Geisinger Gold $0 Deductible Rx

2024 Formulary

(List of Covered Drugs)

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

This formulary was updated on September 7, 2023. For more recent information or other questions, please contact Geisinger Gold Member Services at (800) 988-4861 or, 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

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 Preferred Advantage Rx (PPO)
Geisinger Gold Preferred Complete Rx (PPO)
Geisinger Gold Preferred Enhanced Rx (PPO)
Geisinger Gold Classic Rx (Employer Group) (HMO)
Geisinger Gold Preferred Rx (Employer Group) (PPO)

Y0032_23219_3_C
24418 V.6

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 $0 Deductible Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of September 7, 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2024, and from time to time during the year.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO DSNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

What is the Geisinger Gold $0 Deductible Rx Formulary?

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 (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that 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 the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the Geisinger Gold $0 Deductible Rx Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Geisinger Gold $0 Deductible Rx Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 7, 2023. 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 13. 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 number 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 165. 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 cost less than brand-name drugs.

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 physician to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 16 tablets per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Geisinger Gold $0 Deductible Rx formulary?" for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Geisinger Gold $0 Deductible Rx 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 cover a formulary drug at a 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.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 $0 Deductible Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Geisinger Gold $0 Deductible Rx Formulary

The formulary that begins on page 13 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 165.

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

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

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

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
PA	Prior Authorization Restriction	Our plan requires you (or your physician) 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.
B/D PA	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from our plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. 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 physician) 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. 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.
ST_NSO	Step Therapy 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 note abbreviations may be found within the body of this document

OTHER SPECIAL REQUIREMENTS FOR COVERAGE

ABBREVIATION	DESCRIPTION	EXPLANATION
GC	Gap Coverage	We may provide coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.
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 Days Supply	Drugs not available for an extended days supply (i.e. more than a one month supply) are noted with "NDS" in the Requirements/Limits column of your formulary.
INS	Select Insulins	Insulin products at a maximum $35 per month.
VAC	Vaccine	Medicare Part D Vaccines covered at $0

Every medication on the Geisinger Gold $0 Deductible RX 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: 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 prior to entering the coverage gap:

Tier 1 (preferred generic)	$3 or less depending on your plan
Tier 2 (generic)	$20 or less depending on your plan
Tier 3 (preferred brand)	$47
Tier 4 (non-preferred brand)	$100
Tier 5 (specialty tier)	33% coinsurance
Tier 6 (vaccines)	$0

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

Tier	When obtained at a Geisinger contracted retail network pharmacy	When obtained at a Geisinger contracted mail order pharmacy
Tier 1 (preferred generic)	$7.50 or less depending on your plan	$0
Tier 2 (generic)	$50 or less depending on your plan	$0
Tier 3 (preferred brand)	$117.50	$70.50
Tier 4 (non-preferred drug)	$250	$150
Tier 5 (specialty tier)	Extended supply not available	Extended supply not available
Tier 6 (vaccines)	$0	$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.

Table of Contents

Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine-dextroamphet 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)	4	NDS-NM
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)	2	NDS-NM
dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab)	4	NDS-NM
dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)	4	NDS-NM
ANALEPTICS		
caffeine citrate (20 mg/ml solution, 60 mg/3ml solution)	2	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)	4	PA
guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)	4	PA
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI (75 MG TAB, 150 MG TAB)	4	PA, QL (30 ea per 30 days)
STIMULANTS - MISC.		
armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	4	PA
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	2	NDS-NM
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)	4	NDS-NM
methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg/5ml solution)	4	NDS-NM

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)	2	NDS-NM
methylphenidate hcl er (10 mg tab er, 18 mg tab er, 18 mg tab er 24h, 20 mg tab er, 27 mg tab er, 27 mg tab er 24h, 36 mg tab er, 36 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h)	4	NDS-NM
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)	4	NDS-NM
methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)	4	NDS-NM
modafinil (100 mg tab, 200 mg tab)	2	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin sulfate (1 gm/4ml solution, 500 mg/2ml solution)	4	
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	
gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)	4	
neomycin sulfate 500 mg tab	2	
paromomycin sulfate 250 mg cap	4	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	4	
TOBI PODHALER 28 MG CAP	5	PA, QL (224 ea per 56 days), NDS-NM
tobramycin 300 mg/4ml nebu soln	5	PA, QL (224 ml per 28 days), (May be payable under part B), NDS-NM
tobramycin 300 mg/5ml nebu soln	5	PA, QL (280 ml per 56 days), (May be payable under part B), NDS-NM
TOBRAMYCIN 300 MG/5ML NEBU SOLN	5	PA, QL (280 ml per 56 days), (May be payable under part B), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)	4	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT)	5	PA, QL (2 ea per 28 days), NDS-NM
HUMIRA (40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	5	PA, QL (4 ea per 28 days), NDS-NM
HUMIRA PEDIATRIC CROHNS START 40 MG/0.8ML PREF SY KT	5	PA, QL (4 ea per 28 days), NDS-NM
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	5	PA, QL (2 ea per 28 days), NDS-NM
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	5	PA, QL (3 ea per 28 days), NDS-NM
HUMIRA PEN (40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT)	5	PA, QL (4 ea per 28 days), NDS-NM
HUMIRA PEN 80 MG/0.8ML PEN KIT	5	PA, QL (3 ea per 28 days), NDS-NM
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	5	PA, QL (6 ea per 28 days), NDS-NM
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	5	PA, QL (3 ea per 28 days), NDS-NM
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	5	PA, QL (4 ea per 28 days), NDS-NM
HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT	5	PA, QL (4 ea per 28 days), NDS-NM
HUMIRA PEN-PSOR/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	5	PA, QL (3 ea 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
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT (1 MG TAB, 2 MG TAB)	5	PA, QL (30 ea per 30 days), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
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
XELJANZ (5 MG TAB, 10 MG TAB)	5	PA, QL (60 ea per 30 days), NDS-NM
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 ml per 30 days), NDS-NM
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	5	PA, QL (30 ea per 30 days), NDS-NM
GOLD COMPOUNDS		
RIDAURA 3 MG CAP	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST 220 MG RECON SOLN	5	PA, NDS-NM
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET 100 MG/0.67ML SOLN PRSYR	5	PA, NDS-NM
INTERLEUKIN-1BETA BLOCKERS		
ILARIS 150 MG/ML SOLUTION	5	PA, QL (2 ml per 28 days), NDS-NM
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	5	PA, QL (40 ml per 30 days), NDS-NM
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 ml per 28 days), NDS-NM
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	5	PA, QL (3.6 ml per 28 days), NDS-NM
KEVZARA (150 MG/1.14ML SOLN A-INJ, 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	5	PA, QL (2.28 ml per 28 days), NDS-NM
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)	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
diclofenac potassium 50 mg tab	2	
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	2	
diclofenac sodium er 100 mg tab er 24h	2	
diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)	4	
ec-naproxen (375 mg tab dr, 500 mg tab dr)	2	
etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)	2	
etodolac er (400 mg tab er 24h, 500 mg tab er 24h)	2	
etodolac er 600 mg tab er 24h	4	
fenoprofen calcium 600 mg tab	4	
FLURBIPROFEN (50 MG TAB, 100 MG TAB)	2	
ibu (400 mg tab, 600 mg tab, 800 mg tab)	2	
ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)	2	
MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP)	4	
mefenamic acid 250 mg cap	4	
meloxicam (7.5 mg tab, 15 mg tab)	2	
nabumetone (500 mg tab, 750 mg tab)	2	
naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)	2	
naproxen dr 500 mg tab dr	2	
naproxen sodium (275 mg tab, 550 mg tab)	2	
oxaprozin 600 mg tab	2	
piroxicam (10 mg cap, 20 mg cap)	2	
sulindac (150 mg tab, 200 mg tab)	2	
TOLMETIN SODIUM (400 MG CAP, 600 MG TAB)	2	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (10 & 20 & 30 MG TAB THPK, 30 MG TAB)	5	PA, QL (60 ea per 30 days), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide (10 mg tab, 20 mg tab)	2	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125 MG/ML SOLN PRSYR	5	PA, QL (4 ml per 28 days), NDS-NM
ORENCIA 50 MG/0.4ML SOLN PRSYR	5	PA, QL (1.6 ml per 28 days), NDS-NM
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	5	PA, QL (2.8 ml per 28 days), NDS-NM
ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ	5	PA, QL (4 ml per 28 days), NDS-NM
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
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 25 MG RECON SOLN	5	PA, QL (8 ea 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
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac 50-325-40 mg tab	4	QL (180 ea per 30 days)
butalbital-acetaminophen 50-325 mg tab	4	QL (180 ea per 30 days)
butalbital-apap 50-325 mg tab	4	QL (180 ea per 30 days)
butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)	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
phrenilin forte 50-300-40 mg cap	4	QL (180 ea per 30 days)
zebutal 50-325-40 mg cap	4	QL (180 ea per 30 days)
SALICYLATES		
diflunisal 500 mg tab	2	

Drug Name	Drug Tier	Requirements / Limits
ANALGESICS - OPIOID		
OPIOID AGONISTS		
fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)	4	QL (10 ea per 30 days), NDS-NM
fentanyl citrate (400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)	5	PA, QL (120 ea per 30 days), NDS-NM
fentanyl citrate 200 mcg loz handle	4	PA, QL (120 ea per 30 days), NDS-NM
HYDROMORPHONE HCL (1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION)	4	NDS-NM
hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)	2	QL (180 ea per 30 days), NDS-NM
HYDROMORPHONE HCL PF (1 MG/ML SOLUTION, 4 MG/ML SOLUTION)	4	NDS-NM
hydromorphone hcl pf (10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution)	4	
HYDROMORPHONE HCL PF 2 MG/ML SOLUTION	4	NDS-NM
LAZANDA (100 MCG/ACT SOLUTION, 300 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION)	5	PA, QL (30 ea per 30 days), NDS-NM
methadone hcl 10 mg tab	4	QL (180 ea per 30 days), NDS-NM
methadone hcl 10 mg/5ml solution	4	QL (900 ml per 30 days), NDS-NM
methadone hcl 10 mg/ml conc	4	QL (180 ml per 30 days), NDS-NM
methadone hcl 10 mg/ml solution	4	NDS-NM
methadone hcl 5 mg tab	4	QL (360 ea per 30 days), NDS-NM
methadone hcl 5 mg/5ml solution	4	QL (1800 ml per 30 days), NDS-NM
methadone hcl intensol 10 mg/ml conc	4	QL (180 ml per 30 days), NDS-NM
methadose 40 mg tab sol	4	QL (90 ea per 30 days), NDS-NM
MORPHINE SULFATE (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

Drug Name	Drug Tier	Requirements / Limits
morphine sulfate (15 mg tab, 30 mg tab)	2	QL (180 ea per 30 days), NDS-NM
morphine sulfate (concentrate) (10 mg/0.5ml solution, 20 mg/ml solution, 100 mg/5ml solution)	2	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	2	QL (700 ml per 30 days), NDS-NM
morphine sulfate 20 mg/5ml solution	2	QL (300 ml per 30 days), NDS-NM
morphine sulfate er (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h, 100 mg cap er 24h)	4	QL (60 ea per 30 days), NDS-NM
morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)	2	QL (90 ea per 30 days), NDS-NM
MORPHINE SULFATE ER 40 MG CAP ER 24H	2	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
oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	2	QL (180 ea per 30 days), NDS-NM
oxycodone hcl 100 mg/5ml conc	4	QL (180 ml per 30 days), NDS-NM
oxycodone hcl 5 mg/5ml solution	4	QL (1300 ml per 30 days), NDS-NM
oxymorphone hcl (5 mg tab, 10 mg tab)	4	QL (180 ea per 30 days), NDS-NM
tramadol hcl 100 mg tab	4	QL (120 ea per 30 days), NDS-NM
tramadol hcl 50 mg tab	2	QL (240 ea per 30 days), NDS-NM
TRAMADOL HCL ER (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H)	4	QL (30 ea per 30 days), NDS-NM
tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)	2	QL (30 ea per 30 days), NDS-NM
OPIOID COMBINATIONS		
acetaminophen-codeine 120-12 mg/5ml solution	2	QL (2700 ml per 30 days), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
acetaminophen-codeine 300-15 mg tab	2	QL (390 ea per 30 days), NDS-NM
acetaminophen-codeine 300-30 mg tab	2	QL (360 ea per 30 days), NDS-NM
acetaminophen-codeine 300-60 mg tab	2	QL (180 ea per 30 days), NDS-NM
endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	2	QL (360 ea per 30 days), NDS-NM
hydrocodone-acetaminophen (5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	2	QL (360 ea per 30 days), NDS-NM
lorcet 5-325 mg tab	2	QL (360 ea per 30 days), NDS-NM
lorcet hd 10-325 mg tab	2	QL (360 ea per 30 days), NDS-NM
lorcet plus 7.5-325 mg tab	2	QL (360 ea per 30 days), NDS-NM
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	2	QL (360 ea per 30 days), NDS-NM
OXYCODONE-ASPIRIN 4.8355-325 MG TAB	2	QL (360 ea per 30 days), NDS-NM
tramadol-acetaminophen 37.5-325 mg tab	2	QL (240 ea per 30 days), NDS-NM
OPIOID PARTIAL AGONISTS		
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)	4	QL (4 ea per 28 days), NDS-NM
buprenorphine hcl (2 mg sl tab, 8 mg sl tab)	2	QL (90 ea per 30 days), NDS-NM
buprenorphine hcl 0.3 mg/ml solution	4	NDS-NM
buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)	2	QL (90 ea per 30 days), NDS-NM
butorphanol tartrate 10 mg/ml solution	4	QL (5 ml per 28 days), NDS-NM
nalbuphine hcl (10 mg/ml solution, 20 mg/ml solution)	4	
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 (1.5 ml per 28 days), (1 syringe), NDS-NM
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL-50 50 MG TAB	3	

Drug Name	Drug Tier	Requirements / Limits
oxandrolone 10 mg tab	2	QL (60 ea per 30 days)
oxandrolone 2.5 mg tab	2	QL (120 ea per 30 days)
ANDROGENS		
ANDRODERM (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR)	4	
danazol (50 mg cap, 100 mg cap, 200 mg cap)	4	
JATENZO (158 MG CAP, 198 MG CAP)	4	PA, QL (120 ea per 30 days)
JATENZO 237 MG CAP	4	PA, QL (60 ea per 30 days)
METHITEST 10 MG TAB	4	
testosterone (1.62 % gel, 10 mg/act (2%) 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)	4	
testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)	2	
testosterone enanthate 200 mg/ml solution	2	
TLANDO 112.5 MG CAP	4	PA, QL (120 ea per 30 days)
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide 2 mg foam	4	
colocort 100 mg/60ml enema	2	
hydrocortisone 100 mg/60ml enema	2	
RECTAL COMBINATIONS		
PROCTOFOAM HC 1-1 % FOAM	4	
RECTAL STEROIDS		
hydrocortisone (perianal) (1 % cream, 2.5 % cream)	2	
procto-med hc 2.5 % cream	2	
procto-pak 1 % cream	2	
proctosol hc 2.5 % cream	2	

Drug Name	Drug Tier	Requirements / Limits
proctozone-hc 2.5 % cream	2	
VASODILATING AGENTS		
RECTIV 0.4 % OINTMENT	4	QL (30 gm per 30 days)
ANTHELMINTICS		
ANTHELMINTICS		
albendazole 200 mg tab	4	
EMVERM 100 MG CHEW TAB	3	PA
ivermectin 3 mg tab	2	PA
praziquantel 600 mg tab	4	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
baciim 50000 unit recon soln	4	
bacitracin 50000 unit recon soln	4	
metronidazole (250 mg tab, 375 mg cap, 500 mg tab)	2	
metronidazole 500 mg/100ml solution	4	
pentamidine isethionate 300 mg recon soln	4	B/D PA
tinidazole (250 mg tab, 500 mg tab)	2	
trimethoprim 100 mg tab	1	GC
XIFAXAN (200 MG TAB, 550 MG TAB)	4	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)	1	GC
sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension	2	
sulfamethoxazole-trimethoprim 400-80 mg/5ml solution	4	
sulfatrim pediatric 200-40 mg/5ml suspension	2	
ANTIPROTOZOAL AGENTS		
atovaquone 750 mg/5ml suspension	4	

Drug Name	Drug Tier	Requirements / Limits
nitazoxanide 500 mg tab	4	PA
CARBAPENEMS		
ertapenem sodium 1 gm recon soln	4	
imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)	4	
meropenem (1 gm recon soln, 500 mg recon soln)	4	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	4	
RECARBRIO 1.25 GM RECON SOLN	5	PA, QL (56 ea per 14 days), NDS-NM
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE 1 GM RECON SOLN	4	
CYCLIC LIPOPEPTIDES		
daptomycin (350 mg recon soln, 500 mg recon soln)	4	
GLYCOPEPTIDES		
DALVANCE 500 MG RECON SOLN	5	PA, QL (3 ea per 7 days), NDS-NM
VANCOMYCIN HCL (1 GM RECON SOLN, 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 5 GM RECON SOLN, 10 GM RECON SOLN, 100 GM RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 500 MG/100ML SOLUTION, 750 MG RECON SOLN, 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	
vancomycin hcl (25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln)	2	
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	

Drug Name	Drug Tier	Requirements / Limits
LEPROSTATICS		
dapsone (25 mg tab, 100 mg tab)	2	
LINCOSAMIDES		
clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)	2	
clindamycin palmitate hcl 75 mg/5ml recon soln	4	
clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)	4	
clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)	4	
CLINDAMYCIN PHOSPHATE IN NACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	4	
lincomycin hcl 300 mg/ml solution	4	
MONOBACTAMS		
aztreonam (1 gm recon soln, 2 gm recon soln)	4	
CAYSTON 75 MG RECON SOLN	5	PA, QL (84 ml per 56 days), NDS-NM
OXAZOLIDINONES		
linezolid 600 mg tab	4	QL (60 ea per 30 days)
linezolid 600 mg/300ml solution	4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	4	
SIVEXTRO (200 MG RECON SOLN, 200 MG TAB)	5	PA, QL (6 ea per 30 days), NDS-NM
PLEUROMUTILINS		
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
POLYMYXINS		
colistimethate sodium (cba) 150 mg recon soln	4	

Drug Name	Drug Tier	Requirements / Limits
polymyxin b sulfate 500000 unit recon soln	4	
STREPTOGRAMINS		
SYNERCID 150-350 MG RECON SOLN	5	PA, NDS-NM
URINARY ANTI-INFECTIVES		
methenamine hippurate 1 gm tab	2	
nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)	2	
nitrofurantoin macrocrystal 25 mg cap	4	
nitrofurantoin monohyd macro 100 mg cap	2	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)	2	
NITRATES		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	1	GC
isosorbide dinitrate 40 mg tab	4	
isosorbide mononitrate (10 mg tab, 20 mg tab)	1	GC
isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)	1	GC
NITRO-BID 2 % OINTMENT	4	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	4	
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)	2	
nitroglycerin 0.4 mg/spray solution	4	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)	2	
hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)	2	
meprobamate (200 mg tab, 400 mg tab)	4	PA, (PA Required for Members age 65 and older), NDS-NM, HRM
BENZODIAZEPINES		
alprazolam (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp)	4	QL (120 ea per 30 days), NDS-NM
alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)	2	QL (120 ea per 30 days), NDS-NM
alprazolam 2 mg tab	2	QL (150 ea per 30 days), NDS-NM
alprazolam 2 mg tab disp	4	QL (150 ea per 30 days), NDS-NM
alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h)	4	QL (30 ea per 30 days), NDS-NM
alprazolam er 2 mg tab er 24h	4	QL (150 ea per 30 days), NDS-NM
alprazolam er 3 mg tab er 24h	4	QL (90 ea per 30 days), NDS-NM
ALPRAZOLAM INTENSOL 1 MG/ML CONC	4	QL (300 ml per 30 days), NDS-NM
alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h)	4	QL (30 ea per 30 days), NDS-NM
alprazolam xr 2 mg tab er 24h	4	QL (150 ea per 30 days), NDS-NM
alprazolam xr 3 mg tab er 24h	4	QL (90 ea per 30 days), NDS-NM
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)	4	QL (120 ea per 30 days), NDS-NM
clorazepate dipotassium 15 mg tab	4	QL (180 ea per 30 days), NDS-NM
diazepam (2 mg tab, 5 mg tab, 10 mg tab)	2	QL (120 ea per 30 days), NDS-NM
diazepam 5 mg/5ml solution	4	QL (1200 ml per 30 days), NDS-NM
diazepam 5 mg/ml conc	2	QL (240 ml per 30 days), NDS-NM
diazepam intensol 5 mg/ml conc	2	QL (240 ml per 30 days), NDS-NM
lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab)	2	NDS-NM
lorazepam 2 mg/ml conc	2	QL (150 ml per 30 days), NDS-NM
lorazepam 2 mg/ml solution	4	QL (120 ml per 30 days), NDS-NM
lorazepam 4 mg/ml solution	4	QL (90 ml per 30 days), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
lorazepam intensol 2 mg/ml conc	2	QL (150 ml per 30 days), NDS-NM
oxazepam (10 mg cap, 15 mg cap, 30 mg cap)	2	QL (120 ea per 30 days), NDS-NM
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate (100 mg cap, 150 mg cap)	2	
quinidine gluconate er 324 mg tab er	4	
quinidine sulfate (200 mg tab, 300 mg tab)	2	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	2	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	2	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	2	
propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)	4	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	2	
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	2	
MULTAQ 400 MG TAB	3	
pacerone (100 mg tab, 200 mg tab, 400 mg tab)	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	2	B/D PA
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA 30 MG/ML SOLN PRSYR	5	PA, QL (1 ml per 28 days), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
FASENRA PEN 30 MG/ML SOLN A-INJ	5	PA, QL (1 ml per 28 days), 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
TEZSPIRE (210 MG/1.91ML SOLN A-INJ, 210 MG/1.91ML SOLN PRSYR)	5	PA, QL (1.91 ml per 28 days), NDS-NM
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR)	5	PA, NDS-NM
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA 17 MCG/ACT AERO SOLN	3	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	3	QL (30 ea per 30 days)
ipratropium bromide 0.02 % solution	2	B/D PA
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 ml per 30 days)
TUDORZA PRESSAIR 400 MCG/ACT AER POW BA	4	ST
YUPELRI 175 MCG/3ML SOLUTION	5	QL (90 ml per 30 days), B/D PA, NDS-NM
LEUKOTRIENE MODULATORS		
montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)	2	
montelukast sodium 4 mg packet	4	
zafirlukast (10 mg tab, 20 mg tab)	4	
zileuton er 600 mg tab er 12h	4	QL (120 ea per 30 days)
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast (250 mcg tab, 500 mcg tab)	2	PA, QL (30 ea per 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	3	

