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Federal Employee Health Benefits

Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS		
clonidine hcl er	1	QL
guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)	1	
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR		
atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)	1	QL
QELBREE (100 MG CAP ER 24H, 150 MG CAP ER 24H, 200 MG CAP ER 24H)	3	ST, QL
AMPHETAMINE MIXTURES		
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)	1	QL
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)	1	QL
AMPHETAMINES		
dextroamphetamine sulfate (2.5 mg tab, 7.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	2	QL
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	1	QL
dextroamphetamine sulfate 5 mg/5ml solution	1	QL
dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)	1	QL
DYANAVEL XR (2.5 MG/ML SUSP, 5 MG TAB ER, 10 MG TAB ER, 15 MG TAB ER, 20 MG TAB ER)	2	ST, QL
lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)	1	QL

Drug Name	Drug Tier	Requirements / Limits
procentra	1	QL
ANALEPTICS		
CAFCIT	5	
CAFFEINE CITRATE	5	
ANOREXIANT COMBINATIONS		
phentermine-topiramate er (3.75-23 mg cap er 24h, 7.5-46 mg cap er 24h, 11.25-69 mg cap er 24h, 15-92 mg cap er 24h)	1	PA, QL
phentermine-topiramate erxdnu (3.75-23 mg cap er 24h, 7.5-46 mg cap er 24h, 11.25-69 mg cap er 24h, 15-92 mg cap er 24h)	1	PA, QL
QSYMIA (3.75-23 MG CAP ER 24H, 7.5-46 MG CAP ER 24H, 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H)	3	PA, QL
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine hcl	1	PA
diethylpropion hcl	1	PA, QL
DIETHYLPROPION HCL ER	1	PA, QL
lomaira	1	PA, QL
phendimetrazine tartrate	1	PA
PHENDIMETRAZINE TARTRATE ER	1	PA
phentermine hcl (8 mg tab, 15 mg cap, 30 mg cap, 37.5 mg cap, 37.5 mg tab)	1	PA, QL
ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS		
ZEPBOUND (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	2	PA
ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS		
FOUNDAYO (0.8 MG TAB, 2.5 MG TAB, 5.5 MG TAB, 9 MG TAB, 14.5 MG TAB, 17.2 MG TAB)	2	PA

Drug Name	Drug Tier	Requirements / Limits
ANTI-OBESITY AGENT COMBINATIONS		
CONTRAVE	3	PA, QL
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI (75 MG TAB, 150 MG TAB)	3	ST, QL
LIPASE INHIBITORS		
ORLISTAT	3	PA, QL
XENICAL	3	PA, QL
STIMULANTS - MISC.		
armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	1	QL
DAYTRANA (10 MG/9HR PATCH, 15 MG/9HR PATCH, 20 MG/9HR PATCH, 30 MG/9HR PATCH)	3	ST
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	1	QL
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)	1	QL
JORNAY PM (20 MG CAP ER 24H, 40 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H)	3	ST, QL
METHYLIN (5 MG/5ML SOLUTION, 10 MG/5ML SOLUTION)	3	QL
methylphenidate (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)	3	ST
methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)	1	QL
methylphenidate hcl er (10 mg tab er, 18 mg tab er, 18 mg tab er 24h, 20 mg tab er, 27 mg tab er, 27 mg tab er 24h, 36 mg tab er, 36 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h)	1	QL
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)	1	QL

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h, 60 mg cap er 24h)	1	QL
methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)	1	QL
METHYLPHENIDATE HCL ER(DIFFUS) (27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER)	1	QL
modafinil (100 mg tab, 200 mg tab)	1	QL
QUILLICHEW ER (20 MG, 30 MG, 40 MG)	2	QL
QUILLIVANT XR	2	QL
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK	3	PA, QL, AGE
PALFORZIA (1 MG DAILY DOSE)	3	PA, QL
PALFORZIA (12 MG DAILY DOSE)	3	PA, QL
PALFORZIA (120 MG DAILY DOSE)	3	PA, QL
PALFORZIA (160 MG DAILY DOSE)	3	PA, QL
PALFORZIA (20 MG DAILY DOSE)	3	PA, QL
PALFORZIA (200 MG DAILY DOSE)	3	PA, QL
PALFORZIA (240 MG DAILY DOSE)	3	PA, QL
PALFORZIA (3 MG DAILY DOSE)	3	PA, QL
PALFORZIA (300 MG MAINTENANCE)	3	PA, QL
PALFORZIA (300 MG TITRATION)	3	PA, QL
PALFORZIA (40 MG DAILY DOSE)	3	PA, QL
PALFORZIA (6 MG DAILY DOSE)	3	PA, QL
PALFORZIA (80 MG DAILY DOSE)	3	PA, QL
PALFORZIA INITIAL DOSE 1-3YRS	3	PA, QL
PALFORZIA INITIAL DOSE 4-17YRS	3	PA, QL
PALFORZIA INITIAL ESCALATION	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
RAGWITEK	3	PA, QL, AGE
MIXED ALLERGENIC EXTRACTS		
ODACTRA	3	PA, QL
ORALAIR	3	PA, QL, AGE
ORALAIR ADULT STARTER PACK	3	PA, QL, AGE
ORALAIR CHILDRENS STARTER PACK	3	PA, QL, AGE
AMINOGLYCOSIDES		
amikacin sulfate (1 gm/4ml solution, 500 mg/2ml solution)	5	
ARIKAYCE	4	PA, QL
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)	5	
gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)	5	
HUMATIN	3	
KITABIS PAK	4	PA, QL
neomycin sulfate	1	
STREPTOMYCIN SULFATE	5	
TOBI PODHALER	4	PA, QL
TOBRAMYCIN	1	QL
tobramycin 300 mg/5ml nebu soln	1	QL
tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)	5	
ZEMDRI	5	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
AMJEVITA (10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ)	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
HADLIMA (40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR)	1	PA, QL
HADLIMA PUSHTOUCH (40 MG/0.4ML SOLN A-INJ, 40 MG/0.8ML SOLN A-INJ)	1	PA, QL
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS		
OLUMIANT (1 MG TAB, 2 MG TAB)	4	PA, QL
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	4	PA, QL
RINVOQ 45 MG TAB ER 24H	4	PA, QL
RINVOQ LQ	4	PA, QL
tofacitinib citrate (1 mg/ml solution, 5 mg tab, 10 mg tab)	1	QL
tofacitinib citrate er (11 mg tab er 24h, 22 mg tab er 24h)	1	QL
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP (10 MG/0.4ML SOLN A-INJ, 15 MG/0.4ML SOLN A-INJ, 17.5 MG/0.4ML SOLN A-INJ, 22.5 MG/0.4ML SOLN A-INJ, 25 MG/0.4ML SOLN A-INJ)	4	PA, QL
OTREXUP 12.5 MG/0.4ML SOLN A-INJ	4	PA, QL
OTREXUP 20 MG/0.4ML SOLN A-INJ	2	QL
RASUVO (7.5 MG/0.15ML SOLN A-INJ, 10 MG/0.2ML SOLN A-INJ, 12.5 MG/0.25ML SOLN A-INJ, 15 MG/0.3ML SOLN A-INJ, 20 MG/0.4ML SOLN A-INJ, 22.5 MG/0.45ML SOLN A-INJ, 25 MG/0.5ML SOLN A-INJ, 30 MG/0.6ML SOLN A-INJ)	2	ST, QL
RASUVO 17.5 MG/0.35ML SOLN A-INJ	2	QL
CYCLOOXYGENASE 2 (COX-2) INHIBITORS		
celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)	1	
INTERLEUKIN-1 BLOCKERS		
ARCALYST	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET	4	PA, QL
INTERLEUKIN-1BETA BLOCKERS		
ILARIS	5	PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
AVTOZMA (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	1	PA, QL
AVTOZMA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	5	PA
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	1	PA, QL
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	5	PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS		
diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)	1	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
CALDOLOR (800 MG/200ML SOLUTION, 800 MG/8ML SOLUTION)	5	
diclofenac potassium 50 mg tab	1	
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	1	
diclofenac sodium er	1	
etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)	1	
etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)	1	
FENOPROFEN CALCIUM 600 MG TAB	1	
flurbiprofen (50 mg tab, 100 mg tab)	1	

Drug Name	Drug Tier	Requirements / Limits
ibu (400 mg tab, 600 mg tab, 800 mg tab)	1	
ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)	1	
indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)	1	
indomethacin er	1	
ketorolac tromethamine (15 mg/ml solution, 30 mg/ml solution, 60 mg/2ml solution)	5	
ketorolac tromethamine +rfid	5	
ketorolac tromethamine 10 mg tab	1	QL
mefenamic acid	1	QL
meloxicam (7.5 mg tab, 15 mg tab)	1	
nabumetone (500 mg tab, 750 mg tab)	1	
naproxen (250 mg tab, 375 mg tab, 500 mg tab)	1	
naproxen 125 mg/5ml suspension	1	AGE
naproxen sodium (275 mg tab, 550 mg tab)	1	
oxaprozin	1	
piroxicam (10 mg cap, 20 mg cap)	1	
sulindac (150 mg tab, 200 mg tab)	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (20 MG TAB, 30 MG TAB)	4	PA, QL
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK)	4	PA, QL
OTEZLA/OTEZLA XR INITIATION PK	4	PA, QL
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide (10 mg tab, 20 mg tab)	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ORENCIA 125 MG/ML SOLN PRSYR	4	PA, QL
ORENCIA CLICKJECT	4	PA, QL
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION)	4	PA, QL
ENBREL 50 MG/ML SOLN PRSYR	4	PA, QL
ENBREL MINI	4	PA, QL
ENBREL SURECLICK	4	PA, QL
ANALGESICS - NONNARCOTIC		
ANALGESICS OTHER		
acetaminophen 10 mg/ml solution	5	
CLONIDINE HCL (ANALGESIA)	5	
clonidine hcl (analgesia) (100 mcg/ml solution, 500 mcg/ml solution)	1	
DURACLON	3	
ANALGESICS-SEDATIVES		
bac (butalbital-acetamin-caff)	1	QL
butalbital-acetaminophen (50-300 mg cap, 50-300 mg tab, 50-325 mg tab)	1	QL
butalbital-apap-caffeine 50-325-40 mg tab	1	QL
butalbital-aspirin-caffeine	1	QL
ESGIC	3	QL
SALICYLATES		
adult aspirin regimen	1	QL, AGE
aspirin (81 mg chew tab, 81 mg tab dr, 325 mg tab, 325 mg tab dr)	1	QL, AGE
aspirin 81 (81 mg chew tab, 81 mg tab dr)	1	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
aspirin adult low dose	1	QL, AGE
aspirin adult low strength	1	QL, AGE
aspirin childrens	1	QL, AGE
aspirin ec adult low dose	1	QL, AGE
aspirin ec low dose	1	QL, AGE
aspirin ec low strength	1	QL, AGE
aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	QL, AGE
aspirin regimen	1	QL, AGE
bayer advanced aspirin reg st	1	QL, AGE
bayer aspirin (325 mg tab, 325 mg tab dr)	1	QL, AGE
bayer aspirin ec low dose	1	QL, AGE
bayer low dose (81 mg chew tab, 81 mg tab dr)	1	QL, AGE
childrens aspirin	1	QL, AGE
diflunisal	1	
ecotrin	1	QL, AGE
ecotrin arthrtis pain	1	QL, AGE
ecotrin low strength	1	QL, AGE
eq aspirin	1	QL, AGE
eq aspirin adult low dose	1	QL, AGE
eq aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	QL, AGE
eql aspirin ec	1	QL, AGE
eql aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	QL, AGE
ft aspirin (81 mg chew tab, 325 mg tab)	1	QL, AGE
ft aspirin adult low dose	1	QL, AGE
ft aspirin low dose	1	QL, AGE
ft enteric coated aspirin	1	QL, AGE
genuine aspirin	1	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
gnp adult aspirin low strength	1	QL, AGE
gnp aspirin (81 mg tab dr, 325 mg tab, 325 mg tab dr)	1	QL, AGE
gnp aspirin low dose	1	QL, AGE
goodsense aspirin (81 mg chew tab, 325 mg tab, 325 mg tab dr)	1	QL, AGE
goodsense aspirin adults	1	QL, AGE
goodsense aspirin low dose	1	QL, AGE
h-e-b aspirin	1	QL, AGE
hm adult aspirin	1	QL, AGE
hm aspirin (81 mg chew tab, 325 mg tab)	1	QL, AGE
hm aspirin ec	1	QL, AGE
hm aspirin ec low dose	1	QL, AGE
kls aspirin low dose	1	QL, AGE
kp aspirin	1	QL, AGE
medi-first aspirin	1	QL, AGE
medique aspirin	1	QL, AGE
meijer aspirin ec	1	QL, AGE
mm aspirin	1	QL, AGE
px aspirin (81 mg chew tab, 325 mg tab)	1	QL, AGE
px enteric aspirin (81 mg tab dr, 325 mg tab dr)	1	QL, AGE
qc aspirin (325 mg tab, 325 mg tab dr)	1	QL, AGE
qc aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	QL, AGE
qc childrens aspirin	1	QL, AGE
qc enteric aspirin	1	QL, AGE
ra aspirin	1	QL, AGE
ra aspirin adult low dose	1	QL, AGE
ra aspirin adult low strength	1	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
ra aspirin childrens	1	QL, AGE
ra aspirin ec (81 mg tab dr, 325 mg tab dr)	1	QL, AGE
ra aspirin ec adult low st	1	QL, AGE
ra pain relief aspirin	1	QL, AGE
SALSALATE (500 MG TAB, 750 MG TAB)	1	
sb aspirin	1	QL, AGE
sb aspirin ec	1	QL, AGE
sb childrens aspirin	1	QL, AGE
sb low dose asa ec	1	QL, AGE
sm aspirin	1	QL, AGE
sm aspirin adult low strength (81 mg chew tab, 81 mg tab dr)	1	QL, AGE
sm aspirin ec	1	QL, AGE
sm aspirin ec low strength	1	QL, AGE
sm aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	QL, AGE
sm childrens aspirin	1	QL, AGE
st joseph aspirin	1	QL, AGE
st joseph low dose (81 mg chew tab, 81 mg tab dr)	1	QL, AGE
SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS		
PRIALT (100 MCG/ML SOLUTION, 500 MCG/20ML SOLUTION, 500 MCG/5ML SOLUTION)	5	PA
ANALGESICS - OPIOID		
CODEINE COMBINATIONS		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION)	1	
acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)	1	QL
ascomp-codeine	1	QL

Drug Name	Drug Tier	Requirements / Limits
butalbital-apap-caff-cod (50-300-40-30 mg cap, 50-325-40-30 mg cap)	1	QL
butalbital-asa-caff-codeine	1	QL
FIORICET/CODEINE	3	QL
HYDROCODONE COMBINATIONS		
hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution, 10-325 mg/15ml solution)	1	
hydrocodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	1	QL
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 10-200 MG TAB)	1	QL
OPIOID AGONISTS		
ALFENTANIL HCL (1000 MCG/2ML SOLUTION, 2500 MCG/5ML SOLUTION)	5	
codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)	1	QL
DEMEROL (25 MG/ML SOLUTION, 50 MG/ML SOLUTION, 75 MG/ML SOLUTION, 100 MG/ML SOLUTION)	5	
DILAUDID (0.2 MG/ML SOLUTION, 1 MG/ML SOLUTION, 2 MG/ML SOLUTION)	5	
DISKETS	1	QL
DURAMORPH (0.5 MG/ML SOLUTION, 1 MG/ML SOLUTION)	5	
fentanyl (25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)	1	QL
fentanyl 12 mcg/hr patch 72hr	1	
FENTANYL CITRATE (2.5-0.9 MG/50ML-% SOLUTION, 100 MCG/2ML SOLN PRSYR, 2500 MCG/50ML SOLUTION)	5	
FENTANYL CITRATE (200 MCG LOZ HANDLE, 200 MCG TAB, 400 MCG LOZ HANDLE, 400 MCG TAB, 600 MCG LOZ HANDLE, 600 MCG TAB, 800 MCG LOZ HANDLE, 800 MCG TAB, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	1	QL

Drug Name	Drug Tier	Requirements / Limits
fentanyl citrate (pf) (25 mcg/0.5ml soln prsyr, 50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/2ml solution, 250 mcg/5ml solution, 500 mcg/10ml solution, 1000 mcg/20ml solution, 2500 mcg/50ml solution)	5	
FENTANYL CITRATE-NACL (1-0.9 MG/100ML-% SOLUTION, 2-0.9 MG/100ML-% SOLUTION, 2.5-0.9 MG/250ML-% SOLUTION, 2.5-0.9 MG/50ML-% SOLUTION, 5-0.9 MG/250ML-% SOLUTION, 10-0.9 MCG/ML-% SOLN PRSYR, 500-0.9 MCG/50ML-% SOLN PRSYR)	5	
HYDROMORPHONE HCL (0.2 MG/ML SOLUTION, 1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION, 30 MG/30ML SOLN PRSYR, 50 MG/50ML SOLN PRSYR)	5	
HYDROMORPHONE HCL (1 MG/ML LIQUID, 2 MG TAB, 3 MG SUPPOS, 4 MG TAB, 8 MG TAB)	1	QL
hydromorphone hcl er (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)	1	ST, QL
hydromorphone hcl pf (1 mg/ml solution, 2 mg/ml solution, 4 mg/ml solution, 10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution)	5	
HYDROMORPHONE HCL-NACL (50-0.79 MG/100ML-% SOLUTION, 50-0.79 MG/50ML-% SOLUTION)	5	
INFUMORPH 200	5	
INFUMORPH 500	5	
MEPERIDINE HCL (25 MG/ML SOLUTION, 50 MG/ML SOLUTION, 100 MG/ML SOLUTION)	5	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	1	QL
methadone hcl (5 mg tab, 10 mg tab, 40 mg tab sol)	1	QL
METHADONE HCL (5 MG/5ML SOLUTION, 10 MG/5ML SOLUTION, 10 MG/ML CONC)	1	
METHADONE HCL 10 MG/ML SOLUTION	5	
methadone hcl intensol	1	
METHADOSE	3	

Drug Name	Drug Tier	Requirements / Limits
methadose	1	QL
METHADOSE SUGAR-FREE	3	
mitigo (200 mg/20ml (10 mg/ml) solution, 500 mg/20ml (25 mg/ml) solution)	5	
morphine sulfate (1 mg/ml solution, 2 mg/ml solution, 4 mg/ml solution, 8 mg/ml solution, 10 mg/ml solution, 50 mg/ml solution)	5	
morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)	1	
morphine sulfate (5 mg suppos, 10 mg suppos, 15 mg tab, 20 mg suppos, 30 mg suppos, 30 mg tab)	1	QL
MORPHINE SULFATE (CONCENTRATE) (20 MG/ML SOLUTION, 100 MG/5ML SOLUTION)	1	
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)	5	
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)	2	ST, QL
morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)	1	QL
MORPHINE SULFATE ER BEADS (30 MG CAP ER 24H, 45 MG CAP ER 24H, 60 MG CAP ER 24H, 75 MG CAP ER 24H, 90 MG CAP ER 24H, 120 MG CAP ER 24H)	2	ST, QL
MORPHINE SULFATE-NACL (50-0.9 MG/50ML-% SOLN PRSYR, 50-0.9 MG/50ML-% SOLUTION, 100-0.9 MG/100ML-% SOLUTION, 150-0.9 MG/30ML-% SOLN PRSYR)	5	
oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	1	QL
oxycodone hcl 100 mg/5ml conc	1	PA
oxycodone hcl 5 mg/5ml solution	1	
oxymorphone hcl (5 mg tab, 10 mg tab)	1	QL
OXYMORPHONE HCL ER (5 MG TAB ER 12H, 7.5 MG TAB ER 12H, 10 MG TAB ER 12H, 15 MG TAB ER 12H, 20 MG TAB ER 12H, 30 MG TAB ER 12H, 40 MG TAB ER 12H)	3	ST, QL

Drug Name	Drug Tier	Requirements / Limits
SUBSYS (100 MCG LIQUID, 200 MCG LIQUID)	3	PA, QL
SUBSYS (400 MCG LIQUID, 600 MCG LIQUID, 1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID)	3	PA
tramadol hcl (50 mg tab, 100 mg tab)	1	QL
TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	1	QL
tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)	1	QL
XTAMPZA ER (27 MG CP12 DETER, 36 MG CP12 DETER)	2	ST, QL
XTAMPZA ER (9 MG CP12 DETER, 13.5 MG CP12 DETER, 18 MG CP12 DETER)	2	ST, QL
OPIOID COMBINATIONS		
endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	1	QL
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-325 mg tab, 10-325 mg tab)	1	QL
OPIOID PARTIAL AGONISTS		
BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM)	2	QL
BRIXADI (64 MG/0.18ML SOLN PRSYR, 128 MG/0.36ML SOLN PRSYR)	4	QL
BRIXADI (WEEKLY) (8 MG/0.16ML SOLN PRSYR, 16 MG/0.32ML SOLN PRSYR, 24 MG/0.48ML SOLN PRSYR, 32 MG/0.64ML SOLN PRSYR)	4	QL
BRIXADI 96 MG/0.27ML SOLN PRSYR	4	QL
BUPRENEX	5	
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)	2	QL
buprenorphine hcl (2 mg sl tab, 8 mg sl tab)	1	QL

Drug Name	Drug Tier	Requirements / Limits
buprenorphine hcl 0.3 mg/ml solution	5	
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)	1	QL
butorphanol tartrate	5	QL
BUTORPHANOL TARTRATE (1 MG/ML SOLUTION, 2 MG/ML SOLUTION)	5	
nalbuphine hcl (10 mg/ml solution, 20 mg/ml solution)	5	
PENTAZOCINE-NALOXONE HCL	1	QL
SUBLOCADE (100 MG/0.5ML SOLN PRSYR, 300 MG/1.5ML SOLN PRSYR)	4	QL
TRAMADOL COMBINATIONS		
tramadol-acetaminophen	1	QL
ANDROGENS-ANABOLIC		
ANDROGENS		
ANDRODERM (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR)	3	QL
AVEED	5	PA
danazol (50 mg cap, 100 mg cap, 200 mg cap)	1	
depo-testosterone (100 mg/ml solution, 200 mg/ml solution)	1	QL
EC-RX TESTOSTERONE (0.2 % CREAM, 0.4 % CREAM, 10 % CREAM, 20 % CREAM)	3	
METHITEST	3	
methyltestosterone	1	
NATESTO	3	PA, QL
TESTONE CIK	5	
TESTOPEL	5	PA
TESTOSTERONE (10 MG/ACT (2%) GEL, 30 MG/ACT SOLUTION)	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
testosterone (12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)	1	QL
TESTOSTERONE (25 MG PELLET, 37.5 MG PELLET, 50 MG PELLET, 87.5 MG PELLET, 100 MG PELLET, 200 MG PELLET)	5	
testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)	1	QL
TESTOSTERONE ENANTHATE	1	QL
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide (2 mg foam, 2 mg/act foam)	1	ST, QL
hydrocortisone 100 mg/60ml enema	1	
UCERIS 2 MG/ACT FOAM	4	ST, QL
RECTAL ANESTHETIC/STEROIDS		
ANALPRAM HC 2.5-1 % LOTION	3	
ANALPRAM-HC 2.5-1 % LOTION	3	
HYDROCORT-PRAMOXINE (PERIANAL) (1-1 % CREAM, 2.5-1 % CREAM)	1	
lidocaine-hydrocort (perianal)	1	
PROCORT	3	
PROCTOFOAM HC	3	
RECTAL STEROIDS		
hydrocortisone (perianal)	1	
hydrocortisone acetate (25 mg suppos, 30 mg suppos)	1	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	

Drug Name	Drug Tier	Requirements / Limits
ANTHELMINTICS		
albendazole	1	PA
BENZNIDAZOLE (12.5 MG TAB, 100 MG TAB)	3	
BILTRICIDE	3	
EMVERM	3	QL
ivermectin 3 mg tab	1	
praziquantel	1	
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	3	QL
FIRST-METRONIDAZOLE	3	
IMPAVIDO 50 MG CAP	4	PA, QL
metronidazole (250 mg tab, 500 mg tab)	1	
metronidazole 500 mg/100ml solution	5	
METRONIDAZOLE BENZO+SYRSPEND	3	
NEBUPENT	3	
PENTAM	5	
pentamidine isethionate	1	
tinidazole (250 mg tab, 500 mg tab)	1	
TRIMETHOPRIM	1	
XIFAXAN (200 MG TAB, 550 MG TAB)	3	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)	1	
sulfamethoxazole-trimethoprim 400-80 mg/5ml solution	5	
sulfatrim pediatric	1	
ANTIPROTOZOAL AGENTS		
atovaquone	1	

Drug Name	Drug Tier	Requirements / Limits
LAMPIT (30 MG TAB, 120 MG TAB)	3	PA, AGE
MEPRON	3	
nitazoxanide	1	QL
CARBAPENEM COMBINATIONS		
imipenem-cilastatin	5	
PRIMAXIN IV	5	
RECARBRIO	5	
VABOMERE	5	
CARBAPENEMS		
ertapenem sodium	5	
INVANZ	5	
meropenem (1 gm recon soln, 2 gm recon soln, 500 mg recon soln)	5	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	5	
CHLORAMPHENICALS		
CHLORAMPHENICOL SOD SUCCINATE	5	
CYCLIC LIPOPEPTIDES		
CUBICIN RF	5	
daptomycin (350 mg recon soln, 500 mg recon soln)	5	
DAPTOMYCIN-SODIUM CHLORIDE (350-0.9 MG/50ML-% SOLUTION, 500-0.9 MG/50ML-% SOLUTION, 700-0.9 MG/100ML-% SOLUTION, 1000-0.9 MG/100ML-% SOLUTION)	5	
GLYCOPEPTIDES		
dalbavancin hcl	5	
DALVANCE	5	

Drug Name	Drug Tier	Requirements / Limits
FIRVANQ (25 MG/ML RECON SOLN, 50 MG/ML RECON SOLN)	2	QL
KIMYRSA	5	
ORBACTIV	5	
TYZAVAN (500 MG/100ML SOLUTION, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION)	5	
VANCOCIN (125 MG CAP, 250 MG CAP)	3	QL
VANCOMYCIN HCL (1 GM RECON SOLN, 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 1.75 GM RECON SOLN, 2 GM RECON SOLN, 5 GM RECON SOLN, 10 GM 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)	5	
vancomycin hcl (125 mg cap, 250 mg cap)	1	QL
vancomycin hcl (25 mg/ml recon soln, 50 mg/ml recon soln, 250 mg/5ml recon soln)	1	QL
VANCOMYCIN HCL IN DEXTROSE (1-5 GM/200ML-% SOLUTION, 1.25-5 GM/250ML-% SOLUTION, 1.5-5 GM/300ML-% SOLUTION, 500-5 MG/100ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION)	5	
VANCOMYCIN HCL IN NACL (1-0.9 GM/200ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION)	5	
VIBATIV	5	
LEPROSTATICS		
dapsone (25 mg tab, 100 mg tab)	1	
LINCOSAMIDES		
CLEOCIN 75 MG/5ML RECON SOLN	3	
CLEOCIN PHOSPHATE (9 GM/60ML SOLUTION, 300 MG/2ML SOLUTION, 600 MG/4ML SOLUTION, 900 MG/6ML SOLUTION)	5	

Drug Name	Drug Tier	Requirements / Limits
clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)	1	
clindamycin palmitate hcl	1	
clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)	5	
clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)	5	
CLINDAMYCIN PHOSPHATE IN NACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	5	
LINCOCIN	5	
lincomycin hcl	5	
MONOBACTAMS		
AZACTAM (1 GM RECON SOLN, 2 GM RECON SOLN)	5	
aztreonam (1 gm recon soln, 2 gm recon soln)	5	
CAYSTON	4	PA, QL
OXAZOLIDINONES		
linezolid 100 mg/5ml recon susp	1	QL
linezolid 600 mg tab	1	QL
linezolid 600 mg/300ml solution	5	
LINEZOLID IN SODIUM CHLORIDE	5	
SIVEXTRO	5	
ZYVOX (200 MG/100ML SOLUTION, 600 MG/300ML SOLUTION)	5	
PLEUROMUTILINS		
XENLETA 150 MG/15ML SOLUTION	5	
POLYMYXINS		
colistimethate sodium (cba)	5	

Drug Name	Drug Tier	Requirements / Limits
COLY-MYCIN M	5	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine	1	
HIPREX	3	
methenamine hippurate	1	
METHENAMINE MANDELATE (0.5 GM TAB, 1 GM TAB)	1	
nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)	1	AGE
nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)	1	
nitrofurantoin monohyd macro	1	
URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS		
HYOPHEN	3	
MB CAPS	1	
ME/NAPHOS/MB/HYO1	1	
URIBEL	3	
uribel	1	
URIMAR-T 120 MG CAP	1	
URNEVA	1	
URO-MP	1	
uro-sp	1	
UROGESIC-BLUE	3	
ustell	1	
VILAMIT MB	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
NITRATES		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	1	
isosorbide mononitrate (10 mg tab, 20 mg tab)	1	
isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)	1	
nitro-bid	3	
NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	3	
NITROGLYCERIN	5	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)	1	
nitroglycerin 2 % ointment	3	
NITROGLYCERIN IN D5W (100-5 MCG/ML-% SOLUTION, 200-5 MCG/ML-% SOLUTION, 400-5 MCG/ML-% SOLUTION)	5	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	1	
droperidol	5	
hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab, 50 mg/25ml syrup)	1	
HYDROXYZINE HCL (25 MG/ML SOLUTION, 50 MG/ML SOLUTION)	5	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP)	1	
meprobamate (200 mg tab, 400 mg tab)	1	
VISTARIL (25 MG CAP, 50 MG CAP)	5	
BENZODIAZEPINES		
alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)	1	

Drug Name	Drug Tier	Requirements / Limits
alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)	1	QL
alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)	1	QL
ATIVAN (2 MG/ML SOLUTION, 4 MG/ML SOLUTION)	5	
chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)	1	
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)	1	QL
clorazepate dipotassium 15 mg tab	1	QL
diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)	1	
diazepam (5 mg/ml solution, 10 mg/2ml soln a-inj, 10 mg/2ml solution)	5	
diazepam intensol	1	
lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)	1	
LORAZEPAM (2 MG/ML SOLUTION, 4 MG/ML SOLUTION)	5	
lorazepam intensol	1	
oxazepam (10 mg cap, 15 mg cap, 30 mg cap)	1	QL
XANAX XR (0.5 MG TAB ER 24H, 1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H)	3	QL
ANTIARRHYTHMICS		
ANTIARRHYTHMICS - MISC.		
adenosine (6 mg/2ml solution, 12 mg/4ml solution)	5	
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate (100 mg cap, 150 mg cap)	1	
procainamide hcl (100 mg/ml solution, 500 mg/ml solution)	5	

Drug Name	Drug Tier	Requirements / Limits
quinidine gluconate er	1	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	1	
ANTIARRHYTHMICS TYPE I-B		
LIDOCAINE HCL (CARDIAC) PF (50 MG/5ML SOLN PRSYR, 100 MG/5ML SOLN PRSYR, 100 MG/5ML SOLUTION)	5	
lidocaine in d5w (4-5 mg/ml-% solution, 8-5 mg/ml-% solution)	5	
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	1	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	1	
propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	1	
amiodarone hcl (150 mg/3ml solution, 450 mg/9ml solution, 900 mg/18ml solution)	5	
AMIODARONE HCL IN DEXTROSE (450-5 MG/250ML-% SOLUTION, 900-5 MG/500ML-% SOLUTION)	5	
CORVERT	5	
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	1	
ibutilide fumarate	5	
MULTAQ	2	SUM5 (IRS Buy Up List - Check Group)
NEXTERONE (150-4.21 MG/100ML-% SOLUTION, 360-4.14 MG/200ML-% SOLUTION)	5	

Drug Name	Drug Tier	Requirements / Limits
pacerone (100 mg tab, 200 mg tab, 400 mg tab)	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADRENERGIC COMBINATIONS		
AIRSUPRA	2	QL, SUM5 (IRS Buy Up List - Check Group)
ANORO ELLIPTA	2	QL, SUM5 (IRS Buy Up List - Check Group)
BEVESPI AEROSPHERE	3	ST, QL, SUM5 (IRS Buy Up List - Check Group)
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACT AEROSOL	2	QL, AGE
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL, AGE, SUM5 (IRS Buy Up List - Check Group)
COMBIVENT RESPIMAT	2	QL, SUM5 (IRS Buy Up List - Check Group)
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 100-50 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA, 250-50 MCG/ACT AER POW BA, 500-50 MCG/ACT AER POW BA)	1	QL, SUM5 (IRS Buy Up List - Check Group)
ipratropium-albuterol	1	SUM5 (IRS Buy Up List - Check Group)
STIOLTO RESPIMAT	2	QL, SUM5 (IRS Buy Up List - Check Group)
SYMBICORT (80-4.5 MCG/ACT AEROSOL, 160-4.5 MCG/ACT AEROSOL)	1	QL, SUM5 (IRS Buy Up List - Check Group)
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	2	QL, AGE, SUM5 (IRS Buy Up List - Check Group)
wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	1	QL, SUM5 (IRS Buy Up List - Check Group)
ANTI-IGE MONOCLONAL ANTIBODIES		
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	1	SUM5 (IRS Buy Up List - Check Group)
BETA ADRENERGICS		
ALBUTEROL SULFATE (0.63 MG/3ML NEBU SOLN, 1.25 MG/3ML NEBU SOLN, (2.5 MG/3ML) 0.083% NEBU SOLN, 2.5 MG/0.5ML NEBU SOLN, (5 MG/ML) 0.5% NEBU SOLN)	1	SUM5 (IRS Buy Up List - Check Group)
albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)	1	SUM5 (IRS Buy Up List - Check Group)
albuterol sulfate hfa	1	QL, SUM5 (IRS Buy Up List - Check Group)
arformoterol tartrate	2	QL, SUM5 (IRS Buy Up List - Check Group)
formoterol fumarate	1	QL, SUM5 (IRS Buy Up List - Check Group)
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)	1	SUM5 (IRS Buy Up List - Check Group)
LEVALBUTEROL TARTRATE	1	QL, SUM5 (IRS Buy Up List - Check Group)
PERFOROMIST	5	SUM5 (IRS Buy Up List - Check Group)
SEREVENT DISKUS	2	SUM5 (IRS Buy Up List - Check Group)
STRIVERDI RESPIMAT	2	QL, SUM5 (IRS Buy Up List - Check Group)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
terbutaline sulfate 1 mg/ml solution	5	SUM5 (IRS Buy Up List - Check Group)
VENTOLIN HFA	2	QL, SUM5 (IRS Buy Up List - Check Group)
XOPENEX (0.31 MG/3ML NEBU SOLN, 0.63 MG/3ML NEBU SOLN, 1.25 MG/3ML NEBU SOLN)	5	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
XOPENEX CONCENTRATE	5	SUM5 (IRS Buy Up List - Check Group)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	3	SUM5 (IRS Buy Up List - Check Group)
ipratropium bromide 0.02 % solution	1	SUM5 (IRS Buy Up List - Check Group)
SPIRIVA HANDIHALER	2	QL, SUM5 (IRS Buy Up List - Check Group)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	2	QL, SUM5 (IRS Buy Up List - Check Group)
UMECLIDINIUM ELLIPTA	3	ST, QL
YUPELRI	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)		
FASENRA (10 MG/0.5ML SOLN PRSYR, 30 MG/ML SOLN PRSYR)	5	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FASENRA PEN	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
ACCOLATE (10 MG TAB, 20 MG TAB)	3	QL, SUM5 (IRS Buy Up List - Check Group)
montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
zafirlukast (10 mg tab, 20 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast (250 mcg tab, 500 mcg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
STEROID INHALANTS		
ALVESCO (80 MCG/ACT AERO SOLN, 160 MCG/ACT AERO SOLN)	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	2	QL, SUM5 (IRS Buy Up List - Check Group)
ASMANEX (120 METERED DOSES)	2	QL, SUM5 (IRS Buy Up List - Check Group)
ASMANEX (14 METERED DOSES)	2	QL, SUM5 (IRS Buy Up List - Check Group)
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	2	QL, SUM5 (IRS Buy Up List - Check Group)
ASMANEX (60 METERED DOSES)	2	QL, SUM5 (IRS Buy Up List - Check Group)
ASMANEX HFA (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	2	QL, SUM5 (IRS Buy Up List - Check Group)
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	1	QL, SUM5 (IRS Buy Up List - Check Group)
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 250 MCG/ACT AER POW BA)	2	QL, SUM5 (IRS Buy Up List - Check Group)
FLUTICASONE PROPIONATE HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	2	QL, SUM5 (IRS Buy Up List - Check Group)
PULMICORT FLEXHALER	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS		
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TEZSPIRE 210 MG/1.91ML SOLN PRSYR	5	PA, QL, SUM5 (IRS Buy Up List - Check Group)
XANTHINES		
AMINOPHYLLINE	5	SUM5 (IRS Buy Up List - Check Group)
elixophyllin	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
theophylline (80 mg/15ml elixir, 80 mg/15ml solution)	1	SUM5 (IRS Buy Up List - Check Group)
THEOPHYLLINE ER (100 MG TAB ER 12H, 200 MG TAB ER 12H, 300 MG TAB ER 12H, 400 MG TAB ER 24H, 450 MG TAB ER 12H, 600 MG TAB ER 24H)	1	SUM5 (IRS Buy Up List - Check Group)
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	SUM5 (IRS Buy Up List - Check Group)
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	SUM5 (IRS Buy Up List - Check Group)
DIRECT FACTOR XA INHIBITORS		
ELIQUIS (2.5 MG TAB, 5 MG TAB)	2	QL, SUM5 (IRS Buy Up List - Check Group)
ELIQUIS DVT/PE STARTER PACK	2	QL, SUM5 (IRS Buy Up List - Check Group)
rivaroxaban 1 mg/ml recon susp	1	QL, AGE
SAVAYSA (15 MG TAB, 30 MG TAB, 60 MG TAB)	3	QL
XARELTO (15 MG TAB, 20 MG TAB)	2	QL, SUM5 (IRS Buy Up List - Check Group)
XARELTO (2.5 MG TAB, 10 MG TAB)	2	QL, SUM5 (IRS Buy Up List - Check Group)
XARELTO 1 MG/ML RECON SUSP	2	QL, AGE
XARELTO STARTER PACK	2	QL, SUM5 (IRS Buy Up List - Check Group)
HEPARINS AND HEPARINOID-LIKE AGENTS		
BD HEPARIN POSIFLUSH (10 UNIT/ML SOLUTION, 100 UNIT/ML SOLUTION)	5	
HEPARIN (PORCINE) IN NACL (1000-0.9 UT/500ML-% SOLUTION, 2000-0.9 UNIT/L-% SOLUTION, 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION)	5	

Drug Name	Drug Tier	Requirements / Limits
HEPARIN NA (PORK) LOCK FLSH PF (1 UNIT/ML SOLUTION, 10 UNIT/ML SOLUTION, 100 UNIT/ML SOLUTION)	5	
HEPARIN SOD (PORCINE) IN D5W (40-5 UNIT/ML-% SOLUTION, 100 UNIT/ML SOLUTION, 25000-5 UT/500ML-% SOLUTION)	5	
HEPARIN SOD (PORK) LOCK FLUSH (10 UNIT/ML SOLUTION, 100 UNIT/ML SOLUTION)	5	
HEPARIN SODIUM (PORCINE)	5	
heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)	1	
heparin sodium (porcine) +rfid	1	
HEPARIN SODIUM (PORCINE) PF	5	
heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution)	1	
LOW MOLECULAR WEIGHT HEPARINS		
enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)	1	SUM5 (IRS Buy Up List - Check Group)
FRAGMIN (2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/4ML SOLUTION, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION)	5	
LOVENOX (30 MG/0.3ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR, 60 MG/0.6ML SOLN PRSYR, 80 MG/0.8ML SOLN PRSYR, 100 MG/ML SOLN PRSYR, 120 MG/0.8ML SOLN PRSYR, 150 MG/ML SOLN PRSYR, 300 MG/3ML SOLUTION)	5	
SYNTHETIC HEPARINOID-LIKE AGENTS		
ARIXTRA (2.5 MG/0.5ML SOLUTION, 5 MG/0.4ML SOLUTION, 7.5 MG/0.6ML SOLUTION, 10 MG/0.8ML SOLUTION)	5	PA

Drug Name	Drug Tier	Requirements / Limits
fondaparinux sodium (2.5 mg/0.5ml solution, 5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)	1	QL, SUM5 (IRS Buy Up List - Check Group)
THROMBIN INHIBITORS - HIRUDIN TYPE		
ANGIOMAX	5	
BIVALIRUDIN RTU	5	
BIVALIRUDIN TRIFLUOROACETATE	5	
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE		
ARGATROBAN 50 MG/50ML SOLUTION	5	
ARGATROBAN IN SODIUM CHLORIDE	5	
dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)	1	QL, SUM5 (IRS Buy Up List - Check Group)
PRADAXA (75 MG CAP, 110 MG CAP, 150 MG CAP)	3	QL
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	3	ST, QL
FYCOMPA 0.5 MG/ML SUSPENSION	1	ST, QL
perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	3	ST, QL
perampanel 0.5 mg/ml suspension	1	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam 10 mg tab	1	QL
clobazam 2.5 mg/ml suspension	1	QL
clobazam 20 mg tab	1	QL
clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab disp)	1	QL
clonazepam 2 mg tab	1	QL

Drug Name	Drug Tier	Requirements / Limits
diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)	1	QL
KLONOPIN (0.5 MG TAB, 1 MG TAB)	3	ST, QL
KLONOPIN 2 MG TAB	3	ST, QL
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	3	QL
NAYZILAM	3	QL
ONFI (10 MG TAB, 20 MG TAB)	3	PA, QL
ONFI 2.5 MG/ML SUSPENSION	3	PA, QL
SYMPAZAN 10 MG FILM	3	PA, QL
SYMPAZAN 20 MG FILM	3	PA, QL
SYMPAZAN 5 MG FILM	3	PA, QL
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
ANTICONVULSANTS - MISC.		
APTIOM (200 MG TAB, 400 MG TAB)	3	ST, QL
APTIOM 600 MG TAB	3	ST, QL
APTIOM 800 MG TAB	3	ST, QL
BANZEL 200 MG TAB	3	ST, QL
BANZEL 40 MG/ML SUSPENSION	3	ST, QL
BANZEL 400 MG TAB	3	ST, QL
brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	3	ST, QL
brivaracetam 10 mg/ml solution	3	ST
BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	3	ST, QL
BRIVIACT 10 MG/ML SOLUTION	3	ST, QL
CARBAMAZEPINE (100 MG CHEW TAB, 100 MG/5ML SUSPENSION, 200 MG TAB, 200 MG/10ML SUSPENSION)	1	QL

