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

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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.

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
methadone hcl (10 mg, 5 mg)	2	QLC (Subject to Opioid Safety Edits)
methadone hcl (10 mg/5 ml solution, 10 mg/ml oral conc, 5 mg/5 ml solution)	3	QLC (Subject to Opioid Safety Edits)
methadone intensol	3	QLC (Subject to Opioid Safety Edits)
morphine sulf er 200 mg tablet	3	QLC (Subject to Opioid Safety Edits)
morphine sulfate er (er 100 mg, er 15 mg, er 30 mg, er 60 mg)	2	QLC (Subject to Opioid Safety Edits)
XTAMPZA ER	3	QLC (Subject to Opioid Safety Edits)
Opioid Analgesics, Short-acting		
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5, acetaminophen-cod #2 tablet, acetaminophen-cod #3 tablet, acetaminophen-cod #4 tablet)	2	QLC (Subject to Opioid Safety Edits)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
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)	4	QLC (Subject to Opioid Safety Edits)
hydromorphone hcl (2 mg, 4 mg)	2	QLC (Subject to Opioid Safety Edits)
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)	2	QLC (Subject to Opioid Safety Edits)
morphine sulfate (10 ml cup, 10 ml soln, 100 ml conc, 20 ml soln)	3	QLC (Subject to Opioid Safety Edits)
oxycodone hcl ((ir) 20 mg tab, (ir) 30 mg tab, 5 mg/5 ml cup, 5 mg/5 ml soln)	3	QLC (Subject to Opioid Safety Edits)
oxycodone hcl (10 mg tab, 15 mg tab, 5 mg tablet)	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.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
oxycodone-acetaminophen (oxycodone-acetaminophen 10-325, oxycodone-acetaminophn 2.5-325, oxycodone-acetaminophn 7.5-325)	3	QLC (Subject to Opioid Safety Edits)
oxycodone-acetaminophen 5-325	2	QLC (Subject to Opioid Safety Edits)
tramadol hcl 50 mg tablet	1	QLC (Subject to Opioid Safety Edits)
tramadol hcl-acetaminophen	2	QLC (Subject to Opioid Safety Edits)
Anesthetics		
Local Anesthetics		
glydo	2	PA, QL (30 PER 30 DAYS)
lidocaine 5% ointment	4	PA, QL (150 PER 30 DAYS)
lidocaine 5% patch	4	PA
lidocaine hcl (jel urojet ac, jelly uro-jet)	2	PA, QL (30 PER 30 DAYS)
lidocaine-prilocaine	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.

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
FETROJA	5	
tazicef	3	
TEFLARO	5	
Beta-lactam, Penicillins		
amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)	2	
amoxicillin-clavulanate pot er	4	
amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	2	
amoxicillin-clavulanate potass (250-125 mg tablet, 250-62.5 mg/5 ml sus)	4	
ampicillin 500 mg capsule	2	
ampicillin sodium (1 add-vantage vl, 1 vial)	3	
ampicillin-sulbactam	3	
BICILLIN L-A	4	

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

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

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

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

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

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

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	
felbamate (400 mg, 600 mg)	4	
felbamate (600 ml, 600 ml cup)	5	
FINTEPLA	5	PA
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET)	4	
FYCOMPA (10 MG, 12 MG, 4 MG, 6 MG, 8 MG)	5	
lamotrigine	2	
lamotrigine (blue)	4	
lamotrigine (green)	4	
lamotrigine (orange)	4	
lamotrigine odt (orange)	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
levetiracetam (1,000 mg tablet, 1,000mg/10ml cup, 100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet)	2	
levetiracetam er	3	
NAYZILAM	5	QL (10 PER 30 OVER TIME)
roweepra 500 mg tablet	2	
SPRITAM	4	
subvenite	2	
subvenite (blue)	4	
subvenite (green)	4	
subvenite (orange)	4	
topiramate (100 mg, 200 mg, 25 mg, 50 mg)	2	
topiramate (15 mg, 25 mg)	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.

