

Prescription drug list.



This “drug list” is a summary of the most commonly prescribed drugs that your insurance plan covers. **PRO TIP:** If you log in to your member account, you can use our drug search tool to view all the drugs your plan covers (i.e. the complete “formulary”), and see the costs of different medications.

Drug costs

Your formulary is divided into tiers. In most cases, drugs on lower tiers will cost you less. Additionally, there are preventive medications, that vary by age and gender (e.g., contraception for women or fluoride tablets for children), that may be available to you at no-out-of-pocket cost.

Some maintenance medications that you use regularly for chronic conditions such as asthma or diabetes may have additional coverage that makes them less expensive for you. However, coverage varies by plan and the cost-sharing amounts you pay for different drug tiers or categories of medications are shown on your Member Payment Summary (MPS) or our online search tool.

You can also call Pharmacy Services to find out how much a drug costs, whether it is covered by your insurance, and whether preauthorization or other steps are required for coverage. Scripius members call **800-442-3127**.

The formulary is regularly updated

The contents of the formulary are reviewed each month by our team of doctors and pharmacists. This team reviews and evaluates the clinical efficacy, safety, and cost effectiveness of all medications and may remove drugs from, or add drugs to, this list. Please note that the inclusion of a drug in the formulary does not guarantee that a healthcare provider will prescribe that drug for you.

Noncovered drug exceptions

For drugs that are not covered, you, your physician, or your pharmacy may request coverage based on medical necessity. Requests are granted on a case-by-case basis. Use the Drug Coverage Exception Form found on our website.

LEGEND

(PA) Preauthorization

Coverage of drugs is based on medical necessity. For certain drugs, you will need preauthorization from us; otherwise, you will be responsible to pay the drug’s full retail price.

(ST) Step Therapy

Drugs that require step therapy are covered only after you have tried an alternative therapy and it didn’t work (i.e., the drug didn’t alleviate your symptoms or caused adverse reactions). Step therapy most often applies to brand-name drugs.

(QL) Quantity Limits

Quantity limitations apply to certain drugs (e.g., opioids). Preauthorization is required if the medication exceeds the plan limits.

(AGE) Age limit

A minimum or maximum age limit requirement must be met for coverage.

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This information is available for free in other languages and alternate formats by contacting:

Scripius: **800-442-3127** / Select Health: **800-538-5038**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

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Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
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		
<i>caffeine citrate</i>	1	QL
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	3	ST, QL
STIMULANTS - MISC.		
<i>armodafinil</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
DAYTRANA	3	ST
<i>dexmethylphenidate hcl</i>	1	QL
<i>dexmethylphenidate hcl er</i>	1	QL
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
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	1	QL
<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

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

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (240 MG DAILY DOSE)	3	PA, QL
PALFORZIA (3 MG DAILY DOSE)	3	PA, QL
PALFORZIA (300 MG MAINTENANCE)	3	PA, QL
PALFORZIA (300 MG TITRATION)	3	PA, QL
PALFORZIA (40 MG DAILY DOSE)	3	PA, QL
PALFORZIA (6 MG DAILY DOSE)	3	PA, QL
PALFORZIA (80 MG DAILY DOSE)	3	PA, QL
PALFORZIA INITIAL DOSE 1-3YRS	3	PA, QL
PALFORZIA INITIAL DOSE 4-17YRS	3	PA, QL
PALFORZIA INITIAL ESCALATION	3	PA, QL
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		
ARIKAYCE	4	PA, QL
HUMATIN	3	
KITABIS PAK	4	PA, QL
<i>neomycin sulfate</i>	1	
TOBI PODHALER	4	PA, QL
<i>tobramycin 300 mg/5ml nebu soln</i>	1	QL
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	QL
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
AMJEVITA (10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ)	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
HADLIMA	1	PA, QL
HADLIMA PUSH TOUCH	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	4	ST, QL
RASUVO	2	ST, QL
CYCLOOXYGENASE 2 (COX-2) INHIBITORS		
<i>celecoxib</i>	1	
INTERLEUKIN-1 BLOCKERS		
ARCALYST	4	PA, QL
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET	4	PA, QL
INTERLEUKIN-6 RECEPTOR INHIBITORS		
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	1	PA, QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS		
<i>diclofenac-misoprostol</i>	1	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>diclofenac potassium 50 mg tab</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>flurbiprofen (50 mg tab, 100 mg tab)</i>	1	
<i>ibu</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	1	
<i>indomethacin er</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QL
<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 XR	4	PA, QL
OTEZLA/OTEZLA XR INITIATION PK	4	PA, QL
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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		
ANALGESICS OTHER		
<i>clonidine hcl (analgesia) 100 mcg/ml solution</i>	1	
<i>clonidine hcl (analgesia) 500 mcg/ml solution</i>	1	
DURACLON	3	
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

Drug Name	Drug Tier	Requirements / Limits
<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
<i>cvs aspirin</i>	1	QL, AGE
<i>cvs aspirin adult low dose</i>	1	QL, AGE
<i>cvs aspirin adult low strength</i>	1	QL, AGE
<i>cvs aspirin ec</i>	1	QL, AGE
<i>cvs aspirin low dose</i>	1	QL, AGE
<i>cvs aspirin low strength</i>	1	QL, AGE
<i>cvs 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>eql aspirin ec</i>	1	QL, AGE
<i>eql aspirin low dose</i>	1	QL, AGE
<i>ft aspirin</i>	1	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<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

ANALGESICS - OPIOID

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

Drug Name	Drug Tier	Requirements / Limits
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	
HYDROCODONE-ACETAMINOPHEN (2.5-325 MG TAB, 5-325 MG TAB, 7.5-325 MG TAB, 10-325 MG TAB)	1	QL
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	1	QL
OPIOID AGONISTS		
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	1	QL
DISKETS	1	QL
<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 (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 400 MCG TAB, 600 MCG LOZ HANDLE, 600 MCG TAB, 800 MCG LOZ HANDLE, 800 MCG TAB, 1600 MCG LOZ HANDLE)	1	QL
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
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	
<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>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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 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
<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
<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 (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 (2.5-300 mg tab, 2.5-325 mg tab, 5-300 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-300 mg/5ml solution, 10-325 mg tab)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
PROLATE 10-300 MG/5ML SOLUTION	3	QL
OPIOID PARTIAL AGONISTS		
BELBUCA	2	QL
BRIXADI	4	QL
BRIXADI (WEEKLY)	4	QL
<i>buprenorphine</i>	2	QL
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl</i>	1	QL
PENTAZOCINE-NALOXONE HCL	1	QL
SUBLOCADE	4	QL
TRAMADOL COMBINATIONS		
<i>tramadol-acetaminophen</i>	1	QL
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	QL
EC-RX TESTOSTERONE	3	
METHITEST	3	
<i>methyltestosterone</i>	1	
NATESTO	3	PA, QL
<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
TESTOSTERONE (10 MG/ACT (2%) GEL, 30 MG/ACT SOLUTION)	1	PA, QL
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	1	QL
TESTOSTERONE ENANTHATE	1	QL
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide (2 mg foam, 2 mg/act foam)</i>	1	ST, QL

Drug Name	Drug Tier	Requirements / Limits
<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	
HYDROCORTISONE ACETATE (25 MG SUPPOS, 30 MG SUPPOS)	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
ANTHELMINTICS		
<i>albendazole</i>	1	PA
BENZNIDAZOLE	3	
BILTRICIDE	3	
EMVERM	3	QL
<i>ivermectin 3 mg tab</i>	1	
<i>praziquantel</i>	1	
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	3	QL
FIRST-METRONIDAZOLE	3	
IMPAVIDO	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole (250 mg tab, 500 mg tab)</i>	1	
METRONIDAZOLE BENZO+SYRSPEND	3	
NEBUPENT	3	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	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>sulfatrim pediatric</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone</i>	1	
LAMPIT	3	PA, AGE
MEPRON	3	
<i>nitazoxanide</i>	1	QL
GLYCOPEPTIDES		
FIRVANQ	2	QL
VANCOGIN	3	QL
<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
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
CLEOCIN 75 MG/5ML RECON SOLN	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MONOBACTAMS		
CAYSTON	4	PA, QL
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp</i>	1	QL
<i>linezolid 600 mg tab</i>	1	QL
SIVEXTRO 200 MG TAB	4	PA, QL
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1	
HIPREX	3	
<i>methenamine hippurate</i>	1	
METHENAMINE MANDELATE (0.5 GM TAB, 1 GM TAB)	1	
NITROFURANTOIN (25 MG/5ML SUSPENSION, 50 MG/10ML SUSPENSION, 50 MG/5ML SUSPENSION)	1	AGE
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS		
HYOPHEN	3	
MB CAPS	1	
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	

