mg lozenge, 4 mg lozenge)</i>	\$0*	
<i>sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	\$0*	
<i>sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	\$0*	
<i>thrive 2 mg gum</i>	\$0*	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	2	QL (60 ea per 30 days), PREV
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	2	QL (53 ea per 180 days), PREV
<i>varenicline tartrate(continue) 1 mg tab</i>	2	QL (60 ea per 30 days), PREV
ANTI-INFECTIVE AGENTS - MISC.		
<i>bacitracin 50000 unit recon soln</i>	3	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 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>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab, 50 mg/25ml syrup)</i>	1	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	2	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	NDS-NM
<i>alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i>	1	
ALPRAZOLAM INTENSOL 1 MG/ML CONC	3	QL (300 ml per 30 days), NDS-NM
<i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i>	1	
<i>chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)</i>	1	NDS-NM
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)</i>	1	NDS-NM
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	1	NDS-NM
<i>diazepam 5 mg/5ml solution</i>	1	
<i>diazepam intensol 5 mg/ml conc</i>	1	NDS-NM
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	1	NDS-NM
<i>lorazepam (2 mg/ml solution, 4 mg/ml solution)</i>	3	NDS-NM
<i>lorazepam intensol 2 mg/ml conc</i>	1	NDS-NM
<i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i>	1	NDS-NM
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate (1 gm/4ml solution, 500 mg/2ml solution)</i>	2	SEL
ARIKAYCE 590 MG/8.4ML SUSPENSION	4	PA, QL (235.2 ml per 28 days), NDS-NM

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

Drug Name	Drug Tier	Requirements / Limits
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)	3	
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	3	
<i>neomycin sulfate 500 mg tab</i>	1	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	3	
TOBI PODHALER 28 MG CAP	4	PA, QL (224 ea per 28 days), NDS-NM
<i>tobramycin 300 mg/4ml nebu soln</i>	1	PA, QL (224 ml per 28 days), (May be payable under part B)
<i>tobramycin 300 mg/5ml nebu soln</i>	1	PA, QL (280 ml per 56 days), (May be payable under part B)
<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>	3	
ANTIBACTERIALS, OTHER		
<i>avidoxy 100 mg tab</i>	1	
<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	3	
CAYSTON 75 MG RECON SOLN	4	PA, QL (84 ml per 56 days), NDS-NM
CHLORAMPHENICOL SOD SUCCINATE 1 GM RECON SOLN	3	
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	2	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
CIPROFLOXACIN HCL 100 MG TAB	3	
CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION	3	
<i>ciprofloxacin in d5w 400 mg/200ml solution</i>	3	
CLEOCIN 100 MG SUPPOS	2	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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)</i>	3	
<i>clindamycin phosphate 2 % cream</i>	1	
<i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	3	
CLINDAMYCIN PHOSPHATE IN NAACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	3	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	3	
<i>coremino (45 mg tab er 24h, 90 mg tab er 24h)</i>	3	QL (30 ea per 30 days)
<i>coremino 135 mg tab er 24h</i>	3	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	2	SEL
<i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	1	
<i>doxy 100 100 mg recon soln</i>	3	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline hyclate (50 mg tab dr, 75 mg tab dr, 100 mg tab dr, 150 mg tab dr)</i>	3	
<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>ertapenem sodium 1 gm recon soln</i>	2	SEL
<i>fosfomycin tromethamine 3 gm packet</i>	2	QL (3 ea per 30 days)
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	3	
KIMYRSA 1200 MG RECON SOLN	4	QL (1 ea per 7 days), NDS-NM
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin 25 mg/ml solution</i>	3	
<i>levofloxacin in d5w (250 mg/50ml solution, 500 mg/100ml solution, 750 mg/150ml solution)</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>lincomycin hcl 300 mg/ml solution</i>	3	
<i>linezolid 100 mg/5ml recon susp</i>	1	PA
<i>linezolid 600 mg tab</i>	1	QL (60 ea per 30 days)
<i>linezolid 600 mg/300ml solution</i>	3	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	3	
<i>lymepak 100 mg tab</i>	1	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	3	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	3	
<i>methenamine hippurate 1 gm tab</i>	1	
<i>methenamine mandelate (0.5 gm tab, 1 gm tab)</i>	1	
<i>metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)</i>	1	
<i>metronidazole 500 mg/100ml solution</i>	3	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	1	
<i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h)</i>	3	QL (30 ea per 30 days)
<i>minocycline hcl er 135 mg tab er 24h</i>	3	
<i>mondoxyne nl 100 mg cap</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	1	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	3	
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	3	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</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	
<i>ofloxacin 400 mg tab</i>	3	
<i>polymyxin b sulfate 500000 unit recon soln</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
RECARBRIO 1.25 GM RECON SOLN	4	PA, QL (56 ea per 14 days), NDS-NM
SIVEXTRO 200 MG TAB	4	PA, QL (6 ea per 30 days)
SULFADIAZINE 500 MG TAB	1	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	1	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	3	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	1	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1	
<i>tigecycline 50 mg recon soln</i>	3	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	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, 100 GM RECON SOLN)	2	SEL
<i>vancomycin hcl (25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln)</i>	1	
VANCOMYCIN HCL (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)	3	
<i>vancomycin hcl 1 gm recon soln</i>	2	SEL
<i>vancomycin hcl 10 gm recon soln</i>	2	SEL
<i>vancomycin hcl 5 gm recon soln</i>	2	SEL
<i>vancomycin hcl 500 mg recon soln</i>	2	SEL
<i>vancomycin hcl 750 mg recon soln</i>	2	SEL
VANCOMYCIN HCL IN DEXTROSE (1-5 GM/200ML-% SOLUTION, 500-5 MG/100ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION)	3	
VANCOMYCIN HCL IN NACL (1-0.9 GM/200ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION)	3	

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Drug Name	Drug Tier	Requirements / Limits
XACDURO 1-1 GM RECON SOLN	4*	QL (168 ea per 14 days), NDS-NM
XENLETA 150 MG/15ML SOLUTION	4	PA, QL (900 ml per 30 days), NDS-NM
XENLETA 600 MG TAB	4	PA, QL (60 ea per 30 days), NDS-NM
XIFAXAN 200 MG TAB	2	PA, QL (180 ea per 30 days), NDS-NM
XIFAXAN 550 MG TAB	2	PA
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR (250 MG CAP, 500 MG CAP)	1	
CEFACLOR ER 500 MG TAB ER 12H	1	
<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, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	2	SEL
CEFAZOLIN SODIUM-DEXTROSE (1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION)	2	SEL
CEFAZOLIN SODIUM-DEXTROSE (2-3 GM-%(50ML) RECON SOLN, 2-4 GM/100ML-% SOLUTION, 3-2 GM-%(50ML) RECON SOLN)	3	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<i>cefepime hcl (1 gm recon soln, 1 gm/50ml solution, 2 gm recon soln, 2 gm/100ml solution)</i>	2	SEL
CEFEPIME-DEXTROSE (1-5 GM-%(50ML) RECON SOLN, 2-5 GM-%(50ML) RECON SOLN)	2	SEL
<i>cefixime 400 mg cap</i>	3	
CEFOTAXIME SODIUM 1 GM RECON SOLN	3	
<i>cefotetan disodium (1 gm recon soln, 2 gm recon soln)</i>	3	
<i>cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	3	
CEFOXITIN SODIUM-DEXTROSE (1-4 GM-%(50ML) RECON SOLN, 2-2.2 GM-%(50ML) RECON SOLN)	3	

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Drug Name	Drug Tier	Requirements / Limits
CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB)	3	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>ceftaroline fosamil (400 mg recon soln, 600 mg recon soln)</i>	4	NDS-NM
CEFTAZIDIME (2 GM RECON SOLN, 6 GM RECON SOLN)	3	
CEFTAZIDIME AND DEXTROSE (1-5 GM-%(50ML) RECON SOLN, 2-5 GM-%(50ML) RECON SOLN)	3	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln)</i>	2	SEL
<i>ceftriaxone sodium 250 mg recon soln</i>	3	
CEFTRIAXONE SODIUM IN DEXTROSE (20 MG/ML SOLUTION, 40 MG/ML SOLUTION)	2	SEL
CEFTRIAXONE SODIUM-DEXTROSE (1-3.74 GM-%(50ML) RECON SOLN, 2-2.22 GM-%(50ML) RECON SOLN)	2	SEL
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	1	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	3	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	1	
FETROJA 1 GM RECON SOLN	4	PA, NDS-NM
<i>tazicef 1 gm recon soln</i>	3	
TAZICEF 6 GM RECON SOLN	3	
BETA-LACTAM, PENICILLINS		
<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>amoxicillin trihydrate 250 mg/5ml recon susp</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h</i>	3	
<i>ampicillin 500 mg cap</i>	1	
<i>ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	2	SEL
<i>ampicillin sodium (125 mg recon soln, 250 mg recon soln, 500 mg recon soln)</i>	3	
<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>	2	SEL
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	3	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	1	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	2	SEL
NAFCILLIN SODIUM IN DEXTROSE (1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION)	2	SEL
<i>oxacillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	3	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	3	
<i>penicillin g potassium (50000000 recon soln, 200000000 recon soln)</i>	3	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</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>	2	SEL
PIPERACILLIN-TAZOBACTAM-NACL (2-0.25 GM/50ML RECON SOLN, 3-0.375 GM/50ML RECON SOLN, 4-0.5 GM/100ML RECON SOLN)	2	SEL

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Drug Name	Drug Tier	Requirements / Limits
MACROLIDES		
<i>azithromycin (1 gm packet, 500 mg recon soln)</i>	3	
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	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>	3	
DIFICID 40 MG/ML RECON SUSP	3	PA, QL (136 ml per 10 days)
<i>ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
ERYTHROCIN LACTOBIONATE 500 MG RECON SOLN	2	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (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	3	
ERYTHROMYCIN BASE 250 MG CP DR PART	3	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp)</i>	1	
<i>erythromycin ethylsuccinate 400 mg tab</i>	3	
<i>erythromycin lactobionate 500 mg recon soln</i>	2	
<i>fidaxomicin 200 mg tab</i>	1	PA, QL (20 ea per 10 days)
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.		
<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	1	
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	1	
CABLIVI 11 MG KIT	4	PA, QL (31 ea per 30 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>cilostazol (50 mg tab, 100 mg tab)</i>	1	
<i>clopidogrel bisulfate (75 mg tab, 300 mg tab)</i>	1	
<i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>	1	QL (60 ea per 30 days)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	2	QL (84 ea per 30 days)
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	2	QL (112 ea per 30 days)
ELIQUIS 0.15 MG CAP SPRINK	2	QL (74 ea per 30 days)
ELIQUIS 0.5 MG TAB SOL	2	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)
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	1	
<i>fondaparinux sodium (2.5 mg/0.5ml solution, 5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	1	
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/0.5ml soln prsyr, 5000 unit/ml solution, 20000 unit/ml solution)</i>	1	(May be payable under part B)
<i>heparin sodium (porcine) +rfid 1000 unit/ml solution</i>	1	(May be payable under part B)
<i>heparin sodium (porcine) 10000 unit/ml solution</i>	1	
HEPARIN SODIUM (PORCINE) PF (1000 UNIT/ML SOLUTION, 5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION)	1	(May be payable under part B)
<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>prasugrel hcl (5 mg tab, 10 mg tab)</i>	1	
<i>rivaroxaban 1 mg/ml recon susp</i>	1	QL (620 ml per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>rivaroxaban 2.5 mg tab</i>	1	QL (60 ea per 30 days)
<i>ticagrelor (60 mg tab, 90 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	
XARELTO (2.5 MG TAB, 10 MG TAB, 15 MG TAB)	2	QL (60 ea per 30 days)
XARELTO 1 MG/ML RECON SUSP	2	QL (620 ml per 30 days)
XARELTO 20 MG TAB	2	QL (30 ea per 30 days)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	1	QL (51 ea per 180 days)
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	1	
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp)</i>	1	
<i>clonazepam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	NDS-NM
DIASTAT ACUDIAL (10 MG GEL, 20 MG GEL)	2	NDS-NM
<i>diazepam (10 mg gel, 20 mg gel)</i>	1	NDS-NM
<i>diazepam 2.5 mg gel</i>	1	
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	2	QL (10 ea per 30 days), NDS-NM
NAYZILAM 5 MG/0.1ML SOLUTION	3	QL (10 ea per 30 days), NDS-NM
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	3	QL (60 ea per 30 days), PA-NSO
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	2	QL (10 ea per 30 days)
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	2	QL (10 ea per 30 days)
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	2	QL (10 ea per 30 days)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	2	QL (10 ea per 30 days)
ANTICONVULSANTS - MISC.		
<i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	4	QL (60 ea per 30 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>brivaracetam 10 mg/ml solution</i>	4	QL (600 ml per 30 days), NDS-NM
<i>brivaracetam 50 mg/5ml solution</i>	3	PA-NSO
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)</i>	1	
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	1	
CARBATROL (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	3	
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	4	PA-NSO, NDS-NM
DILANTIN (100 MG CAP, 125 MG/5ML SUSPENSION)	3	
DILANTIN 30 MG CAP	2	
DILANTIN INFATABS 50 MG CHEW TAB	2	
DILANTIN-125 125 MG/5ML SUSPENSION	3	
EPIDIOLEX 100 MG/ML SOLUTION	3	PA-NSO
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	1	QL (30 ea per 30 days), PA-NSO
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	1	QL (60 ea per 30 days), PA-NSO
FINTEPLA 2.2 MG/ML SOLUTION	4	QL (360 ml per 30 days), PA-NSO, NDS-NM
<i>fosphenytoin sodium (100 mg pe/2ml solution, 500 mg pe/10ml solution)</i>	3	
<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 tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)</i>	1	
<i>lacosamide 200 mg/20ml solution</i>	3	PA-NSO
LAMICTAL ODT 50 MG TAB DISP	1	
LAMICTAL XR (21 X 25 MG & 7 X 50 MG KIT, 25 & 50 & 100 MG KIT, 50 & 100 & 200 MG KIT)	1	

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Drug Name	Drug Tier	Requirements / Limits
LAMICTAL XR 25 MG TAB ER 24H	1	
<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 (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>lamotrigine odt (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	1	
<i>lamotrigine starter kit-blue 35 x 25 mg kit</i>	1	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	1	
LEVETIRACETAM (250 MG TAB, 500 MG TAB)	3	ST-NSO
<i>levetiracetam 500 mg/5ml solution</i>	3	
<i>levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
<i>levetiracetam in nacl (500 mg/100ml solution, 1000 mg/100ml solution, 1500 mg/100ml solution)</i>	3	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	1	
<i>oxcarbazepine er (150 mg tab er 24h, 300 mg tab er 24h, 600 mg tab er 24h)</i>	1	PA-NSO
OXTELLAR XR (150 MG TAB ER 24H, 300 MG TAB ER 24H, 600 MG TAB ER 24H)	3	PA-NSO
<i>perampanel (2 mg tab, 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
<i>perampanel 0.5 mg/ml suspension</i>	1	QL (720 ml 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>	2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>phenytoin infatabs 50 mg chew tab</i>	1	
<i>phenytoin sodium 50 mg/ml solution</i>	3	
<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>roweepra (500 mg tab, 750 mg tab, 1000 mg tab)</i>	1	
<i>roweepra xr (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	1	PA-NSO
SEZABY 100 MG RECON SOLN	4	NDS-NM
SPRITAM (250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB)	3	ST-NSO
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
SUBVENITE 10 MG/ML SUSPENSION	3	QL (1500 ml per 30 days), PA-NSO
<i>subvenite starter kit-blue 35 x 25 mg kit</i>	1	
TEGRETOL-XR (100 MG TAB ER 12H, 200 MG TAB ER 12H, 400 MG TAB ER 12H)	3	
<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 cap er 24h, 25 mg cp24 sprnk, 50 mg cap er 24h, 50 mg cp24 sprnk, 100 mg cap er 24h, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cap er 24h, 200 mg cp24 sprnk)</i>	1	PA-NSO
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	3	
TROKENDI XR (50 MG CAP ER 24H, 100 MG CAP ER 24H, 200 MG CAP ER 24H)	3	PA-NSO
ZONISADE 100 MG/5ML SUSPENSION	3	QL (900 ml per 30 days), PA-NSO

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Drug Name	Drug Tier	Requirements / Limits
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
ZTALMY 50 MG/ML SUSPENSION	4	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)	4	QL (28 ea per 180 days), PA-NSO, NDS-NM
XCOPRI (150 MG TAB, 200 MG TAB)	4	QL (60 ea per 30 days), PA-NSO
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	4	QL (30 ea per 30 days), PA-NSO
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	4	QL (60 ea per 30 days), PA-NSO
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	4	QL (60 ea per 30 days), PA-NSO
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	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
<i>vigadrone (500 mg packet, 500 mg tab)</i>	1	PA-NSO
<i>vigpoder 500 mg packet</i>	1	PA-NSO
SUCCINIMIDES		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1	
<i>methsuximide 300 mg cap</i>	3	
VALPROIC ACID		
DEPAKOTE (125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR)	3	
DEPAKOTE SPRINKLES 125 MG CAP DR	3	
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	3	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
AUVELITY 45-105 MG TAB ER	3	QL (60 ea per 30 days), PA-NSO
AUVELITY TITRATION PACK 30-105 MG & 45-105 MG TBER THPK	3	QL (51 ea per 180 days), PA-NSO
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	1	
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</i>	1	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
BUPROPION HCL ER (XL) 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	
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	4	PA-NSO, NDS-NM
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	4	PA-NSO, NDS-NM
ZULRESSO 100 MG/20ML SOLUTION	4	PA-NSO, NDS-NM
ZURZUVAE (20 MG CAP, 25 MG CAP)	4	QL (28 ea per 14 days), PA-NSO, NDS-NM
ZURZUVAE 30 MG CAP	4	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)	4	QL (30 ea per 30 days), NDS-NM
MARPLAN 10 MG TAB	2	
PHENELZINE SULFATE 15 MG TAB	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>tranylcypromine sulfate 10 mg tab</i>	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	1	
ESCITALOPRAM OXALATE 15 MG CAP	3	QL (30 ea per 30 days)
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap)</i>	1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	1	QL (600 ml per 30 days)
<i>fluvoxamine maleate er (100 mg cap er 24h, 150 mg cap er 24h)</i>	3	QL (60 ea per 30 days)
<i>paroxetine hcl (10 mg/5ml suspension, 30 mg tab, 40 mg tab)</i>	1	
<i>paroxetine hcl 10 mg tab</i>	1	QL (45 ea per 30 days)
<i>paroxetine hcl 20 mg tab</i>	1	QL (30 ea per 30 days)
<i>paroxetine hcl er (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>	1	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
SEROTONIN MODULATORS		
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	3	QL (30 ea per 30 days), PA-NSO
EXXUA TITRATION PACK 18.2 MG TAB ER 24H	3	QL (30 ea per 30 days), PA-NSO
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	1	
NEFAZODONE HCL 50 MG TAB	3	
RALDESY 10 MG/ML SOLUTION	4	QL (1200 ml per 30 days), PA-NSO
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	3	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)	3	QL (60 ea per 30 days), PA-NSO
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1	
DULOXETINE HCL (80 MG CP DR PART, 90 MG CP DR PART, 120 MG CP DR PART)	3	QL (30 ea per 30 days)
<i>duloxetine hcl 40 mg cp dr part</i>	3	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)	3	PA-NSO
FETZIMA TITRATION 20 & 40 MG CP24 THPK	3	PA-NSO
VENLAFAXINE BESYLATE ER 112.5 MG TAB ER 24H	3	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	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 37.5 mg tab er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h, 225 mg tab er 24h)</i>	1	
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	
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<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	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
ANTIDIABETICS		
ANTIDIABETIC COMBINATIONS		
<i>dapaglifloz base-metformin er (5-500 mg tab er 24h, 10-500 mg tab er 24h)</i>	2	QL (30 ea per 30 days)
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	2	QL (30 ea per 30 days)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)	2	QL (60 ea per 30 days)
JENTADUETO 2.5-850 MG TAB	2	
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (60 ea per 30 days)
JENTADUETO XR 5-1000 MG TAB ER 24H	2	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)
<i>sitagliip phos-metformin hcl er (50-500 mg tab er 24h, 100-1000 mg tab er 24h)</i>	2	QL (30 ea per 30 days)
<i>sitagliip phos-metformin hcl er 50-1000 mg tab er 24h</i>	2	QL (60 ea per 30 days)
<i>sitagliptin phos-metformin hcl (50-1000 mg tab, 50-500 mg tab)</i>	2	QL (60 ea per 30 days)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	2	QL (60 ea per 30 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (30 ea per 30 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (60 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	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)	2	QL (60 ea per 30 days)
XIGDUO XR (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	2	QL (30 ea per 30 days)
XIGDUO XR 10-1000 MG TAB ER 24H	2	QL (30 ea per 30 days)
XIGDUO XR 2.5-1000 MG TAB ER 24H	2	QL (60 ea per 30 days)
XIGDUO XR 5-1000 MG TAB ER 24H	2	QL (60 ea per 30 days)
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	2	ST, QL (15 ml per 30 days), INS
DIABETIC OTHER		
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	
BAQSIMI TWO PACK 3 MG/DOSE POWDER	2	
<i>cvs glucose (4 gm chew tab, 4-6 gm-mg chew tab)</i>	2*	
<i>cvs soft glucose 4 gm chew tab</i>	2*	
CYCLOSET 0.8 MG TAB	3	
DEX4 4-6 GM-MG CHEW TAB	2*	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	2*	
DEX4 NATURALS 4-6 GM-MG CHEW TAB	2*	
DEX4 POUCH PACK 4-6 GM-MG CHEW TAB	2*	
DEX4 QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2*	
<i>diazoxide 50 mg/ml suspension</i>	2	
<i>ft glucose 4 gm chew tab</i>	2*	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	
<i>glucagon emergency (1 mg recon soln, 1 mg/ml recon soln)</i>	2	
GLUCAGON HCL (DIAGNOSTIC) 1 MG RECON SOLN	2*	
<i>gluco to go 4 gm chew tab</i>	2*	

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Drug Name	Drug Tier	Requirements / Limits
<i>glucose (4 gm chew tab, 4-6 gm-mg chew tab)</i>	2*	
GLUCOSE INSTANT ENERGY (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2*	
<i>gnp glucose (4 gm chew tab, 4-6 gm-mg chew tab)</i>	2*	
GNP QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2*	
GOODSENSE GLUCOSE 4-6 GM-MG CHEW TAB	2*	
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	
GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	
GVOKE KIT 1 MG/0.2ML SOLUTION	2	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	
GVOKE VIALDX 1 MG/0.2ML SOLUTION	2*	
<i>hy-vee glucose 4-6 gm-mg chew tab</i>	2*	
KROGER GLUCOSE 4-6 GM-MG CHEW TAB	2*	
LEADER GLUCOSE 4-6 GM-MG CHEW TAB	2*	
LEADER QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2*	
LONGS GLUCOSE 4-6 GM-MG CHEW TAB	2*	
<i>meijer glucose 4-6 gm-mg chew tab</i>	2*	
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
<i>mifepristone 300 mg tab</i>	4	PA, QL (120 ea per 30 days), NDS-NM
MIGLITOL 100 MG TAB	2	
MIGLITOL 25 MG TAB	2	
MIGLITOL 50 MG TAB	2	
<i>nateglinide (60 mg tab, 120 mg tab)</i>	1	
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PREFERRED PLUS GLUCOSE 4-6 GM-MG CHEW TAB	2*	
PX GLUCOSE 4-6 GM-MG CHEW TAB	2*	
RA GLUCOSE (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2*	
<i>relion glucose 4-6 gm-mg chew tab</i>	2*	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
SM GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2*	
SMART SENSE GLUCOSE 4-6 GM-MG CHEW TAB	2*	
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	2	PA, QL (10.8 ml per 28 days)
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	2	PA, QL (6 ml per 28 days)
TGT GLUCOSE 4-6 GM-MG CHEW TAB	2*	
<i>trueplus glucose 4 gm chew tab</i>	2*	
TRUEPLUS GLUCOSE ON THE GO 4 GM CHEW TAB	2*	
TZIELD 2 MG/2ML SOLUTION	4	PA, NDS-NM
UP & UP GLUCOSE 4-6 GM-MG CHEW TAB	2*	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	2*	
<i>walgreens glucose (4 gm chew tab, 4-6 gm-mg chew tab)</i>	2*	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>sitagliptin phosphate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL (30 ea per 30 days)
TRADJENTA 5 MG TAB	2	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), NDS-NM
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)	2	PA, QL (2 ml per 28 days), NDS-NM
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ml per 180 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	PA, QL (3 ml per 28 days), (1 pen), NDS-NM
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	PA, QL (3 ml per 28 days), (1 pen), NDS-NM
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	2	PA, QL (3 ml per 28 days), (1 pen), NDS-NM
OZEMPIC (4 MG TAB, 9 MG TAB)	2	PA, QL (30 ea per 30 days), NDS-NM
OZEMPIC 1.5 MG TAB	2	PA, QL (30 ea per 180 days), NDS-NM
RYBELSUS (7 MG TAB, 14 MG TAB)	2	PA, QL (30 ea per 30 days), NDS-NM
RYBELSUS 3 MG TAB	2	PA, QL (30 ea per 180 days), NDS-NM
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	2	PA, QL (2 ml per 28 days), NDS-NM
INSULIN		
FIASP PUMPCART 100 UNIT/ML SOLN CART	2	INS
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	3	PA, INS
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	1	INS
INSULIN ASPART 100 UNIT/ML SOLUTION	2	PA-BVD, (May be payable under part B.), INS
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	2	INS
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	2	INS
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	1	INS
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	INS
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	2	INS
INSULIN GLARGINE-YFGN (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	2	INS

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Drug Name	Drug Tier	Requirements / Limits
KIRSTY 100 UNIT/ML SOLN PEN	2	INS
KIRSTY 100 UNIT/ML SOLUTION	2	PA-BVD, (May be payable under part B.), INS
LANTUS 100 UNIT/ML SOLUTION	2	INS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	2	INS
MERILOG 100 UNIT/ML SOLUTION	2	PA-BVD, (May be payable under part B.), INS
MERILOG SOLOSTAR 100 UNIT/ML SOLN PEN	2	INS
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	INS
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	INS
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	INS
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	INS
NOVOLIN N 100 UNIT/ML SUSPENSION	2	INS
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	2	INS
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	2	INS
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	2	INS
NOVOLIN R 100 UNIT/ML SOLUTION	2	INS
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	2	INS
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	2	INS
NOVOLIN R RELION 100 UNIT/ML SOLUTION	2	INS
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	INS
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	INS
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	INS
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	INS

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Drug Name	Drug Tier	Requirements / Limits
TRESIBA 100 UNIT/ML SOLUTION	2	INS
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	2	INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
<i>dapagliflozin (5 mg tab, 10 mg tab)</i>	2	QL (30 ea per 30 days)
FARXIGA (5 MG TAB, 10 MG TAB)	2	QL (30 ea per 30 days)
JARDIANCE (10 MG TAB, 25 MG TAB)	2	QL (30 ea per 30 days)
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox (180 mg tab, 360 mg tab)</i>	3	PA
<i>deferasirox (90 mg packet, 180 mg packet, 360 mg packet)</i>	4	PA, NDS-NM
<i>deferasirox (90 mg tab, 125 mg tab sol, 250 mg tab sol, 500 mg tab sol)</i>	2	PA, NDS-NM
<i>deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)</i>	4	PA, NDS-NM
<i>deferiprone 1000 mg tab</i>	4	PA, NDS-NM
<i>deferiprone 500 mg tab</i>	4	PA, NDS-NM
FERRIPROX 100 MG/ML SOLUTION	4	PA
<i>penicillamine (250 mg cap, 250 mg tab)</i>	1	
<i>trientine hcl 250 mg cap</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>acetylcysteine 200 mg/ml solution</i>	3	
<i>deferoxamine mesylate (2 gm recon soln, 500 mg recon soln)</i>	3	PA-BVD, (May be payable under part B)
<i>fomepizole 1.5 gm/1.5ml solution</i>	4	NDS-NM
ANTIEMETICS		
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	3	PA-BVD, (May be payable under part B)
<i>aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)</i>	1	PA-BVD, (May be payable under part B)
CINVANTI 130 MG/18ML EMULSION	3	PA
DIMENHYDRINATE 50 MG/ML SOLUTION	3	
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	QL (120 ea per 30 days)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	PA
EMEND 125 MG/5ML RECON SUSP	3	(May be payable under part B)
<i>granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)</i>	3	
<i>granisetron hcl 1 mg tab</i>	1	PA-BVD
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	1	
<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)</i>	1	PA-BVD
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)</i>	3	
<i>ondansetron hcl +rfd (4 mg/2ml soln prsyr, 4 mg/2ml solution)</i>	3	
<i>palonosetron hcl (0.25 mg/5ml soln prsyr, 0.25 mg/5ml solution)</i>	3	
SANCUSO 3.1 MG/24HR PATCH	3	PA, QL (4 ea per 28 days)
<i>scopolamine 1 mg/3days patch 72hr</i>	1	
SUSTOL 10 MG/0.4ML PRSYR	4	PA, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
TRANSDERM SCOP 1 MG/3DAYS PATCH 72HR	2	
TRANSDERM-SCOP 1 MG/3DAYS PATCH 72HR	2	
<i>trimethobenzamide hcl 300 mg cap</i>	1	
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION	3	PA-BVD, (May be payable under part B), NDS-NM
AMPHOTERICIN B 50 MG RECON SOLN	3	PA-BVD, (May be payable under part B)
<i>amphotericin b liposome 50 mg recon susp</i>	4	PA-BVD, (May be payable under part B), NDS-NM
<i>caspofungin acetate (50 mg recon soln, 70 mg recon soln)</i>	3	
CRESEMBA 186 MG CAP	4	PA, QL (68 ea per 30 days), NDS-NM
CRESEMBA 372 MG RECON SOLN	4	NDS-NM
CRESEMBA 74.5 MG CAP	4	PA, QL (170 ea per 30 days), NDS-NM
<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>	3	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	1	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	1	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	1	PA
<i>ketoconazole 200 mg tab</i>	1	
<i>micafungin sodium (50 mg recon soln, 100 mg recon soln)</i>	3	
<i>nystatin 500000 unit tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	4	PA, QL (180 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>posaconazole 300 mg/16.7ml solution</i>	4	NDS-NM
<i>posaconazole 40 mg/ml suspension</i>	4	PA, QL (600 ml per 30 days)
REZZAYO 200 MG RECON SOLN	4	PA, NDS-NM
<i>terbinafine hcl 250 mg tab</i>	1	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1	
<i>voriconazole (50 mg tab, 200 mg tab)</i>	1	
<i>voriconazole 200 mg recon soln</i>	3	PA
ANTHYPERLIPIDEMICS		
ANTHYPERLIPIDEMICS - MISC.		
EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION)	4	PA, NDS-NM
<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	
<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)
LEQVIO 284 MG/1.5ML SOLN PRSYR	4	PA, NDS-NM
NEXLETOL 180 MG TAB	2	PA, QL (30 ea per 30 days)
NEXLIZET 180-10 MG TAB	2	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	
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	
REPATHA 140 MG/ML SOLN PRSYR	2	PA, QL (3 ml per 28 days)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	2	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	

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Drug Name	Drug Tier	Requirements / Limits
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	1	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	1	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1	
<i>fenofibrate micronized (30 mg cap, 43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	1	
FENOFIBRATE MICRONIZED 90 MG CAP	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)</i>	1	QL (45 ea per 30 days), PREV
<i>atorvastatin calcium 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), PREV
<i>lovastatin 40 mg tab</i>	1	QL (60 ea per 30 days), PREV
<i>pravastatin sodium 10 mg tab</i>	1	QL (240 ea per 30 days), PREV
<i>pravastatin sodium 20 mg tab</i>	1	QL (120 ea per 30 days), PREV
<i>pravastatin sodium 40 mg tab</i>	1	QL (60 ea per 30 days), PREV
<i>pravastatin sodium 80 mg tab</i>	1	QL (30 ea per 30 days), PREV
<i>rosuvastatin calcium 10 mg tab</i>	1	QL (120 ea per 30 days), PREV
<i>rosuvastatin calcium 20 mg tab</i>	1	QL (240 ea per 30 days)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (60 ea per 30 days)
<i>rosuvastatin calcium 5 mg tab</i>	1	QL (60 ea per 30 days), PREV
<i>simvastatin 10 mg tab</i>	1	QL (120 ea per 30 days), PREV
<i>simvastatin 20 mg tab</i>	1	QL (60 ea per 30 days), PREV

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Drug Name	Drug Tier	Requirements / Limits
<i>simvastatin 40 mg tab</i>	1	QL (45 ea per 30 days), PREV
<i>simvastatin 5 mg tab</i>	1	QL (240 ea per 30 days), PREV
<i>simvastatin 80 mg tab</i>	1	QL (30 ea per 30 days)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	2	PA, QL (30 ea per 30 days), PREV
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<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	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	1	
PERINDOPRIL ERBUMINE 2 MG TAB	2	
<i>perindopril erbumine 4 mg tab</i>	1	
PERINDOPRIL ERBUMINE 8 MG TAB	2	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	1	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	1	
<i>methyldopa (250 mg tab, 500 mg tab)</i>	1	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	1	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	1	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1	
<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	
<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 (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	1	
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	1	
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	1	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	1	
<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	
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	
TELMISARTAN-AMLODIPINE 40-10 MG TAB	2	QL (30 ea per 30 days)
TELMISARTAN-AMLODIPINE 40-5 MG TAB	2	QL (30 ea per 30 days)
TELMISARTAN-AMLODIPINE 80-10 MG TAB	2	QL (30 ea per 30 days)
TELMISARTAN-AMLODIPINE 80-5 MG TAB	2	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	
TRANDOLAPRIL-VERAPAMIL HCL ER (1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER)	1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	1	
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>epplerenone (25 mg tab, 50 mg tab)</i>	1	
<i>metirosine 250 mg cap</i>	4	PA, NDS-NM
<i>phenoxybenzamine hcl 10 mg cap</i>	1	
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE 250 MG CAP	4	NDS-NM
<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, 300 mg tab)</i>	1	
ISONIAZID 100 MG/ML SOLUTION	3	
PASER 4 GM PACKET	3	
PRETOMANID 200 MG TAB	3	PA, QL (30 ea per 30 days)
<i>pyrazinamide 500 mg tab</i>	1	
<i>rifabutin 150 mg cap</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
<i>rifampin 600 mg recon soln</i>	3	
<i>rifapentine 150 mg tab</i>	2	
SIRTURO (20 MG TAB, 100 MG TAB)	4	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	4	NDS-NM
<i>busulfan 6 mg/ml solution</i>	3	
<i>carboplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)</i>	3	
<i>carmustine 100 mg recon soln</i>	3	
<i>cisplatin (50 mg/50ml solution, 200 mg/200ml solution)</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>cisplatin 100 mg/100ml solution</i>	3	
<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, 1000 mg/10ml solution, 2000 mg/20ml solution)</i>	3	
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	1	PA-BVD, (May be payable under part B)
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	2	PA-BVD, (May be payable under part B)
CYCLOPHOSPHAMIDE 500 MG/ML SOLUTION	1	
FRINDOVYX (1 GM/2ML SOLUTION, 2 GM/4ML SOLUTION)	3	
FRINDOVYX 500 MG/ML SOLUTION	1	
GRAFAPEX (1 GM RECON SOLN, 5 GM RECON SOLN)	4	PA-NSO, NDS-NM
IFOSFAMIDE (1 GM RECON SOLN, 1 GM/20ML SOLUTION, 3 GM RECON SOLN, 3 GM/60ML SOLUTION)	3	
LEUKERAN 2 MG TAB	2	
<i>lomustine 10 mg cap</i>	2	
<i>lomustine 100 mg cap</i>	2	
<i>lomustine 40 mg cap</i>	2	
<i>melphalan hcl 50 mg recon soln</i>	3	
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution, 200 mg/40ml solution)</i>	3	
TEMODAR 100 MG RECON SOLN	3	
TEPYLUTE (15 MG/1.5ML SOLUTION, 100 MG/10ML SOLUTION)	4	PA-NSO, NDS-NM
<i>thiotepa (15 mg recon soln, 100 mg recon soln)</i>	4	
YONDELIS 1 MG RECON SOLN	4	PA-NSO, NDS-NM
ZANOSAR 1 GM RECON SOLN	3	