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
gabapentin (250 mg/5 ml, 250 mg/5ml cup, 300 mg/6 ml, 300 mg/6ml cup)	4	QL (2160 PER 30 DAYS)
gabapentin 400 mg capsule	2	QL (270 PER 30 DAYS)
gabapentin 600 mg tablet	2	QL (180 PER 30 DAYS)
gabapentin 800 mg tablet	2	QL (150 PER 30 DAYS)
phenobarbital (100 mg tablet, 15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet)	4	
primidone (250 mg, 50 mg)	2	
SYMPAZAN	5	
tiagabine hcl	4	
VALTOCO	5	QL (10 PER 30 OVER TIME)
vigabatrin	5	PA
vigadrone 500 mg powder packet	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.

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

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

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

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

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

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

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

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

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)
duloxetine hcl (20 mg, 60 mg)	2	QL (60 PER 30 DAYS)
duloxetine hcl dr 30 mg cap	2	QL (90 PER 30 DAYS)
escitalopram oxalate (10 mg tablet, 20 mg tablet, 5 mg tablet, oxalate 5 mg/5 ml)	2	
FETZIMA (ER 120 MG, ER 20 MG, ER 40 MG, ER 80 MG)	4	ST, QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	4	ST, QL (56 PER 365 OVER TIME)
fluoxetine 20 mg/5 ml solution	4	
fluoxetine hcl (10 mg, 20 mg, 40 mg)	1	
fluvoxamine maleate (25 mg, 50 mg)	3	
fluvoxamine maleate 100 mg tab	2	
nefazodone hcl	4	
paroxetine cr	4	
paroxetine er	4	
paroxetine hcl (10 mg, 20 mg, 30 mg, 40 mg)	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
paroxetine hcl 10 mg/5 ml susp	4	
PAXIL 10 MG/5 ML SUSPENSION	4	
sertraline 20 mg/ml oral conc	3	
sertraline hcl (100 mg, 25 mg, 50 mg)	1	
SERTRALINE HCL (150 MG, 200 MG)	4	ST
trazodone hcl (100 mg, 150 mg, 50 mg)	2	
TRINTELLIX	4	QL (30 PER 30 DAYS)
venlafaxine besylate er	4	ST
venlafaxine hcl	2	
venlafaxine hcl er (er 150 mg, er 37.5 mg, er 75 mg)	2	
VIIBRYD (10 MG, 20 MG, 40 MG)	4	QL (30 PER 30 DAYS)
VIIBRYD 10-20 MG STARTER PACK	4	QL (60 PER 365 OVER TIME)
vilazodone hcl	4	QL (30 PER 30 DAYS)
Tricyclics		
amitriptyline hcl	4	
amoxapine	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
clomipramine hcl	4	
desipramine hcl	4	
doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 100 mg capsule, 150 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)	4	
imipramine hcl	4	
nortriptyline 10 mg/5 ml soln	3	
nortriptyline hcl (10 mg, 25 mg, 50 mg, 75 mg)	2	
protriptyline hcl	4	
trimipramine maleate	4	
Antiemetics		
Antiemetics, Other		
compro	4	
meclizine hcl (12.5 mg, 25 mg)	4	
phenadoz	4	
prochlorperazine	4	
prochlorperazine 10 mg/2 ml vl	4	
prochlorperazine maleate	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
promethazine hcl (12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)	4	
promethazine hcl (6.25 ml soln, 6.25 ml syrp)	3	
promethegan (12.5 mg suppos, 25 mg suppository)	4	
scopolamine	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)
aprepitant 125 mg capsule	4	PA, QL (2 PER 30 OVER TIME)
aprepitant 125-80-80 mg pack	4	PA, QL (6 PER 30 OVER TIME)
aprepitant 40 mg capsule	4	PA, QL (1 PER 30 OVER TIME)
aprepitant 80 mg capsule	4	PA, QL (8 PER 30 OVER TIME)
dronabinol	4	PA, QL (60 PER 30 OVER TIME)
ondansetron hcl (4 mg, 8 mg)	2	PA
ondansetron hcl (4 ml soln cup, 4 ml solution)	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.

