



**Upper Peninsula Health Plan (UPHP)
UPHP Advantage (HMO-POS)
and UPHP Choice (HMO)
2022 Formulary
(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 00022347,
Version Number 22

We have made no changes to this formulary since 12/01/2022. 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.

H2161_RX22Formulary_C

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 12/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

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 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 12/01/2022. 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 13. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page number 13. 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 164. 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 13. 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 5 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, unless the drug is on tiers 1, 3, or 5. 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.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For 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 164.

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: \$20.00/\$40.00/\$40.00 Mail: \$20.00/\$30.00/\$30.00
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 Mail: \$95.00/\$142.50/\$142.50	Retail: \$100.00/\$200.00/\$200.00 Mail: \$100.00/\$150.00/\$150.00
Tier 5: Specialty Tier	33% Coinsurance (Not offered in 2 or 3 month supply.)	28% Coinsurance (Not offered in 2 or 3 month supply.)

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.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib (100 mg, 200 mg, 400 mg)</i>	2	QL (60 PER 30 DAYS)
<i>celecoxib 50 mg capsule</i>	3	QL (60 PER 30 DAYS)
<i>diclofenac 1.5% topical soln</i>	3	PA
<i>diclofenac pot 25 mg tablet</i>	5	
<i>diclofenac pot 50 mg tablet</i>	3	
<i>diclofenac sodium (dr 25 mg, dr 50 mg, dr 75 mg, ec 25 mg, ec 50 mg, ec 75 mg)</i>	2	
<i>diclofenac sodium 1% gel</i>	2	QL (1000 PER 30 DAYS)
<i>diclofenac sodium er</i>	3	
<i>diflunisal</i>	4	
<i>ec-naproxen</i>	2	
ELYXYB	4	PA, QL (19.2 PER 30 OVER TIME)
<i>etodolac</i>	3	
<i>flurbiprofen 100 mg tablet</i>	2	
<i>ibu</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>ibuprofen (400 mg, 600 mg, 800 mg)</i>	1	
<i>indomethacin (25 mg, 50 mg)</i>	4	
<i>ketorolac 10 mg tablet</i>	4	QL (20 PER 30 OVER TIME)
<i>ketorolac tromethamine (15 mg/ml syringe, 15 mg/ml vial, 30 mg/ml isecure syr, 30 mg/ml syringe, 30 mg/ml vial, 60 mg/2 ml carpject, 60 mg/2 ml syringe, 60 mg/2 ml vial)</i>	4	
<i>lofena</i>	5	
<i>meloxicam (15 mg, 7.5 mg)</i>	1	
<i>nabumetone</i>	2	
<i>naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet)</i>	1	
<i>naproxen (375 mg, 500 mg)</i>	2	
<i>naproxen sodium (275 mg, 550 mg)</i>	3	
<i>oxaprozin</i>	3	
<i>piroxicam</i>	3	
<i>sulindac</i>	2	
Opioid Analgesics, Long-acting		
<i>fentanyl (100, 25, 50, 75)</i>	4	QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>methadone hcl (10 mg, 5 mg)</i>	2	QLC (Subject to Opioid Safety Edits)
<i>methadone hcl (10 mg/5 ml solution, 10 mg/ml oral conc, 5 mg/5 ml solution)</i>	3	QLC (Subject to Opioid Safety Edits)
<i>methadone intensol</i>	3	QLC (Subject to Opioid Safety Edits)
<i>morphine sulf er 200 mg tablet</i>	3	QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate er (er 100 mg, er 15 mg, er 30 mg, er 60 mg)</i>	2	QLC (Subject to Opioid Safety Edits)
XTAMPZA ER	3	QLC (Subject to Opioid Safety Edits)
Opioid Analgesics, Short-acting		
<i>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)</i>	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>codeine sulfate</i>	4	QLC (Subject to Opioid Safety Edits)
DILAUDID (2 MG/ML, 4 MG/ML)	4	
<i>endocet (10-325 mg, 2.5-325 mg, 7.5-325 mg)</i>	3	QLC (Subject to Opioid Safety Edits)
<i>endocet 5-325 mg tablet</i>	2	QLC (Subject to Opioid Safety Edits)
<i>fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)</i>	5	PA, QLC (Subject to Opioid Safety Edits)
<i>fentanyl citrate otfc 200 mcg</i>	4	PA, QLC (Subject to Opioid Safety Edits)
<i>hydrocodone-acetaminophen (10-325 mg, 5-325 mg, 7.5-325)</i>	2	QLC (Subject to Opioid Safety Edits)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>hydromorphone hcl (0.5 mg/0.5 ml, 1 mg/ml carpujct, 1 mg/ml syringe, 1 mg/ml vial, 10 mg/ml ampule, 10 mg/ml vial, 2 mg/ml carpujct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 4 mg/ml carpujct, 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)</i>	4	QLC (Subject to Opioid Safety Edits)
<i>hydromorphone hcl (2 mg, 4 mg)</i>	2	QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate (10 mg/ml carpuject, 10 mg/ml syringe, 4 mg/ml carpuject, 4 mg/ml syringe, sulfate 10 mg/ml vial, sulfate 4 mg/ml vial, sulfate ir 15 mg tab, sulfate ir 30 mg tab)</i>	2	QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate (10 ml cup, 10 ml soln, 100 ml conc, 20 ml soln)</i>	3	QLC (Subject to Opioid Safety Edits)
<i>oxycodone hcl ((ir) 20 mg tab, (ir) 30 mg tab, 5 mg/5 ml cup, 5 mg/5 ml soln)</i>	3	QLC (Subject to Opioid Safety Edits)
<i>oxycodone hcl (10 mg tab, 15 mg tab, 5 mg tablet)</i>	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>oxycodone-acetaminophen</i> (<i>oxycodone-acetaminophen 10-325</i> , <i>oxycodone-acetaminophen 2.5-325</i> , <i>oxycodone-acetaminophen 7.5-325</i>)	3	QLC (Subject to Opioid Safety Edits)
<i>oxycodone-acetaminophen 5-325</i>	2	QLC (Subject to Opioid Safety Edits)
<i>tramadol hcl 50 mg tablet</i>	1	QLC (Subject to Opioid Safety Edits)
<i>tramadol hcl-acetaminophen</i>	2	QLC (Subject to Opioid Safety Edits)

Anesthetics

Local Anesthetics

<i>glydo</i>	2	PA, QL (30 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	4	PA, QL (150 PER 30 DAYS)
<i>lidocaine 5% patch</i>	4	PA
<i>lidocaine hcl (jel urojet ac, jelly uro-jet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>lidocaine-prilocaine</i>	3	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium</i>	4	
<i>disulfiram</i>	3	
<i>naltrexone hcl</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl (2 mg, 8 mg)</i>	2	
<i>buprenorphine-nalox 2-0.5mg tb</i>	2	QL (360 PER 30 DAYS)
<i>buprenorphine-naloxone (12-3mg flm, 2 4-1mg film)</i>		QL (60 PER 30 DAYS)
<i>buprenorphine-naloxone (2-0.5mg fm, 2 8-2 mg tab, 8-2mg film)</i>		QL (90 PER 30 DAYS)
Opioid Reversal Agents		
<i>naloxone hcl (0.4 mg/ml carpupject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	2	
<i>naloxone hcl 4 mg nasal spray</i>	4	
NARCAN	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Smoking Cessation Agents		
<i>bupropion hcl sr 150 mg tablet</i>	2	QL (60 PER 30 DAYS)
CHANTIX	4	QL (504 PER 365 OVER TIME)
NICOTROL NS	4	QL (360 PER 365 OVER TIME)
<i>varenicline tartrate</i>	4	QL (504 PER 365 OVER TIME)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	4	
<i>gentamicin ped 20 mg/2 ml vial</i>	2	
<i>gentamicin sulfate (0.1% cream, 0.1% ointment, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	3	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate</i>	4	
<i>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)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antibacterials, Other		
<i>aztreonam</i>	3	
<i>clindacin etz</i>	2	
<i>clindacin p</i>	2	
<i>clindamycin (pediatric)</i>	4	
<i>clindamycin 2% vaginal cream</i>	4	
<i>clindamycin hcl</i>	2	
<i>clindamycin phos 1% pledget</i>	2	
<i>clindamycin phosphate (300 mg/2 ml vl, 600 mg/4 ml vl, 9 g/60 ml vial, 900 mg/6 ml vl)</i>	3	
<i>colistimethate</i>	5	
<i>daptomycin</i>	5	
IMPAVIDO	5	
KIMYRSA	5	
<i>linezolid 100 mg/5 ml susp</i>	5	QL (1800 PER 28 DAYS)
<i>linezolid 600 mg tablet</i>	4	QL (56 PER 28 DAYS)
<i>linezolid-d5w</i>	4	
<i>methenamine hippurate</i>	2	
METRO IV	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>metronidazole (250 mg tablet, 500 mg tablet, 500 mg/100 ml)</i>	2	
<i>metronidazole vaginal 0.75% gl</i>	3	
<i>nitrofurantoin (100 mg, 50 mg)</i>	4	
<i>nitrofurantoin mono-macro</i>	2	
<i>tinidazole</i>	3	
<i>trimethoprim</i>	2	
<i>vancomycin hcl (1 gm, 1 gm add-van, 500 mg, 500 mg add-van, 750 mg add-van, hcl 750 mg)</i>	3	
<i>vancomycin hcl 125 mg capsule</i>	4	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	4	QL (240 PER 30 DAYS)
<i>vancomycin hcl 250 mg vial</i>	2	
VOQUEZNA DUAL PAK	4	PA
VOQUEZNA TRIPLE PAK	4	PA
XENLETA 600 MG TABLET	5	
Beta-lactam, Cephalosporins		
<i>cefaclor (250 mg, 500 mg)</i>	2	
<i>cefadroxil (250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>cefazolin sodium (1, 1 add-van, 2)</i>	4	
<i>cefdinir (125 ml, 250 ml)</i>	3	
<i>cefdinir 300 mg capsule</i>	2	
<i>cefepime hcl</i>	4	
<i>cefixime 400 mg capsule</i>	4	
<i>cefotaxime sodium 1 gm vial</i>	2	
<i>cefotetan (1, 2)</i>	3	
<i>cefoxitin</i>	3	
<i>cefpodoxime proxetil (100 mg tablet, 100 mg/5 ml susp, 200 mg tablet, 50 mg/5 ml susp)</i>	4	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	3	
<i>ceftazidime (1 vial, 2 piggyback, 2 vial, 6 vial)</i>	3	
<i>ceftriaxone (1 gm, 1 gm add-vant, 2 gm, 2 gm add, 250 mg, 500 mg)</i>	3	
<i>cefuroxime</i>	2	
<i>cefuroxime sodium</i>	3	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
FETROJA	5	
<i>tazicef</i>	3	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>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)</i>	2	
<i>amoxicillin-clavulanate pot er</i>	4	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 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)</i>	2	
<i>amoxicillin-clavulanate potass (250-125 mg tablet, 250-62.5 mg/5 ml sus)</i>	4	
<i>ampicillin 500 mg capsule</i>	2	
<i>ampicillin sodium (1 add-vantage vl, 1 vial)</i>	3	
<i>ampicillin-sulbactam</i>	3	
BICILLIN L-A	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	2	
<i>piperacillin-tazobactam</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>imipenem-cilastatin sodium</i>	4	
<i>meropenem</i>	3	
Macrolides		
<i>azithromycin (1 gm pwd packet, 250 mg tablet)</i>	2	
<i>azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg add-van vial, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)</i>	3	
<i>clarithromycin (125 ml, 250 ml)</i>	4	
<i>clarithromycin (250 mg, 500 mg)</i>	3	
<i>clarithromycin er</i>	4	
DIFICID (200 MG TABLET, 40 MG/ML SUSPENSION)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>erythromycin (250 mg, 333 mg, 500 mg)</i>	4	
<i>erythromycin 200 mg/5 ml susp</i>	4	
<i>erythromycin 400 mg/5 ml susp</i>	5	
Quinolones		
<i>BAXDELA 450 MG TABLET</i>	5	
<i>ciprofloxacin 200 mg/100ml-d5w</i>	3	
<i>ciprofloxacin hcl (250 mg, 500 mg, 750 mg)</i>	2	
<i>ciprofloxacin hcl 100 mg tab</i>	4	
<i>levofloxacin (25 mg/ml solution, 500 mg/20 ml vial, 750 mg/30 ml vial)</i>	4	
<i>levofloxacin (250 mg, 500 mg, 750 mg)</i>	2	
<i>levofloxacin-d5w (500 mg/100, 750 mg/150)</i>	4	
<i>moxifloxacin 400 mg/250 ml bag</i>	4	
<i>moxifloxacin hcl</i>	4	
<i>ofloxacin (300 mg, 400 mg)</i>	4	
Sulfonamides		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-tmp ds tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>sulfamethoxazole-tmp ss tablet</i>	1	
<i>sulfamethoxazole-trimethoprim (20 ml cup, susp)</i>	3	
Tetracyclines		
<i>demeclocycline hcl</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline 25 mg/5 ml susp</i>	4	
<i>doxycycline hyclate (100 mg cap, 100 mg tab)</i>	2	
<i>doxycycline hyclate 100 mg vl</i>	4	
<i>doxycycline hyclate 50 mg cap</i>	3	
<i>doxycycline monohydrate (100 mg cap, 100 mg tablet)</i>	2	
<i>doxycycline monohydrate (50 mg cap, 50 mg tablet)</i>	3	
<i>minocycline hcl (100 mg, 50 mg, 75 mg)</i>	2	
<i>mondoxylene nl 100 mg capsule</i>	2	
<i>morgidox 100 mg capsule</i>	2	
NUZYRA 150 MG TABLET	5	
SEYSARA	5	
<i>tetracycline hcl (250 mg, 500 mg)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
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
EPRONTIA	4	
<i>felbamate (400 mg, 600 mg)</i>	4	
<i>felbamate (600 ml, 600 ml cup)</i>	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	
<i>lamotrigine</i>	2	
<i>lamotrigine (blue)</i>	4	
<i>lamotrigine (green)</i>	4	
<i>lamotrigine (orange)</i>	4	
<i>lamotrigine odt (orange)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>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)</i>	2	
<i>levetiracetam er</i>	3	
NAYZILAM	5	QL (10 PER 30 OVER TIME)
<i>roweepra 500 mg tablet</i>	2	
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite (blue)</i>	4	
<i>subvenite (green)</i>	4	
<i>subvenite (orange)</i>	4	
<i>topiramate (100 mg, 200 mg, 25 mg, 50 mg)</i>	2	
<i>topiramate (15 mg, 25 mg)</i>	3	
XCOPRI (100 MG TABLET, 12.5-25 MG TITRATION PK, 150 MG TABLET, 250 MG DAILY DOSE PACK, 50 MG TABLET)	4	PA
XCOPRI (150-200 MG TITRATION PK, 200 MG TABLET, 350 MG DAILY DOSE PACK, 50-100 MG TITRATION PAK)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Calcium Channel Modifying Agents		
CELONTIN	4	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam (10 mg tablet, 2.5 mg/ml suspension, 20 mg tablet)</i>	4	
<i>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)</i>	3	QL (90 PER 30 DAYS)
<i>clonazepam (0.5 mg, 1 mg)</i>	1	QL (90 PER 30 DAYS)
<i>clonazepam 2 mg odt</i>	3	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
DIACOMIT	5	PA
<i>diazepam (10 mg gel syst, 2.5 mg gel sys, 20 mg gel syst)</i>	4	
<i>divalproex sodium</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin (100 mg, 300 mg)</i>	2	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>gabapentin (250 mg/5 ml, 250 mg/5ml cup, 300 mg/6 ml, 300 mg/6ml cup)</i>	4	QL (2160 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	2	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>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)</i>	4	
<i>primidone (250 mg, 50 mg)</i>	2	
SYMPAZAN	5	
<i>tiagabine hcl</i>	4	
VALTOCO	5	QL (10 PER 30 OVER TIME)
<i>vigabatrin</i>	5	PA
<i>vigadrone 500 mg powder packet</i>	5	PA
Sodium Channel Agents		
APTIOM	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>carbamazepine (100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	3	
<i>carbamazepine 100 mg tab chew</i>	2	
<i>carbamazepine er (er 100 mg, er 200 mg, er 300 mg)</i>	4	
<i>carbamazepine er (er 100 mg, er 200 mg, er 400 mg)</i>	3	
DILANTIN 30 MG CAPSULE	4	
<i>epitol</i>	3	
<i>lacosamide (10 mg/ml solution, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup, 50 mg/5 ml cup)</i>	4	
<i>lacosamide (100 mg, 150 mg, 200 mg, 300 mg, 50 mg)</i>	3	
<i>oxcarbazepine (150 mg, 300 mg, 600 mg)</i>	2	
<i>oxcarbazepine (300 ml cup, 300 ml susp)</i>	4	
<i>phenytoin (100 mg/4 ml susp cup, 125 mg/5 ml susp, 50 mg infatab chew, 50 mg tablet chew)</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>rufinamide (40 mg/ml suspension, 400 mg tablet)</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>rufinamide 200 mg tablet</i>	3	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	
VIMPAT 50 MG TABLET	4	
ZONISADE	4	ST
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates</i>	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		
<i>donepezil hcl (10 mg, 5 mg)</i>	2	
<i>donepezil hcl 23 mg tablet</i>	4	
<i>donepezil hcl odt</i>	2	
<i>galantamine er</i>	4	
<i>galantamine hbr</i>	4	
<i>galantamine hydrobromide</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>rivastigmine (1.5 mg, 3 mg, 6 mg)</i>	2	
<i>rivastigmine (13.3 ptch, 4.6 patch, 9.5 patch)</i>	4	
<i>rivastigmine 4.5 mg capsule</i>	3	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl (5-10 mg titration pk, hcl 10 mg tablet, hcl 5 mg tablet)</i>	2	
<i>memantine hcl er</i>	4	QL (30 PER 30 DAYS)
Antidepressants		
Antidepressants, Other		
AUVELITY	5	QL (60 PER 30 DAYS)
<i>bupropion hcl</i>	2	
<i>bupropion hcl sr 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>bupropion hcl xl 300 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>mirtazapine (15 mg, 30 mg, 45 mg)</i>	3	
<i>mirtazapine (15 mg, 30 mg, 45 mg, 7.5 mg)</i>	2	
<i>quetiapine 150 mg tablet</i>	2	QL (90 PER 30 DAYS)
SPRAVATO (56 MG, 84 MG)	5	PA
Monoamine Oxidase Inhibitors		
EMSAM	5	ST, QL (30 PER 30 DAYS)
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
<i>citalopram hbr (10 mg, 20 mg, 40 mg)</i>	1	
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	3	
<i>desvenlafaxine succinate er (er 25 mg, er 50 mg)</i>	2	QL (30 PER 30 DAYS)
<i>desvenlafaxine succnt er 100mg</i>	2	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
DRIZALMA SPRINKLE (20 MG, 60 MG)	4	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE (30 MG, 40 MG)	4	QL (90 PER 30 DAYS)
<i>duloxetine hcl (20 mg, 60 mg)</i>	2	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	2	QL (90 PER 30 DAYS)
<i>escitalopram oxalate (10 mg tablet, 20 mg tablet, 5 mg tablet, oxalate 5 mg/5 ml)</i>	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)
<i>fluoxetine 20 mg/5 ml solution</i>	4	
<i>fluoxetine hcl (10 mg, 20 mg, 40 mg)</i>	1	
<i>fluvoxamine maleate (25 mg, 50 mg)</i>	3	
<i>fluvoxamine maleate 100 mg tab</i>	2	
<i>nefazodone hcl</i>	4	
<i>paroxetine cr</i>	4	
<i>paroxetine er</i>	4	
<i>paroxetine hcl (10 mg, 20 mg, 30 mg, 40 mg)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>paroxetine hcl 10 mg/5 ml susp</i>	4	
PAXIL 10 MG/5 ML SUSPENSION	4	
<i>sertraline 20 mg/ml oral conc</i>	3	
<i>sertraline hcl (100 mg, 25 mg, 50 mg)</i>	1	
SERTRALINE HCL (150 MG, 200 MG)	4	ST
<i>trazodone hcl (100 mg, 150 mg, 50 mg)</i>	2	
TRINTELLIX	4	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	4	ST
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er (er 150 mg, er 37.5 mg, er 75 mg)</i>	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)
<i>vilazodone hcl</i>	4	QL (30 PER 30 DAYS)
Tricyclics		
<i>amitriptyline hcl</i>	4	
<i>amoxapine</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>clomipramine hcl</i>	4	
<i>desipramine hcl</i>	4	
<i>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)</i>	4	
<i>imipramine hcl</i>	4	
<i>nortriptyline 10 mg/5 ml soln</i>	3	
<i>nortriptyline hcl (10 mg, 25 mg, 50 mg, 75 mg)</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate</i>	4	