Drug Name	Drug Tier	Requirements / Limits
VILAMIT MB	1	
ANTIANGINAL AGENTS		
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	
ANTIANKXIETY AGENTS		
ANTIANKXIETY AGENTS - MISC.		
<i>bupirone hcl</i>	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP)	1	
<i>meprobamate</i>	1	
BENZODIAZEPINES		
<i>alprazolam</i>	1	
<i>alprazolam er</i>	1	QL
<i>alprazolam xr</i>	1	QL
<i>chlordiazepoxide hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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 intensol</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	QL
XANAX XR	3	QL
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	1	
<i>quinidine gluconate er</i>	1	
QUINIDINE SULFATE	1	
ANTIARRHYTHMICS TYPE I-B		
<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>dofetilide</i>	1	
MULTAQ	2	SUM5 (IRS Buy Up List - Check Group)
<i>pacerone</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
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)
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL, 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, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	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>	1	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)
LEVALBUTEROL TARTRATE	1	QL, 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)
VENTOLIN HFA	2	QL, SUM5 (IRS Buy Up List - Check Group)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	3	SUM5 (IRS Buy Up List - Check Group)
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)

Drug Name	Drug Tier	Requirements / Limits
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)		
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
XANTHINES		
<i>elixophyllin</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>theophylline</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	SUM5 (IRS Buy Up List - Check Group)
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>warfarin sodium</i>	1	SUM5 (IRS Buy Up List - Check Group)
DIRECT FACTOR XA INHIBITORS		
ELIQUIS (0.15 MG CAP SPRINK, 0.5 MG TAB SOL)	2	QL, AGE
ELIQUIS (1.5 MG PACK)	2	QL, AGE
ELIQUIS (2 MG PACK)	2	QL, AGE
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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		
<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	
<i>heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution)</i>	1	
LOW MOLECULAR WEIGHT HEPARINS		
<i>enoxaparin sodium</i>	1	SUM5 (IRS Buy Up List - Check Group)
SYNTHETIC HEPARINOID-LIKE AGENTS		
<i>fondaparinux sodium</i>	1	PA, QL, SUM5 (IRS Buy Up List - Check Group)
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE		
<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		
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	
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam 10 mg tab</i>	1	QL
<i>clobazam 2.5 mg/ml suspension</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
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 XR	3	ST, QL
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	1	QL
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	QL
LAMICTAL (25 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	3	ST
LAMICTAL 25 MG CHEW TAB	3	ST, QL

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL 5 MG CHEW TAB	3	ST, QL
LAMICTAL ODT (25 MG TAB DISP, 50 MG TAB DISP, 100 MG TAB DISP, 200 MG TAB DISP)	3	ST
LAMICTAL XR (100 MG TAB ER 24H, 200 MG TAB ER 24H, 250 MG TAB ER 24H, 300 MG TAB ER 24H)	3	ST, QL
LAMICTAL XR (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	ST, QL
<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 (100 mg/ml solution, 500 mg/5ml solution)</i>	1	QL
<i>levetiracetam (500 mg tab, 750 mg tab, 1000 mg tab)</i>	1	QL
<i>levetiracetam 250 mg tab</i>	1	QL
<i>levetiracetam er</i>	1	QL
<i>oxcarbazepine (150 mg tab, 300 mg/5ml suspension)</i>	1	QL
<i>oxcarbazepine 300 mg tab</i>	1	QL
<i>oxcarbazepine 600 mg tab</i>	1	QL
<i>oxcarbazepine er (150 mg tab er 24h, 300 mg tab er 24h)</i>	3	QL

Drug Name	Drug Tier	Requirements / Limits
<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	QL
<i>rufinamide 40 mg/ml suspension</i>	2	QL
<i>rufinamide 400 mg tab</i>	2	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
<i>topiramate er (25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk)</i>	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<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
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
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

Drug Name	Drug Tier	Requirements / Limits
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		
DILANTIN (30 MG CAP, 100 MG CAP)	3	ST, QL
DILANTIN 125 MG/5ML SUSPENSION	2	ST, QL
DILANTIN INFATABS	2	ST
DILANTIN-125	3	ST, QL
<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 extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	QL
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	3	ST, QL

Drug Name	Drug Tier	Requirements / Limits
ZARONTIN 250 MG/5ML SOLUTION	3	ST
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		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine</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		
ZURZUVAE	4	PA, QL
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	3	ST, QL
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)

Drug Name	Drug Tier	Requirements / Limits
<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 (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>sertraline hcl 20 mg/ml conc</i>	1	QL, 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	
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	

Drug Name	Drug Tier	Requirements / Limits
<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		
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)
<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)

Drug Name	Drug Tier	Requirements / Limits
BAQSIMI TWO PACK	2	SUM5 (IRS Buy Up List - Check Group)
<i>diazoxide</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>glucagon emergency 1 mg recon soln</i>	1	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)
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)

Drug Name	Drug Tier	Requirements / Limits
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	QL, SUM5 (IRS Buy Up List - Check Group)
HUMULIN R U-500 KWIKPEN	2	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)
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)

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

Drug Name	Drug Tier	Requirements / Limits
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
TRULICITY	2	PA, QL, SUM5 (IRS Buy Up List - Check Group)
INSULIN-INCRETIN MIMETIC COMBINATIONS		
SOLIQUA	2	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	PA, 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)
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)

Drug Name	Drug Tier	Requirements / Limits
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		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1	
OPIUM	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	3	
<i>deferasirox (125 mg tab sol, 250 mg tab sol, 500 mg tab sol)</i>	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<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
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	
<i>naltrexone hcl</i>	1	
VIVITROL	4	QL
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<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
ONDANSETRON HCL 24 MG TAB	1	
<i>ondansetron hcl 4 mg/5ml solution</i>	1	
SANCUSO	3	PA, QL
ANTIEMETICS - ANTICHOLINERGIC		
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>dronabinol</i>	1	PA, QL
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
EMEND 125 MG/5ML RECON SUSP	3	QL
VARUBI (180 MG DOSE)	3	QL
ANTIFUNGALS		
<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 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
<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	
SPORANOX 100 MG CAP	3	QL
SPORANOX PULSEPAK	3	QL

Drug Name	Drug Tier	Requirements / Limits
<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
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
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
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		
<i>promethazine hcl (12.5 mg suppos, 25 mg suppos)</i>	1	
<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		
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, 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)
<i>lovastatin</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<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		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	SUM5 (IRS Buy Up List - Check Group)
TRANDOLAPRIL-VERAPAMIL HCL ER	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
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)
<i>lisinopril-hydrochlorothiazide</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
QUINAPRIL-HYDROCHLOROTHIAZIDE	1	SUM5 (IRS Buy Up List - Check Group)
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER	4	PA, QL
<i>metirosine</i>	1	PA, QL
<i>phenoxybenzamine hcl</i>	1	PA, QL
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)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<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	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)
<i>metoprolol-hydrochlorothiazide</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
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>minoxidil</i>	1	SUM5 (IRS Buy Up List - Check Group)
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	3	
CHLOROQUINE PHOSPHATE (250 MG TAB, 500 MG TAB)	1	
DARAPRIM	4	PA, QL
HYDROXYCHLOROQUINE SULFATE (100 MG TAB, 200 MG TAB, 300 MG TAB, 400 MG TAB)	1	
KRINTAFEL	3	QL
<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		
FIRDAPSE	4	PA, QL
<i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>	1	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	1	AGE

Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide er 180 mg tab er</i>	1	QL
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1	
PRETOMANID	1	PA, QL
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
SIRTURO	4	PA, QL
TRECTOR	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
MYLERAN	3	
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
ANTIESTROGENS		
FARESTON	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
SOLTAMOX	3	
<i>tamoxifen citrate</i>	1	QL
<i>toremifene citrate</i>	1	PA, QL
ANTIMETABOLITES		
<i>capecitabine</i>	1	QL
<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	
<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	
ONUREG	4	PA, QL
PURIXAN	4	PA, QL
TABLOID	3	QL
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
TRUQAP 200 MG TAB	4	PA, QL
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	4	PA, QL
LORBRENA	4	PA, QL
XALKORI	4	PA, QL
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	4	PA, QL
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA 100 MG TAB	4	PA, QL
VENCLEXTA 50 MG TAB	4	PA, QL
VENCLEXTA STARTING PACK	4	PA, QL
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
BOSULIF (100 MG TAB, 400 MG TAB, 500 MG TAB)	4	PA, QL
BOSULIF 100 MG CAP	4	PA, QL
BOSULIF 50 MG CAP	4	PA, QL
<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 - BRAF KINASE INHIBITORS		
BRAFTOVI	4	PA, QL
TAFINLAR (50 MG CAP, 75 MG CAP)	4	PA, QL
ZELBORAF	4	PA, QL
ANTINEOPLASTIC - BTK INHIBITORS		
BRUKINSA 160 MG TAB	4	PA, QL
BRUKINSA 80 MG CAP	4	PA, QL
CALQUENCE 100 MG TAB	4	PA, QL
IMBRUVICA (140 MG CAP, 420 MG TAB)	4	PA, QL
IMBRUVICA 70 MG CAP	4	PA, QL
JAYPIRCA 100 MG TAB	4	PA, QL
JAYPIRCA 50 MG TAB	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl</i>	4	PA, QL
<i>gefitinib</i>	4	PA, QL
TAGRISSO	4	PA, QL
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 - 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		
FARYDAK	4	PA, QL
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