Drug Name	Drug Tier	Requirements / Limits
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)	1	QL
CARBATROL (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	3	ST, QL
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	4	PA, QL
EPIDIOLEX	4	PA, QL, AGE
epitol	1	QL
EPRONTIA	3	ST, QL, AGE
eslicarbazepine acetate (200 mg tab, 400 mg tab)	1	ST, QL
eslicarbazepine acetate 600 mg tab	1	ST, QL
eslicarbazepine acetate 800 mg tab	1	ST, QL
FINTEPLA	4	PA, QL
gabapentin (250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)	1	QL
gabapentin 100 mg cap	1	QL
KEPPRA (500 MG TAB, 750 MG TAB, 1000 MG TAB)	3	ST, QL
KEPPRA 100 MG/ML SOLUTION	3	ST, QL
KEPPRA 250 MG TAB	3	ST, QL
KEPPRA 500 MG/5ML SOLUTION	5	
KEPPRA XR (500 MG TAB ER 24H, 750 MG TAB ER 24H)	3	ST, QL
lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)	1	QL
lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	1	QL
lacosamide 200 mg/20ml solution	5	
LAMICTAL (25 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	3	ST
LAMICTAL 25 MG CHEW TAB	3	ST, QL

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL 5 MG CHEW TAB	3	ST, QL
LAMICTAL ODT (25 MG TAB DISP, 50 MG TAB DISP, 100 MG TAB DISP, 200 MG TAB DISP)	3	ST
LAMICTAL XR (100 MG TAB ER 24H, 200 MG TAB ER 24H, 250 MG TAB ER 24H, 300 MG TAB ER 24H)	3	ST, QL
LAMICTAL XR (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	ST, QL
lamotrigine (21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 42 x 50 mg & 14x100 mg kit)	1	
lamotrigine (25 mg chew tab, 150 mg tab)	1	QL
lamotrigine (25 mg tab disp, 200 mg tab)	1	QL
lamotrigine (5 mg chew tab, 50 mg tab disp)	1	QL
lamotrigine 100 mg tab	1	QL
lamotrigine 100 mg tab disp	1	QL
lamotrigine 200 mg tab disp	1	QL
lamotrigine 25 mg tab	1	QL
lamotrigine er (100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)	1	QL
lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h)	1	QL
lamotrigine odt 100 mg tab disp	1	QL
lamotrigine odt 200 mg tab disp	1	QL
lamotrigine odt 25 mg tab disp	1	QL
lamotrigine odt 50 mg tab disp	1	QL
levetiracetam (100 mg/ml solution, 500 mg/5ml solution)	1	QL
levetiracetam (500 mg tab, 750 mg tab, 1000 mg tab)	1	QL
levetiracetam 250 mg tab	1	QL
levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)	1	QL
LEVETIRACETAM IN NACL (250 MG/50ML SOLUTION, 500 MG/100ML SOLUTION, 1000 MG/100ML SOLUTION, 1500 MG/100ML SOLUTION)	5	

Drug Name	Drug Tier	Requirements / Limits
oxcarbazepine (150 mg tab, 300 mg/5ml suspension)	1	QL
oxcarbazepine 300 mg tab	1	QL
oxcarbazepine 600 mg tab	1	QL
oxcarbazepine er (150 mg tab er 24h, 300 mg tab er 24h)	3	QL
oxcarbazepine er 600 mg tab er 24h	3	QL
pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)	1	QL
pregabalin 20 mg/ml solution	1	
primidone 250 mg tab	1	QL
primidone 50 mg tab	1	QL
QUDEXY XR (25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK)	3	PA, QL
QUDEXY XR 150 MG CP24 SPRNK	3	PA, QL
QUDEXY XR 200 MG CP24 SPRNK	3	PA, QL
roweepra	1	QL
rufinamide 200 mg tab	2	ST, QL
rufinamide 40 mg/ml suspension	2	ST, QL
rufinamide 400 mg tab	2	ST, QL
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	3	ST, QL
TEGRETOL-XR (100 MG TAB ER 12H, 200 MG TAB ER 12H, 400 MG TAB ER 12H)	3	ST, QL
TOPAMAX (25 MG TAB, 50 MG TAB)	3	ST, QL
TOPAMAX 100 MG TAB	3	ST, QL
TOPAMAX 200 MG TAB	3	ST, QL
TOPAMAX SPRINKLE 15 MG CAP SPRINK	3	ST, QL
TOPAMAX SPRINKLE 25 MG CAP SPRINK	3	QL
topiramate (25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	1	QL

Drug Name	Drug Tier	Requirements / Limits
topiramate 15 mg cap sprink	1	QL
topiramate 25 mg/ml solution	1	QL, AGE
topiramate er (25 mg cap er 24h, 50 mg cap er 24h, 100 mg cap er 24h, 200 mg cp24 sprnk)	1	PA, QL
topiramate er (25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk)	1	PA, QL
topiramate er 150 mg cp24 sprnk	1	PA, QL
topiramate er 200 mg cap er 24h	1	PA, QL
TRILEPTAL (150 MG TAB, 300 MG/5ML SUSPENSION)	3	ST, QL
TRILEPTAL 300 MG TAB	3	ST, QL
TRILEPTAL 600 MG TAB	3	ST, QL
TROKENDI XR (25 MG CAP ER 24H, 50 MG CAP ER 24H, 100 MG CAP ER 24H)	3	PA, QL
TROKENDI XR 200 MG CAP ER 24H	3	PA, QL
VIMPAT (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	3	ST, QL
VIMPAT 10 MG/ML SOLUTION	3	ST, QL
VIMPAT 200 MG/20ML SOLUTION	5	
ZONEGRAN 100 MG CAP	3	ST, QL
ZONEGRAN 25 MG CAP	3	ST, QL
ZONISADE	4	PA, QL
zonisamide 100 mg cap	1	QL
zonisamide 25 mg cap	1	QL
zonisamide 50 mg cap	1	QL
ZTALMY	4	PA, QL
CARBAMATES		
felbamate 400 mg tab	1	QL
felbamate 600 mg tab	1	QL
felbamate 600 mg/5ml suspension	1	QL

Drug Name	Drug Tier	Requirements / Limits
FELBATOL 400 MG TAB	2	ST, QL
FELBATOL 600 MG TAB	2	ST, QL
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	3	QL
XCOPRI (150 MG TAB, 200 MG TAB)	3	QL
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	3	QL
XCOPRI (250 MG DAILY DOSE)	3	QL
XCOPRI (350 MG DAILY DOSE)	3	QL
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	QL
GABA MODULATORS		
SABRIL 500 MG PACKET	4	PA, QL
SABRIL 500 MG TAB	4	PA, QL
TIAGABINE HCL (12 MG TAB, 16 MG TAB)	1	QL
tiagabine hcl 2 mg tab	1	QL
tiagabine hcl 4 mg tab	1	QL
vigabatrin 500 mg packet	4	PA, QL
vigabatrin 500 mg tab	4	PA, QL
vigadrone 500 mg packet	4	PA, QL
vigadrone 500 mg tab	4	PA, QL
vigpoder	4	PA, QL
HYDANTOINS		
CEREBYX (100 MG PE/2ML SOLUTION, 500 MG PE/10ML SOLUTION)	5	
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	3	ST, QL
DILANTIN INFATABS	2	ST, QL
DILANTIN-125	3	ST, QL
fosphenytoin sodium (100 mg pe/2ml solution, 500 mg pe/10ml solution)	5	

Drug Name	Drug Tier	Requirements / Limits
phenytek (200 mg cap, 300 mg cap)	1	QL
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	1	QL
phenytoin infatabs	1	QL
phenytoin sodium	5	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	1	QL
SUCCINIMIDES		
CELONTIN	3	ST, QL
ethosuximide (250 mg cap, 250 mg/5ml solution)	1	QL
methsuximide	1	QL
ZARONTIN (250 MG CAP, 250 MG/5ML SOLUTION)	3	ST, QL
VALPROIC ACID		
DEPAKOTE (250 MG TAB DR, 500 MG TAB DR)	3	ST, QL
DEPAKOTE 125 MG TAB DR	3	ST, QL
DEPAKOTE ER (250 MG TAB ER 24H, 500 MG TAB ER 24H)	3	ST, QL
DEPAKOTE SPRINKLES	3	ST, QL
divalproex sodium (125 mg cap dr, 125 mg tab dr)	1	QL
divalproex sodium (250 mg tab dr, 500 mg tab dr)	1	QL
divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)	1	QL
valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)	1	QL
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine (15 mg tab, 15 mg tab disp)	1	QL
mirtazapine (7.5 mg tab, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)	1	

Drug Name	Drug Tier	Requirements / Limits
ANTIDEPRESSANTS - MISC.		
bupropion hcl (75 mg tab, 100 mg tab)	1	
bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)	1	
bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)	1	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO	5	
ZURZUVAE (20 MG CAP, 25 MG CAP, 30 MG CAP)	4	PA, QL
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	3	ST, QL
PHENELZINE SULFATE	1	
tranylcypromine sulfate	2	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap, 60 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
FLUOXETINE HCL 60 MG TAB	1	
FLUOXETINE HCL 90 MG CAP DR	1	ST, QL
fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
fluvoxamine maleate er (100 mg cap er 24h, 150 mg cap er 24h)	3	ST, QL, SUM5 (IRS Buy Up List - Check Group)
PAROXETINE HCL	1	

Drug Name	Drug Tier	Requirements / Limits
paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
paroxetine hcl er (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)	1	SUM5 (IRS Buy Up List - Check Group)
sertraline hcl (20 mg/ml conc, 25 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
sertraline hcl (50 mg tab, 100 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
SEROTONIN MODULATORS		
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	1	
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)	1	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	3	ST, QL
vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h)	1	
duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)	1	
venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	1	
venlafaxine hcl er (37.5 mg cap er 24h, 37.5 mg tab er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h, 225 mg tab er 24h)	1	
TRICYCLIC AGENTS		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	1	
amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)	1	
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	1	

Drug Name	Drug Tier	Requirements / Limits
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	1	
DOXEPIN HCL (10 MG CAP, 10 MG/ML CONC, 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP)	1	
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	1	
nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)	1	
protriptyline hcl (5 mg tab, 10 mg tab)	1	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
MIGLITOL (25 MG TAB, 50 MG TAB, 100 MG TAB)	1	SUM5 (IRS Buy Up List - Check Group)
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
SYMLINPEN 60	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
BIGUANIDES		
metformin hcl (500 mg tab, 500 mg/5ml solution, 850 mg tab, 1000 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
metformin hcl er 500 mg tab er 24h	1	SUM5 (IRS Buy Up List - Check Group)
DIABETIC OTHER		
BAQSIMI ONE PACK	2	SUM5 (IRS Buy Up List - Check Group)
BAQSIMI TWO PACK	2	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
diazoxide	1	SUM5 (IRS Buy Up List - Check Group)
GLUCAGEN HYPOKIT	5	SUM5 (IRS Buy Up List - Check Group)
glucagon emergency	1	SUM5 (IRS Buy Up List - Check Group)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	5	SUM5 (IRS Buy Up List - Check Group)
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	SUM5 (IRS Buy Up List - Check Group)
GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	SUM5 (IRS Buy Up List - Check Group)
GVOKE KIT	2	SUM5 (IRS Buy Up List - Check Group)
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	2	SUM5 (IRS Buy Up List - Check Group)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	SUM5 (IRS Buy Up List - Check Group)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN BENZOATE (6.25 MG TAB, 12.5 MG TAB, 25 MG TAB)	1	QL, SUM5 (IRS Buy Up List - Check Group)
saxagliptin hcl (2.5 mg tab, 5 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS		
ALOGLIPTIN-METFORMIN HCL (12.5-1000 MG TAB, 12.5-500 MG TAB)	1	QL, SUM5 (IRS Buy Up List - Check Group)
saxagliptin-metformin er (2.5-1000 mg tab er 24h, 5-1000 mg tab er 24h, 5-500 mg tab er 24h)	1	QL, SUM5 (IRS Buy Up List - Check Group)
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS		
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	1	QL, SUM5 (IRS Buy Up List - Check Group)
HUMAN INSULIN		
FIASP	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
FIASP FLEXTOUCH	1	QL, SUM5 (IRS Buy Up List - Check Group)
FIASP PENFILL	1	QL, SUM5 (IRS Buy Up List - Check Group)
FIASP PUMPCART	1	QL, SUM5 (IRS Buy Up List - Check Group)
HUMALOG (100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION)	1	SUM5 (IRS Buy Up List - Check Group)
HUMALOG JUNIOR KWIKPEN	1	SUM5 (IRS Buy Up List - Check Group)
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	1	SUM5 (IRS Buy Up List - Check Group)
HUMALOG MIX 50/50 KWIKPEN	1	SUM5 (IRS Buy Up List - Check Group)
HUMALOG MIX 75/25 KWIKPEN	1	SUM5 (IRS Buy Up List - Check Group)
HUMALOG TEMPO PEN	1	SUM5 (IRS Buy Up List - Check Group)
HUMULIN R U-500 (CONCENTRATED)	2	QL, SUM5 (IRS Buy Up List - Check Group)
HUMULIN R U-500 KWIKPEN	2	QL, SUM5 (IRS Buy Up List - Check Group)
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN	2	SUM5 (IRS Buy Up List - Check Group)
INSULIN LISPRO	1	SUM5 (IRS Buy Up List - Check Group)
INSULIN LISPRO (1 UNIT DIAL)	1	SUM5 (IRS Buy Up List - Check Group)
INSULIN LISPRO JUNIOR KWIKPEN	1	SUM5 (IRS Buy Up List - Check Group)
INSULIN LISPRO PROT & LISPRO	1	SUM5 (IRS Buy Up List - Check Group)
LANTUS	2	QL, SUM5 (IRS Buy Up List - Check Group)
LANTUS SOLOSTAR	2	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
NOVOLIN 70/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLIN N	1	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLIN R	1	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG	1	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG FLEXPEN	1	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG MIX 70/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG MIX 70/30 FLEXPEN	1	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG PENFILL	1	QL, SUM5 (IRS Buy Up List - Check Group)
TOUJEO MAX SOLOSTAR	2	QL, SUM5 (IRS Buy Up List - Check Group)
TOUJEO SOLOSTAR	2	QL, SUM5 (IRS Buy Up List - Check Group)
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)		
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	2	PA, SUM5 (IRS Buy Up List - Check Group)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	2	PA, QL, SUM5 (IRS Buy Up List - Check Group)
INSULIN-INCRETIN MIMETIC COMBINATIONS		
SOLIQUA	2	ST, QL, SUM5 (IRS Buy Up List - Check Group)
MEGLITINIDE ANALOGUES		
nateglinide (60 mg tab, 120 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
PROGESTERONE RECEPTOR ANTAGONISTS		
KORLYM	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
mifepristone 300 mg tab	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
BRENZAVVY	2	QL, SUM5 (IRS Buy Up List - Check Group)
dapagliflozin (5 mg tab, 10 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB		
dapagliflozin base-metformin er (5-1000 mg tab er 24h, 10-1000 mg tab er 24h)	1	QL, SUM5 (IRS Buy Up List - Check Group)
dapagliflozin base-metformin er (5-500 mg tab er 24h, 10-500 mg tab er 24h)	1	
SULFONYLUREA-BIGUANIDE COMBINATIONS		
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
SULFONYLUREAS		
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
glipizide (5 mg tab, 10 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	1	SUM5 (IRS Buy Up List - Check Group)
glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	1	SUM5 (IRS Buy Up List - Check Group)
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS		
ACTOPLUS MET	3	QL, SUM5 (IRS Buy Up List - Check Group)
pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
THIAZOLIDINEDIONES		
ACTOS (15 MG TAB, 30 MG TAB, 45 MG TAB)	3	QL, SUM5 (IRS Buy Up List - Check Group)
pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE-ATROPINE	1	
OPIUM	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTE COMBINATIONS		
NITHIODOTE	5	
ANTIDOTES - CHELATING AGENTS		
CHEMET	3	
deferasirox (125 mg tab sol, 250 mg tab sol, 500 mg tab sol)	1	PA, QL
deferasirox (90 mg packet, 90 mg tab, 180 mg packet, 180 mg tab, 360 mg packet, 360 mg tab)	1	PA, QL
deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
deferiprone (500 mg tab, 1000 mg tab)	1	
EXJADE (125 MG TAB SOL, 250 MG TAB SOL, 500 MG TAB SOL)	4	PA, QL
JADENU (90 MG TAB, 180 MG TAB, 360 MG TAB)	4	PA, QL
JADENU SPRINKLE (90 MG PACKET, 180 MG PACKET, 360 MG PACKET)	4	PA, QL
ACETADOTE	5	
acetylcysteine 200 mg/ml solution	5	
BAL IN OIL	5	
CALCIUM DISODIUM VERSENATE	5	
CYANOKIT	5	
deferoxamine mesylate (2 gm recon soln, 500 mg recon soln)	5	
DESFERAL	5	
DIGIFAB	5	
EDETATE CALCIUM DISODIUM	5	
fomepizole	5	
PROTOPAM CHLORIDE	5	
SODIUM THIOSULFATE	5	PA
VISTOGARD	4	QL
OPIOID ANTAGONISTS		
naloxone hcl (0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)	1	
naloxone hcl (0.4 mg/ml solution, 4 mg/10ml solution)	5	
naltrexone hcl	1	
VIVITROL	4	QL
ZIMHI	5	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET	5	

Drug Name	Drug Tier	Requirements / Limits
granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)	5	
granisetron hcl 1 mg tab	1	QL
ondansetron (4 mg tab disp, 8 mg tab disp)	1	QL
ondansetron hcl (4 mg tab, 8 mg tab)	1	QL
ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)	5	
ONDANSETRON HCL +RFID	5	
ONDANSETRON HCL 24 MG TAB	1	
ondansetron hcl 4 mg/5ml solution	1	
PALONOSETRON HCL (0.25 MG/2ML SOLUTION, 0.25 MG/5ML SOLN PRSYR, 0.25 MG/5ML SOLUTION)	5	
POSFREA	5	
SANCUSO	3	PA, QL
SUSTOL	5	
ANTIEMETIC COMBINATIONS		
AKYNZEO (235-0.25 MG RECON SOLN, 235-0.25 MG/20ML SOLUTION)	5	
AKYNZEO (READY-TO-USE)	5	
AKYNZEO 300-0.5 MG CAP	5	QL
ANTIEMETICS - ANTICHOLINERGIC		
scopolamine	1	
TIGAN	5	
trimethobenzamide hcl 300 mg cap	1	
ANTIEMETICS - ANTIDOPAMINERGIC		
BARHEMSYS (5 MG/2ML SOLUTION, 10 MG/4ML SOLUTION)	5	
ANTIEMETICS - MISCELLANEOUS		
dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
MARINOL (2.5 MG CAP, 5 MG CAP, 10 MG CAP)	5	QL
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)	1	QL
CINVANTI	5	
EMEND 125 MG/5ML RECON SUSP	3	QL
EMEND 150 MG RECON SOLN	5	
FOSAPREPITANT DIMEGLUMINE	5	
VARUBI (180 MG DOSE)	3	QL
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
CANCIDAS (50 MG RECON SOLN, 70 MG RECON SOLN)	5	
CASPOFUNGIN ACETATE (50 MG RECON SOLN, 70 MG RECON SOLN)	5	
ERAXIS (50 MG RECON SOLN, 100 MG RECON SOLN)	5	
micafungin sodium (50 mg recon soln, 100 mg recon soln)	5	
MICAFUNGIN SODIUM-NACL (50-0.9 MG/50ML-% SOLUTION, 100-0.9 MG/100ML-% SOLUTION, 150-0.9 MG/150ML-% SOLUTION)	5	
MYCAMINE (50 MG RECON SOLN, 100 MG RECON SOLN)	5	
REZZAYO	5	
ABELCET	5	
AMBISOME	5	
AMPHOTERICIN B	5	
amphotericin b liposome	5	
flucytosine (250 mg cap, 500 mg cap)	1	

Drug Name	Drug Tier	Requirements / Limits
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	1	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	1	
nystatin 500000 unit tab	1	
terbinafine hcl 250 mg tab	1	QL
IMIDAZOLES		
ketoconazole 200 mg tab	1	
TETRAZOLES		
VIVJOA	4	PA, QL
TRIAZOLES		
CRESEMBA 186 MG CAP	4	PA, QL
CRESEMBA 372 MG RECON SOLN	5	PA
CRESEMBA 74.5 MG CAP	4	PA, QL
fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 200 mg tab)	1	
fluconazole 150 mg tab	1	QL
fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)	5	
itraconazole 10 mg/ml solution	1	
itraconazole 100 mg cap	1	QL
NOXAFIL 100 MG TAB DR	4	PA
NOXAFIL 40 MG/ML SUSPENSION	4	PA, QL
posaconazole 100 mg tab dr	1	
posaconazole 40 mg/ml suspension	1	PA, QL
SPORANOX 10 MG/ML SOLUTION	3	
SPORANOX 100 MG CAP	3	QL
VFEND IV	5	

Drug Name	Drug Tier	Requirements / Limits
VORICONAZOLE (200 MG RECON SOLN, 200 MG/20ML SOLUTION)	5	
voriconazole 200 mg tab	1	QL
voriconazole 40 mg/ml recon susp	1	QL
voriconazole 50 mg tab	1	QL
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
alertab	5	
alka-seltzer plus allergy	5	
allergy relief 25 mg tab	5	
anti-hist allergy	5	
banophen 25 mg tab	5	
benadryl allergy (25 mg cap, 25 mg tab)	5	
BENADRYL ALLERGY EXTRA STR	5	
benadryl allergy ultratabs	5	
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	1	QL
CARBINOXAMINE MALEATE ER	1	QL
CARBZAH	3	QL
CLEMASTINE FUMARATE	3	PA, AGE
CLEMASZ	3	QL
CLEMSZA	3	QL
complete allergy medicine 25 mg tab	5	
complete allergy relief	5	
diphen	5	
diphenhydramine hcl (25 mg tab, 50 mg/ml solution)	5	
diphenhydramine hcl +rfid	5	

Drug Name	Drug Tier	Requirements / Limits
eq allergy relief 25 mg tab	5	
eql allergy 25 mg tab	5	
eql allergy relief 25 mg tab	5	
ft allergy relief 25 mg tab	5	
geri-dryl 25 mg tab	5	
gnp allergy 25 mg tab	5	
gnp allergy relief 25 mg tab	5	
goodsense allergy relief 25 mg tab	5	
hm allergy relief 25 mg tab	5	
kls allergy medicine	5	
mm aller-ben	5	
px allergy 25 mg tab	5	
qc allergy relief 25 mg tab	5	
qc complete allergy medicine	5	
ra allergy 25 mg tab	5	
ra allergy medication 25 mg tab	5	
ra complete allergy	5	
sb allergy medicine 25 mg tab	5	
sm allergy relief 25 mg tab	5	
total allergy	5	
wal-dryl allergy 25 mg tab	5	
ANTIHISTAMINES - NON-SEDATING		
DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	1	QL
levocetirizine dihydrochloride 2.5 mg/5ml solution	1	
ANTIHISTAMINES - PHENOTHIAZINES		
PHENERGAN (25 MG/ML SOLUTION, 50 MG/ML SOLUTION)	5	

Drug Name	Drug Tier	Requirements / Limits
promethazine hcl (12.5 mg suppos, 25 mg suppos)	1	
promethazine hcl (25 mg/ml solution, 50 mg/ml solution)	5	
promethazine hcl (6.25 mg/5ml solution, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg tab, 50 mg tab)	1	
PROMETHEGAN	2	
promethegan (12.5 mg suppos, 25 mg suppos)	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)	1	QL
ANTIHYPERLIPIDEMICS		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB		
NEXLIZET	2	QL, SUM5 (IRS Buy Up List - Check Group)
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	QL
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl (0.5 gm cap, 1 gm cap)	2	QL, SUM5 (IRS Buy Up List - Check Group)
omega-3-acid ethyl esters	1	QL, SUM5 (IRS Buy Up List - Check Group)
BILE ACID SEQUESTRANTS		
cholestyramine (4 gm packet, 4 gm/dose powder)	1	QL, SUM5 (IRS Buy Up List - Check Group)
cholestyramine light (4 gm packet, 4 gm/dose powder)	1	QL, SUM5 (IRS Buy Up List - Check Group)
colesevelam hcl (3.75 gm packet, 625 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
colestipol hcl (5 gm granules, 5 gm packet)	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
colestipol hcl 1 gm tab	1	QL, SUM5 (IRS Buy Up List - Check Group)
prevalite (4 gm packet, 4 gm/dose powder)	1	QL, SUM5 (IRS Buy Up List - Check Group)
QUESTRAN (4 GM PACKET, 4 GM/DOSE POWDER)	3	QL
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)	1	QL, SUM5 (IRS Buy Up List - Check Group)
fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)	1	QL, SUM5 (IRS Buy Up List - Check Group)
FENOFIBRIC ACID (35 MG TAB, 105 MG TAB)	1	
fenofibric acid (45 mg cap dr, 135 mg cap dr)	1	QL, SUM5 (IRS Buy Up List - Check Group)
gemfibrozil	1	QL, SUM5 (IRS Buy Up List - Check Group)
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (10 mg tab, 20 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
atorvastatin calcium (40 mg tab, 80 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
fluvastatin sodium (20 mg cap, 40 mg cap)	1	ST, QL, SUM5 (IRS Buy Up List - Check Group)
fluvastatin sodium er	1	ST, QL, SUM5 (IRS Buy Up List - Check Group)
lovastatin (10 mg tab, 20 mg tab, 40 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
pitavastatin calcium (1 mg tab, 2 mg tab, 4 mg tab)	1	ST, QL, SUM5 (IRS Buy Up List - Check Group)
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
rosuvastatin calcium (20 mg tab, 40 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
rosuvastatin calcium (5 mg tab, 10 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
simvastatin (10 mg tab, 20 mg tab, 40 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
simvastatin (5 mg tab, 80 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB		
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	1	QL, SUM5 (IRS Buy Up List - Check Group)
NICOTINIC ACID DERIVATIVES		
NIACIN (ANTIHYPERLIPIDEMIC)	1	QL
niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)	1	QL, SUM5 (IRS Buy Up List - Check Group)
PCSK9 INHIBITORS		
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
ANTIHYPERTENSIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER 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	SUM5 (IRS Buy Up List - Check Group)
TRANDOLAPRIL-VERAPAMIL HCL ER (1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER)	1	QL, SUM5 (IRS Buy Up List - Check Group)
ACE INHIBITORS		
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
enalapril maleate 1 mg/ml solution	1	QL, AGE, SUM5 (IRS Buy Up List - Check Group)
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
moexipril hcl (7.5 mg tab, 15 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
PERINDOPRIL ERBUMINE (2 MG TAB, 8 MG TAB)	1	
perindopril erbumine 4 mg tab	1	SUM5 (IRS Buy Up List - Check Group)
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	1	SUM5 (IRS Buy Up List - Check Group)
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE		
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	1	SUM5 (IRS Buy Up List - Check Group)
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
QUINAPRIL-HYDROCHLOROTHIAZIDE (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER	4	PA, QL
metyrosine	1	PA, QL
phenoxybenzamine hcl	1	PA, QL
phentolamine mesylate	5	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
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)	1	QL, SUM5 (IRS Buy Up List - Check Group)
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)	1	SUM5 (IRS Buy Up List - Check Group)
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB		
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
TELMISARTAN-AMLODIPINE (40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB)	1	QL, SUM5 (IRS Buy Up List - Check Group)
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE		
candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
ANTIADRENERGICS - CENTRALLY ACTING		
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	1	SUM5 (IRS Buy Up List - Check Group)
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
guanfacine hcl (1 mg tab, 2 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
methyldopa	1	SUM5 (IRS Buy Up List - Check Group)
METHYLDOPA	1	
ANTIADRENERGICS - PERIPHERALLY ACTING		
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	1	SUM5 (IRS Buy Up List - Check Group)
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	1	SUM5 (IRS Buy Up List - Check Group)
BETA BLOCKER & DIURETIC COMBINATIONS		
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
DIRECT RENIN INHIBITORS		
aliskiren fumarate (150 mg tab, 300 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone (25 mg tab, 50 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
VASODILATORS		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
hydralazine hcl 20 mg/ml solution	5	SUM5 (IRS Buy Up List - Check Group)
minoxidil (2.5 mg tab, 10 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	1	
COARTEM	3	
ARTESUNATE	5	PA
CHLOROQUINE PHOSPHATE (250 MG TAB, 500 MG TAB)	1	
DARAPRIM	4	PA, QL
HYDROXYCHLOROQUINE SULFATE (100 MG TAB, 200 MG TAB, 300 MG TAB, 400 MG TAB)	1	
KRINTAFEL	3	QL
mefloquine hcl	1	

Drug Name	Drug Tier	Requirements / Limits
primaquine phosphate	1	
pyrimethamine	1	PA, QL
QUALAQUIN	3	
quinine sulfate	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
BLOXIVERZ (5 MG/10ML SOLUTION, 5 MG/5ML SOLN PRSYR, 10 MG/10ML SOLUTION)	5	
FIRDAPSE	4	PA, QL
NEOSTIGMINE METHYLSULFATE (3 MG/3ML SOLN PRSYR, 5 MG/10ML SOLUTION, 5 MG/5ML SOLN PRSYR, 10 MG/10ML SOLUTION)	5	
NEOSTIGMINE METHYLSULFATE RFID (3 MG/3ML SOLN PRSYR, 10 MG/10ML SOLUTION)	5	
PYRIDOSTIGMINE BROMIDE (60 MG TAB)	1	
pyridostigmine bromide 60 mg/5ml solution	1	AGE
pyridostigmine bromide er	1	QL
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE	1	
ethambutol hcl (100 mg tab, 400 mg tab)	1	
ISONIAZID	5	
isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)	1	
MYCOBUTIN	3	
PRETOMANID	1	PA, QL
PRIFTIN	3	
pyrazinamide	1	
rifabutin	1	
RIFADIN	5	
rifampin (150 mg cap, 300 mg cap)	1	

Drug Name	Drug Tier	Requirements / Limits
rifampin 600 mg recon soln	5	
SIRTURO (20 MG TAB, 100 MG TAB)	4	PA, QL
TRECATOR	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
BELRAPZO	5	PA
bendamustine hcl (25 mg recon soln, 100 mg recon soln)	5	PA
BENDEKA	5	PA
busulfan	5	
BUSULFEX	5	
carboplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)	5	
cisplatin (50 mg recon soln, 50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution)	5	
KEMOPLAT	5	
MYLERAN	3	
OXALIPLATIN (50 MG RECON SOLN, 50 MG/10ML SOLUTION, 100 MG RECON SOLN, 100 MG/20ML SOLUTION)	5	
paraplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)	5	
TEPADINA (15 MG RECON SOLN, 100 MG RECON SOLN, 200 MG/200ML RECON SOLN, 400 MG/400ML RECON SOLN)	5	
thiotepa (15 mg recon soln, 100 mg recon soln)	5	
TREANDA (25 MG RECON SOLN, 100 MG RECON SOLN)	5	PA
VIVIMUSTA	5	PA
ZEPZELCA	5	PA

Drug Name	Drug Tier	Requirements / Limits
ANDROGEN BIOSYNTHESIS INHIBITORS		
abiraterone acetate 250 mg tab	1	QL
abirtega	1	QL
ANTIADRENALS		
LYSODREN	3	QL
ANTIANDROGENS		
bicalutamide	1	QL
EULEXIN	2	
NUBEQA	4	PA, QL
XTANDI (40 MG CAP, 40 MG TAB, 80 MG TAB)	4	PA, QL
ANTIESTROGENS		
FARESTON	4	PA, QL
SOLTAMOX	3	
tamoxifen citrate (10 mg tab, 20 mg tab)	1	QL
toremifene citrate	1	PA, QL
ANTIMETABOLITES		
ALIMTA (100 MG RECON SOLN, 500 MG RECON SOLN)	5	PA
ARRANON	5	
AVGEMSI (1 GM/26.3ML SOLUTION, 2 GM/52.6ML SOLUTION)	5	
azacitidine	5	PA
capecitabine (150 mg tab, 500 mg tab)	1	QL
cladribine	5	
clofarabine	5	
CLOLAR	5	

Drug Name	Drug Tier	Requirements / Limits
CYTARABINE	5	
cytarabine (pf) (20 mg/ml solution, 100 mg/ml solution)	5	
decitabine	5	
FLOXURIDINE	5	
fludarabine phosphate (25 mg/ml solution, 50 mg recon soln, 50 mg/2ml solution)	5	
fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)	5	
FOLOTYN	5	PA
GEMCITABINE HCL (1 GM RECON SOLN, 1 GM/10ML SOLUTION, 1 GM/26.3ML SOLUTION, 1.5 GM/15ML 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)	5	
INFUGEM (1200-0.9 MG/120ML-% SOLUTION, 1300-0.9 MG/130ML-% SOLUTION, 1400-0.9 MG/140ML-% SOLUTION, 1500-0.9 MG/150ML-% SOLUTION, 1600-0.9 MG/160ML-% SOLUTION, 1700-0.9 MG/170ML-% SOLUTION, 1800-0.9 MG/180ML-% SOLUTION, 1900-0.9 MG/190ML-% SOLUTION, 2000-0.9 MG/200ML-% SOLUTION, 2200-0.9 MG/220ML-% SOLUTION)	5	
mercaptopurine 2000 mg/100ml suspension	1	PA, QL
mercaptopurine 50 mg tab	1	
methotrexate sodium (1 gm recon soln, 50 mg/2ml solution)	1	
METHOTREXATE SODIUM (PF) (1 GM/40ML SOLUTION, 1000 MG/40ML SOLUTION)	5	
methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)	1	
methotrexate sodium 2.5 mg tab	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	5	
nelarabine	5	

Drug Name	Drug Tier	Requirements / Limits
ONUREG (200 MG TAB, 300 MG TAB)	4	PA, QL
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION, 500 MG/20ML SOLUTION)	5	PA
PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION, 750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN)	5	PA
PEMETREXED DITROMETHAMINE (100 MG RECON SOLN, 500 MG RECON SOLN)	5	PA
PEMFEXY 500 MG/20ML SOLUTION	5	PA
PEMRYDI RTU (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	PA
pralatrexate (20 mg/ml solution, 40 mg/2ml solution)	5	PA
PURIXAN	4	PA, QL
TABLOID	3	QL
VIDAZA	5	PA
XELODA (150 MG TAB, 500 MG TAB)	4	QL
ANTINEOPLASTIC - AKT INHIBITORS		
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	4	PA, QL
TRUQAP 160 MG TAB	4	PA, QL
TRUQAP 200 MG TAB	4	PA, QL
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	4	PA, QL
LORBRENA (25 MG TAB, 100 MG TAB)	4	PA, QL
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 150 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	4	PA, QL
ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES		
POTELIGEO	5	PA

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES		
MONJUVI	5	PA
ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX		
ZYNLONTA	5	PA
ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES		
ARZERRA (100 MG/5ML CONC, 1000 MG/50ML CONC)	5	PA
GAZYVA	5	PA
RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	PA
RITUXAN (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	PA
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	
TRUXIMA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	
ANTINEOPLASTIC - ANTI-CD22 ANTIBODIES		
LUMOXITI	5	
ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX		
BESPONSA	5	PA
ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX		
ADCETRIS	5	PA
ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX		
MYLOTARG	5	PA
ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES		
DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	5	PA

Drug Name	Drug Tier	Requirements / Limits
SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	5	PA
ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX		
POLIVY (30 MG RECON SOLN, 140 MG RECON SOLN)	5	PA
ANTINEOPLASTIC - ANTI-CLDN18.2 ANTIBODIES		
VYLOY (100 MG RECON SOLN, 300 MG RECON SOLN)	5	PA
ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES		
IMJUDO (25 MG/1.25ML SOLUTION, 300 MG/15ML SOLUTION)	5	PA
YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION)	5	PA
ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES		
DANYELZA	5	PA
UNITUXIN	5	
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN	5	PA
HERCESSI (150 MG RECON SOLN, 420 MG RECON SOLN)	5	PA
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	5	PA
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	5	PA
MARGENZA	5	PA
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	5	
ONTRUZANT (150 MG RECON SOLN, 420 MG RECON SOLN)	5	PA
PERJETA	5	PA

Drug Name	Drug Tier	Requirements / Limits
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	5	
TUKYSA (50 MG TAB, 150 MG TAB)	4	PA, QL
ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX		
PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN)	5	PA
ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES		
JEMPERLI	5	PA
KEYTRUDA	5	PA
LIBTAYO	5	PA
LOQTORZI	5	PA
OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 120 MG/12ML SOLUTION, 240 MG/24ML SOLUTION)	5	PA
TEVIMBRA (100 MG/10ML SOLUTION, 150 MG/15ML SOLUTION)	5	PA
ZYNYZ	5	PA
ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES		
BAVENCIO	5	PA
IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION)	5	PA
TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION)	5	PA
ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES		
EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN)	5	PA
ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX		
TIVDAK	5	PA
ANTINEOPLASTIC - ANTIBODY COMBINATIONS		
OPDUALAG	5	PA

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - AUTOLOGOUS CELLULAR IMMUNOTHERAPY		
ABECMA	5	PA
BREYANZI	5	PA
CARVYKTI	5	PA
KYMRIAH (250000000 SUSPENSION, 600000000 SUSPENSION)	5	PA
PROVENGE	5	PA
TECARTUS (100000000 CELLS SUSPENSION, SUSPENSION)	5	PA
YESCARTA	5	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	4	PA, QL
VENCLEXTA 100 MG TAB	4	PA, QL
VENCLEXTA 50 MG TAB	4	PA, QL
VENCLEXTA STARTING PACK	4	PA, QL
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
BOSULIF (100 MG TAB, 400 MG TAB, 500 MG TAB)	4	PA, QL
BOSULIF 100 MG CAP	4	PA, QL
BOSULIF 50 MG CAP	4	PA, QL
bosutinib (100 mg tab, 400 mg tab, 500 mg tab)	4	PA, QL
dasatinib (20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab)	4	QL
dasatinib 100 mg tab	4	QL
dasatinib 140 mg tab	4	QL
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	4	PA, QL
imatinib mesylate (100 mg tab, 400 mg tab)	1	QL
nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
SCEMBLIX (20 MG TAB, 40 MG TAB)	4	PA, QL
SCEMBLIX 100 MG TAB	4	PA, QL
ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS		
BLINCYTO	5	PA
COLUMVI (2.5 MG/2.5ML SOLUTION, 10 MG/10ML SOLUTION)	5	PA
ELREXFIO (44 MG/1.1ML SOLUTION, 76 MG/1.9ML SOLUTION)	5	PA
EPKINLY (4 MG/0.8ML SOLUTION, 48 MG/0.8ML SOLUTION)	5	PA
IMDELLTRA (1 MG RECON SOLN, 10 MG RECON SOLN)	5	PA
KIMMTRAK	5	PA
LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION)	5	PA
TALVEY (3 MG/1.5ML SOLUTION, 40 MG/ML SOLUTION)	5	PA
TECVAYLI (30 MG/3ML SOLUTION, 153 MG/1.7ML SOLUTION)	5	PA
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
BRAFTOVI	4	PA, QL
TAFINLAR (50 MG CAP, 75 MG CAP)	4	PA, QL
ZELBORAF	4	PA, QL
ANTINEOPLASTIC - BTK INHIBITORS		
BRUKINSA 160 MG TAB	4	PA, QL
BRUKINSA 80 MG CAP	4	PA, QL
CALQUENCE 100 MG TAB	4	PA, QL
IMBRUVICA (70 MG CAP, 140 MG CAP, 420 MG TAB)	4	PA, QL
JAYPIRCA 100 MG TAB	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
JAYPIRCA 50 MG TAB	4	PA, QL
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION)	5	PA
erlotinib hcl (25 mg tab, 100 mg tab, 150 mg tab)	4	PA, QL
gefitinib	4	PA, QL
TAGRISSO (40 MG TAB, 80 MG TAB)	4	PA, QL
VECTIBIX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	5	PA
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
BALVERSA (3 MG TAB, 4 MG TAB, 5 MG TAB)	4	PA, QL
LYTGOBI (12 MG DAILY DOSE)	4	PA, QL
LYTGOBI (16 MG DAILY DOSE)	4	PA, QL
LYTGOBI (20 MG DAILY DOSE)	4	PA, QL
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	4	PA, QL
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS		
OGSIVEO (50 MG TAB, 100 MG TAB, 150 MG TAB)	4	PA, QL
ANTINEOPLASTIC - GENE THERAPY AGENTS		
ADSTILADRIN	5	PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO (25 MG TAB, 100 MG TAB)	4	PA, QL
ERIVEDGE	4	PA, QL
ODOMZO	4	PA, QL
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS		
WELIREG	4	PA, QL, AGE
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS		
BELEODAQ	5	PA

Drug Name	Drug Tier	Requirements / Limits
FARYDAK (10 MG CAP, 15 MG CAP, 20 MG CAP)	4	PA, QL
ISTODAX	5	PA
ROMIDEPSIN	5	PA
ZOLINZA	4	PA, QL
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide (3 mg cap, 4 mg cap)	4	PA, QL
pomalidomide 1 mg cap	4	PA, QL
pomalidomide 2 mg cap	4	PA, QL
ANTINEOPLASTIC - KRAS INHIBITORS		
KRAZATI	4	PA, QL
LUMAKRAS (120 MG TAB, 240 MG TAB, 320 MG TAB)	4	PA, QL
ANTINEOPLASTIC - MEK INHIBITORS		
COTELLIC	4	PA, QL
KOSELUGO (10 MG CAP, 25 MG CAP)	4	PA, QL
MEKINIST 0.5 MG TAB	4	PA, QL
MEKINIST 2 MG TAB	4	PA, QL
MEKTOVI	4	PA, QL
ANTINEOPLASTIC - MENIN INHIBITORS		
KOMZIFTI	4	PA, QL
REVUFORJ (25 MG TAB, 110 MG TAB)	4	PA, QL
REVUFORJ 160 MG TAB	4	PA, QL
ANTINEOPLASTIC - MET INHIBITORS		
TABRECTA (150 MG TAB, 200 MG TAB)	4	PA, QL
TEPMETKO	4	PA, QL
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS		
TAZVERIK	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)	1	PA, QL
everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab)	1	PA, QL
everolimus 10 mg tab	4	PA, QL
FYARRO	5	PA
temsirolimus	5	PA
TORISEL	5	PA
yulithira (2.5 mg tab, 5 mg tab, 7.5 mg tab)	1	PA, QL
yulithira 10 mg tab	4	PA, QL
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	4	PA, QL
CAPRELSA 100 MG TAB	4	PA, QL
CAPRELSA 300 MG TAB	4	PA, QL
COMETRIQ (100 MG DAILY DOSE)	4	PA, QL
COMETRIQ (140 MG DAILY DOSE)	4	PA, QL
COMETRIQ (60 MG DAILY DOSE)	4	PA, QL
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	4	PA, QL
lapatinib ditosylate	1	PA, QL
NERLYNX	4	PA, QL
pazopanib hcl	4	PA, QL
QINLOCK	4	PA, QL
RYDAPT	4	PA, QL
sorafenib tosylate	4	PA, QL
STIVARGA	4	PA, QL
sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)	1	PA, QL
TURALIO 125 MG CAP	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	4	PA, QL
XOSPATA	4	PA, QL
ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES		
RYBREVANT	5	PA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	4	PA, QL
ANTINEOPLASTIC - PROTEASOME INHIBITORS		
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN, 3.5 MG/1.4ML SOLUTION)	5	PA
BORUZU	5	PA
KYPROLIS (10 MG RECON SOLN, 30 MG RECON SOLN, 60 MG RECON SOLN)	5	PA
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	4	PA, QL
VELCADE	5	PA
ANTINEOPLASTIC - RAS GTPASE INHIBITORS		
RASONQUE (100 MG TAB, 150 MG TAB)	4	PA, QL
ANTINEOPLASTIC - RET INHIBITORS		
GAVRETO	4	PA, QL
RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)	4	PA, QL
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS		
ROZLYTREK (100 MG CAP, 200 MG CAP)	4	PA, QL
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	4	PA, QL
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (60 MG TWICE WEEKLY)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	4	PA, QL
XPOVIO (80 MG TWICE WEEKLY)	4	PA, QL
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin	5	
bleomycin sulfate (15 recon soln, 30 recon soln)	5	
COSMEGEN	5	
dactinomycin	5	
DAUNORUBICIN HCL (20 MG/4ML SOLUTION, 50 MG/10ML SOLUTION)	5	
DOXIL	5	
doxorubicin hcl (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)	5	
doxorubicin hcl liposomal	5	
ELLENCE (50 MG/25ML SOLUTION, 200 MG/100ML SOLUTION)	5	
IDAMYCIN PFS (5 MG/5ML SOLUTION, 10 MG/10ML SOLUTION, 20 MG/20ML SOLUTION)	5	
idarubicin hcl (5 mg/5ml solution, 10 mg/10ml solution, 20 mg/20ml solution)	5	
JELMYTO	5	PA
mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)	5	
MITOMYCIN 20 MG/40ML SOLN PRSYR	5	PA
mitoxantrone hcl (20 mg/10ml conc, 25 mg/12.5ml conc, 30 mg/15ml conc)	5	
mutamycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)	5	
valrubicin	5	
VALSTAR	5	
ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES		
ELAHERE	5	PA