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

Drug Name	Drug Tier	Requirements / Limits
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	4	ST
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	4	ST
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	4	ST
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	4	ST
ASMANEX HFA (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	4	ST
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	4	QL (120 ml per 30 days), B/D PA
FLOVENT DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	3	QL (60 ea per 30 days)
FLOVENT DISKUS 250 MCG/ACT AER POW BA	3	QL (240 ea per 30 days)
FLOVENT HFA 110 MCG/ACT AEROSOL	3	QL (12 gm per 30 days)
FLOVENT HFA 220 MCG/ACT AEROSOL	3	QL (24 gm per 30 days)
FLOVENT HFA 44 MCG/ACT AEROSOL	3	QL (10.6 gm per 30 days)
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	3	
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	3	
SYMPATHOMIMETICS		
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	3	
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	B/D PA
albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab)	4	
ALBUTEROL SULFATE (2.5 MG/0.5ML NEBU SOLN, (5 MG/ML) 0.5% NEBU SOLN)	2	B/D PA
albuterol sulfate hfa 108 (90 base) mcg/act aero soln	2	

Drug Name	Drug Tier	Requirements / Limits
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	3	QL (60 ea per 30 days)
arformoterol tartrate 15 mcg/2ml nebu soln	4	PA, QL (120 ml per 30 days), (May be payable under part B)
BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	3	QL (60 ea per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	3	QL (10.7 gm per 28 days)
budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	2	QL (10.2 gm per 30 days)
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)	4	
fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	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)	2	QL (1 ea per 30 days)
formoterol fumarate 20 mcg/2ml nebu soln	4	PA, QL (120 ml per 30 days), (May be payable under part B)
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	2	B/D PA
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)	4	B/D PA
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	
terbutaline sulfate (1 mg/ml solution, 2.5 mg tab, 5 mg tab)	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)

Drug Name	Drug Tier	Requirements / Limits
wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	2	QL (60 ea per 30 days)
XANTHINES		
theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)	2	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
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)	1	GC
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)	1	GC
DIRECT FACTOR XA INHIBITORS		
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)
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	3	QL (30 ea per 30 days)
XARELTO 1 MG/ML RECON SUSP	3	QL (620 ml per 30 days)
XARELTO 2.5 MG TAB	3	QL (60 ea per 30 days)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	3	QL (51 ea per 180 days)
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr)	4	QL (28 ml per 14 days), (28 syringes)
enoxaparin sodium (80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr)	4	QL (22.4 ml per 14 days), (28 syringes)
enoxaparin sodium 30 mg/0.3ml soln prsyr	4	QL (8.4 ml per 14 days), (28 syringes)
enoxaparin sodium 300 mg/3ml solution	4	QL (28 ml per 14 days)
enoxaparin sodium 40 mg/0.4ml soln prsyr	4	QL (11.2 ml per 14 days), (28 syringes)
enoxaparin sodium 60 mg/0.6ml soln prsyr	4	QL (16.8 ml per 14 days), (28 syringes)

Drug Name	Drug Tier	Requirements / Limits
fondaparinux sodium 10 mg/0.8ml solution	4	QL (11.2 ml per 14 days), (14 syringes)
fondaparinux sodium 2.5 mg/0.5ml solution	4	
fondaparinux sodium 5 mg/0.4ml solution	4	QL (5.6 ml per 14 days), (14 syringes)
fondaparinux sodium 7.5 mg/0.6ml solution	4	QL (8.4 ml per 14 days), (14 syringes)
heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 20000 unit/ml solution)	2	(May be payable under part B)
heparin sodium (porcine) 10000 unit/ml solution	2	
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)
THROMBIN INHIBITORS		
dabigatran etexilate mesylate (75 mg cap, 150 mg cap)	4	ST, QL (60 ea per 30 days)
PRADAXA 110 MG CAP	4	ST, QL (60 ea per 30 days)
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	4	QL (30 ea per 30 days), PA_NSO
FYCOMPA 0.5 MG/ML SUSPENSION	4	QL (720 ml per 30 days), PA_NSO
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam (10 mg tab, 20 mg tab)	2	QL (60 ea per 30 days)
clobazam 2.5 mg/ml suspension	2	QL (480 ml per 30 days)
clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp)	4	QL (120 ea per 30 days), NDS-NM
clonazepam (0.5 mg tab, 1 mg tab)	2	QL (120 ea per 30 days), NDS-NM
clonazepam 2 mg tab	2	QL (300 ea per 30 days), NDS-NM
clonazepam 2 mg tab disp	4	QL (300 ea per 30 days), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	4	
NAYZILAM 5 MG/0.1ML SOLUTION	3	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 7.5 MG/0.1ML LIQD THPK	3	QL (10 ea per 30 days)
VALTOCO 20 MG DOSE 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.		
APTIOM (200 MG TAB, 400 MG TAB)	4	QL (30 ea per 30 days), PA_NSO
APTIOM (600 MG TAB, 800 MG TAB)	4	QL (60 ea per 30 days), PA_NSO
BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	4	QL (60 ea per 30 days)
BRIVIACT 10 MG/ML SOLUTION	4	QL (600 ml per 30 days)
BRIVIACT 50 MG/5ML SOLUTION	4	PA_NSO
carbamazepine (100 mg chew tab, 200 mg tab)	2	
carbamazepine 100 mg/5ml suspension	4	
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)	2	
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	5	PA_NSO, NDS-NM
EPIDIOLEX 100 MG/ML SOLUTION	4	PA_NSO
epitol 200 mg tab	2	
EPRONTIA 25 MG/ML SOLUTION	4	QL (480 ml per 30 days), PA_NSO
FINTEPLA 2.2 MG/ML SOLUTION	5	QL (360 ml per 30 days), PA_NSO, NDS-NM
gabapentin (100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab)	2	
gabapentin (250 mg/5ml solution, 300 mg/6ml solution)	4	
lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	4	QL (60 ea per 30 days)

Drug Name	Drug Tier	Requirements / Limits
lacosamide 10 mg/ml solution	4	QL (1200 ml per 30 days)
lacosamide 200 mg/20ml solution	4	PA
lamotrigine (25 & 50 & 100 mg kit, 25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)	4	
lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2	
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)	4	
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)	2	
levetiracetam 500 mg/5ml solution	4	
levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)	2	
levetiracetam in nacl (500 mg/100ml solution, 1000 mg/100ml solution, 1500 mg/100ml solution)	4	
oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)	2	
oxcarbazepine 300 mg/5ml suspension	4	
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)	2	
primidone (50 mg tab, 125 mg tab, 250 mg tab)	2	
rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)	4	PA_NSO
SPRITAM (250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB)	4	ST
topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	2	
topiramate er (25 mg cap er 24h, 50 mg cap er 24h, 100 mg cap er 24h, 200 mg cap er 24h)	2	PA_NSO
topiramate er (25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)	4	PA_NSO
VIMPAT 200 MG/20ML SOLUTION	4	PA_NSO

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

Drug Name	Drug Tier	Requirements / Limits
ZONISADE 100 MG/5ML SUSPENSION	2	
zonisamide (25 mg cap, 50 mg cap, 100 mg cap)	2	
ZTALMY 50 MG/ML SUSPENSION	5	QL (1100 ml per 30 days), PA_NSO, NDS-NM
CARBAMATES		
felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)	4	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	4	QL (28 ea per 180 days), PA_NSO
XCOPRI (150 MG TAB, 200 MG TAB)	4	QL (60 ea per 30 days), PA_NSO
XCOPRI (250 MG DAILY DOSE) (50 & 200 MG TAB THPK, 100 & 150 MG TAB THPK)	4	QL (60 ea per 30 days), PA_NSO
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	4	QL (60 ea per 30 days), PA_NSO
XCOPRI (50 MG TAB, 100 MG TAB)	4	QL (30 ea per 30 days), PA_NSO
GABA MODULATORS		
tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)	4	
vigabatrin (500 mg packet, 500 mg tab)	5	PA_NSO, NDS-NM
vigadrone 500 mg packet	5	PA_NSO, NDS-NM
HYDANTOINS		
DILANTIN (30 MG CAP, 100 MG CAP)	4	
DILANTIN INFATABS 50 MG CHEW TAB	4	
fosphenytoin sodium (100 mg pe/2ml solution, 500 mg pe/10ml solution)	4	
PHENYTEK (200 MG CAP, 300 MG CAP)	4	
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	2	
phenytoin infatabs 50 mg chew tab	2	
phenytoin sodium 50 mg/ml solution	4	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	2	

Drug Name	Drug Tier	Requirements / Limits
SUCCINIMIDES		
ethosuximide 250 mg cap	2	
ethosuximide 250 mg/5ml solution	4	
methsuximide 300 mg cap	4	
VALPROIC ACID		
divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	2	
divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)	2	
valproate sodium (100 mg/ml solution, 500 mg/5ml solution)	4	
valproic acid (250 mg cap, 250 mg/5ml solution)	2	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
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)	2	QL (30 ea per 30 days)
ANTIDEPRESSANT COMBINATIONS		
AUVELITY 45-105 MG TAB ER	4	QL (60 ea per 30 days), PA_NSO
ANTIDEPRESSANTS - MISC.		
APLENZIN (174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H)	4	QL (30 ea per 30 days)
bupropion hcl (75 mg tab, 100 mg tab)	2	QL (180 ea per 30 days)
bupropion hcl er (smoking det) 150 mg tab er 12h	2	QL (60 ea per 30 days)
bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)	2	QL (60 ea per 30 days)
bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)	2	QL (30 ea per 30 days)
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	4	QL (30 ea per 30 days)
MAPROTILINE HCL (25 MG TAB, 50 MG TAB, 75 MG TAB)	2	

Drug Name	Drug Tier	Requirements / Limits
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO 100 MG/20ML SOLUTION	5	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
MARPLAN 10 MG TAB	3	
phenelzine sulfate 15 mg tab	2	
tranylcypromine sulfate 10 mg tab	4	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
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
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide (10 mg tab, 20 mg tab)	1	QL (45 ea per 30 days), GC
citalopram hydrobromide 10 mg/5ml solution	2	QL (600 ml per 30 days)
citalopram hydrobromide 40 mg tab	1	QL (30 ea per 30 days), GC
escitalopram oxalate (5 mg tab, 10 mg tab)	2	QL (45 ea per 30 days)
escitalopram oxalate 20 mg tab	2	QL (30 ea per 30 days)
escitalopram oxalate 5 mg/5ml solution	4	QL (600 ml per 30 days)
fluoxetine hcl (10 mg cap, 10 mg tab)	2	QL (90 ea per 30 days)
fluoxetine hcl (20 mg cap, 20 mg tab)	2	QL (120 ea per 30 days)
fluoxetine hcl 20 mg/5ml solution	2	QL (600 ml per 30 days)
fluoxetine hcl 40 mg cap	2	QL (60 ea per 30 days)
fluoxetine hcl 60 mg tab	4	QL (30 ea per 30 days)
FLUOXETINE HCL 90 MG CAP DR	4	QL (4 ea per 28 days)
fluvoxamine maleate 100 mg tab	2	QL (90 ea per 30 days)
fluvoxamine maleate 25 mg tab	2	QL (30 ea per 30 days)
fluvoxamine maleate 50 mg tab	2	QL (45 ea per 30 days)

Drug Name	Drug Tier	Requirements / Limits
fluvoxamine maleate er (100 mg cap er 24h, 150 mg cap er 24h)	4	QL (60 ea per 30 days)
paroxetine hcl (10 mg tab, 40 mg tab)	2	QL (45 ea per 30 days)
paroxetine hcl 10 mg/5ml suspension	4	
paroxetine hcl 20 mg tab	2	QL (30 ea per 30 days)
paroxetine hcl 30 mg tab	2	QL (60 ea per 30 days)
paroxetine hcl er (25 mg tab er 24h, 37.5 mg tab er 24h)	4	QL (60 ea per 30 days)
paroxetine hcl er 12.5 mg tab er 24h	4	QL (30 ea per 30 days)
PEXEVA (10 MG TAB, 40 MG TAB)	4	QL (45 ea per 30 days)
PEXEVA 20 MG TAB	4	QL (30 ea per 30 days)
PEXEVA 30 MG TAB	4	QL (60 ea per 30 days)
SERTRALINE HCL (150 MG CAP, 200 MG CAP)	4	QL (30 ea per 30 days)
sertraline hcl (25 mg tab, 50 mg tab)	1	QL (45 ea per 30 days), GC
sertraline hcl 100 mg tab	1	QL (60 ea per 30 days), GC
sertraline hcl 20 mg/ml conc	4	QL (300 ml per 30 days)
SEROTONIN MODULATORS		
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)
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)	1	GC
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	4	QL (30 ea per 30 days), PA_NSO
VIIBRYD STARTER PACK 10 & 20 MG KIT	4	QL (30 ea per 180 days), PA_NSO
vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)	2	QL (30 ea per 30 days), PA_NSO
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAXINE ER (50 MG TAB ER 24H, 100 MG TAB ER 24H)	2	ST, QL (30 ea per 30 days)
desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h)	2	QL (30 ea per 30 days)

Drug Name	Drug Tier	Requirements / Limits
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
duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)	2	QL (60 ea per 30 days)
duloxetine hcl 40 mg cp dr part	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	2	QL (90 ea per 30 days)
venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	2	QL (90 ea per 30 days)
venlafaxine hcl er (37.5 mg cap er 24h, 150 mg cap er 24h)	2	QL (30 ea per 30 days)
venlafaxine hcl er (37.5 mg tab er 24h, 75 mg tab er 24h, 150 mg tab er 24h, 225 mg tab er 24h)	4	QL (30 ea per 30 days)
venlafaxine hcl er 75 mg cap er 24h	2	QL (90 ea per 30 days)
TRICYCLIC AGENTS		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	2	PA_NSO, (PA Required for Members age 65 and older), HRM
AMOXAPINE (25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB)	2	PA_NSO, (PA Required for Members age 65 and older), HRM
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	4	PA_NSO, (PA Required for Members age 65 and older), HRM
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	2	
doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)	2	PA_NSO, (PA Required for Members age 65 and older), HRM
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	2	PA_NSO, (PA Required for Members age 65 and older), HRM
imipramine pamoate (75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap)	4	PA_NSO, (PA Required for Members age 65 and older), HRM
nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)	2	

Drug Name	Drug Tier	Requirements / Limits
NORTRIPTYLINE HCL 10 MG/5ML SOLUTION	4	
protriptyline hcl (5 mg tab, 10 mg tab)	4	PA_NSO, (PA Required for Members age 65 and older), HRM
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	4	PA_NSO, (PA Required for Members age 65 and older), HRM
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	1	QL (90 ea per 30 days), GC
miglitol (25 mg tab, 50 mg tab, 100 mg tab)	2	QL (90 ea per 30 days)
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	3	PA, QL (10.8 ml per 28 days)
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	3	PA, QL (6 ml per 28 days)
ANTIDIABETIC COMBINATIONS		
glipizide-metformin hcl (2.5-500 mg tab, 5-500 mg tab)	1	QL (120 ea per 30 days), GC
glipizide-metformin hcl 2.5-250 mg tab	1	QL (240 ea per 30 days), GC
glyburide-metformin (2.5-500 mg tab, 5-500 mg tab)	2	PA, QL (120 ea per 30 days), (PA Required for Members age 65 and older), HRM
glyburide-metformin 1.25-250 mg tab	2	PA, QL (240 ea per 30 days), (PA Required for Members age 65 and older), HRM
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)
pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)	2	QL (90 ea per 30 days)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	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)

Drug Name	Drug Tier	Requirements / Limits
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, 5-1000 MG TAB ER 24H)	3	QL (60 ea per 30 days)
XIGDUO XR (5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3	QL (30 ea per 30 days)
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	3	ST, QL (15 ml per 30 days), INS
ANTIDIABETIC-ANTIBODIES		
TZIELD 2 MG/2ML SOLUTION	5	PA, NDS-NM
BIGUANIDES		
metformin hcl 1000 mg tab	1	QL (75 ea per 30 days), GC
metformin hcl 500 mg tab	1	QL (150 ea per 30 days), GC
metformin hcl 850 mg tab	1	QL (90 ea per 30 days), GC
metformin hcl er 500 mg tab er 24h	1	QL (120 ea per 30 days), GC
metformin hcl er 750 mg tab er 24h	1	QL (60 ea per 30 days), GC
DIABETIC OTHER		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	3	
BAQSIMI TWO PACK 3 MG/DOSE POWDER	3	
diazoxide 50 mg/ml suspension	2	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	3	
GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN)	3	
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	3	
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	

Drug Name	Drug Tier	Requirements / Limits
GVOKE PFS (0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR)	3	
KORLYM 300 MG TAB	5	PA, QL (120 ea per 30 days), NDS-NM
ZEGALOGUE (0.6 MG/0.6ML SOLN A-INJ, 0.6 MG/0.6ML SOLN PRSYR)	4	ST, QL (1.2 ml per 30 days)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB)	3	QL (30 ea per 30 days)
TRADJENTA 5 MG TAB	3	QL (30 ea per 30 days)
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET 0.8 MG TAB	4	PA, QL (180 ea per 30 days)
INCRETIN MIMETIC AGENTS		
MOUNJARO (2.5 MG/0.5ML SOLN PEN, 5 MG/0.5ML SOLN PEN, 7.5 MG/0.5ML SOLN PEN, 10 MG/0.5ML SOLN PEN, 12.5 MG/0.5ML SOLN PEN, 15 MG/0.5ML SOLN PEN)	3	PA, QL (2 ml per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3	PA, QL (3 ml per 28 days), (1 pen)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	PA, QL (3 ml per 28 days), (1 pen)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	3	PA, QL (3 ml per 28 days), (1 pen)
RYBELSUS (7 MG TAB, 14 MG TAB)	3	PA, QL (30 ea per 30 days)
RYBELSUS 3 MG TAB	3	PA, QL (30 ea per 180 days)
TRULICITY (0.75 MG/0.5ML SOLN PEN, 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN)	3	PA, QL (2 ml per 28 days)
TRULICITY 1.5 MG/0.5ML SOLN PEN	3	PA, QL (2 ml per 28 days)
VICTOZA 18 MG/3ML SOLN PEN	3	PA, QL (9 ml per 30 days)
INSULIN		
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	4	B/D PA, INS
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	4	PA, INS
LANTUS 100 UNIT/ML SOLUTION	3	INS

Drug Name	Drug Tier	Requirements / Limits
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	3	INS
LEVEMIR 100 UNIT/ML SOLUTION	3	INS
LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN	3	INS
LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN	3	INS
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 100 UNIT/ML SOLUTION	3	B/D PA, INS
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	3	INS
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	3	INS
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN 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

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	3	INS
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	3	INS
NOVOLOG RELION 100 UNIT/ML SOLUTION	3	B/D PA, INS
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	INS
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	3	INS
TRESIBA 100 UNIT/ML SOLUTION	3	INS
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	3	INS
INSULIN SENSITIZING AGENTS		
pioglitazone hcl (30 mg tab, 45 mg tab)	1	QL (30 ea per 30 days), GC
pioglitazone hcl 15 mg tab	1	QL (90 ea per 30 days), GC
MEGLITINIDE ANALOGUES		
nateglinide (60 mg tab, 120 mg tab)	1	QL (90 ea per 30 days), GC
repaglinide (0.5 mg tab, 1 mg tab)	1	QL (120 ea per 30 days), GC
repaglinide 2 mg tab	1	QL (240 ea per 30 days), GC
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA (5 MG TAB, 10 MG TAB)	3	QL (30 ea per 30 days)
JARDIANCE (10 MG TAB, 25 MG TAB)	3	QL (30 ea per 30 days)
SULFONYLUREAS		
glimepiride 1 mg tab	2	QL (240 ea per 30 days)
glimepiride 2 mg tab	2	QL (120 ea per 30 days)
glimepiride 4 mg tab	2	QL (60 ea per 30 days)
glipizide 10 mg tab	1	QL (120 ea per 30 days), GC
glipizide 5 mg tab	1	QL (240 ea per 30 days), GC
glipizide er 10 mg tab er 24h	1	QL (60 ea per 30 days), GC
glipizide er 2.5 mg tab er 24h	1	QL (240 ea per 30 days), GC
glipizide er 5 mg tab er 24h	1	QL (120 ea per 30 days), GC