Antiemetics

Antiemetics, Other

<i>compro</i>	4	
<i>meclizine hcl (12.5 mg, 25 mg)</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine</i>	4	
<i>prochlorperazine 10 mg/2 ml vial</i>	4	
<i>prochlorperazine maleate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>promethazine hcl (12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i>	4	
<i>promethazine hcl (6.25 ml soln, 6.25 ml syrp)</i>	3	
<i>promethegan (12.5 mg suppos, 25 mg suppository)</i>	4	
<i>scopolamine</i>	4	
Emetogenic Therapy Adjuncts		
AKYNZEO 235-0.25 MG/20 ML VIAL	4	
AKYNZEO 300-0.5 MG CAPSULE	4	PA, QL (2 PER 30 OVER TIME)
<i>aprepitant 125 mg capsule</i>	4	PA, QL (2 PER 30 OVER TIME)
<i>aprepitant 125-80-80 mg pack</i>	4	PA, QL (6 PER 30 OVER TIME)
<i>aprepitant 40 mg capsule</i>	4	PA, QL (1 PER 30 OVER TIME)
<i>aprepitant 80 mg capsule</i>	4	PA, QL (8 PER 30 OVER TIME)
<i>dronabinol</i>	4	PA, QL (60 PER 30 OVER TIME)
<i>ondansetron hcl (4 mg, 8 mg)</i>	2	PA
<i>ondansetron hcl (4 ml soln cup, 4 ml solution)</i>	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>ondansetron odt</i>	2	PA
SYNDROS	5	PA, QL (120 PER 30 DAYS)
Antifungals		
ABELCET	4	PA
AMBISOME	5	PA
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA
<i>casprofungin acetate 50 mg vial</i>	5	
<i>casprofungin acetate 70 mg vial</i>	4	
<i>clotrimazole 1% topical cream</i>	2	
<i>clotrimazole 10 mg troche</i>	3	
CRESEMBA 186 MG CAPSULE	5	
<i>econazole nitrate</i>	3	
<i>fluconazole (10 mg/ml, 40 mg/ml)</i>	3	
<i>fluconazole (100 mg, 150 mg, 200 mg, 250 mg)</i>		
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	3	
<i>flucytosine</i>	5	
<i>griseofulvin 125 mg/5 ml susp</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>voriconazole (200 mg, 50 mg)</i>	4	
<i>voriconazole 200 mg vial</i>	5	PA
<i>voriconazole 40 mg/ml susp</i>	5	
Antigout Agents		
<i>allopurinol (100 mg, 300 mg)</i>	2	
<i>colchicine 0.6 mg tablet</i>	4	
<i>febuxostat</i>	4	
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine 1 mg/ml amp</i>	5	PA
<i>dihydroergotamine 4 mg/ml spry</i>	5	PA, QL (8 PER 30 OVER TIME)
<i>ergotamine-caffeine</i>	3	
Prophylactic		
AIMOVIG 140 MG/ML AUTOINJECTOR	4	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	4	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
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)
<i>timolol maleate (10 mg, 20 mg, 5 mg)</i>	3	
UBRELVY	5	PA, QL (16 PER 30 OVER TIME)
Serotonin (5-HT) Receptor Agonist		
<i>eletriptan hbr</i>	4	QL (12 PER 30 OVER TIME)
<i>naratriptan hcl</i>	3	QL (9 PER 30 OVER TIME)
<i>rizatriptan (10 mg, 5 mg)</i>	3	QL (18 PER 30 OVER TIME)
<i>rizatriptan (10 mg, 5 mg)</i>	2	QL (18 PER 30 OVER TIME)
<i>sumatriptan</i>	4	QL (12 PER 30 OVER TIME)
<i>sumatriptan succinate (100 mg, 25 mg, 50 mg)</i>	2	QL (9 PER 30 OVER TIME)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i>	4	QL (5 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>zolmitriptan (2.5 mg, 5 mg)</i>	3	QL (12 PER 30 OVER TIME)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl</i>	4	
<i>pyridostigmine br 60 mg tablet</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone (100 mg, 25 mg)</i>	3	
<i>rifabutin</i>	4	
Antituberculars		
<i>cycloserine</i>	3	
<i>ethambutol hcl</i>	2	
<i>isoniazid (100 mg, 300 mg)</i>	1	
<i>isoniazid 50 mg/5 ml solution</i>	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide</i>	3	
<i>rifampin 150 mg capsule</i>	3	
<i>rifampin 300 mg capsule</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>rifampin iv 600 mg vial</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
CYCLOPHOSPHAMIDE (1 GM/5 ML VL, 4 500 MG/2.5 ML)		
<i>cyclophosphamide (25 mg, 50 mg)</i>	3	PA
<i>ifosfamide 3 gm vial</i>	4	
LEUKERAN	5	
MATULANE	5	
<i>thiotepa 100 mg vial</i>	5	
VALCHLOR	5	PA
ZEPZELCA	5	PA
Antiandrogens		
<i>abiraterone acetate</i>	5	PA
<i>bicalutamide</i>	2	
ERLEADA 60 MG TABLET	5	PA
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
XTANDI	5	PA
Antiangiogenic Agents		
FOTIVDA	5	PA
<i>lenalidomide</i>	5	PA
POMALYST	5	PA
QINLOCK	5	PA
REVLIMID	5	PA
TABRECTA	5	PA, QL (120 PER 30 DAYS)
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
<i>hydroxyurea</i>	2	
<i>mercaptopurine</i>	4	
<i>nelarabine</i>	5	
PURIXAN	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TABLOID	4	
Antineoplastics, Other		
BESREMI	5	PA
GAVRETO	5	PA
IBRANCE (100 MG, 125 MG, 75 MG)	5	PA
IDHIFA	5	PA, QL (30 PER 30 DAYS)
INREBIC	5	PA
KIMMTRAK	5	PA
KISQALI FEMARA CO-PACK	5	PA
LONSURF	5	PA
LUMAKRAS 120 MG TABLET	5	PA
NINLARO	5	PA
ONUREG	5	PA
OPDUALAG	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
RYLAZE	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SCSEMBLIX 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SCSEMBLIX 40 MG TABLET	5	PA
SYNRIBO	5	PA
TAZVERIK	5	PA
TRUSELTIQ	5	PA
TUKYSA	5	PA
VONJO	5	PA
XPOVIO	5	PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ALUNBRIG 30 MG TABLET	5	PA, QL (120 PER 30 DAYS)
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 75 MG CAPSULE	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	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
<i>erlotinib hcl</i>	5	PA
<i>everolimus (10 mg, 2.5 mg, 5 mg, 7.5 mg)</i>	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>everolimus (2 mg, 3 mg, 5 mg)</i>	5	PA
EXKIVITY	5	PA
FARYDAK	5	PA
GILOTRIF	5	PA, QL (30 PER 30 DAYS)
IBRANCE (100 MG, 125 MG, 75 MG)	5	PA
ICLUSIG (10 MG, 15 MG)	5	PA, QL (30 PER 30 DAYS)
ICLUSIG (30 MG, 45 MG)	5	PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA (140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET, 70 MG CAPSULE, 70 MG/ML SUSPENSION)	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
<i>lapatinib</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
LENVIMA	5	PA
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
<i>sorafenib</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
SUTENT	5	PA
TAFINLAR (50 MG, 75 MG)	5	PA
TAGRISSO 40 MG TABLET	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TAGRISSO 80 MG TABLET	5	PA
TALZENNA (0.25 MG, 0.5 MG, 0.75 MG, 1 MG)	5	PA
TASIGNA	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TURALIO 200 MG CAPSULE	5	PA
TYKERB	5	PA
UKONIQ	5	PA
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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA 150 MG TABLET	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
DANYELZA	5	PA
DARZALEX FASPRO	5	PA
JEMPERLI	5	PA
KANJINTI	5	PA
MONJUVI	5	PA
MVASI	5	PA
POLIVY	5	PA
RUXIENCE	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRAZIMERA	5	PA
TRODELVY	5	PA
ZIRABEV	5	PA
ZYNLONTA	5	PA
Retinoids		
<i>bexarotene (1% gel, 75 mg capsule)</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
PANRETIN	5	
TARGRETIN 1% GEL	5	PA
<i>tretinoin 10 mg capsule</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium (10 mg, 15 mg, 25 mg, 5 mg)</i>	3	
<i>leucovorin calcium 500 mg vial</i>	4	
MESNEX 400 MG TABLET	5	
Antiparasitics		
Anthelmintics		
<i>albendazole</i>	5	
<i>ivermectin 3 mg tablet</i>	3	PA
<i>praziquantel</i>	4	
Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone-proguanil hcl</i>	3	
<i>benznidazole</i>	4	
<i>chloroquine phosphate</i>	3	
COARTEM	4	
<i>hydroxychloroquine sulfate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	5	
<i>pentamidine 300 mg inhal powdr</i>	3	PA
<i>pentamidine 300 mg inject vial</i>	3	
<i>primaquine</i>	3	
<i>pyrimethamine</i>	5	PA
<i>quinine sulfate</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	2	
<i>trihexyphenidyl 2 mg/5 ml soln</i>	2	
<i>trihexyphenidyl hcl (2 mg, 5 mg)</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	3	
<i>tolcapone</i>	5	
Dopamine Agonists		
<i>bromocriptine mesylate</i>	4	
KYNMOBI (10 MG, 15 MG, 20 MG, 25 MG, 30 MG)	5	PA, QL (150 PER 30 DAYS)
KYNMOBI TITRATION KIT	5	PA, QL (20 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
NEUPRO	4	ST
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	4	
<i>carbidopa-levodopa (10-100 mg, 25-100 mg, 25-250 mg)</i>	4	
<i>carbidopa-levodopa (10-100, 25-100, 25-250)</i>	2	
<i>carbidopa-levodopa er</i>	3	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate</i>	4	
<i>selegiline hcl</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl (10 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet)</i>	4	
<i>fluphenazine decanoate</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>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)</i>	4	
<i>haloperidol (0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg)</i>	2	
<i>haloperidol 20 mg tablet</i>	3	
<i>haloperidol decanoate</i>	3	
<i>haloperidol decanoate 100</i>	3	
<i>haloperidol lactate (10 mg/5 ml cup, 2 mg/ml conc)</i>	2	
<i>haloperidol lactate (5 mg/ml ampul, 5 mg/ml syringe, 5 mg/ml vial, 50 mg/10 ml vl)</i>	3	
<i>loxapine</i>	2	
<i>molindone hcl</i>	4	
<i>perphenazine (16 mg, 8 mg)</i>	4	
<i>perphenazine (2 mg, 4 mg)</i>	3	
<i>pimozide</i>	4	
<i>thioridazine hcl</i>	3	
<i>thiothixene</i>	3	
<i>trifluoperazine 10 mg tablet</i>	4	
<i>trifluoperazine hcl (1 mg, 2 mg, 5 mg)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
<i>aripiprazole (10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg)</i>	2	QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	4	QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	5	QL (60 PER 30 DAYS)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate</i>	4	QL (60 PER 30 DAYS)
CAPLYTA	5	ST, QL (30 PER 30 DAYS)
FANAPT (1 MG, 10 MG, 12 MG, 2 MG, 5 MG, 8 MG)	5	ST, QL (60 PER 30 DAYS)
FANAPT 4 MG TABLET	4	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4	ST, QL (8 PER 180 OVER TIME)
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA (117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML, 78 MG/0.5 ML)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
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)
LYBALVI	5	ST, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA
<i>olanzapine (10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg)</i>	2	QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	4	
<i>olanzapine odt</i>	3	QL (30 PER 30 DAYS)
<i>paliperidone er (er 1.5 mg, er 3 mg, er 9 mg)</i>	4	QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	4	QL (60 PER 30 DAYS)
PERSERIS	5	
<i>quetiapine er 200 mg tablet</i>	3	QL (90 PER 30 DAYS)
<i>quetiapine fumarate (100 mg, 200 mg, 25 mg, 50 mg)</i>	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>quetiapine fumarate (300 mg, 400 mg)</i>	2	QL (60 PER 30 DAYS)
<i>quetiapine fumarate er (er 150 mg, er 300 mg, er 400 mg, er 50 mg)</i>	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)		
RISPERDAL CONSTA 12.5 MG VIAL	4	
<i>risperidone (0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg)</i>	1	QL (60 PER 30 DAYS)
<i>risperidone 0.25 mg odt</i>	3	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	4	QL (240 PER 30 DAYS)
<i>risperidone odt (0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg)</i>	4	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)
<i>ziprasidone hcl</i>	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>ziprasidone mesylate</i>	4	QL (60 PER 30 DAYS)
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		
<i>clozapine 100 mg tablet</i>	4	QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	4	QL (120 PER 30 DAYS)
<i>clozapine 25 mg tablet</i>	2	QL (270 PER 30 DAYS)
<i>clozapine 50 mg tablet</i>	3	QL (180 PER 30 DAYS)
<i>clozapine odt (100 mg, 25 mg)</i>	4	QL (270 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	4	QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	4	QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	5	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
VERSACLOZ	5	QL (540 PER 30 DAYS)
Antispasticity Agents		
<i>baclofen (10 mg, 20 mg)</i>	2	
<i>baclofen 5 mg tablet</i>	3	
<i>dantrolene sodium (100 mg, 25 mg, 50 mg)</i>	4	
<i>tizanidine hcl (2 mg, 4 mg)</i>	2	
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	5	
BIKTARVY	5	QL (30 PER 30 DAYS)
CABENUVA	5	
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ISENTRESS HD	5	
JULUCA	5	QL (30 PER 30 DAYS)
STRIBILD	5	QL (30 PER 30 DAYS)
TIVICAY (25 MG, 50 MG)	5	
TIVICAY 10 MG TABLET	4	
TIVICAY PD	4	
VOCABRIA	4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL (30 PER 30 DAYS)
DELSTRIGO	5	QL (30 PER 30 DAYS)
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>etravirine 100 mg tablet</i>	4	
<i>etravirine 200 mg tablet</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
INTELENCE (100 MG, 25 MG)	4	
INTELENCE 200 MG TABLET	5	
<i>nevirapine (200 mg tablet, 50 mg/5 ml susp)</i>	3	
<i>nevirapine er</i>	4	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	4	
<i>abacavir-lamivudine</i>	4	QL (30 PER 30 DAYS)
<i>abacavir-lamivudine-zidovudine</i>	5	QL (60 PER 30 DAYS)
CIMDUO	5	QL (30 PER 30 DAYS)
DESCOVY	5	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	2	
<i>emtricitabine-tenofovir disop</i>	5	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	4	
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>lamivudine-zidovudine</i>	4	QL (60 PER 30 DAYS)
ODEFSEY	5	QL (30 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	4	
TEMIXYS	5	QL (30 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL (30 PER 30 DAYS)
TRIUMEQ PD	5	QL (180 PER 30 DAYS)
TRIZIVIR	5	QL (60 PER 30 DAYS)
VIDEX 2 GM PEDIATRIC SOLN	4	
VIDEX EC 125 MG CAPSULE	4	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	
<i>zidovudine (100 mg capsule, 300 mg tablet, 50 mg/5 ml syrup)</i>	3	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

