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Federal Employee Health Benefits

Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS		
<i>clonidine hcl er</i>	1	QL
<i>guanfacine hcl er</i>	1	
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR		
<i>atomoxetine hcl</i>	1	QL
QELBREE	3	ST, QL
AMPHETAMINE MIXTURES		
<i>amphetamine-dextroamphet er</i>	1	QL
<i>amphetamine-dextroamphetamine</i>	1	QL
AMPHETAMINES		
<i>dextroamphetamine sulfate (2.5 mg tab, 7.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	QL
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	1	QL
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	QL
<i>dextroamphetamine sulfate er</i>	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
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	1	QL
<i>procentra</i>	1	QL
ANALEPTICS		
CAFCIT	5	
CAFFEINE CITRATE	5	
<i>caffeine citrate</i>	1	QL
ANOREXIANT COMBINATIONS		
<i>phentermine-topiramate er</i>	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<i>phentermine-topiramate erxdnu</i>	1	PA, QL
QSYMIA	3	PA, QL
ANOREXIANTS NON-AMPHETAMINE		
<i>benzphetamine hcl</i>	1	PA
<i>diethylpropion hcl</i>	1	PA, QL
DIETHYLPROPION HCL ER	1	PA, QL
<i>lomaira</i>	1	PA, QL
<i>phendimetrazine tartrate</i>	1	PA
PHENDIMETRAZINE TARTRATE ER	1	PA
<i>phentermine hcl</i>	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 AGENT COMBINATIONS		
CONTRAVE	3	PA, QL
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	3	ST, QL
LIPASE INHIBITORS		
ORLISTAT	3	PA, QL
XENICAL	3	PA, QL
STIMULANTS - MISC.		
<i>armodafinil</i>	1	QL
DAYTRANA	3	ST
<i>dexmethylphenidate hcl</i>	1	QL
<i>dexmethylphenidate hcl er</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
JORNAY PM	3	ST, QL
METHYLIN	3	QL
<i>methylphenidate</i>	1	ST
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	QL
<i>methylphenidate hcl er (10 mg tab er, 18 mg tab er, 18 mg tab er 24h, 20 mg tab er, 27 mg tab er, 27 mg tab er 24h, 36 mg tab er, 36 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h)</i>	1	QL
<i>methylphenidate hcl er (cd)</i>	1	QL
<i>methylphenidate hcl er (la)</i>	1	QL
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	QL
<i>modafinil</i>	1	QL
QUILLICHEW ER	2	QL
QUILLIVANT XR	2	QL

ALLERGENIC EXTRACTS/BIOLOGICALS MISC (CONTINUED)

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

Drug Name	Drug Tier	Requirements / Limits
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
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 (CONTINUED)		
<i>amikacin sulfate</i>	5	
ARIKAYCE	4	PA, QL
GENTAMICIN IN SALINE	5	
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	5	
HUMATIN	3	
KITABIS PAK	4	PA, QL
<i>neomycin sulfate</i>	1	
STREPTOMYCIN SULFATE	5	
TOBI PODHALER	4	PA, QL
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	QL
<i>tobramycin 300 mg/5ml nebu soln</i>	1	QL
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	5	
ZEMDRI	5	

Drug Name	Drug Tier	Requirements / Limits
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
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
HADLIMA	1	PA, QL
HADLIMA PUSHTOUCH	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
XELJANZ (5 MG TAB, 10 MG TAB)	4	PA, QL
XELJANZ XR	4	PA, 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		
<i>celecoxib</i>	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		
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		
<i>diclofenac-misoprostol</i>	1	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
CALDOLOR	5	
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FENOPROFEN CALCIUM 600 MG TAB	1	
FLURBIPROFEN (50 MG TAB, 100 MG TAB)	1	
<i>ibu</i>	1	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	1	
<i>indomethacin er</i>	1	
<i>ketorolac tromethamine (15 mg/ml solution, 30 mg/ml solution, 60 mg/2ml solution)</i>	5	
<i>ketorolac tromethamine +rfid</i>	5	
<i>ketorolac tromethamine 10 mg tab</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>mefenamic acid</i>	1	QL
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1	
<i>naproxen 125 mg/5ml suspension</i>	1	AGE
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	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		
<i>leflunomide</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR)	4	PA, QL
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 (CONTINUED)		
ANALGESICS OTHER		
<i>acetaminophen (10 mg/ml solution, 1000 mg/100ml solution)</i>	5	

Drug Name	Drug Tier	Requirements / Limits
<i>clonidine hcl (analgesia)</i>	1	
CLONIDINE HCL (ANALGESIA) 500 MCG/ML SOLUTION	5	
DURACLON	3	
OFIRMEV	5	
ANALGESICS-SEDATIVES		
<i>bac (butalbital-acetamin-caff)</i>	1	QL
<i>butalbital-acetaminophen</i>	1	QL
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1	QL
<i>butalbital-aspirin-caffeine</i>	1	QL
ESGIC 50-325-40 MG TAB	3	QL
SALICYLATES		
<i>adult aspirin regimen</i>	1	QL, AGE
<i>aspirin (81 mg chew tab, 81 mg tab dr, 325 mg tab, 325 mg tab dr)</i>	1	QL, AGE
<i>aspirin 81</i>	1	QL, AGE
<i>aspirin adult low dose</i>	1	QL, AGE
<i>aspirin adult low strength</i>	1	QL, AGE
<i>aspirin childrens</i>	1	QL, AGE
<i>aspirin ec adult low dose</i>	1	QL, AGE
<i>aspirin ec low dose</i>	1	QL, AGE
<i>aspirin ec low strength</i>	1	QL, AGE
<i>aspirin low dose</i>	1	QL, AGE
<i>aspirin regimen</i>	1	QL, AGE
<i>bayer advanced aspirin reg st</i>	1	QL, AGE
<i>bayer aspirin</i>	1	QL, AGE
<i>bayer aspirin ec low dose</i>	1	QL, AGE
<i>bayer low dose</i>	1	QL, AGE
<i>childrens aspirin</i>	1	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
<i>cvx aspirin</i>	1	QL, AGE
<i>cvx aspirin adult low dose</i>	1	QL, AGE
<i>cvx aspirin adult low strength</i>	1	QL, AGE
<i>cvx aspirin ec</i>	1	QL, AGE
<i>cvx aspirin low dose</i>	1	QL, AGE
<i>cvx aspirin low strength</i>	1	QL, AGE
<i>cvx genuine aspirin</i>	1	QL, AGE
<i>diflunisal</i>	1	
<i>ecotrin</i>	1	QL, AGE
<i>ecotrin arthrtis pain</i>	1	QL, AGE
<i>ecotrin low strength</i>	1	QL, AGE
<i>eq aspirin</i>	1	QL, AGE
<i>eq aspirin adult low dose</i>	1	QL, AGE
<i>eq aspirin low dose</i>	1	QL, AGE
<i>eq aspirin ec</i>	1	QL, AGE
<i>eq aspirin low dose</i>	1	QL, AGE
<i>ft aspirin</i>	1	QL, AGE
<i>ft aspirin low dose</i>	1	QL, AGE
<i>ft enteric coated aspirin</i>	1	QL, AGE
<i>genuine aspirin</i>	1	QL, AGE
<i>gnp adult aspirin low strength</i>	1	QL, AGE
<i>gnp aspirin</i>	1	QL, AGE
<i>gnp aspirin low dose</i>	1	QL, AGE
<i>goodsense aspirin</i>	1	QL, AGE
<i>goodsense aspirin adults</i>	1	QL, AGE
<i>goodsense aspirin low dose</i>	1	QL, AGE
<i>h-e-b aspirin</i>	1	QL, AGE
<i>hm adult aspirin</i>	1	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
<i>hm aspirin</i>	1	QL, AGE
<i>hm aspirin ec</i>	1	QL, AGE
<i>hm aspirin ec low dose</i>	1	QL, AGE
<i>kls aspirin low dose</i>	1	QL, AGE
<i>kp aspirin</i>	1	QL, AGE
<i>medi-first aspirin</i>	1	QL, AGE
<i>medique aspirin</i>	1	QL, AGE
<i>meijer aspirin ec</i>	1	QL, AGE
<i>mm aspirin</i>	1	QL, AGE
<i>px aspirin</i>	1	QL, AGE
<i>px enteric aspirin</i>	1	QL, AGE
<i>qc aspirin</i>	1	QL, AGE
<i>qc aspirin low dose</i>	1	QL, AGE
<i>qc childrens aspirin</i>	1	QL, AGE
<i>qc enteric aspirin</i>	1	QL, AGE
<i>ra aspirin</i>	1	QL, AGE
<i>ra aspirin adult low dose</i>	1	QL, AGE
<i>ra aspirin adult low strength</i>	1	QL, AGE
<i>ra aspirin childrens</i>	1	QL, AGE
<i>ra aspirin ec</i>	1	QL, AGE
<i>ra aspirin ec adult low st</i>	1	QL, AGE
<i>ra pain relief aspirin</i>	1	QL, AGE
<i>salsalate</i>	1	
<i>sb aspirin</i>	1	QL, AGE
<i>sb aspirin ec</i>	1	QL, AGE
<i>sb childrens aspirin</i>	1	QL, AGE
<i>sb low dose asa ec</i>	1	QL, AGE
<i>sm aspirin</i>	1	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
<i>sm aspirin adult low strength</i>	1	QL, AGE
<i>sm aspirin ec</i>	1	QL, AGE
<i>sm aspirin ec low strength</i>	1	QL, AGE
<i>sm aspirin low dose</i>	1	QL, AGE
<i>sm childrens aspirin</i>	1	QL, AGE
<i>st joseph aspirin</i>	1	QL, AGE
<i>st joseph low dose</i>	1	QL, AGE
SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS		
PRIALT	5	PA
ANALGESICS - OPIOID (CONTINUED)		
CODEINE COMBINATIONS		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION)	1	
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)</i>	1	QL
<i>ascomp-codeine</i>	1	QL
<i>butalbital-apap-caff-cod (50-300-40-30 mg cap, 50-325-40-30 mg cap)</i>	1	QL
<i>butalbital-asa-caff-codeine</i>	1	QL
FIORICET/CODEINE	3	QL
HYDROCODONE COMBINATIONS		
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution, 10-325 mg/15ml solution)</i>	1	
<i>hydrocodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	QL
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	1	QL
OPIOID AGONISTS		
ALFENTANIL HCL	5	

Drug Name	Drug Tier	Requirements / Limits
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	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	5	
<i>fentanyl (25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	1	QL
<i>fentanyl 12 mcg/hr patch 72hr</i>	1	
FENTANYL CITRATE (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
<i>fentanyl citrate (pf) (25 mcg/0.5ml soln prsy, 50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/2ml solution, 250 mcg/5ml solution, 500 mcg/10ml solution, 1000 mcg/20ml solution, 2500 mcg/50ml solution)</i>	5	
FENTANYL CITRATE-NACL (1-0.9 MG/100ML-% SOLUTION, 2-0.9 MG/100ML-% SOLUTION, 2.5-0.9 MG/250ML-% 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
<i>hydromorphone hcl er</i>	1	ST, QL
<i>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)</i>	5	

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE HCL-NACL 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
<i>methadone hcl (5 mg tab, 10 mg tab, 40 mg tab sol)</i>	1	QL
METHADONE HCL (5 MG/5ML SOLUTION, 10 MG/5ML SOLUTION, 10 MG/ML CONC)	1	
METHADONE HCL 10 MG/ML SOLUTION	5	
<i>methadone hcl intensol</i>	1	
METHADOSE 10 MG/ML CONC	3	
<i>methadose 40 mg tab sol</i>	1	QL
METHADOSE SUGAR-FREE	3	
<i>mitigo</i>	5	
<i>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)</i>	5	
<i>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i>	1	
<i>morphine sulfate (5 mg suppos, 10 mg suppos, 15 mg tab, 20 mg suppos, 30 mg suppos, 30 mg tab)</i>	1	QL
MORPHINE SULFATE (CONCENTRATE) (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

Drug Name	Drug Tier	Requirements / Limits
<i>morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)</i>	1	QL
MORPHINE SULFATE ER BEADS	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	
<i>oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	QL
<i>oxycodone hcl 100 mg/5ml conc</i>	1	PA
<i>oxycodone hcl 5 mg/5ml solution</i>	1	
<i>oxymorphone hcl</i>	1	QL
OXYMORPHONE HCL ER	3	ST, QL
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
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	1	QL
TRAMADOL HCL (ER BIPHASIC)	1	QL
<i>tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	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		
<i>endocet</i>	1	QL
<i>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)</i>	1	QL
OPIOID PARTIAL AGONISTS		
BELBUCA	2	QL
BRIXADI (64 MG/0.18ML SOLN PRSYR, 128 MG/0.36ML SOLN PRSYR)	4	QL

Drug Name	Drug Tier	Requirements / Limits
BRIXADI (WEEKLY)	4	QL
BRIXADI 96 MG/0.27ML SOLN PRSYR	4	QL
BUPRENEX	5	
<i>buprenorphine</i>	2	QL
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	QL
<i>buprenorphine hcl 0.3 mg/ml solution</i>	5	
<i>buprenorphine hcl-naloxone hcl</i>	1	QL
BUTORPHANOL TARTRATE (1 MG/ML SOLUTION, 2 MG/ML SOLUTION)	5	
<i>butorphanol tartrate 10 mg/ml solution</i>	5	QL
<i>nalbuphine hcl</i>	5	
PENTAZOCINE-NALOXONE HCL	1	QL
SUBLOCADE	4	QL
TRAMADOL COMBINATIONS		
<i>tramadol-acetaminophen</i>	1	QL
ANDROGENS-ANABOLIC (CONTINUED)		
ANDROGENS		
ANDRODERM	3	QL
AVEED	5	PA
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	QL
EC-RX TESTOSTERONE	3	
METHITEST	3	
<i>methyltestosterone</i>	1	
NATESTO	3	PA, QL
TESTONE CIK	5	
TESTOPEL	5	PA
<i>testosterone (1.62 % gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
TESTOSTERONE (10 MG/ACT (2%) GEL, 30 MG/ACT SOLUTION)	1	PA, QL
TESTOSTERONE (25 MG PELLETT, 37.5 MG PELLETT, 50 MG PELLETT, 87.5 MG PELLETT, 100 MG PELLETT, 200 MG PELLETT)	5	
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	1	QL
TESTOSTERONE ENANTHATE	1	QL
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>budesonide (2 mg foam, 2 mg/act foam)</i>	1	ST, QL
<i>hydrocortisone 100 mg/60ml enema</i>	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	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
<i>lidocaine-hydrocort (perianal)</i>	1	
PROCORT	3	
PROCTOFOAM HC	3	
RECTAL STEROIDS		
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
ANTHELMINTICS (CONTINUED)		
<i>albendazole</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>nitazoxanide</i>	1	QL
CARBAPENEM COMBINATIONS		
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	5	
PRIMAXIN IV	5	
RECARBRIO	5	
VABOMERE	5	
CARBAPENEMS		
<i>ertapenem sodium</i>	5	
INVANZ	5	
<i>meropenem (1 gm recon soln, 2 gm recon soln, 500 mg recon soln)</i>	5	
MEROPENEM-SODIUM CHLORIDE	5	
CHLORAMPHENICALS		
CHLORAMPHENICOL SOD SUCCINATE	5	
CYCLIC LIPOPEPTIDES		
CUBICIN	5	
CUBICIN RF	5	
DAPTOMYCIN	5	
DAPTOMYCIN-SODIUM CHLORIDE	5	
GLYCOPEPTIDES		
<i>dalbavancin hcl</i>	5	
DALVANCE	5	
FIRVANQ	2	QL
KIMYRSA	5	
ORBACTIV	5	
TYZAVAN	5	
VANCOGIN	3	QL

Drug Name	Drug Tier	Requirements / Limits
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	
<i>vancomycin hcl (125 mg cap, 250 mg cap)</i>	1	QL
<i>vancomycin hcl (25 mg/ml recon soln, 50 mg/ml recon soln, 250 mg/5ml recon soln)</i>	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 NAACL (1-0.9 GM/200ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION)	5	
VIBATIV	5	
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
CLEOCIN 75 MG/5ML RECON SOLN	3	
CLEOCIN PHOSPHATE	5	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)</i>	5	
<i>clindamycin phosphate in d5w</i>	5	
CLINDAMYCIN PHOSPHATE IN NAACL	5	
LINCOCIN	5	
<i>lincomycin hcl</i>	5	
MONOBACTAMS		
AZACTAM	5	

Drug Name	Drug Tier	Requirements / Limits
<i>aztreonam</i>	5	
CAYSTON	4	PA, QL
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp</i>	1	QL
<i>linezolid 600 mg tab</i>	1	QL
<i>linezolid 600 mg/300ml solution</i>	5	
LINEZOLID IN SODIUM CHLORIDE	5	
SIVEXTRO 200 MG RECON SOLN	5	
SIVEXTRO 200 MG TAB	4	PA, QL
ZYVOX (200 MG/100ML SOLUTION, 600 MG/300ML SOLUTION)	5	
PLEUROMUTILINS		
XENLETA 150 MG/15ML SOLUTION	5	
POLYMYXINS		
<i>colistimethate sodium (cba)</i>	5	
COLY-MYCIN M	5	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1	
HIPREX	3	
<i>methenamine hippurate</i>	1	
METHENAMINE MANDELATE	1	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension, 50 mg/5ml suspension)</i>	1	AGE
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS		
HYOPHEN	3	
MB CAPS	1	

Drug Name	Drug Tier	Requirements / Limits
ME/NAPHOS/MB/HYO1	1	
<i>uribel 118 mg cap</i>	1	
URIBEL 81.6 MG TAB	3	
URIMAR-T 120 MG CAP	1	
URNEVA	1	
URO-MP	1	
<i>uro-sp</i>	1	
UROGESIC-BLUE	3	
<i>ustell</i>	1	
VILAMIT MB	1	
ANTIANGINAL AGENTS (CONTINUED)		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
NITRATES		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>nitro-bid</i>	3	
NITRO-TIME	3	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	1	
<i>nitroglycerin 2 % ointment</i>	3	
NITROGLYCERIN 5 MG/ML SOLUTION	5	
NITROGLYCERIN IN D5W	5	
ANTIANSXIETY AGENTS (CONTINUED)		
ANTIANSXIETY AGENTS - MISC.		
<i>buspirone hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>droperidol 2.5 mg/ml solution</i>	5	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1	
HYDROXYZINE HCL (25 MG/ML SOLUTION, 50 MG/ML SOLUTION)	5	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP)	1	
<i>meprobamate</i>	1	
VISTARIL	5	
BENZODIAZEPINES		
<i>alprazolam</i>	1	
<i>alprazolam er</i>	1	QL
<i>alprazolam xr</i>	1	QL
ATIVAN (2 MG/ML SOLUTION, 4 MG/ML SOLUTION)	5	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	1	QL
<i>clorazepate dipotassium 15 mg tab</i>	1	QL
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>diazepam (5 mg/ml solution, 10 mg/2ml soln a-inj, 10 mg/2ml solution)</i>	5	
<i>diazepam intensol</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	1	
LORAZEPAM (2 MG/ML SOLUTION, 4 MG/ML SOLUTION)	5	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	QL
XANAX XR	3	QL
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS - MISC.		
<i>adenosine</i>	5	

Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	1	
<i>procainamide hcl</i>	5	
<i>quinidine gluconate er</i>	1	
QUINIDINE SULFATE	1	
ANTIARRHYTHMICS TYPE I-B		
LIDOCAINE HCL (CARDIAC) PF	5	
<i>lidocaine in d5w (4-5 mg/ml-% solution, 8-5 mg/ml-% solution)</i>	5	
<i>mexiletine hcl</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>amiodarone hcl (150 mg/3ml solution, 450 mg/9ml solution, 900 mg/18ml solution)</i>	5	
AMIODARONE HCL IN DEXTROSE	5	
CORVERT	5	
<i>dofetilide</i>	1	
<i>ibutilide fumarate</i>	5	
MULTAQ	2	SUM5 (IRS Buy Up List - Check Group)
NEXTERONE	5	
<i>pacerone</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ADRENERGIC COMBINATIONS		
AIRSUPRA	2	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
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	2	QL, AGE, SUM5 (IRS Buy Up List - Check Group)
COMBIVENT RESPIMAT	2	QL, SUM5 (IRS Buy Up List - Check Group)
DULERA	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
FLUTICASONE FUROATE-VILANTEROL	2	PA, 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)
<i>ipratropium-albuterol</i>	1	SUM5 (IRS Buy Up List - Check Group)
STIOLTO RESPIMAT	2	QL, SUM5 (IRS Buy Up List - Check Group)
SYMBICORT	1	QL, SUM5 (IRS Buy Up List - Check Group)
TRELEGY ELLIPTA	2	QL, AGE, SUM5 (IRS Buy Up List - Check Group)
<i>wixela inhub</i>	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)
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
BETA ADRENERGICS		
<i>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)</i>	5	SUM5 (IRS Buy Up List - Check Group)
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>albuterol sulfate hfa</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>arformoterol tartrate</i>	2	QL, SUM5 (IRS Buy Up List - Check Group)
<i>formoterol fumarate</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	5	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)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>terbutaline sulfate 1 mg/ml solution</i>	5	SUM5 (IRS Buy Up List - Check Group)
VENTOLIN HFA	2	QL, SUM5 (IRS Buy Up List - Check Group)
XOPENEX	5	SUM5 (IRS Buy Up List - Check Group)
XOPENEX CONCENTRATE	5	SUM5 (IRS Buy Up List - Check Group)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	3	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
INCRUSE ELLIPTA	3	ST, QL, SUM5 (IRS Buy Up List - Check Group)
<i>ipratropium bromide 0.02 % solution</i>	1	SUM5 (IRS Buy Up List - Check Group)
SPIRIVA HANDIHALER	2	QL, SUM5 (IRS Buy Up List - Check Group)
SPIRIVA RESPIMAT	2	QL, SUM5 (IRS Buy Up List - Check Group)
YUPELRI	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)		
FASENRA	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	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>montelukast sodium</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>zafirlukast</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
STEROID INHALANTS		
ALVESCO	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
ARNUITY ELLIPTA	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)

Drug Name	Drug Tier	Requirements / Limits
ASMANEX (30 METERED DOSES)	2	QL, SUM5 (IRS Buy Up List - Check Group)
ASMANEX (60 METERED DOSES)	2	QL, SUM5 (IRS Buy Up List - Check Group)
ASMANEX HFA	2	QL, SUM5 (IRS Buy Up List - Check Group)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
FLUTICASONE PROPIONATE DISKUS	2	QL, SUM5 (IRS Buy Up List - Check Group)
FLUTICASONE PROPIONATE HFA (44 MCG/ACT AEROSOL, 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 REDHALER	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)
<i>elixophyllin</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>theophylline</i>	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 (CONTINUED)		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>warfarin sodium</i>	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)
<i>rivaroxaban 1 mg/ml recon susp</i>	1	QL, AGE
SAVAYSA	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	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	
HEPARIN NA (PORK) LOCK FLSH PF	5	
HEPARIN SOD (PORCINE) IN D5W	5	
HEPARIN SOD (PORK) LOCK FLUSH	5	
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) +rfid</i>	1	
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	5	
<i>heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	5	
LOW MOLECULAR WEIGHT HEPARINS		
<i>enoxaparin sodium</i>	1	SUM5 (IRS Buy Up List - Check Group)
FRAGMIN	5	
LOVENOX	5	
SYNTHETIC HEPARINOID-LIKE AGENTS		
ARIXTRA	5	PA
<i>fondaparinux sodium</i>	1	PA, QL, SUM5 (IRS Buy Up List - Check Group)
THROMBIN INHIBITORS - HIRUDIN TYPE		
ANGIOMAX	5	
BIVALIRUDIN RTU	5	
<i>bivalirudin trifluoroacetate (250 mg recon soln, 250 mg/50ml solution)</i>	5	
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE		
ARGATROBAN 50 MG/50ML SOLUTION	5	
ARGATROBAN IN SODIUM CHLORIDE	5	
<i>dabigatran etexilate mesylate</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
PRADAXA (75 MG CAP, 110 MG CAP, 150 MG CAP)	3	QL
ANTICONVULSANTS (CONTINUED)		
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
<i>perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	3	ST, QL
<i>perampanel 0.5 mg/ml suspension</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam 10 mg tab</i>	1	QL
<i>clobazam 2.5 mg/ml suspension</i>	1	QL
<i>clobazam 20 mg tab</i>	1	QL
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab disp)</i>	1	QL
<i>clonazepam 2 mg tab</i>	1	QL
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	1	QL
KLONOPIN (0.5 MG TAB, 1 MG TAB)	3	ST, QL
KLONOPIN 2 MG TAB	3	ST, QL
LIBERVANT	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