Drug Name	Drug Tier	Requirements / Limits
LUMAKRAS	4	PA, QL
ANTINEOPLASTIC - MEK INHIBITORS		
COTELLIC	4	PA, QL
KOSELUGO (10 MG CAP, 25 MG CAP)	4	PA, QL
KOSELUGO (5 MG CAP SPRINK, 7.5 MG CAP SPRINK)	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
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	PA, QL
<i>torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	PA, QL
<i>yulithira (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	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

Drug Name	Drug Tier	Requirements / Limits
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</i>	1	PA, QL
TURALIO 125 MG CAP	4	PA, QL
VANFLYTA	4	PA, QL
XOSPATA	4	PA, QL
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	4	PA, QL
ANTINEOPLASTIC - PROTEASOME INHIBITORS		
NINLARO	4	PA, QL
ANTINEOPLASTIC - RET INHIBITORS		
GAVRETO	4	PA, QL
RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)	4	PA, QL
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS		
ROZLYTREK (100 MG CAP, 200 MG CAP)	4	PA, QL
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	4	PA, QL
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (60 MG TWICE WEEKLY)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	4	PA, QL
XPOVIO (80 MG TWICE WEEKLY)	4	PA, QL
ANTINEOPLASTIC COMBINATIONS		
INQOVI	4	PA, QL
LONSURF 15-6.14 MG TAB	4	PA, QL
LONSURF 20-8.19 MG TAB	4	PA, QL
ANTINEOPLASTICS MISC.		
BESREMI	4	PA, QL
HYDREA	2	
<i>hydroxyurea</i>	1	
MATULANE	3	
AROMATASE INHIBITORS		
<i>anastrozole</i>	1	QL
<i>exemestane</i>	1	QL
<i>letrozole</i>	1	QL
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
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	QL
IMIDAZOTETRAZINES		
<i>temozolomide</i>	1	QL
ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS		
VORANIGO	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
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, 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
LUPRON DEPOT (4-MONTH)	4	QL
LUPRON DEPOT (6-MONTH)	4	QL
LUTRATE DEPOT	4	QL
ZOLADEX	4	QL
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	1	
NITROGEN MUSTARDS AND RELATED ANALOGUES		
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	1	
LEUKERAN	3	
NITROSOUREAS		
<i>lomustine</i>	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
COPIKTRA	4	PA, QL
PIQRAY (200 MG DAILY DOSE)	4	PA, QL
PIQRAY (250 MG DAILY DOSE)	4	PA, QL
PIQRAY (300 MG DAILY DOSE)	4	PA, QL
ZYDELIG	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
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	4	QL
URINARY TRACT PROTECTIVE AGENTS		
<i>mesna 400 mg tab</i>	4	QL
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS		
FRUZAQLA 1 MG CAP	4	PA, QL
FRUZAQLA 5 MG CAP	4	PA, QL
INLYTA	4	PA, QL
LENVIMA (10 MG DAILY DOSE)	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
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
ANTIPARKINSON AND RELATED THERAPY AGENTS		
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
<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	

Drug Name	Drug Tier	Requirements / Limits
LEVODOPA COMBINATIONS		
<i>carbidopa-levodopa</i>	1	QL
CARBIDOPA-LEVODOPA ER (23.75-95 MG CAP ER, 36.25-145 MG CAP ER, 48.75-195 MG CAP ER, 61.25-245 MG CAP ER)	3	ST
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	1	QL
<i>carbidopa-levodopa-entacapone</i>	1	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS		
<i>apomorphine hcl</i>	4	PA, QL
NEUPRO	3	ST, QL
<i>pramipexole dihydrochloride</i>	1	QL
<i>pramipexole dihydrochloride er</i>	1	ST, QL
<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		
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.		
<i>lurasidone hcl</i>	1	
NUPLAZID	4	PA, QL
<i>ziprasidone hcl</i>	1	
BENZISOXAZOLES		
ERZOFRI	4	QL

Drug Name	Drug Tier	Requirements / Limits
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	QL
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	QL
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 (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
UZEDY 100 MG/0.28ML SUSP PRSYR	4	QL
BUTYROPHENONES		
<i>haloperidol</i>	1	
<i>haloperidol lactate 2 mg/ml conc</i>	1	
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		
<i>loxapine succinate</i>	1	
DIHYDROINDOLONES		
MOLINDONE HCL	1	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>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	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<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
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	

Drug Name	Drug Tier	Requirements / Limits
<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		
FORMALDEHYDE	1	
IODINE ANTISEPTICS		
LUGOLS STRONG IODINE	3	
ANTIVIRALS		
ANTIRETROVIRAL COMBINATIONS		
<i>abacavir sulfate-lamivudine</i>	1	QL
BIKTARVY	4	QL
CIMDUO	4	QL
COMPLERA	4	QL
DELSTRIGO	4	QL
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

Drug Name	Drug Tier	Requirements / Limits
<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 (20 MG/ML SOLUTION, 150 MG TAB, 300 MG TAB)	4	QL
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR		
RUKOBIA	4	PA, QL
ANTIRETROVIRALS - INTEGRASE INHIBITORS		
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, 100 MG TAB)	4	QL

Drug Name	Drug Tier	Requirements / Limits
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
<i>efavirenz 600 mg tab</i>	1	QL
<i>etravirine</i>	1	QL
INTELENCE (25 MG TAB, 100 MG TAB, 200 MG TAB)	4	QL
<i>nevirapine (50 mg/5ml suspension, 200 mg tab)</i>	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

Drug Name	Drug Tier	Requirements / Limits
<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 (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB)	4	QL
ANTIRETROVIRALS ADJUVANTS		
TYBOST	4	QL
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	4	QL, SUM5 (IRS Buy Up List - Check Group)
PAXLOVID (300/100 & 150/100)	4	QL, SUM5 (IRS Buy Up List - Check Group)
PAXLOVID (300/100)	4	QL, SUM5 (IRS Buy Up List - Check Group)
CMV AGENTS		
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

Drug Name	Drug Tier	Requirements / Limits
HARVONI 45-200 MG PACKET	4	ST, QL
LEDIPASVIR-SOFOSBUVIR	4	ST, QL
MAVYRET 100-40 MG TAB	4	QL
MAVYRET 50-20 MG PACKET	4	QL
SOFOSBUVIR-VELPATASVIR	4	QL
VOSEVI	4	QL
HEPATITIS C AGENTS		
PEGASYS	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>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)
NEURAMINIDASE INHIBITORS		
<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	1	QL
RELENZA DISKHALER	3	QL
TAMIFLU (6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP)	3	QL
PA ENDONUCLEASE INHIBITORS		
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	QL
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	QL

Drug Name	Drug Tier	Requirements / Limits
RSV AGENTS - NUCLEOSIDE ANALOGUES		
<i>ribavirin 6 gm recon soln</i>	1	QL
VIRAZOLE	4	QL
BETA BLOCKERS		
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)
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)
<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>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)

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	1	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)
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>cartia xt</i>	1	SUM5 (IRS Buy Up List - Check Group)
<i>dilt-xr</i>	1	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
<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		
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	
CARDIOVASCULAR AGENTS - MISC.		
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)

Drug Name	Drug Tier	Requirements / Limits
<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)
PROSTAGLANDIN VASODILATORS		
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
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 MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 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
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
<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 200 & 800 MCG TAB THPK	4	PA, QL
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS		
<i>tadalafil (2.5 mg tab, 10 mg tab, 20 mg tab)</i>	1	PA, QL
<i>tadalafil 5 mg tab</i>	1	ST, QL
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

Drug Name	Drug Tier	Requirements / Limits
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
<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	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	1	
CEFACLOR ER	1	
<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	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	1	
<i>cefepodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	1	
CONTRACEPTIVES		
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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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>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)

Drug Name	Drug Tier	Requirements / Limits
<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 (1-35 tab, 1-50 tab)</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)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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>lutera</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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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)
VALTYA 1/50	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)
<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)

Drug Name	Drug Tier	Requirements / Limits
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)
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
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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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 - 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 - ORAL		
<i>camila</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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
ARANELLE	3	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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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

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	
<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	
DEXAMETHASONE INTENSOL	3	
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	
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>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	
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	3	
<i>taperdex 6-day</i>	1	
TARPEYO	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
MINERALOCORTICIDS		
<i>fludrocortisone acetate</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVE - NONNARCOTIC		
<i>benzonatate (100 mg cap, 200 mg cap)</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
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
<i>promethazine-codeine</i>	1	
DERMATOLOGICALS		
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
ERYTHROMYCIN (2 % GEL, 2 % SOLUTION)	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

Drug Name	Drug Tier	Requirements / Limits
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>neucac 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, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION, 10-5 % SUSPENSION)	1	
SULFACETAMIDE-SULFUR IN UREA	1	
SULFACLEANSE 8/4	1	
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>amnesteam</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

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin microsphere 0.04 % gel</i>	2	ST, AGE
TRETINOIN MICROSPHERE 0.04 % GEL	2	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	
XEPI	3	QL
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
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	