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	
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	5	
<i>atazanavir sulfate</i>	4	
CRIXIVAN 200 MG CAPSULE	3	
CRIXIVAN 400 MG CAPSULE	4	
EVOTAZ	5	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	5	
INVIRASE	5	
KALETRA 100-25 MG TABLET	4	
KALETRA 200-50 MG TABLET	5	
LEXIVA 50 MG/ML SUSPENSION	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavir 100-25mg tb, lopinavir-ritonavir 200-50mg tb)</i>	4	
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	
<i>ritonavir</i>	3	
SYMTUZA	5	QL (30 PER 30 DAYS)
VIRACEPT	5	
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir sodium (500 mg, 500 mg/10 ml)</i>	2	PA
LIVTENCITY	5	
PREVYMIS (240 MG TABLET, 240 MG/12 ML VIAL, 480 MG TABLET, 480 MG/24 ML VIAL)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>valganciclovir 450 mg tablet</i>	3	
<i>valganciclovir hcl 50 mg/ml</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	QL (600 PER 30 DAYS)
<i>entecavir</i>	4	QL (30 PER 30 DAYS)
EPIVIR HBV 25 MG/5 ML SOLN	4	
<i>lamivudine 100 mg tablet</i>	3	
<i>lamivudine hbv</i>	3	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
MAVYRET 100-40 MG TABLET	5	PA, QL (336 PER 365 OVER TIME)
MAVYRET 50-20 MG PELLET PACKET	5	PA, QL (560 PER 365 OVER TIME)
<i>ribavirin 200 mg tablet</i>	3	
<i>sofosbuvir-velpatasvir</i>	5	PA, QL (84 PER 365 OVER TIME)
VOSEVI	5	PA, QL (84 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations
on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Anti-influenza Agents		
<i>amantadine (100 mg capsule, 100 mg/10 ml cup, 100 mg/10 ml soln, 50 mg/5 ml solution)</i>	2	
<i>oseltamivir 6 mg/ml suspension</i>	3	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	3	QL (168 PER 365 OVER TIME)
<i>oseltamivir phos 45 mg capsule</i>	3	QL (84 PER 365 OVER TIME)
<i>oseltamivir phos 75 mg capsule</i>	3	QL (110 PER 365 OVER TIME)
<i>rimantadine hcl</i>	3	
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		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	2	
<i>acyclovir 200 mg/5 ml susp</i>	4	
<i>acyclovir sodium (1,000 mg/20 ml, 500 mg/10 ml)</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>famciclovir</i>	3	
<i>valacyclovir</i>	3	QL (120 PER 30 DAYS)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl (10 mg, 15 mg, 5 mg)</i>	2	
<i>buspirone hcl (30 mg, 7.5 mg)</i>	4	
<i>hydroxyzine pamoate</i>	4	
Benzodiazepines		
<i>alprazolam (0.25 mg, 0.5 mg, 1 mg)</i>	1	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>chlordiazepoxide 10 mg capsule</i>	2	QL (900 PER 30 DAYS)
<i>chlordiazepoxide 25 mg capsule</i>	2	QL (360 PER 30 DAYS)
<i>chlordiazepoxide 5 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>clorazepate 15 mg tablet</i>	4	QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	4	QL (720 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>clorazepate 7.5 mg tablet</i>	4	QL (360 PER 30 DAYS)
<i>diazepam (10 mg/2 ml carpupject, 10 mg/2 ml syringe, 50 mg/10 ml vial)</i>	4	
<i>diazepam (25 mg/5 ml oral conc, 5 mg/5 ml oral cup, 5 mg/5 ml solution, 5 mg/ml oral conc)</i>	2	
<i>diazepam 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>diazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>diazepam 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>lorazepam (0.5 mg, 1 mg)</i>	1	QL (90 PER 30 DAYS)
<i>lorazepam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml oral concent</i>	2	
<i>lorazepam intensol</i>	2	

Bipolar Agents

Mood Stabilizers

<i>lithium carbonate (150 mg, 300 mg)</i>	1
<i>lithium carbonate (300 mg tab, 600 mg cap)</i>	2

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>lithium carbonate er</i>	2	
<i>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)</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	2	
CYCLOSET	4	
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide (10 mg, 5 mg)</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	2	
<i>glyburide-metformin hcl</i>	2	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hcl (1,000 mg, 500 mg, 850 mg)</i>	1	
<i>metformin hcl er</i>	1	
MOUNJARO	5	QL (2 PER 28 DAYS)
<i>nateglinide</i>	1	
OZEMPIC (1 (2 MG/1.5ML), 1 (4 MG/3 ML), 2 (8 MG/3 ML))	3	QL (3 PER 28 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN	3	QL (1.5 PER 28 DAYS)
<i>pioglitazone hcl</i>	1	
<i>pioglitazone-metformin</i>	2	
<i>repaglinide</i>	1	
RYBELSUS (14 MG, 7 MG)	3	QL (30 PER 30 DAYS)
RYBELSUS 3 MG TABLET	3	QL (60 PER 365 OVER TIME)
SOLIQUA 100-33	3	
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SYNJARDY XR	3	
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)
XIGDUO XR	3	
Glycemic Agents		
BAQSIMI	3	
<i>diazoxide</i>	4	
GLUCAGEN	4	ST
<i>glucagon emergency kit (, 1 mg)</i>	3	
GVOKE	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE PFS 1-PACK SYRINGE	3	
GVOKE PFS 2-PACK SYRINGE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
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	
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
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	

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)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>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)</i>	4	QL (28 PER 90 OVER TIME)
<i>enoxaparin sodium 300 mg/3 ml vial</i>	4	QL (105 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	5	QL (28 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	4	QL (17.5 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	5	QL (14 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	5	QL (21 PER 90 OVER TIME)
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 2,500 UNIT/0.2 ML SYR	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
FRAGMIN 5,000 UNIT/0.2 ML SYR	5	QL (7 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)
<i>heparin sodium (5,000 unit/ml carpupct, 50,000 unit/10 ml vial, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial)</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium</i>	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)
Blood Products and Modifiers, Other		
<i>anagrelide hcl</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO	5	PA
OXBRYTA 300 MG TABLET FOR SUSP	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
PROCRIT (10,000, 20,000, 40,000)	5	PA
PROCRIT (2,000, 3,000, 4,000)	4	PA
PROMACTA	5	PA
PYRUKYND (20 MG TABLET, 20 MG TAPER PACK, 5 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
PYRUKYND (20-5 MG, 50-20 MG)	5	PA, QL (30 PER 30 DAYS)
PYRUKYND (5 MG PACK, 20-5 MG PACK, 50-20 MG PACK)	5	PA, QL (30 PER 30 DAYS)
PYRUKYND (50 MG TABLET, 50 MG TAPER PACK)	5	PA, QL (120 PER 30 DAYS)
PYRUKYND 5 MG TAPER PACK	5	
UDENYCA	5	PA
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid 650 mg tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er</i>	4	
BRILINTA	4	
CABLIVI 11 MG KIT	5	PA, QL (30 PER 30 DAYS)
<i>cilostazol</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>clopidogrel 300 mg tablet</i>	2	
<i>clopidogrel 75 mg tablet</i>	1	
<i>prasugrel 10 mg tablet</i>	2	
<i>prasugrel 5 mg tablet</i>	3	
TAVALISSE	5	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	4	
<i>clonidine hcl (0.1 mg, 0.2 mg, 0.3 mg)</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hcl</i>	4	
<i>methyldopa</i>	4	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	
<i>eprosartan mesylate</i>	2	
<i>irbesartan</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	2	
<i>telmisartan</i>	2	
<i>valsartan (160 mg, 320 mg, 40 mg, 80 mg)</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl</i>	1	
<i>captopril</i>	2	
<i>enalapril maleate (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tablet)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hcl 100 mg tablet</i>	3	
<i>amiodarone hcl 200 mg tablet</i>	2	
<i>amiodarone hcl 400 mg tablet</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>digitek</i>	2	
<i>digox</i>	2	
<i>digoxin (0.125 mg, 0.25 mg, 125 mcg, 250 mcg, 62.5 mcg)</i>	2	
<i>digoxin 0.05 mg/ml solution</i>	4	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	3	
PACERONE (100 MG, 400 MG)	3	
<i>pacerone 200 mg tablet</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	4	
<i>quinidine gluc er 324 mg tab</i>	4	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol</i>	2	
<i>sotalol af</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
NYMALIZE	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem 12hr er</i>	4	
<i>diltiazem 24hr er</i>	2	
<i>diltiazem 24hr er (cd)</i>	2	
<i>diltiazem 24hr er (la) (180 mg, 240 mg, 300 mg, 360 mg, 420 mg)</i>	3	
<i>diltiazem 24hr er (xr)</i>	2	
<i>diltiazem hcl (120 mg, 30 mg, 60 mg, 90 mg)</i>	2	
<i>matzim la</i>	3	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil 80 mg tablet</i>	1	
<i>verapamil er (er 120 mg, er 180 mg, er 240 mg)</i>	3	
<i>verapamil er (er 120 mg, er 180 mg, er 240 mg)</i>	2	
<i>verapamil hcl (120 mg, 40 mg)</i>	2	
<i>verapamil sr</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Cardiovascular Agents, Other		
<i>acetazolamide</i>	3	
<i>aliskiren</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-atorvastatin (10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg)</i>	4	
<i>amlodipine-atorvastatin (2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-40 mg, 5-80 mg)</i>	2	
<i>amlodipine-valsartan</i>	2	
<i>amlodipine-valsartan-hctz</i>	2	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril-hydrochlorothiazide</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	2	
CAMZYOS	5	PA, QL (30 PER 30 DAYS)
<i>candesartan-hydrochlorothiazid</i>	2	
<i>captopril-hydrochlorothiazide</i>	2	
CORLANOR (5 MG, 7.5 MG)	4	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
CORLANOR 5 MG/5 ML ORAL SOLN	4	PA, QL (450 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO	3	QL (60 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide</i>	2	
<i>icosapent ethyl (0.5 gm, 500 mg)</i>	4	PA
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	
<i>olmesartan-hydrochlorothiazide</i>	2	
<i>pentoxifylline</i>	2	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>ranolazine er</i>	2	
<i>spironolactone-hctz</i>	2	
<i>telmisartan-hydrochlorothiazid</i>	2	
<i>trandolapril-verapamil er</i>	2	
<i>triamterene-hctz 37.5-25 mg cp</i>	2	
<i>triamterene-hydrochlorothiazid (37.5-25 mg tb, 75-50 mg tab)</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
VYNDAMAX	5	PA, QL (30 PER 30 DAYS)
Diuretics, Loop		
<i>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)</i>	2	
<i>furosemide (10 mg/ml solution, 40 mg/5 ml soln)</i>	2	
<i>furosemide (100 mg/10 ml syringe, 100 mg/10 ml vial, 20 mg/2 ml vial, 40 mg/4 ml syringe, 40 mg/4 ml vial)</i>	3	
<i>furosemide (20 mg, 40 mg, 80 mg)</i>	1	
<i>torsemide</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	2	
<i>eplerenone</i>	3	
<i>spironolactone (100 mg, 25 mg, 50 mg)</i>	2	
Diuretics, Thiazide		
<i>chlorthalidone</i>	2	
DIURIL	4	
<i>hydrochlorothiazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>indapamide</i>	2	
METHADOSE	3	QLC (Subject to Opioid Safety Edits)
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule)</i>	2	
<i>fenofibric acid (135 mg, 45 mg)</i>	3	
<i>gemfibrozil</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin er</i>	4	
<i>fluvastatin sodium</i>	4	
LIVALO	4	ST
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Dyslipidemics, Other		
<i>cholestyramine (packet, powder)</i>	4	
<i>cholestyramine light (packet, powder)</i>	3	
<i>colestipol hcl (, packet)</i>	4	
<i>colestipol hcl 1 gm tablet</i>	3	
<i>ezetimibe</i>	2	
<i>ezetimibe-simvastatin</i>	2	
<i>icosapent ethyl 1 gram capsule</i>	4	PA
JUXTAPID (10 MG, 5 MG)	5	PA, QL (30 PER 30 DAYS)
JUXTAPID (20 MG, 30 MG)	5	PA, QL (60 PER 30 DAYS)
<i>niacin er</i>	3	
<i>omega-3 acid ethyl esters</i>	3	
<i>prevalite (packet, powder)</i>	3	
REPATHA PUSHTRONEX	3	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	3	PA, QL (3 PER 28 DAYS)
REPATHA SYRINGE	3	PA, QL (3 PER 28 DAYS)
<i>triklo</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl (10 mg, 100 mg, 25 mg, 50 mg)</i>	2	
<i>minoxidil (10 mg, 2.5 mg)</i>	2	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate (10 mg, 20 mg, 30 mg, 5 mg)</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
NITRO-BID	4	
<i>nitroglycerin (0.3 mg, 0.4 mg, 0.6 mg)</i>	2	
<i>nitroglycerin patch</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>dextroamphetamine 10 mg tab</i>	3	QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>dextroamphetamine er 10 mg cap</i>	4	QL (180 PER 30 DAYS)
<i>dextroamphetamine er 15 mg cap</i>	4	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>dextroamphetamine er 5 mg cap</i>	4	QL (60 PER 30 DAYS)
<i>dextroamphetamine-amphet er (er 10 mg, er 15 mg, er 20 mg, er 25 mg, er 30 mg, er 5 mg)</i>	4	QL (60 PER 30 DAYS)
<i>dextroamphetamine-amphetamine</i>	3	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl (100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg)</i>	4	QL (30 PER 30 DAYS)
<i>atomoxetine hcl 10 mg capsule</i>	4	QL (60 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	4	
<i>guanfacine hcl er</i>	4	
<i>methylphenidate 5 mg/5 ml soln</i>	4	
<i>methylphenidate er (er 18 mg, er 27 mg, er 54 mg, er 72 mg)</i>	4	QL (30 PER 30 DAYS)
<i>methylphenidate er 36 mg tab</i>	4	QL (60 PER 30 DAYS)
<i>methylphenidate hcl (10 mg, 20 mg, 5 mg)</i>	2	QL (90 PER 30 DAYS)
Central Nervous System, Other		
AUSTEDO	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>butalb-acetamin-caff 50-325-40</i>	3	
EXSERVAN	5	PA
INGREZZA (60 MG, 80 MG)	5	PA, QL (30 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
NUEDEXTA	5	PA
RADICAVA ORS	5	PA
<i>riluzole</i>	4	PA
<i>tetrabenazine</i>	5	PA
Fibromyalgia Agents		
<i>pregabalin (100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg)</i>	2	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	4	QL (900 PER 30 DAYS)
<i>pregabalin 300 mg capsule</i>	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