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
ZEPZELCA 4 MG RECON SOLN	4	PA-NSO, NDS-NM
ANTIMETABOLITES		
<i>azacitidine 100 mg recon susp</i>	3	
<i>cladribine 10 mg/10ml solution</i>	3	PA-BVD, (May be payable under part B)
<i>clofarabine 1 mg/ml solution</i>	4	PA-NSO, NDS-NM
<i>cytarabine (pf) (20 mg/ml solution, 100 mg/ml solution)</i>	3	PA-BVD, (May be payable under part B)
CYTARABINE 20 MG/ML SOLUTION	3	PA-BVD, (May be payable under part B)
<i>decitabine 50 mg recon soln</i>	3	
FLOXURIDINE 0.5 GM RECON SOLN	3	PA-BVD, (May be payable under part B)
<i>fludarabine phosphate 50 mg recon soln</i>	3	
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	3	PA-BVD, (May be payable under part B)
FOLOTYN (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	4	NDS-NM
<i>gemcitabine hcl (1 gm recon soln, 1 gm/26.3ml solution, 2 gm recon soln, 2 gm/52.6ml solution, 200 mg recon soln, 200 mg/5.26ml solution)</i>	3	
GEMCITABINE HCL 1 GM/10ML SOLUTION	3	
GEMCITABINE HCL 1.5 GM/15ML SOLUTION	1	
GEMCITABINE HCL 2 GM/20ML SOLUTION	3	
GEMCITABINE HCL 200 MG/2ML SOLUTION	3	
JYLAMVO 2 MG/ML SOLUTION	3	PA-NSO, (May be payable under part B)
<i>mercaptopurine 2000 mg/100ml suspension</i>	3	
<i>mercaptopurine 50 mg tab</i>	1	
METHOTREXATE 1000 MG/40ML SOLUTION	3	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	1	
<i>methotrexate sodium 1 gm recon soln</i>	3	
<i>nelarabine 5 mg/ml solution</i>	3	
ONUREG (200 MG TAB, 300 MG TAB)	3	QL (14 ea per 28 days), PA-NSO
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION)	4	NDS-NM
PEMETREXED DISODIUM (100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION, 850 MG/34ML SOLUTION)	4	NDS-NM
PEMETREXED DITROMETHAMINE 100 MG RECON SOLN	4	NDS-NM
<i>pralatrexate (20 mg/ml solution, 40 mg/2ml solution)</i>	4	NDS-NM
TABLOID 40 MG TAB	2	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
ALYMSYS (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	4	NDS-NM
AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	4	NDS-NM
CYRAMZA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	4	PA-NSO, NDS-NM
FRUZAQLA 1 MG CAP	3	QL (84 ea per 28 days), PA-NSO
FRUZAQLA 5 MG CAP	3	QL (21 ea per 28 days), PA-NSO
INLYTA 1 MG TAB	3	QL (180 ea per 30 days), PA-NSO
INLYTA 5 MG TAB	3	QL (120 ea per 30 days), PA-NSO
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	3	QL (30 ea per 30 days), PA-NSO
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	3	QL (90 ea per 30 days), PA-NSO
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	3	QL (60 ea per 30 days), PA-NSO
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	3	QL (90 ea per 30 days), PA-NSO

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

Drug Name	Drug Tier	Requirements / Limits
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	3	QL (60 ea per 30 days), PA-NSO
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	3	QL (90 ea per 30 days), PA-NSO
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	3	QL (30 ea per 30 days), PA-NSO
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	3	QL (60 ea per 30 days), PA-NSO
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	4	NDS-NM
VEGZELMA (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	4	NDS-NM
ZALTRAP (100 MG/4ML SOLUTION, 200 MG/8ML SOLUTION)	4	PA-NSO, NDS-NM
ZIRABEV (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	4	NDS-NM
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION)	4	NDS-NM
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	QL (30 ea per 30 days), PA-NSO
<i>erlotinib hcl 25 mg tab</i>	1	QL (90 ea per 30 days), PA-NSO
<i>gefitinib 250 mg tab</i>	2	QL (60 ea per 30 days), PA-NSO
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	3	QL (30 ea per 30 days), PA-NSO
LAZCLUZE 240 MG TAB	3	QL (30 ea per 30 days), PA-NSO
LAZCLUZE 80 MG TAB	3	QL (60 ea per 30 days), PA-NSO
TAGRISO (40 MG TAB, 80 MG TAB)	3	QL (30 ea per 30 days), PA-NSO
VECTIBIX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA-NSO, (May be payable under Part B), NDS-NM
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	3	QL (30 ea per 30 days), PA-NSO
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	3	QL (30 ea per 30 days), PA-NSO
DAURISMO 25 MG TAB	3	QL (60 ea per 30 days), PA-NSO
ERIVEDGE 150 MG CAP	3	QL (30 ea per 30 days), PA-NSO

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Drug Name	Drug Tier	Requirements / Limits
ODOMZO 200 MG CAP	3	QL (30 ea per 30 days), PA-NSO
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	QL (120 ea per 30 days), PA-NSO
<i>abiraterone acetate 500 mg tab</i>	2	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
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	3	QL (60 ea per 30 days), PA-NSO
<i>anastrozole 1 mg tab</i>	2	PREV
<i>bicalutamide 50 mg tab</i>	1	
CAMCEVI 42 MG PRSYR	4	NDS-NM
ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT)	3	
ERLEADA 240 MG TAB	4	QL (30 ea per 30 days), PA-NSO
ERLEADA 60 MG TAB	3	QL (120 ea per 30 days), PA-NSO
EULEXIN 125 MG CAP	1	
<i>exemestane 25 mg tab</i>	2	PREV
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	3	
FIRMAGON 80 MG RECON SOLN	3	
<i>fulvestrant 250 mg/5ml soln prsyrr</i>	4	NDS-NM
INLURIYO 200 MG TAB	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
<i>letrozole 2.5 mg tab</i>	2	PREV
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	
LIFYORLI (125 MG DOSE) 1 X 25 MG & 1 X 100 MG CAP THPK	3	QL (18 ea per 28 days), PA-NSO, NDS-NM
LIFYORLI (150 MG DOSE) 2 X 25 MG & 1 X 100 MG CAP THPK	3	QL (27 ea per 28 days), PA-NSO, NDS-NM
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	4	
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	4	

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
LUPRON DEPOT (4-MONTH) 30 MG KIT	4	
LUPRON DEPOT (6-MONTH) 45 MG KIT	4	
LYSODREN 500 MG TAB	2	
<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	
NUBEQA 300 MG TAB	3	QL (120 ea per 30 days), PA-NSO
ORGOVYX 120 MG TAB	3	QL (64 ea per 30 days), PA-NSO
ORSERDU 345 MG TAB	3	QL (30 ea per 30 days), PA-NSO
ORSERDU 86 MG TAB	3	QL (90 ea per 30 days), PA-NSO
SOLTAMOX 10 MG/5ML SOLUTION	2	PREV
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	2	PREV
<i>toremifene citrate 60 mg tab</i>	2	PREV
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	3	
VABRINTY 30 MG KIT	3	
VEPPANU (100 MG TAB, 200 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, NDS-NM
XTANDI 40 MG CAP	2	QL (120 ea per 30 days), PA-NSO
XTANDI 40 MG TAB	4	QL (120 ea per 30 days), PA-NSO
XTANDI 80 MG TAB	4	QL (60 ea per 30 days), PA-NSO
ZOLADEX (3.6 MG IMPLANT, 10.8 MG IMPLANT)	4	NDS-NM
ANTINEOPLASTIC - IMMUNOMODULATORS		
<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
<i>pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)</i>	3	QL (21 ea per 28 days), PA-NSO, NDS-NM
<i>pomalidomide 1mg cap</i>	2	QL (21 ea per 28 days), NDS-NM
<i>pomalidomide 2mg cap</i>	2	QL (21 ea per 28 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>pomalidomide 3mg cap</i>	2	QL (21 ea per 28 days), NDS-NM
<i>pomalidomide 4mg cap</i>	2	QL (21 ea per 28 days), NDS-NM
THALOMID (50 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP)	4	NDS-NM
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	3	QL (66 ea per 28 days), PA-NSO, NDS-NM
DARZALEX FASPRO 1800-30000 MG-UT/15ML SOLUTION	4	QL (64.5 ml per 30 days), PA-NSO, NDS-NM
HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION	4	NDS-NM
INQOVI 35-100 MG TAB	4	QL (5 ea per 28 days), PA-NSO, NDS-NM
KEYTRUDA QLEX (395-4800 MG -UNT/2.4ML SOLUTION, 790-9600 MG -UNT/4.8ML SOLUTION)	4	PA-NSO, NDS-NM
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	4	QL (49 ea per 28 days), PA-NSO, NDS-NM
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	4	QL (70 ea per 28 days), PA-NSO, NDS-NM
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	4	QL (91 ea per 28 days), PA-NSO, NDS-NM
LONSURF 15-6.14 MG TAB	4	QL (100 ea per 28 days), PA-NSO, NDS-NM
LONSURF 20-8.19 MG TAB	3	QL (80 ea per 28 days), PA-NSO, NDS-NM
OPDIVO QVANTIG (300-5000 MG -UT/2.5ML SOLUTION, 600-10000 MG-UT/5ML SOLUTION)	4	PA-NSO, NDS-NM
OPDUALAG 240-80 MG/20ML SOLUTION	4	QL (40 ml per 28 days), PA-NSO, NDS-NM
PHESGO (60-60-2000 MG-MG-U/ML SOLUTION, 80-40-2000 MG-MG-U/ML SOLUTION)	4	NDS-NM
RITUXAN HYCELA (1400-23400 MG -UT/11.7ML SOLUTION, 1600-26800 MG -UT/13.4ML SOLUTION)	4	PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
RYBREVENT FASPRO (1600-20000 MG-UT/10ML SOLUTION, 2240-28000 MG-UT/14ML SOLUTION, 2400-30000 MG-UT/15ML SOLUTION, 3520-44000 MG-UT/22ML SOLUTION)	4	PA-NSO, NDS-NM
TECENTRIQ HYBREZA 1875-30000 MG-UT/15ML SOLUTION	4	QL (15 ml per 21 days), PA-NSO, NDS-NM
VYXEOS 44-100 MG RECON SUSP	4	PA-NSO, NDS-NM
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150 MG CAP	3	QL (240 ea per 30 days), PA-NSO
ALIQOPA 60 MG RECON SOLN	4	PA-NSO, NDS-NM
ALUNBRIG (90 MG TAB, 180 MG TAB)	3	QL (30 ea per 30 days), PA-NSO
ALUNBRIG 30 MG TAB	3	QL (60 ea per 30 days), PA-NSO
ALUNBRIG 90 & 180 MG TAB THPK	3	QL (30 ea per 180 days), PA-NSO
AUGTYRO 160 MG CAP	4	QL (60 ea per 30 days), PA-NSO, NDS-NM
AUGTYRO 40 MG CAP	4	QL (240 ea per 30 days), PA-NSO, NDS-NM
BALVERSA 3 MG TAB	3	QL (90 ea per 30 days), PA-NSO, NDS-NM
BALVERSA 4 MG TAB	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
BALVERSA 5 MG TAB	3	QL (30 ea per 30 days), PA-NSO, NDS-NM
BELEODAQ 500 MG RECON SOLN	4	PA-NSO, NDS-NM
<i>bortezomib (1 mg recon soln, 2.5 mg recon soln, 3.5 mg recon soln)</i>	4	PA-NSO, NDS-NM
BOSULIF 100 MG CAP	4	QL (180 ea per 30 days), PA-NSO, NDS-NM
BOSULIF 50 MG CAP	4	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>bosutinib (400 mg tab, 500 mg tab)</i>	3	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>bosutinib 100 mg tab</i>	3	QL (90 ea per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
BRAFTOVI 75 MG CAP	3	QL (180 ea per 30 days), PA-NSO
BRUKINSA 160 MG TAB	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
BRUKINSA 80 MG CAP	3	QL (120 ea per 30 days), PA-NSO, NDS-NM
CABOMETYX (20 MG TAB, 60 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, NDS-NM
CABOMETYX 40 MG TAB	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
CALQUENCE 100 MG TAB	4	QL (60 ea per 30 days), PA-NSO, NDS-NM
CAPRELSA 100 MG TAB	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
CAPRELSA 300 MG TAB	3	QL (30 ea per 30 days), PA-NSO, NDS-NM
CAVHANZA (60 MG TAB DISP, 80 MG TAB DISP)	4	QL (120 ea per 30 days), PA-NSO, NDS-NM
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	3	QL (120 ea per 30 days), PA-NSO, NDS-NM
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	3	QL (90 ea per 30 days), PA-NSO, NDS-NM
COPIKTRA (15 MG CAP, 25 MG CAP)	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
COTELLIC 20 MG TAB	3	QL (63 ea per 28 days), PA-NSO, NDS-NM
DANZITEN (71 MG TAB, 95 MG TAB)	3	QL (120 ea 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>	3	QL (30 ea per 30 days), PA-NSO
<i>dasatinib 20 mg tab</i>	3	QL (90 ea per 30 days), PA-NSO
ENSACOVE (25 MG CAP, 100 MG CAP)	3	QL (60 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

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Drug Name	Drug Tier	Requirements / Limits
<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)	4	QL (6 ea per 21 days), PA-NSO, NDS-NM
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	3	QL (21 ea per 28 days), PA-NSO, NDS-NM
FYARRO 100 MG RECON SUSP	4	PA-NSO, NDS-NM
GAVRETO 100 MG CAP	3	QL (120 ea per 30 days), PA-NSO, NDS-NM
GLEEVEC 100 MG TAB	3	QL (240 ea per 30 days)
GOMEKLI (1 MG CAP, 1 MG TAB SOL)	3	QL (168 ea per 28 days), PA-NSO, NDS-NM
GOMEKLI 2 MG CAP	3	QL (84 ea per 28 days), PA-NSO, NDS-NM
HYRNUO 10 MG TAB	3	QL (120 ea per 30 days), PA-NSO, NDS-NM
IBRANCE (75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB)	2	QL (21 ea per 28 days), PA-NSO
IBTROZI 200 MG CAP	3	QL (90 ea per 30 days), PA-NSO
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	3	QL (30 ea per 30 days), PA-NSO
IDHIFA (50 MG TAB, 100 MG TAB)	3	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, 140 MG TAB, 280 MG TAB, 420 MG TAB)	2	QL (30 ea per 30 days), PA-NSO, NDS-NM
IMBRUVICA 140 MG CAP	2	QL (120 ea per 30 days), PA-NSO, NDS-NM
IMBRUVICA 70 MG/ML SUSPENSION	2	QL (240 ml per 30 days), PA-NSO, NDS-NM
IMKELDI 80 MG/ML SOLUTION	4	QL (280 ml per 28 days), PA-NSO
INREBIC 100 MG CAP	3	QL (120 ea per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
ITOVEBI 3 MG TAB	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
ITOVEBI 9 MG TAB	3	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)	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	4	QL (30 ea per 30 days), PA-NSO, NDS-NM
JAYPIRCA 100 MG TAB	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
JAYPIRCA 50 MG TAB	3	QL (30 ea per 30 days), PA-NSO, NDS-NM
KISQALI (200 MG DOSE) 200 MG TAB THPK	3	QL (21 ea per 28 days), PA-NSO
KISQALI (400 MG DOSE) 200 MG TAB THPK	3	QL (42 ea per 28 days), PA-NSO
KISQALI (600 MG DOSE) 200 MG TAB THPK	3	QL (63 ea per 28 days), PA-NSO
KOSELUGO 10 MG CAP	3	QL (240 ea per 30 days), PA-NSO, NDS-NM
KOSELUGO 25 MG CAP	3	QL (120 ea per 30 days), PA-NSO, NDS-NM
KOSELUGO 5 MG CAP SPRINK	3	QL (600 ea per 30 days), PA-NSO, NDS-NM
KOSELUGO 7.5 MG CAP SPRINK	3	QL (360 ea per 30 days), PA-NSO, NDS-NM
KRAZATI 200 MG TAB	4	QL (180 ea per 30 days), PA-NSO, NDS-NM
KYPROLIS (10 MG RECON SOLN, 30 MG RECON SOLN, 60 MG RECON SOLN)	4	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	3	QL (30 ea per 30 days), PA-NSO
LORBRENA 25 MG TAB	3	QL (90 ea per 30 days), PA-NSO
LUMAKRAS 120 MG TAB	3	QL (240 ea per 30 days), PA-NSO, NDS-NM
LUMAKRAS 240 MG TAB	4	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
LUMAKRAS 320 MG TAB	4	QL (90 ea per 30 days), PA-NSO, NDS-NM
LYNPARZA (100 MG TAB, 150 MG TAB)	3	QL (120 ea per 30 days), PA-NSO, NDS-NM
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	4	QL (84 ea per 28 days), PA-NSO, NDS-NM
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	4	QL (112 ea per 28 days), PA-NSO, NDS-NM
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	4	QL (140 ea per 28 days), PA-NSO, NDS-NM
MEKINIST 0.05 MG/ML RECON SOLN	3	QL (1200 ml per 30 days), PA-NSO, NDS-NM
MEKINIST 0.5 MG TAB	3	QL (90 ea per 30 days), PA-NSO, NDS-NM
MEKINIST 2 MG TAB	3	QL (30 ea per 30 days), PA-NSO, NDS-NM
MEKTOVI 15 MG TAB	3	QL (180 ea per 30 days), PA-NSO, NDS-NM
NERLYNX 40 MG TAB	3	QL (180 ea per 30 days), PA-NSO, NDS-NM
NILOTINIB D-TARTRATE (50 MG CAP, 150 MG CAP, 200 MG CAP)	4	QL (120 ea per 30 days), PA-NSO, NDS-NM
<i>nilotinib hcl (50 mg cap, 150 mg cap)</i>	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
<i>nilotinib hcl 200 mg cap</i>	1	QL (120 ea per 30 days), PA-NSO
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	3	QL (3 ea per 28 days), PA-NSO, NDS-NM
OGSIVEO (100 MG TAB, 150 MG TAB)	4	QL (60 ea per 30 days), PA-NSO, NDS-NM
OGSIVEO 50 MG TAB	4	QL (180 ea per 30 days), PA-NSO, NDS-NM
OJEMDA 100 MG TAB	3	QL (24 ea per 28 days), PA-NSO
OJEMDA 25 MG/ML RECON SUSP	3	QL (96 ml per 28 days), PA-NSO, NDS-NM
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<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)	3	QL (30 ea per 30 days), PA-NSO, NDS-NM
PHYRAGO (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	3	QL (30 ea per 30 days), PA-NSO
PHYRAGO 20 MG TAB	3	QL (90 ea per 30 days), PA-NSO
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	3	QL (30 ea per 30 days), PA-NSO, NDS-NM
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
QINLOCK 50 MG TAB	3	QL (90 ea per 30 days), PA-NSO, NDS-NM
RETEVMO (40 MG CAP, 40 MG TAB)	3	QL (90 ea per 30 days), PA-NSO, NDS-NM
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
RETEVMO 80 MG CAP	3	QL (120 ea per 30 days), PA-NSO, NDS-NM
REZLIDHIA 150 MG CAP	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
ROMIDEPSIN (10 MG RECON SOLN, 27.5 MG/5.5ML SOLUTION)	4	PA-NSO, NDS-NM
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	3	QL (8 ea per 28 days), PA-NSO
ROZLYTREK 100 MG CAP	3	QL (180 ea per 30 days), PA-NSO, NDS-NM
ROZLYTREK 200 MG CAP	3	QL (90 ea per 30 days), PA-NSO, NDS-NM
ROZLYTREK 50 MG PACKET	3	QL (360 ea per 30 days), PA-NSO, NDS-NM
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	3	QL (120 ea per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
RYDAPT 25 MG CAP	3	QL (224 ea per 28 days), PA-NSO, NDS-NM
RYTELO (47 MG RECON SOLN, 188 MG RECON SOLN)	4	PA, NDS-NM
SCEMBLIX 100 MG TAB	3	QL (120 ea per 30 days), PA-NSO
SCEMBLIX 20 MG TAB	4	QL (60 ea per 30 days), PA-NSO
SCEMBLIX 40 MG TAB	4	QL (300 ea per 30 days), PA-NSO
<i>sorafenib tosylate 200 mg tab</i>	1	QL (120 ea per 30 days), PA-NSO, NDS-NM
STIVARGA 40 MG TAB	3	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)	3	QL (120 ea per 30 days), PA-NSO, NDS-NM
TAFINLAR (50 MG CAP, 75 MG CAP)	3	QL (120 ea per 30 days), PA-NSO
TAFINLAR 10 MG TAB SOL	3	QL (900 ea per 30 days), PA-NSO
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	3	QL (30 ea per 30 days), PA-NSO, NDS-NM
TALZENNA 0.25 MG CAP	3	QL (90 ea per 30 days), PA-NSO, NDS-NM
TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP)	3	QL (120 ea per 30 days), PA-NSO, NDS-NM
<i>temsirolimus 25 mg/ml solution</i>	4	PA-NSO, NDS-NM
TEPMETKO 225 MG TAB	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
TIBSOVO 250 MG TAB	3	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)	3	QL (64 ea per 28 days), PA-NSO, NDS-NM
TRUQAP (200 MG TAB, 200 MG TAB THPK)	3	QL (64 ea per 28 days), PA-NSO
TURALIO 125 MG CAP	3	QL (120 ea per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	3	QL (56 ea per 28 days), PA-NSO, NDS-NM
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	3	QL (56 ea per 28 days), PA-NSO
VITRAKVI 100 MG CAP	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
VITRAKVI 20 MG/ML SOLUTION	3	QL (300 ml per 30 days), PA-NSO, NDS-NM
VITRAKVI 25 MG CAP	3	QL (180 ea per 30 days), PA-NSO, NDS-NM
VONJO 100 MG CAP	4	QL (120 ea per 30 days), PA-NSO, NDS-NM
VORANIGO 10 MG TAB	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
VORANIGO 40 MG TAB	3	QL (30 ea per 30 days), PA-NSO, NDS-NM
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	3	QL (120 ea per 30 days), PA-NSO
XALKORI 150 MG CAP SPRINK	3	QL (180 ea per 30 days), PA-NSO
XOSPATA 40 MG TAB	3	PA-NSO, NDS-NM
<i>yulithira</i> (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	1	QL (28 ea per 28 days), PA-NSO, NDS-NM
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, NDS-NM
ZELBORAF 240 MG TAB	3	QL (240 ea per 30 days), PA-NSO, NDS-NM
ZOLINZA 100 MG CAP	3	QL (120 ea per 30 days)
ZYKADIA 150 MG TAB	3	QL (90 ea per 30 days), PA-NSO
ANTINEOPLASTICS - ANGIOGENESIS INHIBITORS		
JOBEVNE (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	4	NDS-NM
ANTINEOPLASTICS - ENZYME INHIBITORS		
JIDEYTRO 100 MG TAB	4	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
JIDEYTRO 25 MG TAB	4	QL (90 ea per 30 days), PA-NSO, NDS-NM
ANTINEOPLASTICS - IMMUNOMODULATORS		
ZENBEXUS (0.75 MG CAP, 1 MG CAP)	4	QL (21 ea per 28 days), PA-NSO, NDS-NM
ANTINEOPLASTICS MISC.		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	4	NDS-NM
ADCETRIS 50 MG RECON SOLN	4	PA-NSO, NDS-NM
ANKTIVA 400 MCG/0.4ML SOLUTION	4	PA-NSO, NDS-NM
ARZERRA (100 MG/5ML CONC, 1000 MG/50ML CONC)	4	PA-NSO, NDS-NM
ASPARLAS 3750 UNIT/5ML SOLUTION	4	NDS-NM
AYVAKIT (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	QL (30 ea per 30 days), PA-NSO
AYVAKIT (25 MG TAB, 50 MG TAB)	4	QL (30 ea per 30 days), PA-NSO
BAVENCIO 200 MG/10ML SOLUTION	4	PA-NSO, NDS-NM
BEIZRAY 20 MG/ML CONC	3	
BESPONSA 0.9 MG RECON SOLN	4	PA-NSO, NDS-NM
BESREMI 500 MCG/ML SOLN PRSYR	4	QL (2 ml per 28 days), PA-NSO, NDS-NM
BESREMI PEN 500 MCG/0.5ML SOLN PEN	4	QL (1 ml per 28 days), PA-NSO, NDS-NM
<i>bexarotene 75 mg cap</i>	1	
BIZENGRI (750 MG DOSE) 375 MG/18.75ML SOLN THPK	4	QL (75 ml per 28 days), PA-NSO, NDS-NM
BLENREP 70 MG RECON SOLN	4	PA-NSO, NDS-NM
<i>bleomycin sulfate (15 recon soln, 30 recon soln)</i>	3	PA-BVD, (May be payable under part B)
BLINCYTO 35 MCG RECON SOLN	4	PA-NSO, (May be payable under Part B), NDS-NM
COLUMVI (2.5 MG/2.5ML SOLUTION, 10 MG/10ML SOLUTION)	4	QL (30 ml per 21 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>dacarbazine (100 mg recon soln, 200 mg recon soln)</i>	3	
<i>dactinomycin 0.5 mg recon soln</i>	3	
DANYELZA 40 MG/10ML SOLUTION	4	PA-NSO, NDS-NM
DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA-NSO, NDS-NM
DATROWAY 100 MG RECON SOLN	4	QL (6 ea per 21 days), PA-NSO, NDS-NM
<i>daunorubicin hcl (20 mg/4ml solution, 50 mg/10ml solution)</i>	3	
<i>docetaxel (20 mg/2ml solution, 20 mg/ml conc, 80 mg/4ml conc, 80 mg/8ml solution, 160 mg/16ml solution, 160 mg/8ml conc)</i>	3	
<i>doxorubicin hcl (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)</i>	3	PA-BVD, (May be payable under part B)
<i>doxorubicin hcl liposomal 2 mg/ml suspension</i>	3	
ELAHERE 100 MG/20ML SOLUTION	4	PA-NSO, NDS-NM
ELREXFIO (44 MG/1.1ML SOLUTION, 76 MG/1.9ML SOLUTION)	4	PA-NSO, NDS-NM
EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN)	4	PA-NSO, NDS-NM
EMRELIS (20 MG RECON SOLN, 100 MG RECON SOLN)	4	PA-NSO, NDS-NM
ENHERTU 100 MG RECON SOLN	4	PA-NSO, NDS-NM
EPKINLY (4 MG/0.8ML SOLUTION, 48 MG/0.8ML SOLUTION)	4	PA-NSO, NDS-NM
<i>eribulin mesylate 1 mg/2ml solution</i>	4	PA-NSO, NDS-NM
ETOPOPHOS 100 MG RECON SOLN	3	
<i>etoposide (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)</i>	3	
GAZYVA 1000 MG/40ML SOLUTION	4	PA-NSO, NDS-NM
HERCEPTIN 150 MG RECON SOLN	4	NDS-NM
HERCESSI (150 MG RECON SOLN, 420 MG RECON SOLN)	4	NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
HERNEXEOS 60 MG TAB	3	QL (90 ea per 30 days), PA-NSO, NDS-NM
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	4	NDS-NM
<i>hydroxyurea 500 mg cap</i>	1	
<i>idarubicin hcl (5 mg/5ml solution, 10 mg/10ml solution, 20 mg/20ml solution)</i>	3	
IMDELLTRA (1 MG RECON SOLN, 10 MG RECON SOLN)	4	PA-NSO, NDS-NM
IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION)	4	PA-NSO, NDS-NM
IMJUDO 25 MG/1.25ML SOLUTION	4	PA, QL (18.75 ml per 180 days), NDS-NM
IMJUDO 300 MG/15ML SOLUTION	4	PA, QL (15 ml per 180 days), NDS-NM
IRINOTECAN HCL (40 MG/2ML SOLUTION, 100 MG/5ML SOLUTION, 300 MG/15ML SOLUTION, 500 MG/25ML SOLUTION)	3	
IXEMPRA KIT (15 MG RECON SOLN, 45 MG RECON SOLN)	4	PA-NSO, NDS-NM
JELMYTO 2 X 40 MG KIT	4*	PA, QL (17 ea per 999 days), NDS-NM
JEMPERLI 500 MG/10ML SOLUTION	4	PA-NSO, NDS-NM
JEVTANA 60 MG/1.5ML SOLUTION	4	PA-NSO, NDS-NM
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	4	PA-NSO, NDS-NM
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	4	NDS-NM
KEYTRUDA 100 MG/4ML SOLUTION	4	PA-NSO, NDS-NM
KIMMTRAK 100 MCG/0.5ML SOLUTION	4	PA-NSO, NDS-NM
KOMZIFTI 200 MG CAP	3	QL (90 ea per 30 days), PA-NSO, NDS-NM
LIBTAYO 350 MG/7ML SOLUTION	4	PA-NSO, NDS-NM
LOQTORZI 240 MG/6ML SOLUTION	4	PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION)	4	PA-NSO, NDS-NM
LUNSUMIO VELO (5 MG/0.5ML SOLUTION, 45 MG/ML SOLUTION)	4	PA-NSO, NDS-NM
LYNOZYFIC (5 MG/2.5ML SOLUTION, 200 MG/10ML SOLUTION)	4	PA-NSO, NDS-NM
MARGENZA 250 MG/10ML SOLUTION	4	PA-NSO, NDS-NM
MATULANE 50 MG CAP	2	NDS-NM
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	3	
<i>mitoxantrone hcl (20 mg/10ml conc, 25 mg/12.5ml conc, 30 mg/15ml conc)</i>	3	
MODEYSO 125 MG CAP	3	QL (20 ea per 28 days), PA-NSO, NDS-NM
MONJUVI 200 MG RECON SOLN	4	PA-NSO, NDS-NM
<i>mutamycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	3	
MYLOTARG 4.5 MG RECON SOLN	4	PA-NSO, NDS-NM
NIPENT 10 MG RECON SOLN	3	
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	4	NDS-NM
ONCASPAR 750 UNIT/ML SOLUTION	4	NDS-NM
ONIVYDE 43 MG/10ML SUSPENSION	4	PA-NSO, NDS-NM
ONTRUZANT (150 MG RECON SOLN, 420 MG RECON SOLN)	4	NDS-NM
OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 120 MG/12ML SOLUTION, 240 MG/24ML SOLUTION)	4	PA-NSO, NDS-NM
<i>paclitaxel (30 mg/5ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc, 300 mg/50ml conc)</i>	3	
<i>paclitaxel protein-bound part 100 mg recon susp</i>	4	PA-NSO, NDS-NM
PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN)	4	PA-NSO, NDS-NM
PERJETA 420 MG/14ML SOLUTION	4	NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
POLIVY (30 MG RECON SOLN, 140 MG RECON SOLN)	4	PA, NDS-NM
POTELIGEO 20 MG/5ML SOLUTION	4	NDS-NM
PROLEUKIN 22000000 UNIT RECON SOLN	4	NDS-NM
REVUFORJ 110 MG TAB	3	QL (120 ea per 30 days), PA-NSO
REVUFORJ 160 MG TAB	3	QL (60 ea per 30 days), PA-NSO
REVUFORJ 25 MG TAB	4	QL (240 ea per 30 days), PA-NSO, NDS-NM
RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	4	PA-NSO, NDS-NM
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	4	PA-NSO, NDS-NM
RYBREVANT 350 MG/7ML SOLUTION	4	PA-NSO, NDS-NM
RYLAZE 10 MG/0.5ML SOLUTION	4	PA-NSO, NDS-NM
SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	4	PA-NSO, NDS-NM
TALVEY (3 MG/1.5ML SOLUTION, 40 MG/ML SOLUTION)	4	PA-NSO, NDS-NM
TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION)	4	PA-NSO, NDS-NM
TECVAYLI (30 MG/3ML SOLUTION, 153 MG/1.7ML SOLUTION)	4	PA, NDS-NM
TEVIMBRA (100 MG/10ML SOLUTION, 150 MG/15ML SOLUTION)	4	PA-NSO, NDS-NM
TICE BCG 50 MG RECON SUSP	3	
TIVDAK 40 MG RECON SOLN	4	PA-NSO, NDS-NM
<i>topotecan hcl (4 mg recon soln, 4 mg/4ml solution)</i>	3	
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	4	NDS-NM
<i>tretinoin 10 mg cap</i>	1	
TRODELVY 180 MG RECON SOLN	4	PA-NSO, NDS-NM
TRUXIMA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	4	PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
TUKYSA (50 MG TAB, 150 MG TAB)	3	QL (120 ea per 30 days), PA-NSO
UNITUXIN 17.5 MG/5ML SOLUTION	4	QL (40 ml per 30 days), PA-NSO, NDS-NM
UNLOXCYT 300 MG/5ML SOLUTION	4	PA-NSO, NDS-NM
UVADEX 20 MCG/ML SOLUTION	3	
<i>valrubicin 40 mg/ml solution</i>	1	
VENCLEXTA 10 MG TAB	3	QL (60 ea per 30 days), PA-NSO
VENCLEXTA 100 MG TAB	3	QL (180 ea per 30 days), PA-NSO
VENCLEXTA 50 MG TAB	3	QL (30 ea per 30 days), PA-NSO
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	3	QL (42 ea per 180 days), PA-NSO
VINBLASTINE SULFATE 1 MG/ML SOLUTION	3	PA-BVD, (May be payable under part B)
VINCRISTINE SULFATE (1 MG/ML SOLUTION, 2 MG/2ML SOLUTION)	3	PA-BVD, (May be payable under part B)
<i>vinorelbine tartrate (10 mg/ml solution, 50 mg/5ml solution)</i>	3	
VYLOY (100 MG RECON SOLN, 300 MG RECON SOLN)	4	PA-NSO, NDS-NM
WELIREG 40 MG TAB	4	QL (90 ea per 30 days), PA-NSO
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	3	QL (16 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL (4 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	3	QL (4 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	3	QL (24 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	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 ONCE WEEKLY) 80 MG TAB THPK	3	QL (4 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	3	QL (32 ea per 28 days), PA-NSO, NDS-NM
YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION)	4	PA-NSO, NDS-NM
ZIIHERA 300 MG RECON SOLN	4	PA-NSO, NDS-NM
ZYNLONTA 10 MG RECON SOLN	4	PA-NSO, NDS-NM
ZYNYZ 500 MG/20ML SOLUTION	4	QL (20 ml per 28 days), PA-NSO, NDS-NM
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA 300 MG RECON SOLN	4	PA-NSO, NDS-NM
<i>dexrazoxane hcl (250 mg recon soln, 500 mg recon soln)</i>	3	
ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN)	4	PA, NDS-NM
IWILFIN 192 MG TAB	4	QL (240 ea per 30 days), PA-NSO, NDS-NM
KEPIVANCE 5.16 MG RECON SOLN	4	NDS-NM
KHAPZORY 175 MG RECON SOLN	4	PA, NDS-NM
LEDERLE LEUCOVORIN 5 MG TAB	1	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
<i>leucovorin calcium (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>	3	
<i>levoleucovorin calcium 50 mg recon soln</i>	3	
<i>levoleucovorin calcium pf (175 mg/17.5ml solution, 250 mg/25ml solution)</i>	4	NDS-NM
<i>mesna (100 mg/ml solution, 400 mg tab)</i>	3	
PEDMARK 12.5 % SOLUTION	4	PA, NDS-NM
VORAXAZE 1000 UNIT RECON SOLN	4	NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
VYKOURA 500 MG/50ML SOLUTION	3	
ANTIPARASITICS		
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	1	
EMVERM 100 MG CHEW TAB	3	QL (6 ea per 21 days)
<i>ivermectin 3 mg tab</i>	1	PA
<i>praziquantel 600 mg tab</i>	3	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	2*	
<i>atovaquone 750 mg/5ml suspension</i>	1	
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	1	
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	1	
COARTEM 20-120 MG TAB	3	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
IMPAVIDO 50 MG CAP	4	PA, QL (84 ea per 28 days), NDS-NM
<i>mefloquine hcl 250 mg tab</i>	1	
NITAZOXANIDE 500 MG TAB	1	
<i>pentamidine isethionate 300 mg recon soln</i>	3	
<i>pentamidine isethionate 300 mg recon soln</i>	1	PA-BVD, (May be payable under part B)
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	3	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	3	
<i>pyrimethamine 25 mg tab</i>	4	PA
<i>quinine sulfate 324 mg cap</i>	1	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa 25 mg tab</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>entacapone 200 mg tab</i>	1	
ONGENTYS (25 MG CAP, 50 MG CAP)	3	QL (30 ea per 30 days)
<i>tolcapone 100 mg tab</i>	1	
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	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</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	
CARBIDOPA-LEVODOPA 10-100 MG TAB DISP	2	
CARBIDOPA-LEVODOPA 25-100 MG TAB DISP	2	
CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	2	
<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	4	QL (300 ea per 30 days), NDS-NM
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	4	QL (150 ea per 30 days), NDS-NM
KYNMOBI TITRATION KIT 10&15&20&25&30 MG KIT	4	QL (150 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	

