

Geisinger Gold 2027 6-Tier Formulary

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 Classic Advantage Rx (HMO)
Geisinger Gold Classic Complete Rx (HMO)
Geisinger Gold Classic Essential Rx (HMO)
Geisinger Gold Classic 360 Rx (HMO)
Geisinger Gold Value Rx (HMO)
Geisinger Gold Secure Rx (HMO)
Geisinger Gold Preferred Advantage Rx (PPO)
Geisinger Gold Preferred Balance Rx (PPO)
Geisinger Gold Preferred Complete Rx (PPO)
Geisinger Gold Classic Rx (Employer Group) (HMO)
Geisinger Gold Preferred Rx (Employer Group) (PPO)

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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 2027 6-Tier 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 152. 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 10. 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 6-Tier 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 152.

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

ABBREVIATION	DESCRIPTION	EXPLANATION
PA	Prior Authorization Restriction	Our plan requires you (or your prescriber) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
PA-BVD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be 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.
HRM	Prior Authorization Restriction for High-Risk Medications	Members age 65 years or older are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
PA-NSO	Prior Authorization Restriction for New Starts Only	If this drug is new to you, you (or your prescriber) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
QL	Quantity Limit 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.
ST	Step Therapy Restriction	In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition
ST-NSO	Step Therapy 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

ABBREVIATION	DESCRIPTION	EXPLANATION
NM	Non-Mail Order Drug	Drugs not available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary.
NDS	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.
INS	Insulin	Insulin products at a maximum \$35 per month.
VAC	Vaccine	Medicare Part D Vaccines covered at \$0.

Every medication on the Geisinger Gold 2027 6-Tier formulary is in one of six (6) 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 (Preferred Generic)	\$1 or less depending on your plan
Tier 2 (Generic)	\$5 or less depending on your plan
Tier 3 (Preferred Brand)	25% Coinsurance
Tier 4 (Non-Preferred Drug)	49% Coinsurance or less depending on your plan
Tier 5 (Specialty)	33% Coinsurance or less depending on your plan
Tier 6 (Select Care Drugs)	\$0

Your share of the cost when you get an 84-100* day supply of a covered Part D prescription drug after meeting your deductible (if applicable) and prior to entering catastrophic coverage:

Tier 1 (Preferred Generic)	\$2.50 or less depending on your plan
Tier 2 (Generic)	\$12.50 or less depending on your plan
Tier 3 (Preferred Brand)	25% Coinsurance
Tier 4 (Non-Preferred Drug)	49% Coinsurance or less depending on your plan
Tier 5 (Specialty)	33% Coinsurance or less depending on your plan
Tier 6 (Select Care Drugs)	\$0

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

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

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Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphetamine (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)</i>	4	NDS-NM
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	3	NDS-NM
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	4	NDS-NM
<i>dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)</i>	4	NDS-NM
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>	4	PA
<i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	4	PA
STIMULANTS - MISC.		
<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	4	PA
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	3	NDS-NM
<i>dexmethylphenidate hcl er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h)</i>	4	NDS-NM
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	NDS-NM
<i>methylphenidate hcl (5 mg/5ml solution, 10 mg/5ml solution)</i>	4	NDS-NM
<i>methylphenidate hcl er (10 mg tab er, 18 mg tab er, 18 mg tab er 24h, 20 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	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
<i>methylphenidate hcl er (cd) (10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er)</i>	4	NDS-NM
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	4	NDS-NM
<i>methylphenidate hcl er(diffus) (27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	4	NDS-NM
<i>modafinil (100 mg tab, 200 mg tab)</i>	2	PA
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
<i>leflunomide (10 mg tab, 20 mg tab)</i>	2	
OLUMIANT (1 MG TAB, 2 MG TAB, 4 MG TAB)	5	PA, QL (30 ea per 30 days), NDS-NM
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	5	PA, QL (30 ea per 30 days), NDS-NM
RINVOQ 45 MG TAB ER 24H	5	PA, QL (84 ea per 180 days), NDS-NM
RINVOQ LQ 1 MG/ML SOLUTION	5	PA, QL (360 ml per 30 days), NDS-NM
<i>tofacitinib citrate (5 mg tab, 10 mg tab)</i>	5	PA, QL (60 ea per 30 days), NDS-NM
<i>tofacitinib citrate 1 mg/ml solution</i>	5	PA, QL (300 ml per 30 days), NDS-NM
<i>tofacitinib citrate er (11 mg tab er 24h, 22 mg tab er 24h)</i>	5	PA, QL (30 ea per 30 days), NDS-NM
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	2	
DICLOFENAC EPOLAMINE 1.3 % PATCH	4	PA, QL (60 ea per 30 days)
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium (50 mg tab dr, 75 mg tab dr)</i>	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>diclofenac sodium 1.5 % solution</i>	4	QL (300 ml per 30 days)
<i>diclofenac sodium er 100 mg tab er 24h</i>	2	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	4	
<i>diflunisal 500 mg tab</i>	3	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	2	
<i>etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	3	
FENOPROFEN CALCIUM 600 MG TAB	4	
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	2	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	2	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	2	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	2	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	2	
<i>oxaprozin 600 mg tab</i>	3	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	2	
<i>sulindac (150 mg tab, 200 mg tab)</i>	2	
TOLMETIN SODIUM 400 MG CAP	2	

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	4	QL (180 ea per 30 days)
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	4	QL (180 ea per 30 days)
BUTALBITAL-ASPIRIN-CAFFEINE (50-325-40 MG CAP, 50-325-40 MG TAB)	4	QL (180 ea per 30 days), NDS-NM

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>	4	QL (4 ea per 28 days), NDS-NM
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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>buprenorphine hcl 0.3 mg/ml solution</i>	4	NDS-NM
<i>butorphanol tartrate 10 mg/ml solution</i>	4	QL (5 ml per 28 days), NDS-NM
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	4	QL (10 ea per 30 days), NDS-NM
HYDROMORPHONE HCL (1 MG/ML SOLUTION, 4 MG/ML SOLUTION)	4	NDS-NM
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	2	QL (180 ea per 30 days), NDS-NM
<i>hydromorphone hcl 2 mg/ml solution</i>	4	NDS-NM
HYDROMORPHONE HCL PF (1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION)	4	NDS-NM
<i>methadone hcl 10 mg tab</i>	4	QL (180 ea per 30 days), NDS-NM
METHADONE HCL 10 MG/5ML SOLUTION	4	QL (900 ml per 30 days), NDS-NM
<i>methadone hcl 10 mg/ml conc</i>	4	QL (180 ml per 30 days), NDS-NM
<i>methadone hcl 10 mg/ml solution</i>	4	NDS-NM
<i>methadone hcl 5 mg tab</i>	4	QL (360 ea per 30 days), NDS-NM
METHADONE HCL 5 MG/5ML SOLUTION	4	QL (1800 ml per 30 days), NDS-NM
<i>methadone hcl intensol 10 mg/ml conc</i>	4	QL (180 ml per 30 days), NDS-NM
<i>methadose 40 mg tab sol</i>	4	QL (90 ea per 30 days), NDS-NM
MORPHINE SULFATE (1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION, 8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	4	NDS-NM
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	2	QL (180 ea per 30 days), NDS-NM
<i>morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)</i>	3	QL (200 ml per 30 days), NDS-NM
MORPHINE SULFATE (PF) (0.5 MG/ML SOLUTION, 1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	4	NDS-NM
MORPHINE SULFATE 10 MG/5ML SOLUTION	3	QL (700 ml per 30 days), NDS-NM
MORPHINE SULFATE 20 MG/5ML SOLUTION	3	QL (300 ml per 30 days), NDS-NM
<i>morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)</i>	2	QL (90 ea per 30 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
MORPHINE SULFATE ER 10 MG CAP ER 24H	4	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 100 MG CAP ER 24H	4	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 20 MG CAP ER 24H	4	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 30 MG CAP ER 24H	4	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 50 MG CAP ER 24H	4	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 60 MG CAP ER 24H	4	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 80 MG CAP ER 24H	4	QL (60 ea per 30 days), NDS-NM
MORPHINE SULFATE ER BEADS (30 MG CAP ER 24H, 45 MG CAP ER 24H, 60 MG CAP ER 24H, 120 MG CAP ER 24H)	4	QL (30 ea per 30 days), NDS-NM
MORPHINE SULFATE ER BEADS (75 MG CAP ER 24H, 90 MG CAP ER 24H)	4	QL (60 ea per 30 days), NDS-NM
<i>nalbuphine hcl (10 mg/ml solution, 20 mg/ml solution)</i>	4	
<i>oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	QL (180 ea per 30 days), NDS-NM
<i>oxycodone hcl 100 mg/5ml conc</i>	4	QL (180 ml per 30 days), NDS-NM
<i>oxycodone hcl 5 mg/5ml solution</i>	4	QL (1300 ml per 30 days), NDS-NM
<i>oxymorphone hcl (5 mg tab, 10 mg tab)</i>	4	QL (180 ea per 30 days), NDS-NM
<i>tramadol hcl 100 mg tab</i>	4	QL (120 ea per 30 days), NDS-NM
<i>tramadol hcl 50 mg tab</i>	2	QL (240 ea per 30 days), NDS-NM
OPIOID COMBINATIONS		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>	3	QL (2700 ml per 30 days), NDS-NM
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	3	QL (2700 ml per 30 days), NDS-NM
<i>acetaminophen-codeine 300-15 mg tab</i>	2	QL (390 ea per 30 days), NDS-NM
<i>acetaminophen-codeine 300-30 mg tab</i>	2	QL (360 ea per 30 days), NDS-NM
<i>acetaminophen-codeine 300-60 mg tab</i>	2	QL (180 ea per 30 days), NDS-NM
<i>endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	2	QL (360 ea per 30 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-acetaminophen (5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	2	QL (360 ea per 30 days), NDS-NM
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	2	QL (360 ea per 30 days), NDS-NM
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	2	QL (240 ea per 30 days), NDS-NM
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	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, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	4	
TESTOSTERONE 10 MG/ACT (2%) GEL	4	
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	2	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	2	
ANORECTAL AND RELATED PRODUCTS		
RECTAL PRODUCTS - MISC.		
<i>budesonide (2 mg foam, 2 mg/act foam)</i>	4	
<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	2	
<i>hydrocortisone 100 mg/60ml enema</i>	3	
<i>hydrocortisone 2.5 % cream</i>	2	
<i>nitroglycerin 0.4 % ointment</i>	4	QL (30 gm per 30 days)
<i>procto-med hc 2.5 % cream</i>	2	
PROCTOFOAM HC 1-1 % FOAM	4	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium 333 mg tab dr</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>disulfiram 250 mg tab</i>	3	
DISULFIRAM 500 MG TAB	3	
<i>naltrexone hcl 50 mg tab</i>	2	
VIVITROL 380 MG RECON SUSP	5	NDS-NM
OPIOID DEPENDENCE TREATMENTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	5	QL (1.28 ml per 28 days), NDS-NM
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	5	QL (1.92 ml per 28 days), NDS-NM
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	5	QL (2.56 ml per 28 days), NDS-NM
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	5	QL (0.64 ml per 28 days), NDS-NM
BRIXADI 128 MG/0.36ML SOLN PRSYR	5	QL (0.36 ml per 28 days), NDS-NM
BRIXADI 64 MG/0.18ML SOLN PRSYR	5	QL (0.18 ml per 28 days), NDS-NM
BRIXADI 96 MG/0.27ML SOLN PRSYR	5	QL (0.27 ml per 28 days), NDS-NM
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	2	QL (120 ea per 30 days), 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)</i>	2	QL (120 ea per 30 days), NDS-NM
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2	QL (90 ea per 30 days), NDS-NM
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	5	QL (0.5 ml per 28 days), (1 syringe), NDS-NM
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	5	QL (3 ml per 28 days), (2 syringes), NDS-NM
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG/0.1ML LIQUID	3	
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 4 mg/10ml solution)</i>	1	
<i>naloxone hcl (0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)</i>	2	
OPVEE 2.7 MG/0.1ML SOLUTION	3	
REXTOVY 4 MG/0.25ML LIQUID	3	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	2	QL (60 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
NICOTROL NS 10 MG/ML SOLUTION	4	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	3	QL (60 ea per 30 days)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	3	QL (53 ea per 180 days)
<i>varenicline tartrate(continue) 1 mg tab</i>	3	QL (60 ea per 30 days)
ANTI-INFECTIVE AGENTS - MISC.		
<i>bacitracin 50000 unit recon soln</i>	4	
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>	2	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab, 50 mg/25ml syrup)</i>	2	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	3	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i>	2	QL (120 ea per 30 days), NDS-NM
<i>alprazolam 2 mg tab</i>	2	QL (150 ea per 30 days), NDS-NM
<i>alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h)</i>	4	QL (30 ea per 30 days), NDS-NM
<i>alprazolam er 2 mg tab er 24h</i>	4	QL (150 ea per 30 days), NDS-NM
<i>alprazolam er 3 mg tab er 24h</i>	4	QL (90 ea per 30 days), NDS-NM
ALPRAZOLAM INTENSOL 1 MG/ML CONC	4	QL (300 ml per 30 days), NDS-NM
<i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h)</i>	4	QL (30 ea per 30 days), NDS-NM
<i>alprazolam xr 2 mg tab er 24h</i>	4	QL (150 ea per 30 days), NDS-NM
<i>alprazolam xr 3 mg tab er 24h</i>	4	QL (90 ea per 30 days), NDS-NM
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	4	QL (120 ea per 30 days), NDS-NM
<i>clorazepate dipotassium 15 mg tab</i>	4	QL (180 ea per 30 days), NDS-NM
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	2	QL (120 ea per 30 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>diazepam 5 mg/5ml solution</i>	4	QL (1200 ml per 30 days), NDS-NM
<i>diazepam 5 mg/ml conc</i>	4	QL (240 ml per 30 days), NDS-NM
<i>diazepam intensol 5 mg/ml conc</i>	4	QL (240 ml per 30 days), NDS-NM
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	NDS-NM
<i>lorazepam 2 mg/ml conc</i>	2	QL (150 ml per 30 days), NDS-NM
<i>lorazepam 2 mg/ml solution</i>	4	QL (120 ml per 30 days), NDS-NM
<i>lorazepam 4 mg/ml solution</i>	4	QL (90 ml per 30 days), NDS-NM
<i>lorazepam intensol 2 mg/ml conc</i>	2	QL (150 ml per 30 days), NDS-NM
<i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i>	2	QL (120 ea per 30 days), NDS-NM
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate (1 gm/4ml solution, 500 mg/2ml solution)</i>	6	
ARIKAYCE 590 MG/8.4ML SUSPENSION	5	PA, QL (235.2 ml per 28 days), NDS-NM
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION, 2-0.9 MG/ML-% SOLUTION)	4	
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	4	
<i>neomycin sulfate 500 mg tab</i>	2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	4	
TOBI PODHALER 28 MG CAP	5	PA, QL (224 ea per 28 days), NDS-NM
<i>tobramycin 300 mg/4ml nebu soln</i>	5	PA, QL (224 ml per 28 days), (May be payable under part B), NDS-NM
<i>tobramycin 300 mg/5ml nebu soln</i>	5	PA, QL (280 ml per 56 days), (May be payable under part B), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<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>	4	
ANTIBACTERIALS, OTHER		
<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	4	
CAYSTON 75 MG RECON SOLN	5	PA, QL (84 ml per 56 days), NDS-NM
CHLORAMPHENICOL SOD SUCCINATE 1 GM RECON SOLN	4	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
CIPROFLOXACIN HCL 100 MG TAB	4	
CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION	4	
<i>ciprofloxacin in d5w 400 mg/200ml solution</i>	4	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	2	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	4	
<i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 900 mg/6ml solution)</i>	4	
<i>clindamycin phosphate 2 % cream</i>	2	
<i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	4	
CLINDAMYCIN PHOSPHATE IN NAACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	4	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	4	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	6	
<i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	4	
<i>doxy 100 100 mg recon soln</i>	4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate (50 mg tab dr, 75 mg tab dr, 100 mg tab dr, 150 mg tab dr)</i>	4	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 150 mg tab)</i>	4	
<i>doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	2	
<i>ertapenem sodium 1 gm recon soln</i>	6	
<i>fosfomycin tromethamine 3 gm packet</i>	3	QL (3 ea per 30 days)
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	4	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>levofloxacin 25 mg/ml solution</i>	4	
<i>levofloxacin in d5w (250 mg/50ml solution, 500 mg/100ml solution, 750 mg/150ml solution)</i>	4	
<i>lincomycin hcl 300 mg/ml solution</i>	4	
<i>linezolid 600 mg tab</i>	4	QL (60 ea per 30 days)
<i>linezolid 600 mg/300ml solution</i>	4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	4	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	4	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	4	
<i>methenamine hippurate 1 gm tab</i>	2	
<i>metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)</i>	2	
<i>metronidazole 500 mg/100ml solution</i>	4	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2	
<i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h)</i>	4	QL (30 ea per 30 days)
<i>minocycline hcl er 135 mg tab er 24h</i>	4	
<i>moxifloxacin hcl 400 mg tab</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	4	
MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION	4	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	2	
<i>nitrofurantoin macrocrystal 25 mg cap</i>	4	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	2	
<i>ofloxacin 400 mg tab</i>	4	
<i>polymyxin b sulfate 500000 unit recon soln</i>	4	
RECARBRIO 1.25 GM RECON SOLN	5	PA, QL (56 ea per 14 days), NDS-NM
SIVEXTRO 200 MG TAB	5	PA, QL (6 ea per 30 days), NDS-NM
SULFADIAZINE 500 MG TAB	4	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)</i>	2	
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	1	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	4	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	4	
<i>tigecycline 50 mg recon soln</i>	4	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	2	
<i>trimethoprim 100 mg tab</i>	2	
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)	6	
<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>	3	
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)	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin hcl 1 gm recon soln</i>	6	
<i>vancomycin hcl 10 gm recon soln</i>	6	
<i>vancomycin hcl 5 gm recon soln</i>	6	
<i>vancomycin hcl 500 mg recon soln</i>	6	
<i>vancomycin hcl 750 mg recon soln</i>	6	
VANCOMYCIN HCL IN DEXTROSE (1-5 GM/200ML-% SOLUTION, 500-5 MG/100ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION)	4	
VANCOMYCIN HCL IN NACL (1-0.9 GM/200ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION)	4	
XENLETA 150 MG/15ML SOLUTION	5	PA, QL (900 ml per 30 days), NDS-NM
XENLETA 600 MG TAB	5	PA, QL (60 ea per 30 days), NDS-NM
XIFAXAN 200 MG TAB	3	PA, QL (180 ea per 30 days), NDS-NM
XIFAXAN 550 MG TAB	3	PA
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR (250 MG CAP, 500 MG CAP)	2	
<i>cefadroxil (1 gm tab, 500 mg cap)</i>	2	
<i>cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)</i>	4	
<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>	6	
CEFAZOLIN SODIUM-DEXTROSE (1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION)	6	
CEFAZOLIN SODIUM-DEXTROSE (2-3 GM-%(50ML) RECON SOLN, 2-4 GM/100ML-% SOLUTION, 3-2 GM-%(50ML) RECON SOLN)	4	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	4	
<i>cefdinir 300 mg cap</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefepime hcl (1 gm recon soln, 1 gm/50ml solution, 2 gm recon soln, 2 gm/100ml solution)</i>	6	
CEFEPIME-DEXTROSE (1-5 GM-%(50ML) RECON SOLN, 2-5 GM-%(50ML) RECON SOLN)	6	
<i>cefixime 400 mg cap</i>	4	
CEFOTAXIME SODIUM 1 GM RECON SOLN	4	
<i>cefotetan disodium (1 gm recon soln, 2 gm recon soln)</i>	4	
<i>cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	4	
CEFOXITIN SODIUM-DEXTROSE (1-4 GM-%(50ML) RECON SOLN, 2-2.2 GM-%(50ML) RECON SOLN)	4	
CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB)	4	
<i>cefprozil (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	4	
<i>cefprozil (250 mg tab, 500 mg tab)</i>	2	
<i>ceftaroline fosamil (400 mg recon soln, 600 mg recon soln)</i>	5	NDS-NM
CEFTAZIDIME (2 GM RECON SOLN, 6 GM RECON SOLN)	4	
CEFTAZIDIME AND DEXTROSE (1-5 GM-%(50ML) RECON SOLN, 2-5 GM-%(50ML) RECON SOLN)	4	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln)</i>	6	
<i>ceftriaxone sodium 250 mg recon soln</i>	4	
CEFTRIAXONE SODIUM IN DEXTROSE (20 MG/ML SOLUTION, 40 MG/ML SOLUTION)	6	
CEFTRIAXONE SODIUM-DEXTROSE (1-3.74 GM-%(50ML) RECON SOLN, 2-2.22 GM-%(50ML) RECON SOLN)	6	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	2	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	2	
FETROJA 1 GM RECON SOLN	5	PA, QL (112 ea per 14 days), NDS-NM
<i>tazicef 1 gm recon soln</i>	4	
TAZICEF 6 GM RECON SOLN	4	
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>	2	
<i>amoxicillin trihydrate 250 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 600-42.9 mg/5ml recon susp)</i>	4	
<i>amoxicillin-pot clavulanate (250-125 mg tab, 500-125 mg tab, 875-125 mg tab)</i>	2	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h</i>	4	
<i>ampicillin 500 mg cap</i>	2	
<i>ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	6	
<i>ampicillin sodium (125 mg recon soln, 250 mg recon soln, 500 mg recon soln)</i>	4	
<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>	6	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	4	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	2	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	6	
NAFCILLIN SODIUM IN DEXTROSE (1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION)	6	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxacillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	4	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	4	
<i>penicillin g potassium (5000000 recon soln, 20000000 recon soln)</i>	4	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	2	
<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>	6	
PIPERACILLIN-TAZOBACTAM-NACL (2-0.25 GM/50ML RECON SOLN, 3-0.375 GM/50ML RECON SOLN, 4-0.5 GM/100ML RECON SOLN)	6	
MACROLIDES		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 500 mg recon soln)</i>	4	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	2	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	4	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	2	
<i>clarithromycin er 500 mg tab er 24h</i>	4	
DIFICID 200 MG TAB	5	PA, QL (20 ea per 10 days), NDS-NM
DIFICID 40 MG/ML RECON SUSP	5	PA, QL (136 ml per 10 days), NDS-NM
ERYTHROCIN LACTOBIONATE 500 MG RECON SOLN	3	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	4	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
ERYTHROMYCIN BASE 250 MG CP DR PART	4	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	4	
<i>erythromycin lactobionate 500 mg recon soln</i>	3	
<i>fidaxomicin 200 mg tab</i>	5	PA, QL (20 ea per 10 days), NDS-NM

ANTICOAGULANTS

ANTICOAGULANTS - MISC.

