Upper Peninsula Health Plan (UPHP)

UPHP Advantage (HMO-POS) and UPHP Choice (HMO)

2021 Formulary

List of Covered Drugs

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

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We have made no changes to this Formulary since 11/22/2021. For more recent information or other questions, please contact UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time, with weekend hours Oct. 1 through March 31 or visit www.uphp.com/medicare.

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to "we," "us", or "our," it means Upper Peninsula Health Plan, LLC. When it refers to "plan" or "our plan," it means UPHP Advantage (HMO-POS) or UPHP Choice (HMO).

This document includes a list of the drugs (Formulary) for our plan which is current as of 11/22/2021. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Formulary, pharmacy network, and/or copayments/coinsurance may change on Jan. 1, 2022, and from time to time during the year.

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What is the UPHP Advantage and UPHP Choice Formulary?

A Formulary is a list of covered drugs selected by UPHP in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. UPHP will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at a UPHP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (Drug List) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the UPHP Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our Formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our Formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the Formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our Formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you

can also find information in the section below entitled "How do I request an exception to the UPHP Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on Jan. 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed Formulary is current as of 11/22/2021. To get updated information about the drugs covered by UPHP, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

There are two ways to find your drug within the Formulary:

Medical Condition

The Formulary begins on page 14. The drugs in this Formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the

list that begins on page number 14. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 179. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

UPHP covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** UPHP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from UPHP before you fill your prescriptions. If you don't get approval, UPHP may not cover the drug.
- **Quantity Limits:** For certain drugs, UPHP limits the amount of the drug that UPHP will cover. For example, UPHP provides 9 tablets

per 30 day prescription for sumatriptan succinate tablets. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the Formulary that begins on page 14. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You can ask UPHP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the UPHP Formulary?" on page 8 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this Formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

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

- You can ask Customer Service for a list of similar drugs that are covered by UPHP When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by UPHP.
- You can ask UPHP to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the UPHP Formulary?

You can ask UPHP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our Formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a Formulary drug at a lower cost-sharing level [if this drug is not on the specialty tier]. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, UPHP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our Formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide

up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our Formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a Formulary exception.

For more information

For more detailed information about your UPHP prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

UPHP's Formulary

The Formulary below provides coverage information about the drugs covered by UPHP. If you have trouble finding your drug in the list, turn to the Index that begins on page 179.

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The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., sitagliptin). The information in the Requirements/Limits column tells you if UPHP has any special requirements for coverage of your drug.

Below is a table explaining the copayment amounts or coinsurance associated with each tier and retail or mail-order prescriptions.

Drug Tier and Tier Name	**Copayment or Coinsurance One Month Supply/Two Month Supply/Three Month supply**	
	UPHP Advantage	**UPHP Choice**
Tier 1: Preferred Generic	Retail: $0.00/$0.00/$0.00 Mail: $0.00/$0.00/$0.00	Retail: $2.00/$4.00/$4.00 Mail: $2.00/$3.00/$3.00
Tier 2: Generic	Retail: $10.00/$20.00/$20.00 Mail: $10.00/$15.00/$15.00	Retail: $18.00/$36.00/$36.00 Mail: $18.00/$27.00/$27.00
Tier 3: Preferred Brand	Retail: $42.00/$84.00/$84.00 Mail: $42.00/$63.00/$63.00	Retail: $47.00/$94.00/$94.00 Mail: $47.00/$70.50/$70.50
Tier 4: Non-Preferred Drug	Retail: $95.00/$190.00/$190.00	Retail: $100.00/$200.00/$200.00

	Mail: $95.00/$142.50/$142.50	Mail: $100.00/$150.00/$150.00
Tier 5: Specialty Tier	33% Coinsurance	28% Coinsurance

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LEGEND

TIER	NAME
1	Preferred Generics
2	Generics
3	Preferred Brands
4	Non-Preferred Drugs
5	Specialty