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

Drug Name	Drug Tier	Requirements / Limits
glipizide xl 10 mg tab er 24h	1	QL (60 ea per 30 days), GC
glipizide xl 2.5 mg tab er 24h	1	QL (240 ea per 30 days), GC
glipizide xl 5 mg tab er 24h	1	QL (120 ea per 30 days), GC
glyburide 1.25 mg tab	2	PA, QL (480 ea per 30 days), (PA Required for Members age 65 and older), HRM
glyburide 2.5 mg tab	2	PA, QL (240 ea per 30 days), (PA Required for Members age 65 and older), HRM
glyburide 5 mg tab	2	PA, QL (120 ea per 30 days), (PA Required for Members age 65 and older), HRM
glyburide micronized 1.5 mg tab	2	PA, QL (240 ea per 30 days), (PA Required for Members age 65 and older), HRM
glyburide micronized 3 mg tab	2	PA, QL (120 ea per 30 days), (PA Required for Members age 65 and older), HRM
glyburide micronized 6 mg tab	2	PA, QL (60 ea per 30 days), (PA Required for Members age 65 and older), HRM
TOLBUTAMIDE 500 MG TAB	1	QL (180 ea per 30 days), GC
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
diphenoxylate-atropine 2.5-0.025 mg tab	2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	4	
loperamide hcl 2 mg cap	2	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox (90 mg packet, 180 mg packet, 180 mg tab, 250 mg tab sol, 360 mg packet, 360 mg tab, 500 mg tab sol)	5	PA, NDS-NM
deferasirox 125 mg tab sol	2	PA

Drug Name	Drug Tier	Requirements / Limits
deferasirox 90 mg tab	2	PA, NDS-NM
deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)	5	PA, NDS-NM
deferiprone 1000 mg tab	5	PA
deferiprone 500 mg tab	5	PA, NDS-NM
ANTIDOTES AND SPECIFIC ANTAGONISTS		
acetylcysteine 200 mg/ml solution	4	
deferoxamine mesylate (2 gm recon soln, 500 mg recon soln)	4	B/D PA
fomepizole 1.5 gm/1.5ml solution	5	NDS-NM
OPIOID ANTAGONISTS		
KLOXXADO 8 MG/0.1ML LIQUID	3	
naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 4 mg/10ml solution)	1	GC
naloxone hcl (2 mg/2ml soln prsyr, 4 mg/0.1ml liquid)	2	
naltrexone hcl 50 mg tab	2	
VIVITROL 380 MG RECON SUSP	4	
ZIMHI 5 MG/0.5ML SOLN PRSYR	3	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)	4	
granisetron hcl 1 mg tab	2	B/D PA
ondansetron (4 mg tab disp, 8 mg tab disp)	2	B/D PA
ondansetron hcl (4 mg tab, 8 mg tab, 24 mg tab)	2	B/D PA
ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)	4	
ondansetron hcl 4 mg/5ml solution	4	B/D PA
palonosetron hcl (0.25 mg/5ml soln prsyr, 0.25 mg/5ml solution)	4	PA

Drug Name	Drug Tier	Requirements / Limits
PALONOSETRON HCL 0.25 MG/5ML SOLN PRSYR	4	
ANTIEMETICS - ANTICHOLINERGIC		
DIMENHYDRINATE 50 MG/ML SOLUTION	4	
meclizine hcl (12.5 mg tab, 25 mg tab)	2	
scopolamine 1 mg/3days patch 72hr	2	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	4	PA, QL (2 ea per 28 days), (May be payable under part B)
BONJESTA 20-20 MG TAB ER	4	PA, QL (60 ea per 30 days)
doxylamine-pyridoxine 10-10 mg tab dr	4	PA, QL (120 ea per 30 days)
dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)	4	PA, QL (60 ea per 30 days)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant (40 mg cap, 125 mg cap)	4	PA, QL (3 ea per 2 days), (May be payable under part B)
aprepitant (80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap)	4	PA, QL (6 ea per 4 days), (May be payable under part B)
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK	4	PA, QL (4 ea per 28 days), (May be payable under part B)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
caspofungin acetate 50 mg recon soln	5	NDS-NM
caspofungin acetate 70 mg recon soln	4	
ERAXIS 100 MG RECON SOLN	5	PA, NDS-NM
ERAXIS 50 MG RECON SOLN	4	PA
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION	4	B/D PA, NDS-NM
AMBISOME 50 MG RECON SUSP	5	B/D PA, NDS-NM
AMPHOTERICIN B 50 MG RECON SOLN	4	B/D PA
amphotericin b liposome 50 mg recon susp	5	B/D PA, NDS-NM

Drug Name	Drug Tier	Requirements / Limits
flucytosine (250 mg cap, 500 mg cap)	5	NDS-NM
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	4	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	4	
nystatin 500000 unit tab	2	
terbinafine hcl 250 mg tab	2	
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2	
fluconazole in sodium chloride (100-0.9 mg/50ml-% solution, 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)	4	
itraconazole 100 mg cap	4	PA
ketoconazole 200 mg tab	2	
NOXAFIL 300 MG PACKET	5	PA, QL (31 ea per 30 days), NDS-NM
NOXAFIL 300 MG/16.7ML SOLUTION	5	PA, NDS-NM
posaconazole 100 mg tab dr	5	PA, QL (180 ea per 30 days), NDS-NM
posaconazole 300 mg/16.7ml solution	5	PA, NDS-NM
posaconazole 40 mg/ml suspension	5	PA, QL (600 ml per 30 days), NDS-NM
VIVJOA 150 MG CAP THPK	4	PA, QL (18 ea per 84 days)
voriconazole (50 mg tab, 200 mg tab)	4	
voriconazole 200 mg recon soln	4	PA
voriconazole 40 mg/ml recon susp	5	NDS-NM
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine hcl 50 mg/ml solution	4	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)	2	(rx product only)

Drug Name	Drug Tier	Requirements / Limits
desloratadine 5 mg tab	2	QL (30 ea per 30 days)
levocetirizine dihydrochloride 5 mg tab	2	(rx product only)
ANTIHISTAMINES - PHENOTHIAZINES		
phenadoz (12.5 mg suppos, 25 mg suppos)	4	
promethazine hcl (12.5 mg suppos, 25 mg suppos)	4	
promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)	2	
promethazine hcl (6.25 mg/5ml solution, 6.25 mg/5ml syrup)	2	PA, (PA Required for Members age 65 and older), HRM
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS)	4	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl 2 mg/5ml syrup	4	PA, (PA Required for Members age 65 and older), HRM
cyproheptadine hcl 4 mg tab	2	PA, (PA Required for Members age 65 and older), HRM
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL 180 MG TAB	3	PA, QL (30 ea per 30 days)
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION)	5	PA, NDS-NM
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	1	QL (30 ea per 30 days), GC
NEXLIZET 180-10 MG TAB	3	PA, QL (30 ea per 30 days)
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl 0.5 gm cap	2	QL (240 ea per 30 days)
icosapent ethyl 1 gm cap	2	QL (120 ea per 30 days)
omega-3-acid ethyl esters 1 gm cap	2	QL (120 ea per 30 days)

Drug Name	Drug Tier	Requirements / Limits
BILE ACID SEQUESTRANTS		
cholestyramine (4 gm packet, 4 gm/dose powder)	2	
cholestyramine light (4 gm packet, 4 gm/dose powder)	2	
colesevelam hcl (3.75 gm packet, 625 mg tab)	4	
colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)	2	
prevalite (4 gm packet, 4 gm/dose powder)	4	
FIBRIC ACID DERIVATIVES		
fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	2	
fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)	2	
fenofibric acid (35 mg tab, 45 mg cap dr, 105 mg tab, 135 mg cap dr)	2	
gemfibrozil 600 mg tab	1	GC
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)	1	QL (45 ea per 30 days), GC
atorvastatin calcium 80 mg tab	1	QL (30 ea per 30 days), GC
fluvastatin sodium (20 mg cap, 40 mg cap)	2	QL (60 ea per 30 days)
lovastatin (10 mg tab, 20 mg tab)	1	QL (45 ea per 30 days), GC
lovastatin 40 mg tab	1	QL (60 ea per 30 days), GC
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	QL (45 ea per 30 days), GC
pravastatin sodium 80 mg tab	1	QL (30 ea per 30 days), GC
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)	1	QL (45 ea per 30 days), GC
rosuvastatin calcium 40 mg tab	1	QL (30 ea per 30 days), GC
simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	QL (45 ea per 30 days), GC
simvastatin 80 mg tab	1	QL (30 ea per 30 days), GC

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

Drug Name	Drug Tier	Requirements / Limits
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe 10 mg tab	1	GC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID (20 MG CAP, 30 MG CAP)	5	PA, QL (60 ea per 30 days), NDS-NM
JUXTAPID (5 MG CAP, 10 MG CAP)	5	PA, QL (30 ea per 30 days), NDS-NM
NICOTINIC ACID DERIVATIVES		
niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)	4	QL (60 ea per 30 days)
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO 284 MG/1.5ML SOLN PRSYR	5	PA, QL (1.5 ml per 84 days), NDS-NM
PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	3	PA, QL (2 ml per 28 days)
REPATHA 140 MG/ML SOLN PRSYR	3	PA, QL (3 ml per 28 days)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	3	PA, QL (3.5 ml per 28 days)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	3	PA, QL (3 ml per 28 days)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	QL (60 ea per 30 days), GC
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	GC
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	QL (60 ea per 30 days), GC
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	QL (60 ea per 30 days), GC
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	1	QL (60 ea per 30 days), GC
moexipril hcl (7.5 mg tab, 15 mg tab)	1	GC

Drug Name	Drug Tier	Requirements / Limits
perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)	2	QL (60 ea per 30 days)
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	QL (60 ea per 30 days), GC
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	1	QL (60 ea per 30 days), GC
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	1	QL (60 ea per 30 days), GC
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine 250 mg cap	5	PA, NDS-NM
phenoxybenzamine hcl 10 mg cap	4	PA
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab)	1	QL (60 ea per 30 days), GC
candesartan cilexetil 32 mg tab	1	QL (30 ea per 30 days), GC
EDARBI (40 MG TAB, 80 MG TAB)	4	QL (30 ea per 30 days)
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	1	QL (30 ea per 30 days), GC
losartan potassium (25 mg tab, 50 mg tab)	1	QL (60 ea per 30 days), GC
losartan potassium 100 mg tab	1	QL (45 ea per 30 days), GC
olmesartan medoxomil (20 mg tab, 40 mg tab)	1	QL (30 ea per 30 days), GC
olmesartan medoxomil 5 mg tab	1	QL (60 ea per 30 days), GC
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	1	QL (30 ea per 30 days), GC
valsartan (40 mg tab, 80 mg tab, 160 mg tab)	1	QL (60 ea per 30 days), GC
valsartan 320 mg tab	1	QL (30 ea per 30 days), GC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	4	
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	1	GC
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	2	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	2	

Drug Name	Drug Tier	Requirements / Limits
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	1	GC
ANTIHYPERTENSIVE COMBINATIONS		
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)	1	GC
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	2	
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	2	QL (30 ea per 30 days)
amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)	2	
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	1	GC
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	QL (60 ea per 30 days), GC
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	1	GC
candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)	2	QL (30 ea per 30 days)
candesartan cilexetil-hctz 16-12.5 mg tab	2	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	GC
EDARBYCLOR (40-12.5 MG TAB, 40-25 MG TAB)	4	QL (30 ea per 30 days)
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	1	QL (60 ea per 30 days), GC
fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)	2	QL (120 ea per 30 days)
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	1	QL (30 ea per 30 days), GC
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	QL (60 ea per 30 days), GC
losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	1	QL (30 ea per 30 days), GC

Drug Name	Drug Tier	Requirements / Limits
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	2	
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	1	QL (30 ea per 30 days), GC
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)	2	QL (30 ea per 30 days)
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	2	
quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	QL (60 ea per 30 days), GC
TEKTURNA HCT (150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB)	4	
telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)	2	QL (30 ea per 30 days)
telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)	2	QL (30 ea per 30 days)
valsartan-hydrochlorothiazide (160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)	1	QL (30 ea per 30 days), GC
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab)	1	QL (60 ea per 30 days), GC
DIRECT RENIN INHIBITORS		
aliskiren fumarate (150 mg tab, 300 mg tab)	4	QL (30 ea per 30 days)
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone (25 mg tab, 50 mg tab)	2	
VASODILATORS		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	2	
minoxidil (2.5 mg tab, 10 mg tab)	2	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl 250-100 mg tab	2	
atovaquone-proguanil hcl 62.5-25 mg tab	4	

Drug Name	Drug Tier	Requirements / Limits
COARTEM 20-120 MG TAB	4	
ANTIMALARIALS		
chloroquine phosphate (250 mg tab, 500 mg tab)	4	
hydroxychloroquine sulfate 200 mg tab	2	
KRINTAFEL 150 MG TAB	4	
mefloquine hcl 250 mg tab	2	
primaquine phosphate 26.3 (15 base) mg tab	4	
pyrimethamine 25 mg tab	5	PA, NDS-NM
quinine sulfate 324 mg cap	4	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE 10 MG TAB	5	PA, QL (240 ea per 30 days), NDS-NM
GUANIDINE HCL 125 MG TAB	2	
pyridostigmine bromide (30 mg tab, 60 mg tab)	2	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT SULFATE 1 GM RECON SOLN	4	
cycloserine 250 mg cap	2	
ethambutol hcl (100 mg tab, 400 mg tab)	2	
isoniazid (100 mg tab, 300 mg tab)	2	
isoniazid (50 mg/5ml syrup, 100 mg/ml solution)	4	
PASER 4 GM PACKET	4	
PRETOMANID 200 MG TAB	3	PA, QL (30 ea per 30 days)
PRIFTIN 150 MG TAB	3	
pyrazinamide 500 mg tab	4	
rifabutin 150 mg cap	4	
rifampin (150 mg cap, 300 mg cap)	2	

Drug Name	Drug Tier	Requirements / Limits
rifampin 600 mg recon soln	4	
SIRTURO (20 MG TAB, 100 MG TAB)	5	PA, NDS-NM
TRECATOR 250 MG TAB	4	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
bendamustine hcl (25 mg recon soln, 100 mg recon soln, 100 mg/4ml solution)	5	NDS-NM
BENDEKA 100 MG/4ML SOLUTION	5	NDS-NM
busulfan 6 mg/ml solution	4	
carboplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)	4	
carmustine 100 mg recon soln	4	
cisplatin (50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution)	4	
CISPLATIN 50 MG RECON SOLN	2	
CYCLOPHOSPHAMIDE (1 GM RECON SOLN, 1 GM/5ML SOLUTION, 2 GM RECON SOLN, 2 GM/10ML SOLUTION, 500 MG RECON SOLN, 500 MG/2.5ML SOLUTION)	4	
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	2	B/D PA
cyclophosphamide 25 mg cap	4	B/D PA
cyclophosphamide 50 mg cap	4	B/D PA
GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP)	4	PA_NSO
ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm recon soln, 3 gm/60ml solution)	4	
LEUKERAN 2 MG TAB	3	
melphalan hcl 50 mg recon soln	4	
oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution, 200 mg/40ml solution)	4	
PEPAXTO 20 MG RECON SOLN	5	PA_NSO, NDS-NM

Drug Name	Drug Tier	Requirements / Limits
TEMODAR 100 MG RECON SOLN	4	
thiotepa (15 mg recon soln, 100 mg recon soln)	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		
azacitidine 100 mg recon susp	4	
cladribine 10 mg/10ml solution	4	B/D PA
clofarabine 1 mg/ml solution	5	PA_NSO, NDS-NM
cytarabine (pf) (20 mg/ml solution, 100 mg/ml solution)	4	B/D PA
CYTARABINE 20 MG/ML SOLUTION	4	B/D PA
decitabine 50 mg recon soln	4	
floxuridine 0.5 gm recon soln	4	B/D PA
fludarabine phosphate (25 mg/ml solution, 50 mg recon soln, 50 mg/2ml solution)	4	
fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)	4	B/D PA
FOLOTYN (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	5	NDS-NM
gemcitabine hcl (1 gm recon soln, 1 gm/10ml solution, 1 gm/26.3ml solution, 2 gm recon soln, 2 gm/20ml solution, 2 gm/52.6ml solution, 200 mg recon soln, 200 mg/2ml solution, 200 mg/5.26ml solution)	4	
GEMCITABINE HCL 1.5 GM/15ML SOLUTION	2	
mercaptopurine 50 mg tab	2	
methotrexate 2.5 mg tab	2	
METHOTREXATE SODIUM (1 GM RECON SOLN, 250 MG/10ML SOLUTION, 1000 MG/40ML SOLUTION)	4	
methotrexate sodium (2.5 mg tab, 50 mg/2ml solution)	2	

Drug Name	Drug Tier	Requirements / Limits
methotrexate sodium (pf) (1 gm/40ml solution, 250 mg/10ml solution)	4	
methotrexate sodium (pf) 50 mg/2ml solution	2	
nelarabine 5 mg/ml solution	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, 500 mg recon soln)	5	
PEMETREXED DISODIUM (100 MG/4ML SOLUTION, 500 MG/20ML SOLUTION, 850 MG/34ML SOLUTION)	5	NDS-NM
PEMETREXED DITROMETHAMINE 100 MG RECON SOLN	5	NDS-NM
PRALATREXATE (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	5	NDS-NM
PURIXAN 2000 MG/100ML SUSPENSION	4	
TABLOID 40 MG TAB	3	
XATMEP 2.5 MG/ML SOLUTION	4	PA_NSO
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
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

Drug Name	Drug Tier	Requirements / Limits
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
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 - ANTI-HER2 AGENTS		
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	5	NDS-NM
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	5	NDS-NM
MARGENZA 250 MG/10ML SOLUTION	5	PA_NSO, NDS-NM
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	5	NDS-NM
ONTRUZANT (150 MG RECON SOLN, 420 MG RECON SOLN)	5	NDS-NM
PERJETA 420 MG/14ML SOLUTION	5	NDS-NM
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	5	NDS-NM
TUKYSA (50 MG TAB, 150 MG TAB)	5	QL (120 ea per 30 days), PA_NSO, NDS-NM
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS 50 MG RECON SOLN	5	PA_NSO, NDS-NM
ARZERRA (100 MG/5ML CONC, 1000 MG/50ML CONC)	5	PA_NSO, NDS-NM

Drug Name	Drug Tier	Requirements / Limits
BAVENCIO 200 MG/10ML SOLUTION	5	PA_NSO, NDS-NM
BESPONSA 0.9 MG RECON SOLN	5	PA_NSO, NDS-NM
BLINCYTO 35 MCG RECON SOLN	5	PA_NSO, NDS-NM
DANYELZA 40 MG/10ML SOLUTION	5	PA_NSO, NDS-NM
DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	5	PA_NSO, NDS-NM
EMPLICITI (300 MG RECON SOLN, 400 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
GAZYVA 1000 MG/40ML SOLUTION	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
JEMPERLI 500 MG/10ML SOLUTION	5	PA_NSO, NDS-NM
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	5	PA_NSO, NDS-NM
KEYTRUDA 100 MG/4ML SOLUTION	5	PA_NSO, NDS-NM
KIMMTRAK 100 MCG/0.5ML SOLUTION	5	PA_NSO, NDS-NM
LIBTAYO 350 MG/7ML SOLUTION	5	PA_NSO, NDS-NM
LUMOXITI 1 MG RECON SOLN	5	PA_NSO, NDS-NM
LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION)	5	PA_NSO, NDS-NM
MONJUVI 200 MG RECON SOLN	5	PA_NSO, NDS-NM
MYLOTARG 4.5 MG RECON SOLN	5	PA_NSO, NDS-NM
OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 120 MG/12ML SOLUTION, 240 MG/24ML SOLUTION)	5	PA_NSO, NDS-NM

Drug Name	Drug Tier	Requirements / Limits
PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN)	5	PA_NSO, NDS-NM
POLIVY (30 MG RECON SOLN, 140 MG RECON SOLN)	5	PA, 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
SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML 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, NDS-NM
TIVDAK 40 MG RECON SOLN	5	PA_NSO, NDS-NM
TRUXIMA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	PA_NSO, NDS-NM
UNITUXIN 17.5 MG/5ML SOLUTION	5	QL (40 ml per 30 days), PA_NSO, NDS-NM
YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION)	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
ANTINEOPLASTIC - BCL-2 INHIBITORS		
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
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION)	5	NDS-NM

Drug Name	Drug Tier	Requirements / Limits
erlotinib hcl (100 mg tab, 150 mg tab)	5	QL (30 ea per 30 days), PA_NSO, NDS-NM
erlotinib hcl 25 mg tab	5	QL (90 ea per 30 days), PA_NSO, NDS-NM
EXKIVITY 40 MG CAP	5	QL (120 ea per 30 days), PA_NSO, NDS-NM
gefitinib 250 mg tab	5	QL (30 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
PORTRAZZA 800 MG/50ML SOLUTION	5	QL (100 ml per 21 days), PA_NSO, NDS-NM
TAGRISSO (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		
abiraterone acetate 250 mg tab	2	QL (120 ea per 30 days), PA_NSO, NDS-NM
abiraterone acetate 500 mg tab	5	QL (60 ea per 30 days), PA_NSO, NDS-NM
anastrozole 1 mg tab	2	
bicalutamide 50 mg tab	2	QL (30 ea per 30 days)

Drug Name	Drug Tier	Requirements / Limits
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)
EMCYT 140 MG CAP	3	
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
exemestane 25 mg tab	4	
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	4	
FIRMAGON 80 MG RECON SOLN	4	
flutamide 125 mg cap	2	
fulvestrant 250 mg/5ml soln prsyr	5	NDS-NM
letrozole 2.5 mg tab	2	
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE	4	QL (1 ea per 84 days)
leuprolide acetate 1 mg/0.2ml kit	4	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	5	QL (1 ea per 28 days), NDS-NM
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	5	QL (1 ea per 84 days), NDS-NM
LUPRON DEPOT (4-MONTH) 30 MG KIT	5	QL (1 ea per 112 days), NDS-NM
LUPRON DEPOT (6-MONTH) 45 MG KIT	5	QL (1 ea per 168 days), NDS-NM
LYSODREN 500 MG TAB	3	
megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	2	
nilutamide 150 mg tab	4	QL (60 ea per 30 days)
NUBEQA 300 MG TAB	5	QL (120 ea per 30 days), PA_NSO, NDS-NM