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 0.3 MG KIT	5	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er</i>	5	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate (120 mg, 240 mg)</i>	5	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	5	PA, QL (120 PER 365 OVER TIME)
EXTAVIA 0.3 MG KIT	5	PA, QL (15 PER 30 DAYS)
<i>fingolimod</i>	5	PA, QL (30 PER 30 DAYS)
GILENYA	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
KESIMPTA PEN	5	PA, QL (0.4 PER 28 DAYS)
MAYZENT (1 MG, 2 MG)	5	PA, QL (30 PER 30 DAYS)
MAYZENT 0.25 MG TABLET	5	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	4	PA, QL (14 PER 365 OVER TIME)
MAYZENT 0.25MG START-2MG MAINT	5	PA, QL (24 PER 365 OVER TIME)
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)
REBIF REBIDOSE (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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
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)
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

<i>chlorhexidine gluconate (15 ml cup, 15 ml cup, rinse)</i>	1
<i>doxycycline hyclate 20 mg tab</i>	2
<i>lidocaine hcl viscous</i>	2
<i>oralone</i>	3
<i>paroex</i>	1
<i>pilocarpine hcl (5 mg, 7.5 mg)</i>	3
<i>triamcinolone 0.1% paste</i>	3

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Dermatological Agents		
Acne and Rosacea Agents		
<i>acitretin (17.5 mg, 25 mg)</i>	4	
<i>acitretin 10 mg capsule</i>	3	
<i>amnesteem</i>	4	PA
<i>azelaic acid</i>	4	
<i>claravis</i>	4	PA
<i>clind ph-benzoyl perox 1.2-5%</i>	4	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl, clindamycin-bnz pmp)</i>	4	
<i>erythromycin-benzoyl peroxide</i>	4	
<i>FINACEA 15% FOAM</i>	4	
<i>isotretinoin (10 mg, 20 mg, 30 mg, 40 mg)</i>	4	PA
<i>metronidazole (0.75% lotion, top 1% gel pump, topical 1% gel)</i>	4	
<i>metronidazole (cream, topical gl)</i>	3	
<i>myorisan</i>	4	PA
<i>rosadan</i>	3	
<i>tazarotene (0.05% gel, 0.1% cream, 0.1% gel)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>tretinoin 0.025% cream</i>	2	PA
<i>tretinoin 0.05% cream</i>	4	PA
<i>zenatane</i>	4	PA
Dermatitis and Pruitus Agents		
<i>ala-cort 2.5% cream</i>	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate</i>	2	
<i>betamethasone diprop augmented (gel, oin)</i>	4	
<i>betamethasone dipropionate (crm, lot)</i>	3	
<i>betamethasone dp 0.05% oint</i>	4	
<i>betamethasone dp aug 0.05% crm</i>	2	
<i>betamethasone valerate (va cream, va lotion, valer ointm)</i>	3	
CIBINQO	5	PA, QL (30 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	3	
<i>clobetasol propionate (cream, gel, ointment, solution)</i>	3	
<i>desonide (cream, ointment)</i>	3	
<i>desoximetasone (cream, ointment)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
EUCRISA	4	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	3	
<i>fluocinonide (cream, gel, ointment, solution)</i>	3	
<i>fluocinonide 0.1% cream</i>	3	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	2	
<i>halobetasol propionate (cream, ointmnt)</i>	3	
<i>hydrocortisone (cream, lotion, ointment)</i>	2	
<i>hydrocortisone val 0.2% cream</i>	4	QL (60 PER 30 DAYS)
<i>mometasone furoate (cream, oint, soln)</i>	2	
OPZELURA	5	PA, QL (240 PER 30 DAYS)
<i>selenium sulfide 2.5% lotion</i>	2	
<i>tacrolimus (0.03%, 0.1%)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)</i>	2	
<i>triderm</i>	2	
Dermatological Agents, Other		
<i>calcipotriene (cream, ointment)</i>	4	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005% solution</i>	4	QL (60 PER 30 DAYS)
<i>clotrimazole-betamethasone crm</i>	2	
<i>diclofenac sodium 3% gel</i>	4	ST, QL (300 PER 30 DAYS)
<i>fluorouracil (0.5% cream, 5% topical soln)</i>	4	
<i>fluorouracil 2% topical soln</i>	3	
<i>fluorouracil 5% cream</i>	2	
<i>imiquimod 5% cream packet</i>	3	
<i>nystatin-triamcinolone</i>	3	
PICATO	5	ST
<i>podofilox 0.5% topical soln</i>	3	
SANTYL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>silver sulfadiazine</i>	2	
SSD	2	
Pediculicides/Scabicides		
<i>malathion</i>	4	
<i>permethrin</i>	3	
Topical Anti-infectives		
<i>acyclovir 5% ointment</i>	4	
<i>ciclodan 8% solution</i>	3	PA
<i>ciclopirox (0.77% gel, 0.77% topical susp, 1% shampoo)</i>	3	
<i>ciclopirox 0.77% cream</i>	2	
<i>ciclopirox 8% solution</i>	3	PA
<i>clindamycin ph 1% solution</i>	3	
<i>ery</i>	3	
<i>erythromycin 2% gel</i>	2	
<i>erythromycin 2% solution</i>	3	
<i>mupirocin 2% ointment</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II (10%, 15%)	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
AMINOSYN-PF 10% IV SOLUTION	4	PA
CARBAGLU	5	
<i>carglumic acid</i>	5	
CLINISOL	4	PA
<i>dextrose 5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.9% nacl</i>	2	
<i>dextrose in water (100 ml, 50 ml, iv soln, vial)</i>	2	
<i>glucose in water</i>	2	
<i>klor-con</i>	4	
KLOR-CON 10	2	
KLOR-CON 8	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
PLENAMINE	4	PA
<i>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)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>potassium chloride (er 10 capsule, er 10 tablet, er 20 tablet, er 8 capsule, er 8 tablet)</i>	2	
<i>potassium citrate er</i>	4	
<i>potassium cl er 15 meq tablet</i>	3	
<i>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% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution)</i>	2	
<i>sodium chloride-water</i>	2	
Electrolyte/Mineral/Metal Modifiers		
<i>CHEMET</i>	5	
<i>deferasirox</i>	5	PA
<i>deferiprone</i>	5	PA
<i>deferiprone (3 times a day)</i>	5	PA
<i>sodium polystyrene sulf powder</i>	3	
<i>trientine hcl 250 mg capsule</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate (667 mg capsule, 667 mg gelcap)</i>	4	
<i>calcium acetate 667 mg tablet</i>	3	
<i>lanthanum carbonate</i>	5	
<i>sevelamer carbonate (0.8, 2.4)</i>	5	
<i>sevelamer carbonate 800 mg tab</i>	4	
VELPHORO	5	
Potassium Binders		
<i>kionex</i>	4	
<i>sod polystyren sulf 15 g/60 ml</i>	4	
SPS	4	
VELTASSA	5	
Vitamins		
PRENATAL VITAMINS	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>generlac</i>	2	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	2	
LINZESS	3	QL (30 PER 30 DAYS)
<i>lubiprostone</i>	3	QL (60 PER 30 DAYS)
MOTEGRITY	3	QL (30 PER 30 DAYS)
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		
<i>alosetron hcl</i>	5	PA
<i>diphenoxylate-atrop 2.5-0.025</i>	3	
<i>loperamide 2 mg capsule</i>	2	
XERMELO	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antispasmodics, Gastrointestinal		
CUVPOSA	4	
<i>dicyclomine hcl (10 mg capsule, 20 mg 2 tablet)</i>		
<i>glycopyrrolate (1 mg, 2 mg)</i>	3	
<i>glycopyrrolate 1 mg/5 ml soln</i>	4	
Gastrointestinal Agents, Other		
CLENPIQ 160 ML SOLUTION	3	
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n</i>	2	
<i>metoclopramide hcl (10 mg, 5 mg)</i>	1	
<i>metoclopramide hcl (10 mg/10 ml cup, 10 mg/10 ml sol, 5 mg/5 ml soln)</i>	2	
MYALEPT	5	PA
<i>peg 3350-electrolyte solution</i>	2	
<i>peg-3350 and electrolytes</i>	2	
RECTIV	4	
<i>sod sulf-potass sulf-mag sulf</i>	3	
SUPREP	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>trilyte with flavor packets</i>	2	
<i>ursodiol (250 mg, 500 mg)</i>	2	
XIFAXAN	5	PA
ZORBTIVE	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine (20 mg, 40 mg)</i>	2	
<i>famotidine 40 mg/5 ml susp</i>	4	
<i>nizatidine 15 mg/ml solution</i>	4	
Protectants		
<i>misoprostol 100 mcg tablet</i>	2	
<i>misoprostol 200 mcg tablet</i>	3	
<i>sucralfate (1 ml, 1 ml cup)</i>	4	
<i>sucralfate 1 gm tablet</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium (20 mg, 40 mg)</i>	2	QL (60 PER 30 DAYS)
<i>lansoprazole (15 mg, 30 mg)</i>	2	QL (60 PER 30 DAYS)
<i>omeprazole (10 mg, 20 mg, 40 mg)</i>	2	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (20 mg, 40 mg)</i>	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>rabeprazole sod dr 20 mg tab</i>	3	QL (60 PER 30 DAYS)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
ARALAST NP	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON	3	
<i>cromolyn 100 mg/5 ml oral conc</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
EVRYSDI	5	PA, QL (240 PER 30 DAYS)
FABRAZYME 35 MG VIAL	5	PA
GALAFOLD	5	PA, QL (14 PER 28 DAYS)
KANUMA	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>nitisinone (10 mg, 2 mg, 5 mg)</i>	5	
ORFADIN (20 MG CAPSULE, 4 MG/ML SUSPENSION)	5	
PROCYSBI (25 MG, 75 MG)	5	PA
PROLASTIN C	4	PA
RAVICTI	5	PA
REVCovi	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder</i>	5	
STRENSIQ	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
VYNDAQEL	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	
ZOKINVY	5	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er</i>	4
-----------------------	---

