



Elixir RxPlus (PDP)

2022 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 22486, Version Number 20

This formulary was updated on 11/22/2022. For more recent information or other questions, please contact **Elixir RxPlus (PDP)** at 1-866-250-2005 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.elixirinsurance.com

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 Elixir Insurance Company. When it refers to “plan” or “our plan,” it means **Elixir RxPlus**.

This document includes a list of the drugs (formulary) for our plan which is current as of November 22, 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 Elixir RxPlus Formulary?

A formulary is a list of covered drugs selected by **Elixir RxPlus** 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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 January 1, but we 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 find information in the section below titled “How do I request an exception to the **Elixir RxPlus** 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 generic drug that is not new to market 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 **Elixir RxPlus** 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 January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 11/22/2022. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If we make certain non-routine changes to coverage for drugs, we will send members an errata sheet to update the formulary they received.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 1. 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 98. 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?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 240 tablets per 30-day prescription for Tramadol HCl Tablet 50MG. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online 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 us 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 **Elixir RxPlus** formulary?" on page iv 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 Member Services and ask if your drug is covered.

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us 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 Elixir RxPlus Formulary?

You can ask us 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 lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan 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, we 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, or utilization restriction exception. **When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network long-term care pharmacy for up to 31 days unless you have a prescription for fewer days. If you experience a change in your level of care, such as a move from a hospital to home, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

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

If you have questions about our plan, 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/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Our Plan's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 98.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Abbreviation /Symbol	Short Definition	Explanation
BD	Part B vs Part D	This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DL	Dispensing Limit	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-866-250-2005, 24 hours a day, 7 days a week. TTY/TDD users should call 711.
PA	Prior Authorization	This medication requires that you or your provider get approval from the plan before we will agree to cover the drug for you.
QL	Quantity Limit	Most limits per 30-day supply. If the limit is for a day supply other than 30 the entry will read quantity/day supply (i.e. REVLIMID 28/28 means you can only fill 28 capsules for 28 day supply).
ST	Step Therapy	This requirement encourages you to try less costly but just as effective drugs before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the plan may require you to try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

The Tier column of the drug list that begins on page 1 tells you which tier your drug is in. The table below tells you the copayment or coinsurance amount (i.e., the share of the drug's cost that you will pay during the initial coverage period) for up to a one month supply of drugs in each tier.

Tier	Standard retail-cost-sharing (in-network) (up to 30-day supply)	Preferred retail cost-sharing (in-network) (up to a 30-day supply)	Standard Mail-order cost-sharing (up to a 30-day supply)	Preferred Mail-order cost-sharing (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to 31-day supply)
Cost-Sharing Tier 1 (Preferred Generic Drugs)	\$15	\$1	\$15	\$1	\$15
Cost-Sharing Tier 2 (Generic Drugs)	\$16	\$6	\$16	\$6	\$16
Cost-Sharing Tier 3 (Preferred Brand Drugs)	\$47	\$43	\$47	\$43	\$47
Cost-Sharing Tier 4 (Non-Preferred Drugs)	Please refer to Exhibit 1 for the exact amount in your state	Please refer to Exhibit 1 for the exact amount in your state	Please refer to Exhibit 1 for the exact amount in your state	Please refer to Exhibit 1 for the exact amount in your state	Please refer to Exhibit 1 for the exact amount in your state
Cost-Sharing Tier 5 (Specialty Drugs)	25%	25%	25%	25%	25%

Exhibit 1: Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug for your Tier 4 drugs:

State/Territory	Standard retail-cost-sharing (in-network) (up to 30-day supply)	Preferred retail cost-sharing (in-network) (up to a 30-day supply)	Standard Mail-order cost-sharing (up to a 30-day supply)	Preferred Mail-order cost-sharing (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)
Alabama	50%	45%	50%	45%	50%
California	44%	40%	44%	40%	44%
Connecticut	50%	45%	50%	45%	50%
Delaware	49%	45%	49%	45%	49%
District of Columbia	49%	45%	49%	45%	49%
Georgia	50%	45%	50%	45%	50%
Indiana	50%	45%	50%	45%	50%
Kentucky	50%	45%	50%	45%	50%
Maine	50%	45%	50%	45%	50%
Maryland	49%	45%	49%	45%	49%
Massachusetts	50%	45%	50%	45%	50%
Michigan	50%	45%	50%	45%	50%
Mississippi	50%	45%	50%	45%	50%
New Hampshire	50%	45%	50%	45%	50%
New York	43%	40%	43%	40%	43%
North Carolina	50%	45%	50%	45%	50%
Ohio	49%	45%	49%	45%	49%

State/Territory	Standard retail-cost-sharing (in-network) (up to 30-day supply)	Preferred retail cost-sharing (in-network) (up to a 30-day supply)	Standard Mail-order cost-sharing (up to a 30-day supply)	Preferred Mail-order cost-sharing (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)
Oregon	50%	45%	50%	45%	50%
Pennsylvania	50%	45%	50%	45%	50%
Rhode Island	50%	45%	50%	45%	50%
South Carolina	50%	45%	50%	45%	50%
Tennessee	50%	45%	50%	45%	50%
Texas	47%	45%	47%	45%	47%
Vermont	50%	45%	50%	45%	50%
Virginia	50%	45%	50%	45%	50%
Washington	50%	45%	50%	45%	50%