Drug Name	Drug Tier	Requirements / Limits
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	
tamoxifen citrate (10 mg tab, 20 mg tab)	2	
toremifene citrate 60 mg tab	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)
XTANDI 40 MG CAP	5	QL (120 ea per 30 days), PA_NSO, NDS-NM
XTANDI 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
YONSA 125 MG TAB	5	QL (120 ea per 30 days), PA_NSO, NDS-NM
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG 40 MG TAB	5	QL (90 ea per 30 days), PA_NSO, NDS-NM
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	5	QL (21 ea per 28 days), PA_NSO, NDS-NM
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
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
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	5	QL (20 ea per 28 days), PA_NSO, NDS-NM

Drug Name	Drug Tier	Requirements / Limits
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) 20 MG TAB THPK	5	QL (8 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) 20 MG TAB THPK	5	QL (16 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) 20 MG TAB THPK	5	QL (12 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) 20 MG TAB THPK	5	QL (16 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 TWICE WEEKLY) 20 MG TAB THPK	5	QL (32 ea per 28 days), PA_NSO, NDS-NM
ANTINEOPLASTIC ANTIBIOTICS		
bleomycin sulfate (15 recon soln, 30 recon soln)	4	B/D PA
dactinomycin 0.5 mg recon soln	4	
DAUNORUBICIN HCL (20 MG/4ML SOLUTION, 50 MG/10ML SOLUTION)	4	
doxorubicin hcl (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)	4	B/D PA
doxorubicin hcl liposomal 2 mg/ml injectable	4	
epirubicin hcl (50 mg/25ml solution, 200 mg/100ml solution)	4	
idarubicin hcl (5 mg/5ml solution, 10 mg/10ml solution, 20 mg/20ml solution)	4	

Drug Name	Drug Tier	Requirements / Limits
mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)	4	
mitoxantrone hcl (20 mg/10ml conc, 25 mg/12.5ml conc, 30 mg/15ml conc)	4	
mutamycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)	4	
valrubicin 40 mg/ml solution	2	
ANTINEOPLASTIC COMBINATIONS		
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
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
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 MG TAB THPK	5	QL (49 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
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
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

Drug Name	Drug Tier	Requirements / Limits
ALIQOPA 60 MG RECON SOLN	5	QL (3 ea per 28 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
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
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN)	5	PA_NSO, NDS-NM
bortezomib 3.5 mg recon soln	5	NDS-NM
BOSULIF (400 MG TAB, 500 MG TAB)	5	QL (30 ea per 30 days), PA_NSO, NDS-NM
BOSULIF 100 MG TAB	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
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 CAP	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

Drug Name	Drug Tier	Requirements / Limits
CAPRELSA 300 MG TAB	5	QL (30 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
everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)	5	QL (112 ea per 28 days), PA_NSO, NDS-NM
everolimus (5 mg tab, 7.5 mg tab, 10 mg tab)	5	QL (28 ea per 28 days), PA_NSO, NDS-NM
everolimus 2.5 mg tab	4	QL (28 ea per 28 days), PA_NSO, NDS-NM
FARYDAK (10 MG CAP, 20 MG CAP)	5	QL (6 ea per 21 days), PA_NSO, NDS-NM
FARYDAK 15 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
IBRANCE (75 MG CAP, 100 MG CAP, 125 MG CAP)	5	QL (21 ea per 28 days), PA_NSO, NDS-NM
IBRANCE (75 MG TAB, 100 MG TAB, 125 MG TAB)	5	QL (21 ea per 28 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

Drug Name	Drug Tier	Requirements / Limits
imatinib mesylate 100 mg tab	2	QL (90 ea per 30 days)
imatinib mesylate 400 mg tab	2	QL (60 ea per 30 days)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB)	5	QL (30 ea per 30 days), PA_NSO, NDS-NM
IMBRUVICA 140 MG CAP	5	QL (120 ea per 30 days), PA_NSO, NDS-NM
IMBRUVICA 70 MG/ML SUSPENSION	5	QL (240 ml per 30 days), PA_NSO, NDS-NM
INREBIC 100 MG CAP	5	QL (120 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
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
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
lapatinib ditosylate 250 mg tab	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

Drug Name	Drug Tier	Requirements / Limits
LUMAKRAS 120 MG TAB	5	QL (240 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
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	5	QL (3 ea per 28 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	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
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
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
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	5	QL (120 ea per 30 days), PA_NSO, NDS-NM
RYDAPT 25 MG CAP	5	QL (224 ea per 28 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 (300 ea per 30 days), PA_NSO, NDS-NM
sorafenib tosylate 200 mg tab	5	QL (120 ea per 30 days), PA_NSO, NDS-NM
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	5	QL (30 ea per 30 days), PA_NSO, NDS-NM
SPRYCEL 20 MG TAB	5	QL (90 ea per 30 days), PA_NSO, NDS-NM
STIVARGA 40 MG TAB	5	QL (84 ea per 28 days), PA_NSO, NDS-NM
sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)	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 ml per 30 days), PA_NSO, NDS-NM
TALZENNA (0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5	QL (30 ea per 30 days), PA_NSO, NDS-NM

Drug Name	Drug Tier	Requirements / Limits
TALZENNA 0.25 MG CAP	5	QL (90 ea per 30 days), PA_NSO, NDS-NM
TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP)	5	QL (120 ea per 30 days), PA_NSO, NDS-NM
TAZVERIK 200 MG TAB	5	QL (240 ea per 30 days), PA_NSO, NDS-NM
temsirolimus 25 mg/ml solution	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
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK	5	QL (21 ea per 28 days), PA_NSO, NDS-NM
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK	5	QL (42 ea per 28 days), PA_NSO, NDS-NM
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK	5	QL (42 ea per 28 days), PA_NSO, NDS-NM
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK	5	QL (63 ea per 28 days), PA_NSO, NDS-NM
TURALIO 125 MG CAP	5	QL (120 ea per 30 days), PA_NSO, NDS-NM
TURALIO 200 MG CAP	5	QL (120 ea per 30 days), PA_NSO, NDS-NM
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
VOTRIENT 200 MG TAB	5	QL (120 ea per 30 days), PA_NSO, NDS-NM

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

Drug Name	Drug Tier	Requirements / Limits
XALKORI (200 MG CAP, 250 MG CAP)	5	QL (120 ea per 30 days), PA_NSO, NDS-NM
XOSPATA 40 MG TAB	5	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
ZEJULA 100 MG CAP	5	QL (90 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
ZYDELIG (100 MG TAB, 150 MG TAB)	5	QL (60 ea per 30 days), PA_NSO, NDS-NM
ZYKADIA 150 MG TAB	5	QL (90 ea per 30 days), PA_NSO, NDS-NM
ANTINEOPLASTIC ENZYMES		
ASPARLAS 3750 UNIT/5ML SOLUTION	5	NDS-NM
ERWINASE 10000 UNIT RECON SOLN	5	PA_NSO, NDS-NM
ERWINAZE 10000 UNIT RECON SOLN	5	PA_NSO, NDS-NM
ONCASPAR 750 UNIT/ML SOLUTION	5	NDS-NM
RYLAZE 10 MG/0.5ML SOLUTION	5	PA_NSO, NDS-NM
ANTINEOPLASTICS MISC.		
ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	5	NDS-NM
BESREMI 500 MCG/ML SOLN PRSYR	5	QL (2 ml per 28 days), PA_NSO, NDS-NM
bexarotene 75 mg cap	5	NDS-NM
dacarbazine (100 mg recon soln, 200 mg recon soln)	4	
hydroxyurea 500 mg cap	2	
INTRON A (6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN)	3	
MATULANE 50 MG CAP	5	NDS-NM

Drug Name	Drug Tier	Requirements / Limits
NIPENT 10 MG RECON SOLN	4	
PROLEUKIN 22000000 UNIT RECON SOLN	5	NDS-NM
SYNRIBO 3.5 MG RECON SOLN	5	PA_NSO, NDS-NM
TICE BCG 50 MG RECON SUSP	4	
tretinoin 10 mg cap	5	NDS-NM
UVADEX 20 MCG/ML SOLUTION	4	
CHEMOTHERAPY ADJUNCTS		
ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN)	5	PA, NDS-NM
KEPIVANCE 6.25 MG RECON SOLN	5	NDS-NM
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA 300 MG RECON SOLN	5	PA_NSO, NDS-NM
dexrazoxane 250 mg recon soln	4	
dexrazoxane hcl (250 mg recon soln, 500 mg recon soln)	4	
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	2	
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)	4	
levoleucovorin calcium 50 mg recon soln	4	
levoleucovorin calcium pf (175 mg/17.5ml solution, 250 mg/25ml solution)	5	NDS-NM
mesna 100 mg/ml solution	4	
MESNEX 400 MG TAB	4	
MITOTIC INHIBITORS		
ABRAXANE 100 MG RECON SUSP	5	PA, NDS-NM
docetaxel (20 mg/2ml solution, 20 mg/ml conc, 80 mg/4ml conc, 80 mg/8ml solution, 160 mg/16ml solution, 160 mg/8ml conc)	4	
ETOPOPHOS 100 MG RECON SOLN	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
etoposide (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)	4	
HALAVEN 1 MG/2ML SOLUTION	5	PA_NSO, NDS-NM
IXEMPRA KIT (15 MG RECON SOLN, 45 MG RECON SOLN)	5	PA_NSO, NDS-NM
JEVTANA 60 MG/1.5ML SOLUTION	5	PA_NSO, NDS-NM
MARQIBO 5 MG/31ML SUSPENSION	5	PA_NSO, NDS-NM
paclitaxel (30 mg/5ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc, 300 mg/50ml conc)	4	
PACLITAXEL PROTEIN-BOUND PART 100 MG RECON SUSP	5	PA, NDS-NM
toposar (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)	4	
VINBLASTINE SULFATE 1 MG/ML SOLUTION	4	B/D PA
vincristine sulfate 1 mg/ml solution	4	B/D PA
vinorelbine tartrate (10 mg/ml solution, 50 mg/5ml solution)	4	
TOPOISOMERASE I INHIBITORS		
IRINOTECAN HCL (40 MG/2ML SOLUTION, 100 MG/5ML SOLUTION, 300 MG/15ML SOLUTION, 500 MG/25ML SOLUTION)	4	
ONIVYDE 43 MG/10ML INJECTABLE	5	PA_NSO, NDS-NM
topotecan hcl (4 mg recon soln, 4 mg/4ml solution)	4	
TRODELVY 180 MG RECON SOLN	5	PA_NSO, NDS-NM
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa 25 mg tab	4	
NOURIANZ (20 MG TAB, 40 MG TAB)	5	PA, QL (30 ea per 30 days), NDS-NM
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
trihexyphenidyl hcl (2 mg tab, 5 mg tab)	2	PA, (PA Required for Members age 65 and older), HRM
trihexyphenidyl hcl 0.4 mg/ml solution	4	PA, (PA Required for Members age 65 and older), HRM
ANTIPARKINSON COMT INHIBITORS		
entacapone 200 mg tab	2	
ONGENTYS (25 MG CAP, 50 MG CAP)	4	ST, QL (30 ea per 30 days)
tolcapone 100 mg tab	4	ST
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)	2	
apomorphine hcl 30 mg/3ml soln cart	5	NDS-NM
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	4	
carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)	2	
carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)	2	
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)	4	
INBRIJA 42 MG CAP	5	QL (300 ea per 30 days), NDS-NM
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	5	QL (150 ea per 30 days), NDS-NM
NEUPRO (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR)	4	ST
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)	2	
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)	2	
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)	4	

Drug Name	Drug Tier	Requirements / Limits
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	2	QL (30 ea per 30 days)
selegiline hcl (5 mg cap, 5 mg tab)	2	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM 8 MEQ/5ML SOLUTION	2	
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	2	
lithium carbonate er (300 mg tab er, 450 mg tab er)	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	4	QL (30 ea per 30 days), PA_NSO
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)	2	QL (30 ea per 30 days)
lurasidone hcl 80 mg tab	2	QL (60 ea per 30 days)
NUPLAZID (10 MG TAB, 34 MG CAP)	5	QL (30 ea per 30 days), PA_NSO, NDS-NM
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5	QL (30 ea per 30 days), PA_NSO, NDS-NM
VRAYLAR 1.5 & 3 MG CAP THPK	4	QL (7 ea per 180 days), PA_NSO
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	2	QL (60 ea per 30 days)
ziprasidone mesylate 20 mg recon soln	2	QL (60 ea per 30 days)
BENZISOXAZOLES		
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	4	QL (60 ea per 30 days)
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	4	QL (8 ea per 28 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

Drug Name	Drug Tier	Requirements / Limits
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	5	QL (0.5 ml per 28 days), PA_NSO, NDS-NM
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	QL (0.88 ml per 84 days), PA_NSO, NDS-NM
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
paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 9 mg tab er 24h)	4	QL (30 ea per 30 days)
paliperidone er 6 mg tab er 24h	4	QL (60 ea per 30 days)
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	5	QL (1 ea per 28 days), PA_NSO, NDS-NM
RISPERDAL CONSTA (12.5 MG, 25 MG)	4	QL (2 ea per 28 days), PA_NSO
RISPERDAL CONSTA (37.5 MG, 50 MG)	5	QL (2 ea per 28 days), PA_NSO, NDS-NM
risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp)	4	QL (60 ea per 30 days)
risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab)	2	QL (60 ea per 30 days)
risperidone 1 mg/ml solution	2	QL (480 ml per 30 days)
risperidone 4 mg tab	2	QL (120 ea per 30 days)
risperidone 4 mg tab disp	4	QL (120 ea per 30 days)
UZEDY 100 MG/0.28ML SUSP PRSYR	5	QL (0.28 ml per 28 days), PA_NSO, NDS-NM

Drug Name	Drug Tier	Requirements / Limits
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
UZEDY 200 MG/0.56ML SUSP PRSYR	5	QL (0.56 ml per 56 days), PA_NSO
UZEDY 250 MG/0.7ML SUSP PRSYR	5	QL (0.7 ml per 56 days), PA_NSO
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
BUTYROPHENONES		
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	2	
haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)	4	
haloperidol lactate 2 mg/ml conc	2	
haloperidol lactate 5 mg/ml solution	4	
DIBENZAPINES		
ADASUVE 10 MG AER POW BA	4	QL (1 ea per 7 days), PA_NSO
asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)	4	QL (60 ea per 30 days), PA_NSO
clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)	4	
clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	2	
loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)	2	
olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)	2	QL (30 ea per 30 days)
olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)	4	QL (30 ea per 30 days)
olanzapine 10 mg recon soln	4	QL (120 ea per 30 days)
quetiapine fumarate (150 mg tab, 300 mg tab, 400 mg tab)	2	QL (60 ea per 30 days)

Drug Name	Drug Tier	Requirements / Limits
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	2	QL (90 ea per 30 days)
quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)	2	QL (60 ea per 30 days)
quetiapine fumarate er 200 mg tab er 24h	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	
ZYPREXA RELPREVV (300 MG RECON SUSP, 405 MG RECON SUSP)	5	QL (2 ea per 28 days), PA_NSO, NDS-NM
ZYPREXA RELPREVV 210 MG RECON SUSP	4	QL (2 ea per 28 days), PA_NSO
DIHYDROINDOLONES		
MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB)	4	
PHENOTHIAZINES		
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)	4	
compro 25 mg suppos	4	
fluphenazine decanoate 25 mg/ml solution	4	
fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)	2	
FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 2.5 MG/ML SOLUTION, 5 MG/ML CONC)	4	
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	4	
prochlorperazine 25 mg suppos	4	
PROCHLORPERAZINE EDISYLATE (10 MG/2ML SOLUTION, 50 MG/10ML SOLUTION)	4	
prochlorperazine maleate (5 mg tab, 10 mg tab)	2	
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	2	PA_NSO, (PA Required for Members age 65 and older), HRM

Drug Name	Drug Tier	Requirements / Limits
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	2	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL (2.4 ml per 56 days), PA_NSO
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 ml per 56 days), PA_NSO
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	5	QL (1 ea per 28 days), PA_NSO, NDS-NM
ABILIFY MYCITE (2 MG TAB, 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB)	5	QL (30 ea per 30 days), PA_NSO, NDS-NM
ABILIFY MYCITE MAINTENANCE KIT (2 MG TAB THPK, 5 MG TAB THPK, 10 MG TAB THPK, 15 MG TAB THPK, 20 MG TAB THPK, 30 MG TAB THPK)	5	QL (30 ea per 30 days), PA_NSO, NDS-NM
ABILIFY MYCITE STARTER KIT (2 MG TAB THPK, 5 MG TAB THPK, 10 MG TAB THPK, 15 MG TAB THPK, 20 MG TAB THPK, 30 MG TAB THPK)	5	QL (30 ea per 30 days), PA_NSO, NDS-NM
aripiprazole (10 mg tab disp, 15 mg tab disp)	5	QL (60 ea per 30 days), NDS-NM
aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	2	QL (30 ea per 30 days)
aripiprazole 1 mg/ml solution	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
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
THIOXANTHENES		
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	4	

Drug Name	Drug Tier	Requirements / Limits
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate 20 mg/ml solution	4	QL (960 ml per 30 days)
abacavir sulfate 300 mg tab	2	QL (60 ea per 30 days)
abacavir sulfate-lamivudine 600-300 mg tab	2	QL (30 ea per 30 days)
abacavir-lamivudine-zidovudine 300-150-300 mg tab	5	QL (60 ea per 30 days), NDS-NM
APRETUDE 600 MG/3ML SUSP	5	QL (3 ml per 28 days), NDS-NM
APTIVUS 100 MG/ML SOLUTION	4	QL (380 ml per 30 days)
APTIVUS 250 MG CAP	4	QL (120 ea per 30 days)
atazanavir sulfate (150 mg cap, 200 mg cap)	4	QL (60 ea per 30 days)
atazanavir sulfate 300 mg cap	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
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
COMPLERA 200-25-300 MG TAB	5	QL (30 ea per 30 days), NDS-NM
CRIXIVAN 200 MG CAP	3	QL (270 ea per 30 days)
CRIXIVAN 400 MG CAP	3	QL (180 ea per 30 days)
darunavir 600 mg tab	5	QL (60 ea per 30 days), NDS-NM
darunavir 800 mg tab	5	QL (30 ea per 30 days), NDS-NM
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
DIDANOSINE (200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR)	2	QL (30 ea per 30 days)
DOVATO 50-300 MG TAB	5	QL (30 ea per 30 days), NDS-NM
EDURANT 25 MG TAB	5	QL (30 ea per 30 days), NDS-NM
EFAVIRENZ 200 MG CAP	4	QL (90 ea per 30 days)

Drug Name	Drug Tier	Requirements / Limits
EFAVIRENZ 50 MG CAP	4	QL (180 ea per 30 days)
efavirenz 600 mg tab	4	QL (30 ea per 30 days)
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	4	QL (30 ea per 30 days)
efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)	5	QL (30 ea per 30 days), NDS-NM
emtricitabine 200 mg cap	2	QL (30 ea per 30 days)
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)	5	QL (30 ea per 30 days), NDS-NM
emtricitabine-tenofovir df 200-300 mg tab	2	QL (30 ea per 30 days)
EMTRIVA 10 MG/ML SOLUTION	3	QL (850 ml per 30 days)
etravirine (100 mg tab, 200 mg tab)	4	QL (60 ea per 30 days)
EVOTAZ 300-150 MG TAB	5	QL (30 ea per 30 days), NDS-NM
fosamprenavir calcium 700 mg tab	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
INTELENCE 25 MG TAB	4	QL (120 ea per 30 days)
INVIRASE 500 MG TAB	5	QL (120 ea per 30 days), NDS-NM
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
lamivudine 10 mg/ml solution	2	QL (960 ml per 30 days)
lamivudine 150 mg tab	2	QL (60 ea per 30 days)
lamivudine 300 mg tab	2	QL (30 ea per 30 days)
lamivudine-zidovudine 150-300 mg tab	2	QL (60 ea per 30 days)
LEXIVA 50 MG/ML SUSPENSION	4	QL (1800 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
lopinavir-ritonavir 100-25 mg tab	2	QL (300 ea per 30 days)
lopinavir-ritonavir 200-50 mg tab	4	QL (120 ea per 30 days)
lopinavir-ritonavir 400-100 mg/5ml solution	4	QL (480 ml per 30 days)
maraviroc 150 mg tab	5	QL (60 ea per 30 days), NDS-NM
maraviroc 300 mg tab	5	QL (120 ea per 30 days), NDS-NM
nevirapine 200 mg tab	2	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)
nevirapine er 400 mg tab er 24h	4	QL (30 ea per 30 days)
NORVIR 100 MG PACKET	3	QL (360 ea per 30 days)
NORVIR 80 MG/ML SOLUTION	3	QL (480 ml 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 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)
ritonavir 100 mg tab	2	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
stavudine (15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	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	5	QL (4 ea per 180 days)
SUNLENCA 5 X 300 MG TAB THPK	5	QL (5 ea per 180 days)

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

Drug Name	Drug Tier	Requirements / Limits
SYMTUZA 800-150-200-10 MG TAB	5	QL (30 ea per 30 days), NDS-NM
TEMIXYS 300-300 MG TAB	5	QL (30 ea per 30 days), NDS-NM
tenofovir disoproxil fumarate 300 mg tab	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	5	QL (180 ea per 30 days), NDS-NM
TRIZIVIR 300-150-300 MG TAB	5	QL (60 ea per 30 days), NDS-NM
TROGARZO 200 MG/1.33ML SOLUTION	5	NDS-NM
TYBOST 150 MG TAB	3	QL (30 ea per 30 days)
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)	3	QL (30 ea per 30 days)
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
zidovudine 100 mg cap	2	QL (180 ea per 30 days)
zidovudine 300 mg tab	2	QL (60 ea per 30 days)
zidovudine 50 mg/5ml syrup	2	QL (1920 ml per 30 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	3	
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	3	
CMV AGENTS		
cidofovir 75 mg/ml solution	4	
foscarnet sodium 6000 mg/250ml solution	4	
GANCICLOVIR SODIUM (500 MG RECON SOLN, 500 MG/10ML SOLUTION)	4	B/D PA

