



2026 Formulary

List of Covered Drugs or "Drug List"

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

This formulary was updated on 5/20/2026.

For more recent information or other questions, please contact VIVA MEDICARE Member Services at 1-800-633-1542 (TTY users should call 711), Monday – Friday, from 8 a.m. – 8 p.m. (From October 1 – March 31, seven days a week, 8 a.m. – 8 p.m.), or visit www.VivaHealth.com/Medicare.



IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR VACCINES: Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan.

Table of Contents

For information on the amounts you pay for your covered prescription drugs, please find your plan and the applicable page below:

Introduction.....	pg. I
VIVA MEDICARE <i>Extra Value</i>	pg. VII
VIVA MEDICARE <i>Extra Care</i>	pg. VII
Formulary	pg. 1
Index.....	pg. 86

Introduction

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 VIVA MEDICARE. When it refers to “plan” or “our plan,” it means VIVA MEDICARE *Extra Value* or VIVA MEDICARE *Extra Care*.

This document includes a Drug List (formulary) for our plan which is current as of 06/01/2026.

For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2027, and from time to time during the year.

What is the VIVA MEDICARE formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by VIVA MEDICARE 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. VIVA MEDICARE will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a VIVA MEDICARE 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 change?

Most changes in drug coverage happen on January 1, but VIVA MEDICARE may add or remove drugs on the formulary during the year or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.VivaHealth.com/Medicare.

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- ◆ **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the VIVA MEDICARE formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- ◆ **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. 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, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 VIVA MEDICARE formulary?”

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 06/01/2026. To get updated information about the drugs covered by VIVA MEDICARE, please contact us. Our contact information appears on the front and back cover pages.

VIVA MEDICARE will notify you in writing in the event of a mid-year change to the formulary if you have been identified as being treated for select drug therapies. VIVA MEDICARE maintains monthly updates to the formulary via the Member Resources page located at www.VivaHealth.com/Medicare.

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.” If you know what your drug is used for, look for the category name in the list that begins 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 86**. 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?

VIVA MEDICARE 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

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:** VIVA MEDICARE requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from VIVA MEDICARE before you fill your prescriptions. If you don’t get approval, VIVA MEDICARE may not cover the drug.
- ◆ **Quantity Limits:** For certain drugs, VIVA MEDICARE limits the amount of the drug that we will cover. For example, VIVA MEDICARE provides 60 tablets per prescription for

ALOSETRON. This may be in addition to a standard one-month or three-month supply.

- ◆ **Step Therapy:** In some cases, VIVA MEDICARE 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, VIVA MEDICARE may not cover Drug B unless you try Drug A first. If Drug A does not work for you, VIVA MEDICARE 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 website. 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 VIVA MEDICARE 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 VIVA MEDICARE formulary?” below 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 VIVA MEDICARE does not cover your drug, you have two options:

- ◆ You can ask Member Services for a list of similar drugs that are covered by VIVA MEDICARE. When you receive the list, show it to your doctor and ask them to prescribe

a similar drug that is covered by VIVA MEDICARE.

- ◆ You can ask VIVA MEDICARE 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 VIVA MEDICARE formulary?

You can ask VIVA MEDICARE 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, VIVA MEDICARE 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, VIVA MEDICARE will only approve your request for an exception if the alternative drugs included on the plan's formulary or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up

to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, 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 are a current member and have a level of care change (for example, you are going home from a long-term care facility, a hospital admission, etc.), notify your pharmacist of your level of care change. For each of your drugs that are not on

our formulary or if your ability to get your drugs is limited, we may cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. Before your temporary 31-day supply runs out, 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. After your temporary 31-day supply, we will not pay for drugs that are not on the formulary or have additional requirements or limits on coverage.

For more information:

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

If you have questions about VIVA MEDICARE, 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>.

VIVA MEDICARE's formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by VIVA MEDICARE. **If you have trouble finding your drug in the list, turn to the Index that begins on page 86.**

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

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

- “PA”** means the drug requires Prior Authorization.
- “QL”** means there is a quantity limit on the drug.
- “NM”** means the drug is *not* available at mail order.
- “ST”** means the drug requires step therapy.
- “LA”** means the drug has limited access and can only be dispensed by designated pharmacies.
- “B/D”** means a determination must be made as to whether the drug is covered under the Medicare Part B benefit or Medicare Part D benefit.
- “NDS”** means the drug is limited to a maximum of a 30-day supply per pharmacy fill.



2026 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on the level of Extra Help you receive. When you enroll in our plan, you will receive an Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (also called a Low Income Subsidy Rider or LIS Rider). It will tell you how much you will pay for prescription drugs. Depending on your income and institutional status, you pay the following:

VIVA MEDICARE Extra Value & VIVA MEDICARE Extra Care Drug Benefits Summary

I. Deductible: The amount you pay before the coverage starts.

Because you get Extra Help, your drug deductible is \$0.

II. Initial Coverage Phase: You pay the cost sharing below until your out-of-pocket costs reach \$2,100.

	2026 COSTS
Generic Drugs including brand drugs treated as generics: up to 100-day supply	\$0, \$1.60, or \$5.10 <i>depending on your level of Extra Help.</i>
All Other Drugs: up to 100-day supply	\$0, \$4.90, or \$12.65 <i>depending on your level of Extra Help.</i>

III. Catastrophic Phase: What you pay after you have spent \$2,100 out-of-pocket.

You pay \$0.

Note: Please see Chapter 6 of your VIVA MEDICARE Extra Value or VIVA MEDICARE Extra Care Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy.

- ◆ There is an index in the back to help you find the drug you are looking for.
- ◆ If you lose Extra Help, your costs will be different. Contact Member Services for more information.
- ◆ In addition to the drugs covered by Part D, certain Medicare recipients who also qualify for Medicaid may have some prescription drugs covered under their Medicaid benefits. These groups include:
 - QMB+
 - Full Benefit Dual Eligibles (FBDE)
 - SLMB+

If you have questions about which drugs are covered under Medicaid, please call the Medicaid Recipient Inquiry Hotline at 1-800-362-1504. TTY users call 1-800-253-0799.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>probenecid</i> TABS 500mg	1	
MISCELLANEOUS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	B/D
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	1	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	1	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	1	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	1	NDS, NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	1	
BLUJEPa TABS 750mg	1	
CAYSTON SOLR 75mg	1	NDS, NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium</i> SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	1	NDS
EMVERM CHEW 100mg	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>fosfomycin tromethamine</i> PACK 3gm	1	
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>gentamicin in saline inj</i> 1 mg/ml	1	
<i>gentamicin in saline inj</i> 1.2 mg/ml	1	
<i>gentamicin in saline inj</i> 1.6 mg/ml	1	
<i>gentamicin in saline inj</i> 2 mg/ml	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	1	
IMPAVIDO CAPS 50mg	1	NDS, PA
<i>ivermectin</i> TABS 3mg	1	QL (20 tabs / 90 days), PA
<i>ivermectin</i> TABS 6mg	1	QL (10 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml	1	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 2gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	1	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
<i>pyrimethamine</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	1	NDS
<i>sulfadiazine</i> TABS 500mg	1	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200- 40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800- 160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NDS, NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	1	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	