Drug Name	Drug Tier	Requirements / Limits
<i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	QL
<i>brivaracetam 10 mg/ml solution</i>	1	
BRIVIACT (25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	3	QL
BRIVIACT 10 MG TAB	1	QL
BRIVIACT 10 MG/ML SOLUTION	3	QL
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)</i>	1	QL
<i>carbamazepine er</i>	1	QL
CARBATROL	3	ST, QL
DIACOMIT	4	PA, QL
EPIDIOLEX	4	PA, QL, AGE
<i>epitol</i>	1	QL
EPRONTIA	3	ST, QL, AGE
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	1	ST, QL
<i>eslicarbazepine acetate 600 mg tab</i>	1	ST, QL
<i>eslicarbazepine acetate 800 mg tab</i>	1	ST, QL
FINTEPLA	4	PA, QL
<i>gabapentin (250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	QL
<i>gabapentin 100 mg cap</i>	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	3	ST, QL
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	QL
<i>lacosamide 200 mg/20ml solution</i>	5	
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
<i>lamotrigine (21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 42 x 50 mg & 14x100 mg kit)</i>	1	
<i>lamotrigine (25 mg chew tab, 150 mg tab)</i>	1	QL
<i>lamotrigine (25 mg tab disp, 200 mg tab)</i>	1	QL
<i>lamotrigine (5 mg chew tab, 50 mg tab disp)</i>	1	QL
<i>lamotrigine 100 mg tab</i>	1	QL
<i>lamotrigine 100 mg tab disp</i>	1	QL
<i>lamotrigine 200 mg tab disp</i>	1	QL
<i>lamotrigine 25 mg tab</i>	1	QL
<i>lamotrigine er (100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	1	QL
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h)</i>	1	QL
<i>levetiracetam (500 mg tab, 750 mg tab, 1000 mg tab)</i>	1	QL
<i>levetiracetam 100 mg/ml solution</i>	1	QL
<i>levetiracetam 250 mg tab</i>	1	QL
<i>levetiracetam 500 mg/5ml solution</i>	5	QL
<i>levetiracetam er</i>	1	QL
LEVETIRACETAM IN NACL (250 MG/50ML SOLUTION, 500 MG/100ML SOLUTION, 1000 MG/100ML SOLUTION, 1500 MG/100ML SOLUTION)	5	
<i>oxcarbazepine (150 mg tab, 300 mg/5ml suspension)</i>	1	QL
<i>oxcarbazepine 300 mg tab</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>oxcarbazepine 600 mg tab</i>	1	QL
<i>oxcarbazepine er (150 mg tab er 24h, 300 mg tab er 24h)</i>	3	QL
<i>oxcarbazepine er 600 mg tab er 24h</i>	3	QL
<i>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)</i>	1	QL
<i>pregabalin 20 mg/ml solution</i>	1	
<i>primidone 250 mg tab</i>	1	QL
<i>primidone 50 mg tab</i>	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
<i>rowepra</i>	1	QL
<i>rufinamide 200 mg tab</i>	2	ST, QL
<i>rufinamide 40 mg/ml suspension</i>	2	ST, QL
<i>rufinamide 400 mg tab</i>	2	ST, QL
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	3	ST, QL
TEGRETOL-XR	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
<i>topiramate (25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	QL
<i>topiramate 15 mg cap sprink</i>	1	QL
<i>topiramate 25 mg/ml solution</i>	1	QL, AGE
<i>topiramate er (25 mg cap er 24h, 50 mg cap er 24h, 100 mg cap er 24h, 200 mg cp24 sprnk)</i>	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<i>topiramate er (25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk)</i>	1	PA, QL
<i>topiramate er 150 mg cp24 sprnk</i>	1	PA, QL
<i>topiramate er 200 mg cap er 24h</i>	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
<i>zonisamide 100 mg cap</i>	1	QL
<i>zonisamide 25 mg cap</i>	1	QL
<i>zonisamide 50 mg cap</i>	1	QL
ZTALMY	4	PA, QL
CARBAMATES		
<i>felbamate 400 mg tab</i>	1	QL
<i>felbamate 600 mg tab</i>	1	QL
<i>felbamate 600 mg/5ml suspension</i>	1	QL
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

Drug Name	Drug Tier	Requirements / Limits
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
<i>tiagabine hcl 2 mg tab</i>	1	QL
<i>tiagabine hcl 4 mg tab</i>	1	QL
<i>vigabatrin 500 mg packet</i>	4	PA, QL
<i>vigabatrin 500 mg tab</i>	4	PA, QL
<i>vigadrone 500 mg packet</i>	4	PA, QL
<i>vigadrone 500 mg tab</i>	4	PA, QL
<i>vigpoder</i>	4	PA, QL
HYDANTOINS		
CEREBYX	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
<i>fosphenytoin sodium</i>	5	
<i>phenytek</i>	1	QL
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	QL
<i>phenytoin infatabs</i>	1	QL
<i>phenytoin sodium</i>	5	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
SUCCINIMIDES		
CELONTIN	3	ST, QL
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1	QL
<i>methsuximide</i>	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	3	ST, QL
DEPAKOTE SPRINKLES	3	ST, QL
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr)</i>	1	QL
<i>divalproex sodium (250 mg tab dr, 500 mg tab dr)</i>	1	QL
<i>divalproex sodium er</i>	1	QL
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1	QL
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine (15 mg tab, 15 mg tab disp)</i>	1	QL
<i>mirtazapine (7.5 mg tab, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	1	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl</i>	1	
<i>bupropion hcl er (sr)</i>	1	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO	5	
ZURZUVAE	4	PA, QL
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	3	ST, QL

Drug Name	Drug Tier	Requirements / Limits
PHENELZINE SULFATE	1	
<i>tranylcypromine sulfate</i>	2	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap, 60 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
FLUOXETINE HCL 60 MG TAB	1	
FLUOXETINE HCL 90 MG CAP DR	1	ST, QL
<i>fluvoxamine maleate</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>fluvoxamine maleate er</i>	3	ST, QL, SUM5 (IRS Buy Up List - Check Group)
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
PAROXETINE HCL 10 MG/5ML SUSPENSION	1	
<i>paroxetine hcl er</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>sertraline hcl (20 mg/ml conc, 25 mg tab)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>sertraline hcl (50 mg tab, 100 mg tab)</i>	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	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
TRINTELLIX	3	ST, QL
<i>vilazodone hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	1	
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	
<i>imipramine hcl</i>	1	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	SUM5 (IRS Buy Up List - Check Group)
MIGLITOL	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		
<i>metformin hcl (500 mg tab, 500 mg/5ml solution, 850 mg tab, 1000 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>metformin hcl er 500 mg tab er 24h</i>	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)
<i>diazoxide</i>	1	SUM5 (IRS Buy Up List - Check Group)
GLUCAGEN HYPOKIT	5	SUM5 (IRS Buy Up List - Check Group)
<i>glucagon emergency 1 mg recon soln</i>	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	2	SUM5 (IRS Buy Up List - Check Group)
GVOKE HYPOPEN 2-PACK	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	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>saxagliptin hcl</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS		
ALOGLIPTIN-METFORMIN HCL	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>saxagliptin-metformin er</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
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	2	QL, SUM5 (IRS Buy Up List - Check Group)
FIASP FLEXTOUCH	2	QL, SUM5 (IRS Buy Up List - Check Group)
FIASP PENFILL	2	QL, SUM5 (IRS Buy Up List - Check Group)
FIASP PUMPCART	2	QL, SUM5 (IRS Buy Up List - Check Group)
HUMALOG	2	SUM5 (IRS Buy Up List - Check Group)
HUMALOG JUNIOR KWIKPEN	2	SUM5 (IRS Buy Up List - Check Group)
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	2	SUM5 (IRS Buy Up List - Check Group)
HUMALOG MIX 50/50 KWIKPEN	2	SUM5 (IRS Buy Up List - Check Group)
HUMALOG MIX 75/25 KWIKPEN	2	SUM5 (IRS Buy Up List - Check Group)
HUMALOG TEMPO PEN	2	SUM5 (IRS Buy Up List - Check Group)
HUMULIN R U-500 (CONCENTRATED)	2	PA, QL, SUM5 (IRS Buy Up List - Check Group)
HUMULIN R U-500 KWIKPEN	2	PA, QL, SUM5 (IRS Buy Up List - Check Group)
INSULIN ASP PROT & ASP FLEXPEN	2	QL, SUM5 (IRS Buy Up List - Check Group)
INSULIN ASPART	2	QL, SUM5 (IRS Buy Up List - Check Group)
INSULIN ASPART FLEXPEN	2	QL, SUM5 (IRS Buy Up List - Check Group)
INSULIN ASPART PENFILL	2	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
INSULIN ASPART PROT & ASPART	2	QL, SUM5 (IRS Buy Up List - Check Group)
INSULIN LISPRO	2	SUM5 (IRS Buy Up List - Check Group)
INSULIN LISPRO (1 UNIT DIAL)	2	SUM5 (IRS Buy Up List - Check Group)
INSULIN LISPRO JUNIOR KWIKPEN	2	SUM5 (IRS Buy Up List - Check Group)
INSULIN LISPRO PROT & LISPRO	2	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)
NOVOLIN 70/30	1	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLIN N	1	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG	2	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG 70/30 FLEXPEN RELION	2	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG FLEXPEN	2	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG FLEXPEN RELION	2	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG MIX 70/30	2	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG MIX 70/30 FLEXPEN	2	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG MIX 70/30 RELION	2	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG PENFILL	2	QL, SUM5 (IRS Buy Up List - Check Group)
NOVOLOG RELION	2	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
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	PA, SUM5 (IRS Buy Up List - Check Group)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
TRULICITY	2	PA, SUM5 (IRS Buy Up List - Check Group)
INSULIN-INCRETIN MIMETIC COMBINATIONS		
SOLIQUA	2	ST, QL, SUM5 (IRS Buy Up List - Check Group)
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>repaglinide</i>	1	SUM5 (IRS Buy Up List - Check Group)
PROGESTERONE RECEPTOR ANTAGONISTS		
KORLYM	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
<i>mifepristone 300 mg tab</i>	4	QL, SUM5 (IRS Buy Up List - Check Group)
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS		
QTERN	2	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)
FARXIGA	2	QL, SUM5 (IRS Buy Up List - Check Group)
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB		
XIGDUO XR	2	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
SULFONYLUREA-BIGUANIDE COMBINATIONS		
<i>glipizide-metformin hcl</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>glyburide-metformin</i>	1	SUM5 (IRS Buy Up List - Check Group)
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>glipizide er</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>glipizide xl</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>glyburide</i>	1	SUM5 (IRS Buy Up List - Check Group)
GLYBURIDE MICRONIZED	1	SUM5 (IRS Buy Up List - Check Group)
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS		
ACTOPLUS MET	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
THIAZOLIDINEDIONES		
ACTOS	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>pioglitazone hcl</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1	
OPIUM	1	

Drug Name	Drug Tier	Requirements / Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTE COMBINATIONS		
NITHIODOTE	5	
ANTIDOTES - CHELATING AGENTS		
CHEMET	3	
<i>deferasirox (125 mg tab sol, 250 mg tab sol, 500 mg tab sol)</i>	1	PA, QL
<i>deferasirox (90 mg packet, 90 mg tab, 180 mg packet, 180 mg tab, 360 mg packet, 360 mg tab)</i>	1	PA, QL
<i>deferasirox granules</i>	1	PA, QL
<i>deferiprone</i>	1	
EXJADE	4	PA, QL
JADENU	4	PA, QL
JADENU SPRINKLE	4	PA, QL
ACETADOTE	5	
<i>acetylcysteine 200 mg/ml solution</i>	5	
BAL IN OIL	5	
CALCIUM DISODIUM VERSENATE	5	
CYANOKIT	5	
<i>deferoxamine mesylate (2 gm recon soln, 500 mg recon soln)</i>	5	
DESFERAL	5	
DIGIFAB	5	
EDETATE CALCIUM DISODIUM	5	
<i>fomepizole</i>	5	
PROTOPAM CHLORIDE	5	
SODIUM THIOSULFATE	5	PA
VISTOGARD	4	QL
OPIOID ANTAGONISTS		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>naloxone hcl (0.4 mg/ml solution, 4 mg/10ml solution)</i>	5	
<i>naltrexone hcl</i>	1	
VIVITROL	4	QL
ZIMHI	5	
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET	5	
<i>granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)</i>	5	
<i>granisetron hcl 1 mg tab</i>	1	QL
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	1	QL
<i>ondansetron hcl (4 mg tab, 8 mg tab)</i>	1	QL
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)</i>	5	
ONDANSETRON HCL +RFID (4 MG/2ML SOLN PRSYR, 4 MG/2ML SOLUTION)	5	
ONDANSETRON HCL 24 MG TAB	1	
<i>ondansetron hcl 4 mg/5ml solution</i>	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		
DIMENHYDRINATE	5	

Drug Name	Drug Tier	Requirements / Limits
<i>scopolamine</i>	1	
TIGAN	5	
<i>trimethobenzamide hcl</i>	1	
ANTIEMETICS - ANTIDOPAMINERGIC		
BARHEMSYS	5	
ANTIEMETICS - MISCELLANEOUS		
<i>dronabinol</i>	1	PA, QL
MARINOL	5	QL
SYNDROS	5	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant</i>	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 (CONTINUED)		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
CANCIDAS	5	
<i>caspofungin acetate</i>	5	
ERAXIS	5	
MICAFUNGIN SODIUM	5	
MICAFUNGIN SODIUM-NACL	5	
MYCAMINE	5	
REZZAYO	5	
ABELCET	5	
AMBISOME	5	

Drug Name	Drug Tier	Requirements / Limits
AMPHOTERICIN B	5	
<i>amphotericin b liposome</i>	5	
<i>flucytosine</i>	1	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	QL
IMIDAZOLES		
<i>ketoconazole 200 mg tab</i>	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
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>fluconazole 150 mg tab</i>	1	QL
FLUCONAZOLE IN SODIUM CHLORIDE (100-0.9 MG/50ML-% SOLUTION, 200-0.9 MG/100ML-% SOLUTION, 400-0.9 MG/200ML-% SOLUTION)	5	
<i>itraconazole 10 mg/ml solution</i>	1	
<i>itraconazole 100 mg cap</i>	1	QL
NOXAFIL 100 MG TAB DR	4	PA
NOXAFIL 40 MG/ML SUSPENSION	4	PA, QL
<i>posaconazole 100 mg tab dr</i>	1	
<i>posaconazole 40 mg/ml suspension</i>	1	PA, QL
SPORANOX 10 MG/ML SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
SPORANOX 100 MG CAP	3	QL
SPORANOX PULSEPAK	3	QL
VFEND IV	5	
VORICONAZOLE 200 MG RECON SOLN	5	
<i>voriconazole 200 mg tab</i>	1	QL
<i>voriconazole 40 mg/ml recon susp</i>	1	QL
<i>voriconazole 50 mg tab</i>	1	QL

ANTI-HISTAMINES (CONTINUED)

ANTI-HISTAMINES - ETHANOLAMINES

<i>aler-cap</i>	5	
<i>alertab</i>	5	
<i>alka-seltzer plus allergy</i>	5	
<i>allergy 25 mg cap</i>	5	
<i>allergy relief (25 mg cap, 25 mg tab)</i>	5	
<i>anti-hist allergy</i>	5	
<i>banophen (25 mg cap, 25 mg tab, 50 mg cap)</i>	5	
<i>benadryl allergy</i>	5	
BENADRYL ALLERGY EXTRA STR	5	
<i>benadryl allergy ultratabs</i>	5	
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	1	QL
CARBINOXAMINE MALEATE ER	1	QL
CARBZAH	3	QL
CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP	3	PA, AGE
CLEMASTINE FUMARATE 2.68 MG TAB	1	QL
CLEMASZ	3	QL
CLEMSZA	3	QL
<i>complete allergy medicine</i>	5	

Drug Name	Drug Tier	Requirements / Limits
<i>complete allergy relief</i>	5	
<i>cvs allergy</i>	5	
<i>cvs allergy relief (25 mg cap, 25 mg tab)</i>	5	
<i>dimetane allergy relief</i>	5	
<i>dimetane allergy relief ex st</i>	5	
<i>diphen</i>	5	
<i>diphenhist</i>	5	
<i>diphenhydramine hcl (25 mg cap, 25 mg tab, 50 mg cap, 50 mg/ml solution)</i>	5	
<i>eq allergy relief (25 mg cap, 25 mg tab)</i>	5	
<i>eql allergy 25 mg tab</i>	5	
<i>eql allergy relief 25 mg tab</i>	5	
<i>ft allergy relief (25 mg cap, 25 mg tab)</i>	5	
<i>geri-dryl 25 mg tab</i>	5	
<i>gnp allergy</i>	5	
<i>gnp allergy relief (25 mg cap, 25 mg tab)</i>	5	
<i>goodsense allergy relief (25 mg cap, 25 mg tab)</i>	5	
<i>hm allergy relief (25 mg cap, 25 mg tab)</i>	5	
<i>kls allergy medicine</i>	5	
<i>kp diphenhydramine hcl</i>	5	
<i>medi-phedryl</i>	5	
<i>meijer antihistamine allergy</i>	5	
<i>mm aller-ben</i>	5	
<i>pharbedryl</i>	5	
<i>px allergy (25 mg cap, 25 mg tab)</i>	5	
<i>qc allergy relief (25 mg cap, 25 mg tab)</i>	5	
<i>qc complete allergy medicine</i>	5	
<i>ra allergy 25 mg tab</i>	5	
<i>ra allergy medication (25 mg cap, 25 mg tab)</i>	5	

Drug Name	Drug Tier	Requirements / Limits
<i>ra allergy relief 25 mg cap</i>	5	
<i>ra complete allergy</i>	5	
<i>sb allergy 25 mg cap</i>	5	
<i>sb allergy medicine 25 mg tab</i>	5	
<i>sm allergy relief (25 mg cap, 25 mg tab)</i>	5	
<i>total allergy</i>	5	
<i>wal-dryl allergy (25 mg cap, 25 mg tab)</i>	5	
ANTIHISTAMINES - NON-SEDATING		
DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	1	QL
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
PHENERGAN	5	
<i>promethazine hcl (12.5 mg suppos, 25 mg suppos)</i>	1	
<i>promethazine hcl (25 mg/ml solution, 50 mg/ml solution)</i>	5	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg tab, 50 mg tab)</i>	1	
<i>promethegan (12.5 mg suppos, 25 mg suppos)</i>	1	
PROMETHEGAN 50 MG SUPPOS	2	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	QL
ANTIHYPERLIPIDEMICS (CONTINUED)		
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.		
<i>icosapent ethyl</i>	2	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>omega-3-acid ethyl esters</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>colesevelam hcl</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>colestipol hcl 1 gm tab</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
QUESTRAN (4 GM PACKET, 4 GM/DOSE POWDER)	3	QL
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
FENOFIBRIC ACID (35 MG TAB, 105 MG TAB)	1	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>gemfibrozil</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>atorvastatin calcium (40 mg tab, 80 mg tab)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>fluvastatin sodium</i>	1	ST, QL, SUM5 (IRS Buy Up List - Check Group)
<i>fluvastatin sodium er</i>	1	ST, QL, AGE, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>lovastatin</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>pitavastatin calcium</i>	1	ST, QL, SUM5 (IRS Buy Up List - Check Group)
<i>pravastatin sodium</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>rosuvastatin calcium (20 mg tab, 40 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>simvastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>simvastatin (5 mg tab, 80 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB		
<i>ezetimibe-simvastatin</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
NICOTINIC ACID DERIVATIVES		
NIACIN (ANTIHYPERLIPIDEMIC)	1	QL
<i>niacin er (antihyperlipidemic)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
PCSK9 INHIBITORS		
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
ANTIHYPERTENSIVES (CONTINUED)		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
TRANDOLAPRIL-VERAPAMIL HCL ER	1	QL, SUM5 (IRS Buy Up List - Check Group)
ACE INHIBITORS		
<i>benazepril hcl</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>captopril</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>enalapril maleate 1 mg/ml solution</i>	1	QL, AGE, SUM5 (IRS Buy Up List - Check Group)
<i>fosinopril sodium</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>lisinopril</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>moexipril hcl</i>	1	SUM5 (IRS Buy Up List - Check Group)
PERINDOPRIL ERBUMINE (2 MG TAB, 8 MG TAB)	1	
<i>perindopril erbumine 4 mg tab</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>quinapril hcl</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>ramipril</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>trandolapril</i>	1	SUM5 (IRS Buy Up List - Check Group)
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE		
<i>benazepril-hydrochlorothiazide</i>	1	SUM5 (IRS Buy Up List - Check Group)
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	SUM5 (IRS Buy Up List - Check Group)
<i>enalapril-hydrochlorothiazide</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>fosinopril sodium-hctz</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>lisinopril-hydrochlorothiazide</i>	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)
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSEER	4	PA, QL
<i>metirosine</i>	1	PA, QL
<i>phenoxybenzamine hcl</i>	1	PA, QL
<i>phentolamine mesylate</i>	5	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
<i>amlodipine-valsartan-hctz</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>olmesartan-amlodipine-hctz</i>	1	SUM5 (IRS Buy Up List - Check Group)
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB		
<i>amlodipine besylate-valsartan</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>amlodipine-olmesartan</i>	1	SUM5 (IRS Buy Up List - Check Group)
TELMISARTAN-AMLODIPINE	1	QL, SUM5 (IRS Buy Up List - Check Group)
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE		
<i>candesartan cilexetil-hctz</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>irbesartan-hydrochlorothiazide</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>losartan potassium-hctz</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>olmesartan medoxomil-hctz</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>telmisartan-hctz</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>valsartan-hydrochlorothiazide</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>irbesartan</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>losartan potassium</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>olmesartan medoxomil</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>telmisartan</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
ANTIADRENERGICS - CENTRALLY ACTING		
<i>clonidine</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>guanfacine hcl</i>	1	ST, SUM5 (IRS Buy Up List - Check Group)
<i>methyldopa 250 mg tab</i>	1	SUM5 (IRS Buy Up List - Check Group)
METHYLDOPA 500 MG TAB	1	
ANTIADRENERGICS - PERIPHERALLY ACTING		
<i>doxazosin mesylate</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>prazosin hcl</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>terazosin hcl</i>	1	SUM5 (IRS Buy Up List - Check Group)
BETA BLOCKER & DIURETIC COMBINATIONS		
<i>atenolol-chlorthalidone</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>bisoprolol-hydrochlorothiazide</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol-hydrochlorothiazide</i>	1	SUM5 (IRS Buy Up List - Check Group)
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	SUM5 (IRS Buy Up List - Check Group)
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>hydralazine hcl 20 mg/ml solution</i>	5	SUM5 (IRS Buy Up List - Check Group)
<i>minoxidil</i>	1	SUM5 (IRS Buy Up List - Check Group)
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	3	
ARTESUNATE	5	PA
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	1	
DARAPRIM	4	PA, QL
<i>hydroxychloroquine sulfate</i>	1	
KRINTAFEL	3	QL
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	1	
<i>pyrimethamine</i>	1	PA, QL
QUALAQUIN	3	
<i>quinine sulfate</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
BLOXIVERZ (5 MG/10ML SOLUTION, 5 MG/5ML SOLN PRSYR, 10 MG/10ML SOLUTION)	5	

Drug Name	Drug Tier	Requirements / Limits
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	5	
<i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>	1	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	1	AGE
<i>pyridostigmine bromide er 180 mg tab er</i>	1	QL

ANTIMYCOBACTERIAL AGENTS (CONTINUED)

CYCLOSERINE	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1	
ISONIAZID 100 MG/ML SOLUTION	5	
MYCOBUTIN	3	
PRETOMANID	1	PA, QL
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
RIFADIN	5	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
<i>rifampin 600 mg recon soln</i>	5	
SIRTURO	4	PA, QL
TRECTOR	3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)

ALKYLATING AGENTS

BELRAPZO	5	PA
BENDAMUSTINE HCL (25 MG RECON SOLN, 100 MG RECON SOLN, 100 MG/4ML SOLUTION)	5	PA

Drug Name	Drug Tier	Requirements / Limits
BENDEKA	5	PA
<i>busulfan</i>	5	
BUSULFEX	5	
<i>carboplatin</i>	5	
<i>cisplatin (50 mg recon soln, 50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution)</i>	5	
KEMOPLAT	5	
MYLERAN	3	
OXALIPLATIN (50 MG RECON SOLN, 50 MG/10ML SOLUTION, 100 MG RECON SOLN, 100 MG/20ML SOLUTION, 200 MG/40ML SOLUTION)	5	
<i>paraplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution, 1000 mg/100ml solution)</i>	5	
TEPADINA (15 MG RECON SOLN, 100 MG RECON SOLN, 200 MG/200ML RECON SOLN)	5	
<i>thiotepa</i>	5	
TREANDA	5	PA
VIVIMUSTA	5	PA
ZEPZELCA	5	PA
ANDROGEN BIOSYNTHESIS INHIBITORS		
<i>abiraterone acetate 250 mg tab</i>	1	QL
<i>abirtega</i>	1	QL
ANTIADRENALS		
LYSODREN	3	QL
ANTIANDROGENS		
<i>bicalutamide</i>	1	QL
EULEXIN	2	
NUBEQA	4	PA, QL
XTANDI	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ANTIESTROGENS		
FARESTON	4	PA, QL
SOLTAMOX	3	
<i>tamoxifen citrate</i>	1	QL
<i>toremifene citrate</i>	1	PA, QL
ANTIMETABOLITES		
ALIMTA	5	PA
ARRANON	5	
AVGEMSI	5	
<i>azacitidine</i>	5	PA
<i>capecitabine</i>	1	QL
<i>cladribine</i>	5	
<i>clofarabine</i>	5	
CLOLAR	5	
CYTARABINE	5	
<i>cytarabine (pf)</i>	5	
DACOGEN	5	
<i>decitabine</i>	5	
FLOXURIDINE	5	
<i>fludarabine phosphate (25 mg/ml solution, 50 mg recon soln, 50 mg/2ml solution)</i>	5	
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	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	