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
QLC	Quantity Limit (Custom)	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib	2	QL (60 PER 30 DAYS)
diclofenac 1.5% topical soln	2	PA
diclofenac pot 25 mg tablet	5	
diclofenac pot 50 mg tablet	2	
diclofenac sodium (dr 25 mg, dr 50 mg, dr 75 mg, ec 25 mg, ec 50 mg, ec 75 mg)	2	
diclofenac sodium 1% gel	2	QL (1000 PER 30 DAYS)
diclofenac sodium er	2	
diflunisal	2	
ec-naproxen	2	
etodolac	2	
fenoprofen 600 mg tablet	4	
flurbiprofen	2	
ibu	1	
ibuprofen (400 mg, 600 mg, 800 mg)	1	
ibuprofen 100 mg/5 ml susp	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
indomethacin (25 mg, 50 mg)	4	
ketoprofen (25 mg, 50 mg, 75 mg)	4	
ketorolac 10 mg tablet	4	QL (20 PER 30 OVER TIME)
ketorolac tromethamine (15 mg/ml syringe, 15 mg/ml vial, 30 mg/ml carpuject, 30 mg/ml isecure syr, 30 mg/ml syringe, 30 mg/ml vial, 60 mg/2 ml carpuject, 60 mg/2 ml syringe, 60 mg/2 ml vial)	4	
meclofenamate sodium	4	
mefenamic acid	4	
meloxicam (15 mg, 7.5 mg)	1	
nabumetone	2	
naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet)	1	
naproxen (375 mg, 500 mg)	2	
naproxen sodium (275 mg, 550 mg)	2	
naproxen-esomeprazole mag	5	PA, QL (60 PER 30 DAYS)
oxaprozin	2	
piroxicam	2	
SPRIX	5	QL (5 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
sulindac	2	
tolmetin sodium (400 mg cap, 600 mg tab)	4	
Opioid Analgesics, Long-acting		
EMBEDA	3	QLC (Subject to Opioid Safety Edits)
fentanyl (100, 12, 25, 37.5, 50, 75)	4	QLC (Subject to Opioid Safety Edits)
fentanyl (62.5, 87.5)	5	QLC (Subject to Opioid Safety Edits)
INFUMORPH	4	QLC (Subject to Opioid Safety Edits)
methadone hcl (10 mg/5 ml solution, 10 mg/ml oral conc, 5 mg/5 ml solution, hcl 10 mg tablet, hcl 5 mg tablet)	2	QLC (Subject to Opioid Safety Edits)
methadone hcl (10 mg/ml vial, 200 mg/20 ml vl)	4	QLC (Subject to Opioid Safety Edits)
methadone intensol	2	QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
METHADOSE	2	QLC (Subject to Opioid Safety Edits)
mitigo	4	QLC (Subject to Opioid Safety Edits)
morphine sulfate er (er 10 mg, er 20 mg, er 30 mg, er 40 mg, er 50 mg, er 60 mg, er 80 mg)	4	QLC (Subject to Opioid Safety Edits)
morphine sulfate er (er 100 mg, er 15 mg, er 200 mg, er 30 mg, er 60 mg)	2	QLC (Subject to Opioid Safety Edits)
morphine sulfate er 100 mg cap	5	QLC (Subject to Opioid Safety Edits)
oxymorphone hcl er (er 10 mg tab, er 15 mg tab, er 20 mg tab, er 30 mg tab, er 5 mg tablet, er 7.5 mg tab)	4	QLC (Subject to Opioid Safety Edits)
oxymorphone hcl er 40 mg tab	5	QLC (Subject to Opioid Safety Edits)
XTAMPZA ER	3	QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Opioid Analgesics, Short-acting		
ABSTRAL (400 MCG, 600 MCG, 800 MCG)	5	PA, QLC (Subject to Opioid Safety Edits)
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5, acetaminophen-cod #2 tablet, acetaminophen-cod #3 tablet, acetaminophen-cod #4 tablet)	2	QLC (Subject to Opioid Safety Edits)
butorphanol 10 mg/ml spray	2	QLC (Subject to Opioid Safety Edits)
codeine sulfate (15 mg, 30 mg)	2	QLC (Subject to Opioid Safety Edits)
codeine sulfate 60 mg tablet	4	QLC (Subject to Opioid Safety Edits)
endocet	2	QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
fentanyl citrate (1,000 mcg/20 ml vial, 100 mcg/2 ml ampul, 100 mcg/2 ml carpujct, 100 mcg/2 ml syringe, 100 mcg/2 ml vial, 2,500 mcg/50 ml vial, 250 mcg/5 ml ampul, 250 mcg/5 ml vial, 50 mcg/ml vial, 500 mcg/10 ml vial)	4	PA, QLC (Subject to Opioid Safety Edits)
fentanyl citrate (cit 100 mcg buccal tb, cit 200 mcg buccal tb, cit 400 mcg buccal tb, cit 600 mcg buccal tb, cit 800 mcg buccal tb, cit otfc 1,200 mcg, cit otfc 1,600 mcg, citrate otfc 200 mcg, citrate otfc 400 mcg, citrate otfc 600 mcg, citrate otfc 800 mcg)	5	PA, QLC (Subject to Opioid Safety Edits)
hydrocodone-acetamin 10-300 mg	4	QLC (Subject to Opioid Safety Edits)
hydrocodone-acetaminophen (hydrocodone-acetamin 10-325 mg, hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 5-300 mg, hydrocodone-acetamin 5-325 mg, hydrocodone-acetamin 7.5-300, hydrocodone-acetamin 7.5-325, hydrocodone-acetamn 7.5-325/15)	2	QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
hydromorphone hcl (0.5 mg/0.5 ml, 1 mg/ml carpujct, 1 mg/ml solution, 1 mg/ml syringe, 1 mg/ml vial, 10 mg/ml ampule, 10 mg/ml vial, 2 mg tablet, 2 mg/ml carpujct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 4 mg tablet, 4 mg/ml carpujct, 5 mg/5 ml soln, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl, 8 mg tablet, hcl 1 mg/ml amp, hcl 2 mg/ml amp, hcl 4 mg/ml amp)	2	QLC (Subject to Opioid Safety Edits)
LAZANDA (100 MCG, 400 MCG)	5	PA
morphine 30 mg/30 ml pca vial	2	PA
morphine sulfate (1 mg/ml, 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml)	2	PA, QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
morphine sulfate (10 mg/10 ml vial, 10 mg/ml carpuject, 10 mg/ml syringe, 2 mg/ml syringe, 4 mg/ml carpuject, 4 mg/ml syringe, 5 mg/10 ml vial, 5 mg/ml syringe, 8 mg/ml carpuject, sulf 10 mg/5 ml cup, sulf 10 mg/5 ml soln, sulf 100 mg/5 ml conc, sulf 20 mg/5 ml soln, sulfate 2 mg/ml vial, sulfate ir 15 mg tab, sulfate ir 30 mg tab)	2	QLC (Subject to Opioid Safety Edits)
OXAYDO	5	QLC (Subject to Opioid Safety Edits)
oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab, (ir) 5 mg cap, (ir) 5 mg tablet, 5 mg/5 ml cup, 5 mg/5 ml soln)	2	QLC (Subject to Opioid Safety Edits)
oxycodone hcl 100 mg/5 ml conc	4	QLC (Subject to Opioid Safety Edits)
oxycodone hcl-aspirin	2	QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
oxycodone-acetaminophen (oxycodone-acetaminophen 10-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325, oxycodone-acetaminophn 7.5-325)	2	QLC (Subject to Opioid Safety Edits)
tramadol hcl 100 mg tablet	2	QLC (Subject to Opioid Safety Edits)
tramadol hcl 50 mg tablet	1	QLC (Subject to Opioid Safety Edits)
tramadol hcl-acetaminophen	2	QLC (Subject to Opioid Safety Edits)
Anesthetics		
Local Anesthetics		
aprizio pak	2	PA, QL (30 PER 30 DAYS)
dermacinrx empricaine	2	PA, QL (30 PER 30 DAYS)
dermacinrx prizopak	2	PA, QL (30 PER 30 DAYS)
glydo	2	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
lidocaine 5% ointment	4	PA, QL (150 PER 30 DAYS)
lidocaine 5% patch	4	PA
lidocaine hcl (jel urojet ac, jelly, jelly uro-jet)	2	PA, QL (30 PER 30 DAYS)
lidocaine hcl 4% solution	2	PA, QL (250 PER 30 DAYS)
lidocaine-prilocaine	2	PA, QL (30 PER 30 DAYS)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	2	
disulfiram	2	
naltrexone hcl	2	
VIVITROL	5	
Opioid Dependence		
buprenorphine hcl (2 mg, 8 mg)	2	
buprenorphine-nalox 2-0.5mg tb	2	QL (360 PER 30 DAYS)
buprenorphine-naloxone (12-3mg flm, 4-1mg film)	2	QL (60 PER 30 DAYS)
buprenorphine-naloxone (2-0.5mg fm, 8-2 mg tab, 8-2mg film)	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
LUCEMYRA	5	QL (224 PER 14 DAYS)
Opioid Reversal Agents		
naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)	2	
NARCAN	4	
Smoking Cessation Agents		
bupropion hcl sr 150 mg tablet	2	QL (60 PER 30 DAYS)
CHANTIX	4	QL (504 PER 365 OVER TIME)
NICOTROL	4	QL (2688 PER 365 OVER TIME)
NICOTROL NS	4	QL (360 PER 365 OVER TIME)
varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet)	4	QL (504 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antibacterials		
Aminoglycosides		
amikacin sulfate	4	
gentamicin sulfate (0.1% cream, 0.1% ointment, 80 mg/2 ml vial, 800 mg/20 ml vial, ped 20 mg/2 ml vial)	2	
neomycin sulfate	2	
paromomycin sulfate	4	
streptomycin sulfate	4	
tobramycin 300 mg/4 ml ampule	5	PA
tobramycin sulfate (1,200 mg/30 ml, 1.2 gm, 1.2 gram/30 ml, 10 mg/ml, 40 mg/ml, 80 mg/2 ml)	2	
Antibacterials, Other		
aztreonam 1 gm vial	4	
aztreonam 2 gm vial	5	
CLEOCIN 100 MG VAGINAL OVULE	4	
clindacin etz	2	
clindacin p	2	
clindamycin (pediatric)	2	
clindamycin hcl	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
clindamycin phosphate (2% vaginal cream, 300 mg/2 ml addvan, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 9 g/60 ml vial, ph 900 mg/6 ml vl, phos 1% pledget)	2	
colistimethate	5	
daptomycin	5	
IMPAVIDO	5	
linezolid 100 mg/5 ml susp	5	QL (1800 PER 28 DAYS)
linezolid 600 mg tablet	4	QL (56 PER 28 DAYS)
linezolid-d5w	5	
methenamine hippurate	2	
metronidazole (250 mg tablet, 500 mg tablet, 500 mg/100 ml, vaginal 0.75% gl)	2	
nitrofurantoin (100 mg, 25 mg, 50 mg)	4	
nitrofurantoin mono-macro	2	
polymyxin b sulfate	2	
SIVEXTRO 200 MG TABLET	5	QL (6 PER 30 OVER TIME)
tinidazole	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
trimethoprim	2	
vancomycin hcl (1 gm, 1 gm add-van, 500 mg, 500 mg add-van, 750 mg add-van, hcl 250 mg, hcl 750 mg)	2	
vancomycin hcl (250 mg/5ml sol, 50 mg/ml soln)	4	
vancomycin hcl 125 mg capsule	4	QL (120 PER 30 DAYS)
vancomycin hcl 250 mg capsule	5	QL (240 PER 30 DAYS)
VANDAZOLE	2	
XENLETA 600 MG TABLET	5	
Beta-lactam, Cephalosporins		
cefaclor (250 mg, 500 mg)	2	
cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)	2	
cefazolin sodium (1 gm, 1 gm add-van, 500 mg)	2	
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)	2	
cefepime hcl 1 gm vial	2	
cefepime hcl 2 gram vial	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
cefixime (100 ml, 200 ml)	4	
cefixime 400 mg capsule	3	
cefotaxime sodium 1 gm vial	2	
cefotetan (1, 2)	2	
cefoxitin	2	
cefpodoxime proxetil (100 mg, 200 mg)	2	
cefpodoxime proxetil (100 ml, 50 ml)	4	
cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)	2	
ceftazidime (1, 2, 6)	2	
ceftriaxone (1 gm, 1 gm add-vant, 2 gm, 2 gm add, 250 mg, 500 mg)	2	
cefuroxime	2	
cefuroxime sodium	2	
cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule)	2	
FETROJA	5	
SUPRAX (100 MG, 200 MG)	3	
SUPRAX 500 MG/5 ML SUSPENSION	4	
tazicef	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TEFLARO	5	
Beta-lactam, Penicillins		
amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)	2	
amoxicillin-clavulanate pot er	4	
amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	2	
ampicillin 500 mg capsule	2	
ampicillin sodium (1 add-vantage vl, 1 vial)	2	
ampicillin-sulbactam	2	
BICILLIN C-R	4	
BICILLIN L-A	4	
dicloxacillin sodium	2	
nafcillin	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
nafcillin 10 gm bulk vial	5	
nafcillin sodium (1, 1 add-van, 2, 2 add-vant)	4	
penicillin g sodium	5	
penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)	2	
piperacillin-tazobactam	2	
Carbapenems		
ertapenem	4	
imipenem-cilastatin sodium	4	
meropenem	4	
Macrolides		
azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)	2	
clarithromycin (125 ml, 250 ml)	4	
clarithromycin (250 mg, 500 mg)	2	
clarithromycin er	4	
DIFICID (200 MG TABLET, 40 MG/ML SUSPENSION)	5	
ERYPED 400	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ERYTHROCIN STEARATE	4	
erythromycin (250 mg tablet, 500 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, dr 500 mg tablet)	4	
erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp, es 400 mg tab)	4	
Quinolones		
BAXDELA 450 MG TABLET	5	
ciprofloxacin 200 mg/100ml-d5w	2	
ciprofloxacin 500 mg/5 ml susp	2	
ciprofloxacin hcl (250 mg, 500 mg, 750 mg)	2	
ciprofloxacin hcl 100 mg tab	4	
levofloxacin (25 mg/ml solution, 500 mg/20 ml vial, 750 mg/30 ml vial)	4	
levofloxacin (250 mg, 500 mg, 750 mg)	2	
moxifloxacin 400 mg/250 ml bag	4	
moxifloxacin hcl	4	
ofloxacin (300 mg, 400 mg)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Sulfonamides		
sulfadiazine	4	
sulfamethoxazole-tmp ss tablet	1	
sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, susp)	2	
Tetracyclines		
demeclocycline hcl	4	
doxy 100	4	
doxycycline 25 mg/5 ml susp	4	
doxycycline hyclate (100 mg cap, 100 mg tab, 50 mg cap)	2	
doxycycline hyclate 100 mg vl	4	
doxycycline ir-dr	4	
doxycycline monohydrate (100 mg cap, 100 mg tablet, 50 mg cap, 50 mg tablet)	2	
minocycline hcl (100 mg, 50 mg, 75 mg)	2	
mondoxyne nl 100 mg capsule	2	
morgidox 100 mg capsule	2	
NUZYRA (150 MG TABLET, 150 MG TABLET-7 DAY, 150 MG-7 DAY WITH LOAD)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SEYSARA	5	
tetracycline hcl (250 mg, 500 mg)	4	
VIBRAMYCIN 50 MG/5 ML SYRUP	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 100 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	5	PA
EPIDIOLEX	5	PA
felbamate (400 mg, 600 mg)	4	
felbamate (600 ml, 600 ml cup)	5	
FINTEPLA	5	PA
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET)	4	
FYCOMPA (10 MG, 12 MG, 4 MG, 6 MG, 8 MG)	5	
lamotrigine	2	
lamotrigine (blue)	4	
lamotrigine (green)	4	
lamotrigine (orange)	4	
lamotrigine odt (orange)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
levetiracetam (1,000 mg tablet, 1,000mg/10ml cup, 100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet)	2	
levetiracetam er	2	
NAYZILAM	5	QL (10 PER 30 OVER TIME)
roweepra	2	
roweepra xr	2	
SPRITAM	4	
subvenite	2	
subvenite (blue)	4	
subvenite (green)	4	
subvenite (orange)	4	
topiramate	2	
valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)	2	
XCOPRI (100 MG TABLET, 12.5-25 MG TITRATION PK, 150 MG TABLET, 50 MG TABLET)	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
XCOPRI (150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK, 50-100 MG TITRATION PAK)	5	PA
Calcium Channel Modifying Agents		
CELONTIN	4	
ethosuximide (250 mg capsule, 250 mg/5 ml soln)	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam (10 mg, 20 mg)	4	
clobazam 2.5 mg/ml suspension	5	
clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt)	2	QL (90 PER 30 DAYS)
clonazepam (0.5 mg, 1 mg)	1	QL (90 PER 30 DAYS)
clonazepam 2 mg odt	2	QL (300 PER 30 DAYS)
clonazepam 2 mg tablet	1	QL (300 PER 30 DAYS)
DIACOMIT	5	PA
diazepam (10 mg gel syst, 2.5 mg gel sys, 20 mg gel syst)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
divalproex sodium	2	
divalproex sodium er	2	
gabapentin (100 mg, 300 mg)	2	QL (360 PER 30 DAYS)
gabapentin (250 mg/5 ml, 250 mg/5ml cup, 300 mg/6 ml, 300 mg/6ml cup)	4	QL (2160 PER 30 DAYS)
gabapentin 400 mg capsule	2	QL (270 PER 30 DAYS)
gabapentin 600 mg tablet	2	QL (180 PER 30 DAYS)
gabapentin 800 mg tablet	2	QL (150 PER 30 DAYS)
phenobarbital (100 mg tablet, 15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet)	4	PA
phenobarbital sodium	2	PA
primidone (250 mg, 50 mg)	2	
SYMPAZAN	5	
tiagabine hcl	4	
VALTOCO	5	QL (10 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
vigabatrin	5	PA
vigadrone 500 mg powder packet	5	PA
Sodium Channel Agents		
APTIOM	5	
BANZEL (200 MG TABLET, 40 MG/ML SUSPENSION, 400 MG TABLET)	5	
carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)	2	
carbamazepine er	2	
DILANTIN 30 MG CAPSULE	4	
epitol	2	
oxcarbazepine (150 mg, 300 mg, 600 mg)	2	
oxcarbazepine (300 ml cup, 300 ml susp)	4	
PEGANONE	4	