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
voriconazole (200 mg, 50 mg)	4	
voriconazole 200 mg vial	5	PA
voriconazole 40 mg/ml susp	5	
Antigout Agents		
allopurinol (100 mg, 300 mg)	2	
colchicine 0.6 mg tablet	4	
febuxostat	4	
probenecid	2	
probenecid-colchicine	2	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine 1 mg/ml amp	5	PA
dihydroergotamine 4 mg/ml spry	5	PA, QL (8 PER 30 OVER TIME)
ergotamine-caffeine	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.

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
XTANDI	5	PA
Antiangiogenic Agents		
FOTIVDA	5	PA
lenalidomide	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	
tamoxifen citrate	2	
toremifene citrate	5	
Antimetabolites		
DROXIA	4	
hydroxyurea	2	
mercaptopurine	4	
nelarabine	5	
PURIXAN	5	

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

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.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SCEMBLIX 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SCEMBLIX 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		
anastrozole	2	
exemestane	4	
letrozole	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.

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
erlotinib hcl	5	PA
everolimus (10 mg, 2.5 mg, 5 mg, 7.5 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.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
everolimus (2 mg, 3 mg, 5 mg)	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
imatinib mesylate	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
lapatinib	5	PA

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

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
sorafenib	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
sunitinib malate	5	PA
SUTENT	5	PA
TAFINLAR (50 MG, 75 MG)	5	PA
TAGRISSO 40 MG TABLET	5	PA, QL (30 PER 30 DAYS)

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

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.

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		
bexarotene (1% gel, 75 mg capsule)	5	PA

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
mefloquine hcl	2	
nitazoxanide	5	
pentamidine 300 mg inhal powdr	3	PA
pentamidine 300 mg inject vial	3	
primaquine	3	
pyrimethamine	5	PA
quinine sulfate	3	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	2	
trihexyphenidyl 2 mg/5 ml soln	2	
trihexyphenidyl hcl (2 mg, 5 mg)	4	
Antiparkinson Agents, Other		
entacapone	3	
tolcapone	5	
Dopamine Agonists		
bromocriptine mesylate	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.

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
fluphenazine hcl (1 mg tablet, 10 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc)	4	
haloperidol (0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg)	2	
haloperidol 20 mg tablet	3	
haloperidol decanoate	3	
haloperidol decanoate 100	3	
haloperidol lactate (10 mg/5 ml cup, 2 mg/ml conc)	2	
haloperidol lactate (5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 50 mg/10 ml vl)	3	
loxapine	2	
molindone hcl	4	
perphenazine (16 mg, 8 mg)	4	
perphenazine (2 mg, 4 mg)	3	
pimozide	4	
thioridazine hcl	3	
thiothixene	3	
trifluoperazine 10 mg tablet	4	
trifluoperazine hcl (1 mg, 2 mg, 5 mg)	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
aripiprazole (10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg)	2	QL (30 PER 30 DAYS)
aripiprazole 1 mg/ml solution	4	QL (750 PER 30 DAYS)
aripiprazole odt	5	QL (60 PER 30 DAYS)
ARISTADA	5	
ARISTADA INITIO	5	
asenapine maleate	4	QL (60 PER 30 DAYS)
CAPLYTA	5	ST, QL (30 PER 30 DAYS)
FANAPT (1 MG, 10 MG, 12 MG, 2 MG, 6 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.