If you qualified for extra help with your drug costs, your costs may be different from those described above. You can find complete cost-sharing information in your *Evidence of Coverage*.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
Analgesics		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	4	QL (180 EA per 30 days)
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	4	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	4	QL (30 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	4	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	4	
<i>diclofenac sodium external gel 1 %</i>	4	QL (1000 GM per 30 days)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	4	
<i>diclofenac sodium oral tablet delayed release 50 mg, 75 mg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	4	
<i>etodolac oral capsule 200 mg, 300 mg</i>	4	
<i>etodolac oral tablet 400 mg, 500 mg</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	4	PA; QL (90 EA per 30 days)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	4	
<i>ketorolac tromethamine oral tablet 10 mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Opioid Analgesics, Long-Acting		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	3	QL (240 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	4	QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	3	QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	3	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	3	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	3	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 7.5-325 MG	4	QL (370 EA per 30 days)
ENDOCET ORAL TABLET 5-325 MG	3	QL (370 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; DL; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	4	QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (370 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	QL (180 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	QL (1984 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	3	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	4	QL (240 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	4	QL (240 ML per 30 days)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	4	QL (300 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	3	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	3	QL (180 EA per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	4	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	3	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg</i>	4	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	4	QL (370 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	3	QL (370 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	3	QL (370 EA per 30 days)
ANESTHETICS		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	4	QL (72 GM per 30 days)
<i>lidocaine external patch 5 %</i>	4	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	3	QL (50 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	4	QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	4	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>naltrexone hcl oral tablet 50 mg</i>	2	
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	QL (90 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	4	QL (90 EA per 30 days)
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	4	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	3	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	4	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	3	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	4	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	4	
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	4	
NICOTROL INHALATION INHALER 10 MG	4	
<i>varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42</i>	4	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	4	
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	BD
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	4	
<i>gentamicin sulfate external cream 0.1 %</i>	3	QL (120 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	3	QL (60 GM per 30 days)
<i>gentamicin sulfate injection solution 40 mg/ml</i>	4	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>paromomycin sulfate oral capsule 250 mg</i>	4	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	BD
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	5	PA; DL
Antibacterials, Other		
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	4	BD
<i>aztreonam injection solution reconstituted 1 gm</i>	4	
<i>aztreonam injection solution reconstituted 2 gm</i>	4	BD
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	4	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	
<i>clindamycin phosphate vaginal cream 2 %</i>	4	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	BD
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	5	DL
<i>linezolid intravenous solution 600 mg/300ml</i>	4	PA
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	PA; DL; QL (1800 ML per 30 days)
<i>linezolid oral tablet 600 mg</i>	4	PA; QL (60 EA per 30 days)
<i>methenamine hippurate oral tablet 1 gm</i>	4	
<i>metronidazole external cream 0.75 %</i>	4	
<i>metronidazole external gel 0.75 %, 1 %</i>	4	
<i>metronidazole external lotion 0.75 %</i>	4	
<i>metronidazole intravenous solution 500 mg/100ml</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75 %</i>	4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	3	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5	DL
SIVEXTRO ORAL TABLET 200 MG	5	DL
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	BD; DL
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	4	
<i>vancomycin hcl oral capsule 125 mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	4	QL (240 EA per 30 days)
VANDAZOLE VAGINAL GEL 0.75 %	4	
XIFAXAN ORAL TABLET 550 MG	4	
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	4	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	3	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil oral tablet 1 gm</i>	4	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	4	
<i>cefdinir oral capsule 300 mg</i>	3	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	3	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	4	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	4	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	4	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	4	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	BD; DL
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet chewable 125 mg</i>	4	
<i>amoxicillin oral tablet chewable 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	4	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	4	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	4	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	4	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	4	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	BD
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	4	
<i>azithromycin oral packet 1 gm</i>	3	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	2	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	4	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	4	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin base oral tablet delayed release 500 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg</i>	4	
Quinolones		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	QL (30 ML per 30 days)
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	
<i>levofloxacin oral solution 25 mg/ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	4	
<i>sulfadiazine oral tablet 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	2	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	3	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	4	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA; LA; DL; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; LA; DL; QL (180 EA per 30 days)
DIACOMIT ORAL PACKET 250 MG	5	PA; LA; DL; QL (360 EA per 30 days)
DIACOMIT ORAL PACKET 500 MG	5	PA; LA; DL; QL (180 EA per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; LA; DL; QL (600 ML per 30 days)
<i>felbamate oral suspension 600 mg/5ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; LA; DL; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	PA; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	4	
<i>levetiracetam oral solution 100 mg/ml</i>	4	
<i>levetiracetam oral tablet 1000 mg, 750 mg</i>	3	
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	2	
<i>phenobarbital oral elixir 20 mg/5ml</i>	4	QL (1500 ML per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	QL (120 EA per 30 days)
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	4	QL (120 EA per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	PA; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	4	PA; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250 mg</i>	3	
<i>valproic acid oral solution 250 mg/5ml</i>	3	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	QL (56 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	4	QL (56 EA per 365 days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	4	
<i>ethosuximide oral capsule 250 mg</i>	4	
<i>ethosuximide oral solution 250 mg/5ml</i>	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	
<i>gabapentin oral capsule 100 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	4	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	4	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	4	QL (90 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	PA; QL (10 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	4	QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	5	PA; LA; DL; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA; LA; DL; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET 500 MG	5	PA; LA; DL; QL (180 EA per 30 days)
Sodium Channel Agents		

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Drug Name	Drug Tier	Requirements/Limits
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	5	PA; DL; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	5	PA; DL; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	4	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	4	
<i>carbamazepine oral suspension 100 mg/5ml</i>	4	
<i>carbamazepine oral tablet 200 mg</i>	3	
<i>carbamazepine oral tablet chewable 100 mg</i>	3	
DILANTIN ORAL CAPSULE 30 MG	4	
EPITOL ORAL TABLET 200 MG	3	
<i>lacosamide oral solution 10 mg/ml</i>	4	QL (1395 ML per 30 days)
<i>lacosamide oral tablet 100 mg</i>	4	QL (120 EA per 30 days)
<i>lacosamide oral tablet 150 mg, 200 mg</i>	4	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	4	QL (90 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	4	
<i>phenytoin oral tablet chewable 50 mg</i>	4	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	PA; DL; QL (2760 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	5	PA; DL; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	5	PA; DL; QL (240 EA per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML	4	QL (1395 ML per 30 days)
VIMPAT ORAL TABLET 100 MG	4	QL (120 EA per 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG	4	QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	4	QL (90 EA per 30 days)
ANTIDEMENTIA AGENTS		
Antidementia Agents, Other		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	PA; QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl oral tablet 23 mg</i>	4	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	4	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	4	QL (180 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	4	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	4	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	4	QL (30 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	4	QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	QL (360 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	QL (98 EA per 365 days)
ANTIDEPRESSANTS		
Antidepressants, Other		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	3	QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	3	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	3	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	3	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	3	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	3	QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	4	QL (30 EA per 30 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	PA; DL; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	PA; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	3	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
Ssris/Snris (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	4	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	4	QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	4	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	PA; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	4	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	4	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	2	QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10 mg</i>	2	QL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	2	QL (120 EA per 30 days)
<i>fluoxetine hcl oral capsule 40 mg</i>	2	QL (60 EA per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	3	QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	3	QL (30 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	3	QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	3	QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	2	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	4	QL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA; QL (30 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	2	QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	2	QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg</i>	2	QL (120 EA per 30 days)
<i>venlafaxine hcl oral tablet 25 mg</i>	2	QL (480 EA per 30 days)
<i>venlafaxine hcl oral tablet 37.5 mg</i>	2	QL (300 EA per 30 days)
<i>venlafaxine hcl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>venlafaxine hcl oral tablet 75 mg</i>	2	QL (150 EA per 30 days)
VIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	QL (30 EA per 30 days)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	3	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	PA
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	4	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	4	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
ANTIEMETICS		
Antiemetics, Other		
COMPRO RECTAL SUPPOSITORY 25 MG	4	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	QL (10 EA per 30 days)
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	BD; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	BD; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	4	BD
<i>granisetron hcl oral tablet 1 mg</i>	4	BD; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	4	BD; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	2	BD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BD
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5	BD; DL
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	BD
<i>casprofungin acetate intravenous solution reconstituted 50 mg</i>	5	DL
<i>casprofungin acetate intravenous solution reconstituted 70 mg</i>	4	
<i>ciclopirox olamine external cream 0.77 %</i>	4	QL (180 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	4	
<i>clotrimazole external cream 1 %</i>	3	
<i>clotrimazole external solution 1 %</i>	3	
<i>clotrimazole mouth/throat troche 10 mg</i>	4	
<i>econazole nitrate external cream 1 %</i>	4	QL (170 GM per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	4	BD
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	3	
<i>fluconazole oral tablet 150 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	DL
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	PA
JUBLIA EXTERNAL SOLUTION 10 %	4	
<i>ketoconazole external cream 2 %</i>	3	QL (120 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	2	
<i>ketoconazole oral tablet 200 mg</i>	3	
NAFTIN EXTERNAL GEL 2 %	3	QL (60 GM per 30 days)
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	PA; DL; QL (840 ML per 28 days)
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	QL (120 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	2	
<i>nystatin external ointment 100000 unit/gm</i>	2	
<i>nystatin external powder 100000 unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	4	QL (960 ML per 30 days)
<i>nystatin oral tablet 500000 unit</i>	2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	QL (120 GM per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>	5	PA; DL; QL (93 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	3	
<i>terconazole vaginal suppository 80 mg</i>	3	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA; DL
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA; DL
<i>voriconazole oral tablet 200 mg</i>	5	PA; DL; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	PA; QL (120 EA per 30 days)