Drug Name	Drug Tier	Requirements / Limits
ENHERTU	5	PA
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	5	PA
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO	5	PA
HERCEPTIN HYLECTA	5	PA
INQOVI	4	PA, QL
LONSURF 15-6.14 MG TAB	4	PA, QL
LONSURF 20-8.19 MG TAB	4	PA, QL
OPDIVO QVANTIG (300-5000 MG -UT/2.5ML SOLUTION, 600-10000 MG-UT/5ML SOLUTION)	5	PA
PHESGO (60-60-2000 MG-MG-U/ML SOLUTION, 80-40-2000 MG-MG-U/ML SOLUTION)	5	PA
RITUXAN HYCELA (1400-23400 MG -UT/11.7ML SOLUTION, 1600-26800 MG -UT/13.4ML SOLUTION)	5	PA
TECENTRIQ HYBREZA	5	PA
VYXEOS	5	PA
ANTINEOPLASTIC ENZYMES		
ASPARLAS	5	PA
ONCASPAR	5	PA
RYLAZE	5	PA
ANTINEOPLASTICS - INTERLEUKINS & AGONISTS		
ELZONRIS	5	PA
PROLEUKIN	5	PA
ANTINEOPLASTICS - PHOTOACTIVATED AGENTS		
PHOTOFRIN	5	
ANTINEOPLASTICS MISC.		
ACTIMMUNE	5	PA

Drug Name	Drug Tier	Requirements / Limits
ALFERON N	5	
arsenic trioxide (10 mg/10ml solution, 12 mg/6ml solution)	5	
BESREMI	4	PA, QL
BESREMI PEN	4	PA, QL
DACARBAZINE	5	
HYDREA	2	
hydroxyurea	1	
INTRON A	5	
MATULANE	3	
NIPENT	5	
SYNRIBO	5	
TICE BCG	5	
TRISENOX	5	
AROMATASE INHIBITORS		
anastrozole	1	QL
exemestane	1	QL
letrozole	1	QL
CARDIAC PROTECTIVE AGENTS		
dexrazoxane hcl (250 mg recon soln, 500 mg recon soln)	5	
TOTECT	5	
CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS		
ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN)	5	
CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS		
KEPIVANCE (5.16 MG RECON SOLN, 6.25 MG RECON SOLN)	5	PA

Drug Name	Drug Tier	Requirements / Limits
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	4	PA, QL
KISQALI (200 MG DOSE)	4	PA, QL
KISQALI (400 MG DOSE)	4	PA, QL
KISQALI (600 MG DOSE)	4	PA, QL
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	4	PA, QL
ESTROGEN RECEPTOR ANTAGONIST		
FASLODEX	5	
FULVESTRANT (250 MG/5ML SOLN PRSYR)	5	
ESTROGENS-ANTINEOPLASTIC		
EMCYT	4	QL
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
KHAPZORY (175 MG RECON SOLN, 300 MG RECON SOLN)	5	PA
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	1	QL
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)	5	
levoleucovorin calcium	5	PA
levoleucovorin calcium pf (175 mg/17.5ml solution, 250 mg/25ml solution)	5	PA
GLUCOCORTICOID RECEPTOR (GR) ANTAGONISTS		
LIFYORLI (125 MG DOSE)	4	PA, QL
LIFYORLI (150 MG DOSE)	4	PA, QL
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS		
FIRMAGON	5	

Drug Name	Drug Tier	Requirements / Limits
FIRMAGON (240 MG DOSE)	5	
IMIDAZOTETRAZINES		
TEMODAR 100 MG RECON SOLN	5	
temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)	1	QL
ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS		
VORANIGO (10 MG TAB, 40 MG TAB)	4	PA, QL
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS		
REZLIDHIA	4	PA, QL
TIBSOVO	4	PA, QL
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS		
IDHIFA (50 MG TAB, 100 MG TAB)	4	PA, QL
JANUS ASSOCIATED KINASE (JAK) INHIBITORS		
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	4	PA, QL
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	4	PA, QL
VONJO	4	PA, QL
LHRH ANALOGS		
ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT)	4	QL
ELIGARD 45 MG KIT	4	QL
leuprolide acetate	1	PA, QL
LEUPROLIDE ACETATE (3 MONTH)	4	QL
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	4	QL
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	4	QL
LUPRON DEPOT (4-MONTH)	4	QL

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (6-MONTH)	4	QL
LUTRATE DEPOT	4	QL
ZOLADEX (3.6 MG IMPLANT, 10.8 MG IMPLANT)	4	QL
MITOTIC INHIBITORS		
ABRAXANE	5	
AVOPEF (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	5	
DOCETAXEL (20 MG/2ML SOLUTION, 80 MG/4ML CONC, 80 MG/8ML SOLUTION, 160 MG/16ML SOLUTION, 160 MG/8ML CONC)	5	
DOCIVYX (20 MG/2ML SOLUTION, 80 MG/8ML SOLUTION, 160 MG/16ML SOLUTION)	5	
eribulin mesylate	5	PA
ETOPOPHOS	5	
etoposide (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)	5	
etoposide 50 mg cap	1	
HALAVEN	5	PA
IXEMPRA KIT (15 MG RECON SOLN, 45 MG RECON SOLN)	5	PA
JEVTANA	5	PA
paclitaxel (30 mg/5ml conc, 100 mg/16.7ml conc, 300 mg/50ml conc)	5	
paclitaxel protein-bound part (100 mg recon susp)	5	
toposar (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)	5	
VINBLASTINE SULFATE	5	
vincasar pfs	5	
VINCRISTINE SULFATE (1 MG/ML SOLUTION, 2 MG/2ML SOLUTION)	5	
vinorelbine tartrate (10 mg/ml solution, 50 mg/5ml solution)	5	

Drug Name	Drug Tier	Requirements / Limits
MYELOPROTECTIVE AGENTS		
COSELA	5	PA
NITROGEN MUSTARDS AND RELATED ANALOGUES		
ALKERAN 50 MG RECON SOLN	5	
CYCLOPHOSPHAMIDE (1 GM RECON SOLN, 1 GM/2ML SOLUTION, 1 GM/5ML SOLUTION, 2 GM RECON SOLN, 2 GM/10ML SOLUTION, 2 GM/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/2.5ML SOLUTION, 500 MG/5ML SOLUTION, 500 MG/ML SOLUTION, 1000 MG/10ML SOLUTION, 2000 MG/20ML SOLUTION)	5	
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	1	
EVOMELA	5	PA
FRINDOVYX (1 GM/2ML SOLUTION, 2 GM/4ML SOLUTION, 500 MG/ML SOLUTION)	5	
HEPZATO W/50MM CATHETER	5	PA
HEPZATO W/62MM CATHETER	5	PA
IFEX (1 GM RECON SOLN, 3 GM RECON SOLN)	5	
ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm recon soln, 3 gm/60ml solution)	5	
LEUKERAN	3	
melphalan hcl	5	
NITROSOUREAS		
BICNU	5	
CARMUSTINE (50 MG RECON SOLN, 300 MG RECON SOLN)	5	
lomustine (10 mg cap, 40 mg cap, 100 mg cap)	4	PA, QL
ZANOSAR	5	
OLIGONUCLEOTIDE TELOMERASE INHIBITORS		
RYTELO (47 MG RECON SOLN, 188 MG RECON SOLN)	5	PA

Drug Name	Drug Tier	Requirements / Limits
ONCOLYTIC VIRAL AGENTS - HSV1		
IMLYGIC (1000000 UNIT/ML SUSPENSION, 100000000 UNIT/ML SUSPENSION)	5	PA
OTOPROTECTIVE AGENTS		
PEDMARK	5	PA
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
COPIKTRA (15 MG CAP, 25 MG CAP)	4	PA, QL
PIQRAY (200 MG DAILY DOSE)	4	PA, QL
PIQRAY (250 MG DAILY DOSE)	4	PA, QL
PIQRAY (300 MG DAILY DOSE)	4	PA, QL
ZYDELIG (100 MG TAB, 150 MG TAB)	4	PA, QL
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA (100 MG TAB, 150 MG TAB)	4	PA, QL
TALZENNA (0.1 MG CAP, 0.25 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	4	PA, QL
PROGESTINS-ANTINEOPLASTIC		
megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	1	
RETINOIDS		
tretinoin 10 mg cap	1	QL
SELECTIVE ESTROGEN RECEPTOR DEGRADERS		
ORSERDU (86 MG TAB, 345 MG TAB)	4	PA, QL
SELECTIVE RETINOID X RECEPTOR AGONISTS		
bexarotene 75 mg cap	1	PA, QL
TETRAHYDROISOQUINOLINES		
YONDELIS	5	PA

Drug Name	Drug Tier	Requirements / Limits
TOPOISOMERASE I INHIBITORS		
CAMPTOSAR (40 MG/2ML SOLUTION, 100 MG/5ML SOLUTION, 300 MG/15ML SOLUTION)	5	
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	4	QL
HYCAMTIN 4 MG RECON SOLN	5	
irinotecan hcl (40 mg/2ml solution, 100 mg/5ml solution, 300 mg/15ml solution)	5	
ONIVYDE	5	PA
topotecan hcl (4 mg recon soln, 4 mg/4ml solution)	5	
TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX		
TRODELVY	5	PA
URINARY TRACT PROTECTIVE AGENTS		
ETHYOL	5	
mesna 100 mg/ml solution	5	
mesna 400 mg tab	4	QL
MESNEX 100 MG/ML SOLUTION	5	
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS		
ALYMSYS (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	PA
AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	PA
CYRAMZA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	PA
FRUZAQLA (1 MG CAP, 5 MG CAP)	4	PA, QL
INLYTA (1 MG TAB, 5 MG TAB)	4	PA, QL
JOBEVNE (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	PA
LENVIMA (10 MG DAILY DOSE)	4	PA, QL
LENVIMA (12 MG DAILY DOSE)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
LENVIMA (14 MG DAILY DOSE)	4	PA, QL
LENVIMA (18 MG DAILY DOSE)	4	PA, QL
LENVIMA (20 MG DAILY DOSE)	4	PA, QL
LENVIMA (24 MG DAILY DOSE)	4	PA, QL
LENVIMA (4 MG DAILY DOSE)	4	PA, QL
LENVIMA (8 MG DAILY DOSE)	4	PA, QL
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	
VEGZELMA (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	PA
ZALTRAP (100 MG/4ML SOLUTION, 200 MG/8ML SOLUTION)	5	PA
ZIRABEV (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ADENOSINE RECEPTOR ANTAGONIST		
NOURIANZ (20 MG TAB, 40 MG TAB)	4	PA, QL
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	1	QL
benztropine mesylate 1 mg/ml solution	5	
trihexyphenidyl hcl (2 mg tab, 5 mg tab)	1	QL
trihexyphenidyl hcl 0.4 mg/ml solution	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl (100 mg cap, 100 mg tab)	1	QL
amantadine hcl (50 mg/5ml solution, 100 mg/10ml solution)	1	
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	1	QL
INBRIJA	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	1	QL
selegiline hcl (5 mg cap, 5 mg tab)	1	QL
XADAGO (50 MG TAB, 100 MG TAB)	3	PA, QL
ZELAPAR	3	PA, QL
DECARBOXYLASE INHIBITORS		
carbidopa	1	
LEVODOPA COMBINATIONS		
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)	1	QL
CARBIDOPA-LEVODOPA ER (23.75-95 MG CAP ER, 36.25-145 MG CAP ER, 48.75-195 MG CAP ER, 61.25-245 MG CAP ER)	3	ST
carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)	1	QL
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)	1	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS		
apomorphine hcl	4	PA, QL
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)	3	ST, QL
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)	1	QL
pramipexole dihydrochloride er (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)	1	ST, QL

Drug Name	Drug Tier	Requirements / Limits
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)	1	QL
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)	1	QL
PERIPHERAL COMT INHIBITORS		
entacapone	1	
ONGENTYS (25 MG CAP, 50 MG CAP)	3	ST, QL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium	1	
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	1	
lithium carbonate er (300 mg tab er, 450 mg tab er)	1	
ANTIPSYCHOTICS - MISC.		
GEODON 20 MG RECON SOLN	5	
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)	1	
NUPLAZID (10 MG TAB, 34 MG CAP)	4	PA, QL
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	1	
ziprasidone mesylate	5	
BENZISOXAZOLES		
ERZOFRI (39 MG/0.25ML SUSP PRSYR, 78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR, 351 MG/2.25ML SUSP PRSYR)	4	QL
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	QL
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	QL

Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA (39 MG/0.25ML SUSP PRSYR, 78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR)	4	QL
INVEGA TRINZA (273 MG/0.88ML SUSP PRSYR, 410 MG/1.32ML SUSP PRSYR, 546 MG/1.75ML SUSP PRSYR, 819 MG/2.63ML SUSP PRSYR)	4	QL
paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 6 mg tab er 24h, 9 mg tab er 24h)	1	QL
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	4	QL
RISPERDAL CONSTA (12.5 MG, 25 MG, 37.5 MG, 50 MG)	4	QL
risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)	1	QL
risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)	1	
risperidone microspheres er (12.5 mg, 25 mg, 37.5 mg, 50 mg)	1	QL
RYKINDO (25 MG, 37.5 MG, 50 MG)	4	QL
UZEDY (100 MG/0.28ML SUSP PRSYR, 150 MG/0.42ML SUSP PRSYR, 200 MG/0.56ML SUSP PRSYR, 250 MG/0.7ML SUSP PRSYR)	4	QL
UZEDY (50 MG/0.14ML SUSP PRSYR, 75 MG/0.21ML SUSP PRSYR, 125 MG/0.35ML SUSP PRSYR)	4	QL
BUTYROPHENONES		
HALDOL DECANOATE (50 MG/ML SOLUTION, 100 MG/ML SOLUTION)	5	
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	
haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)	5	
haloperidol lactate 2 mg/ml conc	1	
haloperidol lactate 5 mg/ml solution	5	

Drug Name	Drug Tier	Requirements / Limits
DIBENZO-OXEPINO PYRROLES		
asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)	1	QL
DIBENZODIAZEPINES		
clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)	1	QL
VERSACLOZ	4	PA, QL
DIBENZOTHIAZEPINES		
QUETIAPINE FUMARATE (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB, 400 MG TAB)	1	
quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)	1	
DIBENZOXAZEPINES		
ADASUVE	5	
loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)	1	
DIHYDROINDOLONES		
MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB)	1	QL
PHENOTHIAZINES		
chlorpromazine hcl (10 mg tab, 25 mg tab, 30 mg/ml conc, 50 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab)	1	
chlorpromazine hcl (25 mg/ml solution, 50 mg/2ml solution)	5	
CHLORPROMAZINE HCL (30 MG/ML CONC, 100 MG/ML CONC)	1	
fluphenazine decanoate	5	

Drug Name	Drug Tier	Requirements / Limits
fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)	1	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	5	
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	1	
prochlorperazine	1	
prochlorperazine edisylate	5	
prochlorperazine maleate (5 mg tab, 10 mg tab)	1	
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	QL
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	4	QL
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	4	QL
aripiprazole (1 mg/ml solution, 10 mg tab disp, 15 mg tab disp)	1	QL
aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	1	
ARISTADA (441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR, 1064 MG/3.9ML PRSYR)	4	QL
ARISTADA INITIO	4	QL
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	4	PA, QL
THIENBENZODIAZEPINES		
olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)	1	QL
olanzapine 10 mg recon soln	1	QL

Drug Name	Drug Tier	Requirements / Limits
ZYPREXA 10 MG RECON SOLN	4	QL
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	4	QL
THIOXANTHENES		
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	1	
ANTISEPTICS & DISINFECTANTS		
FORMALDEHYDE (10 % SOLUTION, 37 % SOLUTION)	1	
IODINE ANTISEPTICS		
LUGOLS STRONG IODINE	3	
ANTIVIRALS		
ANTIRETROVIRAL COMBINATIONS		
abacavir sulfate-lamivudine	1	QL
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	4	QL
CABENUVA (400 & 600 MG/2ML SUSP, 600 & 900 MG/3ML SUSP)	5	
CIMDUO	4	QL
DELSTRIGO	4	QL
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	4	QL
DOVATO	4	QL
efavirenz-emtricitab-tenofo df	1	QL
efavirenz-lamivudine-tenofovir	1	QL
emtricitab-rilpivir-tenofov df	4	QL
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)	1	QL
EVOTAZ	4	QL

Drug Name	Drug Tier	Requirements / Limits
GENVOYA	4	QL
JULUCA	4	QL
KALETRA 400-100 MG/5ML SOLUTION	4	QL
lamivudine-zidovudine	1	QL
lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)	1	QL
ODEFSEY	4	QL
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	4	QL
STRIBILD	4	QL
SYMTUZA	4	QL
TRIUMEQ	4	QL
TRIUMEQ PD	4	QL
ANTIRETROVIRALS - CAPSID INHIBITORS		
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK)	4	QL
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)		
maraviroc (150 mg tab, 300 mg tab)	1	QL
SELZENTRY 20 MG/ML SOLUTION	4	QL
ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR		
TROGARZO	5	PA
ANTIRETROVIRALS - FUSION INHIBITORS		
FUZEON	5	
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR		
RUKOBIA	4	PA, QL
ANTIRETROVIRALS - INTEGRASE INHIBITORS		
APRETUDE	5	

Drug Name	Drug Tier	Requirements / Limits
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB)	4	QL
ISENTRESS HD	4	QL
TIVICAY 50 MG TAB	4	QL
ANTIRETROVIRALS - PROTEASE INHIBITORS		
APTIVUS	4	QL
atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)	1	QL
darunavir (600 mg tab, 800 mg tab)	1	QL
fosamprenavir calcium	1	QL
NORVIR 100 MG PACKET	4	QL
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	4	QL
REYATAZ 50 MG PACKET	4	QL
ritonavir	1	QL
VIRACEPT (250 MG TAB, 625 MG TAB)	4	QL
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES		
EFAVIRENZ (50 MG CAP, 200 MG CAP)	1	QL
etravirine (100 mg tab, 200 mg tab)	1	QL
INTELENCE 25 MG TAB	4	QL
nevirapine	1	QL
nevirapine er	1	QL
PIFELTRO	4	QL
rilpivirine hcl	4	QL
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES		
abacavir sulfate 20 mg/ml solution	1	QL
abacavir sulfate 300 mg tab	1	QL
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES		
emtricitabine	1	QL

Drug Name	Drug Tier	Requirements / Limits
EMTRIVA 10 MG/ML SOLUTION	4	QL
lamivudine (10 mg/ml solution, 300 mg/30ml solution)	1	QL
lamivudine (150 mg tab, 300 mg tab)	1	QL
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES		
RETROVIR 10 MG/ML SOLUTION	5	
zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)	1	QL
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES		
tenofovir disoproxil fumarate	1	QL
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	4	QL
VIREAD 40 MG/GM POWDER	4	QL
ANTIRETROVIRALS ADJUVANTS		
TYBOST	4	QL
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	4	QL, SUM5 (IRS Buy Up List - Check Group)
PAXLOVID (300/100 & 150/100)	4	QL, SUM5 (IRS Buy Up List - Check Group)
PAXLOVID (300/100)	4	QL, SUM5 (IRS Buy Up List - Check Group)
CMV AGENTS		
cidofovir	5	
foscarnet sodium	5	
FOSCAVIR	5	
GANCICLOVIR	5	
GANCICLOVIR SODIUM	5	
LIVTENCITY	4	PA, QL, AGE

Drug Name	Drug Tier	Requirements / Limits
PREVYMIS (240 MG TAB, 480 MG TAB)	4	PA, QL
PREVYMIS (240 MG/12ML SOLUTION, 480 MG/24ML SOLUTION)	4	PA, QL
VALCYTE 450 MG TAB	4	QL
VALCYTE 50 MG/ML RECON SOLN	4	QL
valganciclovir hcl 450 mg tab	1	QL
valganciclovir hcl 50 mg/ml recon soln	1	QL
HEPATITIS B AGENTS		
adefovir dipivoxil	1	QL
entecavir (0.5 mg tab, 1 mg tab)	1	QL
lamivudine 100 mg tab	1	QL
VEMLIDY	4	PA, QL
HEPATITIS C AGENT - COMBINATIONS		
HARVONI 33.75-150 MG PACKET	4	ST, QL
HARVONI 45-200 MG PACKET	4	ST, QL
LEDIPASVIR-SOFOSBUVIR	4	ST, QL
MAVYRET 100-40 MG TAB	4	QL
MAVYRET 50-20 MG PACKET	4	QL
SOFOSBUVIR-VELPATASVIR	4	QL
VOSEVI	4	QL
HEPATITIS C AGENTS		
PEGASYS (180 MCG/0.5ML SOLN PRSYR, 180 MCG/ML SOLUTION)	4	PA, QL
RIBAVIRIN (200 MG CAP, 200 MG TAB)	1	QL
HERPES AGENTS - PURINE ANALOGUES		
acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)	1	

Drug Name	Drug Tier	Requirements / Limits
acyclovir sodium	5	
valacyclovir hcl (1 gm tab, 500 mg tab)	1	
VALTREX (1 GM TAB, 500 MG TAB)	3	
HERPES AGENTS - THYMIDINE ANALOGUES		
famciclovir (125 mg tab, 250 mg tab)	1	
famciclovir 500 mg tab	1	
MISC. ANTIVIRALS		
LAGEVRIO	4	QL, AGE, SUM5 (IRS Buy Up List - Check Group)
VEKLURY	5	
NEURAMINIDASE INHIBITORS		
oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)	1	QL
RAPIVAB	5	PA
RELENZA DISKHALER	3	QL
TAMIFLU (6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP)	3	QL
PA ENDONUCLEASE INHIBITORS		
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	QL
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	QL
RSV AGENTS - NUCLEOSIDE ANALOGUES		
ribavirin (6 gm recon soln)	1	QL
VIRAZOLE	4	QL
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
carvedilol phosphate er (10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)	1	QL, SUM5 (IRS Buy Up List - Check Group)
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
LABETALOL HCL (5 MG/ML SOLUTION, 10 MG/2ML SOLN PRSYR, 20 MG/4ML SOLN PRSYR)	5	
LABETALOL HCL +RFID	5	
labetalol hcl 5 mg/ml solution	5	SUM5 (IRS Buy Up List - Check Group)
LABETALOL HCL-DEXTROSE	5	
LABETALOL HCL-SODIUM CHLORIDE (100-0.72 MG/100ML-% SOLUTION, 200-0.72 MG/200ML-% SOLUTION, 300-0.72 MG/300ML-% SOLUTION)	5	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl (200 mg cap, 400 mg cap)	1	SUM5 (IRS Buy Up List - Check Group)
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
betaxolol hcl (10 mg tab, 20 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
bisoprolol fumarate (5 mg tab, 10 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
BREVIBLOC	5	
BREVIBLOC IN NACL (2000 MG/100ML SOLUTION, 2500 MG/250ML SOLUTION)	5	
BREVIBLOC PREMIXED	5	
BREVIBLOC PREMIXED DS	5	
esmolol hcl	5	SUM5 (IRS Buy Up List - Check Group)
ESMOLOL HCL (2000 MG/100ML SOLUTION, 2500 MG/250ML SOLUTION)	5	
esmolol hcl-sodium chloride (2000 mg/100ml solution, 2500 mg/250ml solution)	5	SUM5 (IRS Buy Up List - Check Group)
metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
metoprolol tartrate 5 mg/5ml solution	5	SUM5 (IRS Buy Up List - Check Group)
nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
BETA BLOCKERS NON-SELECTIVE		
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
pindolol (5 mg tab, 10 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
propranolol hcl 1 mg/ml solution	5	SUM5 (IRS Buy Up List - Check Group)
propranolol hcl er (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)	1	SUM5 (IRS Buy Up List - Check Group)
SOTALOL HCL	5	SUM5 (IRS Buy Up List - Check Group)
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
CARDENE IV (2.5 MG/ML SOLUTION, 20-0.86 MG/200ML-% SOLUTION, 40-0.83 MG/200ML-% SOLUTION)	5	SUM5 (IRS Buy Up List - Check Group)
cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)	1	SUM5 (IRS Buy Up List - Check Group)
CLEVIPREX (25 MG/50ML EMULSION, 50 MG/100ML EMULSION)	5	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	1	SUM5 (IRS Buy Up List - Check Group)
diltiazem hcl (25 mg/5ml solution, 50 mg/10ml solution, 125 mg/25ml solution)	5	SUM5 (IRS Buy Up List - Check Group)
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
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)	1	SUM5 (IRS Buy Up List - Check Group)
diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 420 mg cap er 24h)	1	SUM5 (IRS Buy Up List - Check Group)
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)	1	SUM5 (IRS Buy Up List - Check Group)
felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	1	SUM5 (IRS Buy Up List - Check Group)
isradipine (2.5 mg cap, 5 mg cap)	1	SUM5 (IRS Buy Up List - Check Group)
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)	1	SUM5 (IRS Buy Up List - Check Group)
NICARDIPINE HCL (2.5 MG/ML SOLUTION)	5	SUM5 (IRS Buy Up List - Check Group)
nicardipine hcl (20 mg cap, 30 mg cap)	1	SUM5 (IRS Buy Up List - Check Group)
nicardipine hcl in nacl (20-0.86 mg/200ml-% solution, 20-0.9 mg/200ml-% solution, 40-0.83 mg/200ml-% solution, 40-0.9 mg/200ml-% solution)	5	SUM5 (IRS Buy Up List - Check Group)
nifedipine (10 mg cap, 20 mg cap)	1	SUM5 (IRS Buy Up List - Check Group)
nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	1	SUM5 (IRS Buy Up List - Check Group)
nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
nimodipine	1	SUM5 (IRS Buy Up List - Check Group)
NIMODIPINE	3	SUM5 (IRS Buy Up List - Check Group)
taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)	1	SUM5 (IRS Buy Up List - Check Group)
tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 420 mg cap er 24h)	1	SUM5 (IRS Buy Up List - Check Group)
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
verapamil hcl er (100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 200 mg cap er 24h, 240 mg cap er 24h, 240 mg tab er, 300 mg cap er 24h)	1	SUM5 (IRS Buy Up List - Check Group)
CARDIOTONICS		
CARDIAC GLYCOSIDES		
DIGOXIN	1	
digoxin (0.05 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)	1	SUM5 (IRS Buy Up List - Check Group)
digoxin 0.25 mg/ml solution	5	SUM5 (IRS Buy Up List - Check Group)
LANOXIN 0.25 MG/ML SOLUTION	5	
LANOXIN PEDIATRIC	5	
INOTROPES		
dobutamine hcl	5	
DOBUTAMINE-DEXTROSE (1-5 MG/ML-% SOLUTION, 2-5 MG/ML-% SOLUTION, 4-5 MG/ML-% SOLUTION)	5	
DOPAMINE HCL	5	
DOPAMINE IN D5W (0.8-5 MG/ML-% SOLUTION, 1.6-5 MG/ML-% SOLUTION, 3.2-5 MG/ML-% SOLUTION)	5	

Drug Name	Drug Tier	Requirements / Limits
DOPAMINE-DEXTROSE (1.6-5 MG/ML-% SOLUTION, 3.2-5 MG/ML-% SOLUTION)	5	
milrinone lactate (10 mg/10ml solution, 20 mg/20ml solution, 50 mg/50ml solution)	5	
milrinone lactate in dextrose (20-5 mg/100ml-% solution, 40-5 mg/200ml-% solution)	5	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	4	PA, QL
CARDIOPLEGIC SOLUTIONS		
cardioplegic	1	
CARDIOPLEGIC SOLN W/ LIDOCAINE	1	
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB		
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	2	QL, SUM5 (IRS Buy Up List - Check Group)
sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
NITRATE & VASODILATOR COMBINATIONS		
BIDIL	3	SUM5 (IRS Buy Up List - Check Group)
isosorb dinitrate-hydralazine	1	SUM5 (IRS Buy Up List - Check Group)
PERIPHERAL VASODILATORS		
PAPAVERINE HCL	5	
PROSTAGLANDIN VASODILATORS		
AURLUMYN	5	PA
epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)	5	PA, QL

Drug Name	Drug Tier	Requirements / Limits
FLOLAN (0.5 MG RECON SOLN, 1.5 MG RECON SOLN)	5	PA, QL
ORENITRAM 0.125 MG TAB ER	4	PA, QL
ORENITRAM 0.25 MG TAB ER	4	PA, QL
ORENITRAM 1 MG TAB ER	4	PA, QL
ORENITRAM 2.5 MG TAB ER	4	PA, QL
ORENITRAM 5 MG TAB ER	4	PA, QL
ORENITRAM MONTH 1	4	PA, QL
ORENITRAM MONTH 2	4	PA, QL
ORENITRAM MONTH 3	4	PA, QL
REMODULIN (20 MG/20ML SOLUTION, 50 MG/20ML SOLUTION, 100 MG/20ML SOLUTION, 200 MG/20ML SOLUTION)	5	PA, QL
REMODULIN 8 MG/20ML SOLUTION	5	PA, QL
treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)	5	PA, QL
TYVASO	4	PA, QL
TYVASO DPI INSTITUTIONAL KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	4	PA, QL
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	4	PA, QL
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	4	PA, QL
TYVASO REFILL	4	PA, QL
TYVASO STARTER	4	PA, QL
VELETRI (0.5 MG RECON SOLN, 1.5 MG RECON SOLN)	5	PA, QL
VENTAVIS 10 MCG/ML SOLUTION	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
VENTAVIS 20 MCG/ML SOLUTION	4	PA, QL
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	4	PA, QL
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	4	PA, QL
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan (5 mg tab, 10 mg tab)	4	PA, QL
bosentan 125 mg tab	4	PA, QL
bosentan 62.5 mg tab	4	PA, QL
OPSUMIT	4	PA, QL
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq	1	PA, QL
REVATIO 10 MG/12.5ML SOLUTION	5	PA
sildenafil citrate 10 mg/12.5ml solution	5	PA
sildenafil citrate 10 mg/ml recon susp	4	PA, QL
sildenafil citrate 20 mg tab	1	PA, QL
tadalafil (pah)	1	PA, QL
TADLIQ	4	PA, QL
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (100 MCG TAB, 150 MCG TAB)	4	PA, QL
UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	4	PA, QL
UPTRAVI 1800 MCG RECON SOLN	5	PA
UPTRAVI 200 & 800 MCG TAB THPK	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS		
avanafil (50 mg tab, 100 mg tab, 200 mg tab)	1	QL
CIALIS (2.5 MG TAB, 10 MG TAB, 20 MG TAB)	3	PA, QL
CIALIS 5 MG TAB	3	QL
sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)	1	QL
STENDRA (50 MG TAB, 100 MG TAB, 200 MG TAB)	3	QL
tadalafil (2.5 mg tab, 10 mg tab, 20 mg tab)	1	PA, QL
tadalafil 5 mg tab	1	ST, QL
vardenafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)	1	QL
VIAGRA (25 MG TAB, 50 MG TAB, 100 MG TAB)	3	QL
SINUS NODE INHIBITORS		
ivabradine hcl (5 mg tab, 7.5 mg tab)	2	ST, QL, SUM5 (IRS Buy Up List - Check Group)
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	4	PA, QL
VYNDAQEL	4	PA, QL
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	3	PA, QL
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ	5	
ZERBAXA	5	
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)	1	

Drug Name	Drug Tier	Requirements / Limits
CEFAZOLIN IN SODIUM CHLORIDE 2-0.9 GM/100ML-% SOLUTION	5	
cefazolin sodium (1 gm recon soln, 1 gm/10ml soln prsyr, 2 gm recon soln, 2 gm/20ml soln prsyr, 3 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)	5	
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, 2-5 GM/100ML-% SOLUTION, 3-4 GM/150ML-% SOLUTION)	5	
cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab)	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	1	
CEFACLOR ER	1	
CEFOTAN (1 GM RECON SOLN, 2 GM RECON SOLN)	5	
CEFOTETAN DISODIUM	5	
cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)	5	
CEFOXITIN SODIUM-DEXTROSE (1-4 GM-%(50ML) RECON SOLN, 2-2.2 GM-%(50ML) RECON SOLN)	5	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	1	
cefuroxime axetil (250 mg tab, 500 mg tab)	1	
cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)	5	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)	1	
CEFIXIME (100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 400 MG CAP)	1	

Drug Name	Drug Tier	Requirements / Limits
CEFOTAXIME SODIUM (1 GM RECON SOLN, 2 GM RECON SOLN)	5	
CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB)	1	
CEFTAZIDIME (1 GM RECON SOLN, 2 GM RECON SOLN)	5	
CEFTAZIDIME AND DEXTROSE (1-5 GM-%(50ML) RECON SOLN, 2-5 GM-%(50ML) RECON SOLN)	5	
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)	5	
CEFTRIAXONE SODIUM IN DEXTROSE (20 MG/ML SOLUTION, 40 MG/ML SOLUTION)	5	
CEFTRIAXONE SODIUM-DEXTROSE (1-3.74 GM-%(50ML) RECON SOLN, 2-2.22 GM-%(50ML) RECON SOLN)	5	
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	5	
CEPHALOSPORINS - 4TH GENERATION		
cefepime hcl (1 gm recon soln, 1 gm/50ml solution, 2 gm recon soln, 2 gm/100ml solution, 100 gm recon soln)	5	
CEFEPIME-DEXTROSE (1-5 GM-%(50ML) RECON SOLN, 2-5 GM-%(50ML) RECON SOLN)	5	
CEPHALOSPORINS - 5TH GENERATION		
ceftaroline fosamil (400 mg recon soln, 600 mg recon soln)	5	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	5	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA	5	
CONTRACEPTIVES		
BIPHASIC CONTRACEPTIVES - ORAL		
azurette	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	1	QL
kariva	1	QL, SUM5 (IRS Buy Up List - Check Group)
LO LOESTRIN FE	3	QL, SUM5 (IRS Buy Up List - Check Group)
pimtrea	1	QL, SUM5 (IRS Buy Up List - Check Group)
simliya	1	QL, SUM5 (IRS Buy Up List - Check Group)
viorele	1	QL
volnea	1	QL, SUM5 (IRS Buy Up List - Check Group)
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle	1	QL, SUM5 (IRS Buy Up List - Check Group)
altavera	1	QL, SUM5 (IRS Buy Up List - Check Group)
alyacen 1/35	1	QL
apri	1	QL, SUM5 (IRS Buy Up List - Check Group)
aubra	1	QL, SUM5 (IRS Buy Up List - Check Group)
aubra eq	1	QL, SUM5 (IRS Buy Up List - Check Group)
aurovela 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
aurovela 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)
aurovela 24 fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
aurovela fe 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
aurovela fe 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
AVERI	3	QL, SUM5 (IRS Buy Up List - Check Group)
aviane	1	QL, SUM5 (IRS Buy Up List - Check Group)
ayuna	1	QL, SUM5 (IRS Buy Up List - Check Group)
BALCOLTRA	3	QL, SUM5 (IRS Buy Up List - Check Group)
balziva	1	QL, SUM5 (IRS Buy Up List - Check Group)
BEYAZ	2	QL, SUM5 (IRS Buy Up List - Check Group)
blisovi 24 fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
blisovi fe 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
blisovi fe 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)
briellyn	1	QL
charlotte 24 fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
chateal	1	QL, SUM5 (IRS Buy Up List - Check Group)
chateal eq	1	QL, SUM5 (IRS Buy Up List - Check Group)
cryselle	1	QL, SUM5 (IRS Buy Up List - Check Group)
cryselle-28	1	QL, SUM5 (IRS Buy Up List - Check Group)
cyred	1	QL, SUM5 (IRS Buy Up List - Check Group)
cyred eq	1	QL, SUM5 (IRS Buy Up List - Check Group)
dasetta 1/35	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
delyla	1	QL, SUM5 (IRS Buy Up List - Check Group)
desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab	1	QL
drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)	1	QL
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	1	QL
elinest	1	QL, SUM5 (IRS Buy Up List - Check Group)
enskyce	1	QL, SUM5 (IRS Buy Up List - Check Group)
estarylla	1	QL, SUM5 (IRS Buy Up List - Check Group)
ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)	1	QL
falmina	1	QL, SUM5 (IRS Buy Up List - Check Group)
feirza 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
feirza 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)
FEMLYV	3	QL, SUM5 (IRS Buy Up List - Check Group)
femynor	1	QL, SUM5 (IRS Buy Up List - Check Group)
finzala	1	QL, SUM5 (IRS Buy Up List - Check Group)
galbriela	1	QL, SUM5 (IRS Buy Up List - Check Group)
gemmily	1	QL, SUM5 (IRS Buy Up List - Check Group)
hailey 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
hailey 24 fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
hailey fe 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
hailey fe 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)
isibloom	1	QL, SUM5 (IRS Buy Up List - Check Group)
jasmiel	1	QL, SUM5 (IRS Buy Up List - Check Group)
joyeaux	1	QL, SUM5 (IRS Buy Up List - Check Group)
juleber	1	QL, SUM5 (IRS Buy Up List - Check Group)
junel 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
junel 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)
junel fe 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
junel fe 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)
junel fe 24	1	QL, SUM5 (IRS Buy Up List - Check Group)
kaitlib fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
kalliga	1	QL, SUM5 (IRS Buy Up List - Check Group)
kelnor 1/35	1	QL, SUM5 (IRS Buy Up List - Check Group)
kelnor 1/50	1	QL, SUM5 (IRS Buy Up List - Check Group)
kurvelo	1	QL, SUM5 (IRS Buy Up List - Check Group)
larin 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
larin 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)
larin 24 fe	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
larin fe 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
larin fe 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)
larissia	1	QL, SUM5 (IRS Buy Up List - Check Group)
layolis fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
lessina	1	QL, SUM5 (IRS Buy Up List - Check Group)
levonorgest-eth estradiol-iron	1	QL
levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)	1	QL
levora 0.15/30 (28)	1	QL, SUM5 (IRS Buy Up List - Check Group)
lillow	1	QL, SUM5 (IRS Buy Up List - Check Group)
lo-zumandimine	1	QL, SUM5 (IRS Buy Up List - Check Group)
loestrin 1.5/30 (21)	1	QL, SUM5 (IRS Buy Up List - Check Group)
loestrin 1/20 (21)	1	QL, SUM5 (IRS Buy Up List - Check Group)
loestrin fe 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
loestrin fe 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)
loryna	1	QL, SUM5 (IRS Buy Up List - Check Group)
low-ogestrel	1	QL, SUM5 (IRS Buy Up List - Check Group)
luizza 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
luizza 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
lutera	1	QL, SUM5 (IRS Buy Up List - Check Group)
marlissa	1	QL
merzee	1	QL, SUM5 (IRS Buy Up List - Check Group)
mibelas 24 fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
microgestin 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
microgestin 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)
microgestin 24 fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
microgestin fe 1.5/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
microgestin fe 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)
mili	1	QL, SUM5 (IRS Buy Up List - Check Group)
minzoya	1	QL, SUM5 (IRS Buy Up List - Check Group)
mono-linyah	1	QL, SUM5 (IRS Buy Up List - Check Group)
necon 0.5/35 (28)	1	QL, SUM5 (IRS Buy Up List - Check Group)
NEXTSTELLIS	3	QL, SUM5 (IRS Buy Up List - Check Group)
nikki	1	QL, SUM5 (IRS Buy Up List - Check Group)
norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)	1	QL
norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)	1	QL
norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)	1	QL