ANTIFUNGALS

<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg	1	NDS, PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	1	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> TBEC 100mg	1	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NDS, NM
EDURANT PED TBSO 2.5mg	1	NDS, NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS, NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg	1	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	1	NDS, NM
ISENTRESS HD TABS 600mg	1	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NDS, NM
PREZISTA SUSP 100mg/ml	1	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NDS, NM
<i>rilpivirine hcl</i> TABS 25mg	1	NDS, NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NDS, NM
SELZENTRY SOLN 20mg/ml	1	NDS, NM
SUNLENCA TABS 300mg; TBPK 300mg	1	NDS, NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 50mg	1	NDS, NM
TIVICAY PD TBSO 5mg	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
TROGARZO SOLN 200mg/1.33ml	1	NDS, NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NDS, NM
BIKTARVY TAB 50-200-25 MG	1	NDS, NM
CIMDUO TAB 300-300	1	NDS, NM
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, NM
DESCOVY TAB 200/25MG	1	NDS, NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
KALETRA SOL	1	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 675/150	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM
SYMTUZA TAB	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NDS, NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	1	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, PA
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM, ST
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	1	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID PAK	1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftaroline fosamil</i> SOLR 400mg, 600mg	1	NDS
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
<i>fidaxomicin</i> TABS 200mg	1	NDS
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	1	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	
<i>NUZYRA SOLR 100mg</i>	1	NDS, NM
<i>NUZYRA TABS 150mg</i>	1	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tigecycline</i> SOLR 50mg	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	1	NDS, B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	1	NDS, B/D
<i>cyclophosphamide</i> SOLN 1gm/5ml; SOLR 2gm	1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM
LEUKERAN TABS 2mg	1	NDS, PA
<i>lomustine</i> CAPS 10mg, 40mg	1	NM
<i>lomustine</i> CAPS 100mg	1	NDS, NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	1	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	1	NDS, B/D, NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	1	NDS, NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
TABLOID TABS 40mg	1	NDS, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg	1	NM, PA
FIRMAGON SOLR 120mg/vial	1	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	NDS, B/D
INLURIYO TABS 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA
LYSODREN TABS 500mg	1	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS

Drug Name	Drug Tier	Requirements/Limits
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	1	NDS, NM, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	1	NDS, QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, PA
<i>pomalidomide</i> CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	NDS, QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MATULANE CAPS 50mg	1	NDS, NM
<i>mesna</i> TABS 400mg	1	NDS
MODEYSO CAPS 125mg	1	NDS, QL (20 caps / 28 days), NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj 100mg</i>	1	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	1	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ENSACOVE CAPS 25mg	1	NDS, QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg, 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	1	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	1	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	1	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, PA
HERCESSI SOLR 150mg, 420mg	1	NDS, NM, PA
HERNEXEOS TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
HYRNUO TABS 10mg	1	NDS, QL (120 tabs / 30 days), NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	1	NDS, QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	1	NDS, QL (1 vial / 42 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 DOSE TBPk 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPk 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPk 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	1	NDS, QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	1	NDS, QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NDS, NM, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NDS, NM, PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, PA

2026 VIVA MEDICARE FORMULARY
FORMULARY

Drug Name	Drug Tier	Requirements/Limits
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>pazopanib hcl</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	1	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	1	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	NDS, QL (840 tabs / 28 days), NM, PA
TAGRISSO TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, PA
TECENTRIQ INJ HYBREZA	1	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	1	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	1	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>epplerenone TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	1	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75- 50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	1	QL (450 mL / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	1	
<i>digoxin TABS 125mcg, 250mcg</i>	1	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	1	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine SOLN 1mg/ml</i>	1	
<i>guanfacine hcl TABS 1mg, 2mg</i>	1	PA; PA applies if 65 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	1	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	1	NDS, NM, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	1	
<i>minoxidil TABS 2.5mg, 10mg</i>	1	
<i>ranolazine TB12 500mg, 1000mg</i>	1	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days), PA
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
<i>nitro-bid</i> OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>alyq</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan</i> TBSO 32mg	1	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, PA
UPTRAVI TABS 200mcg	1	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	1	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	1	NDS, QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	1	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	1	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	1	NDS, QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	1	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	1	NDS, QL (224 caps / 28 days), NM, PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	1	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	1	NDS, QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml	1	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10- 100mg</i>	1	
<i>carb/levo orally disintegrating tab 25- 100mg</i>	1	
<i>carb/levo orally disintegrating tab 25- 250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5- 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25- 100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50- 200-200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA

2026 VIVA MEDICARE FORMULARY
FORMULARY

Drug Name	Drug Tier	Requirements/Limits
COBENFY CAP 50-20MG	1	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	1	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	1	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	1	NDS, QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	1	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	1	QL (2 packs / year), PA
FANAPT PAK PACK B	1	QL (2 packs / year), PA
FANAPT PAK PACK C	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	NDS, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TAB 15-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	1	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	1	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	1	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
<i>brivaracetam</i> SOLN 10mg/ml	1	QL (600 mL / 30 days), PA
<i>brivaracetam</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg, 100mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam</i> TB3D 250mg	1	QL (360 tabs / 30 days)
<i>levetiracetam</i> TB3D 500mg	1	QL (180 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>perampanel</i> SUSP .5mg/ml	1	NDS, QL (680 mL / 28 days), PA
<i>perampanel</i> TABS 2mg	1	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	1	NDS, ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate</i> SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	NDS, QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg	1	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	1	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
<i>DAYVIGO TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>ramelteon</i> TABS 8mg	1	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	NDS, QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
COPAXONE SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i> glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i> glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i> glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i> glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / 365 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i> baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i> baclofen</i> TABS 10mg, 20mg	1	
<i> carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i> methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> tizanidine hcl</i> TABS 2mg, 4mg	1	

NARCOLEPSY/CATAPLEXY

<i> armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
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Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
<i>sodium oxybate</i> SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	1	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> GEL 1.62%	1	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
<i>dapagliflozin</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>	1	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	1	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>	1	QL (30 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	1	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: EMBECTA- BD/MHC/RUGBY	1	PA
CEQR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA

Drug Name	Drug Tier	Requirements/Limits
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	1	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	1	PA
INSULIN SYRINGES: EMBECTA-BD	1	PA
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	1	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	1	
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	
NOVOLOG RELION SOLN 100unit/ml	1	B/D
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	1	NDS, QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
OSPOMYV SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
<i>teriparatide</i> SOPN 560mcg/2.24ml	1	NDS, QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	1	NDS, QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	1	NDS, NM, PA
XTRENBO SOLN 120mg/1.7ml	1	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	NDS
<i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg	1	NM, PA
<i>deferasirox</i> TBSO 250mg, 500mg	1	NDS, NM, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, NM, PA
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh TABS .35mg</i>	1	
<i>enilloring</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
<i>finzala</i>	1	
<i>galbriela</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1/20</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jencycla TABS .35mg</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
LILETTA IUD 20.1mcg/day	1	NM
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>luizza 1.5/30</i>	1	
<i>luizza 1/20</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>meleya TABS .35mg</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>orquidea TABS .35mg</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>valtya 1/35</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xarah fe</i>	1	
<i>xelria fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvafem</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE KIT SOLN 1mg/0.2ml	1	
GVOKE PFS SOSY 1mg/0.2ml	1	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, PA
<i>betaine powder for oral solution</i>	1	NDS, NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, PA
CERDELGA CAPS 84mg	1	NDS, NM, PA
CEREZYME SOLR 400unit	1	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	1	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NDS, NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	1	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
REVCOVI SOLN 2.4mg/1.5ml	1	NDS, NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	1	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, PA
SYNAREL SOLN 2mg/ml	1	NDS, PA
<i>tolvaptan</i> TABS 15mg, 30mg	1	NDS, NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TBPK 15mg	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	1	NDS, NM, PA
<i>zelvysia</i> PACK 100mg, 500mg	1	NDS, NM, PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liomny</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; <i>SOSY</i> 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days)
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; <i>SUSR</i> 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	1	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alose tron hcl</i> TABS 1mg	1	NDS, QL (60 tabs / 30 days), PA
<i>alose tron hcl</i> TABS .5mg	1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>lubiprostone</i> CAPS 8mcg, 24mcg	1	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	1	NDS, QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucalfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOQUEZNA PAK DUAL PAK	1	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	1	QL (2 kits / year), PA