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Drug Name	Drug Tier	Requirements / Limits
<i>pramipexole dihydrochloride er (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</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	
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
DEPAKOTE ER (250 MG TAB ER 24H, 500 MG TAB ER 24H)	3	
<i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>	1	
<i>lithium 8 meq/5ml solution</i>	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	
LITHOBID 300 MG TAB ER	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	4	QL (30 ea per 30 days), PA-NSO
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	4	QL (60 ea per 30 days), PA-NSO, NDS-NM
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	4	QL (56 ea per 180 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<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, 80 mg tab, 120 mg tab)</i>	1	
MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB)	3	
NUPLAZID (10 MG TAB, 34 MG CAP)	4	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 (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	2	QL (30 ea per 30 days)
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	1	
<i>ziprasidone mesylate 20 mg recon soln</i>	1	QL (60 ea per 30 days)
BENZISOXAZOLES		
BYSANTI (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	4	QL (60 ea per 30 days), PA-NSO, NDS-NM
BYSANTI TITRATION PACK A 1 & 2 & 4 & 6 MG TAB THPK	4	QL (8 ea per 180 days), PA-NSO, NDS-NM
BYSANTI TITRATION PACK B 1 & 2 & 6 & 8 MG TAB THPK	4	QL (12 ea per 180 days), PA-NSO, NDS-NM
BYSANTI TITRATION PACK C 1 & 2 & 6 MG TAB THPK	4	QL (8 ea per 180 days), PA-NSO, NDS-NM
ERZOFRI 117 MG/0.75ML SUSP PRSYR	4	QL (0.75 ml per 28 days), PA-NSO, NDS-NM
ERZOFRI 156 MG/ML SUSP PRSYR	4	QL (1 ml per 28 days), PA-NSO, NDS-NM
ERZOFRI 234 MG/1.5ML SUSP PRSYR	4	QL (1.5 ml per 28 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
ERZOFRI 351 MG/2.25ML SUSP PRSYR	4	QL (2.25 ml per 28 days), PA-NSO, NDS-NM
ERZOFRI 39 MG/0.25ML SUSP PRSYR	3	QL (0.25 ml per 28 days), PA-NSO
ERZOFRI 78 MG/0.5ML SUSP PRSYR	3	QL (0.5 ml per 28 days), PA-NSO
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	4	
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	3	
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	3	QL (12 ea per 180 days)
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	3	QL (8 ea per 180 days)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	QL (3.5 ml per 180 days), PA-NSO, NDS-NM
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	QL (5 ml per 180 days), PA-NSO, NDS-NM
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	QL (0.75 ml per 28 days), PA-NSO, NDS-NM
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4	QL (1 ml per 28 days), PA-NSO, NDS-NM
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4	QL (1.5 ml per 28 days), PA-NSO, NDS-NM
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	QL (0.25 ml per 28 days), PA-NSO
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	4	QL (0.5 ml per 28 days), PA-NSO
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4	QL (0.88 ml per 84 days), PA-NSO, NDS-NM
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	4	QL (1.32 ml per 84 days), PA-NSO, NDS-NM
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	4	QL (1.75 ml per 84 days), PA-NSO, NDS-NM
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	4	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, 6 mg tab er 24h, 9 mg tab er 24h)</i>	1	
<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, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>risperidone microspheres er (12.5 mg, 25 mg, 37.5 mg, 50 mg)</i>	3	QL (2 ea per 28 days), PA-NSO
RYKINDO (25 MG, 37.5 MG, 50 MG)	4	QL (2 ea per 28 days), PA-NSO, NDS-NM
UZEDY 100 MG/0.28ML SUSP PRSYR	4	QL (0.28 ml per 28 days), PA-NSO, NDS-NM
UZEDY 125 MG/0.35ML SUSP PRSYR	4	QL (0.35 ml per 28 days), PA-NSO, NDS-NM
UZEDY 150 MG/0.42ML SUSP PRSYR	4	QL (0.42 ml per 56 days), PA-NSO, NDS-NM
UZEDY 200 MG/0.56ML SUSP PRSYR	4	QL (0.56 ml per 56 days), PA-NSO, NDS-NM
UZEDY 250 MG/0.7ML SUSP PRSYR	4	QL (0.7 ml per 56 days), PA-NSO, NDS-NM
UZEDY 50 MG/0.14ML SUSP PRSYR	4	QL (0.14 ml per 28 days), PA-NSO, NDS-NM
UZEDY 75 MG/0.21ML SUSP PRSYR	4	QL (0.21 ml per 28 days), PA-NSO, NDS-NM
DIBENZAPINES		
ADASUVE 10 MG AER POW BA	3	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	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 recon soln, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	1	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	
QUETIAPINE FUMARATE 150 MG TAB	1	QL (60 ea per 30 days)
<i>quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	3	QL (30 ea per 30 days), PA-NSO
VERSACLOZ 50 MG/ML SUSPENSION	3	
ZYPREXA RELPREVV (300 MG RECON SUSP, 405 MG RECON SUSP)	4	QL (2 ea per 28 days), PA-NSO, NDS-NM
ZYPREXA RELPREVV 210 MG RECON SUSP	3	QL (2 ea per 28 days), PA-NSO
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>chlorpromazine hcl (30 mg/ml conc, 50 mg/2ml solution, 100 mg/ml conc)</i>	3	
<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, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	1	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	3	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	1	
<i>prochlorperazine 25 mg suppos</i>	1	
<i>prochlorperazine edisylate 10 mg/2ml solution</i>	3	
<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	
<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	4	QL (2.4 ml per 56 days), NDS-NM
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	4	QL (3.2 ml per 56 days), NDS-NM
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	4	QL (1 ea per 28 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	3	QL (60 ea per 30 days)
ARISTADA 1064 MG/3.9ML PRSYR	4	QL (3.9 ml per 56 days), PA-NSO, (1 syringe), NDS-NM
ARISTADA 441 MG/1.6ML PRSYR	4	QL (1.6 ml per 28 days), PA-NSO, (1 syringe), NDS-NM
ARISTADA 662 MG/2.4ML PRSYR	4	QL (2.4 ml per 28 days), PA-NSO, (1 syringe), NDS-NM
ARISTADA 882 MG/3.2ML PRSYR	4	QL (3.2 ml per 28 days), PA-NSO, (1 syringe), NDS-NM
ARISTADA INITIO 675 MG/2.4ML PRSYR	4	QL (2.4 ml per 180 days), PA-NSO, NDS-NM
OPIPZA (2 MG FILM, 5 MG FILM)	4	QL (30 ea per 30 days), PA-NSO, NDS-NM
OPIPZA 10 MG FILM	4	QL (90 ea per 30 days), PA-NSO, NDS-NM
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, NDS-NM

ANTISPASTICITY AGENTS

<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>baclofen 10 mg/5ml solution</i>	2	PA, QL (1200 ml per 30 days)
<i>carisoprodol (250 mg tab, 350 mg tab)</i>	1	
CARISOPRODOL-ASPIRIN-CODEINE 200-325-16 MG TAB	1	
<i>chlorzoxazone 500 mg tab</i>	2	
<i>cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>metaxalone (400 mg tab, 800 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	

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Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	1	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	1	
<i>vanadom 350 mg tab</i>	1	
ANTIVIRALS		
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)
APTIVUS 250 MG CAP	2	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)	2	QL (30 ea per 30 days)
BIXLENVO 75-50 MG TAB	2	QL (30 ea per 30 days), NDS-NM
CABENUVA 400 & 600 MG/2ML SUSP	2	QL (4 ml per 28 days), NDS-NM
CABENUVA 600 & 900 MG/3ML SUSP	2	QL (6 ml per 28 days), NDS-NM
CIMDUO 300-300 MG TAB	2	QL (30 ea per 30 days)
<i>darunavir 600 mg tab</i>	1	QL (60 ea per 30 days)
<i>darunavir 800 mg tab</i>	1	QL (30 ea per 30 days)
DELSTRIGO 100-300-300 MG TAB	2	QL (30 ea per 30 days)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	2	QL (30 ea per 30 days)
DOVATO 50-300 MG TAB	2	QL (30 ea per 30 days)
EDURANT PED 2.5 MG TAB SOL	2	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)

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Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	1	QL (30 ea per 30 days)
<i>emtricitab-rilpivir-tenofovir df 200-25-300 mg tab</i>	1	QL (30 ea per 30 days)
<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, 200-300 mg tab)</i>	1	QL (30 ea per 30 days)
EMTRIVA 10 MG/ML SOLUTION	2	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	2	QL (30 ea per 30 days)
<i>fosamprenavir calcium 700 mg tab</i>	1	QL (120 ea per 30 days)
FUZEON 90 MG RECON SOLN	2	QL (60 ea per 30 days), NDS-NM
GENVOYA 150-150-200-10 MG TAB	2	QL (30 ea per 30 days)
IDVYNZO 100-0.25 MG TAB	2	QL (30 ea per 30 days)
INTELENCE 25 MG TAB	2	QL (120 ea per 30 days)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	2	QL (180 ea per 30 days)
ISENTRESS 100 MG PACKET	2	QL (60 ea per 30 days)
ISENTRESS 400 MG TAB	2	QL (120 ea per 30 days)
ISENTRESS HD 600 MG TAB	2	QL (60 ea per 30 days)
JULUCA 50-25 MG TAB	2	QL (30 ea per 30 days)
KALETRA 400-100 MG/5ML SOLUTION	2	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>maraviroc 150 mg tab</i>	1	QL (60 ea per 30 days)
<i>maraviroc 300 mg tab</i>	1	QL (120 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<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	2	QL (360 ea per 30 days)
ODEFSEY 200-25-25 MG TAB	2	QL (30 ea per 30 days)
PIFELTRO 100 MG TAB	2	QL (60 ea per 30 days)
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	2	QL (30 ea per 30 days)
PREZISTA 100 MG/ML SUSPENSION	2	QL (400 ml per 30 days)
PREZISTA 150 MG TAB	2	QL (180 ea per 30 days)
PREZISTA 75 MG TAB	2	QL (480 ea per 30 days)
RETROVIR 10 MG/ML SOLUTION	3	
REYATAZ 50 MG PACKET	2	QL (180 ea per 30 days)
<i>rilpivirine 25mg tab</i>	2	QL (30 ea per 30 days)
<i>rilpivirine hcl 25 mg tab</i>	1	QL (60 ea per 30 days)
<i>ritonavir 100 mg tab</i>	1	QL (360 ea per 30 days)
RUKOBIA 600 MG TAB ER 12H	2	QL (60 ea per 30 days)
SELZENTRY (25 MG TAB, 150 MG TAB)	2	
SELZENTRY 20 MG/ML SOLUTION	2	QL (1800 ml per 30 days)
SELZENTRY 75 MG TAB	4	QL (60 ea per 30 days), NDS-NM
<i>stavudine (30 mg cap, 40 mg cap)</i>	1	
STRIBILD 150-150-200-300 MG TAB	2	QL (30 ea per 30 days)
SUNLENCA (4 X 300 MG TAB THPK, 300 MG TAB)	2	QL (4 ea per 180 days), NDS-NM
SUNLENCA 463.5 MG/1.5ML SOLUTION	4	QL (3 ml per 180 days), NDS-NM
SUNLENCA 5 X 300 MG TAB THPK	2	QL (5 ea per 180 days), NDS-NM
SYMTUZA 800-150-200-10 MG TAB	2	QL (30 ea per 30 days)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	1	QL (30 ea per 30 days)
TIVICAY 10 MG TAB	2	QL (240 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
TIVICAY 25 MG TAB	2	QL (60 ea per 30 days), NDS-NM
TIVICAY 50 MG TAB	2	QL (60 ea per 30 days)
TIVICAY PD 5 MG TAB SOL	2	QL (360 ea per 30 days)
TRIUMEQ 600-50-300 MG TAB	2	QL (30 ea per 30 days)
TRIUMEQ PD 60-5-30 MG TAB SOL	2	QL (180 ea per 30 days)
TROGARZO 200 MG/1.33ML SOLUTION	4	NDS-NM
VIRACEPT 250 MG TAB	2	QL (270 ea per 30 days)
VIRACEPT 625 MG TAB	2	QL (120 ea per 30 days)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	QL (30 ea per 30 days)
VIREAD 40 MG/GM POWDER	2	QL (240 gm per 30 days)
VOCABRIA 30 MG TAB	2	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)
HEPATITIS AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	3	
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	1	
<i>lamivudine 100 mg tab</i>	1	QL (30 ea per 30 days)
MAVYRET 100-40 MG TAB	4	PA, QL (84 ea per 28 days)
MAVYRET 50-20 MG PACKET	4	PA, QL (168 ea per 28 days)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	4	QL (2 ml per 28 days)
PEGASYS 180 MCG/ML SOLUTION	4	QL (4 ml per 28 days)
RIBAVIRIN 200 MG CAP	2	
RIBAVIRIN 200 MG TAB	2	
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	4	PA, QL (28 ea per 28 days), NDS-NM
VEMLIDY 25 MG TAB	2	QL (30 ea per 30 days)
VOSEVI 400-100-100 MG TAB	4	PA, QL (28 ea per 28 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
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>	3	PA-BVD, (May be payable under part B)
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	1	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate (45 mg cap, 75 mg cap)</i>	1	QL (42 ea per 180 days)
<i>oseltamivir phosphate 30 mg cap</i>	1	QL (84 ea per 180 days)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL (540 ml per 180 days)
RIMANTADINE HCL 100 MG TAB	2	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	QL (2 ea per 30 days)
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	3	QL (4 ea per 180 days)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	QL (1 ea per 30 days)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	3	QL (4 ea per 180 days)
MISC. ANTIVIRALS		
<i>cidofovir 75 mg/ml solution</i>	3	
<i>foscarnet sodium 6000 mg/250ml solution</i>	3	PA-BVD, (May be payable under part B)
<i>ganciclovir sodium (500 mg recon soln, 500 mg/10ml solution)</i>	3	PA-BVD, (May be payable under part B)
LAGEVRIO 200 MG CAP	3	QL (40 ea per 5 days)
LIVTENCITY 200 MG TAB	4	PA, QL (120 ea per 30 days)
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	QL (20 ea per 5 days)
PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK	2	QL (11 ea per 5 days)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	QL (30 ea per 5 days)

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Drug Name	Drug Tier	Requirements / Limits
PREVYMIS (20 MG PACKET, 120 MG PACKET)	4	PA, QL (120 ea per 30 days)
PREVYMIS (240 MG TAB, 480 MG TAB)	4	PA, QL (30 ea per 30 days)
PREVYMIS (240 MG/12ML SOLUTION, 480 MG/24ML SOLUTION)	4	PA, NDS-NM
<i>ribavirin 6 gm recon soln</i>	2*	
TPOXX 200 MG CAP	\$0*	QL (126 ea per 14 days)
TPOXX 200 MG/20ML SOLUTION	\$0*	QL (1120 ml per 14 days)
<i>valganciclovir hcl 450 mg tab</i>	2	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	4	
VEKLURY 100 MG RECON SOLN	4	NDS-NM
BIOLOGICALS MISC		
ADBRY (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ)	4	PA, QL (6 ml per 28 days), NDS-NM
AMJEVITA (10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR)	2	PA, QL (0.4 ml 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)	4	PA, QL (2.4 ml per 28 days), NDS-NM
AMJEVITA-PED 15KG TO <30KG 20 MG/0.2ML SOLN PRSYR	2	PA, QL (0.4 ml per 28 days), NDS-NM
ARCALYST 220 MG RECON SOLN	4	PA, NDS-NM
AVSOLA 100 MG RECON SOLN	4	PA, NDS-NM
AVTOZMA (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	4	PA, QL (3.6 ml per 28 days), NDS-NM
AVTOZMA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, QL (40 ml per 30 days), NDS-NM
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	4	PA, NDS-NM
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	4	PA, QL (8 ml per 28 days), NDS-NM
CIMZIA (1 SYRINGE) 200 MG/ML PREF SY KT	4	PA, QL (6 ea per 28 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	4	PA, QL (3 ea per 28 days), NDS-NM
CIMZIA 2 X 200 MG KIT	4	PA, QL (3 ea per 28 days), NDS-NM
CIMZIA-STARTER 200 MG/ML PREF SY KT	4	PA, QL (3 ea per 28 days), NDS-NM
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	4	PA, NDS-NM
COSENTYX (75 MG/0.5ML SOLN PRSYR, 125 MG/5ML SOLUTION, 150 MG/ML SOLN PRSYR)	4	PA, NDS-NM
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	4	PA, NDS-NM
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	4	PA, NDS-NM
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	4	PA
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	4	PA, QL (4.56 ml per 28 days), NDS-NM
DUPIXENT (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	4	PA, QL (8 ml per 28 days), NDS-NM
DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	PA, QL (1.34 ml per 28 days), NDS-NM
EBGLYSS (250 MG/2ML SOLN A-INJ, 250 MG/2ML SOLN PRSYR)	4	PA, QL (8 ml per 28 days)
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	4	PA, QL (8 ml per 28 days), NDS-NM
ENBREL 25 MG RECON SOLN	4	PA, QL (8 ea per 28 days), NDS-NM
ENBREL MINI 50 MG/ML SOLN CART	4	PA, QL (8 ml per 28 days), NDS-NM
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	4	PA, QL (8 ml per 28 days), NDS-NM
ENTYVIO 300 MG RECON SOLN	4	PA, NDS-NM
ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ	4	PA, QL (1.36 ml per 28 days)
EXDENSUR 100 MG/ML SOLN PRSYR	4	PA, QL (1 ml per 180 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
FASENRA 10 MG/0.5ML SOLN PRSYR	4	PA, QL (0.5 ml per 28 days), NDS-NM
FASENRA 30 MG/ML SOLN PRSYR	4	PA, QL (1 ml per 28 days), NDS-NM
FASENRA PEN 30 MG/ML SOLN A-INJ	4	PA, QL (1 ml per 28 days), NDS-NM
ILARIS 150 MG/ML SOLUTION	4	PA, QL (2 ml per 28 days), NDS-NM
INFLECTRA 100 MG RECON SOLN	4	PA, 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)	4	PA, QL (2.28 ml per 28 days), NDS-NM
KINERET 100 MG/0.67ML SOLN PRSYR	4	PA, NDS-NM
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	4	PA
NUCALA 40 MG/0.4ML SOLN PRSYR	4	PA, QL (0.4 ml per 28 days), NDS-NM
OMVOH 300 MG/15ML SOLUTION	4	PA, QL (30 ml per 28 days), NDS-NM
RENFLEXIS 100 MG RECON SOLN	4	PA, NDS-NM
SAPHNELO 300 MG/2ML SOLUTION	4	PA, QL (2 ml per 28 days), NDS-NM
SELARSDI (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	PA, QL (0.5 ml per 28 days), NDS-NM
SELARSDI 130 MG/26ML SOLUTION	4	PA, QL (104 ml per 180 days), NDS-NM
SELARSDI 90 MG/ML SOLN PRSYR	4	PA, QL (1 ml per 28 days), NDS-NM
SIMPONI (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	4	PA, QL (4 ml per 28 days), NDS-NM
SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR)	4	PA, QL (0.5 ml per 28 days), NDS-NM
SIMPONI ARIA 50 MG/4ML SOLUTION	4	PA, NDS-NM
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	4	PA, QL (1 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
SKYRIZI 150 MG/ML SOLN PRSYR	4	PA, QL (1 ml per 28 days), NDS-NM
SKYRIZI 180 MG/1.2ML SOLN CART	4	PA, QL (1.2 ml per 56 days), NDS-NM
SKYRIZI 360 MG/2.4ML SOLN CART	4	PA, QL (2.4 ml per 56 days), NDS-NM
SKYRIZI 55 MG/0.37ML SOLN PRSYR	4	PA, QL (0.37 ml per 28 days), NDS-NM
SKYRIZI 600 MG/10ML SOLUTION	4	PA, NDS-NM
SKYRIZI PEN 150 MG/ML SOLN A-INJ	4	PA, QL (1 ml per 28 days), NDS-NM
SPEVIGO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	4	PA, QL (4 ml per 28 days), NDS-NM
SPEVIGO 450 MG/7.5ML SOLUTION	4	PA, QL (15 ml per 7 days), NDS-NM
STARJEMZA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	PA, QL (0.5 ml per 28 days), NDS-NM
STARJEMZA 130 MG/26ML SOLUTION	2	PA, QL (104 ml per 180 days), NDS-NM
STARJEMZA 90 MG/ML SOLN PRSYR	2	PA, QL (1 ml per 28 days), NDS-NM
STELARA 130 MG/26ML SOLUTION	4	PA, NDS-NM
TEZSPIRE (210 MG/1.91ML SOLN A-INJ, 210 MG/1.91ML SOLN PRSYR)	4	PA, QL (1.91 ml per 28 days), NDS-NM
TOFIDENCE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, NDS-NM
TREMFYA 100 MG/ML SOLN PRSYR	4	PA, QL (2 ml per 28 days), NDS-NM
TREMFYA 200 MG/20ML SOLUTION	4	PA, QL (60 ml per 180 days), NDS-NM
TREMFYA 200 MG/2ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), NDS-NM
TREMFYA ONE-PRESS 100 MG/ML SOLN PEN	4	PA, QL (2 ml per 28 days), NDS-NM
TREMFYA PEN 100 MG/ML SOLN A-INJ	4	PA, QL (2 ml per 28 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
TREMFYA PEN 200 MG/2ML SOLN A-INJ	4	PA, QL (4 ml per 28 days), NDS-NM
TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ	4	PA, QL (4 ml per 28 days), NDS-NM
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	4	PA, QL (3.6 ml per 28 days), NDS-NM
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, NDS-NM
VYVGART HYTRULO 180-2000 MG-UNIT/ML SOLUTION	4	PA, NDS-NM
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	4	PA, NDS-NM
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	PA, QL (0.5 ml per 28 days), NDS-NM
YESINTEK 130 MG/26ML SOLUTION	4	PA, QL (104 ml per 180 days), NDS-NM
YESINTEK 90 MG/ML SOLN PRSYR	4	PA, QL (1 ml per 28 days), NDS-NM
ZYMFENTRA (1 PEN) 120 MG/ML AUT-IJ KIT	4	PA, QL (2 ea per 28 days), NDS-NM
ZYMFENTRA (2 PEN) 120 MG/ML AUT-IJ KIT	4	PA, QL (2 ea per 28 days), NDS-NM
ZYMFENTRA (2 SYRINGE) 120 MG/ML PREF SY KT	4	PA, QL (2 ea per 28 days), NDS-NM

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>droxidopa (200 mg cap, 300 mg cap)</i>	3	PA, QL (180 ea per 30 days)
<i>droxidopa 100 mg cap</i>	3	PA, QL (90 ea per 30 days)
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
NORTHERA 300 MG CAP	3	

ANTIARRHYTHMICS

<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
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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>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	1	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	1	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	1	
<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	1	
<i>propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)</i>	1	
<i>quinidine gluconate er 324 mg tab er</i>	1	
QUINIDINE SULFATE 200 MG TAB	1	
QUINIDINE SULFATE 300 MG TAB	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<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>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	1	
<i>carvedilol phosphate er (10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)</i>	1	
INNOPRAN XL (80 MG CAP ER 24H, 120 MG CAP ER 24H)	2	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 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, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>pindolol (5 mg tab, 10 mg tab)</i>	1	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 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>sorine (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</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 BLOCKING AGENTS		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
CARDAMYST 2 X 70 MG/DOSE SOLUTION	4	PA, QL (4 ea per 28 days), NDS-NM
<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 (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 (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h)</i>	2	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	1	
<i>felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	1	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1	
<i>nifedipine (10 mg cap, 20 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>taztia xt (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>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)</i>	1	
VERAPAMIL HCL ER 360 MG CAP ER 24H	2	
CARDIOVASCULAR AGENTS, OTHER		
ATTRUBY 356 MG TAB THPK	4	PA, QL (112 ea per 28 days), NDS-NM
<i>digitek (125 mcg tab, 250 mcg tab)</i>	1	
<i>digox 125 mcg tab</i>	1	
<i>digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)</i>	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	
<i>digoxin 0.25 mg/ml solution</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>dobutamine hcl 12.5 mg/ml solution</i>	3	PA-BVD, (May be payable under part B)
DOBUTAMINE-DEXTROSE (1-5 MG/ML-% SOLUTION, 2-5 MG/ML-% SOLUTION, 4-5 MG/ML-% SOLUTION)	3	PA-BVD, (May be payable under part B)
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	1	QL (240 ea per 30 days)
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	1	PA, QL (60 ea per 30 days)
LANOXIN (125 MCG TAB, 250 MCG TAB)	3	
<i>milrinone lactate (10 mg/10ml solution, 20 mg/20ml solution, 50 mg/50ml solution)</i>	3	PA-BVD, (May be payable under part B)
<i>milrinone lactate in dextrose (20-5 mg/100ml-% solution, 40-5 mg/200ml-% solution)</i>	3	PA-BVD, (May be payable under part B)
MYQORZO (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	4	PA, QL (30 ea per 30 days), NDS-NM
<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 49-51mg tab</i>	1	
<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)	3	PA, QL (30 ea per 30 days)
VYNDAMAX 61 MG CAP	4	PA, QL (30 ea per 30 days), NDS-NM
VYNDAQEL 20 MG CAP	4	PA, QL (120 ea per 30 days), NDS-NM
WEGOVY (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ, 1 MG/0.5ML SOLN A-INJ)	2	PA, QL (2 ml per 28 days), NDS-NM
WEGOVY (1.5 MG TAB, 4 MG TAB, 9 MG TAB, 25 MG TAB)	2	PA, QL (30 ea per 30 days), NDS-NM
WEGOVY (1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	2	PA, QL (3 ml per 28 days), NDS-NM
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	1	
DIURETICS, LOOP		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>bumetanide 0.25 mg/ml solution</i>	3	
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION, 20 MG TAB, 40 MG TAB, 80 MG TAB)	1	
<i>furosemide 10 mg/ml solution</i>	3	
<i>torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
DIURETICS, THIAZIDE		
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	1	
DIURIL 250 MG/5ML SUSPENSION	2	
<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	
<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	
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	1	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>isosorbide dinitrate 40 mg tab</i>	3	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	1	
<i>isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	1	
<i>nitro-bid 2 % ointment</i>	1	
NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	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	
<i>nitroglycerin 2 % ointment</i>	2	
CARDIOVASCULAR AGENTS - MISC.		
IMPOTENCE AGENTS		
<i>avanafil (50 mg tab, 100 mg tab, 200 mg tab)</i>	1	QL (8 ea per 30 days)
CAVERJECT (20 MCG RECON SOLN, 40 MCG RECON SOLN)	3*	QL (8 ea per 30 days)
CAVERJECT IMPULSE (10 MCG KIT, 20 MCG KIT)	3*	QL (8 ea per 30 days)
CIALIS (10 MG TAB, 20 MG TAB)	3*	QL (8 ea per 30 days)
EDEX (2 CARTRIDGE) (10 MCG KIT, 20 MCG KIT)	3*	QL (8 ea per 30 days)
EDEX (6 CARTRIDGE) (10 MCG KIT, 20 MCG KIT)	3*	QL (8 ea per 30 days)
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1*	QL (8 ea per 30 days)
STENDRA (50 MG TAB, 100 MG TAB, 200 MG TAB)	3	QL (8 ea per 30 days)
<i>tadalafil (10 mg tab, 20 mg tab)</i>	1*	QL (8 ea per 30 days)
TRI-MIX 150-5-50 MG-MG-MCG RECON SOLN	3*	QL (8 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>varafenafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)</i>	1*	QL (8 ea per 30 days)
VIAGRA (25 MG TAB, 50 MG TAB, 100 MG TAB)	3*	QL (8 ea per 30 days)
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate (100 mg cap, 150 mg cap, 200 mg cap)</i>	1*	
<i>g tussin ac 100-10 mg/5ml solution</i>	1*	
<i>guaiaatussin ac 100-10 mg/5ml syrup</i>	1*	
<i>guaifenesin ac 100-10 mg/5ml syrup</i>	1*	
<i>guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)</i>	1*	
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1*	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	1*	
<i>hydromet 5-1.5 mg/5ml solution</i>	1*	
<i>maxi-tuss ac 100-10 mg/5ml solution</i>	1*	
<i>promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)</i>	1*	
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	1*	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm 2-30-10 mg/5ml syrup</i>	1*	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	1*	
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl 30 mg cap</i>	3	
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>clotrimazole 10 mg troche</i>	1	
<i>denta 5000 plus 1.1 % cream</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
DENTA 5000 PLUS SENSITIVE 1.1-5 % GEL	1	
<i>dentagel 1.1 % gel</i>	1	
FLUORIDEX SENSITIVITY RELIEF 1.1-5 % GEL	1	
FLUORIMAX 5000 SENSITIVE 1.1-5 % GEL	1	
FRAICHE 5000 DENTAL 1.1 % GEL	1	
<i>just right 5000 1.1 % gel</i>	1	
<i>kourzeq 0.1 % paste</i>	1	
<i>lidocaine viscous hcl 2 % solution</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
<i>oralone 0.1 % paste</i>	1	
<i>periogard 0.12 % solution</i>	1	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
SF 1.1 % GEL	1	
SF 5000 PLUS 1.1 % CREAM	1	
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	1	
SODIUM FLUORIDE (1.1 % CREAM, 1.1 % GEL)	1	
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	1	
SODIUM FLUORIDE 5000 PLUS 1.1 % CREAM	1	
SODIUM FLUORIDE 5000 PPM (1.1 % CREAM, 1.1 % GEL, 1.1 % PASTE)	1	
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>adapalene 0.1 % gel</i>	1	
<i>amnesteam (10 mg cap, 20 mg cap, 40 mg cap)</i>	3	
AVAR-E EMOLLIENT 10-5 % CREAM	1*	
<i>avar-e green 10-5 % 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>avita (0.025 % cream, 0.025 % gel)</i>	1	
BENZOYL PEROXIDE 9.8 % FOAM	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>	3	
<i>clindacin etz 1 % swab</i>	1	
<i>clindacin-p 1 % swab</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>enzoclear 9.8 % foam</i>	1*	
<i>erythromycin (2 % gel, 2 % solution)</i>	1	
FABIOR 0.1 % FOAM	3	PA
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	3	
<i>myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4	NDS-NM
<i>neuac 1.2-5 % gel</i>	1	
SSS 10-5 10-5 % CREAM	1*	
SULFACETAMIDE SOD-SULFUR WASH (9-4 % LIQUID, 9-4.5 % LIQUID)	1*	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	1	
<i>sulfacetamide sodium-sulfur (8-4 % suspension, 9-4 % liquid, 9-4.5 % liquid, 9.8-4.8 % cream, 9.8-4.8 % liquid, 9.8-4.8 % lotion, 10-2 % cream, 10-2 % liquid, 10-4 % pad, 10-5 % cream, 10-5 % lotion, 10-5 % suspension)</i>	1*	
SULFACETAMIDE-SULFUR IN UREA 10-5 % EMULSION	1*	
SULFACLEANSE 8/4 8-4 % SUSPENSION	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
TAZAROTENE 0.1 % FOAM	1	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	3	
ANTIBIOTICS - TOPICAL		
ALTABAX 1 % OINTMENT	3*	PA
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin 2 % ointment</i>	1	
<i>mupirocin calcium 2 % cream</i>	1	
XEPI 1 % CREAM	3*	PA
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	
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1	
<i>econazole nitrate 1 % cream</i>	1	
<i>ketconazole (2 % cream, 2 % shampoo)</i>	1	
<i>klayesta 100000 unit/gm powder</i>	1	
<i>naftifine hcl (1 % cream, 2 % cream)</i>	1	
NAFTIFINE HCL 1 % CREAM	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	1	PA-NSO, NDS-NM
<i>fluorouracil (5 % cream, 5 % solution)</i>	1	
FLUOROURACIL 0.5 % CREAM	3	
FLUOROURACIL 2 % SOLUTION	2	
KLISYRI (250 MG) 1 % OINTMENT	3	PA, QL (5 ea per 5 days)
KLISYRI (350 MG) 1 % OINTMENT	3	PA, QL (5 ea per 5 days)
LEVULAN KERASTICK 20 % RECON SOLN	3	
PANRETIN 0.1 % GEL	4	PA-NSO, NDS-NM
TOLAK 4 % CREAM	2	
VALCHLOR 0.016 % GEL	4	PA-NSO, NDS-NM
ANTIPSORIATICS		
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	3	PA
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	1	
CALCIPOTRIENE 0.005 % SOLUTION	1	
<i>calcitrene 0.005 % ointment</i>	1	
ICOTYDE 200 MG TAB	4	PA, QL (30 ea per 30 days), NDS-NM
METHOXSALEN RAPID 10 MG CAP	1	
OTEZLA (20 MG TAB, 30 MG TAB)	4	PA, QL (60 ea per 30 days), NDS-NM
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK)	4	PA, QL (55 ea per 180 days), NDS-NM
OTEZLA XR 75 MG TAB ER 24H	4	PA, QL (30 ea per 30 days), NDS-NM
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	4	PA, QL (41 ea per 180 days), NDS-NM
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	
<i>tazarotene 0.05 % cream</i>	3	PA, QL (60 gm per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
CAUTERIZING AGENTS		
SILVER NITRATE 0.5 % SOLUTION	1*	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort 1 % cream</i>	1	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	1	
AMCINONIDE 0.1 % CREAM	3	
AMCINONIDE 0.1 % OINTMENT	3	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	3	QL (400 gm per 28 days)
<i>clobetasol prop emollient base 0.05 % cream</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate 0.05 % liquid</i>	3	QL (125 ml per 30 days)
<i>clobetasol propionate e 0.05 % cream</i>	1	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1	
<i>clodan 0.05 % shampoo</i>	1	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>fluocinolone acetonide (0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
FLUOCINOLONE ACETONIDE 0.01 % CREAM	1	
<i>fluocinonide (0.05 % cream, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FLUOCINONIDE 0.05 % GEL	1	
<i>fluocinonide emulsified base 0.05 % cream</i>	1	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
HYDROCORTISONE (1 % CREAM, 1 % OINTMENT, 2 % LOTION, 2.5 % OINTMENT)	1	
HYDROCORTISONE 2.5 % LOTION	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1*	
<i>hydrocortisone butyr lipo base 0.1 % cream</i>	3	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	3	
<i>hydrocortisone butyrate 0.1 % ointment</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	3	
<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	
PRAMOSONE 1-2.5 % CREAM	1*	
PREDNICARBATE 0.1 % OINTMENT	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone in absorbase 0.05 % ointment</i>	1	
<i>trianex 0.05 % ointment</i>	1	
<i>triderm 0.5 % cream</i>	1	
<i>tritocin 0.05 % ointment</i>	1	
LOCAL ANESTHETICS - TOPICAL		
AGONEAZE 2.5-2.5 % KIT	1*	

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Drug Name	Drug Tier	Requirements / Limits
<i>anodyne lpt 2.5-2.5 % kit</i>	1*	
APRIZIO PAK 2.5-2.5 % KIT	1*	
CADIRAMD 2.5-2.5 % KIT	1*	
<i>dermacinrx prizopak 2.5-2.5 % kit</i>	1*	
EMREAL 2.5-2.5 % KIT	1*	
<i>glydo 2 % prsyr</i>	1	
<i>lidocaine 5 % ointment</i>	3	
<i>lidocaine 5 % patch</i>	3	PA
<i>lidocaine hcl 3 % cream</i>	1*	
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal (2 % gel, 2 % prsyr)</i>	1	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	(May be payable under part B)
<i>lidocaine-prilocaine 2.5-2.5 % kit</i>	1*	
<i>lidocan 5 % patch</i>	4	PA
LIDOLITE 5 % KIT	3*	
LIDOPIN 3 % CREAM	1*	
LIDOSOL 5 % KIT	3*	
LIDOSOL-50 5 % KIT	3*	
LIDOTOR 2.5-2.5 % KIT	1*	
LIDOVIX L 5 % KIT	3*	
LIVIXIL PAK 2.5-2.5 % KIT	1*	
<i>moxicaine 5 % kit</i>	3*	
PREMIUM LIDOCAINE 5 % OINTMENT	3	
PRILOVIX 2.5-2.5 % KIT	1*	
<i>prilovix lite 2.5-2.5 % kit</i>	1*	
<i>prilovix lite plus 2.5-2.5 % kit</i>	1*	
PRILOVIX PLUS 2.5-2.5 % KIT	1*	
<i>prilovix ultralite 2.5-2.5 % kit</i>	1*	