Drug Name	Drug Tier	Requirements / Limits
norgestimate-eth estradiol	1	QL
nortrel 0.5/35 (28)	1	QL, SUM5 (IRS Buy Up List - Check Group)
nortrel 1/35 (21)	1	QL, SUM5 (IRS Buy Up List - Check Group)
nortrel 1/35 (28)	1	QL, SUM5 (IRS Buy Up List - Check Group)
nylia 1/35	1	QL, SUM5 (IRS Buy Up List - Check Group)
nymyo	1	QL, SUM5 (IRS Buy Up List - Check Group)
ocella	1	QL, SUM5 (IRS Buy Up List - Check Group)
philith	1	QL, SUM5 (IRS Buy Up List - Check Group)
pirmella 1/35	1	QL, SUM5 (IRS Buy Up List - Check Group)
portia-28	1	QL, SUM5 (IRS Buy Up List - Check Group)
reclipsen	1	QL, SUM5 (IRS Buy Up List - Check Group)
SAFYRAL	3	QL, SUM5 (IRS Buy Up List - Check Group)
sprintec 28	1	QL, SUM5 (IRS Buy Up List - Check Group)
sronyx	1	QL, SUM5 (IRS Buy Up List - Check Group)
syeda	1	QL, SUM5 (IRS Buy Up List - Check Group)
tarina 24 fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
tarina fe 1/20	1	QL, SUM5 (IRS Buy Up List - Check Group)
tarina fe 1/20 eq	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
taysofy	1	QL, SUM5 (IRS Buy Up List - Check Group)
TAYTULLA	3	QL, SUM5 (IRS Buy Up List - Check Group)
turqoz	1	QL, SUM5 (IRS Buy Up List - Check Group)
TYBLUME	3	QL, SUM5 (IRS Buy Up List - Check Group)
tydemy	1	QL, SUM5 (IRS Buy Up List - Check Group)
valtya 1/35	1	QL, SUM5 (IRS Buy Up List - Check Group)
VALTYA 1/50	1	QL, SUM5 (IRS Buy Up List - Check Group)
vestura	1	QL, SUM5 (IRS Buy Up List - Check Group)
vienva	1	QL, SUM5 (IRS Buy Up List - Check Group)
vyfemla	1	QL, SUM5 (IRS Buy Up List - Check Group)
vylibra	1	QL, SUM5 (IRS Buy Up List - Check Group)
wera	1	QL, SUM5 (IRS Buy Up List - Check Group)
wymzya fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
xelria fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
YASMIN 28	3	QL, SUM5 (IRS Buy Up List - Check Group)
YAZ	3	QL, SUM5 (IRS Buy Up List - Check Group)
zovia 1/35 (28)	1	QL, SUM5 (IRS Buy Up List - Check Group)
zumandimine	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-eth estradiol	1	QL
TWIRLA	3	QL, SUM5 (IRS Buy Up List - Check Group)
xulane	1	QL, SUM5 (IRS Buy Up List - Check Group)
zafemy	1	QL, SUM5 (IRS Buy Up List - Check Group)
COMBINATION CONTRACEPTIVES - VAGINAL		
eluryng	1	QL, SUM5 (IRS Buy Up List - Check Group)
enilloring	1	QL, SUM5 (IRS Buy Up List - Check Group)
etonogestrel-ethinyl estradiol	1	QL
haloette	1	QL, SUM5 (IRS Buy Up List - Check Group)
NUVARING	3	QL, SUM5 (IRS Buy Up List - Check Group)
CONTINUOUS CONTRACEPTIVES - ORAL		
amethyst	1	QL, SUM5 (IRS Buy Up List - Check Group)
dolishale	1	QL, SUM5 (IRS Buy Up List - Check Group)
levonorgestrel-ethinyl estrad 90-20 mcg tab	1	QL
COPPER CONTRACEPTIVES - IUD		
MIUDELLA	5	SUM5 (IRS Buy Up List - Check Group)
PARAGARD INTRAUTERINE COPPER	5	SUM5 (IRS Buy Up List - Check Group)
EMERGENCY CONTRACEPTIVES		
aftera	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
afterpill	1	QL, SUM5 (IRS Buy Up List - Check Group)
curae	1	QL, SUM5 (IRS Buy Up List - Check Group)
econtra ez	1	QL, SUM5 (IRS Buy Up List - Check Group)
econtra one-step	1	QL, SUM5 (IRS Buy Up List - Check Group)
ELLA	2	QL, SUM5 (IRS Buy Up List - Check Group)
her style	1	QL, SUM5 (IRS Buy Up List - Check Group)
levonorgestrel	1	QL
my choice	1	QL, SUM5 (IRS Buy Up List - Check Group)
my way	1	QL, SUM5 (IRS Buy Up List - Check Group)
new day	1	QL, SUM5 (IRS Buy Up List - Check Group)
opcicon one-step	1	QL, SUM5 (IRS Buy Up List - Check Group)
option 2	1	QL, SUM5 (IRS Buy Up List - Check Group)
plan b one-step	1	QL, SUM5 (IRS Buy Up List - Check Group)
react	1	QL, SUM5 (IRS Buy Up List - Check Group)
shewise	1	QL, SUM5 (IRS Buy Up List - Check Group)
take action	1	QL, SUM5 (IRS Buy Up List - Check Group)
your choice	1	QL, SUM5 (IRS Buy Up List - Check Group)
EXTENDED-CYCLE CONTRACEPTIVES - ORAL		
amethia	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
ashlyna	1	QL, SUM5 (IRS Buy Up List - Check Group)
camrese	1	QL, SUM5 (IRS Buy Up List - Check Group)
camrese lo	1	QL, SUM5 (IRS Buy Up List - Check Group)
daysee	1	QL, SUM5 (IRS Buy Up List - Check Group)
fayosim	1	QL, SUM5 (IRS Buy Up List - Check Group)
iclevia	1	QL, SUM5 (IRS Buy Up List - Check Group)
introvale	1	QL, SUM5 (IRS Buy Up List - Check Group)
jaimiess	1	QL, SUM5 (IRS Buy Up List - Check Group)
jolessa	1	QL, SUM5 (IRS Buy Up List - Check Group)
levonorgest-eth est & eth est	1	QL
levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 &0.01 mg tab, 0.15-0.03 mg tab)	1	QL
lojaimiess	1	QL, SUM5 (IRS Buy Up List - Check Group)
rivelsa	1	QL, SUM5 (IRS Buy Up List - Check Group)
rosyrah	1	QL, SUM5 (IRS Buy Up List - Check Group)
setlakin	1	QL, SUM5 (IRS Buy Up List - Check Group)
simpesse	1	QL, SUM5 (IRS Buy Up List - Check Group)
FOUR PHASE CONTRACEPTIVES - ORAL		
NATAZIA	3	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON	5	SUM5 (IRS Buy Up List - Check Group)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA (150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION)	3	QL, SUM5 (IRS Buy Up List - Check Group)
DEPO-SUBQ PROVERA 104	3	QL, SUM5 (IRS Buy Up List - Check Group)
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	1	QL
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	5	SUM5 (IRS Buy Up List - Check Group)
LILETTA (52 MG)	5	SUM5 (IRS Buy Up List - Check Group)
MIRENA (52 MG)	5	SUM5 (IRS Buy Up List - Check Group)
SKYLA	5	SUM5 (IRS Buy Up List - Check Group)
PROGESTIN CONTRACEPTIVES - ORAL		
camila	1	QL, SUM5 (IRS Buy Up List - Check Group)
deblitane	1	QL, SUM5 (IRS Buy Up List - Check Group)
emzahh	1	QL, SUM5 (IRS Buy Up List - Check Group)
errin	1	QL, SUM5 (IRS Buy Up List - Check Group)
heather	1	QL, SUM5 (IRS Buy Up List - Check Group)
incassia	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
jencycla	1	QL, SUM5 (IRS Buy Up List - Check Group)
lyleq	1	QL, SUM5 (IRS Buy Up List - Check Group)
lyza	1	QL, SUM5 (IRS Buy Up List - Check Group)
meleya	1	QL, SUM5 (IRS Buy Up List - Check Group)
nora-be	1	QL, SUM5 (IRS Buy Up List - Check Group)
norethindrone	1	QL
norlyda	1	QL, SUM5 (IRS Buy Up List - Check Group)
norlyroc	1	QL, SUM5 (IRS Buy Up List - Check Group)
orquidea	1	QL, SUM5 (IRS Buy Up List - Check Group)
sharobel	1	QL, SUM5 (IRS Buy Up List - Check Group)
SLYND	3	QL, SUM5 (IRS Buy Up List - Check Group)
tulana	1	QL, SUM5 (IRS Buy Up List - Check Group)
TRIPHASIC CONTRACEPTIVES - ORAL		
alyacen 7/7/7	1	QL
ARANELLE	3	QL, SUM5 (IRS Buy Up List - Check Group)
dasetta 7/7/7	1	QL, SUM5 (IRS Buy Up List - Check Group)
enpresse-28	1	QL, SUM5 (IRS Buy Up List - Check Group)
leena	1	QL, SUM5 (IRS Buy Up List - Check Group)
levonest	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
levonorg-eth estrad triphasic	1	QL
norethindron-ethinyl estrad-fe	1	QL
norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)	1	QL
nortrel 7/7/7	1	QL, SUM5 (IRS Buy Up List - Check Group)
nylia 7/7/7	1	QL, SUM5 (IRS Buy Up List - Check Group)
pirmella 7/7/7	1	QL, SUM5 (IRS Buy Up List - Check Group)
tilia fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
tri femynor	1	QL, SUM5 (IRS Buy Up List - Check Group)
tri-estarylla	1	QL, SUM5 (IRS Buy Up List - Check Group)
tri-legest fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
tri-linyah	1	QL, SUM5 (IRS Buy Up List - Check Group)
tri-lo-estarylla	1	QL, SUM5 (IRS Buy Up List - Check Group)
tri-lo-marzia	1	QL, SUM5 (IRS Buy Up List - Check Group)
tri-lo-mili	1	QL, SUM5 (IRS Buy Up List - Check Group)
tri-lo-sprintec	1	QL, SUM5 (IRS Buy Up List - Check Group)
tri-mili	1	QL, SUM5 (IRS Buy Up List - Check Group)
tri-nymyo	1	QL, SUM5 (IRS Buy Up List - Check Group)
tri-sprintec	1	QL, SUM5 (IRS Buy Up List - Check Group)
tri-vylibra	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
tri-vylibra lo	1	QL, SUM5 (IRS Buy Up List - Check Group)
trivora (28)	1	QL, SUM5 (IRS Buy Up List - Check Group)
VELIVET	3	QL, SUM5 (IRS Buy Up List - Check Group)
xarah fe	1	QL, SUM5 (IRS Buy Up List - Check Group)
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide 3 mg cp dr part	1	QL, SUM5 (IRS Buy Up List - Check Group)
budesonide er	1	ST, QL, SUM5 (IRS Buy Up List - Check Group)
CORTISONE ACETATE	1	
DEPO-MEDROL (20 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 80 MG/ML SUSPENSION)	5	
DEXAMETH SOD PHOS (PF) +RFID	5	
dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg (21) tab thpk, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)	1	
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SOD PHOS (PF)	5	
DEXAMETHASONE SOD PHOS +RFID	5	
dexamethasone sod phosphate pf	5	
dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)	5	
DOUBLEDEX	5	
EOHILIA	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
hidex 6-day	1	
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	1	
hydrocortisone sod suc (pf)	1	
KENALOG-10	5	
KENALOG-40	5	
KENALOG-80	5	
MAS CARE-PAK	5	
MEDROL 4 MG TAB THPK	3	
methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)	1	
methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)	5	
methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)	5	
P-CARE K40	5	
P-CARE K80	5	
POD-CARE 100K	5	
prednisolone 15 mg/5ml solution	1	
prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp)	1	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 20 MG TAB, 50 MG TAB)	1	
PREDNISONE INTENSOL	3	
PRO-C-DURE 5	5	
PRO-C-DURE 6	5	
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	3	

Drug Name	Drug Tier	Requirements / Limits
SOLU-MEDROL (2 GM RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	5	
SOLU-MEDROL (PF) (40 MG RECON SOLN, 125 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	5	
taperdex 6-day (1.5 mg (21) tab thpk, 1.5 mg tab thpk)	1	
TARPEYO	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TOPIDEX	5	
triamcinolone acetonide (10 mg/ml suspension, 40 mg/ml suspension, 80 mg/ml suspension)	5	
MINERALOCORTICOIDS		
fludrocortisone acetate	1	
STEROID COMBINATIONS		
BETA 1 KIT	5	
BETAMETHASONE COMBO 6 (3-3) MG/ML SUSPENSION	5	
betamethasone sod phos & acet (6 (3-3) mg/ml suspension)	5	
BSP 0820	5	
CELESTONE SOLUSPAN	5	
POD-CARE 100C	5	
COUGH/COLD/ALLERGY		
ANTITUSSIVE - NONNARCOTIC		
benzonatate (100 mg cap, 200 mg cap)	1	
ANTITUSSIVE - OPIOID		
HYCODAN (5-1.5 MG TAB, 5-1.5 MG/5ML SOLUTION)	2	

Drug Name	Drug Tier	Requirements / Limits
hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)	1	
hydromet	1	
ANTITUSSIVE-EXPECTORANT		
g tussin ac	1	
guaiatussin ac	1	
guaifenesin ac	1	
guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)	1	
maxi-tuss ac	1	
DECONGESTANT & ANTIHISTAMINE		
PROMETHAZINE VC	2	
PROMETHAZINE-PHENYLEPHRINE	2	
MISC. RESPIRATORY INHALANTS		
HYPERSAL (3.5 % NEBU SOLN, 7 % NEBU SOLN)	3	
NEBUSAL (3 % NEBU SOLN, 6 % NEBU SOLN)	3	
PULMOSAL	1	
SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	1	
MUCOLYTICS		
acetylcysteine (10 % solution, 20 % solution)	1	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE		
promethazine-dm	1	
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
pseudoeph-bromphen-dm	1	QL
OPIOID ANTITUSSIVE-ANTIHISTAMINE		
HYDROCOD POLI-CHLORPHE POLI ER	1	QL

Drug Name	Drug Tier	Requirements / Limits
promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)	1	
DERMATOLOGICALS		
ACNE ANTIBIOTICS		
clindacin	1	ST
clindamycin phos (twice-daily)	1	
clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)	1	
clindamycin phosphate 1 % foam	1	ST
dapsone 5 % gel	1	ST
erythromycin (2 % gel, 2 % solution)	1	
sulfacetamide sodium (acne)	1	
ACNE COMBINATIONS		
adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.3-2.5 % gel)	1	QL
AVAR CLEANSER	1	
benzoyl peroxide-erythromycin	1	
BP 10-1	1	
clindamycin phos-benzoyl perox 1.2-2.5 % gel	2	ST
clindamycin phos-benzoyl perox 1.2-5 % gel	1	
clindamycin-tretinoin	1	ST
neuac	1	
SSS 10-5 10-5 % CREAM	1	
SULFACETAMIDE SOD-SULFUR WASH (9-4 % LIQUID, 9-4.5 % LIQUID)	1	
SULFACETAMIDE SODIUM-SULFUR (8-4 % SUSPENSION, 9-4 % LIQUID, 9-4.5 % LIQUID, 9.8-4.8 % CREAM, 9.8-4.8 % PAD, 10-2 % CREAM, 10-2 % LIQUID, 10-4 % PAD, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION, 10-5 % SUSPENSION)	1	

Drug Name	Drug Tier	Requirements / Limits
SULFACETAMIDE-SULFUR IN UREA	1	
SULFACLEANSE 8/4	1	
SULFAMEZ WASH	1	
ACNE PRODUCTS		
accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	1	
adapalene (0.1 % cream, 0.3 % gel)	1	ST
AKLIEF	3	
ALTRENO	3	QL, AGE
amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	1	
AZELEX	3	ST
claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	1	
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	1	
myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	1	
TAZAROTENE	1	
tretinoin (0.025 % cream, 0.05 % cream, 0.05 % gel, 0.1 % cream)	1	AGE
TRETINOIN MICROSPHERE 0.04 % GEL	2	AGE
tretinoin microsphere 0.04 % gel	2	ST, AGE
TRETINOIN MICROSPHERE PUMP 0.04 % GEL	2	AGE
zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	1	
ANTIBIOTICS - TOPICAL		
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	1	
mupirocin	1	
XEPI	3	QL

Drug Name	Drug Tier	Requirements / Limits
ANTIFUNGALS - TOPICAL		
ciclodan	1	QL
ciclopirox (0.77 % gel, 1 % shampoo)	1	
ciclopirox 8 % solution	1	QL
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	1	
klayesta	1	QL
NAFTIFINE HCL (2 % CREAM)	1	
nyamyc	1	QL
nystatin (100000 unit/gm cream, 100000 unit/gm ointment)	1	
nystatin 100000 unit/gm powder	1	QL
nystop	1	QL
ANTIFUNGALS - TOPICAL COMBINATIONS		
clotrimazole-betamethasone (1-0.05 % cream)	1	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	1	
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL		
VALCHLOR	4	PA, QL
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL		
FLUOROURACIL (2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	1	
FLUOROURACIL 0.5 % CREAM	1	PA, QL
TOLAK	3	QL
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S		
diclofenac sodium 3 % gel	1	PA
ANTINEOPLASTIC RETINOIDS - TOPICAL		
PANRETIN	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ANTIPSORIATICS		
CALCIPOTRIENE (0.005 % CREAM, 0.005 % FOAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	1	
calcitrene	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	ST, QL
tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)	1	ST, AGE
TAZORAC (0.05 % GEL, 0.1 % GEL)	3	ST, AGE
VTAMA	3	ST, QL
ZITHRANOL	3	
ANTIPSORIATICS - SYSTEMIC		
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	1	QL
BIMZELX (160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR, 320 MG/2ML SOLN A-INJ, 320 MG/2ML SOLN PRSYR)	4	PA, QL
COSENTYX (300 MG DOSE)	4	PA, QL
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	4	PA, QL
COSENTYX SENSOREADY (300 MG)	4	PA, QL
COSENTYX SENSOREADY PEN	4	PA, QL
COSENTYX UNOREADY	4	PA, QL
METHOXSALEN RAPID	1	
PYZCHIVA (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	1	PA, QL
PYZCHIVA 45 MG/0.5ML SOLUTION	1	PA, QL
SELARSDI (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	1	PA, QL
SKYRIZI 150 MG/ML SOLN PRSYR	4	PA, QL
SKYRIZI 55 MG/0.37ML SOLN PRSYR	4	PA, QL
SKYRIZI PEN	4	PA, QL
SPEVIGO 150 MG/ML SOLN PRSYR	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
SPEVIGO 300 MG/2ML SOLN PRSYR	4	PA, QL
SPEVIGO 450 MG/7.5ML SOLUTION	5	PA
TALTZ (20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR, 80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR)	4	PA, QL
USTEKINUMAB-AAUZ (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	1	PA, QL
ANTISEBORRHEIC PRODUCTS		
SELENIUM SULFIDE (2.25 % SHAMPOO, 2.3 % SHAMPOO, 2.5 % LOTION)	1	
sodium sulfacetamide (10 % shampoo)	1	
sodium sulfacetamide wash	1	
SULFACETAMIDE SODIUM (CLEANS)	1	
sulfacetamide sodium 10 % liquid	1	
ANTIVIRALS - TOPICAL		
acyclovir 5 % ointment	1	
penciclovir	1	
ASTRINGENTS		
XERAC AC	3	
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS		
CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)	4	PA, QL
OPZELURA	3	ST, QL
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES		
ADBRY 150 MG/ML SOLN PRSYR	4	PA, QL
ADBRY 300 MG/2ML SOLN A-INJ	4	PA, QL
EBGLYSS (250 MG/2ML SOLN A-INJ, 250 MG/2ML SOLN PRSYR)	4	PA, QL
BURN PRODUCTS		
SILVADENE	3	

Drug Name	Drug Tier	Requirements / Limits
silver sulfadiazine	1	
ssd	1	
SULFAMYLON	3	
CORTICOSTEROIDS - TOPICAL		
ala-cort	1	
alclometasone dipropionate (0.05 % cream, 0.05 % ointment)	1	
AMCINONIDE 0.1 % OINTMENT	1	
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	1	
betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	1	
BETAMETHASONE VALERATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.12 % FOAM)	1	
clobetasol prop emollient base	1	
clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)	1	
clobetasol propionate 0.05 % liquid	1	QL
clobetasol propionate emulsion	2	
CLOCORTOLONE PIVALATE	1	
DERMA-SMOOTHE/FS BODY	3	
DERMA-SMOOTHE/FS SCALP	3	
DESONIDE	1	QL
desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	1	
desoximetasone (0.05 % cream, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)	1	
fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)	1	
fluocinolone acetonide body	1	

Drug Name	Drug Tier	Requirements / Limits
fluocinolone acetonide scalp	1	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)	1	
fluocinonide 0.1 % cream	1	ST, QL
fluocinonide emulsified base	1	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	1	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	1	
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
hydrocortisone valerate (0.2 % cream, 0.2 % ointment)	1	
KENALOG	3	QL
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	1	
triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)	1	
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN	1	ST, QL
triderm	1	
EMOLLIENTS		
ammonium lactate 12 % cream	1	
ENZYMES - TOPICAL		
SANTYL	3	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
clotrimazole (1 % cream, 1 % solution)	1	

Drug Name	Drug Tier	Requirements / Limits
econazole nitrate	1	
ECONAZOLE NITRATE	1	QL
ECOZA 1 % FOAM	3	QL
ketoconazole (2 % cream, 2 % shampoo)	1	
ketoconazole 2 % foam	1	ST
ketodan	1	ST
LULICONAZOLE	1	AGE
OXISTAT 1 % LOTION	3	
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
imiquimod 5 % cream	1	
INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC		
NEMLUVIO	4	PA, QL
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
KERALYT 6 % SHAMPOO	1	
PODOCON-25	3	
PODOFILOX	1	
SALICYLIC ACID (6 % FOAM, 6 % SHAMPOO)	1	
LINIMENTS		
METHYL SALICYLATE LIQUID	1	
LOCAL ANESTHETICS - TOPICAL		
glydo	1	
lidocaine 5 % ointment	1	
lidocaine hcl 4 % solution	1	
lidocaine hcl urethral/mucosal	1	
PREMIUM LIDOCAINE	1	
QUTENZA	5	PA

Drug Name	Drug Tier	Requirements / Limits
QUTENZA (2 PATCH)	5	PA
QUTENZA (4 PATCH)	5	PA
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
HYFTOR	4	PA, QL
pimecrolimus	1	ST, QL
tacrolimus (0.03 % ointment, 0.1 % ointment)	1	QL
MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)		
SCENESSE	5	PA
MISC. TOPICAL		
ARNICA FLOWER	1	
BORIC ACID	1	
DRYSOL	3	
QBREXZA	3	QL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	QL
PHOTODYNAMIC THERAPY AGENTS - TOPICAL		
AMELUZ	5	
LEVULAN KERASTICK	5	
ROSACEA AGENTS		
azelaic acid	1	
doxycycline	1	PA, QL
FINACEA 15 % FOAM	3	QL
ivermectin 1 % cream	1	ST, QL
metronidazole (0.75 % cream, 0.75 % lotion)	1	
metronidazole (0.75 % gel, 1 % gel)	1	QL

Drug Name	Drug Tier	Requirements / Limits
RHOFADE	3	QL
SCABICIDES & PEDICULICIDES		
malathion	1	
NATROBA	3	QL
PERMETHRIN	1	
SPINOSAD	1	QL
SULFURATED LIME	1	
SKIN PROTECTANTS		
BENZOIN	1	
benzoin compound	1	
STEROID-LOCAL ANESTHETIC COMBINATIONS		
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
PRAMOSONE 1-2.5 % OINTMENT	3	
TOPICAL ANESTHETIC COMBINATIONS		
lidocaine-prilocaine 2.5-2.5 % cream	1	
SYNERA	5	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS		
bexarotene 1 % gel	1	PA, QL
TOPICAL STEROID COMBINATIONS		
attero	1	ST
calcipotriene-betameth diprop (0.005-0.064 % ointment, 0.005-0.064 % suspension)	1	ST
WOUND CARE - GROWTH FACTOR AGENTS		
REGRANEX	3	QL

Drug Name	Drug Tier	Requirements / Limits
WOUND DRESSINGS		
FILSUVEZ	4	PA, QL
WOUND TREATMENT - GENE THERAPY		
VYJUVEK	5	PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
adenosine (diagnostic)	5	
ARIDOL	5	
CHIRHOSTIM	5	
CORTROSYN	5	
cosyntropin	5	
DIPYRIDAMOLE	5	
GLUCAGEN DIAGNOSTIC	5	
GLUCAGON HCL (DIAGNOSTIC)	5	
GVOKE VIALDX	5	
KINEVAC	5	
LEXISCAN	5	
PROVOCHOLINE 100 MG RECON SOLN	5	
regadenoson	5	
SINCALIDE	5	
THYROGEN	5	
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ACCU-CHEK GUIDE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK SMARTVIEW	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ACCUTREND GLUCOSE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ADVANCE INTUITION TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ADVANCE MICRO-DRAW TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ADVOCATE REDI-CODE STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ADVOCATE REDI-CODE+ TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ADVOCATE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
AGAMATRIX AMP TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
AGAMATRIX JAZZ TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
AGAMATRIX KEYNOTE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
AGAMATRIX PRESTO TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ASSURE 3 TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ASSURE 4 TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ASSURE II	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ASSURE II CHECK	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ASSURE PLATINUM	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ASSURE PRISM MULTI TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ASSURE PRO TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
ASSURE TITANIUM	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
BIOTEL CARE TEST STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
BLOOD GLUCOSE TEST	1	PA, QL, SUM5 (IRS Buy Up List - Check Group)
BLOOD GLUCOSE TEST STRIPS 333	1	PA, QL, SUM5 (IRS Buy Up List - Check Group)
BLULINK GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CAREONE BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CARESENS N GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CARESENS S GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CARETOUCH TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CLEVER CHEK AUTO-CODE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CLEVER CHEK AUTO-CODE VOICE STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CLEVER CHEK TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CLEVER CHOICE AUTO-CODE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CLEVER CHOICE MICRO TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CLEVER CHOICE NO CODING	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CLEVER CHOICE TALK SYSTEM STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CONTOUR NEXT	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CONTOUR NEXT TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
CONTOUR PLUS TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CONTOUR TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
COOL BLOOD GLUCOSE TEST STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
D-CARE BLOOD GLUCOSE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
DIATHRIVE BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
DIATHRIVE GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
DIATHRIVE+ GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
DIATRUE PLUS TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
DUO-CARE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EASY MAX BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EASY PLUS II GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EASY STEP TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EASY TALK BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EASY TALK PLUS II TEST STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EASY TOUCH HEALTHPRO GLUCOSE STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EASY TOUCH TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EASY TRAK BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EASY TRAK II GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
EASYGLUCO STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EASYMAX 15 TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EASYMAX TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EASYPRO BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EASYPRO PLUS STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ELEMENT COMPACT TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ELEMENT TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EMBRACE BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EMBRACE EVO BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EMBRACE PRO GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EMBRACE TALK GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EMBRACE WAVE BLOOD GLUCOSE STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EQ BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
EVOLUTION AUTOCODE STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FIFTY50 GLUCOSE TEST 2.0	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FONDCIRCLE BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA 6 CONNECT STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA 6 CONNECT/GTEL TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
FORA BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA D15G BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA D20 BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA D40/G31 BLOOD GLUCOSE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA G20 BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA G30/PREM V10 GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA GD20 TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA GD50 BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA GTEL BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA TN'G ADVANCE PRO STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA TN'G/TN'G VOICE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA V10 BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA V12 BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA V20 BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORA V30A BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORACARE GD40 TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORACARE PREMIUM V10 TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORACARE TEST N GO TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
FORTISCARE G1 TEST STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FORTISCARE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FREESTYLE INSULINX TEST	2	QL, SUM5 (IRS Buy Up List - Check Group)
FREESTYLE LITE TEST	2	QL, SUM5 (IRS Buy Up List - Check Group)
FREESTYLE PRECISION NEO TEST	2	QL, SUM5 (IRS Buy Up List - Check Group)
FREESTYLE TEST	2	QL, SUM5 (IRS Buy Up List - Check Group)
GE100 BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GENULTIMATE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GHT TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCO PERFECT 3 TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOCARD 01 SENSOR PLUS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOCARD EXPRESSION TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOCARD SHINE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOCARD VITAL TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOCARD X-SENSOR	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOCOM TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCONAVII BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOSE METER TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
GNP EASY TOUCH GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GNP TRUE METRIX GLUCOSE STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GNP TRUETRACK SMART SYSTEM	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GNP TRUETRACK TEST STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GOJJI BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GOJJI BLOOD TEST STRIP/LANCETS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GOODSENSE BLOOD GLUCOSE STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
HW EMBRACE PRO GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
HW EMBRACE TALK GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
IGLUCOSE TEST STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
IHEALTH BLOOD GLUCOSE TEST STR	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
IN TOUCH BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
INFINITY BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
INFINITY VOICE STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
KROGER BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
KROGER HEALTHPRO GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
KROGER PREMIUM GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
LIBERTY NEXT GENERATION TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
LIBERTY TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
MEIJER BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
MEIJER ESSENTIAL GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
MEIJER TRUETEST TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
MEIJER TRUETRACK TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
MICRODOT TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
MM BLULINK GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
MM EASY TOUCH GLUCOSE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
MOBI CONNECT TEST STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
MYGLUCOHEALTH TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
NEUTEK 2TEK TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
NOVA MAX GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ON CALL EXPRESS BLOOD GLUCOSE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ONE DROP TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ONETOUCH ULTRA	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ONETOUCH ULTRA BLUE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ONETOUCH ULTRA TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ONETOUCH VERIO STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
OPTIUMEZ TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
PHARMACIST CHOICE AUTOCODE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
PHARMACIST CHOICE NO CODING	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
PIP BLOOD GLUCOSE TEST STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
POCKETCHEM EZ TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
PRECISION XTRA BLOOD GLUCOSE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
PRECISION XTRA KETONE	2	QL
PREMIUM BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
PRO VOICE V8/V9 GLUCOSE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
PRODIGY NO CODING BLOOD GLUC STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
PTS PANELSEGLU TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
QUICK TOUCH BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
QUICKTEK TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
QUINTET AC BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
QUINTET BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
REFUAH PLUS BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
RELION BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
RELION CONFIRM/MICRO TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
RELION GLUCOSE TEST STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
RELION PREMIER TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
RELION PRIME TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
RELION TRUE METRIX TEST STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
RELION ULTIMA TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
REXALL BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
RIGHTEST GS100 BLOOD GLUCOSE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
RIGHTEST GS300 BLOOD GLUCOSE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
RIGHTEST GS550 BLOOD GLUCOSE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
RIGHTEST GT333 BLOOD GLUCOSE STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
RIGHTEST GT333 GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
SMART SENSE PREMIUM TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
SMART SENSE VALUE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
SMARTEST BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
SOLUS V2 TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
SUPREME TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TGT BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TRUE FOCUS BLOOD GLUCOSE STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
TRUE METRIX BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TRUE METRIX PRO BLOOD GLUCOSE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TRUENESS BLOOD GLUCOSE STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TRUETEST TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TRUETRACK TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
UNISTRIP1 GENERIC	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
VERASENS BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
VIVAGUARD INO TEST STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
INFECTION TESTS		
2SAN COVID-19 RAPID SELF TEST	2	QL
ADVIN COVID-19 ANTIGEN TEST	2	QL
BINAXNOW COVID-19 AG HOME TEST	2	QL
BINAXNOW COVID-19 ANTIGEN SELF	2	QL
CARESTART COVID-19 HOME TEST	2	QL
CLEARDETECT COVID-19 AG HOME	2	QL
CLINITEST RAPID COVID-19 TEST	2	QL
COVID-19 AT HOME ANTIGEN TEST	1	QL
COVID-19 AT-HOME TEST	1	QL
COVID-19 OTC ANTIGEN 1-PACK	1	QL
COVID-19 OTC ANTIGEN 2-PACK	1	QL
CUE COVID-19 TEST	2	
CUE HEALTH MONITORING SYSTEM	2	
CVS COVID-19 AT HOME TEST KIT	2	QL

Drug Name	Drug Tier	Requirements / Limits
DIATRUST COVID-19 HOME TEST	2	QL
ELLUME COVID-19 HOME TEST	2	QL
FASTEP COVID-19 ANTIGEN TEST	2	QL
FLOWFLEX COVID-19 AG HOME TEST	2	QL
GENABIO COVID-19 RAPID TEST	2	QL
GOTOKNOW COVID-19 ANTIGEN RAPI	2	QL
IHEALTH COVID-19 RAPID TEST	2	QL
INDICAID COVID-19 RAPID TEST	2	QL
INTELISWAB COVID-19 RAPID TEST	2	QL
LUCIRA CHECK IT COVID-19 TEST	2	
LUCIRA COVID-19 ALL-IN-ONE	2	
OHC COVID-19 ANTIGEN SELF TEST	2	QL
ON/GO COVID-19 ANTIGEN TEST	2	QL
ON/GO ONE COVID-19 HOME TEST	2	QL
PILOT COVID-19 AT-HOME TEST	2	QL
QUICKVUE AT-HOME COVID-19 TEST	2	QL
SPEEDY SWAB COVID-19 ANTIGEN	2	QL
MULTIPLE SKIN TESTS		
T.R.U.E. TEST	3	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	2	QL
SUCRAID	4	PA, QL
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	2	QL

Drug Name	Drug Tier	Requirements / Limits
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide (125 mg tab, 250 mg tab)	1	
acetazolamide er	1	
acetazolamide sodium	5	
dichlorphenamide	4	PA, QL, AGE
KEVEYIS	4	PA, QL, AGE
methazolamide (25 mg tab, 50 mg tab)	1	
ormalvi	4	PA, QL
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
spironolactone-hctz	1	SUM5 (IRS Buy Up List - Check Group)
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
LOOP DIURETICS		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
EDECRIN	4	PA, QL
ethacrynate sodium	5	SUM5 (IRS Buy Up List - Check Group)
ethacrynic acid	1	PA, QL, SUM5 (IRS Buy Up List - Check Group)
furosemide (10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	
SODIUM EDECRIN	5	
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
OSMOTIC DIURETICS		
MANNITOL 25 % SOLUTION	5	
POTASSIUM SPARING DIURETICS		
amiloride hcl	1	SUM5 (IRS Buy Up List - Check Group)
CAROSPIR	3	QL, AGE
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
spironolactone 25 mg/5ml suspension	1	QL, AGE, SUM5 (IRS Buy Up List - Check Group)
triamterene (50 mg cap, 100 mg cap)	1	SUM5 (IRS Buy Up List - Check Group)
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide sodium	5	SUM5 (IRS Buy Up List - Check Group)
chlorthalidone (25 mg tab, 50 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
DIURIL	2	QL, AGE, SUM5 (IRS Buy Up List - Check Group)
HEMICLOR	2	SUM5 (IRS Buy Up List - Check Group)
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
indapamide (1.25 mg tab, 2.5 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
SODIUM DIURIL	5	SUM5 (IRS Buy Up List - Check Group)
THALITONE	2	SUM5 (IRS Buy Up List - Check Group)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX	5	

Drug Name	Drug Tier	Requirements / Limits
mifepristone 200 mg tab	5	
ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS		
XENPOZYME (4 MG RECON SOLN, 20 MG RECON SOLN)	5	PA
ADENOSINE DEAMINASE SCID TREATMENT - AGENTS		
REVCOVI	4	QL
BISPHOSPHONATES		
alendronate sodium (10 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
alendronate sodium (35 mg tab, 70 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
alendronate sodium 70 mg/75ml solution	1	SUM5 (IRS Buy Up List - Check Group)
ibandronate sodium 150 mg tab	1	QL, SUM5 (IRS Buy Up List - Check Group)
ibandronate sodium 3 mg/3ml solution	5	SUM5 (IRS Buy Up List - Check Group)
pamidronate disodium (30 mg/10ml solution, 90 mg/10ml solution)	5	SUM5 (IRS Buy Up List - Check Group)
RECLAST	5	SUM5 (IRS Buy Up List - Check Group)
risedronate sodium (5 mg tab, 30 mg tab)	1	ST, QL, SUM5 (IRS Buy Up List - Check Group)
risedronate sodium 150 mg tab	1	QL, SUM5 (IRS Buy Up List - Check Group)
risedronate sodium 35 mg tab	1	ST, QL, SUM5 (IRS Buy Up List - Check Group)
ZOLEDRONIC ACID (4 MG/5ML CONC, 5 MG/100ML SOLUTION)	5	SUM5 (IRS Buy Up List - Check Group)
CALCIMIMETIC AGENTS		
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	1	QL

Drug Name	Drug Tier	Requirements / Limits
PARSABIV (2.5 MG/0.5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/2ML SOLUTION)	5	
CALCITONINS		
calcitonin (salmon) 200 unit/act solution	1	SUM5 (IRS Buy Up List - Check Group)
calcitonin (salmon) 200 unit/ml solution	5	SUM5 (IRS Buy Up List - Check Group)
MIACALCIN	5	SUM5 (IRS Buy Up List - Check Group)
CARNITINE REPLENISHER - AGENTS		
CARNITOR 200 MG/ML SOLUTION	5	
levocarnitine (1 gm/10ml solution, 330 mg tab)	1	
levocarnitine 200 mg/ml solution	5	
levocarnitine sf	1	
CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR		
XPHOZAH (20 MG TAB, 30 MG TAB)	4	PA, QL
CORTICOTROPIN		
ACTHAR	5	PA
ACTHAR GEL (40 UNIT/0.5ML PEN, 80 UNIT/ML PEN)	5	PA
CORTROPHIN	5	PA
CORTROPHIN GEL (40 UNIT/0.5ML PRSYR, 80 UNIT/ML PRSYR)	5	PA
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA 1 MG TAB	4	PA, QL
ISTURISA 5 MG TAB	4	PA, QL
DOPAMINE RECEPTOR AGONISTS		
cabergoline	1	QL

Drug Name	Drug Tier	Requirements / Limits
FABRY DISEASE - AGENTS		
FABRAZYME (5 MG RECON SOLN, 35 MG RECON SOLN)	5	PA
GALAFOLD	4	PA, QL, AGE
GAA DEFICIENCY TREATMENT - AGENTS		
LUMIZYME	5	PA
NEXVIAZYME	5	PA
OPFOLDA	2	PA, QL
POMBILITI	5	PA
GNRH/LHRH ANTAGONISTS		
ORILISSA (150 MG TAB, 200 MG TAB)	4	PA, QL
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)	4	PA, QL
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV	5	PA
EGRIFTA WR	5	
GROWTH HORMONES		
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	4	PA, QL
GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	4	PA, QL
ZOMACTON 10 MG RECON SOLN	4	PA, QL
ZOMACTON 5 MG RECON SOLN	4	PA, QL
HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS		
XURIDEN	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS		
nitisinone (2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap)	4	PA, QL
NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)	4	PA, QL
ORFADIN (2 MG CAP, 5 MG CAP, 10 MG CAP, 20 MG CAP)	4	PA, QL
ORFADIN 4 MG/ML SUSPENSION	4	PA, QL
HOMOCYSTINURIA TREATMENT - AGENTS		
betaine	1	PA, QL
CYSTADANE	4	PA, QL
HYPERAMMONEMIA TREATMENT - AGENTS		
CARBAGLU	4	PA, QL
carglumic acid	1	PA, QL
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS		
calcitriol (0.25 mcg cap, 0.5 mcg cap)	1	
calcitriol 1 mcg/ml solution	1	QL
CALCITRIOL 1 MCG/ML SOLUTION	1	QL
doxercalciferol 4 mcg/2ml solution	5	
HECTOROL	5	
paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)	1	
paricalcitol (2 mcg/ml solution, 5 mcg/ml solution)	5	
ZEMPLAR (2 MCG/ML SOLUTION, 5 MCG/ML SOLUTION)	5	
HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS		
YORVIPATH (168 MCG/0.56ML SOLN PEN, 294 MCG/0.98ML SOLN PEN, 420 MCG/1.4ML SOLN PEN)	4	PA, QL
HYPOPHOSPHATASIA (HPP) AGENTS		
STRENSIQ 18 MG/0.45ML SOLUTION	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
STRENSIQ 28 MG/0.7ML SOLUTION	4	PA, QL
STRENSIQ 40 MG/ML SOLUTION	4	PA, QL
STRENSIQ 80 MG/0.8ML SOLUTION	4	PA, QL
INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)		
TEPEZZA	5	PA
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	4	PA, QL
LEPTIN ANALOGUES		
MYALEPT	4	PA, QL
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH)	5	
LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	4	QL
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT)	4	QL
LUPRON DEPOT-PED (6-MONTH)	4	QL
SUPPRELIN LA	5	PA
SYNAREL	4	PA, QL
TRIPTODUR	5	
LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS		
KANUMA	5	PA
MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS		
NULIBRY	5	PA
MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS		
ALDURAZYME	5	PA

Drug Name	Drug Tier	Requirements / Limits
MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS		
ELAPRASE	5	PA
MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS		
VIMIZIM	5	PA
MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS		
NAGLAZYME	5	PA
MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS		
MEPSEVII	5	PA
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	4	PA, QL
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	3	PA, QL
OVULATION STIMULANTS-GONADOTROPINS		
CHORIONIC GONADOTROPIN	1	PA
NOVAREL	3	PA
OVIDREL	5	PA
PREGNYL	3	PA
OVULATION STIMULANTS-SYNTHETIC		
clomid	1	
clomiphene citrate	1	
milophene	1	
PARATHYROID HORMONE AND DERIVATIVES		
FORTEO	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
teriparatide	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TYMLOS	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
PHENYLKETONURIA TREATMENT - AGENTS		
javygtor (100 mg packet, 100 mg tab, 500 mg packet)	4	PA, QL
PALYNZIQ (2.5 MG/0.5ML SOLN PRSYR, 10 MG/0.5ML SOLN PRSYR, 20 MG/ML SOLN PRSYR)	4	PA, QL
sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)	4	PA, QL
zelvysia (100 mg packet, 500 mg packet)	4	PA, QL
RANK LIGAND (RANKL) INHIBITORS		
BILDYOS	4	QL, SUM5 (IRS Buy Up List - Check Group)
BILPREVDA	5	SUM5 (IRS Buy Up List - Check Group)
JUBBONTI	4	QL, SUM5 (IRS Buy Up List - Check Group)
WYOST	5	SUM5 (IRS Buy Up List - Check Group)
SCLEROSTIN INHIBITORS		
EVENITY	5	PA, QL, SUM5 (IRS Buy Up List - Check Group)
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
OSPHENA	3	QL, SUM5 (IRS Buy Up List - Check Group)
raloxifene hcl	1	QL
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS		
JYNARQUE (15 MG TAB, 30 MG TAB)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
JYNARQUE (30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	4	PA, QL
JYNARQUE 15 MG TAB THPK	4	PA, QL
SAMSCA (15 MG TAB, 30 MG TAB)	4	PA, QL
tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)	4	PA, QL
tolvaptan (15 mg tab, 30 mg tab)	1	PA, QL
tolvaptan (hyponatremia) 15 mg tab	1	PA, QL
tolvaptan (hyponatremia) 30 mg tab	1	PA, QL
SOMATOSTATIC AGENTS		
BYNFEZIA PEN	4	PA
lanreotide acetate	4	PA, QL
MYCAPSSA	4	PA, QL
octreotide acetate (10 mg kit, 20 mg kit, 30 mg kit)	4	QL
OCTREOTIDE ACETATE (100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	2	QL
octreotide acetate 100 mcg/ml solution	2	QL
octreotide acetate 1000 mcg/ml solution	2	QL
octreotide acetate 200 mcg/ml solution	2	QL
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	2	QL
octreotide acetate 50 mcg/ml solution	2	QL
octreotide acetate 500 mcg/ml solution	2	QL
SANDOSTATIN 100 MCG/ML SOLUTION	4	QL
SANDOSTATIN 50 MCG/ML SOLUTION	4	QL
SANDOSTATIN 500 MCG/ML SOLUTION	4	QL
SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT)	5	PA, QL
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG)	5	PA
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	5	PA, QL
SOMATULINE DEPOT 60 MG/0.2ML SOLUTION	5	PA, QL
SOMATULINE DEPOT 90 MG/0.3ML SOLUTION	5	PA, QL
TRIPEPTIDYL PEPTIDASE 1 DEFICIENCY TREATMENT - AGENTS		
BRINEURA	5	PA
UREA CYCLE DISORDER - AGENTS		
OLPRUVA (2 GM DOSE)	4	PA, QL
OLPRUVA (3 GM DOSE)	4	PA, QL
OLPRUVA (4 GM DOSE)	4	PA, QL
OLPRUVA (5 GM DOSE)	4	PA, QL
OLPRUVA (6 GM DOSE)	4	PA, QL
OLPRUVA (6.67 GM DOSE)	4	PA, QL
PHEBURANE	4	PA, QL
V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS		
VAPRISOL	5	
VASOPRESSIN		
DDAVP (0.1 MG TAB, 0.2 MG TAB)	3	QL
DDAVP 4 MCG/ML SOLUTION	5	QL
DDAVP PF	5	QL
desmopressin ace spray refrig	1	QL
DESMOPRESSIN ACETATE	1	QL
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	1	QL
desmopressin acetate 4 mcg/ml solution	1	QL
desmopressin acetate pf	1	QL
desmopressin acetate spray	1	QL