ANTIGOUT AGENTS

Antigout Agents

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	4	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	ST
MITIGARE ORAL CAPSULE 0.6 MG	3	
<i>probenecid oral tablet 500 mg</i>	3	

ANTIMIGRAINE AGENTS

Ergot Alkaloids

<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	ST; DL; QL (8 ML per 30 days)
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You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3	ST; QL (40 EA per 28 days)
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML	4	
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	4	
<i>propranolol hcl oral tablet 80 mg</i>	2	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	4	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
Serotonin (5-Ht) Receptor Agonist		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	4	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	3	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	3	QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	4	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	4	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	
PRIFTIN ORAL TABLET 150 MG	4	
<i>rifabutin oral capsule 150 mg</i>	4	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	3	
<i>isoniazid oral syrup 50 mg/5ml</i>	4	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
PASER ORAL PACKET 4 GM	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide oral tablet 500 mg</i>	4	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	4	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; DL
TRECTOR ORAL TABLET 250 MG	4	
ANTINEOPLASTICS		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	BD
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	BD
LEUKERAN ORAL TABLET 2 MG	5	DL
MATULANE ORAL CAPSULE 50 MG	5	LA; DL
VALCHLOR EXTERNAL GEL 0.016 %	5	PA; LA; DL; QL (60 GM per 14 days)
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA; DL; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	2	
ERLEADA ORAL TABLET 60 MG	5	PA; LA; DL; QL (120 EA per 30 days)
<i>flutamide oral capsule 125 mg</i>	4	
LYSODREN ORAL TABLET 500 MG	5	DL
<i>nilutamide oral tablet 150 mg</i>	5	DL; QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	5	PA; LA; DL; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; LA; DL; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; LA; DL; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; LA; DL; QL (60 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; LA; DL; QL (28 EA per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; DL; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA; DL; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; DL; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	5	PA; DL; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG	5	PA; DL; QL (60 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA; LA; DL; QL (90 EA per 30 days)
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	PA; DL
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	
<i>toremifene citrate oral tablet 60 mg</i>	5	PA; DL; QL (30 EA per 30 days)
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	2	
INQOVI ORAL TABLET 35-100 MG	5	PA; LA; DL; QL (5 EA per 28 days)
<i>mercaptopurine oral tablet 50 mg</i>	4	
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; DL
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	DL
TABLOID ORAL TABLET 40 MG	4	
Antineoplastics, Other		
IDHIFA ORAL TABLET 100 MG	5	PA; LA; DL; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; LA; DL; QL (60 EA per 30 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; DL; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; DL; QL (91 EA per 28 days)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; DL; QL (49 EA per 28 days)
<i>leucovorin calcium oral tablet 10 mg, 5 mg</i>	3	
<i>leucovorin calcium oral tablet 15 mg, 25 mg</i>	4	
LONSURF ORAL TABLET 15-6.14 MG	5	PA; DL; QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; DL; QL (80 EA per 28 days)
LYNPARZA ORAL TABLET 100 MG	5	PA; LA; DL; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA; LA; DL; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400 MG	5	DL
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; DL; QL (3 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	5	PA; LA; DL
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA; DL
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BD
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; DL; QL (20 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; LA; DL; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; DL; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; LA; DL; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; DL; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; LA; DL; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; DL; QL (12 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; LA; DL; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; DL; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; DL; QL (16 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; LA; DL; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; DL; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	PA; DL; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	2	
<i>exemestane oral tablet 25 mg</i>	4	
<i>letrozole oral tablet 2.5 mg</i>	2	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	5	PA; LA; DL; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; LA; DL; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; LA; DL; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; LA; DL; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; LA; DL; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA; LA; DL; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; LA; DL; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA; LA; DL; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 100 MG	5	PA; DL; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; DL; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; DL; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; LA; DL; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; LA; DL; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA; DL; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA; LA; DL; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; DL; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; DL; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; LA; DL; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; LA; DL; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; LA; DL; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; LA; DL; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; LA; DL; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG	5	PA; DL; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; DL; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; LA; DL; QL (28 EA per 28 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; DL; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; DL; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; DL; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg</i>	5	PA; DL; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5 mg</i>	5	PA; DL; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	5	PA; LA; DL; QL (120 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG	5	PA; DL; QL (60 EA per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; DL; QL (30 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; LA; DL; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; LA; DL; QL (120 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; LA; DL; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; DL; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; DL; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; LA; DL; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	5	PA; DL; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; LA; DL; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; LA; DL; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; LA; DL; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA; LA; DL; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; DL; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; DL; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; LA; DL; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA; LA; DL; QL (30 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; DL; QL (60 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; DL; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; DL; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; DL; QL (63 EA per 28 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; DL; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; LA; DL; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; LA; DL; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; LA; DL; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; LA; DL; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; LA; DL; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; LA; DL; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; LA; DL; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; LA; DL; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	5	PA; DL; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; DL; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA; LA; DL; QL (240 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; LA; DL; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; LA; DL; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; LA; DL; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NERLYNX ORAL TABLET 40 MG	5	PA; LA; DL; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; DL; QL (30 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; LA; DL; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; DL; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; DL; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA; DL; QL (56 EA per 28 days)
QINLOCK ORAL TABLET 50 MG	5	PA; LA; DL; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; LA; DL; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; LA; DL; QL (120 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; LA; DL; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; LA; DL; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; LA; DL; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA; DL; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; DL; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; DL; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA; LA; DL; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA; DL; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA; DL; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; DL; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; LA; DL; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; DL; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; DL; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	5	PA; LA; DL; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA; LA; DL; QL (120 EA per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; LA; DL; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; DL; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA; DL; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; DL; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA; LA; DL; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA; LA; DL; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA; LA; DL; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA; LA; DL; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA; LA; DL; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA; LA; DL; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA; LA; DL; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; DL; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; DL; QL (360 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA; LA; DL; QL (120 EA per 30 days)
UKONIQ ORAL TABLET 200 MG	5	PA; LA; DL; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; DL; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; DL; QL (28 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA; LA; DL; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; DL; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; DL; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; DL; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; LA; DL; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; DL; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; LA; DL; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA; DL; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; DL; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; LA; DL; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA; LA; DL; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; LA; DL; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; LA; DL; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; DL; QL (150 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA; DL
<i>bexarotene oral capsule 75 mg</i>	5	PA; DL
PANRETIN EXTERNAL GEL 0.1 %	5	PA; DL; QL (60 GM per 30 days)
<i>tretinoin oral capsule 10 mg</i>	5	DL