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>flavoxate hcl</i>	3	
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET, ER 8 MG/ML SUSP)	3	
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	2	
<i>oxybutynin chloride er</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>trospium chloride</i>	3	
<i>trospium chloride er</i>	4	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride</i>	2	
<i>finasteride 5 mg tablet</i>	2	
<i>silodosin</i>	4	
<i>tadalafil (2.5 mg, 5 mg)</i>	3	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Genitourinary Agents, Other		
<i>acetic acid 0.25% irrig soln</i>	2	
<i>bethanechol chloride</i>	2	
ELMIRON	4	
<i>penicillamine 250 mg tablet</i>	5	
THIOLA EC	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone (0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg)</i>	2	
<i>dexamethasone (0.5 ml elx, 0.5 ml liq)</i>	3	
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone (10 mg, 20 mg, 5 mg)</i>	2	
<i>methylprednisolone</i>	2	
<i>prednisolone 15 mg/5 ml soln</i>	2	
<i>prednisolone sod ph 25 mg/5 ml</i>	3	
<i>prednisolone sodium phosphate (10 ml, 20 ml)</i>	4	
<i>prednisolone sodium phosphate (15mg/5ml cup, 5 mg/5 ml)</i>	2	
<i>prednisone (1 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 5 mg tab dose pack, 50 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>prednisone (2.5 mg, 5 mg)</i>	1	
<i>prednisone 5 mg/5 ml solution</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate (0.01% solution, 0.01% spray, 10 mcg/0.1 ml spr)</i>	4	
<i>desmopressin acetate (0.1 mg, 0.2 mg)</i>	3	
<i>desmopressin acetate (40 mcg/10 ml vial, ac 4 mcg/ml ampul, ac 4 mcg/ml vial)</i>	5	
GENOTROPIN	5	PA
INCRELEX	5	PA
SKYTROFA	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		
<i>oxandrolone 10 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>oxandrolone 2.5 mg tablet</i>	3	PA, QL (240 PER 30 DAYS)
Androgens		
ANDRODERM	3	PA
<i>danazol (100 mg, 50 mg)</i>	3	
<i>danazol 200 mg capsule</i>	4	
<i>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)</i>	3	PA
<i>testosterone cypionate</i>	2	PA
<i>testosterone enanthate</i>	3	PA
Estrogens		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen</i>	3	
<i>amabelz</i>	4	
<i>amethyst</i>	3	
<i>aubra</i>	3	
<i>aubra eq</i>	3	
<i>aurovela</i>	3	
<i>aurovela 24 fe</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>aurovela fe</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe</i>	3	
<i>briellyn</i>	3	
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	
<i>cryselle</i>	3	
<i>cyclafem</i>	3	
<i>dasetta</i>	3	
<i>desogestr-eth estrad eth estra</i>	3	
DIVIGEL (0.25 MG GEL, 0.5 MG GEL, 0.75 MG GEL, 1 MG GEL, 1.25 MG GEL)	4	
<i>dolishale</i>	3	
<i>dotti</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>elinest</i>	3	
<i>enpresse</i>	3	
<i>estarylla</i>	3	
<i>estradiol (0.01% cream, 0.5 mg tablet, 2 mg tablet)</i>		
<i>estradiol (0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1.25mg) gel pk, 10 mcg vaginal insrt)</i>	4	
<i>estradiol (once weekly)</i>	4	
<i>estradiol (twice weekly)</i>	4	
<i>estradiol-norethindrone acetat</i>	4	
ESTRING	4	QL (1 PER 90 OVER TIME)
<i>ethynodiol-ethinyl estradiol</i>	3	
<i>falmina</i>	3	
<i>femynor</i>	3	
<i>fyavolv</i>	4	
<i>hailey</i>	3	
<i>hailey 24 fe</i>	3	
<i>hailey fe</i>	3	
<i>jinteli</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>junel</i>	3	
<i>junel fe</i>	3	
<i>junel fe 24</i>	3	
<i>kariva</i>	3	
<i>kelnor 1-35</i>	3	
<i>kelnor 1-50</i>	3	
<i>kurvelo</i>	3	
<i>larin</i>	3	
<i>larin 24 fe</i>	3	
<i>larin fe</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel-eth estradiol</i>	3	
<i>levora-28</i>	3	
<i>lillow</i>	3	
<i>lopreeza 1 mg-0.5 mg tablet</i>	4	
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
MENEST (0.3 MG, 0.625 MG, 1.25 MG)	4	
<i>microgestin</i>	3	
<i>microgestin 24 fe</i>	3	
<i>microgestin fe</i>	3	
<i>mili</i>	3	
<i>mimvey</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon</i>	3	
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)</i>	3	
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	4	
<i>norethindrone-e.estradiol-iron (1-0.02(21)-75 tab, 1.5-0.03mg(21)-75)</i>	3	
<i>norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)</i>	3	
<i>nortrel</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>nylia</i>	3	
<i>nymyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella</i>	3	
<i>portia</i>	3	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>simliya</i>	3	
<i>sprintec</i>	3	
<i>sronyx</i>	3	
<i>tarina 24 fe</i>	3	
<i>tarina fe</i>	3	
<i>tarina fe 1-20 eq</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>tri-linyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trivora-28</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>yuvaferm</i>	4	
<i>zovia 1-35</i>	3	
<i>zovia 1-35e</i>	3	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-PROVERA 400 MG/ML VIAL	4	QL (10 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
DEPO-SUBQ PROVERA 104	4	QL (0.65 PER 90 OVER TIME)
<i>errin</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
MAKENA 275 MG/1.1 ML AUTOINJCT	5	PA
<i>medroxyprogesterone 150 mg/ml</i>	2	QL (1 PER 90 OVER TIME)
<i>medroxyprogesterone acetate (10 mg, 1 2.5 mg, 5 mg)</i>		
<i>megestrol 625 mg/5 ml susp</i>	4	PA
<i>megestrol acetate (20 mg, 40 mg)</i>	2	PA
<i>megestrol acetate (400 mg/10 ml cup, 3 400 mg/10ml susp cup, acet 40 mg/ml susp, acet 400 mg/10 ml)</i>	3	PA
<i>nora-be</i>	3	
<i>norethindrone</i>	3	
<i>norethindrone ac (lupaneta)</i>	2	
<i>norethindrone acetate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>norlyda</i>	3	
<i>progesterone (100 mg, 200 mg)</i>	2	
<i>sharobel</i>	3	
<i>tulana</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	PA, QL (30 PER 30 DAYS)
<i>raloxifene hcl</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>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)</i>	2	
LEVOXYL	4	
<i>liothyronine sodium (25 mcg, 5 mcg, 50 mcg)</i>	2	
UNITHROID	4	
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	5	PA
LYSODREN	5	
RECORLEV	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	3	
FIRMAGON 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)
<i>lanreotide acetate</i>	5	PA
<i>leuprolide 2wk 14 mg/2.8 ml kt</i>	5	PA
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
MYCAPSSA	5	PA
MYFEMBREE	5	PA, QL (30 PER 30 DAYS)
<i>octreotide acetate</i>	4	PA
ORGOVYX	5	PA
ORILISSA 150 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ORILISSA 200 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SIGNIFOR	5	PA, QL (60 PER 30 DAYS)
SIGNIFOR LAR	5	PA, QL (1 PER 28 DAYS)
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SUPPRELIN LA	5	PA, QL (1 PER 365 OVER TIME)
SYNAREL	5	
TRELSTAR 11.25 MG VIAL	4	PA, QL (1 PER 84 OVER TIME)
TRELSTAR 22.5 MG VIAL	5	PA, QL (1 PER 168 OVER TIME)
TRIPTODUR	5	PA, QL (1 PER 168 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ZOLADEX 3.6 MG IMPLANT SYRN	4	QL (1 PER 28 DAYS)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA
<i>icatibant</i>	5	PA
<i>sajazir</i>	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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
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
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
HYQVIA (10 GM-800, 20 GM-1,600, 30 GM-2,400, 5 GM-400)	5	PA
NABI-HB	5	PA
OCTAGAM	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
SYNAGIS	5	PA
VARIZIG	3	PA
XEMBIFY	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Immunological Agents, Other		
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL (3.6 PER 28 DAYS)
ACTEMRA ACTPEN	5	PA
ADBRY	5	PA
ARCALYST	5	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	5	PA
COSENTYX (2 SYRINGES)	5	PA
COSENTYX SENSOREADY (2 PENS)	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX SYRINGE	5	PA
DUPIXENT 100 MG/0.67 ML SYRING	5	PA, QL (1.34 PER 28 DAYS)
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)
EMPAVELI	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ENJAYMO	5	PA
ENSPRYNG	5	PA
ENTYVIO	5	PA
ILUMYA	5	PA
LEMTRADA	5	PA
ORENCIA (125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML)	5	PA
ORENCIA CLICKJECT	5	PA, QL (4 PER 28 DAYS)
RINVOQ (ER 30 MG, ER 45 MG)	5	PA, QL (30 PER 30 DAYS)
RINVOQ ER 15 MG TABLET	5	PA
SAPHNELO	5	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	5	PA
SKYRIZI (2 SYRINGES) KIT	5	PA
SKYRIZI 360 MG/2.4 ML ON-BODY	5	PA
SKYRIZI PEN	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
TALTZ AUTOINJECTOR	5	PA
TALTZ AUTOINJECTOR (2 PACK)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TALTZ AUTOINJECTOR (3 PACK)	5	PA
TALTZ SYRINGE	5	PA
TREMFYA	5	PA
XELJANZ (1 MG/ML SOLUTION, 10 MG 5 TABLET, 5 MG TABLET)	5	PA
XELJANZ XR	5	PA
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
Immunosuppressants		
<i>azathioprine (100 mg, 75 mg)</i>	4	PA
<i>azathioprine 50 mg tablet</i>	2	PA
BENLYSTA (120 MG, 400 MG)	5	PA
CIMZIA (MG/ML SYRINGE KIT, MG/ML(X3)START KT)	5	PA
<i>cyclosporine (100 mg, 25 mg)</i>	4	PA
<i>cyclosporine modified (100 mg, 100mg/ml, 25 mg, 50 mg)</i>	4	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
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
<i>everolimus (0.5 mg, 0.75 mg, 1 mg)</i>	5	PA
<i>everolimus 0.25 mg tablet</i>	4	PA
<i>gengraf (100 mg capsule, 100 mg/ml solution, 25 mg capsule)</i>	4	PA
HUMIRA (20 MG/0.4 ML, 40 MG/0.8 ML)	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
INFLIXIMAB	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>leflunomide</i>	2	
<i>methotrexate (2.5 mg tablet, 250 mg/10 ml vial, 50 mg/2 ml vial)</i>	2	
<i>methotrexate sodium</i>	2	
<i>mycophenolate 200 mg/ml susp</i>	5	PA
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	4	PA
<i>mycophenolic acid</i>	4	PA
ORENCIA 250 MG VIAL	5	PA
PROGRAF 0.2 MG GRANULE PACKET	4	PA
PROGRAF 1 MG GRANULE PACKET	5	PA
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
<i>sirolimus (0.5 mg, 1 mg)</i>	4	PA
<i>sirolimus (1 mg/ml solution, 2 mg tablet)</i>	5	PA
<i>tacrolimus (0.5 mg, 1 mg, 5 mg)</i>	4	PA
XATMEP	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ZORTRESS 1 MG TABLET	5	PA
Vaccines		
ACTHIB	3	
ADACEL TDAP	3	
BCG VACCINE (TICE STRAIN)	3	
BEXSERO	3	
BOOSTRIX TDAP	3	
DAPTACEL DTAP	3	
DENGVAXIA	5	
DIPHTHERIA-TETANUS TOXOIDS-PED	3	
ENGRIX-B ADULT	3	PA
ENGRIX-B PEDIATRIC-ADOLESCENT	3	PA
GARDASIL 9	3	
HAVRIX (1,440 UNIT/ML, 720 UNIT/0.5 ML)	3	
HIBERIX	3	
IMOVAX RABIES VACCINE	3	PA
INFANRIX DTAP	3	
IPOL	3	
IXIARO	3	
KINRIX	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
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	
PREHEVBRIO	3	PA
PRIORIX	3	
PROQUAD	3	
QUADRACEL DTAP-IPV	3	
RABAVERT	3	PA
RECOMBIVAX HB	3	PA
ROTARIX VACCINE SUSPENSION	3	
ROTATEQ	3	
SHINGRIX	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TYPHIM VI	3	
VAQTA	3	
VARIVAX VACCINE	3	
YF-VAX	3	

Inflammatory Bowel Disease Agents

Aminosalicylates

<i>balsalazide disodium</i>	4	
<i>mesalamine (1,000 mg supp, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet, dr 1.2 gm tablet)</i>	4	
<i>mesalamine er 0.375 gram cap</i>	4	
<i>sulfasalazine</i>	2	
<i>sulfasalazine dr</i>	2	

Glucocorticoids

<i>budesonide dr</i>	4	
<i>budesonide ec</i>	4	
<i>budesonide er</i>	5	
<i>hydrocortisone 100 mg/60 ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol-hc</i>	2	
<i>proctozone-hc</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TARPEYO	5	PA, QL (120 PER 30 DAYS)
Metabolic Bone Disease Agents		
<i>alendronate sod 70 mg/75 ml</i>	4	
<i>alendronate sodium (10 mg tab, 35 mg tab, 5 mg tablet)</i>	1	
<i>alendronate sodium 70 mg tab</i>	1	QL (4 PER 28 DAYS)
<i>calcitonin-salmon 200 unit spr</i>	2	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg, 0.5 mcg)</i>	2	
<i>cinacalcet hcl (30 mg, 60 mg)</i>	4	
<i>cinacalcet hcl 90 mg tablet</i>	5	
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	4	
FORTEO	5	PA
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 PER 28 DAYS)
NATPARA	5	PA, QL (2 PER 28 DAYS)
<i>paricalcitol (1 mcg, 2 mcg)</i>	3	
<i>paricalcitol 4 mcg capsule</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
PROLIA	4	QL (2 PER 365 OVER TIME)
RAYALDEE	5	
TERIPARATIDE 620 MCG/2.48 ML	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
ELLA	3	
GAUZE PADS & DRESSINGS - PADS 2 X 3 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)
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)
ISOPROPYL ALCOHOL 70% MEDICATED PAD	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
LAGEVRIO (EUA)	4	QL (80 PER 365 OVER TIME)
LIVMARLI	5	PA, QL (90 PER 30 DAYS)
NEEDLES, INSULIN DISP., SAFETY	3	QL (200 PER 30 DAYS)
NUTRILIPID	2	PA
<i>omnipod 5 g6 intro kit (gen 5)</i>	3	QL (1 PER 365 OVER TIME)
<i>omnipod 5 g6 pods (gen 5)</i>	3	QL (30 PER 30 OVER TIME)
<i>omnipod classic pdm kit(gen 3)</i>	3	QL (1 PER 365 OVER TIME)
<i>omnipod classic pods (gen 3)</i>	3	QL (30 PER 30 DAYS)
<i>omnipod dash intro kit (gen 4)</i>	3	QL (1 PER 365 OVER TIME)
<i>omnipod dash pdm kit (gen 4)</i>	3	QL (1 PER 365 DAYS)
<i>omnipod dash pods (gen 4)</i>	3	QL (30 PER 30 DAYS)
OXLUMO	5	PA
PAXLOVID 300-100 MG DOSE PACK	4	QL (60 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
PAXLOVID 300-100 MG PACK (EUA)	4	QL (60 PER 365 OVER TIME)
<i>sodium chloride (irrig, irrig., prcss sol)</i>	2	
TAVNEOS	5	PA, QL (180 PER 30 DAYS)
<i>v-go 20</i>	3	
<i>v-go 30</i>	3	
<i>v-go 40</i>	3	
<i>vgo 20</i>	3	
<i>vgo 30</i>	3	
<i>vgo 40</i>	3	
VIJOICE (125 MG, 50 MG)	5	PA, QL (28 PER 28 DAYS)
VIJOICE 250 MG DAILY DOSE PACK	5	PA, QL (56 PER 28 DAYS)
VISTOGARD	5	
VOXZOGO	5	PA, QL (30 PER 30 DAYS)
VYVGART	5	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>ak-poly-bac</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>atropine 1% eye drops</i>	2	
<i>bacitracin-polymyxin</i>	2	
<i>brimonidine tartrate-timolol</i>	3	
COMBIGAN	3	
CYSTARAN	5	PA, QL (60 PER 28 OVER TIME)
<i>dorzolamide-timolol 2%-0.5%</i>	4	
<i>dorzolamide-timolol eye drops</i>	2	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin-bacitracin-poly-hc</i>	3	
<i>neomycin-bacitracin-polymyxin</i>	3	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>polycin</i>	2	
<i>polymyxin b sul-trimethoprim</i>	2	
PRED-G S.O.P. EYE OINTMENT	4	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL (2.5 PER 25 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SIMBRINZA	4	
<i>sulfacetamide-prednisolone</i>	2	
TOBRADEX EYE OINTMENT	4	
TOBRADEX ST	4	
<i>tobramycin-dexamethasone</i>	3	
VABYSMO	5	PA
XIIDRA	4	QL (60 PER 30 DAYS)
ZYLET	4	
Ophthalmic Anti-Infectives		
<i>bacitracin 500 unit/gm ophth</i>	4	
BESIVANCE	4	
<i>ciprofloxacin 0.3% eye drop</i>	2	
<i>erythromycin 0.5% eye ointment</i>	2	
<i>gatifloxacin</i>	3	
<i>gentak</i>	2	
<i>gentamicin 0.3% eye drop</i>	2	
<i>levofloxacin 0.5% eye drops</i>	3	
<i>moxifloxacin (drops, drp-visc)</i>	3	
NATACYN	4	
<i>ofloxacin 0.3% eye drops</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>sulfacetamide 10% eye drops</i>	2	
<i>sulfacetamide 10% eye ointment</i>	3	
<i>tobramycin 0.3% eye drop</i>	2	
<i>trifluridine</i>	4	
ZIRGAN	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl 0.05% drops</i>	3	
<i>bepotastine besilate</i>	4	
<i>cromolyn 4% eye drops</i>	2	
<i>epinastine hcl</i>	3	
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	3	
Ophthalmic Anti-inflammatories		
<i>dexamethasone 0.1% eye drop</i>	3	
<i>diclofenac 0.1% eye drops</i>	2	
FLAREX	3	
<i>flurbiprofen sodium</i>	2	
FML FORTE	3	
<i>ketorolac tromethamine (0.4%, 0.5%)</i>	2	
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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>loteprednol 0.5% ophthalmic gel</i>	4	QL (20 PER 365 OVER TIME)
<i>loteprednol etabonate 0.5% drp</i>	4	
<i>prednisolone acetate</i>	2	
PROLENSA	4	QL (12 PER 365 OVER TIME)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl 0.5% eye drop</i>	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl</i>	2	
<i>timolol maleate (0.25% drop, 0.5% drops)</i>	1	
<i>timolol maleate (0.25% gel-solution, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	3	
ALPHAGAN P 0.1% DROPS	3	
<i>apraclonidine hcl</i>	3	
<i>brimonidine 0.2% eye drop</i>	2	
<i>brimonidine tartrate 0.15% drp</i>	4	
<i>brinzolamide</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>dorzolamide</i>	2	
<i>dorzolamide hcl</i>	2	
<i>methazolamide</i>	4	
<i>pilocarpine hcl (1%, 2%, 4%)</i>	3	
RHOPRESSA	3	QL (2.5 PER 25 DAYS)
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost 0.005% eye drops</i>	1	
LUMIGAN	3	QL (2.5 PER 25 DAYS)
VYZULTA	4	QL (5 PER 25 DAYS)
Otic Agents		
<i>acetic acid 2% ear solution</i>	2	
<i>ciprofloxacin 0.2% otic soln</i>	3	
<i>ciprofloxacin-dexamethasone</i>	4	
<i>flac otic oil</i>	3	
<i>fluocinolone acetonide oil</i>	3	
<i>hydrocortisone-acetic acid</i>	4	
<i>neomycin-polymyxin-hc ear susp</i>	3	
<i>neomycin-polymyxin-hydrocort</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>ofloxacin 0.3% ear drops</i>	3	
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)
<i>budesonide (0.25 ml, 0.5 ml, 1 ml inh)</i>	4	PA, QL (120 PER 30 DAYS)
FLOVENT 250 MCG DISKUS	3	QL (240 PER 30 DAYS)
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)
<i>fluticasone prop 50 mcg spray</i>	1	
<i>mometasone furoate 50 mcg spry</i>	4	QL (34 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antihistamines		
<i>azelastine 0.1% (137 mcg) spry</i>	2	QL (60 PER 30 DAYS)
<i>azelastine 0.15% nasal spray</i>	3	QL (60 PER 30 DAYS)
<i>cycloheptadine 4 mg tablet</i>	4	
<i>diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)</i>	4	
<i>hydroxyzine hcl (10 mg, 25 mg, 50 mg)</i>	4	
<i>levocetirizine 5 mg tablet</i>	2	
Antileukotrienes		
<i>montelukast sodium</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	2	PA, QL (312.5 PER 30 DAYS)
<i>ipratropium bromide (0.03%, 0.06%)</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
LONHALA MAGNAIR REFILL	5	QL (60 PER 30 DAYS)
LONHALA MAGNAIR STARTER	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)
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	2	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	2	QL (13.4 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROVENTIL HFA)	2	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic ventolin hfa)</i>	2	QL (48 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER 9GENERIC PROVENTIL 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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>albuterol sul 2.5 mg/3 ml soln</i>	2	PA, QL (525 PER 30 DAYS)
<i>albuterol sulf 2 mg/5 ml syrup</i>	4	
<i>albuterol sulfate (0.63 ml, 1.25 ml)</i>	4	PA, QL (375 PER 30 DAYS)
<i>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)</i>	2	PA, QL (100 PER 30 DAYS)
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	3	
<i>formoterol fumarate</i>	5	PA, QL (120 PER 30 DAYS)
<i>levalbuterol 1.25 mg/3 ml sol</i>	4	PA, QL (270 PER 30 DAYS)
<i>levalbuterol concentrate</i>	4	PA, QL (90 PER 30 DAYS)
<i>levalbuterol hcl (0.31 ml, 0.63 ml)</i>	4	PA, QL (540 PER 30 DAYS)
<i>levalbuterol tartrate hfa</i>	3	QL (30 PER 30 DAYS)
PERFOROMIST	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 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
PROAIR HFA	3	QL (17 PER 30 DAYS)
PROAIR RESPICLICK	3	QL (2 PER 30 DAYS)
SEREVENT DISKUS	3	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg, 5 mg)</i>	4	
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, 75-94 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>tobramycin (300 mg/4 ml ampule, 300 mg/5 ml ampule, pak 300 mg/5 ml)</i>	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		
<i>cromolyn 20 mg/2 ml neb soln</i>	5	PA
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	4	PA
<i>theophylline anhydrous (er 300 mg, er 450 mg)</i>		
<i>theophylline er (er 300 mg, er 450 mg)</i>	4	
<i>theophylline er (er 400 mg, er 600 mg)</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	5	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	5	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	5	PA, QL (60 PER 30 DAYS)
<i>epoprostenol sodium 0.5 mg vial</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>epoprostenol sodium 1.5 mg vial</i>	5	PA
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
<i>sildenafil 20 mg tablet</i>	3	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
UPTRAVI 1,800 MCG VIAL	5	PA
VENTAVIS	5	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET	5	PA
OFEV	5	PA
<i>pirfenidone (267 mg, 534 mg, 801 mg)</i>	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine (10%, 20%)</i>	4	PA
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
BREO ELLIPTA (100-25 MCG, 200-25 MCG)	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
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)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	2	QL (60 PER 30 DAYS)
<i>ipratropium-albuterol</i>	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)
NUCALA 40 MG/0.4 ML SYRINGE	5	PA, QL (0.4 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)
TEZSPIRE 210 MG/1.91 ML SYRING	5	PA, QL (1.91 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	2	QL (60 PER 30 DAYS)
Skeletal Muscle Relaxants		
<i>chlorzoxazone 500 mg tablet</i>	4	
<i>cyclobenzaprine hcl (10 mg, 5 mg)</i>	4	
<i>methocarbamol (500 mg, 750 mg)</i>	4	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	4	QL (30 PER 30 DAYS)
<i>ramelteon</i>	4	QL (30 PER 30 DAYS)
<i>temazepam (15 mg, 30 mg)</i>	2	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	4	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 12.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2022 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>zolpidem tartrate (10 mg, 5 mg)</i>	2	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	4	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
<i>armodafinil (150 mg, 200 mg, 250 mg)</i>	4	PA, QL (30 PER 30 DAYS)
<i>armodafinil 50 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
<i>modafinil</i>	3	PA, QL (30 PER 30 DAYS)
XYREM	5	PA, QL (540 PER 30 DAYS)
Uncategorized		
Unclassified		
<i>cortisone acetate</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Alphabetical Listing