Drug Name	Drug Tier	Requirements / Limits
VASOPRESSIN (20 UNIT/ML SOLUTION)	5	
vasopressin +rfid	5	
VASOPRESSIN-DEXTROSE 20-5 UT/100ML-% SOLUTION	5	
VASOPRESSIN-SODIUM CHLORIDE 20-0.9 UT/100ML-% SOLUTION	5	
VASOSTRICT (20 UNIT/ML SOLUTION, 20-5 UT/100ML-% SOLUTION, 40-5 UT/100ML-% SOLUTION)	5	
X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS		
CRYSVITA (10 MG/ML SOLUTION, 20 MG/ML SOLUTION, 30 MG/ML SOLUTION)	5	PA
ESTROGENS		
ESTROGEN & ANDROGEN		
EST ESTROGENS-METHYLTEST	1	QL
est estrogens-methyltest ds	1	QL
est estrogens-methyltest hs	1	QL
ESTROGEN & PROGESTIN		
abigale	1	QL
abigale lo	1	QL
ACTIVELLA	3	QL
amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)	1	QL
ANGELIQ (0.25-0.5 MG TAB, 0.5-1 MG TAB)	3	QL
CLIMARA PRO	3	QL
COMBIPATCH (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	2	QL
estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)	1	QL
fyavolv (0.5-2.5 tab, 1-5 tab)	1	

Drug Name	Drug Tier	Requirements / Limits
jinteli	1	
mimvey	1	QL
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	1	
PREMPHASE	3	QL
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	QL
ESTROGEN-PROGESTIN-GNRH ANTAGONIST		
MYFEMBREE	4	PA, QL
ORIAHNN	4	PA, QL
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB		
DUAVEE	2	QL
ALORA (0.025 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW)	3	QL
CLIMARA (0.025 MG/24HR PATCH WK, 0.0375 MG/24HR PATCH WK, 0.05 MG/24HR PATCH WK, 0.06 MG/24HR PATCH WK, 0.075 MG/24HR PATCH WK, 0.1 MG/24HR PATCH WK)	3	
DELESTROGEN (10 MG/ML OIL, 20 MG/ML OIL)	3	
DELESTROGEN 40 MG/ML OIL	5	
DEPO-ESTRADIOL	3	
DIVIGEL (0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL)	3	
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)	1	QL
ELESTRIN	3	
ESTRACE (0.5 MG TAB, 1 MG TAB, 2 MG TAB)	3	QL
estradiol (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, 0.75 mg/1.25 gm (0.06%) gel)	1	QL
estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg/gm gel)	1	

Drug Name	Drug Tier	Requirements / Limits
estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)	1	QL
estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)	1	
ESTROGEL	3	QL
EVAMIST	3	QL
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)	1	QL
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	3	QL
MENOSTAR	3	
MINIVELLE (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)	3	QL
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	QL
PREMARIN 25 MG RECON SOLN	5	
VIVELLE-DOT (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)	3	QL
FLUOROQUINOLONES		
BAXDELA 300 MG RECON SOLN	5	
BAXDELA 450 MG TAB	4	PA, QL
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	1	
ciprofloxacin in d5w (200 mg/100ml solution, 400 mg/200ml solution)	5	
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	1	
LEVOFLOXACIN 25 MG/ML SOLUTION	5	
levofloxacin in d5w (250 mg/50ml solution, 500 mg/100ml solution, 750 mg/150ml solution)	5	
moxifloxacin hcl 400 mg tab	1	

Drug Name	Drug Tier	Requirements / Limits
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	5	
MOXIFLOXACIN HCL IN NACL	5	
OFLOXACIN (300 MG TAB, 400 MG TAB)	1	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY (1 MG TAB, 2 MG TAB)	3	QL
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM 250 MG CAP	4	PA, QL
CHOLBAM 50 MG CAP	4	PA, QL
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
TRULANCE	3	ST, QL
GALLSTONE SOLUBILIZING AGENTS		
ursodiol (250 mg tab, 300 mg cap, 500 mg tab)	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium 100 mg/5ml conc	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone (8 mcg cap, 24 mcg cap)	1	QL, AGE
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	1	
metoclopramide hcl +rfid	5	
metoclopramide hcl 5 mg/ml solution	5	
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS		
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	2	QL
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS		
alosetron hcl (0.5 mg tab, 1 mg tab)	1	ST, QL
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium	1	
DIPENTUM	3	ST
MESALAMINE (1.2 GM TAB DR, 400 MG CAP DR, 800 MG TAB DR, 1000 MG SUPPOS)	1	QL
mesalamine 4 gm enema	1	
mesalamine er 0.375 gm cap er 24h	1	QL
mesalamine er 500 mg cap er	1	QL
PENTASA (250 MG CAP ER, 500 MG CAP ER)	2	QL
SFROWASA	3	
sulfasalazine (500 mg tab, 500 mg tab dr)	1	
INTEGRIN RECEPTOR ANTAGONISTS		
ENTYVIO	5	PA
ENTYVIO PEN	4	PA, QL
INTERLEUKIN ANTAGONISTS		
PYZCHIVA 130 MG/26ML SOLUTION	5	PA
SELARSDI 130 MG/26ML SOLUTION	5	PA
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	4	PA, QL
SKYRIZI 600 MG/10ML SOLUTION	5	PA
INTESTINAL ACIDIFIERS		
enulose	1	

Drug Name	Drug Tier	Requirements / Limits
generlac	1	
lactulose encephalopathy	1	
LIVE FECAL MICROBIOTA (HUMAN)		
VOWST	4	ST, QL
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan	1	PA, QL
MOVANTIK (12.5 MG TAB, 25 MG TAB)	2	QL
RELISTOR 12 MG/0.6ML SOLN PRSYR	4	PA, QL
RELISTOR 12 MG/0.6ML SOLUTION	4	PA, QL
RELISTOR 150 MG TAB	4	PA, QL
RELISTOR 8 MG/0.4ML SOLN PRSYR	4	PA, QL
SYMPROIC	2	QL
PHOSPHATE BINDER AGENTS		
AURYXIA	3	PA, QL
calcium acetate	1	
calcium acetate (phos binder) (667 mg cap, 667 mg tab)	1	
ferric citrate	3	PA, QL
FOSRENOL 1000 MG PACKET	3	PA, QL
FOSRENOL 750 MG PACKET	3	PA, QL
lanthanum carbonate (500 mg chew tab, 750 mg chew tab)	1	PA, QL
lanthanum carbonate 1000 mg chew tab	1	PA, QL
sevelamer carbonate (0.8 gm packet, 2.4 gm packet)	1	ST
sevelamer carbonate 800 mg tab	1	
sevelamer hcl (400 mg tab, 800 mg tab)	4	ST
VELPHORO	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	4	PA, QL
TUMOR NECROSIS FACTOR ALPHA BLOCKERS		
CIMZIA	4	PA, QL
CIMZIA (1 SYRINGE)	4	PA, QL
CIMZIA (2 SYRINGE)	4	PA, QL
CIMZIA-STARTER	4	PA, QL
RENFLEXIS	5	PA
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
ANESTHESIA S/I-40A	5	
ANESTHESIA S/I-40H	5	
ANESTHESIA S/I-40S	5	
DIPRIVAN (100 MG/10ML EMULSION, 200 MG/20ML EMULSION, 500 MG/50ML EMULSION, 1000 MG/100ML EMULSION)	5	
DIPRIVAN +RFID	5	
fresenius propoven (200 mg/20ml emulsion, 500 mg/50ml emulsion, 1000 mg/100ml emulsion)	5	
KETALAR (10 MG/ML SOLUTION, 50 MG/ML SOLUTION)	5	
KETAMINE HCL (0.6 MG/ML SOLUTION, 1 MG/ML SOLUTION, 10 MG/ML SOLUTION, 20 MG/2ML SOLN PRSYR, 25 MG/ML SOLN PRSYR, 30 MG/3ML SOLN PRSYR, 50 MG/5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR, 50 MG/ML SOLUTION, 100 MG TROCHE, 100 MG/100ML SOLUTION, 100 MG/2ML SOLN PRSYR, 100 MG/ML SOLUTION, 300 MG/30ML SOLN PRSYR)	5	
KETAMINE HCL-SODIUM CHLORIDE (10-0.9 MG/ML-% SOLN PRSYR, 20-0.9 MG/2ML-% SOLN PRSYR, 50-0.9 MG/5ML-% SOLN PRSYR, 100-0.85 MG/50ML-% SOLUTION, 100-0.9 MG/10ML-% SOLN PRSYR, 200-0.85 MG/100ML-% SOLUTION, 500-0.8 MG/100ML-% SOLUTION, 500-0.9 MG/250ML-% SOLUTION, 1000-0.65 MG/100ML-% SOLUTION, 1000-0.69 MG/100ML-% SOLUTION, 1000-0.9 MG/100ML-% SOLUTION, 1250-0.9	5	

MG/250ML-% SOLUTION, 2500-0.9 MG/250ML-% SOLUTION)		
Drug Name	**Drug Tier**	**Requirements / Limits**
propofol (200 mg/20ml emulsion, 500 mg/50ml emulsion, 1000 mg/100ml emulsion)	5	
propofol +rfid (200 mg/20ml emulsion, 500 mg/50ml emulsion, 1000 mg/100ml emulsion)	5	
propofol-lipuro	5	
VOLATILE ANESTHETICS		
sevoflurane	5	
ULTANE	5	
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS		
dutasteride	1	QL
finasteride 5 mg tab	1	QL
ALPHA 1-ADRENOCEPTOR ANTAGONISTS		
alfuzosin hcl er	1	QL
silodosin (4 mg cap, 8 mg cap)	1	QL
tamsulosin hcl	1	QL
UROXATRAL	3	QL
ANTI-INFECTIVE GENITOURINARY IRRIGANTS		
NEOMYCIN-POLYMYXIN B GU	1	
CITRATES		
CYTRA-K	1	
pot & sod cit-cit ac	1	
potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)	1	
POTASSIUM CITRATE-CITRIC ACID	1	

Drug Name	Drug Tier	Requirements / Limits
sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution, 1500-1002 mg/15ml solution, 3000-2004 mg/30ml solution)	1	
TRICITRATES	1	
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	2	
GENITOURINARY IRRIGANTS		
acetic acid 0.25 % solution	1	
ARGYLE STERILE SALINE	1	
CURITY STERILE SALINE	1	
glycine 1.5 % solution	1	
glycine urologic	1	
RENACIDIN	3	
SODIUM CHLORIDE 0.9 % SOLUTION	1	
SORBITOL 3 % SOLUTION	1	
SORBITOL-MANNITOL	1	
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG		
FILSPARI (200 MG TAB, 400 MG TAB)	4	PA, QL
INTERSTITIAL CYSTITIS AGENTS		
dimethyl sulfoxide	5	
RIMSO-50	5	
PHOSPHATES		
K-PHOS NO 2	3	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS		
dutasteride-tamsulosin hcl	1	QL

Drug Name	Drug Tier	Requirements / Limits
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)		
OXLUMO	5	PA
RIVFLOZA 128 MG/0.8ML SOLN PRSYR	4	PA, QL
RIVFLOZA 160 MG/ML SOLN PRSYR	4	PA, QL
RIVFLOZA 80 MG/0.5ML SOLUTION	4	PA, QL
URINARY ANALGESICS		
phenazo 200 mg tab	1	
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	1	
URINARY STONE AGENTS		
LITHOSTAT	3	
tiopronin 100 mg tab	4	QL
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine-probenecid	1	
allopurinol (100 mg tab, 300 mg tab)	1	
colchicine 0.6 mg tab	1	QL
febuxostat (40 mg tab, 80 mg tab)	1	QL
KRYSTEXXA (8 MG/50ML SOLUTION, 8 MG/ML SOLUTION)	5	PA
URICOSURICS		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC.		
AGENTS FOR CONGENITAL THROMBOTIC THROMBOCYTOPENIC PURPURA		
ADZYNMA (500 KIT, 1500 KIT)	5	PA

Drug Name	Drug Tier	Requirements / Limits
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI	5	PA
ANTI-VON WILLEBRAND FACTOR AGENTS		
CABLIVI	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ANTIHEMOPHILIC PRODUCTS		
ADVATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN)	5	PA
ADYNOVATE (250 RECON SOLN, 500 RECON SOLN, 750 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	5	PA
AFSTYLA (250 KIT, 500 KIT, 1000 KIT, 1500 KIT, 2000 KIT, 2500 KIT, 3000 KIT)	5	PA
ALPHANATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN)	5	PA
ALPHANINE SD (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN)	5	PA
ALPROLIX (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN)	5	PA
BALFAXAR (500 RECON SOLN, 1000 RECON SOLN)	5	PA
BENEFIX (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT)	5	PA
COAGADEX (250 RECON SOLN, 500 RECON SOLN)	5	PA
CORIFACT	5	PA
ELOCTATE (250 RECON SOLN, 500 RECON SOLN, 750 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN, 5000 RECON SOLN, 6000 RECON SOLN)	5	PA
ESPEROCT (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN)	5	PA

Drug Name	Drug Tier	Requirements / Limits
FEIBA (500 RECON SOLN, 1000 RECON SOLN, 2500 RECON SOLN)	5	PA
FIBRYGA (1 GM RECON SOLN, 2 GM RECON SOLN)	5	PA
HEMOFIL M (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1700 RECON SOLN)	5	PA
HUMATE-P (250-600 RECON SOLN, 500-1200 RECON SOLN, 1000-2400 RECON SOLN)	5	PA
IDELVION (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3500 RECON SOLN)	5	PA
IXINITY (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	5	PA
JIVI (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN)	5	PA
KCENTRA (500 KIT, 1000 KIT)	5	PA
KOATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN)	5	PA
KOATE-DVI (500 RECON SOLN, 1000 RECON SOLN)	5	PA
KOGENATE FS (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT)	5	PA
KOVALTRY (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	5	PA
NOVOEIGHT (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	5	PA
NOVOSEVEN RT (1 MG RECON SOLN, 2 MG RECON SOLN, 5 MG RECON SOLN, 8 MG RECON SOLN)	5	PA
NUWIQ (250 KIT, 250 RECON SOLN, 500 KIT, 500 RECON SOLN, 1000 KIT, 1000 RECON SOLN, 1500 KIT, 1500 RECON SOLN, 2000 KIT, 2000 RECON SOLN, 2500 KIT, 2500 RECON SOLN, 3000 KIT, 3000 RECON SOLN, 4000 KIT, 4000 RECON SOLN)	5	PA
OBIZUR	5	PA
PROFILNINE (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN)	5	PA

Drug Name	Drug Tier	Requirements / Limits
REBINYN (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	5	PA
RECOMBINATE (220-400 RECON SOLN, 401-800 RECON SOLN, 801-1240 RECON SOLN, 1241-1800 RECON SOLN, 1801-2400 RECON SOLN)	5	PA
RIASTAP	5	PA
RIXUBIS (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	5	PA
SEVENFACT (1 MG RECON SOLN, 2 MG RECON SOLN, 5 MG RECON SOLN)	5	PA
TRETTEN	5	PA
VONVENDI (650 RECON SOLN, 1300 RECON SOLN)	5	PA
WILATE (500-500 KIT, 1000-1000 KIT)	5	PA
XYNTHA (250 KIT, 500 KIT, 1000 KIT, 2000 KIT)	5	PA
XYNTHA SOLOFUSE (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT)	5	PA
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES		
HEMLIBRA (12 MG/0.4ML SOLUTION, 30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION, 300 MG/2ML SOLUTION)	5	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate	4	PA, QL
C1 ESTERASE INHIBITORS		
BERINERT	5	PA
CINRYZE	5	PA
RUCONEST	5	PA
COMPLEMENT C1 INHIBITORS		
ENJAYMO	5	PA

Drug Name	Drug Tier	Requirements / Limits
COMPLEMENT C3 INHIBITORS		
EMPAVELI	5	PA
COMPLEMENT C5 INHIBITORS		
EPYSQLI	5	PA
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	5	PA
VEOPOZ	5	PA
COMPLEMENT C5A RECEPTOR INHIBITORS		
TAVNEOS	4	PA, QL
DIRECT-ACTING P2Y12 INHIBITORS		
KENGREAL	5	SUM5 (IRS Buy Up List - Check Group)
ticagrelor (60 mg tab, 90 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS		
AGGRASTAT (3.75 MG/15ML CONC, 5-0.9 MG/100ML-% SOLUTION, 12.5-0.9 MG/250ML-% SOLUTION)	5	SUM5 (IRS Buy Up List - Check Group)
eptifibatide (20 mg/10ml solution, 75 mg/100ml solution, 200 mg/100ml solution)	5	SUM5 (IRS Buy Up List - Check Group)
tirofiban hcl in nacl (5-0.9 mg/100ml-% solution, 12.5-0.9 mg/250ml-% solution)	5	SUM5 (IRS Buy Up List - Check Group)
HEMATORHEOLOGIC AGENTS		
pentoxifylline er	1	
HEMIN		
PANHEMATIN	5	
HUMAN PROTEIN C		
CEPROTIN (500 RECON SOLN, 1000 RECON SOLN)	5	

Drug Name	Drug Tier	Requirements / Limits
PHOSPHODIESTERASE III INHIBITORS		
cilostazol (50 mg tab, 100 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
PLASMA EXPANDERS		
LMD IN D5W	5	
LMD IN NACL	5	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR	5	PA
ORLADEYO (72 MG PACKET, 96 MG PACKET, 108 MG PACKET, 132 MG PACKET)	4	PA, QL, AGE
ORLADEYO 110 MG CAP	4	PA, QL, AGE
ORLADEYO 150 MG CAP	4	PA, QL, AGE
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES		
TAKHZYRO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	4	PA, QL
PLASMA PROTEINS		
RYPLAZIM	5	PA
THROMBATE III	5	
PLATELET AGGREGATION INHIBITOR COMBINATIONS		
aspirin-dipyridamole er	1	SUM5 (IRS Buy Up List - Check Group)
PLATELET AGGREGATION INHIBITORS		
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	1	SUM5 (IRS Buy Up List - Check Group)
PROTAMINE		
PROTAMINE SULFATE	5	

Drug Name	Drug Tier	Requirements / Limits
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS		
ZONTIVITY	3	QL, SUM5 (IRS Buy Up List - Check Group)
PYRUVATE KINASE ACTIVATORS		
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	4	PA, QL
PYRUKYND TAPER PACK (5 MG TAB THPK, 7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	4	PA, QL
QUINAZOLINE AGENTS		
anagrelide hcl (0.5 mg cap, 1 mg cap)	1	SUM5 (IRS Buy Up List - Check Group)
SPLEEN TYROSINE KINASE (SYK) INHIBITORS		
TAVALISSE (100 MG TAB, 150 MG TAB)	4	PA, QL
THIENOPYRIDINE DERIVATIVES		
clopidogrel bisulfate (75 mg tab, 300 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
prasugrel hcl (5 mg tab, 10 mg tab)	1	QL, SUM5 (IRS Buy Up List - Check Group)
THROMBOLYTIC AGENT - MISC		
DEFITELIO	5	PA
TISSUE PLASMINOGEN ACTIVATORS		
ACTIVASE (50 MG RECON SOLN, 100 MG RECON SOLN)	5	
CATHFLO ACTIVASE	5	
RETAVASE	5	
RETAVASE HALF-KIT	5	
TNKASE (25 MG KIT, 50 MG KIT)	5	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
CEREZYME	5	PA
ELELYSO	5	PA
miglustat	4	PA, QL
VPRIV	5	PA
yargesa	4	PA, QL
AMINO ACIDS		
ENDARI	4	PA, QL
l-glutamine 5 gm packet	4	PA, QL
COBALAMINS		
CYANOCOBALAMIN	1	QL
cyanocobalamin 1000 mcg/ml solution	1	QL
HYDROXOCOBALAMIN ACETATE	5	
PHYSICIANS EZ USE B-12	5	
VITAMIN DEFICIENCY SYSTEM-B12	5	
CXCR4 RECEPTOR ANTAGONIST		
MOZOBIL	5	
plerixafor	5	
CYTOTOXIC AGENTS		
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	3	
ERYTHROID MATURATION AGENTS		
REBLOZYL (25 MG RECON SOLN, 75 MG RECON SOLN)	5	PA
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)		
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)	5	

Drug Name	Drug Tier	Requirements / Limits
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	5	
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 120 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	5	PA
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	5	
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	5	
FOLIC ACID/FOLATES		
folate	1	
folic acid (1 mg tab, 400 mcg tab, 800 mcg tab)	1	
folic acid 5 mg/ml solution	5	
ft folic acid (400 mcg tab, 800 mcg tab)	1	
gnp folic acid	1	
hm folic acid	1	
kp folic acid 800 mcg tab	1	
px folic acid	1	
qc folic acid	1	
ra folic acid (400 mcg tab, 800 mcg tab)	1	
sm folic acid	1	
true folic acid 400 mcg tab	1	
yl folic acid	1	
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)		
ARMLUPEG	5	PA

Drug Name	Drug Tier	Requirements / Limits
FILKRI (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5	PA
FULPHILA	5	
FYLNETRA	5	PA
GRANIX (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5	
NEULASTA (4 MG/0.4ML SOLUTION, 6 MG/0.6ML SOLN PRSYR)	5	PA
NEULASTA ONPRO	5	PA
NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5	
NYPOZI (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5	PA
NYVEPRIA	5	PA
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5	PA
ROLVEDON	5	PA
STIMUFEND	5	PA
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	5	
UDENYCA ONBODY	5	
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5	PA
ZIEXTENZO	5	PA
GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)		
LEUKINE	5	PA
HEMATOPOIETIC AUTOLOGOUS CELLULAR GENE THERAPY		
ZYNTEGLO	5	PA

Drug Name	Drug Tier	Requirements / Limits
HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS		
JESDUVROQ (1 MG TAB, 2 MG TAB, 4 MG TAB)	4	PA, QL
JESDUVROQ 6 MG TAB	4	PA, QL
JESDUVROQ 8 MG TAB	4	PA, QL
VAFSEO (150 MG TAB, 300 MG TAB)	4	PA, QL
IRON		
bprotected pedia iron	1	QL, AGE
fe-vite iron	1	QL, AGE
fer-in-sol	1	QL, AGE
FERAHEME	5	
ferric carboxymaltose (100 mg/2ml solution, 750 mg/15ml solution, 1000 mg/20ml solution)	5	PA
FERRLECIT	5	
ferrous sulfate (75 (15 fe) mg/ml solution, 220 (44 fe) mg/5ml solution, 300 (60 fe) mg/5ml solution, 300 mg/6.8ml solution)	1	QL, AGE
ferumoxytol	5	
INFED	5	
INJECTAFER (100 MG/2ML SOLUTION, 750 MG/15ML SOLUTION, 1000 MG/20ML SOLUTION)	5	PA
iron (ferrous sulfate) 75 (15 fe) mg/ml solution	1	QL, AGE
iron infant & toddler	1	QL, AGE
iron infant/toddler	1	QL, AGE
iron sucrose	5	
iron supplement (15 mg/ml solution, 220 (44 fe) mg/5ml solution)	1	QL, AGE
MONOFERRIC	5	PA
na ferric gluc cplx in sucrose	5	
one vite ferrous sulfate 220 (44 fe) mg/5ml solution	1	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
pc pediatric iron drops	1	QL, AGE
VENOFER	5	
IRON COMBINATIONS		
HEMATOGEN FA	3	QL
MULTIGEN	3	QL
MULTIGEN FOLIC	3	QL
MULTIGEN PLUS	3	QL
TRIGELS-F FORTE	1	QL
SELECTIN BLOCKERS		
ADAKVEO	5	PA
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS		
DOPTELET	4	PA, QL
DOPTELET SPRINKLE	4	PA, QL, AGE
eltrombopag olamine (12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)	4	PA, QL
MULPLETA	4	PA, QL
NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN)	5	PA
PROMACTA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	4	PA, QL
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid (500 mg tab, 1000 mg tab)	3	QL
aminocaproic acid 0.25 gm/ml solution	3	QL
aminocaproic acid 250 mg/ml solution	5	
CYKLOKAPRON	5	
tranexamic acid 1000 mg/10ml solution	5	

Drug Name	Drug Tier	Requirements / Limits
tranexamic acid 650 mg tab	1	QL
tranexamic acid-nacl	5	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
eq nighttime sleep aid max st	5	
eql sleep aid 50 mg cap	5	
ft sleep-aid maximum strength	5	
gnp nighttime sleep-aid max st	5	
goodsense sleep aid	5	
goodsense sleep-aid max str	5	
qc sleep aid max st	5	
qc sleep-aid max st	5	
ra sleep aid 50 mg cap	5	
sleep-aid 50 mg cap	5	
UNISOM SLEEPGELS	5	
wal-som maximum strength	5	
BARBITURATE HYPNOTICS		
AMYTAL SODIUM	5	
NEMBUTAL	5	
pentobarbital sodium	5	
phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)	1	
PHENOBARBITAL SODIUM (65 MG/ML SOLUTION, 130 MG/ML SOLUTION)	5	
BENZODIAZEPINE HYPNOTICS		
BYFAVO	5	

Drug Name	Drug Tier	Requirements / Limits
estazolam (1 mg tab, 2 mg tab)	1	QL
FLURAZEPAM HCL (15 MG CAP, 30 MG CAP)	1	ST, QL
MIDAZOLAM HCL (2 MG/2ML SOLUTION, 5 MG/5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/10ML SOLUTION, 10 MG/2ML SOLUTION, 25 MG/5ML SOLUTION, 50 MG/10ML SOLUTION)	5	
midazolam hcl (pf) (2 mg/2ml solution, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/2ml solution)	5	
midazolam hcl (pf) +rfid	5	
MIDAZOLAM HCL-SODIUM CHLORIDE (2-0.9 MG/2ML-% SOLN PRSYR, 5-0.9 MG/5ML-% SOLN PRSYR, 50-0.9 MG/50ML-% SOLUTION, 100-0.9 MG/100ML-% SOLUTION)	5	
midazolam-sodium chloride (50-0.9 mg/50ml-% solution, 100-0.9 mg/100ml-% solution)	5	
MIDAZOLAM-SODIUM CHLORIDE (PF) (50-0.8 MG/50ML-% SOLUTION, 50-0.9 MG/50ML-% SOLUTION, 100-0.8 MG/100ML-% SOLUTION, 100-0.9 MG/100ML-% SOLUTION)	5	
QUAZEPAM	1	QL
temazepam (15 mg cap, 30 mg cap)	1	QL
triazolam (0.125 mg tab, 0.25 mg tab)	1	QL
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (3 mg tab, 6 mg tab)	1	ST, QL
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS		
EDLUAR (5 MG SL TAB, 10 MG SL TAB)	3	ST, QL
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	1	QL
zaleplon (5 mg cap, 10 mg cap)	1	QL
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	1	ST, QL
zolpidem tartrate (5 mg tab, 10 mg tab)	1	QL
zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)	1	QL

Drug Name	Drug Tier	Requirements / Limits
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	3	ST, QL
SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES		
dexmedetomidine hcl in nacl 1000 mcg/250ml solution	5	
PRECEDEX 1000 MCG/250ML SOLUTION	5	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ LQ	4	QL, AGE
ramelteon	1	QL
LAXATIVES		
BOWEL EVACUANT COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	2	
GAVILYTE-C	3	
gavilyte-g	1	
GOLYTELY	3	
na sulfate-k sulfate-mg sulf	1	
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PEG-PREP	3	
LAXATIVES - MISCELLANEOUS		
constulose	1	
lactulose (10 gm/15ml solution, 20 gm/30ml solution)	1	

Drug Name	Drug Tier	Requirements / Limits
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC & SYMPATHOMIMETIC		
lidocaine-epinephrine (0.5 %-1:200000 solution, 1 %-1:100000 solution, 2 %-1:100000 solution)	5	
lidocaine-epinephrine (pf) (1.5 solution, 2 solution)	5	
XYLOCAINE-MPF/EPINEPHRINE (1 SOLUTION, 1.5 SOLUTION, 2 SOLUTION)	5	
XYLOCAINE/EPINEPHRINE (XYLOCAINE/EPINEPHRINE 0.5 %-1:200000 SOLUTION, XYLOCAINE/EPINEPHRINE 1 %-1:100000 SOLUTION, XYLOCAINE/EPINEPHRINE 2 %-1:100000 SOLUTION)	5	
LOCAL ANESTHETICS - AMIDES		
BUPIVACAINE FISIOPHARMA (0.5 % SOLUTION, 2.5 MG/ML SOLUTION)	5	
bupivacaine hcl (0.25 % solution, 0.5 % solution)	5	
bupivacaine hcl (pf) (0.25 % solution, 0.5 % solution, 0.75 % solution)	5	
EXPAREL	5	
lidocaine hcl (0.5 % solution, 1 % solution, 2 % solution, 100 mg/5ml soln prsyr)	5	
lidocaine hcl (pf) (0.5 % solution, 1 % solution, 1.5 % solution, 2 % solution, 4 % solution)	5	
MARCAINE (0.25 % SOLUTION, 0.5 % SOLUTION, 0.75 % SOLUTION)	5	
MARCAINE PRESERVATIVE FREE (0.25 % SOLUTION, 0.5 % SOLUTION, 0.75 % SOLUTION)	5	
NAROPIN (2 MG/ML SOLUTION, 5 MG/ML SOLUTION, 7.5 MG/ML SOLUTION, 10 MG/ML SOLUTION)	5	
POLOCAINE (1 % SOLUTION, 2 % SOLUTION)	5	
POLOCAINE-MPF (1 % SOLUTION, 1.5 % SOLUTION, 2 % SOLUTION)	5	

Drug Name	Drug Tier	Requirements / Limits
ropivacaine hcl (2 mg/ml solution, 5 mg/ml solution, 7.5 mg/ml solution, 10 mg/ml solution)	5	
ROPIVACAINE HCL-NACL (0.1-0.9 % SOLUTION, 0.2-0.9 % SOLUTION)	5	
sensorcaine (0.25 % solution, 0.5 % solution)	5	
sensorcaine-mpf (0.25 % solution, 0.5 % solution, 0.75 % solution)	5	
XYLOCAINE (0.5 % SOLUTION, 1 % SOLUTION, 2 % SOLUTION)	5	
XYLOCAINE MPF +RFID	5	
XYLOCAINE-MPF (0.5 % SOLUTION, 1 % SOLUTION, 1.5 % SOLUTION, 2 % SOLUTION)	5	
XYLOCAINE-MPF +RFID	5	
LOCAL ANESTHETICS - ESTERS		
chloroprocaine hcl (pf) (2 % solution, 3 % solution)	5	
CLOROTEKAL	5	
NESACAINE (1 % SOLUTION, 2 % SOLUTION)	5	
NESACAINE-MPF (2 % SOLUTION, 3 % SOLUTION)	5	
MACROLIDES		
AZITHROMYCIN		
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp)	1	
azithromycin (250 mg tab, 500 mg tab, 600 mg tab)	1	QL
azithromycin (500 mg recon soln)	5	
ZITHROMAX (1 GM PACKET, 500 MG RECON SOLN)	5	
ZITHROMAX (250 MG TAB, 500 MG TAB)	3	QL
ZITHROMAX TRI-PAK	3	QL
ZITHROMAX Z-PAK	3	QL
CLARITHROMYCIN		
clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	1	

Drug Name	Drug Tier	Requirements / Limits
clarithromycin er	1	
ERYTHROMYCINS		
e.e.s. 400	1	
ERYTHROCIN LACTOBIONATE	5	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	1	
erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)	1	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp)	1	AGE
erythromycin ethylsuccinate 400 mg tab	1	
erythromycin lactobionate	5	
FIDAXOMICIN		
DIFICID 200 MG TAB	4	PA, QL
fidaxomicin	4	PA, QL
MEDICAL DEVICES AND SUPPLIES		
APPLICATORS,COTTON BALLS,ETC		
ALCOH-WIPE	3	
ESSENTRA WIPES 9X9"	3	
CERVICAL CAPS		
FEMCAP (22 DEVICE, 26 DEVICE, 30 DEVICE)	2	
CONDOMS - FEMALE		
FC2 FEMALE CONDOM	2	QL
CONDOMS - MALE		
AIMSCO LUBRICATED	2	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
CONDOMS	1	QL, SUM5 (IRS Buy Up List - Check Group)
DUREX EXTRA SENSITIVE THIN (DEVICE, MISC)	2	QL, SUM5 (IRS Buy Up List - Check Group)
DUREX REALFEEL	2	QL, SUM5 (IRS Buy Up List - Check Group)
DUREX TROPICAL	2	QL, SUM5 (IRS Buy Up List - Check Group)
FANTASY LUBRICATED	2	QL, SUM5 (IRS Buy Up List - Check Group)
FANTASY LUBRICATED/SPERMICIDE	2	QL, SUM5 (IRS Buy Up List - Check Group)
K-Y ME & YOU EXTRA LUBRICATED	2	QL, SUM5 (IRS Buy Up List - Check Group)
K-Y ME & YOU INTENSE	2	QL, SUM5 (IRS Buy Up List - Check Group)
KAMELEON LUBRICATED	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO COLORS	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO MAXX-LARGE FLARE	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO MICRO THIN	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO MICRO THIN PLUS	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO PLUS	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO PS	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO PS PLUS	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO SENSATION	2	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
KIMONO SENSATION PLUS	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO SPECIAL	2	QL, SUM5 (IRS Buy Up List - Check Group)
MAXX	2	QL, SUM5 (IRS Buy Up List - Check Group)
MAXX PLUS	2	QL, SUM5 (IRS Buy Up List - Check Group)
REALITY LATEX CONDOMS	2	QL, SUM5 (IRS Buy Up List - Check Group)
REALITY LATEX/ULTRA TEXTURED	2	QL, SUM5 (IRS Buy Up List - Check Group)
REALITY LATEX/ULTRA THIN	2	QL, SUM5 (IRS Buy Up List - Check Group)
TROJAN BARESKIN	2	QL, SUM5 (IRS Buy Up List - Check Group)
TROJAN ENZ	2	QL, SUM5 (IRS Buy Up List - Check Group)
TROJAN MAGNUM	2	QL, SUM5 (IRS Buy Up List - Check Group)
TROJAN ULTRA RIBBED LUBRICATED	2	QL, SUM5 (IRS Buy Up List - Check Group)
TROJAN ULTRA THIN (DEVICE, MISC)	2	QL, SUM5 (IRS Buy Up List - Check Group)
TROJAN ULTRA THIN/SPERMICIDAL	2	QL, SUM5 (IRS Buy Up List - Check Group)
TROJAN-ENZ LUBRICATED	2	QL, SUM5 (IRS Buy Up List - Check Group)
TROJAN-ENZ/SPERMICIDAL	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUE COVER	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUSTEX COLOR CONDOMS + LUBE	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUSTEX LUB/RIBBED/STUDDED	2	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
TRUSTEX LUB/SPERMICIDE EX ST	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUSTEX LUB/SPERMICIDE XL	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUSTEX LUBRICATED	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUSTEX LUBRICATED EX LARGE	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUSTEX LUBRICATED EXTRA ST	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUSTEX LUBRICATED/SPERMICIDE	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUSTEX NATURAL CONDOMS + LUBE	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUSTEX NON-LUBRICATED	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUSTEX RIA LUB/SPERMICIDE	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUSTEX RIA LUBRICATED	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUSTEX RIA NON-LUBRICATED	2	QL, SUM5 (IRS Buy Up List - Check Group)
TRUSTEX-NONOXYNOL-9/RIB/STUD	2	QL, SUM5 (IRS Buy Up List - Check Group)
DIAPHRAGMS		
OMNIFLEX DIAPHRAGM	2	QL
GLUCOSE MONITOR & KETONE MONITOR COMBINATIONS		
PRECISION XTRA-GLUCOSE/KETONE	2	QL
GLUCOSE MONITORING TEST SUPPLIES		
1ST TIER UNILET COMFORTOUCH	1	QL
ACCU-CHEK FASTCLIX LANCETS	1	QL
ACCU-CHEK SAFE-T PRO LANCETS	1	QL

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK SOFTCLIX LANCETS	1	QL
ACTI-LANCE 28G	1	QL
ACTI-LANCE LITE LANCETS 28G	1	QL
ACTI-LANCE SPECIAL LANCETS 17G	1	QL
ACTI-LANCE UNIVERSAL 23G	1	QL
ADVANCED MOBILE LANCET	1	QL
ADVANTAGE SAFETY LANCETS 28G	1	QL
ADVOCATE LANCETS	1	QL
ADVOCATE LANCETS 30G	1	QL
ADVOCATE SAFETY LANCETS	1	QL
ADVOCATE SAFETY LANCETS 21G	1	QL
ADVOCATE SAFETY LANCETS 23G	1	QL
ADVOCATE SAFETY LANCETS 26G	1	QL
ADVOCATE SAFETY LANCETS 28G	1	QL
AGAMATRIX ULTRA-THIN LANCETS	1	QL
AIMSCO TWIST LANCETS 32G	1	QL
AIMSCO TWIST LANCETS 33G	1	QL
AQUALANCE LANCETS 30G	1	QL
ASSURE COMFORT LANCETS 28G	1	QL
ASSURE LANCE LANCETS	1	QL
ASSURE LANCE LANCETS 21G	1	QL
ASSURE LANCE PLUS SAFETY 25G	1	QL
ASSURE LANCE PLUS SAFETY 30G	1	QL
ASSURE LANCE SAFETY LANCET 28G	1	QL
AURORA LANCET SUPER THIN 30G	1	QL
AURORA LANCET THIN 23G	1	QL
BD MICROTAINER LANCETS	1	QL
CAREONE LANCET SUPER THIN 30G	1	QL

Drug Name	Drug Tier	Requirements / Limits
CAREONE LANCET THIN 23G	1	QL
CARESENS LANCETS	1	QL
CARESENS LANCETS 30G	1	QL
CARETOUCH SAFETY LANCETS	1	QL
CARETOUCH SAFETY LANCETS 26G	1	QL
CARETOUCH TWIST LANCETS 28G	1	QL
CARETOUCH TWIST LANCETS 30G	1	QL
CARETOUCH TWIST LANCETS 33G	1	QL
CARETOUCH TWIST MC LANCETS 30G	1	QL
CHOSEN LANCETS 30G	1	QL
CHOSEN SAFETY LANCETS 28G	1	QL
CLEANLET LANCETS 28G	1	QL
CLEVER CHEK LANCETS	1	QL
CLEVER CHOICE COMFORT EZ MISC	1	QL
CLEVER CHOICE LANCETS 21G	1	QL
CLEVER CHOICE LANCETS 23G	1	QL
CLEVER CHOICE LANCETS 28G	1	QL
COAGUCHEK LANCETS	1	QL
COMFORT ASSURED LANCETS 28G	1	QL
COMFORT ASSURED LANCETS 33G	1	QL
COMFORT LANCETS	1	QL
COMFORT TOUCH LANCETS 31G	1	QL
COMFORT TOUCH PLUS LANCETS 28G	1	QL
COMFORT TOUCH PLUS LANCETS 30G	1	QL
COMFORT TOUCH TWIST LANCET 30G	1	QL
DEXCOM G6 RECEIVER	2	ST, QL, AGE
DEXCOM G6 SENSOR	2	ST, QL, AGE
DEXCOM G6 TRANSMITTER	2	ST, QL, AGE

Drug Name	Drug Tier	Requirements / Limits
DEXCOM G7 15 DAY SENSOR	2	ST, QL, AGE
DEXCOM G7 RECEIVER	2	ST, QL, AGE
DEXCOM G7 SENSOR	2	ST, QL, AGE
DIATHRIVE LANCET ULTRA THIN 30	1	QL
DIATHRIVE LANCETS	1	QL
DROPLET LANCETS ULTRA THIN 30G	1	QL
DROPLET MEDLANCE LANCET 30G	1	QL
DROPLET PERSONAL LANCETS 30G	1	QL
DROPSAFE ACTI-LANCE 23G	1	QL
DROPSAFE ACTI-LANCE LANCET 17G	1	QL
DROPSAFE ACTI-LANCE LANCET 23G	1	QL
DROPSAFE ACTI-LANCE LANCET 28G	1	QL
DROPSAFE ERGOLANCE LANCET 21G	1	QL
DROPSAFE ERGOLANCE LANCET 25G	1	QL
DROPSAFE ERGOLANCE LANCET 30G	1	QL
DROPSAFE HAEMOLANCE LANCET 1.5	1	QL
DROPSAFE HAEMOLANCE LANCET 18G	1	QL
DROPSAFE HAEMOLANCE LANCET 21G	1	QL
DROPSAFE HAEMOLANCE LANCET 25G	1	QL
DROPSAFE HAEMOLANCE LANCET 28G	1	QL
DROPSAFE MEDISAFE LANCET 23G	1	QL
DROPSAFE MEDISAFE LANCET 29G	1	QL
DROPSAFE MEDLANCE LANCET 0.8MM	1	QL
DROPSAFE MEDLANCE LANCET 21G	1	QL
DROPSAFE MEDLANCE LANCET 25G	1	QL
DROPSAFE MEDLANCE LANCET 30G	1	QL
DRUG MART LANCETS THIN 26G	1	QL
DRUG MART ON-THE-GO LANCET 30G	1	QL

Drug Name	Drug Tier	Requirements / Limits
DRUG MART UNILET LANCETS 28G	1	QL
DRUG MART UNILET LANCETS 30G	1	QL
DRUG MART UNILET LANCETS 33G	1	QL
E-Z JECT LANCET MICRO-THIN 33G	1	QL
E-Z JECT LANCET SUPER THIN 30G	1	QL
E-Z JECT LANCETS	1	QL
E-Z JECT LANCETS 21G	1	QL
E-Z JECT LANCETS THIN 26G	1	QL
EASY COMFORT LANCETS	1	QL
EASY COMFORT LANCETS TWIST TOP	1	QL
EASY TOUCH LANCETS 21G	1	QL
EASY TOUCH LANCETS 23G	1	QL
EASY TOUCH LANCETS 26G	1	QL
EASY TOUCH LANCETS 28G	1	QL
EASY TOUCH LANCETS 28G/TWIST	1	QL
EASY TOUCH LANCETS 30G	1	QL
EASY TOUCH LANCETS 30G/TWIST	1	QL
EASY TOUCH LANCETS 32G	1	QL
EASY TOUCH LANCETS 32G/TWIST	1	QL
EASY TOUCH LANCETS 33G/TWIST	1	QL
EASY TOUCH SAFETY LANCETS 21G	1	QL
EASY TOUCH SAFETY LANCETS 23G	1	QL
EASY TOUCH SAFETY LANCETS 26G	1	QL
EASY TOUCH SAFETY LANCETS 28G	1	QL
EMBRACE LANCETS ULTRA THIN 30G	1	QL
EMBRACE PRESSURE ACTIVATED 21G	1	QL
EMBRACE PRESSURE ACTIVATED 28G	1	QL
ENLITE GLUCOSE SENSOR	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
EQL COLOR LANCETS 21G	1	QL
EQL COLOR LANCETS MICRO 33G	1	QL
EQL SUPER THIN LANCETS 30G	1	QL
EQL THIN LANCETS 26G	1	QL
EZ-LETS LANCETS 21G	1	QL
EZ-LETS LANCETS 26G	1	QL
EZ-LETS LANCETS 28G	1	QL
EZ-LETS LANCETS 30G	1	QL
FIFTY50 SAFETY SEAL LANCETS	1	QL
FIFTY50 UNILET LANCETS 33G	1	QL
FINE 30	1	QL
FINGERSTIX LANCETS	1	QL
FONDCIRCLE SINGLE USE LANCETS	1	QL
FORA LANCETS	1	QL
FREDS PHARMACY UNILET LANC 28G	1	QL
FREDS PHARMACY UNILET LANC 30G	1	QL
FREESTYLE FREEDOM LITE	2	
FREESTYLE LANCETS	1	QL
FREESTYLE LIBRE 14 DAY READER	2	ST, QL, AGE
FREESTYLE LIBRE 14 DAY SENSOR	2	ST, QL, AGE
FREESTYLE LIBRE 2 PLUS SENSOR	2	ST, QL, AGE
FREESTYLE LIBRE 2 READER	2	ST, QL, AGE
FREESTYLE LIBRE 2 SENSOR	2	ST, QL, AGE
FREESTYLE LIBRE 3 PLUS SENSOR	2	ST, QL
FREESTYLE LIBRE 3 READER	2	ST, QL, AGE
FREESTYLE LIBRE 3 SENSOR	2	ST, QL, AGE
FREESTYLE LIBRE READER	2	ST, QL, AGE
FREESTYLE LITE W/DEVICE KIT	2	QL