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Drug Name	Drug Tier	Requirements/Limits
ANTIPARASITICS		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	5	DL
<i>ivermectin oral tablet 3 mg</i>	3	PA
<i>praziquantel oral tablet 600 mg</i>	4	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	5	DL
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	4	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	4	
COARTEM ORAL TABLET 20-120 MG	4	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	5	DL
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	BD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	
<i>quinine sulfate oral capsule 324 mg</i>	4	PA; QL (42 EA per 7 days)
ANTIPARKINSON AGENTS		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	4	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	2	
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	3	
<i>amantadine hcl oral solution 50 mg/5ml</i>	3	
<i>amantadine hcl oral tablet 100 mg</i>	3	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	4	
Dopamine Agonists		
<i>bromocriptine mesylate oral capsule 5 mg</i>	4	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; DL; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	4	
INBRIJA INHALATION CAPSULE 42 MG	5	PA; LA; DL; QL (300 EA per 30 days)
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	
<i>selegiline hcl oral capsule 5 mg</i>	3	
<i>selegiline hcl oral tablet 5 mg</i>	3	
ANTIPSYCHOTICS		
1st Generation/Typical		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	4	
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	4	
<i>haloperidol oral tablet 0.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	3	
<i>haloperidol oral tablet 20 mg</i>	4	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	4	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	4	
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	DL; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	DL; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	DL; QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	5	DL; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	DL; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 6 MG, 8 MG	4	PA; QL (60 EA per 30 days)
FANAPT ORAL TABLET 4 MG	4	PA; QL (180 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	DL; QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	DL; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	DL; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	DL; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	DL; QL (1.5 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	DL; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	DL; QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	DL; QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	DL; QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	DL; QL (2.63 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; DL; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA; LA; DL; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; LA; DL; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	4	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	4	QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	4	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	4	QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	DL; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	QL (2 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	DL; QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	4	QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	2	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	4	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	PA; DL; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	PA; DL; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	PA; DL; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	QL (18 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	PA; QL (2 EA per 28 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	4	QL (180 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg</i>	3	QL (1080 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	3	QL (540 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 150 mg</i>	4	PA; QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 200 mg</i>	4	PA; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	4	PA; QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	PA; DL; QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	
ANTIVIRALS		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	PA; LA; DL
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; DL; QL (28 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	DL
<i>valganciclovir hcl oral tablet 450 mg</i>	5	DL
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	DL
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	
<i>lamivudine oral tablet 100 mg</i>	3	
VEMLIDY ORAL TABLET 25 MG	5	PA; DL; QL (30 EA per 30 days)
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	5	PA; DL
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	5	PA; DL
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	5	PA; DL
HARVONI ORAL TABLET 90-400 MG	5	PA; DL
MAVYRET ORAL PACKET 50-20 MG	5	PA; DL
MAVYRET ORAL TABLET 100-40 MG	5	PA; DL
<i>ribavirin oral capsule 200 mg</i>	3	
<i>ribavirin oral tablet 200 mg</i>	4	
SOVALDI ORAL PACKET 150 MG, 200 MG	5	PA; DL
SOVALDI ORAL TABLET 400 MG	5	PA; DL
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; DL
Antitherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	BD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	3	QL (60 EA per 30 days)
<i>trifluridine ophthalmic solution 1 %</i>	3	
<i>valacyclovir hcl oral tablet 1 gm</i>	3	QL (90 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	3	QL (60 EA per 30 days)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	DL; QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	DL; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	DL; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD ORAL TABLET 600 MG	5	DL; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	5	DL; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	DL; QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	DL; QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	DL; QL (30 EA per 30 days)
SYM TUZA ORAL TABLET 800-150-200-10 MG	5	DL; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	DL; QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (360 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET 200-25-300 MG	5	DL; QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	5	DL; QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (480 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	5	DL; QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	DL; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	QL (90 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	4	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	DL; QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	DL; QL (60 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	DL; QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	DL; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	5	DL; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	5	DL; QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	DL; QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	5	DL; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 ML per 28 days)
JULUCA ORAL TABLET 50-25 MG	5	DL; QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	4	QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	4	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	DL; QL (30 EA per 30 days)
TEMIXYS ORAL TABLET 300-300 MG	5	DL; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	5	DL; QL (60 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	DL; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	DL; QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	4	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	4	QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	DL; QL (60 EA per 30 days)
<i>maraviroc oral tablet 150 mg</i>	5	DL; QL (240 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	5	DL; QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	DL; QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	DL; QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	DL; QL (60 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	DL; QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	5	DL; QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors (Pi)		