Drug Name	Drug Tier	Requirements / Limits
INFUGEM	5	
<i>mercaptopurine 2000 mg/100ml suspension</i>	1	PA, QL
<i>mercaptopurine 50 mg tab</i>	1	
<i>methotrexate sodium (1 gm recon soln, 50 mg/2ml solution)</i>	1	
METHOTREXATE SODIUM (PF) (1 GM/40ML SOLUTION, 1000 MG/40ML SOLUTION)	5	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)</i>	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	5	
<i>nelarabine</i>	5	
ONUREG	4	PA, QL
PEMETREXED	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	5	PA
PEMFEXY	5	PA
PEMRYDI RTU	5	PA
<i>pralatrexate</i>	5	PA
PURIXAN	4	PA, QL
TABLOID	3	QL
VIDAZA	5	PA
XELODA	4	QL
ANTINEOPLASTIC - AKT INHIBITORS		
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	4	PA, QL
TRUQAP 160 MG TAB	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
TRUQAP 200 MG TAB	4	PA, QL
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	4	PA, QL
LORBRENA	4	PA, QL
XALKORI	4	PA, QL
ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES		
POTELIGEO	5	PA
ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES		
MONJUVI	5	PA
ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX		
ZYNLONTA	5	PA
ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES		
ARZERRA	5	PA
GAZYVA	5	PA
RIABNI	5	PA
RITUXAN	5	PA
RUXIENCE	5	
TRUXIMA	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-CD38 ANTIBODIES		
DARZALEX	5	PA
SARCLISA	5	PA

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX		
POLIVY	5	PA
ANTINEOPLASTIC - ANTI-CLDN18.2 ANTIBODIES		
VYLOY	5	PA
ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES		
IMJUDO	5	PA
YERVOY	5	PA
ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES		
DANYELZA	5	PA
UNITUXIN	5	
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN	5	PA
HERCESSI	5	PA
HERZUMA	5	PA
KANJINTI	5	PA
MARGENZA	5	PA
OGIVRI	5	
ONTRUZANT	5	PA
PERJETA	5	PA
TRAZIMERA	5	
TUKYSA	4	PA, QL
ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX		
PADCEV	5	PA
ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES		
JEMPERLI	5	PA
KEYTRUDA	5	PA
LIBTAYO	5	PA

Drug Name	Drug Tier	Requirements / Limits
LOQTORZI	5	PA
OPDIVO	5	PA
TEVIMBRA	5	PA
ZYNYZ	5	PA
ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES		
IMFINZI	5	PA
TECENTRIQ	5	PA
ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES		
EMPLICITI	5	PA
ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX		
TIVDAK	5	PA
ANTINEOPLASTIC - ANTIBODY COMBINATIONS		
OPDUALAG	5	PA
ANTINEOPLASTIC - AUTOLOGOUS CELLULAR IMMUNOTHERAPY		
ABECMA	5	PA
BREYANZI	5	PA
CARVYKTI	5	PA
KYMRIAH	5	PA
PROVENGE	5	PA
TECARTUS	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

Drug Name	Drug Tier	Requirements / Limits
BOSULIF 100 MG CAP	4	PA, QL
BOSULIF 50 MG CAP	4	PA, QL
<i>dasatinib (20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab)</i>	4	QL
<i>dasatinib 100 mg tab</i>	4	QL
<i>dasatinib 140 mg tab</i>	4	QL
ICLUSIG	4	PA, QL
<i>imatinib mesylate</i>	1	QL
<i>nilotinib hcl</i>	4	PA, QL
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	5	PA
ELREXFIO	5	PA
EPKINLY	5	PA
IMDELLTRA	5	PA
KIMMTRAK	5	PA
LUNSUMIO	5	PA
TALVEY	5	PA
TECVAYLI	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

Drug Name	Drug Tier	Requirements / Limits
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
JAYPIRCA 50 MG TAB	4	PA, QL
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX	5	PA
<i>erlotinib hcl</i>	4	PA, QL
<i>gefitinib</i>	4	PA, QL
TAGRISSE	4	PA, QL
VECTIBIX	5	PA
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
BALVERSA	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	PA, QL
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS		
OGSIVEO	4	PA, QL
ANTINEOPLASTIC - GENE THERAPY AGENTS		
ADSTILADRIN	5	PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO	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	4	PA, QL
ISTODAX	5	PA
<i>romidepsin (10 mg recon soln, 27.5 mg/5.5ml solution)</i>	5	PA
ZOLINZA	4	PA, QL
ANTINEOPLASTIC - IMMUNOMODULATORS		
<i>pomalidomide (3 mg cap, 4 mg cap)</i>	4	PA, QL
<i>pomalidomide 1 mg cap</i>	4	PA, QL
<i>pomalidomide 2 mg cap</i>	4	PA, QL
ANTINEOPLASTIC - KRAS INHIBITORS		
KRAZATI	4	PA, QL
LUMAKRAS	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 - MET INHIBITORS		
TABRECTA	4	PA, QL
TEPMETKO	4	PA, QL
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS		
TAZVERIK	4	PA, QL
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
AFINITOR 10 MG TAB	4	PA, QL
AFINITOR DISPERZ	4	PA, QL
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab)</i>	1	PA, QL
<i>everolimus 10 mg tab</i>	4	PA, QL
FYARRO	5	PA
<i>temsirolimus</i>	5	PA
TORISEL	5	PA
<i>torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab)</i>	1	PA, QL
<i>torpenz 10 mg tab</i>	4	PA, QL
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
CABOMETYX	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	4	PA, QL
<i>lapatinib ditosylate</i>	1	PA, QL
NERLYNX	4	PA, QL
<i>pazopanib hcl 200 mg tab</i>	4	PA, QL
QINLOCK	4	PA, QL
RYDAPT	4	PA, QL
<i>sorafenib tosylate</i>	4	PA, QL
STIVARGA	4	PA, QL
<i>sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)</i>	1	PA, QL
SUTENT 37.5 MG CAP	4	PA, QL
TURALIO 125 MG CAP	4	PA, QL
VANFLYTA	4	PA, QL
VOTRIENT	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
XOSPATA	4	PA, QL
ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES		
RYBREVANT	5	PA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	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	5	PA
NINLARO	4	PA, QL
VELCADE	5	PA
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
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	4	PA, QL
XPOVIO (80 MG TWICE WEEKLY)	4	PA, QL
ANTINEOPLASTIC ANTIBIOTICS		
<i>adriamycin</i>	5	
<i>bleomycin sulfate</i>	5	
COSMEGEN	5	

Drug Name	Drug Tier	Requirements / Limits
<i>dactinomycin</i>	5	
<i>daunorubicin hcl</i>	5	
DOXIL	5	
<i>doxorubicin hcl (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)</i>	5	
<i>doxorubicin hcl liposomal</i>	5	
ELLECE	5	
IDAMYCIN PFS	5	
<i>idarubicin hcl</i>	5	
JELMYTO	5	PA
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	5	
MITOMYCIN 20 MG/40ML SOLN PRSYR	5	PA
<i>mitoxantrone hcl</i>	5	
<i>mutamycin</i>	5	
<i>valrubicin</i>	5	
VALSTAR	5	
ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES		
ELAHERE	5	PA
ENHERTU	5	PA
KADCYLA	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	5	PA
PHESGO	5	PA

Drug Name	Drug Tier	Requirements / Limits
RITUXAN HYCELA	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
ALFERON N	5	
<i>arsenic trioxide (10 mg/10ml solution, 12 mg/6ml solution)</i>	5	
BESREMI	4	PA, QL
DACARBAZINE (100 MG RECON SOLN, 200 MG RECON SOLN)	5	
HYDREA	2	
<i>hydroxyurea</i>	1	
INTRON A	5	
MATULANE	3	
NIPENT	5	
SYNRIBO	5	
TICE BCG	5	
TRISENOX	5	

Drug Name	Drug Tier	Requirements / Limits
AROMATASE INHIBITORS		
<i>anastrozole</i>	1	QL
<i>exemestane</i>	1	QL
<i>letrozole</i>	1	QL
CARDIAC PROTECTIVE AGENTS		
<i>dexrazoxane hcl (250 mg recon soln, 500 mg recon soln)</i>	5	
TOTECT	5	
CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS		
ELITEK	5	
CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS		
KEPIVANCE	5	PA
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
IBRANCE	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	4	PA, QL
ESTROGEN RECEPTOR ANTAGONIST		
FASLODEX	5	
FULVESTRANT	5	
ESTROGENS-ANTINEOPLASTIC		
EMCYT	4	QL
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
KHAPZORY	5	PA
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	QL
<i>leucovorin calcium (50 mg recon soln, 100 mg recon soln, 100 mg/10ml solution, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	5	

Drug Name	Drug Tier	Requirements / Limits
<i>levoleucovorin calcium</i>	5	PA
<i>levoleucovorin calcium pf (175 mg/17.5ml solution, 250 mg/25ml solution)</i>	5	PA
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS		
FIRMAGON	5	
FIRMAGON (240 MG DOSE)	5	
IMIDAZOTETRAZINES		
TEMODAR 100 MG RECON SOLN	5	
<i>temozolomide</i>	1	QL
ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS		
VORANIGO	4	PA, QL
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS		
REZLIDHIA	4	PA, QL
TIBSOVO	4	PA, QL
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS		
IDHIFA	4	PA, QL
JANUS ASSOCIATED KINASE (JAK) INHIBITORS		
JAKAFI	4	PA, QL
OJJAARA	4	PA, QL
VONJO	4	PA, QL
LHRH ANALOGS		
ELIGARD (22.5 MG KIT, 30 MG KIT)	4	QL
ELIGARD 45 MG KIT	4	QL
ELIGARD 7.5 MG KIT	4	QL
<i>leuprolide acetate</i>	1	PA, QL
LEUPROLIDE ACETATE (3 MONTH)	4	QL
LUPRON DEPOT (1-MONTH)	4	QL
LUPRON DEPOT (3-MONTH)	4	QL

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (4-MONTH)	4	QL
LUPRON DEPOT (6-MONTH)	4	QL
LUTRATE DEPOT	4	QL
ZOLADEX	4	QL
MITOTIC INHIBITORS		
ABRAXANE	5	PA
DOCETAXEL (20 MG/2ML SOLUTION, 80 MG/4ML CONC, 80 MG/8ML SOLUTION, 160 MG/16ML SOLUTION, 160 MG/8ML CONC)	5	
DOCIVYX	5	
<i>eribulin mesylate</i>	5	PA
ETOPOPHOS	5	
<i>etoposide (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)</i>	5	
ETOPOSIDE 50 MG CAP	1	
HALAVEN	5	PA
IXEMPRA KIT	5	PA
JEVTANA	5	PA
<i>paclitaxel (30 mg/5ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc, 300 mg/50ml conc)</i>	5	
<i>paclitaxel protein-bound part</i>	5	
<i>toposar</i>	5	
VINBLASTINE SULFATE	5	
<i>vincasar pfs</i>	5	
VINCRISTINE SULFATE	5	
<i>vinorelbine tartrate</i>	5	
MYELOPROTECTIVE AGENTS		
COSELA	5	PA
NITROGEN MUSTARDS AND RELATED ANALOGUES		
ALKERAN 50 MG RECON SOLN	5	

Drug Name	Drug Tier	Requirements / Limits
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	5	
HEPZATO W/50MM CATHETER	5	PA
HEPZATO W/62MM CATHETER	5	PA
IFEX (1 GM RECON SOLN, 3 GM RECON SOLN)	5	
<i>ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm recon soln, 3 gm/60ml solution)</i>	5	
LEUKERAN	3	
<i>melfalan hcl</i>	5	
NITROSOUREAS		
BICNU	5	
CARMUSTINE (50 MG RECON SOLN, 100 MG RECON SOLN, 300 MG RECON SOLN)	5	
<i>lomustine</i>	4	PA, QL
ZANOSAR	5	
OLIGONUCLEOTIDE TELOMERASE INHIBITORS		
RYTELO	5	PA
ONCOLYTIC VIRAL AGENTS - HSV1		
IMLYGIC	5	PA
OTOPROTECTIVE AGENTS		
PEDMARK	5	PA
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
COPIKTRA	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
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	4	PA, QL
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA	4	PA, QL
TALZENNA	4	PA, QL
PROGESTINS-ANTINEOPLASTIC		
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
RETINOIDS		
<i>tretinoin 10 mg cap</i>	1	QL
SELECTIVE ESTROGEN RECEPTOR DEGRADERS		
ORSERDU	4	PA, QL
SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene 75 mg cap</i>	1	PA, QL
TETRAHYDROISOQUINOLINES		
YONDELIS	5	PA
TOPOISOMERASE I INHIBITORS		
CAMPTOSAR	5	
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	4	QL
HYCAMTIN 4 MG RECON SOLN	5	
<i>irinotecan hcl (40 mg/2ml solution, 100 mg/5ml solution, 300 mg/15ml solution, 500 mg/25ml solution)</i>	5	
ONIVYDE	5	PA
<i>topotecan hcl (4 mg recon soln, 4 mg/4ml solution)</i>	5	
TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX		
TRODELVY	5	PA

Drug Name	Drug Tier	Requirements / Limits
URINARY TRACT PROTECTIVE AGENTS		
ETHYOL	5	
<i>mesna 100 mg/ml solution</i>	5	
<i>mesna 400 mg tab</i>	4	QL
MESNEX 100 MG/ML SOLUTION	5	
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS		
ALYMSYS	5	PA
AVASTIN	5	PA
CYRAMZA	5	PA
FRUZAQLA	4	PA, QL
INLYTA	4	PA, QL
JOBEVNE	5	PA
LENVIMA (10 MG DAILY DOSE)	4	PA, QL
LENVIMA (12 MG DAILY DOSE)	4	PA, QL
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	5	
VEGZELMA	5	PA
ZALTRAP	5	PA
ZIRABEV	5	
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
ADENOSINE RECEPTOR ANTAGONIST		
NOURIANZ	4	PA, QL
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>benztropine mesylate 1 mg/ml solution</i>	5	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	1	QL
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (100 mg cap, 100 mg tab)</i>	1	QL
<i>amantadine hcl (50 mg/5ml solution, 100 mg/10ml solution)</i>	1	
<i>bromocriptine mesylate</i>	1	QL
INBRIJA	4	PA, QL
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	1	QL
<i>selegiline hcl</i>	1	QL
XADAGO	3	PA, QL
ZELAPAR	3	PA, QL
DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	1	
LEVODOPA COMBINATIONS		
<i>carbidopa-levodopa</i>	1	QL
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	1	QL
<i>carbidopa-levodopa-entacapone</i>	1	
RYTARY	3	ST, QL
NONERGOLINE DOPAMINE RECEPTOR AGONISTS		
APOKYN	5	PA, QL
<i>apomorphine hcl</i>	5	PA, QL
NEUPRO	3	ST, QL
<i>pramipexole dihydrochloride</i>	1	QL
<i>pramipexole dihydrochloride er</i>	1	ST, QL

Drug Name	Drug Tier	Requirements / Limits
<i>ropinirole hcl</i>	1	QL
<i>ropinirole hcl er</i>	1	QL
PERIPHERAL COMT INHIBITORS		
<i>entacapone</i>	1	
ONGENTYS	3	ST, QL
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium</i>	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er</i>	1	
ANTIPSYCHOTICS - MISC.		
GEODON 20 MG RECON SOLN	5	
<i>lurasidone hcl</i>	1	
NUPLAZID	4	PA, QL
VRAYLAR (0.5 MG CAP, 0.75 MG CAP)	4	PA, QL
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	4	PA, QL
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	5	
BENZISOXAZOLES		
ERZOFRI	4	QL
FANAPT	4	PA, QL
FANAPT TITRATION PACK A	4	PA, QL
FANAPT TITRATION PACK B	4	PA, QL
FANAPT TITRATION PACK C	4	PA, 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	4	QL
INVEGA TRINZA	4	QL
<i>paliperidone er</i>	1	QL
PERSERIS	4	QL
RISPERDAL CONSTA	4	QL
<i>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)</i>	1	QL
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	1	
<i>risperidone microspheres er</i>	1	QL
RYKINDO	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	5	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	5	
<i>haloperidol lactate 2 mg/ml conc</i>	1	
<i>haloperidol lactate 5 mg/ml solution</i>	5	
DIBENZO-OXEPINO PYRROLES		
<i>asenapine maleate</i>	1	QL
DIBENZODIAZEPINES		
<i>clozapine</i>	1	QL
VERSACLOZ	4	PA, QL
DIBENZOTHIAZEPINES		
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine fumarate er</i>	1	
DIBENZOXAZEPINES		
ADASUVE	5	
<i>loxapine succinate</i>	1	
DIHYDROINDOLONES		
MOLINDONE HCL	1	QL
MUSCARINIC AGENT - COMBINATIONS		
COBENFY	4	PA, QL
COBENFY STARTER PACK	4	PA, QL
PHENOTHIAZINES		
<i>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)</i>	1	
<i>chlorpromazine hcl (25 mg/ml solution, 50 mg/2ml solution)</i>	5	
CHLORPROMAZINE HCL (30 MG/ML CONC, 100 MG/ML CONC)	1	
<i>fluphenazine decanoate</i>	5	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	1	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	5	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	5	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	QL
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	4	QL

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENA	4	QL
<i>aripiprazole (1 mg/ml solution, 10 mg tab disp, 15 mg tab disp)</i>	1	QL
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
ARISTADA	4	QL
ARISTADA INITIO	4	QL
REXULTI	4	PA, QL
THIENBENZODIAZEPINES		
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	1	QL
<i>olanzapine 10 mg recon soln</i>	1	QL
ZYPREXA 10 MG RECON SOLN	4	QL
ZYPREXA RELPREVV	4	QL
THIOXANTHENES		
<i>thiothixene</i>	1	
ANTISEPTICS & DISINFECTANTS (CONTINUED)		
FORMALDEHYDE	1	
IODINE ANTISEPTICS		
LUGOLS STRONG IODINE	3	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRAL COMBINATIONS		
<i>abacavir sulfate-lamivudine</i>	1	QL
BIKTARVY	4	QL
CABENUVA	5	PA
CIMDUO	4	QL
COMPLERA	4	QL
DELSTRIGO	4	QL

Drug Name	Drug Tier	Requirements / Limits
DESCOVY	4	QL
DOVATO	4	QL
<i>efavirenz-emtricitab-tenofo df</i>	1	QL
EFAVIRENZ-LAMIVUDINE-TENOFOVIR (400-300-300 MG TAB, 600-300-300 MG TAB)	1	QL
<i>emtricitab-rilpivir-tenofov df</i>	4	QL
<i>emtricitabine-tenofovir df</i>	1	QL
EVOTAZ	4	QL
GENVOYA	4	QL
JULUCA	4	QL
KALETRA 400-100 MG/5ML SOLUTION	4	QL
<i>lamivudine-zidovudine</i>	1	QL
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i>	1	QL
ODEFSEY	4	QL
PREZCOBIX	4	QL
STRIBILD	4	QL
SYMFI	4	QL
SYMFI LO	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)		
<i>maraviroc</i>	1	QL
SELZENTRY (150 MG TAB, 300 MG TAB)	4	QL
SELZENTRY 20 MG/ML SOLUTION	4	QL

Drug Name	Drug Tier	Requirements / Limits
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	
ISENTRESS	4	QL
ISENTRESS HD	4	QL
TIVICAY 50 MG TAB	4	QL
ANTIRETROVIRALS - PROTEASE INHIBITORS		
APTIVUS	4	QL
<i>atazanavir sulfate</i>	1	QL
<i>darunavir</i>	1	QL
<i>fosamprenavir calcium</i>	1	QL
NORVIR 100 MG PACKET	4	QL
NORVIR 100 MG TAB	4	QL
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB, 600 MG TAB, 800 MG TAB)	4	QL
REYATAZ 50 MG PACKET	4	QL
<i>ritonavir</i>	1	QL
VIRACEPT	4	QL
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES		
EDURANT	4	QL
EFAVIRENZ (50 MG CAP, 200 MG CAP, 600 MG TAB)	1	QL
<i>etravirine</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
INTELENCE (25 MG TAB, 100 MG TAB, 200 MG TAB)	4	QL
NEVIRAPINE (50 MG/5ML SUSPENSION, 200 MG TAB)	1	QL
<i>nevirapine er 400 mg tab er 24h</i>	1	QL
PIFELTRO	4	QL
<i>rilpivirine hcl</i>	4	QL
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL
<i>abacavir sulfate 300 mg tab</i>	1	QL
ZIAGEN 20 MG/ML SOLUTION	4	QL
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES		
<i>emtricitabine</i>	1	QL
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAP)	4	QL
EPIVIR (150 MG TAB, 300 MG TAB)	4	QL
EPIVIR 10 MG/ML SOLUTION	4	QL
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	1	QL
<i>lamivudine (150 mg tab, 300 mg tab)</i>	1	QL
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES		
RETROVIR (50 MG/5ML SYRUP, 100 MG CAP)	4	QL
RETROVIR 10 MG/ML SOLUTION	5	
<i>zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)</i>	1	QL
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES		
<i>tenofovir disoproxil fumarate</i>	1	QL
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB)	4	QL
VIREAD 40 MG/GM POWDER	4	QL
ANTIRETROVIRALS ADJUVANTS		
TYBOST	4	QL

Drug Name	Drug Tier	Requirements / Limits
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		
<i>cidofovir</i>	5	
<i>foscarnet sodium</i>	5	
FOSCAVIR	5	
GANCICLOVIR	5	
GANCICLOVIR SODIUM (500 MG RECON SOLN, 500 MG/10ML SOLUTION)	5	
LIVTENCITY	4	PA, QL, AGE
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
<i>valganciclovir hcl 450 mg tab</i>	1	QL
<i>valganciclovir hcl 50 mg/ml recon soln</i>	1	QL
HEPATITIS B AGENTS		
<i>adefovir dipivoxil</i>	1	QL
<i>entecavir</i>	1	QL
<i>lamivudine 100 mg tab</i>	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

Drug Name	Drug Tier	Requirements / Limits
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	4	PA, QL
RIBAVIRIN (200 MG CAP, 200 MG TAB)	1	QL
HERPES AGENTS - PURINE ANALOGUES		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	1	
<i>acyclovir sodium</i>	5	
<i>valacyclovir hcl</i>	1	
VALTREX	3	
HERPES AGENTS - THYMIDINE ANALOGUES		
<i>famciclovir (125 mg tab, 250 mg tab)</i>	1	
<i>famciclovir 500 mg tab</i>	1	
MISC. ANTIVIRALS		
LAGEVRIO	4	QL, AGE, SUM5 (IRS Buy Up List - Check Group)
REMDESIVIR	5	
VEKLURY (100 MG RECON SOLN, 100 MG/20ML SOLUTION)	5	
NEURAMINIDASE INHIBITORS		
<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	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

Drug Name	Drug Tier	Requirements / Limits
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		
<i>ribavirin 6 gm recon soln</i>	1	QL
VIRAZOLE	4	QL
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>carvedilol phosphate er</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	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	
<i>labetalol hcl 5 mg/ml solution</i>	5	SUM5 (IRS Buy Up List - Check Group)
LABETALOL HCL-DEXTROSE	5	
LABETALOL HCL-SODIUM CHLORIDE	5	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>atenolol</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
BREVIBLOC	5	

Drug Name	Drug Tier	Requirements / Limits
BREVIBLOC IN NAACL	5	
BREVIBLOC PREMIXED	5	
BREVIBLOC PREMIXED DS	5	
ESMOLOL HCL (2000 MG/100ML SOLUTION, 2500 MG/250ML SOLUTION)	5	
<i>esmolol hcl 100 mg/10ml solution</i>	5	SUM5 (IRS Buy Up List - Check Group)
<i>esmolol hcl-sodium chloride</i>	5	SUM5 (IRS Buy Up List - Check Group)
<i>metoprolol succinate er</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>metoprolol tartrate 5 mg/5ml solution</i>	5	SUM5 (IRS Buy Up List - Check Group)
<i>nebivolol hcl</i>	1	SUM5 (IRS Buy Up List - Check Group)
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL	3	SUM5 (IRS Buy Up List - Check Group)
<i>nadolol</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>pindolol</i>	1	SUM5 (IRS Buy Up List - Check Group)
PROPRANOLOL HCL (10 MG TAB, 20 MG TAB, 20 MG/5ML SOLUTION, 40 MG TAB, 40 MG/5ML SOLUTION, 60 MG TAB, 80 MG TAB)	1	SUM5 (IRS Buy Up List - Check Group)
<i>propranolol hcl 1 mg/ml solution</i>	5	SUM5 (IRS Buy Up List - Check Group)
<i>propranolol hcl er</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>sotalol hcl (af)</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
SOTALOL HCL 150 MG/10ML SOLUTION	5	SUM5 (IRS Buy Up List - Check Group)
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
CALCIUM CHANNEL BLOCKERS (CONTINUED)		
<i>amlodipine besylate</i>	1	SUM5 (IRS Buy Up List - Check Group)
CARDENE IV (2.5 MG/ML SOLUTION, 20-0.86 MG/200ML-% SOLUTION, 20-4.8 MG/200ML-% SOLUTION, 40-0.83 MG/200ML-% SOLUTION)	5	SUM5 (IRS Buy Up List - Check Group)
<i>cartia xt</i>	1	SUM5 (IRS Buy Up List - Check Group)
CLEVIPREX	5	SUM5 (IRS Buy Up List - Check Group)
<i>dilt-xr</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>diltiazem hcl (25 mg/5ml solution, 50 mg/10ml solution, 100 mg recon soln, 125 mg/25ml solution)</i>	5	SUM5 (IRS Buy Up List - Check Group)
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>diltiazem hcl er</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 420 mg cap er 24h)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>felodipine er</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>isradipine</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>matzim la</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
NICARDIPINE HCL 2.5 MG/ML SOLUTION	5	SUM5 (IRS Buy Up List - Check Group)
<i>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)</i>	5	SUM5 (IRS Buy Up List - Check Group)
<i>nifedipine</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>nifedipine er</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>nifedipine er osmotic release</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>nimodipine 30 mg cap</i>	1	SUM5 (IRS Buy Up List - Check Group)
NIMODIPINE 60 MG/20ML SOLUTION	3	SUM5 (IRS Buy Up List - Check Group)
<i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>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)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>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)</i>	1	SUM5 (IRS Buy Up List - Check Group)
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digoxin (0.05 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
DIGOXIN 0.05 MG/ML SOLUTION	1	
<i>digoxin 0.25 mg/ml solution</i>	5	SUM5 (IRS Buy Up List - Check Group)
LANOXIN 0.25 MG/ML SOLUTION	5	
LANOXIN PEDIATRIC	5	