Drug Name	Drug Tier	Requirements / Limits
LIVTENCITY 200 MG TAB	5	PA, QL (120 ea per 30 days), NDS-NM
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
valganciclovir hcl 450 mg tab	2	
HEPATITIS AGENTS		
adefovir dipivoxil 10 mg tab	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	NDS-NM
entecavir (0.5 mg tab, 1 mg tab)	4	QL (30 ea per 30 days)
lamivudine 100 mg tab	2	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
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
PEGINTRON 50 MCG/0.5ML KIT	5	QL (2 ea per 28 days), NDS-NM
ribavirin (200 mg cap, 200 mg tab)	2	
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)
HERPES AGENTS		
acyclovir (200 mg cap, 400 mg tab, 800 mg tab)	2	
acyclovir 200 mg/5ml suspension	4	
acyclovir sodium 50 mg/ml solution	4	B/D PA
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	2	
valacyclovir hcl (1 gm tab, 500 mg tab)	2	
INFLUENZA AGENTS		
oseltamivir phosphate (45 mg cap, 75 mg cap)	2	QL (42 ea per 180 days)

Drug Name	Drug Tier	Requirements / Limits
oseltamivir phosphate 30 mg cap	2	QL (84 ea per 180 days)
oseltamivir phosphate 6 mg/ml recon susp	4	QL (540 ml per 180 days)
RELENZA DISKHALER 5 MG/ACT AER POW BA	3	QL (60 ea per 180 days)
RIMANTADINE HCL 100 MG TAB	4	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	4	QL (2 ea per 180 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 (2 ea per 180 days)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	4	QL (4 ea per 180 days)
MISC. ANTIVIRALS		
LAGEVRIO 200 MG CAP	3	
REMDESIVIR 100 MG RECON SOLN	5	NDS-NM
VEKLURY (100 MG RECON SOLN, 100 MG/20ML SOLUTION)	5	NDS-NM
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	1	GC
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	2	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl (200 mg cap, 400 mg cap)	1	GC
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	1	GC
betaxolol hcl (10 mg tab, 20 mg tab)	2	
bisoprolol fumarate (5 mg tab, 10 mg tab)	2	
metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)	1	GC
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	1	GC
BETA BLOCKERS NON-SELECTIVE		
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
pindolol (5 mg tab, 10 mg tab)	4	
propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)	2	
propranolol hcl er (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)	2	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	2	
sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)	2	
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	2	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	GC
cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)	2	
dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	2	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	2	
diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg tab er 24h, 180 mg cap er 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)	2	
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)	2	
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)	2	
felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	1	GC
isradipine (2.5 mg cap, 5 mg cap)	4	

Drug Name	Drug Tier	Requirements / Limits
matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)	2	
nicardipine hcl (20 mg cap, 30 mg cap)	4	
nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	2	
nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	2	
nimodipine 30 mg cap	4	
taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	2	
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)	2	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	2	
VERAPAMIL HCL ER (120 MG CAP ER 24H, 120 MG TAB ER, 180 MG CAP ER 24H, 180 MG TAB ER, 240 MG CAP ER 24H, 240 MG TAB ER, 360 MG CAP ER 24H)	2	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digitek (125 mcg tab, 250 mcg tab)	2	
digox (125 mcg tab, 250 mcg tab)	2	
digoxin (0.05 mg/ml solution, 0.25 mg/ml solution)	4	
digoxin (125 mcg tab, 250 mcg tab)	2	
LANOXIN (62.5 MCG TAB, 125 MCG TAB, 250 MCG TAB)	4	
INOTROPES		
dobutamine hcl (12.5 mg/ml solution, 250 mg/20ml solution)	4	B/D PA
DOBUTAMINE IN D5W (1-5 MG/ML-% SOLUTION, 2 MG/ML SOLUTION, 4-5 MG/ML-% SOLUTION)	4	B/D PA
milrinone lactate (10 mg/10ml solution, 20 mg/20ml solution, 50 mg/50ml solution)	4	B/D PA

Drug Name	Drug Tier	Requirements / Limits
milrinone lactate in dextrose (20-5 mg/100ml-% solution, 40-5 mg/200ml-% solution)	4	B/D PA
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	5	PA, QL (30 ea per 30 days), NDS-NM
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	2	QL (30 ea per 30 days)
ENTRESTO 24-26 MG TAB	3	QL (180 ea per 30 days)
ENTRESTO 49-51 MG TAB	3	QL (90 ea per 30 days)
ENTRESTO 97-103 MG TAB	3	QL (60 ea per 30 days)
IMPOTENCE AGENTS		
tadalafil (2.5 mg tab, 5 mg tab)	4	PA, QL (30 ea per 30 days)
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)	4	PA, (May be payable under part B)
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 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 112 X 32MCG & 112 X48MCG POWDER	5	PA, QL (224 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

Drug Name	Drug Tier	Requirements / Limits
TYVASO STARTER 0.6 MG/ML SOLUTION	5	PA, QL (81.2 ml per 28 days), (May be payable under part B), NDS-NM
VENTAVIS (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION)	5	PA, NDS-NM
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan (5 mg tab, 10 mg tab)	5	PA, QL (30 ea per 30 days), NDS-NM
bosentan (62.5 mg tab, 125 mg tab)	5	PA, QL (60 ea per 30 days), NDS-NM
OPSUMIT 10 MG TAB	5	PA, QL (30 ea per 30 days), NDS-NM
TRACLEER 32 MG TAB SOL	5	PA, QL (112 ea per 28 days), NDS-NM
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq 20 mg tab	4	PA, QL (60 ea per 30 days)
sildenafil citrate 10 mg/12.5ml solution	4	PA
sildenafil citrate 10 mg/ml recon susp	5	PA, NDS-NM
sildenafil citrate 20 mg tab	2	PA
tadalafil (pah) 20 mg tab	4	PA, QL (60 ea per 30 days)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5	PA, QL (60 ea per 30 days), NDS-NM
UPTRAVI 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
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
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

Drug Name	Drug Tier	Requirements / Limits
SINUS NODE INHIBITORS		
CORLANOR (5 MG TAB, 7.5 MG TAB)	4	PA, QL (60 ea per 30 days)
TRANSTHYRETIN STABILIZERS		
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
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	4	PA, QL (30 ea per 30 days)
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ 2.5 (2-0.5) GM RECON SOLN	5	PA, QL (42 ea per 14 days), NDS-NM
ZERBAXA 1.5 (1-0.5) GM RECON SOLN	5	PA, QL (180 ea per 30 days), NDS-NM
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)	2	
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)	4	
CEFAZOLIN SODIUM-DEXTROSE (1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION, 2-3 GM-%(50ML) RECON SOLN, 2-4 GM/100ML-% SOLUTION)	4	
CEPHALEXIN (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG CAP, 500 MG TAB)	2	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 500 MG CAP)	2	
cefotetan disodium (1 gm recon soln, 2 gm recon soln)	4	
CEFOTETAN DISODIUM-DEXTROSE (1-3.58 GM-%(50ML) RECON SOLN, 2-2.08 GM-%(50ML) RECON SOLN)	4	

Drug Name	Drug Tier	Requirements / Limits
cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)	4	
CEFOXITIN SODIUM-DEXTROSE (1-4 GM-%(50ML) RECON SOLN, 2-2.2 GM-%(50ML) RECON SOLN)	4	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	2	
cefuroxime axetil (250 mg tab, 500 mg tab)	2	
cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)	4	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)	2	
cefixime 400 mg cap	4	
CEFOTAXIME SODIUM 1 GM RECON SOLN	4	
cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)	4	
ceftazidime (1 gm recon soln, 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	
ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 250 mg recon soln, 500 mg recon soln)	4	
CEFTRIAXONE SODIUM IN DEXTROSE (20 MG/ML SOLUTION, 40 MG/ML SOLUTION)	4	
CEFTRIAXONE SODIUM-DEXTROSE (1-3.74 GM-%(50ML) RECON SOLN, 2-2.22 GM-%(50ML) RECON SOLN)	4	
TAZICEF (1 GM RECON SOLN, 6 GM RECON SOLN)	4	
CEPHALOSPORINS - 4TH GENERATION		
CEFEPIME HCL (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 2 GM/100ML SOLUTION)	4	
CEFEPIME-DEXTROSE (1-5 GM-%(50ML) RECON SOLN, 2-5 GM-%(50ML) RECON SOLN)	4	

Drug Name	Drug Tier	Requirements / Limits
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	4	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA 1 GM RECON SOLN	5	PA, QL (112 ea per 14 days), NDS-NM
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle 0.1-20 mg-mcg tab	4	
altavera 0.15-30 mg-mcg tab	4	
alyacen 1/35 1-35 mg-mcg tab	4	
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	4	
apri 0.15-30 mg-mcg tab	4	
ashlyna 0.15-0.03 &0.01 mg tab	4	
aurovela 1.5/30 1.5-30 mg-mcg tab	4	
aurovela 1/20 1-20 mg-mcg tab	4	
aurovela 24 fe 1-20 mg-mcg(24) tab	4	
aurovela fe 1.5/30 1.5-30 mg-mcg tab	4	
aurovela fe 1/20 1-20 mg-mcg tab	4	
aviane 0.1-20 mg-mcg tab	4	
ayuna 0.15-30 mg-mcg tab	4	
azurette 0.15-0.02/0.01 mg (21/5) tab	4	
balziva 0.4-35 mg-mcg tab	4	
bekyree 0.15-0.02/0.01 mg (21/5) tab	4	
blisovi 24 fe 1-20 mg-mcg(24) tab	4	
blisovi fe 1.5/30 1.5-30 mg-mcg tab	4	
blisovi fe 1/20 1-20 mg-mcg tab	4	
camrese 0.15-0.03 &0.01 mg tab	4	

Drug Name	Drug Tier	Requirements / Limits
camrese lo 0.1-0.02 & 0.01 mg tab	4	
chateal 0.15-30 mg-mcg tab	4	
chateal eq 0.15-30 mg-mcg tab	4	
cyclafem 1/35 1-35 mg-mcg tab	4	
cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab	4	
dasetta 1/35 1-35 mg-mcg tab	4	
dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab	4	
daysee 0.15-0.03 &0.01 mg tab	4	
delyla 0.1-20 mg-mcg tab	4	
drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)	4	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	4	
elinest 0.3-30 mg-mcg tab	4	
enpresse-28 50-30/75-40/ 125-30 mcg tab	4	
enskyce 0.15-30 mg-mcg tab	4	
estarylla 0.25-35 mg-mcg tab	4	
fayosim 42-21-21-7 days tab	4	
gemmily 1-20 mg-mcg(24) cap	4	
gianvi 3-0.02 mg tab	4	
hailey 1.5/30 1.5-30 mg-mcg tab	4	
hailey 24 fe 1-20 mg-mcg(24) tab	4	
hailey fe 1/20 1-20 mg-mcg tab	4	
iclevia 0.15-0.03 mg tab	4	
introvale 0.15-0.03 mg tab	4	
isibloom 0.15-30 mg-mcg tab	4	
jaimiess 0.15-0.03 &0.01 mg tab	4	
jolessa 0.15-0.03 mg tab	4	
junel 1.5/30 1.5-30 mg-mcg tab	4	

Drug Name	Drug Tier	Requirements / Limits
junel 1/20 1-20 mg-mcg tab	4	
junel fe 1.5/30 1.5-30 mg-mcg tab	4	
junel fe 1/20 1-20 mg-mcg tab	4	
junel fe 24 1-20 mg-mcg(24) tab	4	
kaitlib fe 0.8-25 mg-mcg chew tab	4	
kalliga 0.15-30 mg-mcg tab	4	
kariva 0.15-0.02/0.01 mg (21/5) tab	4	
kurvelo 0.15-30 mg-mcg tab	4	
larin 1.5/30 1.5-30 mg-mcg tab	4	
larin 1/20 1-20 mg-mcg tab	4	
larin 24 fe 1-20 mg-mcg(24) tab	4	
larin fe 1.5/30 1.5-30 mg-mcg tab	4	
larin fe 1/20 1-20 mg-mcg tab	4	
larissia 0.1-20 mg-mcg tab	4	
layolis fe 0.8-25 mg-mcg chew tab	4	
lessina 0.1-20 mg-mcg tab	4	
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	4	
levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)	4	
lillow 0.15-30 mg-mcg tab	4	
lo-zumandimine 3-0.02 mg tab	4	
lojaimiess 0.1-0.02 & 0.01 mg tab	4	
loryna 3-0.02 mg tab	4	
lutera 0.1-20 mg-mcg tab	4	
microgestin 1.5/30 1.5-30 mg-mcg tab	4	
microgestin 1/20 1-20 mg-mcg tab	4	
microgestin 24 fe 1-20 mg-mcg tab	4	
microgestin fe 1.5/30 1.5-30 mg-mcg tab	4	

Drug Name	Drug Tier	Requirements / Limits
microgestin fe 1/20 1-20 mg-mcg tab	4	
mili 0.25-35 mg-mcg tab	4	
mono-linyah 0.25-35 mg-mcg tab	4	
norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)	4	
norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)	4	
norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab	4	
norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)	4	
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	4	
norgestimate-eth estradiol 0.25-35 mg-mcg tab	4	
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	4	
nortrel 1/35 (21) 1-35 mg-mcg tab	4	
nortrel 1/35 (28) 1-35 mg-mcg tab	4	
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	4	
nylia 1/35 1-35 mg-mcg tab	4	
nymyo 0.25-35 mg-mcg tab	4	
ocella 3-0.03 mg tab	4	
philith 0.4-35 mg-mcg tab	4	
pirmella 1/35 1-35 mg-mcg tab	4	
pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab	4	
previfem 0.25-35 mg-mcg tab	4	
rivelsa 42-21-21-7 days tab	4	
simliya 0.15-0.02/0.01 mg (21/5) tab	4	
simpesse 0.15-0.03 &0.01 mg tab	4	
sprintec 28 0.25-35 mg-mcg tab	4	
syeda 3-0.03 mg tab	4	

Drug Name	Drug Tier	Requirements / Limits
taysofy 1-20 mg-mcg(24) cap	4	
tilia fe 1-20/1-30/1-35 mg-mcg tab	4	
tri femynor 0.18/0.215/0.25 mg-35 mcg tab	4	
tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab	4	
tri-linyah 0.18/0.215/0.25 mg-35 mcg tab	4	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab	4	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab	4	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab	4	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab	4	
tri-previfem 0.18/0.215/0.25 mg-35 mcg tab	4	
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	4	
TYBLUME 0.1-20 MG-MCG CHEW TAB	4	
tydemy 3-0.03-0.451 mg tab	4	
vestura 3-0.02 mg tab	4	
vienva 0.1-20 mg-mcg tab	4	
viorele 0.15-0.02/0.01 mg (21/5) tab	4	
volnea 0.15-0.02/0.01 mg (21/5) tab	4	
wera 0.5-35 mg-mcg tab	4	
zarah 3-0.03 mg tab	4	
zumandimine 3-0.03 mg tab	4	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
xulane 150-35 mcg/24hr patch wk	4	
zafemy 150-35 mcg/24hr patch wk	4	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA 0.013-0.15 MG/24HR RING	4	QL (1 ea per 365 days)
eluryng 0.12-0.015 mg/24hr ring	4	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring	4	

Drug Name	Drug Tier	Requirements / Limits
haloette 0.12-0.015 mg/24hr ring	4	
EMERGENCY CONTRACEPTIVES		
ELLA 30 MG TAB	3	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	4	QL (0.65 ml per 84 days)
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	4	
PROGESTIN CONTRACEPTIVES - ORAL		
camila 0.35 mg tab	4	
deblitane 0.35 mg tab	4	
errin 0.35 mg tab	4	
heather 0.35 mg tab	4	
incassia 0.35 mg tab	4	
jencycla 0.35 mg tab	4	
lyleq 0.35 mg tab	4	
lyza 0.35 mg tab	4	
nora-be 0.35 mg tab	4	
norethindrone 0.35 mg tab	4	
norlyda 0.35 mg tab	4	
norlyroc 0.35 mg tab	4	
sharobel 0.35 mg tab	4	
SLYND 4 MG TAB	4	
tulana 0.35 mg tab	4	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRINKLE (1 MG CAP SPRINK, 2 MG CAP SPRINK, 5 MG CAP SPRINK)	5	PA, NDS-NM
ALKINDI SPRINKLE 0.5 MG CAP SPRINK	4	PA

Drug Name	Drug Tier	Requirements / Limits
betamethasone sod phos & acet 6 (3-3) mg/ml suspension	4	
BETAMETHASONE SODIUM PHOSPHATE (6 MG/ML SOLUTION, 12 MG/2ML SOLUTION)	4	
budesonide 3 mg cp dr part	4	
budesonide er 9 mg tab er 24h	4	PA, QL (30 ea per 30 days)
decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)	2	
decadron 0.5 mg/5ml elixir	4	
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)	2	
DEXAMETHASONE (0.5 MG/5ML ELIXIR, 0.5 MG/5ML SOLUTION)	4	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	4	
dexamethasone sod phosphate pf 10 mg/ml solution	4	
dexamethasone sodium phosphate (4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)	4	
EMFLAZA (22.75 MG/ML SUSPENSION, 36 MG TAB)	5	PA, NDS-NM
EMFLAZA (6 MG TAB, 30 MG TAB)	5	PA, QL (60 ea per 30 days), NDS-NM
EMFLAZA 18 MG TAB	5	PA, QL (30 ea per 30 days), NDS-NM
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	2	
methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	2	B/D PA
methylprednisolone 4 mg tab thpk	2	
methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)	4	
methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)	4	
prednisolone 15 mg/5ml solution	2	B/D PA

Drug Name	Drug Tier	Requirements / Limits
prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 25 mg/5ml solution)	4	B/D PA
prednisolone sodium phosphate 15 mg/5ml solution	2	B/D PA
prednisolone sodium phosphate 25 mg/5ml solution	4	B/D PA
prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)	2	B/D PA
prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk)	2	
PREDNISONE 5 MG/5ML SOLUTION	4	B/D PA
SOLU-CORTEF (100 MG RECON SOLN, 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
triamcinolone acetonide 40 mg/ml suspension	4	
MINERALOCORTICOIDS		
fludrocortisone acetate 0.1 mg tab	2	
COUGH/COLD/ALLERGY		
MUCOLYTICS		
acetylcysteine (10 % solution, 20 % solution)	2	B/D PA
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene (0.1 % cream, 0.3 % gel)	4	QL (45 gm per 30 days)
adapalene 0.1 % gel	2	(rx product only)
adapalene-benzoyl peroxide 0.1-2.5 % gel	4	QL (45 gm per 30 days)
amnesteem (10 mg cap, 20 mg cap, 40 mg cap)	4	
ARAZLO 0.045 % LOTION	4	PA, QL (45 gm per 30 days)
benzoyl peroxide-erythromycin 5-3 % gel	4	
claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	

Drug Name	Drug Tier	Requirements / Limits
clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)	4	
clindamycin phosphate (1 % gel, 1 % lotion)	4	
clindamycin phosphate (1 % solution, 1 % swab)	2	
ERY 2 % PAD	2	
erythromycin (2 % gel, 2 % solution)	2	
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	
myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	
sulfacetamide sodium (acne) 10 % lotion	4	
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)	4	PA, QL (45 gm per 30 days)
zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE 1.3 % PATCH	4	PA, QL (60 ea per 30 days)
diclofenac sodium 1 % gel	2	(rx product only)
ANTIBIOTICS - TOPICAL		
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	2	
mupirocin 2 % ointment	2	
mupirocin calcium 2 % cream	4	
ANTIFUNGALS - TOPICAL		
ciclopirox (1 % shampoo, 8 % solution)	2	
ciclopirox 0.77 % gel	4	
ciclopirox olamine 0.77 % cream	2	
ciclopirox olamine 0.77 % suspension	4	
clotrimazole (1 % cream, 1 % solution)	2	
clotrimazole-betamethasone 1-0.05 % cream	2	QL (60 gm per 30 days)
clotrimazole-betamethasone 1-0.05 % lotion	4	QL (90 ml per 30 days)

Drug Name	Drug Tier	Requirements / Limits
econazole nitrate 1 % cream	4	
ketoconazole (2 % cream, 2 % shampoo)	2	
ketoconazole 2 % foam	4	
naftifine hcl 1 % cream	4	QL (90 gm per 30 days)
naftifine hcl 2 % cream	4	QL (60 gm per 30 days)
nyamyc 100000 unit/gm powder	2	
nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)	2	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	4	
nystop 100000 unit/gm powder	2	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene 1 % gel	5	PA_NSO, NDS-NM
fluorouracil (0.5 % cream, 5 % cream)	4	
FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION)	2	
LEVULAN KERASTICK 20 % RECON SOLN	4	
PANRETIN 0.1 % GEL	5	PA_NSO, NDS-NM
TOLAK 4 % CREAM	4	
VALCHLOR 0.016 % GEL	5	PA_NSO, NDS-NM
ANTIPSORIATICS		
acitretin (10 mg cap, 17.5 mg cap)	4	PA, QL (60 ea per 30 days)
acitretin 25 mg cap	4	PA
calcipotriene (0.005 % cream, 0.005 % ointment)	4	QL (120 gm per 30 days)
calcipotriene 0.005 % solution	4	QL (60 ml per 30 days)
calcitrene 0.005 % ointment	4	QL (120 gm per 30 days)
CALCITRIOL 3 MCG/GM OINTMENT	4	
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	5	PA, NDS-NM
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	5	PA, NDS-NM