<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	2	
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	3	
CABLIVI 11 MG KIT	5	PA, QL (31 ea per 30 days), NDS-NM
<i>cilostazol (50 mg tab, 100 mg tab)</i>	2	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>	3	QL (60 ea per 30 days)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	4	
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	3	QL (84 ea per 28 days)
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	3	QL (112 ea per 28 days)
ELIQUIS 0.15 MG CAP SPRINK	3	QL (74 ea per 30 days)
ELIQUIS 0.5 MG TAB SOL	3	QL (592 ea per 30 days)
ELIQUIS 2.5 MG TAB	3	QL (60 ea per 30 days)
ELIQUIS 5 MG TAB	3	QL (120 ea per 30 days)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	3	QL (74 ea per 180 days)
<i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr)</i>	4	QL (28 ml per 14 days), (28 syringes)
<i>enoxaparin sodium (80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr)</i>	4	QL (22.4 ml per 14 days), (28 syringes)
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	4	QL (8.4 ml per 14 days), (28 syringes)

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Drug Name	Drug Tier	Requirements / Limits
<i>enoxaparin sodium 300 mg/3ml solution</i>	4	QL (28 ml per 14 days)
<i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>	4	QL (11.2 ml per 14 days), (28 syringes)
<i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>	4	QL (16.8 ml per 14 days), (28 syringes)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	4	QL (11.2 ml per 14 days), (14 syringes)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	4	QL (5.6 ml per 14 days), (14 syringes)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	4	QL (8.4 ml per 14 days), (14 syringes)
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 20000 unit/ml solution)</i>	3	(May be payable under part B)
<i>heparin sodium (porcine) +rfid 1000 unit/ml solution</i>	3	(May be payable under part B)
<i>heparin sodium (porcine) 10000 unit/ml solution</i>	3	
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	4	(May be payable under part B)
HEPARIN SODIUM (PORCINE) PF (5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION)	4	(May be payable under part B)
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	3	(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	QL (30 ea per 30 days)
<i>rivaroxaban 1 mg/ml recon susp</i>	3	QL (620 ml per 30 days)
<i>rivaroxaban 2.5 mg tab</i>	3	QL (60 ea per 30 days)
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	3	
<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 (10 MG TAB, 15 MG TAB, 20 MG TAB)	3	QL (30 ea per 30 days)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	3	QL (51 ea per 180 days)

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Drug Name	Drug Tier	Requirements / Limits
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (10 mg tab, 20 mg tab)</i>	3	QL (60 ea per 30 days)
<i>clobazam 2.5 mg/ml suspension</i>	3	QL (480 ml per 30 days)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp)</i>	4	QL (120 ea per 30 days), NDS-NM
<i>clonazepam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i>	2	QL (120 ea per 30 days), NDS-NM
<i>clonazepam 2 mg tab</i>	2	QL (300 ea per 30 days), NDS-NM
<i>clonazepam 2 mg tab disp</i>	4	QL (300 ea per 30 days), NDS-NM
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	4	
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	3	QL (10 ea per 30 days), NDS-NM
NAYZILAM 5 MG/0.1ML SOLUTION	4	QL (10 ea per 30 days)
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	4	QL (60 ea per 30 days), PA-NSO
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	3	QL (10 ea per 30 days)
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	3	QL (10 ea per 30 days)
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	3	QL (10 ea per 30 days)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	3	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
<i>brivaracetam 10 mg/ml solution</i>	4	QL (600 ml per 30 days), NDS-NM
<i>brivaracetam 50 mg/5ml solution</i>	4	PA-NSO
<i>carbamazepine (100 mg chew tab, 200 mg chew tab, 200 mg tab)</i>	2	
<i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	4	
<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>	3	

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Drug Name	Drug Tier	Requirements / Limits
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	5	PA-NSO, NDS-NM
DILANTIN (30 MG CAP, 100 MG CAP)	4	
DILANTIN INFATABS 50 MG CHEW TAB	4	
EPIDIOLEX 100 MG/ML SOLUTION	4	PA-NSO
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	4	QL (30 ea per 30 days), PA-NSO
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	4	QL (60 ea per 30 days), PA-NSO
FINTEPLA 2.2 MG/ML SOLUTION	5	QL (360 ml per 30 days), PA-NSO, NDS-NM
<i>fosphenytoin sodium (100 mg pe/2ml solution, 500 mg pe/10ml solution)</i>	4	
FYCOMPA 0.5 MG/ML SUSPENSION	5	QL (720 ml per 30 days), PA-NSO, NDS-NM
<i>gabapentin (100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab)</i>	2	
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	4	
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	4	QL (1200 ml per 30 days)
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	4	QL (60 ea per 30 days)
<i>lacosamide 200 mg/20ml solution</i>	4	PA
<i>lamotrigine (25 & 50 & 100 mg kit, 25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	4	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	4	
<i>lamotrigine odt (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	4	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2	
LEVETIRACETAM (250 MG TAB, 500 MG TAB)	4	ST-NSO

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Drug Name	Drug Tier	Requirements / Limits
<i>levetiracetam 500 mg/5ml solution</i>	4	
<i>levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)</i>	2	
<i>levetiracetam in nacl (500 mg/100ml solution, 1000 mg/100ml solution, 1500 mg/100ml solution)</i>	4	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4	
<i>perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	4	QL (30 ea per 30 days), PA-NSO
<i>perampanel 0.5 mg/ml suspension</i>	4	QL (720 ml per 30 days), PA-NSO
<i>phenobarbital (15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	2	
PHENOBARBITAL (20 MG/5ML ELIXIR, 30 MG/7.5ML ELIXIR, 60 MG/15ML ELIXIR)	4	
<i>phenytek (200 mg cap, 300 mg cap)</i>	4	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2	
<i>phenytoin infatabs 50 mg chew tab</i>	2	
<i>phenytoin sodium 50 mg/ml solution</i>	4	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	2	
<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>	2	
<i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i>	2	
<i>relgaabi (300 mg cap, 400 mg cap)</i>	2	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	4	PA-NSO
SEZABY 100 MG RECON SOLN	5	NDS-NM
SPRITAM (250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB)	4	ST-NSO
SUBVENITE 10 MG/ML SUSPENSION	4	QL (1500 ml per 30 days), PA-NSO

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Drug Name	Drug Tier	Requirements / Limits
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>topiramate 25 mg/ml solution</i>	4	QL (480 ml per 30 days), PA-NSO
<i>topiramate er (25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)</i>	3	PA-NSO
VIMPAT 200 MG/20ML SOLUTION	4	PA-NSO
ZONISADE 100 MG/5ML SUSPENSION	4	QL (900 ml per 30 days), PA-NSO
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
ZTALMY 50 MG/ML SUSPENSION	5	QL (1100 ml per 30 days), PA-NSO, NDS-NM
CARBAMATES		
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	4	
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	5	QL (28 ea per 180 days), PA-NSO, NDS-NM
XCOPRI (150 MG TAB, 200 MG TAB)	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4	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>	4	
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	5	PA-NSO, NDS-NM
<i>vigadrone 500 mg packet</i>	5	PA-NSO, NDS-NM
<i>vigpoder 500 mg packet</i>	5	PA-NSO, NDS-NM
SUCCINIMIDES		
<i>ethosuximide 250 mg cap</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>ethosuximide 250 mg/5ml solution</i>	4	
<i>methsuximide 300 mg cap</i>	4	
VALPROIC ACID		
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	2	
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	4	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
AUVELITY 45-105 MG TAB ER	4	QL (60 ea per 30 days), PA-NSO
AUVELITY TITRATION PACK 30-105 MG & 45-105 MG TBER THPK	4	QL (51 ea per 180 days), PA-NSO
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	2	QL (180 ea per 30 days)
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</i>	2	QL (60 ea per 30 days)
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	2	QL (30 ea per 30 days)
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	4	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>	2	QL (30 ea per 30 days)
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	5	QL (16 ea per 28 days), PA-NSO, NDS-NM
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	5	QL (24 ea per 28 days), PA-NSO, NDS-NM
ZURZUVAE (20 MG CAP, 25 MG CAP)	5	QL (28 ea per 14 days), PA-NSO, NDS-NM
ZURZUVAE 30 MG CAP	5	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)	5	QL (30 ea per 30 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
MARPLAN 10 MG TAB	3	
PHENELZINE SULFATE 15 MG TAB	2	
<i>tranylcypromine sulfate 10 mg tab</i>	4	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 20 mg tab)</i>	1	QL (45 ea per 30 days)
<i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i>	2	QL (600 ml per 30 days)
<i>citalopram hydrobromide 40 mg tab</i>	1	QL (30 ea per 30 days)
<i>escitalopram oxalate (5 mg tab, 10 mg tab)</i>	2	QL (45 ea per 30 days)
<i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</i>	4	QL (600 ml per 30 days)
ESCITALOPRAM OXALATE 15 MG CAP	4	QL (30 ea per 30 days)
<i>escitalopram oxalate 20 mg tab</i>	2	QL (30 ea per 30 days)
<i>fluoxetine hcl (10 mg cap, 10 mg tab)</i>	2	QL (90 ea per 30 days)
<i>fluoxetine hcl (20 mg cap, 20 mg tab)</i>	2	QL (120 ea per 30 days)
<i>fluoxetine hcl 20 mg/5ml solution</i>	2	QL (600 ml per 30 days)
<i>fluoxetine hcl 40 mg cap</i>	2	QL (60 ea per 30 days)
<i>fluvoxamine maleate 100 mg tab</i>	2	QL (90 ea per 30 days)
<i>fluvoxamine maleate 25 mg tab</i>	2	QL (30 ea per 30 days)
<i>fluvoxamine maleate 50 mg tab</i>	2	QL (45 ea per 30 days)
<i>fluvoxamine maleate er (100 mg cap er 24h, 150 mg cap er 24h)</i>	4	QL (60 ea per 30 days)
<i>paroxetine hcl (10 mg tab, 40 mg tab)</i>	2	QL (45 ea per 30 days)
PAROXETINE HCL 10 MG/5ML SUSPENSION	4	
<i>paroxetine hcl 20 mg tab</i>	2	QL (30 ea per 30 days)
<i>paroxetine hcl 30 mg tab</i>	2	QL (60 ea per 30 days)
<i>paroxetine hcl er (25 mg tab er 24h, 37.5 mg tab er 24h)</i>	4	QL (60 ea per 30 days)
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	4	QL (30 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	1	QL (45 ea per 30 days)
<i>sertraline hcl 100 mg tab</i>	1	QL (60 ea per 30 days)
<i>sertraline hcl 20 mg/ml conc</i>	4	QL (300 ml per 30 days)
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)	4	QL (30 ea per 30 days), PA-NSO
EXXUA TITRATION PACK 18.2 MG TAB ER 24H	4	QL (32 ea per 180 days), PA-NSO
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 250 MG TAB)	4	QL (60 ea per 30 days)
NEFAZODONE HCL 200 MG TAB	4	QL (90 ea per 30 days)
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)</i>	1	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	4	QL (30 ea per 30 days), PA-NSO
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	2	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>	3	QL (30 ea per 30 days)
DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR)	4	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>	2	QL (60 ea per 30 days)
DULOXETINE HCL (80 MG CP DR PART, 90 MG CP DR PART, 120 MG CP DR PART)	4	QL (30 ea per 30 days)
<i>duloxetine hcl 40 mg cp dr part</i>	4	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)	4	QL (30 ea per 30 days), PA-NSO
FETZIMA TITRATION 20 & 40 MG CP24 THPK	4	QL (28 ea per 180 days), PA-NSO
VENLAFAXINE BESYLATE ER 112.5 MG TAB ER 24H	4	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>	2	QL (90 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>venlafaxine hcl er (37.5 mg cap er 24h, 150 mg cap er 24h)</i>	2	QL (30 ea per 30 days)
<i>venlafaxine hcl er (37.5 mg tab er 24h, 75 mg tab er 24h, 150 mg tab er 24h, 225 mg tab er 24h)</i>	4	QL (30 ea per 30 days)
<i>venlafaxine hcl er 75 mg cap er 24h</i>	2	QL (90 ea per 30 days)
TRICYCLIC AGENTS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	PA-NSO, HRM (PA Required for Members age 65 and older)
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	3	PA-NSO, HRM (PA Required for Members age 65 and older)
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	4	PA-NSO, HRM (PA Required for Members age 65 and older)
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	3	
<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>	3	PA-NSO, HRM (PA Required for Members age 65 and older)
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	2	PA-NSO, HRM (PA Required for Members age 65 and older)
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>nortriptyline hcl 10 mg/5ml solution</i>	4	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	4	PA-NSO, HRM (PA Required for Members age 65 and older)
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	4	PA-NSO, HRM (PA Required for Members age 65 and older)
ANTIDIABETICS		
ANTIDIABETIC COMBINATIONS		
<i>dapaglifloz base-metformin er (5-500 mg tab er 24h, 10-500 mg tab er 24h)</i>	3	QL (30 ea per 30 days)
<i>glipizide-metformin hcl (2.5-500 mg tab, 5-500 mg tab)</i>	1	QL (120 ea per 30 days)
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	1	QL (240 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	3	QL (30 ea per 30 days)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	3	QL (60 ea per 30 days)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (60 ea per 30 days)
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (30 ea per 30 days)
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	2	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>	3	QL (30 ea per 30 days)
<i>sitagliip phos-metformin hcl er 50-1000 mg tab er 24h</i>	3	QL (60 ea per 30 days)
<i>sitagliptin phos-metformin hcl (50-1000 mg tab, 50-500 mg tab)</i>	3	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)	3	QL (60 ea per 30 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	3	QL (30 ea per 30 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	3	QL (60 ea per 30 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3	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)	3	QL (60 ea per 30 days)
XIGDUO XR 2.5-1000 MG TAB ER 24H	3	QL (60 ea per 30 days)
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	3	ST, QL (15 ml per 30 days), INS
DIABETIC OTHER		
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (90 ea per 30 days)
BAQSIMI ONE PACK 3 MG/DOSE POWDER	3	
BAQSIMI TWO PACK 3 MG/DOSE POWDER	3	
CYCLOSET 0.8 MG TAB	4	PA, QL (180 ea per 30 days)
<i>diazoxide 50 mg/ml suspension</i>	3	
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	3	

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Drug Name	Drug Tier	Requirements / Limits
GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	3	
GVOKE KIT 1 MG/0.2ML SOLUTION	3	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	
<i>metformin hcl 1000 mg tab</i>	1	QL (75 ea per 30 days)
<i>metformin hcl 500 mg tab</i>	1	QL (150 ea per 30 days)
<i>metformin hcl 850 mg tab</i>	1	QL (90 ea per 30 days)
<i>metformin hcl er 500 mg tab er 24h</i>	1	QL (120 ea per 30 days)
<i>metformin hcl er 750 mg tab er 24h</i>	1	QL (60 ea per 30 days)
<i>mifepristone 300 mg tab</i>	5	PA, QL (120 ea per 30 days), NDS-NM
MIGLITOL 100 MG TAB	3	QL (90 ea per 30 days)
MIGLITOL 25 MG TAB	3	QL (90 ea per 30 days)
MIGLITOL 50 MG TAB	3	QL (90 ea per 30 days)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	1	QL (90 ea per 30 days)
<i>pioglitazone hcl (30 mg tab, 45 mg tab)</i>	1	QL (30 ea per 30 days)
<i>pioglitazone hcl 15 mg tab</i>	1	QL (90 ea per 30 days)
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	1	QL (120 ea per 30 days)
<i>repaglinide 2 mg tab</i>	1	QL (240 ea per 30 days)
TZIELD 2 MG/2ML SOLUTION	5	PA, NDS-NM
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>sitagliptin phosphate (25 mg tab, 50 mg tab, 100 mg tab)</i>	3	QL (30 ea per 30 days)
TRADJENTA 5 MG TAB	3	QL (30 ea per 30 days)
INCRETIN MIMETIC AGENTS		
<i>liraglutide 18 mg/3ml soln pen</i>	3	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)	3	PA, QL (2 ml per 28 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	3	PA, QL (2 ml per 180 days), NDS-NM
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3	PA, QL (3 ml per 28 days), (1 pen), NDS-NM
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	PA, QL (3 ml per 28 days), (1 pen), NDS-NM
OZEMPIC (1.5 MG TAB, 4 MG TAB, 9 MG TAB)	3	PA, QL (30 ea per 30 days), NDS-NM
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	3	PA, QL (3 ml per 28 days), (1 pen), NDS-NM
RYBELSUS (7 MG TAB, 14 MG TAB)	3	PA, QL (30 ea per 30 days), NDS-NM
RYBELSUS 3 MG TAB	3	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)	3	PA, QL (2 ml per 28 days), NDS-NM
INSULIN		
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	4	PA, INS
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	INS
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	3	INS
INSULIN GLARGINE-YFGN (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	3	INS
KIRSTY 100 UNIT/ML SOLN PEN	3	INS
KIRSTY 100 UNIT/ML SOLUTION	3	PA-BVD, (May be payable under part B.), INS
LANTUS 100 UNIT/ML SOLUTION	3	INS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	3	INS
MERILOG 100 UNIT/ML SOLUTION	3	PA-BVD, (May be payable under part B.), INS
MERILOG SOLOSTAR 100 UNIT/ML SOLN PEN	3	INS

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Drug Name	Drug Tier	Requirements / Limits
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	INS
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	INS
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	3	INS
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	3	INS
NOVOLIN N 100 UNIT/ML SUSPENSION	3	INS
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	3	INS
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	3	INS
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	3	INS
NOVOLIN R 100 UNIT/ML SOLUTION	3	INS
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	3	INS
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	3	INS
NOVOLIN R RELION 100 UNIT/ML SOLUTION	3	INS
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	3	INS
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	INS
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	INS
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	3	INS
TRESIBA 100 UNIT/ML SOLUTION	3	INS
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	3	INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
<i>dapagliflozin (5 mg tab, 10 mg tab)</i>	3	QL (30 ea per 30 days)
FARXIGA (5 MG TAB, 10 MG TAB)	3	QL (30 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
JARDIANCE (10 MG TAB, 25 MG TAB)	3	QL (30 ea per 30 days)
SULFONYLUREAS		
<i>glimepiride 1 mg tab</i>	2	QL (240 ea per 30 days)
<i>glimepiride 2 mg tab</i>	2	QL (120 ea per 30 days)
<i>glimepiride 4 mg tab</i>	2	QL (60 ea per 30 days)
<i>glipizide 10 mg tab</i>	1	QL (120 ea per 30 days)
<i>glipizide 5 mg tab</i>	1	QL (240 ea per 30 days)
<i>glipizide er 10 mg tab er 24h</i>	1	QL (60 ea per 30 days)
<i>glipizide er 2.5 mg tab er 24h</i>	1	QL (240 ea per 30 days)
<i>glipizide er 5 mg tab er 24h</i>	1	QL (120 ea per 30 days)
<i>glipizide xl 10 mg tab er 24h</i>	1	QL (60 ea per 30 days)
<i>glipizide xl 2.5 mg tab er 24h</i>	1	QL (240 ea per 30 days)
<i>glipizide xl 5 mg tab er 24h</i>	1	QL (120 ea per 30 days)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox (180 mg tab, 360 mg tab)</i>	4	PA
<i>deferasirox (90 mg packet, 180 mg packet, 360 mg packet)</i>	5	PA, NDS-NM
<i>deferasirox (90 mg tab, 125 mg tab sol, 250 mg tab sol, 500 mg tab sol)</i>	3	PA, NDS-NM
<i>deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)</i>	5	PA, NDS-NM
<i>deferiprone (500 mg tab, 1000 mg tab)</i>	5	PA, NDS-NM
<i>penicillamine 250 mg tab</i>	4	
<i>trientine hcl 250 mg cap</i>	5	NDS-NM
<i>acetylcysteine 200 mg/ml solution</i>	4	
<i>deferoxamine mesylate (2 gm recon soln, 500 mg recon soln)</i>	4	PA-BVD

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Drug Name	Drug Tier	Requirements / Limits
<i>fomepizole 1.5 gm/1.5ml solution</i>	5	NDS-NM
ANTIEMETICS		
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	4	PA, QL (2 ea per 28 days), (May be payable under part B)
<i>aprepitant (40 mg cap, 125 mg cap)</i>	4	PA, QL (3 ea per 2 days), (May be payable under part B)
<i>aprepitant (80 & 125 mg cap thpk, 80 mg cap)</i>	4	PA, QL (6 ea per 4 days), (May be payable under part B)
DIMENHYDRINATE 50 MG/ML SOLUTION	4	
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	4	PA, QL (120 ea per 30 days)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	4	PA, QL (60 ea per 30 days)
<i>granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)</i>	4	
<i>granisetron hcl 1 mg tab</i>	3	PA-BVD
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	2	
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	2	PA-BVD
<i>ondansetron hcl (4 mg tab, 8 mg tab)</i>	2	PA-BVD
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)</i>	4	
<i>ondansetron hcl +rfid (4 mg/2ml soln prsyr, 4 mg/2ml solution)</i>	4	
<i>ondansetron hcl 4 mg/5ml solution</i>	4	PA-BVD
<i>palonosetron hcl (0.25 mg/5ml soln prsyr, 0.25 mg/5ml solution)</i>	4	PA
PALONOSETRON HCL 0.25 MG/5ML SOLN PRSYR	4	
<i>scopolamine 1 mg/3days patch 72hr</i>	2	
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION	4	PA-BVD, NDS-NM
AMPHOTERICIN B 50 MG RECON SOLN	4	PA-BVD

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Drug Name	Drug Tier	Requirements / Limits
<i>amphotericin b liposome 50 mg recon susp</i>	5	PA-BVD, NDS-NM
<i>caspofungin acetate (50 mg recon soln, 70 mg recon soln)</i>	4	
CRESEMBA 186 MG CAP	5	PA, QL (68 ea per 30 days), NDS-NM
CRESEMBA 74.5 MG CAP	5	PA, QL (170 ea per 30 days), NDS-NM
<i>fluconazole (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>fluconazole 40 mg/ml recon susp</i>	3	
<i>fluconazole in sodium chloride (100-0.9 mg/50ml-% solution, 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	4	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	5	NDS-NM
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	4	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	4	
<i>itraconazole 100 mg cap</i>	4	PA
<i>ketoconazole 200 mg tab</i>	2	
<i>miconazole sodium (50 mg recon soln, 100 mg recon soln)</i>	4	
<i>nystatin 500000 unit tab</i>	2	
<i>posaconazole 100 mg tab dr</i>	4	PA, QL (180 ea per 30 days)
<i>posaconazole 300 mg/16.7ml solution</i>	5	NDS-NM
<i>posaconazole 40 mg/ml suspension</i>	5	PA, QL (600 ml per 30 days), NDS-NM
REZZAYO 200 MG RECON SOLN	5	PA, NDS-NM
<i>terbinafine hcl 250 mg tab</i>	2	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	2	
<i>voriconazole (50 mg tab, 200 mg tab)</i>	4	
<i>voriconazole 200 mg recon soln</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
ANTIHYPERTENSIVES		
ANTIHYPERTENSIVES - MISC.		
EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION)	5	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	QL (30 ea per 30 days)
<i>icosapent ethyl 0.5 gm cap</i>	3	QL (240 ea per 30 days)
<i>icosapent ethyl 1 gm cap</i>	3	QL (120 ea per 30 days)
NEXLETOL 180 MG TAB	3	PA, QL (30 ea per 30 days)
NEXLIZET 180-10 MG TAB	3	PA, QL (30 ea per 30 days)
<i>niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)</i>	4	QL (60 ea per 30 days)
<i>omega-3-acid ethyl esters 1 gm cap</i>	2	QL (120 ea per 30 days)
REPATHA 140 MG/ML SOLN PRSYR	3	PA, QL (3 ml per 28 days)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	3	PA, QL (3 ml per 28 days)
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	2	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	4	
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	3	
<i>colestipol hcl 1 gm tab</i>	2	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	4	
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>	2	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate micronized 130 mg cap</i>	3	
FENOFIBRIC ACID (35 MG TAB, 105 MG TAB)	2	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	3	
<i>gemfibrozil 600 mg tab</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (45 ea per 30 days)
<i>atorvastatin calcium 80 mg tab</i>	1	QL (30 ea per 30 days)
<i>lovastatin (10 mg tab, 20 mg tab)</i>	1	QL (45 ea per 30 days)
<i>lovastatin 40 mg tab</i>	1	QL (60 ea per 30 days)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (45 ea per 30 days)
<i>pravastatin sodium 80 mg tab</i>	1	QL (30 ea per 30 days)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL (45 ea per 30 days)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 ea per 30 days)
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (45 ea per 30 days)
<i>simvastatin 80 mg tab</i>	1	QL (30 ea per 30 days)
ANTIHYPERTENSIVES		
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	1	
PERINDOPRIL ERBUMINE 2 MG TAB	3	
<i>perindopril erbumine 4 mg tab</i>	3	
PERINDOPRIL ERBUMINE 8 MG TAB	3	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (60 ea per 30 days)
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	
<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)</i>	1	QL (60 ea per 30 days)
<i>candesartan cilexetil 32 mg tab</i>	1	QL (30 ea per 30 days)
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	1	QL (30 ea per 30 days)
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	1	QL (60 ea per 30 days)
<i>losartan potassium 100 mg tab</i>	1	QL (45 ea per 30 days)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	1	QL (30 ea per 30 days)
<i>olmesartan medoxomil 5 mg tab</i>	1	QL (60 ea per 30 days)
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	QL (30 ea per 30 days)
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab)</i>	1	QL (60 ea per 30 days)
<i>valsartan 320 mg tab</i>	1	QL (30 ea per 30 days)
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	4	
<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>	2	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	2	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
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>	2	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	3	QL (30 ea per 30 days)
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	QL (60 ea per 30 days)
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)</i>	3	QL (30 ea per 30 days)
<i>candesartan cilexetil-hctz 16-12.5 mg tab</i>	3	QL (60 ea per 30 days)
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	1	
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	1	QL (60 ea per 30 days)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	3	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	1	QL (30 ea per 30 days)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	QL (60 ea per 30 days)
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1	QL (30 ea per 30 days)
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	3	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	1	QL (30 ea per 30 days)
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	3	QL (30 ea per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	2	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	QL (60 ea per 30 days)
TELMISARTAN-AMLODIPINE 40-10 MG TAB	3	QL (30 ea per 30 days)
TELMISARTAN-AMLODIPINE 40-5 MG TAB	3	QL (30 ea per 30 days)
TELMISARTAN-AMLODIPINE 80-10 MG TAB	3	QL (30 ea per 30 days)
TELMISARTAN-AMLODIPINE 80-5 MG TAB	3	QL (30 ea per 30 days)
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	3	QL (30 ea per 30 days)
<i>valsartan-hydrochlorothiazide (160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	1	QL (30 ea per 30 days)
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab)</i>	1	QL (60 ea per 30 days)
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	4	QL (30 ea per 30 days)
<i>eplerenone (25 mg tab, 50 mg tab)</i>	3	
<i>metirosine 250 mg cap</i>	5	PA, NDS-NM
<i>phenoxybenzamine hcl 10 mg cap</i>	4	PA
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE 250 MG CAP	5	NDS-NM
<i>dapsone (25 mg tab, 100 mg tab)</i>	2	
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	2	
<i>isoniazid (100 mg tab, 300 mg tab)</i>	2	
<i>isoniazid (50 mg/5ml syrup, 100 mg/ml solution)</i>	4	
PASER 4 GM PACKET	4	
PRETOMANID 200 MG TAB	4	QL (30 ea per 30 days)
<i>pyrazinamide 500 mg tab</i>	4	
<i>rifabutin 150 mg cap</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>rifampin (150 mg cap, 300 mg cap)</i>	3	
<i>rifampin 600 mg recon soln</i>	4	
<i>rifapentine 150 mg tab</i>	3	
SIRTURO (20 MG TAB, 100 MG TAB)	5	PA, NDS-NM
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	5	NDS-NM
<i>busulfan 6 mg/ml solution</i>	4	
<i>carboplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)</i>	4	
<i>carmustine 100 mg recon soln</i>	4	
<i>cisplatin (50 mg/50ml solution, 200 mg/200ml solution)</i>	4	
<i>cisplatin 100 mg/100ml solution</i>	4	
CISPLATIN 50 MG RECON SOLN	2	
<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>	4	
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	4	PA-BVD
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	3	PA-BVD
CYCLOPHOSPHAMIDE 500 MG/ML SOLUTION	2	
FRINDOVYX (1 GM/2ML SOLUTION, 2 GM/4ML SOLUTION)	4	
FRINDOVYX 500 MG/ML SOLUTION	2	
GRAFAPEX (1 GM RECON SOLN, 5 GM RECON SOLN)	5	PA-NSO, NDS-NM
IFOSFAMIDE (1 GM RECON SOLN, 1 GM/20ML SOLUTION, 3 GM RECON SOLN, 3 GM/60ML SOLUTION)	4	