Drug Name	Drug Tier	Requirements / Limits
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
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
METHOXSALLEN 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

Drug Name	Drug Tier	Requirements / Limits
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
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	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
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>triamcinolone acetonide 0.147 mg/gm aero soln</i>	1	QL
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	
ECOZA	3	QL
<i>ketoconazole (2 % cream, 2 % shampoo)</i>	1	
<i>ketoconazole 2 % foam</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<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	
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	
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
HYFTOR	4	PA, QL
<i>pimecrolimus</i>	1	ST, QL
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	QL
MISC. TOPICAL		
ARNICA FLOWER	1	
BORIC ACID GRANULES	1	

Drug Name	Drug Tier	Requirements / Limits
DRYSOL	3	
QBREXZA	3	QL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	QL
ROSACEA AGENTS		
<i>azelaic acid</i>	1	
<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	
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	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene 1 % gel</i>	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
TOPICAL STEROID COMBINATIONS		
<i>calcipotriene-betameth diprop</i>	1	ST
WOUND CARE - GROWTH FACTOR AGENTS		
REGRANEX	3	QL
WOUND DRESSINGS		
FILSUVEZ	4	PA, QL
DIAGNOSTIC PRODUCTS		
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

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

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

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

Drug Name	Drug Tier	Requirements / Limits
GHT TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCO PERFECT 3 TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOCARD 01 SENSOR PLUS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOCARD EXPRESSION TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOCARD SHINE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOCARD VITAL TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOCARD X-SENSOR	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOCOM TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCONAVII BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
GLUCOSE METER TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
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)

Drug Name	Drug Tier	Requirements / Limits
HW EMBRACE TALK GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
IGLUCOSE TEST STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
IHEALTH BLOOD GLUCOSE TEST STR	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
IN TOUCH BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
INFINITY BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
INFINITY VOICE STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
KROGER BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
KROGER HEALTHPRO GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
KROGER PREMIUM GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
LIBERTY NEXT GENERATION TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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	2	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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
RIGHTTEST GS550 BLOOD GLUCOSE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
RIGHTTEST GT333 BLOOD GLUCOSE STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
RIGHTTEST GT333 GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
SMART SENSE PREMIUM TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
SMART SENSE VALUE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
SMARTEST BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
SOLUS V2 TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
SUPREME TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TGT BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TRUE FOCUS BLOOD GLUCOSE STRIP	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TRUE METRIX BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TRUE METRIX PRO BLOOD GLUCOSE	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TRUENESS BLOOD GLUCOSE STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TRUETEST TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
TRUETRACK TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
UNISTRIP1 GENERIC	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
VERASENS BLOOD GLUCOSE TEST	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)
VIVAGUARD INO TEST STRIPS	3	PA, QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
MULTIPLE SKIN TESTS		
T.R.U.E. TEST	3	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	2	QL
SUCRAID	4	PA, QL
ZENPEP	2	QL
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>dichlorphenamide</i>	4	PA, QL, AGE
KEYEYIS	4	PA, QL, AGE
<i>methazolamide</i>	1	
<i>ormalvi</i>	4	PA
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>ethacrynic acid</i>	1	PA, QL, SUM5 (IRS Buy Up List - Check Group)
<i>furosemide (10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	
<i>torseamide</i>	1	SUM5 (IRS Buy Up List - Check Group)
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	SUM5 (IRS Buy Up List - Check Group)
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>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)
THALITONE	2	SUM5 (IRS Buy Up List - Check Group)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADENOSINE DEAMINASE SCID TREATMENT - AGENTS		
REVCovi	4	QL
BISPHOSPHONATES		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)

Drug Name	Drug Tier	Requirements / Limits
<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>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)
CALCIMIMETIC AGENTS		
<i>cinacalcet hcl</i>	1	QL
CALCITONINS		
<i>calcitonin (salmon) 200 unit/act solution</i>	1	SUM5 (IRS Buy Up List - Check Group)
CARNITINE REPLENISHER - AGENTS		
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR		
XPHOZAH	4	PA, QL
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		
GALAFOLD	4	PA, QL, AGE
GAA DEFICIENCY TREATMENT - AGENTS		
OPFOLDA	2	PA, QL

Drug Name	Drug Tier	Requirements / Limits
GNRH/LHRH ANTAGONISTS		
ORLISSA	4	PA, QL
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	4	PA, QL
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	
CALCITRIOL 1 MCG/ML SOLUTION	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>calcitriol 1 mcg/ml solution</i>	1	QL
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	
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 FACTORS (SOMATOMEDINS)		
INCRELEX	4	PA, QL
LEPTIN ANALOGUES		
MYALEPT	4	PA, QL
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT-PED (1-MONTH)	4	QL
LUPRON DEPOT-PED (3-MONTH)	4	QL
SYNAREL	4	PA, QL
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
PREGNYL	3	PA
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)
JUBBONTI	4	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
JYNARQUE 15 MG TAB THPK	4	PA, QL
SAMSCA	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

Drug Name	Drug Tier	Requirements / Limits
<i>tolvaptan (hyponatremia) 30 mg tab</i>	1	PA, QL
SOMATOSTATIC AGENTS		
BYNFEZIA PEN	4	PA, QL
<i>lanreotide acetate</i>	4	PA, QL
MYCAPSSA	4	PA, 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
SIGNIFOR	4	PA, QL
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	4	PA, QL
SOMATULINE DEPOT 60 MG/0.2ML SOLUTION	4	PA, QL
SOMATULINE DEPOT 90 MG/0.3ML SOLUTION	4	PA, QL
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

Drug Name	Drug Tier	Requirements / Limits
VASOPRESSIN		
DDAVP (0.1 MG TAB, 0.2 MG TAB)	3	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
ESTROGENS		
ESTROGEN & ANDROGEN		
<i>est estrogens-methyltest</i>	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

Drug Name	Drug Tier	Requirements / Limits
PREMPRO	3	QL
ESTROGEN-PROGESTIN-GNRH ANTAGONIST		
MYFEMBREE	4	PA, QL
ORIAHNN	4	PA, QL
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB		
DUAVEE	2	QL
ALORA (0.025 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW)	3	QL
CLIMARA	3	
DELESTROGEN (10 MG/ML OIL, 20 MG/ML OIL)	3	
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 (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	1	
ESTROGEL	3	QL
EVAMIST	3	QL
<i>lyllana</i>	1	QL
MENEST	3	QL

Drug Name	Drug Tier	Requirements / Limits
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
VIVELLE-DOT	3	QL
FLUOROQUINOLONES		
BAXDELA 450 MG TAB	4	PA, QL
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	1	
OFLOXACIN (300 MG TAB, 400 MG TAB)	1	
GASTROINTESTINAL AGENTS - MISC.		
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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, 500 MG CAP ER)	2	QL
SFROWASA	3	
<i>sulfasalazine</i>	1	
INTEGRIN RECEPTOR ANTAGONISTS		
ENTYVIO PEN	4	PA, QL
INTERLEUKIN ANTAGONISTS		
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	4	PA, QL
INTESTINAL ACIDIFIERS		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
LIVE FECAL MICROBIOTA (HUMAN)		
VOWST	4	ST, QL

Drug Name	Drug Tier	Requirements / Limits
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan</i>	1	PA, QL
MOVANTIK	2	QL
RELISTOR (12 MG/0.6ML SOLN PRSYR, 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
<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

Drug Name	Drug Tier	Requirements / Limits
CIMZIA-STARTER	4	PA, QL
GENITOURINARY AGENTS - MISCELLANEOUS		
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	
SOD CITRATE-CITRIC ACID (1.5-1 GM/15ML SOLUTION, 3-2 GM/30ML SOLUTION, 500-334 MG/5ML SOLUTION)	1	
SODIUM CITRATE-CITRIC ACID	1	
TRICITRATES	1	
CYSTINOSIS AGENTS		
CYSTAGON	2	
GENITOURINARY IRRIGANTS		
<i>acetic acid 0.25 % solution</i>	1	
ARGYLE STERILE SALINE	1	
CURITY STERILE SALINE	1	

Drug Name	Drug Tier	Requirements / Limits
<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
PHOSPHATES		
K-PHOS NO 2	3	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS		
<i>dutasteride-tamsulosin hcl</i>	1	QL
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)		
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	
THIOLA	4	QL
<i>tiopronin 100 mg tab</i>	1	QL
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	QL
<i>febuxostat</i>	1	QL
URICOSURICS		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTI-VON WILLEBRAND FACTOR AGENTS		
CABLIVI	4	PA, QL, SUM5 (IRS Buy Up List - Check Group)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	4	PA, QL
COMPLEMENT C5A RECEPTOR INHIBITORS		
TAVNEOS	4	PA, QL
DIRECT-ACTING P2Y12 INHIBITORS		
<i>ticagrelor</i>	1	QL, SUM5 (IRS Buy Up List - Check Group)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	1	
PHOSPHODIESTERASE III INHIBITORS		
<i>cilostazol</i>	1	SUM5 (IRS Buy Up List - Check Group)
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO (110 MG CAP, 150 MG CAP)	4	PA, QL, AGE
ORLADEYO (72 MG PACKET, 96 MG PACKET, 108 MG PACKET, 132 MG PACKET)	4	PA, QL, AGE
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES		
TAKHZYRO	4	PA, QL
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)
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)
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	4	PA, QL
<i>miglustat</i>	4	PA, QL
<i>yargesa</i>	4	PA, QL
AMINO ACIDS		
ENDARI	4	PA, QL
<i>L-glutamine 5 gm packet</i>	4	PA, QL
COBALAMINS		
<i>cyanocobalamin (500 mcg/0.1ml solution, 2000 mcg/ml solution)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	QL
CYTOTOXIC AGENTS		
DROXIA	3	
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>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	
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
<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