phenytoin (100 mg/4 ml susp cup, 125 mg/5 ml susp, 50 mg infatab chew, 50 mg tablet chew)	2	
phenytoin sodium extended	2	
rufinamide (200 mg tablet, 40 mg/ml suspension, 400 mg tablet)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET)	4	
VIMPAT (100 MG, 150 MG, 200 MG)	5	
zonisamide	2	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates	4	
NAMZARIC (14 MG, 21 MG, 28 MG, 7 MG)	4	ST, QL (30 PER 30 DAYS)
NAMZARIC TITRATION PACK	4	ST, QL (56 PER 365 OVER TIME)
Cholinesterase Inhibitors		
donepezil hcl (10 mg, 5 mg)	2	
donepezil hcl 23 mg tablet	4	
donepezil hcl odt	2	
galantamine er	2	
galantamine hbr	2	
galantamine hydrobromide	4	
rivastigmine (1.5 mg, 3 mg, 4.5 mg, 6 mg)	2	
rivastigmine (13.3 ptch, 4.6 patch, 9.5 patch)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl (5-10 mg titration pk, hcl 10 mg tablet, hcl 5 mg tablet)	2	
memantine hcl 2 mg/ml solution	4	
memantine hcl er	4	QL (30 PER 30 DAYS)
Antidepressants		
Antidepressants, Other		
bupropion hcl	2	
bupropion hcl sr 100 mg tablet	2	QL (90 PER 30 DAYS)
bupropion hcl sr 150mg tablet	2	QL (60 PER 30 DAYS)
bupropion hcl sr 200 mg tablet	2	QL (60 PER 30 DAYS)
bupropion hcl xl 150 mg tablet	2	QL (90 PER 30 DAYS)
bupropion hcl xl 300 mg tablet	2	QL (30 PER 30 DAYS)
chlordiazepoxide-amitriptyline	4	PA
mirtazapine	2	
perphenazine-amitriptyline	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SPRAVATO (56 MG, 84 MG)	5	PA
Monoamine Oxidase Inhibitors		
EMSAM	5	ST, QL (30 PER 30 DAYS)
MARPLAN	4	
phenelzine sulfate	2	
tranylcypromine sulfate	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hbr (10 mg, 20 mg, 40 mg)	1	
citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)	2	
desvenlafaxine succinate er (er 25 mg, er 50 mg)	2	QL (30 PER 30 DAYS)
desvenlafaxine succnt er 100mg	2	QL (120 PER 30 DAYS)
DRIZALMA SPRINKLE (20 MG, 60 MG)	4	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE (30 MG, 40 MG)	4	QL (90 PER 30 DAYS)
duloxetine hcl (20 mg, 60 mg)	2	QL (60 PER 30 DAYS)
duloxetine hcl (30 mg, 40 mg)	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
escitalopram oxalate (10 mg tablet, 20 mg tablet, 5 mg tablet, oxalate 5 mg/5 ml)	2	
FETZIMA (ER 120 MG, ER 20 MG, ER 40 MG, ER 80 MG)	4	ST, QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	4	ST, QL (56 PER 365 OVER TIME)
fluoxetine hcl (10 mg, 20 mg, 40 mg)	1	
fluoxetine hcl (20 mg/5 ml solution, hcl 10 mg tablet, hcl 20 mg tablet)	2	
fluvoxamine maleate	2	
nefazodone hcl	4	
paroxetine cr	4	
paroxetine er	4	
paroxetine hcl (10 mg, 20 mg, 30 mg, 40 mg)	4	
paroxetine mesylate	4	QL (30 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	4	
sertraline 20 mg/ml oral conc	2	
sertraline hcl (100 mg, 25 mg, 50 mg)	1	
trazodone hcl	2	
TRINTELLIX	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
venlafaxine hcl	2	
venlafaxine hcl er (er 150 mg, er 225 mg, er 37.5 mg, er 75 mg)	4	
venlafaxine hcl er (er 150 mg, er 37.5 mg, er 75 mg)	2	
VIIBRYD (10 MG, 20 MG, 40 MG)	4	QL (30 PER 30 DAYS)
VIIBRYD 10-20 MG STARTER PACK	4	QL (60 PER 365 OVER TIME)
Tricyclics		
amitriptyline hcl	4	PA
amoxapine	4	
clomipramine hcl	4	
desipramine hcl	4	
doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 100 mg capsule, 150 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)	4	PA
imipramine hcl	4	
nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)	2	
protriptyline hcl	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
trimipramine maleate	4	
Antiemetics		
Antiemetics, Other		
compro	2	
doxylamine succ-pyridoxine hcl	4	QL (120 PER 30 DAYS)
meclizine hcl (12.5 mg, 25 mg)	4	
phenadoz	4	PA
prochlorperazine	2	
prochlorperazine 10 mg/2 ml vl	4	
prochlorperazine maleate	2	
promethazine hcl (12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)	4	
promethazine hcl (6.25 ml soln, 6.25 ml syrp)	2	
promethegan (25 mg, 50 mg)	4	
promethegan 12.5 mg suppos	4	PA
scopolamine	4	
Emetogenic Therapy Adjuncts		
AKYNZEO 300-0.5 MG CAPSULE	4	PA, QL (2 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
aprepitant 125 mg capsule	4	PA, QL (2 PER 30 OVER TIME)
aprepitant 125-80-80 mg pack	4	PA, QL (6 PER 30 OVER TIME)
aprepitant 40 mg capsule	4	PA, QL (1 PER 30 OVER TIME)
aprepitant 80 mg capsule	4	PA, QL (8 PER 30 OVER TIME)
dronabinol	4	PA, QL (60 PER 30 OVER TIME)
EMEND 125 MG POWDER PACKET	4	PA, QL (6 PER 30 OVER TIME)
granisetron hcl 1 mg tablet	2	PA, QL (30 PER 30 OVER TIME)
ondansetron hcl (4 mg, 8 mg)	2	PA
ondansetron hcl (4 ml soln cup, 4 ml solution)	4	PA, QL (450 PER 30 DAYS)
ondansetron hcl 24 mg tablet	2	PA, QL (14 PER 28 OVER TIME)
ondansetron odt	2	PA
SANCUSO	5	QL (2 PER 30 OVER TIME)
SYNDROS	5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antifungals		
ABELCET	4	PA
AMBISOME	5	PA
amphotericin b	4	PA
caspofungin acetate	5	
clotrimazole (clotrimazole 1% top cream grx, clotrimazole 1% topical cream, clotrimazole 10 mg troche, cvs clotrimazole 1% top cream, qc clotrimazole 1% top cream, sm clotrimazole 1% top cream, tm-clotrimazole 1% top cream)	2	
CRESEMBA 186 MG CAPSULE	5	
econazole nitrate	2	
fluconazole (10 mg/ml susp, 100 mg tablet, 150 mg tablet, 200 mg tablet, 40 mg/ml susp, 50 mg tablet)	2	
fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)	2	
flucytosine	5	
griseofulvin 125 mg/5 ml susp	2	
griseofulvin micro 500 mg tab	4	
griseofulvin ultramicrosize	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
itraconazole (10 mg/ml solution, 100 mg/10 ml cup)	5	PA
itraconazole 100 mg capsule	4	PA
JUBLIA	4	
ketoconazole (2% cream, 2% shampoo, 200 mg tablet)	2	
miconazole 3 200 mg vag supp	2	
naftifine hcl (1% cream, 1% gel, 2% cream)	4	
NOXAFIL 40 MG/ML SUSPENSION	5	
nyamyc	2	
nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)	2	
nystop	2	
posaconazole dr 100 mg tablet	5	
terbinafine hcl	2	QL (84 PER 180 OVER TIME)
terconazole (0.4% cream, 0.8% cream, 80 mg suppository)	2	
TOLSURA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
voriconazole (200 mg vial, 40 mg/ml susp)	5	
voriconazole (200 mg, 50 mg)	4	
Antigout Agents		
allopurinol (100 mg, 300 mg)	2	
colchicine	4	
febuxostat	4	
GLOPERBA	4	ST
probenecid	2	
probenecid-colchicine	2	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine 1 mg/ml amp	5	PA
dihydroergotamine 4 mg/ml spry	5	PA, QL (8 PER 30 OVER TIME)
ERGOMAR	5	
ergotamine-caffeine	3	
migergot	5	
Prophylactic		
AIMOVIG 140 MG/ML AUTOINJECTOR	4	PA, QL (1 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
AIMOVIG 70 MG/ML AUTOINJECTOR	4	PA, QL (2 PER 30 DAYS)
AIMOVIG AUTOINJECTOR (2 PACK)	4	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	4	PA, QL (1 PER 30 DAYS)
EMGALITY PEN	4	PA, QL (1 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	5	PA, QL (3 PER 30 DAYS)
NURTEC ODT	5	PA, QL (18 PER 30 OVER TIME)
timolol maleate (10 mg, 20 mg, 5 mg)	2	
UBRELVY	5	PA, QL (16 PER 30 OVER TIME)
Serotonin (5-HT) Receptor Agonist		
eletriptan hbr	4	QL (12 PER 30 OVER TIME)
frovatriptan succinate	4	QL (12 PER 30 OVER TIME)
naratriptan hcl	2	QL (9 PER 30 OVER TIME)
rizatriptan	2	QL (18 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
sumatriptan	4	QL (12 PER 30 OVER TIME)
sumatriptan 6 mg/0.5 ml syrng	2	QL (5 PER 30 OVER TIME)
sumatriptan succinate (100 mg, 25 mg, 50 mg)	2	QL (9 PER 30 OVER TIME)
sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)	4	QL (5 PER 30 OVER TIME)
TOSYMRA	4	QL (12 PER 30 OVER TIME)
zolmitriptan (2.5 mg, 5 mg)	2	QL (12 PER 30 OVER TIME)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl	4	
pyridostigmine br 60 mg tablet	2	
pyridostigmine bromide (60 ml cup, 60 ml soln)	5	
pyridostigmine bromide er	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antimycobacterials		
Antimycobacterials, Other		
dapsone (100 mg, 25 mg)	2	
rifabutin	4	
Antituberculars		
ethambutol hcl	2	
isoniazid (100 mg, 300 mg)	1	
isoniazid 50 mg/5 ml solution	2	
PASER	4	
PRIFTIN	4	
pyrazinamide	2	
rifampin (150 mg, 300 mg)	2	
rifampin iv 600 mg vial	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide (25 mg, 50 mg)	3	PA
GLEOSTINE (100 MG, 40 MG)	5	
GLEOSTINE 10 MG CAPSULE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ifosfamide 3 gm vial	4	
LEUKERAN	5	
MATULANE	5	
thiotepa 100 mg vial	5	
VALCHLOR	5	PA
ZEPZELCA	5	PA
Antiandrogens		
abiraterone acetate	5	PA
bicalutamide	2	
ERLEADA 60 MG TABLET	5	PA
flutamide	2	
nilutamide	5	
NUBEQA	5	PA
XTANDI	5	PA
YONSA	5	PA
ZYTIGA 500 MG TABLET	5	PA
Antiangiogenic Agents		
FOTIVDA	5	PA
POMALYST	5	PA
QINLOCK	5	PA
REVLIMID	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TABRECTA	5	PA, QL (120 PER 30 DAYS)
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
tamoxifen citrate	2	
toremifene citrate	5	
Antimetabolites		
adrucil	2	PA
cytarabine	2	PA
DROXIA	4	
fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vl, 5 gram/100 ml vl, 500 mg/10 ml vial)	2	PA
hydroxyurea	2	
mercaptopurine	4	
PURIXAN	5	
SIKLOS 1,000 MG TABLET	5	PA
SIKLOS 100 MG TABLET	4	PA
TABLOID	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antineoplastics, Other		
bleomycin sulfate	2	PA
daunorubicin hcl (20 mg/4 ml, 50 mg/10 ml)	2	
GAVRETO	5	PA
IBRANCE (100 MG, 125 MG, 75 MG)	5	PA
IDHIFA	5	PA, QL (30 PER 30 DAYS)
INREBIC	5	PA
KISQALI FEMARA CO-PACK	5	PA
LONSURF	5	PA
LUMAKRAS 120 MG TABLET	5	PA
NINLARO	5	PA
ONUREG	5	PA
PEMAZYRE	5	PA, QL (30 PER 30 DAYS)
PHESGO	5	PA
RETEVMO	5	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL	5	PA
SYNRIBO	5	PA
TAZVERIK	5	PA
TRUSELTIQ	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TUKYSA	5	PA
vinorelbine tartrate	2	
XPOVIO	5	PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole	2	
exemestane	4	
letrozole	2	
Enzyme Inhibitors		
etoposide (1,000 mg/50 ml, 100 mg/5 ml, 500 mg/25 ml)	2	
irinotecan hcl (40 mg/2 ml vial, 500 mg/25 ml vl)	2	
toposar	2	
Molecular Target Inhibitors		
AFINITOR 10 MG TABLET	5	PA, QL (30 PER 30 DAYS)
AFINITOR DISPERZ	5	PA
ALECENSA	5	PA
ALUNBRIG (180 MG, 90 MG)	5	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ALUNBRIG 90 MG-180 MG TAB PACK	5	PA, QL (60 PER 365 OVER TIME)
AYVAKIT	5	PA, QL (30 PER 30 DAYS)
BALVERSA	5	PA
BOSULIF (100 MG, 400 MG, 500 MG)	5	PA
BRAFTOVI	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE 100 MG CAPSULE	5	PA
CAPRELSA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	5	PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
erlotinib hcl	5	PA
everolimus (2.5 mg, 5 mg, 7.5 mg)	5	PA, QL (30 PER 30 DAYS)
FARYDAK	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
GILOTRIF	5	PA, QL (30 PER 30 DAYS)
IBRANCE (100 MG, 125 MG, 75 MG)	5	PA
ICLUSIG (30 MG, 45 MG)	5	PA
ICLUSIG 10 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ICLUSIG 15 MG TABLET	5	PA, QL (60 PER 30 DAYS)
imatinib mesylate	5	PA
IMBRUVICA (140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET, 70 MG CAPSULE)	5	PA
INLYTA	5	PA
INQOVI	5	PA
IRESSA	5	PA
JAKAFI (15 MG, 20 MG, 25 MG, 5 MG)	5	PA
JAKAFI 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
KISQALI	5	PA
KOSELUGO	5	PA
lapatinib	5	PA
LENVIMA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
LORBRENA	5	PA
LYNPARZA	5	PA
MEKINIST (0.5 MG, 2 MG)	5	PA
MEKTOVI	5	PA
NERLYNX	5	PA, QL (180 PER 30 DAYS)
NEXAVAR	5	PA
ODOMZO	5	PA
PIQRAY	5	PA
ROZLYTREK (100 MG, 200 MG)	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
sunitinib malate	5	PA
SUTENT	5	PA
TAFINLAR (50 MG, 75 MG)	5	PA
TAGRISSO 40 MG TABLET	5	PA, QL (30 PER 30 DAYS)
TAGRISSO 80 MG TABLET	5	PA
TALZENNA (0.25 MG, 1 MG)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TASIGNA	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TURALIO 200 MG CAPSULE	5	PA
TYKERB	5	PA
UKONIQ	5	Ukoniq (s)
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	3	PA
VENCLEXTA (100 MG, 50 MG)	5	PA
VENCLEXTA STARTING PACK	5	PA
VERZENIO	5	PA
VITRAKVI (100 MG CAPSULE, 20 MG/ML SOLUTION, 25 MG CAPSULE)	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
WELIREG	5	PA
XALKORI (200 MG, 250 MG)	5	PA
XOSPATA	5	PA
ZEJULA 100 MG CAPSULE	5	PA
ZELBORAF	5	PA
ZYDELIG	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ZYKADIA	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
AVASTIN	5	PA
DARZALEX FASPRO	5	PA
HERCEPTIN 150 MG VIAL	5	PA
HERCEPTIN HYLECTA	5	PA
MVASI	5	PA
ONTRUZANT	5	PA
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
RUXIENCE	5	PA
SARCLISA	5	PA
TRODELVY	5	PA
ZIRABEV	5	PA
Retinoids		
bexarotene 75 mg capsule	5	PA
PANRETIN	5	
TARGRETIN 1% GEL	5	PA
tretinoin 10 mg capsule	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Treatment Adjuncts		
leucovorin calcium (10 mg tab, 100 mg vial, 350 mg vial, 5 mg tab, 50 mg vial, 500 mg vial)	2	
leucovorin calcium (100 mg/10 ml, 500 mg/50 ml)	2	PA
leucovorin calcium (15 mg tab, 200 mg vial, 25 mg tab)	4	
MESNEX 400 MG TABLET	5	
Antiparasitics		
Anthelmintics		
albendazole	5	
ivermectin 3 mg tablet	2	PA
praziquantel	4	
Antiprotozoals		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	5	
atovaquone	5	
atovaquone-proguanil hcl	2	
benznidazole	4	
chloroquine phosphate	2	
COARTEM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
hydroxychloroquine 200 mg tab	2	
mefloquine hcl	2	
nitazoxanide	5	
pentamidine 300 mg inhal powdr	2	PA
pentamidine 300 mg inject vial	2	
primaquine	2	
pyrimethamine	5	PA
quinine sulfate	2	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	2	
trihexyphenidyl 2 mg/5 ml soln	2	
trihexyphenidyl hcl (2 mg, 5 mg)	4	
Antiparkinson Agents, Other		
entacapone	2	
GOCOVRI	5	PA
tolcapone	5	
Dopamine Agonists		
APOKYN	5	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
bromocriptine mesylate	4	
KYNMOBI (10 MG, 15 MG, 20 MG, 25 MG, 30 MG)	5	PA, QL (150 PER 30 DAYS)
NEUPRO	4	ST
pramipexole dihydrochloride	2	
ropinirole hcl	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa	4	
carbidopa-levodopa	2	
carbidopa-levodopa er	2	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate	4	
selegiline hcl	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl (10 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml ampule, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp)	4	
fluphenazine decanoate	4	
fluphenazine hcl (1 mg tablet, 10 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc)	4	
haloperidol	2	
haloperidol decanoate	2	
haloperidol decanoate 100	2	
haloperidol lactate	2	
loxapine	2	
molindone hcl	4	
perphenazine	2	
pimozide	4	
thioridazine hcl	2	PA
thiothixene	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
trifluoperazine hcl	2	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
ABILIFY MYCITE (10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG)	5	ST, QL (30 PER 30 DAYS)
aripiprazole (10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg)	2	QL (30 PER 30 DAYS)