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Drug Name	Drug Tier	Requirements/Limits
APTIVUS ORAL CAPSULE 250 MG	5	DL; QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	DL; QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	DL; QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	5	DL; QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	QL (400 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	DL; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	DL; QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	DL; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (420 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	DL; QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5	DL; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	3	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	DL; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	DL; QL (120 EA per 30 days)
Anti-Influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg</i>	3	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	4	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT, 5 MG/BLISTER	3	QL (240 EA per 365 days)
<i>rimantadine hcl oral tablet 100 mg</i>	4	
ANXIOLYTICS		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	4	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	3	
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	2	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	4	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	4	QL (90 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	4	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	4	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (600 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	4	QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg</i>	2	QL (600 EA per 30 days)
<i>lorazepam oral tablet 1 mg</i>	2	QL (300 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
BIPOLAR AGENTS		
Mood Stabilizers		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	4	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	4	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	3	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	4	
BLOOD GLUCOSE REGULATORS		
Antidiabetic Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	4	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	4	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG	3	QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	3	QL (90 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	3	QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY ORAL TABLET 12.5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	4	QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100- 3.6 UNIT-MG/ML	3	QL (15 ML per 28 days)
Glycemic Agents		
<i>diazoxide oral suspension 50 mg/ml</i>	5	DL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	
KORLYM ORAL TABLET 300 MG	5	PA; LA; DL
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	3	
<i>cvs gauze sterile pad 2"x2"</i>	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	3	
FIASP INJECTION SOLUTION 100 UNIT/ML	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
OMNIPOD 10 PACK	4	
OMNIPOD CLASSIC PDM (GEN 3) KIT	4	
OMNIPOD CLASSIC PODS (GEN 3)	4	
OMNIPOD DASH PODS (GEN 4)	4	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	3	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (18 ML per 28 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
V-GO 20 KIT	4	
V-GO 30 KIT	4	
V-GO 40 KIT	4	

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Drug Name	Drug Tier	Requirements/Limits
BLOOD PRODUCTS AND MODIFIERS		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	4	QL (60 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	4	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (18 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	QL (60 EA per 30 days)
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	QL (930 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (51 EA per 30 days)
Blood Products And Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	3	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 4000 UNIT/ML	4	PA; QL (12 ML per 28 days)
PROCRIT INJECTION SOLUTION 2000 UNIT/ML	4	PA; QL (23 ML per 30 days)
PROCRIT INJECTION SOLUTION 3000 UNIT/ML	4	PA; QL (16 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	4	PA; QL (12 ML per 30 days)
PROMACTA ORAL PACKET 12.5 MG	5	PA; DL; QL (30 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; DL; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; DL; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; DL; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA; LA; DL; QL (56 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; LA; DL
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 20000 UNIT/ML, 4000 UNIT/ML	4	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	4	PA; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	4	PA; QL (16 ML per 30 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	4	PA; QL (12 ML per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	3	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; DL
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	4	QL (60 EA per 30 days)
BRILINTA ORAL TABLET 60 MG	3	QL (90 EA per 30 days)
BRILINTA ORAL TABLET 90 MG	3	QL (60 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	4	
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	4	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; DL; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>midodrine hcl oral tablet 10 mg</i>	4	
<i>midodrine hcl oral tablet 2.5 mg, 5 mg</i>	3	
Alpha-Adrenergic Blocking Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	3	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	3	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg</i>	2	QL (30 EA per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	2	QL (90 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	4	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	4	
<i>amiodarone hcl oral tablet 200 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	4	
MULTAQ ORAL TABLET 400 MG	3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	4	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	4	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	4	
<i>pindolol oral tablet 10 mg, 5 mg</i>	3	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	4	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	3	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	4	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	4	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	3	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	3	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	3	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	3	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	4	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	3	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	4	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	4	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	4	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	4	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	QL (30 EA per 30 days)
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	4	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	4	QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; DL; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	4	QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; QL (60 EA per 30 days)
DIGITEK ORAL TABLET 125 MCG	2	QL (30 EA per 30 days)
DIGITEK ORAL TABLET 250 MCG	3	QL (30 EA per 30 days)
DIGOX ORAL TABLET 125 MCG	2	QL (30 EA per 30 days)
DIGOX ORAL TABLET 250 MCG	3	QL (30 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	4	
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	3	QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	3	
<i>metyrosine oral capsule 250 mg</i>	5	PA; DL
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	3	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	4	QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>	4	QL (60 EA per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	4	QL (120 EA per 30 days)
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	4	QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days)
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	4	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	
<i>spironolactone oral tablet 25 mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 67 mg</i>	2	
<i>fenofibrate micronized oral capsule 200 mg</i>	3	
<i>fenofibrate oral capsule 150 mg</i>	4	
<i>fenofibrate oral tablet 145 mg</i>	4	
<i>fenofibrate oral tablet 160 mg, 48 mg, 54 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	4	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	4	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	QL (30 EA per 30 days)
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	4	
<i>cholestyramine oral packet 4 gm</i>	4	
<i>colesevelam hcl oral packet 3.75 gm</i>	4	
<i>colesevelam hcl oral tablet 625 mg</i>	4	
<i>colestipol hcl oral packet 5 gm</i>	4	
<i>colestipol hcl oral tablet 1 gm</i>	3	
<i>ezetimibe oral tablet 10 mg</i>	3	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	4	QL (30 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	4	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	4	
PREVALITE ORAL PACKET 4 GM	4	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	4	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	4	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	3	
Vasodilators, Direct-Acting Arterial/ Venous		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>isosorbide dinitrate oral tablet 40 mg</i>	4	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	4	
RECTIV RECTAL OINTMENT 0.4 %	4	QL (30 GM per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	3	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	4	QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	4	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	QL (150 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	4	QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	4	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	4	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	3	QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; DL; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; DL; QL (60 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	4	QL (60 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; DL; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; DL; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	3	QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; LA; DL; QL (30 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; DL; QL (1 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; DL; QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; DL; QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; DL; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; DL; QL (12 ML per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	5	PA; DL; QL (60 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	5	PA; DL; QL (28 EA per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; DL; QL (1.2 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
MAYZENT ORAL TABLET 0.25 MG	5	PA; DL; QL (112 EA per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; DL; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	PA; QL (7 EA per 180 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; DL; QL (12 EA per 180 days)