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE UNISTICK II LANCETS	1	QL
GENTEEL BUTTERFLY TOUCH LANCET	1	QL
GENTLE-LET GP LANCETS	1	QL
GENTLE-LET LANCETS	1	QL
GLOBAL INJECT EASE LANCETS 28G	1	QL
GLOBAL INJECT EASE LANCETS 30G	1	QL
GLUCOCOM LANCETS 28G	1	QL
GLUCOCOM LANCETS 30G	1	QL
GLUCOCOM LANCETS 33G	1	QL
GNP LANCETS 21G	1	QL
GNP LANCETS THIN 26G	1	QL
GNP STERILE LANCETS 28G	1	QL
GNP STERILE LANCETS 30G	1	QL
GNP STERILE LANCETS 33G	1	QL
GOJJI STERILE LANCETS	1	QL
GOODSENSE COLOR LANCETS 33G	1	QL
GOODSENSE LANCETS 26G UNIV	1	QL
GOODSENSE LANCETS 30G	1	QL
GOODSENSE LANCETS 30G UNIV	1	QL
GOODSENSE LANCETS 33G	1	QL
GOODSENSE LANCETS 33G UNIV	1	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL, AGE
GUARDIAN 4 TRANSMITTER	3	PA, QL, AGE
GUARDIAN CONNECT TRANSMITTER	3	PA, QL, AGE
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL, AGE
GUARDIAN REAL-TIME REPLACE PED	3	QL, AGE
GUARDIAN SENSOR (3)	3	PA, QL, AGE
GUARDIAN SENSOR 3	3	PA, QL, AGE

Drug Name	Drug Tier	Requirements / Limits
H-E-B INCONTROL LANCETS 28G	1	QL
H-E-B INCONTROL LANCETS 30G	1	QL
H-E-B INCONTROL LANCETS 33G	1	QL
HAEMOLANCE	1	QL
HAEMOLANCE LOW FLOW LANCETS	1	QL
HAEMOLANCE PLUS	1	QL
HAEMOLANCE PLUS HIGH FLOW	1	QL
HAEMOLANCE PLUS LOW FLOW	1	QL
HAEMOLANCE PLUS MAX FLOW	1	QL
HAEMOLANCE PLUS PEDIATRIC FLOW	1	QL
HEALTHY ACCENTS UNILET LANCETS	1	QL
HY-VEE LANCETS	1	QL
HY-VEE THIN LANCETS	1	QL
IN TOUCH STERILE LANCETS 30G	1	QL
KINNEY LANCETS	1	QL
KINNEY THIN LANCETS	1	QL
KROGER HEALTHPRO LANCET 26G	1	QL
KROGER LANCETS	1	QL
KROGER LANCETS 21G	1	QL
KROGER LANCETS MICRO THIN 33G	1	QL
KROGER LANCETS SUPER THIN	1	QL
KROGER LANCETS THIN	1	QL
KROGER LANCETS THIN 26G	1	QL
KROGER LANCETS ULTRATHIN 30G	1	QL
LANCETS	1	QL
LANCETS 28G THIN	1	QL
LANCETS 30G	1	QL
LANCETS 33G	1	QL

Drug Name	Drug Tier	Requirements / Limits
LANCETS MICRO THIN 33G	1	QL
LANCETS SUPER THIN	1	QL
LANCETS SUPER THIN 28G	1	QL
LANCETS THIN	1	QL
LANCETS ULTRA THIN	1	QL
LANCETS ULTRA THIN 30G	1	QL
LIBERTY MEDICAL LANCETS	1	QL
LITE TOUCH LANCETS	1	QL
LITETOUCH LANCETS	1	QL
LIVE BETTER LANCET SUPER THIN	1	QL
LIVE BETTER LANCET ULTRA THIN	1	QL
LONGS LANCETS STANDARD	1	QL
LONGS LANCETS THIN	1	QL
LONGS LANCETS ULTRA THIN	1	QL
MEDICHOICE SAFETY LANCET	1	QL
MEDICHOICE SAFETY LANCET EXTRA	1	QL
MEDICHOICE SAFETY LANCET NORM	1	QL
MEDLANCE EXTRA 21G	1	QL
MEDLANCE LITE 25G	1	QL
MEDLANCE PLUS EXTRA 21G	1	QL
MEDLANCE PLUS LANCETS	1	QL
MEDLANCE PLUS LITE 25G	1	QL
MEDLANCE PLUS SPECIAL 0.8MM	1	QL
MEDLANCE PLUS SUPERLITE 30G	1	QL
MEDLANCE PLUS UNIVERSAL 21G	1	QL
MEDLANCE UNIVERSAL 21G	1	QL
MEIJER LANCETS	1	QL
MEIJER LANCETS THIN	1	QL

Drug Name	Drug Tier	Requirements / Limits
MEIJER LANCETS UNIVERSAL 21G	1	QL
MEIJER LANCETS UNIVERSAL 30G	1	QL
MEIJER LANCETS UNIVERSAL 33G	1	QL
MEIJER SUPER THIN LANCETS	1	QL
MICROLET LANCETS	1	QL
MICROLET NEXT LANCETS	1	QL
MINILINK REAL-TIME TRANSMITTER	3	QL, AGE
MINIMED 630G GUARDIAN PRESS	3	PA, QL, AGE
MINIMED INSTINCT GLUC SENSOR	3	PA
MM TWIST LANCETS	1	QL
MOBI CONNECT TWIST LANCETS	1	QL
MOBILE LANCETS 30G	1	QL
MONOLET LANCETS	1	QL
MONOLET OPD LANCETS	1	QL
MONOLETTOR SAFETY LANCETS	1	QL
MPD SAFETY LANCET 21G	1	QL
MPD SAFETY LANCET 23G	1	QL
MPD SAFETY LANCET 28G	1	QL
MPD SAFETY LANCET 30G	1	QL
MYGLUCOHEALTH LANCETS 30G	1	QL
NOVA SAFETY LANCETS 23G	1	QL
NOVA SAFETY LANCETS 28G	1	QL
NOVA SUREFLEX LANCETS	1	QL
ONETOUCH DELICA PLUS LANCET30G	1	QL
ONETOUCH DELICA PLUS LANCET33G	1	QL
ONETOUCH DELICA SAFETY LANCING	1	QL
ONETOUCH ULTRASOFT 2 LANCETS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	QL

Drug Name	Drug Tier	Requirements / Limits
PARADIGM REAL-TIME TRANSMITTER	3	PA, QL, AGE
PC LANCETS SUPER THIN 30G	1	QL
PERFECT LANCETS 28G	1	QL
PERFECT LANCETS 30G	1	QL
PERFECT POINT SAFETY LANCETS	1	QL
PHARMACIST CHOICE LANCETS	1	QL
PHARMACY COUNTER LANCETS	1	QL
PIP LANCETS 28G	1	QL
PIP LANCETS 30G	1	QL
PRECISION THINS GP LANCETS	1	QL
PREFERRED PLUS LANCETS COLORED	1	QL
PREFERRED PLUS LANCETS THIN	1	QL
PRO COMFORT LANCETS 30G	1	QL
PRO COMFORT LANCETS 31G	1	QL
PRO COMFORT SAFETY LANCETS 30G	1	QL
PRODIGY LANCETS 28G	1	QL
PRODIGY SAFETY LANCETS 26G	1	QL
PRODIGY TWIST TOP LANCETS 28G	1	QL
PSS SELECT GP LANCETS	1	QL
PSS SELECT SAFETY LANCETS	1	QL
PURE COMFORT LANCETS 30G	1	QL
PURE COMFORT SAFETY LANCET 30G	1	QL
PX LANCETS MICROTHIN 33G	1	QL
PX LANCETS ULTRA THIN	1	QL
PX LANCETS ULTRA THIN 28G	1	QL
QC LANCETS SUPER THIN 30G	1	QL
QC LANCETS ULTRA THIN	1	QL
QC UNILET LANCETS 28G	1	QL

Drug Name	Drug Tier	Requirements / Limits
QC UNILET LANCETS MICRO THIN	1	QL
RA E-ZJECT LANCETS 28G	1	QL
RA E-ZJECT LANCETS THIN 26G	1	QL
RA E-ZJECT LANCETS THIN 28G	1	QL
RA E-ZJECT LANCETS ULTRA THIN	1	QL
READYLANCE SAFETY LANCETS	1	QL
REALITY LANCETS	1	QL
REALITY TRIGGER LANCETS	1	QL
RELION LANCET DEVICES 30G	1	QL
RELION LANCETS	1	QL
RELION LANCETS MICRO-THIN 33G	1	QL
RELION LANCETS THIN 26G	1	QL
RELION LANCETS ULTRA-THIN 30G	1	QL
RELION ULTRA THIN LANCETS 30G	1	QL
RELION ULTRA THIN PLUS LANCETS	1	QL
REXALL LANCETS ULTRA THIN 30G	1	QL
RIGHTEST GL300 LANCETS	1	QL
SAFE-T-LANCE	1	QL
SAFE-T-LANCE PLUS	1	QL
SAFETY LANCET 30G/PRESSURE ACT	1	QL
SAFETY LANCETS	1	QL
SAFETY LANCETS 21G	1	QL
SAFETY LANCETS 23G	1	QL
SAFETY LANCETS 28G	1	QL
SAPS HEALTH PLUS LANCETS	1	QL
SAPS HEALTH TWIST TOP LANCETS	1	QL
SAPS TWIST TOP LANCETS	1	QL
SAPSCARE TWIST TOP LANCETS	1	QL

Drug Name	Drug Tier	Requirements / Limits
SB LANCETS THIN	1	QL
SB LANCETS ULTRA THIN	1	QL
SENSILANCE SAFETY LANCETS 21G	1	QL
SENSILANCE SAFETY LANCETS 26G	1	QL
SENSILANCE SAFETY LANCETS 28G	1	QL
SHOPKO ON-THE-GO LANCETS 30G	1	QL
SHOPKO UNILET LANCETS 28G	1	QL
SHOPKO UNILET LANCETS 30G	1	QL
SINGLE-LET	1	QL
SM LANCETS 33G	1	QL
SMART SENSE COLOR LANCETS 33G	1	QL
SMART SENSE STANDARD LANCETS	1	QL
SMART SENSE SUPER THIN LANCETS	1	QL
SMART SENSE THIN LANCETS 26G	1	QL
SMARTEST LANCETS 28G	1	QL
SOLUS V2 LANCETS 28G	1	QL
SOLUS V2 TWIST LANCETS 30G	1	QL
STERILANCE TL	1	QL
SUPER THIN LANCETS	1	QL
SURE COMFORT LANCETS 18G	1	QL
SURE COMFORT LANCETS 21G	1	QL
SURE COMFORT LANCETS 23G	1	QL
SURE COMFORT LANCETS 28G	1	QL
SURE COMFORT LANCETS 30G	1	QL
SURELITE LANCETS	1	QL
TECHLITE AST LANCETS	1	QL
TECHLITE LANCETS	1	QL
TECHLITE LANCETS 26G	1	QL

Drug Name	Drug Tier	Requirements / Limits
TGT LANCET MICRO THIN 33G	1	QL
TGT LANCET THIN 26G	1	QL
TGT LANCET ULTRA THIN 30G	1	QL
THINLETS GP LANCETS	1	QL
TODAYS HEALTH THIN LANCETS 28G	1	QL
TODAYS HEALTH THIN LANCETS 30G	1	QL
TOPCARE LANCETS MICRO-THIN 33G	1	QL
TRAVEL LANCETS	1	QL
TRAVEL LANCETS ADVANCED 28G	1	QL
TRUE COMFORT SAFETY LANCETS	1	QL
TRUE COMFORT TWIST TOP LANCETS	1	QL
TRUEPLUS LANCETS 26G	1	QL
TRUEPLUS LANCETS 28G	1	QL
TRUEPLUS LANCETS 30G	1	QL
TRUEPLUS LANCETS 33G	1	QL
TRUEPLUS SAFETY LANCETS 28G	1	QL
TWIST TOP LANCETS 30G	1	QL
ULTILET CLASSIC LANCETS	1	QL
ULTILET LANCETS	1	QL
ULTILET SAFETY LANCETS	1	QL
ULTILET SAFETY LANCETS 23G	1	QL
ULTRA THIN LANCETS 31G	1	QL
ULTRA-CARE LANCETS 30G	1	QL
ULTRA-CARE SAFETY LANCETS 30G	1	QL
ULTRA-THIN II AUTO LANCET	1	QL
ULTRA-THIN II LANCETS	1	QL
UNILET COMFORTOUCH LANCET	1	QL
UNILET EXCELITE	1	QL

Drug Name	Drug Tier	Requirements / Limits
UNILET EXCELITE II	1	QL
UNILET G.P. LANCET	1	QL
UNILET G.P. SUPERLITE LANCET	1	QL
UNILET GP 28 ULTRA THIN	1	QL
UNILET LANCET	1	QL
UNILET MICRO-THIN 33G	1	QL
UNILET SUPER-THIN 30G	1	QL
UNILET SUPERLITE LANCET	1	QL
UNILET ULTRA-THIN 28G	1	QL
UNISTIK 1	1	QL
UNISTIK 2	1	QL
UNISTIK 2 COMFORT	1	QL
UNISTIK 2 EXTRA	1	QL
UNISTIK 2 NEONATAL	1	QL
UNISTIK 2 NORMAL	1	QL
UNISTIK 2 SUPER	1	QL
UNISTIK 3	1	QL
UNISTIK 3 COMFORT	1	QL
UNISTIK 3 EXTRA	1	QL
UNISTIK 3 GENTLE	1	QL
UNISTIK 3 NEONATAL	1	QL
UNISTIK 3 NORMAL	1	QL
UNISTIK CZT COMFORT	1	QL
UNISTIK CZT NORMAL	1	QL
UNISTIK NORMAL	1	QL
UNISTIK PRO SAFETY LANCET	1	QL
UNISTIK SAFETY LANCETS 28G	1	QL
UNISTIK SAFETY LANCETS 30G	1	QL

Drug Name	Drug Tier	Requirements / Limits
UNISTIK TOUCH SAFETY LANC 21G	1	QL
UNISTIK TOUCH SAFETY LANC 23G	1	QL
UNISTIK TOUCH SAFETY LANC 28G	1	QL
UNISTIK TOUCH SAFETY LANC 30G	1	QL
UNIVERSAL 1 LANCETS THIN 26G	1	QL
UNIVERSAL 1 LANCETS THIN 33G	1	QL
UNIVERSAL 1 LANCETS ULTRA THIN	1	QL
VALUE PLUS LANCET STANDARD 21G	1	QL
VALUE PLUS LANCETS SUPER THIN	1	QL
VALUE PLUS LANCETS THIN 26G	1	QL
VALUMARK LANCET SUPER THIN 30G	1	QL
VALUMARK LANCET ULTRA THIN 28G	1	QL
VERIFINE SAFE LANCET MINI 21G	1	QL
VERIFINE SAFE LANCET MINI 23G	1	QL
VERIFINE SAFE LANCET MINI 28G	1	QL
VERIFINE SAFE LANCET MINI 30G	1	QL
VERIFINE UNIVERSAL LANCETS 28G	1	QL
VERIFINE UNIVERSAL LANCETS 30G	1	QL
VERIFINE UNIVERSAL LANCETS 33G	1	QL
VIDA MIA UNILET LANCETS 28G	1	QL
VIDA MIA UNILET LANCETS 30G	1	QL
VIVAGUARD LANCETS	1	QL
VIVAGUARD LANCETS 30G	1	QL
VIVAGUARD SAFETY LANCETS 28G	1	QL
WALGREENS ADV TRAVEL LANCETS	1	QL
WALGREENS LANCETS	1	QL
WALGREENS LANCETS MICRO THIN	1	QL
WALGREENS LANCETS SUPER THIN	1	QL

Drug Name	Drug Tier	Requirements / Limits
WALGREENS THIN LANCETS	1	QL
WALGREENS ULTRA THIN LANCETS	1	QL
ZEVRX TWIST TOP LANCETS 30G	1	QL
INSULIN ADMINISTRATION SUPPLIES		
ACCU-CHEK LINKASSIST	3	PA, QL
ACCU-CHEK PLASTIC CARTRIDGE	5	
ACCU-CHEK SPIRIT CARTRIDGE	5	
ACCU-CHEK TENDER I SET 24"	5	
ACCU-CHEK TENDER I SET 31"	5	
ACCU-CHEK ULTRAFLEX INF SET	5	
ACCU-CHEK ULTRAFLEX-1 INF SET	5	
AUTOSOFT 30 INFUSION SET	5	
AUTOSOFT 90 INFUSION SET	5	
AUTOSOFT XC INFUSION SET	5	
ENLITE SERTER	5	
EXTENDED INFUSION SET 23"/6MM	5	
EXTENDED INFUSION SET 23"/9MM	5	
EXTENDED INFUSION SET 32"/6MM	5	
EXTENDED INFUSION SET 32"/9MM	5	
EXTENDED INFUSION SET 43"/6MM	5	
EXTENDED INFUSION SET 43"/9MM	5	
EXTENDED RESERVOIR 3ML	5	
GLUCOPRO SYR RES 3ML 22GX3/8"	5	
ILET CONTACT DETACH 23" 6MM	5	PA
ILET INFUSION-FLEX 23" 6MM	5	
ILET INFUSION-INSET 23" 6MM	5	PA
ILET INFUSION-INSET 32" 6MM	5	PA
ILET INSULIN PUMP	5	PA

Drug Name	Drug Tier	Requirements / Limits
ILET STARTER - CONTACT DETACH	5	PA
ILET STARTER KIT - INSET 23"	5	PA
ILET STARTER KIT - INSET 32"	5	PA
MINIMED 630G INSULIN PUMP	5	PA
MINIMED 770G INSULIN PUMP SYS	5	PA
MINIMED 780G INSULIN PUMP	5	PA
MINIMED EXTENDED SUPPLY KIT	5	
MINIMED FLEX STARTER KIT	5	PA
MINIMED MIO ADVANCE INFUSE SET	5	PA
MINIMED PUMP RESERVOIR 3ML	5	PA
MINIMED QUICK SET INF SET 18"	5	PA
MINIMED QUICK SET INF SET 23"	5	PA
MINIMED QUICK SET INF SET 32"	5	PA
MINIMED QUICK SET INF SET 43"	5	PA
MINIMED QUICK-SERTER	5	PA
MINIMED RESERVOIR 1.8ML	5	PA
MINIMED RESERVOIR 3ML	5	PA
MINIMED SILHOUETTE INF SET 32"	5	PA
MINIMED SILHOUETTE INF SET 43"	5	PA
MINT REFILL KIT	2	PA, QL
MINT STARTER KIT	2	
MOBI 2ML CARTRIDGE	5	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE INTRO	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA, QL

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD CLASSIC PDM (GEN 3)	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	PA, QL
OMNIPOD DASH INTRO (GEN 4)	2	PA, QL
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	PA, QL
OMNIPOD POD PALS	5	PA
PARADIGM SILHOUETTE COMBO 23"	5	
PARADIGM SILHOUETTE COMBO 43"	5	
SILHOUETTE 23" INFUSION SET	5	PA
SILHOUETTE 43" INFUSION SET	5	PA
SILHOUETTE INFUSION SET 18"	5	PA
SURE T INFUSION SET 18"/6MM	5	PA
SURE T INFUSION SET 23"/10MM	5	PA
SURE T INFUSION SET 23"/6MM	5	PA
SURE T INFUSION SET 23"/8MM	5	PA
SURE T INFUSION SET 32"/10MM	5	PA
SURE T INFUSION SET 32"/6MM	5	PA
SURE T INFUSION SET 32"/8MM	5	PA
T: SLIM X2 INS PMP/CONTROL 7.4	5	PA
T:FLEX T:LOCK CARTRIDGE 4.8ML	5	
T:SLIM X2 3ML CARTRIDGE	5	
T:SLIM X2 BASAL-IQ PUMP	5	PA
T:SLIM X2 CONTROL-IQ 7.7 PUMP	5	PA
T:SLIM X2 CONTROL-IQ 7.8 PUMP	5	PA
T:SLIM X2 CONTROL-IQ PUMP	5	PA
T:SLIM X2 INSULIN PMP BASAL6.4	5	PA
T:SLIM X2 INSULIN PUMP	5	PA
T:SLIM X2 STARTER 7.10	5	PA

Drug Name	Drug Tier	Requirements / Limits
T:SLIM X2/BASAL-IQ/ACC/INSTR	5	
T:SLIM X2/CONTROL-IQ/ACC/INSTR	5	
TANDEM MOBI AUTOSOFT XC KIT	5	
TANDEM MOBI AUTOSOFT30 10PK23"	5	
TANDEM MOBI AUTOSOFT30 14PK23"	5	
TANDEM MOBI AUTOSOFTXC 10PK23"	5	
TANDEM MOBI AUTOSOFTXC 10PK5"	5	
TANDEM MOBI AUTOSOFTXC 14PK23"	5	
TANDEM MOBI AUTOSOFTXC 14PK5"	5	
TANDEM MOBI CARTRIDGE 2ML	5	
TANDEM MOBI SYSTEM STARTER	5	PA
TANDEM MOBI TRUSTEEL 10PK23"	5	
TANDEM T:SLIM ASFT 30 PK10 23"	5	
TANDEM T:SLIM ASFT 30 PK14 23"	5	
TANDEM T:SLIM ASFT XC PK10 23"	5	
TANDEM T:SLIM ASFT XC PK14 23"	5	
TANDEM T:SLIM TRUSTL PK10 23"	5	
TRUSTEEL INFUSION SET	5	
VARISOFT INFUSION SET	5	
NEEDLES & SYRINGES		
1ST TIER UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	QL
1ST TIER UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	QL
ABOUTTIME PEN NEEDLE (30G X 8 MISC, 31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	QL
ADVOCATE INSULIN PEN NEEDLE	2	QL

Drug Name	Drug Tier	Requirements / Limits
ADVOCATE INSULIN PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 33G X 4 MM MISC)	2	QL
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
AQ INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
AQINJECT PEN NEEDLE (31G X 5 MISC, 32G X 4 MISC)	2	QL
ASSURE ID DUO PRO PEN NEEDLES	2	QL
ASSURE ID PRO PEN NEEDLES	2	QL
ASSURE ID SAFETY PEN NEEDLES	2	QL
AUM INSULIN SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	2	QL
AUM MINI INSULIN PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	QL
AUM PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	QL
AUM READYGARD DUO PEN NEEDLE	2	QL
AUM SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	2	QL
AURORA PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	QL
AURORA UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	2	QL
AUTOKEEPER SAFETY PEN NEEDLE (X 5 MISC, X 8 MISC)	2	
AUTOPEN	1	
BARDIA BULB IRRIGATION SYRINGE	3	
BARDIA PISTON IRRIGATION SYR	3	

Drug Name	Drug Tier	Requirements / Limits
BD ALLERGY SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 3/8" 0.5 ML MISC, 27G X 3/8" 1 ML MISC, 28G X 1/2" 1 ML MISC)	3	
BD AUTOSHIELD DUO	2	QL
BD BLUNT FILL NEEDLE (X 1" MISC, X 1-1/2" MISC)	3	
BD BLUNT FILL NEEDLE W/FILTER	3	
BD CONTROL SYRING LUER-LOK	3	
BD DISP NEEDLE (23G X MISC, 25G X MISC, 30G X MISC)	3	
BD DISP NEEDLES (16G X 1-1/2" MISC, 18G X 1-1/2" MISC, 19G X 1" MISC, 20G X 1" MISC, 20G X 1-1/2" MISC, 21G X 1-1/2" MISC, 22G X 1-1/2" MISC, 25G X 5/8" MISC, 25G X 7/8" MISC, 27G X 1/2" MISC, 30G X 1/2" MISC)	3	
BD ECLIPSE LUER-LOK NEEDLE	3	
BD ECLIPSE NEEDLE (18G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 23G X 1" MISC, 25G X 1" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC, 27G X 1/2" MISC)	3	
BD ECLIPSE SHIELDED NEEDLE	3	
BD ECLIPSE SYRINGE (21G X 1" 3 ML MISC, 25G X 1" 3 ML MISC, 27G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC)	3	
BD ECLIPSE SYRINGE/NEEDLE (22G X 1" 3 ML MISC, 23G X 1" 3 ML MISC, 23G X 1-1/2" 3 ML MISC, 25G X 5/8" 3 ML MISC)	3	
BD FILTER NEEDLE	3	
BD FILTER NEEDLE/5 MICRON	3	
BD HYPODERMIC NEEDLE (16G X 1" MISC, 18G X 1" MISC, 18G X 1-1/2" MISC, 19G X 1" MISC, 19G X 1-1/2" MISC, 21G X 1" MISC, 21G X 2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC, 23G X 1" MISC, 23G X 3/4" MISC, 25G X 1-1/2" MISC, 26G X 1/2" MISC)	3	
BD INSULIN SYR ULTRAFINE II (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
BD INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, U-100 1 ML MISC)	2	QL
BD INSULIN SYRINGE HALF-UNIT	2	QL
BD INSULIN SYRINGE MICROFINE (27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	2	QL
BD INSULIN SYRINGE U-500	2	QL
BD INSULIN SYRINGE U/F	2	QL
BD INSULIN SYRINGE U/F 1/2UNIT	2	QL
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
BD INTEGRA NEEDLE	3	
BD INTEGRA SYRINGE (21G X 1" 3 ML MISC, 21G X 1-1/2" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 5/8" 3 ML MISC)	3	
BD LUER-LOCK SYRINGE	3	
BD LUER-LOK SYRINGE (10 ML MISC, 18G X 1-1/2" 3 ML MISC, 20G X 1" 1 ML MISC, 20G X 1" 10 ML MISC, 20G X 1" 3 ML MISC, 20G X 1" 5 ML MISC, 20G X 1-1/2" 10 ML MISC, 20G X 1-1/2" 5 ML MISC, 21G X 1" 10 ML MISC, 21G X 1" 3 ML MISC, 21G X 1" 5 ML MISC, 21G X 1-1/2" 10 ML MISC, 21G X 1-1/2" 3 ML MISC, 21G X 1-1/2" 5 ML MISC, 22G X 1" 10 ML MISC, 22G X 1" 3 ML MISC, 22G X 1" 5 ML MISC, 22G X 1-1/2" 3 ML MISC, 22G X 1-1/2" 5 ML MISC, 23G X 1" 3 ML MISC, 23G X 1-1/2" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 1-1/2" 3 ML MISC, 25G X 5/8" 1 ML MISC, 25G X 5/8" 3 ML MISC, 26G X 5/8" 3 ML MISC)	3	
BD NOKOR ADMIX NEEDLE	3	
BD PEN	3	
BD PEN MINI	3	

Drug Name	Drug Tier	Requirements / Limits
BD PEN NEEDLE MICRO ULTRAFINE	2	QL
BD PEN NEEDLE MINI ULTRAFINE	2	QL
BD PEN NEEDLE NANO 2ND GEN	2	QL
BD PEN NEEDLE NANO ULTRAFINE	2	QL
BD PEN NEEDLE ORIG ULTRAFINE	2	QL
BD PEN NEEDLE SHORT ULTRAFINE	2	QL
BD PLASTIPAK SYRINGE (3 ML MISC, 21G X 1" 3 ML MISC)	3	
BD PRECISIONGLIDE NEEDLE (23G X 1-1/2" MISC, 27G X 1-1/2" MISC, 27G X 3/8" MISC)	3	
BD SAFETYGLIDE ALLERGY SYRINGE	3	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	QL
BD SAFETYGLIDE NEEDLE (18G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" 3 ML MISC, 23G X 1-1/2" MISC, 25G X 1" MISC, 25G X 5/8" MISC, 27G X 5/8" MISC)	3	
BD SAFETYGLIDE SHIELDED NEEDLE (21G X 1-1/2" MISC, 22G X 1-1/2" MISC, 22G X 1-1/2" 5 ML MISC, 23G X 1" MISC)	3	
BD SAFETYGLIDE SYRINGE/NEEDLE (25G X 1" 3 ML MISC, 27G X 3/8" 1 ML MISC, 27G X 5/8" 1 ML MISC)	3	
BD SYRINGE	3	
BD SYRINGE BLUNT CANNULA 17G	3	
BD SYRINGE DISPOSABLE	3	
BD SYRINGE DUAL CANNULA	3	
BD SYRINGE LUER SLIP TIP (5 ML MISC, 20 ML MISC, 50 ML MISC)	3	
BD SYRINGE LUER-LOK (1 ML MISC, 3 ML MISC, 5 ML MISC, 10 ML MISC, 20 ML MISC, 30 ML MISC)	3	

Drug Name	Drug Tier	Requirements / Limits
BD SYRINGE SLIP TIP (1 ML MISC, 3 ML MISC, 10 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 3/8" 1 ML MISC, 26G X 5/8" 1 ML MISC)	3	
BD SYRINGE/NEEDLE (22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 25G X 5/8" 1 ML MISC, 25G X 5/8" 3 ML MISC)	3	
BD TB SYRINGE (21G X 1" 1 ML MISC, 26G X 3/8" 1 ML MISC, 27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 27G X 3/8" 1 ML MISC)	3	
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL
BD VEO INSULIN SYR ULTRAFINE (X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	QL
CAREFINE PEN NEEDLES (29G X 12MM MISC, 30G X 8 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	QL
CAREONE INSULIN SYRINGE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
CAREONE UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL
CAREONE UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	QL
CAREPOINT POLY HUB NEEDLE (18G X 1" MISC, 18G X 1-1/2" MISC, 20G X 1" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC, 23G X 1" MISC, 23G X 1-1/2" MISC, 25G X 1" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC, 27G X 1/2" MISC, 30G X 1/2" MISC)	3	
CAREPOINT PRECISION POLY HUB (23G X 1" MISC, 25G X 5/8" MISC)	3	
CAREPOINT SAFETY 1ST NEEDLE (23G X 1" MISC, 23G X 1-1/2" MISC, 25G X 1" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC)	3	
CAREPOINT SAFETY1ST SYR/NEEDLE (23G X 1" 1 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 1 ML MISC, 25G X 1" 3 ML MISC, 25G X 5/8" 3 ML MISC)	3	

Drug Name	Drug Tier	Requirements / Limits
CAREPOINT SYRINGE CATHETER TIP	3	
CAREPOINT SYRINGE LUER LOCK (1 ML MISC, 3 ML MISC, 5 ML MISC, 10 ML MISC, 20 ML MISC, 20G X 1" 3 ML MISC, 20G X 1-1/2" 3 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 23G X 1-1/2" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 1-1/2" 3 ML MISC, 30 ML MISC, 60 ML MISC)	3	
CAREPOINT SYRINGE LUER SLIP (1 ML MISC, 60 ML MISC)	3	
CAREPOINT TUBERCLN SYR/LUER SL	3	
CARETOUCH CATHETER TIP SYRINGE	3	
CARETOUCH HYPODERMIC NEEDLE (18G X 1-1/2" MISC, 20G X 1" MISC, 22G X 1" MISC, 23G X 1" MISC, 23G X 1-1/2" MISC, 25G X 1" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC, 26G X 1" MISC, 27G X 1-1/2" MISC)	3	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
CARETOUCH LUER LOCK (1 ML MISC, 3 ML MISC, 5 ML MISC, 10 ML MISC, 23G X 1" 3 ML MISC)	3	
CARETOUCH LUER LOCK SYR/NEEDLE (22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1-1/2" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 1-1/2" 3 ML MISC, 25G X 5/8" 3 ML MISC)	3	
CARETOUCH LUER SLIP (1 ML MISC, 3 ML MISC, 5 ML MISC, 10 ML MISC)	3	
CARETOUCH PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 33G X 4 MM MISC)	2	QL
CEQUR SIMPLICITY 1U EXTND WEAR	2	QL
CEQUR SIMPLICITY 2U	2	QL
CEQUR SIMPLICITY 2U EXTND WEAR	2	QL
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
CLEVER CHOICE COMFORT EZ PLUS	2	QL
CLICKFINE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	QL
COMFORT ASSIST INSULIN SYRINGE	2	QL
COMFORT EZ INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
COMFORT EZ MICRO PEN NEEDLES	2	QL
COMFORT EZ PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC, 33G X 8 MISC)	2	QL
COMFORT EZ PRO PEN NEEDLES (30G X 8 MISC, 31G X 4 MISC, 31G X 5 MISC)	2	QL
COMFORT EZ SHORT PEN NEEDLES	2	QL
COMFORT TOUCH INSULIN PEN NEED (31G X 4 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	QL
CRONO SYRINGE (X 1-1/2" 10 ML MISC, X 1-1/2" 20 ML MISC)	3	
DEFLUX METAL NEEDLE	3	
DIATHRIVE PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	QL
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 15/64" 0.3 ML MISC, 30G X 15/64" 0.5 ML MISC, 30G X 15/64" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
DROPLET MICRON	2	QL
DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12.7MM MISC, 29G X 12MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	2	QL
DROPSAFE AUTOPROTECT DUO (X 4 MISC, X 5 MISC, X 8 MISC)	2	QL
DROPSAFE SAFETY PEN NEEDLES (X 5 MISC, X 6 MISC, X 8 MISC)	2	QL
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
DROPSAFE SICURA (X 1" MISC, X 5/8" MISC)	3	
DRUG MART UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL
DRUG MART UNIFINE PENTIPS PLUS	2	QL
EASY COMFORT INSULIN SYRINGE (29G X 5/16" 0.5 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/2" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	2	QL
EASY COMFORT PEN NEEDLES (29G X 4MM MISC, 29G X 5MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	2	QL
EASY GLIDE CATH TIP SYRINGE	3	
EASY GLIDE LUER LOCK SYRINGE (1 ML MISC, 3 ML MISC, 5 ML MISC, 10 ML MISC, 20 ML MISC, 30 ML MISC, 60 ML MISC)	3	
EASY GLIDE PEN NEEDLES	2	QL
EASY GLIDE SLIP LOCK SYRINGE	3	

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH ALLERGY SYRINGE (26G X 3/8" 1 ML MISC, 27G X 1/2" 1 ML MISC)	3	
EASY TOUCH FLIPLOCK INSULIN SY (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
EASY TOUCH FLIPLOCK NEEDLES (18G X 1" MISC, 18G X 1-1/2" MISC, 19G X 1" MISC, 19G X 1-1/2" MISC, 20G X 1" MISC, 20G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC, 22G X 3/4" MISC, 23G X 1" MISC, 23G X 1-1/2" MISC, 23G X 5/8" MISC, 25G X 1" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC, 26G X 1/2" MISC, 27G X 1" MISC, 27G X 1/2" MISC, 28G X 1/2" MISC, 29G X 1/2" MISC, 30G X 1/2" MISC, 30G X 5/16" MISC, 31G X 5/16" MISC)	3	
EASY TOUCH FLIPLOCK SAFETY SYR (18G X 1" 10 ML MISC, 18G X 1" 3 ML MISC, 18G X 1" 5 ML MISC, 18G X 1-1/2" 3 ML MISC, 18G X 1.5" 10 ML MISC, 19G X 1" 3 ML MISC, 19G X 1.5" 3 ML MISC, 20G X 1" 10 ML MISC, 20G X 1" 3 ML MISC, 20G X 1" 5 ML MISC, 20G X 1-1/2" 10 ML MISC, 20G X 1-1/2" 3 ML MISC, 20G X 1-1/2" 5 ML MISC, 21G X 1" 10 ML MISC, 21G X 1" 3 ML MISC, 21G X 1" 5 ML MISC, 21G X 1-1/2" 10 ML MISC, 21G X 1-1/2" 3 ML MISC, 21G X 1-1/2" 5 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 10 ML MISC, 22G X 1-1/2" 3 ML MISC, 22G X 1-1/2" 5 ML MISC, 23G X 1" 3 ML MISC, 23G X 1-1/2" 3 ML MISC, 25G X 1" 1 ML MISC, 25G X 1" 10 ML MISC, 25G X 1" 3 ML MISC, 25G X 1" 5 ML MISC, 25G X 5/8" 3 ML MISC, 25G X 5/8" 5 ML MISC, 26G X 3/8" 1 ML MISC, 27G X 1/2" 1 ML MISC)	3	
EASY TOUCH FLURINGE (X 1" 1 ML MISC, X 5/8" 1 ML MISC)	3	
EASY TOUCH FLURINGE FLIPLOCK	3	
EASY TOUCH FLURINGE SHEATHLOCK (X 1" 1 ML MISC, X 5/8" 1 ML MISC)	3	
EASY TOUCH HYPODERMIC NEEDLE (16G X 1" MISC, 16G X 1-1/2" MISC, 18G X 1" MISC, 18G X 1-1/2" MISC, 18G X 1.25" MISC, 19G X 1" MISC, 19G X 1-1/2" MISC, 20G X 1" MISC, 20G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC, 23G X 1" MISC, 23G X 1-1/2" MISC, 23G X 1-1/4" MISC, 23G X 3/4" MISC, 24G X 1" MISC, 24G X 1.25" MISC, 25G X 1" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC, 26G X 1/2" MISC, 26G X 3/8" MISC, 26G X 5/8" MISC, 27G X 1-1/2" MISC, 27G X 1-1/4" MISC, 27G X 1/2" MISC, 30G X 1" MISC, 30G X 1/2" MISC, 31G X 5/16" MISC, 32G X 5/16" MISC)	3	

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH INSULIN BARRELS	2	QL
EASY TOUCH INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	QL
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 6 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	QL
EASY TOUCH SAFETY PEN NEEDLES (29G X 5MM MISC, 29G X 8MM MISC, 30G X 8 MM MISC)	2	QL
EASY TOUCH SAFETY SYRINGE (20G X 1" 3 ML MISC, 21G X 1" 3 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 1 ML MISC, 25G X 1" 3 ML MISC, 25G X 5/8" 1 ML MISC, 25G X 5/8" 3 ML MISC)	3	
EASY TOUCH SHEATHLOCK SYRINGE (21G X 1" 3 ML MISC, 21G X 1-1/2" 10 ML MISC, 21G X 1-1/2" 3 ML MISC, 21G X 1-1/2" 5 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 10 ML MISC, 22G X 1-1/2" 3 ML MISC, 22G X 1-1/2" 5 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 10 ML MISC, 25G X 1" 3 ML MISC, 25G X 1" 5 ML MISC, 25G X 5/8" 3 ML MISC)	3	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
EASY TOUCH SYRINGE BARREL (1 ML MISC, 3 ML MISC, 5 ML MISC, 10 ML MISC, 20 ML MISC, 60 ML MISC)	3	
EASY TOUCH TB FLIPLOCK SYRINGE (26G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 1 ML MISC)	3	

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH TB SHEATHLOCK SYR (25G X 5/8" 1 ML MISC, 26G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 1 ML MISC)	3	
EASYPOINT NEEDLE (18G X 1" MISC, 18G X 1-1/2" MISC, 20G X 1" MISC, 20G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC, 23G X 1" MISC, 25G X 1" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC)	3	
EASYPOINT NEEDLE/SYRINGE (18G X 1" 3 ML MISC, 18G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 5/8" 3 ML MISC)	3	
EMBECTA AUTOSHIELD DUO	2	QL
EMBECTA INS SYR U/F 1/2 UNIT (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC)	2	QL
EMBECTA INSULIN SYR ULTRAFINE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC)	2	QL
EMBECTA INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	QL
EMBECTA INSULIN SYRINGE U-100	2	QL
EMBECTA INSULIN SYRINGE U-500	2	QL
EMBECTA INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
EMBECTA PEN NEEDLE NANO	2	QL
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL
EMBECTA PEN NEEDLE U/F	2	QL
EMBECTA PEN NEEDLE ULTRAFINE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 6 MM MISC)	2	QL
EMBRACE PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
EQL INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
EXEL COMFORT POINT INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	QL
EXEL COMFORT POINT PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	QL
FIFTY50 PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	QL
FIFTY50 SUPERIOR COMFORT SYR (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	QL
FLOW-EZE VENTED NEEDLE	3	
FREDS PHARMACY UNIFINE PENTIP+ (X 5 MISC, X 8 MISC)	2	QL
FREDS PHARMACY UNIFINE PENTIPS	2	QL
GLOBAL EASE INJECT PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL
GLOBAL EASY GLIDE INSULIN SYR (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	QL
GLOBAL EASY GLIDE PEN NEEDLES	2	QL
GLOBAL INJECT EASE INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
GLOBAL INSULIN SYRINGES (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
GLUCOPRO INSULIN SYRINGE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
GNP CLICKFINE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	QL
GNP INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
GNP INSULIN SYRINGES	2	QL
GNP INSULIN SYRINGES 28GX1/2"	2	QL
GNP INSULIN SYRINGES 29GX1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	QL
GNP INSULIN SYRINGES 30GX5/16"	2	QL
GNP INSULIN SYRINGES 31GX5/16"	2	QL
GNP PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	QL
GNP ULTICARE PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	QL
GNP ULTIGUARD SAFEPACK NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	QL
GNP ULTRA COM INSULIN SYRINGE	2	QL
GOODSENSE CLICKFINE PEN NEEDLE	2	QL
GOODSENSE PEN NEEDLE PENFINE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	QL
H-E-B INCONTROL PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL
H-E-B INCONTROL UNIFINE PENTIP (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
HEALTHWISE MICRON PEN NEEDLES	2	QL
HEALTHWISE MINI PEN NEEDLES	2	QL
HEALTHWISE PEN NEEDLES	2	QL
HEALTHWISE SHORT PEN NEEDLES (X 5 MISC, X 8 MISC)	2	QL
HEALTHWISE UNIFINE PENTIPS	2	QL
HEALTHY ACCENTS UNIFINE PENTIP (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL
HM ULTICARE INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	QL
HM ULTICARE MINI PEN NEEDLES	2	QL
HM ULTICARE SHORT PEN NEEDLES	2	QL
HUBER NEEDLE (20G X 1" MISC, 20G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC)	1	
HYPODERMIC NEEDLE (18G X 1" MISC, 18G X 1-1/2" MISC, 20G X 1" MISC, 20G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC, 23G X 1" MISC, 23G X 1-1/2" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC, 26G X 1/2" MISC, 27G X 1-1/2" MISC, 27G X 1/2" MISC)	1	
INCONTROL ULTICARE PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	QL
INPEN 100-BLUE-LILLY-HUMALOG	2	QL
INPEN 100-BLUE-NOVOLOG-FIASP	2	QL
INPEN 100-GREY-LILLY-HUMALOG	2	QL
INPEN 100-GREY-NOVOLOG-FIASP	2	QL
INPEN 100-PINK-LILLY-HUMALOG	2	QL
INPEN 100-PINK-NOVOLOG-FIASP	2	QL
INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL

Drug Name	Drug Tier	Requirements / Limits
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
INSULIN SYRINGE/NEEDLE (27G X 1/2" 0.5 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	1	QL
INSUPEN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	QL
INSUPEN SENSITIVE (X 6 MISC, X 8 MISC)	2	QL
INSUPEN ULTRAFIN (30G X 8 MISC, 31G X 6 MISC, 31G X 8 MISC)	2	QL
INSUPEN32G EXTR3ME	2	QL
KINRAY INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
KMART VALU INSULIN SYRINGE 29G (0.5 ML MISC, 1 ML MISC)	2	QL
KMART VALU INSULIN SYRINGE 30G (0.3 ML MISC, 0.5 ML MISC, 1 ML MISC)	2	QL
KROGER INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
KROGER PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	QL
LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
LEADER UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	2	QL
LEADER UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	QL
LITETOUCH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
LITETOUCH PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL
LONGS INSULIN SYRINGE	2	QL
LUER LOCK SAFETY SYRINGES (3 ML MISC, 21G X 1-1/2" 3 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 5/8" 3 ML MISC)	3	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	QL
MAGELLAN SYRINGE-SAFETY NEEDLE	3	
MAGELLAN TUBERCULIN SYRINGE (27G X 1/2" 1 ML MISC, 28G X 1/2" 1 ML MISC)	3	
MARATHON MEDICAL PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL
MAXI-COMFORT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	QL
MAXI-COMFORT SAFETY PEN NEEDLE (X 5MM MISC, X 8MM MISC)	2	QL
MAXICOMFORT II PEN NEEDLE	2	QL
MAXICOMFORT SYR 27G X 1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	QL
MEDIC INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
MEDICINE SHOPPE PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	QL
MEIJER PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	QL
MICRODOT PEN NEEDLE (31G X 6 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	QL
MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
MM PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	QL
MONOJECT BLUNTIP CANNULA (20G X 1-1/2" MISC, 21G X 1" MISC)	3	
MONOJECT BLUNTIP SYR/CANNULA (3 ML MISC, 6 ML MISC)	3	
MONOJECT CONTROL SYRINGE (12 ML MISC, 20 ML MISC)	3	
MONOJECT FILTER ASPIRATOR	3	
MONOJECT FILTER NEEDLE (18G X 1-1/2" MISC, 20G X 1-1/2" MISC)	3	
MONOJECT HYPODERMIC NEEDLE (14G X 1" MISC, 14G X 1-1/2" MISC, 14G X 2" MISC, 16G X 1" MISC, 16G X 1-1/2" MISC, 16G X 3/4" MISC, 16G X 5/8" MISC, 18G X 1" MISC, 18G X 1-1/2" MISC, 19G X 1" MISC, 19G X 1-1/2" MISC, 20G X 1" MISC, 20G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 21G X 2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC, 23G X 1" MISC, 23G X 3/4" MISC, 25G X 1" MISC, 25G X 1-1/2" MISC, 25G X 1-1/4" MISC, 25G X 2" MISC, 25G X 5/8" MISC, 26G X 1-1/2" MISC, 26G X 1/2" MISC, 27G X 1-1/2" MISC, 27G X 1-1/4" MISC, 27G X 1/2" MISC, 30G X 3/4" MISC)	3	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
MONOJECT INTRODUCER NEEDLE	3	
MONOJECT LIFESHIELD SYRINGE (X 3 ML MISC, X 12 ML MISC)	3	
MONOJECT MAGELLAN SAFETY NDL (18G X 1" MISC, 18G X 1-1/2" MISC, 19G X 1" MISC, 19G X 1-1/2" MISC, 20G X 1" MISC, 20G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 21G X 5/8" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC, 23G X 1" MISC, 23G X 5/8" MISC, 25G X 1" MISC, 25G X 5/8" MISC)	3	
MONOJECT MAGELLAN SYRINGE (18G X 1" 12 ML MISC, 18G X 1" 6 ML MISC, 20G X 1" 3 ML MISC, 20G X 1-1/2" 12 ML MISC, 20G X 1-1/2" 3 ML MISC, 20G X 1-1/2" 6 ML MISC, 21G X 1" 12 ML MISC, 21G X 1" 3 ML MISC, 21G X 1" 6 ML MISC, 21G X 1-1/2" 12 ML MISC, 21G X 1-1/2" 3 ML MISC, 21G X 1-1/2" 6 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 12 ML MISC, 22G X 1-1/2" 3 ML MISC, 22G X 1-1/2" 6 ML MISC, 23G X 1" 1 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 1 ML MISC, 25G X 1" 3 ML MISC, 25G X 5/8" 1 ML MISC, 25G X 5/8" 3 ML MISC)	3	
MONOJECT MEDICATION TRANSF NDL	3	
MONOJECT PHARMACY TRAY (1 ML MISC, 3 ML MISC, 6 ML MISC, 12 ML MISC, 20 ML MISC, 35 ML MISC, 60 ML MISC)	3	
MONOJECT PISTON SYRINGE	3	
MONOJECT SOFTPACK/CATHTIP	3	
MONOJECT SOFTPACK/LLOCK (20 ML MISC, 35 ML MISC, 60 ML MISC)	3	
MONOJECT SOFTPACK/LTIP	3	
MONOJECT SOFTPACK/RG LOCK	3	
MONOJECT SOFTPACK/RG LUER	3	
MONOJECT SYRINGE (3 ML MISC, 6 ML MISC, 12 ML MISC, 18G X 1" 12 ML MISC, 20G X 1" 3 ML MISC, 20G X 1-1/2" 12 ML MISC, 20G X 1-1/2" 3 ML MISC, 20G X 1-1/2" 6 ML MISC, 20G X 3/4" 3 ML MISC, 21G X 1" 3 ML MISC, 21G X 1" 6 ML MISC, 21G X 1-1/2" 3 ML MISC, 21G X 1-1/2" 6 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 22G X 1-1/2" 6 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 1-1/4" 3 ML MISC, 25G X 5/8" 3 ML MISC, 27G X 1-1/4" 3 ML MISC, 27G X 1/2" 1 ML MISC)	3	

Drug Name	Drug Tier	Requirements / Limits
MONOJECT SYRINGE CATH TIP (35 ML MISC, 60 ML MISC)	3	
MONOJECT SYRINGE ECC LUER (20 ML MISC, 35 ML MISC)	3	
MONOJECT SYRINGE ECCENTRIC TIP	3	
MONOJECT SYRINGE LUER LOCK (6 ML MISC, 20 ML MISC, 35 ML MISC, 60 ML MISC)	3	
MONOJECT SYRINGE LUER-LOCK TIP (3 ML MISC, 60 ML MISC, 140 ML MISC)	3	
MONOJECT SYRINGE PHARMACY TRAY	3	
MONOJECT SYRINGE REG LUER (3 ML MISC, 6 ML MISC, 12 ML MISC, 20 ML MISC, 35 ML MISC)	3	
MONOJECT SYRINGE REGULAR TIP (3 ML MISC, 6 ML MISC, 20 ML MISC, 60 ML MISC)	3	
MONOJECT SYRINGE TOOMEY TYPE	3	
MONOJECT TB SAFETY SYRINGE (25G X 5/8" 1 ML MISC, 28G X 1/2" 1 ML MISC)	3	
MONOJECT TB SYRINGE (1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 3/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	3	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	QL
MS INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	QL
MULTI-DRAW NEEDLE (20G X 1-1/2" MISC, 21G X 1-1/2" MISC, 22G X 1-1/2" MISC)	1	
NOKOR VENTED NEEDLE	3	
NORM-JECT LUER LOCK SYRINGE (10 ML MISC, 20 ML MISC)	3	
NORM-JECT LUER SLIP SYRINGE	3	
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL

Drug Name	Drug Tier	Requirements / Limits
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	2	QL
PC UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	QL
PEN NEEDLE/5-BEVEL TIP (31G X 8 MISC, 32G X 4 MISC)	1	QL
PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	1	QL
PEN NEEDLES 5/16"	1	QL
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	QL
PENTIPS GENERIC PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	QL
PERFECT POINT SAFETY NEEDLE	3	
PIP PEN NEEDLES 31G X 5MM	2	QL
PIP PEN NEEDLES 32G X 4MM	2	QL
POLY HUB NEEDLE (18G X 1" MISC, 18G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC, 23G X 1" MISC, 23G X 1-1/2" MISC, 25G X 1" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC, 27G X 1-1/4" MISC, 27G X 1/2" MISC, 30G X 1/2" MISC)	3	
PRECISION SURE-DOSE SYRINGE	2	QL
PREFERRED PLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	QL
PREFERRED PLUS UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
PREVENT DROPSAFE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	QL
PREVENT SAFETY PEN NEEDLES (X 6 MISC, X 8 MISC)	2	QL
PRO COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
PRO COMFORT PEN NEEDLES (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	QL
PRODIGY INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	QL
PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	QL
PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	QL
PX EXTRA SHORT PEN NEEDLES	2	QL
PX INSULIN SYRINGE	2	QL
PX MINI PEN NEEDLES	2	QL
PX PEN NEEDLE (29G X 12MM MISC, 31G X 8 MM MISC)	2	QL
PX SHORTLENGTH PEN NEEDLES	2	QL
QC PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	QL
QC UNIFINE PENTIPS	2	QL
QUICK TOUCH INSULIN PEN NEEDLE (29G X 12.7MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC, 33G X 8 MM MISC)	2	QL
RA INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	QL
RA PEN NEEDLES (X 5 MISC, X 8 MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
RAYA SURE PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	QL
REALITY INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	2	QL
RELION INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
RELION MINI PEN NEEDLES	2	QL
RELION PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL
RELION SHORT PEN NEEDLES	2	QL
SAFETY PEN NEEDLES (X 5 MISC, X 8 MISC)	1	QL
SB INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
SECURESAFE HYPODERMIC NEEDLE (19G X 1" MISC, 19G X 1-1/2" MISC, 21G X 1-1/2" MISC, 22G X 1" MISC, 25G X 1-1/2" MISC, 26G X 1/2" MISC, 27G X 1/2" MISC)	3	
SECURESAFE INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	QL
SECURESAFE SAFETY PEN NEEDLES (30G X 8 MISC, 31G X 5 MISC)	2	QL
SECURESAFE SYRINGE/NEEDLE (20G X 1" 3 ML MISC, 20G X 1-1/2" 3 ML MISC, 21G X 1-1/2" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 25G X 1-1/2" 1 ML MISC, 25G X 5/8" 3 ML MISC, 27G X 1/2" 1 ML MISC)	3	
SHOPKO UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL
SHOPKO UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
SOL-M SYRINGE LUER LOCK	3	
SURE COMFORT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
SURE COMFORT PEN NEEDLES (29G X 12.7MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	QL
SYRINGE (SYRINGE 20G X 1" 3 ML MISC, SYRINGE 20G X 1-1/2" 3 ML MISC, SYRINGE 21G X 1" 3 ML MISC, SYRINGE 21G X 1-1/2" 3 ML MISC, SYRINGE 22G X 1" 3 ML MISC, SYRINGE 22G X 1-1/2" 3 ML MISC, SYRINGE 23G X 1" 3 ML MISC, SYRINGE 25G X 1" 3 ML MISC, SYRINGE 25G X 1-1/2" 3 ML MISC, SYRINGE 25G X 5/8" 3 ML MISC)	1	
SYRINGE 2-3 ML	1	
SYRINGE 30-35 ML	1	
SYRINGE 50-60 ML	1	
SYRINGE DISPOSABLE	1	
SYRINGE ECCENTRIC TIP	1	
SYRINGE LUER LOCK (3 ML MISC, 5 ML MISC, 10 ML MISC, 20 ML MISC, 20G X 1" 10 ML MISC, 20G X 1" 3 ML MISC, 20G X 1" 5 ML MISC, 20G X 1-1/2" 10 ML MISC, 20G X 1-1/2" 3 ML MISC, 20G X 1-1/2" 5 ML MISC, 21G X 1" 10 ML MISC, 21G X 1" 3 ML MISC, 21G X 1" 5 ML MISC, 21G X 1-1/2" 3 ML MISC, 21G X 1-1/2" 5 ML MISC, 22G X 1" 10 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 10 ML MISC, 22G X 1-1/2" 3 ML MISC, 22G X 1-1/2" 5 ML MISC, 23G X 1" 3 ML MISC, 23G X 1-1/2" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 1-1/2" 3 ML MISC, 25G X 5/8" 3 ML MISC, 30 ML MISC, 60 ML MISC)	1	
SYRINGE LUER SLIP (1 ML MISC, 3 ML MISC, 5 ML MISC, 10 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 3/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 35 ML MISC, 60 ML MISC)	1	

Drug Name	Drug Tier	Requirements / Limits
SYRINGE/HYPODERMIC SAFETY	1	
TECHLITE INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
TECHLITE PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	QL
TECHLITE PLUS PEN NEEDLES	2	QL
THE EPINEPHRINE SYRINGE	3	
TODAYS HEALTH MINI PEN NEEDLES	2	QL
TODAYS HEALTH PEN NEEDLES	2	QL
TODAYS HEALTH SHORT PEN NEEDLE	2	QL
TOOMEY SYRINGE	1	
TOPCARE CLICKFINE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	QL
TOPCARE ULTRA COMFORT INS SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
TOPFINE INSULIN PEN NEEDLE	2	QL
TRUE COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC)	2	QL
TRUE COMFORT PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	QL
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
TRUE COMFORT PRO PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	QL
TRUE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	QL
TRUEPLUS 5-BEVEL PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL
TRUEPLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
TRUEPLUS PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL
ULTICARE INSULIN SAFETY SYR (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	QL
ULTICARE INSULIN SYR 1/2 UNIT	2	QL
ULTICARE INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
ULTICARE MICRO PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	QL
ULTICARE MINI PEN NEEDLES (30G X 5 MISC, 31G X 6 MISC, 32G X 6 MISC)	2	QL
ULTICARE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC)	2	QL
ULTICARE SHORT PEN NEEDLES (30G X 8 MISC, 31G X 8 MISC)	2	QL
ULTICARE SYRINGE (X 1-1/2" 1 ML MISC, X 1-1/2" 3 ML MISC)	3	

Drug Name	Drug Tier	Requirements / Limits
ULTICARE TUBERCULIN SAFETY SYR (25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27G X 5/8" 1 ML MISC, 28G X 1/2" 1 ML MISC)	3	
ULTIGUARD SAFEPACK PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	QL
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
ULTILET PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL
ULTRA COMFORT INSULIN SYRINGE	2	QL
ULTRA COMFORT PEN NEEDLES	2	QL
ULTRA FLO INSULIN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	QL
ULTRA FLO INSULIN SYR 1/2 UNIT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	QL
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
ULTRA THIN PEN NEEDLES	2	QL
ULTRA-THIN II INS SYR SHORT (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
ULTRA-THIN II INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	QL
ULTRA-THIN II MINI PEN NEEDLE	2	QL
ULTRA-THIN II PEN NEEDLE SHORT	2	QL

Drug Name	Drug Tier	Requirements / Limits
ULTRA-THIN II PEN NEEDLES	2	QL
ULTRACARE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
ULTRACARE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC)	2	QL
UNIFINE OTC PEN NEEDLES (31G X 5 MISC, 32G X 4 MISC)	2	QL
UNIFINE PEN NEEDLES	2	QL
UNIFINE PENTIPS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	QL
UNIFINE PENTIPS PLUS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	QL
UNIFINE PROTECT PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	2	QL
UNIFINE SAFECONTROL PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	QL
UNIFINE ULTRA PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 34G X 3.5 MM MISC)	2	QL
VALUE HEALTH INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	QL
VALUMARK PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	QL
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	QL
VANISHPOINT SAFETY SYRINGE (20G X 1" 3 ML MISC, 20G X 1-1/2" 3 ML MISC, 21G X 1" 3 ML MISC, 21G X 1" 5 ML MISC, 21G X 1-1/2" 10 ML MISC, 21G X 1-1/2" 3 ML MISC, 21G X 1-1/2" 5 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 22G X 1-1/2" 5 ML MISC, 23G X 1" 3 ML MISC, 23G X 1-1/2" 3 ML MISC, 25G X 1" 3 ML	3	

MISC, 25G X 1-1/2" 3 ML MISC, 25G X 5/8" 3 ML MISC)		
Drug Name	**Drug Tier**	**Requirements / Limits**
VANISHPOINT SYRINGE (20G X 1" 3 ML MISC, 20G X 1-1/2" 3 ML MISC, 21G X 1" 3 ML MISC, 21G X 1-1/2" 10 ML MISC, 21G X 1-1/2" 3 ML MISC, 21G X 1-1/2" 5 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 23G X 1-1/2" 3 ML MISC, 25G X 1" 1 ML MISC, 25G X 1" 3 ML MISC, 25G X 1-1/2" 3 ML MISC, 25G X 5/8" 3 ML MISC)	3	
VANISHPOINT TUBERCULIN SYRINGE (25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC)	3	
VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	QL
VERIFINE INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
VERIFINE PLUS PEN NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	QL
VERISAFE SAFE STERILE SYRINGE (25G X 1" 1 ML MISC, 25G X 1" 3 ML MISC, 25G X 1-1/2" 3 ML MISC, 27G X 1/2" 1 ML MISC)	3	
VERISAFE SAFETY INSULIN SYR	2	QL
VERISAFE SAFETY STERILE NEEDLE (23G X 1-1/2" MISC, 25G X 1" MISC)	3	
VIDA MIA UNIFINE PENTIPS (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	QL
VP INSULIN SYRINGE	2	QL
WEGMANS UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	QL
YALE DISP NEEDLES	3	
ZEVRX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	QL

Drug Name	Drug Tier	Requirements / Limits
ZEVRX PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	QL
RESPIRATORY THERAPY SUPPLIES		
ACE AEROSOL CLOUD ENHANCER	2	QL
SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES		
AEROCHAMBER HOLDING CHAMBER	2	QL
AEROCHAMBER MINI CHAMBER	2	QL
AEROCHAMBER MV	2	QL
AEROCHAMBER PLS FLOVU MTHPIECE	2	QL
AEROCHAMBER PLUS FLO-VU	2	QL
AEROCHAMBER PLUS FLO-VU INTERM	2	QL
AEROCHAMBER PLUS FLO-VU LARGE (DEVICE, MISC)	2	QL
AEROCHAMBER PLUS FLO-VU MEDIUM (DEVICE, MISC)	2	QL
AEROCHAMBER PLUS FLO-VU SMALL (DEVICE, MISC)	2	QL
AEROCHAMBER PLUS FLO-VU W/MASK	2	QL
AEROCHAMBER PLUS FLOW VU	2	QL
AEROCHAMBER W/FLOWSIGNAL	2	QL
AEROCHAMBER Z-STAT PLUS	2	QL
AEROCHAMBER Z-STAT PLUS CHAMBR	2	QL
AEROCHAMBER Z-STAT PLUS/LARGE	2	QL
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	QL
AEROCHAMBER Z-STAT PLUS/SMALL	2	QL
AEROCHAMBER2GO ANTI-STATIC	2	QL
AEROVENT PLUS	2	QL
BREATHE EASE LARGE	2	QL
BREATHE EASE MEDIUM	2	QL

Drug Name	Drug Tier	Requirements / Limits
BREATHE EASE SMALL	2	QL
BREATHERITE VALVED MDI CHAMBER	2	QL
CLEVER CHOICE HOLDING CHAMBER	2	QL
COMPACT SPACE CHAMBER	2	QL
COMPACT SPACE CHAMBER/LG MASK	2	QL
COMPACT SPACE CHAMBER/MED MASK	2	QL
COMPACT SPACE CHAMBER/SM MASK	2	QL
EASIVENT	2	QL
EASIVENT MASK LARGE	2	QL
EASIVENT MASK MEDIUM	2	QL
EASIVENT MASK SMALL	2	QL
EQ SPACE CHAMBER ANTI-STATIC	2	QL
EQ SPACE CHAMBER ANTI-STATIC L	2	QL
EQ SPACE CHAMBER ANTI-STATIC M	2	QL
EQ SPACE CHAMBER ANTI-STATIC S	2	QL
FLEXICHAMBER	2	QL
INSPIREASE	2	QL
INSPIREASE RESERVOIR BAGS	2	QL
MICROCHAMBER (DEVICE, MISC)	2	QL
MICROSPACER	2	QL
OPTICHAMBER DIAMOND (DEVICE, MISC)	2	QL
OPTICHAMBER DIAMOND-LG MASK	2	QL
OPTICHAMBER DIAMOND-MD MASK	2	QL
OPTICHAMBER DIAMOND-SM MASK	2	QL
POCKET CHAMBER	2	QL
POCKET SPACER	2	QL
PROCHAMBER VHC	2	QL
RITEFLO	2	QL

Drug Name	Drug Tier	Requirements / Limits
VORTEX HOLD CHMBR/MASK/CHILD	2	QL
VORTEX HOLD CHMBR/MASK/TODDLER	2	QL
VORTEX VALVE CHAMBER-PEDI MASK	2	QL
VORTEX VALVED HOLDING CHAMBER	2	QL
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)		
NURTEC	2	PA, QL
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES		
AJOVY (225 MG/1.5ML SOLN A-INJ, 225 MG/1.5ML SOLN PRSYR)	2	QL
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	2	QL
EMGALITY (300 MG DOSE)	2	QL
VYEPTI	5	PA
dihydroergotamine mesylate 1 mg/ml solution	1	QL
dihydroergotamine mesylate 4 mg/ml solution	1	PA, QL
ERGOMAR	3	PA
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA	3	PA, QL
diclofenac potassium(migraine)	1	PA, QL
SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
almotriptan malate (6.25 mg tab, 12.5 mg tab)	1	ST, QL
eletriptan hydrobromide (20 mg tab, 40 mg tab)	1	QL
frovatriptan succinate	1	ST, QL
IMITREX STATDOSE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	3	ST, QL
naratriptan hcl (1 mg tab, 2.5 mg tab)	1	QL

Drug Name	Drug Tier	Requirements / Limits
rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	1	
sumatriptan (5 mg/act solution, 20 mg/act solution)	1	ST, QL
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	1	
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	1	ST, QL
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	1	ST, QL
zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)	1	QL
ZOLMITRIPTAN (5 MG SOLUTION)	1	ST, QL
SELECTIVE SEROTONIN AGONISTS 5-HT(1F)		
REYVOW (50 MG TAB, 100 MG TAB)	3	PA, QL
MINERALS & ELECTROLYTES		
CALCIUM		
calcium chloride (10 % solution)	5	
calcium gluconate (10 % solution)	5	
CALCIUM COMBINATIONS		
CALCIUM GLUCONATE-NACL (1-0.675 GM/50ML-% SOLUTION, 1-0.8 GM/100ML-% SOLUTION, 2-0.675 GM/100ML-% SOLUTION)	5	
ELECTROLYTES & DEXTROSE		
dextrose in lactated ringers	5	
DEXTROSE-NACL	5	
dextrose-sodium chloride 5-0.9 % solution	5	
ELLIOTTS B	5	
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)	5	

Drug Name	Drug Tier	Requirements / Limits
KCL-LACTATED RINGERS-D5W	5	
potassium chloride in dextrose	5	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	5	
ELECTROLYTES PARENTERAL		
KCL (0.149%) IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION)	5	
KCL (0.298%) IN NACL	5	
LACTATED RINGERS (SOLUTION)	5	
POTASSIUM CHLORIDE IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	5	
FLUORIDE		
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG TAB, 2.2 (1 F) MG CHEW TAB, 2.2 (1 F) MG TAB)	1	QL, AGE
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	QL, AGE
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)	5	
magnesium sulfate in d5w	5	
MAGNESIUM SULFATE-NACL	5	
PHOSPHATE		
K-PHOS	3	
K-PHOS-NEUTRAL	1	
PHOSPHA 250 NEUTRAL	1	
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOSPHO-TRIN K500	1	

Drug Name	Drug Tier	Requirements / Limits
PHOSPHOROUS	1	
POTASSIUM PHOSPHATES (15 MMOLE/5ML SOLUTION, 45 MMOLE/15ML SOLUTION, 150 MMOLE/50ML SOLUTION)	5	
POTASSIUM PHOSPHATES(66 MEQ K) (45 MMOLE/15ML SOLUTION)	5	
WES-PHOS 250 NEUTRAL	1	
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	1	
k-prime	1	
K-TAB (10 TAB ER, 20 TAB ER)	3	
KLOR-CON (8 MEQ TAB ER, 20 MEQ PACKET)	1	
KLOR-CON 10	3	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)	1	
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 MEQ/100ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ/100ML SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION)	5	
potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)	1	
POTASSIUM CHLORIDE ER (8 CAP ER, 8 TAB ER, 10 CAP ER, 10 TAB ER, 20 TAB ER)	1	
POTASSIUM CHLORIDE ER 15 MEQ TAB ER	3	
POTASSIUM COMBINATIONS		
EFFER-K (10 EFFER TAB, 20 EFFER TAB)	3	

Drug Name	Drug Tier	Requirements / Limits
SODIUM		
AQUASTAT	3	
AQUASTAT SFR	3	
BD POSIFLUSH	3	
BD POSIFLUSH SAFESCRUB	3	
MONOJECT FLUSH SYRINGE	3	
MONOJECT SODIUM CHLORIDE FLUSH	3	
NORMAL SALINE FLUSH	1	
SALINE FLUSH	1	
sodium chloride (0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution)	1	
sodium chloride (pf)	1	
SODIUM CHLORIDE 4 MEQ/ML SOLUTION	5	
SODIUM CHLORIDE FLUSH	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
ANTILEPROTICS		
THALOMID (50 MG CAP, 100 MG CAP)	4	PA, QL
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	5	PA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	4	PA, QL
CHELATING AGENTS		
EDETATE DISODIUM	5	
penicillamine (250 mg cap, 250 mg tab)	4	PA, QL
trientine hcl	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
CYCLOSPORINE ANALOGS		
cyclosporine (25 mg cap, 100 mg cap)	1	
cyclosporine 50 mg/ml solution	5	
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	1	
LUPKYNIS	4	PA, QL
SANDIMMUNE 50 MG/ML SOLUTION	5	
ENZYMES		
AMPHADASE	5	
HYLENEX	5	
VITRASE	5	
XIAFLEX	5	QL
FARNESYLTRANSFERASE INHIBITORS		
ZOKINVY (50 MG CAP, 75 MG CAP)	4	PA, QL, AGE
FECAL INCONTINENCE BULKING AGENT - COMBINATIONS		
SOLESTA	5	
IMMUNE GLOBULIN IMMUNOSUPPRESSANTS		
ATGAM	5	
THYMOGLOBULIN	5	
IMMUNOMODULATORS - COMBINATIONS		
VYVGART HYTRULO (180-2000 MG-UNIT/ML SOLUTION, 1000-10000 MG-UNT/5ML SOLN PRSYR)	5	PA
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES		
lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
CELLCEPT INTRAVENOUS	5	
mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)	1	
mycophenolate mofetil 500 mg recon soln	5	
mycophenolate mofetil hcl	5	
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	1	QL
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	1	QL
INTERLEUKIN-6 (IL-6) ANTAGONISTS		
SYLVANT (100 MG RECON SOLN, 400 MG RECON SOLN)	5	PA
IRRIGATION SOLUTIONS		
ARGYLE STERILE WATER	1	
RINGERS IRRIGATION	1	
STERILE WATER FOR IRRIGATION	1	
tis-u-sol	1	
water for irrigation, sterile	1	
MACROLIDE IMMUNOSUPPRESSANTS		
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	3	ST
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)	1	QL
PROGRAF 5 MG/ML SOLUTION	5	
sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)	1	
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	1	
tacrolimus 5 mg/ml solution	5	
tacrolimus er (0.5 mg cap er 24h, 1 mg cap er 24h, 5 mg cap er 24h)	3	

Drug Name	Drug Tier	Requirements / Limits
MONOCLONAL ANTIBODIES		
ENSPRYNG	4	PA, QL
GAMIFANT (10 MG/2ML SOLUTION, 50 MG/10ML SOLUTION, 100 MG/20ML SOLUTION)	5	PA
SIMULECT (10 MG RECON SOLN, 20 MG RECON SOLN)	5	
UPLIZNA	5	PA
NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS		
RYSTIGGO (280 MG/2ML SOLUTION, 420 MG/3ML SOLUTION, 560 MG/4ML SOLUTION, 840 MG/6ML SOLUTION)	5	PA
VYVGART	5	PA
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB		
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK, 200 & 50 MG TAB THPK)	4	PA, QL
POTASSIUM REMOVING AGENTS		
kionex	1	
LOKELMA (5 GM PACKET, 10 GM PACKET)	2	QL
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate 15 gm/60ml suspension	1	
sps (sodium polystyrene sulf)	1	
SPS (SODIUM POLYSTYRENE SULF)	3	
VELTASSA (1 GM PACKET, 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	4	PA, QL
PURINE ANALOGS		
azathioprine 50 mg tab	1	
AZATHIOPRINE SODIUM	5	
ROCK INHIBITORS		
REZUROCK	4	PA, QL, AGE

Drug Name	Drug Tier	Requirements / Limits
SCLEROSING AGENTS		
ETHAMOLIN	5	
SELECTIVE T-CELL COSTIMULATION BLOCKERS		
NULOJIX	5	
TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS		
SAPHNELO 120 MG/0.8ML SOLN PRSYR	4	PA, QL
SAPHNELO 300 MG/2ML SOLUTION	5	PA
SAPHNELO PEN	4	PA, QL
UREMIC PRURITUS AGENTS		
KORSUVA	5	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous hcl	1	
ANTI-INFECTIVES - THROAT		
clotrimazole 10 mg troche	1	
NYSTATIN (100000 UNIT/ML SUSPENSION, 500000 UNIT/5ML SUSPENSION)	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate 0.12 % solution	1	
PERIDEX	3	
periogard	1	
FLUORIDE DENTAL PRODUCTS		
dentagel	1	
FRAICHE 5000 DENTAL	1	

Drug Name	Drug Tier	Requirements / Limits
just right 5000	1	
SF	1	
SODIUM FLUORIDE 1.1 % GEL	1	
SODIUM FLUORIDE 5000 PPM 1.1 % GEL	1	
SALIVA STIMULANTS		
cevimeline hcl	1	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	1	
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq	1	
oralone	1	
triamcinolone acetonide 0.1 % paste	1	
MULTIVITAMINS		
B-COMPLEX W/ LYSINE-ZN & FOLIC ACID		
SUPERVITE	3	
BIOFLAVONOID PRODUCTS		
ADRENAL C FORMULA	3	
NIACINAMIDE W/ ZINC-COPPER & FOLIC ACID		
NICOTINAMIDE	1	
PED MULTI VITAMINS W/FL & FE		
MULTI-VITAMIN/FLUORIDE/IRON	1	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	3	
QUFLORA FE PEDIATRIC	3	
PED MV W/ FLUORIDE		
FLORAFOL PEDIATRIC (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	

Drug Name	Drug Tier	Requirements / Limits
FLORIVA PLUS	3	
FLOTREX (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
MULTI-VIT-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
MULTI-VITAMIN/FLUORIDE (MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION)	1	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 0.5 MG/ML SUSPENSION, 1 MG CHEW TAB)	3	
TRI-VI-FLOR 0.25 MG/ML SUSPENSION	3	
TRI-VITAMIN WITH FLUORIDE	3	
PED VITAMINS ACD & FA W/ FLUORIDE		
TRI-VI-FLORO (0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION)	3	
PED VITAMINS ACD W/ FLUORIDE		
TRI-VITE/FLUORIDE (TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION, TRI-VITE/FLUORIDE 0.5 MG/ML SOLUTION)	3	
PRENATAL MV & MIN W/FE-FA		
ATABEX EC	3	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
ATABEX OB	3	SUM5 (IRS Buy Up List - Check Group)
CO-NATAL FA	3	SUM5 (IRS Buy Up List - Check Group)
COMPLETENATE	1	SUM5 (IRS Buy Up List - Check Group)
CONCEPT OB	3	SUM5 (IRS Buy Up List - Check Group)
DERMACINRX PNV PRENATOL	3	SUM5 (IRS Buy Up List - Check Group)
FOLIVANE-OB	3	SUM5 (IRS Buy Up List - Check Group)
INATAL GT	3	SUM5 (IRS Buy Up List - Check Group)
JENLIVA PRENATAL/POSTNATAL	3	SUM5 (IRS Buy Up List - Check Group)
KOSHER PRENATAL PLUS IRON	3	SUM5 (IRS Buy Up List - Check Group)
M-NATAL PLUS	1	SUM5 (IRS Buy Up List - Check Group)
MATERVIA	3	SUM5 (IRS Buy Up List - Check Group)
MATRIAPRO	1	
MATRONEX	1	SUM5 (IRS Buy Up List - Check Group)
NATALCHEW	1	SUM5 (IRS Buy Up List - Check Group)
NATALCORE	1	
NATALVIT	3	SUM5 (IRS Buy Up List - Check Group)
NEO-VITAL RX	3	SUM5 (IRS Buy Up List - Check Group)
NEONATAL COMPLETE 27-1 MG TAB	1	SUM5 (IRS Buy Up List - Check Group)
NEONATAL PLUS	3	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
NESTABS	3	SUM5 (IRS Buy Up List - Check Group)
NIVA-PLUS	3	SUM5 (IRS Buy Up List - Check Group)
NOVYRA	3	SUM5 (IRS Buy Up List - Check Group)
NURTIVA	3	SUM5 (IRS Buy Up List - Check Group)
NUTRICHEW	1	
OB COMPLETE ONE	3	SUM5 (IRS Buy Up List - Check Group)
OB COMPLETE PETITE	3	SUM5 (IRS Buy Up List - Check Group)
OB COMPLETE PREMIER	3	SUM5 (IRS Buy Up List - Check Group)
OB COMPLETE/DHA	3	SUM5 (IRS Buy Up List - Check Group)
ONE VITE WOMENS PLUS	1	SUM5 (IRS Buy Up List - Check Group)
PNV 27-CA/FE/FA	1	SUM5 (IRS Buy Up List - Check Group)
PNV PRENATAL PLUS MULTIVIT+DHA	3	SUM5 (IRS Buy Up List - Check Group)
PNV-OMEGA	3	SUM5 (IRS Buy Up List - Check Group)
PNV-SELECT	3	SUM5 (IRS Buy Up List - Check Group)
PRENACHEW	1	
PRENACORE	1	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	1	SUM5 (IRS Buy Up List - Check Group)
PRENATAL 27-1 MG TAB	1	SUM5 (IRS Buy Up List - Check Group)
PRENATAL PLUS	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
PRENATAL PLUS VITAMIN/MINERAL	1	SUM5 (IRS Buy Up List - Check Group)
PRENATAL VITAMIN PLUS LOW IRON	1	SUM5 (IRS Buy Up List - Check Group)
PRENATAL-U	3	SUM5 (IRS Buy Up List - Check Group)
PRENATRIX	3	SUM5 (IRS Buy Up List - Check Group)
PRENATRYL	3	SUM5 (IRS Buy Up List - Check Group)
PRENATVITE COMPLETE	3	SUM5 (IRS Buy Up List - Check Group)
PRENATVITE PLUS	3	SUM5 (IRS Buy Up List - Check Group)
PRENYRA	3	SUM5 (IRS Buy Up List - Check Group)
PROVIDA OB	3	SUM5 (IRS Buy Up List - Check Group)
RELEVIA	3	SUM5 (IRS Buy Up List - Check Group)
SE-NATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB)	1	SUM5 (IRS Buy Up List - Check Group)
SELECT-OB (29-0.6-0.4 MG CHEW TAB, 29-1 MG CHEW TAB)	3	SUM5 (IRS Buy Up List - Check Group)
THRIVITE RX	3	SUM5 (IRS Buy Up List - Check Group)
TRICARE	3	SUM5 (IRS Buy Up List - Check Group)
TRINATAL RX 1	1	SUM5 (IRS Buy Up List - Check Group)
TRINATE	3	SUM5 (IRS Buy Up List - Check Group)
VITAFOL GUMMIES	3	SUM5 (IRS Buy Up List - Check Group)
VITAFOL-NANO	3	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
VITAFOL-OB	3	SUM5 (IRS Buy Up List - Check Group)
VITATHELY WITH GINGER	3	SUM5 (IRS Buy Up List - Check Group)
WESTAB PLUS	1	SUM5 (IRS Buy Up List - Check Group)
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL		
COMPLETE NATAL DHA	1	SUM5 (IRS Buy Up List - Check Group)
WESNATAL DHA COMPLETE	1	SUM5 (IRS Buy Up List - Check Group)
PRENATAL MV & MIN W/FE-FA-DHA		
NESTABS ONE	3	SUM5 (IRS Buy Up List - Check Group)
PRENA 1 TRUE	3	SUM5 (IRS Buy Up List - Check Group)
PRENAISSANCE PLUS	3	SUM5 (IRS Buy Up List - Check Group)
PRENATE ENHANCE	3	SUM5 (IRS Buy Up List - Check Group)
PRENATE PIXIE	3	SUM5 (IRS Buy Up List - Check Group)
PRENATE RESTORE	3	SUM5 (IRS Buy Up List - Check Group)
SELECT-OB+DHA	3	SUM5 (IRS Buy Up List - Check Group)
TRISTART DHA	3	SUM5 (IRS Buy Up List - Check Group)
VITAFOL FE+	3	SUM5 (IRS Buy Up List - Check Group)
VITAFOL-OB+DHA	3	SUM5 (IRS Buy Up List - Check Group)
VITAMEDMD ONE RX/QUATREFOLIC	3	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
VITATRUE	3	SUM5 (IRS Buy Up List - Check Group)
WESTGEL DHA	3	SUM5 (IRS Buy Up List - Check Group)
PRENATAL MV & MINERALS W/FA WITHOUT IRON		
PRENATE	3	SUM5 (IRS Buy Up List - Check Group)
PRENATAL VITAMINS		
PREMESISRX	3	SUM5 (IRS Buy Up List - Check Group)
PRENATE AM	3	SUM5 (IRS Buy Up List - Check Group)
SPECIALTY VITAMINS PRODUCTS		
NITRIVIA	3	
PRO HERS RX	3	
PRO HIS RX	3	
PRO PCOS RX	3	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen (10 mg/20ml solution, 40 mg/20ml solution, 50 mcg/ml soln prsyr, 20000 mcg/20ml solution, 40000 mcg/20ml solution)	5	
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	1	QL
BACLOFEN REFILL KIT-SYNCHROMED	5	
carisoprodol 350 mg tab	1	QL
chlorzoxazone 500 mg tab	1	
cyclobenzaprine hcl (5 mg tab, 10 mg tab)	1	
GABLOFEN (50 MCG/ML SOLN PRSYR, 10000 MCG/20ML SOLN PRSYR, 10000 MCG/20ML SOLUTION, 20000 MCG/20ML SOLN PRSYR, 20000 MCG/20ML SOLUTION, 40000 MCG/20ML SOLN PRSYR, 40000 MCG/20ML SOLUTION)	5	

Drug Name	Drug Tier	Requirements / Limits
LIORESAL (0.05 MG/ML SOLUTION, 10 MG/20ML SOLUTION, 10 MG/5ML SOLUTION, 40 MG/20ML SOLUTION)	5	
metaxalone 800 mg tab	1	
methocarbamol (500 mg tab, 750 mg tab)	1	
methocarbamol 1000 mg/10ml solution	5	
orphenadrine citrate	5	
orphenadrine citrate er	1	
ROBAXIN	5	
tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)	1	QL
DIRECT MUSCLE RELAXANTS		
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	1	
RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS		
SOHONOS 1 MG CAP	4	PA, QL
SOHONOS 1.5 MG CAP	4	PA, QL
SOHONOS 10 MG CAP	4	PA, QL
SOHONOS 2.5 MG CAP	4	PA, QL
SOHONOS 5 MG CAP	4	PA, QL
VISCOSUPPLEMENTS		
DUROLANE	5	PA
EUFLEXXA	5	
GEL-ONE	5	PA
GELSYN-3	5	PA
GENVISC 850	5	PA
HYALGAN (20 MG/2ML SOLN PRSYR, 20 MG/2ML SOLUTION)	5	PA
HYMOVIS	5	PA

Drug Name	Drug Tier	Requirements / Limits
MONOVISC	5	PA
ORTHOVISC	5	PA
SUPARTZ FX	5	PA
SYNOJOYNT	5	PA
SYNVISC	5	
SYNVISC ONE	5	
TRILURON	5	PA
TRIVISC	5	PA
VISCO-3	5	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ANTIHISTAMINE-STEROID		
azelastine-fluticasone	2	ST, QL
DYMISTA	2	QL
NASAL ANESTHETICS		
COCAINE HCL 40 MG/ML SOLUTION	5	
GOPRELTO	5	
NUMBRINO	5	
NASAL ANTICHOLINERGICS		
ipratropium bromide (0.03 % solution, 0.06 % solution)	1	
NASAL ANTIHISTAMINES		
azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)	1	QL
olopatadine hcl 0.6 % solution	1	ST
NASAL STEROIDS		
flunisolide	1	QL

Drug Name	Drug Tier	Requirements / Limits
fluticasone propionate 50 mcg/act suspension	1	QL
mometasone furoate 50 mcg/act suspension	1	QL
PROPEL	5	PA
PROPEL CONTOUR	5	PA
PROPEL MINI	5	PA
PROPEL MINI SDS	5	PA
SINUVA	5	PA
XHANCE	2	PA, QL
TOPICAL DECONGESTANTS		
ADRENALIN 0.1 % SOLUTION	3	
epinephrine hcl (nasal)	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS - MISCELLANEOUS		
edaravone	5	PA
RADICAVA	5	PA
RADICAVA ORS	4	PA, QL
RADICAVA ORS STARTER KIT	4	PA, QL
BENZATHIAZOLES		
EXSERVAN	4	PA, QL
riluzole	1	
TEGLUTIK	4	PA, QL
TIGLUTIK	4	PA, QL
DEPOLARIZING MUSCLE RELAXANTS		
ANECTINE	5	
QUELICIN	5	
SUCCINYLCHOLINE CHLORIDE (20 MG/ML SOLUTION, 100 MG/5ML SOLN PRSYR, 200 MG/10ML SOLN PRSYR)	5	