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Drug Name	Drug Tier	Requirements / Limits
LEUKERAN 2 MG TAB	3	
<i>lomustine 10 mg cap</i>	3	PA-NSO
<i>lomustine 100 mg cap</i>	3	PA-NSO
<i>lomustine 40 mg cap</i>	3	PA-NSO
<i>melfalan hcl 50 mg recon soln</i>	4	
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution, 200 mg/40ml solution)</i>	4	
TEMODAR 100 MG RECON SOLN	4	
TEPYLUTE (15 MG/1.5ML SOLUTION, 100 MG/10ML SOLUTION)	5	PA-NSO, NDS-NM
<i>thiotepa (15 mg recon soln, 100 mg recon soln)</i>	4	
YONDELIS 1 MG RECON SOLN	5	PA-NSO, NDS-NM
ZANOSAR 1 GM RECON SOLN	4	
ZEPZELCA 4 MG RECON SOLN	5	PA-NSO, NDS-NM
ANTIMETABOLITES		
<i>azacitidine 100 mg recon susp</i>	4	
<i>cladribine 10 mg/10ml solution</i>	4	PA-BVD
<i>clofarabine 1 mg/ml solution</i>	5	PA-NSO, NDS-NM
<i>cytarabine (pf) (20 mg/ml solution, 100 mg/ml solution)</i>	4	PA-BVD
CYTARABINE 20 MG/ML SOLUTION	4	PA-BVD
<i>decitabine 50 mg recon soln</i>	4	
FLOXURIDINE 0.5 GM RECON SOLN	4	PA-BVD
<i>fludarabine phosphate 50 mg recon soln</i>	4	
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	4	PA-BVD
FOLOTYN (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	5	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>	4	

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Drug Name	Drug Tier	Requirements / Limits
GEMCITABINE HCL 1 GM/10ML SOLUTION	4	
GEMCITABINE HCL 1.5 GM/15ML SOLUTION	2	
GEMCITABINE HCL 2 GM/20ML SOLUTION	4	
GEMCITABINE HCL 200 MG/2ML SOLUTION	4	
JYLAMVO 2 MG/ML SOLUTION	4	PA-NSO
<i>mercaptopurine 2000 mg/100ml suspension</i>	4	
<i>mercaptopurine 50 mg tab</i>	3	
METHOTREXATE 1000 MG/40ML SOLUTION	4	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	2	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	4	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	2	
<i>methotrexate sodium 1 gm recon soln</i>	4	
<i>nelarabine 5 mg/ml solution</i>	4	
ONUREG (200 MG TAB, 300 MG TAB)	5	QL (14 ea per 28 days), PA-NSO, NDS-NM
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION)	5	NDS-NM
PEMETREXED DISODIUM (100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION, 850 MG/34ML SOLUTION)	5	NDS-NM
PEMETREXED DITROMETHAMINE 100 MG RECON SOLN	5	NDS-NM
<i>pralatrexate (20 mg/ml solution, 40 mg/2ml solution)</i>	5	NDS-NM
TABLOID 40 MG TAB	3	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
ALYMSYS (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	NDS-NM
CYRAMZA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
FRUZAQLA 1 MG CAP	5	QL (84 ea per 28 days), PA-NSO, NDS-NM
FRUZAQLA 5 MG CAP	5	QL (21 ea per 28 days), PA-NSO, NDS-NM
INLYTA 1 MG TAB	5	QL (180 ea per 30 days), PA-NSO, NDS-NM
INLYTA 5 MG TAB	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	NDS-NM
VEGZELMA (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	NDS-NM
ZALTRAP (100 MG/4ML SOLUTION, 200 MG/8ML SOLUTION)	5	PA-NSO, NDS-NM
ZIRABEV (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	NDS-NM
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION)	5	NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	4	QL (30 ea per 30 days), PA-NSO
<i>erlotinib hcl 25 mg tab</i>	4	QL (90 ea per 30 days), PA-NSO
<i>gefitinib 250 mg tab</i>	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
LAZCLUZE 240 MG TAB	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
LAZCLUZE 80 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
TAGRISSE (40 MG TAB, 80 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
VECTIBIX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	5	PA-NSO, NDS-NM
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
DAURISMO 25 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
ERIVEDGE 150 MG CAP	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
ODOMZO 200 MG CAP	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	3	QL (120 ea per 30 days), PA-NSO, NDS-NM
<i>abiraterone acetate 500 mg tab</i>	3	QL (60 ea per 30 days), PA-NSO, NDS-NM
<i>abirtega 250 mg tab</i>	3	QL (120 ea per 30 days), PA-NSO, NDS-NM
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	5	QL (60 ea per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>anastrozole 1 mg tab</i>	2	
<i>bicalutamide 50 mg tab</i>	2	QL (30 ea per 30 days)
ELIGARD 22.5 MG KIT	4	QL (1 ea per 84 days)
ELIGARD 30 MG KIT	4	QL (1 ea per 112 days)
ELIGARD 45 MG KIT	4	QL (1 ea per 168 days)
ELIGARD 7.5 MG KIT	4	QL (1 ea per 28 days)
ERLEADA 240 MG TAB	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
ERLEADA 60 MG TAB	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
EULEXIN 125 MG CAP	5	QL (180 ea per 30 days), PA-NSO, NDS-NM
<i>exemestane 25 mg tab</i>	4	
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	4	
FIRMAGON 80 MG RECON SOLN	4	
<i>fulvestrant 250 mg/5ml soln prsyr</i>	5	NDS-NM
INLURIYO 200 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
<i>letrozole 2.5 mg tab</i>	2	
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE	4	QL (1 ea per 84 days)
<i>leuprolide acetate 1 mg/0.2ml kit</i>	4	
LIFYORLI (125 MG DOSE) 1 X 25 MG & 1 X 100 MG CAP THPK	5	QL (18 ea per 28 days), PA-NSO, NDS-NM
LIFYORLI (150 MG DOSE) 2 X 25 MG & 1 X 100 MG CAP THPK	5	QL (27 ea per 28 days), PA-NSO, NDS-NM
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	5	QL (1 ea per 28 days), NDS-NM
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	5	QL (1 ea per 84 days), NDS-NM
LYSODREN 500 MG TAB	3	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>nilutamide 150 mg tab</i>	4	QL (60 ea per 30 days)
NUBEQA 300 MG TAB	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
ORGOVYX 120 MG TAB	5	QL (64 ea per 30 days), PA-NSO, NDS-NM
ORSERDU 345 MG TAB	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
ORSERDU 86 MG TAB	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
SOLTAMOX 10 MG/5ML SOLUTION	4	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	2	
<i>toremifene citrate 60 mg tab</i>	4	
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	QL (1 ea per 84 days)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	QL (1 ea per 168 days)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	QL (1 ea per 28 days)
VEPPANU (100 MG TAB, 200 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
XTANDI (40 MG CAP, 40 MG TAB)	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
XTANDI 80 MG TAB	5	QL (60 ea per 30 days), PA-NSO, 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>	5	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>	5	QL (21 ea per 28 days), PA-NSO, NDS-NM
<i>pomalidomide 1mg cap</i>	5	QL (21 ea per 28 days), NDS-NM
<i>pomalidomide 2mg cap</i>	5	QL (21 ea per 28 days), NDS-NM
<i>pomalidomide 3mg cap</i>	5	QL (21 ea per 28 days), NDS-NM
<i>pomalidomide 4mg cap</i>	5	QL (21 ea per 28 days), NDS-NM
THALOMID (150 MG CAP, 200 MG CAP)	5	QL (60 ea per 30 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
THALOMID 100 MG CAP	5	QL (120 ea per 30 days), NDS-NM
THALOMID 50 MG CAP	5	QL (240 ea per 30 days), NDS-NM
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	5	QL (66 ea per 28 days), PA-NSO, NDS-NM
DARZALEX FASPRO 1800-30000 MG-UT/15ML SOLUTION	5	QL (64.5 ml per 30 days), PA-NSO, NDS-NM
HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION	5	QL (5 ml per 21 days), NDS-NM
INQOVI 35-100 MG TAB	5	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)	5	PA-NSO, NDS-NM
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	5	QL (49 ea per 28 days), PA-NSO, NDS-NM
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	5	QL (70 ea per 28 days), PA-NSO, NDS-NM
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	5	QL (91 ea per 28 days), PA-NSO, NDS-NM
LONSURF 15-6.14 MG TAB	5	QL (100 ea per 28 days), PA-NSO, NDS-NM
LONSURF 20-8.19 MG TAB	5	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)	5	PA-NSO, NDS-NM
OPDUALAG 240-80 MG/20ML SOLUTION	5	QL (40 ml per 28 days), PA-NSO, NDS-NM
PHESGO 60-60-2000 MG-MG-U/ML SOLUTION	5	QL (10 ml per 21 days), NDS-NM
PHESGO 80-40-2000 MG-MG-U/ML SOLUTION	5	QL (15 ml per 21 days), NDS-NM
RITUXAN HYCELA 1400-23400 MG -UT/11.7ML SOLUTION	5	QL (46.8 ml per 28 days), PA-NSO, NDS-NM
RITUXAN HYCELA 1600-26800 MG -UT/13.4ML SOLUTION	5	QL (13.4 ml per 28 days), PA-NSO, NDS-NM
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)	5	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
TECENTRIQ HYBREZA 1875-30000 MG-UT/15ML SOLUTION	5	QL (15 ml per 21 days), PA-NSO, NDS-NM
VYXEOS 44-100 MG RECON SUSP	5	PA-NSO, NDS-NM
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150 MG CAP	5	QL (240 ea per 30 days), PA-NSO, NDS-NM
ALUNBRIG (90 MG TAB, 180 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
ALUNBRIG 30 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
ALUNBRIG 90 & 180 MG TAB THPK	5	QL (30 ea per 180 days), PA-NSO, NDS-NM
AUGTYRO 160 MG CAP	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
AUGTYRO 40 MG CAP	5	QL (240 ea per 30 days), PA-NSO, NDS-NM
BALVERSA 3 MG TAB	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
BALVERSA 4 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
BALVERSA 5 MG TAB	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
BELEODAQ 500 MG RECON SOLN	5	PA-NSO, NDS-NM
<i>bortezomib (1 mg recon soln, 2.5 mg recon soln, 3.5 mg recon soln)</i>	5	PA-NSO, NDS-NM
BOSULIF 100 MG CAP	5	QL (180 ea per 30 days), PA-NSO, NDS-NM
BOSULIF 50 MG CAP	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>bosutinib (400 mg tab, 500 mg tab)</i>	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>bosutinib 100 mg tab</i>	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
BRAFTOVI 75 MG CAP	5	QL (180 ea per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
BRUKINSA 160 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
BRUKINSA 80 MG CAP	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
CABOMETYX (20 MG TAB, 60 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
CABOMETYX 40 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
CALQUENCE 100 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
CAPRELSA 100 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
CAPRELSA 300 MG TAB	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
CAVHANZA (60 MG TAB DISP, 80 MG TAB DISP)	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
COPIKTRA (15 MG CAP, 25 MG CAP)	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
COTELLIC 20 MG TAB	5	QL (63 ea per 28 days), PA-NSO, NDS-NM
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)</i>	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>dasatinib 20 mg tab</i>	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
ENSACOVE (25 MG CAP, 100 MG CAP)	5	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>	5	QL (112 ea per 28 days), PA-NSO, NDS-NM
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	4	QL (28 ea per 28 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
FARYDAK (10 MG CAP, 15 MG CAP, 20 MG CAP)	5	QL (6 ea per 21 days), PA-NSO, NDS-NM
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	5	QL (21 ea per 28 days), PA-NSO, NDS-NM
FYARRO 100 MG RECON SUSP	5	PA-NSO, NDS-NM
GAVRETO 100 MG CAP	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
GOMEKLI (1 MG CAP, 1 MG TAB SOL)	5	QL (168 ea per 28 days), PA-NSO, NDS-NM
GOMEKLI 2 MG CAP	5	QL (84 ea per 28 days), PA-NSO, NDS-NM
HYRNUO 10 MG TAB	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
IBRANCE (75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB)	5	QL (21 ea per 28 days), PA-NSO, NDS-NM
IBTROZI 200 MG CAP	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
IDHIFA (50 MG TAB, 100 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>imatinib mesylate 100 mg tab</i>	3	QL (90 ea per 30 days)
<i>imatinib mesylate 400 mg tab</i>	3	QL (60 ea per 30 days)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
IMBRUVICA 140 MG CAP	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
IMBRUVICA 70 MG/ML SUSPENSION	5	QL (240 ml per 30 days), PA-NSO, NDS-NM
IMKELDI 80 MG/ML SOLUTION	5	QL (280 ml per 28 days), PA-NSO, NDS-NM
INREBIC 100 MG CAP	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
ITOVEBI 3 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM

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

Drug Name	Drug Tier	Requirements / Limits
ITOVEBI 9 MG TAB	5	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)	5	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)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
JAYPIRCA 100 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
JAYPIRCA 50 MG TAB	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
KISQALI (200 MG DOSE) 200 MG TAB THPK	5	QL (21 ea per 28 days), PA-NSO, NDS-NM
KISQALI (400 MG DOSE) 200 MG TAB THPK	5	QL (42 ea per 28 days), PA-NSO, NDS-NM
KISQALI (600 MG DOSE) 200 MG TAB THPK	5	QL (63 ea per 28 days), PA-NSO, NDS-NM
KOSELUGO 10 MG CAP	5	QL (240 ea per 30 days), PA-NSO, NDS-NM
KOSELUGO 25 MG CAP	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
KOSELUGO 5 MG CAP SPRINK	5	QL (600 ea per 30 days), PA-NSO, NDS-NM
KOSELUGO 7.5 MG CAP SPRINK	5	QL (360 ea per 30 days), PA-NSO, NDS-NM
KRAZATI 200 MG TAB	5	QL (180 ea per 30 days), PA-NSO, NDS-NM
KYPROLIS (10 MG RECON SOLN, 30 MG RECON SOLN, 60 MG RECON SOLN)	5	PA-NSO, NDS-NM
<i>lapatinib ditosylate 250 mg tab</i>	5	QL (180 ea per 30 days), PA-NSO, NDS-NM
LORBRENA 100 MG TAB	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
LORBRENA 25 MG TAB	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
LUMAKRAS 120 MG TAB	5	QL (240 ea per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
LUMAKRAS 240 MG TAB	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
LUMAKRAS 320 MG TAB	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
LYNPARZA (100 MG TAB, 150 MG TAB)	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	5	QL (84 ea per 28 days), PA-NSO, NDS-NM
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	5	QL (112 ea per 28 days), PA-NSO, NDS-NM
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	5	QL (140 ea per 28 days), PA-NSO, NDS-NM
MEKINIST 0.05 MG/ML RECON SOLN	5	QL (1200 ml per 30 days), PA-NSO, NDS-NM
MEKINIST 0.5 MG TAB	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
MEKINIST 2 MG TAB	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
MEKTOVI 15 MG TAB	5	QL (180 ea per 30 days), PA-NSO, NDS-NM
NERLYNX 40 MG TAB	5	QL (180 ea per 30 days), PA-NSO, NDS-NM
NILOTINIB D-TARTRATE (50 MG CAP, 150 MG CAP, 200 MG CAP)	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
<i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i>	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	5	QL (3 ea per 28 days), PA-NSO, NDS-NM
OGSIVEO (100 MG TAB, 150 MG TAB)	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
OGSIVEO 50 MG TAB	5	QL (180 ea per 30 days), PA-NSO, NDS-NM
OJEMDA 100 MG TAB	5	QL (24 ea per 28 days), PA-NSO, NDS-NM
OJEMDA 25 MG/ML RECON SUSP	5	QL (96 ml 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
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>pazopanib hcl 200 mg tab</i>	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
PAZOPANIB HCL 400 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
QINLOCK 50 MG TAB	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
RETEVMO (40 MG CAP, 40 MG TAB)	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
RETEVMO 80 MG CAP	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
REZLIDHIA 150 MG CAP	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
ROMIDEPSIN (10 MG RECON SOLN, 27.5 MG/5.5ML SOLUTION)	5	PA-NSO, NDS-NM
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	5	QL (8 ea per 28 days), PA-NSO, NDS-NM
ROZLYTREK 100 MG CAP	5	QL (180 ea per 30 days), PA-NSO, NDS-NM
ROZLYTREK 200 MG CAP	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
ROZLYTREK 50 MG PACKET	5	QL (360 ea per 30 days), PA-NSO, NDS-NM
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	5	QL (120 ea per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
RYDAPT 25 MG CAP	5	QL (224 ea per 28 days), PA-NSO, NDS-NM
SCEMBLIX 100 MG TAB	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
SCEMBLIX 20 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
SCEMBLIX 40 MG TAB	5	QL (240 ea per 30 days), PA-NSO, NDS-NM
<i>sorafenib tosylate 200 mg tab</i>	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
STIVARGA 40 MG TAB	5	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>	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
TABRECTA (150 MG TAB, 200 MG TAB)	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
TAFINLAR (50 MG CAP, 75 MG CAP)	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
TAFINLAR 10 MG TAB SOL	5	QL (900 ea per 30 days), PA-NSO, NDS-NM
TALZENNA (0.1 MG CAP, 0.25 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
<i>temsirolimus 25 mg/ml solution</i>	5	PA-NSO, NDS-NM
TEPMETKO 225 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
TIBSOVO 250 MG TAB	5	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>	4	QL (28 ea per 28 days), PA-NSO, NDS-NM
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	5	QL (64 ea per 28 days), PA-NSO, NDS-NM
TURALIO 125 MG CAP	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	5	QL (56 ea per 28 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	5	QL (56 ea per 28 days), PA-NSO, NDS-NM
VITRAKVI 100 MG CAP	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
VITRAKVI 20 MG/ML SOLUTION	5	QL (300 ml per 30 days), PA-NSO, NDS-NM
VITRAKVI 25 MG CAP	5	QL (180 ea per 30 days), PA-NSO, NDS-NM
VONJO 100 MG CAP	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
VORANIGO 10 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
VORANIGO 40 MG TAB	5	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)	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
XALKORI 150 MG CAP SPRINK	5	QL (180 ea per 30 days), PA-NSO, NDS-NM
XOSPATA 40 MG TAB	5	PA-NSO, NDS-NM
<i>yulithira (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	4	QL (28 ea per 28 days), PA-NSO, NDS-NM
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
ZELBORAF 240 MG TAB	5	QL (240 ea per 30 days), PA-NSO, NDS-NM
ZOLINZA 100 MG CAP	5	QL (120 ea per 30 days), NDS-NM
ZYKADIA 150 MG TAB	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
ANTINEOPLASTICS - ANGIOGENESIS INHIBITORS		
JOBEVNE (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	NDS-NM
ANTINEOPLASTICS - ENZYME INHIBITORS		
JIDEYTRO 100 MG TAB	5	QL (30 ea per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
JIDEYTRO 25 MG TAB	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
ANTINEOPLASTICS - IMMUNOMODULATORS		
ZENBEXUS (0.75 MG CAP, 1 MG CAP)	5	QL (21 ea per 28 days), PA-NSO, NDS-NM
ANTINEOPLASTICS MISC.		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	5	NDS-NM
ADCETRIS 50 MG RECON SOLN	5	PA-NSO, NDS-NM
ANKTIVA 400 MCG/0.4ML SOLUTION	5	PA-NSO, NDS-NM
ASPARLAS 3750 UNIT/5ML SOLUTION	5	NDS-NM
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
BAVENCIO 200 MG/10ML SOLUTION	5	PA-NSO, NDS-NM
BEIZRAY 20 MG/ML CONC	4	
BESPONSA 0.9 MG RECON SOLN	5	PA-NSO, NDS-NM
BESREMI 500 MCG/ML SOLN PRSYR	5	QL (2 ml per 28 days), PA-NSO, NDS-NM
BESREMI PEN 500 MCG/0.5ML SOLN PEN	5	QL (1 ml per 28 days), PA-NSO, NDS-NM
<i>bexarotene 75 mg cap</i>	3	
BIZENGRI (750 MG DOSE) 375 MG/18.75ML SOLN THPK	5	QL (75 ml per 28 days), PA-NSO, NDS-NM
BLENREP 70 MG RECON SOLN	5	PA-NSO, NDS-NM
<i>bleomycin sulfate (15 recon soln, 30 recon soln)</i>	4	PA-BVD
BLINCYTO 35 MCG RECON SOLN	5	PA-NSO, NDS-NM
COLUMVI (2.5 MG/2.5ML SOLUTION, 10 MG/10ML SOLUTION)	5	QL (30 ml per 21 days), PA-NSO, NDS-NM
<i>dacarbazine (100 mg recon soln, 200 mg recon soln)</i>	4	
<i>dactinomycin 0.5 mg recon soln</i>	4	
DANYELZA 40 MG/10ML SOLUTION	5	PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	5	PA-NSO, NDS-NM
DATROWAY 100 MG RECON SOLN	5	QL (6 ea per 21 days), PA-NSO, NDS-NM
<i>daunorubicin hcl (20 mg/4ml solution, 50 mg/10ml solution)</i>	4	
<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>	4	
<i>doxorubicin hcl (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)</i>	4	PA-BVD
<i>doxorubicin hcl liposomal 2 mg/ml suspension</i>	4	
ELAHERE 100 MG/20ML SOLUTION	5	PA-NSO, NDS-NM
ELREXFIO (44 MG/1.1ML SOLUTION, 76 MG/1.9ML SOLUTION)	5	PA-NSO, NDS-NM
EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN)	5	PA-NSO, NDS-NM
EMRELIS (20 MG RECON SOLN, 100 MG RECON SOLN)	5	PA-NSO, NDS-NM
ENHERTU 100 MG RECON SOLN	5	PA-NSO, NDS-NM
EPKINLY (4 MG/0.8ML SOLUTION, 48 MG/0.8ML SOLUTION)	5	PA-NSO, NDS-NM
<i>eribulin mesylate 1 mg/2ml solution</i>	5	PA-NSO, NDS-NM
ETOPOPHOS 100 MG RECON SOLN	4	
<i>etoposide (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)</i>	4	
GAZYVA 1000 MG/40ML SOLUTION	5	PA-NSO, NDS-NM
HERCESSI (150 MG RECON SOLN, 420 MG RECON SOLN)	5	NDS-NM
HERNEXEOS 60 MG TAB	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	5	NDS-NM
<i>hydroxyurea 500 mg cap</i>	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>idarubicin hcl (5 mg/5ml solution, 10 mg/10ml solution, 20 mg/20ml solution)</i>	4	
IMDELLTRA (1 MG RECON SOLN, 10 MG RECON SOLN)	5	PA-NSO, NDS-NM
IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION)	5	PA-NSO, NDS-NM
IMJUDO 25 MG/1.25ML SOLUTION	5	PA, QL (18.75 ml per 180 days), NDS-NM
IMJUDO 300 MG/15ML SOLUTION	5	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)	4	
IXEMPRA KIT (15 MG RECON SOLN, 45 MG RECON SOLN)	5	PA-NSO, NDS-NM
JEMPERLI 500 MG/10ML SOLUTION	5	PA-NSO, NDS-NM
JEVTANA 60 MG/1.5ML SOLUTION	5	PA-NSO, NDS-NM
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	5	PA-NSO, NDS-NM
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	5	NDS-NM
KEYTRUDA 100 MG/4ML SOLUTION	5	PA-NSO, NDS-NM
KIMMTRAK 100 MCG/0.5ML SOLUTION	5	PA-NSO, NDS-NM
KOMZIFTI 200 MG CAP	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
LIBTAYO 350 MG/7ML SOLUTION	5	PA-NSO, NDS-NM
LOQTORZI 240 MG/6ML SOLUTION	5	PA-NSO, NDS-NM
LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION)	5	PA-NSO, NDS-NM
LUNSUMIO VELO (5 MG/0.5ML SOLUTION, 45 MG/ML SOLUTION)	5	PA-NSO, NDS-NM
LYNOZYFIC (5 MG/2.5ML SOLUTION, 200 MG/10ML SOLUTION)	5	PA-NSO, NDS-NM
MARGENZA 250 MG/10ML SOLUTION	5	PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
MATULANE 50 MG CAP	5	NDS-NM
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	4	
<i>mitoxantrone hcl (20 mg/10ml conc, 25 mg/12.5ml conc, 30 mg/15ml conc)</i>	4	
MODEYSO 125 MG CAP	5	QL (20 ea per 28 days), PA-NSO, NDS-NM
MONJUVI 200 MG RECON SOLN	5	PA-NSO, NDS-NM
<i>mutamycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	4	
MYLOTARG 4.5 MG RECON SOLN	5	PA-NSO, NDS-NM
NIPENT 10 MG RECON SOLN	4	
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	5	NDS-NM
ONCASPAR 750 UNIT/ML SOLUTION	5	NDS-NM
ONIVYDE 43 MG/10ML SUSPENSION	5	PA-NSO, NDS-NM
ONTRUZANT (150 MG RECON SOLN, 420 MG RECON SOLN)	5	NDS-NM
OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 120 MG/12ML SOLUTION, 240 MG/24ML SOLUTION)	5	PA-NSO, NDS-NM
<i>paclitaxel (30 mg/5ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc, 300 mg/50ml conc)</i>	4	
<i>paclitaxel protein-bound part 100 mg recon susp</i>	5	PA-NSO, NDS-NM
PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN)	5	PA-NSO, NDS-NM
PERJETA 420 MG/14ML SOLUTION	5	NDS-NM
POLIVY (30 MG RECON SOLN, 140 MG RECON SOLN)	5	PA-NSO, NDS-NM
PROLEUKIN 22000000 UNIT RECON SOLN	5	NDS-NM
REVUFORJ 110 MG TAB	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
REVUFORJ 160 MG TAB	5	QL (60 ea per 30 days), PA-NSO, NDS-NM