DENTAL AND ORAL AGENTS

Dental And Oral Agents

<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	2	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	4	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	3	

DERMATOLOGICAL AGENTS

Acne And Rosacea Agents

AC CUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	PA
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	PA
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	4	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	PA
<i>tazarotene external cream 0.1 %</i>	3	PA; QL (120 GM per 30 days)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	4	PA; QL (100 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; QL (120 GM per 30 days)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	PA; QL (100 GM per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; QL (45 GM per 30 days)

Dermatitis And Pruitus Agents

<i>alclometasone dipropionate external cream 0.05 %</i>	3	QL (120 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	3	QL (120 GM per 30 days)
<i>ammonium lactate external cream 12 %</i>	3	
<i>ammonium lactate external lotion 12 %</i>	3	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	4	QL (100 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	4	QL (100 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	4	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	4	QL (100 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate external lotion 0.05 %</i>	3	
<i>betamethasone dipropionate external ointment 0.05 %</i>	4	
<i>betamethasone valerate external cream 0.1 %</i>	3	
<i>betamethasone valerate external lotion 0.1 %</i>	3	
<i>betamethasone valerate external ointment 0.1 %</i>	3	
<i>clobetasol propionate e external cream 0.05 %</i>	4	QL (120 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	4	QL (120 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	4	QL (120 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	4	QL (120 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	4	QL (100 ML per 30 days)
<i>desonide external cream 0.05 %</i>	4	QL (120 GM per 30 days)
<i>desonide external lotion 0.05 %</i>	4	QL (118 ML per 30 days)
<i>desonide external ointment 0.05 %</i>	4	QL (120 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	4	QL (100 GM per 30 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	4	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	4	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	4	QL (180 ML per 30 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	4	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	4	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	4	QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	4	QL (120 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	4	QL (120 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>fluticasone propionate external ointment 0.005 %</i>	2	
<i>halobetasol propionate external cream 0.05 %</i>	4	QL (100 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	4	QL (100 GM per 30 days)
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone external cream 1 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	4	

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Drug Name	Drug Tier	Requirements/Limits
PROCTO-PAK EXTERNAL CREAM 1 %	4	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	3	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	4	
<i>selenium sulfide external lotion 2.5 %</i>	2	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	ST; QL (100 GM per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external cream 0.1 %</i>	2	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %</i>	3	
<i>triamcinolone acetonide external lotion 0.1 %</i>	3	QL (240 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
Dermatological Agents, Other		
<i>calcipotriene external solution 0.005 %</i>	4	PA; QL (60 ML per 30 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	3	QL (45 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	4	QL (80 GM per 30 days)
<i>fluorouracil external solution 2 %</i>	3	QL (20 ML per 30 days)
<i>fluorouracil external solution 5 %</i>	4	QL (20 ML per 30 days)
<i>global alcohol prep ease pad 70 %</i>	3	
HYFTOR EXTERNAL GEL 0.2 %	4	PA
<i>imiquimod external cream 5 %</i>	4	QL (24 EA per 30 days)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	4	QL (120 GM per 30 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	4	QL (120 GM per 30 days)
<i>podofilox external solution 0.5 %</i>	4	
REGANEX EXTERNAL GEL 0.01 %	5	PA; DL; QL (60 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
<i>silver sulfadiazine external cream 1 %</i>	2	
SSD EXTERNAL CREAM 1 %	2	
Pediculicides/Scabicides		
<i>malathion external lotion 0.5 %</i>	4	
<i>permethrin external cream 5 %</i>	3	
Topical Anti-Infectives		
<i>ciclopirox external gel 0.77 %</i>	4	QL (100 GM per 30 days)
<i>ciclopirox external shampoo 1 %</i>	4	QL (120 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	4	QL (13.2 ML per 30 days)
<i>clindamycin phosphate external gel 1 %</i>	4	QL (150 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate external lotion 1 %</i>	4	QL (120 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	4	QL (240 ML per 30 days)
<i>erythromycin external gel 2 %</i>	4	QL (120 GM per 30 days)
<i>erythromycin external solution 2 %</i>	3	QL (120 ML per 30 days)
<i>mupirocin external ointment 2 %</i>	2	QL (44 GM per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA; DL
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	BD
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	4	BD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	2	
KLOR-CON ORAL PACKET 20 MEQ	4	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	4	BD
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	BD
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	BD
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	3	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	4	BD
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	4	BD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	4	BD
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride intravenous solution 0.45 %</i>	4	
<i>sodium chloride intravenous solution 0.9 %, 3 %, 5 %</i>	4	BD
<i>sodium chloride irrigation solution 0.9 %</i>	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	4	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA; DL
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	5	PA; DL
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	5	PA; DL
LOKELMA ORAL PACKET 10 GM, 5 GM	4	
<i>sodium polystyrene sulfonate oral powder</i>	3	
SPS ORAL SUSPENSION 15 GM/60ML	3	
<i>trientine hcl oral capsule 250 mg</i>	5	PA; DL
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	4	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BD
<i>dextrose intravenous solution 10 %, 5 %</i>	4	BD
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %</i>	4	BD
<i>dextrose-nacl intravenous solution 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	4	
HEPATAMINE INTRAVENOUS SOLUTION 8 %	4	BD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BD
<i>levocarnitine oral solution 1 gm/10ml</i>	4	
<i>levocarnitine oral tablet 330 mg</i>	4	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BD
PREMASOL INTRAVENOUS SOLUTION 10 %	4	BD
PROSOL INTRAVENOUS SOLUTION 20 %	4	BD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4	BD
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BD

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Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	BD
Phosphate Binders		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	4	PA; QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	3	
<i>calcium acetate oral tablet 667 mg</i>	3	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	4	
<i>sevelamer carbonate oral tablet 800 mg</i>	4	
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	QL (180 EA per 30 days)
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	2	
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	3	QL (30 EA per 30 days)
LINZESS ORAL CAPSULE 72 MCG	3	QL (120 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg</i>	4	QL (60 EA per 30 days)
<i>lubiprostone oral capsule 8 mcg</i>	4	QL (90 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	PA; DL; QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
<i>loperamide hcl oral capsule 2 mg</i>	2	
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	4	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	5	PA; LA; DL
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	5	PA; LA; DL
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	4	