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Drug Name	Drug Tier	Requirements / Limits
<i>prilovix ultralite plus 2.5-2.5 % kit</i>	1*	
<i>relador pak 2.5-2.5 % kit</i>	1*	
<i>relador pak plus 2.5-2.5 % kit</i>	1*	
SKYADERM-LP 2.5-2.5 % KIT	1*	
<i>tridacaine ii 5 % patch</i>	4	PA
<i>tridacaine iii 5 % patch</i>	4	PA
MISC. DERMATOLOGICAL PRODUCTS		
<i>acyclovir 5 % cream</i>	3	QL (5 gm per 30 days)
<i>acyclovir 5 % ointment</i>	1	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	1	
CANTHARIDIN 0.7 % SOLUTION	4	PA, QL (2 ea per 21 days), NDS-NM
CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)	4	PA, QL (30 ea per 30 days), NDS-NM
DRYSOL 20 % SOLUTION	1*	
EUCRISA 2 % OINTMENT	3	PA
<i>imiquimod 5 % cream</i>	1	
<i>malathion 0.5 % lotion</i>	1	
NATROBA 0.9 % SUSPENSION	2	
<i>penciclovir 1 % cream</i>	1	QL (5 gm per 30 days)
<i>permethrin 5 % cream</i>	1	
<i>pimecrolimus 1 % cream</i>	1	PA
PODOFILOX 0.5 % SOLUTION	1	
QBREXZA 2.4 % PAD	2	PA, QL (30 ea per 30 days)
SALIMEZ 6 % CREAM	1*	
SALYCIM 6 % CREAM	1*	
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>sodium sulfacetamide wash 10 % liquid</i>	1*	

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Drug Name	Drug Tier	Requirements / Limits
SPINOSAD 0.9 % SUSPENSION	2	
SULFACETAMIDE SODIUM (CLEANS) 10 % GEL	1*	
<i>sulfacetamide sodium 10 % liquid</i>	1*	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	
VEREGEN 15 % OINTMENT	3	PA
XERAC AC 6.25 % SOLUTION	1*	
XERESE 5-1 % CREAM	3	PA
YCANTH 0.7 % SOLUTION	4	PA, QL (2 ea per 21 days), NDS-NM
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	1	
BRIMONIDINE TARTRATE 0.33 % GEL	1	PA, QL (30 gm per 30 days)
FINACEA 15 % FOAM	3	
<i>ivermectin 1 % cream</i>	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	1	
ROSADAN 0.75 % CREAM KIT	1*	
WOUND CARE PRODUCTS		
REGRANEX 0.01 % GEL	3	PA, QL (30 gm per 30 days)
SANTYL 250 UNIT/GM OINTMENT	2	PA
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
SULFAMYLON 85 MG/GM CREAM	3	QL (453.6 gm per 30 days)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN 0.9 MG RECON SOLN	4*	NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
DIAGNOSTIC TESTS		
MEDICATED DNA COLLECTION KIT	1*	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i>	1	
BOMYNTRA (120 MG/1.7ML SOLN PRSYR, 120 MG/1.7ML SOLUTION)	4	NDS-NM
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
<i>calcitonin (salmon) 200 unit/ml solution</i>	3	
CONEXXENCE 60 MG/ML SOLN PRSYR	3	QL (1 ml per 180 days)
<i>ibandronate sodium 150 mg tab</i>	1	
<i>ibandronate sodium 3 mg/3ml solution</i>	1	(May be payable under part B)
JUBBONTI 60 MG/ML SOLN PRSYR	3	QL (1 ml per 180 days)
OSENVELT 120 MG/1.7ML SOLUTION	4	NDS-NM
<i>pamidronate disodium (6 mg/ml solution, 30 mg/10ml solution, 90 mg/10ml solution)</i>	3	(May be payable under part B)
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	1	
STOBOCLO 60 MG/ML SOLN PRSYR	3	QL (1 ml per 180 days)
<i>teriparatide 560 mcg/2.24ml soln pen</i>	4	PA, QL (2.48 ml per 28 days), (May be payable under part B, 1 pen), NDS-NM
TYMLOS 3120 MCG/1.56ML SOLN PEN	4	PA, QL (1.56 ml per 30 days), (May be payable under part B, 1 pen), NDS-NM
WYOST 120 MG/1.7ML SOLUTION	4	NDS-NM
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	1	(May be payable under part B)
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA 500 MG RECON SOLN	4	PA, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
METABOLIC MODIFIERS		
ALDURAZYME 2.9 MG/5ML SOLUTION	4	PA, NDS-NM
AVLAYAH 150 MG RECON SOLN	4	PA, NDS-NM
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	1	(May be payable under part B)
CALCITRIOL 1 MCG/ML SOLUTION	3	(May be payable under part B)
<i>carglumic acid 200 mg tab sol</i>	4	PA, NDS-NM
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	1	(May be payable under part B)
CRYSVITA (10 MG/ML SOLUTION, 20 MG/ML SOLUTION, 30 MG/ML SOLUTION)	4	PA, NDS-NM
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	1	(May be payable under part B)
<i>doxercalciferol 4 mcg/2ml solution</i>	3	(May be payable under part B)
ELAPRASE 6 MG/3ML SOLUTION	4	PA, NDS-NM
ELFABRIO 20 MG/10ML SOLUTION	4	PA, NDS-NM
FABRAZYME (5 MG RECON SOLN, 35 MG RECON SOLN)	4	PA, NDS-NM
<i>javygtor (100 mg packet, 100 mg tab)</i>	4	NDS-NM
<i>javygtor 500 mg packet</i>	4	PA, NDS-NM
LAMZEDE 10 MG RECON SOLN	4	PA, NDS-NM
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	(May be payable under part B)
<i>levocarnitine sf 1 gm/10ml solution</i>	1	(May be payable under part B)
LOARGYS 2 MG/0.4ML SOLUTION	4	PA, NDS-NM
LUMIZYME 50 MG RECON SOLN	4	PA, NDS-NM
MEPSEVII 10 MG/5ML SOLUTION	4	PA, NDS-NM
NAGLAZYME 1 MG/ML SOLUTION	4	PA, NDS-NM
NEXVIAZYME 100 MG RECON SOLN	4	PA, NDS-NM
NULIBRY 9.5 MG RECON SOLN	4	PA, (May be payable under part B), NDS-NM
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	(May be payable under part B)

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Drug Name	Drug Tier	Requirements / Limits
<i>paricalcitol (2 mcg/ml solution, 5 mcg/ml solution)</i>	3	(May be payable under part B)
PARSABIV (2.5 MG/0.5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/2ML SOLUTION)	4	NDS-NM
REDEMPLO 25 MG/0.5ML SOLN PRSYR	4	PA, QL (0.5 ml per 90 days), NDS-NM
REVCovi 2.4 MG/1.5ML SOLUTION	4	PA, NDS-NM
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	4	PA, NDS-NM
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	4	NDS-NM
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	4	PA, NDS-NM
TRYNGOLZA 80 MG/0.8ML SOLN A-INJ	4	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)	4	PA, QL (90 ea per 30 days), NDS-NM
XENPOZYME (4 MG RECON SOLN, 20 MG RECON SOLN)	4	PA, NDS-NM
XPHOZAH (20 MG TAB, 30 MG TAB)	4	QL (60 ea per 30 days), NDS-NM
<i>zelvysia (100 mg packet, 500 mg packet)</i>	4	PA, NDS-NM
ENDOCRINE MEDICATIONS		
ANTITHYROID DRUGS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil 50 mg tab</i>	1	
GLUCOCORTICOID DRUGS		
<i>betamethasone sod phos & acet 6 (3-3) mg/ml suspension</i>	3	
BETAMETHASONE SODIUM PHOSPHATE (6 MG/ML SOLUTION, 12 MG/2ML SOLUTION)	3	
<i>budesonide 3 mg cp dr part</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>budesonide er 9 mg tab er 24h</i>	3	PA, QL (30 ea per 30 days)
<i>deflazacort (6 mg tab, 30 mg tab)</i>	4	PA, QL (60 ea per 30 days), NDS-NM
<i>deflazacort 18 mg tab</i>	4	PA, QL (30 ea per 30 days), NDS-NM
<i>deflazacort 36 mg tab</i>	4	PA, NDS-NM
<i>dexamethasone (0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
DEXAMETHASONE (0.5 MG/5ML ELIXIR, 0.5 MG/5ML SOLUTION, 1.5 MG (35) TAB THPK)	3	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	3	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	3	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	3	
<i>dexamethasone sodium phosphate (4 mg/ml soln prsy, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	3	
<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>	4	PA, QL (60 ea per 30 days), NDS-NM
<i>jaythari 18 mg tab</i>	4	PA, QL (30 ea per 30 days), NDS-NM
<i>jaythari 36 mg tab</i>	4	PA, NDS-NM
<i>kymbee (6 mg tab, 30 mg tab)</i>	4	PA, QL (60 ea per 30 days), NDS-NM
<i>kymbee 18 mg tab</i>	4	PA, QL (30 ea per 30 days), NDS-NM
<i>kymbee 36 mg tab</i>	4	PA, NDS-NM
<i>methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	PA-BVD, (May be payable under part B)
<i>methylprednisolone 4 mg tab thpk</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	3	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	1	(May be payable under part B)
<i>prednisolone 15 mg/5ml solution</i>	1	PA-BVD, (May be payable under part B)
<i>prednisolone sodium phosphate (10 mg/5ml solution, 20 mg/5ml solution)</i>	1	(May be payable under part B)
<i>prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>	1	PA-BVD, (May be payable under part B)
<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, (May be payable under part B)
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	
SOLU-MEDROL (PF) (40 MG RECON SOLN, 125 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	(May be payable under part B)
TARPEYO 4 MG CAP DR	4	PA, QL (120 ea per 30 days), NDS-NM
<i>triamcinolone acetonide 40 mg/ml suspension</i>	3	
OTHER ENDOCRINE DRUGS		
<i>cabergoline 0.5 mg tab</i>	1	
<i>cetrorelix acetate 0.25 mg kit</i>	1*	
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	2	
<i>clomid 50 mg tab</i>	2*	
<i>clomiphene citrate 50 mg tab</i>	2*	
CRENESSITY (50 MG CAP, 100 MG CAP)	4	QL (60 ea per 30 days), PA-NSO, NDS-NM
CRENESSITY 50 MG/ML SOLUTION	4	QL (120 ml per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin ace spray refrig 0.01 % solution</i>	1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	1*	
<i>desmopressin acetate 4 mcg/ml solution</i>	3	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	3	
<i>desmopressin acetate spray 0.01 % solution</i>	1	
FENSOLVI (6 MONTH) 45 MG KIT	4	PA, QL (1 ea per 168 days), NDS-NM
<i>fludrocortisone acetate 0.1 mg tab</i>	1	
FOLLISTIM AQ (300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION)	2*	
<i>ganirelix acetate 250 mcg/0.5ml soln prsyr</i>	2*	
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	4	PA
GENOTROPIN MINISQUICK (0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	4	PA
GENOTROPIN MINISQUICK 0.2 MG PRSYR	3	PA, NDS-NM
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	4	PA
INCRELEX 40 MG/4ML SOLUTION	4	NDS-NM
INTRAROSA 6.5 MG INSERT	3	QL (30 ea per 30 days)
ISTURISA 1 MG TAB	4	PA, QL (240 ea per 30 days), NDS-NM
ISTURISA 5 MG TAB	4	PA, QL (360 ea per 30 days), NDS-NM
KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	3	PA, QL (30 ea per 30 days)
<i>lanreotide acetate 120 mg/0.5ml solution</i>	4	NDS-NM
LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	4	NDS-NM
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT)	4	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
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	4	NDS-NM
MENOPUR 75 UNIT RECON SOLN	4*	NDS-NM
<i>mifepristone 200 mg tab</i>	1*	
<i>milophene 50 mg tab</i>	2*	
NGENLA (24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN)	4	PA
NOC DURNA (27.7 MCG SL TAB, 55.3 MCG SL TAB)	3	
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)	3	PA
NOVAREL 5000 UNIT RECON SOLN	3	
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN	4	PA, NDS-NM
NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN	4	PA, NDS-NM
NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN	4	PA, NDS-NM
<i>octreotide acetate (20 mg kit, 30 mg kit)</i>	4	PA, NDS-NM
<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>	2	
<i>octreotide acetate 1000 mcg/ml solution</i>	4	NDS-NM
OMNITROPE (5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART)	4	PA
OMNITROPE 5.8 MG RECON SOLN	4	PA, NDS-NM
OVIDREL 250 MCG/0.5ML SOLN PRSYR	3*	
PREGNYL 10000 UNIT RECON SOLN	3	
<i>raloxifene hcl 60 mg tab</i>	2	PREV
SAIZEN 8.8 MG RECON SOLN	4	NDS-NM
SAIZENPREP 8.8 MG RECON SOLN	4	NDS-NM
SANDOSTATIN LAR DEPOT 10 MG KIT	4	PA, NDS-NM
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	4	PA, QL (60 ml per 30 days), NDS-NM
SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG)	4	PA, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
SKYTROFA (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE)	4	PA, NDS-NM
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	4	PA
SOGROYA (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	4	PA, NDS-NM
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	4	NDS-NM
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	3	PA, NDS-NM
SUPPRELIN LA 50 MG KIT	4	NDS-NM
TERLIVAZ 0.85 MG RECON SOLN	4	PA, NDS-NM
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	4	PA, QL (56 ea per 28 days), NDS-NM
<i>tolvaptan (hyponatremia) 15 mg tab</i>	1	PA, QL (120 ea per 30 days), NDS-NM
<i>tolvaptan (hyponatremia) 30 mg tab</i>	1	PA, QL (120 ea per 30 days), NDS-NM
<i>tolvaptan 15mg tab (jynarque equiv.)</i>	1	PA, QL (120 ea per 30 days)
<i>tolvaptan 30mg tab (jynarque equiv.)</i>	1	PA, QL (120 ea per 30 days)
TRIPTODUR 22.5 MG SRER	4	PA, NDS-NM
VASOSTRICT 20 UNIT/ML SOLUTION	3	
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	4	PA, QL (30 ea per 30 days)
YUVIWEL (1.3 MG RECON SOLN, 2.8 MG RECON SOLN)	4	PA, QL (4 ea per 28 days), NDS-NM
YUVIWEL 5.5 MG RECON SOLN	4	PA, QL (8 ea per 28 days), NDS-NM
ZOMACTON 5 MG RECON SOLN	4	PA, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
THYROID SUPPLEMENTS		
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)	3	
<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	1	
<i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	1	
<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	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	3	
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	3	
SYNTHROID 100 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	
GASTROINTESTINAL MEDICATIONS		
ANTIDIARRHEAL DRUGS		
<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	
<i>loperamide hcl 2 mg cap</i>	1	
MYTESI 125 MG TAB DR	3	PA
OPIUM 10 MG/ML (1%) TINCTURE	1	
XERMELO 250 MG TAB	4	PA, QL (90 ea per 30 days), NDS-NM
ANTISPASMODICS/DRUGS AFFECT GI MOTILITY		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION	3	
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	2	PREV
<i>constulose 10 gm/15ml solution</i>	1	
DERMACINRX DIGENYX 0.125 MG TAB	1*	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>ed-spaz 0.125 mg tab disp</i>	1*	
<i>enulose 10 gm/15ml solution</i>	1	
GAVILYTE-C 240 GM RECON SOLN	1	PREV
<i>gavilyte-g 236 gm recon soln</i>	1	PREV
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	1	PREV
<i>generlac 10 gm/15ml solution</i>	1	
<i>glycopyrrolate (0.2 mg/ml solution, 0.4 mg/2ml solution, 1 mg/5ml solution, 4 mg/20ml solution)</i>	3	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	
<i>glycopyrrolate +rfd 0.2 mg/ml solution</i>	3	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1*	
<i>hyoscyamine sulfate er 0.375 mg tab er 12h</i>	1*	
HYOSCYAMINE SULFATE SL 0.125 MG SL TAB	1*	

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Drug Name	Drug Tier	Requirements / Limits
HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	1*	
<i>kristalose (10 gm packet, 20 gm packet)</i>	2	PA
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm packet, 20 gm/30ml solution)</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	2	QL (30 ea per 30 days)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	1	QL (60 ea per 30 days)
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	1	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
<i>metoclopramide hcl +rfd 5 mg/ml solution</i>	3	
<i>metoclopramide hcl 5 mg/ml solution</i>	3	
MOVANTIK (12.5 MG TAB, 25 MG TAB)	2	QL (30 ea per 30 days)
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	1	PREV
NULEV 0.125 MG TAB DISP	1*	
OSCIMIN 0.125 MG SL TAB	1*	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	1	PREV
<i>peg-3350/electrolytes 236 gm recon soln</i>	1	PREV
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	1	PREV
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	1	PREV
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1*	
SUTAB 1479-225-188 MG TAB	2	PREV
ANTIULCER DRUGS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	1	
<i>cimetidine hcl 300 mg/5ml solution</i>	1	
<i>dexlansoprazole (30 mg cap dr, 60 mg cap dr)</i>	1	QL (30 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1	
<i>esomeprazole magnesium (5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)</i>	1	PA
<i>esomeprazole sodium 40 mg recon soln</i>	3	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1	
<i>famotidine (20 mg/5ml solution, 40 mg/10ml solution, 40 mg/4ml solution, 200 mg/20ml solution, 200 mg/50ml solution)</i>	3	
<i>famotidine (pf) 20 mg/2ml solution</i>	3	
FAMOTIDINE PREMIXED 20-0.9 MG/50ML-% SOLUTION	3	
<i>lansoprazole (15 mg cap dr, 15 mg tab dr disp, 30 mg cap dr, 30 mg tab dr disp)</i>	1	
<i>misoprostol 200 mcg tab</i>	1	
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>omeprazole-sodium bicarbonate (20-1100 mg cap, 20-1680 mg packet, 40-1100 mg cap, 40-1680 mg packet)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	
<i>pantoprazole sodium 40 mg recon soln</i>	3	
PYLERA 140-125-125 MG CAP	3	QL (120 ea per 10 days)
<i>rabeprazole sodium 20 mg tab dr</i>	1	
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
TALICIA 250-12.5-10 MG CAP DR	3	QL (168 ea per 14 days)
VOQUEZNA DUAL PAK 500-20 MG THER PACK	3	PA, QL (112 ea per 14 days)
VOQUEZNA TRIPLE PAK 500-500-20 MG THER PACK	3	PA, QL (112 ea per 14 days)
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>darifenacin hydrobromide er (7.5 mg tab er 24h, 15 mg tab er 24h)</i>	1	
<i>fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)</i>	1	
<i>flavoxate hcl 100 mg tab</i>	1	
GEMTESA 75 MG TAB	2	QL (30 ea per 30 days)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	2	QL (30 ea per 30 days)
MYRBETRIQ 8 MG/ML SRER	2	QL (300 ml per 30 days)
<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	
OXYTROL 3.9 MG/24HR PATCH TW	3	
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	1	
<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	
<i>trospium chloride 20 mg tab</i>	1	
<i>trospium chloride er 60 mg cap er 24h</i>	1	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	
CIALIS 5 MG TAB	3	PA, QL (30 ea per 30 days)
<i>dutasteride 0.5 mg cap</i>	1	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	
<i>finasteride 5 mg tab</i>	1	
<i>silodosin (4 mg cap, 8 mg cap)</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	
GENITOURINARY AGENTS, OTHER		
<i>acetic acid 0.25 % solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CYSTAGON (50 MG CAP, 150 MG CAP)	2	
CYTRA-3 550-500-334 MG/5ML SYRUP	1*	
CYTRA-K 1100-334 MG/5ML SOLUTION	1*	
FILSPARI 200 MG TAB	4	PA, QL (30 ea per 30 days), NDS-NM
FILSPARI 400 MG TAB	4	PA, QL (60 ea per 30 days), NDS-NM
NEOMYCIN-POLYMYXIN B GU 40-200000 SOLUTION	1	
OXLUMO 94.5 MG/0.5ML SOLUTION	4	PA, NDS-NM
<i>pot & sod cit-cit ac 550-500-334 mg/5ml solution</i>	1*	
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	1	
<i>potassium citrate-citric acid 1100-334 mg/5ml solution</i>	1*	
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	4	PA, NDS-NM
TRICITRATES 550-500-334 MG/5ML SOLUTION	1*	

GOUT AGENTS

<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	
<i>febuxostat (40 mg tab, 80 mg tab)</i>	1	QL (30 ea per 30 days)
KRYSTEXXA 8 MG/50ML SOLUTION	4	PA, QL (50 ml per 14 days), NDS-NM
KRYSTEXXA 8 MG/ML SOLUTION	4	PA, QL (1 ml per 14 days), NDS-NM
<i>probenecid 500 mg tab</i>	1	

HEMATOPOIETIC AGENTS

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	3	PA, (May be payable under part B)
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MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)		
Drug Name	Drug Tier	Requirements / Limits
DOPTELET 20MG TAB	4	PA, QL (60 ea per 30 days), NDS-NM
DOPTELET TAB 40MG DAILY DOSE PACK	4	PA, QL (60 ea per 30 days), NDS-NM
DOPTELET TAB 60MG DAILY DOSE PACK	4	PA, QL (60 ea per 30 days), NDS-NM
<i>eltrombopag olamine (12.5 mg packet, 12.5 mg tab, 25 mg packet, 25 mg tab, 50 mg tab, 75 mg tab)</i>	4	PA, NDS-NM
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	2	PA, (May be payable under part B)
FULPHILA 6 MG/0.6ML SOLN PRSYR	4	PA, QL (1.2 ml per 28 days)
FYLNETRA 6 MG/0.6ML SOLN PRSYR	4	PA, QL (1.2 ml per 28 days), NDS-NM
LEUKINE 250 MCG RECON SOLN	4	PA, NDS-NM
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 120 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	3	PA
NEULASTA 6 MG/0.6ML SOLN PRSYR	4	PA, QL (1.2 ml per 28 days)
NEULASTA ONPRO 6 MG/0.6ML SOLN PRSYR	4	PA, NDS-NM
NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	4	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	4	PA, NDS-NM
NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN)	4	PA, NDS-NM
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	4	PA
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	3	PA, (May be payable under part B)

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

Drug Name	Drug Tier	Requirements / Limits
REBLOZYL (25 MG RECON SOLN, 75 MG RECON SOLN)	4	PA, NDS-NM
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	3	PA
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	2	PA, (May be payable under part B)
ROLVEDON 13.2 MG/0.6ML SOLN PRSYR	4	PA, QL (1.2 ml per 28 days), NDS-NM
STIMUFEND 6 MG/0.6ML SOLN PRSYR	4	PA, QL (1.2 ml per 28 days), NDS-NM
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	4	PA, QL (1.2 ml per 28 days)
UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR	4	PA, QL (1.2 ml per 28 days), NDS-NM
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	4	PA, NDS-NM
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	4	PA, QL (1.2 ml per 28 days)
IRON		
<i>ferric carboxymaltose (100 mg/2ml solution, 750 mg/15ml solution, 1000 mg/20ml solution)</i>	4*	NDS-NM
<i>ferumoxytol 510 mg/17ml solution</i>	4*	NDS-NM
INJECTAFER (100 MG/2ML SOLUTION, 750 MG/15ML SOLUTION, 1000 MG/20ML SOLUTION)	4*	NDS-NM
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA (HAE) AGENTS		
BERINERT 500 UNIT KIT	4	PA
CINRYZE 500 UNIT RECON SOLN	4	PA, NDS-NM
EKTERLY 300 MG TAB	4	PA, QL (8 ea per 7 days), NDS-NM
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	4	PA, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	4	PA, QL (18 ml per 30 days), NDS-NM
KALBITOR 10 MG/ML SOLUTION	4	PA, NDS-NM
ORLADEYO (110 MG CAP, 150 MG CAP)	4	PA, QL (28 ea per 28 days), NDS-NM
RUCONEST 2100 UNIT RECON SOLN	4	PA
<i>sajazir 30 mg/3ml soln prsyr</i>	4	NDS-NM
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	4	PA, QL (4 ml per 28 days), NDS-NM
TAKHZYRO 150 MG/ML SOLN PRSYR	4	PA, QL (2 ml per 28 days), NDS-NM
IMMUNE SUPPRESSANTS		
ATGAM 50 MG/ML SOLUTION	2	PA-BVD, (May be payable under part B)
<i>azathioprine 50 mg tab</i>	1	PA-BVD, (May be payable under part B)
AZATHIOPRINE SODIUM 100 MG RECON SOLN	3	PA-BVD, (May be payable under part B)
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	1	PA-BVD, (May be payable under part B)
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	PA-BVD, (May be payable under part B)
ENSPRYNG 120 MG/ML SOLN PRSYR	4	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)	3	PA-BVD, (May be payable under part B)
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)</i>	3	PA-NSO, (May be payable under part B)
<i>everolimus 1 mg tab</i>	1	PA-NSO, (May be payable under part B)
GAMIFANT (10 MG/2ML SOLUTION, 50 MG/10ML SOLUTION, 100 MG/20ML SOLUTION)	4	PA, NDS-NM
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	PA-BVD, (May be payable under part B)

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Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	1	PA-BVD, (May be payable under part B)
<i>mycophenolate mofetil 500 mg recon soln</i>	3	PA-BVD, (May be payable under part B)
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	3	PA-BVD, (May be payable under part B)
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	1	PA-BVD, (May be payable under part B)
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	1	PA-BVD, (May be payable under part B)
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	3	(May be payable under part B)
NULOJIX 250 MG RECON SOLN	4	PA-NSO, (May be payable under part B), NDS-NM
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	3	PA-BVD, (May be payable under part B)
PROGRAF (0.5 MG CAP, 1 MG CAP, 5 MG CAP)	3	(May be payable under part B)
SANDIMMUNE (25 MG CAP, 100 MG CAP)	3	(May be payable under part B)
SIMULECT (10 MG RECON SOLN, 20 MG RECON SOLN)	4	PA-BVD, (May be payable under part B), NDS-NM
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	PA-BVD, (May be payable under part B)
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	PA-BVD, (May be payable under part B)
<i>tacrolimus 5 mg/ml solution</i>	3	PA-BVD, (May be payable under part B)
<i>tacrolimus er (0.5 mg cap er 24h, 1 mg cap er 24h, 5 mg cap er 24h)</i>	3	PA-NSO, (May be payable under part B)
THYMOGLOBULIN 25 MG RECON SOLN	4	PA-BVD, (May be payable under part B), NDS-NM
IMMUNIZING AGENTS, PASSIVE		
ALYGLO (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, (May be payable under part B), NDS-NM
ASCENIV 5 GM/50ML SOLUTION	4	PA, (May be payable under part B), NDS-NM

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

Drug Name	Drug Tier	Requirements / Limits
BIVIGAM 10 GM/100ML SOLUTION	4	PA, (May be payable under part B), NDS-NM
BIVIGAM 5 GM/50ML SOLUTION	4	PA, (May be payable under part B)
CUTAQUIG (1 GM/6ML SOLUTION, 1.65 GM/10ML SOLUTION, 2 GM/12ML SOLUTION, 3.3 GM/20ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	4	PA, (May be payable under part B), NDS-NM
CUVITRU (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 8 GM/40ML SOLUTION, 10 GM/50ML SOLUTION)	4	PA, (May be payable under part B), NDS-NM
CYTOGAM 50 MG/ML SOLUTION	4	NDS-NM
FLEBOGAMMA DIF (2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	4	PA, (May be payable under part B), NDS-NM
GAMASTAN SOLUTION	4	PA-BVD, (May be payable under part B), NDS-NM
GAMMAGARD (1 GM/10ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	4	PA, (May be payable under part B), NDS-NM
GAMMAGARD (2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	4	PA, (May be payable under part B)
GAMMAGARD ERC (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	4	PA, (May be payable under part B)
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	4	PA, (May be payable under part B)
GAMMAKED (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, (May be payable under part B), NDS-NM
GAMMAKED 1 GM/10ML SOLUTION	4	PA, (May be payable under part B)
GAMMAPLEX (5 GM/100ML SOLUTION, 20 GM/400ML SOLUTION)	4	PA, (May be payable under part B), NDS-NM
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, (May be payable under part B)
GAMUNEX-C (2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	4	PA, (May be payable under part B), NDS-NM

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

Drug Name	Drug Tier	Requirements / Limits
GAMUNEX-C 1 GM/10ML SOLUTION	4	PA, (May be payable under part B)
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 SOLN PRSYR, 10 GM/50ML SOLUTION)	4	PA, (May be payable under part B), NDS-NM
HYQVIA (2.5 GM/25ML KIT, 5 GM/50ML KIT, 10 GM/100ML KIT, 20 GM/200ML KIT, 30 GM/300ML KIT)	4	PA, (May be payable under part B), NDS-NM
OCTAGAM (2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 25 GM/500ML SOLUTION, 30 GM/300ML SOLUTION)	4	PA, (May be payable under part B), NDS-NM
OCTAGAM 1 GM/20ML SOLUTION	3	PA, (May be payable under part B)
OCTAGAM 2 GM/20ML SOLUTION	4	PA, (May be payable under part B)
PANZYGA (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)	4	PA, (May be payable under part B)
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 40 GM/400ML SOLUTION)	4	PA, (May be payable under part B), NDS-NM
PRIVIGEN 20 GM/200ML SOLUTION	4	PA, (May be payable under part B)
RHOGAM ULTRA-FILTERED PLUS 1500 UNIT SOLN PRSYR	2	
RHOPHYLAC 1500 UNIT/2ML SOLN PRSYR	2	
WINRHO SDF (1500 UNIT/1.3ML SOLUTION, 2500 UNIT/2.2ML SOLUTION, 5000 UNIT/4.4ML SOLUTION, 15000 UNIT/13ML SOLUTION)	4	NDS-NM
XEMBIFY (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	4	PA, (May be payable under part B), NDS-NM
VACCINES		
ABRYSSVO 120 MCG/0.5ML RECON SOLN	2	VAC

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

Drug Name	Drug Tier	Requirements / Limits
ACAM2000 RECON SOLN	\$0*	
ACTHIB RECON SOLN	2	VAC
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	2	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	2	VAC
BCG VACCINE 50 MG RECON SOLN	2	VAC
BEXSERO SUSP PRSYR	2	VAC
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	2	VAC
DAPTACEL 23-15-5 SUSPENSION	2	VAC
DENG VAXIA RECON SUSP	2	VAC
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	2	PA-BVD, (May be payable under part B), VAC
ENGRIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	2	PA-BVD, (May be payable under part B), VAC
ERVEBO SUSPENSION	2	QL (1 ea per 999 days), VAC
GARDASIL 9 (0.5 ML SUSP PRSYR, SUSPENSION)	2	VAC
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	2	VAC
HAVRIX 1440 EL U/ML SUSP PRSYR	2	VAC
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	2	PA-BVD, (May be payable under part B), VAC
HIBERIX 10 MCG RECON SOLN	2	VAC
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	2	PA-BVD, (May be payable under part B), VAC
INFANRIX 25-58-10 SUSPENSION	2	VAC
IPOL SUSPENSION	2	VAC
IXCHIQ RECON SOLN	2	VAC
IXIARO SUSPENSION	2	VAC
JYNNEOS 0.5 ML SUSPENSION	2	VAC
KINRIX 0.5 ML SUSP PRSYR	2	VAC
M-M-R II RECON SOLN	2	VAC

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

Drug Name	Drug Tier	Requirements / Limits
MENACTRA SOLUTION	2	VAC
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	2	VAC
MENVEO (RECON SOLN, SOLUTION)	2	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	2	QL (0.5 ml per 999 days), VAC
PEDIARIX SUSP PRSYR	2	VAC
PEDVAXHIB 7.5 MCG/0.5ML SUSPENSION	2	VAC
PENBRAYA RECON SUSP	2	VAC
PENMENVY RECON SUSP	2	VAC
PENTACEL RECON SUSP	2	VAC
PREHEVBRIO 10 MCG/ML SUSPENSION	2	PA-BVD, (May be payable under part B), VAC
PRIORIX RECON SUSP	2	VAC
PROQUAD RECON SUSP	2	VAC
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	2	VAC
RABAVERT RECON SUSP	2	PA-BVD, (May be payable under part B), 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)	2	PA-BVD, (May be payable under part B), VAC
ROTARIX (RECON SUSP, SUSPENSION)	2	VAC
ROTATEQ SOLUTION	2	VAC
SHINGRIX 50 MCG/0.5ML RECON SUSP	2	QL (2 ea per 999 days), VAC
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	2	QL (1 ml per 999 days), VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	2	PA-BVD, (May be payable under part B), VAC
TENIVAC 5-2 LF/0.5ML SUSPENSION	2	PA-BVD, (May be payable under part B), VAC
TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	2	PA-BVD, (May be payable under part B), VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	2	VAC
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	2	VAC

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

Drug Name	Drug Tier	Requirements / Limits
TRUMENBA SUSP PRSYR	2	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	2	VAC
TYPHIM VI 25 MCG/0.5ML SOLN PRSYR	2	VAC
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	2	VAC
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	2	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	2	VAC
VAXCHORA RECON SUSP	2	VAC
VAXELIS (SUSP PRSYR, SUSPENSION)	2	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	2	VAC
VIVOTIF CAP DR	2	QL (4 ea per 365 days), VAC
YF-VAX RECON SUSP	2	VAC

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium 750 mg cap</i>	1	
DIPENTUM 250 MG CAP	3	QL (120 ea per 30 days)
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos)</i>	1	
<i>mesalamine 800 mg tab dr</i>	2	QL (180 ea per 30 days)
<i>mesalamine er (0.375 gm cap er 24h, 250 mg cap er, 500 mg cap er)</i>	1	
<i>mesalamine-cleanser 4 gm kit</i>	1	
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	1	

LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETICS - AMIDES

<i>lidocaine hcl (0.5 % solution, 1 % solution, 2 % solution)</i>	3	
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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>	3	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DIAPHRAGM	\$0*	
FC2 FEMALE CONDOM MISC	\$0*	
FEMCAP (22 DEVICE, 26 DEVICE, 30 DEVICE)	\$0*	
OMNIFLEX DIAPHRAGM DIAPHRAGM	\$0*	
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	\$0*	
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	\$0*	
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	\$0*	
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	\$0*	
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	\$0*	
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	\$0*	
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	\$0*	
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	\$0*	
DIABETIC 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	
ALCOH-WIPE SHEET	1*	
ALCOHOL SWABS 1X1	1	(For Insulin Delivery Only)
<i>alcohol wipes 70 % misc</i>	1	(For Insulin Delivery Only)
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	1	
AUTOPEN DEVICE	2	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML MISC	1	
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	1	

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

Drug Name	Drug Tier	Requirements / Limits
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 PEN MISC	2	
BD PEN MINI MISC	2	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC)	1	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML MISC	1	
CAREONE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
CARETOUCH INSULIN SYRINGE (30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
CEQUR SIMPL EXT WEAR INSERTER MISC	2	QL (2 ea per 365 days)
CEQUR SIMPLICITY 1U EXTND WEAR DEVICE	2	
CEQUR SIMPLICITY 2U DEVICE	2	
CEQUR SIMPLICITY 2U EXTND WEAR DEVICE	2	
CEQUR SIMPLICITY INSERTER MISC	2	QL (2 ea per 365 days)
CHEMSTRIP K STRIP	3*	QL (100 ea per 30 days)
CHEMSTRIP UGK STRIP	3*	QL (100 ea per 30 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	
<i>cvx isopropyl alcohol wipes 70 % misc</i>	1	(For Insulin Delivery Only)
CVS KETONE CARE STRIP	3*	QL (100 ea per 30 days)
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	

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
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 SYR ULTRAFINE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 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	
ESSENTRA WIPES 9X9" 70 % SHEET	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	
GAUZE PADS	1	(For Insulin Delivery Only)
GAUZE PADS 2X2	1	(For Insulin Delivery Only)
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	