Drug Name	Drug Tier	Requirements / Limits
INOTROPES		
<i>dobutamine hcl</i>	5	
DOBUTAMINE-DEXTROSE	5	
DOPAMINE HCL	5	
DOPAMINE IN D5W	5	
DOPAMINE-DEXTROSE	5	
<i>milrinone lactate</i>	5	
<i>milrinone lactate in dextrose</i>	5	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	4	PA, QL
CARDIOPLEGIC SOLUTIONS		
<i>cardioplegic</i>	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)
<i>sacubitril-valsartan</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
NITRATE & VASODILATOR COMBINATIONS		
BIDIL	3	SUM5 (IRS Buy Up List - Check Group)
<i>isosorb dinitrate-hydralazine</i>	1	SUM5 (IRS Buy Up List - Check Group)
PERIPHERAL VASODILATORS		
PAPAVERINE HCL	5	
PROSTAGLANDIN VASODILATORS		
AURLUMYN	5	PA
<i>epoprostenol sodium</i>	5	PA, QL

Drug Name	Drug Tier	Requirements / Limits
FLOLAN	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
<i>treprostinil</i>	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	5	PA, QL
VENTAVIS 10 MCG/ML SOLUTION	4	PA, QL
VENTAVIS 20 MCG/ML SOLUTION	4	PA, QL
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
ADEMPAS	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR	4	PA, QL
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	4	PA, QL
<i>bosentan 125 mg tab</i>	4	PA, QL
<i>bosentan 62.5 mg tab</i>	4	PA, QL
OPSUMIT	4	PA, QL
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	1	PA, QL
REVATIO 10 MG/12.5ML SOLUTION	5	PA
<i>sildenafil citrate 10 mg/12.5ml solution</i>	5	PA
<i>sildenafil citrate 10 mg/ml recon susp</i>	4	PA, QL
<i>sildenafil citrate 20 mg tab</i>	1	PA, QL
<i>tadalafil (pah)</i>	1	PA, QL
TADLIQ	4	PA, QL
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
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
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS		
<i>avanafil</i>	1	
CIALIS (10 MG TAB, 20 MG TAB)	3	PA, QL
CIALIS 5 MG TAB	3	QL
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
STENDRA	3	
<i>tadalafil (2.5 mg tab, 10 mg tab, 20 mg tab)</i>	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<i>tadalafil 5 mg tab</i>	1	ST, QL
<i>varafenafil hcl</i>	1	
VIAGRA	3	
SINUS NODE INHIBITORS		
<i>ivabradine hcl</i>	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	3	PA, QL
CEPHALOSPORINS (CONTINUED)		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ	5	
ZERBAXA	5	
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
CEFAZOLIN IN SODIUM CHLORIDE 2-0.9 GM/100ML-% SOLUTION	5	
<i>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)</i>	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	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	1	
CEFACLOR ER	1	
CEFOTAN	5	
<i>cefotetan disodium</i>	5	
<i>cefoxitin sodium</i>	5	
CEFOXITIN SODIUM-DEXTROSE	5	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	5	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
CEFIXIME (100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 400 MG CAP)	1	
CEFOTAXIME SODIUM	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, 6 GM RECON SOLN)	5	
CEFTAZIDIME AND DEXTROSE	5	
<i>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)</i>	5	
CEFTRIAZONE SODIUM IN DEXTROSE	5	
CEFTRIAZONE SODIUM-DEXTROSE	5	
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	5	
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime hcl (1 gm recon soln, 1 gm/50ml solution, 2 gm recon soln, 2 gm/100ml solution, 100 gm recon soln)</i>	5	

Drug Name	Drug Tier	Requirements / Limits
CEFEPIME-DEXTROSE	5	
CEPHALOSPORINS - 5TH GENERATION		
<i>ceftaroline fosamil</i>	5	
TEFLARO	5	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA	5	
CONTRACEPTIVES (CONTINUED)		
BIPHASIC CONTRACEPTIVES - ORAL		
<i>azurette</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	QL
<i>kariva</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
LO LOESTRIN FE	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>pimtrea</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>simliya</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>viorele</i>	1	QL
<i>volnea</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>altavera</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>alyacen 1/35</i>	1	QL
<i>apri</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>aubra</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>aubra eq</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>aurovela 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>aurovela 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>aurovela 24 fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>aurovela fe 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>aurovela fe 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
AVERI	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>aviane</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>ayuna</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
BALCOLTRA	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>balziva</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
BEYAZ	2	QL, SUM5 (IRS Buy Up List - Check Group)
<i>blisovi 24 fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>blisovi fe 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>blisovi fe 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>briellyn</i>	1	QL
<i>charlotte 24 fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>chateal</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>chateal eq</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>cryselle</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>cryselle-28</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>cyclafem 1/35</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>cyred</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>cyred eq</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>dasetta 1/35</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>delyla</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>drospiren-eth estrad-levomefol</i>	1	QL
<i>drospirenone-ethinyl estradiol</i>	1	QL
<i>elinest</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>emoquette</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>enskyce</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>estarylla</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>ethynodiol diac-eth estradiol</i>	1	QL
<i>falmina</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>feirza 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>feirza 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
FEMLYV	3	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>femynor</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>finzala</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>galbriela</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>gemmily</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>hailey 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>hailey 24 fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>hailey fe 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>hailey fe 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>isibloom</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>jasmiel</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>joyeaux</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>juleber</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>junel 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>junel 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>junel fe 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>junel fe 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>junel fe 24</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>kaitlib fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>kalliga</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>kelnor 1/35</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>kelnor 1/50</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>kurvelo</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>larin 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>larin 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>larin 24 fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>larin fe 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>larin fe 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>larissia</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>layolis fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>lessina</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>levonorgest-eth estradiol-iron</i>	1	QL
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	1	QL
<i>levora 0.15/30 (28)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>lillow</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>lo-zumandimine</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>loestrin 1.5/30 (21)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>loestrin 1/20 (21)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>loestrin fe 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>loestrin fe 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>loryna</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>low-ogestrel</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>luizza 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>luizza 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>luteru</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>marlissa</i>	1	QL
<i>merzee</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>mibelas 24 fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>microgestin 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>microgestin 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>microgestin 24 fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>microgestin fe 1.5/30</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>microgestin fe 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>mili</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>minzoya</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>mono-linyah</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>necon 0.5/35 (28)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
NEXTSTELLIS	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>nikki</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)</i>	1	QL
<i>norethin-eth estradiol-fe</i>	1	QL
<i>norethindrone acet-ethinyl est</i>	1	QL
<i>norgestimate-eth estradiol</i>	1	QL
<i>nortrel 0.5/35 (28)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>nortrel 1/35 (21)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>nortrel 1/35 (28)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>nylia 1/35</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>nymyo</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>ocella</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>orsythia</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>philith</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>pirmella 1/35</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>portia-28</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>previfem</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>reclipsen</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
SAFYRAL	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>sprintec 28</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>sronyx</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>syeda</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tarina 24 fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tarina fe 1/20</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tarina fe 1/20 eq</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>taysofy</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
TAYTULLA	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>turqoz</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
TYBLUME	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tydemy</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>valtya 1/35</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>valtya 1/50</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>vestura</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>vienva</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>vyfemla</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>vylibra</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>wera</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>wymzya fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>xelria fe</i>	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)
<i>zovia 1/35 (28)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>zumandimine</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	1	QL
TWIRLA	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>xulane</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>zafemy</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>enilloring</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>etonogestrel-ethinyl estradiol</i>	1	QL
<i>haloette</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
NUVARING	3	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
CONTINUOUS CONTRACEPTIVES - ORAL		
<i>amethyst</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>dolishale</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	QL
COPPER CONTRACEPTIVES - IUD		
MIUDELLA INTRAUTERINE COPPER	5	SUM5 (IRS Buy Up List - Check Group)
PARAGARD INTRAUTERINE COPPER	5	SUM5 (IRS Buy Up List - Check Group)
EMERGENCY CONTRACEPTIVES		
<i>aftera</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>afterpill</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>curae</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>econtra ez</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>econtra one-step</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
ELLA	2	QL, SUM5 (IRS Buy Up List - Check Group)
<i>her style</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>levonorgestrel</i>	1	QL
<i>my choice</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>my way</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>new day</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>opcicon one-step</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>option 2</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>plan b one-step</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>react</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>shewise</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>take action</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
EXTENDED-CYCLE CONTRACEPTIVES - ORAL		
<i>amethia</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>ashlyna</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>camrese</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>camrese lo</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>daysee</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>fayosim</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>iclevia</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>introvale</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>jaimiess</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>jolessa</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>levonorgest-eth est & eth est</i>	1	QL
<i>levonorgest-eth estrad 91-day</i>	1	QL
<i>lojaimiess</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>rivelsa</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>rosyrah</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>setlakin</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>simpesse</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
FOUR PHASE CONTRACEPTIVES - ORAL		
NATAZIA	3	QL, SUM5 (IRS Buy Up List - Check Group)
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON	5	SUM5 (IRS Buy Up List - Check Group)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA	3	QL, SUM5 (IRS Buy Up List - Check Group)
DEPO-SUBQ PROVERA 104	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	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		
<i>camila</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>deblitane</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>emzahh</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>errin</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>heather</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>incassia</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>jencycla</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>lyleq</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>lyza</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>meleya</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>nora-be</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>norethindrone</i>	1	QL
<i>norlyda</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>norlyroc</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>orquidea</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>sharobel</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
SLYND	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tulana</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
TRIPHASIC CONTRACEPTIVES - ORAL		
<i>alyacen 7/7/7</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
ARANELLE	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>cyclafem 7/7/7</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>dasetta 7/7/7</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>enpresse-28</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>leena</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>levonest</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>levonorg-eth estrad triphasic</i>	1	QL
<i>norethindron-ethinyl estrad-fe</i>	1	QL
<i>norgestim-eth estrad triphasic</i>	1	QL
<i>nortrel 7/7/7</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>nylia 7/7/7</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>pirmella 7/7/7</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tilia fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tri femynor</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tri-estarylla</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tri-legest fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tri-linyah</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tri-lo-estarylla</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tri-lo-marzia</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-mili</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tri-lo-sprintec</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tri-mili</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tri-nymyo</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tri-sprintec</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tri-vylibra</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>tri-vylibra lo</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>trivora (28)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
VELIVET	3	QL, SUM5 (IRS Buy Up List - Check Group)
<i>xarah fe</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

CORTICOSTEROIDS (CONTINUED)

GLUCOCORTICOSTEROIDS

<i>budesonide 3 mg cp dr part</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>budesonide er</i>	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	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg (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)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SOD PHOS (PF)	5	
DEXAMETHASONE SOD PHOS +RFID	5	
<i>dexamethasone sod phosphate pf</i>	5	
<i>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)</i>	5	
DOUBLEDEX	5	
EOHILIA	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
<i>hidex 6-day</i>	1	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>hydrocortisone sod suc (pf)</i>	1	
KENALOG-10	5	
KENALOG-40	5	
KENALOG-80	5	
MAS CARE-PAK	5	
MEDROL 4 MG TAB THPK	3	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	5	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	5	
P-CARE K40	5	
P-CARE K80	5	
POD-CARE 100K	5	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>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)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	
READYSHARP DEXAMETHASONE	5	
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	3	
SOLU-MEDROL (2 GM RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	5	
SOLU-MEDROL (PF)	5	
<i>taperdex 6-day</i>	1	
TARPEYO	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TOPIDEX	5	
<i>triamcinolone acetonide (10 mg/ml suspension, 40 mg/ml suspension, 80 mg/ml suspension)</i>	5	
MINERALOCORTICIDS		
<i>fludrocortisone acetate</i>	1	
STEROID COMBINATIONS		
BETA 1 KIT	5	
BETAMETHASONE COMBO 6 (3-3) MG/ML SUSPENSION	5	
<i>betamethasone sod phos & acet 6 (3-3) mg/ml suspension</i>	5	
BSP 0820	5	
CELESTONE SOLUSPAN	5	
POD-CARE 100C	5	
READYSHARP BETAMETHASONE	5	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVE - NONNARCOTIC		
<i>benzonatate (100 mg cap, 200 mg cap)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine-codeine</i>	1	
DERMATOLOGICALS (CONTINUED)		
ACNE ANTIBIOTICS		
<i>clindacin</i>	1	ST
<i>clindamycin phos (twice-daily)</i>	1	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	1	
<i>clindamycin phosphate 1 % foam</i>	1	ST
<i>dapsone 5 % gel</i>	1	ST
<i>erythromycin (2 % gel, 2 % solution)</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
ACNE COMBINATIONS		
<i>adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.3-2.5 % gel)</i>	1	QL
AVAR CLEANSER	1	
<i>benzoyl peroxide-erythromycin</i>	1	
BP 10-1	1	
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	2	ST
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	
<i>clindamycin-tretinoin</i>	1	ST
<i>neuac 1.2-5 % gel</i>	1	
SSS 10-5 10-5 % CREAM	1	
SULFACETAMIDE SOD-SULFUR WASH (9-4 % LIQUID, 9-4.5 % LIQUID)	1	
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	
SULFACETAMIDE-SULFUR IN UREA	1	
SULFACLEANSE 8/4	1	

Drug Name	Drug Tier	Requirements / Limits
SULFAMEZ WASH	1	
ACNE PRODUCTS		
<i>accutane</i>	1	
<i>adapalene (0.1 % cream, 0.3 % gel)</i>	1	ST
AKLIEF	3	
ALTRENO	3	QL, AGE
<i>amnesteem</i>	1	
AZELEX	3	ST
<i>claravis</i>	1	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	
<i>myorisan</i>	1	
TAZAROTENE 0.1 % FOAM	1	
<i>tretinoin (0.025 % cream, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	AGE
TRETINOIN MICROSPHERE 0.04 % GEL	2	AGE
<i>tretinoin microsphere 0.04 % gel</i>	2	ST, AGE
TRETINOIN MICROSPHERE PUMP 0.04 % GEL	2	AGE
<i>zenatane</i>	1	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	
ANTIFUNGALS - TOPICAL		
<i>ciclodan</i>	1	QL
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	1	
<i>ciclopirox 8 % solution</i>	1	QL
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>klayesta</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
NAFTIFINE HCL (1 % CREAM, 2 % CREAM)	1	
<i>nyamyc</i>	1	QL
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment)</i>	1	
<i>nystatin 100000 unit/gm powder</i>	1	QL
<i>nystop</i>	1	QL
ANTIFUNGALS - TOPICAL COMBINATIONS		
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	1	
<i>nystatin-triamcinolone</i>	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		
<i>diclofenac sodium 3 % gel</i>	1	PA
ANTINEOPLASTIC RETINOIDS - TOPICAL		
PANRETIN	4	PA, QL
ANTIPSORIATICS		
CALCIPOTRIENE (0.005 % CREAM, 0.005 % FOAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	1	
<i>calcitrene</i>	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	ST, QL
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	ST, AGE
TAZORAC (0.05 % GEL, 0.1 % GEL)	3	ST, AGE
VTAMA	3	ST, QL

Drug Name	Drug Tier	Requirements / Limits
ZITHRANOL	3	
ANTIPSORIATICS - SYSTEMIC		
<i>acitretin</i>	1	QL
BIMZELX	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
SELARSDI (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	1	PA, QL
SELARSDI 45 MG/0.5ML SOLUTION	1	PA, QL
SKYRIZI 150 MG/ML SOLN PRSYR	4	PA, QL
SKYRIZI PEN	4	PA, QL
SPEVIGO 150 MG/ML SOLN PRSYR	4	PA, QL
SPEVIGO 300 MG/2ML SOLN PRSYR	4	PA, QL
SPEVIGO 450 MG/7.5ML SOLUTION	5	PA
TALTZ	4	PA, QL
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide 10 % shampoo</i>	1	
<i>sodium sulfacetamide wash</i>	1	
SULFACETAMIDE SODIUM (CLEANS)	1	
<i>sulfacetamide sodium 10 % liquid</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % ointment</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>penciclovir</i>	1	
ASTRINGENTS		
XERAC AC	3	
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS		
CIBINQO	4	PA, 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	4	PA, QL
BURN PRODUCTS		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON 85 MG/GM CREAM	3	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	1	
AMCINONIDE 0.1 % OINTMENT	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	
BETAMETHASONE VALERATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.12 % FOAM)	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate 0.05 % liquid</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	2	
CLOCORTOLONE PIVALATE	1	
DERMA-SMOOTH/FS BODY	3	
DERMA-SMOOTH/FS SCALP	3	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
DESONIDE 0.05 % GEL	1	QL
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)</i>	1	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	1	
<i>fluocinonide 0.1 % cream</i>	1	ST, QL
<i>fluocinonide emulsified base</i>	1	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
<i>hydrocortisone valerate</i>	1	
KENALOG	3	QL
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN	1	ST, QL
<i>triderm</i>	1	
EMOLLIENTS		
<i>ammonium lactate 12 % cream</i>	1	
ENZYMES - TOPICAL		
SANTYL	3	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>econazole nitrate 1 % cream</i>	1	
ECONAZOLE NITRATE 1 % FOAM	1	QL
ECOZA	3	QL
<i>ketconazole (2 % cream, 2 % shampoo)</i>	1	
<i>ketconazole 2 % foam</i>	1	ST
<i>ketodan 2 % foam</i>	1	ST
LULICONAZOLE	1	AGE
OXISTAT 1 % LOTION	3	
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
<i>imiquimod 5 % cream</i>	1	
INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC		
NEMLUVIO	4	PA, QL
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
KERALYT 6 % SHAMPOO	1	
PODOCON-25	3	
PODOFILOX 0.5 % SOLUTION	1	
SALICYLIC ACID (6 % FOAM, 6 % SHAMPOO)	1	
LINIMENTS		
METHYL SALICYLATE LIQUID	1	

Drug Name	Drug Tier	Requirements / Limits
LOCAL ANESTHETICS - TOPICAL		
<i>glydo</i>	1	
<i>lidocaine 5 % ointment</i>	1	
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	1	
PREMIUM LIDOCAINE	1	
QUTENZA	5	PA
QUTENZA (2 PATCH)	5	PA
QUTENZA (4 PATCH)	5	PA
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
HYFTOR	4	PA, QL
<i>pimecrolimus</i>	1	ST, QL
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	QL
MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)		
SCENESSE	5	PA
MISC. TOPICAL		
ARNICA FLOWER	1	
BORIC ACID GRANULES	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		
<i>azelaic acid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline</i>	1	PA, QL
FINACEA 15 % FOAM	3	QL
<i>ivermectin 1 % cream</i>	1	ST, QL
<i>metronidazole (0.75 % cream, 0.75 % lotion)</i>	1	
<i>metronidazole (0.75 % gel, 1 % gel)</i>	1	QL
RHOFADE	3	QL
SCABICIDES & PEDICULICIDES		
<i>malathion</i>	1	
NATROBA	3	QL
PERMETHRIN	1	
SPINOSAD	1	QL
SULFURATED LIME	1	
SKIN PROTECTANTS		
BENZOIN	1	
<i>benzoin compound</i>	1	
STEROID-LOCAL ANESTHETIC COMBINATIONS		
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
PRAMOSONE 1-2.5 % OINTMENT	3	
TOPICAL ANESTHETIC COMBINATIONS		
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
SYNERA	5	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene 1 % gel</i>	1	PA, QL
TOPICAL STEROID COMBINATIONS		
<i>calcipotriene-betameth diprop</i>	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 (CONTINUED)		
DIAGNOSTIC DRUGS		
<i>adenosine (diagnostic)</i>	5	
ARIDOL	5	
CHIRHOSTIM	5	
CORTROSYN	5	
<i>cosyntropin</i>	5	
DIPYRIDAMOLE 5 MG/ML SOLUTION	5	
GLUCAGEN DIAGNOSTIC	5	
GLUCAGON HCL (DIAGNOSTIC)	5	
GVOKE VIALDX	5	
KINEVAC	5	
LEXISCAN	5	
PROVOCHOLINE 100 MG RECON SOLN	5	
<i>regadenoson</i>	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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
ASSURE TITANIUM	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
BIOSCANNER GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
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 TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
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)

Drug Name	Drug Tier	Requirements / Limits
COOL BLOOD GLUCOSE TEST STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CVS ADVANCED GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CVS GLUCOSE METER TEST STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
CVS TRUE METRIX GLUCOSE TEST	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)

Drug Name	Drug Tier	Requirements / Limits
EASY TRAK II GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
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)

Drug Name	Drug Tier	Requirements / Limits
FORA 6 CONNECT/GTEL TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
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)

Drug Name	Drug Tier	Requirements / Limits
FORACARE TEST N GO TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
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)

Drug Name	Drug Tier	Requirements / Limits
GLUCOSE METER TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
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)

Drug Name	Drug Tier	Requirements / Limits
LIBERTY NEXT GENERATION TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
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)
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 PANELS GLUCOSE TEST	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)

Drug Name	Drug Tier	Requirements / Limits
RELION CONFIRM/MICRO TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
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)

Drug Name	Drug Tier	Requirements / Limits
TRUE FOCUS BLOOD GLUCOSE STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
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)
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
BD VERITOR HOME COVID-19 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	

Drug Name	Drug Tier	Requirements / Limits
CVS COVID-19 AT HOME TEST KIT	2	QL
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 (CONTINUED)		
DIGESTIVE ENZYMES		
CREON	2	QL
SUCRAID	4	PA, QL
ZENPEP	2	QL
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>acetazolamide er</i>	1	
<i>acetazolamide sodium</i>	5	
<i>dichlorphenamide</i>	4	PA, QL, AGE
KEVEYIS	4	PA, QL, AGE
<i>methazolamide</i>	1	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>triamterene-hctz</i>	1	SUM5 (IRS Buy Up List - Check Group)
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
EDECIN	4	PA, QL
<i>ethacrynate sodium</i>	5	SUM5 (IRS Buy Up List - Check Group)
<i>ethacrynic acid</i>	1	PA, QL, SUM5 (IRS Buy Up List - Check Group)
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	
<i>furosemide 10 mg/ml solution</i>	5	SUM5 (IRS Buy Up List - Check Group)
SODIUM EDECIN	5	
<i>torseamide</i>	1	SUM5 (IRS Buy Up List - Check Group)
OSMOTIC DIURETICS		
MANNITOL 25 % SOLUTION	5	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
CAROSPIR	3	QL, AGE
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>spironolactone 25 mg/5ml suspension</i>	1	QL, AGE, SUM5 (IRS Buy Up List - Check Group)
<i>triamterene</i>	1	SUM5 (IRS Buy Up List - Check Group)
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide sodium</i>	5	SUM5 (IRS Buy Up List - Check Group)
<i>chlorthalidone</i>	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)
<i>hydrochlorothiazide</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>indapamide</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>metolazone</i>	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. (CONTINUED)		
ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX	5	
<i>mifepristone 200 mg tab</i>	5	
ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS		
XENPOZYME	5	PA
ADENOSINE DEAMINASE SCID TREATMENT - AGENTS		
REVCovi	4	QL

Drug Name	Drug Tier	Requirements / Limits
BISPHOSPHONATES		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>alendronate sodium (5 mg tab, 10 mg tab)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>alendronate sodium 70 mg/75ml solution</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>ibandronate sodium 150 mg tab</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>ibandronate sodium 3 mg/3ml solution</i>	5	SUM5 (IRS Buy Up List - Check Group)
PAMIDRONATE DISODIUM (6 MG/ML SOLUTION, 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)
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	1	ST, QL, SUM5 (IRS Buy Up List - Check Group)
<i>risedronate sodium 150 mg tab</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>risedronate sodium 35 mg tab</i>	1	ST, QL, SUM5 (IRS Buy Up List - Check Group)
ZOLEDRONIC ACID (4 MG/100ML SOLUTION, 4 MG/5ML CONC, 5 MG/100ML SOLUTION)	5	SUM5 (IRS Buy Up List - Check Group)
CALCIMIMETIC AGENTS		
<i>cinacalcet hcl</i>	1	QL
PARSABIV	5	
CALCITONINS		
<i>calcitonin (salmon) 200 unit/act solution</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>calcitonin (salmon) 200 unit/ml solution</i>	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	