Drug Name	Drug Tier	Requirements/Limits
VOWST CAP	1	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	1	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	1	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	1	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	1	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/NAcl INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	1	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, NM, PA
DOPTELET SPRINKLE CPSP 10mg	1	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	1	
SIKLOS TABS 1000mg	1	NDS
TAVNEOS CAPS 10mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 60mg, 90mg	1	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	1	NDS, QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	1	NDS, QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
KINERET SOSY 100mg/0.67ml	1	NDS, QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	1	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	1	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	1	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	1	NDS, NM, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NDS, NM, PA
TREMFYA SOPN 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TREMFYA PEN SOAJ 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	1	NDS, QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	1	NDS, NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	1	NM, PA
YESINTEK SOSY 45mg/0.5ml	1	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, NM, PA
ARCALYST SOLR 220mg	1	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, PA
BENLYSTA SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	1	NDS, B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg	1	B/D, NM
<i>engraf</i> CAPS 25mg, 100mg	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	NDS, B/D, NM

Drug Name	Drug Tier	Requirements/Limits
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NAACL INJ 0.45%	1	
D5W/NAACL INJ 0.2%	1	
D5W/NAACL INJ 0.45%	1	
D10W/NAACL INJ 0.2%	1	
D10W/NAACL INJ 0.45%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
KCL/D5W/NACL INJ 0.15/0.2	1	
LACTATED RIN INJ	1	
<i>lactated ringer's solution</i>	1	
<i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>multiple electrolytes ph 5.5</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	1	
KLOR-CON 8 TBCR 8meq	1	
<i>klor-con 10 TBCR 10meq</i>	1	
KLOR-CON 10 TBCR 10meq	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	
IV NUTRITION		
<i>aminosyn ii soln 15%</i>	1	B/D
AMINOSYN INJ 10%	1	B/D
AMINOSYN-PF INJ 10%	1	B/D
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%	1	B/D
DEXTROSE 10% SOLN 10%	1	
DEXTROSE 70% SOLN 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	NDS, B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl SUSP .6%</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
NATACYN SUSP 5%	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
trifluridine SOLN 1%	1	
XDEMVI SOLN .25%	1	NDS, NM, PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
LOTEMAX OINT .5%	1	
<i>prednisolone acetate (ophth) SUSP 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	1	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brinzolamide</i> SUSP 1%	1	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, PA
CYSTARAN SOLN .44%	1	NDS, NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln</i> 1-2%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin (otic)</i> SOLN .3%	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
<i>ipratropium bromide hfa</i> AERS 17mcg/act	1	QL (2 inhalers / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act	1	QL (1 inhaler / 30 days)

ANTIHIISTAMINES

<i>azelastine hcl</i> SOLN .1%	1	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	1	PA; PA applies if 65 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	1	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA

2026 VIVA MEDICARE FORMULARY
FORMULARY

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN SOAJ 30mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>nintedanib esylate</i> CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>brey-na</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical) GEL 1%</i>	1	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>neuac</i>	1	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne) LOTN 10%</i>	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	1	QL (60 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	1	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	1	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA

Drug Name	Drug Tier	Requirements/Limits
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
EUCRISA OINT 2%	1	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	

2026 VIVA MEDICARE FORMULARY
FORMULARY

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

Index**A**

<i>abacavir sulfate</i>	6	AKEEGA TAB 50/500MG	13
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	7	<i>ala-cort</i>	82
<i>abigale</i>	57	<i>albendazole</i>	3
<i>abigale lo</i>	57	<i>albuterol sulfate</i>	78
ABILIFY ASIMTUFII	36	<i>alclometasone dipropionate</i>	82
ABILIFY MAINTENA	36	ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	50
<i>abiraterone acetate</i>	13	ALDURAZYME	59
<i>abirtega</i>	13	ALECENSA.....	15
ABRYSVO	71	<i>alendronate sodium</i>	52
<i>acamprosate calcium</i>	48	<i>alfuzosin hcl</i>	64
<i>acarbose</i>	49	<i>aliskiren fumarate</i>	30
<i>accutane</i>	81	<i>allopurinol</i>	1
<i>acebutolol hcl</i>	29	<i>alose tron hcl</i>	63
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	<i>alprazolam</i>	32
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	<i>altavera</i>	53
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	ALUNBRIG.....	15
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	ALUNBRIG PAK	15
<i>acetazolamide</i>	30	ALVAIZ	66
<i>acetic acid</i>	64	ALVESCO	80
<i>acetic acid (otic)</i>	76	<i>alyacen 1/35</i>	53
<i>acetylcysteine</i>	78	<i>alyacen 7/7/7</i>	53
<i>acitretin</i>	82	ALYFTREK TAB 10-50-125	78
ACTHIB INJ.....	71	ALYFTREK TAB 4-20-50.....	78
ACTIMMUNE.....	70	ALYGLO	69
<i>acyclovir</i>	8	<i>alyq</i>	32
<i>acyclovir sodium</i>	8	<i>amantadine hcl</i>	35
ADACEL INJ	71	<i>ambrisentan</i>	32
ADALIMUMAB-BWWD	67	<i>amethyst</i>	53
<i>adefovir dipivoxil</i>	8	<i>amikacin sulfate</i>	3
ADEMPAS	32	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	30
ADMELOG	50	<i>amiloride hcl</i>	30
ADMELOG SOLOSTAR.....	50	<i>aminosyn ii soln 15%</i>	74
ADVAIR HFA AER 115/21	80	AMINOSYN INJ 10%	74
ADVAIR HFA AER 230/21	80	AMINOSYN-PF INJ 10%.....	74
ADVAIR HFA AER 45/21.....	80	<i>amiodarone hcl</i>	27
<i>afirmelle</i>	53	<i>amitriptyline hcl</i>	33
AIMOVIG	45	<i>amlodipine besylate</i>	29
AIRSUPRA AER 90-80MCG	80	<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	31
AKEEGA TAB 100/500	13	<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	31
		<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	31

INDEX

<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	31	<i>amoxicillin</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	30	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	31	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	31	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	31	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	31	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	31	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	31	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	10
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	24	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	43
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	24	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	44
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	24	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	44
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	24	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	44
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	24	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	44
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	24	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	43
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	25	<i>amphetamine-dextroamphetamine tab 10 mg</i>	44
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	25	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	44
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	25	<i>amphetamine-dextroamphetamine tab 15 mg</i>	44
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	25	<i>amphetamine-dextroamphetamine tab 20 mg</i>	44
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	26	<i>amphetamine-dextroamphetamine tab 30 mg</i>	44
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	26	<i>amphetamine-dextroamphetamine tab 5 mg</i>	44
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	25	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	44
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	25	<i>amphotericin b</i>	5
<i>amnestem</i>	81	<i>amphotericin b liposome</i>	5
<i>amoxapine</i>	33	<i>ampicillin</i>	10
		<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	10