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
GLUCOPRO INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
GNP INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML MISC	1	
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
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	
<i>isopropyl alcohol 70 % misc</i>	1	(For Insulin Delivery Only)
<i>isopropyl alcohol wipes 70 % misc</i>	1	(For Insulin Delivery Only)
KETO-DIASTIX STRIP	3*	QL (100 ea per 30 days)
KETONE TEST STRIP	3*	QL (100 ea per 30 days)
KETOSTIX STRIP	3*	QL (100 ea per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
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	
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	
<i>medpura alcohol pads 70 % misc</i>	1	(For Insulin Delivery Only)
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	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	

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

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	2	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	
OMNIPOD 5 G7 PODS (GEN 5) MISC	2	
OMNIPOD 5 LIBRE INTRO KIT	2	
OMNIPOD 5 LIBRE PODS MISC	2	
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	
OMNIPOD CLASSIC PODS (GEN 3) MISC	2	
OMNIPOD DASH INTRO (GEN 4) KIT	2	
OMNIPOD DASH PDM (GEN 4) KIT	2	
OMNIPOD DASH PODS (GEN 4) MISC	2	
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)	2	QL (30 ea per 30 days)
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	
<i>qc alcohol 70 % misc</i>	1	(For Insulin Delivery Only)
RA INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	1	
<i>ra isopropyl alcohol wipes 70 % misc</i>	1	(For Insulin Delivery Only)
REALITY INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC)	1	
RELION INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	
RELION KETONE TEST STRIP	3*	QL (100 ea per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
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	
TECHLITE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC, 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	
TWIIIST REFILL KIT KIT	2	QL (1 ea per 30 days)
TWIIIST REFILL KIT/INFUSION SET KIT	2	QL (1 ea per 30 days)
TWIIIST STARTER KIT KIT	2	QL (1 ea per 30 days)
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	
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	

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

Drug Name	Drug Tier	Requirements / Limits
ULTRA-THIN II 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	
V-GO 20 20 UNIT/24HR KIT	2	QL (30 ea per 30 days)
V-GO 30 30 UNIT/24HR KIT	2	QL (30 ea per 30 days)
V-GO 40 40 UNIT/24HR KIT	2	QL (30 ea per 30 days)
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	
ZEVRX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 5/16" 0.5 ML MISC)	1	
OPTICAL AND OPHTHALMIC SUPPLIES		
SUSVIMO OCULAR IMPLANT IMPLANT	4*	QL (1 ea per 999 days)
RESPIRATORY THERAPY SUPPLIES		
OPTICHAMBER DIAMOND MISC	2*	
OPTICHAMBER DIAMOND-LG MASK DEVICE	2*	
OPTICHAMBER DIAMOND-MD MASK MISC	2*	
OPTICHAMBER DIAMOND-SM MASK MISC	2*	
MIGRAINE PRODUCTS		
AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	2	PA, QL (1 ml per 28 days)
CAFERGOT 1-100 MG TAB	2	QL (40 ea per 28 days)
<i>dihydroergotamine mesylate (1 mg/ml solution, 4 mg/ml solution)</i>	1	
<i>eletriptan hydrobromide 40 mg tab</i>	1	PA, QL (16 ea per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	2	PA, QL (2 ml per 28 days)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	2	PA, QL (3 ml per 28 days)
ERGOTAMINE-CAFFEINE 1-100 MG TAB	2	QL (40 ea per 28 days)
<i>frovatriptan succinate 2.5 mg tab</i>	1	PA, QL (16 ea per 28 days)
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	1	QL (16 ea per 28 days)
NURTEC 75 MG TAB DISP	2	PA, QL (18 ea per 30 days)
QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)	2	PA, QL (30 ea per 30 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 prsy, 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)
UBRELVY (50 MG TAB, 100 MG TAB)	2	PA, QL (16 ea per 30 days)
VYEPTI 100 MG/ML SOLUTION	3	
ZEMBRACE SYMTOUCH 3 MG/0.5ML SOLN A-INJ	3	PA, QL (8 ml per 28 days)
<i>zolmitriptan (2.5 mg tab disp, 5 mg tab disp)</i>	1	QL (16 ea per 28 days)
<i>zolmitriptan (2.5 mg tab, 5 mg tab)</i>	1	QL (16 ea per 28 days)
<i>zolmitriptan 5 mg solution</i>	1	PA, QL (16 ea per 28 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
ADAKVEO 100 MG/10ML SOLUTION	4	PA, NDS-NM
ADZYNMA (500 KIT, 1500 KIT)	4	PA, NDS-NM
<i>aminocaproic acid 250 mg/ml solution</i>	3	

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
AMONDYS 45 100 MG/2ML SOLUTION	4	PA, NDS-NM
AURYXIA 1 GM 210 MG(Fe) TAB	4	QL (360 ea per 30 days), NDS-NM
BOTOX (100 RECON SOLN, 200 RECON SOLN)	4	PA, NDS-NM
<i>calcium acetate (phos binder) (667 mg cap, 667 mg tab)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
CERDELGA 84 MG CAP	4	PA, QL (60 ea per 30 days), NDS-NM
CEREZYME 400 UNIT RECON SOLN	4	PA, NDS-NM
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)	2	
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
DAXXIFY 100 UNIT RECON SOLN	4	PA, QL (3 ea per 84 days), NDS-NM
DAYBUE 200 MG/ML SOLUTION	4	PA, QL (3600 ml per 30 days), NDS-NM
DYSPORT (300 RECON SOLN, 500 RECON SOLN)	4	PA, NDS-NM
<i>edaravone 30 mg/100ml solution</i>	4	PA, NDS-NM
ELELYSO 200 UNIT RECON SOLN	4	PA, NDS-NM
EMPAVELI 1080 MG/20ML SOLUTION	4	PA, NDS-NM
EVRYSDI 0.75 MG/ML RECON SOLN	4	PA
EVRYSDI 5 MG TAB	4	PA, QL (30 ea per 30 days), NDS-NM
EXONDYS 51 (100 MG/2ML SOLUTION, 500 MG/10ML SOLUTION)	4	PA, NDS-NM
FABHALTA 200 MG CAP	4	PA, QL (60 ea per 30 days)
FIRDAPSE 10 MG TAB	4	PA, QL (240 ea per 30 days), NDS-NM
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
GATTEX 5 MG KIT	4	PA, NDS-NM
GIVLAARI 189 MG/ML SOLUTION	4	PA, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
JOENJA (40 MG TAB, 50 MG TAB, 70 MG TAB)	4	PA, QL (60 ea per 30 days), NDS-NM
<i>kionex 15 gm/60ml suspension</i>	1	
<i>l-glutamine 5 gm packet</i>	4	PA, QL (180 ea per 30 days), NDS-NM
<i>lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)</i>	1	
LOKELMA 10 GM PACKET	3	QL (34 ea per 30 days)
LOKELMA 5 GM PACKET	3	QL (30 ea per 30 days)
<i>miglustat 100 mg cap</i>	4	PA, QL (180 ea per 30 days), NDS-NM
MYOBLOC (2500 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION, 10000 UNIT/2ML SOLUTION)	4	PA, NDS-NM
PIASKY 340 MG/2ML SOLUTION	4	PA, NDS-NM
<i>plerixafor 24 mg/1.2ml solution</i>	4	NDS-NM
PROTAMINE SULFATE 10 MG/ML SOLUTION	3	(May be payable under part B)
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	4	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)	4	PA, QL (14 ea per 14 days), NDS-NM
PYRUKYND TAPER PACK 5 MG TAB THPK	4	PA, QL (60 ea per 30 days), NDS-NM
RADICAVA ORS 105 MG/5ML SUSPENSION	4	PA, QL (70 ml per 28 days), NDS-NM
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	4	PA, QL (70 ml per 28 days), NDS-NM
REBYOTA 150 ML SUSPENSION	4	PA, NDS-NM
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	4	PA, QL (30 ea per 30 days), NDS-NM
REZUROCK 200 MG TAB	4	PA, QL (60 ea per 30 days), NDS-NM
<i>riluzole 50 mg tab</i>	1	
<i>ringers irrigation solution</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)</i>	1	
<i>sevelamer hcl (400 mg tab, 800 mg tab)</i>	1	
SKYCLARYS 50 MG CAP	4	PA, QL (90 ea per 30 days), NDS-NM
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	1	
SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION)	1	
<i>sterile water for irrigation solution</i>	1	
SUCRAID 8500 UNIT/ML SOLUTION	4	PA
SYLVANT (100 MG RECON SOLN, 400 MG RECON SOLN)	4	PA-NSO, NDS-NM
TAVALISSE (100 MG TAB, 150 MG TAB)	4	PA, QL (60 ea per 30 days), NDS-NM
TAVNEOS 10 MG CAP	4	PA, QL (180 ea per 30 days), NDS-NM
<i>tranexamic acid 1000 mg/10ml solution</i>	3	
<i>tranexamic acid 650 mg tab</i>	1	
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	
VELPHORO 500 MG CHEW TAB	4	
VEOPOZ 400 MG/2ML SOLUTION	4	PA, NDS-NM
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	4	PA, QL (56 ea per 28 days), NDS-NM
VIJOICE (50 MG PACKET, 50 MG TAB THPK)	4	PA, QL (28 ea per 28 days), NDS-NM
VILTEPSO 250 MG/5ML SOLUTION	4	PA, NDS-NM
VIOKACE (10440-39150 TAB, 20880-78300 TAB)	3	
VOWST CAP	4	PA, QL (12 ea per 30 days), NDS-NM
VPRIV 400 UNIT RECON SOLN	4	PA, NDS-NM
VYONDYS 53 100 MG/2ML SOLUTION	4	PA, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
XEOMIN (50 RECON SOLN, 100 RECON SOLN, 200 RECON SOLN)	4	PA, NDS-NM
XOLREMDI 100 MG CAP	4	PA, QL (120 ea per 30 days), NDS-NM
<i>yargesa 100 mg cap</i>	4	PA, QL (180 ea per 30 days), 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)	2	
ZOKINVY (50 MG CAP, 75 MG CAP)	4	PA
MISCELLANEOUS THERAPEUTIC CLASSES		
ENZYMES		
XIAFLEX 0.9 MG RECON SOLN	4	NDS-NM
IMMUNOMODULATORS		
NIKTIMVO 22 MG/0.44ML SOLUTION	4	PA, QL (0.88 ml per 14 days), NDS-NM
NIKTIMVO 22 MG/2.2ML SOLUTION	4	PA, QL (4.4 ml per 14 days), NDS-NM
NIKTIMVO 9 MG/0.18ML SOLUTION	4	PA, QL (0.72 ml per 14 days), NDS-NM
NIKTIMVO 9 MG/0.9ML SOLUTION	4	PA, QL (3.6 ml per 14 days), NDS-NM
VYVGART 400 MG/20ML SOLUTION	4	PA, NDS-NM
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1	
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	1	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate 50 mcg/act suspension</i>	1	(rx product only)
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	
<i>mometasone furoate 50 mcg/act suspension</i>	1	
<i>olopatadine hcl 0.6 % solution</i>	1	
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
<i>calcium chloride 10 % solution</i>	3	
<i>calcium gluconate 10 % solution</i>	3	
<i>clinisol sf 15 % solution</i>	3	PA-BVD, (May be payable under part B)
CLINOLIPID 20 % EMULSION	3	PA-BVD, (May be payable under part B)
<i>cvs folic acid 800 mcg tab</i>	\$0*	
DEXTROSE (10 % SOLUTION, 50 % SOLUTION, 70 % SOLUTION, 250 MG/ML SOLUTION)	3	PA-BVD, (May be payable under part B)
<i>dextrose 5 % solution</i>	3	
DEXTROSE 5%/ELECTROLYTE #48 SOLUTION	3	
<i>dextrose in lactated ringers 5 % solution</i>	3	
DEXTROSE-SODIUM CHLORIDE (10-0.2 % SOLUTION, 10-0.45 % SOLUTION)	3	PA-BVD, (May be payable under part B)
<i>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)</i>	3	
DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION	3	
EFFER-K 25 MEQ EFFER TAB	1	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1*	
<i>folate 400 mcg tab</i>	\$0*	
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	\$0*	
<i>folic acid 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
<i>ft folic acid (400 mcg tab, 800 mcg tab)</i>	\$0*	
<i>gnp folic acid 400 mcg tab</i>	\$0*	
<i>hm folic acid 400 mcg tab</i>	\$0*	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	3	PA-BVD, (May be payable under part B)
<i>k-prime 25 meq effer tab</i>	1	
K-TAB 10 MEQ TAB ER	1	
KCL (0.149%) IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION)	3	
KCL (0.298%) IN NACL 40-0.9 MEQ/L-% SOLUTION	3	
<i>kcl in dextrose-nacl (10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i>	3	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	3	
<i>klor-con (8 tab er, 20 packet)</i>	1	
<i>klor-con 10 10 meq tab er</i>	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	
<i>klor-con/ef 25 meq effer tab</i>	1	
<i>kp folic acid 800 mcg tab</i>	\$0*	
<i>magnesium sulfate (2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution, 50 % solution)</i>	3	
<i>magnesium sulfate in d5w 1-5 gm/100ml-% solution</i>	3	
<i>multi-vit/iron/fluoride 0.25-10 mg/ml solution</i>	1*	
MULTI-VITAMIN/FLUORIDE (MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION)	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
MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION	1*	
MULTIVITAMIN + FLUORIDE (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1*	
MULTIVITAMIN W/FLUORIDE (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1*	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1*	
<i>multivitamin/fluoride/iron 0.25-10 mg/ml solution</i>	1*	
NUTRILIPID 20 % EMULSION	3	PA-BVD, (May be payable under part B)
PHOSPHO-TRIN K500 500 MG TAB	2*	
<i>phytonadione 5 mg tab</i>	1*	
<i>potassium acetate 2 meq/ml solution</i>	3	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 MEQ/100ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ/100ML SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION)	3	
POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	3	
POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION	3	
POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION	3	
<i>potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)</i>	1	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	3	
<i>potassium chloride in nacl (20-0.45 meq/l-% solution, 20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i>	3	

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 CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	3	
PREMASOL 10 % SOLUTION	3	PA-BVD, (May be payable under part B)
PRENATAL 19 TAB	1*	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	1	
PROSOL 20 % SOLUTION	3	PA-BVD, (May be payable under part B)
<i>px folic acid 400 mcg tab</i>	\$0*	
<i>qc folic acid 800 mcg tab</i>	\$0*	
<i>ra folic acid (400 mcg tab, 800 mcg tab)</i>	\$0*	
<i>ringers solution</i>	3	
<i>sm folic acid 400 mcg tab</i>	\$0*	
<i>sodium acetate 2 meq/ml solution</i>	3	
<i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>	3	
<i>sodium chloride (pf) 0.9 % solution</i>	3	
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	PREV
<i>sodium fluoride 2.2 mg</i>	1	PREV
SODIUM FLUORIDE 2.2 MG	1	
<i>sodium phosphates 45 mmole/15ml solution</i>	3	
TRAVASOL 10 % SOLUTION	3	PA-BVD, (May be payable under part B)
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1*	
TROPHAMINE 10 % SOLUTION	3	PA-BVD, (May be payable under part B)
<i>true folic acid 400 mcg tab</i>	\$0*	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1*	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1*	
<i>yl folic acid 400 mcg tab</i>	\$0*	

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
ZYCUBO 2.9 MG RECON SOLN	4	PA, QL (30 ea per 30 days), NDS-NM
OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS		
CONTRACEPTIVES		
<i>afirmelle 0.1-20 mg-mcg tab</i>	2	PREV
<i>aftera 1.5 mg tab</i>	\$0*	
<i>afterpill 1.5 mg tab</i>	\$0*	
<i>altavera 0.15-30 mg-mcg tab</i>	2	PREV
<i>alyacen 1/35 1-35 mg-mcg tab</i>	2	PREV
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	PREV
<i>amethia 0.15-0.03 & 0.01 mg tab</i>	2	PREV
<i>amethyst 90-20 mcg tab</i>	2	PREV
<i>apri 0.15-30 mg-mcg tab</i>	2	PREV
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	2	PREV
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	2	PREV
<i>aubra 0.1-20 mg-mcg tab</i>	2	PREV
<i>aubra eq 0.1-20 mg-mcg tab</i>	2	PREV
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV
<i>aurovela 1/20 1-20 mg-mcg tab</i>	2	PREV
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	2	PREV
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	2	PREV
AVERI 0.15-0.03 MG TAB	2	PREV
<i>aviane 0.1-20 mg-mcg tab</i>	2	PREV
<i>ayuna 0.15-30 mg-mcg tab</i>	2	PREV
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	2	PREV
BALCOLTRA 0.1-20 MG-MCG(21) TAB	2	PREV
<i>balziva 0.4-35 mg-mcg tab</i>	2	PREV

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
BEYAZ 3-0.02-0.451 MG TAB	2	PREV
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	2	PREV
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	2	PREV
<i>briellyn 0.4-35 mg-mcg tab</i>	2	PREV
<i>camila 0.35 mg tab</i>	2	PREV
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	2	PREV
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	2	PREV
<i>charlotte 24 fe 1-20 mg-mcg(24) chew tab</i>	2	PREV
<i>chateal 0.15-30 mg-mcg tab</i>	2	PREV
<i>chateal eq 0.15-30 mg-mcg tab</i>	2	PREV
<i>cryselle 0.3-30 mg-mcg tab</i>	2	PREV
<i>cryselle-28 0.3-30 mg-mcg tab</i>	2	PREV
<i>curae 1.5 mg tab</i>	\$0*	
<i>cyred 0.15-30 mg-mcg tab</i>	2	PREV
<i>cyred eq 0.15-30 mg-mcg tab</i>	2	PREV
<i>dasetta 1/35 1-35 mg-mcg tab</i>	2	PREV
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	PREV
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	2	PREV
<i>deblitane 0.35 mg tab</i>	2	PREV
<i>delyla 0.1-20 mg-mcg tab</i>	2	PREV
DEPO-PROVERA (150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION)	2	PREV
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	2	PREV
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	2	PREV
<i>dolishale 90-20 mcg tab</i>	2	PREV
<i>drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)</i>	2	PREV

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>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	2	PREV
<i>econtra ez 1.5 mg tab</i>	\$0*	
<i>econtra one-step 1.5 mg tab</i>	\$0*	
<i>elinest 0.3-30 mg-mcg tab</i>	2	PREV
ELLA 30 MG TAB	2	PREV
<i>eluryng 0.12-0.015 mg/24hr ring</i>	2	PREV
<i>emoquette 0.15-30 mg-mcg tab</i>	2	PREV
<i>emzahh 0.35 mg tab</i>	2	PREV
<i>enilloring 0.12-0.015 mg/24hr ring</i>	2	PREV
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	2	PREV
<i>enskyce 0.15-30 mg-mcg tab</i>	2	PREV
<i>errin 0.35 mg tab</i>	2	PREV
<i>estarylla 0.25-35 mg-mcg tab</i>	2	PREV
<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	2	PREV
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	2	PREV
<i>falmina 0.1-20 mg-mcg tab</i>	2	PREV
<i>fayosim 42-21-21-7 days tab</i>	2	PREV
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV
<i>feirza 1/20 1-20 mg-mcg tab</i>	2	PREV
FEMLYV 1-0.02 MG TAB DISP	2	PREV
<i>femynor 0.25-35 mg-mcg tab</i>	2	PREV
<i>finzala 1-20 mg-mcg(24) chew tab</i>	2	PREV
<i>galbriela 0.8-25 mg-mcg chew tab</i>	2	PREV
<i>gemmily 1-20 mg-mcg(24) cap</i>	2	PREV
GWYN LO 220-20 MCG/24HR PATCH WK	2	PREV
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV
<i>hailey 24 fe 1-20 mg-mcg(24) tab</i>	2	PREV

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>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	2	PREV
<i>haloette 0.12-0.015 mg/24hr ring</i>	2	PREV
<i>heather 0.35 mg tab</i>	2	PREV
<i>her style 1.5 mg tab</i>	\$0*	
<i>iclevia 0.15-0.03 mg tab</i>	2	PREV
<i>incassia 0.35 mg tab</i>	2	PREV
<i>introvale 0.15-0.03 mg tab</i>	2	PREV
<i>isibloom 0.15-30 mg-mcg tab</i>	2	PREV
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	2	PREV
<i>jasmiel 3-0.02 mg tab</i>	2	PREV
<i>jencycla 0.35 mg tab</i>	2	PREV
<i>jolessa 0.15-0.03 mg tab</i>	2	PREV
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	2	PREV
<i>juleber 0.15-30 mg-mcg tab</i>	2	PREV
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV
<i>junel 1/20 1-20 mg-mcg tab</i>	2	PREV
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV
<i>junel fe 1/20 1-20 mg-mcg tab</i>	2	PREV
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	2	PREV
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	2	PREV
<i>kalliga 0.15-30 mg-mcg tab</i>	2	PREV
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	2	PREV
<i>kelnor 1/35 1-35 mg-mcg tab</i>	2	PREV
<i>kelnor 1/50 1-50 mg-mcg tab</i>	2	PREV
<i>kurvelo 0.15-30 mg-mcg tab</i>	2	PREV
KYLEENA 19.5 MG IUD	2	PREV
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV

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>larin 1/20 1-20 mg-mcg tab</i>	2	PREV
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	2	PREV
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV
<i>larin fe 1/20 1-20 mg-mcg tab</i>	2	PREV
<i>larissia 0.1-20 mg-mcg tab</i>	2	PREV
<i>layolis fe 0.8-25 mg-mcg chew tab</i>	2	PREV
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	2	PREV
<i>lessina 0.1-20 mg-mcg tab</i>	2	PREV
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	2	PREV
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	2	PREV
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	2	PREV
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	2	PREV
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	2	PREV
<i>levonorgestrel 1.5 mg tab</i>	\$0*	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</i>	2	PREV
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	2	PREV
LILETTA (52 MG) 20.1 MCG/DAY IUD	2	PREV
<i>lillow 0.15-30 mg-mcg tab</i>	2	PREV
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	2	PREV
<i>lo-zumandimine 3-0.02 mg tab</i>	2	PREV
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	2	PREV
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	2	PREV
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	2	PREV
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	2	PREV
<i>loryna 3-0.02 mg tab</i>	2	PREV

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>low-ogestrel 0.3-30 mg-mcg tab</i>	2	PREV
<i>luizza 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV
<i>luizza 1/20 1-20 mg-mcg tab</i>	2	PREV
<i>luteru 0.1-20 mg-mcg tab</i>	2	PREV
<i>lyleq 0.35 mg tab</i>	2	PREV
<i>lyza 0.35 mg tab</i>	2	PREV
<i>marlissa 0.15-30 mg-mcg tab</i>	2	PREV
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	2	PREV
<i>meleya 0.35 mg tab</i>	2	PREV
<i>merzee 1-20 mg-mcg(24) cap</i>	2	PREV
<i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i>	2	PREV
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV
<i>microgestin 1/20 1-20 mg-mcg tab</i>	2	PREV
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	2	PREV
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	2	PREV
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	2	PREV
<i>mili 0.25-35 mg-mcg tab</i>	2	PREV
<i>minzoya 0.1-20 mg-mcg(21) tab</i>	2	PREV
MIRENA (52 MG) 21 MCG/DAY IUD	2	PREV
MIUDELLA IUD	2	PREV
<i>mono-lynyah 0.25-35 mg-mcg tab</i>	2	PREV
<i>my choice 1.5 mg tab</i>	\$0*	
<i>my way 1.5 mg tab</i>	\$0*	
NATAZIA 3/2-2/2-3/1 MG TAB	2	PREV
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	2	PREV
<i>new day 1.5 mg tab</i>	\$0*	
NEXPLANON 68 MG IMPLANT	2	PREV
NEXTSTELLIS 3-14.2 MG TAB	2	PREV

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>nikki 3-0.02 mg tab</i>	2	PREV
<i>nora-be 0.35 mg tab</i>	2	PREV
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	2	PREV
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	2	PREV
<i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i>	2	PREV
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	2	PREV
<i>norethindrone 0.35 mg tab</i>	2	PREV
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	2	PREV
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	2	PREV
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	2	PREV
<i>norlyda 0.35 mg tab</i>	2	PREV
<i>norlyroc 0.35 mg tab</i>	2	PREV
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	2	PREV
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	2	PREV
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	2	PREV
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	PREV
NUVARING 0.12-0.015 MG/24HR RING	2	PREV
<i>nylia 1/35 1-35 mg-mcg tab</i>	2	PREV
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	PREV
<i>nymyo 0.25-35 mg-mcg tab</i>	2	PREV
<i>ocella 3-0.03 mg tab</i>	2	PREV
<i>opcicon one-step 1.5 mg tab</i>	\$0*	
OPILL 0.075 MG TAB	\$0*	
<i>option 2 1.5 mg tab</i>	\$0*	

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>orquidea 0.35 mg tab</i>	2	PREV
PARAGARD INTRAUTERINE COPPER IUD	2	PREV
PHEXX 1.8-1-0.4 % GEL	2	PREV
PHEXXI 1.8-1-0.4 % GEL	2	PREV
<i>philith 0.4-35 mg-mcg tab</i>	2	PREV
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	2	PREV
<i>pirmella 1/35 1-35 mg-mcg tab</i>	2	PREV
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	PREV
<i>plan b one-step 1.5 mg tab</i>	\$0*	
<i>portia-28 0.15-30 mg-mcg tab</i>	2	PREV
<i>react 1.5 mg tab</i>	\$0*	
<i>reclipsen 0.15-30 mg-mcg tab</i>	2	PREV
<i>rivelsa 42-21-21-7 days tab</i>	2	PREV
<i>rosyrah 42-21-21-7 days tab</i>	2	PREV
SAFYRAL 3-0.03-0.451 MG TAB	2	PREV
<i>setlakin 0.15-0.03 mg tab</i>	2	PREV
<i>sharobel 0.35 mg tab</i>	2	PREV
<i>shewise 1.5 mg tab</i>	\$0*	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	2	PREV
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	2	PREV
SKYLA 13.5 MG IUD	2	PREV
SLYND 4 MG TAB	2	PREV
<i>sprintec 28 0.25-35 mg-mcg tab</i>	2	PREV
<i>sronyx 0.1-20 mg-mcg tab</i>	2	PREV
<i>syeda 3-0.03 mg tab</i>	2	PREV
<i>take action 1.5 mg tab</i>	\$0*	
<i>tarina 24 fe 1-20 mg-mcg(24) tab</i>	2	PREV
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	2	PREV

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>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	2	PREV
<i>taysofy 1-20 mg-mcg(24) cap</i>	2	PREV
TAYTULLA 1-20 MG-MCG(24) CAP	2	PREV
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	2	PREV
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	2	PREV
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	2	PREV
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	2	PREV
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	2	PREV
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	2	PREV
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	2	PREV
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	2	PREV
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	2	PREV
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	2	PREV
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	2	PREV
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	2	PREV
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	2	PREV
<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	2	PREV
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	2	PREV
<i>tulana 0.35 mg tab</i>	2	PREV
<i>turqoz 0.3-30 mg-mcg tab</i>	2	PREV
TWIRLA 120-30 MCG/24HR PATCH WK	2	PREV
TYBLUME 0.1-20 MG-MCG CHEW TAB	2	PREV
<i>tydemy 3-0.03-0.451 mg tab</i>	2	PREV
<i>valtya 1/35 1-35 mg-mcg tab</i>	2	PREV
VALTYA 1/50 1-50 MG-MCG TAB	2	PREV
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	2	PREV
<i>vestura 3-0.02 mg tab</i>	2	PREV
<i>vienva 0.1-20 mg-mcg tab</i>	2	PREV

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>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	2	PREV
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	2	PREV
<i>vyfemla 0.4-35 mg-mcg tab</i>	2	PREV
<i>vylibra 0.25-35 mg-mcg tab</i>	2	PREV
<i>wera 0.5-35 mg-mcg tab</i>	2	PREV
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	2	PREV
<i>xarah fe 1-20/1-30/1-35 mg-mcg tab</i>	2	PREV
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	2	PREV
<i>xulane 150-35 mcg/24hr patch wk</i>	2	PREV
YASMIN 28 3-0.03 MG TAB	2	PREV
YAZ 3-0.02 MG TAB	2	PREV
<i>your choice 1.5 mg tab</i>	\$0*	
<i>zafemy 150-35 mcg/24hr patch wk</i>	2	PREV
<i>zarah 3-0.03 mg tab</i>	2	PREV
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	2	PREV
<i>zumandimine 3-0.03 mg tab</i>	2	PREV
ESTROGEN COMBINATIONS		
<i>abigale lo 0.5-0.1 mg tab</i>	2	PREV
ESTROGEN DRUGS		
<i>abigale 1-0.5 mg tab</i>	2	PREV
<i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	
COMBIPATCH (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	2	
COVARYX 1.25-2.5 MG TAB	1*	
COVARYX HS 0.625-1.25 MG TAB	1*	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</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
EEMT 1.25-2.5 MG TAB	1*	
EEMT HS 0.625-1.25 MG TAB	1*	
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	3	
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	1*	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1*	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1*	
<i>estradiol (0.01 % cream, 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, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab, 10 mcg tab)</i>	1	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	1	
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	
<i>estratest f.s. 1.25-2.5 mg tab</i>	1*	
ESTRATEST H.S. 0.625-1.25 MG TAB	1*	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	2	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	1	
<i>jinteli 1-5 mg-mcg tab</i>	1	
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	1	
<i>mimvey 1-0.5 mg tab</i>	1	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	1	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	
PREMARIN (0.625 MG/GM CREAM, 25 MG RECON SOLN)	2	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	2	

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>yuvafem 10 mcg tab</i>	1	
PROGESTIN DRUGS		
ENDOMETRIN 100 MG INSERT	2*	
ENDOMETRIN 100 MG INSERT	2*	
<i>gallifrey 5 mg tab</i>	1	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	3	
<i>norethindrone acetate 5 mg tab</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
BETOPTIC-S 0.25 % SUSPENSION	2	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	2	
CARTEOLOL HCL 1 % SOLUTION	1	
<i>dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)</i>	1	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
<i>timolol hemihydrate 0.5 % solution</i>	1	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % 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	2	
<i>brimonidine tartrate (0.1 % solution, 0.2 % solution)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>brimonidine tartrate 0.15 % solution</i>	2	
SIMBRINZA 1-0.2 % SUSPENSION	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac 500-10000 unit/gm ointment</i>	1	
AZASITE 1 % SOLUTION	3	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	1	
BESIVANCE 0.6 % SUSPENSION	3	
CILOXAN 0.3 % OINTMENT	2	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
<i>erythromycin 5 mg/gm ointment</i>	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	
NATACYN 5 % SUSPENSION	2	
<i>neo-polycin 3.5-400-10000 ointment</i>	1	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	1	
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	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	1	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
<i>tobramycin 0.3 % solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TRIFLURIDINE 1 % SOLUTION	2	
XDEMVEY 0.25 % SOLUTION	4	PA, QL (10 ml per 42 days)
ZIRGAN 0.15 % GEL	3	
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>difluprednate 0.05 % emulsion</i>	2	
<i>fluorometholone 0.1 % suspension</i>	1	
FML FORTE 0.25 % SUSPENSION	2	
ILUVIEN 0.19 MG IMPLANT	4	NDS-NM
MAXIDEX 0.1 % SUSPENSION	2	
<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	2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	1	
XIPERE 40 MG/ML SUSPENSION	4*	NDS-NM
OPHTHALMICS - MISC.		
ALOMIDE 0.1 % SOLUTION	3	
ALTAFRIN 10 % SOLUTION	1	
<i>atropine sulfate 1 % solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>azelastine hcl 0.05 % solution</i>	1	
<i>brinzolamide 1 % suspension</i>	1	
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>cyclopentolate hcl 1 % solution</i>	1*	
<i>cyclosporine (pf) 0.05 % emulsion</i>	1	
CYSTARAN 0.44 % SOLUTION	4	NDS-NM
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>dorzolamide hcl 2 % solution</i>	1	
<i>epinastine hcl 0.05 % solution</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	1	(RX only)
OXERVATE 0.002 % SOLUTION	4	PA, QL (56 ml per 28 days), NDS-NM
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	1	
<i>pilocarpine hcl 1 % solution</i>	1	
RHOPRESSA 0.02 % SOLUTION	2	ST, QL (5 ml per 30 days)
ROCKLATAN 0.02-0.005 % SOLUTION	2	ST, QL (5 ml per 30 days)
<i>tropicamide (0.5 % solution, 1 % solution)</i>	1*	
VISUDYNE 15 MG RECON SOLN	4	NDS-NM
XIIDRA 5 % SOLUTION	2	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.03 % solution</i>	1	
<i>latanoprost 0.005 % solution</i>	1	
LUMIGAN 0.01 % SOLUTION	2	
<i>tafluprost (pf) 0.0015 % solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>travoprost (bak free) 0.004 % solution</i>	1	
VYZULTA 0.024 % SOLUTION	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>ciprofloxacin hcl 0.2 % solution</i>	1	
<i>flac 0.01 % oil</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>ofloxacin 0.3 % solution</i>	1	
OXYTOCICS		
<i>methergine 0.2 mg tab</i>	1	
<i>methylergonovine maleate 0.2 mg tab</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
MONOCLONAL ANTIBODIES		
BEYFORTUS 100 MG/ML SOLN PRSYR	2	PA, QL (4 ml per 150 days), VAC
BEYFORTUS 50 MG/0.5ML SOLN PRSYR	2	PA, QL (1 ml per 150 days), VAC
SYNAGIS (50 MG/0.5ML SOLUTION, 100 MG/ML SOLUTION)	4	PA, NDS-NM
ZINPLAVA 1000 MG/40ML SOLUTION	4	PA, NDS-NM
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ANTIDEMENTIA AGENTS		
<i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)</i>	1	
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	

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Drug Name	Drug Tier	Requirements / Limits
LEQEMBI IQLIK (500 MG DOSE) 2 X 250 MG/1.25ML SOLN A-INJ	4	PA, QL (10 ml per 28 days), NDS-NM
LEQEMBI IQLIK 360 MG/1.8ML SOLN A-INJ	4	PA, QL (7.2 ml per 28 days), NDS-NM
<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	
<i>rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i>	3	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	
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI 100 MG TAB	3*	QL (30 ea per 30 days)
VYLEESI 1.75 MG/0.3ML SOLN A-INJ	3*	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO (6 MG TAB, 9 MG TAB, 12 MG TAB)	4	PA, QL (120 ea per 30 days), NDS-NM
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H, 18 MG TAB ER 24H, 24 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	4	PA, QL (30 ea per 30 days), NDS-NM
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	4	PA, QL (28 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)	4	PA, QL (30 ea per 30 days), NDS-NM
INGREZZA 40 & 80 MG CAP THPK	4	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)
MULTIPLE SCLEROSIS AGENTS		
BETASERON 0.3 MG KIT	4	QL (14 ea per 28 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
BRIUMVI 150 MG/6ML SOLUTION	4	PA, NDS-NM
COPAXONE 40 MG/ML SOLN PRSYR	3	
<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>	3	QL (120 ea per 180 days)
<i>fingolimod hcl 0.5 mg cap</i>	3	QL (30 ea per 30 days)
<i>glatiramer acetate 20 mg/ml soln prsyrr</i>	3	QL (30 ml per 30 days)
<i>glatiramer acetate 40 mg/ml soln prsyrr</i>	3	QL (12 ml per 28 days)
<i>glatopa 20 mg/ml soln prsyrr</i>	3	QL (30 ml per 30 days)
<i>glatopa 40 mg/ml soln prsyrr</i>	3	QL (12 ml per 28 days)
KESIMPTA 20 MG/0.4ML SOLN A-INJ	4	QL (1.2 ml per 28 days), NDS-NM
MAYZENT (1 MG TAB, 2 MG TAB)	4	QL (30 ea per 30 days), NDS-NM
MAYZENT 0.25 MG TAB	4	QL (150 ea per 30 days), NDS-NM
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	3	QL (12 ea per 180 days)
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	3	QL (7 ea per 180 days), NDS-NM
OCREVUS 300 MG/10ML SOLUTION	4	PA, QL (20 ml per 180 days), NDS-NM
OCREVUS ZUNOVO 920-23000 MG-UT/23ML SOLUTION	4	PA, QL (23 ml per 180 days), NDS-NM
PLEGRIDY (125 MCG/0.5ML SOLN A-INJ, 125 MCG/0.5ML SOLN PRSYR)	4	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)	4	QL (1 ml per 28 days), NDS-NM
REBIF 44 MCG/0.5ML SOLN PRSYR	4	QL (6 ml per 28 days), NDS-NM
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	4	QL (6 ml per 28 days), NDS-NM
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	4	QL (4.2 ml per 28 days), NDS-NM
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	4	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)