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
olanzapine (10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg)	2	QL (30 PER 30 DAYS)
olanzapine 10 mg vial	4	
olanzapine odt	3	QL (30 PER 30 DAYS)
paliperidone er (er 1.5 mg, er 3 mg, er 9 mg)	4	QL (30 PER 30 DAYS)
paliperidone er 6 mg tablet	4	QL (60 PER 30 DAYS)
PERSERIS	5	
quetiapine er 200 mg tablet	3	QL (90 PER 30 DAYS)
quetiapine fumarate (100 mg, 200 mg, 25 mg, 50 mg)	2	QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
quetiapine fumarate (300 mg, 400 mg)	2	QL (60 PER 30 DAYS)
quetiapine fumarate er (er 150 mg, er 300 mg, er 400 mg, er 50 mg)	2	QL (60 PER 30 DAYS)
REXULTI (0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG)	5	QL (30 PER 30 DAYS)
RISPERDAL CONSTA (25 MG, 37.5 MG, 50 MG)	5	
RISPERDAL CONSTA 12.5 MG VIAL	4	
risperidone (0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg)	1	QL (60 PER 30 DAYS)
risperidone 0.25 mg odt	3	QL (60 PER 30 DAYS)
risperidone 1 mg/ml solution	4	QL (240 PER 30 DAYS)
risperidone odt (0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg)	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)
ziprasidone hcl	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.

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
VERSACLOZ	5	QL (540 PER 30 DAYS)
Antispasticity Agents		
baclofen (10 mg, 20 mg)	2	
baclofen 5 mg tablet	3	
dantrolene sodium (100 mg, 25 mg, 50 mg)	4	
tizanidine hcl (2 mg, 4 mg)	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.

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	
efavirenz	4	
efavirenz-emtric-tenofov disop	5	QL (30 PER 30 DAYS)
efavirenz-lamivu-tenofov disop	5	QL (30 PER 30 DAYS)
etravirine 100 mg tablet	4	
etravirine 200 mg tablet	5	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
lamivudine-zidovudine	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)
tenofovir disoproxil fumarate	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	
zidovudine (100 mg capsule, 300 mg tablet, 50 mg/5 ml syrup)	3	
Anti-HIV Agents, Other		
FUZEON	5	
maraviroc	5	

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

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	
atazanavir sulfate	4	
CRIXIVAN 200 MG CAPSULE	3	
CRIXIVAN 400 MG CAPSULE	4	
EVOTAZ	5	QL (30 PER 30 DAYS)
fosamprenavir calcium	5	
INVIRASE	5	
KALETRA 100-25 MG TABLET	4	
KALETRA 200-50 MG TABLET	5	
LEXIVA 50 MG/ML SUSPENSION	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavr 100-25mg tb, lopinavir-ritonavr 200-50mg tb)	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	
ritonavir	3	
SYMTUZA	5	QL (30 PER 30 DAYS)
VIRACEPT	5	
Anti-cytomegalovirus (CMV) Agents		
cidofovir	5	
ganciclovir sodium (500 mg, 500 mg/10 ml)	2	PA
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.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
valganciclovir 450 mg tablet	3	
valganciclovir hcl 50 mg/ml	5	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	QL (600 PER 30 DAYS)
entecavir	4	QL (30 PER 30 DAYS)
EPIVIR HBV 25 MG/5 ML SOLN	4	
lamivudine 100 mg tablet	3	
lamivudine hbv	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)
ribavirin 200 mg tablet	3	
sofosbuvir-velpatasvir	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.

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
clorazepate 7.5 mg tablet	4	QL (360 PER 30 DAYS)
diazepam (10 mg/2 ml carpuject, 10 mg/2 ml syringe, 50 mg/10 ml vial)	4	
diazepam (25 mg/5 ml oral conc, 5 mg/5 ml oral cup, 5 mg/5 ml solution, 5 mg/ml oral conc)	2	
diazepam 10 mg tablet	1	QL (120 PER 30 DAYS)
diazepam 2 mg tablet	1	QL (300 PER 30 DAYS)
diazepam 5 mg tablet	1	QL (240 PER 30 DAYS)
lorazepam (0.5 mg, 1 mg)	1	QL (90 PER 30 DAYS)
lorazepam 2 mg tablet	1	QL (150 PER 30 DAYS)
lorazepam 2 mg/ml oral concent	2	
lorazepam intensol	2	
Bipolar Agents		
Mood Stabilizers		
lithium carbonate (150 mg, 300 mg)	1	
lithium carbonate (300 mg tab, 600 mg cap)	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
lithium carbonate er	2	
valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose	2	
CYCLOSET	4	
FARXIGA	3	
glimepiride	1	
glipizide (10 mg, 5 mg)	1	
glipizide er	1	
glipizide xl	1	
glipizide-metformin	1	
glyburide	2	
glyburide-metformin hcl	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.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
JENTADUETO	3	
JENTADUETO XR	3	
metformin hcl (1,000 mg, 500 mg, 850 mg)	1	
metformin hcl er	1	
MOUNJARO	5	QL (2 PER 28 DAYS)
nateglinide	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)
pioglitazone hcl	1	
pioglitazone-metformin	2	
repaglinide	1	
RYBELSUS (14 MG, 7 MG)	3	QL (30 PER 30 DAYS)
RYBELSUS 3 MG TABLET	3	QL (60 PER 365 OVER TIME)
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.