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

Drug Name	Drug Tier	Requirements / Limits
REVUFORJ 25 MG TAB	5	QL (240 ea per 30 days), PA-NSO, NDS-NM
RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	PA-NSO, NDS-NM
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	PA-NSO, NDS-NM
RYBREVANT 350 MG/7ML SOLUTION	5	PA-NSO, NDS-NM
RYLAZE 10 MG/0.5ML SOLUTION	5	PA-NSO, NDS-NM
SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	5	PA-NSO, NDS-NM
TALVEY (3 MG/1.5ML SOLUTION, 40 MG/ML SOLUTION)	5	PA-NSO, NDS-NM
TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION)	5	PA-NSO, NDS-NM
TECVAYLI (30 MG/3ML SOLUTION, 153 MG/1.7ML SOLUTION)	5	PA-NSO, NDS-NM
TEVIMBRA (100 MG/10ML SOLUTION, 150 MG/15ML SOLUTION)	5	PA-NSO, NDS-NM
TICE BCG 50 MG RECON SUSP	4	
TIVDAK 40 MG RECON SOLN	5	PA-NSO, NDS-NM
<i>topotecan hcl (4 mg recon soln, 4 mg/4ml solution)</i>	4	
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	5	NDS-NM
<i>tretinoin 10 mg cap</i>	5	NDS-NM
TRODELVY 180 MG RECON SOLN	5	PA-NSO, NDS-NM
TRUXIMA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	PA-NSO, NDS-NM
TUKYSA (50 MG TAB, 150 MG TAB)	5	QL (120 ea per 30 days), PA-NSO, NDS-NM
UNITUXIN 17.5 MG/5ML SOLUTION	5	QL (40 ml per 30 days), PA-NSO, NDS-NM
UNLOXCYT 300 MG/5ML SOLUTION	5	PA-NSO, NDS-NM
UVADEX 20 MCG/ML SOLUTION	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>valrubicin 40 mg/ml solution</i>	2	
VENCLEXTA 10 MG TAB	4	QL (60 ea per 30 days), PA-NSO
VENCLEXTA 100 MG TAB	5	QL (180 ea per 30 days), PA-NSO, NDS-NM
VENCLEXTA 50 MG TAB	4	QL (30 ea per 30 days), PA-NSO
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	5	QL (42 ea per 180 days), PA-NSO, NDS-NM
VINBLASTINE SULFATE 1 MG/ML SOLUTION	4	PA-BVD
VINCRISTINE SULFATE (1 MG/ML SOLUTION, 2 MG/2ML SOLUTION)	4	PA-BVD
<i>vinorelbine tartrate (10 mg/ml solution, 50 mg/5ml solution)</i>	4	
VYLOY (100 MG RECON SOLN, 300 MG RECON SOLN)	5	PA-NSO, NDS-NM
WELIREG 40 MG TAB	5	QL (90 ea per 30 days), PA-NSO, NDS-NM
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	5	QL (8 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	5	QL (16 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5	QL (4 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	5	QL (8 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	5	QL (4 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	5	QL (24 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5	QL (8 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	5	QL (4 ea per 28 days), PA-NSO, NDS-NM
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	5	QL (32 ea per 28 days), PA-NSO, NDS-NM
YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION)	5	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
ZIIHERA 300 MG RECON SOLN	5	PA-NSO, NDS-NM
ZYNLONTA 10 MG RECON SOLN	5	PA-NSO, NDS-NM
ZYNYZ 500 MG/20ML SOLUTION	5	QL (20 ml per 28 days), PA-NSO, NDS-NM

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

COSELA 300 MG RECON SOLN	5	PA-NSO, NDS-NM
<i>dexrazoxane hcl (250 mg recon soln, 500 mg recon soln)</i>	4	
ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN)	5	PA, NDS-NM
IWILFIN 192 MG TAB	5	QL (240 ea per 30 days), PA-NSO, NDS-NM
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	3	
<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>	4	
<i>levoleucovorin calcium 50 mg recon soln</i>	4	
<i>levoleucovorin calcium pf (175 mg/17.5ml solution, 250 mg/25ml solution)</i>	5	NDS-NM
<i>mesna (100 mg/ml solution, 400 mg tab)</i>	4	
VYKOURA 500 MG/50ML SOLUTION	4	

ANTIPARASITICS

ANTHELMINTICS

<i>albendazole 200 mg tab</i>	4	
<i>ivermectin 3 mg tab</i>	3	PA
<i>praziquantel 600 mg tab</i>	4	

ANTIPROTOZOALS

<i>atovaquone 750 mg/5ml suspension</i>	4	
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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>atovaquone-proguanil hcl 250-100 mg tab</i>	2	
<i>atovaquone-proguanil hcl 62.5-25 mg tab</i>	4	
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	4	
COARTEM 20-120 MG TAB	4	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
IMPAVIDO 50 MG CAP	5	PA, QL (84 ea per 28 days), NDS-NM
<i>mefloquine hcl 250 mg tab</i>	2	
NITAZOXANIDE 500 MG TAB	4	PA
<i>pentamidine isethionate 300 mg recon soln</i>	4	PA-BVD
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	4	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	4	
<i>pyrimethamine 25 mg tab</i>	5	PA, NDS-NM
<i>quinine sulfate 324 mg cap</i>	4	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa 25 mg tab</i>	4	
<i>entacapone 200 mg tab</i>	3	
ONGENTYS (25 MG CAP, 50 MG CAP)	4	PA, QL (30 ea per 30 days)
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	2	PA, HRM (PA Required for Members age 65 and older)
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	4	PA, HRM (PA Required for Members age 65 and older)
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>apomorphine hcl 30 mg/3ml soln cart</i>	5	NDS-NM
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	4	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	2	
CARBIDOPA-LEVODOPA 10-100 MG TAB DISP	3	
CARBIDOPA-LEVODOPA 25-100 MG TAB DISP	3	
CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	3	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	2	
<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>	4	
INBRIJA 42 MG CAP	5	QL (300 ea per 30 days), NDS-NM
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	2	
<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>	2	
<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>	4	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	3	QL (30 ea per 30 days)
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	2	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>	2	
<i>lithium 8 meq/5ml solution</i>	2	
LITHIUM CARBONATE (150 MG CAP, 300 MG CAP)	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab)</i>	2	
LITHIUM CARBONATE 600 MG CAP	2	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	5	QL (60 ea per 30 days), PA-NSO, NDS-NM
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	5	QL (56 ea per 180 days), PA-NSO, NDS-NM
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	4	
<i>haloperidol lactate 2 mg/ml conc</i>	2	
<i>haloperidol lactate 5 mg/ml solution</i>	4	
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	2	QL (30 ea per 30 days)
<i>lurasidone hcl 80 mg tab</i>	2	QL (60 ea per 30 days)
MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB)	4	
NUPLAZID (10 MG TAB, 34 MG CAP)	5	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>	4	
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	3	QL (30 ea per 30 days)
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	2	QL (60 ea per 30 days)
<i>ziprasidone mesylate 20 mg recon soln</i>	2	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)	5	QL (60 ea per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
BYSANTI TITRATION PACK A 1 & 2 & 4 & 6 MG TAB THPK	5	QL (8 ea per 180 days), PA-NSO, NDS-NM
BYSANTI TITRATION PACK B 1 & 2 & 6 & 8 MG TAB THPK	5	QL (12 ea per 180 days), PA-NSO, NDS-NM
BYSANTI TITRATION PACK C 1 & 2 & 6 MG TAB THPK	5	QL (8 ea per 180 days), PA-NSO, NDS-NM
ERZOFRI 117 MG/0.75ML SUSP PRSYR	5	QL (0.75 ml per 28 days), PA-NSO, NDS-NM
ERZOFRI 156 MG/ML SUSP PRSYR	5	QL (1 ml per 28 days), PA-NSO, NDS-NM
ERZOFRI 234 MG/1.5ML SUSP PRSYR	5	QL (1.5 ml per 28 days), PA-NSO, NDS-NM
ERZOFRI 351 MG/2.25ML SUSP PRSYR	5	QL (2.25 ml per 28 days), PA-NSO, NDS-NM
ERZOFRI 39 MG/0.25ML SUSP PRSYR	4	QL (0.25 ml per 28 days), PA-NSO
ERZOFRI 78 MG/0.5ML SUSP PRSYR	4	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)	5	QL (60 ea per 30 days), NDS-NM
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	4	QL (8 ea per 28 days)
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	4	QL (12 ea per 180 days)
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	4	QL (8 ea per 180 days)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	QL (3.5 ml per 180 days), PA-NSO, NDS-NM
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL (5 ml per 180 days), PA-NSO, NDS-NM
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	QL (0.75 ml per 28 days), PA-NSO, NDS-NM
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	QL (1 ml per 28 days), PA-NSO, NDS-NM
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	QL (1.5 ml per 28 days), PA-NSO, NDS-NM
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	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	5	QL (0.88 ml per 84 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	QL (1.32 ml per 84 days), PA-NSO, NDS-NM
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	QL (1.75 ml per 84 days), PA-NSO, NDS-NM
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	QL (2.63 ml per 84 days), PA-NSO, NDS-NM
<i>paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 9 mg tab er 24h)</i>	4	QL (30 ea per 30 days)
<i>paliperidone er 6 mg tab er 24h</i>	4	QL (60 ea per 30 days)
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp)</i>	4	QL (60 ea per 30 days)
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab)</i>	2	QL (60 ea per 30 days)
<i>risperidone 1 mg/ml solution</i>	2	QL (480 ml per 30 days)
<i>risperidone 4 mg tab</i>	2	QL (120 ea per 30 days)
<i>risperidone 4 mg tab disp</i>	4	QL (120 ea per 30 days)
<i>risperidone microspheres er (12.5 mg, 25 mg, 37.5 mg, 50 mg)</i>	4	QL (2 ea per 28 days), PA-NSO
UZEDY 100 MG/0.28ML SUSP PRSYR	5	QL (0.28 ml per 28 days), PA-NSO, NDS-NM
UZEDY 125 MG/0.35ML SUSP PRSYR	5	QL (0.35 ml per 28 days), PA-NSO, NDS-NM
UZEDY 150 MG/0.42ML SUSP PRSYR	5	QL (0.42 ml per 56 days), PA-NSO, NDS-NM
UZEDY 200 MG/0.56ML SUSP PRSYR	5	QL (0.56 ml per 56 days), PA-NSO, NDS-NM
UZEDY 250 MG/0.7ML SUSP PRSYR	5	QL (0.7 ml per 56 days), PA-NSO, NDS-NM
UZEDY 50 MG/0.14ML SUSP PRSYR	5	QL (0.14 ml per 28 days), PA-NSO, NDS-NM
UZEDY 75 MG/0.21ML SUSP PRSYR	5	QL (0.21 ml per 28 days), PA-NSO, NDS-NM
DIBENZAPINES		
ADASUVE 10 MG AER POW BA	4	QL (1 ea per 7 days), PA-NSO

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Drug Name	Drug Tier	Requirements / Limits
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	4	QL (60 ea per 30 days), PA-NSO
<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	4	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	2	
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	2	QL (30 ea per 30 days)
<i>olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	4	QL (30 ea per 30 days)
<i>olanzapine 10 mg recon soln</i>	4	QL (120 ea per 30 days)
<i>quetiapine fumarate (150 mg tab, 300 mg tab, 400 mg tab)</i>	2	QL (60 ea per 30 days)
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	QL (90 ea per 30 days)
<i>quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	2	QL (60 ea per 30 days)
<i>quetiapine fumarate er 200 mg tab er 24h</i>	2	QL (30 ea per 30 days)
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	4	QL (30 ea per 30 days), PA-NSO
VERSACLOZ 50 MG/ML SUSPENSION	4	
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	4	
<i>compro 25 mg suppos</i>	4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	4	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)</i>	3	
FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 2.5 MG/ML SOLUTION, 5 MG/ML CONC)	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	4	
<i>prochlorperazine 25 mg suppos</i>	4	
<i>prochlorperazine edisylate 10 mg/2ml solution</i>	4	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	2	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	3	PA-NSO, HRM (PA Required for Members age 65 and older)
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	3	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL (2.4 ml per 56 days), NDS-NM
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 ml per 56 days), NDS-NM
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	5	QL (1 ea per 28 days), NDS-NM
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	4	QL (60 ea per 30 days)
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	QL (30 ea per 30 days)
<i>aripiprazole 1 mg/ml solution</i>	4	
ARISTADA 1064 MG/3.9ML PRSYR	5	QL (3.9 ml per 56 days), PA-NSO, (1 syringe), NDS-NM
ARISTADA 441 MG/1.6ML PRSYR	5	QL (1.6 ml per 28 days), PA-NSO, (1 syringe), NDS-NM
ARISTADA 662 MG/2.4ML PRSYR	5	QL (2.4 ml per 28 days), PA-NSO, (1 syringe), NDS-NM
ARISTADA 882 MG/3.2ML PRSYR	5	QL (3.2 ml per 28 days), PA-NSO, (1 syringe), NDS-NM
ARISTADA INITIO 675 MG/2.4ML PRSYR	5	QL (2.4 ml per 180 days), PA-NSO, NDS-NM
OPIPZA (2 MG FILM, 5 MG FILM)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
OPIPZA 10 MG FILM	5	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)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
ANTISPASTICITY AGENTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>baclofen 10 mg/5ml solution</i>	3	PA, QL (1200 ml per 30 days)
<i>chlorzoxazone 500 mg tab</i>	3	
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	2	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	4	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	2	
<i>orphenadrine citrate er 100 mg tab er 12h</i>	3	
<i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>	2	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	2	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate 20 mg/ml solution</i>	4	QL (960 ml per 30 days)
<i>abacavir sulfate 300 mg tab</i>	3	QL (60 ea per 30 days)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	3	QL (30 ea per 30 days)
APTIVUS 250 MG CAP	4	QL (120 ea per 30 days)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	4	QL (60 ea per 30 days)
<i>atazanavir sulfate 300 mg cap</i>	4	QL (30 ea per 30 days)
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	5	QL (30 ea per 30 days), NDS-NM
BIXLENVO 75-50 MG TAB	5	QL (30 ea per 30 days), NDS-NM
CABENUVA 400 & 600 MG/2ML SUSP	5	QL (4 ml per 28 days), NDS-NM
CABENUVA 600 & 900 MG/3ML SUSP	5	QL (6 ml per 28 days), NDS-NM
CIMDUO 300-300 MG TAB	5	QL (30 ea per 30 days), NDS-NM
<i>darunavir 600 mg tab</i>	4	QL (60 ea per 30 days)
<i>darunavir 800 mg tab</i>	4	QL (30 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
DELSTRIGO 100-300-300 MG TAB	5	QL (30 ea per 30 days), NDS-NM
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	5	QL (30 ea per 30 days), NDS-NM
DOVATO 50-300 MG TAB	5	QL (30 ea per 30 days), NDS-NM
EDURANT PED 2.5 MG TAB SOL	5	QL (180 ea per 30 days), NDS-NM
<i>efavirenz 600 mg tab</i>	4	QL (30 ea per 30 days)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	4	QL (30 ea per 30 days)
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	5	QL (30 ea per 30 days), NDS-NM
<i>emtricitab-rilpivir-tenofovf df 200-25-300 mg tab</i>	5	QL (30 ea per 30 days), NDS-NM
<i>emtricitabine 200 mg cap</i>	3	QL (30 ea per 30 days)
<i>emtricitabine-tenofovir df (100-150 mg tab, 167-250 mg tab)</i>	4	QL (30 ea per 30 days)
<i>emtricitabine-tenofovir df 133-200 mg tab</i>	5	QL (30 ea per 30 days), NDS-NM
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	3	QL (30 ea per 30 days)
EMTRIVA 10 MG/ML SOLUTION	3	QL (850 ml per 30 days)
<i>etravirine (100 mg tab, 200 mg tab)</i>	4	QL (60 ea per 30 days)
EVOTAZ 300-150 MG TAB	5	QL (30 ea per 30 days), NDS-NM
<i>fosamprenavir calcium 700 mg tab</i>	4	QL (120 ea per 30 days)
FUZEON 90 MG RECON SOLN	5	QL (60 ea per 30 days), NDS-NM
GENVOYA 150-150-200-10 MG TAB	5	QL (30 ea per 30 days), NDS-NM
IDVYNZO 100-0.25 MG TAB	5	QL (30 ea per 30 days), NDS-NM
INTELENCE 25 MG TAB	4	QL (120 ea per 30 days)
ISENTRESS 100 MG CHEW TAB	5	QL (180 ea per 30 days), NDS-NM
ISENTRESS 100 MG PACKET	4	QL (60 ea per 30 days)
ISENTRESS 25 MG CHEW TAB	3	QL (180 ea per 30 days)
ISENTRESS 400 MG TAB	5	QL (120 ea per 30 days), NDS-NM
ISENTRESS HD 600 MG TAB	5	QL (60 ea per 30 days), NDS-NM
JULUCA 50-25 MG TAB	5	QL (30 ea per 30 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
KALETRA 400-100 MG/5ML SOLUTION	4	QL (480 ml per 30 days)
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	3	QL (960 ml per 30 days)
<i>lamivudine 150 mg tab</i>	3	QL (60 ea per 30 days)
<i>lamivudine 300 mg tab</i>	3	QL (30 ea per 30 days)
<i>lamivudine-zidovudine 150-300 mg tab</i>	3	QL (60 ea per 30 days)
<i>lopinavir-ritonavir 100-25 mg tab</i>	3	QL (300 ea per 30 days)
<i>lopinavir-ritonavir 200-50 mg tab</i>	4	QL (120 ea per 30 days)
<i>maraviroc 150 mg tab</i>	5	QL (60 ea per 30 days), NDS-NM
<i>maraviroc 300 mg tab</i>	5	QL (120 ea per 30 days), NDS-NM
<i>nevirapine 200 mg tab</i>	3	QL (60 ea per 30 days)
NEVIRAPINE 50 MG/5ML SUSPENSION	4	QL (1200 ml per 30 days)
NEVIRAPINE ER 100 MG TAB ER 24H	4	QL (90 ea per 30 days)
<i>nevirapine er 400 mg tab er 24h</i>	4	QL (30 ea per 30 days)
NORVIR 100 MG PACKET	3	QL (360 ea per 30 days)
ODEFSEY 200-25-25 MG TAB	5	QL (30 ea per 30 days), NDS-NM
PIFELTRO 100 MG TAB	5	QL (60 ea per 30 days), NDS-NM
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	5	QL (30 ea per 30 days), NDS-NM
PREZISTA 100 MG/ML SUSPENSION	5	QL (400 ml per 30 days), NDS-NM
PREZISTA 150 MG TAB	5	QL (180 ea per 30 days), NDS-NM
PREZISTA 75 MG TAB	4	QL (480 ea per 30 days)
RETROVIR 10 MG/ML SOLUTION	4	
REYATAZ 50 MG PACKET	4	QL (180 ea per 30 days)
<i>rilpivirine hcl 25 mg tab</i>	5	QL (30 ea per 30 days), NDS-NM
<i>ritonavir 100 mg tab</i>	3	QL (360 ea per 30 days)
RUKOBIA 600 MG TAB ER 12H	5	QL (60 ea per 30 days), NDS-NM
SELZENTRY 20 MG/ML SOLUTION	4	QL (1800 ml per 30 days)
SELZENTRY 25 MG TAB	3	QL (480 ea per 30 days)
SELZENTRY 75 MG TAB	5	QL (60 ea per 30 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>stavudine (30 mg cap, 40 mg cap)</i>	2	QL (60 ea per 30 days)
STRIBILD 150-150-200-300 MG TAB	5	QL (30 ea per 30 days), NDS-NM
SUNLENCA (4 X 300 MG TAB THPK, 300 MG TAB)	5	QL (4 ea per 180 days), NDS-NM
SUNLENCA 5 X 300 MG TAB THPK	5	QL (5 ea per 180 days), NDS-NM
SYMTUZA 800-150-200-10 MG TAB	5	QL (30 ea per 30 days), NDS-NM
<i>tenofovir disoproxil fumarate 300 mg tab</i>	2	QL (30 ea per 30 days)
TIVICAY (25 MG TAB, 50 MG TAB)	5	QL (60 ea per 30 days), NDS-NM
TIVICAY 10 MG TAB	4	QL (240 ea per 30 days)
TIVICAY PD 5 MG TAB SOL	4	QL (360 ea per 30 days)
TRIUMEQ 600-50-300 MG TAB	5	QL (30 ea per 30 days), NDS-NM
TRIUMEQ PD 60-5-30 MG TAB SOL	4	QL (180 ea per 30 days)
TROGARZO 200 MG/1.33ML SOLUTION	5	NDS-NM
VIRACEPT 250 MG TAB	5	QL (270 ea per 30 days), NDS-NM
VIRACEPT 625 MG TAB	5	QL (120 ea per 30 days), NDS-NM
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	5	QL (30 ea per 30 days), NDS-NM
VIREAD 40 MG/GM POWDER	4	QL (240 gm per 30 days)
VOCABRIA 30 MG TAB	5	QL (30 ea per 30 days), NDS-NM
<i>zidovudine 100 mg cap</i>	3	QL (180 ea per 30 days)
<i>zidovudine 300 mg tab</i>	3	QL (60 ea per 30 days)
<i>zidovudine 50 mg/5ml syrup</i>	3	QL (1920 ml per 30 days)
HEPATITIS AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	4	
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	4	QL (30 ea per 30 days)
<i>lamivudine 100 mg tab</i>	3	QL (30 ea per 30 days)
MAVYRET 100-40 MG TAB	5	PA, QL (84 ea per 28 days), NDS-NM
MAVYRET 50-20 MG PACKET	5	PA, QL (168 ea per 28 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
PEGASYS 180 MCG/0.5ML SOLN PRSYR	5	QL (2 ml per 28 days), NDS-NM
PEGASYS 180 MCG/ML SOLUTION	5	QL (4 ml per 28 days), NDS-NM
RIBAVIRIN 200 MG CAP	3	
RIBAVIRIN 200 MG TAB	3	
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	5	PA, QL (28 ea per 28 days), NDS-NM
VEMLIDY 25 MG TAB	3	QL (30 ea per 30 days)
VOSEVI 400-100-100 MG TAB	5	PA, QL (28 ea per 28 days), NDS-NM
HERPES AGENTS		
<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	2	
<i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i>	4	
<i>acyclovir sodium 50 mg/ml solution</i>	4	PA-BVD
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	2	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	2	
INFLUENZA AGENTS		
<i>oseltamivir phosphate (45 mg cap, 75 mg cap)</i>	3	QL (42 ea per 180 days)
<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 ea per 180 days)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	4	QL (540 ml per 180 days)
RIMANTADINE HCL 100 MG TAB	4	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	4	QL (2 ea per 30 days)
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	4	QL (4 ea per 180 days)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	4	QL (1 ea per 30 days)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	4	QL (4 ea per 180 days)
MISC. ANTIVIRALS		
<i>cidofovir 75 mg/ml solution</i>	4	
<i>foscarnet sodium 6000 mg/250ml solution</i>	4	PA-BVD