aripiprazole 1 mg/ml solution	4	QL (750 PER 30 DAYS)
aripiprazole odt	5	QL (60 PER 30 DAYS)
ARISTADA	5	
ARISTADA INITIO	5	
asenapine maleate	4	QL (60 PER 30 DAYS)
CAPLYTA 42 MG CAPSULE	5	ST, QL (30 PER 30 DAYS)
FANAPT (1 MG, 2 MG, 4 MG)	4	ST, QL (60 PER 30 DAYS)
FANAPT (10 MG, 12 MG, 6 MG, 8 MG)	5	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4	ST, QL (8 PER 180 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
INVEGA SUSTENNA (117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML, 78 MG/0.5 ML)	5	
INVEGA SUSTENNA 39 MG/0.25 ML	4	
INVEGA TRINZA	5	
LATUDA (120 MG, 20 MG, 40 MG, 60 MG)	5	QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	5	QL (60 PER 30 DAYS)
NUPLAZID	5	PA
olanzapine (10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg)	2	QL (30 PER 30 DAYS)
olanzapine 10 mg vial	2	
olanzapine odt	2	QL (30 PER 30 DAYS)
paliperidone er (er 1.5 mg, er 3 mg, er 9 mg)	4	QL (30 PER 30 DAYS)
paliperidone er 6 mg tablet	4	QL (60 PER 30 DAYS)
PERSERIS	5	
quetiapine er 200 mg tablet	2	QL (90 PER 30 DAYS)
quetiapine fumarate (100 mg, 200 mg, 25 mg, 50 mg)	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
quetiapine fumarate (300 mg, 400 mg)	2	QL (60 PER 30 DAYS)
quetiapine fumarate er (er 150 mg, er 300 mg, er 400 mg, er 50 mg)	2	QL (60 PER 30 DAYS)
REXULTI (0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG)	5	QL (30 PER 30 DAYS)
RISPERDAL CONSTA (25 MG, 37.5 MG, 50 MG)	5	
RISPERDAL CONSTA 12.5 MG VIAL	4	
risperidone (0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg)	2	QL (60 PER 30 DAYS)
risperidone 1 mg/ml solution	2	QL (240 PER 30 DAYS)
risperidone odt	2	QL (60 PER 30 DAYS)
SAPHRIS	5	QL (60 PER 30 DAYS)
SECUADO	5	PA, QL (30 PER 30 DAYS)
VRAYLAR (1.5 MG, 3 MG, 4.5 MG, 6 MG)	5	ST, QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	4	ST, QL (14 PER 365 OVER TIME)
ziprasidone hcl	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ziprasidone mesylate	4	
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT, 405 MG VIAL, 405 MG VL KIT)	5	
Treatment-Resistant		
clozapine (100 mg, 25 mg)	2	QL (270 PER 30 DAYS)
clozapine 200 mg tablet	2	QL (120 PER 30 DAYS)
clozapine 50 mg tablet	2	QL (180 PER 30 DAYS)
clozapine odt (100 mg, 25 mg)	4	QL (270 PER 30 DAYS)
clozapine odt 12.5 mg tablet	4	QL (90 PER 30 DAYS)
clozapine odt 150 mg tablet	4	QL (180 PER 30 DAYS)
clozapine odt 200 mg tablet	5	QL (120 PER 30 DAYS)
VERSACLOZ	5	QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antispasticity Agents		
baclofen (10 mg, 20 mg, 5 mg)	2	
dantrolene sodium (100 mg, 25 mg, 50 mg)	2	
tizanidine hcl (2 mg, 4 mg)	2	
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY 50-200-25 MG TABLET	5	QL (30 PER 30 DAYS)
DOVATO	5	QL (30 PER 30 DAYS)
GENVOYA	5	QL (30 PER 30 DAYS)
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	5	
ISENTRESS 25 MG TABLET CHEW	3	
ISENTRESS HD	5	
JULUCA	5	QL (30 PER 30 DAYS)
STRIBILD	5	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TIVICAY (25 MG, 50 MG)	5	
TIVICAY 10 MG TABLET	4	
TIVICAY PD	4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA	5	QL (30 PER 30 DAYS)
COMPLERA	5	QL (30 PER 30 DAYS)
DELSTRIGO	5	QL (30 PER 30 DAYS)
EDURANT	5	
efavirenz (200 mg capsule, 600 mg tablet)	5	
efavirenz 50 mg capsule	2	
efavirenz-emtric-tenofov disop	5	QL (30 PER 30 DAYS)
efavirenz-lamivu-tenofov disop	5	QL (30 PER 30 DAYS)
etravirine	5	
INTELENCE (100 MG, 200 MG)	5	
INTELENCE 25 MG TABLET	4	
nevirapine (200 mg tablet, 50 mg/5 ml susp)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
nevirapine er	4	
PIFELTRO	5	
SYMFI	5	QL (30 PER 30 DAYS)
SYMFI LO	5	QL (30 PER 30 DAYS)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir (20 mg/ml solution, 300 mg tablet)	4	
abacavir-lamivudine	4	QL (30 PER 30 DAYS)
abacavir-lamivudine-zidovudine	5	QL (60 PER 30 DAYS)
CIMDUO	5	QL (30 PER 30 DAYS)
DESCOVY 200-25 MG TABLET	5	QL (30 PER 30 DAYS)
didanosine (200 mg, 250 mg, 400 mg)	2	
emtricitabine	2	
emtricitabine-tenofovir disop	5	QL (30 PER 30 DAYS)
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)	2	
lamivudine-zidovudine	4	QL (60 PER 30 DAYS)
ODEFSEY	5	QL (30 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	4	
stavudine	4	
TEMIXYS	5	QL (30 PER 30 DAYS)
tenofovir disoproxil fumarate	4	
TRIUMEQ	5	QL (30 PER 30 DAYS)
TRUVADA	5	QL (30 PER 30 DAYS)
VIDEX	4	
VIDEX EC 125 MG CAPSULE	4	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	
zidovudine (100 mg capsule, 300 mg tablet, 50 mg/5 ml syrup)	2	
Anti-HIV Agents, Other		
FUZEON	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
RUKOBIA	5	
SELZENTRY (150 MG TABLET, 20 MG/ML ORAL SOLN, 300 MG TABLET, 75 MG TABLET)	5	
SELZENTRY 25 MG TABLET	4	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	5	
atazanavir sulfate	4	
CRIXIVAN	3	
EVOTAZ	5	QL (30 PER 30 DAYS)
fosamprenavir calcium	5	
INVIRASE	5	
KALETRA 100-25 MG TABLET	4	
KALETRA 200-50 MG TABLET	5	
LEXIVA 50 MG/ML SUSPENSION	4	
lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavr 200-50mg tb)	5	
lopinavir-ritonavr 100-25mg tb	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
NORVIR (100 MG POWDER PACKET, 80 MG/ML SOLUTION)	4	
PREZCOBIX	5	QL (30 PER 30 DAYS)
PREZISTA (100 MG/ML SUSPENSION, 600 MG TABLET, 800 MG TABLET)	5	
PREZISTA (150 MG, 75 MG)	4	
REYATAZ 50 MG POWDER PACKET	5	
ritonavir	3	
SYMTUZA	5	QL (30 PER 30 DAYS)
VIRACEPT	5	
Anti-cytomegalovirus (CMV) Agents		
cidofovir	5	
ganciclovir sodium (500 mg, 500 mg/10 ml)	2	PA
PREVYMIS (240 MG TABLET, 240 MG/12 ML VIAL, 480 MG TABLET, 480 MG/24 ML VIAL)	5	
valganciclovir 450 mg tablet	3	
valganciclovir hcl 50 mg/ml	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	5	
BARACLUDE 0.05 MG/ML SOLUTION	5	QL (600 PER 30 DAYS)
entecavir	4	QL (30 PER 30 DAYS)
EPIVIR HBV 25 MG/5 ML SOLN	4	
lamivudine 100 mg tablet	2	
lamivudine hbv	2	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
MAVYRET 100-40 MG TABLET	5	PA, QL (336 PER 365 OVER TIME)
ribavirin (200 mg capsule, 200 mg tablet)	4	
sofosbuvir-velpatasvir	5	PA, QL (84 PER 365 OVER TIME)
VOSEVI	5	PA, QL (84 PER 365 OVER TIME)
Anti-influenza Agents		
amantadine (100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln, 50 mg/5 ml solution)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
oseltamivir 6 mg/ml suspension	2	QL (1080 PER 365 OVER TIME)
oseltamivir phos 30 mg capsule	2	QL (168 PER 365 OVER TIME)
oseltamivir phos 45 mg capsule	2	QL (84 PER 365 OVER TIME)
oseltamivir phos 75 mg capsule	2	QL (110 PER 365 OVER TIME)
rimantadine hcl	2	
XOFLUZA (20 MG TAB (40 MG DOSE), 40 MG TAB (80 MG DOSE), 40 MG TABLET)	3	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	3	QL (2 PER 365 OVER TIME)
Antiherpetic Agents		
acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)	2	
acyclovir 200 mg/5 ml susp	4	
acyclovir sodium (1,000 mg/20 ml, 500 mg/10 ml)	4	PA
famciclovir	2	
valacyclovir	2	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Anxiolytics		
Anxiolytics, Other		
buspirone hcl	2	
hydroxyzine pamoate	4	
Benzodiazepines		
alprazolam (0.25 mg, 0.5 mg, 1 mg)	1	QL (120 PER 30 DAYS)
alprazolam 2 mg tablet	1	QL (150 PER 30 DAYS)
alprazolam er (er 0.5 mg, er 1 mg)	2	QL (30 PER 30 DAYS)
alprazolam er 2 mg tablet	2	QL (150 PER 30 DAYS)
alprazolam er 3 mg tablet	2	QL (90 PER 30 DAYS)
alprazolam xr (0.5 mg, 1 mg)	2	QL (30 PER 30 DAYS)
alprazolam xr 2 mg tablet	2	QL (150 PER 30 DAYS)
alprazolam xr 3 mg tablet	2	QL (90 PER 30 DAYS)
chlordiazepoxide 10 mg capsule	1	QL (900 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
chlordiazepoxide 25 mg capsule	1	QL (360 PER 30 DAYS)
chlordiazepoxide 5 mg capsule	1	QL (120 PER 30 DAYS)
clorazepate 15 mg tablet	2	QL (180 PER 30 DAYS)
clorazepate 3.75 mg tablet	2	QL (720 PER 30 DAYS)
clorazepate 7.5 mg tablet	2	QL (360 PER 30 DAYS)
diazepam (10 mg/2 ml carpuject, 10 mg/2 ml syringe, 25 mg/5 ml oral conc, 5 mg/5 ml solution, 5 mg/ml oral conc, 50 mg/10 ml vial)	2	
diazepam 10 mg tablet	1	QL (120 PER 30 DAYS)
diazepam 2 mg tablet	1	QL (300 PER 30 DAYS)
diazepam 5 mg tablet	1	QL (240 PER 30 DAYS)
lorazepam (0.5 mg, 1 mg)	1	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
lorazepam (2 mg/ml carpuject, 2 mg/ml syringe, 2 mg/ml vial, 20 mg/10 ml vial, 4 mg/ml carpuject, 4 mg/ml vial, 40 mg/10 ml vial)	2	PA
lorazepam 2 mg tablet	1	QL (150 PER 30 DAYS)
lorazepam 2 mg/ml oral concent	2	
lorazepam intensol	2	
Bipolar Agents		
Mood Stabilizers		
EQUETRO	4	
lithium carbonate (150 mg, 300 mg)	1	
lithium carbonate (300 mg tab, 600 mg cap)	2	
lithium carbonate er	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose	2	
CYCLOSET	4	
FARXIGA	3	
glimepiride	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
glipizide (10 mg, 5 mg)	1	
glipizide er	1	
glipizide xl	1	
glipizide-metformin	1	
glyburide	2	
glyburide micronized	2	
glyburide-metformin hcl	2	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
metformin hcl (1,000 mg, 500 mg, 850 mg)	1	
metformin hcl (500 mg/5 ml cup, 500 mg/5 ml soln, 850 mg/8.5ml cup)	4	
metformin hcl er	1	
nateglinide	1	
OZEMPIC (1 (2 MG/1.5ML), 1 (4 MG/3 ML))	3	QL (3 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
OZEMPIC 0.25-0.5 MG/DOSE PEN	3	QL (1.5 PER 28 DAYS)
pioglitazone hcl	1	
pioglitazone-glimepiride	4	
pioglitazone-metformin	2	
repaglinide	1	
RYBELSUS (14 MG, 7 MG)	3	QL (30 PER 30 DAYS)
RYBELSUS 3 MG TABLET	3	QL (60 PER 365 OVER TIME)
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	
SYNJARDY XR	3	
tolazamide	1	
TRADJENTA	3	
TRIJARDY XR	3	
TRULICITY	3	QL (2 PER 28 DAYS)
VICTOZA 2-PAK	3	QL (9 PER 30 DAYS)
VICTOZA 3-PAK	3	QL (9 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
XIGDUO XR	3	
Glycemic Agents		
diazoxide	5	
GLUCAGEN	4	
GLUCAGON EMERGENCY KIT	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
PROGLYCEM	5	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN U-100	3	
HUMALOG KWIKPEN U-200	3	
HUMALOG MIX 50-50	3	
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 75-25	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMULIN 70-30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
HUMULIN R	3	
HUMULIN R U-500	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN LISPRO	3	
INSULIN LISPRO JUNIOR KWIKPEN	3	
INSULIN LISPRO KWIKPEN U-100	3	
INSULIN LISPRO PROTAMINE MIX	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN U-100	3	
LYUMJEV KWIKPEN U-200	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET	3	QL (90 PER 30 DAYS)
ELIQUIS DVT-PE TREAT START 5MG	3	QL (148 PER 365 OVER TIME)
enoxaparin sodium (100 mg/ml syr, 120 mg/0.8 ml syr, 150 mg/ml syr, 30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr)	4	QL (28 PER 90 OVER TIME)
enoxaparin sodium 300 mg/3 ml vial	4	QL (105 PER 90 OVER TIME)
fondaparinux 10 mg/0.8 ml syr	5	QL (28 PER 90 OVER TIME)
fondaparinux 2.5 mg/0.5 ml syr	4	QL (17.5 PER 90 OVER TIME)
fondaparinux 5 mg/0.4 ml syr	5	QL (14 PER 90 OVER TIME)
fondaparinux 7.5 mg/0.6 ml syr	5	QL (21 PER 90 OVER TIME)
FRAGMIN (2,500 ML, 5,000 ML)	4	QL (7 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL (35 PER 90 OVER TIME)
FRAGMIN 12,500 UNIT/0.5 ML SYR	5	QL (17.5 PER 90 OVER TIME)
FRAGMIN 15,000 UNIT/0.6 ML SYR	5	QL (21 PER 90 OVER TIME)
FRAGMIN 18,000 UNIT/0.72 ML	5	QL (25.3 PER 90 OVER TIME)
FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL (10.5 PER 90 OVER TIME)
FRAGMIN 95,000 UNIT/3.8 ML VL	5	QL (22.8 PER 90 OVER TIME)
heparin sodium (5,000 unit/ml carpujct, 50,000 unit/10 ml vial, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial)	2	
jantoven	1	
warfarin sodium	1	
XARELTO (10 MG, 20 MG)	3	QL (30 PER 30 DAYS)
XARELTO (15 MG, 2.5 MG)	3	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	3	QL (102 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Blood Products and Modifiers, Other		
ADAKVEO	5	PA
anagrelide hcl	3	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL)	4	PA
ARANESP (100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL)	5	PA
FULPHILA	5	PA
GRANIX (300 MCG/ML, 480 MCG/1.6 ML)	5	ST
LEUKINE	5	PA
MOZOBIL	5	PA, QL (38.4 PER 365 OVER TIME)
MULPLETA	5	PA
NEULASTA	5	PA
NEULASTA ONPRO	5	PA
NEUPOGEN	5	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
NIVESTYM	5	ST
NPLATE	5	PA
NYVEPRIA	5	PA
OXBRYTA 500 MG TABLET	5	PA, QL (90 PER 30 DAYS)
PROMACTA	5	PA
REBLOZYL	5	PA
RETACRIT (10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML)	4	PA
RETACRIT (20,000, 40,000)	5	PA
UDENYCA	5	PA
ZARXIO	5	
ZIEXTENZO	5	PA
Hemostasis Agents		
aminocaproic acid (1,000 mg, 500 mg)	4	
tranexamic acid 650 mg tablet	2	
Platelet Modifying Agents		
aspirin-dipyridamole er	4	
BRILINTA	4	
CABLIVI	5	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
cilostazol	2	
clopidogrel	1	
prasugrel hcl	2	
TAVALISSE	5	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	2	
clonidine hcl (0.1 mg, 0.2 mg, 0.3 mg)	1	
droxidopa	5	PA
guanfacine hcl	4	
methyldopa	4	
midodrine hcl	2	
NORTHERA	5	PA
Alpha-adrenergic Blocking Agents		
phenoxybenzamine hcl	5	
prazosin hcl	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	2	
irbesartan	1	
losartan potassium	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
olmesartan medoxomil	2	
telmisartan	2	
valsartan (160 mg, 320 mg, 40 mg, 80 mg)	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl	1	
captopril	2	
enalapril maleate (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tablet)	1	
fosinopril sodium	1	
lisinopril	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl (100 mg, 200 mg, 400 mg)	2	
digitek	2	
digox	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
digoxin (0.05 mg/ml solution, 500 mcg/2 ml ampule)	4	
digoxin (0.125 mg, 0.25 mg, 125 mcg, 250 mcg)	2	
disopyramide phosphate	4	
dofetilide	4	
flecainide acetate	2	
LANOXIN 62.5 MCG TABLET	4	
mexiletine hcl	2	
NORPACE CR	4	
pacerone (100 mg, 200 mg, 400 mg)	2	
propafenone hcl	2	
propafenone hcl er	4	
quinidine gluc er 324 mg tab	4	
quinidine sulfate	2	
sorine	2	
sotalol	2	
sotalol af	2	
Beta-adrenergic Blocking Agents		
acebutolol hcl	2	
atenolol	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
betaxolol hcl (10 mg, 20 mg)	2	
bisoprolol fumarate	2	
BYSTOLIC	3	
carvedilol	1	
carvedilol er	4	
labetalol hcl (100 mg, 200 mg, 300 mg)	2	
metoprolol succinate	2	
metoprolol tartrate (100 mg, 25 mg, 50 mg)	1	
nadolol	2	
nebivolol hcl	2	
pindolol	2	
propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)	2	
propranolol hcl er	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate	1	
felodipine er	2	
nicardipine hcl (20 mg, 30 mg)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
nifedipine er	2	
nimodipine	4	
nisoldipine	4	
NYMALIZE	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
dilt-xr	2	
diltiazem 12hr er	2	
diltiazem 24hr er	2	