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	
diazoxide	4	
GLUCAGEN	4	ST
glucagon emergency kit (, 1 mg)	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.

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.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
enoxaparin sodium (100 mg/ml syr, 120 mg/0.8 ml syr, 150 mg/ml syr, 30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr)	4	QL (28 PER 90 OVER TIME)
enoxaparin sodium 300 mg/3 ml vial	4	QL (105 PER 90 OVER TIME)
fondaparinux 10 mg/0.8 ml syr	5	QL (28 PER 90 OVER TIME)
fondaparinux 2.5 mg/0.5 ml syr	4	QL (17.5 PER 90 OVER TIME)
fondaparinux 5 mg/0.4 ml syr	5	QL (14 PER 90 OVER TIME)
fondaparinux 7.5 mg/0.6 ml syr	5	QL (21 PER 90 OVER TIME)
FRAGMIN 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.

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)
heparin sodium (5,000 unit/ml carpujct, 50,000 unit/10 ml vial, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial)	3	
jantoven	1	
warfarin sodium	1	
XARELTO (10 MG, 20 MG)	3	QL (30 PER 30 DAYS)
XARELTO (15 MG, 2.5 MG)	3	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	3	QL (102 PER 365 OVER TIME)
Blood Products and Modifiers, Other		
anagrelide hcl	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.

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		
tranexamic acid 650 mg tablet	3	
Platelet Modifying Agents		
aspirin-dipyridamole er	4	
BRILINTA	4	
CABLIVI 11 MG KIT	5	PA, QL (30 PER 30 DAYS)
cilostazol	2	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
VYNDAMAX	5	PA, QL (30 PER 30 DAYS)
Diuretics, Loop		
bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)	2	
furosemide (10 mg/ml solution, 40 mg/5 ml soln)	2	
furosemide (100 mg/10 ml syring, 100 mg/10 ml vial, 20 mg/2 ml vial, 40 mg/4 ml syringe, 40 mg/4 ml vial)	3	
furosemide (20 mg, 40 mg, 80 mg)	1	
torsemide	2	
Diuretics, Potassium-sparing		
amiloride hcl	2	
eplerenone	3	
spironolactone (100 mg, 25 mg, 50 mg)	2	
Diuretics, Thiazide		
chlorthalidone	2	
DIURIL	4	
hydrochlorothiazide	1	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Dyslipidemics, Other		
cholestyramine (packet, powder)	4	
cholestyramine light (packet, powder)	3	
colestipol hcl (, packet)	4	
colestipol hcl 1 gm tablet	3	
ezetimibe	2	
ezetimibe-simvastatin	2	
icosapent ethyl 1 gram capsule	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)
niacin er	3	
omega-3 acid ethyl esters	3	
prevalite (packet, powder)	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)
triklo	3	

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
butalb-acetamin-caff 50-325-40	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
riluzole	4	PA
tetrabenazine	5	PA
Fibromyalgia Agents		
pregabalin (100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg)	2	QL (90 PER 30 DAYS)
pregabalin 20 mg/ml solution	4	QL (900 PER 30 DAYS)
pregabalin 300 mg capsule	2	QL (60 PER 30 DAYS)
SAVELLA (100 MG, 12.5 MG, 25 MG, 50 MG)	3	QL (60 PER 30 DAYS)
SAVELLA TITRATION PACK	3	QL (110 PER 365 OVER TIME)

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

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

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

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.