<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	11	ATROPINE SULFATE.....	76
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	11	<i>atropine sulfate (ophthalmic)</i>	76
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	11	ATROVENT HFA.....	77
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	11	<i>aubra eq</i>	53
<i>ampicillin sodium</i>	11	AUGTYRO.....	15
<i>anagrelide hcl</i>	66	<i>aurovela 1/20</i>	53
<i>anastrozole</i>	13	<i>aurovela 24 fe</i>	53
ANORO ELLIPT AER 62.5-25.....	77	<i>aurovela fe 1.5/30</i>	53
<i>aprepitant</i>	61	<i>aurovela fe 1/20</i>	53
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	61	AUSTEDO.....	46
<i>apri</i>	53	AUSTEDO XR.....	46
APTIOM.....	39	AUSTEDO XR TAB TITR KIT	46
APTIVUS.....	6	AUVELITY TAB 45-105MG.....	33
ARALAST NP	78	<i>aviane</i>	53
<i>aranelle</i>	53	AVMAPKI PAK FAKZYNJA	15
ARCALYST	70	<i>ayuna</i>	53
AREXVY.....	71	AYVAKIT	15
ARIKAYCE.....	3	<i>azacitidine</i>	12
<i>aripiprazole</i>	36	<i>azathioprine</i>	70
ARISTADA	36	<i>azelastine hcl</i>	77
ARISTADA INITIO	36	<i>azelastine hcl (ophth)</i>	75
<i>armodafinil</i>	47, 48	<i>azithromycin</i>	9
ARNUITY ELLIPTA	80	<i>aztreonam</i>	3
<i>asenapine maleate</i>	36	<i>azurette</i>	53
<i>ashlyna</i>	53	B	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	66	<i>bacitracin-polymyxin b ophth oint</i>	75
ASTAGRAF XL.....	70	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	74
<i>atazanavir sulfate</i>	6	<i>baclofen</i>	47
<i>atenolol</i>	29	BAFIERTAM	46
<i>atenolol & chlorthalidone tab 100-25 mg</i>	28	<i>balsalazide disodium</i>	62
<i>atenolol & chlorthalidone tab 50-25 mg</i>	28	BALVERSA.....	15, 16
<i>atomoxetine hcl</i>	44	<i>balziva</i>	53
<i>atorvastatin calcium</i>	28	BARACLUDE	8
<i>atovaquone</i>	3	BCG VACCINE	71
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	5	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	24
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	5	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	24
		<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	24
		<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	24
		<i>benazepril hcl</i>	25
		BENDAMUSTINE HYDROCHLORID	12
		BENDEKA	12

INDEX

BENLYSTA	70	BRAFTOVI	16
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	81	BREO ELLIPTA INH 100-25	80
<i>benztropine mesylate</i>	35	BREO ELLIPTA INH 200-25	80
BERINERT	66	BREO ELLIPTA INH 50-25MCG.....	80
<i>besifloxacin hcl</i>	75	<i>breyna</i>	80
BESIVANCE.....	75	BREZTRI AERO AER SPHERE	77
BESREMI	14	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....	77
<i>betaine powder for oral solution</i>	59	<i>briellyn</i>	53
<i>betamethasone dipropionate (topical)</i>	82	<i>brimonidine tartrate</i>	76
<i>betamethasone dipropionate augmented</i>	82	<i>brinzolamide</i>	76
<i>betamethasone valerate</i>	83	<i>brivaracetam</i>	39
BETASERON.....	46	BRIVIACT.....	39
<i>betaxolol hcl</i>	29	<i>bromocriptine mesylate</i>	35
<i>betaxolol hcl (ophth)</i>	76	BRUKINSA.....	16
<i>bethanechol chloride</i>	64	<i>budesonide</i>	62
BEVESPI AER 9-4.8MCG.....	77	<i>budesonide (inhalation)</i>	80
<i>bexarotene</i>	14	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	80
<i>bexarotene (topical)</i>	84	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	80
BEXSERO.....	71	<i>bumetanide</i>	30
<i>bicalutamide</i>	13	<i>buprenorphine</i>	1
BICILLIN L-A.....	11	<i>buprenorphine hcl</i>	48
BIKTARVY TAB 30-120-15 MG	7	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	48
BIKTARVY TAB 50-200-25 MG	7	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	48
BILDYOS	52	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	48
BIMZELX	67	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	48
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	29	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	48
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	29	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	48
<i>bisoprolol & hydrochlorothiazide tab 5- 6.25 mg</i>	29	<i>bupropion hcl</i>	33
<i>bisoprolol fumarate</i>	29	<i>bupropion hcl (smoking deterrent)</i> ...	48
BIVIGAM	69	<i>bupirone hcl</i>	33
<i>blisovi 24 fe</i>	53	<i>butorphanol tartrate</i>	2
<i>blisovi fe 1.5/30</i>	53	C	
<i>blisovi fe 1/20</i>	53	<i>cabergoline</i>	59
BLUJEP.....	3	CABOMETYX	16
BONSITY	52	<i>calcipotriene</i>	82
BOOSTRIX INJ.....	71	<i>calcitonin (salmon) spray</i>	52
<i>bortezomib</i>	16	<i>calcitrene</i>	82
BORTEZOMIB	16		
<i>bosentan</i>	32		
BOSULIF.....	16		

<i>calcitriol</i>	61	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>calcitriol (oral)</i>	61	31.25-125-200 mg	35
CALQUENCE	16	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>camila</i>	53	37.5-150-200 mg	35
<i>camrese</i>	53	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>camrese lo</i>	53	50-200-200 mg.....	35
<i>candesartan cilexetil</i>	27	<i>carboplatin</i>	12
<i>candesartan cilexetil-</i>		<i>carglumic acid</i>	59
<i>hydrochlorothiazide tab 16-12.5 mg</i>		<i>carisoprodol</i>	47
.....	26	<i>carteolol hcl (ophth)</i>	76
<i>candesartan cilexetil-</i>		<i>cartia xt</i>	29
<i>hydrochlorothiazide tab 32-12.5 mg</i>		<i>carvedilol</i>	29
.....	26	<i>caspofungin acetate</i>	5
<i>candesartan cilexetil-</i>		CAYSTON	3
<i>hydrochlorothiazide tab 32-25 mg</i> .	26	<i>cefaclor</i>	9
CAPLYTA.....	36	<i>cefadroxil</i>	9
CAPRELSA	16	CEFAZOLIN	9
<i>captopril</i>	25	CEFAZOLIN INJ 1GM/50ML	9
<i>captopril & hydrochlorothiazide tab 25-</i>		<i>cefazolin sodium</i>	9
15 mg	24	CEFAZOLIN SOLN 2GM/100ML-4%	9
<i>captopril & hydrochlorothiazide tab 25-</i>		CEFAZOLIN/DEX SOL 1GM/50ML-4% .	9
25 mg	24	CEFAZOLIN/DEX SOL 2GM/50ML-3% .	9
<i>captopril & hydrochlorothiazide tab 50-</i>		CEFAZOLIN/DEX SOL 3GM/150ML-4% .	9
15 mg	24	CEFAZOLIN/DEX SOL 3GM/50ML-2% .	9
<i>captopril & hydrochlorothiazide tab 50-</i>		<i>cefdinir</i>	9
25 mg	24	<i>cefepime hcl</i>	9
<i>carb/levo orally disintegrating tab 10-</i>		<i>cefixime</i>	9
100mg	35	<i>cefotetan disodium</i>	9
<i>carb/levo orally disintegrating tab 25-</i>		<i>cefoxitin sodium</i>	9
100mg	35	<i>cefpodoxime proxetil</i>	9
<i>carb/levo orally disintegrating tab 25-</i>		<i>cefprozil</i>	9
250mg	35	<i>ceftaroline fosamil</i>	9
<i>carbamazepine</i>	39	<i>ceftazidime</i>	9
<i>carbidopa & levodopa tab 10-100 mg</i>	35	<i>ceftriaxone sodium</i>	9
<i>carbidopa & levodopa tab 25-100 mg</i>	35	<i>cefuroxime axetil</i>	9
<i>carbidopa & levodopa tab 25-250 mg</i>	35	<i>cefuroxime sodium</i>	9
<i>carbidopa & levodopa tab er 25-100</i>		<i>celecoxib</i>	1
<i>mg</i>	35	<i>cephalexin</i>	9
<i>carbidopa & levodopa tab er 50-200</i>		CEQUR SIMPL KIT PATCH 2U (3-DAY)	
<i>mg</i>	35	50
<i>carbidopa-levodopa-entacapone tabs</i>		CEQUR SIMPL KIT PATCH 2U (4-DAY)	
12.5-50-200 mg	35	50
<i>carbidopa-levodopa-entacapone tabs</i>		CEQUR SIMPL MIS INSERTER.....	51
18.75-75-200 mg	35	CERDELGA	59
<i>carbidopa-levodopa-entacapone tabs</i>		CEREZYME	59
25-100-200 mg	35	<i>cetirizine hcl</i>	77