Drug Name	Drug Tier	Requirements / Limits
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine 200 mg/ml solution</i>	5	
<i>levocarnitine sf</i>	1	
CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR		
XPHOZAH	4	PA, QL
CORTICOTROPIN		
ACTHAR	5	PA
ACTHAR GEL	5	PA
CORTROPHIN	5	PA
CORTROPHIN GEL	5	PA
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA 1 MG TAB	4	PA, QL
ISTURISA 5 MG TAB	4	PA, QL
DOPAMINE RECEPTOR AGONISTS		
<i>cabergoline</i>	1	QL
FABRY DISEASE - AGENTS		
FABRAZYME	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		
ORLISSA	4	PA, QL
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV	5	PA
EGRIFTA WR	5	
GROWTH HORMONES		
GENOTROPIN	4	PA, QL
GENOTROPIN MINIQUICK	4	PA, QL
ZOMACTON (FOR ZOMA-JET 10)	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
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS		
<i>nitisinone</i>	4	PA, QL
NITYR	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
HOMOCYSTEINURIA TREATMENT - AGENTS		
<i>betaine</i>	1	PA, QL
CYSTADANE	4	PA, QL
HYPERAMMONEMIA TREATMENT - AGENTS		
CARBAGLU	4	PA, QL
<i>carglumic acid</i>	1	PA, QL
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS		
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	1	QL
CALCITRIOL 1 MCG/ML SOLUTION	1	QL
<i>doxercalciferol 4 mcg/2ml solution</i>	5	

Drug Name	Drug Tier	Requirements / Limits
HECTOROL	5	
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	
<i>paricalcitol (2 mcg/ml solution, 5 mcg/ml solution)</i>	5	
ZEMPLAR (2 MCG/ML SOLUTION, 5 MCG/ML SOLUTION)	5	
HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS		
YORVIPATH	4	PA, QL
HYPOPHOSPHATASIA (HPP) AGENTS		
STRENSIQ 18 MG/0.45ML SOLUTION	4	PA, QL
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)	4	QL
LUPRON DEPOT-PED (3-MONTH)	4	QL
LUPRON DEPOT-PED (6-MONTH)	5	
SUPPRELIN LA	5	PA
SYNAREL	4	PA, QL
TRIPTODUR	5	
LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS		
KANUMA	5	PA

Drug Name	Drug Tier	Requirements / Limits
MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS		
NULIBRY	5	PA
MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS		
ALDURAZYME	5	PA
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	4	PA, QL
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA	3	PA, QL
OVULATION STIMULANTS-GONADOTROPINS		
CHORIONIC GONADOTROPIN	1	PA
NOVAREL	3	PA
OVIDREL	5	PA
PREGNYL	3	PA
OVULATION STIMULANTS-SYNTHETIC		
<i>clomid</i>	1	
<i>clomiphene citrate</i>	1	
<i>milophene</i>	1	
PARATHYROID HORMONE AND DERIVATIVES		
FORTEO	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<i>teriparatide</i>	1	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TYMLOS	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
PHENYLKETONURIA TREATMENT - AGENTS		
<i>javygtor</i>	4	PA, QL
PALYNZIQ	4	PA, QL
<i>sapropterin dihydrochloride (100 mg packet, 500 mg packet)</i>	4	PA, QL
<i>sapropterin dihydrochloride 100 mg tab</i>	4	PA, QL
<i>zelvysia</i>	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)
<i>raloxifene hcl</i>	1	QL
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS		
JYNARQUE (15 MG TAB, 30 MG TAB)	4	PA, QL
JYNARQUE (30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
JYNARQUE 15 MG TAB THPK	4	PA, QL
SAMSCA 15 MG TAB	4	PA, QL
SAMSCA 30 MG TAB	4	PA, QL
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	4	PA, QL
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	1	PA, QL
<i>tolvaptan (hyponatremia) 15 mg tab</i>	1	PA, QL
<i>tolvaptan (hyponatremia) 30 mg tab</i>	1	PA, QL
SOMATOSTATIC AGENTS		
BYNFEZIA PEN	4	PA
<i>lanreotide acetate</i>	4	PA, QL
MYCAPSSA	4	PA, QL
<i>octreotide acetate (10 mg kit, 20 mg kit, 30 mg kit)</i>	5	QL
OCTREOTIDE ACETATE (100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	2	QL
<i>octreotide acetate 100 mcg/ml solution</i>	2	QL
<i>octreotide acetate 1000 mcg/ml solution</i>	2	QL
<i>octreotide acetate 200 mcg/ml solution</i>	2	QL
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	2	QL
<i>octreotide acetate 50 mcg/ml solution</i>	2	QL
<i>octreotide acetate 500 mcg/ml solution</i>	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	5	PA, QL
SIGNIFOR	4	PA, QL
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	5	PA, QL

Drug Name	Drug Tier	Requirements / Limits
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
<i>desmopressin ace spray refrig</i>	1	QL
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	QL
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	1	QL
<i>desmopressin acetate 4 mcg/ml solution</i>	1	QL
<i>desmopressin acetate pf</i>	1	QL
<i>desmopressin acetate spray</i>	1	QL
<i>vasopressin +rfid</i>	5	
VASOPRESSIN 20 UNIT/ML SOLUTION	5	
VASOPRESSIN-DEXTROSE 20-5 UT/100ML-% SOLUTION	5	

Drug Name	Drug Tier	Requirements / Limits
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	5	PA
ESTROGENS (CONTINUED)		
ESTROGEN & ANDROGEN		
EST ESTROGENS-METHYLTEST	1	QL
<i>est estrogens-methyltest ds</i>	1	QL
<i>est estrogens-methyltest hs</i>	1	QL
ESTROGEN & PROGESTIN		
<i>abigale</i>	1	QL
<i>abigale lo</i>	1	QL
ACTIVELLA	3	QL
<i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	QL
ANGELIQ	3	QL
CLIMARA PRO	3	QL
COMBIPATCH	2	QL
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	QL
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>mimvey</i>	1	QL
<i>norethindrone-eth estradiol</i>	1	
PREMPHASE	3	QL
PREMPRO	3	QL
ESTROGEN-PROGESTIN-GNRH ANTAGONIST		
MYFEMBREE	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
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	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	
<i>dotti</i>	1	QL
ELESTRIN	3	
ESTRACE (0.5 MG TAB, 1 MG TAB, 2 MG TAB)	3	QL
<i>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)</i>	1	QL
<i>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)</i>	1	
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	QL
<i>estradiol valerate</i>	1	
ESTROGEL	3	QL
EVAMIST	3	QL
<i>lyllana</i>	1	QL
MENEST	3	QL
MENOSTAR	3	
MINIVELLE	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

Drug Name	Drug Tier	Requirements / Limits
PREMARIN 25 MG RECON SOLN	5	
VIVELLE-DOT	3	QL
FLUOROQUINOLONES (CONTINUED)		
BAXDELA 300 MG RECON SOLN	5	
BAXDELA 450 MG TAB	4	PA, QL
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
CIPROFLOXACIN IN D5W	5	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
LEVOFLOXACIN 25 MG/ML SOLUTION	5	
<i>levofloxacin in d5w</i>	5	
<i>moxifloxacin hcl 400 mg tab</i>	1	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	5	
MOXIFLOXACIN HCL IN NAACL	5	
OFLOXACIN (300 MG TAB, 400 MG TAB)	1	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY	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		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	

Drug Name	Drug Tier	Requirements / Limits
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	1	QL, AGE
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
<i>metoclopramide hcl +rfd</i>	5	
<i>metoclopramide hcl 5 mg/ml solution</i>	5	
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS		
REZDIFFRA	4	PA, QL
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
LINZESS	2	QL
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS		
<i>alosetron hcl</i>	1	ST, QL
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium</i>	1	
DIPENTUM	3	ST
<i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	1	QL
<i>mesalamine 4 gm enema</i>	1	
<i>mesalamine er 0.375 gm cap er 24h</i>	1	QL
<i>mesalamine er 500 mg cap er</i>	1	QL
PENTASA 250 MG CAP ER	2	QL
SFROWASA	3	
<i>sulfasalazine</i>	1	
INTEGRIN RECEPTOR ANTAGONISTS		
ENTYVIO	5	PA
ENTYVIO PEN	4	PA, QL
INTERLEUKIN ANTAGONISTS		
PYZCHIVA 130 MG/26ML SOLUTION	5	PA

Drug Name	Drug Tier	Requirements / Limits
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		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
LIVE FECAL MICROBIOTA (HUMAN)		
VOWST	4	ST, QL
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan</i>	1	PA, QL
MOVANTIK	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
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
<i>ferric citrate</i>	3	PA, QL
FOSRENOL 1000 MG PACKET	3	PA, QL
FOSRENOL 750 MG PACKET	3	PA, QL
<i>lanthanum carbonate (500 mg chew tab, 750 mg chew tab)</i>	1	PA, QL
<i>lanthanum carbonate 1000 mg chew tab</i>	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet)</i>	1	ST
<i>sevelamer carbonate 800 mg tab</i>	1	
<i>sevelamer hcl</i>	4	ST
VELPHORO	4	PA, QL
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 (CONTINUED)		
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	
<i>fresenius propoven (200 mg/20ml emulsion, 500 mg/50ml emulsion, 1000 mg/100ml emulsion, 2000 mg/100ml emulsion)</i>	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	

Drug Name	Drug Tier	Requirements / Limits
KETAMINE HCL-SODIUM CHLORIDE	5	
<i>propofol</i>	5	
<i>propofol-lipuro</i>	5	
VOLATILE ANESTHETICS		
<i>sevoflurane</i>	5	
ULTANE	5	
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride</i>	1	QL
<i>finasteride 5 mg tab</i>	1	QL
ALPHA 1-ADRENOCEPTOR ANTAGONISTS		
<i>alfuzosin hcl er</i>	1	QL
<i>silodosin</i>	1	QL
<i>tamsulosin hcl</i>	1	QL
UROXATRAL	3	QL
ANTI-INFECTIVE GENITOURINARY IRRIGANTS		
NEOMYCIN-POLYMYXIN B GU	1	
CITRATES		
CYTRA-K	1	
<i>pot & sod cit-cit ac</i>	1	
<i>potassium citrate er</i>	1	
POTASSIUM CITRATE-CITRIC ACID	1	
<i>sod citrate-citric acid</i>	1	
SODIUM CITRATE-CITRIC ACID	1	
TRICITRATES	1	
CYSTINOSIS AGENTS		
CYSTAGON	2	

Drug Name	Drug Tier	Requirements / Limits
GENITOURINARY IRRIGANTS		
<i>acetic acid 0.25 % solution</i>	1	
ARGYLE STERILE SALINE	1	
CURITY STERILE SALINE	1	
<i>glycine 1.5 % solution</i>	1	
<i>glycine urologic</i>	1	
RENACIDIN	3	
SODIUM CHLORIDE 0.9 % SOLUTION	1	
SORBITOL 3 % SOLUTION	1	
SORBITOL-MANNITOL	1	
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG		
FILSPARI	4	PA, QL
INTERSTITIAL CYSTITIS AGENTS		
RIMSO-50	5	
PHOSPHATES		
K-PHOS NO 2	3	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS		
<i>dutasteride-tamsulosin hcl</i>	1	QL
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		
<i>phenazo 200 mg tab</i>	1	
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	1	
URINARY STONE AGENTS		
LITHOSTAT	3	

Drug Name	Drug Tier	Requirements / Limits
THIOLA	4	QL
<i>tiopronin 100 mg tab</i>	1	QL
GOUT AGENTS (CONTINUED)		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	1	
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	QL
<i>febuxostat</i>	1	QL
KRYSTEXXA	5	PA
URICOSURICS		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR CONGENITAL THROMBOTIC THROMBOCYTOPENIC PURPURA		
ADZYNMA	5	PA
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	5	PA
ADYNOVATE	5	PA
AFSTYLA	5	PA
ALPHANATE	5	PA
ALPHANINE SD	5	PA
ALPROLIX	5	PA
BALFAXAR	5	PA

Drug Name	Drug Tier	Requirements / Limits
BENEFIX	5	PA
COAGADEX	5	PA
CORIFACT	5	PA
ELOCTATE	5	PA
ESPEROCT	5	PA
FEIBA	5	PA
FIBRYGA	5	PA
HEMOFIL M	5	PA
HUMATE-P	5	PA
IDELVION	5	PA
IXINITY	5	PA
JIVI	5	PA
KCENTRA	5	PA
KOATE	5	PA
KOATE-DVI	5	PA
KOGENATE FS	5	PA
KOVALTRY	5	PA
NOVOEIGHT	5	PA
NOVOSEVEN RT	5	PA
NUWIQ	5	PA
OBIZUR	5	PA
PROFILNINE	5	PA
REBINYN	5	PA
RECOMBINATE	5	PA
RIASTAP	5	PA
RIXUBIS	5	PA
SEVENFACT	5	PA
TRETTEN	5	PA

Drug Name	Drug Tier	Requirements / Limits
VONVENDI	5	PA
WILATE	5	PA
XYNTHA	5	PA
XYNTHA SOLOFUSE	5	PA
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES		
HEMLIBRA	5	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	4	PA, QL
C1 ESTERASE INHIBITORS		
BERINERT	5	PA
CINRYZE	5	PA
RUCONEST	5	PA
COMPLEMENT C1 INHIBITORS		
ENJAYMO	5	PA
COMPLEMENT C3 INHIBITORS		
EMPAVELI	5	PA
COMPLEMENT C5 INHIBITORS		
EPYSQLI	5	PA
ULTOMIRIS	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)
<i>ticagrelor</i>	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)

Drug Name	Drug Tier	Requirements / Limits
<i>eptifibatide</i>	5	SUM5 (IRS Buy Up List - Check Group)
<i>tirofiban hcl in nacl</i>	5	SUM5 (IRS Buy Up List - Check Group)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	1	
HEMIN		
PANHEMATIN	5	
HUMAN PROTEIN C		
CEPROTIN	5	
PHOSPHODIESTERASE III INHIBITORS		
<i>cilostazol</i>	1	SUM5 (IRS Buy Up List - Check Group)
PLASMA EXPANDERS		
LMD IN D5W	5	
LMD IN NAACL	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	4	PA, QL
PLASMA PROTEINS		
RYPLAZIM	5	PA
THROMBATE III	5	
PLATELET AGGREGATION INHIBITOR COMBINATIONS		
<i>aspirin-dipyridamole er</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
PLATELET AGGREGATION INHIBITORS		
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
PROTAMINE		
PROTAMINE SULFATE	5	
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS		
ZONTIVITY	3	QL, SUM5 (IRS Buy Up List - Check Group)
PYRUVATE KINASE ACTIVATORS		
PYRUKYND	4	PA, QL
PYRUKYND TAPER PACK	4	PA, QL
QUINAZOLINE AGENTS		
<i>anagrelide hcl</i>	1	SUM5 (IRS Buy Up List - Check Group)
SPLEEN TYROSINE KINASE (SYK) INHIBITORS		
TAVALISSE	4	PA, QL
THIENOPYRIDINE DERIVATIVES		
<i>clopidogrel bisulfate</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<i>prasugrel hcl</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
THROMBOLYTIC AGENT - MISC		
DEFITELIO	5	PA
TISSUE PLASMINOGEN ACTIVATORS		
ACTIVASE	5	
CATHFLO ACTIVASE	5	
RETAVASE	5	
RETAVASE HALF-KIT	5	
TNKASE	5	

Drug Name	Drug Tier	Requirements / Limits
HEMATOPOIETIC AGENTS (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	4	PA, QL
CEREZYME	5	PA
ELELYSO	5	PA
<i>miglustat</i>	4	PA, QL
VPRIV	5	PA
<i>yargesa</i>	4	PA, QL
AMINO ACIDS		
ENDARI	4	PA, QL
<i>l-glutamine 5 gm packet</i>	4	PA, QL
COBALAMINS		
CYANOCOBALAMIN (500 MCG/0.1ML SOLUTION, 2000 MCG/ML SOLUTION)	1	QL
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	QL
HYDROXOCOBALAMIN ACETATE	5	
PHYSICIANS EZ USE B-12	5	
VITAMIN DEFICIENCY SYSTEM-B12	5	
CXCR4 RECEPTOR ANTAGONIST		
MOZOBIL	5	
<i>plerixafor</i>	5	
CYTOTOXIC AGENTS		
DROXIA	3	
ERYTHROID MATURATION AGENTS		
REBLOZYL	5	PA
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)		
ARANESP (ALBUMIN FREE)	5	

Drug Name	Drug Tier	Requirements / Limits
EPOGEN	5	
MIRCERA	5	PA
PROCRIT	5	
RETACRIT	5	
FOLIC ACID/FOLATES		
<i>cvs folic acid</i>	1	
<i>folate</i>	1	
<i>folic acid (1 mg tab, 400 mcg tab, 800 mcg tab)</i>	1	
<i>folic acid 5 mg/ml solution</i>	5	
<i>ft folic acid</i>	1	
<i>gnp folic acid</i>	1	
<i>hm folic acid</i>	1	
<i>kp folic acid 800 mcg tab</i>	1	
<i>px folic acid</i>	1	
<i>qc folic acid</i>	1	
<i>ra folic acid</i>	1	
<i>sm folic acid</i>	1	
<i>true folic acid 400 mcg tab</i>	1	
<i>yl folic acid</i>	1	
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)		
FULPHILA	5	
FYLNETRA	5	PA
GRANIX	5	
NEULASTA	5	PA
NEULASTA ONPRO	5	PA
NEUPOGEN	5	PA
NIVESTYM	5	
NYVEPRIA	5	PA

Drug Name	Drug Tier	Requirements / Limits
RELEUKO	5	PA
ROLVEDON	5	PA
STIMUFEND	5	PA
UDENYCA	5	
UDENYCA ONBODY	5	
ZARXIO	5	PA
ZIEXTENZO	5	PA
GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)		
LEUKINE	5	PA
HEMATOPOIETIC AUTOLOGOUS CELLULAR GENE THERAPY		
ZYNTEGLO	5	PA
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	4	PA, QL
IRON		
<i>bprotected pedia iron</i>	1	QL, AGE
<i>fe-vite iron</i>	1	QL, AGE
<i>fer-in-sol</i>	1	QL, AGE
FERAHEME	5	
FERRLECIT	5	
<i>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)</i>	1	QL, AGE
<i>ferumoxytol</i>	5	
INFED	5	
INJECTAFER	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>	1	QL, AGE
<i>iron infant & toddler</i>	1	QL, AGE
<i>iron infant/toddler</i>	1	QL, AGE
<i>iron sucrose</i>	5	
<i>iron supplement</i>	1	QL, AGE
<i>iron supplement childrens</i>	1	QL, AGE
MONOFERRIC	5	PA
<i>na ferric gluc cplx in sucrose</i>	5	
<i>one vite ferrous sulfate</i>	1	QL, AGE
<i>pc pediatric iron drops</i>	1	QL, AGE
TRIFERIC 27.2 MG/5ML SOLUTION	5	
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
<i>eltrombopag olamine (12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	4	PA, QL
MULPLETA	4	PA, QL
NPLATE	5	PA
PROMACTA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid (500 mg tab, 1000 mg tab)</i>	3	QL
<i>aminocaproic acid 0.25 gm/ml solution</i>	3	QL
<i>aminocaproic acid 250 mg/ml solution</i>	5	
CYKLOKAPRON	5	
<i>tranexamic acid 1000 mg/10ml solution</i>	5	
<i>tranexamic acid 650 mg tab</i>	1	QL
<i>tranexamic acid-nacl</i>	5	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
ANTIHISTAMINE HYPNOTICS		
<i>cvs sleep-aid nighttime 50 mg cap</i>	5	
<i>eq nighttime sleep aid max st</i>	5	
<i>eql sleep aid 50 mg cap</i>	5	
<i>ft sleep-aid maximum strength</i>	5	
<i>gnp nighttime sleep-aid max st</i>	5	
<i>goodsense sleep aid</i>	5	
<i>goodsense sleep-aid max str</i>	5	
<i>qc sleep aid max st</i>	5	
<i>qc sleep-aid max st</i>	5	
<i>ra sleep aid 50 mg cap</i>	5	
<i>sleep-aid 50 mg cap</i>	5	
UNISOM SLEEPGELS	5	
<i>wal-som maximum strength</i>	5	
BARBITURATE HYPNOTICS		
AMYTAL SODIUM	5	
NEMBUTAL	5	

Drug Name	Drug Tier	Requirements / Limits
<i>pentobarbital sodium</i>	5	
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
PHENOBARBITAL SODIUM	5	
BENZODIAZEPINE HYPNOTICS		
BYFAVO	5	
<i>estazolam</i>	1	QL
FLURAZEPAM HCL	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	
<i>midazolam hcl (pf)</i>	5	
<i>midazolam hcl (pf) +rfid</i>	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	5	
MIDAZOLAM-SODIUM CHLORIDE (PF)	5	
QUAZEPAM	1	QL
<i>temazepam (15 mg cap, 30 mg cap)</i>	1	QL
<i>triazolam</i>	1	QL
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	1	ST, QL
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS		
EDLUAR	3	ST, QL
<i>eszopiclone</i>	1	QL
<i>zaleplon</i>	1	QL
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	1	ST, QL

Drug Name	Drug Tier	Requirements / Limits
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	1	QL
<i>zolpidem tartrate er</i>	1	QL
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	3	ST, QL
SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES		
<i>dexmedetomidine hcl in nacl 1000 mcg/250ml solution</i>	5	
PRECEDEX 1000 MCG/250ML SOLUTION	5	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ LQ	4	QL, AGE
<i>ramelteon</i>	1	QL
LAXATIVES (CONTINUED)		
BOWEL EVACUANT COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	2	
GAVILYTE-C	3	
<i>gavilyte-g</i>	1	
GOLYTELY	3	
<i>na sulfate-k sulfate-mg sulf</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
PEG-PREP	3	
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	1	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
LOCAL ANESTHETICS-PARENTERAL (CONTINUED)		
LOCAL ANESTHETIC & SYMPATHOMIMETIC		
<i>lidocaine-epinephrine (0.5 %-1:200000 solution, 1 %-1:100000 solution, 2 %-1:100000 solution)</i>	5	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-epinephrine (pf)</i>	5	
XYLOCAINE-MPF/EPINEPHRINE (1 SOLUTION, 1.5 SOLUTION, 2 SOLUTION)	5	
XYLOCAINE/EPINEPHRINE	5	
LOCAL ANESTHETICS - AMIDES		
BUPIVACAINE FISIOPHARMA	5	
<i>bupivacaine hcl (0.25 % solution, 0.5 % solution)</i>	5	
<i>bupivacaine hcl (pf)</i>	5	
EXPAREL	5	
<i>lidocaine hcl (0.5 % solution, 1 % solution, 2 % solution, 100 mg/5ml soln prsyr)</i>	5	
<i>lidocaine hcl (pf) (0.5 % solution, 1 % solution, 1.5 % solution, 2 % solution, 4 % solution)</i>	5	
MARCAINE	5	
MARCAINE PRESERVATIVE FREE	5	
NAROPIN	5	
POLOCAINE	5	
POLOCAINE-MPF	5	
<i>ropivacaine hcl (2 mg/ml solution, 5 mg/ml solution, 7.5 mg/ml solution, 10 mg/ml solution)</i>	5	
ROPIVACAINE HCL-NACL (0.1-0.9 % SOLUTION, 0.2-0.9 % SOLUTION)	5	
<i>sensorcaine</i>	5	
<i>sensorcaine-mpf</i>	5	
XYLOCAINE	5	
XYLOCAINE MPF +RFID	5	
XYLOCAINE-MPF	5	
XYLOCAINE-MPF +RFID	5	
LOCAL ANESTHETICS - ESTERS		
<i>chloroprocaine hcl (pf)</i>	5	

Drug Name	Drug Tier	Requirements / Limits
CLOTOTEKAL	5	
NESACAINE	5	
NESACAINE-MPF	5	
MACROLIDES (CONTINUED)		
AZITHROMYCIN		
AZITHROMYCIN (1 GM PACKET, 500 MG RECON SOLN)	5	
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	1	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	1	QL
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		
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>clarithromycin er</i>	1	
ERYTHROMYCINS		
<i>e.e.s. 400</i>	1	
ERYTHROCIN LACTOBIONATE	5	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp)</i>	1	AGE
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	
<i>erythromycin lactobionate</i>	5	

Drug Name	Drug Tier	Requirements / Limits
FIDAXOMICIN		
DIFICID 200 MG TAB	4	PA, QL
<i>fidaxomicin</i>	4	PA, QL
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
APPLICATORS,COTTON BALLS,ETC		
ALCOH-WIPE	3	
ESSENTRA WIPES 9X9"	3	
CERVICAL CAPS		
FEMCAP	2	
CONDOMS - FEMALE		
FC2 FEMALE CONDOM	2	QL
CONDOMS - MALE		
AIMSCO LUBRICATED	2	QL, SUM5 (IRS Buy Up List - Check Group)
CONDOMS	1	QL, SUM5 (IRS Buy Up List - Check Group)
DUREX EXTRA SENSITIVE THIN	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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)
PREMIUM CONDOMS LUBRICATED	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)

Drug Name	Drug Tier	Requirements / Limits
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	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/STUDED	2	QL, SUM5 (IRS Buy Up List - Check Group)
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)

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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 HAEMOLANCE PLUS HIGH	1	QL
ASSURE HAEMOLANCE PLUS LOW	1	QL
ASSURE HAEMOLANCE PLUS MICRO	1	QL
ASSURE HAEMOLANCE PLUS NORMAL	1	QL
ASSURE HAEMOLANCE PLUS PED	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
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