A

abacavir.....	64	albuterol hfa 90 mcg inhaler (generic proventil hfa).....	144
abacavir-lamivudine.....	64	ALBUTEROL HFA 90 MCG INHALER (GENERIC PROVENTIL HFA).....	144
abacavir-lamivudine-zidovudine.....	64	albuterol hfa 90 mcg inhaler (generic ventolin hfa).....	144
ABELCET.....	40	ALBUTEROL HFA 90 MCG INHALER 9GENERIC PROVENTIL HFA).....	144
ABILIFY MAINTENA.....	58	albuterol sulfate.....	145
abiraterone acetate.....	45	alclometasone dipropionate.....	97
acamprosate calcium.....	19	ALDURAZYME.....	107
acarbose.....	72	ALECENSA.....	48
acebutolol hcl.....	82	alendronate sodium.....	133
acetaminophen-codeine.....	15	alfuzosin hcl er.....	109
acetazolamide.....	85	aliskiren.....	85
acetazolamide er.....	140	allopurinol.....	42
acetic acid.....	110,141	alosetron hcl.....	104
acetylcysteine.....	148	ALPHAGAN P.....	140
acitretin.....	96	alprazolam.....	70
ACTEMRA.....	125	altavera.....	112
ACTEMRA ACTPEN.....	125	ALUNBRIG.....	48,49
ACTHIB.....	130	alyacen.....	112
ACTIMMUNE.....	127	alyq.....	147
acyclovir.....	69,100	amabelz.....	112
acyclovir sodium.....	69	amantadine.....	69
ADACEL TDAP.....	130	AMBISOME.....	40
ADBRY.....	125	ambrisentan.....	147
adefovir dipivoxil.....	68	amethyst.....	112
ADEMPAS.....	147	amikacin sulfate.....	20
AFINITOR.....	48	amiloride hcl.....	87
AFINITOR DISPERZ.....	48	amiloride-hydrochlorothiazide.....	85
afirmelle.....	112	AMINOSYN II.....	100
AIMOVIG AUTOINJECTOR.....	42	AMINOSYN-PF.....	101
ak-poly-bac.....	136	amiodarone hcl.....	81
AKYNZEO.....	39	amitriptyline hcl.....	37
ala-cort.....	97	amlodipine besylate.....	83
albendazole.....	54	amlodipine besylate-benazepril.....	85
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROAIR HFA).....	144		
albuterol hfa 90 mcg inhaler (generic proair hfa).....	144		

amlodipine-atorvastatin.....	85	atomoxetine hcl.....	91
amlodipine-valsartan.....	85	atorvastatin calcium.....	88
amlodipine-valsartan-hctz.....	85	atovaquone.....	54
ammonium lactate.....	97	atovaquone-proguanil hcl.....	54
amnesteem.....	96	atropine sulfate.....	137
amoxapine.....	37	ATROVENT HFA.....	143
amoxicillin.....	24	aubra.....	112
amoxicillin-clavulanate pot		aubra eq.....	112
er.....	24	aurovela.....	112
amoxicillin-clavulanate		aurovela 24 fe.....	112
potass.....	24	aurovela fe.....	113
amphotericin b.....	40	AURYXIA.....	103
amphotericin b liposome.....	40	AUSTEDO.....	91
ampicillin sodium.....	24	AUVELITY.....	34
ampicillin trihydrate.....	24	aviane.....	113
ampicillin-sulbactam.....	24	AVONEX.....	93
anagrelide hcl.....	78	AVONEX PEN.....	93
anastrozole.....	48	ayuna.....	113
ANDRODERM.....	112	AYVAKIT.....	49
ANORO ELLIPTA.....	148	azathioprine.....	127
apraclonidine hcl.....	140	azelaic acid.....	96
aprepitant.....	39	azelastine hcl.....	139,143
APRETUDE.....	62	azithromycin.....	25
APTIOM.....	31	aztreonam.....	21
APTIVUS.....	66	azurette.....	113
ARALAST NP.....	107		
ARCALYST.....	125	B	
aripiprazole.....	58	bacitracin.....	138
aripiprazole odt.....	58	bacitracin-polymyxin.....	137
ARISTADA.....	58	baclofen.....	62
ARISTADA INITIO.....	58	BAFIERTAM.....	93
armodafinil.....	151	balsalazide disodium.....	132
ARNUITY ELLIPTA.....	142	BALVERSA.....	49
ASCENIV.....	123	balziva.....	113
asenapine maleate.....	58	BAQSIMI.....	74
ASMANEX.....	142	BARACLUDE.....	68
ASMANEX HFA.....	142	BAXDELA.....	26
aspirin-dipyridamole er.....	79	BCG VACCINE (TICE	
atazanavir sulfate.....	66	STRAIN).....	130
atenolol.....	82	bekyree.....	113
atenolol-chlorthalidone.....	85	BELSOMRA.....	150

benazepril hcl.....	81	bromocriptine mesylate.....	55
benazepril- hydrochlorothiazide.....	85	BRUKINSA.....	49
BENLYSTA.....	125,127	budesonide.....	142
benznidazole.....	54	budesonide dr.....	132
benztropine mesylate.....	55	budesonide ec.....	132
bepotastine besilate.....	139	budesonide er.....	132
BESIVANCE.....	138	bumetanide.....	87
BESREMI.....	47	buprenorphine hcl.....	19
betaine anhydrous.....	107	buprenorphine-naloxone.....	19
betamethasone diprop augmented.....	97	bupropion hcl.....	34
betamethasone dipropionate.....	97	bupropion hcl sr.....	20,34
betamethasone valerate.....	97	bupropion hcl sr 150mg tablet.....	34
BETASERON.....	93	bupropion xl.....	34,35
betaxolol hcl.....	83,140	buspirone hcl.....	70
bethanechol chloride.....	110	butalbital-acetaminophen- caffe.....	92
bexarotene.....	53	BYSTOLIC.....	83
BEXSERO.....	130	C	
bicalutamide.....	45	CABENUVA.....	62
BICILLIN L-A.....	24	cabergoline.....	121
BIKTARVY.....	62	CABLIVI.....	79
bisoprolol fumarate.....	83	CABOMETYX.....	49
bisoprolol- hydrochlorothiazide.....	85	calcipotriene.....	99
BIVIGAM.....	123	calcitonin-salmon.....	133
blisovi 24 fe.....	113	calcitriol.....	133
blisovi fe.....	113	calcium acetate.....	103
BOOSTRIX TDAP.....	130	CALQUENCE.....	49
bosentan.....	147	camila.....	118
BOSULIF.....	49	CAMZYOS.....	85
BRAFTOVI.....	49	candesartan cilexetil.....	80
BREO ELLIPTA.....	148	candesartan- hydrochlorothiazid.....	85
BREZTRI AEROSPHERE.....	142	CAPLYTA.....	58
briellyn.....	113	CAPRELSA.....	49
BRILINTA.....	79	captopril.....	81
brimonidine tartrate.....	140	captopril- hydrochlorothiazide.....	85
brimonidine tartrate-timolol.....	137	CARBAGLU.....	101
brinzolamide.....	140	carbamazepine.....	32
BRIVIACT.....	28		

carbamazepine er.....	32	cholestyramine.....	89
carbidopa.....	56	cholestyramine light.....	89
carbidopa-levodopa.....	56	CIBINQO.....	97
carbidopa-levodopa er.....	56	ciclodan.....	100
carglumic acid.....	101	ciclopirox.....	100
carteolol hcl.....	140	cidofovir.....	67
cartia xt.....	84	cilostazol.....	79
carvedilol.....	83	CIMDUO.....	64
carvedilol er.....	83	CIMZIA.....	127
caspofungin acetate.....	40	cinacalcet hcl.....	133
CAYSTON.....	146	CINRYZE.....	123
cefaclor.....	22	ciprofloxacin hcl.....	26,138,141
cefadroxil.....	22	ciprofloxacin-d5w.....	26
cefazolin sodium.....	23	ciprofloxacin- dexamethasone.....	141
cefdinir.....	23	citalopram hbr.....	35
cefepime hcl.....	23	claravis.....	96
cefixime.....	23	clarithromycin.....	25
cefotaxime sodium.....	23	clarithromycin er.....	25
cefotetan.....	23	CLENPIQ.....	105
cefoxitin.....	23	CLIMARA PRO.....	113
cefpodoxime proxetil.....	23	clindacin etz.....	21
cefprozil.....	23	clindacin p.....	21
ceftazidime.....	23	clindamycin (pediatric).....	21
ceftriaxone.....	23	clindamycin hcl.....	21
cefuroxime.....	23	clindamycin phos-benzoyl perox.....	96
cefuroxime sodium.....	23	clindamycin phosphate.....	21,100
celecoxib.....	13	clindamycin-benzoyl peroxide.....	96
CELONTIN.....	30	CLINISOL.....	101
cephalexin.....	23	clobazam.....	30
CERDELGA.....	107	clobetasol emollient.....	97
CHANTIX.....	20	clobetasol propionate.....	97
chateal.....	113	clomipramine hcl.....	38
chateal eq.....	113	clonazepam.....	30
CHEMET.....	102	clonidine.....	80
chlordiazepoxide hcl.....	70	clonidine hcl.....	80
chlorhexidine gluconate.....	95	clonidine hcl er.....	91
chloroquine phosphate.....	54	clopidogrel.....	80
chlorpromazine hcl.....	56	clorazepate dipotassium.....	70,71
chlorthalidone.....	87		
chlorzoxazone.....	150		
CHOLBAM.....	107		

clotrimazole.....	40
clotrimazole- betamethasone.....	99
clozapine.....	61
clozapine odt.....	61
COARTEM.....	54
codeine sulfate.....	16
colchicine.....	42
colestipol hcl.....	89
colistimethate.....	21
COMBIGAN.....	137
COMBIVENT RESPIMAT.....	149
COMETRIQ.....	49
COMPLERA.....	63
compro.....	38
constulose.....	103
COPIKTRA.....	49
CORLANOR.....	85,86
cortisone acetate.....	151
COSENTYX (2 SYRINGES).....	125
COSENTYX SENSOREADY (2 PENS).....	125
COSENTYX SENSOREADY PEN.....	125
COSENTYX SYRINGE.....	125
COTELLIC.....	49
CREON.....	107
CRESEMBA.....	40
CRIXIVAN.....	66
cromolyn sodium.....	107,139,147
cryselle.....	113
CUTAQUIG.....	123
CUVITRU.....	123
CUVPOSA.....	105
cyclafem.....	113
cyclobenzaprine hcl.....	150
CYCLOPHOSPHAMIDE.....	45
cyclophosphamide.....	45
cycloserine.....	44
CYCLOSET.....	72

cyclosporine.....	127
cyclosporine modified.....	127
cyproheptadine hcl.....	143
CYSTAGON.....	107
CYSTARAN.....	137

D

dalfampridine er.....	93
DALIRESP.....	147
danazol.....	112
dantrolene sodium.....	62
DANYELZA.....	53
dapsone.....	44
DAPTACEL DTAP.....	130
daptomycin.....	21
darifenacin er.....	108
DARZALEX FASPRO.....	53
dasetta.....	113
DAURISMO.....	49
deblitane.....	118
deferasirox.....	102
deferiprone.....	102
deferiprone (3 times a day).....	102
DELSTRIGO.....	63
demeclocycline hcl.....	27
DENGVAIXA.....	130
DEPO-PROVERA.....	118
DEPO-SUBQ PROVERA 104.....	119
DESCOVY.....	64
desipramine hcl.....	38
desmopressin acetate.....	111
desogestr-eth estrad eth estra.....	113
desonide.....	97
desoximetasone.....	97
desvenlafaxine succinate er.....	35
dexamethasone.....	110
dexamethasone sodium phosphate.....	139

dextroamphetamine sulfate	90	DIURIL	87
dextroamphetamine sulfate		divalproex sodium	30
er	90,91	divalproex sodium er	30
dextroamphetamine-amphet		DIVIGEL	113
er	91	dofetilide	82
dextroamphetamine-		dolishale	113
amphetamine	91	donepezil hcl	33
dextrose 5%-0.45% nacl	101	donepezil hcl odt	33
dextrose 5%-0.9% nacl	101	dorzolamide	141
dextrose in water	101	dorzolamide hcl	141
DIACOMIT	30	dorzolamide-timolol	137
diazepam	30,71	dotti	113
diazoxide	74	DOVATO	62
diclofenac potassium	13	doxazosin mesylate	109
diclofenac sodium	13,99,139	doxepin hcl	38
diclofenac sodium er	13	doxercalciferol	133
dicloxacillin sodium	25	doxy 100	27
dicyclomine hcl	105	doxycycline hyclate	27,95
DIFICID	25	doxycycline monohydrate	27
diflunisal	13	DRIZALMA SPRINKLE	36
digitek	82	dronabinol	39
digox	82	DROXIA	46
digoxin	82	droxidopa	80
dihydroergotamine		DULERA	149
mesylate	42	duloxetine hcl	36
DILANTIN	32	DUPIXENT PEN	125
DILAUDID	16	DUPIXENT SYRINGE	125
dilt-xr	84	dutasteride	109
diltiazem 12hr er	84		
diltiazem 24hr er	84	E	
diltiazem 24hr er (cd)	84	ec-naproxen	13
diltiazem 24hr er (la)	84	econazole nitrate	40
diltiazem 24hr er (xr)	84	EDURANT	63
diltiazem hcl	84	efavirenz	63
dimethyl fumarate	93	efavirenz-emtricitenofovir	
diphenhydramine hcl	143	disop	63
diphenoxylate-atropine	104	efavirenz-lamivudine-tenofovir	
DIPHThERIA-TETANUS		disop	63
TOXOIDS-PED	130	ELAPRASE	107
disopyramide phosphate	82	eletriptan hbr	43
disulfiram	19	elinest	114