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 supplement</i>	1	QL, AGE
<i>iron supplement childrens</i>	1	QL, AGE
<i>one vite ferrous sulfate 220 (44 fe) mg/5ml solution</i>	1	QL, AGE
<i>pc pediatric iron drops</i>	1	QL, AGE
IRON COMBINATIONS		
HEMATOGEN FA	3	QL
MULTIGEN	3	QL
MULTIGEN FOLIC	3	QL
MULTIGEN PLUS	3	QL
TRIGELS-F FORTE	1	QL
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
PROMACTA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	4	PA, QL
HEMOSTATICS		
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>tranexamic acid 650 mg tab</i>	1	QL
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<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	

Drug Name	Drug Tier	Requirements / Limits
BENZODIAZEPINE HYPNOTICS		
<i>estazolam</i>	1	QL
FLURAZEPAM HCL	1	ST, QL
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
<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 MELATONIN RECEPTOR AGONISTS		
HETLIOZ LQ	4	QL, AGE
<i>ramelteon</i>	1	QL
LAXATIVES		
BOWEL EVACUANT COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	2	
GAVILYTE-C	3	
<i>gavilyte-g</i>	1	
GOLYTELY	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
MACROLIDES		
AZITHROMYCIN		
<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 (250 MG TAB, 500 MG TAB)	3	QL
ZITHROMAX TRI-PAK	3	QL
ZITHROMAX Z-PAK	3	QL
CLARITHROMYCIN		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	1	
<i>clarithromycin er</i>	1	
ERYTHROMYCINS		
<i>e.e.s. 400</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp)</i>	1	AGE
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	
FIDAXOMICIN		
DIFICID 200 MG TAB	4	PA, QL
<i>fidaxomicin</i>	4	PA, QL
MEDICAL DEVICES AND SUPPLIES		
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)

Drug Name	Drug Tier	Requirements / Limits
K-Y ME & YOU INTENSE	2	QL, SUM5 (IRS Buy Up List - Check Group)
KAMELEON LUBRICATED	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO COLORS	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO MAXX-LARGE FLARE	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO MICRO THIN	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO MICRO THIN PLUS	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO PLUS	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO PS	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO PS PLUS	2	QL, SUM5 (IRS Buy Up List - Check Group)
KIMONO SENSATION	2	QL, SUM5 (IRS Buy Up List - Check Group)
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)

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

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

Drug Name	Drug Tier	Requirements / Limits
ADVOCATE SAFETY LANCETS 21G	1	QL
ADVOCATE SAFETY LANCETS 23G	1	QL
ADVOCATE SAFETY LANCETS 26G	1	QL
ADVOCATE SAFETY LANCETS 28G	1	QL
AGAMATRIX ULTRA-THIN LANCETS	1	QL
AIMSCO TWIST LANCETS 32G	1	QL
AIMSCO TWIST LANCETS 33G	1	QL
AQUALANCE LANCETS 30G	1	QL
ASSURE COMFORT LANCETS 28G	1	QL
ASSURE LANCE LANCETS	1	QL
ASSURE LANCE LANCETS 21G	1	QL
ASSURE LANCE PLUS SAFETY 25G	1	QL
ASSURE LANCE PLUS SAFETY 30G	1	QL
ASSURE LANCE SAFETY LANCET 28G	1	QL
AURORA LANCET SUPER THIN 30G	1	QL
AURORA LANCET THIN 23G	1	QL
BD MICROTAINER LANCETS	1	QL
CAREONE LANCET SUPER THIN 30G	1	QL
CAREONE LANCET THIN 23G	1	QL
CARESENS LANCETS	1	QL
CARESENS LANCETS 30G	1	QL
CARETOUCH SAFETY LANCETS	1	QL
CARETOUCH SAFETY LANCETS 26G	1	QL
CARETOUCH TWIST LANCETS 28G	1	QL
CARETOUCH TWIST LANCETS 30G	1	QL
CARETOUCH TWIST LANCETS 33G	1	QL
CARETOUCH TWIST MC LANCETS 30G	1	QL
CHOSEN LANCETS 30G	1	QL

Drug Name	Drug Tier	Requirements / Limits
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
DEXCOM G7 RECEIVER	2	ST, QL, AGE
DEXCOM G7 SENSOR	2	ST, QL, AGE

Drug Name	Drug Tier	Requirements / Limits
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
EASY TOUCH LANCETS 32G/TWIST	1	QL
EASY TOUCH LANCETS 33G/TWIST	1	QL

Drug Name	Drug Tier	Requirements / Limits
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 LANCETS	1	QL
FREESTYLE LIBRE 14 DAY READER	2	ST, QL, AGE
FREESTYLE LIBRE 14 DAY SENSOR	2	ST, QL, AGE
FREESTYLE LIBRE 2 PLUS SENSOR	2	ST, QL, AGE

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

Drug Name	Drug Tier	Requirements / Limits
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	PA, 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
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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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	PA, 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
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

Drug Name	Drug Tier	Requirements / Limits
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
PRECISION XTRA	2	QL
PREFERRED PLUS LANCETS COLORED	1	QL
PREFERRED PLUS LANCETS THIN	1	QL
PRO COMFORT LANCETS 30G	1	QL
PRO COMFORT LANCETS 31G	1	QL
PRO COMFORT SAFETY LANCETS 30G	1	QL
PRODIGY LANCETS 28G	1	QL
PRODIGY SAFETY LANCETS 26G	1	QL
PRODIGY TWIST TOP LANCETS 28G	1	QL
PSS SELECT GP LANCETS	1	QL
PSS SELECT SAFETY LANCETS	1	QL
PURE COMFORT LANCETS 30G	1	QL
PURE COMFORT SAFETY LANCET 30G	1	QL

Drug Name	Drug Tier	Requirements / Limits
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
RIGHTEST GL300 LANCETS	1	QL
SAFE-T-LANCE	1	QL
SAFE-T-LANCE PLUS	1	QL
SAFETY LANCET 30G/PRESSURE ACT	1	QL
SAFETY LANCETS	1	QL
SAFETY LANCETS 21G	1	QL

Drug Name	Drug Tier	Requirements / Limits
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
SUPER THIN LANCETS	1	QL
SURE COMFORT LANCETS 18G	1	QL
SURE COMFORT LANCETS 21G	1	QL
SURE COMFORT LANCETS 23G	1	QL

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

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

Drug Name	Drug Tier	Requirements / Limits
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
VERIFINE UNIVERSAL LANCETS 33G	1	QL
VIDA MIA UNILET LANCETS 28G	1	QL
VIDA MIA UNILET LANCETS 30G	1	QL
VIVAGUARD LANCETS	1	QL

Drug Name	Drug Tier	Requirements / Limits
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
ZEVRX TWIST TOP LANCETS 30G	1	QL
INSULIN ADMINISTRATION SUPPLIES		
ACCU-CHEK LINKASSIST	3	PA, QL
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
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
ADVOCATE INSULIN PEN NEEDLES	2	QL

Drug Name	Drug Tier	Requirements / Limits
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 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	
BD ECLIPSE SYRINGE	3	
BD ECLIPSE SYRINGE/NEEDLE	3	

Drug Name	Drug Tier	Requirements / Limits
BD FILTER NEEDLE	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	
BD SAFETYGLIDE ALLERGY SYRINGE	3	
BD SAFETYGLIDE INSULIN SYRINGE	2	QL
BD SAFETYGLIDE NEEDLE	3	

Drug Name	Drug Tier	Requirements / Limits
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	
CARETOUCH CATHETER TIP SYRINGE	3	
CARETOUCH HYPODERMIC NEEDLE	3	
CARETOUCH INSULIN SYRINGE	2	QL

Drug Name	Drug Tier	Requirements / Limits
CARETOUCH LUER LOCK	3	
CARETOUCH LUER LOCK SYR/NEEDLE	3	
CARETOUCH LUER SLIP	3	
CARETOUCH PEN NEEDLES	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 MART UNIFINE PENTIPS PLUS	2	QL
EASY COMFORT INSULIN SYRINGE	2	QL
EASY COMFORT PEN NEEDLES	2	QL
EASY GLIDE CATH TIP SYRINGE	3	

Drug Name	Drug Tier	Requirements / Limits
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	
EASY TOUCH TB FLIPLOCK SYRINGE	3	
EASY TOUCH TB SHEATHLOCK SYR	3	
EASYPOINT NEEDLE	3	
EASYPOINT NEEDLE/SYRINGE	3	