Drug Name	Drug Tier	Requirements / Limits
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
CVS LANCETS 21G	1	QL
CVS LANCETS MICRO THIN 33G	1	QL
CVS LANCETS ORIGINAL	1	QL
CVS LANCETS THIN 26G	1	QL
CVS LANCETS ULTRA THIN 30G	1	QL
CVS LANCETS ULTRA-THIN 30G	1	QL
CVS ULTRA THIN LANCETS	1	QL
DEXCOM G6 RECEIVER	2	ST, QL, AGE
DEXCOM G6 SENSOR	2	ST, QL, AGE
DEXCOM G6 TRANSMITTER	2	ST, QL, AGE
DEXCOM G7 15 DAY SENSOR	2	ST, QL, AGE

Drug Name	Drug Tier	Requirements / Limits
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 PERSONAL LANCETS 30G	1	QL
DROPSAFE ACTI-LANCE 23G	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 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

Drug Name	Drug Tier	Requirements / Limits
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
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	QL
FREESTYLE LANCETS	1	QL

Drug Name	Drug Tier	Requirements / Limits
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
FREESTYLE PRECISION NEO SYSTEM	2	QL
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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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
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
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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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
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
RIGHTTEST GL300 LANCETS	1	QL
SAFE-T-LANCE	1	QL

Drug Name	Drug Tier	Requirements / Limits
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
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
SMARTTEST LANCETS 28G	1	QL
SOLUS V2 LANCETS 28G	1	QL
SOLUS V2 TWIST LANCETS 30G	1	QL
STERILANCE TL	1	QL

Drug Name	Drug Tier	Requirements / Limits
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
TECHLITE LANCETS 30G	1	QL
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

Drug Name	Drug Tier	Requirements / Limits
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-THIN II AUTO LANCET	1	QL
ULTRA-THIN II LANCETS	1	QL
UNILET COMFORTOUCH LANCET	1	QL
UNILET EXCELITE	1	QL
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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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
WALGREENS THIN LANCETS	1	QL
WALGREENS ULTRA THIN LANCETS	1	QL
ZEV RX 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	

Drug Name	Drug Tier	Requirements / Limits
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
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 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
MOBI 2ML CARTRIDGE	5	

Drug Name	Drug Tier	Requirements / Limits
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 LIBRE2 G6 INTRO GEN5	2	PA, QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA, QL
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

Drug Name	Drug Tier	Requirements / Limits
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
T:SLIM X2/BASAL-IQ/ACC/INSTR	5	
T:SLIM X2/CONTROL-IQ/ACC/INSTR	5	
TANDEM MOBI AUTOSOFT 30 KIT	5	
TANDEM MOBI AUTOSOFT XC KIT	5	
TANDEM MOBI AUTOSOFT30 14PK23"	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 SUPP KIT	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	2	QL
1ST TIER UNIFINE PENTIPS PLUS	2	QL
ABOUTTIME PEN NEEDLE	2	QL
ADVOCATE INSULIN PEN NEEDLE	2	QL

Drug Name	Drug Tier	Requirements / Limits
ADVOCATE INSULIN PEN NEEDLES	2	QL
ADVOCATE INSULIN SYRINGE	2	QL
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
ASSURE ID DUO PRO PEN NEEDLES	2	QL
ASSURE ID INSULIN SAFETY SYR	2	QL
ASSURE ID PRO PEN NEEDLES	2	QL
ASSURE ID SAFETY PEN NEEDLES	2	QL
AUM INSULIN SAFETY PEN NEEDLE	2	QL
AUM MINI INSULIN PEN NEEDLE	2	QL
AUM PEN NEEDLE	2	QL
AUM READYGARD DUO PEN NEEDLE	2	QL
AUM SAFETY PEN NEEDLE	2	QL
AURORA PEN NEEDLES	2	QL
AURORA UNIFINE PENTIPS	2	QL
AUTOPEN	1	
BARDIA BULB IRRIGATION SYRINGE	3	
BARDIA PISTON IRRIGATION SYR	3	
BD ALLERGY SYRINGE	3	
BD AUTOSHIELD DUO	2	QL
BD BLUNT FILL NEEDLE	3	
BD BLUNT FILL NEEDLE W/FILTER	3	
BD CONTROL SYRING LUER-LOK	3	
BD DISP NEEDLE	3	
BD DISP NEEDLES	3	
BD ECLIPSE LUER-LOK NEEDLE	3	
BD ECLIPSE NEEDLE	3	
BD ECLIPSE SHIELDED NEEDLE	3	

Drug Name	Drug Tier	Requirements / Limits
BD ECLIPSE SYRINGE	3	
BD ECLIPSE SYRINGE/NEEDLE	3	
BD FILTER NEEDLE	3	
BD FILTER NEEDLE/5 MICRON	3	
BD HYPODERMIC NEEDLE	3	
BD INSULIN SYR ULTRAFINE II	2	QL
BD INSULIN SYRINGE	2	QL
BD INSULIN SYRINGE HALF-UNIT	2	QL
BD INSULIN SYRINGE MICROFINE	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	2	QL
BD INTEGRA NEEDLE	3	
BD INTEGRA SYRINGE	3	
BD LUER-LOCK SYRINGE	3	
BD LUER-LOK SYRINGE	3	
BD NOKOR ADMIX NEEDLE	3	
BD PEN	3	
BD PEN MINI	3	
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	
BD PRECISIONGLIDE NEEDLE	3	

Drug Name	Drug Tier	Requirements / Limits
BD SAFETYGLIDE ALLERGY SYRINGE	3	
BD SAFETYGLIDE INSULIN SYRINGE	2	QL
BD SAFETYGLIDE NEEDLE	3	
BD SAFETYGLIDE SHIELDED NEEDLE	3	
BD SAFETYGLIDE SYRINGE/NEEDLE	3	
BD SYRINGE	3	
BD SYRINGE BLUNT CANNULA 17G	3	
BD SYRINGE DISPOSABLE	3	
BD SYRINGE DUAL CANNULA	3	
BD SYRINGE LUER SLIP TIP	3	
BD SYRINGE LUER-LOK	3	
BD SYRINGE SLIP TIP	3	
BD SYRINGE/NEEDLE	3	
BD TB SYRINGE	3	
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL
BD VEO INSULIN SYR ULTRAFINE	2	QL
CAREFINE PEN NEEDLES	2	QL
CAREONE INSULIN SYRINGE	2	QL
CAREONE UNIFINE PENTIPS	2	QL
CAREONE UNIFINE PENTIPS PLUS	2	QL
CAREPOINT POLY HUB NEEDLE	3	
CAREPOINT PRECISION POLY HUB	3	
CAREPOINT SAFETY 1ST NEEDLE	3	
CAREPOINT SAFETY1ST SYR/NEEDLE	3	
CAREPOINT SYRINGE CATHETER TIP	3	
CAREPOINT SYRINGE LUER LOCK	3	
CAREPOINT SYRINGE LUER SLIP	3	
CAREPOINT TUBERCLN SYR/LUER SL	3	

Drug Name	Drug Tier	Requirements / Limits
CARETOUCH CATHETER TIP SYRINGE	3	
CARETOUCH HYPODERMIC NEEDLE	3	
CARETOUCH INSULIN SYRINGE	2	QL
CARETOUCH LUER LOCK	3	
CARETOUCH LUER LOCK SYR/NEEDLE	3	
CARETOUCH LUER SLIP	3	
CARETOUCH PEN NEEDLES	2	QL
CEQR SIMPLICITY 2U	2	QL
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	2	QL
CLICKFINE PEN NEEDLES	2	QL
COMFORT ASSIST INSULIN SYRINGE	2	QL
COMFORT EZ INSULIN SYRINGE	2	QL
COMFORT EZ MICRO PEN NEEDLES	2	QL
COMFORT EZ PEN NEEDLES	2	QL
COMFORT EZ PRO PEN NEEDLES	2	QL
COMFORT EZ SHORT PEN NEEDLES	2	QL
COMFORT TOUCH INSULIN PEN NEED	2	QL
CRONO SYRINGE	3	
DEFLUX METAL NEEDLE	3	
DIATHRIVE PEN NEEDLE	2	QL
DROPLET INSULIN SYRINGE	2	QL
DROPLET MICRON	2	QL
DROPLET PEN NEEDLES	2	QL
DROPSAFE AUTOPROTECT DUO	2	QL
DROPSAFE SAFETY PEN NEEDLES	2	QL
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL
DROPSAFE SICURA	3	
DRUG MART UNIFINE PENTIPS	2	QL

Drug Name	Drug Tier	Requirements / Limits
DRUG MART UNIFINE PENTIPS PLUS	2	QL
EASY COMFORT INSULIN SYRINGE	2	QL
EASY COMFORT PEN NEEDLES	2	QL
EASY GLIDE CATH TIP SYRINGE	3	
EASY GLIDE LUER LOCK SYRINGE	3	
EASY GLIDE PEN NEEDLES	2	QL
EASY GLIDE SLIP LOCK SYRINGE	3	
EASY TOUCH ALLERGY SYRINGE	3	
EASY TOUCH FLIPLOCK INSULIN SY	2	QL
EASY TOUCH FLIPLOCK NEEDLES	3	
EASY TOUCH FLIPLOCK SAFETY SYR	3	
EASY TOUCH FLURINGE	3	
EASY TOUCH FLURINGE FLIPLOCK	3	
EASY TOUCH FLURINGE SHEATHLOCK	3	
EASY TOUCH HYPODERMIC NEEDLE	3	
EASY TOUCH INSULIN BARRELS	2	QL
EASY TOUCH INSULIN SAFETY SYR	2	QL
EASY TOUCH INSULIN SYRINGE	2	QL
EASY TOUCH PEN NEEDLES	2	QL
EASY TOUCH SAFETY PEN NEEDLES	2	QL
EASY TOUCH SAFETY SYRINGE	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	3	

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH TB FLIPLOCK SYRINGE	3	
EASY TOUCH TB SHEATHLOCK SYR	3	
EASYPOINT NEEDLE	3	
EASYPOINT NEEDLE/SYRINGE	3	
EMBECTA AUTOSHIELD DUO	2	QL
EMBECTA INS SYR U/F 1/2 UNIT	2	QL
EMBECTA INSULIN SYRINGE	2	QL
EMBECTA INSULIN SYRINGE U-100	2	QL
EMBECTA INSULIN SYRINGE U-500	2	QL
EMBECTA INSULIN SYRINGE U/F	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	2	QL
EMBRACE PEN NEEDLES	2	QL
EQL INSULIN SYRINGE	2	QL
EXEL COMFORT POINT INSULIN SYR	2	QL
EXEL COMFORT POINT PEN NEEDLE	2	QL
FIFTY50 PEN NEEDLES	2	QL
FIFTY50 SUPERIOR COMFORT SYR	2	QL
FLOW-EZE VENTED NEEDLE	3	
FREDS PHARMACY UNIFINE PENTIP+	2	QL
FREDS PHARMACY UNIFINE PENTIPS	2	QL
GLOBAL EASE INJECT PEN NEEDLES	2	QL
GLOBAL EASY GLIDE INSULIN SYR	2	QL
GLOBAL EASY GLIDE PEN NEEDLES	2	QL
GLOBAL INJECT EASE INSULIN SYR	2	QL
GLOBAL INSULIN SYRINGES	2	QL

Drug Name	Drug Tier	Requirements / Limits
GLUCOPRO INSULIN SYRINGE	2	QL
GNP CLICKFINE PEN NEEDLES	2	QL
GNP INSULIN SYRINGE	2	QL
GNP INSULIN SYRINGES	2	QL
GNP INSULIN SYRINGES 28GX1/2"	2	QL
GNP INSULIN SYRINGES 29GX1/2"	2	QL
GNP INSULIN SYRINGES 30GX5/16"	2	QL
GNP INSULIN SYRINGES 31GX5/16"	2	QL
GNP PEN NEEDLES	2	QL
GNP ULTICARE PEN NEEDLES	2	QL
GNP ULTIGUARD SAFEPAK NEEDLE	2	QL
GNP ULTRA COM INSULIN SYRINGE	2	QL
GOODSENSE CLICKFINE PEN NEEDLE	2	QL
GOODSENSE PEN NEEDLE PENFINE	2	QL
H-E-B INCONTROL PEN NEEDLES	2	QL
H-E-B INCONTROL UNIFINE PENTIP	2	QL
HEALTHWISE INSULIN SYR/NEEDLE	2	QL
HEALTHWISE MICRON PEN NEEDLES	2	QL
HEALTHWISE MINI PEN NEEDLES	2	QL
HEALTHWISE PEN NEEDLES	2	QL
HEALTHWISE SHORT PEN NEEDLES	2	QL
HEALTHWISE UNIFINE PENTIPS	2	QL
HEALTHY ACCENTS UNIFINE PENTIP	2	QL
HM ULTICARE INSULIN SYRINGE	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	

Drug Name	Drug Tier	Requirements / Limits
INCONTROL ULTICARE PEN NEEDLES	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	1	QL
INSULIN SYRINGE-NEEDLE U-100	1	QL
INSULIN SYRINGE/NEEDLE	1	QL
INSUPEN PEN NEEDLES	2	QL
INSUPEN SENSITIVE	2	QL
INSUPEN ULTRAFIN	2	QL
INSUPEN32G EXTR3ME	2	QL
KINRAY INSULIN SYRINGE	2	QL
KMART VALU INSULIN SYRINGE 29G	2	QL
KMART VALU INSULIN SYRINGE 30G	2	QL
KROGER INSULIN SYRINGE	2	QL
KROGER PEN NEEDLES	2	QL
LEADER INSULIN SYRINGE	2	QL
LEADER UNIFINE PENTIPS	2	QL
LEADER UNIFINE PENTIPS PLUS	2	QL
LITETOUCH INSULIN SYRINGE	2	QL
LITETOUCH PEN NEEDLES	2	QL
LONGS INSULIN SYRINGE	2	QL
LUER LOCK SAFETY SYRINGES	3	
MAGELLAN INSULIN SAFETY SYR	2	QL
MAGELLAN SYRINGE-SAFETY NEEDLE	3	

Drug Name	Drug Tier	Requirements / Limits
MAGELLAN TUBERCULIN SYRINGE	3	
MARATHON MEDICAL PENTIPS	2	QL
MAXI-COMFORT INSULIN SYRINGE	2	QL
MAXI-COMFORT SAFETY PEN NEEDLE	2	QL
MAXICOMFORT II PEN NEEDLE	2	QL
MAXICOMFORT SYR 27G X 1/2"	2	QL
MEDIC INSULIN SYRINGE	2	QL
MEDICINE SHOPPE PEN NEEDLES	2	QL
MEIJER PEN NEEDLES	2	QL
MICRODOT PEN NEEDLE	2	QL
MM INSULIN SYRINGE/NEEDLE	2	QL
MM PEN NEEDLES	2	QL
MONOJECT BLUNTIP CANNULA	3	
MONOJECT BLUNTIP SYR/CANNULA	3	
MONOJECT CONTROL SYRINGE	3	
MONOJECT FILTER ASPIRATOR	3	
MONOJECT FILTER NEEDLE	3	
MONOJECT HYPODERMIC NEEDLE	3	
MONOJECT INSULIN SYRINGE	2	QL
MONOJECT INTRODUCER NEEDLE	3	
MONOJECT LIFESHIELD SYRINGE	3	
MONOJECT MAGELLAN SAFETY NDL	3	
MONOJECT MAGELLAN SYRINGE	3	
MONOJECT MEDICATION TRANSF NDL	3	
MONOJECT PHARMACY TRAY	3	
MONOJECT PISTON SYRINGE	3	
MONOJECT SOFTPACK/CATH TIP	3	
MONOJECT SOFTPACK/LLOCK	3	

Drug Name	Drug Tier	Requirements / Limits
MONOJECT SOFTPACK/LTIP	3	
MONOJECT SOFTPACK/RG LOCK	3	
MONOJECT SOFTPACK/RG LUER	3	
MONOJECT SYRINGE	3	
MONOJECT SYRINGE CATH TIP	3	
MONOJECT SYRINGE ECC LUER	3	
MONOJECT SYRINGE ECCENTRIC TIP	3	
MONOJECT SYRINGE LUER LOCK	3	
MONOJECT SYRINGE LUER-LOCK TIP	3	
MONOJECT SYRINGE PHARMACY TRAY	3	
MONOJECT SYRINGE REG LUER	3	
MONOJECT SYRINGE REGULAR TIP	3	
MONOJECT SYRINGE TOOMEY TYPE	3	
MONOJECT TB SAFETY SYRINGE	3	
MONOJECT TB SYRINGE	3	
MONOJECT ULTRA COMFORT SYRINGE	2	QL
MS INSULIN SYRINGE	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	3	
NORM-JECT LUER SLIP SYRINGE	3	
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	2	QL
NOVOTWIST PEN NEEDLE	2	QL
PC UNIFINE PENTIPS	2	QL
PEN NEEDLE/5-BEVEL TIP	1	QL

Drug Name	Drug Tier	Requirements / Limits
PEN NEEDLES	1	QL
PEN NEEDLES 5/16"	1	QL
PENTIPS	2	QL
PENTIPS GENERIC PEN NEEDLES	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	3	
PRECISION SURE-DOSE SYRINGE	2	QL
PREFERRED PLUS INSULIN SYRINGE	2	QL
PREFERRED PLUS UNIFINE PENTIPS	2	QL
PREVENT DROPSAFE PEN NEEDLES	2	QL
PREVENT SAFETY PEN NEEDLES	2	QL
PRO COMFORT INSULIN SYRINGE	2	QL
PRO COMFORT PEN NEEDLES	2	QL
PRODIGY INSULIN SYRINGE	2	QL
PURE COMFORT PEN NEEDLE	2	QL
PURE COMFORT SAFETY PEN NEEDLE	2	QL
PX EXTRA SHORT PEN NEEDLES	2	QL
PX INSULIN SYRINGE	2	QL
PX MINI PEN NEEDLES	2	QL
PX PEN NEEDLE	2	QL
PX SHORTLENGTH PEN NEEDLES	2	QL
QC PEN NEEDLES	2	QL
QC UNIFINE PENTIPS	2	QL
QUICK TOUCH INSULIN PEN NEEDLE	2	QL
RA INSULIN SYRINGE	2	QL
RA PEN NEEDLES	2	QL

Drug Name	Drug Tier	Requirements / Limits
RAYA SURE PEN NEEDLE	2	QL
REALITY INSULIN SYRINGE	2	QL
RELION INSULIN SYRINGE	2	QL
RELION MINI PEN NEEDLES	2	QL
RELION PEN NEEDLES	2	QL
RELION SHORT PEN NEEDLES	2	QL
SAFETY INSULIN SYRINGES	2	QL
SAFETY PEN NEEDLES	1	QL
SB INSULIN SYRINGE	2	QL
SECURESAFE HYPODERMIC NEEDLE	3	
SECURESAFE INSULIN SYRINGE	2	QL
SECURESAFE SAFETY PEN NEEDLES	2	QL
SECURESAFE SYRINGE/NEEDLE	3	
SHOPKO UNIFINE PENTIPS	2	QL
SHOPKO UNIFINE PENTIPS PLUS	2	QL
SURE COMFORT INSULIN SYRINGE	2	QL
SURE COMFORT PEN NEEDLES	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	1	
SYRINGE LUER SLIP	1	

Drug Name	Drug Tier	Requirements / Limits
SYRINGE/HYPODERMIC SAFETY	1	
TECHLITE INSULIN SYRINGE	2	QL
TECHLITE PEN NEEDLES	2	QL
TECHLITE PLUS PEN NEEDLES	2	QL
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	2	QL
TOPCARE ULTRA COMFORT INS SYR	2	QL
TRUE COMFORT INSULIN SYRINGE	2	QL
TRUE COMFORT PEN NEEDLES	2	QL
TRUE COMFORT PRO INSULIN SYR	2	QL
TRUE COMFORT PRO PEN NEEDLES	2	QL
TRUE COMFORT SAFETY PEN NEEDLE	2	QL
TRUEPLUS 5-BEVEL PEN NEEDLES	2	QL
TRUEPLUS INSULIN SYRINGE	2	QL
TRUEPLUS PEN NEEDLES	2	QL
ULTICARE INSULIN SAFETY SYR	2	QL
ULTICARE INSULIN SYR 1/2 UNIT	2	QL
ULTICARE INSULIN SYRINGE	2	QL
ULTICARE MICRO PEN NEEDLES	2	QL
ULTICARE MINI PEN NEEDLES	2	QL
ULTICARE PEN NEEDLES	2	QL
ULTICARE SHORT PEN NEEDLES	2	QL
ULTICARE SYRINGE	3	
ULTICARE TUBERCULIN SAFETY SYR	3	
ULTIGUARD SAFEPACK PEN NEEDLE	2	QL

Drug Name	Drug Tier	Requirements / Limits
ULTIGUARD SAFEPAK SYR/NEEDLE	2	QL
ULTILET PEN NEEDLE	2	QL
ULTRA COMFORT INSULIN SYRINGE	2	QL
ULTRA FLO INSULIN PEN NEEDLES	2	QL
ULTRA FLO INSULIN SYR 1/2 UNIT	2	QL
ULTRA FLO INSULIN SYRINGE	2	QL
ULTRA THIN PEN NEEDLES	2	QL
ULTRA-THIN II INS SYR SHORT	2	QL
ULTRA-THIN II INSULIN SYRINGE	2	QL
ULTRA-THIN II MINI PEN NEEDLE	2	QL
ULTRA-THIN II PEN NEEDLE SHORT	2	QL
ULTRA-THIN II PEN NEEDLES	2	QL
ULTRACARE INSULIN SYRINGE	2	QL
ULTRACARE PEN NEEDLES	2	QL
UNIFINE OTC PEN NEEDLES	2	QL
UNIFINE PEN NEEDLES	2	QL
UNIFINE PENTIPS	2	QL
UNIFINE PENTIPS PLUS	2	QL
UNIFINE PROTECT PEN NEEDLE	2	QL
UNIFINE SAFECONTROL PEN NEEDLE	2	QL
UNIFINE ULTRA PEN NEEDLE	2	QL
VALUE HEALTH INSULIN SYRINGE	2	QL
VALUMARK PEN NEEDLES	2	QL
VANISHPOINT INSULIN SYRINGE	2	QL
VANISHPOINT SAFETY SYRINGE	3	
VANISHPOINT SYRINGE	3	
VANISHPOINT TUBERCULIN SYRINGE	3	
VERIFINE INSULIN PEN NEEDLE	2	QL

Drug Name	Drug Tier	Requirements / Limits
VERIFINE INSULIN SYRINGE	2	QL
VERIFINE PLUS PEN NEEDLE	2	QL
VERISAFE SAFE STERILE SYRINGE	3	
VERISAFE SAFETY STERILE NEEDLE	3	
VIDA MIA UNIFINE PENTIPS	2	QL
VP INSULIN SYRINGE	2	QL
WEGMANS UNIFINE PENTIPS PLUS	2	QL
YALE DISP NEEDLES	3	
ZEVRX INSULIN SYRINGE	2	QL
ZEVRX PEN NEEDLES	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	2	QL
AEROCHAMBER PLUS FLO-VU MEDIUM	2	QL
AEROCHAMBER PLUS FLO-VU SMALL	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

Drug Name	Drug Tier	Requirements / Limits
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
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	2	QL
MICROSPACER	2	QL
OPTICHAMBER DIAMOND	2	QL
OPTICHAMBER DIAMOND-LG MASK	2	QL

Drug Name	Drug Tier	Requirements / Limits
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
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 (CONTINUED)		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)		
NURTEC	2	PA, QL
UBRELVY	2	PA, QL
CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES		
AJOVY	2	QL
EMGALITY	2	QL
EMGALITY (300 MG DOSE)	2	QL
VYEPTI	5	PA
D.H.E. 45	5	QL
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	1	QL
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	1	PA, QL
ERGOMAR	3	PA
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA	3	PA, QL
<i>diclofenac potassium(migraine)</i>	1	QL
SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
<i>almotriptan malate</i>	1	ST, QL

Drug Name	Drug Tier	Requirements / Limits
<i>eletriptan hydrobromide</i>	1	QL
<i>frovatriptan succinate</i>	1	ST, QL
IMITREX STATDOSE REFILL	3	ST, QL
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan</i>	1	ST, QL
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1	ST, QL
SUMATRIPTAN SUCCINATE REFILL	1	ST, QL
ZOLMITRIPTAN (2.5 MG SOLUTION, 5 MG SOLUTION)	1	ST, QL
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1	QL
SELECTIVE SEROTONIN AGONISTS 5-HT(1F)		
REYVOW	3	PA, QL
MINERALS & ELECTROLYTES (CONTINUED)		
CALCIUM		
<i>calcium chloride</i>	5	
<i>calcium gluconate 10 % solution</i>	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		
<i>dextrose in lactated ringers</i>	5	
DEXTROSE-NACL	5	
<i>dextrose-sodium chloride 5-0.9 % solution</i>	5	
ELLIOTTS B	5	

Drug Name	Drug Tier	Requirements / Limits
<i>kcl in dextrose-nacl (10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i>	5	
KCL-LACTATED RINGERS-D5W	5	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	5	
POTASSIUM CL IN DEXTROSE 5%	5	
ELECTROLYTES PARENTERAL		
KCL (0.149%) IN NAACL	5	
KCL (0.298%) IN NAACL	5	
<i>lactated ringers</i>	5	
POTASSIUM CHLORIDE IN NAACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	5	
FLUORIDE		
<i>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)</i>	1	QL, AGE
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	QL, AGE
MAGNESIUM		
<i>magnesium sulfate (2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution, 50 % solution)</i>	5	
<i>magnesium sulfate in d5w</i>	5	
MAGNESIUM SULFATE-NAACL	5	
PHOSPHATE		
K-PHOS	3	
K-PHOS-NEUTRAL	1	
PHOSPHA 250 NEUTRAL	1	