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
silver sulfadiazine	2	
SSD	2	
Pediculicides/Scabicides		
malathion	4	
permethrin	3	
Topical Anti-infectives		
acyclovir 5% ointment	4	
ciclodan 8% solution	3	PA
ciclopirox (0.77% gel, 0.77% topical susp, 1% shampoo)	3	
ciclopirox 0.77% cream	2	
ciclopirox 8% solution	3	PA
clindamycin ph 1% solution	3	
ery	3	
erythromycin 2% gel	2	
erythromycin 2% solution	3	
mupirocin 2% ointment	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	
carglumic acid	5	
CLINISOL	4	PA
dextrose 5%-0.45% nacl	2	
dextrose 5%-0.9% nacl	2	
dextrose in water (100 ml, 50 ml, iv soln, vial)	2	
glucose in water	2	
klor-con	4	
KLOR-CON 10	2	
KLOR-CON 8	2	
klor-con m10	2	
KLOR-CON M15	3	
klor-con m20	2	
PLENAMINE	4	PA
potassium chloride (cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq packet, cl 20% (40 meq/15ml), cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup)	4	

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
rabeprazole sod dr 20 mg tab	3	QL (60 PER 30 DAYS)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
ARALAST NP	5	PA
betaine anhydrous	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON	3	
cromolyn 100 mg/5 ml oral conc	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
miglustat	5	PA
NAGLAZYME	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
nitisinone (10 mg, 2 mg, 5 mg)	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
sapropterin dihydrochloride	5	PA
sodium phenylbutyrate powder	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		
darifenacin er	4	

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
prednisone (2.5 mg, 5 mg)	1	
prednisone 5 mg/5 ml solution	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate (0.01% solution, 0.01% spray, 10 mcg/0.1 ml spr)	4	
desmopressin acetate (0.1 mg, 0.2 mg)	3	
desmopressin acetate (40 mcg/10 ml vial, ac 4 mcg/ml ampul, ac 4 mcg/ml vial)	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		
oxandrolone 10 mg tablet	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.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
oxandrolone 2.5 mg tablet	3	PA, QL (240 PER 30 DAYS)
Androgens		
ANDRODERM	3	PA
danazol (100 mg, 50 mg)	3	
danazol 200 mg capsule	4	
testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% gel pump, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)	3	PA
testosterone cypionate	2	PA
testosterone enanthate	3	PA
Estrogens		
afirmelle	3	
altavera	3	
alyacen	3	
amabelz	4	
amethyst	3	
aubra	3	
aubra eq	3	
aurovela	3	
aurovela 24 fe	3	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
elinest	3	
enpresse	3	
estarylla	3	
estradiol (0.01% cream, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)	2	
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)	4	
estradiol (once weekly)	4	
estradiol (twice weekly)	4	
estradiol-norethindrone acetat	4	
ESTRING	4	QL (1 PER 90 OVER TIME)
ethynodiol-ethinyl estradiol	3	
falmina	3	
femynor	3	
fyavolv	4	
hailey	3	
hailey 24 fe	3	
hailey fe	3	
jinteli	4	

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
nylia	3	
nymyo	3	
orsythia	3	
philith	3	
pimtrea	3	
pirmella	3	
portia	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	
previfem	3	
simliya	3	
sprintec	3	
sronyx	3	
tarina 24 fe	3	
tarina fe	3	
tarina fe 1-20 eq	3	
tri femynor	3	
tri-estarylla	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
tri-linyah	3	
tri-mili	3	
tri-nymyo	3	
tri-previfem	3	
tri-sprintec	3	
tri-vylibra	3	
trivora-28	3	
vienva	3	
viorele	3	
volnea	3	
vyfemla	3	
vylibra	3	
wera	3	
yuvafem	4	
zovia 1-35	3	
zovia 1-35e	3	
Progestins		
camila	3	
deblitane	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.