Drug Name	Drug Tier	Requirements / Limits
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
methoxsalen rapid 10 mg cap	4	
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 PEN 150 MG/ML SOLN A-INJ	5	PA, QL (1 ml per 28 days), NDS-NM
SPEVIGO 450 MG/7.5ML SOLUTION	5	PA, QL (15 ml per 7 days), NDS-NM
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	5	PA, QL (0.5 ml per 28 days), NDS-NM
STELARA 90 MG/ML SOLN PRSYR	5	PA, QL (1 ml per 28 days), NDS-NM
tazarotene (0.05 % gel, 0.1 % gel)	2	PA, QL (100 gm per 30 days)
tazarotene 0.1 % cream	4	PA, QL (60 gm per 30 days)
TAZORAC 0.05 % CREAM	4	PA, QL (60 gm per 30 days)
TREMFYA 100 MG/ML SOLN PEN	5	PA, QL (2 ml per 28 days), NDS-NM
TREMFYA 100 MG/ML SOLN PRSYR	5	PA, QL (1 ml per 28 days), NDS-NM
ZORYVE 0.3 % CREAM	4	PA, QL (60 gm per 30 days), NDS-NM
ANTISEBORRHEIC PRODUCTS		
selenium sulfide 2.5 % lotion	2	
ANTIVIRALS - TOPICAL		
acyclovir 5 % cream	4	QL (5 gm per 30 days)
acyclovir 5 % ointment	2	QL (30 gm per 30 days)
penciclovir 1 % cream	2	QL (5 gm per 30 days)
BURN PRODUCTS		
silver sulfadiazine 1 % cream	2	

Drug Name	Drug Tier	Requirements / Limits
ssd 1 % cream	2	
SULFAMYLON 85 MG/GM CREAM	4	QL (453.6 gm per 30 days)
CORTICOSTEROIDS - TOPICAL		
ala scalp 2 % lotion	4	
ala-cort 1 % cream	2	
alclometasone dipropionate (0.05 % cream, 0.05 % ointment)	2	QL (120 gm per 30 days)
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT)	4	
betamethasone dipropionate (0.05 % cream, 0.05 % ointment)	2	QL (90 gm per 30 days)
betamethasone dipropionate 0.05 % lotion	2	QL (120 ml per 30 days)
betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % ointment)	2	QL (100 gm per 30 days)
betamethasone dipropionate aug 0.05 % lotion	2	QL (120 ml per 30 days)
betamethasone valerate (0.1 % cream, 0.1 % ointment)	2	QL (180 gm per 30 days)
betamethasone valerate 0.1 % lotion	2	QL (120 ml per 30 days)
calcipotriene-betameth diprop 0.005-0.064 % ointment	4	QL (400 gm per 28 days)
clobetasol prop emollient base 0.05 % cream	2	QL (120 gm per 30 days)
clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)	2	QL (120 gm per 30 days)
clobetasol propionate (0.05 % lotion, 0.05 % shampoo)	4	QL (118 ml per 30 days)
clobetasol propionate 0.05 % foam	4	QL (100 gm per 30 days)
clobetasol propionate 0.05 % liquid	4	QL (125 ml per 30 days)
clobetasol propionate 0.05 % solution	2	QL (50 ml per 30 days)
clobetasol propionate e 0.05 % cream	2	QL (120 gm per 30 days)
clobetasol propionate emulsion 0.05 % foam	4	QL (100 gm per 30 days)
desonide (0.05 % cream, 0.05 % ointment)	4	QL (120 gm per 30 days)

Drug Name	Drug Tier	Requirements / Limits
desonide 0.05 % lotion	4	QL (118 ml per 30 days)
desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)	4	QL (120 gm per 30 days)
diflorasone diacetate 0.05 % ointment	4	
EPIFOAM 1-1 % FOAM	3	
fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)	2	
fluocinolone acetonide body 0.01 % oil	4	QL (120 ml per 30 days)
fluocinolone acetonide scalp 0.01 % oil	4	QL (120 ml per 30 days)
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)	2	QL (120 gm per 30 days)
fluocinonide 0.05 % solution	2	QL (120 ml per 30 days)
fluocinonide emulsified base 0.05 % cream	2	QL (120 gm per 30 days)
fluticasone propionate (0.005 % ointment, 0.05 % cream)	2	
fluticasone propionate 0.05 % lotion	4	
halobetasol propionate 0.05 % cream	2	QL (100 gm per 30 days)
halobetasol propionate 0.05 % ointment	4	QL (100 gm per 30 days)
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)	2	
hydrocortisone butyr lipo base 0.1 % cream	2	
hydrocortisone butyrate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	4	
hydrocortisone in absorbase 1 % ointment	2	
hydrocortisone valerate (0.2 % cream, 0.2 % ointment)	4	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	2	
PREDNICARBATE 0.1 % OINTMENT	4	
triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)	2	

Drug Name	Drug Tier	Requirements / Limits
triamcinolone in absorbase 0.05 % ointment	2	
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	5	PA, QL (6 ml per 28 days), NDS-NM
CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)	5	PA, QL (30 ea per 30 days), NDS-NM
DUPIXENT (200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR)	5	PA, QL (4.56 ml per 28 days), NDS-NM
DUPIXENT (300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	5	PA, QL (8 ml per 28 days), NDS-NM
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA, QL (1.34 ml per 28 days), NDS-NM
OPZELURA 1.5 % CREAM	5	PA, QL (240 gm per 28 days), NDS-NM
EMOLLIENTS		
ammonium lactate (12 % cream, 12 % lotion)	2	
ENZYMES - TOPICAL		
SANTYL 250 UNIT/GM OINTMENT	3	PA, QL (90 gm per 30 days)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod 3.75 % cream	4	
imiquimod 5 % cream	2	
imiquimod pump 3.75 % cream	4	
ZYCLARA PUMP 2.5 % CREAM	4	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR 0.2 % GEL	5	PA, QL (30 gm per 30 days), NDS-NM
pimecrolimus 1 % cream	4	PA, QL (100 gm per 30 days)
tacrolimus (0.03 % ointment, 0.1 % ointment)	2	QL (60 gm per 30 days)
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX 0.5 % GEL	3	

Drug Name	Drug Tier	Requirements / Limits
podofilox 0.5 % solution	4	
LOCAL ANESTHETICS - TOPICAL		
glydo 2 % prsyr	2	
lidocaine 5 % ointment	4	
lidocaine 5 % patch	4	PA, QL (90 ea per 30 days)
lidocaine hcl 4 % solution	4	
lidocaine hcl urethral/mucosal (2 % gel, 2 % prsyr)	2	
lidocaine-prilocaine 2.5-2.5 % cream	2	(May be payable under part B)
lidocan 5 % patch	4	PA, QL (90 ea per 30 days)
premium lidocaine 5 % ointment	4	
MISC. TOPICAL		
alcohol wipes 70 % misc	2	
cvs isopropyl alcohol wipes 70 % misc	2	
GNP ISOPROPYL ALCOHOL WIPES 70 % MISC	2	
isopropyl alcohol 70 % misc	2	
isopropyl alcohol wipes 70 % misc	2	
medpura alcohol pads 70 % misc	2	
ra isopropyl alcohol wipes 70 % misc	2	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA 2 % OINTMENT	4	PA
ROSACEA AGENTS		
azelaic acid 15 % gel	2	
ivermectin 1 % cream	2	
metronidazole (0.75 % cream, 0.75 % gel, 1 % gel)	2	
rosadan 0.75 % cream	2	
SCABICIDES PEDICULICIDES		
LINDANE 1 % SHAMPOO	4	

Drug Name	Drug Tier	Requirements / Limits
malathion 0.5 % lotion	4	
permethrin 5 % cream	2	
SPINOSAD 0.9 % SUSPENSION	4	
WOUND CARE PRODUCTS		
REGRANEX 0.01 % GEL	5	PA, QL (30 gm per 30 days), NDS-NM
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON (3000-9500 CP DR PART, 6000 CP DR PART, 12000 CP DR PART, 24000-76000 CP DR PART, 36000 CP DR PART)	3	
SUCRAID 8500 UNIT/ML SOLUTION	5	PA, NDS-NM
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART)	3	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide (125 mg tab, 250 mg tab)	2	
acetazolamide er 500 mg cap er 12h	2	
methazolamide (25 mg tab, 50 mg tab)	4	
DIURETIC COMBINATIONS		
ALDACTAZIDE 50-50 MG TAB	4	
amiloride-hydrochlorothiazide 5-50 mg tab	2	
spironolactone-hctz 25-25 mg tab	2	
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	1	GC
LOOP DIURETICS		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	2	
bumetanide 0.25 mg/ml solution	4	

Drug Name	Drug Tier	Requirements / Limits
furosemide (20 mg tab, 40 mg tab, 80 mg tab)	1	GC
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	2	
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	1	GC
POTASSIUM SPARING DIURETICS		
amiloride hcl 5 mg tab	2	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	2	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone (25 mg tab, 50 mg tab)	2	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	1	GC
indapamide (1.25 mg tab, 2.5 mg tab)	1	GC
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium (35 mg tab, 70 mg tab)	1	QL (4 ea per 28 days), GC
ALENDRONATE SODIUM (5 MG TAB, 10 MG TAB)	1	QL (30 ea per 30 days), GC
alendronate sodium 70 mg/75ml solution	4	
calcitonin (salmon) 200 unit/act solution	2	
calcitonin (salmon) 200 unit/ml solution	4	
EVENITY 105 MG/1.17ML SOLN PRSYR	5	PA, QL (2.34 ml per 30 days), (2 syringes), NDS-NM
FOSAMAX PLUS D (70-2800 TAB, 70-5600 TAB)	3	
ibandronate sodium 150 mg tab	2	
ibandronate sodium 3 mg/3ml solution	2	PA, (May be payable under part B)
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	5	PA, QL (2 ea per 28 days), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
pamidronate disodium (6 mg/ml solution, 30 mg/10ml solution, 90 mg/10ml solution)	4	(May be payable under part B)
PROLIA 60 MG/ML SOLN PRSYR	4	PA, QL (1 ml per 180 days)
risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)	2	
risedronate sodium 35 mg tab dr	2	QL (4 ea per 28 days)
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5	PA, QL (2.48 ml per 28 days), (May be payable under part B, 1 pen), NDS-NM
TYMLOS 3120 MCG/1.56ML SOLN PEN	5	PA, QL (1.56 ml per 30 days), (May be payable under part B, 1 pen), NDS-NM
XGEVA 120 MG/1.7ML SOLUTION	5	PA_NSO, NDS-NM
zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)	2	(May be payable under part B)
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	4	PA
GNRH/LHRH ANTAGONISTS		
ORILISSA 150 MG TAB	5	PA, QL (30 ea per 30 days), NDS-NM
ORILISSA 200 MG TAB	5	PA, QL (60 ea per 30 days), NDS-NM
GROWTH HORMONE RECEPTOR ANTAGONISTS		
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
GROWTH HORMONES		
NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	4	PA
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	5	PA, NDS-NM
ZORBTIVE 8.8 MG RECON SOLN	5	PA, NDS-NM

Drug Name	Drug Tier	Requirements / Limits
HORMONE RECEPTOR MODULATORS		
OSPHENA 60 MG TAB	4	PA, QL (30 ea per 30 days)
raloxifene hcl 60 mg tab	2	
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA 500 MG RECON SOLN	5	PA, NDS-NM
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX 40 MG/4ML SOLUTION	5	NDS-NM
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH) 45 MG KIT	5	PA, QL (1 ea per 168 days), 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
SYNAREL 2 MG/ML SOLUTION	5	NDS-NM
TRIPTODUR 22.5 MG SRER	5	PA, QL (1 ea per 168 days), NDS-NM
METABOLIC MODIFIERS		
ALDURAZYME 2.9 MG/5ML SOLUTION	5	PA, NDS-NM
calcitriol (0.25 mcg cap, 0.5 mcg cap)	2	(May be payable under part B)
calcitriol 1 mcg/ml solution	4	(May be payable under part B)
CARBAGLU 200 MG TAB SOL	5	PA, NDS-NM
carglumic acid 200 mg tab sol	5	PA, NDS-NM
cinacalcet hcl (60 mg tab, 90 mg tab)	4	(May be payable under part B)
cinacalcet hcl 30 mg tab	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

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

Drug Name	Drug Tier	Requirements / Limits
doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution)	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
GALAFOLD 123 MG CAP	5	PA, QL (14 ea per 28 days), NDS-NM
LAMZEDE 10 MG RECON SOLN	5	PA, NDS-NM
levocarnitine (1 gm/10ml solution, 330 mg tab)	4	(May be payable under part B)
levocarnitine sf 1 gm/10ml solution	4	(May be payable under part B)
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
NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)	5	PA, NDS-NM
NULIBRY 9.5 MG RECON SOLN	5	PA, NDS-NM
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	5	PA, QL (15 ml per 30 days), NDS-NM
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	5	PA, QL (4.5 ml per 30 days), NDS-NM
PALYNZIQ 20 MG/ML SOLN PRSYR	5	PA, QL (90 ml per 30 days), NDS-NM
paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)	4	(May be payable under part B)
RAVICTI 1.1 GM/ML LIQUID	5	PA, QL (525 ml per 30 days), NDS-NM
REVCOVI 2.4 MG/1.5ML SOLUTION	5	PA, NDS-NM
sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)	5	PA, NDS-NM
sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)	5	NDS-NM

Drug Name	Drug Tier	Requirements / Limits
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	5	PA, NDS-NM
XENPOZYME 20 MG RECON SOLN	5	PA, NDS-NM
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA (10 MG TAB, 20 MG TAB)	4	PA, QL (30 ea per 30 days)
POSTERIOR PITUITARY HORMONES		
desmopressin ace spray refrig 0.01 % solution	4	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	2	
desmopressin acetate 4 mcg/ml solution	4	
desmopressin acetate pf 4 mcg/ml solution	4	
desmopressin acetate spray 0.01 % solution	4	
NOCDURNA (27.7 MCG SL TAB, 55.3 MCG SL TAB)	4	PA, QL (30 ea per 30 days)
VASOSTRICT 20 UNIT/ML SOLUTION	4	
PROLACTIN INHIBITORS		
cabergoline 0.5 mg tab	2	
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	5	NDS-NM
OCTREOTIDE ACETATE (50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	2	
octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution)	4	
octreotide acetate 1000 mcg/ml solution	5	NDS-NM
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
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION, 120 MG/0.5ML SOLUTION)	5	NDS-NM

Drug Name	Drug Tier	Requirements / Limits
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE (15 MG TAB, 30 MG TAB)	5	PA, QL (120 ea per 30 days), NDS-NM
JYNARQUE (45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	5	PA, QL (56 ea per 28 days), NDS-NM
ESTROGENS		
ESTROGEN COMBINATIONS		
amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)	4	
DUAVEE 0.45-20 MG TAB	4	PA
estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)	4	
fyavolv (0.5-2.5 tab, 1-5 tab)	2	
jinteli 1-5 mg-mcg tab	4	
mimvey 1-0.5 mg tab	4	
MYFEMBREE 40-1-0.5 MG TAB	5	PA, QL (28 ea per 28 days), NDS-NM
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	2	
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	5	PA, QL (56 ea per 28 days), NDS-NM
PREMPHASE 0.625-5 MG TAB	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	
ESTROGENS		
dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	2	
estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab)	2	
estradiol valerate (20 mg/ml oil, 40 mg/ml oil)	4	

Drug Name	Drug Tier	Requirements / Limits
lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	2	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB)	4	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB, 25 MG RECON SOLN)	3	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA 300 MG RECON SOLN	5	PA, NDS-NM
BAXDELA 450 MG TAB	5	PA, QL (28 ea per 14 days), NDS-NM
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	2	
CIPROFLOXACIN HCL 100 MG TAB	4	
ciprofloxacin in d5w (200 mg/100ml solution, 400 mg/200ml solution)	4	
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	2	
levofloxacin 25 mg/ml solution	4	
levofloxacin in d5w (250 mg/50ml solution, 500 mg/100ml solution, 750 mg/150ml solution)	4	
moxifloxacin hcl 400 mg tab	2	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	4	
MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION	4	
ofloxacin (300 mg tab, 400 mg tab)	4	
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM (50 MG CAP, 250 MG CAP)	5	PA, NDS-NM
GALLSTONE SOLUBILIZING AGENTS		
RELTONE (200 MG CAP, 400 MG CAP)	4	

Drug Name	Drug Tier	Requirements / Limits
ursodiol (250 mg tab, 500 mg tab)	4	
ursodiol 300 mg cap	2	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium 100 mg/5ml conc	4	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone (8 mcg cap, 24 mcg cap)	2	QL (60 ea per 30 days)
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl (5 mg tab, 10 mg tab)	1	GC
metoclopramide hcl (5 mg/5ml solution, 10 mg/10ml solution)	2	
metoclopramide hcl 5 mg/ml solution	4	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY (PELLETS) 200 MCG CAP SPRINK	5	PA, QL (900 ea per 30 days), NDS-NM
BYLVAY (PELLETS) 600 MCG CAP SPRINK	5	PA, QL (300 ea per 30 days), NDS-NM
BYLVAY 1200 MCG CAP	5	PA, QL (180 ea per 30 days), NDS-NM
BYLVAY 400 MCG CAP	5	PA, QL (540 ea per 30 days), NDS-NM
LIVMARLI 9.5 MG/ML SOLUTION	5	PA, QL (90 ml per 30 days), NDS-NM
INFLAMMATORY BOWEL AGENTS		
AVSOLA 100 MG RECON SOLN	5	PA, NDS-NM
balsalazide disodium 750 mg cap	4	
CIMZIA (2 X 200 MG KIT, 2 X 200 MG/ML PREF SY KT)	5	PA, QL (3 ea per 28 days), NDS-NM
CIMZIA STARTER KIT 6 X 200 MG/ML PREF SY KT	5	PA, QL (3 ea per 28 days), NDS-NM
DIPENTUM 250 MG CAP	4	
INFLECTRA 100 MG RECON SOLN	5	PA, NDS-NM

Drug Name	Drug Tier	Requirements / Limits
mesalamine (400 mg cap dr, 800 mg tab dr)	2	QL (180 ea per 30 days)
mesalamine 1.2 gm tab dr	2	QL (120 ea per 30 days)
mesalamine 1000 mg suppos	2	
mesalamine 4 gm enema	4	
mesalamine er 500 mg cap er	2	
mesalamine-cleanser 4 gm kit	4	
PENTASA (250 MG CAP ER, 500 MG CAP ER)	4	
RENFLEXIS 100 MG RECON SOLN	5	PA, NDS-NM
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA, QL (1.2 ml per 56 days), NDS-NM
SKYRIZI 360 MG/2.4ML SOLN CART	5	PA, QL (2.4 ml per 56 days), NDS-NM
SKYRIZI 600 MG/10ML SOLUTION	5	PA, QL (30 ml per 180 days), NDS-NM
sulfasalazine (500 mg tab, 500 mg tab dr)	2	
INTESTINAL ACIDIFIERS		
enulose 10 gm/15ml solution	2	
generlac 10 gm/15ml solution	2	
lactulose encephalopathy 10 gm/15ml solution	2	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl (0.5 mg tab, 1 mg tab)	4	QL (60 ea per 30 days)
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	3	QL (30 ea per 30 days)
LIVE FECAL MICROBIOTA		
REBYOTA 150 ML SUSPENSION	5	PA, NDS-NM
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK (12.5 MG TAB, 25 MG TAB)	3	QL (30 ea per 30 days)
RELISTOR 12 MG/0.6ML SOLUTION	4	PA, QL (18 ml per 30 days), (1 per day)
RELISTOR 8 MG/0.4ML SOLUTION	4	PA, QL (12 ml per 30 days)

Drug Name	Drug Tier	Requirements / Limits
PHOSPHATE BINDER AGENTS		
AURYXIA 1 GM 210 MG(FE) TAB	5	PA, QL (360 ea per 30 days), NDS-NM
calcium acetate (phos binder) (667 mg cap, 667 mg tab)	2	
calcium acetate 667 mg tab	2	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	3	
lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)	4	
sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)	4	
VELPHORO 500 MG CHEW TAB	5	ST, NDS-NM
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX 5 MG KIT	5	PA, NDS-NM
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO 250 MG TAB	5	PA, QL (90 ea per 30 days), NDS-NM
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)	2	
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	4	
PROCYSBI (25 MG CAP DR, 75 MG CAP DR, 75 MG PACKET, 300 MG PACKET)	5	PA, NDS-NM
GENITOURINARY IRRIGANTS		
acetic acid 0.25 % solution	2	
NEOMYCIN-POLYMYXIN B GU 40-200000 SOLUTION	2	
HYPEROXALURIA AGENTS		
OXLUMO 94.5 MG/0.5ML SOLUTION	5	PA, NDS-NM

Drug Name	Drug Tier	Requirements / Limits
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI (200 MG TAB, 400 MG TAB)	5	PA, QL (30 ea per 30 days), NDS-NM
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON 100 MG CAP	3	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er 10 mg tab er 24h	1	GC
dutasteride 0.5 mg cap	2	
finasteride 5 mg tab	1	GC
tamsulosin hcl 0.4 mg cap	1	GC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine-probenecid 0.5-500 mg tab	2	
GOUT AGENTS		
allopurinol (100 mg tab, 300 mg tab)	1	GC
COLCHICINE 0.6 MG CAP	4	QL (60 ea per 30 days)
colchicine 0.6 mg tab	2	QL (60 ea per 30 days)
febuxostat (40 mg tab, 80 mg tab)	2	ST, QL (30 ea per 30 days)
KRYSTEXXA 8 MG/ML SOLUTION	5	PA, QL (1 ml per 14 days), NDS-NM
URICOSURICS		
probenecid 500 mg tab	2	
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI 189 MG/ML SOLUTION	5	PA, NDS-NM
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate 30 mg/3ml soln prsyr	5	PA, QL (18 ml per 30 days), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
COMPLEMENT INHIBITORS		
CINRYZE 500 UNIT RECON SOLN	5	PA, QL (20 ea per 30 days), NDS-NM
EMPAVELI 1080 MG/20ML SOLUTION	5	PA, NDS-NM
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	5	PA, QL (24 ea per 28 days), NDS-NM
TAVNEOS 10 MG CAP	5	PA, QL (180 ea per 30 days), NDS-NM
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE (100 MG TAB, 150 MG TAB)	5	PA, QL (60 ea per 30 days), NDS-NM
HEMATORHEOLOGIC AGENTS		
pentoxifylline er 400 mg tab er	2	
PLASMA KALLIKREIN INHIBITORS		
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
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl (0.5 mg cap, 1 mg cap)	2	
aspirin-dipyridamole er 25-200 mg cap er 12h	2	
BRILINTA (60 MG TAB, 90 MG TAB)	3	
CABLIVI 11 MG KIT	5	PA, QL (31 ea per 30 days), NDS-NM
cilostazol (50 mg tab, 100 mg tab)	2	
clopidogrel bisulfate 75 mg tab	1	GC
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	4	
prasugrel hcl (5 mg tab, 10 mg tab)	1	QL (30 ea per 30 days), GC
ZONTIVITY 2.08 MG TAB	4	PA