Drug Name	Drug Tier	Requirements / Limits
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
GLUCOPRO INSULIN SYRINGE	2	QL
GNP CLICKFINE PEN NEEDLES	2	QL
GNP INSULIN SYRINGE	2	QL
GNP INSULIN SYRINGES	2	QL

Drug Name	Drug Tier	Requirements / Limits
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 (19G X 1" MISC, 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, 19G X 1" MISC, 19G X 1-1/2" MISC, 20G X 1" MISC, 20G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC, 23G X 1" MISC, 23G X 1-1/2" MISC, 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 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	
MONOJECT SOFTPACK/LTIP	3	

Drug Name	Drug Tier	Requirements / Limits
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
PC UNIFINE PENTIPS	2	QL
PEN NEEDLE/5-BEVEL TIP	1	QL
PEN NEEDLES	1	QL
PEN NEEDLES 5/16"	1	QL

Drug Name	Drug Tier	Requirements / Limits
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
RAYA SURE PEN NEEDLE	2	QL
REALITY INSULIN SYRINGE	2	QL

Drug Name	Drug Tier	Requirements / Limits
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	
SYRINGE/HYPODERMIC SAFETY	1	
TECHLITE INSULIN SYRINGE	2	QL

Drug Name	Drug Tier	Requirements / Limits
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
ULTIGUARD SAFEPACK SYR/NEEDLE	2	QL
ULTILET PEN NEEDLE	2	QL

Drug Name	Drug Tier	Requirements / Limits
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
VERIFINE INSULIN SYRINGE	2	QL
VERIFINE PLUS PEN NEEDLE	2	QL

Drug Name	Drug Tier	Requirements / Limits
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	
ZEV RX INSULIN SYRINGE	2	QL
ZEV RX PEN NEEDLES	2	QL
RESPIRATORY THERAPY SUPPLIES		
ACE AEROSOL CLOUD ENHANCER	2	
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
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	QL
AEROCHAMBER Z-STAT PLUS/SMALL	2	QL

Drug Name	Drug Tier	Requirements / Limits
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
OPTICHAMBER DIAMOND-MD MASK	2	QL
OPTICHAMBER DIAMOND-SM MASK	2	QL

Drug Name	Drug Tier	Requirements / Limits
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

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
<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
<i>eletriptan hydrobromide</i>	1	QL
<i>frovatriptan succinate</i>	1	ST, QL
IMITREX STATDOSE REFILL	3	ST, QL

Drug Name	Drug Tier	Requirements / Limits
<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)</i>	1	ST, QL
<i>sumatriptan succinate 6 mg/0.5ml solution</i>	2	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		
FLUORIDE		
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG TAB, 2.2 (1 F) MG CHEW TAB, 2.2 (1 F) MG TAB)	1	QL, AGE
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	QL, AGE
PHOSPHATE		
K-PHOS	3	
K-PHOS-NEUTRAL	1	
PHOSPHA 250 NEUTRAL	1	
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOSPHO-TRIN K500	3	
PHOSPHOROUS	1	
<i>virt-phos 250 neutral</i>	1	
WES-PHOS 250 NEUTRAL	1	

Drug Name	Drug Tier	Requirements / Limits
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	2	
<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	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	1	
POTASSIUM CHLORIDE ER 15 MEQ TAB ER	3	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>sodium chloride flush</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
ANTILEPTOTICS		
THALOMID (50 MG CAP, 100 MG CAP)	4	PA, QL
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS		
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	4	PA, QL
CHELATING AGENTS		
<i>penicillamine</i>	4	PA, QL
<i>trientine hcl 250 mg cap</i>	4	PA, QL
TRIENTINE HCL 500 MG CAP	4	QL
CYCLOSPORINE ANALOGS		
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	1	
<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	
FARNESYLTRANSFERASE INHIBITORS		
ZOKINVY	4	PA, QL, AGE
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES		
<i>lenalidomide</i>	4	PA, QL
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
CELLCEPT (250 MG CAP, 500 MG TAB)	3	

Drug Name	Drug Tier	Requirements / Limits
CELLCEPT 200 MG/ML RECON SUSP	2	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	1	
<i>mycophenolate sodium</i>	1	QL
<i>mycophenolic acid</i>	1	QL
MYFORTIC	3	QL
MYHIBBIN	3	
IRRIGATION SOLUTIONS		
ARGYLE STERILE WATER	1	
<i>lactated ringers</i>	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	
RAPAMUNE (0.5 MG TAB, 1 MG TAB, 2 MG TAB)	3	
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 er</i>	3	
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

Drug Name	Drug Tier	Requirements / Limits
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	
ROCK INHIBITORS		
REZUROCK	4	PA, QL, AGE
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine viscous hcl</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	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	

Drug Name	Drug Tier	Requirements / Limits
FRAICHE 5000 DENTAL	1	
<i>just right 5000 1.1 % gel</i>	1	
SF	1	
SODIUM FLUORIDE 1.1 % GEL	1	
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		
B-COMPLEX W/ LYSINE-ZN & FOLIC ACID		
SUPERVITE	3	
BIOFLAVONOID PRODUCTS		
ADRENAL C FORMULA	3	
NIACINAMIDE W/ ZINC-COPPER & FOLIC ACID		
NICOTINAMIDE	1	
PED MULTI VITAMINS W/FL & FE		
MULTI-VITAMIN/FLUORIDE/IRON	1	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	3	
QUFLORA FE PEDIATRIC	3	
PED MV W/ FLUORIDE		
FLORAFOL PEDIATRIC (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	

Drug Name	Drug Tier	Requirements / Limits
FLORIVA PLUS	3	
FLOTREX	3	
MULTI-VIT-FLOR	3	
MULTI-VITAMIN/FLUORIDE	1	
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)

Drug Name	Drug Tier	Requirements / Limits
DERMACINRX PRETRATE	3	SUM5 (IRS Buy Up List - Check Group)
FOLIVANE-OB	3	SUM5 (IRS Buy Up List - Check Group)
INATAL GT	3	SUM5 (IRS Buy Up List - Check Group)
JENLIVA PRENATAL/POSTNATAL	3	SUM5 (IRS Buy Up List - Check Group)
KOSHER PRENATAL PLUS IRON	3	SUM5 (IRS Buy Up List - Check Group)
M-NATAL PLUS	3	SUM5 (IRS Buy Up List - Check Group)
MATERVIA	3	SUM5 (IRS Buy Up List - Check Group)
MATRONEX	3	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	3	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)
NOVYRA	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)

Drug Name	Drug Tier	Requirements / Limits
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	3	SUM5 (IRS Buy Up List - Check Group)
ONENATAL RX	3	SUM5 (IRS Buy Up List - Check Group)
PNV 27-CA/FE/FA	1	SUM5 (IRS Buy Up List - Check Group)
PNV PRENATAL PLUS MULTIVIT+DHA	3	SUM5 (IRS Buy Up List - Check Group)
PNV-OMEGA	3	SUM5 (IRS Buy Up List - Check Group)
PNV-SELECT	3	SUM5 (IRS Buy Up List - Check Group)
PRENATAL 19 (29-1 MG CHEW TAB, CHEW TAB)	1	SUM5 (IRS Buy Up List - Check Group)
PRENATAL 19 29-1 MG TAB	3	SUM5 (IRS Buy Up List - Check Group)
PRENATAL 27-1 MG TAB	3	SUM5 (IRS Buy Up List - Check Group)
PRENATAL PLUS	3	SUM5 (IRS Buy Up List - Check Group)
PRENATAL PLUS VITAMIN/MINERAL	3	SUM5 (IRS Buy Up List - Check Group)
PRENATAL VITAMIN PLUS LOW IRON	3	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)

Drug Name	Drug Tier	Requirements / Limits
PRENATVITE PLUS	3	SUM5 (IRS Buy Up List - Check Group)
PRENYRA	3	SUM5 (IRS Buy Up List - Check Group)
PREPLUS	3	SUM5 (IRS Buy Up List - Check Group)
PROVIDA OB	3	SUM5 (IRS Buy Up List - Check Group)
RELEVIA	3	SUM5 (IRS Buy Up List - Check Group)
SE-NATAL 19 29-1 MG CHEW TAB	1	SUM5 (IRS Buy Up List - Check Group)
SE-NATAL 19 29-1 MG TAB	3	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)
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	3	SUM5 (IRS Buy Up List - Check Group)

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

Drug Name	Drug Tier	Requirements / Limits
PRENATAL VITAMINS		
PREMESISRX	3	SUM5 (IRS Buy Up List - Check Group)
PRENATE AM	3	SUM5 (IRS Buy Up List - Check Group)
SPECIALTY VITAMINS PRODUCTS		
NITRIVIA	3	
PRO HERS RX	3	
PRO HIS RX	3	
PRO PCOS RX	3	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL
<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	
<i>metaxalone 800 mg tab</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>orphenadrine citrate er</i>	1	
<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