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Drug Name	Drug Tier	Requirements/Limits
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; LA; DL
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	2	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	2	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; LA; DL; QL (90 ML per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	2	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	
SUTAB ORAL TABLET 1479-225-188 MG	4	
<i>ursodiol oral capsule 300 mg</i>	4	
<i>ursodiol oral tablet 250 mg</i>	2	
<i>ursodiol oral tablet 500 mg</i>	4	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	3	
<i>cimetidine oral tablet 400 mg</i>	3	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	3	
<i>sucralfate oral suspension 1 gm/10ml</i>	4	
<i>sucralfate oral tablet 1 gm</i>	2	
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	3	QL (30 EA per 30 days)
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	4	QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	4	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
PRILOSEC ORAL PACKET 10 MG	4	PA; QL (240 EA per 30 days)
PRILOSEC ORAL PACKET 2.5 MG	4	PA; QL (120 EA per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine oral powder</i>	5	DL
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000- 114000 UNIT, 6000-19000 UNIT	3	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; LA
ENDARI ORAL PACKET 5 GM	5	PA; LA; DL; QL (180 EA per 30 days)
<i>miglustat oral capsule 100 mg</i>	5	PA; DL
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	PA; DL
ORFADIN ORAL CAPSULE 20 MG	5	PA; LA; DL
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; LA; DL
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA; DL
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA; DL
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA; DL
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA; DL
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA; DL
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	5	PA; DL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000- 24000 UNIT	3	
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	4	ST; QL (30 EA per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	4	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	4	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	4	QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	4	QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	4	ST; QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	4	ST; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	4	QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2	
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	2	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	3	
<i>penicillamine oral tablet 250 mg</i>	5	PA; DL
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; LA; DL
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	4	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	BD
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	4	BD
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	BD
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	4	BD
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral solution 5 mg/5ml</i>	4	BD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BD
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	3	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	4	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; LA; DL
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA; DL
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA; DL
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	3	QL (30 EA per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	
<i>oxandrolone oral tablet 10 mg</i>	4	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; QL (120 EA per 30 days)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	3	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	3	
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	4	PA; QL (37.5 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	4	PA; QL (150 GM per 30 days)
Estrogens		
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	4	QL (8 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	4	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tablet 10 mcg</i>	4	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
YUVAFEM VAGINAL TABLET 10 MCG	4	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	4	
APRI ORAL TABLET 0.15-30 MG-MCG	4	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	4	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	4	
AVIANE ORAL TABLET 0.1-20 MG-MCG	4	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	4	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	4	
CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG	4	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	4	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	4	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	4	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	4	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	4	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	4	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	4	

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Drug Name	Drug Tier	Requirements/Limits
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	4	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	4	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	4	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	4	
FALMINA ORAL TABLET 0.1-20 MG-MCG	4	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	4	
ICLEVIA ORAL TABLET 0.15-0.03 MG	4	
INTROVALE ORAL TABLET 0.15-0.03 MG	4	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	4	
JASMIEL ORAL TABLET 3-0.02 MG	4	
JULEBER ORAL TABLET 0.15-30 MG-MCG	4	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	4	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	4	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	4	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	4	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	4	
KURVELO ORAL TABLET 0.15-30 MG-MCG	4	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	4	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	4	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	4	
LESSINA ORAL TABLET 0.1-20 MG-MCG	4	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	4	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	4	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	4	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	4	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	4	
LORYNA ORAL TABLET 3-0.02 MG	4	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	4	

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Drug Name	Drug Tier	Requirements/Limits
LUTERA ORAL TABLET 0.1-20 MG-MCG	4	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	4	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	4	
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	4	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	4	
MILI ORAL TABLET 0.25-35 MG-MCG	4	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	4	
NIKKI ORAL TABLET 3-0.02 MG	4	
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	4	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	4	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	4	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	4	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	4	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	4	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	4	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	4	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	4	
OCELLA ORAL TABLET 3-0.03 MG	4	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	4	
OSPHENA ORAL TABLET 60 MG	3	PA
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	4	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	4	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	4	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	4	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	4	
SETLAKIN ORAL TABLET 0.15-0.03 MG	4	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	4	
SRONYX ORAL TABLET 0.1-20 MG-MCG	4	