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Drug Name	Drug Tier	Requirements / Limits
TYRUKO 300 MG/15ML CONC	4	PA, NDS-NM
TYSABRI 300 MG/15ML CONC	4	PA, NDS-NM
ZEPOSIA 0.92 MG CAP	2	PA, QL (30 ea per 30 days), NDS-NM
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	2	PA, QL (7 ea per 180 days), NDS-NM
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	PA, QL (28 ea per 180 days), NDS-NM
AMVUTTRA 25 MG/0.5ML SOLN PRSYR	4	PA, QL (0.5 ml per 84 days), NDS-NM
AQNEURSA 1 GM PACKET	4	PA, QL (112 ea per 28 days), NDS-NM
<i>dextromethorphan-quinidine 20-10 mg cap</i>	4	PA, QL (60 ea per 30 days), NDS-NM
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	1	
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, NDS-NM
MIPLYFFA (47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP)	4	PA, QL (90 ea per 30 days), NDS-NM
<i>pimozide (1 mg tab, 2 mg tab)</i>	1	
SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB)	3	QL (60 ea per 30 days)
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	3	QL (55 ea per 28 days)
TEGSEDI 284 MG/1.5ML SOLN PRSYR	4	PA, QL (6 ml per 28 days), NDS-NM

RESPIRATORY TRACT AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	2	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	PA-BVD, (May be payable under part B)

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Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 250 MCG/ACT AER POW BA)	2	
<i>fluticasone propionate hfa (44 mcg/act aerosol, 110 mcg/act aerosol, 220 mcg/act aerosol)</i>	2	
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	2	
QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	2	
ANTIHIISTAMINES		
<i>carbinoxamine maleate 6 mg tab</i>	1	
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	1	(rx product only)
<i>cycloheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
<i>desloratadine 5 mg tab</i>	1	QL (30 ea per 30 days)
<i>diphenhydramine hcl +rfd 50 mg/ml solution</i>	3	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	1	
<i>diphenhydramine hcl 50 mg/ml solution</i>	3	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	(rx product only)
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	1	
PROMETHAZINE VC 6.25-5 MG/5ML SYRUP	1	
<i>promethazine-phenylephrine 6.25-5 mg/5ml syrup</i>	1	
<i>promethegan (12.5 mg suppos, 25 mg suppos)</i>	1	
<i>ryvent 6 mg tab</i>	1	
ANTILEUKOTRIENES		
<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	
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	2	

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
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	2	
<i>ipratropium bromide 0.02 % solution</i>	1	PA-BVD, (May be payable under part B)
SPIRIVA HANDIHALER 18 MCG CAP	2	
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	2	
BRONCHODILATORS, SYMPATHOMIMETIC		
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	
AIRDUO RESPICLICK 55/14 55-14 MCG/ACT AER POW BA	2	
<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, (May be payable under part B)
<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, (May be payable under part B)
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	1	PA-BVD, (May be payable under part B)
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	1	PA-BVD, (May be payable under part B)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	2	
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	1	PA, (May be payable under part B)
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	QL (2 ea per 30 days)
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	2	QL (60 ea per 30 days)
<i>brey-na (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	2	QL (30.9 gm per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	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	2	
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	2	
<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)
FLUTICASONE FUROATE-VILANTEROL (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	2	QL (60 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)	2	QL (1 ea per 30 days)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	1	PA, (May be payable under part B)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	1	
<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, (May be payable under part B)
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	1	
NEFFY 1 MG/0.1ML SOLUTION	3	
PROAIR RESPICLICK 108 (90 BASE) MCG/ACT AER POW BA	2	
SEREVENT DISKUS 50 MCG/ACT AER POW BA	2	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	2	
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	2	
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	
<i>terbutaline sulfate 1 mg/ml solution</i>	3	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	2	QL (60 ea per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>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)
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	4	PA, QL (90 ea per 30 days), NDS-NM
<i>alyq 20 mg tab</i>	1	PA, QL (60 ea per 30 days)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	3	PA, QL (30 ea per 30 days)
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	3	PA, QL (60 ea per 30 days)
<i>bosentan 32 mg tab sol</i>	4	PA, QL (112 ea per 28 days)
<i>epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)</i>	3	PA-BVD, (May be payable under part B)
LETAIRIS 10 MG TAB	3	
<i>macitentan 10 mg tab</i>	4	PA, QL (30 ea per 30 days), NDS-NM
<i>sildenafil citrate 10 mg/12.5ml solution</i>	3	PA
<i>sildenafil citrate 10 mg/ml recon susp</i>	4	PA, NDS-NM
<i>sildenafil citrate 20 mg tab</i>	1	PA
<i>tadalafil (pah) 20 mg tab</i>	1	PA, QL (60 ea per 30 days)
TRACLEER (62.5 MG TAB, 125 MG TAB)	3	
TRACLEER 32 MG TAB SOL	3	PA, QL (112 ea per 28 days)
<i>treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)</i>	4	PA, (May be payable under Part B), NDS-NM
TYVASO 0.6 MG/ML SOLUTION	4	PA, QL (81.2 ml per 28 days), (May be payable under part B), NDS-NM
TYVASO DPI INSTITUTIONAL KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL (112 ea per 28 days), NDS-NM
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	4	PA, QL (112 ea per 28 days), NDS-NM
TYVASO DPI MAINTENANCE KIT (112 X 32MCG & 112 X 64MCG POWDER, 112 X 48MCG & 112 X 64MCG POWDER, 112 X 48MCG & 112 X 80MCG POWDER)	4	PA, QL (224 ea per 28 days), NDS-NM

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

Drug Name	Drug Tier	Requirements / Limits
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL (112 ea per 28 days), NDS-NM
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	4	PA, QL (224 ea per 28 days), NDS-NM
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	4	PA, QL (112 ea per 28 days), NDS-NM
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	4	PA, QL (196 ea per 28 days), NDS-NM
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	4	PA, QL (252 ea per 28 days), NDS-NM
TYVASO REFILL 0.6 MG/ML SOLUTION	4	PA, QL (81.2 ml per 28 days), (May be payable under part B), NDS-NM
TYVASO STARTER 0.6 MG/ML SOLUTION	4	PA, QL (81.2 ml per 28 days), (May be payable under part B), NDS-NM
UPTRAVI (100 MCG TAB, 150 MCG TAB, 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)	4	PA, QL (60 ea per 30 days), NDS-NM
UPTRAVI 200 & 800 MCG TAB THPK	4	PA, QL (200 ea per 180 days), NDS-NM
UPTRAVI 200 MCG TAB	4	PA, QL (140 ea per 28 days), NDS-NM
VENTAVIS (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION)	4	PA, (May be payable under Part B), NDS-NM
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	4	PA, QL (1 ea per 21 days), NDS-NM
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	PA-BVD, (May be payable under part B)
ALYFTREK 10-50-125 MG TAB	4	PA, QL (56 ea per 28 days), NDS-NM
ALYFTREK 4-20-50 MG TAB	4	PA, QL (84 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
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	4	PA, NDS-NM
BRINSUPRI (10 MG TAB, 25 MG TAB)	4	PA, QL (30 ea per 30 days), NDS-NM
BRONCHITOL 40 MG CAP	4	PA, QL (560 ea per 28 days), NDS-NM
BRONCHITOL TOLERANCE TEST 40 MG CAP	4	PA, QL (560 ea per 28 days), NDS-NM
<i>caffeine citrate 60 mg/3ml solution</i>	1	
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	PA-BVD, (May be payable under part B)
<i>elixophyllin 80 mg/15ml elixir</i>	1	
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	4	PA, QL (60 ea per 30 days), NDS-NM
<i>nintedanib esylate (100 mg cap, 150 mg cap)</i>	4	PA, QL (60 ea per 30 days), NDS-NM
OFEV (100 MG CAP, 150 MG CAP)	4	PA, QL (60 ea per 30 days), NDS-NM
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	4	PA, QL (120 ea per 30 days), NDS-NM
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	4	PA, QL (60 ea per 30 days), NDS-NM
<i>pirfenidone 267 mg cap</i>	2	PA, QL (270 ea per 30 days)
<i>pirfenidone 801 mg tab</i>	2	PA, QL (90 ea per 30 days)
PROLASTIN-C 1000 MG/20ML SOLUTION	4	PA, NDS-NM
PULMOZYME 2.5 MG/2.5ML SOLUTION	4	PA, (May be payable under part B), NDS-NM
<i>roflumilast (250 mcg tab, 500 mcg tab)</i>	1	
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	4	PA, QL (60 ea per 30 days), NDS-NM
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	3	
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	4	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)	4	PA, QL (56 ea per 28 days), NDS-NM
SLEEP DISORDER AGENTS		
GABA RECEPTOR MODULATORS		
<i>estazolam (1 mg tab, 2 mg tab)</i>	1	
<i>eszopiclone (1 mg tab, 2 mg tab)</i>	1	PA, HRM (PA Required for Members age 65 and older), NDS-NM
<i>eszopiclone 3 mg tab</i>	1	NDS-NM
IGALMI (120 MCG FILM, 180 MCG FILM)	3	
<i>midazolam hcl 2 mg/ml syrup</i>	1*	
MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8 MG/100ML-% SOLUTION	4*	QL (30 ml per 21 days), NDS-NM
QUAZEPAM 15 MG TAB	1	
<i>temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)</i>	1	
<i>triazolam (0.125 mg tab, 0.25 mg tab)</i>	1	
<i>zaleplon (5 mg cap, 10 mg cap)</i>	1	PA, HRM (PA Required for Members age 65 and older), NDS-NM
<i>zolpidem tartrate (1.75 mg sl tab, 3.5 mg sl tab, 5 mg tab, 10 mg tab)</i>	1	PA, HRM (PA Required for Members age 65 and older), NDS-NM
<i>zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)</i>	1	PA, HRM (PA Required for Members age 65 and older), NDS-NM
SLEEP DISORDERS, OTHER		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	2	QL (30 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
LUMRYZ (4.5 GM PACKET, 6 GM PACKET, 7.5 GM PACKET, 9 GM PACKET)	4	PA, QL (270 ea per 30 days)
LUMRYZ STARTER PACK 4.5 & 6 & 7.5 GM THER PACK	4	PA
<i>ramelteon 8 mg tab</i>	1	
<i>sodium oxybate 500 mg/ml solution</i>	3	PA, QL (540 ml per 30 days), NDS-NM
SUNOSI (75 MG TAB, 150 MG TAB)	3	PA, QL (30 ea per 30 days)
<i>tasimelteon 20 mg cap</i>	4	PA, QL (30 ea per 30 days), NDS-NM
XYWAV 500 MG/ML SOLUTION	4	PA, QL (540 ml per 30 days), NDS-NM
ZEPBOUND (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)	3	PA, QL (2 ml per 28 days)
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	3	PA, QL (2 ml per 28 days), NDS-NM
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 28 % FILM)	\$0*	

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

Index

A

abacavir sulfate.....	90	afirmelle.....	156
abacavir sulfate-lamivudine.....	90	aftera.....	156
ABELCET.....	53	afterpill.....	156
abigale.....	165	AGONEAZE.....	112
abigale lo.....	165	AIMOVIG.....	146
ABILIFY ASIMTUFI.....	88	AIRDUO RESPICLICK 55/14.....	176
ABILIFY MAINTENA.....	88	ak-poly-bac.....	168
abiraterone acetate.....	64	AKEEGA.....	64
abirtega.....	64	AKYNZEO.....	52
ABRYSVO.....	135	ala-cort.....	111
ACAM2000.....	136	albendazole.....	82
acamprosate calcium.....	23	albuterol 108mcghfa inhaler (6.7gm, proventil equiv).....	176
acarbose.....	46	albuterol 108mcghfa inhaler (8.5gm, proair equiv).....	176
acebutolol hcl.....	100	albuterol sulfate.....	176
acetaminophen-codeine.....	21	ALBUTEROL SULFATE.....	176
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION.....	21	albuterol sulfate (5 mg/ml) 0.5% nebu soln....	176
acetazolamide.....	103	alclometasone dipropionate.....	111
acetazolamide er.....	104	ALCOH-WIPE.....	139
acetic acid.....	128	ALCOHOL SWABS 1X1.....	139
acetylcysteine.....	52,179	alcohol wipes.....	139
acitretin.....	110	ALDURAZYME.....	117
ACTHIB.....	136	ALECENSA.....	67
ACTIMMUNE.....	75	alendronate sodium.....	116
acyclovir.....	94,114	alfuzosin hcl er.....	128
acyclovir sodium.....	94	ALINIA.....	82
ADACEL.....	136	ALIQOPA.....	67
ADAKVEO.....	147	aliskiren fumarate.....	58
adapalene.....	107	allopurinol.....	129
ADASUVE.....	87	ALOMIDE.....	169
ADBRY.....	95	alosetron hcl.....	124
ADCETRIS.....	75	alprazolam.....	27
ADDYI.....	172	alprazolam er.....	27
adefovir dipivoxil.....	93	ALPRAZOLAM INTENSOL.....	27
ADEMPAS.....	178	alprazolam xr.....	27
adult aspirin regimen.....	15	ALTABAX.....	109
ADVAIR HFA.....	176	ALTAFRIN.....	169
ADVOCATE INSULIN SYRINGE.....	139	altavera.....	156
ADZYNMA.....	147	ALUNBRIG.....	67
		alyacen 1/35.....	156

alyacen 7/7/7.....	156	anagrelide hcl.....	35
ALYFTREK.....	179	anastrozole.....	64
ALYGLO.....	133	ANKTIVA.....	75
ALYMSYS.....	62	anodyne lpt.....	113
alyq.....	178	ANORO ELLIPTA.....	176
amabelz.....	165	ANUCORT-HC.....	22
amantadine hcl.....	83	ANUSOL-HC.....	22
ambrisentan.....	178	APO-VARENICLINE.....	24
AMCINONIDE 0.1 % CREAM.....	111	apomorphine hcl.....	83
AMCINONIDE 0.1 % OINTMENT.....	111	APRACLOPIDINE HCL 0.5 % SOLUTION.....	167
amethia.....	156	aprepitant.....	52
amethyst.....	156	apri.....	156
amikacin sulfate.....	27	APRIZIO PAK.....	113
amiloride hcl.....	104	APTIVUS.....	90
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB.....	104	AQ INSULIN SYRINGE.....	139
aminocaproic acid.....	147	AQNEURSA.....	174
amiodarone hcl.....	99	ARALAST NP.....	180
amitriptyline hcl.....	44	ARANELLE.....	156
AMJEVITA.....	95	ARANESP (ALBUMIN FREE).....	130
AMJEVITA-PED 15KG TO <30KG.....	95	ARCALYST.....	95
amlodipine besy-benazepril hcl.....	57	AREXVY.....	136
amlodipine besylate.....	101	arformoterol tartrate.....	176
amlodipine besylate-valsartan.....	57	ARIKAYCE.....	27
amlodipine-olmesartan.....	57	aripiprazole.....	89
ammonium lactate.....	114	ARISTADA.....	89
amnesteem.....	107	ARISTADA INITIO.....	89
AMONDYS 45.....	148	armodafinil.....	13
amoxapine.....	44	ARMOUR THYROID.....	124
amoxicillin.....	33	ARNUITY ELLIPTA.....	174
amoxicillin trihydrate.....	33	ARZERRA.....	75
amoxicillin-pot clavulanate.....	34	ASCENIV.....	133
amoxicillin-pot clavulanate er.....	34	ascomp-codeine.....	21
amphetamine-dextroamphet er.....	12	asenapine maleate.....	87
amphetamine-dextroamphetamine.....	12	ashlyna.....	156
AMPHOTERICIN B.....	53	ASPARLAS.....	75
amphotericin b liposome.....	53	aspirin.....	15
ampicillin.....	34	aspirin 81.....	15
ampicillin sodium.....	34	aspirin adult low dose.....	15
ampicillin-sulbactam sodium.....	34	aspirin adult low strength.....	15
AMVUTTRA.....	174	aspirin childrens.....	15
		aspirin ec adult low dose.....	15

aspirin ec low dose	15	AVLAYAH	117
aspirin ec low strength	15	AVMAPKI FAKZYNJA CO-PACK	66
aspirin low dose	15	AVSOLA	95
aspirin regimen	15	AVTOZMA	95
aspirin-dipyridamole er	35	ayuna	156
atazanavir sulfate	90	AYVAKIT	75
atenolol	100	azacitidine	61
atenolol-chlorthalidone	57	AZASITE	168
ATGAM	132	azathioprine	132
atomoxetine hcl	13	AZATHIOPRINE SODIUM	132
atorvastatin calcium	55	azelaic acid	115
atovaquone	82	azelastine hcl	151,170
atovaquone-proguanil hcl	82	azelastine-fluticasone	151
atropine sulfate	169	azithromycin	35
ATROVENT HFA	175	aztreonam	28
ATTRUBY	102	azurette	156
aubra	156		
aubra eq	156	B	
AUGTYRO	67	bac (butalbital-acetamin-caff)	18
aurovela 1.5/30	156	bacitra-neomycin-polymyxin-hc	169
aurovela 1/20	156	bacitracin	26
aurovela 24 fe	156	BACITRACIN-POLYMYXIN B	168
aurovela fe 1.5/30	156	baclofen	89
aurovela fe 1/20	156	BALCOLTRA	156
AURYXIA	148	balsalazide disodium	138
AUSTEDO	172	BALVERSA	67
AUSTEDO XR	172	balziva	156
AUSTEDO XR PATIENT TITRATION	172	BAQSIMI ONE PACK	46
AUTOPEN	139	BAQSIMI TWO PACK	46
AUVELITY	42	BAVENCIO	75
AUVELITY TITRATION PACK	42	bayer aspirin ec low dose	15
AUVI-Q	176	bayer low dose	15
avanafil	105	BCG VACCINE	136
AVAR-E EMOLLIENT	107	BD INSULIN SYR ULTRAFINE II	139
avar-e green	107	BD INSULIN SYRINGE	139
AVASTIN	62	BD INSULIN SYRINGE MICROFINE	140
AVEED	22	BD INSULIN SYRINGE U-500	140
AVERI	156	BD INSULIN SYRINGE ULTRAFINE	140
aviane	156	BD PEN	140
avidoxy	28	BD PEN MINI	140
avita	108	BD SAFETYGLIDE INSULIN SYRINGE	140

BD VEO INSULIN SYR ULTRAFINE	140	bleomycin sulfate	75
BEIZRAY	75	BLINCYTO	75
BELEODAQ	67	blisovi 24 fe	157
benazepril hcl	56	blisovi fe 1.5/30	157
benazepril-hydrochlorothiazide	57	blisovi fe 1/20	157
bendamustine hcl	59	BOMYNTRA	116
BENLYSTA	95	BOOSTRIX	136
benzonatate	106	bortezomib	67
BENZOYL PEROXIDE	108	bosentan	178
benzoyl peroxide-erythromycin	108	BOSULIF	67
benzphetamine hcl	12	bosutinib	67
benztropine mesylate	83	BOTOX	148
BERINERT	131	BRAFTOVI	68
BESIVANCE	168	BREO ELLIPTA	176
BESPONSA	75	breyana	176
BESREMI	75	BREZTRI AEROSPHERE	177
BESREMI PEN	75	briellyn	157
betamethasone dipropionate	111	BRIMONIDINE TARTRATE	115
betamethasone dipropionate aug	111	brimonidine tartrate	167,168
betamethasone sod phos & acet	118	brimonidine tartrate-timolol	167
BETAMETHASONE SODIUM PHOSPHATE	118	BRINSUPRI	180
betamethasone valerate	111	brinzolamide	170
BETASERON	172	BRIUMVI	173
betaxolol hcl	100	brivaracetam	37,38
BETAXOLOL HCL 0.5 % SOLUTION	167	BRIXADI	23
bethanechol chloride	127	BRIXADI (WEEKLY)	23
BETOPTIC-S	167	bromfed dm	106
bexarotene	75,110	bromfenac sodium (once-daily)	170
BEXSERO	136	bromocriptine mesylate	83
BEYAZ	157	BRONCHITOL	180
BEYFORTUS	171	BRONCHITOL TOLERANCE TEST	180
bicalutamide	64	BRUKINSA	68
BICILLIN L-A	34	budesonide	22,118,174
BIKTARVY	90	budesonide er	119
bimatoprost	170	budesonide-formoterol fumarate	177
bisoprolol fumarate	100	bumetanide	104
bisoprolol-hydrochlorothiazide	57	buprenorphine	19
BIVIGAM	134	buprenorphine hcl	19,24
BIXLENVO	90	buprenorphine hcl-naloxone hcl	24
BIZENGRI (750 MG DOSE)	75	bupropion hcl	42
BLENREP	75	bupropion hcl er (smoking det)	24

bupropion hcl er (sr).....	42	candesartan cilexetil.....	56
bupropion hcl er (xl).....	42	candesartan cilexetil-hctz.....	57
BUPROPION HCL ER (XL).....	42	CANTHARIDIN.....	114
buspirone hcl.....	26	CAPLYTA.....	84
busulfan.....	59	CAPRELSA.....	68
butalbital-acetaminophen.....	18	captopril.....	56
butalbital-apap-caff-cod.....	21	CAPTOPRIL-HYDROCHLOROTHIAZIDE.....	57
butalbital-apap-caffeine.....	18	carbamazepine.....	38
butalbital-asa-caff-codeine.....	21	carbamazepine er.....	38
butalbital-aspirin-caffeine.....	18	CARBATROL.....	38
BUTALBITAL-ASPIRIN-CAFFEINE.....	18	carbidopa.....	82
butorphanol tartrate.....	19	carbidopa-levodopa.....	83
BYSANTI.....	85	CARBIDOPA-LEVODOPA 10-100 MG TAB DISP..	83
BYSANTI TITRATION PACK A.....	85	CARBIDOPA-LEVODOPA 25-100 MG TAB DISP..	83
BYSANTI TITRATION PACK B.....	85	CARBIDOPA-LEVODOPA 25-250 MG TAB DISP..	83
BYSANTI TITRATION PACK C.....	85	carbidopa-levodopa er.....	83
C		carbidopa-levodopa-entacapone.....	83
CABENUVA.....	90	carbinoxamine maleate.....	175
cabergoline.....	120	carboplatin.....	59
CABLIVI.....	35	CARDAMYST.....	101
CABOMETYX.....	68	CAREONE INSULIN SYRINGE.....	140
CADIRAMD.....	113	CARETOUCH INSULIN SYRINGE.....	140
CAFERGOT.....	146	carglumic acid.....	117
caffeine citrate.....	180	carisoprodol.....	89
calcipotriene.....	110	CARISOPRODOL-ASPIRIN-CODEINE.....	89
CALCIPOTRIENE 0.005 % SOLUTION.....	110	carmustine.....	59
calcipotriene-betameth diprop.....	111	CARTEOLOL HCL.....	167
calcitonin (salmon).....	116	cartia xt.....	101
calcitrene.....	110	carvedilol.....	100
calcitriol.....	117	carvedilol phosphate er.....	100
CALCITRIOL.....	117	caspofungin acetate.....	53
calcium acetate.....	148	cataflam.....	15
calcium acetate (phos binder).....	148	CAVERJECT.....	105
calcium chloride.....	152	CAVERJECT IMPULSE.....	105
calcium gluconate.....	152	CAVHANZA.....	68
CALQUENCE.....	68	CAYA.....	139
CAMCEVI.....	64	CAYSTON.....	28
camila.....	157	CEFACLOR.....	32
camrese.....	157	CEFACLOR ER.....	32
camrese lo.....	157	cefadroxil.....	32
		cefazolin sodium.....	32

CEFAZOLIN SODIUM-DEXTROSE.....	32	chlordiazepoxide-clidinium.....	125
cefdinir.....	32	chlorhexidine gluconate.....	106
cefepime hcl.....	32	chloroquine phosphate.....	82
CEFEPIME-DEXTROSE.....	32	chlorpromazine hcl.....	88
cefixime.....	32	chlorthalidone.....	104
CEFOTAXIME SODIUM.....	32	chlorzoxazone.....	89
cefotetan disodium.....	32	cholestyramine.....	54
cefoxitin sodium.....	32	cholestyramine light.....	54
CEFOXITIN SODIUM-DEXTROSE.....	32	CHORIONIC GONADOTROPIN.....	120
CEFPODOXIME PROXETIL.....	33	CIALIS.....	105,128
cefprozil.....	33	CIBINQO.....	114
ceftaroline fosamil.....	33	ciclopirox.....	109
CEFTAZIDIME.....	33	ciclopirox olamine.....	109
CEFTAZIDIME AND DEXTROSE.....	33	cidofovir.....	94
ceftriaxone sodium.....	33	cilostazol.....	36
CEFTRIAZONE SODIUM IN DEXTROSE.....	33	CILOXAN.....	168
CEFTRIAZONE SODIUM-DEXTROSE.....	33	CIMDUO.....	90
cefuroxime axetil.....	33	cimetidine.....	126
cefuroxime sodium.....	33	cimetidine hcl.....	126
celecoxib.....	15	CIMZIA.....	96
cephalexin.....	33	CIMZIA (1 SYRINGE).....	95
CEQUR SIMPL EXT WEAR INSERTER.....	140	CIMZIA (2 SYRINGE).....	96
CEQUR SIMPLICITY 1U EXTND WEAR.....	140	CIMZIA-STARTER.....	96
CEQUR SIMPLICITY 2U.....	140	cinacalcet hcl.....	117
CEQUR SIMPLICITY 2U EXTND WEAR.....	140	CINRYZE.....	131
CEQUR SIMPLICITY INSERTER.....	140	CINVANTI.....	52
CERDELGA.....	148	CIPRO.....	28
CEREZYME.....	148	ciprofloxacin hcl.....	28,168,171
cetirizine hcl.....	175	CIPROFLOXACIN HCL.....	28
cetrorelix acetate.....	120	ciprofloxacin in d5w.....	28
cevimeline hcl.....	106	CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION.....	28
CHANTIX.....	24	cisplatin.....	59
CHANTIX CONTINUING MONTH PAK.....	24	cisplatin 100 mg/100ml solution.....	60
charlotte 24 fe.....	157	citalopram hydrobromide.....	43
chateal.....	157	cladribine.....	61
chateal eq.....	157	claravis.....	108
CHEMSTRIP K.....	140	clarithromycin.....	35
CHEMSTRIP UGK.....	140	clarithromycin er.....	35
childrens aspirin.....	15	CLENPIQ.....	125
CHLORAMPHENICOL SOD SUCCINATE.....	28	CLEOCIN.....	28
chlordiazepoxide hcl.....	27		

clindacin etz.....	108	colistimethate sodium (cba).....	29
clindacin-p.....	108	COLUMVI.....	75
clindamycin hcl.....	28	COMBIPATCH.....	165
clindamycin palmitate hcl.....	29	COMBIVENT RESPIMAT.....	177
clindamycin phos (once-daily).....	108	COMETRIQ (100 MG DAILY DOSE).....	68
clindamycin phos (twice-daily).....	108	COMETRIQ (140 MG DAILY DOSE).....	68
clindamycin phos-benzoyl perox.....	108	COMETRIQ (60 MG DAILY DOSE).....	68
clindamycin phosphate.....	29,108	COMFORT EZ INSULIN SYRINGE.....	140
clindamycin phosphate in d5w.....	29	compro.....	88
CLINDAMYCIN PHOSPHATE IN NAACL.....	29	CONEXXENCE.....	116
clinisol sf.....	152	constulose.....	125
CLINOLIPID.....	152	CONTRAIVE.....	12
clobazam.....	37	COPAXONE.....	173
clobetasol prop emollient base.....	111	COPIKTRA.....	68
clobetasol propionate.....	111	coremino.....	29
clobetasol propionate e.....	111	COSELA.....	81
clobetasol propionate emulsion.....	111	COSENTYX.....	96
clodan.....	111	COSENTYX (300 MG DOSE).....	96
clofarabine.....	61	COSENTYX SENSOREADY (300 MG).....	96
clomid.....	120	COSENTYX SENSOREADY PEN.....	96
clomiphene citrate.....	120	COSENTYX UNOREADY.....	96
clomipramine hcl.....	44	COTELLIC.....	68
clonazepam.....	37	COVARYX.....	165
clonidine.....	57	COVARYX HS.....	165
clonidine hcl.....	57	CRENESSITY.....	120
clonidine hcl er.....	13	CREON.....	148
clopidogrel bisulfate.....	36	CRESEMBA.....	53
clorazepate dipotassium.....	27	cromolyn sodium.....	148,180
clotrimazole.....	106,109	CROMOLYN SODIUM 4 % SOLUTION.....	170
clotrimazole-betamethasone.....	109	cryselle.....	157
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 %		cryselle-28.....	157
LOTION.....	109	CRYSVITA.....	117
clozapine.....	87	curae.....	157
COARTEM.....	82	CUTAQUIG.....	134
COBENFY.....	84	CUVITRU.....	134
COBENFY STARTER PACK.....	84	cvs aspirin adult low dose.....	15
CODEINE SULFATE.....	19	cvs aspirin adult low strength.....	15
colchicine.....	129	cvs aspirin ec.....	15
colchicine-probenecid.....	129	cvs aspirin low dose.....	15
colesevelam hcl.....	55	cvs aspirin low strength.....	16
colestipol hcl.....	55	cvs folic acid.....	152

cvs glucose	46	darifenacin hydrobromide er	128
cvs isopropyl alcohol wipes	140	darunavir	90
CVS KETONE CARE	140	DARZALEX	76
cvs nicotine	24	DARZALEX FASPRO	66
cvs nicotine polacrilex	24	dasatinib	68
cvs soft glucose	46	dasetta 1/35	157
cyclobenzaprine hcl	89	dasetta 7/7/7	157
cyclopentolate hcl	170	DATROWAY	76
cyclophosphamide	60	daunorubicin hcl	76
CYCLOPHOSPHAMIDE	60	DAURISMO	63
CYCLOSERINE	59	DAXXIFY	148
CYCLOSET	46	DAYBUE	148
cyclosporine	132	daysee	157
cyclosporine (pf)	170	deblitane	157
cyclosporine modified	132	decitabine	61
cyproheptadine hcl	175	deferasirox	51
CYRAMZA	62	deferasirox granules	51
cyred	157	deferiprone	51
cyred eq	157	deferoxamine mesylate	52
CYSTAGON	129	deflazacort	119
CYSTARAN	170	DELSTRIGO	90
CYTARABINE	61	delyla	157
cytarabine (pf)	61	demeclocycline hcl	29
CYTOGAM	134	DENG VAXIA	136
CYTRA-3	129	denta 5000 plus	106
CYTRA-K	129	DENTA 5000 PLUS SENSITIVE	107
		dentagel	107
D		DEPAKOTE	41
dabigatran etexilate mesylate	36	DEPAKOTE ER	84
dacarbazine	76	DEPAKOTE SPRINKLES	41
dactinomycin	76	DEPO-PROVERA	157
dalfampridine er	173	DEPO-SUBQ PROVERA 104	157
danazol	22	depo-testosterone	22
dantrolene sodium	89	DERMACINRX DIGENYX	125
DANYELZA	76	dermacinrx prizopak	113
DANZITEN	68	DESCOVY	90
dapaglifloz base-metformin er	45	desipramine hcl	44
dapagliflozin	51	desloratadine	175
dapsone	59	desmopressin ace spray refrig	121
DAPTACEL	136	desmopressin acetate	121
daptomycin	29	DESMOPRESSIN ACETATE	121

desmopressin acetate pf.....	121	diclofenac-misoprostol.....	16
desmopressin acetate spray.....	121	dicloxacillin sodium.....	34
desogestrel-ethinyl estradiol.....	157	dicyclomine hcl.....	125
desonide.....	111	diethylpropion hcl.....	12
desvenlafaxine succinate er.....	44	DIETHYLPROPION HCL ER.....	12
DEX4.....	46	DIFICID.....	35
DEX4 GLUCOSE.....	46	difluprednate.....	169
DEX4 NATURALS.....	46	digitek.....	102
DEX4 POUCH PACK.....	46	digox.....	102
DEX4 QUICK DISSOLVE GLUCOSE.....	46	digoxin.....	102
dexamethasone.....	119	DIGOXIN 0.05 MG/ML SOLUTION.....	102
DEXAMETHASONE.....	119	dihydroergotamine mesylate.....	146
DEXAMETHASONE INTENSOL.....	119	DILANTIN.....	38
DEXAMETHASONE SOD PHOS +RFID.....	119	DILANTIN INFATABS.....	38
dexamethasone sod phosphate pf.....	119	DILANTIN-125.....	38
dexamethasone sodium phosphate.....	119	dilt-xr.....	101
DEXAMETHASONE SODIUM PHOSPHATE.....	169	diltiazem hcl.....	101
dexlansoprazole.....	126	diltiazem hcl er.....	101
dexmethylphenidate hcl.....	13	diltiazem hcl er beads.....	101
dexmethylphenidate hcl er.....	13	diltiazem hcl er coated beads.....	102
dexrazoxane hcl.....	81	DIMENHYDRINATE.....	52
dextroamphetamine sulfate.....	12	dimethyl fumarate.....	173
dextroamphetamine sulfate er.....	12	dimethyl fumarate starter pack.....	173
dextromethorphan-quinidine.....	174	DIPENTUM.....	138
DEXTROSE.....	152	DIPHENHYDRAMINE HCL.....	175
dextrose.....	152	diphenhydramine hcl.....	175
DEXTROSE 5%/ELECTROLYTE #48.....	152	diphenhydramine hcl +rfid.....	175
dextrose in lactated ringers.....	152	diphenoxylate-atropine.....	125
DEXTROSE-SODIUM CHLORIDE.....	152	DIPHThERIA-TETANUS TOXOIDS DT.....	136
dextrose-sodium chloride.....	152	dipyridamole.....	36
DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION.....	152	DISKETTS.....	19
DIACOMIT.....	38	disopyramide phosphate.....	100
DIASTAT ACUDIAL.....	37	disulfiram.....	23
diazepam.....	27,37	DISULFIRAM 500 MG TAB.....	23
diazepam intensol.....	27	DIURIL.....	104
diazoxide.....	46	divalproex sodium.....	41
DICLOFENAC EPOLAMINE.....	16	divalproex sodium er.....	84
diclofenac potassium.....	16	dobutamine hcl.....	103
diclofenac sodium.....	16,170	DOBUTAMINE-DEXTROSE.....	103
diclofenac sodium er.....	16	docetaxel.....	76
		dofetilide.....	100

dolishale	157	econazole nitrate	109
donepezil hcl	171	econtra ez	158
DOPTELET 20MG TAB	130	econtra one-step	158
DOPTELET TAB 40MG DAILY DOSE PACK	130	ecotrin low strength	16
DOPTELET TAB 60MG DAILY DOSE PACK	130	ed-spaz	125
dorzolamide hcl	170	edaravone	148
dorzolamide hcl-timolol mal	167	EDEX (2 CARTRIDGE)	105
dorzolamide hcl-timolol mal pf	167	EDEX (6 CARTRIDGE)	105
dotti	165	EDURANT PED	90
DOVATO	90	EEMT	166
doxazosin mesylate	57	EEMT HS	166
doxepin hcl	44,181	efavirenz	90
doxercalciferol	117	efavirenz-emtricitab-tenofo df	90
doxorubicin hcl	76	efavirenz-lamivudine-tenofovir	91
doxorubicin hcl liposomal	76	EFFER-K	152
doxy 100	29	EKTERLY	131
doxycycline hyclate	29	ELAHERE	76
doxycycline monohydrate	29	ELAPRASE	117
doxylamine-pyridoxine	52	ELELYSO	148
DRIZALMA SPRINKLE	44	ELESTRIN	166
dronabinol	52	eletriptan hydrobromide	146
DROPLET INSULIN SYRINGE	140	ELFABRIO	117
DROPSAFE SAFETY SYRINGE/NEEDLE	141	ELIGARD	64
drospiren-eth estrad-levomefol	157	elinest	158
drospirenone-ethinyl estradiol	158	ELIQUIS	36
droxidopa	99	ELIQUIS (1.5 MG PACK)	36
DRYSOL	114	ELIQUIS (2 MG PACK)	36
DULERA	177	ELIQUIS DVT/PE STARTER PACK	36
duloxetine hcl	44	ELITEK	81
DULOXETINE HCL	44	elixophyllin	180
DUPIXENT	96	ELLA	158
dutasteride	128	ELREXFIO	76
dutasteride-tamsulosin hcl	128	eltrombopag olamine	130
DYSPORT	148	eluryng	158
E		EMBECTA INSULIN SYR ULTRAFINE	141
EASY COMFORT INSULIN SYRINGE	141	EMBECTA INSULIN SYRINGE	141
EASY TOUCH INSULIN SAFETY SYR	141	EMBECTA INSULIN SYRINGE U-500	141
EASY TOUCH INSULIN SYRINGE	141	EMBECTA INSULIN SYRINGE U/F	141
EBGLYSS	96	EMEND	52
ec-naproxen	16	EMGALITY	147
		EMGALITY (300 MG DOSE)	147