INDEX

<i>cevimeline hcl</i>	84	CLINIMIX INJ 6/5	74
<i>chateal eq</i>	53	CLINIMIX INJ 8/10	74
CHEMET	52	CLINIMIX INJ 8/14	74
<i>chlorhexidine gluconate (mouth-throat)</i>	84	<i>clinisol sf 15%</i>	74
<i>chloroquine phosphate</i>	5	CLINOLIPID EMU 20%	74
<i>chlorpromazine hcl</i>	36	<i>clobazam</i>	39, 40
<i>chlorthalidone</i>	30	<i>clobetasol propionate</i>	83
<i>cholestyramine</i>	28	<i>clobetasol propionate e</i>	83
<i>cholestyramine light</i>	28	<i>clodan</i>	83
<i>ciclopirox</i>	82	<i>clomipramine hcl</i>	34
<i>ciclopirox olamine</i>	82	<i>clonazepam</i>	40
<i>cilostazol</i>	66	<i>clonidine</i>	31
CILOXAN	75	<i>clonidine hcl</i>	31
CIMDUO TAB 300-300	7	<i>clopidogrel bisulfate</i>	66
<i>cinacalcet hcl</i>	59	<i>clorazepate dipotassium</i>	40
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10	<i>clotrimazole</i>	85
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10	<i>clotrimazole (topical)</i>	82
<i>ciprofloxacin hcl</i>	10	<i>clotrimazole w/ betamethasone cream</i> <i>1-0.05%</i>	82
<i>ciprofloxacin hcl (ophth)</i>	75	<i>clozapine</i>	36
<i>ciprofloxacin-dexamethasone otic susp</i> <i>0.3-0.1%</i>	76	COARTEM TAB 20-120MG	5
<i>cisplatin</i>	12	COBENFY CAP 100-20MG	37
<i>citalopram hydrobromide</i>	33	COBENFY CAP 125-30MG	37
<i>claravis</i>	81	COBENFY CAP 50-20MG	37
<i>clarithromycin</i>	10	COBENFY STRT CAP PACK	37
<i>clindamycin hcl</i>	3	<i>colchicine</i>	1
<i>clindamycin palmitate hydrochloride</i> ...3		<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	1
<i>clindamycin phosphate</i>	3	<i>colesevelam hcl</i>	28
<i>clindamycin phosphate (topical)</i>	81	<i>colestipol hcl</i>	28
<i>clindamycin phosphate in d5w iv soln</i> <i>300 mg/50ml</i>	3	<i>colistimethate sodium</i>	3
<i>clindamycin phosphate in d5w iv soln</i> <i>600 mg/50ml</i>	3	COMBIGAN SOL 0.2/0.5%	76
<i>clindamycin phosphate in d5w iv soln</i> <i>900 mg/50ml</i>	3	COMBIVENT AER 20-100	77
<i>clindamycin phosphate vaginal</i>	65	COMETRIQ (60MG DOSE)	16
<i>clindamycin phosph-benzoyl peroxide</i> <i>(refrig) gel 1.2 (1)-5%</i>	81	COMETRIQ KIT 100MG	16
CLINDMYC/NAC INJ 300/50ML.....	3	COMETRIQ KIT 140MG	16
CLINDMYC/NAC INJ 600/50ML.....	3	<i>compro</i>	61
CLINDMYC/NAC INJ 900/50ML.....	3	<i>constulose</i>	62
CLINIMIX INJ 4.25/D10	74	COPAXONE	46, 47
CLINIMIX INJ 4.25/D5W	74	COPIKTRA	16
CLINIMIX INJ 5%/D15W	74	CORLANOR.....	31
CLINIMIX INJ 5%/D20W	74	COTELLIC.....	16
		CREON CAP 12000UNT.....	63
		CREON CAP 24000UNT.....	63
		CREON CAP 3000UNIT	63
		CREON CAP 36000UNT.....	63

CREON CAP 6000UNIT.....	63	<i>dasetta 1/35</i>	53
CRESEMBA.....	5	<i>dasetta 7/7/7</i>	53
<i>cromolyn sodium</i>	78	DAURISMO.....	16, 17
<i>cromolyn sodium (mastocytosis)</i>	63	<i>daysee</i>	53
<i>cromolyn sodium (ophth)</i>	76	DAYVIGO	44
<i>cryselle</i>	53	<i>deblitane</i>	53
<i>cyclobenzaprine hcl</i>	47	<i>deferasirox</i>	52
<i>cyclophosphamide</i>	12	DELSTRIGO TAB.....	7
CYCLOPHOSPHAMIDE	12	DENGVAXIA SUS.....	71
CYCLOPHOSPHAMIDE MONOHYDR ...	12	DEPO-SUBQ PROVERA 104	53
<i>cycloserine</i>	8	<i>depo-testosterone</i>	48
<i>cyclosporine</i>	70	DESCOVY TAB 120-15MG	7
<i>cyclosporine modified (for</i> <i>microemulsion)</i>	70	DESCOVY TAB 200/25MG	7
<i>cyproheptadine hcl</i>	77	<i>desipramine hcl</i>	34
<i>cyred eq</i>	53	<i>desmopressin acetate</i>	59
CYSTADROPS	76	<i>desmopressin acetate spray</i>	59
CYSTAGON	59	<i>desmopressin acetate spray</i> <i>refrigerated</i>	59
CYSTARAN	76	<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	53
<i>cytarabine</i>	12	<i>desvenlafaxine succinate</i>	34
D		<i>dexamethasone</i>	58
D10W/NAACL INJ 0.2%	72	DEXAMETHASONE INTENSOL.....	58
D10W/NAACL INJ 0.45%	72	<i>dexamethasone sodium phosphate</i> ..	58
D2.5W/NAACL INJ 0.45%	72	<i>dexamethasone sodium phosphate</i> <i>(ophth)</i>	75
D5W/NAACL INJ 0.2%.....	72	<i>dexmethylphenidate hcl</i>	44
D5W/NAACL INJ 0.45%	72	<i>dextrose</i>	74
<i>dabigatran etexilate mesylate</i>	65	DEXTROSE 10%.....	74
<i>dalfampridine</i>	47	<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i>	72
<i>danazol</i>	48	<i>dextrose 5% in lactated ringers</i>	72
<i>dantrolene sodium</i>	47	<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i>	72
DANZITEN	16	<i>dextrose 5% w/ sodium chloride 0.3%</i>	72
<i>dapagliflozin</i>	49	<i>dextrose 5% w/ sodium chloride 0.45%</i>	72
<i>dapagliflozin free base-metformin hcl</i> <i>tab er 24hr 10-1000 mg</i>	49	<i>dextrose 5% w/ sodium chloride 0.9%</i>	72
<i>dapagliflozin free base-metformin hcl</i> <i>tab er 24hr 10-500 mg</i>	49	DEXTROSE 70%.....	74
<i>dapagliflozin free base-metformin hcl</i> <i>tab er 24hr 5-1000 mg</i>	49	DIACOMIT	40
<i>dapagliflozin free base-metformin hcl</i> <i>tab er 24hr 5-500 mg</i>	49	<i>diazepam</i>	40
<i>dapsone</i>	3	<i>diazepam (anticonvulsant)</i>	40
DAPTACEL INJ	71	<i>diazepam inj</i>	40
<i>daptomycin</i>	3	<i>diazepam intensol</i>	40
DAPTOMYCIN	3		
<i>darunavir</i>	6		
<i>dasatinib</i>	16		