diltiazem 24hr er (cd)	2	
diltiazem 24hr er (la) (180 mg, 240 mg, 300 mg, 360 mg, 420 mg)	2	
diltiazem 24hr er (xr)	2	
diltiazem hcl (120 mg, 30 mg, 60 mg, 90 mg)	2	
matzim la	2	
taztia xt	2	
tiadylt er	2	
verapamil 80 mg tablet	1	
verapamil er	2	
verapamil er pm (er 200 mg, er 300 mg)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
verapamil er pm 100 mg capsule	2	
verapamil hcl (120 mg, 40 mg)	2	
verapamil sr	2	
Cardiovascular Agents, Other		
acetazolamide	2	
ALDACTAZIDE 50-50 TABLET	4	
aliskiren	2	
amiloride-hydrochlorothiazide	2	
amlodipine besylate-benazepril	1	
amlodipine-atorvastatin	2	
amlodipine-valsartan	1	
amlodipine-valsartan-hctz	2	
atenolol-chlorthalidone	2	
benazepril-hydrochlorothiazide	1	
bisoprolol-hydrochlorothiazide	2	
candesartan-hydrochlorothiazid	2	
captopril-hydrochlorothiazide	2	
CORLANOR (5 MG, 7.5 MG)	4	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	4	PA, QL (450 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
DEMSER	5	
enalapril-hydrochlorothiazide	1	
ENTRESTO	3	QL (60 PER 30 DAYS)
fosinopril-hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
losartan-hydrochlorothiazide	1	
methyldopa-hydrochlorothiazide	4	
metoprolol-hydrochlorothiazide	2	
metyrosine	5	
olmesartan-hydrochlorothiazide	2	
pentoxifylline	2	
propranolol-hydrochlorothiazid	2	
quinapril-hydrochlorothiazide	1	
ranolazine er	2	
spironolactone-hctz	2	
telmisartan-hydrochlorothiazid	2	
trandolapril-verapamil er	2	
triamterene-hctz 37.5-25 mg cp	2	
triamterene-hydrochlorothiazid (37.5-25 mg tb, 75-50 mg tab)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
valsartan-hydrochlorothiazide	1	
VYNDAMAX	5	PA, QL (30 PER 30 DAYS)
Diuretics, Loop		
bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)	2	
ethacrynic acid	4	
furosemide (10 mg/ml solution, 100 mg/10 ml syring, 100 mg/10 ml vial, 20 mg/2 ml vial, 40 mg/4 ml syringe, 40 mg/4 ml vial)	2	
furosemide (20 mg tablet, 40 mg tablet, 40 mg/5 ml soln, 80 mg tablet)	1	
torsemide	2	
Diuretics, Potassium-sparing		
amiloride hcl	2	
eplerenone	2	
spironolactone (100 mg, 25 mg, 50 mg)	2	
Diuretics, Thiazide		
chlorothiazide	2	
chlorthalidone	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
DIURIL	4	
hydrochlorothiazide	1	
indapamide	2	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate (120 mg, 40 mg)	4	
fenofibrate (130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule, 43 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule)	2	
fenofibric acid (135 mg, 45 mg)	2	
gemfibrozil	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium	1	
fluvastatin er	4	
fluvastatin sodium	1	
LIVALO	4	ST
lovastatin	1	
pravastatin sodium	1	
rosuvastatin calcium	1	
simvastatin	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Dyslipidemics, Other		
cholestyramine (packet, powder)	4	
cholestyramine light (packet, powder)	2	
colesevelam 625 mg tablet	4	
colestipol hcl (, packet)	4	
colestipol hcl 1 gm tablet	2	
ezetimibe	2	
ezetimibe-simvastatin	2	
icosapent ethyl 1 gram capsule	4	PA
JUXTAPID (10 MG, 40 MG, 5 MG, 60 MG)	5	PA, QL (30 PER 30 DAYS)
JUXTAPID (20 MG, 30 MG)	5	PA, QL (60 PER 30 DAYS)
NEXLETOL	4	PA, QL (30 PER 30 DAYS)
niacin (500 mg, ra 500 mg)	4	
niacin er	2	
niacor	4	
omega-3 acid ethyl esters	2	PA
plain niacin 500 mg tablet	4	
prevalite (packet, powder)	2	
REPATHA PUSHTRONEX	4	PA, QL (7 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
REPATHA SURECLICK	4	PA, QL (3 PER 28 DAYS)
REPATHA SYRINGE	4	PA, QL (3 PER 28 DAYS)
VASCEPA	4	PA
Vasodilators, Direct-acting Arterial		
hydralazine hcl (10 mg, 100 mg, 25 mg, 50 mg)	2	
minoxidil (10 mg, 2.5 mg)	2	
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE-SR	4	
isosorbide dinitrate (10 mg, 20 mg, 30 mg, 5 mg)	2	
isosorbide dinitrate 40 mg tab	5	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
minitran	2	
NITRO-BID	4	
NITRO-DUR (0.3, 0.8)	4	
nitroglycerin (0.3 mg, 0.4 mg, 0.6 mg)	2	
nitroglycerin patch	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
dextroamphetamine 10 mg tab	2	QL (180 PER 30 DAYS)
dextroamphetamine 5 mg tab	2	QL (90 PER 30 DAYS)
dextroamphetamine 5 mg/5 ml	4	QL (1800 PER 30 DAYS)
dextroamphetamine er 10 mg cap	4	QL (180 PER 30 DAYS)
dextroamphetamine er 15 mg cap	4	QL (120 PER 30 DAYS)
dextroamphetamine er 5 mg cap	4	QL (60 PER 30 DAYS)
dextroamphetamine-amphet er (er 10 mg, er 15 mg, er 20 mg, er 25 mg, er 30 mg, er 5 mg)	4	QL (30 PER 30 DAYS)
dextroamphetamine-amphetamine	2	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl (100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg)	2	QL (30 PER 30 DAYS)
atomoxetine hcl 10 mg capsule	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
clonidine hcl er 0.1 mg tablet	4	
dexmethylphenidate hcl	2	QL (60 PER 30 DAYS)
dexmethylphenidate hcl er	4	QL (30 PER 30 DAYS)
guanfacine hcl er	4	
methylphenidate 10 mg chew tab	4	QL (180 PER 30 DAYS)
methylphenidate 5 mg/5 ml soln	2	
methylphenidate er (er 10 mg cap, er 15 mg cap, er 18 mg tab, er 20 mg cap, er 27 mg tab, er 30 mg cap, er 40 mg cap, er 50 mg cap, er 54 mg tab, er 60 mg cap, er 72 mg tab)	4	QL (30 PER 30 DAYS)
methylphenidate er (la)	4	QL (30 PER 30 DAYS)
methylphenidate er 10 mg tab	2	QL (180 PER 30 DAYS)
methylphenidate er 20 mg tab	2	QL (90 PER 30 DAYS)
methylphenidate er 36 mg tab	4	QL (60 PER 30 DAYS)
methylphenidate hcl (10 mg, 20 mg, 5 mg)	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
methylphenidate hcl (2.5 mg tb, 5 mg tab)	4	QL (90 PER 30 DAYS)
methylphenidate hcl cd	4	QL (30 PER 30 DAYS)
methylphenidate hcl er (cd)	4	QL (30 PER 30 DAYS)
methylphenidate la	4	QL (30 PER 30 DAYS)
RELEXXII ER 72 MG TABLET	4	PA, QL (30 PER 30 DAYS)
Central Nervous System, Other		
AUSTEDO	5	PA, QL (120 PER 30 DAYS)
butalb-acetamin-caff 50-325-40	4	PA
butalbital-acetaminophn 50-325	4	PA
butalbital-aspirin-caffeine cp	4	PA
EXSERVAN	5	PA
FIRDAPSE	5	PA, QL (240 PER 30 DAYS)
INGREZZA (60 MG, 80 MG)	5	PA, QL (30 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
INGREZZA INITIATION PACK	5	PA, QL (56 PER 365 OVER TIME)
NUEDEXTA	4	PA
RADICAVA	5	PA
riluzole	4	PA
RUZURGI	5	PA, QL (300 PER 30 DAYS)
tencon	4	PA
tetrabenazine	5	PA
TIGLUTIK	5	PA
Fibromyalgia Agents		
pregabalin (100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg)	2	QL (90 PER 30 DAYS)
pregabalin 20 mg/ml solution	2	QL (900 PER 30 DAYS)
pregabalin 300 mg capsule	2	QL (60 PER 30 DAYS)
SAVELLA (100 MG, 12.5 MG, 25 MG, 50 MG)	3	QL (60 PER 30 DAYS)
SAVELLA TITRATION PACK	3	QL (110 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Multiple Sclerosis Agents		
AVONEX PEN	5	PA, QL (4 PER 28 DAYS)
AVONEX PREFILLED SYR 30 MCG KT	5	PA, QL (4 PER 28 DAYS)
BAFIERTAM	5	PA, QL (120 PER 30 DAYS)
BETASERON	5	PA, QL (15 PER 30 DAYS)
dalfampridine er	5	PA, QL (60 PER 30 DAYS)
dimethyl fumarate (120 mg, 240 mg)	5	PA, QL (60 PER 30 DAYS)
dimethyl fumarate 30d start pk	5	PA, QL (120 PER 365 OVER TIME)
EXTAVIA	5	PA, QL (15 PER 30 DAYS)
GILENYA	5	PA, QL (30 PER 30 DAYS)
glatiramer 20 mg/ml syringe	5	PA, QL (30 PER 30 DAYS)
glatiramer 40 mg/ml syringe	5	PA, QL (12 PER 28 DAYS)
glatopa 20 mg/ml syringe	5	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
glatopa 40 mg/ml syringe	5	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	5	PA, QL (0.4 PER 28 DAYS)
MAVENCLAD	5	PA
MAYZENT 0.25 MG TABLET	5	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-2MG MAINT	5	PA, QL (24 PER 365 OVER TIME)
MAYZENT 2 MG TABLET	5	PA, QL (30 PER 30 DAYS)
mitoxantrone hcl	2	PA
OCREVUS	5	PA, QL (40 PER 365 OVER TIME)
PLEGRIDY 125 MCG/0.5 ML PEN	5	PA, QL (1 PER 28 DAYS)
PLEGRIDY 125 MCG/0.5 ML SYRING	5	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN INJ STARTER PACK	5	PA, QL (2 PER 365 OVER TIME)
PLEGRIDY SYRINGE STARTER PACK	5	PA, QL (4 PER 365 OVER TIME)
REBIF (22 ML, 44 ML)	5	PA, QL (6 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
REBIF REBIDOSE (22 ML, 44 ML)	5	PA, QL (6 PER 28 DAYS)
REBIF REBIDOSE TITRATION PACK	5	PA, QL (8.4 PER 365 OVER TIME)
REBIF TITRATION PACK	5	PA, QL (8.4 PER 365 OVER TIME)
TECFIDERA (120 MG, 240 MG)	5	PA, QL (60 PER 30 DAYS)
TECFIDERA STARTER PACK	5	PA, QL (120 PER 365 OVER TIME)
TYSABRI	5	PA
VUMERITY	5	PA, QL (120 PER 30 DAYS)
ZEPOSIA 0.92 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
ZEPOSIA STARTER KIT (37-DAY)	5	PA, QL (74 PER 365 OVER TIME)
ZEPOSIA STARTER PACK (7-DAY)	5	PA, QL (14 PER 365 OVER TIME)
Dental and Oral Agents		
chlorhexidine gluconate (15 ml cup, 15 ml cup, rinse)	1	
doxycycline hyclate 20 mg tab	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
lidocaine hcl viscous	2	
oralone	2	
paroex	1	
periogard	2	
pilocarpine hcl (5 mg, 7.5 mg)	2	
triamcinolone 0.1% paste	2	
Dermatological Agents		
Acne and Rosacea Agents		
accutane (20 mg, 30 mg, 40 mg)	4	PA
acitretin (17.5 mg, 25 mg)	4	
acitretin 10 mg capsule	3	
adapalene (gel, gel pump)	2	
adapalene 0.1% cream	4	
adapalene-bnzyl perox 0.1-2.5%	4	
amnesteem	4	PA
AVITA	4	PA
azelaic acid	4	
claravis	4	PA
clind ph-benzoyl perox 1.2-5%	2	
clindamycin-benzoyl peroxide (clindamycin-benzoyl, clindamycin-bnz pmp)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
erythromycin-benzoyl peroxide	2	
FINACEA 15% FOAM	4	
isotretinoin (10 mg, 20 mg, 30 mg, 40 mg)	4	PA
metronidazole (0.75% lotion, top 1% gel pump, topical 1% gel)	4	
metronidazole (cream, topical gl)	2	
MIRVASO	4	PA
myorisan	4	PA
rosadan	2	
tazarotene 0.1% cream	4	
tretinoin (0.01% gel, 0.025% gel, 0.05% gel)	4	PA
tretinoin (0.025%, 0.05%, 0.1%)	2	PA
tretinoin microsphere (gel 0.04% pump, gel 0.04% tube, gel 0.1% pump, gel 0.1% tube)	4	PA
zenatane	4	PA
Dermatitis and Pruitus Agents		
ala-cort 2.5% cream	2	
alclometasone dipropionate	2	
ammonium lactate	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
betamethasone diprop augmented (gel, lot, oin)	4	
betamethasone dipropionate (crm, lot)	2	
betamethasone dp 0.05% oint	4	
betamethasone dp aug 0.05% crm	2	
betamethasone valerate (va cream, va lotion, valer ointm)	2	
clobetasol emollient 0.05% crm	2	
clobetasol emollnt 0.05% foam	4	
clobetasol emulsion	4	
clobetasol propionate (cream, gel, ointment, solution)	2	
clobetasol propionate (prop spray, topical lotn)	4	
CORDRAN 0.025% CREAM	4	
desonide (cream, ointment)	2	
desonide (gel, lotion)	4	
desoximetasone (cream, ointment)	2	
desrx	4	
EUCRISA	4	PA
fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
fluocinonide (cream, gel, ointment, solution)	2	
fluocinonide 0.1% cream	2	QL (120 PER 30 DAYS)
fluocinonide-e	2	
fluticasone propionate (0.005% oint, 0.05% cream)	2	
halobetasol propionate (cream, ointmnt)	2	
HALOG 0.1% SOLUTION	4	
hydrocortisone (cream, lotion, ointment)	2	
hydrocortisone butyrate (buty cream, butyr oint, butyr soln)	4	
hydrocortisone val 0.2% cream	4	QL (60 PER 30 DAYS)
hydrocortisone val 0.2% ointmt	4	
mometasone furoate (cream, oint, soln)	2	
pimecrolimus	4	
prednicarbate	4	
selenium sulfide 2.5% lotion	2	
tacrolimus (0.03%, 0.1%)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
tovet emollient	4	
triamcinolone 0.025% cream	1	
triamcinolone 0.05% ointment	4	
triamcinolone acetonide (0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)	2	
trianex	4	
triderm	2	
tritocin	4	
Dermatological Agents, Other		
calcipotriene (cream, ointment)	4	QL (120 PER 30 DAYS)
calcipotriene 0.005% solution	4	QL (60 PER 30 DAYS)
clotrimazole-betamethasone (crm, lot)	2	
diclofenac sodium 3% gel	4	
DUOBRII	5	PA
FLUOROPLEX	5	
fluorouracil (2% topical soln, 5% cream, 5% topical soln)	2	
fluorouracil 0.5% cream	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
hydrocort-pramoxine 1%-1% crm	4	
imiquimod 5% cream packet	2	
KLISYRI	5	ST
methoxsalen	5	
nystatin-triamcinolone	2	
OTEZLA 30 MG TABLET	5	PA
PICATO	5	
podofilox 0.5% topical soln	2	
SANTYL	4	
silver sulfadiazine	2	
SSD	2	
Pediculicides/Scabicides		
crotan	2	
ivermectin 1% cream	4	
lindane	4	
malathion	4	
permethrin	2	
Topical Anti-infectives		
acyclovir 5% ointment	2	
ciclodan 8% solution	2	PA
ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ciclopirox 8% solution	2	PA
clindamycin ph 1% solution	2	
dapsone 5% gel	4	
DENAVIR	5	
ery	2	
erythromycin (gel, pledgets, solution)	2	
mupirocin 2% ointment	2	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II (10%, 15%)	4	PA
AMINOSYN-PF 10% IV SOLUTION	4	PA
CARBAGLU	5	
CLINISOL	4	PA
dextrose 5%-0.45% nacl	2	
dextrose 5%-0.9% nacl	2	
dextrose in water (100 ml, 50 ml, iv soln, vial)	2	
glucose in water	2	
klor-con	4	
KLOR-CON 10	2	
KLOR-CON 8	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
klor-con m10	2	
KLOR-CON M15	2	
klor-con m20	2	
lactated ringers injection	2	
PLENAMINE	4	PA
potassium chloride (cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq packet, cl 20% (40 meq/15ml), cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup)	4	
potassium chloride (er 10 capsule, er 10 tablet, er 15 tablet, er 20 tablet, er 8 capsule, er 8 tablet)	2	
potassium citrate er (er 10 tb, er 5 tab)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial, sodium chloride 3% iv soln)	2	
sodium chloride-water	2	
sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet	2	
sodium fluoride 2.2 mg (fluoride ion 1mg) oral tablet	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
deferasirox	5	PA
deferiprone	5	PA
FERRIPROX (1,000 MG TABLET, 100 MG/ML SOLUTION, 500 MG TABLET)	5	PA
FERRIPROX (2 TIMES A DAY)	5	PA
FERRIPROX (3 TIMES A DAY)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
JADENU SPRINKLE	5	PA
JYNARQUE (15 MG-15 MG, 30 MG-15 MG, 45 MG-15 MG, 60 MG-30 MG, 90 MG-30 MG)	5	QL (56 PER 28 DAYS)
JYNARQUE 15 MG TABLET	5	QL (60 PER 30 DAYS)
JYNARQUE 30 MG TABLET	5	QL (30 PER 30 DAYS)
sodium polystyrene sulf powder	4	
trientine hcl 250 mg capsule	5	PA
Phosphate Binders		
AURYXIA	5	PA
calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)	2	
lanthanum carbonate	5	
sevelamer carbonate (0.8, 2.4)	5	
sevelamer carbonate 800 mg tab	4	
sevelamer hcl 400 mg tablet	4	
sevelamer hcl 800 mg tablet	5	
VELPHORO	5	
Potassium Binders		
kionex	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)	3	
SPS	4	
VELTASSA	5	
Vitamins		
PRENATAL VITAMINS	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA	3	QL (60 PER 30 DAYS)
constulose	2	
enulose	2	QL (DAYS)
generlac	2	
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)	2	
LINZESS	3	QL (30 PER 30 DAYS)
lubiprostone	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
RELISTOR (12 ML SYRINGE, 12 ML VIAL)	5	ST, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	5	ST, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	5	ST, QL (12 PER 30 DAYS)
Anti-Diarrheal Agents		
alosetron hcl 0.5 mg tablet	4	PA