Drug Name	Drug Tier	Requirements / Limits
PROTAMINE		
PROTAMINE SULFATE 10 MG/ML SOLUTION	4	(May be payable under part B)
PYRUVATE KINASE ACTIVATORS		
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
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA 84 MG CAP	5	PA, QL (60 ea per 30 days), NDS-NM
CEREZYME 400 UNIT RECON SOLN	5	PA, NDS-NM
ELELYSO 200 UNIT RECON SOLN	5	PA, NDS-NM
miglustat 100 mg cap	5	PA, QL (90 ea per 30 days), NDS-NM
VPRIV 400 UNIT RECON SOLN	5	PA, NDS-NM
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO 100 MG/10ML SOLUTION	5	PA, NDS-NM
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	4	
ENDARI 5 GM PACKET	5	PA, QL (180 ea per 30 days), NDS-NM
OXBRYTA (300 MG TAB, 300 MG TAB SOL, 500 MG TAB)	5	PA, QL (150 ea per 30 days), NDS-NM
SIKLOS (100 MG TAB, 1000 MG TAB)	4	PA
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)

Drug Name	Drug Tier	Requirements / Limits
DOPTELET 20MG TAB	5	PA, QL (60 ea per 30 days), NDS-NM
DOPTELET TAB 40MG DAILY DOSE PACK	5	PA, QL (10 ea per 30 days), NDS-NM
DOPTELET TAB 60MG DAILY DOSE PACK	5	PA, QL (15 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)
LEUKINE 250 MCG RECON SOLN	5	PA, NDS-NM
MULPLETA 3 MG TAB	5	PA, QL (7 ea per 30 days), NDS-NM
NEULASTA ONPRO 6 MG/0.6ML PREF SY KT	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)
PROMACTA (12.5 MG TAB, 25 MG TAB)	5	PA, QL (30 ea per 30 days), NDS-NM
PROMACTA (50 MG TAB, 75 MG TAB)	5	PA, QL (60 ea per 30 days), NDS-NM
PROMACTA 12.5 MG PACKET	5	PA, QL (360 ea per 30 days), NDS-NM
PROMACTA 25 MG PACKET	5	PA, QL (180 ea per 30 days), NDS-NM
REBLOZYL (25 MG RECON SOLN, 75 MG RECON SOLN)	5	PA, NDS-NM

Drug Name	Drug Tier	Requirements / Limits
RELEUKO (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
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)
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
STEM CELL MOBILIZERS		
MOZOBIL 24 MG/1.2ML SOLUTION	5	NDS-NM
plerixafor 24 mg/1.2ml solution	5	NDS-NM
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid 250 mg/ml solution	4	
tranexamic acid 1000 mg/10ml solution	4	
tranexamic acid 650 mg tab	2	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
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)	2	
phenobarbital (20 mg/5ml elixir, 20 mg/5ml solution)	4	
SEZABY 100 MG RECON SOLN	5	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (3 mg tab, 6 mg tab)	2	QL (30 ea per 30 days)

Drug Name	Drug Tier	Requirements / Limits
NON-BARBITURATE HYPNOTICS		
estazolam (1 mg tab, 2 mg tab)	4	QL (30 ea per 30 days), NDS-NM
eszopiclone 1 mg tab	4	PA, QL (30 ea per 30 days), (PA Required for Members age 65 and older), HRM
eszopiclone 2 mg tab	4	PA, QL (30 ea per 30 days), (PA Required for Members age 65 and older), HRM
IGALMI (120 MCG FILM, 180 MCG FILM)	4	QL (60 ea per 30 days), PA_NSO
temazepam (7.5 mg cap, 15 mg cap, 30 mg cap)	2	QL (30 ea per 30 days), NDS-NM
zaleplon (5 mg cap, 10 mg cap)	2	PA, QL (30 ea per 30 days), (PA Required for Members age 65 and older), HRM
zolpidem tartrate (5 mg tab, 10 mg tab)	2	PA, QL (30 ea per 30 days), (PA Required for Members age 65 and older), HRM
zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)	4	PA, QL (30 ea per 30 days), (PA Required for Members age 65 and older), HRM
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ LQ 4 MG/ML SUSPENSION	5	PA, QL (150 ml per 30 days), NDS-NM
ramelteon 8 mg tab	2	QL (30 ea per 30 days)
tasimelteon 20 mg cap	5	PA, QL (30 ea per 30 days), NDS-NM
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	4	
GAVILYTE-C 240 GM RECON SOLN	2	
gavilyte-g 236 gm recon soln	2	
gavilyte-n with flavor pack 420 gm recon soln	2	
MOVIPREP 100 GM RECON SOLN	4	

Drug Name	Drug Tier	Requirements / Limits
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution	4	
peg 3350-kcl-na bicarb-nacl 420 gm recon soln	2	
peg-3350/electrolytes 236 gm recon soln	2	
peg-3350/electrolytes/ascorbat 100 gm recon soln	2	
peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln	2	
PLENVU 140 GM RECON SOLN	4	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION	4	
trilyte 420 gm recon soln	2	
LAXATIVES - MISCELLANEOUS		
constulose 10 gm/15ml solution	2	
lactulose (10 gm/15ml solution, 20 gm/30ml solution)	2	
SALINE LAXATIVES		
OSMOPREP 1.102-0.398 GM TAB	4	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
lidocaine hcl (0.5 % solution, 1 % solution, 2 % solution)	4	
LIDOCAINE HCL (PF) (0.5 % SOLUTION, 1 % SOLUTION, 1.5 % SOLUTION, 2 % SOLUTION, 4 % SOLUTION)	4	
MACROLIDES		
AZITHROMYCIN		
azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)	2	
azithromycin 500 mg recon soln	4	
CLARITHROMYCIN		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	4	

Drug Name	Drug Tier	Requirements / Limits
clarithromycin (250 mg tab, 500 mg tab)	2	
clarithromycin er 500 mg tab er 24h	4	
ERYTHROMYCINS		
erythrocin lactobionate 500 mg recon soln	3	
erythrocin stearate 250 mg tab	4	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	4	
erythromycin base (250 mg cp dr part, 250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	4	
erythromycin base (250 mg tab, 500 mg tab)	2	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)	4	
FIDAXOMICIN		
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
MEDICAL DEVICES AND SUPPLIES		
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS	2	
GAUZE PADS 2X2	2	
DIABETIC SUPPLIES		
OMNIPOD 5 G6 INTRO (GEN 5) KIT	3	
OMNIPOD 5 G6 POD (GEN 5) MISC	3	
OMNIPOD 5 PACK MISC	3	
OMNIPOD CLASSIC PDM (GEN 3) KIT	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	

Drug Name	Drug Tier	Requirements / Limits
V-GO 20 20 UNIT/24HR KIT	3	
V-GO 30 30 UNIT/24HR KIT	3	
V-GO 40 40 UNIT/24HR KIT	3	
MISC. DEVICES		
ALCOHOL SWABS 1X1	2	
PARENTERAL THERAPY SUPPLIES		
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	2	
ASSURE ID INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 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 (27.5G X 5/8" 2 ML MISC, 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 U/F (30G X 1/2" 0.5 ML MISC, 31G X 5/16" 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	
BD PEN MISC	3	
BD PEN MINI MISC	3	
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 SYRINGE U/F 31G X 15/64" 0.5 ML MISC	2	

Drug Name	Drug Tier	Requirements / Limits
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 SIMPLICITY 2U DEVICE	3	QL (10 ea per 30 days)
CEQUR SIMPLICITY INSERTER MISC	3	QL (2 ea per 365 days)
COMFORT ASSIST 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	
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 5/16" 0.5 ML MISC)	2	
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 (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	
ELITE-THIN INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 5/16" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 5/16" 0.5 ML MISC, 30G X 5/16" 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	

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

Drug Name	Drug Tier	Requirements / Limits
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML MISC	2	
FREESTYLE PRECISION INS SYR (30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
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	
GNP ULTRA COM INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 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)
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 PEN NEEDLE	2	
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 5/16" 0.5 ML MISC)	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	

Drug Name	Drug Tier	Requirements / Limits
INSULIN SYRINGE (DISP) U-100 1 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	
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	
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
PRECISION SURE-DOSE SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 3/8" 0.5 ML MISC)	2	
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	
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	
RA INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
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	
SAFESNAP INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
SAFETY INSULIN SYRINGES (29G X 1/2" 0.5 ML MISC, 30G 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	
SURE-JECT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	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
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	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 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	
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 SAFEPACK SYR/NEEDLE (30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
ULTILET INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC)	2	
ULTILET INSULIN SYRINGE SHORT (30G X 5/16" 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-COMFORT 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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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, 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		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG (140 MG DOSE) 70 MG/ML SOLN A-INJ	3	PA, QL (1 ml per 28 days)
AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	3	PA, QL (1 ml per 28 days)
AJOVY (225 MG/1.5ML SOLN A-INJ, 225 MG/1.5ML SOLN PRSYR)	4	PA, QL (1.5 ml per 28 days), (1 syringe)
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)
NURTEC 75 MG TAB DISP	3	PA, QL (18 ea per 30 days)
QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)	4	PA, QL (30 ea per 30 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)
MIGRAINE COMBINATIONS		
ergotamine-caffeine 1-100 mg tab	2	QL (40 ea per 28 days)
MIGERGOT 2-100 MG SUPPOS	4	QL (20 ea per 28 days)
sumatriptan-naproxen sodium 85-500 mg tab	4	PA, QL (10 ea per 30 days)
MIGRAINE PRODUCTS		
dihydroergotamine mesylate 4 mg/ml solution	4	QL (8 ml per 28 days)

Drug Name	Drug Tier	Requirements / Limits
SEROTONIN AGONISTS		
almotriptan malate (6.25 mg tab, 12.5 mg tab)	4	QL (16 ea per 28 days)
naratriptan hcl (1 mg tab, 2.5 mg tab)	2	QL (16 ea per 28 days)
rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	2	QL (16 ea per 28 days)
sumatriptan (5 mg/act solution, 20 mg/act solution)	2	QL (16 ea per 28 days)
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	2	QL (16 ea per 28 days)
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	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)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	2	QL (8 ml per 28 days)
zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)	2	QL (16 ea per 28 days)
MINERALS ELECTROLYTES		
BICARBONATES		
sodium acetate 2 meq/ml solution	4	
CALCIUM		
calcium chloride 10 % solution	4	
calcium gluconate 10 % solution	4	
ELECTROLYTE MIXTURES		
DEXTROSE 5%/ELECTROLYTE #48 SOLUTION	4	
dextrose in lactated ringers 5 % solution	4	
DEXTROSE-NACL (10-0.2 % SOLUTION, 10-0.45 % SOLUTION)	4	B/D PA
dextrose-nacl (2.5-0.45 % solution, 5-0.2 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution)	4	

Drug Name	Drug Tier	Requirements / Limits
dextrose-sodium chloride (2.5-0.45 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.45 % solution, 5-0.9 % solution)	4	
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)	4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	4	
potassium chloride in dextrose 20-5 meq/l-% solution	4	
potassium chloride in nacl (20-0.45 meq/l-% solution, 20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)	4	
ringers solution	4	
FLUORIDE		
fluoritab 0.275 (0.125 f) mg/drop solution	2	
sodium fluoride 1.1 (0.5 f) mg/ml solution	2	
SODIUM FLUORIDE 2.2 MG	2	
MAGNESIUM		
magnesium sulfate (2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution, 50 % solution)	4	
magnesium sulfate in d5w 1-5 gm/100ml-% solution	4	
PHOSPHATE		
sodium phosphates 45 mmole/15ml solution	4	
POTASSIUM		
klor-con 10 10 meq tab er	3	
klor-con 8 meq tab er	3	
klor-con m10 10 meq tab er	2	

Drug Name	Drug Tier	Requirements / Limits
klor-con m15 15 meq tab er	2	
klor-con m20 20 meq tab er	2	
klor-con sprinkle (8 cap er, 10 cap er)	2	
potassium acetate 2 meq/ml solution	4	
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)	4	
potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)	2	
potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)	2	
SODIUM		
sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)	4	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
clovique 250 mg cap	5	PA, NDS-NM
penicillamine 250 mg tab	4	
trientine hcl 250 mg cap	5	PA, NDS-NM
IMMUNOMODULATORS		
lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)	5	QL (30 ea per 30 days), PA_NSO, NDS-NM
REZUROCK 200 MG TAB	5	PA, QL (60 ea per 30 days), NDS-NM
THALOMID (150 MG CAP, 200 MG CAP)	5	QL (60 ea per 30 days), NDS-NM
THALOMID (50 MG CAP, 100 MG CAP)	5	QL (30 ea per 30 days), NDS-NM
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL (0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H)	4	PA_NSO, (May be payable under part B)

Drug Name	Drug Tier	Requirements / Limits
ATGAM 50 MG/ML INJECTABLE	3	B/D PA
azasan (75 mg tab, 100 mg tab)	4	B/D PA
azathioprine (75 mg tab, 100 mg tab)	4	B/D PA
azathioprine 50 mg tab	2	B/D PA
AZATHIOPRINE SODIUM 100 MG RECON SOLN	4	B/D PA
cyclosporine (25 mg cap, 100 mg cap)	2	B/D PA
cyclosporine 50 mg/ml solution	4	B/D PA
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap)	2	B/D PA
cyclosporine modified 100 mg/ml solution	4	B/D PA
ENSPRYNG 120 MG/ML SOLN PRSYR	5	PA, QL (3 ml per 28 days), NDS-NM
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	4	B/D PA
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)	4	PA_NSO, (May be payable under part B)
everolimus 1 mg tab	5	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
gengraf (25 mg cap, 100 mg cap)	2	B/D PA
gengraf 100 mg/ml solution	4	B/D PA
LUPKYNIS 7.9 MG CAP	5	PA, QL (180 ea per 30 days), NDS-NM
mycophenolate mofetil (200 mg/ml recon susp, 500 mg recon soln)	4	B/D PA
mycophenolate mofetil (250 mg cap, 500 mg tab)	2	B/D PA
mycophenolate mofetil hcl 500 mg recon soln	4	B/D PA
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	4	B/D PA
NULOJIX 250 MG RECON SOLN	5	PA_NSO, (May be payable under part B), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
PROGRAF (0.2 MG PACKET, 1 MG PACKET, 5 MG/ML SOLUTION)	4	B/D PA
SANDIMMUNE 100 MG/ML SOLUTION	4	B/D PA
SIMULECT (10 MG RECON SOLN, 20 MG RECON SOLN)	5	B/D PA, NDS-NM
sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)	4	B/D PA
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	2	B/D PA
THYMOGLOBULIN 25 MG RECON SOLN	5	B/D PA, NDS-NM
IRRIGATION SOLUTIONS		
ringers irrigation solution	2	
sterile water for irrigation solution	2	
LYMPHATIC AGENTS		
SYLVANT (100 MG RECON SOLN, 400 MG RECON SOLN)	5	PA_NSO, NDS-NM
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	5	PA, QL (56 ea per 28 days), NDS-NM
VIJOICE 50 MG TAB THPK	5	PA, QL (28 ea per 28 days), NDS-NM
POTASSIUM REMOVING AGENTS		
LOKELMA 10 GM PACKET	4	PA, QL (34 ea per 30 days)
LOKELMA 5 GM PACKET	4	PA, QL (30 ea per 30 days)
sodium polystyrene sulfonate powder	2	
SPS 15 GM/60ML SUSPENSION	2	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	4	PA, QL (30 ea per 30 days)
PROGERIA TREATMENT AGENTS		
ZOKINVY (50 MG CAP, 75 MG CAP)	5	PA, NDS-NM
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	5	PA, NDS-NM

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
SAPHNELO 300 MG/2ML SOLUTION	5	PA, QL (2 ml per 28 days), NDS-NM
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	4	
lidocaine viscous hcl 2 % solution	2	
ANTI-INFECTIVES - THROAT		
clotrimazole 10 mg troche	2	
nystatin 100000 unit/ml suspension	2	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate 0.12 % solution	2	
paroex 0.12 % solution	2	
DENTAL PRODUCTS		
denta 5000 plus 1.1 % cream	2	
dentagel 1.1 % gel	2	
sf 1.1 % gel	2	
sf 5000 plus 1.1 % cream	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	
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq 0.1 % paste	2	
oralone 0.1 % paste	2	
triamcinolone acetonide 0.1 % paste	2	

Drug Name	Drug Tier	Requirements / Limits
THROAT PRODUCTS - MISC.		
cevimeline hcl 30 mg cap	4	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	2	
MULTIVITAMINS		
PRENATAL VITAMINS		
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	2	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	2	
chlorzoxazone 500 mg tab	2	
cyclobenzaprine hcl (5 mg tab, 10 mg tab)	2	
methocarbamol (500 mg tab, 750 mg tab)	2	
orphenadrine citrate er 100 mg tab er 12h	2	
tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)	2	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	4	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine-fluticasone 137-50 mcg/act suspension	2	
RYALTRIS 665-25 MCG/ACT SUSPENSION	4	PA, QL (58 gm per 30 days)
NASAL ANTIALLERGY		
azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)	2	
olopatadine hcl 0.6 % solution	2	
NASAL ANTICHOLINERGICS		
ipratropium bromide (0.03 % solution, 0.06 % solution)	2	

Drug Name	Drug Tier	Requirements / Limits
NASAL STEROIDS		
BECONASE AQ 42 MCG/SPRAY SUSPENSION	4	PA
flunisolide 25 mcg/act (0.025%) solution	2	
fluticasone propionate 50 mcg/act suspension	2	(rx product only)
mometasone furoate 50 mcg/act suspension	2	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
EXSERVAN 50 MG FILM	5	PA, QL (60 ea per 30 days), NDS-NM
RADICAVA 30 MG/100ML SOLUTION	5	PA, QL (2800 ml per 28 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
RELYVRIO 3-1 GM PACKET	5	PA, QL (60 ea per 30 days), NDS-NM
riluzole 50 mg tab	2	
TIGLUTIK 50 MG/10ML SUSPENSION	5	PA, QL (600 ml per 30 days), NDS-NM
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS 50 MG CAP	5	PA, QL (90 ea per 30 days)
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 100 MG/2ML SOLUTION	5	PA, NDS-NM
EXONDYS 51 (100 MG/2ML SOLUTION, 500 MG/10ML SOLUTION)	5	PA, NDS-NM
VILTEPSO 250 MG/5ML SOLUTION	5	PA, NDS-NM
VYONDYS 53 100 MG/2ML SOLUTION	5	PA, NDS-NM
RETT SYNDROME AGENTS		
DAYBUE 200 MG/ML SOLUTION	5	PA, QL (3000 ml per 30 days), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	5	PA, NDS-NM
NUTRIENTS		
CARBOHYDRATES		
dextrose (10 % solution, 20 % solution, 40 % solution, 50 % solution, 70 % solution, 250 mg/ml solution)	4	B/D PA
dextrose 5 % solution	4	
glucose 5 % solution	4	
LIPIDS		
CLINOLIPID 20 % EMULSION	4	B/D PA
DOJOLVI 100 % LIQUID	5	PA, NDS-NM
INTRALIPID 20 % EMULSION	3	B/D PA
INTRALIPID 30 % EMULSION	4	B/D PA
NUTRILIPID 20 % EMULSION	3	B/D PA
PROTEINS		
aminosyn ii (10 % solution, 15 % solution)	4	B/D PA
AMINOSYN-PF (7 % SOLUTION, 10 % SOLUTION)	4	B/D PA
AMINOSYN-PF 7% 7 % SOLUTION	4	B/D PA
clinisol sf 15 % solution	4	B/D PA
PREMASOL 10 % SOLUTION	4	B/D PA
PROSOL 20 % SOLUTION	4	B/D PA
SYNTHAMIN 17 10 % SOLUTION	4	B/D PA
TRAVASOL 10 % SOLUTION	4	B/D PA
TROPHAMINE 10 % SOLUTION	3	B/D PA
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl 0.5 % solution	2	

Drug Name	Drug Tier	Requirements / Limits
BETOPTIC-S 0.25 % SUSPENSION	4	
brimonidine tartrate-timolol 0.2-0.5 % solution	2	
CARTEOLOL HCL 1 % SOLUTION	1	GC
COMBIGAN 0.2-0.5 % SOLUTION	3	
dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution	2	
dorzolamide hcl-timolol mal pf (2-0.5 % solution, 22.3-6.8 mg/ml solution)	4	
levobunolol hcl 0.5 % solution	2	
timolol maleate (0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln)	4	
timolol maleate (0.25 % solution, 0.5 % solution)	1	GC
CYCLOPLEGIC MYDRIATICS		
altafrin (2.5 % solution, 10 % solution)	2	
atropine sulfate 1 % solution	2	
MIOTICS		
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	4	
pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)	2	
VUITY 1.25 % SOLUTION	4	PA, QL (2.5 ml per 30 days)
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P 0.1 % SOLUTION	3	
apraclonidine hcl 0.5 % solution	2	
brimonidine tartrate (0.15 % solution, 0.2 % solution)	2	
SIMBRINZA 1-0.2 % SUSPENSION	3	
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac 500-10000 unit/gm ointment	2	QL (7 gm per 7 days)
AZASITE 1 % SOLUTION	4	
BACITRACIN 500 UNIT/GM OINTMENT	4	