emoquette.....	158	epoprostenol sodium.....	178
EMPAVELI.....	148	eq aspirin adult low dose.....	16
EMPLICITI.....	76	eq aspirin low dose.....	16
EMREAL.....	113	eq nicotine.....	24
EMRELIS.....	76	eq nicotine polacrilex.....	24
EMSAM.....	42	eq nicotine step 3.....	25
emtricitab-rilpivir-tenofov df.....	91	eq aspirin low dose.....	16
emtricitabine.....	91	EQL INSULIN SYRINGE.....	141
emtricitabine-tenofovir df.....	91	eq nicotine polacrilex.....	25
EMTRIVA.....	91	ERBITUX.....	63
EMVERM.....	82	ergocalciferol.....	152
emzahh.....	158	ERGOLOID MESYLATES.....	171
enalapril maleate.....	56	ERGOTAMINE-CAFFEINE.....	147
enalapril-hydrochlorothiazide.....	58	eribulin mesylate.....	76
ENBREL.....	96	ERIVEDGE.....	63
ENBREL MINI.....	96	ERLEADA.....	64
ENBREL SURECLICK.....	96	erlotinib hcl.....	63
endocet.....	21	errin.....	158
ENDOMETRIN.....	167	ertapenem sodium.....	29
ENGERIX-B.....	136	ERVEBO.....	136
ENHERTU.....	76	ery-tab.....	35
enilloring.....	158	ERYTHROCIN LACTOBIONATE 500 MG RECON SOLN.....	35
enoxaparin sodium.....	36	erythromycin.....	35,108,168
enpresse-28.....	158	erythromycin base.....	35
ENSACOVE.....	68	ERYTHROMYCIN BASE.....	35
enskyce.....	158	ERYTHROMYCIN BASE 250 MG CP DR PART.....	35
ENSPRYNG.....	132	erythromycin ethylsuccinate.....	35
entacapone.....	83	erythromycin lactobionate.....	35
entecavir.....	93	ERZOFR.....	85,86
ENTRESTO.....	103	escitalopram oxalate.....	43
ENTYVIO.....	96	ESCITALOPRAM OXALATE.....	43
ENTYVIO PEN.....	96	eslicarbazepine acetate.....	38
enulose.....	125	esomeprazole magnesium.....	127
ENVARUS XR.....	132	esomeprazole sodium.....	127
enzoclear.....	108	ESSENTA WIPES 9X9".....	141
EPIDIOLEX.....	38	est estrogens-methyltest.....	166
epinastine hcl.....	170	est estrogens-methyltest ds.....	166
epinephrine.....	177	est estrogens-methyltest hs.....	166
EPKINLY.....	76	estarylla.....	158
eplerenone.....	59	estazolam.....	181
EPOGEN.....	130		

estradiol.....	166	FANAPT.....	86
estradiol valerate.....	166	FANAPT TITRATION PACK A.....	86
estradiol-norethindrone acet.....	166	FANAPT TITRATION PACK B.....	86
estratest f.s.....	166	FANAPT TITRATION PACK C.....	86
ESTRATEST H.S.....	166	FARXIGA.....	51
ESTRING.....	166	FARYDAK.....	69
eszopiclone.....	181	FASENRA.....	97
ethambutol hcl.....	59	FASENRA PEN.....	97
ethosuximide.....	41	fayosim.....	158
ethynodiol diac-eth estradiol.....	158	FC2 FEMALE CONDOM.....	139
etodolac.....	16	febuxostat.....	129
etodolac er.....	16	feirza 1.5/30.....	158
etonogestrel-ethinyl estradiol.....	158	feirza 1/20.....	158
ETOPOPHOS.....	76	felbamate.....	41
etoposide.....	76	felodipine er.....	102
etravirine.....	91	FEMCAP.....	139
EUCRISA.....	114	FEMLYV.....	158
EULEXIN.....	64	femynor.....	158
euthyrox.....	124	fenofibrate.....	55
everolimus.....	68,69,132	fenofibrate micronized.....	55
EVKEEZA.....	54	FENOFIBRATE MICRONIZED.....	55
EVOTAZ.....	91	fenofibric acid.....	55
EVRYSDI.....	148	fenoprofen calcium.....	16
EXDENSUR.....	96	FENSOLVI (6 MONTH).....	121
EXEL COMFORT POINT INSULIN SYR.....	141	fentanyl.....	19
exemestane.....	64	ferric carboxymaltose.....	131
EXONDYS 51.....	148	FERRIPROX.....	51
EXXUA.....	43	ferumoxytol.....	131
EXXUA TITRATION PACK.....	43	fesoterodine fumarate er.....	128
ezetimibe.....	54	FETROJA.....	33
ezetimibe-simvastatin.....	54	FETZIMA.....	44
F		FETZIMA TITRATION.....	44
FABHALTA.....	148	FIASP PUMPCART.....	49
FABIOR.....	108	fidaxomicin.....	35
FABRAZYME.....	117	FIFTY50 SUPERIOR COMFORT SYR.....	141
falmina.....	158	FILSPARI.....	129
famciclovir.....	94	FINACEA.....	115
famotidine.....	127	finasteride.....	128
famotidine (pf).....	127	fingolimod hcl.....	173
FAMOTIDINE PREMIXED.....	127	FINTEPLA.....	38
		finzala.....	158

FIRDAPSE	148	folic acid	152
FIRMAGON	64	FOLLISTIM AQ	121
FIRMAGON (240 MG DOSE)	64	FOLOTYN	61
flac	171	fomepizole	52
flavoxate hcl	128	fondaparinux sodium	36
FLEBOGAMMA DIF	134	formoterol fumarate	177
flecainide acetate	100	fosamprenavir calcium	91
FLECTOR	16	foscarnet sodium	94
FLOXURIDINE	61	fosfomycin tromethamine	29
fluconazole	53	fosinopril sodium	56
fluconazole in sodium chloride	53	fosinopril sodium-hctz	58
flucytosine	53	fosphenytoin sodium	38
fludarabine phosphate	61	FOSRENOL	148
fludrocortisone acetate	121	FOTIVDA	69
flunisolide	151	FRAICHE 5000 DENTAL	107
fluocinolone acetonide	111,171	FRINDOVYX	60
FLUOCINOLONE ACETONIDE 0.01 % CREAM	111	frovatriptan succinate	147
fluocinonide	111	FRUZAQLA	62
FLUOCINONIDE 0.05 % GEL	112	ft aspirin	16
fluocinonide emulsified base	112	ft aspirin adult low dose	16
FLUORIDEX SENSITIVITY RELIEF	107	ft aspirin low dose	16
FLUORIMAX 5000 SENSITIVE	107	ft folic acid	153
fluorometholone	169	ft glucose	46
fluorouracil	61,110	ft naloxone hcl	24
FLUOROURACIL	110	ft nicotine	25
fluoxetine hcl	43	ft nicotine mini	25
FLUOXETINE HCL (PMDD)	174	FULPHILA	130
fluphenazine decanoate	88	fulvestrant	64
fluphenazine hcl	88	FUROSEMIDE	104
FLUPHENAZINE HCL	88	furosemide	104
flurbiprofen	16	FUZEON	91
FLURBIPROFEN SODIUM	170	FYARRO	69
FLUTICASONE FUROATE-VILANTEROL	177	fyavolv	166
fluticasone propionate	112,152	FYLNETRA	130
FLUTICASONE PROPIONATE DISKUS	175		
fluticasone propionate hfa	175	G	
fluticasone-salmeterol	177	g tussin ac	106
FLUTICASONE-SALMETEROL	177	gabapentin	38
fluvoxamine maleate er	43	galantamine hydrobromide	171
FML FORTE	169	galantamine hydrobromide er	171
folate	152	galbriela	158

gallifrey	167	GLEEVEC	69
GAMASTAN	134	glimepiride	51
GAMIFANT	132	glipizide	51
GAMMAGARD	134	glipizide er	51
GAMMAGARD ERC	134	glipizide xl	51
GAMMAGARD S/D LESS IGA	134	glipizide-metformin hcl	45
GAMMAKED	134	GLOBAL EASY GLIDE INSULIN SYR	141
GAMMAPLEX	134	GLOBAL INJECT EASE INSULIN SYR	141
GAMUNEX-C	134,135	GLUCAGEN HYPOKIT	46
ganciclovir sodium	94	glucagon emergency	46
ganirelix acetate	121	GLUCAGON HCL (DIAGNOSTIC)	46
GARDASIL 9	136	gluco to go	46
gatifloxacin	168	GLUCOPRO INSULIN SYRINGE	142
GATTEX	148	glucose	47
GAUZE PADS	141	GLUCOSE INSTANT ENERGY	47
GAUZE PADS 2X2	141	glyburide	51
GAVILYTE-C	125	glyburide-metformin	45
gavilyte-g	125	glycopyrrolate	125
gavilyte-n with flavor pack	125	glycopyrrolate +rfid	125
GAVRETO	69	glydo	113
GAZYVA	76	GLYXAMBI	45
gefitinib	63	gnp adult aspirin low strength	16
gemcitabine hcl	61	gnp aspirin	16
GEMCITABINE HCL	61	gnp aspirin low dose	16
GEMCITABINE HCL 1 GM/10ML SOLUTION	61	gnp folic acid	153
GEMCITABINE HCL 2 GM/20ML SOLUTION	61	gnp glucose	47
GEMCITABINE HCL 200 MG/2ML SOLUTION	61	GNP INSULIN SYRINGE	142
gemfibrozil	55	GNP INSULIN SYRINGES 29GX1/2"	142
gemmily	158	gnp naloxone hcl	24
GEMTESA	128	gnp nicotine	25
generlac	125	gnp nicotine mini	25
gengraf	132	gnp nicotine polacrilex	25
GENOTROPIN	121	GNP QUICK DISSOLVE GLUCOSE	47
GENOTROPIN MINIQWICK	121	GOMEKLI	69
GENTAMICIN IN SALINE	28	goodsense aspirin	16
gentamicin sulfate	28,109,168	goodsense aspirin low dose	16
GENVOYA	91	GOODSENSE GLUCOSE	47
GILOTRIF	63	goodsense nicotine	25
GIVLAARI	148	goodsense nicotine polacrilex	25
glatiramer acetate	173	GRAFAPEX	60
glatopa	173	granisetron hcl	52

griseofulvin microsize	53
griseofulvin ultramicrosize	53
guaiafenesin ac	106
guaifenesin ac	106
guaifenesin-codeine	106
guanfacine hcl	57
guanfacine hcl er	13
GVOKE HYPOPEN 1-PACK	47
GVOKE HYPOPEN 2-PACK	47
GVOKE KIT	47
GVOKE PFS	47
GVOKE VIALDX	47
GWYN LO	158

H

h-e-b aspirin	17	HIBERIX	136
habitrol	25	HIZENTRA	135
HAEGARDA	131	hm aspirin	17
hailey 1.5/30	158	hm aspirin ec low dose	17
hailey 24 fe	158	hm folic acid	153
hailey fe 1.5/30	159	hm nicotine	25
hailey fe 1/20	159	hm nicotine polacrilex	25
halobetasol propionate	112	HUMATROPE	121
haloette	159	HUMULIN R U-500 KWIKPEN	49
haloperidol	85	hy-vee glucose	47
haloperidol decanoate	85	hydralazine hcl	104
haloperidol lactate	85	hydrochlorothiazide	104
HAVRIX	136	HYDROCOD POLI-CHLORPHE POLI ER	106
HEALTHWISE INSULIN SYR/NEEDLE	142	hydrocodone bit-homatrop mbr	106
heather	159	hydrocodone-acetaminophen	21
HEMMOREX-HC	22	hydrocodone-ibuprofen	22
heparin sodium (porcine)	36	hydrocortisone	23,119
heparin sodium (porcine) +rfid	36	HYDROCORTISONE	112
HEPARIN SODIUM (PORCINE) PF	36	hydrocortisone (perianal)	23
HEPLISAV-B	136	HYDROCORTISONE 2.5 % LOTION	112
her style	159	HYDROCORTISONE ACE-PRAMOXINE	112
HERCEPTIN	76	hydrocortisone acetate	23
HERCEPTIN HYLECTA	66	hydrocortisone butyr lipo base	112
HERCESSI	76	hydrocortisone butyrate	112
HERNEXEOS	77	HYDROCORTISONE BUTYRATE 0.1 % CREAM	112
HERZUMA	77	HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	112
		hydrocortisone sod suc (pf)	119
		hydrocortisone valerate	112
		hydromet	106
		hydromorphone hcl	19
		HYDROMORPHONE HCL	19
		hydromorphone hcl 2 mg/ml solution	19
		HYDROMORPHONE HCL PF	19
		hydroxychloroquine sulfate	82
		hydroxyurea	77
		hydroxyzine hcl	27
		hydroxyzine pamoate	27
		HYDROXYZINE PAMOATE	27
		hyoscyamine sulfate	125
		hyoscyamine sulfate er	125

HYOSCYAMINE SULFATE SL	125	indomethacin er	17
HYOSYNE	126	INFANRIX	136
HYQVIA	135	INFLECTRA	97
HYRNUO	69	INGREZZA	172
I		INJECTAFER	131
ibandronate sodium	116	INLURIYO	64
IBRANCE	69	INLYTA	62
IBTROZI	69	INNOPRAN XL	100
ibu	17	INPEN 100-BLUE-LILLY-HUMALOG	142
ibuprofen	17	INPEN 100-BLUE-NOVOLOG-FIASP	142
icatibant acetate	132	INPEN 100-GREY-LILLY-HUMALOG	142
iclevia	159	INPEN 100-GREY-NOVOLOG-FIASP	142
ICLUSIG	69	INPEN 100-PINK-LILLY-HUMALOG	142
icosapent ethyl	54	INPEN 100-PINK-NOVOLOG-FIASP	142
ICOTYDE	110	INQOVI	66
idarubicin hcl	77	INREBIC	69
IDHIFA	69	INSULIN ASP PROT & ASP FLEXPEN	49
IDVYNSO	91	INSULIN ASPART	49
IFOSFAMIDE	60	INSULIN ASPART FLEXPEN	49
IGALMI	181	INSULIN ASPART PENFILL	49
ILARIS	97	INSULIN ASPART PROT & ASPART	49
ILUVIEN	169	INSULIN GLARGINE MAX SOLOSTAR	49
imatinib mesylate	69	INSULIN GLARGINE SOLOSTAR	49
IMBRUVICA	69	INSULIN GLARGINE-YFGN	49
IMCIVREE	12	INSULIN PEN NEEDLE	142
IMDELLTRA	77	INSULIN SYRINGE	142
IMFINZI	77	INSULIN SYRINGE (DISP) U-100 0.3 ML	142
imipenem-cilastatin	29	INSULIN SYRINGE (DISP) U-100 1 ML	142
imipramine hcl	45	INSULIN SYRINGE-NEEDLE U-100	142
imiquimod	114	INSULIN SYRINGE/NEEDLE	142
IMJUDO	77	INTELENCE	91
IMKELDI	69	INTRALIPID	153
IMOVAX RABIES	136	INTRAROSA	121
IMPAVIDO	82	introvale	159
INBRIJA	83	INVEGA HAFYERA	86
incassia	159	INVEGA SUSTENNA	86
INCRELEX	121	INVEGA TRINZA	86
INCRUSE ELLIPTA	176	IPOL	136
indapamide	104	ipratropium bromide	152,176
indomethacin	17	ipratropium-albuterol	177
		irbesartan	56

irbesartan-hydrochlorothiazide	58
IRINOTECAN HCL	77
ISENTRESS	91
ISENTRESS HD	91
isibloom	159
isoniazid	59
ISONIAZID	59
isopropyl alcohol	142
isopropyl alcohol wipes	142
isosorbide dinitrate	105
isosorbide mononitrate	105
isosorbide mononitrate er	105
isotretinoin	108
isradipine	102
ISTURISA	121
ITOVEBI	70
itraconazole	53
ivabradine hcl	103
ivermectin	82,115
IWILFIN	81
IXCHIQ	136
IXEMPRA KIT	77
IXIARO	136

J

jaimiess	159
JAKAFI	70
JAKAFI XR	70
jantoven	36
JARDIANCE	51
jasmiel	159
javygtor	117
JAYPIRCA	70
jaythari	119
JELMYTO	77
JEMPERLI	77
jencycla	159
JENTADUETO	45
JENTADUETO XR	45
JEVTANA	77
JIDEYTRO	74,75

jinteli	166
JOBEVNE	74
JOENJA	149
jolessa	159
joyeaux	159
JUBBONTI	116
juleber	159
JULUCA	91
junel 1.5/30	159
junel 1/20	159
junel fe 1.5/30	159
junel fe 1/20	159
junel fe 24	159
just right 5000	107
JYLAMVO	61
JYNNEOS	136

K

k-prime	153
K-TAB	153
KADCYLA	77
kaitlib fe	159
KALBITOR	132
KALETRA	91
kalliga	159
KALYDECO	180
KANJINTI	77
kariva	159
KCL (0.149%) IN NACL	153
KCL (0.298%) IN NACL	153
kcl in dextrose-nacl	153
KCL-LACTATED RINGERS-D5W	153
kelnor 1/35	159
kelnor 1/50	159
KEPIVANCE	81
KERENDIA	121
KESIMPTA	173
KETO-DIASTIX	142
ketoconazole	53,109
KETONE TEST	142
ketorolac tromethamine	17,170

KETOSTIX.....	142	KROGER INSULIN SYRINGE.....	143
KEVZARA.....	97	KRYSTEXXA.....	129
KEYTRUDA.....	77	kurvelo.....	159
KEYTRUDA QLEX.....	66	KYLEENA.....	159
KHAPZORY.....	81	kymbee.....	119
KIMMTRAK.....	77	KYNMOBI.....	83
KIMYRSA.....	29	KYNMOBI TITRATION KIT.....	83
KINERET.....	97	KYPROLIS.....	70
KINRAY INSULIN SYRINGE.....	143		
KINRIX.....	136	L	
kionex.....	149	l-glutamine.....	149
KIRSTY.....	50	labetalol hcl.....	100
KISQALI (200 MG DOSE).....	70	lacosamide.....	38
KISQALI (400 MG DOSE).....	70	lactulose.....	126
KISQALI (600 MG DOSE).....	70	lactulose encephalopathy.....	126
KISQALI FEMARA (200 MG DOSE).....	66	LAGEVRIO.....	94
KISQALI FEMARA (400 MG DOSE).....	66	LAMICTAL ODT.....	38
KISQALI FEMARA (600 MG DOSE).....	66	LAMICTAL XR.....	38,39
klayesta.....	109	lamivudine.....	91,93
KLISYRI (250 MG).....	110	lamivudine-zidovudine.....	91
KLISYRI (350 MG).....	110	lamotrigine.....	39
klor-con.....	153	lamotrigine er.....	39
klor-con 10.....	153	lamotrigine odt.....	39
klor-con m10.....	153	lamotrigine starter kit-blue.....	39
klor-con m15.....	153	LAMZEDE.....	117
klor-con m20.....	153	LANOXIN.....	103
klor-con/ef.....	153	lanreotide acetate.....	121
KLOXXADO.....	24	lansoprazole.....	127
kl's aspirin low dose.....	17	lanthanum carbonate.....	149
kl's quit2.....	25	LANTUS.....	50
kl's quit4.....	25	LANTUS SOLOSTAR.....	50
KMART VALU INSULIN SYRINGE 29G.....	143	lapatinib ditosylate.....	70
KMART VALU INSULIN SYRINGE 30G.....	143	larin 1.5/30.....	159
KOMZIFTI.....	77	larin 1/20.....	160
KOSELUGO.....	70	larin 24 fe.....	160
kourzeq.....	107	larin fe 1.5/30.....	160
kp aspirin.....	17	larin fe 1/20.....	160
kp folic acid.....	153	larissia.....	160
KRAZATI.....	70	latanoprost.....	170
kristalose.....	126	layolis fe.....	160
KROGER GLUCOSE.....	47	LAZCLUZE.....	63

LEADER GLUCOSE	47	levonest	160
LEADER INSULIN SYRINGE	143	levonorg-eth estrad triphasic	160
LEADER QUICK DISSOLVE GLUCOSE	47	levonorgest-eth est & eth est	160
LEDERLE LEUCOVORIN	81	levonorgest-eth estrad 91-day	160
leena	160	levonorgest-eth estradiol-iron	160
leflunomide	14	levonorgestrel	160
lenalidomide	65	levonorgestrel-ethinyl estrad	160
LENVIMA (10 MG DAILY DOSE)	62	levora 0.15/30 (28)	160
LENVIMA (12 MG DAILY DOSE)	62	levorphanol tartrate	19
LENVIMA (14 MG DAILY DOSE)	62	levothyroxine sodium	124
LENVIMA (18 MG DAILY DOSE)	62	levoxyl	124
LENVIMA (20 MG DAILY DOSE)	63	LEVULAN KERASTICK	110
LENVIMA (24 MG DAILY DOSE)	63	LIBERVANT	37
LENVIMA (4 MG DAILY DOSE)	63	LIBTAYO	77
LENVIMA (8 MG DAILY DOSE)	63	lidocaine	113
LEQEMBI IQLIK	172	lidocaine hcl	113,138
LEQEMBI IQLIK (500 MG DOSE)	172	lidocaine hcl (pf)	139
LEQVIO	54	lidocaine hcl urethral/mucosal	113
lessina	160	lidocaine viscous hcl	107
LETAIRIS	178	lidocaine-hydrocort (perianal)	23
letrozole	64	lidocaine-hydrocortisone ace	23
leucovorin calcium	81	lidocaine-prilocaine	113
LEUKERAN	60	lidocan	113
LEUKINE	130	LIDOCORT	23
leuprolide acetate	64	LIDOLITE	113
levalbuterol hcl	177	LIDOPIN	113
LEVALBUTEROL TARTRATE	177	LIDOSOL	113
levetiracetam	39	LIDOSOL-50	113
LEVETIRACETAM	39	LIDOTOR	113
levetiracetam er	39	LIDOVIX L	113
levetiracetam in nacl	39	LIFYORLI (125 MG DOSE)	64
levo-t	124	LIFYORLI (150 MG DOSE)	64
LEVOBUNOLOL HCL	167	LILETTA (52 MG)	160
levocarnitine	117	lillow	160
levocarnitine sf	117	lincomycin hcl	30
levocetirizine dihydrochloride	175	linezolid	30
levofloxacin	29	LINEZOLID IN SODIUM CHLORIDE	30
LEVOFLOXACIN	168	LINZESS	126
levofloxacin in d5w	29	liomny	124
levoleucovorin calcium	81	liothyronine sodium	124
levoleucovorin calcium pf	81	liraglutide	48

liraglutide -weight management.....	12	lubiprostone.....	126
lisdexamfetamine dimesylate.....	12	luizza 1.5/30.....	161
lisinopril.....	56	luizza 1/20.....	161
lisinopril-hydrochlorothiazide.....	58	LUMAKRAS.....	70,71
LITETOUCH INSULIN SYRINGE.....	143	LUMIGAN.....	170
lithium.....	84	LUMIZYME.....	117
lithium carbonate.....	84	LUMRYZ.....	182
LITHIUM CARBONATE 600 MG CAP.....	84	LUMRYZ STARTER PACK.....	182
lithium carbonate er.....	84	LUNSUMIO.....	78
LITHOBID.....	84	LUNSUMIO VELO.....	78
LIVIXIL PAK.....	113	LUPRON DEPOT (1-MONTH).....	64
LIVTENCITY.....	94	LUPRON DEPOT (3-MONTH).....	64
LO LOESTRIN FE.....	160	LUPRON DEPOT (4-MONTH).....	65
lo-zumandimine.....	160	LUPRON DEPOT (6-MONTH).....	65
LOARGYS.....	117	LUPRON DEPOT-PED (1-MONTH).....	121
loestrin 1.5/30 (21).....	160	LUPRON DEPOT-PED (3-MONTH).....	121
loestrin 1/20 (21).....	160	LUPRON DEPOT-PED (6-MONTH).....	122
loestrin fe 1.5/30.....	160	lurasidone hcl.....	85
loestrin fe 1/20.....	160	LURBIPR.....	17
lofexidine hcl.....	24	lutera.....	161
lojaimiess.....	160	LYBALVI.....	174
LOKELMA.....	149	lyleq.....	161
lomaira.....	12	lyllana.....	166
lomustine 10 mg cap.....	60	lymepak.....	30
lomustine 100 mg cap.....	60	LYNOZYFIC.....	78
lomustine 40 mg cap.....	60	LYNPARZA.....	71
LONGS GLUCOSE.....	47	LYSODREN.....	65
LONGS INSULIN SYRINGE.....	143	LYTGOBI (12 MG DAILY DOSE).....	71
LONSURF.....	66	LYTGOBI (16 MG DAILY DOSE).....	71
loperamide hcl.....	125	LYTGOBI (20 MG DAILY DOSE).....	71
lopinavir-ritonavir.....	91	lyza.....	161
LOQTORZI.....	77		
lorazepam.....	27	M	
lorazepam intensol.....	27	M-M-R II.....	136
LORBRENA.....	70	macitentan.....	178
loryna.....	160	MAGELLAN INSULIN SAFETY SYR.....	143
losartan potassium.....	56	magnesium sulfate.....	153
losartan potassium-hctz.....	58	magnesium sulfate in d5w.....	153
lovastatin.....	55	malathion.....	114
low-ogestrel.....	161	maraviroc.....	91
loxapine succinate.....	87	MARGENZA.....	78

marlissa.....	161	mesalamine-cleanser.....	138
MARPLAN.....	42	mesna.....	81
MATULANE.....	78	metaxalone.....	89
MAVYRET.....	93	metformin hcl.....	47
MAXI-COMFORT INSULIN SYRINGE.....	143	metformin hcl er.....	47
maxi-tuss ac.....	106	methadone hcl.....	19
MAXICOMFORT SYR 27G X 1/2".....	143	METHADONE HCL 10 MG/5ML SOLUTION.....	19
MAXIDEX.....	169	METHADONE HCL 5 MG/5ML SOLUTION.....	19
MAYZENT.....	173	methadone hcl intensol.....	19
MAYZENT STARTER PACK.....	173	methadose.....	19
meclizine hcl.....	52	methazolamide.....	104
MEDIC INSULIN SYRINGE.....	143	methenamine hippurate.....	30
MEDICATED DNA COLLECTION.....	116	methenamine mandelate.....	30
medpura alcohol pads.....	143	methergine.....	171
medroxyprogesterone acetate.....	161,167	methimazole.....	118
mefloquine hcl.....	82	METHITEST.....	22
megestrol acetate.....	65	methocarbamol.....	89
MEGESTROL ACETATE 625 MG/5ML		METHOTREXATE.....	61
SUSPENSION.....	167	METHOTREXATE SODIUM.....	61
meijer glucose.....	47	methotrexate sodium.....	62
MEKINIST.....	71	methotrexate sodium (pf).....	62
MEKTOVI.....	71	METHOXSALEN RAPID 10 MG CAP.....	110
meleya.....	161	methscopolamine bromide.....	126
meloxicam.....	17	methsuximide.....	41
melphalan hcl.....	60	methylropa.....	57
memantine hcl.....	172	methylergonovine maleate.....	171
memantine hcl er.....	172	methylphenidate.....	14
MENACTRA.....	137	methylphenidate hcl.....	14
MENOPUR.....	122	methylphenidate hcl er.....	14
MENQUADFI.....	137	methylphenidate hcl er (cd).....	14
MENVEO.....	137	methylphenidate hcl er (la).....	14
meperidine hcl.....	19	methylphenidate hcl er (osm).....	14
MEPSEVII.....	117	methylphenidate hcl er(diffus).....	14
mercaptopurine.....	61	methylprednisolone.....	119
MERILOG.....	50	methylprednisolone acetate.....	120
MERILOG SOLOSTAR.....	50	methylprednisolone sodium succ.....	120
meropenem.....	30	metoclopramide hcl.....	126
MEROPENEM-SODIUM CHLORIDE.....	30	metoclopramide hcl +rfid.....	126
merzee.....	161	metolazone.....	104
mesalamine.....	138	metoprolol succinate er.....	100
mesalamine er.....	138	metoprolol tartrate.....	100

metoprolol-hydrochlorothiazide.....	58	MOLINDONE HCL.....	85
metronidazole.....	30,115	mometasone furoate.....	112,152
metyrosine.....	59	mondoxyne nl.....	30
mexiletine hcl.....	100	MONJUVI.....	78
mibelas 24 fe.....	161	mono-lynyah.....	161
micalfungin sodium.....	53	MONOJECT INSULIN SYRINGE.....	143
microgestin 1.5/30.....	161	MONOJECT ULTRA COMFORT SYRINGE.....	143
microgestin 1/20.....	161	montelukast sodium.....	175
microgestin 24 fe.....	161	MORPHINE SULFATE.....	20
microgestin fe 1.5/30.....	161	morphine sulfate.....	20
microgestin fe 1/20.....	161	morphine sulfate (concentrate).....	20
midazolam hcl.....	181	MORPHINE SULFATE (PF).....	20
MIDAZOLAM-SODIUM CHLORIDE (PF).....	181	MORPHINE SULFATE 10 MG/5ML SOLUTION...	20
midodrine hcl.....	99	MORPHINE SULFATE 20 MG/5ML SOLUTION...	20
mifepristone.....	47,122	morphine sulfate er.....	20
MIGLITOL 100 MG TAB.....	47	MORPHINE SULFATE ER 10 MG CAP ER 24H...	20
MIGLITOL 25 MG TAB.....	47	MORPHINE SULFATE ER 100 MG CAP ER 24H...	20
MIGLITOL 50 MG TAB.....	47	MORPHINE SULFATE ER 20 MG CAP ER 24H...	20
miglustat.....	149	MORPHINE SULFATE ER 30 MG CAP ER 24H...	20
mili.....	161	MORPHINE SULFATE ER 50 MG CAP ER 24H...	20
milophene.....	122	MORPHINE SULFATE ER 60 MG CAP ER 24H...	20
milrinone lactate.....	103	MORPHINE SULFATE ER 80 MG CAP ER 24H...	20
milrinone lactate in dextrose.....	103	MORPHINE SULFATE ER BEADS.....	20
mimvey.....	166	MOUNJARO.....	48
minocycline hcl.....	30	MOVANTIK.....	126
minocycline hcl er.....	30	moxicaine.....	113
minoxidil.....	105	moxifloxacin hcl.....	30,168
minzoya.....	161	MOXIFLOXACIN HCL.....	30
MIPLYFFA.....	174	MOXIFLOXACIN HCL (2X DAY).....	168
MIRCERA.....	130	MOXIFLOXACIN HCL IN NACL.....	30
MIRENA (52 MG).....	161	MRESVIA.....	137
mirtazapine.....	42	MS INSULIN SYRINGE.....	143
misoprostol.....	127	multi-vit/iron/fluoride.....	153
mitomycin.....	78	MULTI-VITAMIN/FLUORIDE.....	153
mitoxantrone hcl.....	78	MULTI-VITAMIN/FLUORIDE/IRON.....	154
MIUDELLA.....	161	MULTIVITAMIN + FLUORIDE.....	154
mm aspirin.....	17	MULTIVITAMIN W/FLUORIDE.....	154
MM INSULIN SYRINGE/NEEDLE.....	143	MULTIVITAMIN/FLUORIDE.....	154
modafinil.....	14	multivitamin/fluoride/iron.....	154
MODEYSO.....	78	mupirocin.....	109
moexipril hcl.....	56	mupirocin calcium.....	109

mutamycin	78
MVASI	63
my choice	161
my way	161
mycophenolate mofetil	133
mycophenolate mofetil hcl	133
mycophenolate sodium	133
mycophenolic acid	133
MYLOTARG	78
MYOBLOC	149
myorisan	108
MYQORZO	103
MYRBETRIQ	128
MYTESI	125

N

na sulfate-k sulfate-mg sulf	126	NEFFY	177
nabumetone	17	nelarabine	62
nadolol	101	neo-polycin	168
nafcillin sodium	34	neo-polycin hc	169
NAFCILLIN SODIUM IN DEXTROSE	34	neomycin sulfate	28
naftifine hcl	109	neomycin-bacitracin zn-polymyx	168
NAFTIFINE HCL 1 % CREAM	109	NEOMYCIN-POLYMYXIN B GU	129
NAGLAZYME	117	neomycin-polymyxin-dexameth	169
nalbuphine hcl	20	NEOMYCIN-POLYMYXIN-GRAMICIDIN	168
NALFON	17	NEOMYCIN-POLYMYXIN-HC	169
NALOCET	22	NEORAL	133
naloxone hcl	24	NERLYNX	71
naltrexone hcl	23	neuac	108
naproxen	17	NEULASTA	130
naproxen dr	17	NEULASTA ONPRO	130
naproxen sodium	17	NEUPOGEN	130
naratriptan hcl	147	nevirapine	92
NATACYN	168	NEVIRAPINE	92
NATAZIA	161	NEVIRAPINE ER	92
nateglinide	47	nevirapine er	92
NATROBA	114	new day	161
NAYZILAM	37	NEXLETOL	54
nebivolol hcl	101	NEXLIZET	54
necon 0.5/35 (28)	161	NEXPLANON	161
NEFAZODONE HCL	43	NEXTSTELLIS	161
		NEXVIAZYME	117
		NGENLA	122
		niacin er (antihyperlipidemic)	54
		nicardipine hcl	102
		nicoderm cq	25
		nicorette	25
		nicorette mini	25
		nicorette starter kit	25
		nicotine	25
		nicotine mini	25
		nicotine polacrilex	25
		nicotine polacrilex mini	26
		nicotine step 1	26
		nicotine step 2	26
		nicotine step 3	26
		NICOTROL NS	26

nifedipine	102	NORVIR	92
nifedipine er	102	NOVAREL	122
nifedipine er osmotic release	102	NOVOLIN 70/30	50
nikki	162	NOVOLIN 70/30 FLEXPEN	50
NIKTIMVO	151	NOVOLIN 70/30 FLEXPEN RELION	50
NILOTINIB D-TARTRATE	71	NOVOLIN 70/30 RELION	50
nilotinib hcl	71	NOVOLIN N	50
nilutamide	65	NOVOLIN N FLEXPEN	50
nimodipine	102	NOVOLIN N FLEXPEN RELION	50
NINLARO	71	NOVOLIN N RELION	50
nintedanib esylate	180	NOVOLIN R	50
NIPENT	78	NOVOLIN R FLEXPEN	50
NITAZOXANIDE 500 MG TAB	82	NOVOLIN R FLEXPEN RELION	50
nitro-bid	105	NOVOLIN R RELION	50
NITRO-TIME	105	NOVOLOG 70/30 FLEXPEN RELION	50
nitrofurantoin	30	NOVOLOG MIX 70/30	50
nitrofurantoin macrocrystal	30	NOVOLOG MIX 70/30 FLEXPEN	50
nitrofurantoin monohyd macro	30	NOVOLOG MIX 70/30 RELION	50
nitroglycerin	23,105	NOVOPEN ECHO	143
NIVESTYM	130	NP THYROID	124
NOCDURNA	122	NPLATE	130
nora-be	162	NUBEQA	65
NORDITROPIN FLEXPEN	122	NUCALA	97
norelgestromin-eth estradiol	162	NUCYNTA	20
norethin ace-eth estrad-fe	162	NUCYNTA ER	20
norethin-eth estradiol-fe	162	NULEV	126
norethindron-ethinyl estrad-fe	162	NULIBRY	117
norethindrone	162	NULOJIX	133
norethindrone acet-ethinyl est	162	NUPLAZID	85
norethindrone acetate	167	NURTEC	147
norethindrone-eth estradiol	166	NUTRILIPID	154
norgestim-eth estrad triphasic	162	NUTROPIN AQ NUSPIN 10	122
norgestimate-eth estradiol	162	NUTROPIN AQ NUSPIN 20	122
norlyda	162	NUTROPIN AQ NUSPIN 5	122
norlyroc	162	NUVARING	162
NORTHERA	99	nyamyc	109
nortrel 0.5/35 (28)	162	nylia 1/35	162
nortrel 1/35 (21)	162	nylia 7/7/7	162
nortrel 1/35 (28)	162	nymyo	162
nortrel 7/7/7	162	nystatin	53,107,109
nortriptyline hcl	45	nystatin-triamcinolone	109

nystop.....	109
NYVEPRIA.....	130

O

ocella.....	162
OCREVUS.....	173
OCREVUS ZUNOVO.....	173
OCTAGAM.....	135
octreotide acetate.....	122
ODEFSEY.....	92
ODOMZO.....	64
OFEV.....	180
ofloxacin.....	30,168,171
OGIVRI.....	78
OGSIVEO.....	71
OJEMDA.....	71
OJJAARA.....	71
olanzapine.....	87
olmesartan medoxomil.....	57
olmesartan medoxomil-hctz.....	58
olmesartan-amlodipine-hctz.....	58
olopatadine hcl.....	152,170
OLUMIANT.....	14
omega-3-acid ethyl esters.....	54
omeprazole.....	127
omeprazole-sodium bicarbonate.....	127
OMNIFLEX DIAPHRAGM.....	139
OMNIPOD 5 DEXG7G6 INTRO GEN 5.....	143
OMNIPOD 5 DEXG7G6 PODS GEN 5.....	144
OMNIPOD 5 G7 INTRO (GEN 5).....	144
OMNIPOD 5 G7 PODS (GEN 5).....	144
OMNIPOD 5 LIBRE INTRO.....	144
OMNIPOD 5 LIBRE PODS.....	144
OMNIPOD CLASSIC PDM (GEN 3).....	144
OMNIPOD CLASSIC PODS (GEN 3).....	144
OMNIPOD DASH INTRO (GEN 4).....	144
OMNIPOD DASH PDM (GEN 4).....	144
OMNIPOD DASH PODS (GEN 4).....	144
OMNIPOD GO.....	144
OMNITROPE.....	122
OMVOH.....	97