alosetron hcl 1 mg tablet	5	PA
diphenoxylate-atrop 2.5-0.025	2	
loperamide 2 mg capsule	2	
XERMELO	5	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
CUVPOSA	4	
dicyclomine hcl (10 mg capsule, 20 mg tablet)	2	
GLYCATE	4	
glycopyrrolate (1 mg, 2 mg)	2	
glycopyrrolate 1.5 mg tablet	4	
methscopolamine bromide	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Gastrointestinal Agents, Other		
CHENODAL	5	PA
CLENPIQ 160 ML SOLUTION	3	
GATTEX	5	PA
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n	2	
GIMOTI	5	ST
loperamide (1 mg/7.5 ml liquid, 1 mg/7.5 ml soln, 1 mg/7.5 ml susp, 1 mg/7.5ml soln cup, 2 mg/15 ml soln cup, cvs 1 mg/7.5 ml sus, eq 1 mg/7.5 ml susp, eql 1 mg/7.5 ml sus, gnp 1 mg/7.5 ml liq, hm 1 mg/7.5 ml liq, kro 1 mg/7.5 ml sus, ra 1 mg/7.5 ml susp, sm 1 mg/7.5 ml liq)	2	
metoclopramide hcl (10 mg, 5 mg)	1	
metoclopramide hcl (10 mg/10 ml cup, 10 mg/10 ml sol, 5 mg/5 ml soln)	2	
MYALEPT	5	PA
OCALIVA	5	PA, QL (30 PER 30 DAYS)
opium tincture	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
peg 3350-electrolyte	2	
peg-3350 and electrolytes	2	
peg3350-sod sul-nacl-kcl-asb-c	2	
RECTIV	4	
SUPREP	3	
trilyte with flavor packets	2	
ursodiol (250 mg, 500 mg)	2	
XIFAXAN	5	PA
ZORBTIVE	5	PA
Histamine2 (H2) Receptor Antagonists		
famotidine (20 mg, 40 mg)	2	
famotidine 40 mg/5 ml susp	4	
nizatidine (150 mg, 300 mg)	2	
Protectants		
misoprostol	2	
sucralfate (1 ml, 1 ml cup)	4	
sucralfate 1 gm tablet	2	
Proton Pump Inhibitors		
esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet, mag 20 mg cap, mag 40 mg cap)	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
lansoprazole (15 mg, 30 mg)	2	QL (60 PER 30 DAYS)
omeprazole (10 mg, 20 mg, 40 mg)	2	QL (60 PER 30 DAYS)
pantoprazole sodium (40 mg susp pkt, sod 20 mg tab, sod 40 mg tab)	2	QL (60 PER 30 DAYS)
rabeprazole sod dr 20 mg tab	2	QL (60 PER 30 DAYS)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
ARALAST NP	5	PA
CERDELGA	5	PA
CEREZYME	5	PA
CHOLBAM	5	PA
CREON	3	
cromolyn 100 mg/5 ml oral conc	4	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	PA, QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
FABRAZYME 35 MG VIAL	5	PA
GALAFOLD	5	PA, QL (14 PER 28 DAYS)
GLASSIA	5	PA
KANUMA	5	PA
KEVEYIS	5	PA, QL (120 PER 30 DAYS)
KUVAN	5	PA
LUMIZYME	5	PA
miglustat	5	PA
NAGLAZYME	5	PA
nitisinone (10 mg, 2 mg, 5 mg)	5	
NITYR	5	
ONPATTRO	5	PA
ORFADIN (20 MG CAPSULE, 4 MG/ML SUSPENSION)	5	
PROCYSBI (25 MG, 75 MG)	5	PA
PROLASTIN C	5	PA
RAVICTI	5	PA
REVCOVI	5	PA
sapropterin dihydrochloride	5	PA
sodium phenylbutyrate powder	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
STRENSIQ	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
VPRIV	5	PA
VYNDAQEL	5	PA, QL (120 PER 30 DAYS)
XURIDEN	5	PA, QL (120 PER 30 DAYS)
ZEMAIRA 1,000 MG VIAL	5	PA
ZENPEP (10,000, 15,000, 20,000, 25,000, 3,000, 40,000, 5,000)	3	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin er	4	
flavoxate hcl	2	
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET, ER 8 MG/ML SUSP)	3	
oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)	2	
oxybutynin chloride er	2	
solifenacin succinate	2	
tolterodine tartrate	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
tolterodine tartrate er	2	
trospium chloride	2	
trospium chloride er	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
doxazosin mesylate	2	
dutasteride	2	
finasteride 5 mg tablet	2	
silodosin	2	
tamsulosin hcl	2	
terazosin hcl	2	
Genitourinary Agents, Other		
acetic acid 0.25% irrig soln	2	
bethanechol chloride	2	
D-PENAMINE	5	
ELMIRON	4	
penicillamine 250 mg tablet	5	
THIOLA EC	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)	2	
dexamethasone intensol	2	
EMFLAZA (18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET, 6 MG TABLET)	5	PA
fludrocortisone acetate	2	
hydrocortisone (10 mg, 20 mg, 5 mg)	2	
methylprednisolone	2	
prednisolone 15 mg/5 ml soln	2	
prednisolone sodium phosphate (10 ml, 20 ml)	4	
prednisolone sodium phosphate (15mg/5ml soln cup, 5 mg/5 ml soln, sod ph 25 mg/5 ml)	2	
prednisone (1 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 5 mg tab dose pack, 50 mg tablet)	2	
prednisone (2.5 mg, 5 mg)	1	
prednisone 5 mg/5 ml solution	4	
RAYOS	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate (0.1 mg, 0.2 mg)	2	
desmopressin acetate (40 mcg/10 ml vial, ac 4 mcg/ml ampul, ac 4 mcg/ml vial)	5	
desmopressin acetate (solution, spray)	4	
EGRIFTA SV	5	PA, QL (30 PER 30 DAYS)
GENOTROPIN	5	PA
INCRELEX	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	5	PA, QL (120 PER 30 DAYS)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
oxandrolone 10 mg tablet	4	PA, QL (60 PER 30 DAYS)
oxandrolone 2.5 mg tablet	3	PA, QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Androgens		
ANDRODERM	3	PA
danazol (100 mg, 50 mg)	2	
danazol 200 mg capsule	4	
testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% gel pump, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)	3	PA
testosterone cypionate	2	PA
testosterone enanthate	2	PA
Estrogens		
altavera	2	
alyacen	2	
amabelz	4	
amethia	2	QL (91 PER 91 DAYS)
amethia lo	2	QL (91 PER 91 DAYS)
amethyst	2	
apri	2	
aranelle	2	
ashlyna	2	QL (91 PER 91 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
aubra	2	
aubra eq	2	
aurovela 24 fe	2	
aviane	2	
azurette	2	
balziva	2	
bekyree	2	
blisovi 24 fe	2	
blisovi fe	2	
briellyn	2	
camrese	2	QL (91 PER 91 DAYS)
camrese lo	2	QL (91 PER 91 DAYS)
caziant	2	
chateal	2	
CLIMARA PRO	4	
cryselle	2	
cyclafem	2	
cyred	2	
cyred eq	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
dasetta	2	
daysee	2	QL (91 PER 91 DAYS)
desogestr-eth estrad eth estra	2	
desogestrel-ethinyl estradiol	2	
dotti	4	
drospirenone-eth estra-levomef	2	
drospirenone-ethinyl estradiol	2	
ELESTRIN	4	
elinest	2	
emoquette	2	
enpresse	2	
enskyce	2	
estarylla	2	
estradiol (0.5 mg tablet, 1 mg tablet, 10 mcg vaginal insrt, 2 mg tablet)	4	
estradiol (once weekly)	4	
estradiol (twice weekly)	4	
estradiol 0.01% cream	2	
estradiol valerate 100 mg/5 ml	2	
estradiol valerate 200 mg/5 ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
estradiol-norethindrone acetat	4	
ESTRING	4	QL (1 PER 90 OVER TIME)
ethynodiol-ethinyl estradiol	2	
falmina	2	
fayosim	2	QL (91 PER 91 DAYS)
femynor	2	
fyavolv	4	
gemmily	2	
gianvi	2	
hailey 24 fe	2	
iclevia	2	QL (91 PER 91 DAYS)
introvale	2	QL (91 PER 91 DAYS)
isibloom	2	
jasmiel	2	
jinteli	4	
jolessa	2	QL (91 PER 91 DAYS)
juleber	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
junel	2	
junel fe	2	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1-35	2	
kelnor 1-50	2	
kurvelo	2	
larin	2	
larin 24 fe	2	
larin fe	2	
larissia	2	
LAYOLIS FE	2	
leena	2	
lessina	2	
levonest	2	
levonor-eth estrad 0.15-0.03 (91 day package)	2	QL (91 PER 91 DAYS)
levonorg-eth estrad eth estrad	2	QL (91 PER 91 DAYS)
levonorgestrel-eth estradiol	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
levora-28	2	
LO LOESTRIN FE	4	
lopreeza	4	
loryna	2	
low-ogestrel	2	
lutera	2	
lyllana	4	
marlissa	2	
melodetta 24 fe	2	
MENEST (0.3 MG, 0.625 MG, 1.25 MG)	4	
merzee	2	
mibelas 24 fe	2	
microgestin	2	
microgestin fe	2	
mili	2	
mimvey	4	
mimvey lo	4	
mono-linyah	2	
mononessa	2	
necon	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
nikki	2	
norethin-eth estra-ferrous fum	2	
norethind-eth estrad 1-0.02 mg	2	
norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)	4	
norethindrone-e.estradiol-iron (1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1-0.02(24)-75 chw, 1-0.02(24)-75 tab)	2	
norgestimate-ethinyl estradiol	2	
norlyda	2	
nortrel	2	
nylia 7-7-7-28 tablet	2	
nymyo	2	
ocella	2	
orsythia	2	
philith	2	
pimtrea	2	
pirmella	2	
portia	2	
PREMARIN (0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
PREMARIN 0.3 MG TABLET	3	
PREMPHASE	4	
PREMPRO	4	
previfem	2	
reclipsen	2	
rivelsa	2	QL (91 PER 91 DAYS)
setlakin	2	QL (91 PER 91 DAYS)
sprintec	2	
sronyx	2	
syeda	2	
tarina 24 fe	2	
tarina fe	2	
tarina fe 1-20 eq	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
tri-lo-sprintec	2	
tri-mili	2	
tri-nymyo	2	
tri-previfem	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
trivora-28	2	
tydemy	2	
velivet	2	
vestura	2	
vienva	2	
viorele	2	
vyfemla	2	
vylibra	2	
wera	2	
wymzya fe	2	
xulane	4	
yuvafem	4	
zafemy	4	
zarah	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
zovia 1-35	2	
zovia 1-35e	2	
zumandimine	2	
Progestins		
camila	2	
deblitane	2	
DEPO-PROVERA 400 MG/ML VIAL	4	QL (10 PER 28 DAYS)
DEPO-SUBQ PROVERA 104	4	QL (0.65 PER 90 OVER TIME)
errin	2	
heather	2	
hydroxyprogesterone caproate (1,250 mg/5 ml, 250 mg/ml vial)	5	PA
incassia	2	
jencycla	2	
jolivette	2	
lyleq	2	
lyza	2	
MAKENA 275 MG/1.1 ML AUTOINJCT	5	PA
medroxyprogesterone 150 mg/ml	2	QL (1 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
medroxyprogesterone acetate (10 mg, 2.5 mg, 5 mg)	1	
megestrol 625 mg/5 ml susp	4	PA
megestrol acetate (20 mg tablet, 40 mg tablet, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 40 mg/ml susp, acet 400 mg/10 ml)	2	PA
nora-be	2	
norethindrone	2	
norethindrone ac (lupaneta)	2	
norethindrone acetate	2	
progesterone (100 mg capsule, 200 mg capsule, 500 mg/10 ml vial)	2	
sharobel	2	
tulana	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	PA, QL (30 PER 30 DAYS)
raloxifene hcl	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium (100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg)	2	
LEVOXYL	4	
liothyronine sodium (25 mcg, 5 mcg, 50 mcg)	2	
UNITHROID	4	
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	5	PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
BYNFEZIA	5	PA
cabergoline	2	
FIRMAGON (120 MG VIAL, 2 X 120 MG KIT)	5	PA, QL (4 PER 365 OVER TIME)
FIRMAGON 80 MG KIT	4	PA, QL (1 PER 28 OVER TIME)
leuprolide acetate (14 ml kt, 14 ml vl)	5	PA
LUPANETA PK 11.25-5 MG 3MO KIT	5	PA, QL (1 PER 84 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
LUPANETA PK 3.75-5 MG 1MO KIT	5	PA, QL (1 PER 28 DAYS)
LUPRON DEPO 11.25MG (LUPANETA)	5	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (11.25 MG, 22.5 MG)	5	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (3.75 MG, 7.5 MG)	5	PA, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 3.75MG (LUPANETA)	5	PA, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 45 MG 6MO KIT	5	PA, QL (1 PER 168 OVER TIME)
LUPRON DEPOT-4 MONTH KIT	5	PA, QL (1 PER 112 OVER TIME)
LUPRON DEPOT-PED (11.25 MG, 15 MG, 7.5 MG)	5	PA, QL (1 PER 28 OVER TIME)
LUPRON DEPOT-PED (11.25 MG, 30 MG KIT)	5	PA, QL (1 PER 84 OVER TIME)
MYCAPSSA	5	PA
MYFEMBREE	5	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
octreotide acetate (1,000 mcg/5 ml vial, acet 0.05 mg/ml vl, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl)	4	PA
octreotide acetate (1,000 mcg/ml, 5,000 mcg/5 ml)	5	PA
ORGOVYX	5	PA
ORIAHNN	5	PA, QL (56 PER 28 DAYS)
ORILISSA 150 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ORILISSA 200 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA, QL (60 PER 30 DAYS)
SIGNIFOR LAR	5	PA, QL (1 PER 28 DAYS)
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SUPPRELIN LA	5	PA, QL (1 PER 365 OVER TIME)
SYNAREL	5	
TRELSTAR 11.25 MG VIAL	5	PA, QL (1 PER 84 OVER TIME)
TRELSTAR 22.5 MG VIAL	5	PA, QL (1 PER 168 OVER TIME)
TRELSTAR 3.75 MG VIAL	5	PA, QL (1 PER 28 OVER TIME)
TRIPTODUR	5	PA, QL (1 PER 168 OVER TIME)
ZOLADEX 3.6 MG IMPLANT SYRN	4	QL (1 PER 28 DAYS)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole	2	
propylthiouracil	2	
Immunological Agents		
Angioedema Agents		
BERINERT	5	PA
CINRYZE	5	PA
HAEGARDA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
icatibant	5	PA
KALBITOR	5	PA
RUCONEST	5	PA
TAKHZYRO 300 MG/2 ML VIAL	5	PA
Immunoglobulins		
ASCENIV	5	PA
BIVIGAM	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
FLEBOGAMMA DIF	5	PA
GAMASTAN	3	PA
GAMASTAN S-D	3	PA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D	5	PA
GAMMAKED (1 GRAM/10 ML, 10 GRAM/100 ML, 20 GRAM/200 ML, 5 GRAM/50 ML)	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
HEPAGAM B	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 10 GRAM/50 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL)	5	PA
HYPERHEP B	5	PA
HYPERRAB	3	PA
HYPERRHO S-D	4	
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB	5	PA
OCTAGAM	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
SYNAGIS	5	PA
VARIZIG	3	PA
XEMBIFY	5	PA
Immunological Agents, Other		
ACTEMRA ACTPEN	5	PA
ARCALYST	5	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
COSENTYX (2 SYRINGES)	5	PA
COSENTYX SENSOREADY (2 PENS)	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX SYRINGE	5	PA
DUPIXENT 200 MG/1.14 ML PEN	5	PA, QL (4.56 PER 28 DAYS)
DUPIXENT 200 MG/1.14 ML SYRING	5	PA, QL (4.56 PER 28 DAYS)
DUPIXENT 300 MG/2 ML PEN	5	PA, QL (8 PER 28 DAYS)
DUPIXENT 300 MG/2 ML SYRINGE	5	PA, QL (8 PER 28 DAYS)
ENSPRYNG	5	PA
ENTYVIO	5	PA
ILARIS	5	PA, QL (2 PER 28 DAYS)
ILUMYA	5	PA
KEVZARA	5	PA
KINERET	5	PA
LEMTRADA	5	PA
OLUMIANT (1 MG, 2 MG)	5	PA
ORENCIA (125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ORENCIA CLICKJECT	5	PA, QL (4 PER 28 DAYS)
RIDAURA	5	
RINVOQ ER 15 MG TABLET	5	PA
SILIQ	5	PA
SKYRIZI (2 SYRINGES) KIT	5	PA
SKYRIZI 150 MG/ML SYRINGE	5	PA
SKYRIZI PEN	5	PA
SOLIRIS	5	PA
STELARA (130 MG/26 ML VIAL, 45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	5	PA
SYLVANT	5	PA
TALTZ AUTOINJECTOR	5	PA
TALTZ AUTOINJECTOR (2 PACK)	5	PA
TALTZ AUTOINJECTOR (3 PACK)	5	PA
TALTZ SYRINGE	5	PA
TREMFYA	5	PA
ULTOMIRIS 300 MG/30 ML VIAL	5	PA
XELJANZ (1 MG/ML SOLUTION, 10 MG TABLET, 5 MG TABLET)	5	PA
XELJANZ XR	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
XOLAIR (150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE, 75 MG/0.5 ML SYRINGE)	5	PA
Immunostimulants		
ACTIMMUNE	5	PA
INTRON A	5	PA
PEGASYS	5	PA
PEGASYS PROCLICK 180 MCG/0.5	5	PA
Immunosuppressants		
AZASAN	4	PA
azathioprine 50 mg tablet	2	PA
BENLYSTA (120 MG, 400 MG)	5	PA
CIMZIA	5	PA
cyclosporine (100 mg, 25 mg)	4	PA
cyclosporine modified (100 mg, 100mg/ml, 50 mg)	4	PA
cyclosporine modified 25 mg	2	PA
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
everolimus (0.25 mg, 0.5 mg, 0.75 mg)	5	PA
gengraf (100 mg capsule, 100 mg/ml solution, 25 mg capsule)	4	PA
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHN'S	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN CROHN'S-UC-HS	5	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA
HUMIRA(CF)	5	PA
HUMIRA(CF) PEDIATRIC CROHN'S	5	PA
HUMIRA(CF) PEN	5	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA
HUMIRA(CF) PEN PEDIATRIC UC	5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA
INFLECTRA	5	PA
leflunomide	2	
LUPKYNIS	5	PA, QL (180 PER 30 DAYS)