INDEX

<i>diazoxide</i>	59	<i>dronabinol</i>	61
<i>diclofenac potassium</i>	1	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	54
<i>diclofenac sodium</i>	1	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	54
<i>diclofenac sodium (ophth)</i>	75	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> 54	
<i>diclofenac sodium (topical)</i>	84	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> 54	
<i>dicloxacillin sodium</i>	11	DROXIA	66
<i>dicyclomine hcl</i>	62	<i>droxidopa</i>	31
DIFICID.....	10	DULERA AER 100-5MCG	81
<i>diflunisal</i>	1	DULERA AER 200-5MCG	81
<i>difluprednate</i>	75	DULERA AER 50-5MCG.....	81
<i>digoxin</i>	31	<i>duloxetine hcl</i>	34
<i>dihydroergotamine mesylate</i>	45	DUPIXENT	67
DILANTIN	40	<i>dutasteride</i>	64
<i>diltiazem hcl</i>	29	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	64
<i>diltiazem hcl coated beads</i>	29	E	
<i>diltiazem hcl extended release beads</i> 30		<i>e.e.s. 400</i>	10
<i>dilt-xr</i>	29	<i>econazole nitrate</i>	82
<i>diphenhydramine hcl</i>	77	EDURANT	6
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	63	EDURANT PED	6
<i>dipyridamole</i>	66	<i>efavirenz</i>	6
<i>disopyramide phosphate</i>	27	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	7
<i>disulfiram</i>	48	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	7
<i>divalproex sodium</i>	40	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	7
<i>docetaxel</i>	15	ELIGARD	13
DOCETAXEL	15	<i>elinest</i>	54
DOCIVYX	15	ELIQUIS.....	65
<i>dofetilide</i>	27	ELIQUIS (1.5MG PACK) 3 X	65
<i>dolishale</i>	53	ELIQUIS (2MG PACK) 4 X	65
<i>donepezil hydrochloride</i>	33	ELIQUIS STARTER PACK.....	65
DOPTELET	66	<i>eluryng</i>	54
DOPTELET SPRINKLE.....	66	EMGALITY	45
<i>dorzolamide hcl</i>	76	EMSAM	34
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	76	<i>emtricitabine</i>	6
<i>dotti</i>	57	<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i>	7
DOVATO TAB 50-300MG	7	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	7
<i>doxazosin mesylate</i>	25		
<i>doxepin hcl</i>	34		
<i>doxepin hcl (sleep)</i>	45		
<i>doxorubicin hcl</i>	14		
<i>doxorubicin hcl liposomal</i>	14		
<i>doxy 100</i>	11		
<i>doxycycline (monohydrate)</i>	11		
<i>doxycycline hyclate</i>	11		
DRIZALMA SPRINKLE	34		

<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	7	<i>ertapenem sodium</i>	3
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	7	<i>ery</i>	81
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	7	ERYTHROCIN LACTOBIONATE	10
EMTRIVA	6	<i>erythromycin (acne aid)</i>	81
EMVERM	3	<i>erythromycin (ophth)</i>	75
<i>emzahh</i>	54	<i>erythromycin base</i>	10
<i>enalapril maleate</i>	25	<i>erythromycin ethylsuccinate</i>	10
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	24	<i>erythromycin lactobionate</i>	10
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	24	ERZOFRI	37
ENBREL	67	<i>escitalopram oxalate</i>	34
ENBREL MINI	67	<i>eslicarbazepine acetate</i>	40
ENBREL SURECLICK	67	<i>esomeprazole magnesium</i>	64
<i>endocet tab 10-325mg</i>	2	<i>estarylla</i>	54
<i>endocet tab 2.5-325mg</i>	2	<i>estradiol</i>	57
<i>endocet tab 5-325mg</i>	2	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	58
<i>endocet tab 7.5-325mg</i>	2	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	58
ENGERIX-B	71	<i>estradiol vaginal</i>	58
<i>enilloring</i>	54	<i>estradiol valerate</i>	58
<i>enoxaparin sodium</i>	65	<i>eszopiclone</i>	45
ENSACOVE.....	17	<i>ethambutol hcl</i>	8
<i>enskyce</i>	54	<i>ethosuximide</i>	40
ENSTILAR AER	82	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	54
<i>entacapone</i>	36	<i>etodolac</i>	1
<i>entecavir</i>	8	<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	54
ENTRESTO CAP 15-16MG	26	<i>etoposide</i>	15
ENTRESTO CAP 6-6MG	26	<i>etravirine</i>	6
<i>enulose</i>	63	EUCRISA.....	84
EPCLUSA PAK 150-37.5	8	EULEXIN	13
EPCLUSA PAK 200-50MG	8	<i>everolimus</i>	17
EPCLUSA TAB 200-50MG	8	<i>everolimus (immunosuppressant)</i>	70
EPCLUSA TAB 400-100	8	EVOTAZ TAB 300-150	7
EPIDIOLEX.....	40	<i>exemestane</i>	13
<i>epinephrine</i>	31	EXXUA	34
<i>epinephrine (anaphylaxis)</i>	78	EXXUA TITRATION PACK	34
<i>eplerenone</i>	25	EYSUVIS	76
<i>ergotamine w/ caffeine tab 1-100 mg</i>	45	<i>ezetimibe</i>	28
ERIVEDGE	17	<i>ezetimibe-simvastatin tab 10-10 mg</i>	28
ERLEADA	13	<i>ezetimibe-simvastatin tab 10-20 mg</i>	28
<i>erlotinib hcl</i>	17	<i>ezetimibe-simvastatin tab 10-40 mg</i>	28
<i>errin</i>	54	<i>ezetimibe-simvastatin tab 10-80 mg</i>	28
		F	
		FABRAZYME.....	59