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Drug Name	Drug Tier	Requirements / Limits
<i>ganciclovir sodium (500 mg recon soln, 500 mg/10ml solution)</i>	4	PA-BVD
LIVTENCITY 200 MG TAB	5	PA, QL (120 ea per 30 days), NDS-NM
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	3	QL (20 ea per 5 days)
PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK	3	QL (11 ea per 5 days)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	3	QL (30 ea per 5 days)
PREVYMIS (240 MG TAB, 480 MG TAB)	5	PA, QL (30 ea per 30 days), NDS-NM
PREVYMIS (240 MG/12ML SOLUTION, 480 MG/24ML SOLUTION)	5	PA, NDS-NM
<i>valganciclovir hcl 450 mg tab</i>	3	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	4	
VEKLURY 100 MG RECON SOLN	5	NDS-NM
BIOLOGICALS MISC		
ADBRY (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ)	5	PA, QL (6 ml per 28 days), NDS-NM
AMJEVITA (10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR)	3	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)	5	PA, QL (2.4 ml per 28 days), NDS-NM
AMJEVITA-PED 15KG TO <30KG 20 MG/0.2ML SOLN PRSYR	3	PA, QL (0.4 ml per 28 days), NDS-NM
ARCALYST 220 MG RECON SOLN	5	PA, NDS-NM
AVSOLA 100 MG RECON SOLN	5	PA, NDS-NM
AVTOZMA (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	5	PA, QL (3.6 ml per 28 days), NDS-NM
AVTOZMA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	5	PA, QL (40 ml per 30 days), NDS-NM
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	5	PA, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5	PA, QL (8 ml per 28 days), NDS-NM
CIMZIA (1 SYRINGE) 200 MG/ML PREF SY KT	5	PA, QL (6 ea per 28 days), NDS-NM
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	5	PA, QL (3 ea per 28 days), NDS-NM
CIMZIA 2 X 200 MG KIT	5	PA, QL (3 ea per 28 days), NDS-NM
CIMZIA-STARTER 200 MG/ML PREF SY KT	5	PA, QL (3 ea per 28 days), NDS-NM
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	5	PA, NDS-NM
COSENTYX (75 MG/0.5ML SOLN PRSYR, 125 MG/5ML SOLUTION, 150 MG/ML SOLN PRSYR)	5	PA, NDS-NM
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	5	PA, NDS-NM
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	5	PA, NDS-NM
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	5	PA, NDS-NM
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	5	PA, QL (4.56 ml per 28 days), NDS-NM
DUPIXENT (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA, QL (8 ml per 28 days), NDS-NM
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	5	PA, QL (8 ml per 28 days), NDS-NM
ENBREL MINI 50 MG/ML SOLN CART	5	PA, QL (8 ml per 28 days), NDS-NM
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	5	PA, QL (8 ml per 28 days), NDS-NM
ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ	5	PA, QL (1.36 ml per 28 days), NDS-NM
EXDENSUR 100 MG/ML SOLN PRSYR	5	PA, QL (1 ml per 180 days), NDS-NM
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ml per 28 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
FASENRA 30 MG/ML SOLN PRSYR	5	PA, QL (1 ml per 28 days), NDS-NM
FASENRA PEN 30 MG/ML SOLN A-INJ	5	PA, QL (1 ml per 28 days), NDS-NM
ILARIS 150 MG/ML SOLUTION	5	PA, QL (2 ml per 28 days), NDS-NM
INFLECTRA 100 MG RECON SOLN	5	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)	5	PA, QL (2.28 ml per 28 days), NDS-NM
KINERET 100 MG/0.67ML SOLN PRSYR	5	PA, NDS-NM
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	5	PA, QL (3 ml per 28 days), NDS-NM
NUCALA 100 MG RECON SOLN	5	PA, QL (3 ea per 28 days), NDS-NM
NUCALA 40 MG/0.4ML SOLN PRSYR	5	PA, QL (0.4 ml per 28 days), NDS-NM
RENFLEXIS 100 MG RECON SOLN	5	PA, NDS-NM
SAPHNELO 300 MG/2ML SOLUTION	5	PA, QL (2 ml per 28 days), NDS-NM
SELARSDI (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	3	PA, QL (0.5 ml per 28 days), NDS-NM
SELARSDI 130 MG/26ML SOLUTION	5	PA, QL (104 ml per 180 days), NDS-NM
SELARSDI 90 MG/ML SOLN PRSYR	5	PA, QL (1 ml per 28 days), NDS-NM
SIMPONI (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	5	PA, QL (4 ml per 28 days), NDS-NM
SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR)	5	PA, QL (0.5 ml per 28 days), NDS-NM
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	5	PA, QL (1 ea per 28 days), NDS-NM
SKYRIZI 150 MG/ML SOLN PRSYR	5	PA, QL (1 ml per 28 days), NDS-NM
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA, QL (1.2 ml per 56 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
SKYRIZI 360 MG/2.4ML SOLN CART	5	PA, QL (2.4 ml per 56 days), NDS-NM
SKYRIZI 55 MG/0.37ML SOLN PRSYR	5	PA, QL (0.37 ml per 28 days), NDS-NM
SKYRIZI 600 MG/10ML SOLUTION	5	PA, QL (60 ml per 180 days), NDS-NM
SKYRIZI PEN 150 MG/ML SOLN A-INJ	5	PA, QL (1 ml per 28 days), NDS-NM
SPEVIGO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	5	PA, QL (4 ml per 28 days), NDS-NM
SPEVIGO 450 MG/7.5ML SOLUTION	5	PA, QL (15 ml per 7 days), NDS-NM
STARJEMZA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	3	PA, QL (0.5 ml per 28 days), NDS-NM
STARJEMZA 130 MG/26ML SOLUTION	3	PA, QL (104 ml per 180 days), NDS-NM
STARJEMZA 90 MG/ML SOLN PRSYR	3	PA, QL (1 ml per 28 days), NDS-NM
TOFIDENCE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	5	PA, QL (40 ml per 30 days), NDS-NM
TREMFYA 100 MG/ML SOLN PRSYR	5	PA, QL (2 ml per 28 days), NDS-NM
TREMFYA 200 MG/20ML SOLUTION	5	PA, QL (60 ml per 180 days), NDS-NM
TREMFYA 200 MG/2ML SOLN PRSYR	5	PA, QL (4 ml per 28 days), NDS-NM
TREMFYA ONE-PRESS 100 MG/ML SOLN PEN	5	PA, QL (2 ml per 28 days), NDS-NM
TREMFYA PEN 100 MG/ML SOLN A-INJ	5	PA, QL (2 ml per 28 days), NDS-NM
TREMFYA PEN 200 MG/2ML SOLN A-INJ	5	PA, QL (4 ml per 28 days), NDS-NM
TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ	5	PA, QL (4 ml per 28 days), NDS-NM
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	5	PA, QL (3.6 ml per 28 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	5	PA, QL (40 ml per 30 days), NDS-NM
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA, NDS-NM
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	3	PA, QL (0.5 ml per 28 days), NDS-NM
YESINTEK 130 MG/26ML SOLUTION	5	PA, QL (104 ml per 180 days), NDS-NM
YESINTEK 90 MG/ML SOLN PRSYR	5	PA, QL (1 ml per 28 days), NDS-NM
ZYMFENTRA (1 PEN) 120 MG/ML AUT-IJ KIT	5	PA, QL (2 ea per 28 days), NDS-NM
ZYMFENTRA (2 PEN) 120 MG/ML AUT-IJ KIT	5	PA, QL (2 ea per 28 days), NDS-NM
ZYMFENTRA (2 SYRINGE) 120 MG/ML PREF SY KT	5	PA, QL (2 ea per 28 days), NDS-NM

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>droxidopa (200 mg cap, 300 mg cap)</i>	4	PA, QL (180 ea per 30 days)
<i>droxidopa 100 mg cap</i>	4	PA, QL (90 ea per 30 days)
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	

ANTIARRHYTHMICS

<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	2	
<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	4	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	3	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	2	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	2	
<i>propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)</i>	4	
<i>quinidine gluconate er 324 mg tab er</i>	4	
QUINIDINE SULFATE 200 MG TAB	2	
QUINIDINE SULFATE 300 MG TAB	2	
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>	2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	1	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	2	
<i>metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
<i>pindolol (5 mg tab, 10 mg tab)</i>	3	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	2	
<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>	2	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	2	
<i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>	2	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
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	5	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>	2	
<i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	2	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2	
<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>	2	
<i>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h)</i>	3	
<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>	2	
<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>	2	
<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>	4	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	4	
<i>nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	2	
<i>nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	2	
<i>nimodipine 30 mg cap</i>	4	
<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>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	2	
VERAPAMIL HCL ER (120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 360 MG CAP ER 24H)	3	
<i>verapamil hcl er (120 mg tab er, 180 mg tab er, 240 mg tab er)</i>	2	
CARDIOVASCULAR AGENTS, OTHER		
ATTRUBY 356 MG TAB THPK	5	PA, QL (112 ea per 28 days), NDS-NM
<i>digitek (125 mcg tab, 250 mcg tab)</i>	2	
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	2	
<i>digoxin 0.25 mg/ml solution</i>	4	
<i>dobutamine hcl 12.5 mg/ml solution</i>	4	PA-BVD
DOBUTAMINE-DEXTROSE (1-5 MG/ML-% SOLUTION, 2-5 MG/ML-% SOLUTION, 4-5 MG/ML-% SOLUTION)	4	PA-BVD
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3	QL (240 ea per 30 days)
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	4	PA, QL (60 ea per 30 days)
<i>milrinone lactate (10 mg/10ml solution, 20 mg/20ml solution, 50 mg/50ml solution)</i>	4	PA-BVD
<i>milrinone lactate in dextrose (20-5 mg/100ml-% solution, 40-5 mg/200ml-% solution)</i>	4	PA-BVD
MYQORZO (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	5	PA, QL (30 ea per 30 days), NDS-NM
<i>pentoxifylline er 400 mg tab er</i>	2	
<i>ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)</i>	2	
<i>sacubitril-valsartan 24-26 mg tab</i>	3	QL (180 ea per 30 days)
<i>sacubitril-valsartan 49-51 mg tab</i>	3	QL (90 ea per 30 days)
<i>sacubitril-valsartan 97-103 mg tab</i>	3	QL (60 ea per 30 days)
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	4	PA, QL (30 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
VYNDAMAX 61 MG CAP	5	PA, QL (30 ea per 30 days), NDS-NM
VYNDAQEL 20 MG CAP	5	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)	3	PA, QL (2 ml per 28 days), NDS-NM
WEGOVY (1.5 MG TAB, 4 MG TAB, 9 MG TAB, 25 MG TAB)	3	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)	3	PA, QL (3 ml per 28 days), NDS-NM
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	2	
<i>acetazolamide er 500 mg cap er 12h</i>	2	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	4	
DIURETICS, LOOP		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>bumetanide 0.25 mg/ml solution</i>	4	
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	2	
<i>furosemide 10 mg/ml solution</i>	4	
<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>	2	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
DIURETICS, THIAZIDE		
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	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>	2	
<i>spironolactone-hctz 25-25 mg tab</i>	2	
<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>	2	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	2	
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>	4	
<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>	4	
<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, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	2	
<i>nitroglycerin (0.4 mg/spray solution, 2 % ointment)</i>	4	
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl 30 mg cap</i>	4	
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>clotrimazole 10 mg troche</i>	2	
<i>denta 5000 plus 1.1 % cream</i>	2	
<i>dentagel 1.1 % gel</i>	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>lidocaine viscous hcl 2 % solution</i>	2	
NYSTATIN (100000 UNIT/ML SUSPENSION, 500000 UNIT/5ML SUSPENSION)	2	
<i>oralone 0.1 % paste</i>	2	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	3	
SF 1.1 % GEL	2	
SF 5000 PLUS 1.1 % CREAM	2	
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	2	
SODIUM FLUORIDE (1.1 % CREAM, 1.1 % GEL)	2	
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	2	
SODIUM FLUORIDE 5000 PLUS 1.1 % CREAM	2	
SODIUM FLUORIDE 5000 PPM (1.1 % CREAM, 1.1 % GEL, 1.1 % PASTE)	2	
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>adapalene (0.1 % cream, 0.3 % gel)</i>	4	QL (45 gm per 30 days)
<i>amnestem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	4	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4	
<i>clindamycin phos (once-daily) 1 % gel</i>	4	
<i>clindamycin phos (twice-daily) 1 % gel</i>	4	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	4	
<i>clindamycin phosphate (1 % solution, 1 % swab)</i>	2	
<i>clindamycin phosphate 1 % lotion</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin (2 % gel, 2 % solution)</i>	2	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	4	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	4	PA, QL (45 gm per 30 days)
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2	
<i>mupirocin 2 % ointment</i>	2	
<i>mupirocin calcium 2 % cream</i>	4	
ANTIFUNGALS - TOPICAL		
<i>ciclopirox (1 % shampoo, 8 % solution)</i>	2	
<i>ciclopirox 0.77 % gel</i>	4	
<i>ciclopirox olamine 0.77 % cream</i>	2	
<i>ciclopirox olamine 0.77 % suspension</i>	4	
<i>clotrimazole (1 % cream, 1 % solution)</i>	2	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	2	QL (60 gm per 30 days)
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	4	QL (90 ml per 30 days)
<i>econazole nitrate 1 % cream</i>	4	
<i>ketconazole (2 % cream, 2 % shampoo)</i>	2	
<i>klayesta 100000 unit/gm powder</i>	2	
NAFTIFINE HCL 1 % CREAM	4	QL (90 gm per 30 days)
NAFTIFINE HCL 1 % CREAM	4	QL (90 gm per 30 days)
<i>naftifine hcl 2 % cream</i>	4	QL (60 gm per 30 days)
<i>nyamyc 100000 unit/gm powder</i>	2	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	4	
<i>nystop 100000 unit/gm powder</i>	2	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	5	PA-NSO, NDS-NM
<i>fluorouracil (2 % solution, 5 % cream, 5 % solution)</i>	3	
FLUOROURACIL 0.5 % CREAM	4	
LEVULAN KERASTICK 20 % RECON SOLN	4	
PANRETIN 0.1 % GEL	5	PA-NSO, NDS-NM
VALCHLOR 0.016 % GEL	5	PA-NSO, NDS-NM
ANTIPSORIATICS		
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	4	PA
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	3	QL (120 gm per 30 days)
CALCIPOTRIENE 0.005 % SOLUTION	3	QL (60 ml per 30 days)
ICOTYDE 200 MG TAB	5	PA, QL (30 ea per 30 days), NDS-NM
METHOXSALEN RAPID 10 MG CAP	4	
OTEZLA (20 MG TAB, 30 MG TAB)	5	PA, QL (60 ea per 30 days), NDS-NM
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK)	5	PA, QL (55 ea per 180 days), NDS-NM
OTEZLA XR 75 MG TAB ER 24H	5	PA, QL (30 ea per 30 days), NDS-NM
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	5	PA, QL (41 ea per 180 days), NDS-NM
<i>tazarotene (0.05 % cream, 0.1 % cream)</i>	4	PA, QL (60 gm per 30 days)
<i>tazarotene (0.05 % gel, 0.1 % gel)</i>	4	PA, QL (100 gm per 30 days)
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort 1 % cream</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
AMCINONIDE 0.1 % CREAM	4	
AMCINONIDE 0.1 % OINTMENT	4	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	2	QL (90 gm per 30 days)
<i>betamethasone dipropionate 0.05 % lotion</i>	2	QL (120 ml per 30 days)
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	2	QL (100 gm per 30 days)
<i>betamethasone dipropionate aug 0.05 % lotion</i>	2	QL (120 ml per 30 days)
<i>betamethasone valerate (0.1 % cream, 0.1 % ointment)</i>	2	QL (180 gm per 30 days)
<i>betamethasone valerate 0.1 % lotion</i>	2	QL (120 ml per 30 days)
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	4	QL (400 gm per 28 days)
<i>clobetasol prop emollient base 0.05 % cream</i>	2	QL (120 gm per 30 days)
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	2	QL (120 gm per 30 days)
<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo)</i>	4	QL (118 ml per 30 days)
<i>clobetasol propionate 0.05 % foam</i>	4	QL (100 gm per 30 days)
<i>clobetasol propionate 0.05 % liquid</i>	4	QL (125 ml per 30 days)
<i>clobetasol propionate 0.05 % solution</i>	2	QL (50 ml per 30 days)
<i>clobetasol propionate e 0.05 % cream</i>	2	QL (120 gm per 30 days)
<i>clobetasol propionate emulsion 0.05 % foam</i>	4	QL (100 gm per 30 days)
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	4	QL (120 gm per 30 days)
<i>desonide 0.05 % lotion</i>	4	QL (118 ml per 30 days)
<i>fluocinolone acetonide 0.01 % solution</i>	2	
<i>fluocinolone acetonide body 0.01 % oil</i>	4	QL (120 ml per 30 days)
<i>fluocinolone acetonide scalp 0.01 % oil</i>	4	QL (120 ml per 30 days)
<i>fluocinonide (0.05 % cream, 0.05 % ointment)</i>	2	QL (120 gm per 30 days)
FLUOCINONIDE 0.05 % GEL	2	QL (120 gm per 30 days)
<i>fluocinonide 0.05 % solution</i>	2	QL (120 ml per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide emulsified base 0.05 % cream</i>	2	QL (120 gm per 30 days)
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	2	
<i>halobetasol propionate 0.05 % cream</i>	2	QL (100 gm per 30 days)
<i>halobetasol propionate 0.05 % ointment</i>	4	QL (100 gm per 30 days)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % ointment)</i>	2	
HYDROCORTISONE 2 % LOTION	4	
HYDROCORTISONE 2.5 % LOTION	2	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	4	
<i>hydrocortisone butyrate 0.1 % ointment</i>	4	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	4	
<i>hydrocortisone valerate (0.2 % cream, 0.2 % ointment)</i>	4	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2	
PREDNICARBATE 0.1 % OINTMENT	4	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	2	
LOCAL ANESTHETICS - TOPICAL		
<i>glydo 2 % prsyr</i>	2	
<i>lidocaine 5 % ointment</i>	4	
<i>lidocaine 5 % patch</i>	4	PA, QL (90 ea per 30 days)
<i>lidocaine hcl 4 % solution</i>	4	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	2	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	2	(May be payable under part B)
PREMIUM LIDOCAINE 5 % OINTMENT	4	
<i>tridacaine iii 5 % patch</i>	4	PA, QL (90 ea per 30 days)
MISC. DERMATOLOGICAL PRODUCTS		
<i>acyclovir 5 % cream</i>	4	QL (5 gm per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>acyclovir 5 % ointment</i>	2	QL (30 gm per 30 days)
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	2	
CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)	5	PA, QL (30 ea per 30 days), NDS-NM
EUCRISA 2 % OINTMENT	4	PA
<i>imiquimod 5 % cream</i>	2	
<i>malathion 0.5 % lotion</i>	4	
<i>permethrin 5 % cream</i>	2	
<i>pimecrolimus 1 % cream</i>	4	PA, QL (100 gm per 30 days)
PODOFILOX 0.5 % SOLUTION	4	
<i>selenium sulfide 2.5 % lotion</i>	2	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	3	QL (60 gm per 30 days)
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	3	
<i>metronidazole (0.75 % cream, 0.75 % gel, 1 % gel)</i>	2	
<i>rosadan 0.75 % cream</i>	2	
WOUND CARE PRODUCTS		
REGGRANEX 0.01 % GEL	4	PA, QL (30 gm per 30 days)
SANTYL 250 UNIT/GM OINTMENT	3	PA, QL (90 gm per 30 days)
<i>silver sulfadiazine 1 % cream</i>	2	
<i>ssd 1 % cream</i>	2	
SULFAMYLON 85 MG/GM CREAM	4	QL (453.6 gm per 30 days)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL (4 ea per 28 days)
<i>alendronate sodium 10 mg tab</i>	1	QL (30 ea per 30 days)
<i>alendronate sodium 70 mg/75ml solution</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
BOMYNTRA (120 MG/1.7ML SOLN PRSYR, 120 MG/1.7ML SOLUTION)	5	NDS-NM
<i>calcitonin (salmon) 200 unit/act solution</i>	2	
<i>calcitonin (salmon) 200 unit/ml solution</i>	4	
CONEXXENCE 60 MG/ML SOLN PRSYR	4	QL (1 ml per 180 days)
<i>ibandronate sodium 150 mg tab</i>	2	
<i>ibandronate sodium 3 mg/3ml solution</i>	2	PA, (May be payable under part B)
JUBBONTI 60 MG/ML SOLN PRSYR	4	QL (1 ml per 180 days)
OSEVELT 120 MG/1.7ML SOLUTION	5	NDS-NM
<i>pamidronate disodium (6 mg/ml solution, 30 mg/10ml solution, 90 mg/10ml solution)</i>	4	(May be payable under part B)
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	3	
STOBOCLO 60 MG/ML SOLN PRSYR	4	QL (1 ml per 180 days)
<i>teriparatide 560 mcg/2.24ml soln pen</i>	5	PA, QL (2.24 ml per 28 days), (May be payable under part B, 1 pen), NDS-NM
TYMLOS 3120 MCG/1.56ML SOLN PEN	5	PA, QL (1.56 ml per 30 days), (May be payable under part B, 1 pen), NDS-NM
WYOST 120 MG/1.7ML SOLUTION	5	NDS-NM
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	2	(May be payable under part B)
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA 500 MG RECON SOLN	5	PA, NDS-NM
METABOLIC MODIFIERS		
ALDURAZYME 2.9 MG/5ML SOLUTION	5	PA, NDS-NM
AVLAYAH 150 MG RECON SOLN	5	PA, NDS-NM
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	2	(May be payable under part B)
<i>calcitriol 1 mcg/ml solution</i>	4	(May be payable under part B)