ELIQUIS	76	epinephrine	145
ELLA	134	epitol	32
ELMIRON	110	EPIVIR HBV	68
ELYXYB	13	eplerenone	87
EMCYT	46	epoprostenol sodium	147,148
EMGALITY PEN	43	EPRONTIA	28
EMGALITY SYRINGE	42,43	eprosartan mesylate	80
EMPAVELI	125	ergoloid mesylates	33
EMSAM	35	ergotamine-caffeine	42
emtricitabine	64	ERIVEDGE	49
emtricitabine-tenofovir		ERLEADA	45
disop	64	erlotinib hcl	49
EMTRIVA	64	errin	119
enalapril maleate	81	ertapenem	25
enalapril-		ery	100
hydrochlorothiazide	86	erythromycin	26,100,138
ENBREL	128	erythromycin ethylsuccinate	26
ENBREL MINI	128	erythromycin-benzoyl	
ENBREL SURECLICK	128	peroxide	96
endocet	16	ESBRIET	148
ENERGIX-B ADULT	130	escitalopram oxalate	36
ENERGIX-B PEDIATRIC-		esomeprazole magnesium	106
ADOLESCENT	130	estarylla	114
ENJAYMO	126	estradiol	114
enoxaparin sodium (100		estradiol (once weekly)	114
mg/ml syr, 120 mg/0.8 ml syr,		estradiol (twice weekly)	114
150 mg/ml syr, 30 mg/0.3 ml		estradiol-norethindrone	
syr, 40 mg/0.4 ml syr, 60		acetat	114
mg/0.6 ml syr, 80 mg/0.8 ml		ESTRING	114
syr)	77	eszopiclone	150
enoxaparin sodium 300 mg/3		ethambutol hcl	44
ml vial	77	ethosuximide	30
enpresse	114	ethynodiol-ethinyl estradiol	114
ENSPRYNG	126	etodolac	13
entacapone	55	etravirine	63
entecavir	68	EUCRISA	98
ENTRESTO	86	everolimus	49,50,128
ENTYVIO	126	EVOTAZ	66
enulose	103	EVRYSDI	107
EPIDIOLEX	28	exemestane	48
epinastine hcl	139	EXKIVITY	50

EXSERVAN.....	92
EXTAVIA.....	93
ezetimibe.....	89
ezetimibe-simvastatin.....	89

F

FABRAZYME.....	107
falmina.....	114
famciclovir.....	70
famotidine.....	106
FANAPT.....	58
FARXIGA.....	72
FARYDAK.....	50
FASENRA.....	149
FASENRA PEN.....	149
febuxostat.....	42
felbamate.....	28
felodipine er.....	83
femynor.....	114
fenofibrate.....	88
fenofibric acid.....	88
fentanyl.....	14
fentanyl citrate.....	16
FETROJA.....	24
FETZIMA.....	36
FINACEA.....	96
finasteride.....	109
fingolimod.....	93
FINTEPLA.....	28
FIRMAGON.....	121
flac otic oil.....	141
FLAREX.....	139
flavoxate hcl.....	109
FLEBOGAMMA DIF.....	123
flecainide acetate.....	82
FLOVENT DISKUS.....	142
FLOVENT HFA.....	142
fluconazole.....	40
fluconazole-nacl.....	40
flucytosine.....	40
fludrocortisone acetate.....	110

fluocinolone acetonide.....	98
fluocinolone acetonide oil.....	141
fluocinonide.....	98
fluorouracil.....	99
fluoxetine hcl.....	36
fluphenazine decanoate.....	56
fluphenazine hcl.....	57
flurbiprofen.....	13
flurbiprofen sodium.....	139
flutamide.....	45
fluticasone propionate.....	98,142
fluticasone-salmeterol.....	149
fluvastatin er.....	88
fluvastatin sodium.....	88
flvoxamine maleate.....	36
FML FORTE.....	139
fondaparinux sodium.....	77
formoterol fumarate.....	145
FORTEO.....	133
fosamprenavir calcium.....	66
fosinopril sodium.....	81
fosinopril- hydrochlorothiazide.....	86
FOTIVDA.....	46
FRAGMIN.....	77,78
furosemide.....	87
FUZEON.....	65
fyavolv.....	114
FYCOMPA.....	28

G

gabapentin.....	30,31
GALAFOLD.....	107
galantamine er.....	33
galantamine hbr.....	33
galantamine hydrobromide.....	33
GAMASTAN.....	123
GAMASTAN S-D.....	123
GAMMAGARD LIQUID.....	123
GAMMAGARD S-D.....	124
GAMMAKED.....	124

GAMMAPLEX	124
GAMUNEX-C	124
ganciclovir sodium	67
GARDASIL 9	130
gatifloxacin	138
GATTEX	105
GAUZE PADS & DRESSINGS	
- PADS 2 X 2	134
gavilyte-c	105
gavilyte-g	105
gavilyte-n	105
GAVRETO	47
gemfibrozil	88
generlac	104
gengraf	128
GENOTROPIN	111
gentak	138
gentamicin sulfate	20,138
GENVOYA	62
GILENYA	93
GILOTRIF	50
glatiramer acetate	93
glimepiride	72
glipizide	72
glipizide er	72
glipizide xl	72
glipizide-metformin	72
GLUCAGEN	74
glucagon emergency kit	74
glucose in water	101
glyburide	72
glyburide-metformin hcl	72
glycopyrrolate	105
glydo	18
GLYXAMBI	72
griseofulvin	40,41
griseofulvin ultramicrosize	41
guanfacine hcl	80
guanfacine hcl er	91
guanidine hcl	44
GVOKE	74

GVOKE HYPOPEN 1-PACK	74
GVOKE HYPOPEN 2-PACK	74
GVOKE PFS 1-PACK SYRINGE	74
GVOKE PFS 2-PACK SYRINGE	74

H

hailey	114
hailey 24 fe	114
hailey fe	114
halobetasol propionate	98
haloperidol	57
haloperidol decanoate	57
haloperidol decanoate 100	57
haloperidol lactate	57
HAVRIX	130
heather	119
HEPAGAM B	124
heparin sodium	78
HIBERIX	130
HIZENTRA	124
HUMALOG	75
HUMALOG JUNIOR	
KWIKPEN	75
HUMALOG KWIKPEN U-100	75
HUMALOG KWIKPEN U-200	75
HUMALOG MIX 50-50	75
HUMALOG MIX 50-50 KWIKPEN	75
HUMALOG MIX 75-25	75
HUMALOG MIX 75-25 KWIKPEN	75
HUMIRA	128
HUMIRA PEN	128
HUMIRA PEN CROHN'S-UC-HS	128

HUMIRA PEN PSOR- UVEITS-ADOL HS.....	128	icatibant.....	123
HUMIRA(CF).....	128	ICLUSIG.....	50
HUMIRA(CF) PEDIATRIC CROHN'S.....	128	icosapent ethyl.....	86,89
HUMIRA(CF) PEN.....	128	IDHIFA.....	47
HUMIRA(CF) PEN CROHN'S- UC-HS.....	128	ifosfamide.....	45
HUMIRA(CF) PEN PEDIATRIC UC.....	128	ILUMYA.....	126
HUMIRA(CF) PEN PSOR-UV- ADOL HS.....	128	imatinib mesylate.....	50
HUMULIN 70-30.....	75	IMBRUVICA.....	50
HUMULIN 70/30 KWIKPEN.....	75	imipenem-cilastatin sodium.....	25
HUMULIN N.....	75	imipramine hcl.....	38
HUMULIN N KWIKPEN.....	75	imiquimod.....	99
HUMULIN R.....	75	IMOVAX RABIES VACCINE.....	130
HUMULIN R U-500.....	75	IMPAVIDO.....	21
HUMULIN R U-500 KWIKPEN.....	75	INBRIJA.....	56
hydralazine hcl.....	90	incassia.....	119
hydrochlorothiazide.....	87	INCRELEX.....	111
hydrocodone- acetaminophen.....	16	INCRUSE ELLIPTA.....	143
hydrocortisone.....	98,110,132	indapamide.....	88
hydrocortisone valerate.....	98	indomethacin.....	14
hydrocortisone-acetic acid.....	141	INFANRIX DTAP.....	130
hydromorphone hcl.....	17	INFLECTRA.....	128
hydroxychloroquine sulfate.....	54	INFLIXIMAB.....	128
hydroxyurea.....	46	INGREZZA.....	92
hydroxyzine hcl.....	143	INLYTA.....	50
hydroxyzine pamoate.....	70	INQOVI.....	50
HYPERHEP B.....	124	INREBIC.....	47
HYPERRAB.....	124	INSULIN LISPRO.....	75
HYQVIA.....	124	INSULIN LISPRO JUNIOR KWIKPEN.....	75
		INSULIN LISPRO KWIKPEN U-100.....	75
		INSULIN LISPRO PROTAMINE MIX.....	75
		INSULIN PEN NEEDLE.....	134
		INSULIN SYRINGE (DISP) u- 100 0.3 ML.....	134
		INSULIN SYRINGE (DISP) U- 100 0.3 ML.....	134
		INSULIN SYRINGE (DISP) U- 100 1 ML.....	134
ibandronate sodium.....	133		
IBRANCE.....	47,50		
ibu.....	13		
ibuprofen.....	14		

INSULIN SYRINGE (DISP) U-100 1/2 ML	134
INSULIN SYRINGE (DISP) U-100 1ML	134
INTELENCE	64
INTRON A	127
INVEGA HAFYERA	58
INVEGA SUSTENNA	58,59
INVEGA TRINZA	59
INVIRASE	66
IPOL	130
ipratropium bromide	143
ipratropium-albuterol	149
irbesartan	80
irbesartan-hydrochlorothiazide	86
IRESSA	50
ISENTRESS	62
ISENTRESS HD	63
isoniazid	44
ISOPROPYL ALCOHOL 70% MEDICATED PAD	134
isosorbide dinitrate	90
isosorbide mononitrate	90
isosorbide mononitrate er	90
isotretinoin	96
ISTURISA	120
itraconazole	41
ivermectin	54
IXIARO	130

J

JAKAFI	50
jantoven	78
JANUMET	72
JANUMET XR	72
JANUVIA	72
JARDIANCE	72
JEMPERLI	53
jencycla	119
JENTADUETO	73

JENTADUETO XR	73
jinteli	114
JUBLIA	41
JULUCA	63
junel	115
junel fe	115
junel fe 24	115
JUXTAPID	89

K

KALETRA	66
KALYDECO	146
KANJINTI	53
KANUMA	107
kariva	115
kelnor 1-35	115
kelnor 1-50	115
KESIMPTA PEN	94
ketoconazole	41
ketorolac tromethamine	14,139
KIMMTRAK	47
KIMYRSA	21
KINRIX	130
kionex	103
KISQALI	50
KISQALI FEMARA CO-PACK	47
klor-con	101
KLOR-CON 10	101
KLOR-CON 8	101
klor-con m10	101
KLOR-CON M15	101
klor-con m20	101
KORLYM	111
KOSELUGO	50
kurvelo	115
KYNMOBI	55

L

labetalol hcl	83
lacosamide	32

lactulose	104	levofloxacin	26,138
LAGEVRIO (EUA)	135	levofloxacin-d5w	26
lamivudine	64,68	levonest	115
lamivudine hbv	68	levonorgestrel-eth	
lamivudine-zidovudine	65	estradiol	115
lamotrigine	28	levora-28	115
lamotrigine (blue)	28	levothyroxine sodium	120
lamotrigine (green)	28	LEVOXYL	120
lamotrigine (orange)	28	LEXIVA	66
lamotrigine odt (orange)	28	lidocaine	18
lanreotide acetate	121	lidocaine hcl	18
lansoprazole	106	lidocaine hcl viscous	95
lanthanum carbonate	103	lidocaine-prilocaine	18
LANTUS	75	lillow	115
LANTUS SOLOSTAR	76	linezolid	21
lapatinib	50	linezolid-d5w	21
larin	115	LINZESS	104
larin 24 fe	115	liothyronine sodium	120
larin fe	115	lisinopril	81
larissia	115	lisinopril-	
latanoprost	141	hydrochlorothiazide	86
LATUDA	59	lithium carbonate	71
leflunomide	129	lithium carbonate er	72
LEMTRADA	126	LIVALO	88
lenalidomide	46	LIVMARLI	135
LENVIMA	51	LIVTENCITY	67
lessina	115	lofena	14
letrozole	48	LONHALA MAGNAIR	
leucovorin calcium	54	REFILL	144
LEUKERAN	45	LONHALA MAGNAIR	
leuprolide acetate	121	STARTER	144
levalbuterol concentrate	145	LONSURF	47
levalbuterol hcl	145	loperamide	104
levalbuterol tartrate hfa	145	lopinavir-ritonavir	67
LEVEMIR	76	lopreeza	115
LEVEMIR FLEXTOUCH	76	lorazepam	71
levetiracetam	29	lorazepam intensol	71
levetiracetam er	29	LORBRENA	51
levobunolol hcl	140	losartan potassium	81
levocetirizine		losartan-	
dihydrochloride	143	hydrochlorothiazide	86

LOTEMAX SM.....	139	megestrol acetate.....	119
loteprednol etabonate.....	140	MEKINIST.....	51
lovastatin.....	88	MEKTOVI.....	51
low-ogestrel.....	115	meloxicam.....	14
loxapine.....	57	memantine hcl.....	34
lubiprostone.....	104	memantine hcl er.....	34
LUMAKRAS.....	47	MENACTRA.....	131
LUMIGAN.....	141	MENEST.....	116
LUMIZYME.....	107	MENQUADFI.....	131
LUPRON DEPOT.....	121	MENVEO A-C-Y-W-135- DIP.....	131
LUPRON DEPOT (LUPANETA).....	121	mercaptopurine.....	46
LUPRON DEPOT-PED.....	121	meropenem.....	25
luteal.....	115	mesalamine.....	132
LYBALVI.....	59	mesalamine er.....	132
lyleq.....	119	MESNEX.....	54
lyllana.....	115	metformin hcl.....	73
LYNPARZA.....	51	metformin hcl er.....	73
LYSODREN.....	120	methadone hcl.....	15
LYUMJEV.....	76	methadone intensol.....	15
LYUMJEV KWIKPEN U- 100.....	76	METHADOSE.....	88
LYUMJEV KWIKPEN U- 200.....	76	methazolamide.....	141
lyza.....	119	methenamine hippurate.....	21
M		methimazole.....	123
M-M-R II VACCINE.....	131	methocarbamol.....	150
MAKENA.....	119	methotrexate.....	129
malathion.....	100	methotrexate sodium.....	129
maraviroc.....	65	methyl dopa.....	80
marlissa.....	115	methylphenidate er.....	91
MARPLAN.....	35	methylphenidate hcl.....	91
MATULANE.....	45	methylprednisolone.....	110
matzim la.....	84	metoclopramide hcl.....	105
MAVYRET.....	68	metolazone.....	88
MAYZENT.....	94	metoprolol succinate.....	83
meclizine hcl.....	38	metoprolol tartrate.....	83
medroxyprogesterone acetate.....	119	METRO IV.....	21
mefloquine hcl.....	55	metronidazole.....	22,96
		metyrosine.....	86
		mexiletine hcl.....	82
		miconazole 3.....	41
		microgestin.....	116

microgestin 24 fe.....	116	nafcillin sodium.....	25
microgestin fe.....	116	naftifine hcl.....	41
midodrine hcl.....	80	NAGLAZYME.....	107
miglustat.....	107	naloxone hcl.....	19
mili.....	116	naltrexone hcl.....	19
mimvey.....	116	NAMZARIC.....	33
minitran.....	90	naproxen.....	14
minocycline hcl.....	27	naproxen sodium.....	14
minoxidil.....	90	naratriptan hcl.....	43
mirtazapine.....	35	NARCAN.....	19
misoprostol.....	106	NATACYN.....	138
modafinil.....	151	nateglinide.....	73
moexipril hcl.....	81	NATPARA.....	133
molindone hcl.....	57	NAYZILAM.....	29
mometasone furoate.....	98,142	nebivolol hcl.....	83
mondoxylene nl.....	27	necon.....	116
MONJUVI.....	53	NEEDLES, INSULIN DISP., SAFETY.....	135
mono-lynyah.....	116	nefazodone hcl.....	36
mononessa.....	116	nelarabine.....	46
montelukast sodium.....	143	neo-polycin.....	137
morgidox.....	27	neo-polycin hc.....	137
morphine sulfate.....	17	neomycin sulfate.....	20
morphine sulfate er.....	15	neomycin-bacitracin-poly- hc.....	137
MOTEGRITY.....	104	neomycin-bacitracin- polymyxin.....	137
MOUNJARO.....	73	neomycin-polymyxin- dexameth.....	137
moxifloxacin.....	26,138	neomycin-polymyxin- gramicidin.....	137
moxifloxacin hcl.....	26	neomycin-polymyxin-hc.....	141
mupirocin.....	100	neomycin-polymyxin- hydrocort.....	141
MVASI.....	53	NERLYNX.....	51
MYALEPT.....	105	NEULASTA.....	78
MYCAPSSA.....	122	NEULASTA ONPRO.....	78
mycophenolate mofetil.....	129	NEUPRO.....	56
mycophenolic acid.....	129	nevirapine.....	64
MYFEMBREE.....	122	nevirapine er.....	64
myorisan.....	96	NEXAVAR.....	51
MYRBETRIQ.....	109		
N			
NABI-HB.....	124		
nabumetone.....	14		
nadolol.....	83		

niacin er	89	nystatin	41
nicardipine hcl	83	nystatin-triamcinolone	99
NICOTROL NS	20	nystop	41
nifedipine er	83		
nilutamide	45	O	
nimodipine	83	OCREVUS	94
NINLARO	47	OCTAGAM	124
nitazoxanide	55	octreotide acetate	122
nitisinone	108	ODEFSEY	65
NITRO-BID	90	ODOMZO	51
nitrofurantoin	22	OFEV	148
nitrofurantoin mono-macro	22	ofloxacin	26,138,142
nitroglycerin	90	olanzapine	59
nitroglycerin patch	90	olanzapine odt	59
nizatidine	106	olmesartan medoxomil	81
nora-be	119	olmesartan-	
norethindron-ethinyl		hydrochlorothiazide	86
estradiol	116	olopatadine hcl	139
norethindrone	119	omega-3 acid ethyl esters	89
norethindrone ac		omeprazole	106
(lupaneta)	119	omnipod 5 g6 intro kit (gen	
norethindrone acetate	119	5)	135
norethindrone-e.estradiol-		omnipod 5 g6 pods (gen	
iron	116	5)	135
norgestimate-ethinyl		omnipod classic pdm kit(gen	
estradiol	116	3)	135
norlyda	120	omnipod classic pods (gen	
nortrel	116	3)	135
nortriptyline hcl	38	omnipod dash intro kit (gen	
NORVIR	67	4)	135
NOXAFIL	41	omnipod dash pdm kit (gen	
NUBEQA	45	4)	135
NUCALA	149	omnipod dash pods (gen	
NUDEXTA	92	4)	135
NUPLAZID	59	ondansetron hcl	39
NUTRILIPID	135	ondansetron odt	40
NUZYRA	27	ONUREG	47
nyamyc	41	OPDUALAG	47
nylia	117	OPSUMIT	148
NYMALIZE	84	OPZELURA	98
nymyo	117	oralone	95