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Drug Name	Drug Tier	Requirements/Limits
SYEDA ORAL TABLET 3-0.03 MG	4	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	4	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	4	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	4	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	4	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	4	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	4	
VIENVA ORAL TABLET 0.1-20 MG-MCG	4	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	4	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	4	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	4	
Progestins		
CAMILA ORAL TABLET 0.35 MG	4	
DEBLITANE ORAL TABLET 0.35 MG	4	
ERRIN ORAL TABLET 0.35 MG	4	
LYZA ORAL TABLET 0.35 MG	4	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	4	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	4	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	
NORA-BE ORAL TABLET 0.35 MG	4	
<i>norethindrone acetate oral tablet 5 mg</i>	3	
<i>norethindrone oral tablet 0.35 mg</i>	4	
<i>progesterone oral capsule 100 mg, 200 mg</i>	3	
SHAROBEL ORAL TABLET 0.35 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	3	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	4	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	3	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	PA; DL
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA; DL
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 500 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 50 mcg/ml</i>	3	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; LA; DL; QL (60 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA; LA; DL; QL (60 EA per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	5	PA; LA; DL; QL (30 EA per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA; DL
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	5	PA; DL
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	3	
IMMUNOLOGICAL AGENTS		
Angioedema Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA; DL; QL (20 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5	PA; DL; QL (16 EA per 28 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5	PA; DL; QL (24 EA per 28 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	5	PA; DL; QL (12 EA per 28 days)
Immunoglobulins		
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	BD; DL
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	BD; DL
Immunological Agents, Other		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; DL
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; DL; QL (8 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; DL; QL (8 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; DL; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; DL; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; DL; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; DL; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; DL; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; DL; QL (8 ML per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; DL; QL (30 EA per 30 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA; DL; QL (6 EA per 365 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; DL; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; DL; QL (16.8 ML per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; DL; QL (6 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; DL; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; DL; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; DL; QL (1 ML per 28 days)
TAVNEOS ORAL CAPSULE 10 MG	5	PA; LA; DL; QL (180 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; LA; DL; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; LA; DL; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; LA; DL; QL (8 EA per 28 days)
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; LA; DL
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA; LA; DL; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5	PA; DL
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT	5	PA; DL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; DL; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; DL; QL (4 ML per 28 days)
Immunosuppressants		
<i>azathioprine oral tablet 50 mg</i>	2	BD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; DL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; DL
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	4	BD
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	BD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	BD
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; DL; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; DL; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; DL; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; DL; QL (8 ML per 28 days)
<i>everolimus oral tablet 0.25 mg</i>	4	BD; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg</i>	5	BD; DL; QL (120 EA per 30 days)
<i>everolimus oral tablet 0.75 mg, 1 mg</i>	5	BD; DL; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	BD
GENGRAF ORAL SOLUTION 100 MG/ML	4	BD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; DL; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; DL; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; DL; QL (6 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; DL; QL (4 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; DL; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; DL; QL (3 EA per 28 days)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; DL; QL (4 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; DL; QL (4 EA per 28 days)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; DL; QL (3 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; DL; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; DL; QL (6 EA per 28 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; DL; QL (180 EA per 30 days)
<i>methotrexate oral tablet 2.5 mg</i>	2	BD
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	4	BD
<i>methotrexate sodium injection solution 50 mg/2ml</i>	4	BD
<i>mycophenolate mofetil oral capsule 250 mg</i>	3	BD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BD; DL
<i>mycophenolate mofetil oral tablet 500 mg</i>	3	BD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	4	BD
OTEZLA ORAL TABLET 30 MG	5	PA; DL; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA; DL; QL (110 EA per 365 days)
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BD
REZUROCK ORAL TABLET 200 MG	5	PA; LA; DL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	BD
<i>sirolimus oral solution 1 mg/ml</i>	5	BD; DL
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	BD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	BD
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	
<i>bcg vaccine injection solution reconstituted 50 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 Ifu/0.5ml</i>	3	BD
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML, 20 MCG/ML (PREFILLED SYRINGE)	3	BD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	BD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	BD
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	BD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION INJECTABLE	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
KINRIX INTRAMUSCULAR SUSPENSION	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED , (96-30-68-1-80-2-16-3-64-20 VAR UNITS)	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>prehevbrio intramuscular suspension 10 mcg/ml</i>	3	BD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML, 5 MCG/0.5ML (PREFILLED SYRINGE)	3	BD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	BD
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BD
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	
INFLAMMATORY BOWEL DISEASE AGENTS		
Aminosalicylates		
<i>balsalazide disodium oral capsule 750 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3	QL (120 EA per 30 days)
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	ST
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	3	QL (3.7 ML per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	BD
<i>calcitriol oral solution 1 mcg/ml</i>	4	BD
<i>cinacalcet hcl oral tablet 30 mg</i>	4	PA; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	5	PA; DL; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	PA; DL; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	3	QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; LA; DL; QL (2 EA per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	BD
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
<i>raloxifene hcl oral tablet 60 mg</i>	3	QL (30 EA per 30 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA; DL; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; DL; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; DL; QL (2 ML per 28 days)
OPHTHALMIC AGENTS		
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	4	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the Elixir RxPlus (PDP) 2022 Formulary.

Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	4	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	3	QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA; LA; DL
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; LA; DL
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	3	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	4	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (60 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	4	QL (30 ML per 30 days)
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	4	
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	4	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	QL (42 GM per 30 days)
<i>gatifloxacin ophthalmic solution 0.5 %</i>	4	
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	QL (42 GM per 30 days)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	QL (30 ML per 30 days)
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	3	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	3	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	2	QL (30 ML per 30 days)
Ophthalmic Anti-Inflammatories		

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Drug Name	Drug Tier	Requirements/Limits
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	4	QL (30 ML per 30 days)
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	3	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	QL (30 ML per 30 days)
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	4	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	3	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	3	
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	4	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	4	
<i>timolol maleate ophthalmic solution 0.25 %</i>	1	
<i>timolol maleate ophthalmic solution 0.5 %</i>	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	4	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	4	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	4	
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	4	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	4	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	4	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl ophthalmic solution 1 %</i>	2	
<i>pilocarpine hcl ophthalmic solution 2 %, 4 %</i>	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	4	
OTIC AGENTS		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	2	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	4	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	4	QL (30 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	4	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	3	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	3	
<i>ofloxacin otic solution 0.3 %</i>	4	
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	4	QL (30 ML per 25 days)
<i>cetirizine hcl oral solution 1 mg/ml</i>	2	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	4	
<i>cyproheptadine hcl oral tablet 4 mg</i>	4	
<i>desloratadine oral tablet 5 mg</i>	3	QL (30 EA per 30 days)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 110 MCG/INH, 220 MCG/ACT, 220 MCG/INH	3	QL (1 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (26 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	4	BD; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	4	BD; QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 100 MCG/BLIST, 250 MCG/ACT, 250 MCG/BLIST, 50 MCG/ACT, 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (11 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	3	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	4	QL (34 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	4	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (26 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BD
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (30 ML per 30 days)
SPIRIVA HANDHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	BD
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	4	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	QL (4 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	QL (4 EA per 30 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	4	QL (45 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT, 50 MCG/DOSE	3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; LA; DL; QL (84 ML per 28 days)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA; LA; DL; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; LA; DL; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; LA; DL; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; LA; DL; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BD; DL
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; LA; DL; QL (56 EA per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BD; DL
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; LA; DL; QL (84 EA per 28 days)
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	4	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	3	
<i>theophylline oral elixir 80 mg/15ml</i>	4	
<i>theophylline oral solution 80 mg/15ml</i>	4	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; LA; DL; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; LA; DL; QL (30 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; LA; DL; QL (30 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	5	PA; DL; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE 267 MG	5	PA; DL; QL (270 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; DL; QL (60 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; DL; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; DL; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	4	BD
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	3	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT, 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH	3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (4 GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	BD
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	3	QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BD
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; LA; DL; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; LA; DL; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; LA; DL; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; LA; DL; QL (3 EA per 28 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	

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Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 100-62.5-25 MCG/INH, 200-62.5-25 MCG/ACT, 200-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 350 mg</i>	3	QL (120 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	3	QL (480 EA per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	3	QL (240 EA per 30 days)
SLEEP DISORDER AGENTS		
Sleep Promoting Agents		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	4	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; LA; DL; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	4	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PA; QL (90 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PA; QL (60 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; DL; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	5	PA; LA; DL; QL (540 ML per 30 days)

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potassium chloride er	51	propafenone hcl	41	ribavirin	30
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This formulary was updated on 11/22/2022. For more recent information or other questions, please contact **Elixir RxPlus** at 1-866-250-2005 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.elixirinsurance.com.