INDEX

<i>falmina</i>	54	<i>fluocinonide emulsified base</i>	83
<i>famciclovir</i>	8	<i>fluorometholone (ophth)</i>	75
<i>famotidine</i>	62	<i>fluorouracil</i>	12
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	62	<i>fluorouracil (topical)</i>	84
FANAPT	37	<i>fluoxetine hcl</i>	34
FANAPT PAK PACK A	37	<i>fluphenazine decanoate</i>	37
FANAPT PAK PACK B	37	<i>fluphenazine hcl</i>	37
FANAPT PAK PACK C	37	<i>flurbiprofen</i>	1
FARXIGA	49	<i>flurbiprofen sodium</i>	75
FASENRA	78	<i>fluticasone propionate</i>	83
FASENRA PEN	79	<i>fluticasone propionate (nasal)</i>	80
<i>feirza 1.5/30</i>	54	<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	81
<i>feirza 1/20</i>	54	<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	81
<i>felbamate</i>	41	<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	81
<i>felodipine</i>	30	<i>fluvoxamine maleate</i>	33
<i>fenofibrate</i>	28	<i>fondaparinux sodium</i>	65
<i>fenofibrate micronized</i>	28	<i>fosamprenavir calcium</i>	6
<i>fentanyl</i>	1	<i>fosfomycin tromethamine</i>	3
<i>fesoterodine fumarate</i>	64	<i>fosinopril sodium</i>	25
FETZIMA.....	34	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	24
FETZIMA CAP TITRATIO	34	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	24
FIASP.....	51	FOTIVDA.....	17
FIASP FLEXTOUCH	51	FRINDOVYX.....	12
FIASP PENFILL	51	FRUZAQLA	17
FIASP PUMPCART.....	51	FULPHILA.....	66
<i>fidaxomicin</i>	10	<i>fulvestrant</i>	13
<i>finasteride</i>	64	<i>furosemide</i>	30
<i>fingolimod hcl</i>	47	<i>furosemide inj</i>	30
FINTEPLA	41	<i>fyavolv tab 0.5mg-2.5mcg</i>	58
<i>finzala</i>	54	<i>fyavolv tab 1mg-5mcg</i>	58
FIRMAGON.....	13	FYCOMPA	41
<i>flac</i>	76	G	
FLEBOGAMMA DIF.....	69	<i>gabapentin</i>	41
<i>flecainide acetate</i>	27	<i>galantamine hydrobromide</i>	33
<i>fluconazole</i>	5	<i>galbriela</i>	54
<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	5	<i>gallifrey</i>	60
<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	5	GAMASTAN INJ	69
<i>flucytosine</i>	5	GAMMAGARD LIQUID.....	69
<i>fludrocortisone acetate</i>	58	GAMMAGARD LIQUID ERC	69
<i>flunisolide (nasal)</i>	80	GAMMAGARD S/D IGA LESS TH.....	70
<i>fluocinolone acetonide</i>	83	GAMMAKED	70
<i>fluocinolone acetonide (otic)</i>	76		
<i>fluocinonide</i>	83		

GAMMAPLEX	70	<i>griseofulvin ultramicrosize</i>	5
GAMUNEX-C.....	70	<i>guanfacine hcl</i>	31
<i>ganciclovir sodium</i>	8	<i>guanfacine hcl (adhd)</i>	44
GARDASIL 9.....	71	GVOKE HYPOPEN 1-PACK	59
<i>gatifloxacin (ophth)</i>	75	GVOKE HYPOPEN 2-PACK	59
GATTEX.....	63	GVOKE KIT.....	59
GAUZE PADS 2	51	GVOKE PFS	59
<i>gavilyte-c</i>	63	H	
<i>gavilyte-g</i>	63	HADLIMA	67
<i>gavilyte-n/fluor pack</i>	63	HADLIMA PUSHTOUCH.....	67
GAVRETO	17	HAEGARDA.....	66
<i>gefitinib</i>	17	<i>hailey 1.5/30</i>	54
<i>gemcitabine hcl</i>	12	<i>hailey 24 fe</i>	54
<i>gemfibrozil</i>	28	<i>hailey fe 1/20</i>	54
GEMTESA	64	<i>halobetasol propionate</i>	83
<i>generlac</i>	63	<i>haloperidol</i>	37
<i>gengraf</i>	70	<i>haloperidol decanoate</i>	37
GENOTROPIN	59	<i>haloperidol lactate</i>	37
GENOTROPIN MINIQUICK	59	HAVRIX.....	71
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	<i>heather</i>	54
<i>gentamicin in saline inj 1 mg/ml</i>	3	HEP SOD/NAACL INJ 25000UNT	65
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	<i>heparin sodium (porcine)</i>	65
<i>gentamicin in saline inj 1.6 mg/ml</i>	3	HEPLISAV-B	71
<i>gentamicin in saline inj 2 mg/ml</i>	3	HERCEP HYLEC SOL 60-10000	17
<i>gentamicin sulfate</i>	3	HERCEPTIN	17
<i>gentamicin sulfate (ophth)</i>	75	HERCESSI	17
<i>gentamicin sulfate (topical)</i>	81	HERNEXEOS	17
GENVOYA TAB.....	7	HERZUMA	17
GILOTRIF	17	HIBERIX	71
<i>glatiramer acetate</i>	47	HUMIRA	67
<i>glatopa</i>	47	HUMIRA PEN.....	67
GLEOSTINE.....	12	HUMIRA PEN KIT PS/UV	67
<i>glimepiride</i>	49	HUMIRA PEN-CD/UC/HS START	67
<i>glipizide</i>	49	HUMULIN R U-500 (CONCENTR	51
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	49	HUMULIN R U-500 KWIKPEN.....	51
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	49	<i>hydralazine hcl</i>	31
<i>glipizide-metformin hcl tab 5-500 mg</i>	49	<i>hydrochlorothiazide</i>	30
<i>glycopyrrolate</i>	62	<i>hydrocodone bitartrate</i>	1
<i>glydo</i>	83	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2
GLYXAMBI TAB 10-5 MG	49	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2
GLYXAMBI TAB 25-5 MG	49	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2
GOMEKLI.....	17	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2
<i>granisetron hcl</i>	61		
<i>griseofulvin microsize</i>	5		

INDEX

<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	INQOVI TAB 35-100MG	12
<i>hydrocortisone</i>	58	INREBIC	18
<i>hydrocortisone (intrarectal)</i>	62	INSULIN PEN NEEDLES: EMBECTA-BD	51
<i>hydrocortisone (rectal)</i>	84	INSULIN SAFETY NEEDLES: EMBECTA- BD.....	51
<i>hydrocortisone (topical)</i>	83	INSULIN SYRINGES: EMBECTA-BD ..	51
<i>hydrocortisone sod succinate</i>	58	INTELENCE.....	6
<i>hydrocortisone valerate</i>	83	INTRALIPID	74
<i>hydrocortisone w/ acetic acid otic soln</i> 1-2%	76	<i>introvale</i>	54
<i>hydromorphone hcl</i>	2	INVEGA HAFYERA.....	37
<i>hydroxychloroquine sulfate</i>	69	INVEGA SUSTENNA	37
<i>hydroxyurea</i>	14	INVEGA TRINZA	37
<i>hydroxyzine hcl</i>	77	IPOL INJ INACTIVE	71
<i>hydroxyzine pamoate</i>	77	<i>ipratropium bromide</i>	77
HYRNUO	17	<i>ipratropium bromide (nasal)</i>	77
I		<i>ipratropium bromide hfa</i>	77
<i>ibandronate sodium</i>	52	<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	77
IBRANCE	17, 18	<i>irbesartan</i>	27
IBTROZI	18	<i>irbesartan-hydrochlorothiazide tab 150-</i> <i>12.5 mg</i>	26
<i>ibu</i>	1	<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i>	26
<i>ibuprofen</i>	1	<i>irinotecan hcl</i>	14
<i>icatibant acetate</i>	66	ISENTRESS	6
<i>iclevia</i>	54	ISENTRESS HD	6
ICLUSIG	18	<i>isibloom</i>	54
IDHIFA	18	ISOLYTE-P INJ /D5W	72
<i>imatinib mesylate</i>	18	ISOLYTE-S INJ PH 7.4.....	72
IMBRUVICA.....	18	<i>isoniazid</i>	8
<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i>	3	<i>isosorbide dinitrate</i>	31
<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i>	4	<i>isosorbide mononitrate</i>	32
<i>imipramine hcl</i>	34	<i>isotretinoin</i>	81
<i>imiquimod</i>	84	<i>isradipine</i>	30
IMKELDI.....	18	ITOVEBI.....	18
IMOVAX RABIES (H.D.C.V.).....	71	<i>itraconazole</i>	5
IMPAVIDO	4	<i>ivabradine hcl</i>	31
INBRIJA	36	<i>ivermectin</i>	4
<i>incassia</i>	54	IWILFIN	14
INCRELEX	59	IXIARO INJ.....	71
INCRUSE ELLIPTA.....	77	J	
<i>indapamide</i>	30	<i>jaimiess</i>	54
INFANRIX INJ.....	71	JAKAFI.....	18
INFLIXIMAB	67	<i>jantoven</i>	65
INLURIYO	13	JANUMET TAB 50-1000	49
INLYTA.....	18		