Drug Name	Drug Tier	Requirements / Limits
SOHONOS 5 MG CAP	4	PA, QL
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ANTI-HISTAMINE-STERIOD		
<i>azelastine-fluticasone</i>	2	ST, QL
DYMISTA	2	QL
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
<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
XHANCE	2	PA, QL
TOPICAL DECONGESTANTS		
ADRENALIN 0.1 % SOLUTION	3	
<i>epinephrine hcl (nasal)</i>	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS - MISCELLANEOUS		
RADICAVA ORS	4	PA, QL
RADICAVA ORS STARTER KIT	4	PA, QL
BENZATHIAZOLES		
<i>riluzole</i>	1	
TEGLUTIK	4	PA, QL
TIGLUTIK	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS		
EVRYSDI 0.75 MG/ML RECON SOLN	4	PA, QL
EVRYSDI 5 MG TAB	4	PA, QL
NUTRIENTS		
LIPOTROPIC COMBINATIONS		
LECITHIN GRANULES	1	
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
SIMBRINZA	3	QL
BETA-BLOCKERS - OPHTHALMIC		
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 - OPHTHALMIC COMBINATIONS		
COMBIGAN	1	
COSOPT	3	QL
COSOPT PF	3	QL
<i>dorzolamide hcl-timolol mal (22.3-6.8 mg/ml solution)</i>	1	QL
<i>dorzolamide hcl-timolol mal pf</i>	1	QL
CHOLINERGIC AGONISTS		
TYRVAYA	3	ST, QL

Drug Name	Drug Tier	Requirements / Limits
CYCLOPLEGIC MYDRIATIC COMBINATIONS		
CYCLOMYDRIL	3	
CYCLOPLEGIC MYDRIATICS		
ALTAFRIN	1	
<i>atropine sulfate (0.01 % solution, 0.025 % solution, 0.05 % solution, 1 % solution)</i>	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, 2 % solution, 4 % solution)</i>	1	
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS		
BACITRACIN-POLYMYXIN B	1	
<i>neo-polycin</i>	1	
<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		
ALOCRIIL	3	QL
<i>azelastine hcl 0.05 % solution</i>	1	
<i>bepotastine besilate</i>	1	ST, QL
BEPREVE	3	QL

Drug Name	Drug Tier	Requirements / Limits
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	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
<i>ofloxacin 0.3 % solution</i>	1	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>brinzolamide</i>	1	QL
DORZOLAMIDE HCL	1	
OPHTHALMIC DIAGNOSTIC PRODUCTS		
FLURA-SAFE	3	
PROPARACAINE-FLUORESCEIN	1	
OPHTHALMIC IMMUNOMODULATORS		
CEQUA	3	ST, QL
<i>cyclosporine (pf)</i>	1	
KLARITY-C DROPS	4	PA, QL
VERKAZIA	4	PA, QL
OPHTHALMIC KINASE INHIBITORS - COMBINATIONS		
ROCKLATAN	3	ST, QL
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN	3	
ALCAINE	3	
ALTACAINE	1	
<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
KETOROLAC TROMETHAMINE (0.4 % SOLUTION, 0.5 % SOLUTION)	1	

Drug Name	Drug Tier	Requirements / Limits
NEVANAC	3	QL
OPHTHALMIC RHO KINASE INHIBITORS		
RHOPRESSA	3	ST, QL
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
ALPHAGAN P 0.1 % SOLUTION	2	QL
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	
<i>difluprednate</i>	1	QL
DUREZOL	3	QL
<i>fluorometholone</i>	1	
FML FORTE	3	

Drug Name	Drug Tier	Requirements / Limits
LOTEMAX (0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION)	3	QL
LOTEMAX SM	3	QL
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	1	QL
PRED MILD	3	
<i>prednisolone acetate</i>	1	QL
PREDNISOLONE ACETATE P-F	3	QL
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
OPHTHALMIC SULFONAMIDES		
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	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
LATANOPROST	1	QL
LUMIGAN	2	QL
<i>tafluprost (pf)</i>	1	ST, QL
TRAVATAN Z	3	ST, QL
<i>travoprost (bak free)</i>	1	ST, QL
VYZULTA	3	ST, QL
XALATAN	3	QL

Drug Name	Drug Tier	Requirements / Limits
XELPROS	3	QL
ZIOPTAN	3	ST, QL
OTIC AGENTS		
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	2	
<i>ciprofloxacin-dexamethasone</i>	1	
CIPROFLOXACIN-FLUOCINOLONE PF	1	
<i>ciprofloxacin-hydrocortisone</i>	1	
CORTISPORIN-TC	3	
<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		
ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS		
CERVIDIL	3	QL
PREPIDIL	3	
<i>methylergonovine maleate 0.2 mg tab</i>	1	PA, QL
PENICILLINS		
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	

Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin</i>	1	
NATURAL PENICILLINS		
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	1	QL
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	1	
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	
<i>amoxicillin-pot clavulanate er</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
PROGESTINS		
EC-RX PROGESTERONE	3	QL
<i>gallifrey</i>	1	QL
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab)</i>	1	QL
<i>medroxyprogesterone acetate 10 mg tab</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	
<i>norethindrone acetate</i>	1	QL
<i>progesterone (100 mg cap, 200 mg cap)</i>	1	
<i>progesterone 50 mg/ml oil</i>	1	QL
PROGESTERONE MICRONIZED	1	QL
PROMETRIUM	3	QL
PROVERA	3	QL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR OPIOID WITHDRAWAL		
<i>lofexidine hcl</i>	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
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
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	1	
CHOLINOMIMETICS - ACHE INHIBITORS		
<i>donepezil hcl</i>	1	
<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	
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

Drug Name	Drug Tier	Requirements / Limits
<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 - 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		
KESIMPTA	4	PA, QL
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

Drug Name	Drug Tier	Requirements / Limits
<i>memantine hcl 10 mg tab</i>	1	QL
<i>memantine hcl er</i>	1	QL
NAMENDA TITRATION PAK	3	QL
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	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det)</i>	1	AGE
CHANTIX	2	AGE
CHANTIX CONTINUING MONTH PAK	2	AGE
CHANTIX STARTING MONTH PAK	2	AGE
<i>cvs nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>cvs nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>eq nicotine (4 mg gum, 4 mg lozenge, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>eq nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>eq nicotine step 3</i>	1	AGE
<i>eql nicotine polacrilex (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>ft nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	1	AGE

Drug Name	Drug Tier	Requirements / Limits
<i>gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>gnp nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>goodsense nicotine policrilex</i>	1	AGE
<i>habitrol</i>	1	AGE
<i>hm nicotine</i>	1	AGE
<i>hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>kls quit2 (2 mg gum, 2 mg lozenge)</i>	1	AGE
<i>kls quit4</i>	1	AGE
<i>nicoderm cq (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr)</i>	2	AGE
<i>nicoderm cq 21 mg/24hr patch 24hr</i>	2	AGE
<i>nicorette (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	2	AGE
NICORETTE 4 MG GUM	2	AGE
<i>nicorette mini (2 mg lozenge, 4 mg lozenge)</i>	2	AGE
NICORETTE MINI 4 MG LOZENGE	2	AGE
<i>nicorette starter kit</i>	2	AGE
NICORETTE STARTER KIT 2 MG GUM	2	AGE
<i>nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
NICOTINE 21-14-7 MG/24HR KIT	1	AGE
<i>nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>nicotine polacrilex mini</i>	1	AGE

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine step 1</i>	1	AGE
<i>nicotine step 2</i>	1	AGE
<i>nicotine step 3</i>	1	AGE
NICOTROL	2	AGE
NICOTROL NS	2	AGE
<i>px stop smoking aid (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>qc nicotine transdermal system</i>	1	AGE
<i>ra mini nicotine (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>ra nicotine (2 mg gum, 4 mg gum, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>ra nicotine gum</i>	1	AGE
<i>ra nicotine polacrilex (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	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	

Drug Name	Drug Tier	Requirements / Limits
VASOMOTOR SYMPTOM AGENTS - SSRIS		
<i>paroxetine mesylate</i>	1	PA, QL
RESPIRATORY AGENTS - MISC.		
CFTR POTENTIATORS		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 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	4	PA, QL
SULFONAMIDES		
<i>sulfadiazine</i>	1	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TAB	4	PA, QL
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
THYROID HORMONES		
ADTHYZA	3	
ARMOUR THYROID	3	
CYTOMEL	2	
<i>euthyrox</i>	1	
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 (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>levoxyl</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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		
TOXOID COMBINATIONS		
ADACEL	2	
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	2	
PEDIARIX	2	AGE
VAXELIS	2	QL, AGE
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
BELLADONNA ALKALOIDS		
<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	
NULEV	1	
OSCIMIN	1	
H-2 ANTAGONISTS		
<i>famotidine 40 mg/5ml recon susp</i>	1	AGE
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PROTON PUMP INHIBITORS		
FIRST-LANSOPRAZOLE	1	AGE
FIRST-OMEPRAZOLE	1	QL, AGE
FIRST-PANTOPRAZOLE	1	AGE
OMEPRAZOLE+SYRSPEND SF ALKA	1	QL, AGE
QUATERNARY ANTICHOLINERGICS		
GLYCATE	3	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	
<i>glycopyrrolate 1 mg/5ml solution</i>	1	QL
<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		
<i>misoprostol</i>	1	
URINARY ANTISPASMODICS		
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