Drug Name	Drug Tier	Requirements / Limits
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOSPHO-TRIN K500	1	
PHOSPHOROUS	1	
POTASSIUM PHOSPHATES (15 MMOLE/5ML SOLUTION, 150 MMOLE/50ML SOLUTION)	5	
<i>potassium phosphates(66 meq k)</i>	5	
<i>virt-phos 250 neutral</i>	1	
WES-PHOS 250 NEUTRAL	1	
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	1	
<i>k-prime</i>	1	
K-TAB (10 TAB ER, 20 TAB ER)	3	
<i>klor-con (8 tab er, 20 packet)</i>	1	
KLOR-CON 10	3	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 MEQ/100ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ/100ML SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION)	5	
<i>potassium chloride crys er</i>	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	

Drug Name	Drug Tier	Requirements / Limits
POTASSIUM COMBINATIONS		
EFFER-K (10 EFFER TAB, 20 EFFER TAB)	3	
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	
<i>sodium chloride (0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution)</i>	1	
<i>sodium chloride (pf)</i>	1	
SODIUM CHLORIDE 4 MEQ/ML SOLUTION	5	
<i>sodium chloride flush</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
ANTILEPTOTICS		
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	
<i>penicillamine</i>	4	PA, QL
<i>trientine hcl 250 mg cap</i>	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
TRIENTINE HCL 500 MG CAP	4	QL
CYCLOSPORINE ANALOGS		
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	1	
<i>cyclosporine 50 mg/ml solution</i>	5	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
LUPKYNIS	4	PA, QL
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	2	
SANDIMMUNE (25 MG CAP, 100 MG CAP)	2	
SANDIMMUNE 50 MG/ML SOLUTION	5	
ENZYMES		
AMPHADASE	5	
HYLENEX	5	
VITRASE	5	
XIAFLEX	5	QL
FARNESYLTRANSFERASE INHIBITORS		
ZOKINVY	4	PA, QL, AGE
FECAL INCONTINENCE BULKING AGENT - COMBINATIONS		
SOLESTA	5	
IMMUNE GLOBULIN IMMUNOSUPPRESSANTS		
ATGAM	5	
THYMOGLOBULIN	5	
IMMUNOMODULATORS - COMBINATIONS		
VYVGART HYTRULO	5	PA
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES		
<i>lenalidomide</i>	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
CELLCEPT (250 MG CAP, 500 MG TAB)	3	
CELLCEPT 200 MG/ML RECON SUSP	2	
CELLCEPT INTRAVENOUS	5	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	1	
<i>mycophenolate mofetil 500 mg recon soln</i>	5	
<i>mycophenolate mofetil hcl</i>	5	
<i>mycophenolate sodium</i>	1	QL
<i>mycophenolic acid</i>	1	QL
MYFORTIC	3	QL
MYHIBBIN	3	
INTERLEUKIN-6 (IL-6) ANTAGONISTS		
SYLVANT	5	PA
IRRIGATION SOLUTIONS		
ARGYLE STERILE WATER	1	
RINGERS IRRIGATION	1	
STERILE WATER FOR IRRIGATION	1	
<i>tis-u-sol</i>	1	
<i>water for irrigation, sterile</i>	1	
MACROLIDE IMMUNOSUPPRESSANTS		
ASTAGRAF XL	3	
ENVARUSUS XR	3	ST
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	QL
PROGRAF (0.5 MG CAP, 1 MG CAP, 5 MG CAP)	3	
PROGRAF 5 MG/ML SOLUTION	5	
RAPAMUNE (0.5 MG TAB, 1 MG TAB, 2 MG TAB)	3	

Drug Name	Drug Tier	Requirements / Limits
RAPAMUNE 1 MG/ML SOLUTION	2	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
<i>tacrolimus 5 mg/ml solution</i>	5	
ZORTRESS (0.25 MG TAB, 1 MG TAB)	4	QL
ZORTRESS (0.5 MG TAB, 0.75 MG TAB)	4	QL
MONOCLONAL ANTIBODIES		
ENSPRYNG	4	PA, QL
GAMIFANT	5	PA
SIMULECT	5	
UPLIZNA	5	PA
NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS		
RYSTIGGO	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		
<i>kionex</i>	1	
LOKELMA	2	QL
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sodium polystyrene sulfonate 15 gm/60ml suspension</i>	1	
<i>sps (sodium polystyrene sulf) 15 gm/60ml suspension</i>	1	
SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION	3	
VELTASSA	4	PA, QL
PURINE ANALOGS		
<i>azathioprine 50 mg tab</i>	1	

Drug Name	Drug Tier	Requirements / Limits
AZATHIOPRINE SODIUM	5	
ROCK INHIBITORS		
REZUROCK	4	PA, QL, AGE
SCLEROSING AGENTS		
ETHAMOLIN	5	
SELECTIVE T-CELL COSTIMULATION BLOCKERS		
NULOJIX	5	
TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS		
SAPHNELO	5	PA
UREMIC PRURITUS AGENTS		
KORSUVA	5	PA
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine viscous hcl</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	1	
NYSTATIN 100000 UNIT/ML SUSPENSION	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
PERIDEX	3	
<i>periogard</i>	1	
FLUORIDE DENTAL PRODUCTS		
<i>dentagel</i>	1	
FRAICHE 5000 DENTAL	1	
<i>just right 5000 1.1 % gel</i>	1	
SF	1	
SODIUM FLUORIDE 1.1 % GEL	1	

Drug Name	Drug Tier	Requirements / Limits
SODIUM FLUORIDE 5000 PPM 1.1 % GEL	1	
SALIVA STIMULANTS		
<i>cevimeline hcl</i>	1	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
MULTIVITAMINS (CONTINUED)		
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	
FLORIVA PLUS	3	
FLOTREX	3	
MULTI-VIT-FLOR	3	
MULTI-VITAMIN/FLUORIDE	1	

Drug Name	Drug Tier	Requirements / Limits
MULTIVITAMIN W/FLUORIDE	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	3	
PED VITAMINS ACD W/ FLUORIDE		
TRI-VITE/FLUORIDE	3	
PRENATAL MV & MIN W/FE-FA		
ATABEX EC	3	SUM5 (IRS Buy Up List - Check Group)
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
MATRONEX	1	SUM5 (IRS Buy Up List - Check Group)
NATALCHEW	1	SUM5 (IRS Buy Up List - Check Group)
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)
NESTABS	3	SUM5 (IRS Buy Up List - Check Group)
NIVA-PLUS	3	SUM5 (IRS Buy Up List - Check Group)
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)

Drug Name	Drug Tier	Requirements / Limits
PNV-OMEGA	3	SUM5 (IRS Buy Up List - Check Group)
PNV-SELECT	3	SUM5 (IRS Buy Up List - Check Group)
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)
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)
PREPLUS	1	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	1	SUM5 (IRS Buy Up List - Check Group)
SELECT-OB	3	SUM5 (IRS Buy Up List - Check Group)
THRIVITE RX	3	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
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)
VINATE II	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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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 (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (10 mg/20ml solution, 40 mg/20ml solution, 50 mcg/ml soln prsyr, 20000 mcg/20ml solution, 40000 mcg/20ml solution)</i>	5	
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
BACLOFEN REFILL KIT-SYNCHROMED	5	
<i>carisoprodol 350 mg tab</i>	1	QL
<i>chlorzoxazone 500 mg tab</i>	1	
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	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	
LIORESAL (0.05 MG/ML SOLUTION, 10 MG/20ML SOLUTION, 10 MG/5ML SOLUTION, 40 MG/20ML SOLUTION)	5	
<i>metaxalone 800 mg tab</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>methocarbamol 1000 mg/10ml solution</i>	5	
<i>orphenadrine citrate</i>	5	
<i>orphenadrine citrate er</i>	1	
ROBAXIN	5	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	1	QL
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	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

Drug Name	Drug Tier	Requirements / Limits
EUFLEXXA	5	
GEL-ONE	5	PA
GELSYN-3	5	PA
GENVISC 850	5	PA
HYALGAN	5	PA
HYMOVIS	5	PA
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 (CONTINUED)		
ANTI-HISTAMINE-STEROID		
<i>azelastine-fluticasone</i>	2	ST, QL
DYMISTA	2	QL
NASAL ANESTHETICS		
COCAINE HCL	5	
GOPRELTO	5	
NUMBRINO	5	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	
NASAL ANTIHISTAMINES		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>olopatadine hcl 0.6 % solution</i>	1	ST
NASAL STEROIDS		
<i>flunisolide</i>	1	QL
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL
<i>mometasone furoate 50 mcg/act suspension</i>	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	
<i>epinephrine hcl (nasal)</i>	1	
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS - MISCELLANEOUS		
<i>edaravone (30 mg/100ml solution, 60 mg/100ml solution)</i>	5	PA
RADICAVA	5	PA
RADICAVA ORS	4	PA, QL
RADICAVA ORS STARTER KIT	4	PA, QL
BENZATHIAZOLES		
EXSERVAN	4	PA, QL
<i>riluzole</i>	1	
TEGLUTIK	4	PA, QL
TIGLUTIK	4	PA, QL
DEPOLARIZING MUSCLE RELAXANTS		
ANECTINE	5	

Drug Name	Drug Tier	Requirements / Limits
QUELICIN	5	
SUCCINYLCHOLINE CHLORIDE (20 MG/ML SOLUTION, 100 MG/5ML SOLN PRSYR, 200 MG/10ML SOLN PRSYR)	5	
SUCCINYLCHOLINE CL +RFID	5	
MUSCULAR DYSTROPHY - GENE THERAPY AGENTS		
AMONDYS 45	5	PA
EXONDYS 51	5	PA
VILTEPSO	5	PA
VYONDYS 53	5	PA
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX	5	
DYSPORE	5	
MYOBLOC	5	PA
XEOMIN	5	PA
NONDEPOLARIZING MUSCLE RELAXANTS		
<i>atracurium besylate</i>	5	
<i>rocuronium bromide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	5	
ROCURONIUM BROMIDE +RFID 50 MG/5ML SOLUTION	5	
<i>vecuronium bromide (10 mg recon soln, 20 mg recon soln)</i>	5	
SPINAL MUSCULAR ATROPHY-ANTISENSE OLIGONUCLEOTIDES		
SPINRAZA	5	PA
SPINAL MUSCULAR ATROPHY-GENE THERAPY AGENTS		
ZOLGENSMA 20.6-21.0 KG	5	PA
ZOLGENSMA 10.1-10.5 KG	5	PA
ZOLGENSMA 10.6-11.0 KG	5	PA
ZOLGENSMA 11.1-11.5 KG	5	PA

Drug Name	Drug Tier	Requirements / Limits
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
ZOLGENSMA 6.1-6.5 KG	5	PA
ZOLGENSMA 6.6-7.0 KG	5	PA
ZOLGENSMA 7.1-7.5 KG	5	PA

Drug Name	Drug Tier	Requirements / Limits
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 (CONTINUED)		
CARBOHYDRATES		
<i>dextrose 5 % solution</i>	5	
LIPOTROPIC COMBINATIONS		
LECITHIN GRANULES	1	
OPHTHALMIC AGENTS (CONTINUED)		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
SIMBRINZA	3	QL
BETA-BLOCKERS - OPTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
CARTEOLOL HCL	1	
LEVOBUNOLOL HCL	1	
<i>timolol hemihydrate</i>	3	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	1	
<i>timolol maleate (once-daily)</i>	2	
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate pf</i>	1	
BETA-BLOCKERS - OPTHALMIC COMBINATIONS		
COMBIGAN	1	QL

Drug Name	Drug Tier	Requirements / Limits
COSOPT	3	QL
COSOPT PF	3	QL
DORZOLAMIDE HCL-TIMOLOL MAL (22.3-6.8 MG/ML SOLUTION)	1	QL
<i>dorzolamide hcl-timolol mal pf</i>	1	QL
CHOLINERGIC AGONISTS		
TYRVAYA	3	ST, QL
CYCLOPLEGIC MYDRIATIC COMBINATIONS		
CYCLOMYDRIL	3	
CYCLOPLEGIC MYDRIATICS		
ALTAFRIN	1	
ATROPINE SULFATE (0.01 % SOLUTION, 0.025 % SOLUTION, 0.05 % SOLUTION, 1 % SOLUTION)	1	
ATROPINE SULFATE 1 % OINTMENT	1	
<i>cyclopentolate hcl 1 % solution</i>	1	
HOMATROPAIRE	3	
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	1	
<i>tropicamide 0.5 % solution</i>	1	
MIOTICS - CHOLINESTERASE INHIBITORS		
PHOSPHOLINE IODIDE	3	
MIOTICS - DIRECT ACTING		
<i>pilocarpine hcl (1 % solution, 1.25 % solution, 2 % solution, 4 % solution)</i>	1	
OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS		
VABYSMO	5	PA
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS		
BACITRACIN-POLYMYXIN B	1	
<i>neo-polycin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin zn-polymyx (5-400-10000 ointment)</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
OPHTHALMIC ANTIALLERGIC		
ALOCIL	3	QL
<i>azelastine hcl 0.05 % solution</i>	1	
<i>bepotastine besilate</i>	1	ST, QL
BEPREVE	3	QL
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>epinastine hcl</i>	1	ST
OPHTHALMIC ANTIBIOTICS		
AZASITE	3	QL
BACITRACIN 500 UNIT/GM OINTMENT	1	
BESIFLOXACIN HCL	3	
BESIVANCE	3	QL
CILOXAN	3	QL
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	AGE
<i>gatifloxacin</i>	1	QL
<i>gentamicin sulfate 0.3 % solution</i>	1	
KLARITY-A	3	QL
LEVOFLOXACIN 0.5 % SOLUTION	1	
MITOSOL	5	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
<i>ofloxacin 0.3 % solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin 0.3 % solution</i>	1	
TOBREX	2	
VIGAMOX	3	QL
OPHTHALMIC ANTIFUNGAL		
NATACYN	3	
OPHTHALMIC ANTISEPTICS		
POVIDONE-IODINE 5 % SOLUTION	1	
OPHTHALMIC ANTIVIRALS		
TRIFLURIDINE	1	
ZIRGAN	3	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
AZOPT	3	QL
<i>brinzolamide</i>	1	QL
DORZOLAMIDE HCL	1	
OPHTHALMIC COMPLEMENT C3 INHIBITORS		
SYFOVRE	5	PA
OPHTHALMIC COMPLEMENT C5 INHIBITORS		
IZERVAY	5	PA
OPHTHALMIC DIAGNOSTIC PRODUCTS		
FLURA-SAFE	3	
PROPARACAINE-FLUORESCEIN	1	
OPHTHALMIC GENE THERAPY		
LUXTURNA	5	PA
OPHTHALMIC IMMUNOMODULATORS		
CEQUA	3	ST, QL
<i>cyclosporine (pf)</i>	1	
KLARITY-C DROPS	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
VERKAZIA	4	PA, QL
OPHTHALMIC KINASE INHIBITORS - COMBINATIONS		
ROCKLATAN	3	ST, QL
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN	3	
ALCAINE	3	
ALTACAINE	1	
<i>proparacaine hcl</i>	1	
TETRACAINE HCL 0.5 % SOLUTION	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	4	PA, QL
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	3	QL
<i>bromfenac sodium (once-daily)</i>	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
FLURBIPROFEN SODIUM	1	
ILEVRO	3	QL
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
NEVANAC	3	QL
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE	5	
OPHTHALMIC PHOTOENHANCER COMBINATIONS		
PHOTREXA-PHOTREXA VISCOUS KIT	5	
OPHTHALMIC RHO KINASE INHIBITORS		
RHOPRESSA	3	ST, QL
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
ALPHAGAN P 0.1 % SOLUTION	2	QL

Drug Name	Drug Tier	Requirements / Limits
APRACLONIDINE HCL	1	
<i>brimonidine tartrate 0.2 % solution</i>	1	
IOPIDINE	3	
OPHTHALMIC STEROID COMBINATIONS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
<i>loteprednol-tobramycin</i>	3	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
DEXTENZA	5	
DEXYCU	5	
<i>difluprednate</i>	1	QL
DUREZOL	3	QL
<i>fluorometholone</i>	1	
FML FORTE	3	
ILUVIEN	5	PA
LOTEMAX (0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION)	3	QL
LOTEMAX SM	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	1	QL
MAXIDEX	5	
OZURDEX	5	PA
PRED MILD	3	
<i>prednisolone acetate</i>	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
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		
<i>bimatoprost 0.03 % solution</i>	1	QL
DURYSTA	5	PA
LATANOPROST	1	QL
LUMIGAN	2	QL
<i>tafluprost (pf)</i>	1	ST, QL

Drug Name	Drug Tier	Requirements / Limits
TRAVATAN Z	3	ST, QL
<i>travoprost (bak free)</i>	1	ST, QL
VYZULTA	3	ST, QL
XALATAN	3	QL
XELPROS	3	QL
ZIOPTAN	3	ST, QL
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS		
BEOVU	5	PA
BYOOVIZ	5	PA
CIMERLI	5	PA
EYLEA	5	PA
EYLEA HD	5	PA
LUCENTIS	5	PA
PAVBLU	5	
SUSVIMO (IMPLANT 1ST FILL)	5	PA
SUSVIMO (IMPLANT REFILL)	5	PA
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl 0.2 % solution</i>	1	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CIPROFLOXACIN-FLUOCINOLONE PF	1	QL
<i>ciprofloxacin-hydrocortisone</i>	3	
CORTISPORIN-TC	3	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc</i>	1	
OTIC STEROIDS		
DERMOTIC	3	
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
OXYTOCICS (CONTINUED)		
ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS		
CERVIDIL	3	QL
PREPIDIL	3	
<i>methylergonovine maleate 0.2 mg tab</i>	1	PA, QL
<i>methylergonovine maleate 0.2 mg/ml solution</i>	5	
OXYTOCIN	5	
<i>oxytocin +rfid</i>	5	
OXYTOCIN-LACTATED RINGERS	5	
OXYTOCIN-SODIUM CHLORIDE	5	
PITOCIN	5	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
ANTITOXINS-ANTIVENINS		
ANAVIP	5	
CROFAB	5	
ANTIVIRAL MONOCLONAL ANTIBODIES		
BEYFORTUS	5	
ENFLONSIA	5	
PEMGARDA	5	PA
BACTERIAL MONOCLONAL ANTIBODIES		
ZINPLAVA	5	PA

Drug Name	Drug Tier	Requirements / Limits
IMMUNE SERUMS		
BIVIGAM	5	PA, QL
CUTAQUIG	5	PA
CUVITRU	5	PA
CYTOGAM	5	
FLEBOGAMMA DIF	5	PA, QL
GAMASTAN	5	PA, QL
GAMMAGARD	5	PA
GAMMAGARD ERC	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA, QL
GAMUNEX-C	5	PA
HEPAGAM B	5	
HIZENTRA (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	5	PA
HYPERHEP B	5	
HYPERRAB	5	
HYPERRHO	5	
HYPERRHO MINI-DOSE	5	
HYPERTET	5	
IMOGAM RABIES-HT	5	
KEDRAB	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

Drug Name	Drug Tier	Requirements / Limits
PANZYGA	5	PA
PRIVIGEN	5	PA, QL
RHOGAM ULTRA-FILTERED PLUS	5	
RHOPHYLAC	5	
VARIZIG	5	
WINRHO SDF	5	
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	5	PA
PENICILLINS (CONTINUED)		
AMINOPENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	
<i>ampicillin</i>	1	
<i>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)</i>	5	
NATURAL PENICILLINS		
BICILLIN L-A	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	
<i>penicillin g potassium</i>	5	
PENICILLIN G PROCAINE	5	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	1	
<i>pfizerpen</i>	5	
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate er</i>	1	
AMPICILLIN-SULBACTAM SODIUM (1.5 (1-0.5) GM RECON SOLN)	5	
BICILLIN C-R	5	
BICILLIN C-R 900/300	5	
<i>piperacillin sod-tazobactam so</i>	5	
PIPERACILLIN-TAZOBACTAM-NACL 2-0.25 GM/50ML RECON SOLN	5	
UNASYN	5	
ZOSYN	5	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium (2 gm recon soln)</i>	5	
NAFCILLIN SODIUM IN DEXTROSE	5	
<i>oxacillin sodium</i>	5	
OXACILLIN SODIUM IN DEXTROSE	5	
PHARMACEUTICAL ADJUVANTS (CONTINUED)		
PARENTERAL VEHICLES		
DILUENT FOR TREPROSTINIL	5	
STERILE DILUENT FLOLAN PH 12	5	
STERILE DILUENT FOR REMODULIN	5	
<i>sterile diluent/epoprostenol</i>	5	
PROGESTINS (CONTINUED)		
EC-RX PROGESTERONE	3	QL
<i>gallifrey</i>	1	QL
<i>hydroxyprogesterone caproate 250 mg/ml oil</i>	5	
MAKENA (250 MG/ML OIL, 275 MG/1.1ML SOLN A-INJ)	5	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	
<i>norethindrone acetate</i>	1	QL
<i>progesterone (100 mg cap, 200 mg cap)</i>	1	QL
<i>progesterone 50 mg/ml oil</i>	1	QL
PROGESTERONE MICRONIZED	1	QL
PROMETRIUM	3	QL
PROVERA	3	QL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR OPIOID WITHDRAWAL		
<i>lofexidine hcl</i>	4	PA, QL
LUCEMYRA	4	PA, QL
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
ANTI-CATAPLECTIC AGENTS		
<i>sodium oxybate</i>	4	PA, QL
ANTIDEMENTIA AGENT COMBINATIONS		
<i>memantine hcl-donepezil hcl</i>	1	QL
<i>memantine hcl-donepezil hcl er</i>	1	QL
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS		
TEGSEDI	5	
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	1	
CALD - AUTOLOGOUS CELLULAR GENE THERAPY AGENTS		
SKYSONA	5	PA
CHOLINOMIMETICS - ACHE INHIBITORS		
<i>donepezil hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
MLD - AUTOLOGOUS CELLULAR GENE THERAPY AGENTS		
LENMELDY	5	PA
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO	4	PA, QL
AUSTEDO XR	4	PA, QL
INGREZZA (40 MG CAP, 80 MG CAP)	4	PA, QL
INGREZZA 40 & 80 MG CAP THPK	4	QL
INGREZZA 60 MG CAP	4	PA, QL
<i>tetrabenazine</i>	1	PA, QL
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS		
<i>teriflunomide</i>	1	QL
MULTIPLE SCLEROSIS AGENTS		
<i>glatiramer acetate</i>	4	QL
<i>glatopa</i>	4	QL
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES		
<i>cladribine (10 tabs)</i>	4	PA, QL
<i>cladribine (4 tabs)</i>	4	PA, QL
<i>cladribine (5 tabs)</i>	4	PA, QL
<i>cladribine (6 tabs)</i>	4	PA, QL
<i>cladribine (7 tabs)</i>	4	PA, QL
<i>cladribine (8 tabs)</i>	4	PA, QL
<i>cladribine (9 tabs)</i>	4	PA, QL
MULTIPLE SCLEROSIS AGENTS - COMBINATIONS		
OCREVUS ZUNOVO	5	PA

Drug Name	Drug Tier	Requirements / Limits
MULTIPLE SCLEROSIS AGENTS - INTERFERONS		
AVONEX PEN	4	PA, QL
AVONEX PREFILLED	4	PA, QL
BETASERON	4	QL
EXTAVIA	4	PA, QL
PLEGRIDY	4	PA, QL
PLEGRIDY STARTER PACK	4	PA, QL
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		
<i>dimethyl fumarate</i>	1	QL
<i>dimethyl fumarate starter pack</i>	1	QL
VUMERITY	4	PA, QL
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS		
<i>dalfampridine er</i>	1	QL
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS		
<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution)</i>	1	
<i>memantine hcl (5 mg tab, 28 x 5 mg & 21 x 10 mg tab)</i>	1	QL
<i>memantine hcl 10 mg tab</i>	1	QL
<i>memantine hcl er</i>	1	QL
NAMENDA TITRATION PAK	3	QL

Drug Name	Drug Tier	Requirements / Limits
PHENOTHIAZINES & TRICYCLIC AGENTS		
PERPHENAZINE-AMITRIPTYLINE	1	
PSEUDOBULBAR AFFECT AGENT COMBINATIONS		
NUEDEXTA	3	PA, QL
AQNEURSA	4	PA, QL
ERGOLOID MESYLATES	1	
<i>pimozide</i>	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		
<i>bupropion hcl er (smoking det)</i>	1	AGE
CHANTIX	3	AGE
CHANTIX CONTINUING MONTH PAK	3	AGE
CHANTIX STARTING MONTH PAK	3	AGE
<i>cvs nicotine (2 mg gum, 2 mg lozenge, 4 mg gum)</i>	1	AGE
<i>cvs nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	QL, AGE
<i>cvs nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum)</i>	1	AGE
<i>cvs nicotine polacrilex 4 mg lozenge</i>	1	QL, AGE
<i>eq nicotine (14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	QL, AGE
<i>eq nicotine 4 mg gum</i>	1	AGE
<i>eq nicotine 4 mg lozenge</i>	1	QL, AGE
<i>eq nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum)</i>	1	AGE