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Drug Name	Drug Tier	Requirements / Limits
<i>carglumic acid 200 mg tab sol</i>	5	PA, NDS-NM
<i>cinacalcet hcl (60 mg tab, 90 mg tab)</i>	4	(May be payable under part B)
<i>cinacalcet hcl 30 mg tab</i>	4	QL (60 ea per 30 days), (May be payable under part B)
CRYSVITA 10 MG/ML SOLUTION	5	PA, QL (2 ml per 28 days), NDS-NM
CRYSVITA 20 MG/ML SOLUTION	5	PA, QL (8 ml per 28 days), NDS-NM
CRYSVITA 30 MG/ML SOLUTION	5	PA, QL (6 ml per 28 days), NDS-NM
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution)</i>	4	(May be payable under part B)
ELAPRASE 6 MG/3ML SOLUTION	5	PA, NDS-NM
ELFABRIO 20 MG/10ML SOLUTION	5	PA, NDS-NM
FABRAZYME (5 MG RECON SOLN, 35 MG RECON SOLN)	5	PA, NDS-NM
LAMZEDE 10 MG RECON SOLN	5	PA, NDS-NM
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	4	(May be payable under part B)
<i>levocarnitine sf 1 gm/10ml solution</i>	4	(May be payable under part B)
LOARGYS 2 MG/0.4ML SOLUTION	5	PA, NDS-NM
LUMIZYME 50 MG RECON SOLN	5	PA, NDS-NM
MEPSEVII 10 MG/5ML SOLUTION	5	PA, NDS-NM
NAGLAZYME 1 MG/ML SOLUTION	5	PA, NDS-NM
NEXVIAZYME 100 MG RECON SOLN	5	PA, NDS-NM
NULIBRY 9.5 MG RECON SOLN	5	PA, NDS-NM
<i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i>	4	(May be payable under part B)
REDEMPLO 25 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ml per 90 days), NDS-NM
REVCovi 2.4 MG/1.5ML SOLUTION	5	PA, NDS-NM
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	5	PA, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	5	NDS-NM
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	5	PA, NDS-NM
TRYNGOLZA 80 MG/0.8ML SOLN A-INJ	5	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)	5	PA, QL (90 ea per 30 days), NDS-NM
XENPOZYME (4 MG RECON SOLN, 20 MG RECON SOLN)	5	PA, NDS-NM

ENDOCRINE MEDICATIONS

ANTITHYROID DRUGS

<i>methimazole (5 mg tab, 10 mg tab)</i>	2	
<i>propylthiouracil 50 mg tab</i>	2	

GLUCOCORTICOID DRUGS

<i>betamethasone sod phos & acet 6 (3-3) mg/ml suspension</i>	4	
BETAMETHASONE SODIUM PHOSPHATE (6 MG/ML SOLUTION, 12 MG/2ML SOLUTION)	4	
<i>budesonide 3 mg cp dr part</i>	4	
<i>budesonide er 9 mg tab er 24h</i>	4	PA, QL (30 ea per 30 days)
<i>deflazacort (6 mg tab, 30 mg tab)</i>	5	PA, QL (60 ea per 30 days), NDS-NM
<i>deflazacort 18 mg tab</i>	5	PA, QL (30 ea per 30 days), NDS-NM
<i>deflazacort 36 mg tab</i>	5	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>	2	
DEXAMETHASONE (0.5 MG/5ML ELIXIR, 0.5 MG/5ML SOLUTION)	4	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	4	

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Drug Name	Drug Tier	Requirements / Limits
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	4	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	4	
<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>	4	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>hydrocortisone sod suc (pf) 100 mg recon soln</i>	3	
<i>jaythari (6 mg tab, 30 mg tab)</i>	5	PA, QL (60 ea per 30 days), NDS-NM
<i>jaythari 18 mg tab</i>	5	PA, QL (30 ea per 30 days), NDS-NM
<i>jaythari 36 mg tab</i>	5	PA, NDS-NM
<i>kymbee (6 mg tab, 30 mg tab)</i>	5	PA, QL (60 ea per 30 days), NDS-NM
<i>kymbee 18 mg tab</i>	5	PA, QL (30 ea per 30 days), NDS-NM
<i>kymbee 36 mg tab</i>	5	PA, NDS-NM
<i>methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	2	PA-BVD
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	4	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	4	
<i>prednisolone 15 mg/5ml solution</i>	2	PA-BVD
<i>prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 25 mg/5ml solution)</i>	4	PA-BVD
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	PA-BVD
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	2	PA-BVD

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Drug Name	Drug Tier	Requirements / Limits
PREDNISONE 5 MG/5ML SOLUTION	4	PA-BVD
SOLU-CORTEF (250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	3	
TARPEYO 4 MG CAP DR	5	PA, QL (120 ea per 30 days), NDS-NM
<i>triamcinolone acetonide 40 mg/ml suspension</i>	4	
OTHER ENDOCRINE DRUGS		
<i>cabergoline 0.5 mg tab</i>	2	
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	4	PA
CRENESSITY (50 MG CAP, 100 MG CAP)	5	PA, QL (60 ea per 30 days), NDS-NM
CRENESSITY 50 MG/ML SOLUTION	5	PA, QL (120 ml per 30 days), NDS-NM
<i>desmopressin ace spray refrig 0.01 % solution</i>	4	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	2	
<i>desmopressin acetate 4 mcg/ml solution</i>	4	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	4	
<i>desmopressin acetate spray 0.01 % solution</i>	4	
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
INCRELEX 40 MG/4ML SOLUTION	5	NDS-NM
ISTURISA 1 MG TAB	5	PA, QL (240 ea per 30 days), NDS-NM
ISTURISA 5 MG TAB	5	PA, QL (360 ea per 30 days), NDS-NM
KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	4	PA, QL (30 ea per 30 days)
<i>lanreotide acetate 120 mg/0.5ml solution</i>	5	NDS-NM
LUPRON DEPOT-PED (1-MONTH) (11.25 MG KIT, 15 MG KIT)	5	NDS-NM
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	5	NDS-NM
NOC DURNA (27.7 MCG SL TAB, 55.3 MCG SL TAB)	4	PA, QL (30 ea per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
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)	4	PA
<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>	3	
<i>octreotide acetate 1000 mcg/ml solution</i>	5	NDS-NM
PREGNYL 10000 UNIT RECON SOLN	4	
<i>raloxifene hcl 60 mg tab</i>	2	
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	5	PA, QL (60 ml per 30 days), NDS-NM
SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG)	5	PA, QL (1 ea per 28 days), NDS-NM
SOGROYA (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	5	PA, NDS-NM
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	5	NDS-NM
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	5	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>	5	PA, QL (56 ea per 28 days), NDS-NM
<i>tolvaptan (hyponatremia) (15 mg tab, 30 mg tab)</i>	5	PA, QL (120 ea per 30 days), NDS-NM
TRIPTODUR 22.5 MG SRER	5	PA, QL (1 ea per 168 days), NDS-NM
VASOSTRICT 20 UNIT/ML SOLUTION	4	
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)	4	QL (30 ea per 30 days)
<i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<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>	4	
<i>liomny (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	4	
<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>	4	

GASTROINTESTINAL MEDICATIONS

ANTIDIARRHEAL DRUGS

<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	4	QL (60 ea per 30 days)
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	2	
<i>loperamide hcl 2 mg cap</i>	2	
XERMELO 250 MG TAB	5	PA, QL (90 ea per 30 days), NDS-NM

ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	4	
<i>constulose 10 gm/15ml solution</i>	2	
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	2	
<i>dicyclomine hcl 10 mg/5ml solution</i>	4	
<i>enulose 10 gm/15ml solution</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
GAVILYTE-C 240 GM RECON SOLN	2	
<i>gavilyte-g 236 gm recon soln</i>	2	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	2	
<i>generlac 10 gm/15ml solution</i>	2	
<i>glycopyrrolate (0.2 mg/ml solution, 0.4 mg/2ml solution, 1 mg/5ml solution, 4 mg/20ml solution)</i>	4	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	2	
<i>glycopyrrolate +rfid 0.2 mg/ml solution</i>	4	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	2	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	2	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	3	QL (30 ea per 30 days)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	3	QL (60 ea per 30 days)
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	4	
<i>metoclopramide hcl (5 mg tab, 10 mg tab)</i>	1	
<i>metoclopramide hcl (5 mg/5ml solution, 10 mg/10ml solution)</i>	2	
<i>metoclopramide hcl +rfid 5 mg/ml solution</i>	4	
<i>metoclopramide hcl 5 mg/ml solution</i>	4	
MOVANTIK (12.5 MG TAB, 25 MG TAB)	3	QL (30 ea per 30 days)
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	4	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	2	
<i>peg-3350/electrolytes 236 gm recon soln</i>	2	
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	4	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	4	
SUTAB 1479-225-188 MG TAB	3	
ANTIULCER DRUGS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>cimetidine hcl 300 mg/5ml solution</i>	2	
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	2	
<i>esomeprazole sodium 40 mg recon soln</i>	4	PA
<i>famotidine (20 mg tab, 40 mg tab)</i>	1	
<i>famotidine (20 mg/5ml solution, 40 mg/10ml solution, 40 mg/4ml solution, 40 mg/5ml recon susp, 200 mg/20ml solution, 200 mg/50ml solution)</i>	4	
<i>famotidine (pf) 20 mg/2ml solution</i>	4	
FAMOTIDINE PREMIXED 20-0.9 MG/50ML-% SOLUTION	4	
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	2	
<i>lansoprazole (15 mg tab dr disp, 30 mg tab dr disp)</i>	3	
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	2	
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	
<i>pantoprazole sodium 40 mg recon soln</i>	4	
PYLERA 140-125-125 MG CAP	4	QL (120 ea per 10 days)
<i>rabeprazole sodium 20 mg tab dr</i>	2	
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	3	
TALICIA 250-12.5-10 MG CAP DR	4	QL (168 ea per 14 days)
VOQUEZNA DUAL PAK 500-20 MG THER PACK	4	PA, QL (112 ea per 14 days)
VOQUEZNA TRIPLE PAK 500-500-20 MG THER PACK	4	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>	2	

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Drug Name	Drug Tier	Requirements / Limits
GEMTESA 75 MG TAB	3	QL (30 ea per 30 days)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	QL (30 ea per 30 days)
MYRBETRIQ 8 MG/ML SRER	3	QL (300 ml per 30 days)
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	2	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	2	
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	2	QL (30 ea per 30 days)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	2	
<i>tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)</i>	2	QL (30 ea per 30 days)
<i>trospium chloride 20 mg tab</i>	2	
<i>trospium chloride er 60 mg cap er 24h</i>	3	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	
<i>dutasteride 0.5 mg cap</i>	2	
<i>finasteride 5 mg tab</i>	1	
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	4	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>	2	
CYSTAGON (50 MG CAP, 150 MG CAP)	4	
ELMIRON 100 MG CAP	3	
FILSPARI 200 MG TAB	5	PA, QL (30 ea per 30 days), NDS-NM
FILSPARI 400 MG TAB	5	PA, QL (60 ea per 30 days), NDS-NM
NEOMYCIN-POLYMYXIN B GU 40-200000 SOLUTION	2	
OXLUMO 94.5 MG/0.5ML SOLUTION	5	PA, NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	2	
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	5	PA, NDS-NM
GOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	2	QL (60 ea per 30 days)
<i>colchicine-probenecid 0.5-500 mg tab</i>	3	
<i>febuxostat (40 mg tab, 80 mg tab)</i>	3	ST, QL (30 ea per 30 days)
KRYSTEXXA 8 MG/50ML SOLUTION	5	PA, QL (50 ml per 14 days), NDS-NM
KRYSTEXXA 8 MG/ML SOLUTION	5	PA, QL (1 ml per 14 days), NDS-NM
<i>probenecid 500 mg tab</i>	3	
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 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	4	PA, (May be payable under part B)
DOPTELET 20MG TAB	5	PA, QL (60 ea per 30 days), NDS-NM
DOPTELET TAB 40MG DAILY DOSE PACK	5	PA, QL (60 ea per 30 days), NDS-NM
DOPTELET TAB 60MG DAILY DOSE PACK	5	PA, QL (60 ea per 30 days), NDS-NM
<i>eltrombopag olamine (12.5 mg tab, 25 mg tab)</i>	5	PA, QL (30 ea per 30 days), NDS-NM
<i>eltrombopag olamine (50 mg tab, 75 mg tab)</i>	5	PA, QL (60 ea per 30 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
<i>eltrombopag olamine 12.5 mg packet</i>	5	PA, QL (360 ea per 30 days), NDS-NM
<i>eltrombopag olamine 25 mg packet</i>	5	PA, QL (180 ea per 30 days), NDS-NM
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	3	PA, QL (12 ml per 28 days), (May be payable under part B)
FYLNETRA 6 MG/0.6ML SOLN PRSYR	5	PA, QL (1.2 ml per 28 days), NDS-NM
LEUKINE 250 MCG RECON SOLN	5	PA, NDS-NM
NEULASTA ONPRO 6 MG/0.6ML SOLN PRSYR	5	PA, NDS-NM
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5	PA, NDS-NM
NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN)	5	PA, NDS-NM
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	5	PA, NDS-NM
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	4	PA, QL (12 ml per 28 days), (May be payable under part B)
PROCRIT 40000 UNIT/ML SOLUTION	4	PA, QL (6 ml per 28 days), (May be payable under part B)
REBLOZYL (25 MG RECON SOLN, 75 MG RECON SOLN)	5	PA, NDS-NM
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	4	PA
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	3	PA, QL (12 ml per 28 days), (May be payable under part B)
RETACRIT 40000 UNIT/ML SOLUTION	3	PA, QL (6 ml per 28 days), (May be payable under part B)
ROLVEDON 13.2 MG/0.6ML SOLN PRSYR	5	PA, QL (1.2 ml per 28 days), NDS-NM
STIMUFEND 6 MG/0.6ML SOLN PRSYR	5	PA, QL (1.2 ml per 28 days), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	5	PA, QL (1.2 ml per 28 days), NDS-NM
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5	PA, NDS-NM
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	5	PA, QL (1.2 ml per 28 days), NDS-NM
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA (HAE) AGENTS		
CINRYZE 500 UNIT RECON SOLN	5	PA, QL (20 ea per 30 days), NDS-NM
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	5	PA, QL (24 ea per 28 days), NDS-NM
<i>icatibant acetate 30 mg/3ml soln prsy</i>	5	PA, QL (18 ml per 30 days), NDS-NM
ORLADEYO (110 MG CAP, 150 MG CAP)	5	PA, QL (28 ea per 28 days), NDS-NM
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	5	PA, QL (4 ml per 28 days), NDS-NM
TAKHZYRO 150 MG/ML SOLN PRSYR	5	PA, QL (2 ml per 28 days), NDS-NM
IMMUNE SUPPRESSANTS		
ATGAM 50 MG/ML SOLUTION	3	PA-BVD
<i>azathioprine 50 mg tab</i>	2	PA-BVD
AZATHIOPRINE SODIUM 100 MG RECON SOLN	4	PA-BVD
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	3	PA-BVD
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap)</i>	3	PA-BVD
<i>cyclosporine modified 100 mg/ml solution</i>	4	PA-BVD
ENSPRYNG 120 MG/ML SOLN PRSYR	5	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)	4	PA-BVD

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Drug Name	Drug Tier	Requirements / Limits
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	4	PA-NSO, (May be payable under part B), NDS-NM
GAMIFANT (10 MG/2ML SOLUTION, 50 MG/10ML SOLUTION, 100 MG/20ML SOLUTION)	5	PA, NDS-NM
<i>gengraf (25 mg cap, 100 mg cap)</i>	3	PA-BVD
<i>gengraf 100 mg/ml solution</i>	4	PA-BVD
<i>mycophenolate mofetil (200 mg/ml recon susp, 500 mg recon soln)</i>	4	PA-BVD
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	2	PA-BVD
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	4	PA-BVD
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	4	PA-BVD
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	4	PA-BVD
NULOJIX 250 MG RECON SOLN	5	PA-NSO, (May be payable under part B), NDS-NM
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4	PA-BVD
SIMULECT (10 MG RECON SOLN, 20 MG RECON SOLN)	5	PA-BVD, NDS-NM
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	4	PA-BVD
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	3	PA-BVD
<i>tacrolimus 5 mg/ml solution</i>	4	PA-BVD
<i>tacrolimus er (0.5 mg cap er 24h, 1 mg cap er 24h, 5 mg cap er 24h)</i>	4	PA-NSO, (May be payable under part B)
THYMOGLOBULIN 25 MG RECON SOLN	5	PA-BVD, NDS-NM
IMMUNIZING AGENTS, PASSIVE		
BIVIGAM 10 GM/100ML SOLUTION	5	PA, (May be payable under part B), NDS-NM
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5	PA, (May be payable under part B), NDS-NM
GAMMAGARD ERC (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5	PA, (May be payable under part B), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	5	PA, (May be payable under part B), NDS-NM
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	5	PA, (May be payable under part B), NDS-NM
GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5	PA, (May be payable under part B), NDS-NM
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION)	5	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)	5	PA, (May be payable under part B), NDS-NM
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 40 GM/400ML SOLUTION)	5	PA, (May be payable under part B), NDS-NM
VACCINES		
ABRYSVO 120 MCG/0.5ML RECON SOLN	6	VAC
ACTHIB RECON SOLN	6	VAC
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	6	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	6	VAC
BCG VACCINE 50 MG RECON SOLN	6	VAC
BEXSERO SUSP PRSYR	6	VAC
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	6	VAC
DAPTACEL 23-15-5 SUSPENSION	6	VAC
DENGVAXIA RECON SUSP	6	VAC
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	6	PA-BVD, VAC
ENGRIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	6	PA-BVD, VAC
ERVEBO SUSPENSION	6	QL (1 ea per 999 days), 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
GARDASIL 9 (0.5 ML SUSP PRSYR, SUSPENSION)	6	VAC
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	6	VAC
HAVRIX 1440 EL U/ML SUSP PRSYR	6	VAC
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	6	PA-BVD, VAC
HIBERIX 10 MCG RECON SOLN	6	VAC
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	6	PA-BVD, VAC
INFANRIX 25-58-10 SUSPENSION	6	VAC
IPOL SUSPENSION	6	VAC
IXCHIQ RECON SOLN	6	VAC
IXIARO SUSPENSION	6	VAC
JYNNEOS 0.5 ML SUSPENSION	6	VAC
KINRIX 0.5 ML SUSP PRSYR	6	VAC
M-M-R II RECON SOLN	6	VAC
MENACTRA SOLUTION	6	VAC
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	6	VAC
MENVEO (RECON SOLN, SOLUTION)	6	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	6	QL (0.5 ml per 999 days), VAC
PEDIARIX SUSP PRSYR	6	VAC
PEDVAXHIB 7.5 MCG/0.5ML SUSPENSION	6	VAC
PENBRAYA RECON SUSP	6	VAC
PENMENVY RECON SUSP	6	VAC
PENTACEL RECON SUSP	6	VAC
PREHEVBRIO 10 MCG/ML SUSPENSION	6	PA-BVD, VAC
PRIORIX RECON SUSP	6	VAC
PROQUAD RECON SUSP	6	VAC
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	6	VAC
RABAVERT RECON SUSP	6	PA-BVD, VAC
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	6	PA-BVD, VAC

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Drug Name	Drug Tier	Requirements / Limits
ROTARIX (RECON SUSP, SUSPENSION)	6	VAC
ROTATEQ SOLUTION	6	VAC
SHINGRIX 50 MCG/0.5ML RECON SUSP	6	QL (2 ea per 999 days), VAC
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	6	QL (1 ml per 999 days), VAC
STAMARIL RECON SUSP	6	VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	6	PA-BVD, VAC
TENIVAC 5-2 LF/0.5ML SUSPENSION	6	PA-BVD, VAC
TETANUS-DIPHThERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	6	PA-BVD, VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	6	VAC
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	6	VAC
TRUMENBA SUSP PRSYR	6	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	6	VAC
TYPHIM VI 25 MCG/0.5ML SOLN PRSYR	6	VAC
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	6	VAC
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	6	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	6	VAC
VAXCHORA RECON SUSP	6	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	6	VAC
VIVOTIF CAP DR	6	QL (4 ea per 365 days), VAC
YF-VAX RECON SUSP	6	VAC

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium 750 mg cap</i>	4	
<i>mesalamine (400 mg cap dr, 800 mg tab dr)</i>	3	QL (180 ea per 30 days)
<i>mesalamine 1.2 gm tab dr</i>	3	QL (120 ea per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine 1000 mg suppos</i>	3	
<i>mesalamine 4 gm enema</i>	4	
<i>mesalamine er (250 mg cap er, 500 mg cap er)</i>	3	
<i>mesalamine-cleanser 4 gm kit</i>	4	
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	2	

LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETICS - AMIDES

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

MEDICAL DEVICES AND SUPPLIES

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)	2	
ALCOHOL SWABS 1X1	2	(For Insulin Delivery Only)
<i>alcohol wipes 70 % misc</i>	2	(For Insulin Delivery Only)
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	2	
AUTOPEN DEVICE	3	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML MISC	2	
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	2	
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML MISC	2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	
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)	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
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)	2	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML MISC	2	
CAREONE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
CARETOUCH INSULIN SYRINGE (30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
CEQUR SIMPL EXT WEAR INSERTER MISC	3	QL (2 ea per 365 days)
CEQUR SIMPLICITY 1U EXTND WEAR DEVICE	3	QL (10 ea per 30 days)
CEQUR SIMPLICITY 2U DEVICE	3	QL (10 ea per 30 days)
CEQUR SIMPLICITY 2U EXTND WEAR DEVICE	3	QL (10 ea per 30 days)
CEQUR SIMPLICITY INSERTER MISC	3	QL (2 ea per 365 days)
COMFORT EZ INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	2	(For Insulin Delivery Only)
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)	2	
DROPSAFE SAFETY SYRINGE/NEEDLE (X 5/16" 0.5 ML MISC, X 15/64" 0.5 ML MISC)	2	
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)	2	
EASY TOUCH INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
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)	2	
EMBECTA INSULIN SYR ULTRAFINE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC)	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
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	
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)	2	
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)	2	
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)	2	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML MISC	2	
GAUZE PADS	2	(For Insulin Delivery Only)
GAUZE PADS 2X2	2	(For Insulin Delivery Only)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML MISC	2	
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)	2	
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)	2	
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)	2	
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML MISC	2	
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	4	QL (1 ea per 365 days)
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	4	QL (1 ea per 365 days)
INPEN 100-GREY-LILLY-HUMALOG DEVICE	4	QL (1 ea per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	4	QL (1 ea per 365 days)
INPEN 100-PINK-LILLY-HUMALOG DEVICE	4	QL (1 ea per 365 days)
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	4	QL (1 ea per 365 days)
INSULIN PEN NEEDLE	2	
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)	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML	2	
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)	2	
INSULIN SYRINGE/NEEDLE (27G X 1/2" 0.5 ML MISC, 28G X 1/2" 0.5 ML MISC)	2	
<i>isopropyl alcohol 70 % misc</i>	2	(For Insulin Delivery Only)
<i>isopropyl alcohol wipes 70 % misc</i>	2	(For Insulin Delivery Only)
KINRAY INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	2	
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	2	
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)	2	
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)	2	
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)	2	
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	2	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML MISC	2	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	2	
<i>medpura alcohol pads 70 % misc</i>	2	(For Insulin Delivery Only)
MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
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)	2	
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)	2	
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	2	
NOVOPEN ECHO DEVICE	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	3	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	
OMNIPOD 5 G7 PODS (GEN 5) MISC	3	
OMNIPOD 5 LIBRE INTRO KIT	3	
OMNIPOD 5 LIBRE PODS MISC	3	
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	
OMNIPOD DASH INTRO (GEN 4) KIT	3	
OMNIPOD DASH PDM (GEN 4) KIT	3	
OMNIPOD DASH PODS (GEN 4) MISC	3	
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)	3	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)	2	

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Drug Name	Drug Tier	Requirements / Limits
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)	2	
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	2	
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	2	
<i>qc alcohol 70 % misc</i>	2	(For Insulin Delivery Only)
RA INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	2	(For Insulin Delivery Only)
REALITY INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC)	2	
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)	2	
SB INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	2	
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)	2	
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)	2	
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)	2	
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)	2	
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)	2	
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)	2	

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Drug Name	Drug Tier	Requirements / Limits
TWIST REFILL KIT KIT	3	QL (1 ea per 30 days)
TWIST REFILL KIT/INFUSION SET KIT	3	QL (1 ea per 30 days)
TWIST STARTER KIT KIT	3	QL (1 ea per 30 days)
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	2	
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)	2	
ULTIGUARD SAFEPAK SYR/NEEDLE (30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
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)	2	
ULTRA-THIN II INS SYR SHORT (30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	2	
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)	2	
V-GO 20 20 UNIT/24HR KIT	3	QL (30 ea per 30 days)
V-GO 30 30 UNIT/24HR KIT	3	QL (30 ea per 30 days)
V-GO 40 40 UNIT/24HR KIT	3	QL (30 ea per 30 days)
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	2	
VANISHPOINT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 3/16" 0.5 ML MISC, X 5/16" 0.5 ML MISC)	2	
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)	2	
ZEVRX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 5/16" 0.5 ML MISC)	2	
MIGRAINE PRODUCTS		
AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	3	PA, QL (1 ml per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	4	QL (8 ml per 28 days)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	3	PA, QL (2 ml per 28 days)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	3	PA, QL (3 ml per 28 days)
ERGOTAMINE-CAFFEINE 1-100 MG TAB	3	QL (40 ea per 28 days)
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	3	QL (16 ea per 28 days)
NURTEC 75 MG TAB DISP	3	PA, QL (18 ea per 30 days)
QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)	3	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>	2	QL (16 ea per 28 days)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	3	QL (16 ea per 28 days)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL (16 ea per 28 days)
<i>sumatriptan succinate (6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	4	QL (8 ml per 28 days)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	2	QL (8 ml per 28 days)
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	4	QL (8 ml per 28 days)
<i>sumatriptan succinate refill 4 mg/0.5ml soln cart</i>	4	QL (8 ml per 28 days)
<i>sumatriptan succinate refill 6 mg/0.5ml soln cart</i>	4	QL (8 ml per 28 days)
UBRELVY (50 MG TAB, 100 MG TAB)	3	PA, QL (16 ea per 30 days)
VYEPTI 100 MG/ML SOLUTION	4	PA, QL (3 ml per 90 days)
<i>zolmitriptan (2.5 mg tab, 5 mg tab)</i>	2	QL (16 ea per 28 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
ADAKVEO 100 MG/10ML SOLUTION	5	PA, NDS-NM
ADZYNMA (500 KIT, 1500 KIT)	5	PA, NDS-NM
<i>aminocaproic acid 250 mg/ml solution</i>	4	
AMONDYS 45 100 MG/2ML SOLUTION	5	PA, NDS-NM

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

Drug Name	Drug Tier	Requirements / Limits
<i>calcium acetate (phos binder) 667 mg cap</i>	2	
CERDELGA 84 MG CAP	5	PA, QL (60 ea per 30 days), NDS-NM
CEREZYME 400 UNIT RECON SOLN	5	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)	3	
<i>cromolyn sodium 100 mg/5ml conc</i>	4	
DAYBUE 200 MG/ML SOLUTION	5	PA, QL (3600 ml per 30 days), NDS-NM
<i>edaravone 30 mg/100ml solution</i>	5	PA, QL (2800 ml per 28 days), NDS-NM
ELELYSO 200 UNIT RECON SOLN	5	PA, NDS-NM
EMPAVELI 1080 MG/20ML SOLUTION	5	PA, NDS-NM
EVRYSDI 0.75 MG/ML RECON SOLN	5	PA, NDS-NM
EVRYSDI 5 MG TAB	5	PA, QL (30 ea per 30 days), NDS-NM
EXONDYS 51 (100 MG/2ML SOLUTION, 500 MG/10ML SOLUTION)	5	PA, NDS-NM
FIRDAPSE 10 MG TAB	5	PA, QL (240 ea per 30 days), NDS-NM
GATTEX 5 MG KIT	5	PA, NDS-NM
GIVLAARI 189 MG/ML SOLUTION	5	PA, NDS-NM
JOENJA (40 MG TAB, 50 MG TAB, 70 MG TAB)	5	PA, QL (60 ea per 30 days), NDS-NM
<i>kionex 15 gm/60ml suspension</i>	3	
<i>l-glutamine 5 gm packet</i>	5	PA, QL (180 ea per 30 days), NDS-NM
LOKELMA 10 GM PACKET	4	QL (34 ea per 30 days)
LOKELMA 5 GM PACKET	4	QL (30 ea per 30 days)
<i>miglustat 100 mg cap</i>	5	PA, QL (180 ea per 30 days), NDS-NM
<i>plerixafor 24 mg/1.2ml solution</i>	5	NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
PROTAMINE SULFATE 10 MG/ML SOLUTION	4	(May be payable under part B)
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	5	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)	5	PA, QL (14 ea per 14 days), NDS-NM
PYRUKYND TAPER PACK 5 MG TAB THPK	5	PA, QL (60 ea per 30 days), NDS-NM
RADICAVA ORS 105 MG/5ML SUSPENSION	5	PA, QL (70 ml per 28 days), NDS-NM
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	5	PA, QL (70 ml per 28 days), NDS-NM
REBYOTA 150 ML SUSPENSION	5	PA, NDS-NM
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	5	PA, QL (30 ea per 30 days), NDS-NM
REZUROCK 200 MG TAB	5	PA, QL (60 ea per 30 days), NDS-NM
<i>riluzole 50 mg tab</i>	2	
<i>ringers irrigation solution</i>	2	
<i>sevelamer carbonate 800 mg tab</i>	2	
SKYCLARYS 50 MG CAP	5	PA, QL (90 ea per 30 days), NDS-NM
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sodium polystyrene sulfonate 15 gm/60ml suspension</i>	3	
SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION)	3	
<i>sterile water for irrigation solution</i>	2	
SUCRAID 8500 UNIT/ML SOLUTION	5	PA, NDS-NM
SYLVANT (100 MG RECON SOLN, 400 MG RECON SOLN)	5	PA-NSO, NDS-NM
TAVALISSE (100 MG TAB, 150 MG TAB)	5	PA, QL (60 ea per 30 days), NDS-NM
TAVNEOS 10 MG CAP	5	PA, QL (180 ea per 30 days), NDS-NM

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

Drug Name	Drug Tier	Requirements / Limits
<i>tranexamic acid 1000 mg/10ml solution</i>	4	
<i>tranexamic acid 650 mg tab</i>	2	
<i>ursodiol (250 mg tab, 500 mg tab)</i>	4	
<i>ursodiol 300 mg cap</i>	2	
VEOPOZ 400 MG/2ML SOLUTION	5	PA, NDS-NM
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	5	PA, QL (56 ea per 28 days), NDS-NM
VIJOICE (50 MG PACKET, 50 MG TAB THPK)	5	PA, QL (28 ea per 28 days), NDS-NM
VILTEPSO 250 MG/5ML SOLUTION	5	PA, NDS-NM
VOWST CAP	5	PA, QL (12 ea per 30 days), NDS-NM
VPRIV 400 UNIT RECON SOLN	5	PA, NDS-NM
VYONDYS 53 100 MG/2ML SOLUTION	5	PA, NDS-NM
XOLREMDI 100 MG CAP	5	PA, QL (120 ea per 30 days), NDS-NM
<i>yargesa 100 mg cap</i>	5	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)	3	

MISCELLANEOUS THERAPEUTIC CLASSES

IMMUNOMODULATORS

NIKTIMVO 22 MG/0.44ML SOLUTION	5	PA, QL (0.88 ml per 14 days), NDS-NM
NIKTIMVO 22 MG/2.2ML SOLUTION	5	PA, QL (4.4 ml per 14 days), NDS-NM
NIKTIMVO 9 MG/0.18ML SOLUTION	5	PA, QL (0.72 ml per 14 days), NDS-NM
NIKTIMVO 9 MG/0.9ML SOLUTION	5	PA, QL (3.6 ml per 14 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
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	2	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	2	
<i>fluticasone propionate 50 mcg/act suspension</i>	2	(rx product only)
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	2	
<i>olopatadine hcl 0.6 % solution</i>	3	
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
<i>aminosyn ii (10 % solution, 15 % solution)</i>	4	PA-BVD
AMINOSYN-PF 10 % SOLUTION	4	PA-BVD
AMINOSYN-PF 7% 7 % SOLUTION	4	PA-BVD
<i>calcium chloride 10 % solution</i>	4	
<i>calcium gluconate 10 % solution</i>	4	
<i>clinisol sf 15 % solution</i>	4	PA-BVD
CLINOLIPID 20 % EMULSION	4	PA-BVD
DEXTROSE (10 % SOLUTION, 20 % SOLUTION, 40 % SOLUTION, 50 % SOLUTION, 70 % SOLUTION, 250 MG/ML SOLUTION)	4	PA-BVD
<i>dextrose 5 % solution</i>	4	
DEXTROSE 5%/ELECTROLYTE #48 SOLUTION	4	
<i>dextrose in lactated ringers 5 % solution</i>	4	
DEXTROSE-SODIUM CHLORIDE (10-0.2 % SOLUTION, 10-0.45 % SOLUTION)	4	PA-BVD
<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>	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
DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION	4	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	4	PA-BVD
KCL (0.149%) IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION)	4	
KCL (0.298%) IN NACL 40-0.9 MEQ/L-% SOLUTION	4	
<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>	4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	4	
KLOR-CON 10 10 MEQ TAB ER	3	
<i>klor-con 8 meq tab er</i>	3	
<i>klor-con m10 10 meq tab er</i>	2	
<i>klor-con m15 15 meq tab er</i>	2	
<i>klor-con m20 20 meq tab er</i>	2	
<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>	4	
<i>magnesium sulfate in d5w 1-5 gm/100ml-% solution</i>	4	
NUTRILIPID 20 % EMULSION	4	PA-BVD
<i>potassium acetate 2 meq/ml solution</i>	4	
<i>potassium chloride (2 meq/ml solution, 10 % solution, 10 meq/100ml solution, 10 meq/50ml solution, 20 meq packet, 20 meq/100ml solution, 20 meq/15ml (10%) solution, 20 meq/50ml solution, 40 meq/100ml solution, 40 meq/15ml (20%) solution)</i>	4	
POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	4	
POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION	4	

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Drug Name	Drug Tier	Requirements / Limits
POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION	4	
<i>potassium chloride crys er (10 tab er, 20 tab er)</i>	2	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)</i>	2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4	
<i>potassium chloride in nacl (20-0.45 meq/l-% solution, 20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i>	4	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	4	
PREMASOL 10 % SOLUTION	4	PA-BVD
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	2	
PROSOL 20 % SOLUTION	4	PA-BVD
<i>ringers solution</i>	4	
<i>sodium acetate 2 meq/ml solution</i>	4	
<i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>	4	
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	2	
SODIUM FLUORIDE 2.2 MG	2	
<i>sodium phosphates 45 mmole/15ml solution</i>	4	
TRAVASOL 10 % SOLUTION	4	PA-BVD
TROPHAMINE 10 % SOLUTION	4	PA-BVD

OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS

CONTRACEPTIVES

<i>afirmelle 0.1-20 mg-mcg tab</i>	4	
<i>altavera 0.15-30 mg-mcg tab</i>	4	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	4	
<i>apri 0.15-30 mg-mcg tab</i>	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
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	4	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	4	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	4	
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	4	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	4	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	4	
<i>aviane 0.1-20 mg-mcg tab</i>	4	
<i>ayuna 0.15-30 mg-mcg tab</i>	4	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	4	
<i>balziva 0.4-35 mg-mcg tab</i>	4	
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	4	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	4	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	4	
<i>camila 0.35 mg tab</i>	4	
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	4	
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	4	
<i>chateal eq 0.15-30 mg-mcg tab</i>	4	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	4	
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	4	
<i>deblitane 0.35 mg tab</i>	4	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	3	QL (0.65 ml per 84 days)
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	3	
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	4	
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	3	
<i>elinest 0.3-30 mg-mcg tab</i>	4	
ELLA 30 MG TAB	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>eluryng 0.12-0.015 mg/24hr ring</i>	4	
<i>emzahh 0.35 mg tab</i>	4	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	4	
<i>enskyce 0.15-30 mg-mcg tab</i>	4	
<i>errin 0.35 mg tab</i>	4	
<i>estarylla 0.25-35 mg-mcg tab</i>	4	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	3	
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	4	
<i>feirza 1/20 1-20 mg-mcg tab</i>	4	
<i>galbriela 0.8-25 mg-mcg chew tab</i>	4	
GWYN LO 220-20 MCG/24HR PATCH WK	4	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	4	
<i>hailey 24 fe 1-20 mg-mcg(24) tab</i>	4	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	4	
<i>haloette 0.12-0.015 mg/24hr ring</i>	4	
<i>heather 0.35 mg tab</i>	4	
<i>iclevia 0.15-0.03 mg tab</i>	4	
<i>incassia 0.35 mg tab</i>	4	
<i>introvale 0.15-0.03 mg tab</i>	4	
<i>isibloom 0.15-30 mg-mcg tab</i>	4	
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	4	
<i>jencycla 0.35 mg tab</i>	4	
<i>jolessa 0.15-0.03 mg tab</i>	4	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	4	
<i>junel 1/20 1-20 mg-mcg tab</i>	4	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	4	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	4	
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	4	
<i>kalliga 0.15-30 mg-mcg tab</i>	4	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	4	
<i>kurvelo 0.15-30 mg-mcg tab</i>	4	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	4	
<i>larin 1/20 1-20 mg-mcg tab</i>	4	
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	4	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	4	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	4	
<i>lessina 0.1-20 mg-mcg tab</i>	4	
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	3	
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	3	
LILETTA (52 MG) 20.1 MCG/DAY IUD	3	
<i>lo-zumandimine 3-0.02 mg tab</i>	4	
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	4	
<i>loryna 3-0.02 mg tab</i>	4	
<i>luizza 1.5/30 1.5-30 mg-mcg tab</i>	4	
<i>luizza 1/20 1-20 mg-mcg tab</i>	4	
<i>lutra 0.1-20 mg-mcg tab</i>	4	
<i>lyleq 0.35 mg tab</i>	4	
<i>lyza 0.35 mg tab</i>	4	
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	3	
<i>meleya 0.35 mg tab</i>	4	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	4	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	4	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	4	
<i>mili 0.25-35 mg-mcg tab</i>	4	
<i>mono-lynyah 0.25-35 mg-mcg tab</i>	4	
NEXPLANON 68 MG IMPLANT	3	
<i>nora-be 0.35 mg tab</i>	4	
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	3	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap)</i>	3	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	4	
<i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i>	3	
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	3	
<i>norethindrone 0.35 mg tab</i>	3	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	3	
<i>norethindrone acet-ethinyl est 1.5-30 mg-mcg tab</i>	4	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	3	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	3	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	4	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	4	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	4	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	4	
<i>nylia 1/35 1-35 mg-mcg tab</i>	4	
<i>ocella 3-0.03 mg tab</i>	4	
<i>orquidea 0.35 mg tab</i>	4	
<i>philith 0.4-35 mg-mcg tab</i>	4	
<i>rivelsa 42-21-21-7 days tab</i>	4	
<i>sharobel 0.35 mg tab</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	4	
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	4	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	4	
<i>syeda 3-0.03 mg tab</i>	4	
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	4	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	4	
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	4	
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	4	
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	4	
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	4	
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	4	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	4	
<i>tulana 0.35 mg tab</i>	4	
<i>turqoz 0.3-30 mg-mcg tab</i>	4	
<i>vestura 3-0.02 mg tab</i>	4	
<i>vienva 0.1-20 mg-mcg tab</i>	4	
<i>violele 0.15-0.02/0.01 mg (21/5) tab</i>	4	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	4	
<i>wera 0.5-35 mg-mcg tab</i>	4	
<i>xarah fe 1-20/1-30/1-35 mg-mcg tab</i>	4	
<i>xulane 150-35 mcg/24hr patch wk</i>	4	
<i>zafemy 150-35 mcg/24hr patch wk</i>	4	
<i>zarah 3-0.03 mg tab</i>	4	
<i>zumandimine 3-0.03 mg tab</i>	4	
ESTROGEN DRUGS		
<i>abigale 1-0.5 mg tab</i>	4	
<i>estradiol (0.01 % cream, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	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>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 10 mcg tab)</i>	3	
<i>estradiol valerate (20 mg/ml oil, 40 mg/ml oil)</i>	4	
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	4	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	4	
<i>jinteli 1-5 mg-mcg tab</i>	4	
<i>mimvey 1-0.5 mg tab</i>	4	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	2	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	3	
PREMARIN (0.625 MG/GM CREAM, 25 MG RECON SOLN)	3	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	3	
<i>yuvafem 10 mcg tab</i>	4	
PROGESTIN DRUGS		
<i>gallifrey 5 mg tab</i>	2	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	4	
<i>norethindrone acetate 5 mg tab</i>	2	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	2	
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	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
BETOPTIC-S 0.25 % SUSPENSION	4	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	3	
CARTEOLOL HCL 1 % SOLUTION	1	
<i>dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)</i>	2	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	4	
LEVOBUNOLOL HCL 0.5 % SOLUTION	2	
<i>timolol hemihydrate 0.5 % solution</i>	1	
<i>timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)</i>	4	
<i>timolol maleate (0.25 % solution, 0.5 % solution)</i>	1	
<i>timolol maleate (once-daily) 0.5 % solution</i>	4	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL 0.5 % SOLUTION	3	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution)</i>	3	
<i>brimonidine tartrate 0.2 % solution</i>	2	
SIMBRINZA 1-0.2 % SUSPENSION	3	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac 500-10000 unit/gm ointment</i>	2	QL (7 gm per 7 days)
AZASITE 1 % SOLUTION	4	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	2	QL (7 gm per 7 days)
BESIVANCE 0.6 % SUSPENSION	4	
CILOXAN 0.3 % OINTMENT	3	
<i>ciprofloxacin hcl 0.3 % solution</i>	2	
<i>erythromycin 5 mg/gm ointment</i>	2	
<i>gatifloxacin 0.5 % solution</i>	2	
<i>gentamicin sulfate 0.3 % solution</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	2	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	2	
<i>moxifloxacin hcl 0.5 % solution</i>	2	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	2	QL (7 gm per 7 days)
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	2	
<i>ofloxacin 0.3 % solution</i>	2	
<i>polycin 500-10000 unit/gm ointment</i>	2	QL (7 gm per 7 days)
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	2	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	2	
<i>tobramycin 0.3 % solution</i>	2	
TRIFLURIDINE 1 % SOLUTION	3	
XDEMVEY 0.25 % SOLUTION	4	PA, QL (10 ml per 42 days)
ZIRGAN 0.15 % GEL	4	
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
<i>difluprednate 0.05 % emulsion</i>	3	
<i>fluorometholone 0.1 % suspension</i>	2	
FML FORTE 0.25 % SUSPENSION	4	
<i>loteprednol etabonate 0.2 % suspension</i>	2	
<i>loteprednol etabonate 0.5 % suspension</i>	3	
<i>neo-polycin hc 1 % ointment</i>	2	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	2	
<i>prednisolone acetate 1 % suspension</i>	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	2	
TOBRADEX 0.3-0.1 % OINTMENT	3	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	2	
OPHTHALMICS - MISC.		
ALOMIDE 0.1 % SOLUTION	4	
<i>atropine sulfate 1 % solution</i>	2	
<i>azelastine hcl 0.05 % solution</i>	2	
<i>brinzolamide 1 % suspension</i>	3	
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	4	
CROMOLYN SODIUM 4 % SOLUTION	2	
<i>cyclosporine (pf) 0.05 % emulsion</i>	3	
CYSTARAN 0.44 % SOLUTION	5	NDS-NM
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>dorzolamide hcl 2 % solution</i>	2	
<i>epinastine hcl 0.05 % solution</i>	2	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	2	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	2	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	2	(RX only)
OXERVATE 0.002 % SOLUTION	5	PA, QL (56 ml per 28 days), NDS-NM
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	3	
RHOPRESSA 0.02 % SOLUTION	3	ST, QL (5 ml per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
ROCKLATAN 0.02-0.005 % SOLUTION	3	ST, QL (5 ml per 30 days)
XIIDRA 5 % SOLUTION	3	
PROSTAGLANDINS - OPHTHALMIC		
<i>latanoprost 0.005 % solution</i>	1	
LUMIGAN 0.01 % SOLUTION	3	
<i>tafluprost (pf) 0.0015 % solution</i>	3	
<i>travoprost (bak free) 0.004 % solution</i>	3	
VYZULTA 0.024 % SOLUTION	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	2	
<i>ciprofloxacin hcl 0.2 % solution</i>	3	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	4	
<i>fluocinolone acetonide 0.01 % oil</i>	2	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	2	
<i>ofloxacin 0.3 % solution</i>	2	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
MONOCLONAL ANTIBODIES		
BEYFORTUS 100 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 150 days)
BEYFORTUS 50 MG/0.5ML SOLN PRSYR	4	PA, QL (1 ml per 150 days)
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>	2	QL (30 ea per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
ERGOLOID MESYLATES 1 MG TAB	3	
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4	
<i>galantamine hydrobromide er (8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h)</i>	4	QL (30 ea per 30 days)
LEQEMBI IQLIK (500 MG DOSE) 2 X 250 MG/1.25ML SOLN A-INJ	5	PA, QL (10 ml per 28 days), NDS-NM
LEQEMBI IQLIK 360 MG/1.8ML SOLN A-INJ	5	PA, QL (7.2 ml per 28 days), NDS-NM
<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution)</i>	4	
<i>memantine hcl (5 mg tab, 10 mg tab, 28 x 5 mg & 21 x 10 mg tab)</i>	2	
<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>	3	QL (30 ea per 30 days)
<i>rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i>	4	QL (30 ea per 30 days)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	2	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO (6 MG TAB, 9 MG TAB, 12 MG TAB)	5	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)	5	PA, QL (30 ea per 30 days), NDS-NM
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	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)	5	PA, QL (30 ea per 30 days), NDS-NM
INGREZZA 40 & 80 MG CAP THPK	5	PA, QL (28 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
<i>tetrabenazine (12.5 mg tab, 25 mg tab)</i>	4	QL (120 ea per 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON 0.3 MG KIT	5	QL (14 ea per 28 days), NDS-NM
BRIUMVI 150 MG/6ML SOLUTION	5	PA, QL (24 ml per 180 days), NDS-NM
<i>dalfampridine er 10 mg tab er 12h</i>	2	QL (60 ea per 30 days)
<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	4	QL (60 ea per 30 days), NDS-NM
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	4	QL (120 ea per 180 days), NDS-NM
<i>fingolimod hcl 0.5 mg cap</i>	4	QL (30 ea per 30 days)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	4	QL (30 ml per 30 days)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	4	QL (12 ml per 28 days)
<i>glatopa 20 mg/ml soln prsyr</i>	4	QL (30 ml per 30 days)
<i>glatopa 40 mg/ml soln prsyr</i>	4	QL (12 ml per 28 days)
KESIMPTA 20 MG/0.4ML SOLN A-INJ	5	QL (1.2 ml per 28 days), NDS-NM
MAYZENT (1 MG TAB, 2 MG TAB)	5	QL (30 ea per 30 days), NDS-NM
MAYZENT 0.25 MG TAB	5	QL (150 ea per 30 days), NDS-NM
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	4	QL (12 ea per 180 days)
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	4	QL (7 ea per 180 days), NDS-NM
OCREVUS 300 MG/10ML SOLUTION	5	PA, QL (20 ml per 180 days), NDS-NM
OCREVUS ZUNOVO 920-23000 MG-UT/23ML SOLUTION	5	PA, QL (23 ml per 180 days), NDS-NM
PLEGRIDY (125 MCG/0.5ML SOLN A-INJ, 125 MCG/0.5ML SOLN PRSYR)	5	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)	5	QL (1 ml per 28 days), NDS-NM
REBIF 44 MCG/0.5ML SOLN PRSYR	5	QL (6 ml per 28 days), NDS-NM
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	5	QL (6 ml per 28 days), NDS-NM
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	5	QL (4.2 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
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	5	QL (4.2 ml per 28 days), NDS-NM
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	4	QL (30 ea per 30 days)
TYRUKO 300 MG/15ML CONC	5	PA, NDS-NM
TYSABRI 300 MG/15ML CONC	5	PA, NDS-NM
ZEPOSIA 0.92 MG CAP	5	PA, QL (30 ea per 30 days), NDS-NM
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	5	PA, QL (7 ea per 180 days), NDS-NM
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	5	PA, QL (28 ea per 180 days), NDS-NM
AMVUTTRA 25 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ml per 84 days), NDS-NM
AQNEURSA 1 GM PACKET	5	PA, QL (112 ea per 28 days), NDS-NM
<i>dextromethorphan-quinidine 20-10 mg cap</i>	5	PA, QL (60 ea per 30 days), NDS-NM
FLUOXETINE HCL (PMDD) 10 MG TAB	4	QL (90 ea per 30 days)
FLUOXETINE HCL (PMDD) 20 MG TAB	4	QL (120 ea per 30 days)
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, NDS-NM
MIPLYFFA (47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP)	5	PA, QL (90 ea per 30 days), NDS-NM
<i>pimozide (1 mg tab, 2 mg tab)</i>	4	
TEGSEDI 284 MG/1.5ML SOLN PRSYR	5	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)	3	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	4	QL (120 ml per 30 days), PA-BVD