Drug Name	Drug Tier	Requirements / Limits
<i>trospium chloride</i>	1	QL
<i>trospium chloride er</i>	1	QL
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	3	PA, QL
<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		
BACTERIAL VACCINES		
ACTHIB	2	AGE
CAPVAXIVE	2	AGE
HIBERIX	2	AGE
MENQUADFI	2	
PENBRAYA	2	AGE
PENMENVY	2	
PREVNAR 20	1	
VAXNEUVANCE	2	
VIRAL VACCINE COMBINATIONS		
M-M-R II	2	
PRIORIX	2	
PROQUAD	2	AGE
VIRAL VACCINES		
ABRYSVO	2	QL

Drug Name	Drug Tier	Requirements / Limits
AFLURIA PRESERVATIVE FREE	2	
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	
ERVEBO	2	PA
FLUARIX	2	
FLUBLOK	2	
FLUCELVAX SUSPENSION	2	QL
FLUCELVAX 0.5 ML SUSP PRSYR	2	
FLULAVAL	2	
FLUMIST	2	
FLUZONE 0.5 ML SUSP PRSYR	2	
GARDASIL 9	2	AGE
HAVRIX 720 EL U/0.5ML SUSP PRSYR	2	
MNEXSPIKE	2	QL, SUM5 (IRS Buy Up List - Check Group)
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	2	QL, SUM5 (IRS Buy Up List - Check Group)
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)
ROTATEQ	2	AGE
SHINGRIX 50 MCG/0.5ML RECON SUSP	2	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
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, SUM5 (IRS Buy Up List - Check Group)
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	2	
VARIVAX	2	
VAGINAL AND RELATED PRODUCTS		
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	
<i>clindamycin phosphate 2 % cream</i>	1	
CLINDESSE	3	
NUVESSA	3	QL
VANDAZOLE	3	
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS		
PHEXX	3	QL

Drug Name	Drug Tier	Requirements / Limits
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		
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	
<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
<i>midodrine hcl</i>	1	
VITAMINS		
VITAMIN D		
<i>d3-50</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>decara 1.25 mg (50000 ut) cap</i>	1	
DRISDOL	3	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>optimal d3</i>	1	
<i>true vitamin d3 1.25 mg (50000 ut) cap</i>	1	
<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	
<i>vitamin d high potency 1.25 mg (50000 ut) cap</i>	1	
<i>vitamin d3 1.25 mg (50000 ut) cap</i>	1	
<i>weekly-d</i>	1	
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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BD SYRINGE	146	BEYAZ	71	BRUKINSA	48
		bicalutamide	46	budesonide	12,20,83

budesonide er	83	CAPTOPRIL-	CARESENS LANCETS 30G	129
bumetanide	105	HYDROCHLOROTHIAZIDE	CARESENS N GLUCOSE TEST	95
buprenorphine	12	CAPVAXIVE	CARESENS S GLUCOSE TEST	95
buprenorphine hcl	12	CARBAGLU	CARETOUCH CATHETER TIP	
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bupropion hcl er (sr)	29	carbidopa	CARETOUCH INSULIN SYRINGE	146
bupropion hcl er (xl)	29	carbidopa-levodopa	CARETOUCH LUER LOCK	147
buspironone hcl	16	CARBIDOPA-LEVODOPA ER	CARETOUCH LUER LOCK	
butalbital-acetaminophen	6	carbidopa-levodopa er	SYR/NEEDLE	147
butalbital-apap-caff-cod	9	carbidopa-levodopa-entacapone	CARETOUCH LUER SLIP	147
butalbital-apap-caffeine	6	CARBINOXAMINE MALEATE	CARETOUCH PEN NEEDLES	147
butalbital-asa-caff-codeine	9	CARBINOXAMINE MALEATE ER	CARETOUCH SAFETY LANCETS	129
butalbital-aspirin-caffeine	6	CARBZAH	CARETOUCH SAFETY LANCETS	
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		CARDIOPLEGIC SOLN W/	CARETOUCH TEST	95
		LIDOCAINE	CARETOUCH TWIST LANCETS	
		CAREFINE PEN NEEDLES	28G	129
cabergoline	107	CAREONE BLOOD GLUCOSE TEST	CARETOUCH TWIST LANCETS	
CABLIVI	119	CAREONE INSULIN SYRINGE	30G	129
CABOMETYX	50	CAREONE LANCET SUPER THIN	CARETOUCH TWIST LANCETS	
caffeine citrate	1	30G	33G	129
CALCIPOTRIENE	88	CAREONE LANCET THIN 23G	CARETOUCH TWIST MC LANCETS	
calcipotriene-betameth diprop	94	CAREONE UNIFINE PENTIPS	30G	129
calcitonin (salmon)	107	CAREONE UNIFINE PENTIPS	carglumic acid	108
calcitrene	88	PLUS	carisoprodol	172
CALCITRIOL	88,108	CAREPOINT POLY HUB NEEDLE	CAROSPIR	106
calcitriol	108,109	CAREPOINT PRECISION POLY	CARTEOLOL HCL	174
calcium acetate	116	HUB	cartia xt	65
calcium acetate (phos binder)	116	CAREPOINT SAFETY 1ST NEEDLE	carvedilol	64
CALQUENCE	48	CAREPOINT SAFETY1ST	carvedilol phosphate er	64
CAMBIA	160	SYR/NEEDLE	CAYSTON	15
camila	80	CAREPOINT SYRINGE CATHETER	CEFACTOR	69
camrese	79	TIP	CEFACTOR ER	69
camrese lo	79	CAREPOINT SYRINGE LUER	cefadroxil	69
CAMZYOS	66	LOCK	cefdinir	69
candesartan cilexetil	43	CAREPOINT SYRINGE LUER SLIP	cefixime	69
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capecitabine	47	SL	cefprozil	69
CAPRELSA	50	CARESENS LANCETS	cefuroxime axetil	69
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CELONTIN	28	cinacalcet hcl	107	clindacin	85
cephalexin	69	CIPRO HC	180	clindamycin hcl	14
CEQUA	177	ciprofloxacin hcl	114,176,180	clindamycin palmitate hcl	14
CERDELGA	120	ciprofloxacin-dexamethasone	180	clindamycin phos (twice-daily)	85
CERVIDIL	180	CIPROFLOXACIN-FLUOCINOLONE	180	clindamycin phos-benzoyl perox	86
cevimeline hcl	166	PF	180	clindamycin phosphate	85,193
CHANTIX	184	ciprofloxacin-hydrocortisone	180	clindamycin-tretinoin	86
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PAK	184	cladribine (10 tabs)	183	clobazam	22,23
CHANTIX STARTING MONTH		cladribine (4 tabs)	183	clobetasol prop emollient base	90
PAK	184	cladribine (5 tabs)	183	clobetasol propionate	90
charlotte 24 fe	71	cladribine (6 tabs)	183	clobetasol propionate e	90
chateal	71	cladribine (7 tabs)	183	clobetasol propionate emulsion	90
chateal eq	71	cladribine (8 tabs)	183	CLOCORTOLONE PIVALATE	90
CHEMET	36	cladribine (9 tabs)	183	clomipramine hcl	31
childrens aspirin	7	claravis	86	clonazepam	23
chlordiazepoxide hcl	16	CLARITHROMYCIN	124	clonidine	44
CHLORDIAZEPOXIDE-		clarithromycin er	124	clonidine hcl	44
AMITRIPTYLINE	182	CLEANLET LANCETS 28G	130	clonidine hcl (analgesia)	6
chlorhexidine gluconate	165	CLEMASTINE FUMARATE	39	clonidine hcl er	1
CHLOROQUINE PHOSPHATE	45	CLENPIQ	123	clopidogrel bisulfate	120
chlorpromazine hcl	58	CLEOCIN	14,193	clorazepate dipotassium	17
chlorthalidone	106	CLEVER CHEK AUTO-CODE TEST	95	clotrimazole	91,165
chlorzoxazone	172	CLEVER CHEK AUTO-CODE VOICE	96	CLOTTRIMAZOLE-	
CHOLBAM	114	CLEVER CHEK LANCETS	130	BETAMETHASONE	87
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ciclodan	87	CHAMBER	159	colchicine-probenecid	118
ciclopirox	87	CLEVER CHOICE LANCETS 21G	130	colesevelam hcl	40
ciclopirox olamine	87	CLEVER CHOICE LANCETS 23G	130	colestipol hcl	40
cilostazol	119	CLEVER CHOICE LANCETS 28G	130	COMBIGAN	174
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CIMDUO	59	CLEVER CHOICE NO CODING	96	COMBIVENT RESPIMAT	18
CIMZIA	116	CLEVER CHOICE TALK SYSTEM	96	COMETRIQ (100 MG DAILY DOSE)	50
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delyla	71	dextroamphetamine sulfate	1	dipyridamole	120
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