ORENCIA.....	126,129
ORENCIA CLICKJECT.....	126
ORENITRAM ER.....	148
ORFADIN.....	108
ORGOVYX.....	122
ORILISSA.....	122
ORKAMBI.....	146
orsythia.....	117
oseltamivir phosphate.....	69
OSPHENA.....	120
oxandrolone.....	111,112
oxaprozin.....	14
OXBRYTA.....	78
oxcarbazepine.....	32
OXLUMO.....	135
oxybutynin chloride.....	109
oxybutynin chloride er.....	109
oxycodone hcl.....	17
oxycodone-acetaminophen.....	18
OZEMPIC.....	73

P

PACERONE.....	82
pacerone.....	82
paliperidone er.....	59
PANRETIN.....	54
pantoprazole sodium.....	106
PANZYGA.....	124
paricalcitol.....	133
paroex.....	95
paromomycin sulfate.....	20
paroxetine cr.....	36
paroxetine er.....	36
paroxetine hcl.....	36,37
PASER.....	44
PAXIL.....	37
PAXLOVID.....	135
PAXLOVID (EUA).....	136
PEDIARIX.....	131
PEDVAXHIB.....	131
peg 3350-electrolyte.....	105

peg-3350 and electrolytes.....	105
PEGASYS.....	127
PEMAZYRE.....	47
penicillamine.....	110
penicillin g sodium.....	25
penicillin v potassium.....	25
PENTACEL.....	131
pentamidine isethionate.....	55
pentoxifylline.....	86
PERFOROMIST.....	145
perindopril erbumine.....	81
permethrin.....	100
perphenazine.....	57
PERSERIS.....	59
phenadoz.....	38
phenelzine sulfate.....	35
phenobarbital.....	31
phenytoin.....	32
phenytoin sodium extended.....	32
PHESGO.....	47
philith.....	117
PICATO.....	99
PIFELTRO.....	64
pilocarpine hcl.....	95,141
pimozide.....	57
pimtrea.....	117
pindolol.....	83
pioglitazone hcl.....	73
pioglitazone-metformin.....	73
piperacillin-tazobactam.....	25
PIQRAY.....	51
pirfenidone.....	148
pirmella.....	117
piroxicam.....	14
PLEGRIDY.....	94
PLEGRIDY PEN.....	94
PLENAMINE.....	101
podofilox.....	99
POLIVY.....	53
polycin.....	137

quinine sulfate..... 55

R

RABAVERT..... 131
rabeprazole sodium..... 107
RADICAVA ORS..... 92
raloxifene hcl..... 120
ramelteon..... 150
ramipril..... 81
ranolazine er..... 86
rasagiline mesylate..... 56
RAVICTI..... 108
RAYALDEE..... 134
REBIF..... 94,95
REBIF REBIDOSE..... 94,95
RECOMBIVAX HB..... 131
RECORLEV..... 120
RECTIV..... 105
RELISTOR..... 104
REMICADE..... 129
RENFLEXIS..... 129
repaglinide..... 73
REPATHA PUSHTRONEX..... 89
REPATHA SURECLICK..... 89
REPATHA SYRINGE..... 89
RESTASIS..... 137
RESTASIS MULTIDOSE..... 137
RETEVMO..... 47
RETROVIR..... 65
REVCovi..... 108
REVLIMID..... 46
REXULTI..... 60
REYATAZ..... 67
REZUROCK..... 129
RHOPRESSA..... 141
ribavirin..... 68
rifabutin..... 44
rifampin..... 44,45
riluzole..... 92
rimantadine hcl..... 69
RINVOQ..... 126

RISPERDAL CONSTA..... 60
risperidone..... 60
risperidone odt..... 60
ritonavir..... 67
rivastigmine..... 34
rizatriptan..... 43
ROCKLATAN..... 137
ROMIDEPSIN..... 47
ropinirole hcl..... 56
rosadan..... 96
rosuvastatin calcium..... 88
ROTARIX..... 131
ROTATEQ..... 131
roweepra..... 29
ROZLYTREK..... 51
RUBRACA..... 51
rufinamide..... 32,33
RUKOBIA..... 66
RUXIENCE..... 53
RYBELSUS..... 73
RYBREVANT..... 53
RYDAPT..... 51
RYLAZE..... 47
RYTARY..... 56

S

sajazir..... 123
SANDIMMUNE..... 129
SANTYL..... 99
SAPHNELO..... 126
sapropterin
dihydrochloride..... 108
SARCLISA..... 53
SAVELLA..... 92
SCEMBLIX..... 48
scopolamine..... 39
SECUADO..... 60
selegiline hcl..... 56
selenium sulfide..... 98
SELZENTRY..... 66
SEREVENT DISKUS..... 146

sertraline hcl.....	37	SPIRIVA RESPIMAT.....	144
SERTRALINE HCL.....	37	spironolactone.....	87
sevelamer carbonate.....	103	spironolactone-hctz.....	86
SEYSARA.....	27	SPRAVATO.....	35
sharobel.....	120	sprintec.....	117
SHINGRIX.....	131	SPRITAM.....	29
SIGNIFOR.....	122	SPRYCEL.....	51
SIGNIFOR LAR.....	122	SPS.....	103
sildenafil citrate.....	148	sronyx.....	117
silodosin.....	109	SSD.....	100
silver sulfadiazine.....	100	STELARA.....	126
SIMBRINZA.....	138	STIOLTO RESPIMAT.....	149
simliya.....	117	STIVARGA.....	51
SIMPONI ARIA.....	129	STRENSIQ.....	108
simvastatin.....	88	streptomycin sulfate.....	20
sirolimus.....	129	STRIBILD.....	63
SIRTURO.....	45	subvenite.....	29
SKYRIZI.....	126	subvenite (blue).....	29
SKYRIZI (2 SYRINGES)		subvenite (green).....	29
KIT.....	126	subvenite (orange).....	29
SKYRIZI ON-BODY.....	126	sucalfate.....	106
SKYRIZI PEN.....	126	sulfacetamide sodium.....	139
SKYTROFA.....	111	sulfacetamide-	
sod sulf-potass sulf-mag		prednisolone.....	138
sulf.....	105	sulfadiazine.....	26
sodium chloride.....	102,136	sulfamethoxazole-	
sodium chloride-water.....	102	trimethoprim.....	26,27
sodium phenylbutyrate.....	108	sulfasalazine.....	132
sodium polystyrene		sulfasalazine dr.....	132
sulfonate.....	102,103	sulindac.....	14
sofosbuvir-velpatasvir.....	68	sumatriptan.....	43
solifenacin succinate.....	109	sumatriptan succinate.....	43
SOLQUA 100-33.....	73	sunitinib malate.....	51
SOLTAMOX.....	46	SUPPRELIN LA.....	122
SOMATULINE DEPOT.....	122	SUPREP.....	105
SOMAVERT.....	122	SUTENT.....	51
sorafenib.....	51	SYMBICORT.....	149
sorine.....	82	SYMDEKO.....	146
sotalol.....	82	SYMLINPEN 120.....	73
sotalol af.....	82	SYMLINPEN 60.....	73
SPIRIVA HANDIHALER.....	144	SYMPAZAN.....	31

SYMTUZA	67
SYNAGIS	124
SYNAREL	122
SYNDROS	40
SYNJARDY	73
SYNJARDY XR	74
SYNRIBO	48

T

TABLOID	47
TABRECTA	46
tacrolimus	98,129
tadalafil	109,148
TAFINLAR	51
TAGRISSE	51,52
TALTZ AUTOINJECTOR	126
TALTZ AUTOINJECTOR (2 PACK)	126
TALTZ AUTOINJECTOR (3 PACK)	127
TALTZ SYRINGE	127
TALZENNA	52
tamoxifen citrate	46
tamsulosin hcl	109
TARGRETIN	54
tarina 24 fe	117
tarina fe	117
tarina fe 1-20 eq	117
TARPEYO	133
TASIGNA	52
TAVALISSE	80
TAVNEOS	136
tazarotene	96
tazicef	24
taztia xt	84
TAZVERIK	48
TDVAX	131
TEFLARO	24
TEGSEDI	108
telmisartan	81

telmisartan- hydrochlorothiazid	86
temazepam	150
TEMIXYS	65
TENIVAC	131
tenofovir disoproxil fumarate	65
TEPMETKO	52
terazosin hcl	80
terbinafine hcl	41
terbutaline sulfate	146
terconazole	41
TERIPARATIDE	134
testosterone	112
testosterone cypionate	112
testosterone enanthate	112
tetrabenazine	92
tetracycline hcl	27
TEZSPIRE	149
THALOMID	46
theophylline anhydrous	147
theophylline er	147
THIOLA EC	110
thioridazine hcl	57
thiotepa	45
thiothixene	57
tiadylt er	84
tiagabine hcl	31
TIBSOVO	52
TICOVAC	131
timolol maleate	43,140
tinidazole	22
TIVDAK	53
TIVICAY	63
TIVICAY PD	63
tizanidine hcl	62
TOBI PODHALER	146
TOBRADEX	138
TOBRADEX ST	138
tobramycin	139,147
tobramycin sulfate	20

tobramycin-		triderm	99
dexamethasone	138	trientine hcl	102
tolcapone	55	trifluoperazine hcl	57
tolterodine tartrate	109	trifluridine	139
tolterodine tartrate er	109	trihexyphenidyl hcl	55
topiramate	29	TRIJARDY XR	74
toremifene citrate	46	TRIKAFTA	147
torsemid	87	triklo	89
TOUJEO MAX SOLOSTAR	76	trilyte with flavor packets	106
TOUJEO SOLOSTAR	76	trimethoprim	22
TRADJENTA	74	trimipramine maleate	38
tramadol hcl	18	TRINTELLIX	37
tramadol hcl-		TRIPTODUR	122
acetaminophen	18	TRIUMEQ	65
trandolapril	81	TRIUMEQ PD	65
trandolapril-verapamil er	86	trivora-28	118
tranexamic acid	79	TRIZIVIR	65
tranylcypromine sulfate	35	TRODELVY	53
TRAZIMERA	53	TROGARZO	66
trazodone hcl	37	tropium chloride	109
TRECATOR	45	tropium chloride er	109
TRELEGY ELLIPTA	150	TRULICITY	74
TRELSTAR	122	TRUMENBA	131
TREMFYA	127	TRUSELTIQ	48
TRESIBA	76	TUKYSA	48
TRESIBA FLEXTOUCH U-		tulana	120
100	76	TURALIO	52
TRESIBA FLEXTOUCH U-		TWINRIX	131
200	76	TYBOST	66
tretinoin	54,97	TYKERB	52
tri femynor	117	TYMLOS	134
tri-estarylla	117	TYPHIM VI	132
tri-linyha	118	TYSABRI	95
tri-mili	118		
tri-nymyo	118	U	
tri-previfem	118	UBRELVY	43
tri-sprintec	118	UDENYCA	79
tri-vylibra	118	UKONIQ	52
triamcinolone acetonide	95,99	UNITHROID	120
triamterene-		UPTRAVI	148
hydrochlorothiazid	86	ursodiol	106

V

v-go 20	136
v-go 30	136
v-go 40	136
VABYSMO	138
valacyclovir	70
VALCHLOR	45
valganciclovir hcl	68
valproic acid	72
valsartan	81
valsartan- hydrochlorothiazide	86
VALTOCO	31
vancomycin hcl	22
VAQTA	132
varenicline tartrate	20
VARIVAX VACCINE	132
VARIZIG	124
VELPHORO	103
VELTASSA	103
VEMLIDY	68
VENCLEXTA	52
VENCLEXTA STARTING PACK	52
venlafaxine besylate er	37
venlafaxine hcl	37
venlafaxine hcl er	37
VENTAVIS	148
verapamil er	84
verapamil hcl	84
verapamil sr	84
VERSACLOZ	62
VERZENIO	52
vgo 20	136
vgo 30	136
vgo 40	136
VICTOZA 2-PAK	74
VICTOZA 3-PAK	74
VIDEX	65
VIDEX EC	65

vienva	118
vigabatrin	31
vigadrone	31
VIIIBRYD	37
VIJOICE	136
vilazodone hcl	37
VIMIZIM	108
VIMPAT	33
viorele	118
VIRACEPT	67
VIREAD	65
VISTOGARD	136
VITRAKVI	52
VIVITROL	19
VIZIMPRO	52
VOCABRIA	63
volnea	118
VONJO	48
VOQUEZNA DUAL PAK	22
VOQUEZNA TRIPLE PAK	22
voriconazole	42
VOSEVI	68
VOTRIENT	52
VOXZOGO	136
VRAYLAR	60
VUMERITY	95
vyfemla	118
vylibra	118
VYNDAMAX	87
VYNDAQEL	108
VYVGART	136
VYZULTA	141

W

warfarin sodium	78
WELIREG	52
wera	118
wixela inhub	150

X

XALKORI	52
---------	----

XARELTO	78
XATMEP	129
XCOPRI	29
XELJANZ	127
XELJANZ XR	127
XEMBIFY	124
XENLETA	22
XERMELO	104
XGEVA	134
XIFAXAN	106
XIGDUO XR	74
XIIDRA	138
XOFLUZA	69
XOLAIR	127
XOSPATA	52
XPOVIO	48
XTAMPZA ER	15
XTANDI	46
XYREM	151

Y

YF-VAX	132
YUPELRI	144
yuvaferm	118

Z

zafirlukast	143
zaleplon	150
ZARXIO	79
ZEJULA	52
ZELBORAF	53
ZEMAIRA	108
zenatane	97
ZENPEP	108
ZEPOSIA	95
ZEPZELCA	45
zidovudine	65
ziprasidone hcl	60
ziprasidone mesylate	61
ZIRABEV	53
ZIRGAN	139

ZOKINVY	108
ZOLADEX	123
ZOLINZA	48
zolmitriptan	44
zolpidem tartrate	151
zolpidem tartrate er	151
ZONISADE	33
zonisamide	33
ZORBTIVE	106
ZORTRESS	130
zovia 1-35	118
zovia 1-35e	118
ZYDELIG	53
ZYKADIA	53
ZYLET	138
ZYNLONTA	53
ZYPREXA RELPREVV	61



Upper Peninsula Health Plan (UPHP)

UPHP Advantage (HMO-POS)

and UPHP Choice (HMO)

2022 Formulary

We have made no changes to this formulary since 12/01/2022. 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.

12/01/2022