Drug Name	Drug Tier	Requirements / Limits
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	
ciprofloxacin hcl 0.3 % solution	2	
erythromycin 5 mg/gm ointment	2	
gatifloxacin 0.5 % solution	2	
GENTAK 0.3 % OINTMENT	2	
gentamicin sulfate 0.3 % solution	2	
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	2	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	2	
moxifloxacin hcl 0.5 % solution	2	
NATACYN 5 % SUSPENSION	4	
neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)	2	QL (7 gm per 7 days)
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	2	
ofloxacin 0.3 % solution	2	
polycin 500-10000 unit/gm ointment	2	QL (7 gm per 7 days)
polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution	2	
sulfacetamide sodium (10 % ointment, 10 % solution)	2	
tobramycin 0.3 % solution	2	
TRIFLURIDINE 1 % SOLUTION	2	
ZIRGAN 0.15 % GEL	4	
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine 0.05 % emulsion	2	
RESTASIS MULTIDOSE 0.05 % EMULSION	4	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA 5 % SOLUTION	4	

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA 0.02 % SOLUTION	3	ST, QL (5 ml per 30 days)
ROCKLATAN 0.02-0.005 % SOLUTION	3	ST, QL (5 ml per 30 days)
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine hcl 0.5 % solution	2	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE 0.002 % SOLUTION	5	PA, QL (56 ml per 28 days), NDS-NM
OPHTHALMIC STEROIDS		
ALREX 0.2 % SUSPENSION	4	
bacitra-neomycin-polymyxin-hc 1 % ointment	2	
BLEPHAMIDE 10-0.2 % SUSPENSION	4	
BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT	3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
difluprednate 0.05 % emulsion	2	
FLAREX 0.1 % SUSPENSION	4	
fluorometholone 0.1 % suspension	2	
FML 0.1 % OINTMENT	4	
FML FORTE 0.25 % SUSPENSION	4	
loteprednol etabonate 0.5 % suspension	2	
MAXIDEX 0.1 % SUSPENSION	4	
neo-polycin hc 1 % ointment	2	
neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	2	
PRED-G 0.3-1 % SUSPENSION	4	
PREDNISOLONE ACETATE 1 % SUSPENSION	2	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	2	
TOBRADEX 0.3-0.1 % OINTMENT	3	
tobramycin-dexamethasone 0.3-0.1 % suspension	2	
OPHTHALMICS - MISC.		
ALOCRIL 2 % SOLUTION	4	
ALOMIDE 0.1 % SOLUTION	4	
azelastine hcl 0.05 % solution	2	
brinzolamide 1 % suspension	2	
bromfenac sodium (once-daily) 0.09 % solution	4	
cromolyn sodium 4 % solution	2	
CYSTARAN 0.44 % SOLUTION	5	NDS-NM
diclofenac sodium 0.1 % solution	2	
dorzolamide hcl 2 % solution	2	
epinastine hcl 0.05 % solution	2	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	2	
ketorolac tromethamine (0.4 % solution, 0.5 % solution)	2	
olopatadine hcl (0.1 % solution, 0.2 % solution)	2	(RX only)
PROSTAGLANDINS - OPHTHALMIC		
latanoprost 0.005 % solution	1	GC
LUMIGAN 0.01 % SOLUTION	3	
tafluprost (pf) 0.0015 % solution	2	
travoprost (bak free) 0.004 % solution	2	ST
VYZULTA 0.024 % SOLUTION	3	
XELPROS 0.005 % EMULSION	3	ST
ZIOPTAN 0.0015 % SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2 % solution	2	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	2	
ofloxacin 0.3 % solution	2	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone 0.3-0.1 % suspension	4	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)	2	
OTIC STEROIDS		
fluocinolone acetonide 0.01 % oil	2	
hydrocortisone-acetic acid 1-2 % solution	2	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
ASCENIV 5 GM/50ML SOLUTION	5	PA, (May be payable under part B), NDS-NM
BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5	PA, (May be payable under part B), NDS-NM
CUTAQUIG (1 GM/6ML SOLUTION, 1.65 GM/10ML SOLUTION, 2 GM/12ML SOLUTION, 3.3 GM/20ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	5	PA, (May be payable under part B), NDS-NM
CUVITRU (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 8 GM/40ML SOLUTION, 10 GM/50ML SOLUTION)	5	PA, (May be payable under part B), NDS-NM
FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	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

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 SOLUTION)	5	PA, (May be payable under part B), NDS-NM
PANZYGA (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5	PA, (May be payable under part B), NDS-NM
PRIVIGEN (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
XEMBIFY (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	5	PA, (May be payable under part B), NDS-NM
MONOCLONAL ANTIBODIES		
SYNAGIS (50 MG/0.5ML SOLUTION, 100 MG/ML SOLUTION)	5	PA, NDS-NM
ZINPLAVA 1000 MG/40ML SOLUTION	5	PA, NDS-NM
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA (2.5 GM/25ML KIT, 5 GM/50ML KIT, 10 GM/100ML KIT, 20 GM/200ML KIT, 30 GM/300ML KIT)	5	PA, (May be payable under part B), NDS-NM
PENICILLINS		
AMINOPENICILLINS		
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)	2	
AMPICILLIN 500 MG CAP	2	

Drug Name	Drug Tier	Requirements / Limits
ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln)	4	
NATURAL PENICILLINS		
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	4	
PENICILLIN G POT IN DEXTROSE (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	4	
penicillin g potassium (5000000 recon soln, 20000000 recon soln)	4	
penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)	2	
PENICILLIN COMBINATIONS		
amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)	2	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	4	
ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)	4	
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)	4	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium (250 mg cap, 500 mg cap)	2	
nafcillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)	4	
NAFCILLIN SODIUM IN DEXTROSE (1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION)	4	
oxacillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)	4	

Drug Name	Drug Tier	Requirements / Limits
OXACILLIN SODIUM IN DEXTROSE (1 GM/50ML SOLUTION, 2 GM/50ML SOLUTION)	4	
PROGESTINS		
PROGESTINS		
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
megestrol acetate 625 mg/5ml suspension	4	
norethindrone acetate 5 mg tab	2	
progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium 333 mg tab dr	2	
disulfiram (250 mg tab, 500 mg tab)	2	
LUCEMYRA 0.18 MG TAB	5	PA, QL (228 ea per 14 days), NDS-NM
ANTI-CATAPLECTIC AGENTS		
XYREM 500 MG/ML SOLUTION	5	PA, QL (540 ml per 30 days), NDS-NM
XYWAV 500 MG/ML SOLUTION	5	PA, QL (540 ml per 30 days), NDS-NM
ANTIDEMENTIA AGENTS		
donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)	2	QL (30 ea per 30 days)
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4	
galantamine hydrobromide er (8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h)	4	QL (30 ea per 30 days)
memantine hcl (2 mg/ml solution, 10 mg/5ml solution)	4	

Drug Name	Drug Tier	Requirements / Limits
memantine hcl (5 mg tab, 10 mg tab, 28 x 5 mg & 21 x 10 mg tab)	2	
memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)	2	QL (30 ea per 30 days)
rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)	4	QL (30 ea per 30 days)
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	2	
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB)	4	PA_NSO, (PA Required for Members age 65 and older), HRM
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	4	QL (30 ea per 30 days), PA_NSO
olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)	4	QL (30 ea per 30 days)
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	4	PA_NSO, (PA Required for Members age 65 and older), HRM
FIBROMYALGIA AGENTS		
SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB)	3	QL (60 ea per 30 days)
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	3	QL (55 ea per 180 days)
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 PATIENT TITRATION KIT 6 & 9 & 12 MG TAB THPK	5	PA, QL (70 ea per 180 days), NDS-NM
INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP)	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
tetrabenazine (12.5 mg tab, 25 mg tab)	5	QL (120 ea per 30 days), NDS-NM
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	5	QL (1 ea per 28 days), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	5	QL (1 ea per 28 days), NDS-NM
BAFIERTAM 95 MG CAP DR	5	ST, QL (120 ea per 30 days), NDS-NM
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
dalfampridine er 10 mg tab er 12h	2	QL (60 ea per 30 days), NDS-NM
dimethyl fumarate (120 mg cap dr, 240 mg cap dr)	4	QL (60 ea per 30 days), NDS-NM
dimethyl fumarate starter pack 120 & 240 mg misc	4	QL (120 ea per 180 days), NDS-NM
EXTAVIA 0.3 MG KIT	5	QL (14 ea per 28 days), NDS-NM
fingolimod hcl 0.5 mg cap	2	QL (30 ea per 30 days)
GILENYA 0.25 MG CAP	5	QL (30 ea per 30 days), NDS-NM
glatiramer acetate 20 mg/ml soln prsyr	5	QL (30 ml per 30 days), NDS-NM
glatiramer acetate 40 mg/ml soln prsyr	5	QL (12 ml per 28 days), NDS-NM
KESIMPTA 20 MG/0.4ML SOLN A-INJ	5	QL (1.2 ml per 28 days), NDS-NM
MAVENCLAD (10 TABS) 10 MG TAB THPK	5	PA, NDS-NM
MAVENCLAD (4 TABS) 10 MG TAB THPK	5	PA, NDS-NM
MAVENCLAD (5 TABS) 10 MG TAB THPK	5	PA, NDS-NM
MAVENCLAD (6 TABS) 10 MG TAB THPK	5	PA, NDS-NM
MAVENCLAD (7 TABS) 10 MG TAB THPK	5	PA, NDS-NM
MAVENCLAD (8 TABS) 10 MG TAB THPK	5	PA, QL (16 ea per 301 days), NDS-NM
MAVENCLAD (9 TABS) 10 MG TAB THPK	5	PA, QL (18 ea per 301 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 0.25 MG TAB THPK	4	QL (7 ea per 180 days), NDS-NM
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	5	QL (12 ea per 180 days), NDS-NM
OCREVUS 300 MG/10ML SOLUTION	5	PA, QL (20 ml per 180 days), NDS-NM

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

Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY (125 MCG/0.5ML SOLN PEN, 125 MCG/0.5ML SOLN PRSYR)	5	QL (1 ml per 28 days), NDS-NM
PLEGRIDY STARTER PACK (63 & 94 MCG/0.5ML SOLN PEN, 63 & 94 MCG/0.5ML SOLN PRSYR)	5	QL (1 ml per 28 days), NDS-NM
PONVORY 20 MG TAB	5	QL (30 ea per 30 days), NDS-NM
PONVORY STARTER PACK 2,3,4,5,6,7,8,9 & 10 MG TAB THPK	5	QL (14 ea per 180 days), NDS-NM
REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	5	QL (6 ml per 28 days), NDS-NM
REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 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
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	5	QL (4.2 ml per 28 days), NDS-NM
teriflunomide (7 mg tab, 14 mg tab)	2	QL (30 ea per 30 days)
TYSABRI 300 MG/15ML CONC	5	PA, NDS-NM
VUMERITY (STARTER) 231 MG CAP DR	5	ST, QL (120 ea per 30 days), NDS-NM
VUMERITY 231 MG CAP DR	5	ST, QL (120 ea per 30 days), 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 CAP THPK	5	PA, QL (37 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
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE (300 MG TAB, 450 MG TAB)	4	PA, QL (30 ea per 30 days)
GRALISE (600 MG TAB, 750 MG TAB, 900 MG TAB)	4	PA, QL (60 ea per 30 days)
pregabalin er (82.5 mg tab er 24h, 165 mg tab er 24h)	4	PA, QL (90 ea per 30 days), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
pregabalin er 330 mg tab er 24h	4	PA, QL (60 ea per 30 days), NDS-NM
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
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)
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA 20-10 MG CAP	4	PA, QL (60 ea per 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES 1 MG TAB	4	
PIMOZIDE (1 MG TAB, 2 MG TAB)	4	
SMOKING DETERRENTS		
bupropion hcl er (smoking det) 150 mg tab er 12h	2	QL (60 ea per 30 days)
NICOTROL NS 10 MG/ML SOLUTION	4	
varenicline tartrate (0.5 mg tab, 1 mg tab)	2	QL (60 ea per 30 days)
varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk	2	QL (53 ea per 180 days)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA 25 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ml per 84 days), NDS-NM
ONPATTRO 10 MG/5ML SOLUTION	5	PA, QL (15 ml per 21 days), NDS-NM
TEGSEDI 284 MG/1.5ML SOLN PRSYR	5	PA, QL (6 ml per 28 days), NDS-NM
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	5	PA, NDS-NM
PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION)	5	PA, NDS-NM
CYSTIC FIBROSIS AGENTS		
BRONCHITOL 40 MG CAP	5	PA, QL (560 ea per 28 days), NDS-NM

Drug Name	Drug Tier	Requirements / Limits
BRONCHITOL TOLERANCE TEST 40 MG CAP	5	PA, QL (560 ea per 28 days), NDS-NM
KALYDECO (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
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	5	PA, QL (120 ea per 30 days), NDS-NM
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5	PA, QL (60 ea per 30 days), NDS-NM
PULMOZYME 2.5 MG/2.5ML SOLUTION	5	PA, (May be payable under part B), NDS-NM
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	5	PA, QL (60 ea per 30 days), NDS-NM
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	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
PULMONARY FIBROSIS AGENTS		
OFEV (100 MG CAP, 150 MG CAP)	5	PA, QL (60 ea per 30 days), NDS-NM
pirfenidone (267 mg cap, 267 mg tab)	5	PA, QL (270 ea per 30 days), NDS-NM
pirfenidone 801 mg tab	5	PA, QL (90 ea per 30 days), NDS-NM
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine 500 mg tab	4	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA 100 MG RECON SOLN	5	PA, QL (15 ea per 14 days), NDS-NM
NUZYRA 150 MG TAB	5	PA, QL (30 ea per 14 days), NDS-NM
GLYCYLCYCLINES		
tigecycline 50 mg recon soln	4	

Drug Name	Drug Tier	Requirements / Limits
TETRACYCLINES		
coremino (45 mg tab er 24h, 90 mg tab er 24h)	4	QL (30 ea per 30 days)
coremino 135 mg tab er 24h	4	
demeclocycline hcl (150 mg tab, 300 mg tab)	4	
doxy 100 100 mg recon soln	4	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)	2	
doxycycline hyclate (50 mg tab dr, 75 mg tab dr, 100 mg recon soln, 100 mg tab dr, 150 mg tab dr)	4	
doxycycline monohydrate (25 mg/5ml recon susp, 150 mg tab)	4	
doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)	2	
lymepak 100 mg tab	2	
minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)	2	
minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h)	4	QL (30 ea per 30 days)
minocycline hcl er 135 mg tab er 24h	4	
tetracycline hcl (250 mg cap, 500 mg cap)	4	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole (5 mg tab, 10 mg tab)	2	
propylthiouracil 50 mg tab	2	
THYROID HORMONES		
euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)	2	
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)	4	

Drug Name	Drug Tier	Requirements / Limits
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)	1	GC
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)	4	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	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	
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)	4	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	6	(VAC), GC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	6	(VAC), GC
DAPTACEL 23-15-5 SUSPENSION	6	(VAC), GC
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	6	B/D PA, (VAC), GC
INFANRIX 25-58-10 SUSPENSION	6	(VAC), GC
KINRIX (0.5 ML SUSP PRSYR, SUSPENSION)	6	(VAC), GC
PEDIARIX SUSP PRSYR	6	(VAC), GC
PENTACEL RECON SUSP	6	(VAC), GC
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	6	(VAC), GC
TDVAX 2-2 LF/0.5ML SUSPENSION	6	B/D PA, (VAC), GC
TENIVAC 5-2 LFU INJECTABLE	6	B/D PA, (VAC), GC
TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	6	B/D PA, (VAC), GC

Drug Name	Drug Tier	Requirements / Limits
VAXELIS (SUSP PRSYR, SUSPENSION)	6	VAC, GC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
dicyclomine hcl (10 mg cap, 20 mg tab)	2	
dicyclomine hcl 10 mg/5ml solution	4	
glycopyrrolate (0.2 mg/ml solution, 0.4 mg/2ml solution, 1 mg/5ml solution, 4 mg/20ml solution)	4	
glycopyrrolate (1 mg tab, 2 mg tab)	2	
methscopolamine bromide (2.5 mg tab, 5 mg tab)	4	
PROPANTHELINE BROMIDE 15 MG TAB	2	
H-2 ANTAGONISTS		
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	2	
cimetidine hcl (300 mg/5ml solution, 400 mg/6.67ml solution)	2	
famotidine (20 mg tab, 40 mg tab)	1	GC
famotidine (40 mg/4ml solution, 40 mg/5ml recon susp, 200 mg/20ml solution)	4	
famotidine (pf) 20 mg/2ml solution	4	
FAMOTIDINE PREMIXED 20-0.9 MG/50ML-% SOLUTION	4	
nizatidine (15 mg/ml solution, 150 mg cap, 300 mg cap)	2	
MISC. ANTI-ULCER		
sucralfate (1 gm tab, 1 gm/10ml suspension)	2	
PROTON PUMP INHIBITORS		
esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)	2	PA
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	2	
esomeprazole sodium 40 mg recon soln	4	PA

Drug Name	Drug Tier	Requirements / Limits
lansoprazole (15 mg cap dr, 15 mg tab dr disp, 30 mg cap dr, 30 mg tab dr disp)	2	
omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)	1	GC
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	1	GC
pantoprazole sodium 40 mg recon soln	4	
rabeprazole sodium 20 mg tab dr	2	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol (100 mcg tab, 200 mcg tab)	2	
UNCATEGORIZED		
UNCLASSIFIED		
ABRYSVO 120 MCG/0.5ML RECON SOLN	6	(VAC), GC
AREXVY 120 MCG/0.5ML RECON SUSP	6	(VAC), GC
SOGROYA (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	5	PA, NDS-NM
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin chloride (5 mg tab, 5 mg/5ml syrup)	2	
oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)	2	
solifenacin succinate (5 mg tab, 10 mg tab)	2	QL (30 ea per 30 days)
tolterodine tartrate (1 mg tab, 2 mg tab)	2	
tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)	2	QL (30 ea per 30 days)
trospium chloride 20 mg tab	2	
trospium chloride er 60 mg cap er 24h	2	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA 75 MG TAB	4	PA, QL (30 ea per 30 days)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	QL (30 ea per 30 days)

Drug Name	Drug Tier	Requirements / Limits
MYRBETRIQ 8 MG/ML SRER	3	PA, QL (300 ml per 30 days)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	2	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl 100 mg tab	2	
VACCINES		
BACTERIAL VACCINES		
ACTHIB RECON SOLN	6	(VAC), GC
BCG VACCINE 50 MG RECON SOLN	6	(VAC), GC
BEXSERO SUSP PRSYR	6	(VAC), GC
HIBERIX 10 MCG RECON SOLN	6	(VAC), GC
MENACTRA SOLUTION	6	(VAC), GC
MENQUADFI SOLUTION	6	(VAC), GC
MENVEO (RECON SOLN, SOLUTION)	6	(VAC), GC
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	6	(VAC), GC
TRUMENBA SUSP PRSYR	6	(VAC), GC
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	6	(VAC), GC
VIRAL VACCINES		
DENGVAXIA RECON SUSP	6	(VAC), GC
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	6	B/D PA, (VAC), GC
GARDASIL 9 (SUSP PRSYR, SUSPENSION)	6	(VAC), GC
HAVRIX (720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION)	6	(VAC), GC
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	6	B/D PA, (VAC), GC
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	6	B/D PA, (VAC), GC
IPOL INJECTABLE	6	(VAC), GC

Drug Name	Drug Tier	Requirements / Limits
IXIARO SUSPENSION	6	(VAC), GC
JYNNEOS 0.5 ML SUSPENSION	6	(VAC), GC
M-M-R II RECON SOLN	6	(VAC), GC
PREHEVBRIO 10 MCG/ML SUSPENSION	6	B/D PA, (VAC), GC
PRIORIX RECON SUSP	6	(VAC), GC
PROQUAD RECON SUSP	6	(VAC), GC
RABAVERT RECON SUSP	6	B/D PA, (VAC), GC
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	B/D PA, (VAC), GC
ROTARIX (RECON SUSP, SUSPENSION)	6	(VAC), GC
ROTATEQ SOLUTION	6	(VAC), GC
SHINGRIX 50 MCG/0.5ML RECON SUSP	6	QL (2 ea per 999 days), (VAC), GC
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	6	(VAC), GC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	6	(VAC), GC
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	6	(VAC), GC
VARIVAX 1350 PFU/0.5ML INJECTABLE	6	(VAC), GC
YF-VAX INJECTABLE	6	(VAC), GC
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate 2 % cream	2	
CLINDESSE 2 % CREAM	3	
metronidazole 0.75 % gel	2	
MICONAZOLE 3 200 MG SUPPOS	2	
terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)	2	
VAGINAL ESTROGENS		
estradiol (0.1 mg/gm cream, 10 mcg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	4	
FEMRING (0.05 MG/24HR RING, 0.1 MG/24HR RING)	4	QL (1 ea per 90 days)
PREMARIN 0.625 MG/GM CREAM	3	
yuvafem 10 mcg tab	4	
VAGINAL PROGESTINS		
CRINONE (4 % GEL, 8 % GEL)	4	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine (0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)	2	QL (4 ea per 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa (200 mg cap, 300 mg cap)	5	PA, QL (180 ea per 30 days), NDS-NM
droxidopa 100 mg cap	5	PA, QL (90 ea per 30 days), NDS-NM
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	2	

Index

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

This formulary was updated on September 7, 2023. For more recent information or other questions, please contact Geisinger Gold Member Services at (800) 988-4861 or, 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