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
norlyda	3	
progesterone (100 mg, 200 mg)	2	
sharobel	3	
tulana	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	PA, QL (30 PER 30 DAYS)
raloxifene hcl	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium (100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg)	2	
LEVOXYL	4	
liothyronine sodium (25 mcg, 5 mcg, 50 mcg)	2	
UNITHROID	4	
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	5	PA
LYSODREN	5	
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.

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
MYCAPSSA	5	PA
MYFEMBREE	5	PA, QL (30 PER 30 DAYS)
octreotide acetate	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.

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

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.

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.

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.

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 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		
azathioprine (100 mg, 75 mg)	4	PA
azathioprine 50 mg tablet	2	PA
BENLYSTA (120 MG, 400 MG)	5	PA
CIMZIA (MG/ML SYRINGE KIT, MG/ML(X3)START KT)	5	PA
cyclosporine (100 mg, 25 mg)	4	PA
cyclosporine modified (100 mg, 100mg/ml, 25 mg, 50 mg)	4	PA

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

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
everolimus (0.5 mg, 0.75 mg, 1 mg)	5	PA
everolimus 0.25 mg tablet	4	PA
gengraf (100 mg capsule, 100 mg/ml solution, 25 mg capsule)	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.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
leflunomide	2	
methotrexate (2.5 mg tablet, 250 mg/10 ml vial, 50 mg/2 ml vial)	2	
methotrexate sodium	2	
mycophenolate 200 mg/ml susp	5	PA
mycophenolate mofetil (250 mg capsule, 500 mg tablet)	4	PA
mycophenolic acid	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
sirolimus (0.5 mg, 1 mg)	4	PA
sirolimus (1 mg/ml solution, 2 mg tablet)	5	PA
tacrolimus (0.5 mg, 1 mg, 5 mg)	4	PA
XATMEP	4	

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

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	
ENGERIX-B ADULT	3	PA
ENGERIX-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.

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.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TYPHIM VI	3	
VAQTA	3	
VARIVAX VACCINE	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	4	
mesalamine (1,000 mg supp, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet, dr 1.2 gm tablet)	4	
mesalamine er 0.375 gram cap	4	
sulfasalazine	2	
sulfasalazine dr	2	
Glucocorticoids		
budesonide dr	4	
budesonide ec	4	
budesonide er	5	
hydrocortisone 100 mg/60 ml	4	
procto-med hc	2	
proctosol-hc	2	
proctozone-hc	2	

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

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

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

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 2	3	
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.

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
omnipod 5 g6 intro kit (gen 5)	3	QL (1 PER 365 OVER TIME)
omnipod 5 g6 pods (gen 5)	3	QL (30 PER 30 OVER TIME)
omnipod classic pdm kit(gen 3)	3	QL (1 PER 365 OVER TIME)
omnipod classic pods (gen 3)	3	QL (30 PER 30 DAYS)
omnipod dash intro kit (gen 4)	3	QL (1 PER 365 OVER TIME)
omnipod dash pdm kit (gen 4)	3	QL (1 PER 365 DAYS)
omnipod dash pods (gen 4)	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.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
PAXLOVID 300-100 MG PACK (EUA)	4	QL (60 PER 365 OVER TIME)
sodium chloride (irrig, irrig., prcss sol)	2	
TAVNEOS	5	PA, QL (180 PER 30 DAYS)
v-go 20	3	
v-go 30	3	
v-go 40	3	
vgo 20	3	
vgo 30	3	
vgo 40	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		
ak-poly-bac	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
atropine 1% eye drops	2	
bacitracin-polymyxin	2	
brimonidine tartrate-timolol	3	
COMBIGAN	3	
CYSTARAN	5	PA, QL (60 PER 28 OVER TIME)
dorzolamide-timolol 2%-0.5%	4	
dorzolamide-timolol eye drops	2	
neo-polycin	3	
neo-polycin hc	3	
neomycin-bacitracin-poly-hc	3	
neomycin-bacitracin-polymyxin	3	
neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)	2	
neomycin-polymyxin-gramicidin	3	
polycin	2	
polymyxin b sul-trimethoprim	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.