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

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	3	QL (60 ea per 30 days)
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	3	QL (240 ea per 30 days)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	3	QL (12 gm per 30 days)
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	3	QL (24 gm per 30 days)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	3	QL (10.6 gm per 30 days)
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	3	
QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	3	
ANTIHISTAMINES		
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	2	(rx product only)
<i>cyproheptadine hcl 2 mg/5ml syrup</i>	4	PA, HRM (PA Required for Members age 65 and older)
<i>cyproheptadine hcl 4 mg tab</i>	2	PA, HRM (PA Required for Members age 65 and older)
<i>desloratadine 5 mg tab</i>	2	QL (30 ea per 30 days)
<i>diphenhydramine hcl +rfd 50 mg/ml solution</i>	4	
<i>diphenhydramine hcl 50 mg/ml solution</i>	4	
<i>levocetirizine dihydrochloride 5 mg tab</i>	2	(rx product only)
<i>promethazine hcl (12.5 mg suppos, 25 mg suppos)</i>	4	
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	2	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml solution)</i>	2	PA, HRM (PA Required for Members age 65 and older)
<i>promethegan 25 mg suppos</i>	4	
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>montelukast sodium 4 mg packet</i>	4	
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	4	
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	3	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	3	QL (30 ea per 30 days)
<i>ipratropium bromide 0.02 % solution</i>	2	PA-BVD
SPIRIVA HANDIHALER 18 MCG CAP	3	QL (30 ea per 30 days)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	3	QL (4 gm per 30 days)
BRONCHODILATORS, SYMPATHOMIMETIC		
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	3	
<i>albuterol 108mcghfa inhaler (6.7gm, proventil equiv)</i>	2	
<i>albuterol 108mcghfa inhaler (8.5gm, proair equiv)</i>	2	
ALBUTEROL SULFATE (0.63 MG/3ML NEBU SOLN, 1.25 MG/3ML NEBU SOLN, (2.5 MG/3ML) 0.083% NEBU SOLN, (5 MG/ML) 0.5% NEBU SOLN)	2	PA-BVD
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	4	
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	2	PA-BVD
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	3	QL (60 ea per 30 days)
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	4	PA, QL (120 ml per 30 days), (May be payable under part B)
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	3	QL (60 ea per 30 days)
<i>breyna (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	3	QL (30.9 gm per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	3	QL (10.7 gm per 28 days)
<i>budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	3	QL (30.6 gm per 30 days)

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

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Drug Name	Drug Tier	Requirements / Limits
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	4	PA, QL (30 ea per 30 days)
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	4	PA, QL (60 ea per 30 days)
<i>epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)</i>	4	PA, (May be payable under part B)
<i>macitentan 10 mg tab</i>	5	PA, QL (30 ea per 30 days), NDS-NM
<i>sildenafil citrate 10 mg/12.5ml solution</i>	4	PA
<i>sildenafil citrate 10 mg/ml recon susp</i>	5	PA, NDS-NM
<i>sildenafil citrate 20 mg tab</i>	2	PA
<i>tadalafil (pah) 20 mg tab</i>	4	PA, QL (60 ea per 30 days)
TYVASO 0.6 MG/ML SOLUTION	5	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)	5	PA, QL (112 ea per 28 days), NDS-NM
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	5	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)	5	PA, QL (224 ea per 28 days), NDS-NM
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	5	PA, QL (112 ea per 28 days), NDS-NM
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	5	PA, QL (112 ea per 28 days), NDS-NM
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	5	PA, QL (196 ea per 28 days), NDS-NM
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	5	PA, QL (252 ea per 28 days), NDS-NM
TYVASO REFILL 0.6 MG/ML SOLUTION	5	PA, QL (81.2 ml per 28 days), (May be payable under part B), NDS-NM
TYVASO STARTER 0.6 MG/ML SOLUTION	5	PA, QL (81.2 ml per 28 days), (May be payable under part B), NDS-NM

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Drug Name	Drug Tier	Requirements / Limits
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)	5	PA, QL (60 ea per 30 days), NDS-NM
UPTRAVI 200 & 800 MCG TAB THPK	5	PA, QL (200 ea per 180 days), NDS-NM
UPTRAVI 200 MCG TAB	5	PA, QL (140 ea per 28 days), NDS-NM
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	5	PA, QL (1 ea per 21 days), NDS-NM
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	3	PA-BVD
ALYFTREK 10-50-125 MG TAB	5	PA, QL (56 ea per 28 days), NDS-NM
ALYFTREK 4-20-50 MG TAB	5	PA, QL (84 ea per 28 days), NDS-NM
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	5	PA, NDS-NM
BRINSUPRI (10 MG TAB, 25 MG TAB)	5	PA, QL (30 ea per 30 days), NDS-NM
BRONCHITOL 40 MG CAP	5	PA, QL (560 ea per 28 days), NDS-NM
BRONCHITOL TOLERANCE TEST 40 MG CAP	5	PA, QL (560 ea per 28 days), NDS-NM
<i>caffeine citrate 60 mg/3ml solution</i>	2	
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	3	PA-BVD
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	5	PA, QL (60 ea per 30 days), NDS-NM
<i>nintedanib esylate (100 mg cap, 150 mg cap)</i>	5	PA, QL (60 ea per 30 days), NDS-NM
OFEV (100 MG CAP, 150 MG CAP)	5	PA, QL (60 ea per 30 days), NDS-NM
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	5	PA, QL (120 ea per 30 days), NDS-NM

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

Drug Name	Drug Tier	Requirements / Limits
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5	PA, QL (60 ea per 30 days), NDS-NM
<i>pirfenidone 267 mg cap</i>	3	PA, QL (270 ea per 30 days)
<i>pirfenidone 801 mg tab</i>	3	PA, QL (90 ea per 30 days)
PROLASTIN-C 1000 MG/20ML SOLUTION	5	PA, NDS-NM
PULMOZYME 2.5 MG/2.5ML SOLUTION	5	PA, (May be payable under part B), NDS-NM
<i>roflumilast 500 mcg tab</i>	3	QL (30 ea per 30 days)
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	5	PA, QL (60 ea per 30 days), NDS-NM
<i>theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	3	
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	5	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)	5	PA, QL (56 ea per 28 days), NDS-NM

SLEEP DISORDER AGENTS

GABA RECEPTOR MODULATORS

<i>estazolam (1 mg tab, 2 mg tab)</i>	4	QL (30 ea per 30 days), NDS-NM
<i>eszopiclone (1 mg tab, 2 mg tab)</i>	4	PA, QL (30 ea per 30 days), HRM (PA Required for Members age 65 and older)
IGALMI (120 MCG FILM, 180 MCG FILM)	4	QL (60 ea per 30 days), PA-NSO
<i>temazepam (7.5 mg cap, 15 mg cap, 30 mg cap)</i>	4	QL (30 ea per 30 days), NDS-NM
<i>zaleplon (5 mg cap, 10 mg cap)</i>	4	PA, QL (30 ea per 30 days), HRM (PA Required for Members age 65 and older)
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	4	PA, QL (30 ea per 30 days), HRM (PA Required for Members age 65 and older)
<i>zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)</i>	4	PA, QL (30 ea per 30 days), HRM (PA Required for Members age 65 and older)

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Drug Name	Drug Tier	Requirements / Limits
SLEEP DISORDERS, OTHER		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	3	QL (30 ea per 30 days)
<i>ramelteon 8 mg tab</i>	3	QL (30 ea per 30 days)
<i>sodium oxybate 500 mg/ml solution</i>	4	PA, QL (540 ml per 30 days), NDS-NM
SUNOSI (75 MG TAB, 150 MG TAB)	4	PA, QL (30 ea per 30 days)
<i>tasimelteon 20 mg cap</i>	5	PA, QL (30 ea per 30 days), NDS-NM
XYWAV 500 MG/ML SOLUTION	5	PA, QL (540 ml per 30 days), NDS-NM

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ADVOCATE INSULIN SYRINGE.....	118	amiloride hcl.....	93
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amiodarone hcl	89	aripiprazole	79
amitriptyline hcl	37	ARISTADA	79
AMJEVITA	85	ARISTADA INITIO	79
AMJEVITA-PED 15KG TO <30KG	85	armodafinil	12
amlodipine besy-benazepril hcl	48	ARMOUR THYROID	106
amlodipine besylate	91	ARNUITY ELLIPTA	144
amlodipine besylate-valsartan	48	asenapine maleate	78
amlodipine-olmesartan	48	ashlyna	132
ammonium lactate	100	ASPARLAS	66
amnestem	95	aspirin-dipyridamole er	28
AMONDYS 45	125	atazanavir sulfate	80
amoxapine	37	atenolol	90
amoxicillin	26	atenolol-chlorthalidone	48
amoxicillin trihydrate	26	ATGAM	113
amoxicillin-pot clavulanate	26	atomoxetine hcl	12
amoxicillin-pot clavulanate er	26	atorvastatin calcium	46
amphetamine-dextroamphet er	12	atovaquone	72
amphetamine-dextroamphetamine	12	atovaquone-proguanil hcl	73
AMPHOTERICIN B	43	atropine sulfate	140
amphotericin b liposome	44	ATROVENT HFA	146
ampicillin	26	ATTRUBY	92
ampicillin sodium	26	AUGTYRO	58
ampicillin-sulbactam sodium	26	aurovela 1.5/30	132
AMVUTTRA	144	aurovela 1/20	132
anagrelide hcl	28	aurovela 24 fe	132
anastrozole	55	aurovela fe 1.5/30	132
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ANORO ELLIPTA	146	AUSTEDO	142
apomorphine hcl	74	AUSTEDO XR	142
APRACLONIDINE HCL 0.5 % SOLUTION	138	AUSTEDO XR PATIENT TITRATION	142
aprepitant	43	AUTOPEN	118
apri	131	AUVELITY	34
APTIVUS	80	AUVELITY TITRATION PACK	34
AQ INSULIN SYRINGE	118	aviane	132
AQNEURSA	144	AVLAYAH	101
ARALAST NP	149	AVMAPKI FAKZYNJA CO-PACK	57
ARANESP (ALBUMIN FREE)	111	AVSOLA	85
ARCALYST	85	AVTOZMA	85
AREXVY	115	ayuna	132
arformoterol tartrate	146	AYVAKIT	66
ARIKAYCE	20	azacitidine	51

AZASITE	138
azathioprine	113
AZATHIOPRINE SODIUM	113
azelaic acid	100
azelastine hcl	129,140
azithromycin	27
aztreonam	21
azurette	132

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bac (butalbital-acetamin-caff)	14	betamethasone dipropionate	98
bacitra-neomycin-polymyxin-hc	139	betamethasone dipropionate aug	98
bacitracin	19	betamethasone sod phos & acet	103
BACITRACIN-POLYMYXIN B	138	BETAMETHASONE SODIUM PHOSPHATE	103
baclofen	80	betamethasone valerate	98
balsalazide disodium	117	BETASERON	143
BALVERSA	58	betaxolol hcl	90
balziva	132	BETAXOLOL HCL 0.5 % SOLUTION	137
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BAVENCIO	66	bexarotene	66,97
BCG VACCINE	115	BEXSERO	115
BD INSULIN SYR ULTRAFINE II	118	BEYFORTUS	141
BD INSULIN SYRINGE	118	bicalutamide	55
BD INSULIN SYRINGE MICROFINE	118	BICILLIN L-A	26
BD INSULIN SYRINGE U-500	118	BIKTARVY	80
BD INSULIN SYRINGE ULTRAFINE	118	bisoprolol fumarate	90
BD SAFETYGLIDE INSULIN SYRINGE	119	bisoprolol-hydrochlorothiazide	48
BD VEO INSULIN SYR ULTRAFINE	119	BIVIGAM	114
BEIZRAY	66	BIXLENVO	80
BELEODAQ	58	BIZENGRI (750 MG DOSE)	66
benazepril hcl	46	BLENREP	66
benazepril-hydrochlorothiazide	48	bleomycin sulfate	66
bendamustine hcl	50	BLINCYTO	66
BENLYSTA	85,86	blisovi 24 fe	132
benzoyl peroxide-erythromycin	95	blisovi fe 1.5/30	132
benztropine mesylate	73	blisovi fe 1/20	132
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BESPONSA	66	BOOSTRIX	115
BESREMI	66	bortezomib	58
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		bosutinib	58
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		breyana	146
		BREZTRI AEROSPHERE	146
		brimonidine tartrate	138
		brimonidine tartrate-timolol	138
		BRINSUPRI	149
		brinzolamide	140

BRIUMVI	143	calcitriol	101
brivaracetam	30	calcium acetate (phos binder)	126
BRIXADI	18	calcium chloride	129
BRIXADI (WEEKLY)	18	calcium gluconate	129
bromfenac sodium (once-daily)	140	CALQUENCE	59
bromocriptine mesylate	74	camila	132
BRONCHITOL	149	camrese	132
BRONCHITOL TOLERANCE TEST	149	camrese lo	132
BRUKINSA	59	candesartan cilexetil	47
budesonide	17,103,144	candesartan cilexetil-hctz	48
budesonide er	103	CAPLYTA	75
budesonide-formoterol fumarate	146	CAPRELSA	59
bumetanide	93	captopril	46
buprenorphine	14	CAPTOPRIL-HYDROCHLOROTHIAZIDE	48
buprenorphine hcl	15,18	carbamazepine	30
buprenorphine hcl-naloxone hcl	18	carbamazepine er	30
bupropion hcl	34	carbidopa	73
bupropion hcl er (smoking det)	18	carbidopa-levodopa	74
bupropion hcl er (sr)	34	CARBIDOPA-LEVODOPA 10-100 MG TAB DISP	74
bupropion hcl er (xl)	34	CARBIDOPA-LEVODOPA 25-100 MG TAB DISP	74
BUPROPION HCL ER (XL)	34	CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	74
buspirone hcl	19	carbidopa-levodopa er	74
busulfan	50	carbidopa-levodopa-entacapone	74
butalbital-apap-caffeine	14	carboplatin	50
BUTALBITAL-ASPIRIN-CAFFEINE	14	CARDAMYST	91
butorphanol tartrate	15	CAREONE INSULIN SYRINGE	119
BYSANTI	75	CARETOUCH INSULIN SYRINGE	119
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BYSANTI TITRATION PACK B	76	carmustine	50
BYSANTI TITRATION PACK C	76	CARTEOLOL HCL	138
C		cartia xt	91
CABENUVA	80	carvedilol	90
cabergoline	105	casprofungin acetate	44
CABLIVI	28	CAVHANZA	59
CABOMETYX	59	CAYSTON	21
caffeine citrate	149	CEFACLOR	24
calcipotriene	97	cefadroxil	24
CALCIPOTRIENE 0.005 % SOLUTION	97	cefazolin sodium	24
calcipotriene-betameth diprop	98	CEFAZOLIN SODIUM-DEXTROSE	24
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		cefepime hcl	25

CEFEPIME-DEXTROSE	25	cilostazol	28
cefixime	25	CILOXAN	138
CEFOTAXIME SODIUM	25	CIMDUO	80
cefotetan disodium	25	cimetidine	108
cefoxitin sodium	25	cimetidine hcl	109
CEFOXITIN SODIUM-DEXTROSE	25	CIMZIA	86
CEFPODOXIME PROXETIL	25	CIMZIA (1 SYRINGE)	86
cefprozil	25	CIMZIA (2 SYRINGE)	86
ceftaroline fosamil	25	CIMZIA-STARTER	86
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CEFTRIAZONE SODIUM-DEXTROSE	25	ciprofloxacin in d5w	21
cefuroxime axetil	25	CIPROFLOXACIN IN D5W 200 MG/100ML	
cefuroxime sodium	25	SOLUTION	21
celecoxib	13	ciprofloxacin-dexamethasone	141
cephalexin	26	cisplatin	50
CEQUR SIMPL EXT WEAR INSERTER	119	CISPLATIN	50
CEQUR SIMPLICITY 1U EXTND WEAR	119	cisplatin 100 mg/100ml solution	50
CEQUR SIMPLICITY 2U	119	citalopram hydrobromide	35
CEQUR SIMPLICITY 2U EXTND WEAR	119	cladribine	51
CEQUR SIMPLICITY INSERTER	119	claravis	95
CERDELGA	126	CLARITHROMYCIN	27
CEREZYME	126	clarithromycin	27
cetirizine hcl	145	clarithromycin er	27
cevimeline hcl	94	CLENPIQ	107
chateal eq	132	clindamycin hcl	21
CHLORAMPHENICOL SOD SUCCINATE	21	clindamycin palmitate hcl	21
chlorhexidine gluconate	94	clindamycin phos (once-daily)	95
chloroquine phosphate	73	clindamycin phos (twice-daily)	95
chlorpromazine hcl	78	clindamycin phos-benzoyl perox	95
chlorthalidone	94	clindamycin phosphate	21,95
chlorzoxazone	80	clindamycin phosphate in d5w	21
cholestyramine	45	CLINDAMYCIN PHOSPHATE IN NACL	21
cholestyramine light	45	clinisol sf	129
CHORIONIC GONADOTROPIN	105	CLINOLIPID	129
CIBINQO	100	clobazam	30
ciclopirox	96	clobetasol prop emollient base	98
ciclopirox olamine	96	clobetasol propionate	98
cidofovir	84	clobetasol propionate e	98

clobetasol propionate emulsion	98	cromolyn sodium	126,149
clofarabine	51	CROMOLYN SODIUM 4 % SOLUTION	140
clomipramine hcl	37	CRYSVITA	102
clonazepam	30	cvs isopropyl alcohol wipes	119
clonidine	47	cyclobenzaprine hcl	80
clonidine hcl	47	cyclophosphamide	50
clopidogrel bisulfate	28	CYCLOPHOSPHAMIDE	50
clorazepate dipotassium	19	CYCLOSERINE	49
clotrimazole	94,96	CYCLOSET	38
clotrimazole-betamethasone	96	cyclosporine	113
CLOTTRIMAZOLE-BETAMETHASONE 1-0.05 %		cyclosporine (pf)	140
LOTION	96	cyclosporine modified	113
clozapine	78	cyproheptadine hcl	145
COARTEM	73	CYRAMZA	52
COBENFY	75	CYSTAGON	110
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colchicine	111	CYTARABINE	51
colchicine-probenecid	111	cytarabine (pf)	51
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colestipol hcl	45	D	
colistimethate sodium (cba)	21	dabigatran etexilate mesylate	28
COLUMVI	66	dacarbazine	66
COMBIVENT RESPIMAT	147	dactinomycin	66
COMETRIQ (100 MG DAILY DOSE)	59	dalfampridine er	143
COMETRIQ (140 MG DAILY DOSE)	59	danazol	17
COMETRIQ (60 MG DAILY DOSE)	59	dantrolene sodium	80
COMFORT EZ INSULIN SYRINGE	119	DANYELZA	66
compro	78	dapaglifloz base-metformin er	37
CONEXENCE	101	dapagliflozin	41
constulose	107	dapsone	49
COPIKTRA	59	DAPTACEL	115
COSELA	72	daptomycin	21
COSENTYX	86	darunavir	80
COSENTYX (300 MG DOSE)	86	DARZALEX	67
COSENTYX SENSOREADY (300 MG)	86	DARZALEX FASPRO	57
COSENTYX SENSOREADY PEN	86	dasatinib	59
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desmopressin ace spray refrig.....	105	digitek.....	92
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dexamethasone.....	103	diltiazem hcl.....	91
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DEXAMETHASONE INTENSOL.....	103	diltiazem hcl er beads.....	91
DEXAMETHASONE SOD PHOS +RFID.....	104	diltiazem hcl er coated beads.....	91
dexamethasone sod phosphate pf.....	104	DIMENHYDRINATE.....	43
dexamethasone sodium phosphate.....	104	dimethyl fumarate.....	143
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dexmethylphenidate hcl er.....	12	diphenhydramine hcl +rfid.....	145
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entecavir	83	ESTRING	137
ENTRESTO	92	eszopiclone	150
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epinephrine	147	ETOPOPHOS	67
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FLOXURIDINE	51	fosinopril sodium-hctz	48
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flucytosine	44	FRINDOVYX	50
fludarabine phosphate	51	FRUZAQLA	53
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fluocinolone acetonide scalp	98	FYARRO	60
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Discrimination is against the law

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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 대해 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.