ONCASPAR.....	78
ondansetron.....	52
ondansetron hcl.....	52
ondansetron hcl +rfid.....	52
ONGENTYS.....	83
ONIVYDE.....	78
ONTRUZANT.....	78
ONUREG.....	62
opcicon one-step.....	162
OPDIVO.....	78
OPDIVO QVANTIG.....	66
OPDUALAG.....	66
OPILL.....	162
OPIPZA.....	89
OPIUM.....	125
OPTICHAMBER DIAMOND.....	146
OPTICHAMBER DIAMOND-LG MASK.....	146
OPTICHAMBER DIAMOND-MD MASK.....	146
OPTICHAMBER DIAMOND-SM MASK.....	146
option 2.....	162
OPVEE.....	24
oralone.....	107
ORGOVYX.....	65
ORKAMBI.....	180
ORLADEYO.....	132
ORLISTAT.....	12
orphenadrine citrate er.....	89
orquidea.....	163
ORSERDU.....	65
OSCIMIN.....	126
oseltamivir phosphate.....	94
OSENVELT.....	116
OTEZLA.....	110
OTEZLA XR.....	110
OTEZLA/OTEZLA XR INITIATION PK.....	110
OVIDREL.....	122
oxacillin sodium.....	34
oxaliplatin.....	60
oxaprozin.....	17
oxazepam.....	27
oxcarbazepine.....	39

oxcarbazepine er	39
OXERVATE	170
OXLUMO	129
OXTELLAR XR	39
oxybutynin chloride	128
oxybutynin chloride er	128
oxycodone hcl	20
OXYCODONE HCL ER	21
oxycodone-acetaminophen	22
OXYCONTIN	21
oxymorphone hcl	21
OXYTROL	128
OZEMPIC	49
OZEMPIC (0.25 OR 0.5 MG/DOSE)	49
OZEMPIC (1 MG/DOSE)	49
OZEMPIC (2 MG/DOSE)	49

P

pacerone	100
paclitaxel	78
paclitaxel protein-bound part	78
PADCEV	78
paliperidone er	86
palonosetron hcl	52
pamidronate disodium	116
PANRETIN	110
pantoprazole sodium	127
PANZYGA	135
PARAGARD INTRAUTERINE COPPER	163
paricalcitol	117,118
paroxetine hcl	43
paroxetine hcl er	43
PARSABIV	118
PASER	59
PAXLOVID (150/100)	94
PAXLOVID (300/100 & 150/100)	94
PAXLOVID (300/100)	94
pazopanib hcl	72
PAZOPANIB HCL	72
PEDIARIX	137
PEDMARK	81
PEDVAXHIB	137
peg 3350-kcl-na bicarb-nacl	126
peg-3350/electrolytes	126
peg-3350/electrolytes/ascorbat	126
peg-kcl-nacl-nasulf-na asc-c	126
PEGASYS	93
PEMAZYRE	72
PEMETREXED	62
PEMETREXED DISODIUM	62
PEMETREXED DITROMETHAMINE	62
PENBRAYA	137
penciclovir	114
penicillamine	51
PENICILLIN G POT IN DEXTROSE	34
penicillin g potassium	34
penicillin v potassium	34
PENMENVY	137
PENTACEL	137
pentamidine isethionate	82
pentazocine-naloxone hcl	21
pentoxifylline er	103
perampanel	39
perindopril erbumine	56
PERINDOPRIL ERBUMINE 2 MG TAB	56
PERINDOPRIL ERBUMINE 8 MG TAB	56
periogard	107
PERJETA	78
permethrin	114
perphenazine	88
phendimetrazine tartrate	12
PHENDIMETRAZINE TARTRATE ER	12
PHENELZINE SULFATE 15 MG TAB	42
phenobarbital	39
phenobarbital-belladonna alk	126
phenoxybenzamine hcl	59
phentermine hcl	12
phentermine-topiramate er	13
phentermine-topiramate erxdnu	13
phenylephrine hcl	170
phenytek	39
phenytoin	39

phenytoin infatabs.....	40	pomalidomide 2mg cap	65
phenytoin sodium.....	40	pomalidomide 3mg cap	66
phenytoin sodium extended.....	40	pomalidomide 4mg cap	66
PHESGO.....	66	portia-28.....	163
PHEXX.....	163	posaconazole.....	53,54
PHEXXI.....	163	pot & sod cit-cit ac.....	129
philith.....	163	potassium acetate.....	154
PHOSPHO-TRIN K500.....	154	potassium chloride.....	154
PHYRAGO.....	72	POTASSIUM CHLORIDE.....	154
phytonadione.....	154	POTASSIUM CHLORIDE 10 MEQ/100ML	
PIASKY.....	149	SOLUTION.....	154
PIFELTRO.....	92	POTASSIUM CHLORIDE 20 MEQ/100ML	
pilocarpine hcl.....	107,170	SOLUTION.....	154
pimecrolimus.....	114	POTASSIUM CHLORIDE 40 MEQ/100ML	
pimozide.....	174	SOLUTION.....	154
pimtrea.....	163	potassium chloride crys er.....	154
pindolol.....	101	potassium chloride er.....	154
pioglitazone hcl.....	47	potassium chloride in dextrose.....	154
pioglitazone hcl-metformin hcl.....	45	potassium chloride in nacl.....	154
piperacillin sod-tazobactam so.....	34	potassium citrate er.....	129
PIPERACILLIN-TAZOBACTAM-NACL.....	34	potassium citrate-citric acid.....	129
PIQRAY (200 MG DAILY DOSE).....	72	POTASSIUM CL IN DEXTROSE 5%.....	155
PIQRAY (250 MG DAILY DOSE).....	72	POTELIGEO.....	79
PIQRAY (300 MG DAILY DOSE).....	72	pralatrexate.....	62
pirfenidone.....	180	pramipexole dihydrochloride.....	83
pirmella 1/35.....	163	pramipexole dihydrochloride er.....	84
pirmella 7/7/7.....	163	PRAMOSONE.....	112
piroxicam.....	17	prasugrel hcl.....	36
plan b one-step.....	163	pravastatin sodium.....	55
PLEGRIDY.....	173	praziquantel.....	82
PLEGRIDY STARTER PACK.....	173	prazosin hcl.....	57
PLENITY.....	13	PREDNICARBATE.....	112
PLENITY WELCOME KIT.....	13	prednisolone.....	120
plerixafor.....	149	prednisolone acetate.....	169
PODOFILOX 0.5 % SOLUTION.....	114	prednisolone sodium phosphate.....	120
POLIVY.....	79	PREDNISOLONE SODIUM PHOSPHATE.....	169
polycin.....	168	prednisone.....	120
polymyxin b sulfate.....	30	PREFERRED PLUS GLUCOSE.....	48
polymyxin b-trimethoprim.....	168	PREFERRED PLUS INSULIN SYRINGE.....	144
pomalidomide.....	65	pregabalin.....	40
pomalidomide 1mg cap	65	PREGNYL.....	122

PREHEVBRIO.....	137	PROLEUKIN.....	79
PREMARIN.....	166	promethazine hcl.....	175
PREMASOL.....	155	PROMETHAZINE VC.....	175
PREMIUM LIDOCAINE.....	113	promethazine-codeine.....	106
PREMPRO.....	166	promethazine-dm.....	106
PRENATAL 19.....	155	promethazine-phenylephrine.....	175
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET... ..	155	promethegan.....	175
PRETOMANID.....	59	propafenone hcl.....	100
prevalite.....	55	propafenone hcl er.....	100
PREVYMIS.....	95	propranolol hcl.....	101
PREZCOBIX.....	92	propranolol hcl er.....	101
PREZISTA.....	92	PROPRANOLOL-HCTZ.....	58
PRIALT.....	18	propylthiouracil.....	118
PRILOVIX.....	113	PROQUAD.....	137
prilovix lite.....	113	PROSOL.....	155
prilovix lite plus.....	113	PROTAMINE SULFATE.....	149
PRILOVIX PLUS.....	113	protriptyline hcl.....	45
prilovix ultralite.....	113	pseudoeph-bromphen-dm.....	106
prilovix ultralite plus.....	114	PULMICORT FLEXHALER.....	175
primaquine phosphate.....	82	PULMOZYME.....	180
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB.....	82	px aspirin.....	17
primidone.....	40	px enteric aspirin.....	17
PRIORIX.....	137	px folic acid.....	155
PRIVIGEN.....	135	PX GLUCOSE.....	48
PRO COMFORT INSULIN SYRINGE.....	144	PX INSULIN SYRINGE.....	144
PROAIR RESPICLICK.....	177	px stop smoking aid.....	26
probenecid.....	129	PYLERA.....	127
prochlorperazine.....	88	pyrazinamide.....	59
prochlorperazine edisylate.....	88	pyridostigmine bromide.....	90
prochlorperazine maleate.....	88	pyridostigmine bromide er.....	90
PROCRT.....	130	pyrimethamine.....	82
procto-med hc.....	23	PYRUKYND.....	149
proctosol hc.....	23	PYRUKYND TAPER PACK.....	149
proctozone-hc.....	23		
PROCYSBI.....	129		
PRODIGY INSULIN SYRINGE.....	144		
progesterone.....	167		
PROGRAF.....	133		
PROLASTIN-C.....	180		

Q

QBREXZA.....	114
qc alcohol.....	144
qc aspirin low dose.....	17
qc childrens aspirin.....	17
qc folic acid.....	155
qc nicotine transdermal system.....	26

QELBREE	13
QINLOCK	72
QSYMIA	13
QUADRACEL	137
QUAZEPAM	181
quetiapine fumarate	87
QUETIAPINE FUMARATE	87
quetiapine fumarate er	87
quinapril hcl	56
quinapril-hydrochlorothiazide	58
quinidine gluconate er	100
QUINIDINE SULFATE 200 MG TAB	100
QUINIDINE SULFATE 300 MG TAB	100
quinine sulfate	82
QULIPTA	147
QVAR REDIHALER	175

R

ra aspirin adult low dose	17	react	163
ra aspirin adult low strength	18	REALITY INSULIN SYRINGE	144
ra aspirin childrens	18	REBIF	173
ra aspirin ec	18	REBIF REBIDOSE	173
ra aspirin ec adult low st	18	REBIF REBIDOSE TITRATION PACK	173
ra folic acid	155	REBIF TITRATION PACK	173
RA GLUCOSE	48	REBLOZYL	131
RA INSULIN SYRINGE	144	REBYOTA	149
ra isopropyl alcohol wipes	144	RECARBRIO	31
ra mini nicotine	26	reclipsen	163
ra nicotine	26	RECOMBIVAX HB	137
ra nicotine gum	26	REDEMPLO	118
ra nicotine polacrilex	26	REGRANEX	115
RABAVERT	137	relador pak	114
rabeprazole sodium	127	relador pak plus	114
RADICAVA ORS	149	relafen	18
RADICAVA ORS STARTER KIT	149	RELEUKO	131
RALDESY	43	relion glucose	48
raloxifene hcl	122	RELION INSULIN SYRINGE	144
ramelteon	182	RELION KETONE TEST	144
ramipril	56	RENFLEXIS	97
ranolazine er	103	repaglinide	48
rasagiline mesylate	84	REPATHA	54
		REPATHA SURECLICK	54
		RETACRIT	131
		RETEVMO	72
		RETROVIR	92
		REVCovi	118
		REVUFORJ	79
		REXTOVY	24
		REXULTI	89
		REYATAZ	92
		REZDIFFRA	149
		REZLIDHIA	72
		REZUROCK	149
		REZZAYO	54
		RHOGAM ULTRA-FILTERED PLUS	135
		RHOPHYLAC	135
		RHOPRESSA	170
		RIABNI	79
		ribavirin	95

RIBAVIRIN 200 MG CAP	93	rufinamide	40
RIBAVIRIN 200 MG TAB	93	RUKOBIA	92
rifabutin	59	RUXIENCE	79
rifampin	59	RYBELSUS	49
rifapentine	59	RYBREVANT	79
rilpivirine 25mg tab	92	RYBREVANT FASPRO	67
rilpivirine hcl	92	RYDAPT	73
riluzole	149	RYKINDO	87
RIMANTADINE HCL	94	RYLAZE	79
ringers	155	RYTELO	73
ringers irrigation	149	ryvent	175
RINVOQ	14		
RINVOQ LQ	15	S	
risedronate sodium	116	sacubitril-valsartan	103
risperidone	86	sacubitril-valsartan 49-51mg tab	103
risperidone microspheres er	87	SAFYRAL	163
ritonavir	92	SAIZEN	122
RITUXAN HYCELA	66	SAIZENPREP	122
rivaroxaban	36,37	sajazir	132
rivastigmine	172	SALIMEZ	114
rivastigmine tartrate	172	salsalate	18
rivelsa	163	SALYCIM	114
rizatriptan benzoate	147	SANCUSO	52
ROCKLATAN	170	SANDIMMUNE	133
roflumilast	180	SANDOSTATIN LAR DEPOT	122
ROLVEDON	131	SANTYL	115
ROMIDEPSIN	72	SAPHNELO	97
ROMVIMZA	72	sapropterin dihydrochloride	118
ropinirole hcl	84	SARCLISA	79
ropinirole hcl er	84	SAVELLA	174
rosadan	115	SAVELLA TITRATION PACK	174
ROSADAN	115	SAXENDA	13
rosuvastatin calcium	55	sb childrens aspirin	18
rosyrah	163	SB INSULIN SYRINGE	145
ROTARIX	137	sb low dose asa ec	18
ROTATEQ	137	SCEMBLIX	73
roweepra	40	scopolamine	52
roweepra xr	40	SECUADO	88
ROZLYTREK	72	SECURESAFE INSULIN SYRINGE	145
RUBRACA	72	SELARSDI	97
RUCONEST	132	selegiline hcl	84

selenium sulfide.....	114	sm aspirin ec low strength.....	18
SELZENTRY.....	92	sm aspirin low dose.....	18
SEREVENT DISKUS.....	177	sm childrens aspirin.....	18
sertraline hcl.....	43	sm folic acid.....	155
setlakin.....	163	SM GLUCOSE.....	48
sevelamer carbonate.....	150	sm nicotine.....	26
sevelamer hcl.....	150	sm nicotine polacrilex.....	26
SEZABY.....	40	SMART SENSE GLUCOSE.....	48
SF.....	107	SOD FLUORIDE-POTASSIUM NITRATE.....	107
SF 5000 PLUS.....	107	sodium acetate.....	155
sharobel.....	163	sodium chloride.....	155
shewise.....	163	sodium chloride (pf).....	155
SHINGRIX.....	137	SODIUM FLUORIDE.....	107,155
SIGNIFOR.....	122	sodium fluoride 2.2 mg.....	155
SIGNIFOR LAR.....	122	SODIUM FLUORIDE 2.2 MG.....	155
sildenafil citrate.....	105,178	SODIUM FLUORIDE 5000 ENAMEL.....	107
silodosin.....	128	SODIUM FLUORIDE 5000 PLUS.....	107
SILVER NITRATE.....	111	SODIUM FLUORIDE 5000 PPM.....	107
silver sulfadiazine.....	115	SODIUM FLUORIDE 5000 SENSITIVE.....	107
SIMBRINZA.....	168	sodium oxybate.....	182
simliya.....	163	sodium phenylbutyrate.....	118
simpesse.....	163	sodium phosphates.....	155
SIMPONI.....	97	sodium polystyrene sulfonate.....	150
SIMPONI ARIA.....	97	sodium sulfacetamide wash.....	114
SIMULECT.....	133	SOFOSBUVIR-VELPATASVIR.....	93
simvastatin.....	55,56	SOGROYA.....	123
sirolimus.....	133	solifenacin succinate.....	128
SIRTURO.....	59	SOLTAMOX.....	65
sitagliip phos-metformin hcl er.....	45	SOLU-CORTEF.....	120
sitagliptin phos-metformin hcl.....	45	SOLU-MEDROL (PF).....	120
sitagliptin phosphate.....	48	SOMATULINE DEPOT.....	123
SIVEXTRO.....	31	SOMAVERT.....	123
SKYADERM-LP.....	114	sorafenib tosylate.....	73
SKYCLARYS.....	150	sorine.....	101
SKYLA.....	163	sotalol hcl.....	101
SKYRIZI.....	98	sotalol hcl (af).....	101
SKYRIZI (150 MG DOSE).....	97	SPEVIGO.....	98
SKYRIZI PEN.....	98	SPINOSAD.....	115
SKYTROFA.....	123	SPIRIVA HANDIHALER.....	176
SLYND.....	163	SPIRIVA RESPIMAT.....	176
sm aspirin adult low strength.....	18	spironolactone.....	104

spironolactone-hctz	104	sulfasalazine	138
SPRAVATO (56 MG DOSE)	42	sulfatrim pediatric	31
SPRAVATO (84 MG DOSE)	42	sulindac	18
sprintec 28	163	sumatriptan	147
SPRITAM	40	sumatriptan succinate	147
SPS (SODIUM POLYSTYRENE SULF)	150	SUMATRIPTAN SUCCINATE REFILL	147
sronyx	163	sumatriptan succinate refill 4 mg/0.5ml soln cart	147
ssd	115	sumatriptan succinate refill 6 mg/0.5ml soln cart	147
SSS 10-5	108	sunitinib malate	73
st joseph aspirin	18	SUNLENCA	92
st joseph low dose	18	SUNOSI	182
STARJEMZA	98	SUPPRELIN LA	123
stavudine	92	SURE COMFORT INSULIN SYRINGE	145
STELARA	98	SUSTOL	52
STENDRA	105	SUSVIMO OCULAR IMPLANT	146
sterile water for irrigation	150	SUTAB	126
STIMUFEND	131	syeda	163
STIOLTO RESPIMAT	177	SYLVANT	150
STIVARGA	73	SYMDEKO	180
STOBOCLO	116	SYMLINPEN 120	48
STRENSIQ	118	SYMLINPEN 60	48
STREPTOMYCIN SULFATE	28	SYMPAZAN	37
STRIBILD	92	SYMTUZA	92
STRIVERDI RESPIMAT	177	SYNAGIS	171
SUBLOCADE	24	SYNJARDY	45
subvenite	40	SYNJARDY XR	45
SUBVENITE	40	SYNTHROID	124
subvenite starter kit-blue	40		
SUCRAID	150		
sucrafate	127		
SULFACETAMIDE SOD-SULFUR WASH	108		
sulfacetamide sodium	115,168		
sulfacetamide sodium (acne)	108		
SULFACETAMIDE SODIUM (CLEANS)	115		
sulfacetamide sodium-sulfur	108		
SULFACETAMIDE-PREDNISOLONE	169		
SULFACETAMIDE-SULFUR IN UREA	108		
SULFACLEANSE 8/4	108		
SULFADIAZINE 500 MG TAB	31		
sulfamethoxazole-trimethoprim	31		
SULFAMYLON	115		
		T	
		TABLOID	62
		TABRECTA	73
		tacrolimus	115,133
		tacrolimus er	133
		tadalafil	105,128
		tadalafil (pah)	178
		TAFINLAR	73
		tafluprost (pf)	170
		TAGRISSO	63
		take action	163

TAKHZYRO.....	132	TEPMETKO.....	73
TALICIA.....	127	TEPYLUTE.....	60
TALVEY.....	79	terazosin hcl.....	57
TALZENNA.....	73	terbinafine hcl.....	54
tamoxifen citrate.....	65	terbutaline sulfate.....	177
tamsulosin hcl.....	128	terconazole.....	54
tapentadol hcl.....	21	teriflunomide.....	173
tarina 24 fe.....	163	teriparatide.....	116
tarina fe 1/20.....	163	TERLIVAZ.....	123
tarina fe 1/20 eq.....	164	testosterone.....	22
TARPEYO.....	120	TESTOSTERONE 10 MG/ACT (2%) GEL.....	22
TASIGNA.....	73	testosterone cypionate.....	22
tasimelteon.....	182	TESTOSTERONE ENANTHATE.....	22
TAVALISSE.....	150	TETANUS-DIPHThERIA TOXoids TD.....	137
TAVNEOS.....	150	tetrabenazine.....	172
taysofy.....	164	tetracycline hcl.....	31
TAYTULLA.....	164	TEVIMBRA.....	79
TAZAROTENE.....	109	TEZSPIRE.....	98
tazarotene.....	110	TGT GLUCOSE.....	48
TAZICEF.....	33	THALOMID.....	66
tazicef 1 gm recon soln.....	33	THEO-24.....	180
taztia xt.....	102	theophylline.....	180
TDVAX.....	137	theophylline er.....	181
TECENTRIQ.....	79	thioridazine hcl.....	88
TECENTRIQ HYBREZA.....	67	thiotepa.....	60
TECHLITE INSULIN SYRINGE.....	145	thiothixene.....	85
TECVAYLI.....	79	thrive.....	26
TEGRETOL-XR.....	40	THYMOGLOBULIN.....	133
TEGSEDI.....	174	THYROGEN.....	115
telmisartan.....	57	tiadylt er.....	102
TELMISARTAN-AMLODIPINE 40-10 MG TAB.....	58	tiagabine hcl.....	41
TELMISARTAN-AMLODIPINE 40-5 MG TAB.....	58	TIBSOVO.....	73
TELMISARTAN-AMLODIPINE 80-10 MG TAB.....	58	ticagrelor.....	37
TELMISARTAN-AMLODIPINE 80-5 MG TAB.....	58	TICE BCG.....	79
telmisartan-hctz.....	58	TICOVAC.....	137
temazepam.....	181	tigecycline.....	31
TEMODAR.....	60	tilia fe.....	164
temsirolimus.....	73	timolol hemihydrate.....	167
TENIVAC.....	137	timolol maleate.....	101,167
tenofovir disoproxil fumarate.....	92	timolol maleate (once-daily).....	167
TEPEZZA.....	116	tinidazole.....	31

TIVDAK	79	TRAVASOL	155
TIVICAY	92,93	travoprost (bak free)	171
TIVICAY PD	93	TRAZIMERA	79
tizanidine hcl	90	trazodone hcl	43
TOBI PODHALER	28	TRELEGY ELLIPTA	177
TOBRADEX	169	TRELSTAR MIXJECT	65
tobramycin	28,168	TREMFYA	98
tobramycin sulfate	28	TREMFYA ONE-PRESS	98
tobramycin-dexamethasone	169	TREMFYA PEN	98,99
tofacitinib citrate	15	TREMFYA-CD/UC INDUCTION	99
tofacitinib citrate er	15	treprostinil	178
TOFIDENCE	98	TRESIBA	51
TOLAK	110	TRESIBA FLEXTOUCH	51
tolcapone	83	tretinoin	79,109
TOLMETIN SODIUM	18	tri femynor	164
tolterodine tartrate	128	tri-estarylla	164
tolterodine tartrate er	128	tri-legest fe	164
tolvaptan	123	tri-linyah	164
tolvaptan (hyponatremia)	123	tri-lo-estarylla	164
tolvaptan 15mg tab (jynarque equiv.)	123	tri-lo-marzia	164
tolvaptan 30mg tab (jynarque equiv.)	123	tri-lo-mili	164
TOPCARE ULTRA COMFORT INS SYR	145	tri-lo-sprintec	164
topiramate	40	tri-mili	164
topiramate er	40	TRI-MIX	105
topotecan hcl	79	tri-nymyo	164
toremifene citrate	65	tri-sprintec	164
torpenz	73	TRI-VITE/FLUORIDE	155
toremide	104	tri-vylibra	164
TPOXX	95	tri-vylibra lo	164
TRACLEER	178	triamcinolone acetonide	107,112,120
TRADJENTA	48	triamcinolone in absorbase	112
tramadol hcl	21	triamterene-hctz	104
TRAMADOL HCL (ER BIPHASIC)	21	trianex	112
TRAMADOL HCL ER	21	triazolam	181
tramadol-acetaminophen	22	TRICITRATES	129
trandolapril	56	tridacaine ii	114
TRANDOLAPRIL-VERAPAMIL HCL ER	58	tridacaine iii	114
tranexamic acid	150	triderm	112
TRANSDERM SCOP	53	trientine hcl	51
TRANSDERM-SCOP	53	trifluoperazine hcl	88
tranylcypromine sulfate	43	TRIFLURIDINE	169

trihexyphenidyl hcl	83	TYBLUME	164
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	83	tydemy	164
TRIJARDY XR	46	TYENNE	99
TRIKAFTA	181	TYMLOS	116
TRILEPTAL	40	TYPHIM VI	138
trimethobenzamide hcl	53	TYRUKO	174
trimethoprim	31	TYSABRI	174
trimipramine maleate	45	TYVASO	178
TRINTELLIX	44	TYVASO DPI INSTITUTIONAL KIT	178
TRIPTODUR	123	TYVASO DPI MAINTENANCE KIT	178,179
tritocin	112	TYVASO DPI TITRATION KIT	179
TRIUMEQ	93	TYVASO REFILL	179
TRIUMEQ PD	93	TYVASO STARTER	179
trivora (28)	164	TZIELD	48
TRODELVY	79		
TROGARZO	93	U	
TROKENDI XR	40	UBRELVY	147
TROPHAMINE	155	UDENYCA	131
tropicamide	170	UDENYCA ONBODY	131
trospium chloride	128	ULTICARE INSULIN SAFETY SYR	145
trospium chloride er	128	ULTICARE INSULIN SYRINGE	145
TRUE COMFORT INSULIN SYRINGE	145	ULTIGUARD SAFEPAK SYR/NEEDLE	145
TRUE COMFORT PRO INSULIN SYR	145	ULTRA FLO INSULIN SYRINGE	145
true folic acid	155	ULTRA-THIN II INS SYR SHORT	145
trueplus glucose	48	ULTRA-THIN II INSULIN SYRINGE	146
TRUEPLUS GLUCOSE ON THE GO	48	ULTRACARE INSULIN SYRINGE	146
TRUEPLUS INSULIN SYRINGE	145	unithroid	124
TRULICITY	49	UNITUXIN	80
TRUMENBA	138	UNLOXCYT	80
TRUQAP	73	UP & UP GLUCOSE	48
TRUXIMA	79	UPTRAVI	179
TRYNGOLZA	118	ursodiol	150
TUKYSA	80	UVADEX	80
tulana	164	UZEDY	87
TURALIO	73		
turqoz	164	V	
TWIIST REFILL KIT	145	V-GO 20	146
TWIIST REFILL KIT/INFUSION SET	145	V-GO 30	146
TWIIST STARTER KIT	145	V-GO 40	146
TWINRIX	138	VABRINTY	65
TWIRLA	164	valacyclovir hcl	94

VALCHLOR.....	110	VELPHORO.....	150
valganciclovir hcl.....	95	VEMLIDY.....	93
valproate sodium.....	42	VENCLEXTA.....	80
valproic acid.....	42	VENCLEXTA STARTING PACK.....	80
valrubicin.....	80	VENLAFAXINE BESYLATE ER.....	44
valsartan.....	57	venlafaxine hcl.....	44
valsartan-hydrochlorothiazide.....	58	venlafaxine hcl er.....	44
VALTOCO 10 MG DOSE.....	37	VENTAVIS.....	179
VALTOCO 15 MG DOSE.....	37	VEOPOZ.....	150
VALTOCO 20 MG DOSE.....	37	VEPPANU.....	65
VALTOCO 5 MG DOSE.....	37	verapamil hcl.....	102
valtya 1/35.....	164	verapamil hcl er.....	102
VALTYA 1/50.....	164	VERAPAMIL HCL ER.....	102
VALUE HEALTH INSULIN SYRINGE.....	146	VEREGEN.....	115
VALUE PLUS GLUCOSE.....	48	VERIFINE INSULIN SYRINGE.....	146
vanadom.....	90	VERQUVO.....	103
VANCOMYCIN HCL.....	31	VERSACLOZ.....	88
vancomycin hcl.....	31	VERZENIO.....	74
vancomycin hcl 1 gm recon soln.....	31	vestura.....	164
vancomycin hcl 10 gm recon soln.....	31	VIAGRA.....	106
vancomycin hcl 5 gm recon soln.....	31	vienva.....	164
vancomycin hcl 500 mg recon soln.....	31	vigabatrin.....	41
vancomycin hcl 750 mg recon soln.....	31	vigadrone.....	41
VANCOMYCIN HCL IN DEXTROSE.....	31	vigpoder.....	41
VANCOMYCIN HCL IN NACL.....	31	VIJOICE.....	150
VANFLYTA.....	74	vilazodone hcl.....	44
VANISHPOINT INSULIN SYRINGE.....	146	VILTEPSO.....	150
VAQTA.....	138	VIMKUNYA.....	138
vardenafil hcl.....	106	VINBLASTINE SULFATE.....	80
varenicline tartrate.....	26	VINCRISTINE SULFATE.....	80
varenicline tartrate (starter).....	26	vinorelbine tartrate.....	80
varenicline tartrate(continue).....	26	VIOKACE.....	150
VARIVAX.....	138	viorele.....	165
VASOSTRICT.....	123	VIRACEPT.....	93
VAXCHORA.....	138	VIREAD.....	93
VAXELIS.....	138	VISUDYNE.....	170
VCF VAGINAL CONTRACEPTIVE.....	182	vitamin d (ergocalciferol).....	155
VECTIBIX.....	63	VITAMINS ACD-FLUORIDE.....	155
VEGZELMA.....	63	VITRAKVI.....	74
VEKLURY.....	95	VIVITROL.....	23
VELIVET.....	164	VIVOTIF.....	138

VIZIMPRO	63
VOCABRIA	93
volnea	165
VONJO	74
VOQUEZNA DUAL PAK	127
VOQUEZNA TRIPLE PAK	127
VORANIGO	74
VORAXAZE	81
voriconazole	54
VOSEVI	93
VOWST	150
VOXZOGO	123
VPRIV	150
VRAYLAR	85
VYEPTI	147
vyfemla	165
VYKAT XR	118
VYKOURA	82
VYLEESI	172
vylibra	165
VYLOY	80
VYNDAMAX	103
VYNDAQEL	103
VYONDYS 53	150
VYVGART	151
VYVGART HYTRULO	99
VYXEOS	67
VYZULTA	171

W

walgreens glucose	48
warfarin sodium	37
WEGOVY	103
WELIREG	80
wera	165
WIDE-SEAL DIAPHRAGM 60	139
WIDE-SEAL DIAPHRAGM 65	139
WIDE-SEAL DIAPHRAGM 70	139
WIDE-SEAL DIAPHRAGM 75	139
WIDE-SEAL DIAPHRAGM 80	139
WIDE-SEAL DIAPHRAGM 85	139

WIDE-SEAL DIAPHRAGM 90	139
WIDE-SEAL DIAPHRAGM 95	139
WINREVAIR	179
WINRHO SDF	135
wixela inhub	178
wymzya fe	165
WYOST	116

X

XACDURO	32
XALKORI	74
xarah fe	165
XARELTO	37
XARELTO STARTER PACK	37
XCOPRI	41
XCOPRI (250 MG DAILY DOSE)	41
XCOPRI (350 MG DAILY DOSE)	41
XDEMVY	169
xelria fe	165
XEMBIFY	135
XENICAL	13
XENLETA	32
XENPOZYME	118
XEOMIN	151
XEPI	109
XERAC AC	115
XERESE	115
XERMELO	125
XIAFLEX	151
XIFAXAN	32
XIGDUO XR	46
XIIDRA	170
XIPERE	169
XOFLUZA (40 MG DOSE)	94
XOFLUZA (80 MG DOSE)	94
XOLAIR	99
XOLREMDI	151
XOSPATA	74
XPHOZAH	118
XPOVIO (100 MG ONCE WEEKLY)	80
XPOVIO (40 MG ONCE WEEKLY)	80

XPOVIO (40 MG TWICE WEEKLY)	80
XPOVIO (60 MG ONCE WEEKLY)	80
XPOVIO (60 MG TWICE WEEKLY)	80
XPOVIO (80 MG ONCE WEEKLY)	80,81
XPOVIO (80 MG TWICE WEEKLY)	81
XTANDI	65
xulane	165
XULTOPHY	46
xyvona	21
XYWAV	182

Y

yargesa	151
YASMIN 28	165
YAZ	165
YCANTH	115
YERVOY	81
YESINTEK	99
YF-VAX	138
yl folic acid	155
YONDELIS	60
your choice	165
yulithira	74
yuvaferm	167
YUVIWEL	123

Z

zafemy	165
zafirlukast	175
zaleplon	181
ZALTRAP	63
ZANOSAR	60
zarah	165
ZARXIO	131
ZEJULA	74
ZELBORAF	74
zelvysia	118
ZEMBRACE SYMTOUCH	147
zenatane	109
ZENBEXUS	75
ZENPEP	151

ZEPBOUND	182
ZEPOSIA	174
ZEPOSIA 7-DAY STARTER PACK	174
ZEPOSIA STARTER KIT	174
ZEPZELCA	61
ZEVX INSULIN SYRINGE	146
zidovudine	93
ZIEXTENZO	131
ZIIHERA	81
ZINPLAVA	171
ziprasidone hcl	85
ziprasidone mesylate	85
ZIRABEV	63
ZIRGAN	169
ZOKINVY	151
ZOLADEX	65
zoledronic acid	116
ZOLINZA	74
zolmitriptan	147
zolpidem tartrate	181
zolpidem tartrate er	181
ZOMACTON	123
ZONISADE	40
zonisamide	41
zovia 1/35 (28)	165
ZTALMY	41
ZULRESSO	42
zumandimine	165
ZURZUVAE	42
ZYCUBO	156
ZYKADIA	74
ZYMFENTRA (1 PEN)	99
ZYMFENTRA (2 PEN)	99
ZYMFENTRA (2 SYRINGE)	99
ZYNLONTA	81
ZYNYZ	81
ZYPITAMAG	56
ZYPREXA RELPREVV	88

Discrimination is against the law

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

The Health Plan:

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

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

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

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 N. Academy Ave.
Danville, PA 17822-3220
Phone: 866-477-7733, TTY: 711
Fax: 570-271-7225
ghpcivilrights@thehealthplan.com

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

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

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

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

Notice of Availability

Multi-language interpreter services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 800-447-4000 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 800-447-4000 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 800-447-4000 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 800-447-4000 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 800-447-4000 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 800-447-4000 (TTY : 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 800-447-4000 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 800-447-4000 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 800-447-4000 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 800-447-4000 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (800-447-4000 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 800-447-4000 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 800-447-4000 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 800-447-4000 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 800-447-4000 (TTY : 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 800-447-4000 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、800-447-4000 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

This formulary was updated on 10/05/2026. For more recent information or other questions, please contact Geisinger Gold Customer Care 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.