methotrexate (1 gm vial, 2.5 mg tablet, 250 mg/10 ml vial, 50 mg/2 ml vial)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
methotrexate sodium	2	
mycophenolate 200 mg/ml susp	5	PA
mycophenolate mofetil (250 mg capsule, 500 mg tablet)	4	PA
mycophenolic acid	4	PA
NULOJIX	5	PA
ORENCIA 250 MG VIAL	5	PA
PROGRAF 0.2 MG GRANULE PACKET	4	PA
PROGRAF 1 MG GRANULE PACKET	5	PA
RASUVO 10 MG/0.2 ML AUTOINJ	4	PA, QL (0.8 PER 28 DAYS)
RASUVO 12.5 MG/0.25 ML AUTOINJ	4	PA, QL (1 PER 28 DAYS)
RASUVO 15 MG/0.3 ML AUTOINJ	4	PA, QL (1.2 PER 28 DAYS)
RASUVO 17.5 MG/0.35 ML AUTOINJ	4	PA, QL (1.4 PER 28 DAYS)
RASUVO 20 MG/0.4 ML AUTOINJ	4	PA, QL (1.6 PER 28 DAYS)
RASUVO 22.5 MG/0.45 ML AUTOINJ	4	PA, QL (1.8 PER 28 DAYS)
RASUVO 25 MG/0.5 ML AUTOINJ	4	PA, QL (2 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
RASUVO 30 MG/0.6 ML AUTOINJ	4	PA, QL (2.4 PER 28 DAYS)
RASUVO 7.5 MG/0.15 ML AUTOINJ	4	PA, QL (0.6 PER 28 DAYS)
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	PA, QL (60 PER 30 DAYS)
SANDIMMUNE 100 MG/ML SOLN	4	PA
SIMPONI ARIA	5	PA
sirolimus (0.5 mg, 1 mg)	4	PA
sirolimus (1 mg/ml solution, 2 mg tablet)	5	PA
tacrolimus (0.5 mg, 1 mg, 5 mg)	4	PA
XATMEP	4	
ZORTRESS 1 MG TABLET	5	PA
Vaccines		
ACTHIB	3	
ADACEL TDAP	3	
BCG VACCINE (TICE STRAIN)	3	
BEXSERO	3	
BOOSTRIX TDAP	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
DAPTACEL DTAP	3	
DIPHTHERIA-TETANUS TOXOIDS-PED	2	
ENGERIX-B ADULT	3	PA
ENGERIX-B PEDIATRIC-ADOLESCENT	3	PA
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES VACCINE	3	PA
INFANRIX DTAP	3	
IPOL	3	
IXIARO	3	
KINRIX	3	
M-M-R II VACCINE	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO A-C-Y-W KIT (2 VIALS)	3	
PEDIARIX	3	
PEDVAXHIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL DTAP-IPV VIAL	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
RABAVERT	3	PA
RECOMBIVAX HB	3	PA
ROTARIX VACCINE SUSPENSION	3	
ROTATEQ	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX VACCINE	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	4	
mesalamine (1,000 mg supp, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet, dr 1.2 gm tablet)	4	
mesalamine er 0.375 gram cap	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
sulfasalazine	2	
sulfasalazine dr	2	
Glucocorticoids		
budesonide dr	4	
budesonide ec	4	
budesonide er	5	
CORTIFOAM	4	
hydrocortisone 100 mg/60 ml	4	
ORTIKOS	5	
procto-med hc	2	
procto-pak	2	
proctosol-hc	2	
proctozone-hc	2	
Metabolic Bone Disease Agents		
alendronate sod 70 mg/75 ml	4	
alendronate sodium (10 mg tab, 35 mg tab, 40 mg tab, 5 mg tablet)	1	
alendronate sodium 70 mg tab	1	QL (4 PER 28 DAYS)
calcitonin-salmon 200 unit spr	2	QL (3.7 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution)	2	
cinacalcet hcl (60 mg, 90 mg)	5	
cinacalcet hcl 30 mg tablet	4	
doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)	4	
EVENITY	5	PA, QL (2.34 PER 28 DAYS)
EVENITY (2 SYRINGES)	5	PA, QL (2.34 PER 28 DAYS)
FORTEO	5	PA
ibandronate sodium 150 mg tab	2	QL (1 PER 28 DAYS)
NATPARA	5	PA, QL (2 PER 28 DAYS)
paricalcitol (1 mcg, 2 mcg)	2	
paricalcitol 4 mcg capsule	4	
PROLIA	4	QL (2 PER 365 OVER TIME)
RAYALDEE	5	
TERIPARATIDE 620 MCG/2.48 ML	5	PA
TYMLOS	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
afirmelle	2	
aurovela	2	
aurovela fe	2	
ayuna	2	
charlotte 24 fe	2	
chateal eq	2	
DOJOLVI	5	PA
ELLA	3	
GAUZE PADS & DRESSINGS - PADS 2 X 2	3	
GIVLAARI	5	PA
hailey	2	
hailey fe	2	
INSULIN PEN NEEDLE	3	QL (200 PER 30 DAYS)
INSULIN SYRING (DISP) u-100 0.3 ML	3	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1 ML	3	QL (200 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1ML	3	QL (200 PER 30 DAYS)
INTRALIPID 20% IV FAT EMUL	2	PA
ISOPROPYL ALCOHOL 70% MEDICATED PAD	3	
jaimiess	2	QL (91 PER 91 DAYS)
kalliga	2	
levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 500 mg/5 ml cup)	4	
levocarnitine 330 mg tablet	2	
levocarnitine sf	4	
lillow	2	
lo-zumandimine	2	
lojaimiess	2	QL (91 PER 91 DAYS)
myzilra	2	
NEEDLES, INSULIN DISP., SAFETY	3	QL (200 PER 30 DAYS)
noreth-ee-fe 1.5-0.03mg(21)-75	2	
norethin-ee 1.5-0.03 mg(21) tb	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
NUTRILIPID	2	PA
omnipod dash pdm kit (gen 4)	3	QL (1 PER 365 OVER TIME)
ORLADEYO	5	PA, QL (30 PER 30 DAYS)
quasense	2	QL (91 PER 91 DAYS)
simliya	2	
simpesse	2	QL (91 PER 91 DAYS)
sodium chloride (irrig, irrig., prcss sol)	2	
tri femynor	2	
tri-lo-mili	2	
v-go 20	3	
v-go 30	3	
v-go 40	3	
vgo 20	3	
vgo 30	3	
vgo 40	3	
VISTOGARD	5	
volnea	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Ophthalmic Agents		
Ophthalmic Agents, Other		
ak-poly-bac	2	
atropine 1% eye drops	2	
bacitracin-polymyxin	2	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
COMBIGAN	3	
CYSTADROPS	5	PA, QL (20 PER 28 OVER TIME)
CYSTARAN	5	PA, QL (60 PER 28 OVER TIME)
dorzolamide-timolol 2%-0.5%	4	
dorzolamide-timolol eye drops	2	
LACRISERT	4	
neo-polycin	2	
neo-polycin hc	2	
neomycin-bacitracin-poly-hc	2	
neomycin-bacitracin-polymyxin	2	
neomycin-poly-hc eye drops	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)	2	
neomycin-polymyxin-gramicidin	2	
OXERVATE	5	PA, QL (56 PER 28 DAYS)
polycin	2	
polymyxin b sul-trimethoprim	2	
PRED-G (1% DROPS, S.O.P. OINTMENT)	4	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL (2.5 PER 25 DAYS)
SIMBRINZA	4	
sulfacetamide-prednisolone	2	
TOBRADEX EYE OINTMENT	4	
TOBRADEX ST	4	
tobramycin-dexamethasone	2	
XIIDRA	4	QL (60 PER 30 DAYS)
ZYLET	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Ophthalmic Anti-Infectives		
bacitracin 500 unit/gm ophth	2	
BESIVANCE	4	
ciprofloxacin 0.3% eye drop	2	
erythromycin 0.5% eye ointment	2	
gatifloxacin	2	
gentak	2	
gentamicin 0.3% eye drop	2	
levofloxacin 0.5% eye drops	2	
moxifloxacin (drops, drp-visc)	2	
NATACYN	4	
ofloxacin 0.3% eye drops	2	
sulfacetamide sodium (drops, ointment)	2	
tobramycin 0.3% eye drop	2	
TOBREX 0.3% EYE OINTMENT	4	
trifluridine	4	
ZIRGAN	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl 0.05% drops	2	
bepotastine besilate	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
BEPREVE	4	
cromolyn 4% eye drops	2	
epinastine hcl	2	
olopatadine hcl (0.1% drops, 0.2% drop)	2	
Ophthalmic Anti-inflammatories		
ALREX	4	
bromfenac sodium 0.09% eye drp	4	
dexamethasone 0.1% eye drop	2	
diclofenac 0.1% eye drops	2	
difluprednate	3	
DUREZOL	3	
FLAREX	3	
flurbiprofen sodium	2	
FML FORTE	3	
ketorolac tromethamine (0.4%, 0.5%)	2	
LOTEMAX 0.5% EYE OINTMENT	4	QL (14 PER 365 OVER TIME)
LOTEMAX 0.5% OPHTHALMIC GEL	4	QL (20 PER 365 OVER TIME)
LOTEMAX SM	4	QL (20 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
loteprednol 0.5% ophthalmc gel	4	QL (20 PER 365 OVER TIME)
loteprednol etabonate 0.5% drp	4	
prednisolone acetate	2	
prednisolone sod 1% eye drop	2	
PROLENSA	4	QL (12 PER 365 OVER TIME)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl 0.5% eye drop	2	
BETIMOL	4	
carteolol hcl	2	
levobunolol hcl	2	
timolol maleate (0.25% drop, 0.5% drops)	1	
timolol maleate (0.25% gel-solution, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution, maleate 0.5% eye drop)	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er	2	
ALPHAGAN P 0.1% DROPS	3	
apraclonidine hcl	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
AZOPT	3	
brimonidine 0.2% eye drop	2	
brimonidine tartrate 0.15% drp	4	
brinzolamide	2	
dorzolamide hcl	2	
IOPIDINE 1% EYE DROPS	4	
methazolamide	4	
PHOSPHOLINE IODIDE	4	
pilocarpine hcl (1%, 2%, 4%)	2	
RHOPRESSA	3	QL (2.5 PER 25 DAYS)
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost 0.03% eye drops	2	QL (5 PER 30 DAYS)
DURYSTA	5	
latanoprost 0.005% eye drops	1	
LUMIGAN	3	QL (2.5 PER 25 DAYS)
VYZULTA	4	QL (5 PER 25 DAYS)
Otic Agents		
acetic acid 2% ear solution	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ciprofloxacin 0.2% otic soln	2	
ciprofloxacin-dexamethasone	2	
flac otic oil	2	
fluocinolone acetonide oil	2	
hydrocortisone-acetic acid	2	
neomycin-polymyxin-hc ear susp	2	
neomycin-polymyxin-hydrocort	2	
ofloxacin 0.3% ear drops	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX	4	QL (1 PER 30 DAYS)
ASMANEX HFA	4	QL (13 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (23.6 PER 28 DAYS)
budesonide (0.25 ml, 0.5 ml, 1 ml inh)	4	PA, QL (120 PER 30 DAYS)
FLOVENT 250 MCG DISKUS	3	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
FLOVENT DISKUS (100 MCG, 50 MCG)	3	QL (60 PER 30 DAYS)
FLOVENT HFA (110 MCG, 220 MCG)	3	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG INHALER	3	QL (21.2 PER 30 DAYS)
fluticasone prop 50 mcg spray	1	
mometasone furoate 50 mcg spry	4	QL (34 PER 30 DAYS)
Antihistamines		
azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)	2	QL (60 PER 30 DAYS)
azelastine-fluticasone	4	QL (23 PER 30 DAYS)
cyproheptadine 4 mg tablet	4	
desloratadine 5 mg tablet	2	
diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)	2	
hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, 50 mg/25 ml cup, hcl 10 mg tablet, hcl 25 mg tablet, hcl 50 mg tablet)	4	
levocetirizine 5 mg tablet	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antileukotrienes		
montelukast sodium	2	
zafirlukast	2	
zileuton er	5	ST
ZYFLO	5	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 PER 30 DAYS)
ipratropium br 0.02% soln	2	PA, QL (312.5 PER 30 DAYS)
ipratropium bromide (0.03%, 0.06%)	2	
LONHALA MAGNAIR REFILL	5	QL (60 PER 30 DAYS)
SPIRIVA HANDIHALER	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG INH	3	QL (8 PER 30 DAYS)
SPIRIVA RESPIMAT 2.5 MCG INH	3	
YUPELRI	5	PA, QL (90 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROAIR HFA)	2	QL (17 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
albuterol hfa 90 mcg inhaler (generic proair hfa)	2	QL (17 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic proventil hfa)	2	QL (13.4 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROVENTIL HFA)	2	QL (17 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER (GENERIC VENTOLIN HFA)	2	QL (48 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER 9GENERIC PROVENTIL HFA)	2	QL (17 PER 30 DAYS)
albuterol sul 2.5 mg/3 ml soln	2	PA, QL (525 PER 30 DAYS)
albuterol sulfate (0.63 ml, 1.25 ml)	2	PA, QL (375 PER 30 DAYS)
albuterol sulfate (100 mg/20 ml soln, 15 mg/3 ml solution, 2.5 mg/0.5 ml sol, 20 mg/4 ml solution, 25 mg/5 ml solution, 5 mg/ml solution, 75 mg/15 ml soln)	2	PA, QL (100 PER 30 DAYS)
albuterol sulfate (sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab)	4	
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	3	
EPIPEN	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
EPIPEN 2-PAK	4	
EPIPEN JR	4	
EPIPEN JR 2-PAK	4	
formoterol fumarate	5	PA, QL (120 PER 30 DAYS)
levalbuterol 1.25 mg/3 ml sol	4	PA, QL (270 PER 30 DAYS)
levalbuterol concentrate	4	PA, QL (90 PER 30 DAYS)
levalbuterol hcl (0.31 ml, 0.63 ml)	4	PA, QL (540 PER 30 DAYS)
levalbuterol tartrate hfa	2	QL (30 PER 30 DAYS)
PERFOROMIST	5	PA, QL (120 PER 30 DAYS)
PROAIR HFA	3	QL (17 PER 30 DAYS)
PROAIR RESPICLICK	3	QL (2 PER 30 DAYS)
SEREVENT DISKUS	3	QL (60 PER 30 DAYS)
terbutaline sulfate (2.5 mg, 5 mg)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO (150 MG TABLET, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET)	5	PA
ORKAMBI (100 MG, 200 MG)	5	PA, QL (112 PER 28 DAYS)
ORKAMBI (100-125 MG, 150-188 MG)	5	PA, QL (56 PER 28 DAYS)
PULMOZYME	5	PA
SYMDEKO 100/150 MG-150 MG TABS	5	PA, QL (56 PER 28 DAYS)
SYMDEKO 50/75 MG-75 MG TABLETS	5	PA, QL (60 PER 30 DAYS)
TOBI PODHALER	5	QL (224 PER 56 OVER TIME)
tobramycin 300 mg/5 ml ampule	5	PA
TRIKAFTA (100-50-75 MG/150 MG, 50-25-37.5 MG/75 MG)	5	PA, QL (84 PER 28 DAYS)
Mast Cell Stabilizers		
cromolyn 20 mg/2 ml neb soln	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	4	PA
theophylline er (er 400 mg, er 600 mg)	2	
theophylline er 300 mg tab	4	
theophylline er 300 mg tablet	4	
Pulmonary Antihypertensives		
ADEMPAS	5	PA, QL (90 PER 30 DAYS)
alyq	5	PA, QL (60 PER 30 DAYS)
ambrisentan	5	PA, QL (30 PER 30 DAYS)
bosentan	5	PA, QL (60 PER 30 DAYS)
OPSUMIT	5	PA, QL (30 PER 30 DAYS)
ORENITRAM ER (ER 0.25 MG, ER 1 MG, ER 2.5 MG, ER 5 MG)	5	PA
ORENITRAM ER 0.125 MG TABLET	4	PA
sildenafil 10 mg/ml oral susp	5	PA
sildenafil 20 mg tablet	3	PA, QL (90 PER 30 DAYS)
tadalafil 20 mg tablet	5	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
UPTRAVI (1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG)	5	PA, QL (60 PER 30 DAYS)
UPTRAVI 200-800 TITRATION PACK	5	PA, QL (400 PER 365 OVER TIME)
VENTAVIS	5	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET	5	PA
OFEV	5	PA
Respiratory Tract Agents, Other		
acetylcysteine (10%, 20%)	2	PA
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
BREO ELLIPTA (100-25 MCG, 200-25 MCG)	3	QL (60 PER 30 DAYS)
BRONCHITOL	5	PA, QL (560 PER 28 DAYS)
COMBIVENT RESPIMAT	3	QL (8 PER 30 DAYS)
DULERA (100 MCG, 200 MCG)	4	QL (17.6 PER 30 DAYS)
DULERA 50 MCG-5 MCG INHALER	4	QL (13 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
FASENRA	5	PA
FASENRA PEN	5	PA
fluticasone-salmeterol (100-50, 250-50, 500-50)	2	QL (60 PER 30 DAYS)
ipratropium-albuterol	2	PA, QL (540 PER 30 DAYS)
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	5	PA, QL (3 PER 28 DAYS)
STIOLTO RESPIMAT	3	QL (24 PER 30 DAYS)
SYMBICORT 160-4.5 MCG INHALER	3	QL (12 PER 30 DAYS)
SYMBICORT 80-4.5 MCG INHALER	3	QL (13.8 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
wixela inhub	2	QL (60 PER 30 DAYS)
Skeletal Muscle Relaxants		
carisoprodol	4	PA
chlorzoxazone 500 mg tablet	4	PA
cyclobenzaprine hcl (10 mg, 5 mg)	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
methocarbamol (500 mg, 750 mg)	4	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	QL (30 PER 30 DAYS)
doxepin hcl (3 mg, 6 mg)	4	QL (30 PER 30 DAYS)
estazolam	2	QL (30 PER 30 DAYS)
eszopiclone	4	QL (30 PER 30 DAYS)
HETLIOZ	5	PA, QL (30 PER 30 DAYS)
HETLIOZ LQ	5	PA, QL (158 PER 30 DAYS)
ramelteon	4	QL (30 PER 30 DAYS)
temazepam (15 mg, 30 mg)	2	QL (30 PER 30 DAYS)
temazepam (22.5 mg, 7.5 mg)	4	QL (30 PER 30 DAYS)
zaleplon 10 mg capsule	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
zaleplon 5 mg capsule	4	QL (30 PER 30 DAYS)
zolpidem tartrate (10 mg, 5 mg)	2	QL (30 PER 30 DAYS)
zolpidem tartrate er	4	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
armodafinil (150 mg, 200 mg, 250 mg)	4	PA, QL (30 PER 30 DAYS)
armodafinil 50 mg tablet	4	PA, QL (60 PER 30 DAYS)
modafinil	3	PA, QL (30 PER 30 DAYS)
WAKIX	5	PA, QL (60 PER 30 DAYS)
XYREM	5	PA, QL (540 PER 30 DAYS)
XYWAV	5	PA, QL (540 PER 30 DAYS)
Uncategorized		
Unclassified		
ANZEMET	4	PA, QL (5 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
calcitriol 1 mcg/ml vial	2	
cortisone acetate	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Alphabetical Listing