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ofloxacin 0.3% ear drops	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)
budesonide (0.25 ml, 0.5 ml, 1 ml inh)	4	PA, QL (120 PER 30 DAYS)
FLOVENT 250 MCG DISKUS	3	QL (240 PER 30 DAYS)
FLOVENT DISKUS (100 MCG, 50 MCG)	3	QL (60 PER 30 DAYS)
FLOVENT HFA (110 MCG, 220 MCG)	3	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG INHALER	3	QL (21.2 PER 30 DAYS)
fluticasone prop 50 mcg spray	1	
mometasone furoate 50 mcg spry	4	QL (34 PER 30 DAYS)

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

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

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

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)
albuterol hfa 90 mcg inhaler (generic proair hfa)	2	QL (17 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic proventil hfa)	2	QL (13.4 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROVENTIL HFA)	2	QL (17 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic ventolin hfa)	2	QL (48 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER 9GENERIC PROVENTIL HFA)	2	QL (17 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
albuterol sul 2.5 mg/3 ml soln	2	PA, QL (525 PER 30 DAYS)
albuterol sulf 2 mg/5 ml syrup	4	
albuterol sulfate (0.63 ml, 1.25 ml)	4	PA, QL (375 PER 30 DAYS)
albuterol sulfate (100 mg/20 ml soln, 15 mg/3 ml solution, 2.5 mg/0.5 ml sol, 20 mg/4 ml solution, 25 mg/5 ml solution, 5 mg/ml solution, 75 mg/15 ml soln)	2	PA, QL (100 PER 30 DAYS)
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	3	
formoterol fumarate	5	PA, QL (120 PER 30 DAYS)
levalbuterol 1.25 mg/3 ml sol	4	PA, QL (270 PER 30 DAYS)
levalbuterol concentrate	4	PA, QL (90 PER 30 DAYS)
levalbuterol hcl (0.31 ml, 0.63 ml)	4	PA, QL (540 PER 30 DAYS)
levalbuterol tartrate hfa	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.

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)
terbutaline sulfate (2.5 mg, 5 mg)	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.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
tobramycin (300 mg/4 ml ampule, 300 mg/5 ml ampule, pak 300 mg/5 ml)	5	PA
TRIKAFTA (100-50-75 MG/150 MG, 50-25-37.5 MG/75 MG)	5	PA, QL (84 PER 28 DAYS)
Mast Cell Stabilizers		
cromolyn 20 mg/2 ml neb soln	5	PA
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	4	PA
theophylline anhydrous (er 300 mg, er 450 mg)	4	
theophylline er (er 300 mg, er 450 mg)	4	
theophylline er (er 400 mg, er 600 mg)	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA, QL (90 PER 30 DAYS)
alyq	5	PA, QL (60 PER 30 DAYS)
ambrisentan	5	PA, QL (30 PER 30 DAYS)
bosentan	5	PA, QL (60 PER 30 DAYS)
epoprostenol sodium 0.5 mg vl	4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
epoprostenol sodium 1.5 mg vl	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
sildenafil 20 mg tablet	3	PA, QL (90 PER 30 DAYS)
tadalafil 20 mg tablet	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
pirfenidone (267 mg, 534 mg, 801 mg)	5	PA
Respiratory Tract Agents, Other		
acetylcysteine (10%, 20%)	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.

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
fluticasone-salmeterol (100-50, 250-50, 500-50)	2	QL (60 PER 30 DAYS)
ipratropium-albuterol	2	PA, QL (540 PER 30 DAYS)
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	5	PA, QL (3 PER 28 DAYS)
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.

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

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

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

Alphabetical Listing

B

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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