Drug Name	Drug Tier	Requirements / Limits
SUCCINYLCHOLINE CL +RFID (100 MG/5ML SOLN PRSYR, 200 MG/10ML SOLN PRSYR)	5	
MUSCULAR DYSTROPHY - GENE THERAPY AGENTS		
AMONDYS 45	5	PA
EXONDYS 51 (100 MG/2ML SOLUTION, 500 MG/10ML SOLUTION)	5	PA
VILTEPSO	5	PA
VYONDYS 53	5	PA
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX (100 RECON SOLN, 200 RECON SOLN)	5	
DYSPORT (300 RECON SOLN, 500 RECON SOLN)	5	
MYOBLOC (2500 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION, 10000 UNIT/2ML SOLUTION)	5	PA
XEOMIN (50 RECON SOLN, 100 RECON SOLN, 200 RECON SOLN)	5	PA
NONDEPOLARIZING MUSCLE RELAXANTS		
atracurium besylate (50 mg/5ml solution, 100 mg/10ml solution)	5	
rocuronium bromide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)	5	
ROCURONIUM BROMIDE +RFID (50 MG/5ML SOLUTION)	5	
vecuronium bromide (10 mg recon soln, 20 mg recon soln)	5	
SPINAL MUSCULAR ATROPHY-ANTISENSE OLIGONUCLEOTIDES		
SPINRAZA (12 MG/5ML SOLUTION, 28 MG/5ML SOLUTION, 50 MG/5ML SOLUTION)	5	PA
SPINAL MUSCULAR ATROPHY-GENE THERAPY AGENTS		
ZOLGENSMA 20.6-21.0 KG	5	PA

Drug Name	Drug Tier	Requirements / Limits
ZOLGENSMA 10.1-10.5 KG	5	PA
ZOLGENSMA 10.6-11.0 KG	5	PA
ZOLGENSMA 11.1-11.5 KG	5	PA
ZOLGENSMA 11.6-12.0 KG	5	PA
ZOLGENSMA 12.1-12.5 KG	5	PA
ZOLGENSMA 12.6-13.0 KG	5	PA
ZOLGENSMA 13.1-13.5 KG	5	PA
ZOLGENSMA 13.6-14.0 KG	5	PA
ZOLGENSMA 14.1-14.5 KG	5	PA
ZOLGENSMA 14.6-15.0 KG	5	PA
ZOLGENSMA 15.1-15.5 KG	5	PA
ZOLGENSMA 15.6-16.0 KG	5	PA
ZOLGENSMA 16.1-16.5 KG	5	PA
ZOLGENSMA 16.6-17.0 KG	5	PA
ZOLGENSMA 17.1-17.5 KG	5	PA
ZOLGENSMA 17.6-18.0 KG	5	PA
ZOLGENSMA 18.1-18.5 KG	5	PA
ZOLGENSMA 18.6-19.0 KG	5	PA
ZOLGENSMA 19.1-19.5 KG	5	PA
ZOLGENSMA 19.6-20.0 KG	5	PA
ZOLGENSMA 2.6-3.0 KG	5	PA
ZOLGENSMA 20.1-20.5 KG	5	PA
ZOLGENSMA 3.1-3.5 KG	5	PA
ZOLGENSMA 3.6-4.0 KG	5	PA
ZOLGENSMA 4.1-4.5 KG	5	PA
ZOLGENSMA 4.6-5.0 KG	5	PA
ZOLGENSMA 5.1-5.5 KG	5	PA
ZOLGENSMA 5.6-6.0 KG	5	PA

Drug Name	Drug Tier	Requirements / Limits
ZOLGENSMA 6.1-6.5 KG	5	PA
ZOLGENSMA 6.6-7.0 KG	5	PA
ZOLGENSMA 7.1-7.5 KG	5	PA
ZOLGENSMA 7.6-8.0 KG	5	PA
ZOLGENSMA 8.1-8.5 KG	5	PA
ZOLGENSMA 8.6-9.0 KG	5	PA
ZOLGENSMA 9.1-9.5 KG	5	PA
ZOLGENSMA 9.6-10.0 KG	5	PA
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS		
EVRYSDI 0.75 MG/ML RECON SOLN	4	PA, QL
EVRYSDI 5 MG TAB	4	PA, QL
NUTRIENTS		
CARBOHYDRATES		
dextrose 5 % solution	5	
LIPOTROPIC COMBINATIONS		
LECITHIN	1	
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
SIMBRINZA	3	QL
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL	1	
CARTEOLOL HCL	1	
LEVOBUNOLOL HCL	1	
timolol hemihydrate	3	
timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)	1	

Drug Name	Drug Tier	Requirements / Limits
timolol maleate (once-daily)	2	
timolol maleate ocudose	1	
timolol maleate pf (0.25 % solution, 0.5 % solution)	1	
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS		
COMBIGAN	1	QL
COSOPT	3	QL
COSOPT PF	3	QL
dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)	1	QL
dorzolamide hcl-timolol mal pf	1	QL
CHOLINERGIC AGONISTS		
TYRVAYA	3	ST, QL
CYCLOPLEGIC MYDRIATIC COMBINATIONS		
CYCLOMYDRIL	3	
CYCLOPLEGIC MYDRIATICS		
ALTAFRIN (2.5 % SOLUTION, 10 % SOLUTION)	1	
ATROPINE SULFATE (0.01 % SOLUTION, 0.025 % SOLUTION, 0.05 % SOLUTION, 1 % SOLUTION)	1	
ATROPINE SULFATE 1 % OINTMENT	1	
cyclopentolate hcl 1 % solution	1	
HOMATROPAIRE	3	
phenylephrine hcl (2.5 % solution, 10 % solution)	1	
tropicamide 0.5 % solution	1	
MIOTICS - CHOLINESTERASE INHIBITORS		
PHOSPHOLINE IODIDE	3	
MIOTICS - DIRECT ACTING		
PILOCARPINE HCL (1 % SOLUTION, 2 % SOLUTION, 4 % SOLUTION)	1	

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS		
VABYSMO (6 MG/0.05ML SOLN PRSYR, 6 MG/0.05ML SOLUTION)	5	PA
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS		
BACITRACIN-POLYMYXIN B	1	
neo-polycin	1	
neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
polycin	1	
polymyxin b-trimethoprim	1	
OPHTHALMIC ANTIALLERGIC		
ALOCRIL	3	QL
azelastine hcl 0.05 % solution	1	
bepotastine besilate	1	ST, QL
BEPREVE	3	QL
CROMOLYN SODIUM	1	
epinastine hcl	1	ST
OPHTHALMIC ANTIBIOTICS		
AZASITE	3	QL
BACITRACIN 500 UNIT/GM OINTMENT	1	
BESIFLOXACIN HCL	3	
BESIVANCE	3	QL
CILOXAN	3	QL
ciprofloxacin hcl 0.3 % solution	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	AGE
gatifloxacin	1	QL

Drug Name	Drug Tier	Requirements / Limits
gentamicin sulfate 0.3 % solution	1	
KLARITY-A	3	QL
LEVOFLOXACIN 0.5 % SOLUTION	1	
MITOSOL	5	
MOXIFLOXACIN HCL (2X DAY)	1	
moxifloxacin hcl 0.5 % solution	1	
ofloxacin 0.3 % solution	1	
tobramycin 0.3 % solution	1	
TOBREX	2	
VIGAMOX	3	QL
OPHTHALMIC ANTIFUNGAL		
NATACYN	3	
OPHTHALMIC ANTISEPTICS		
POVIDONE-IODINE	1	
OPHTHALMIC ANTIVIRALS		
TRIFLURIDINE	1	
ZIRGAN	3	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
AZOPT	3	QL
brinzolamide	1	QL
DORZOLAMIDE HCL	1	
OPHTHALMIC COMPLEMENT C3 INHIBITORS		
SYFOVRE	5	PA
OPHTHALMIC COMPLEMENT C5 INHIBITORS		
IZERVAY	5	PA

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMIC DIAGNOSTIC PRODUCTS		
FLURA-SAFE	3	
PROPARACAINE-FLUORESCEIN	1	
OPHTHALMIC GENE THERAPY		
LUXTURNA	5	PA
OPHTHALMIC IMMUNOMODULATORS		
CEQUA	3	ST, QL
cyclosporine (pf)	1	
KLARITY-C DROPS	4	PA, QL
VERKAZIA	4	PA, QL
OPHTHALMIC KINASE INHIBITORS - COMBINATIONS		
ROCKLATAN	3	ST, QL
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN	3	
ALCAINE	3	
ALTACAINE	1	
proparacaine hcl	1	
tetracaine hcl (0.5 % solution)	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	4	PA, QL
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	3	QL
bromfenac sodium (once-daily)	1	
diclofenac sodium 0.1 % solution	1	
FLURBIPROFEN SODIUM	1	

Drug Name	Drug Tier	Requirements / Limits
ILEVRO	3	QL
KETOROLAC TROMETHAMINE (0.4 % SOLUTION, 0.5 % SOLUTION)	1	
NEVANAC	3	QL
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE	5	
OPHTHALMIC PHOTOENHANCER COMBINATIONS		
PHOTREXA-PHOTREXA VISCOUS KIT	5	PA
OPHTHALMIC PHOTOENHANCERS		
EPIOXA HD/ EPIOXA	5	PA
OPHTHALMIC RHO KINASE INHIBITORS		
RHOPRESSA	3	ST, QL
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
ALPHAGAN P 0.1 % SOLUTION	2	QL
APRACLONIDINE HCL	1	
brimonidine tartrate 0.2 % solution	1	
IOPIDINE	3	
OPHTHALMIC STEROID COMBINATIONS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
loteprednol-tobramycin	3	
neo-polycin hc	1	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	1	
NEOMYCIN-POLYMYXIN-HC	1	
SULFACETAMIDE-PREDNISOLONE	1	

Drug Name	Drug Tier	Requirements / Limits
TOBRADEX 0.3-0.1 % OINTMENT	2	
TOBRADEX ST	3	
tobramycin-dexamethasone	1	
ZYLET	3	
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
DEXTENZA	5	
DEXYCU	5	
difluprednate	1	QL
DUREZOL	3	QL
fluorometholone	1	
FML FORTE	3	
ILUVIEN	5	PA
LOTEMAX (0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION)	3	QL
LOTEMAX SM	3	QL
loteprednol etabonate (0.5 % gel, 0.5 % suspension)	1	QL
OZURDEX	5	PA
PRED MILD	3	
prednisolone acetate	1	QL
PREDNISOLONE ACETATE P-F	3	QL
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
RETISERT	5	PA
TRIESENCE	5	
XIPERE	5	PA
YUTIQ	5	PA

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMIC SULFONAMIDES		
SULFACETAMIDE SODIUM (10 % OINTMENT, 10 % SOLUTION)	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM	3	
OPHTHALMICS - BLEPHAROPTOSIS AGENTS		
UPNEEQ	3	PA, QL
OPHTHALMICS - CYSTINOSIS AGENTS		
CYSTADROPS	4	PA, QL
CYSTARAN	4	PA, QL
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost 0.03 % solution	1	QL
DURYSTA	5	PA
LATANOPROST	1	QL
LUMIGAN	2	QL
tafluprost (pf)	1	ST, QL
TRAVATAN Z	3	ST, QL
travoprost (bak free)	1	ST, QL
VYZULTA	3	ST, QL
XALATAN	3	QL
XELPROS	3	QL
ZIOPTAN	3	ST, QL
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS		
BEOVU (6 MG/0.05ML SOLN PRSYR, 6 MG/0.05ML SOLUTION)	5	PA
BYOOVIZ	5	PA

Drug Name	Drug Tier	Requirements / Limits
CIMERLI (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	5	
EYLEA (2 MG/0.05ML SOLN PRSYR, 2 MG/0.05ML SOLUTION)	5	PA
EYLEA HD	5	PA
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLN PRSYR)	5	
PAVBLU (2 MG/0.05ML SOLN PRSYR, 2 MG/0.05ML SOLUTION)	5	PA
SUSVIMO (IMPLANT 1ST FILL)	5	PA
SUSVIMO (IMPLANT REFILL)	5	PA
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2 % solution	1	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl 0.2 % solution	1	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
CIPRO HC 0.2-1 % SUSPENSION	3	
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	1	QL
ciprofloxacin-hydrocortisone	3	
CORTISPORIN-TC	3	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)	1	
OTIC STEROIDS		
DERMOTIC	3	
flac	1	

Drug Name	Drug Tier	Requirements / Limits
fluocinolone acetonide 0.01 % oil	1	
hydrocortisone-acetic acid	1	
OXYTOCICS		
ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS		
CERVIDIL	3	QL
PREPIDIL	3	
methylergonovine maleate 0.2 mg tab	1	PA, QL
methylergonovine maleate 0.2 mg/ml solution	5	
OXYTOCIN	5	
oxytocin +rfid	5	
OXYTOCIN-LACTATED RINGERS (10 UNIT/500ML SOLUTION, 15 UNIT/250ML SOLUTION, 20 UNIT/L SOLUTION, 30 UNIT/500ML SOLUTION)	5	
OXYTOCIN-SODIUM CHLORIDE (9-0.9 UNIT/9ML-% SOLN PRSYR, 15-0.9 UT/250ML-% SOLUTION, 20-0.9 UNIT/L-% SOLUTION, 30-0.9 UT/500ML-% SOLUTION, 40-0.9 UNIT/L-% SOLUTION)	5	
PITOCIN	5	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
ANTITOXINS-ANTIVENINS		
ANAVIP	5	
CROFAB	5	
ANTIVIRAL MONOCLONAL ANTIBODIES		
BEYFORTUS (50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN PRSYR)	5	
ENFLONSIA	5	
PEMGARDA	5	PA
BACTERIAL MONOCLONAL ANTIBODIES		
ZINPLAVA	5	PA

Drug Name	Drug Tier	Requirements / Limits
IMMUNE SERUMS		
BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5	PA, QL
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
CUVITRU (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 8 GM/40ML SOLUTION, 10 GM/50ML SOLUTION)	5	PA
CYTOGAM	5	
FLEBOGAMMA DIF (2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	5	PA, QL
GAMASTAN	5	PA, QL
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
GAMMAGARD ERC (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5	PA
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	5	PA
GAMMAPLEX (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, QL
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
HEPAGAM B	5	
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION)	5	PA

Drug Name	Drug Tier	Requirements / Limits
HYPERHEP B (110 UNIT/0.5ML SOLN PRSYR, 220 UNIT/ML SOLUTION)	5	
HYPERRAB (300 UNIT/ML SOLUTION, 900 UNIT/3ML SOLUTION, 1500 UNIT/5ML SOLUTION)	5	
HYPERRHO	5	
HYPERRHO MINI-DOSE	5	
HYPERTET	5	
IMOGAM RABIES-HT	5	
KEDRAB (300 UNIT/2ML SOLUTION, 1500 UNIT/10ML SOLUTION)	5	
MICRHOGAM ULTRA-FILTERED PLUS	5	
NABI-HB	5	
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML 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)	5	PA, QL
OCTAGAM (25 GM/500ML SOLUTION, 30 GM/300ML SOLUTION)	5	PA
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
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5	PA, QL
RHOGAM ULTRA-FILTERED PLUS	5	
RHOPHYLAC	5	
VARIZIG	5	
WINRHO SDF (1500 UNIT/1.3ML SOLUTION, 2500 UNIT/2.2ML SOLUTION, 5000 UNIT/4.4ML SOLUTION, 15000 UNIT/13ML SOLUTION)	5	
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

Drug Name	Drug Tier	Requirements / Limits
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)	1	
amoxicillin trihydrate	1	
ampicillin	1	
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)	5	
NATURAL PENICILLINS		
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	5	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	1	QL
PENICILLIN G POT IN DEXTROSE 20000 UNIT/ML SOLUTION	5	
penicillin g potassium (5000000 recon soln, 20000000 recon soln)	5	
PENICILLIN G PROCAINE	5	
penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)	1	
pfizerpen (5000000 recon soln, 20000000 recon soln)	5	
PENICILLIN COMBINATIONS		
amoxicillin-pot clavulanate (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)	1	
amoxicillin-pot clavulanate er	1	

Drug Name	Drug Tier	Requirements / Limits
ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)	5	
BICILLIN C-R	5	
BICILLIN C-R 900/300	5	
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)	5	
PIPERACILLIN-TAZOBACTAM-NACL 2-0.25 GM/50ML RECON SOLN	5	
UNASYN (1.5 (1-0.5) GM RECON SOLN, 3 (2-1) GM RECON SOLN, 15 (10-5) GM RECON SOLN)	5	
ZOSYN (2-0.25 GM/50ML SOLUTION, 3-0.375 GM/50ML SOLUTION, 4-0.5 GM/100ML SOLUTION)	5	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium (250 mg cap, 500 mg cap)	1	
NAFCILLIN SODIUM (1 GM RECON SOLN, 2 GM RECON SOLN, 10 GM RECON SOLN)	5	
NAFCILLIN SODIUM IN DEXTROSE (1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION)	5	
oxacillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)	5	
OXACILLIN SODIUM IN DEXTROSE (1 GM/50ML SOLUTION, 2 GM/50ML SOLUTION)	5	
PHARMACEUTICAL ADJUVANTS		
PARENTERAL VEHICLES		
DILUENT FOR TREPROSTINIL	5	
STERILE DILUENT FLOLAN PH 12	5	
STERILE DILUENT FOR REMODULIN	5	
sterile diluent/epoprostenol	5	

Drug Name	Drug Tier	Requirements / Limits
PROGESTINS		
EC-RX PROGESTERONE (10 % CREAM, 20 % CREAM)	3	QL
gallifrey	1	QL
hydroxyprogesterone caproate	5	
MAKENA (250 MG/ML OIL, 275 MG/1.1ML SOLN A-INJ)	5	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	QL
MEGESTROL ACETATE	1	
norethindrone acetate	1	QL
progesterone (100 mg cap, 200 mg cap)	1	QL
progesterone 50 mg/ml oil	1	QL
PROGESTERONE MICRONIZED	1	QL
PROMETRIUM (100 MG CAP, 200 MG CAP)	3	QL
PROVERA (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	3	QL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR OPIOID WITHDRAWAL		
lofexidine hcl	4	PA, QL
LUCEMYRA	4	PA, QL
ALCOHOL DETERRENTS		
acamprosate calcium	1	
disulfiram (250 mg tab, 500 mg tab)	1	
ANTI-CATAPLECTIC AGENTS		
sodium oxybate	4	PA, QL
ANTIDEMENTIA AGENT COMBINATIONS		
memantine hcl-donepezil hcl (14-10 mg cap er 24h, 21-10 mg cap er 24h, 28-10 mg cap er 24h)	1	QL

Drug Name	Drug Tier	Requirements / Limits
memantine hcl-donepezil hcl er (14-10 mg cap er 24h, 28-10 mg cap er 24h)	1	QL
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS		
TEGSEDI	5	
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB)	1	
CALD - AUTOLOGOUS CELLULAR GENE THERAPY AGENTS		
SKYSONA	5	PA
CHOLINOMIMETICS - ACHE INHIBITORS		
donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)	1	
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	1	
galantamine hydrobromide er (8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h)	1	
rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)	1	
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	1	
MLD - AUTOLOGOUS CELLULAR GENE THERAPY AGENTS		
LENMELDY	5	PA
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO (6 MG TAB, 9 MG TAB, 12 MG TAB)	4	PA, QL
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H, 18 MG TAB ER 24H, 24 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	4	PA, QL
INGREZZA (40 MG CAP, 80 MG CAP)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
INGREZZA 40 & 80 MG CAP THPK	4	QL
INGREZZA 60 MG CAP	4	PA, QL
tetrabenazine (12.5 mg tab, 25 mg tab)	1	PA, QL
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS		
teriflunomide (7 mg tab, 14 mg tab)	1	QL
MULTIPLE SCLEROSIS AGENTS		
glatiramer acetate (20 mg/ml soln prsyr, 40 mg/ml soln prsyr)	4	QL
glatopa (20 mg/ml soln prsyr, 40 mg/ml soln prsyr)	4	QL
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES		
cladribine (10 tabs)	4	PA, QL
cladribine (4 tabs)	4	PA, QL
cladribine (5 tabs)	4	PA, QL
cladribine (6 tabs)	4	PA, QL
cladribine (7 tabs)	4	PA, QL
cladribine (8 tabs)	4	PA, QL
cladribine (9 tabs)	4	PA, QL
MULTIPLE SCLEROSIS AGENTS - COMBINATIONS		
OCREVUS ZUNOVO	5	PA
MULTIPLE SCLEROSIS AGENTS - INTERFERONS		
AVONEX PEN	4	PA, QL
AVONEX PREFILLED	4	PA, QL
EXTAVIA	4	PA, QL
PLEGRIDY (125 MCG/0.5ML SOLN A-INJ, 125 MCG/0.5ML SOLN PRSYR)	4	PA, QL
PLEGRIDY STARTER PACK (63 & 94 MCG/0.5ML SOLN A-INJ, 63 & 94 MCG/0.5ML SOLN PRSYR)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES		
BRIUMVI	5	PA
KESIMPTA	4	PA, QL
LEMTRADA	5	PA
OCREVUS	5	PA
TYRUKO	5	PA
TYSABRI	5	PA
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS		
dimethyl fumarate (120 mg cap dr, 240 mg cap dr)	1	QL
dimethyl fumarate starter pack	1	QL
VUMERITY	4	PA, QL
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS		
dalfampridine er	1	QL
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS		
memantine hcl (2 mg/ml solution, 10 mg/5ml solution)	1	
memantine hcl (5 mg tab)	1	QL
memantine hcl 10 mg tab	1	QL
memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)	1	QL
NAMENDA TITRATION PAK	3	QL
PHENOTHIAZINES & TRICYCLIC AGENTS		
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	1	
PSEUDOBULBAR AFFECT AGENT COMBINATIONS		
dextromethorphan-quinidine	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
NUEDEXTA 20-10 MG CAP	3	PA, QL
AQNEURSA	4	PA, QL
ERGOLOID MESYLATES	1	
pimozide (1 mg tab, 2 mg tab)	1	
SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG		
ADDYI	3	QL
SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS		
AMVUTTRA	5	PA
ONPATTRO	5	PA
SMOKING DETERRENTS		
bupropion hcl er (smoking det)	1	AGE
CHANTIX (0.5 MG TAB, 1 MG TAB)	3	AGE
CHANTIX CONTINUING MONTH PAK	3	AGE
CHANTIX STARTING MONTH PAK	3	AGE
eq nicotine (14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL, AGE
eq nicotine 4 mg gum	1	AGE
eq nicotine 4 mg lozenge	1	QL, AGE
eq nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum)	1	AGE
eq nicotine polacrilex 4 mg lozenge	1	QL, AGE
eq nicotine step 3	1	QL, AGE
eql nicotine polacrilex 2 mg lozenge	1	AGE
eql nicotine polacrilex 4 mg lozenge	1	QL, AGE
ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum)	1	AGE
ft nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL, AGE
ft nicotine 4 mg lozenge	1	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
ft nicotine mini 2 mg lozenge	1	AGE
ft nicotine mini 4 mg lozenge	1	QL, AGE
gnp nicotine (2 mg gum, 4 mg gum)	1	AGE
gnp nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL, AGE
gnp nicotine mini 2 mg lozenge	1	AGE
gnp nicotine mini 4 mg lozenge	1	QL, AGE
gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum)	1	AGE
gnp nicotine polacrilex 4 mg lozenge	1	QL, AGE
goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum)	1	AGE
goodsense nicotine 4 mg lozenge	1	QL, AGE
goodsense nicotine policrilex	1	AGE
habitrol	1	QL, AGE
hm nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL, AGE
hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum)	1	AGE
hm nicotine polacrilex 4 mg lozenge	1	QL, AGE
kls quit2 (2 mg gum, 2 mg lozenge)	1	AGE
kls quit4 4 mg gum	1	AGE
kls quit4 4 mg lozenge	1	QL, AGE
nicoderm cq (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr)	3	QL, AGE
nicoderm cq 21 mg/24hr patch 24hr	3	QL, AGE
NICORETTE	3	AGE
nicorette (2 mg gum, 2 mg lozenge, 4 mg gum)	3	AGE
nicorette 4 mg lozenge	3	QL, AGE
NICORETTE MINI	3	QL, AGE
nicorette mini 2 mg lozenge	3	AGE

Drug Name	Drug Tier	Requirements / Limits
nicorette mini 4 mg lozenge	3	QL, AGE
NICORETTE STARTER KIT	3	AGE
nicorette starter kit (2 mg gum, 4 mg gum)	3	AGE
NICOTINE	1	AGE
nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL, AGE
nicotine mini 2 mg lozenge	1	AGE
nicotine mini 4 mg lozenge	1	QL, AGE
nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum)	1	AGE
nicotine polacrilex 4 mg lozenge	1	QL, AGE
nicotine polacrilex mini	1	AGE
nicotine step 1	1	QL, AGE
nicotine step 2	1	QL, AGE
nicotine step 3	1	QL, AGE
NICOTROL	3	AGE
NICOTROL NS	3	AGE
px stop smoking aid (2 mg gum, 2 mg lozenge, 4 mg gum)	1	AGE
px stop smoking aid 4 mg lozenge	1	QL, AGE
qc nicotine transdermal system (14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL, AGE
ra mini nicotine 2 mg lozenge	1	AGE
ra mini nicotine 4 mg lozenge	1	QL, AGE
ra nicotine (14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL, AGE
ra nicotine (2 mg gum, 4 mg gum)	1	AGE
ra nicotine gum (2 mg gum, 4 mg gum)	1	AGE
ra nicotine polacrilex 2 mg lozenge	1	AGE
ra nicotine polacrilex 4 mg lozenge	1	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
sm nicotine (2 mg lozenge, 4 mg gum)	1	AGE
sm nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL, AGE
sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum)	1	AGE
sm nicotine polacrilex 4 mg lozenge	1	QL, AGE
thrive	1	AGE
varenicline tartrate (0.5 mg tab, 1 mg tab)	1	AGE
varenicline tartrate (starter)	1	AGE
varenicline tartrate(continue)	1	AGE
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS		
fingolimod hcl	1	QL
ZEPOSIA	4	PA, QL
ZEPOSIA 7-DAY STARTER PACK	4	PA, QL
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	4	PA, QL
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	4	PA, QL
THIENBENZODIAZEPINES & SSRIS		
olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)	1	
VASOMOTOR SYMPTOM AGENTS - SSRIS		
paroxetine mesylate	1	PA, QL
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	5	PA
GLASSIA (4 GM/200ML SOLUTION, 5 GM/250ML SOLUTION)	5	PA

Drug Name	Drug Tier	Requirements / Limits
GLASSIA 1000 MG/50ML SOLUTION	5	PA
PROLASTIN-C 1000 MG/20ML SOLUTION	5	PA
ZEMAIRA (1000 MG RECON SOLN, 4000 MG RECON SOLN, 5000 MG RECON SOLN)	5	PA
CFTR POTENTIATORS		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	4	PA, QL
KALYDECO 150 MG TAB	4	PA, QL
CYSTIC FIBROSIS AGENT - COMBINATIONS		
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 100-125 MG TAB, 150-188 MG PACKET, 200-125 MG TAB)	4	PA, QL
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	4	PA, QL
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	4	PA, QL, AGE
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	4	PA, QL
HYDROLYTIC ENZYMES		
PULMOZYME	4	QL
PULMONARY FIBROSIS AGENTS		
pirfenidone (267 mg cap, 267 mg tab, 801 mg tab)	1	PA, QL
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS		
nintedanib esylate (100 mg cap, 150 mg cap)	1	PA, QL
SULFONAMIDES		
sulfadiazine	1	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA 100 MG RECON SOLN	5	

Drug Name	Drug Tier	Requirements / Limits
NUZYRA 150 MG TAB	4	PA, QL
FLUOROCYCLINES		
XERAVA (50 MG RECON SOLN, 100 MG RECON SOLN)	5	
GLYCYLCYCLINES		
TIGECYCLINE	5	
TYGACIL	5	
avidoxy	1	
demeclocycline hcl (150 mg tab, 300 mg tab)	1	
doxy 100	5	
doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)	1	
doxycycline hyclate 100 mg recon soln	5	
doxycycline hyclate 20 mg tab	1	QL
doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)	1	
MINOCIN	5	
minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)	1	
mondoxyne nl	1	
tetracycline hcl (250 mg cap, 500 mg cap)	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole (5 mg tab, 10 mg tab)	1	
propylthiouracil	1	
THYROID HORMONES		
ADTHYZA (15 MG TAB, 16.25 MG TAB, 30 MG TAB, 32.5 MG TAB, 60 MG TAB, 65 MG TAB, 90 MG TAB, 97.5 MG TAB, 120 MG TAB, 130 MG TAB)	3	

Drug Name	Drug Tier	Requirements / Limits
AMERITHROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	3	
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	3	
CYTOMEL (5 MCG TAB, 25 MCG TAB, 50 MCG TAB)	2	
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)	1	
EVEXITHROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	3	
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)	1	
LEVOTHYROXINE SODIUM (100 MCG RECON SOLN, 100 MCG/5ML SOLUTION, 100 MCG/ML SOLUTION, 200 MCG RECON SOLN, 200 MCG/5ML SOLUTION, 500 MCG RECON SOLN, 500 MCG/5ML SOLUTION)	5	
LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP)	3	ST, QL
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	
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)	1	
liomny (5 mcg tab, 25 mcg tab, 50 mcg tab)	1	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	1	
NIVA THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	3	

Drug Name	Drug Tier	Requirements / Limits
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	3	
RENTHYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	3	
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	3	
THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	3	
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)	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	2	
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	2	
DAPTACEL	2	AGE
DIPHTHERIA-TETANUS TOXOIDS DT	2	
INFANRIX	2	AGE
KINRIX	2	AGE
PEDIARIX	2	AGE
PENTACEL	2	AGE
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	2	AGE
TDVAX	2	
TENIVAC	2	
TETANUS-DIPHTHERIA TOXOIDS TD	1	
VAXELIS (SUSP PRSYR, SUSPENSION)	2	QL, AGE
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
BENTYL	5	

Drug Name	Drug Tier	Requirements / Limits
dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)	1	
dicyclomine hcl 10 mg/ml solution	5	
BELLADONNA ALKALOIDS		
ATROPEN (0.25 MG/0.3ML SOLN A-INJ, 0.5 MG/0.7ML SOLN A-INJ, 1 MG/0.7ML SOLN A-INJ, 2 MG/0.7ML SOLN A-INJ)	5	
ATROPINE SULFATE (0.25 MG/5ML SOLN PRSYR, 0.4 MG/ML SOLUTION, 0.5 MG/5ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR, 1 MG/2.5ML SOLN PRSYR, 1 MG/ML SOLUTION, 2 MG/0.7ML SOLN A-INJ, 8 MG/20ML SOLUTION)	5	
ATROPINE SULFATE (PF) (0.4 MG/ML SOLUTION, 1 MG/ML SOLUTION)	5	
ATROPINE SULFATE +RFID (0.4 MG/ML SOLN PRSYR, 1 MG/2.5ML SOLN PRSYR)	5	
hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)	1	
hyoscyamine sulfate er	1	
HYOSCYAMINE SULFATE SL	1	
HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	1	
NULEV	1	
OSCIMIN (0.125 MG SL TAB, 0.125 MG TAB)	1	
H-2 ANTAGONISTS		
FAMOTIDINE (20 MG/5ML SOLUTION, 40 MG/10ML SOLUTION, 40 MG/4ML SOLUTION, 200 MG/20ML SOLUTION, 200 MG/50ML SOLUTION)	5	
famotidine (pf)	5	
famotidine 40 mg/5ml recon susp	1	AGE
FAMOTIDINE PREMIXED	5	
MISC. ANTI-ULCER		
sucralfate (1 gm tab, 1 gm/10ml suspension)	1	

Drug Name	Drug Tier	Requirements / Limits
PROTON PUMP INHIBITORS		
esomeprazole sodium	5	
FIRST-LANSOPRAZOLE	1	AGE
FIRST-OMEPRAZOLE	1	QL, AGE
FIRST-PANTOPRAZOLE	1	AGE
NEXIUM I.V.	5	
OMEPRAZOLE+SYRSPEND SF ALKA	1	QL, AGE
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	1	QL
PANTOPRAZOLE SODIUM (40 MG RECON SOLN)	5	
PANTOPRAZOLE SODIUM-NACL (40-0.9 MG/100ML-% SOLUTION, 40-0.9 MG/50ML-% SOLUTION, 80-0.9 MG/100ML-% SOLUTION)	5	
PROTONIX 40 MG RECON SOLN	5	
QUATERNARY ANTICHOLINERGICS		
GLYCATE	3	
glycopyrrolate (0.2 mg/ml solution, 0.6 mg/3ml soln prsyr)	5	
glycopyrrolate (1 mg tab, 2 mg tab)	1	
GLYCOPYRROLATE (PF)	5	
GLYCOPYRROLATE +RFID	5	
glycopyrrolate 1 mg/5ml solution	1	QL
GLYCOPYRROLATE PF +RFID	5	
GLYCOPYRROLATE PF 0.6 MG/3ML SOLN PRSYR	5	
GLYRX-PF (0.6 MG/3ML SOLN PRSYR, 1 MG/5ML SOLN PRSYR)	5	
methscopolamine bromide (2.5 mg tab, 5 mg tab)	1	
ROBINUL	3	
ROBINUL-FORTE	3	
ULCER ANTI-INFECTIVE-PCAB COMBINATIONS		
VOQUEZNA DUAL PAK	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
VOQUEZNA TRIPLE PAK	3	PA, QL
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC (100 MCG TAB, 200 MCG TAB)	5	
misoprostol (100 mcg tab, 200 mcg tab)	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)		
darifenacin hydrobromide er (7.5 mg tab er 24h, 15 mg tab er 24h)	1	QL
fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)	1	QL
oxybutynin chloride 5 mg tab	1	QL
oxybutynin chloride 5 mg/5ml solution	1	QL
oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)	1	QL
solifenacin succinate (5 mg tab, 10 mg tab)	1	QL
tolterodine tartrate (1 mg tab, 2 mg tab)	1	QL
tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)	1	QL
trospium chloride	1	QL
trospium chloride er	1	QL
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	3	PA, QL
mirabegron er (25 mg tab er 24h, 50 mg tab er 24h)	3	ST, QL
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	ST, QL
MYRBETRIQ 8 MG/ML SRER	3	ST, QL, AGE
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	1	

Drug Name	Drug Tier	Requirements / Limits
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	2	AGE
BEXSERO	2	
CAPVAXIVE	2	AGE
HIBERIX	2	AGE
MENACTRA	2	
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	2	
MENVEO (RECON SOLN, SOLUTION)	2	
PEDVAXHIB	2	AGE
PENBRAYA	2	AGE
PENMENVY	2	
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	2	AGE
PNEUMOVAX 23 25 MCG/0.5ML SOLUTION	2	
PREVNAR 20	1	
TRUMENBA	2	AGE
VAXNEUVANCE	2	
VIRAL VACCINE COMBINATIONS		
M-M-R II	2	
PRIORIX	2	
PROQUAD	2	AGE
TWINRIX	2	
VIRAL VACCINES		
ABRYSVO	2	QL

Drug Name	Drug Tier	Requirements / Limits
ACAM2000	2	QL
AFLURIA	2	
AFLURIA PRESERVATIVE FREE	2	
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	2	
AREXVY	2	QL
AUDENZ (0.5 ML PRSYR, EMULSION)	2	
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	2	QL, SUM5 (IRS Buy Up List - Check Group)
COMIRNATY 5-11 YEARS	2	QL, SUM5 (IRS Buy Up List - Check Group)
DENGVAXIA	2	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	2	
ERVEBO	2	PA
FLUAD	2	
FLUAD QUADRIVALENT	2	
FLUARIX	2	
FLUARIX QUADRIVALENT	2	
FLUBLOK	2	
FLUBLOK QUADRIVALENT	2	
FLUCELVAX SUSPENSION	2	QL
FLUCELVAX 0.5 ML SUSP PRSYR	2	
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	2	
FLULAVAL	2	
FLULAVAL QUADRIVALENT	2	
FLUMIST	2	
FLUMIST QUADRIVALENT	2	
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	2	

Drug Name	Drug Tier	Requirements / Limits
FLUZONE HIGH-DOSE	2	
FLUZONE HIGH-DOSE QUADRIVALENT	2	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	2	
GARDASIL 9 (0.5 ML SUSP PRSYR, SUSPENSION)	2	AGE
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION, 1440 U/ML SUSP PRSYR)	2	
HEPLISAV-B	2	QL
IMOVAX RABIES	2	
IPOL	2	AGE
JYNNEOS	2	
MNEXSPIKE	2	QL, SUM5 (IRS Buy Up List - Check Group)
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	2	QL, AGE, SUM5 (IRS Buy Up List - Check Group)
MRESVIA	2	QL
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	2	QL, SUM5 (IRS Buy Up List - Check Group)
NUVAXOVID COVID-19 VACCINE	2	QL, SUM5 (IRS Buy Up List - Check Group)
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	2	QL, SUM5 (IRS Buy Up List - Check Group)
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	2	QL, SUM5 (IRS Buy Up List - Check Group)
PREHEVBRIO	2	
RABAVERT	2	
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	2	
ROTARIX RECON SUSP	2	
ROTARIX SUSPENSION	2	AGE
ROTATEQ	2	AGE

Drug Name	Drug Tier	Requirements / Limits
SHINGRIX (50 MCG/0.5ML RECON SUSP, 50 MCG/0.5ML SUSP PRSYR)	2	QL, AGE
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	2	QL, SUM5 (IRS Buy Up List - Check Group)
SPIKEVAX 50 MCG/0.5ML SUSPENSION	2	QL, SUM5 (IRS Buy Up List - Check Group)
SPIKEVAX 6M-11Y	2	QL, AGE, SUM5 (IRS Buy Up List - Check Group)
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	2	
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	2	
VARIVAX	2	
VAGINAL AND RELATED PRODUCTS		
IMIDAZOLE-RELATED ANTIFUNGALS		
GYNAZOLE-1	3	
terconazole (0.4 % cream, 0.8 % cream)	1	
MISCELLANEOUS VAGINAL COMBINATIONS		
FEM PH	3	
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA	3	QL
SPERMICIDES		
ENCARE	2	QL
VCF VAGINAL CONTRACEPTIVE 28 % FILM	2	QL
VAGINAL ANTI-INFECTIVES		
CLEOCIN (2 % CREAM, 100 MG SUPPOS)	2	
clindamycin phosphate 2 % cream	1	

Drug Name	Drug Tier	Requirements / Limits
CLINDESSE	3	
NUVESSA	3	QL
VANDAZOLE	3	
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS		
PHEXX	3	QL
PHEXXI	3	QL
VAGINAL ESTROGENS		
ESTRACE 0.01 % CREAM	3	ST, QL
estradiol 0.01 % cream	1	QL
estradiol 10 mcg tab	1	QL
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	2	QL
FEMRING (0.05 MG/24HR RING, 0.1 MG/24HR RING)	3	ST, QL
IMVEXXY MAINTENANCE PACK (4 MCG INSERT, 10 MCG INSERT)	3	ST, QL
IMVEXXY STARTER PACK (4 MCG INSERT, 10 MCG INSERT)	3	ST, QL
PREMARIN 0.625 MG/GM CREAM	3	QL
VAGIFEM	3	ST, QL
yuvafem	1	QL
VAGINAL PROGESTINS		
CRINONE (4 % GEL, 8 % GEL)	3	ST, AGE
ENDOMETRIN	3	ST, AGE
FIRST-PROGESTERONE VGS (100 MG SUPPOS, 200 MG SUPPOS)	3	AGE
progesterone 100 mg insert	1	ST, AGE
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q (0.1 MG/0.1ML SOLN A-INJ, 0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	2	QL

Drug Name	Drug Tier	Requirements / Limits
epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)	1	QL
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa (100 mg cap, 200 mg cap)	3	PA, QL
droxidopa 300 mg cap	3	PA, QL
ADRENALIN (1 MG/ML SOLUTION, 2-0.9 MG/250ML-% SOLUTION, 8-0.9 MG/250ML-% SOLUTION, 10-0.9 MG/250ML-% SOLUTION)	5	
ADRENALIN-NACL	5	
BIORPHEN 0.5 MG/5ML SOLUTION	5	
epinephrine (1 mg/10ml soln prsyr, 1 mg/ml solution)	5	
EPINEPHRINE BITARTRATE-NACL (4-0.9 MG/250ML-% SOLUTION, 16-0.9 MG/250ML-% SOLUTION)	5	
epinephrine pf	5	
EPINEPHRINE-NACL (2-0.9 MG/250ML-% SOLUTION, 4-0.9 MG/250ML-% SOLUTION, 8-0.9 MG/250ML-% SOLUTION)	5	
IMMPHENTIV (0.5 MG/5ML SOLUTION, 1 MG/10ML SOLUTION)	5	
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
phenylephrine hcl (1 mg/10ml solution, 10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)	5	
phenylephrine hcl (pf)	5	
VAZCULEP	5	
VITAMINS		
VITAMIN B-1		
thiamine hcl (100 mg/ml solution, 200 mg/2ml solution)	5	
VITAMIN B-6		
PYRIDOXINE HCL	5	

Drug Name	Drug Tier	Requirements / Limits
VITAMIN D		
cvs d3 (10 mcg (400 unit) cap, 25 mcg (1000 ut) cap)	1	AGE
d 1000 25 mcg (1000 ut) cap	1	AGE
d3 25 mcg (1000 ut) cap	1	AGE
d3 high potency (25 mcg (1000 ut) cap, 25 mcg cap)	1	AGE
d3-1000 25 mcg (1000 ut) cap	1	AGE
d3-50	1	
decara	1	
DRISDOL	3	
eql vitamin d3 (10 mcg (400 unit) cap, 25 mcg (1000 ut) cap)	1	AGE
ergocalciferol 1.25 mg (50000 ut) cap	1	
finest nutrition vitamin d3	1	AGE
ft vitamin d3 25 mcg cap	1	AGE
gnp d 1000	1	AGE
kp vitamin d 25 mcg (1000 ut) cap	1	AGE
kp vitamin d3 25 mcg (1000 ut) cap	1	AGE
optimal d3	1	
pronutrients vitamin d3	1	AGE
qc vitamin d3 25 mcg (1000 ut) cap	1	AGE
sv vitamin d3 25 mcg cap	1	AGE
true vitamin d3 (10 mcg (400 unit) cap, 25 mcg (1000 ut) cap)	1	AGE
true vitamin d3 1.25 mg (50000 ut) cap	1	
vitamin d (cholecalciferol) (10 mcg (400 unit) cap, 25 mcg (1000 ut) cap)	1	AGE
vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)	1	

Drug Name	Drug Tier	Requirements / Limits
vitamin d 1.25 mg (50000 ut) cap	1	
vitamin d high potency 1.25 mg (50000 ut) cap	1	
vitamin d high potency 25 mcg (1000 ut) cap	1	AGE
vitamin d-3 25 mcg (1000 ut) cap	1	AGE
vitamin d3 (10 mcg (400 unit) cap, 25 mcg (1000 ut) cap, 25 mcg cap, 1000 unit cap)	1	AGE
vitamin d3 1.25 mg (50000 ut) cap	1	
weekly-d	1	
well vitamin d3 25 mcg (1000 ut) cap	1	AGE
VITAMIN K		
phytonadione (1 mg/0.5ml solution, 10 mg/ml solution)	1	QL
phytonadione 5 mg tab	1	QL
vitamin k1 (1 mg/0.5ml solution, 10 mg/ml solution)	1	QL

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