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Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

Upper Peninsula Health Plan (UPHP), LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Upper Peninsula Health Plan, LLC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Upper Peninsula Health Plan, LLC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact UPHP Customer Service.

If you believe that Upper Peninsula Health Plan, LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: UPHP Customer Service, 853 W. Washington Street, Marquette, MI 49855, by phone at 1-877-349-9324 (TTY – 711), or by fax 1-906-225-7690. You can file a grievance in person, by mail or fax. If you need help filing a grievance, UPHP Customer Service is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html.*

Multi-Language Insert
Multi-language Assistance Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-349-9324 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-349-9324 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-349-9324 (رقم هاتف الصم والبكم: 711).

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 1-877-349-9324（TTY：711）。

ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܗܡܙܡܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܟܡܨܝܬܘܢ ܕܦܠܚܝܬܘܢ ܚܠܡܬ̈ܐ ܕܗܝܪܬܐ ܒܠܫܢܐ ܡܓܢܢܐܝܬ. ܩܪܘܢ ܥܠ ܡܢܝܢܐ 1-877-349-9324 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-349-9324 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-349-9324 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-349-9324 (TTY: 711) 번으로 전화해 주십시오.

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-877-349-9324 (TTY: 711)।

Multi-Language Insert
Multi-language Assistance Services

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-349-9324 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-349-9324 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-349-9324 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-349-9324（TTY:711）まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-349-9324 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-349-9324 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-349-9324 (TTY: 711).