Drug Name	Drug Tier	Requirements / Limits
<i>eq nicotine polacrilex 4 mg lozenge</i>	1	QL, AGE
<i>eq nicotine step 3</i>	1	QL, AGE
<i>eql nicotine polacrilex 2 mg lozenge</i>	1	AGE
<i>eql nicotine polacrilex 4 mg lozenge</i>	1	QL, AGE
<i>ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum)</i>	1	AGE
<i>ft nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	QL, AGE
<i>ft nicotine 4 mg lozenge</i>	1	QL, AGE
<i>ft nicotine mini 2 mg lozenge</i>	1	AGE
<i>ft nicotine mini 4 mg lozenge</i>	1	QL, AGE
<i>gnp nicotine (2 mg gum, 4 mg gum)</i>	1	AGE
<i>gnp nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	QL, AGE
<i>gnp nicotine mini 2 mg lozenge</i>	1	AGE
<i>gnp nicotine mini 4 mg lozenge</i>	1	QL, AGE
<i>gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum)</i>	1	AGE
<i>gnp nicotine polacrilex 4 mg lozenge</i>	1	QL, AGE
<i>goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum)</i>	1	AGE
<i>goodsense nicotine 4 mg lozenge</i>	1	QL, AGE
<i>goodsense nicotine polacrilex</i>	1	AGE
<i>habitrol</i>	1	QL, AGE
<i>hm nicotine</i>	1	QL, AGE
<i>hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum)</i>	1	AGE
<i>hm nicotine polacrilex 4 mg lozenge</i>	1	QL, AGE
<i>kls quit2 (2 mg gum, 2 mg lozenge)</i>	1	AGE
<i>kls quit4 4 mg gum</i>	1	AGE
<i>kls quit4 4 mg lozenge</i>	1	QL, AGE

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

Drug Name	Drug Tier	Requirements / Limits
<i>ra mini nicotine 4 mg lozenge</i>	1	QL, AGE
<i>ra nicotine (14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	QL, AGE
<i>ra nicotine (2 mg gum, 4 mg gum)</i>	1	AGE
<i>ra nicotine gum</i>	1	AGE
<i>ra nicotine polacrilex 2 mg lozenge</i>	1	AGE
<i>ra nicotine polacrilex 4 mg lozenge</i>	1	QL, AGE
<i>sm nicotine (2 mg lozenge, 4 mg gum)</i>	1	AGE
<i>sm nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	QL, AGE
<i>sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum)</i>	1	AGE
<i>sm nicotine polacrilex 4 mg lozenge</i>	1	QL, AGE
<i>thrive</i>	1	AGE
<i>varenicline tartrate</i>	1	AGE
<i>varenicline tartrate (starter)</i>	1	AGE
<i>varenicline tartrate(continue)</i>	1	AGE
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS		
<i> fingolimod hcl</i>	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		
<i>olanzapine-fluoxetine hcl</i>	1	
VASOMOTOR SYMPTOM AGENTS - SSRIS		
<i>paroxetine mesylate</i>	1	PA, QL
RESPIRATORY AGENTS - MISC. (CONTINUED)		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP	5	PA

Drug Name	Drug Tier	Requirements / Limits
GLASSIA (4 GM/200ML SOLUTION, 5 GM/250ML SOLUTION)	5	PA
GLASSIA 1000 MG/50ML SOLUTION	5	PA
PROLASTIN-C	5	PA
ZEMAIRA	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	4	PA, QL
SYMDEKO	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		
<i>pirfenidone (267 mg cap, 267 mg tab, 534 mg tab, 801 mg tab)</i>	1	PA, QL
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS		
OFEV 150 MG CAP	4	PA, QL
SULFONAMIDES (CONTINUED)		
<i>sulfadiazine</i>	1	
TETRACYCLINES (CONTINUED)		
AMINOMETHYLCYCLINES		
NUZYRA 100 MG RECON SOLN	5	
NUZYRA 150 MG TAB	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
FLUOROCYCLINES		
XERAVA	5	
GLYCYLCYCLINES		
TIGECYCLINE	5	
TYGACIL	5	
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	5	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline hyclate 100 mg recon soln</i>	5	
<i>doxycycline hyclate 20 mg tab</i>	1	QL
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	1	
MINOCIN	5	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	1	
<i>mondoxyne nl</i>	1	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
THYROID HORMONES		
ADTHYZA	3	
ARMOUR THYROID	3	
CYTOMEL	2	
<i>euthyrox</i>	1	

Drug Name	Drug Tier	Requirements / Limits
EVEXITHROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	3	
<i>levo-t</i>	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
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levoxyf</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
NIVA THYROID	3	
NP THYROID	3	
RENTHYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	3	
SYNTHROID	3	
THYROID	3	
<i>unithroid</i>	1	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL	2	
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	2	
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSPENSION	5	
DAPTACEL	5	AGE

Drug Name	Drug Tier	Requirements / Limits
DIPHThERIA-TETANUS TOXOIDS DT	5	
INFANRIX	5	AGE
KINRIX	5	AGE
PEDIARIX	2	AGE
PENTACEL	5	AGE
QUADRACEL	5	AGE
TDVAX	5	
TENIVAC	5	
TETANUS-DIPHThERIA TOXOIDS TD	5	
VAXELIS	2	QL, AGE

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)

ANTISPASMODICS

BENTYL	5	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>dicyclomine hcl 10 mg/ml solution</i>	5	

BELLADONNA ALKALOIDS

ATROPEN	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, 8 MG/20ML SOLUTION)	5	
ATROPINE SULFATE (PF)	5	
ATROPINE SULFATE +RFID	5	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	
<i>hyoscyamine sulfate er</i>	1	
HYOSCYAMINE SULFATE SL	1	
HYOSYNE	1	

Drug Name	Drug Tier	Requirements / Limits
NULEV	1	
OSCIMIN	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	
<i>famotidine (pf)</i>	5	
<i>famotidine 40 mg/5ml recon susp</i>	1	AGE
FAMOTIDINE PREMIXED	5	
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole sodium</i>	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
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	QL
PANTOPRAZOLE SODIUM 40 MG RECON SOLN	5	
PANTOPRAZOLE SODIUM-NACL	5	
PROTONIX 40 MG RECON SOLN	5	
QUATERNARY ANTICHOLINERGICS		
GLYCATE	3	
<i>glycopyrrolate (0.2 mg/ml solution, 0.6 mg/3ml soln prsyr)</i>	5	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	
GLYCOPYRROLATE (PF)	5	
GLYCOPYRROLATE +RFID (0.2 MG/ML SOLUTION, 0.6 MG/3ML SOLN PRSYR)	5	

Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate 1 mg/5ml solution</i>	1	QL
GLYCOPYRROLATE PF +RFID 0.6 MG/3ML SOLN PRSYR	5	
GLYCOPYRROLATE PF 0.6 MG/3ML SOLN PRSYR	5	
GLYRX-PF (0.6 MG/3ML SOLN PRSYR, 1 MG/5ML SOLN PRSYR)	5	
<i>methscopolamine bromide</i>	1	
ROBINUL	3	
ROBINUL-FORTE	3	
ULCER ANTI-INFECTIVE-PCAB COMBINATIONS		
VOQUEZNA DUAL PAK	3	PA, QL
VOQUEZNA TRIPLE PAK	3	PA, QL
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC	5	
<i>misoprostol</i>	1	
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	1	QL
<i>fesoterodine fumarate er</i>	1	QL
<i>oxybutynin chloride 5 mg tab</i>	1	QL
<i>oxybutynin chloride 5 mg/5ml solution</i>	1	QL
<i>oxybutynin chloride er</i>	1	QL
<i>solifenacin succinate</i>	1	QL
<i>tolterodine tartrate</i>	1	QL
<i>tolterodine tartrate er</i>	1	QL
<i>trospium chloride</i>	1	QL
<i>trospium chloride er</i>	1	QL
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<i>mirabegron er</i>	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		
<i>bethanechol chloride</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	1	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
ACTHIB	2	AGE
BEXSERO	5	
CAPVAXIVE	2	AGE
HIBERIX	2	AGE
MENACTRA	5	
MENQUADFI	2	
MENVEO (RECON SOLN, SOLUTION)	5	
PEDVAX HIB	5	AGE
PENBRAYA	2	AGE
PENMENVY	2	
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	5	AGE
PNEUMOVAX 23 25 MCG/0.5ML SOLUTION	5	
PREVNAR 20	1	
TRUMENBA	5	AGE
VAXNEUVANCE	2	
VIRAL VACCINE COMBINATIONS		
M-M-R II	2	
PRIORIX	2	

Drug Name	Drug Tier	Requirements / Limits
PROQUAD	2	AGE
TWINRIX	5	
VIRAL VACCINES		
ABRYSSVO	2	QL
ACAM2000	5	QL
AFLURIA	5	
AFLURIA PRESERVATIVE FREE	2	
AFLURIA QUADRIVALENT	5	
AREXVY	2	QL, AGE
AUDENZ	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	5	
ERVEBO	2	PA
FLUAD	5	
FLUAD QUADRIVALENT	5	
FLUARIX	2	
FLUARIX QUADRIVALENT	5	
FLUBLOK	2	
FLUBLOK QUADRIVALENT	5	
FLUCELVAX SUSPENSION	2	QL
FLUCELVAX 0.5 ML SUSP PRSYR	2	
FLUCELVAX QUADRIVALENT	5	
FLULAVAL	2	
FLULAVAL QUADRIVALENT	5	
FLUMIST	2	

Drug Name	Drug Tier	Requirements / Limits
FLUMIST QUADRIVALENT	5	
FLUZONE SUSPENSION	5	
FLUZONE 0.5 ML SUSP PRSYR	2	
FLUZONE HIGH-DOSE	5	
FLUZONE HIGH-DOSE QUADRIVALENT	5	
FLUZONE QUADRIVALENT	5	
GARDASIL 9	2	AGE
HAVRIX (720 U/0.5ML SUSPENSION, 1440 U/ML SUSP PRSYR)	5	
HAVRIX 720 EL U/0.5ML SUSP PRSYR	2	
HEPLISAV-B	5	QL
IMOVAX RABIES	5	
IPOL	5	AGE
JYNNEOS	5	
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	5	QL, AGE
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	5	
RABAVERT	5	
RECOMBIVAX HB	5	
ROTARIX RECON SUSP	5	

Drug Name	Drug Tier	Requirements / Limits
ROTARIX SUSPENSION	5	AGE
ROTATEQ	2	AGE
SHINGRIX 50 MCG/0.5ML RECON SUSP	2	QL, AGE
SHINGRIX 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	5	
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	2	
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	5	
VARIVAX	2	
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
IMIDAZOLE-RELATED ANTIFUNGALS		
GYNAZOLE-1	3	
<i>terconazole (0.4 % cream, 0.8 % cream)</i>	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	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate 2 % cream</i>	1	
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
<i>estradiol 0.01 % cream</i>	1	QL
<i>estradiol 10 mcg tab</i>	1	QL
ESTRING	2	QL
FEMRING	3	ST, QL
IMVEXXY MAINTENANCE PACK	3	ST, QL
IMVEXXY STARTER PACK	3	ST, QL
PREMARIN 0.625 MG/GM CREAM	3	QL
VAGIFEM	3	ST, QL
<i>yuvafem</i>	1	QL
VAGINAL PROGESTINS		
CRINONE	3	ST, AGE
ENDOMETRIN	3	ST, AGE
FIRST-PROGESTERONE VGS	3	AGE
<i>progesterone 100 mg insert</i>	1	ST, AGE
VASOPRESSORS (CONTINUED)		
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
<i>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)</i>	1	QL
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa (100 mg cap, 200 mg cap)</i>	3	PA, QL
<i>droxidopa 300 mg cap</i>	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	5	
<i>epinephrine (1 mg/10ml soln prsyr, 1 mg/ml solution)</i>	5	
EPINEPHRINE BITARTRATE-NACL 16-0.9 MG/250ML-% SOLUTION	5	
<i>epinephrine pf</i>	5	
EPINEPHRINE-NACL (2-0.9 MG/250ML-% SOLUTION, 4-0.9 MG/250ML-% SOLUTION, 8-0.9 MG/250ML-% SOLUTION)	5	
IMMPHENTIV	5	
<i>midodrine hcl</i>	1	
<i>phenylephrine hcl (1 mg/10ml solution, 10 mg/ml solution)</i>	5	
<i>phenylephrine hcl (pf)</i>	5	
<i>phenylephrine hcl (pressors) 10 mg/ml solution</i>	5	
VAZCULEP	5	
VITAMINS (CONTINUED)		
VITAMIN B-1		
<i>thiamine hcl (100 mg/ml solution, 200 mg/2ml solution)</i>	5	
VITAMIN B-6		
PYRIDOXINE HCL 100 MG/ML SOLUTION	5	

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

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

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px folic acid.....	160	QSYMIA.....	2	ra aspirin adult low strength....	10
PX INSULIN SYRINGE.....	200	QTERN.....	42	ra aspirin childrens.....	10
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PX LANCETS ULTRA THIN.....	181	QUALAQUIN.....	56	ra aspirin ec adult low st.....	10
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VALCHLOR.....	116	VANISHPOINT TUBERCULIN.....		VERASENS BLOOD GLUCOSE	
VALCYTE.....	85	SYRINGE.....	203	TEST.....	134
valganciclovir hcl.....	85	VAPRISOL.....	145	VERIFINE INSULIN PEN NEEDLE.....	203
valproic acid.....	36	VAQTA.....	254	VERIFINE INSULIN SYRINGE.....	204
valrubicin.....	69	vardenafil hcl.....	94	VERIFINE PLUS PEN NEEDLE.....	204
valsartan.....	55	varenicline tartrate.....	244	VERIFINE SAFE LANCET MINI 21G.....	185
valsartan-hydrochlorothiazide.....	54	varenicline tartrate (starter).....	244	VERIFINE SAFE LANCET MINI 23G.....	185
VALSTAR.....	69	varenicline tartrate(continue).....	244	VERIFINE SAFE LANCET MINI 28G.....	185
VALTOCO 10 MG DOSE.....	30	VARISOFT INFUSION SET.....	189	VERIFINE SAFE LANCET MINI 30G.....	185
VALTOCO 15 MG DOSE.....	30	VARIVAX.....	254	VERIFINE UNIVERSAL LANCETS	
VALTOCO 20 MG DOSE.....	30	VARIZIG.....	236	28G.....	185
VALTOCO 5 MG DOSE.....	30	VARUBI (180 MG DOSE).....	46	VERIFINE UNIVERSAL LANCETS	
VALTREX.....	86	VASOPRESSIN.....	145	30G.....	185
valtya 1/35.....	103	vasopressin +rfid.....	145	VERIFINE UNIVERSAL LANCETS	
valtya 1/50.....	103	VASOPRESSIN-DEXTROSE.....	145	33G.....	186
VALUE HEALTH INSULIN		VASOPRESSIN-SODIUM	33G.....	VERISAFE SAFE STERILE SYRINGE.....	204
SYRINGE.....	203	CHLORIDE.....	146	VERISAFE SAFETY STERILE	
VALUE PLUS LANCET STANDARD		VASOSTRICT.....	146	NEEDLE.....	204
21G.....	185	VAXELIS.....	248	VERKAZIA.....	230
VALUE PLUS LANCETS SUPER		VAXNEUVANCE.....	251	VERQUVO.....	94
THIN.....	185	VAZCULEP.....	256	VERSACLOZ.....	79
VALUE PLUS LANCETS THIN		VCF VAGINAL CONTRACEPTIVE.....	254	VERZENIO.....	71
26G.....	185	VECTIBIX.....	65	vestura.....	103
VALUMARK LANCET SUPER THIN		vecuronium bromide.....	224	VFEND IV.....	48
30G.....	185	VEGZELMA.....	76	VIAGRA.....	94
VALUMARK LANCET ULTRA THIN		VEKLURY.....	86	VIBATIV.....	19
28G.....	185	VELCADE.....	68	VIDA MIA UNIFINE PENTIPS.....	204
VALUMARK PEN NEEDLES.....	203	VELETRI.....	92	VIDA MIA UNILET LANCETS 28G.....	186
VANCOGIN.....	18	VELIVET.....	110	VIDA MIA UNILET LANCETS 30G.....	186
VANCOMYCIN HCL.....	19	VELPHORO.....	151	VIDAZA.....	60
vancomycin hcl.....	19	VELTASSA.....	213	vienna.....	103
VANCOMYCIN HCL IN		VEMLIDY.....	85	vigabatrin.....	35
DEXTROSE.....	19	VENCLEXTA.....	63	vigadrone.....	35
		VENCLEXTA STARTING PACK.....	63	VIGAMOX.....	229
		venlafaxine hcl.....	38		

vigpoder	35	VIVAGUARD INO TEST STRIPS	134	VYONDYS 53	224
VIJOICE	213	VIVAGUARD LANCETS	186	VYVGART	213
VILAMIT MB	21	VIVAGUARD LANCETS 30G	186	VYVGART HYTRULO	211
vilazodone hcl	37	VIVAGUARD SAFETY LANCETS		VYXEOS	70
VILTEPSO	224	28G	186	VYZULTA	233
VIMIZIM	142	VIVELLE-DOT	148		
VIMPAT	34	VIVIMUSTA	58	W	
VINATE II	219	VIVITROL	45	wal-dryl allergy	50
VINBLASTINE SULFATE	73	VIVJOA	47	wal-som maximum strength	163
vincasar pfs	73	volnea	96	WALGREENS ADV TRAVEL	
VINCRISTINE SULFATE	73	VONJO	72	LANCETS	186
vinorelbine tartrate	73	VONVENDI	156	WALGREENS LANCETS	186
viorele	96	VOQUEZNA DUAL PAK	250	WALGREENS LANCETS MICRO	
VIRACEPT	83	VOQUEZNA TRIPLE PAK	250	THIN	186
VIRAZOLE	87	VORANIGO	72	WALGREENS LANCETS SUPER	
VIREAD	84	VORICONAZOLE	48	THIN	186
virt-phos 250 neutral	209	voriconazole	48	WALGREENS THIN LANCETS	186
VISCO-3	222	VORTEX HOLD		WALGREENS ULTRA THIN	
VISTARIL	22	CHMBR/MASK/CHILD	206	LANCETS	186
VISTOGARD	44	VORTEX HOLD		warfarin sodium	28
VISUDYNE	230	CHMBR/MASK/TODDLER	206	water for irrigation, sterile	212
VITAFOL FE+	220	VORTEX VALVE CHAMBER-PEDI		weekly-d	258
VITAFOL GUMMIES	219	MASK	206	WEGMANS UNIFINE PENTIPS	
VITAFOL-NANO	219	VORTEX VALVED HOLDING		PLUS	204
VITAFOL-OB	219	CHAMBER	206	WELIREG	65
VITAFOL-OB+DHA	220	VOSEVI	86	well vitamin d3	258
VITAMEDMD ONE		VOTRIENT	67	wera	104
RX/QUATREFOLIC	220	VOWST	150	WES-PHOS 250 NEUTRAL	209
vitamin d	257	VOXZOGO	142	WESNATAL DHA COMPLETE	219
vitamin d (cholecalciferol)	257	VP INSULIN SYRINGE	204	WESTAB PLUS	219
vitamin d (ergocalciferol)	257	VPRIV	159	WESTGEL DHA	220
vitamin d high potency	258	VRAYLAR	78	WILATE	156
vitamin d-3	258	VTAMA	116	WINREVAIR	93
vitamin d3	258	VUMERITY	240	WINRHO SDF	236
VITAMIN DEFICIENCY SYSTEM-		VYEPTI	206	wixela inhub	24
B12	159	vyfemla	103	wymzya fe	104
vitamin k1	258	VYJUVEK	123	WYOST	143
VITATHELY WITH GINGER	219	vylibra	104		
VITATRUE	220	VYLOY	62	X	
VITRAKVI	68	VYNDAMAX	94	XADAGO	77
VITRASE	211	VYNDALIN	94	XALATAN	233

XALKORI	61	XYLOCAINE-MPF	166	ZEPZELCA	58
XANAX XR	22	XYLOCAINE-MPF +RFID	166	ZERBAXA	94
xarah fe	110	XYLOCAINE-MPF/EPINEPHRINE	166	ZEVRX INSULIN SYRINGE	204
XARELTO	28	XYLOCAINE/EPINEPHRINE	166	ZEVRX PEN NEEDLES	204
XARELTO STARTER PACK	28	XYNTHA	156	ZEVRX TWIST TOP LANCETS 30G	186
XCOPRI	34,35	XYNTHA SOLOFUSE	156	ZIAGEN	84
XCOPRI (250 MG DAILY DOSE)	35			zidovudine	84
XCOPRI (350 MG DAILY DOSE)	35	Y		ZIEXTENZO	161
XELJANZ	5	YALE DISP NEEDLES	204	ZIMHI	45
XELJANZ XR	5	yargesa	159	ZINPLAVA	234
XELODA	60	YASMIN 28	104	ZIOPTAN	233
XELPROS	233	YAZ	104	ziprasidone hcl	78
xelria fe	104	YERVOY	62	ziprasidone mesylate	78
XENICAL	2	YESCARTA	63	ZIRABEV	76
XENLETA	20	yl folic acid	160	ZIRGAN	229
XENPOZYME	137	YONDELIS	75	ZITHRANOL	117
XEOMIN	224	YORVIPATH	141	ZITHROMAX	167
XERAC AC	118	YUPELRI	26	ZITHROMAX TRI-PAK	167
XERAVA	246	YUTIQ	232	ZITHROMAX Z-PAK	167
XERMELO	151	yuvafem	255	ZOKINVY	211
XHANCE	223	Z		ZOLADEX	73
XIAFLEX	211	zafemy	104	ZOLEDRONIC ACID	138
XIFAXAN	17	zafirlukast	26	ZOLGENSMA 20.6-21.0 KG	224
XIGDUO XR	42	zaleplon	164	ZOLGENSMA 10.1-10.5 KG	224
XIPERE	232	ZALTRAP	76	ZOLGENSMA 10.6-11.0 KG	224
XOFLUZA (40 MG DOSE)	87	ZANOSAR	74	ZOLGENSMA 11.1-11.5 KG	224
XOFLUZA (80 MG DOSE)	87	ZARONTIN	36	ZOLGENSMA 11.6-12.0 KG	225
XOLAIR	24	ZARXIO	161	ZOLGENSMA 12.1-12.5 KG	225
XOPENEX	25	ZELAPAR	77	ZOLGENSMA 12.6-13.0 KG	225
XOPENEX CONCENTRATE	25	ZELBORAF	64	ZOLGENSMA 13.1-13.5 KG	225
XOSPATA	68	zelvysia	143	ZOLGENSMA 13.6-14.0 KG	225
XPHOZAH	139	ZEMAIRA	245	ZOLGENSMA 14.1-14.5 KG	225
XPOVIO (60 MG TWICE WEEKLY)	68	ZEMDRI	4	ZOLGENSMA 14.6-15.0 KG	225
XPOVIO (80 MG ONCE WEEKLY)	68	ZEMPLAR	141	ZOLGENSMA 15.1-15.5 KG	225
XPOVIO (80 MG TWICE WEEKLY)	68	zenatane	115	ZOLGENSMA 15.6-16.0 KG	225
XTAMPZA ER	14	ZENPEP	135	ZOLGENSMA 16.1-16.5 KG	225
XTANDI	58	ZEPBOUND	2	ZOLGENSMA 16.6-17.0 KG	225
xulane	104	ZEPOSIA	244	ZOLGENSMA 17.1-17.5 KG	225
XURIDEN	140	ZEPOSIA 7-DAY STARTER PACK	244	ZOLGENSMA 17.6-18.0 KG	225
XYLOCAINE	166	ZEPOSIA STARTER KIT	244	ZOLGENSMA 18.1-18.5 KG	225
XYLOCAINE MPF +RFID	166			ZOLGENSMA 18.6-19.0 KG	225

ZOLGENSMA 19.1-19.5 KG	225	ZYNTEGLO	161
ZOLGENSMA 19.6-20.0 KG	225	ZYNYZ	63
ZOLGENSMA 2.6-3.0 KG	225	ZYPREXA	81
ZOLGENSMA 20.1-20.5 KG	225	ZYPREXA RELPREVV	81
ZOLGENSMA 3.1-3.5 KG	225	ZYVOX	20
ZOLGENSMA 3.6-4.0 KG	225		
ZOLGENSMA 4.1-4.5 KG	225		
ZOLGENSMA 4.6-5.0 KG	225		
ZOLGENSMA 5.1-5.5 KG	225		
ZOLGENSMA 5.6-6.0 KG	225		
ZOLGENSMA 6.1-6.5 KG	225		
ZOLGENSMA 6.6-7.0 KG	225		
ZOLGENSMA 7.1-7.5 KG	225		
ZOLGENSMA 7.6-8.0 KG	226		
ZOLGENSMA 8.1-8.5 KG	226		
ZOLGENSMA 8.6-9.0 KG	226		
ZOLGENSMA 9.1-9.5 KG	226		
ZOLGENSMA 9.6-10.0 KG	226		
ZOLINZA	66		
ZOLMITRIPTAN	207		
zolmitriptan	207		
ZOLPIDEM TARTRATE	164		
zolpidem tartrate	165		
zolpidem tartrate er	165		
ZOMACTON	140		
ZOMACTON (FOR ZOMA-JET 10)	140		
ZONEGRAN	34		
ZONISADE	34		
zonisamide	34		
ZONTIVITY	158		
ZORTRESS	213		
ZOSYN	237		
zovia 1/35 (28)	104		
ZTALMY	34		
ZULRESSO	36		
zumandimine	104		
ZURZUVAE	36		
ZYDELIG	75		
ZYLET	231		
ZYNLONTA	61		