JANUMET TAB 50-500MG	49	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	72
JANUMET XR TAB 100-1000	49	<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	73
JANUMET XR TAB 50-1000	49	<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	73
JANUMET XR TAB 50-500MG	49	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	73
JANUVIA.....	49	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	73
JARDIANCE.....	49	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	73
<i>jasmiel</i>	54	KCL/D5W/NAACL INJ 0.15/0.2	73
<i>javygtor</i>	59	KCL/D5W/NAACL INJ 0.3/0.9%.....	73
JAYPIRCA	18	<i>kelnor 1/35</i>	54
<i>jencycla</i>	54	KERENDIA.....	25
JENTADUETO TAB 2.5-1000	49	KESIMPTA	47
JENTADUETO TAB 2.5-500	49	<i>ketoconazole</i>	5
JENTADUETO TAB 2.5-850	49	<i>ketoconazole (topical)</i>	82
JENTADUETO TAB XR 2.5-1000MG ...	49	<i>ketorolac tromethamine (ophth)</i>	75
JENTADUETO TAB XR 5-1000MG.....	49	KEYTRUDA	18
<i>jinteli</i>	58	KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	18
<i>jolessa</i>	54	KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	18
<i>juleber</i>	54	KINERET	68
JULUCA TAB 50-25MG	7	KINRIX INJ.....	71
<i>junel 1.5/30</i>	54	<i>kionex</i>	52
<i>junel 1/20</i>	54	KISQALI 200 DOSE.....	19
<i>junel fe 1.5/30</i>	54	KISQALI 400 DOSE.....	19
<i>junel fe 1/20</i>	54	KISQALI 400 PAK FEMARA.....	19
<i>junel fe 24</i>	54	KISQALI 600 DOSE.....	19
JYLAMVO	69	KISQALI 600 PAK FEMARA.....	19
JYNNEOS.....	71	<i>klayesta</i>	82
K		<i>klor-con</i>	73
KADCYLA.....	18	<i>klor-con 10</i>	73
<i>kaitlib fe</i>	54	KLOR-CON 10	73
KALETRA SOL.....	7	KLOR-CON 8.....	73
KALYDECO	79	<i>klor-con m10</i>	73
KANJINTI.....	18	<i>klor-con m15</i>	73
<i>kariva</i>	54	<i>klor-con m20</i>	73
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	72	KLOXXADO.....	48
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	73	KOMZIFTI	19
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	73	KOSELUGO.....	19
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	72	<i>kourzeq</i>	85
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	72	KRAZATI	19
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	72	<i>kurvelo</i>	55

INDEX

L	
<i>labetalol hcl</i>	29
<i>lacosamide</i>	41
<i>lacosamide oral</i>	41
LACTATED RIN INJ.....	73
<i>lactated ringer's solution</i>	73
<i>lactic acid (ammonium lactate)</i>	84
<i>lactulose</i>	63
<i>lactulose (encephalopathy)</i>	63
<i>lamivudine</i>	6
<i>lamivudine (hbv)</i>	8
<i>lamivudine-zidovudine tab 150-300 mg</i>	7
<i>lamotrigine</i>	41
<i>lanreotide acetate</i>	59
<i>lansoprazole</i>	64
LANTUS.....	51
LANTUS SOLOSTAR.....	51
<i>lapatinib ditosylate</i>	19
<i>larin 1.5/30</i>	55
<i>larin 1/20</i>	55
<i>larin 24 fe</i>	55
<i>larin fe 1.5/30</i>	55
<i>larin fe 1/20</i>	55
<i>latanoprost</i>	76
LAZCLUZE	19
<i>leflunomide</i>	69
<i>lenalidomide</i>	14
LENVIMA 10 MG DAILY DOSE	19
LENVIMA 12MG DAILY DOSE	19
LENVIMA 20 MG DAILY DOSE	19
LENVIMA 4 MG DAILY DOSE	19
LENVIMA 8 MG DAILY DOSE	19
LENVIMA CAP 14 MG	19
LENVIMA CAP 18 MG	19
LENVIMA CAP 24 MG	19
<i>lessina</i>	55
<i>letrozole</i>	13
<i>leucovorin calcium</i>	14, 15
LEUKERAN	12
<i>leuprolide acetate</i>	13
<i>levabuterol hcl</i>	78
<i>levabuterol tartrate</i>	78
<i>levetiracetam</i>	41
<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	41
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	41
<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	41
<i>levobunolol hcl</i>	76
<i>levocarnitine (metabolic modifiers)</i> ..	59
<i>levocetirizine dihydrochloride</i>	78
<i>levofloxacin</i>	10
<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	10
<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	10
<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	10
levonest.....	55
<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg &eth est 0.01</i> <i>mg</i>	55
<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	55
<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i>	55
<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	55
<i>levonorgestrel-ethinyl estradiol</i> <i>(continuous) tab 90-20 mcg</i>	55
<i>levonorg-eth est tab 0.1-0.02mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	55
<i>levora 0.15/30-28</i>	55
<i>levo-t</i>	61
<i>levothyroxine sodium</i>	61
<i>levoxyl</i>	61
<i>l-glutamine (sickle cell)</i>	66
<i>lidocaine</i>	83
<i>lidocaine hcl</i>	83
<i>lidocaine hcl (local anesth.)</i>	1
<i>lidocaine hcl (mouth-throat)</i>	85
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	83
<i>lidocan</i>	83
LILETTA	55
<i>linezolid</i>	4
LINEZOLID INJ 2MG/ML	4
LINZESS	63
<i>liomny</i>	61
<i>liothyronine sodium</i>	61
<i>lisinopril</i>	25

<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	24	LUPRON DEPOT (1-MONTH)	13
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	25	LUPRON DEPOT (3-MONTH)	13
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	25	LUPRON DEPOT-PED (1-MONTH)	59
<i>lithium</i>	46	LUPRON DEPOT-PED (3-MONTH)	60
<i>lithium carbonate</i>	46	LUPRON DEPOT-PED (6-MONTH)	60
LIVTENCITY	8	<i>lurasidone hcl</i>	37
<i>loestrin 1.5/30-21</i>	55	<i>lutera</i>	55
<i>loestrin 1/20-21</i>	55	LYBALVI TAB 10-10MG	37
<i>loestrin fe 1.5/30</i>	55	LYBALVI TAB 15-10MG	38
<i>loestrin fe 1/20</i>	55	LYBALVI TAB 20-10MG	38
<i>lojaimiess</i>	55	LYBALVI TAB 5-10MG	37
LOKELMA	52	<i>lyleq</i>	55
<i>lomustine</i>	12	<i>lyllana</i>	58
LONSURF TAB 15-6.14	12	LYNPARZA	20
LONSURF TAB 20-8.19	13	LYSODREN	13
<i>loperamide hcl</i>	63	LYTGOBI (12 MG DAILY DOSE)	20
<i>lopinavir-ritonavir tab 100-25 mg</i>	7	LYTGOBI (16 MG DAILY DOSE)	20
<i>lopinavir-ritonavir tab 200-50 mg</i>	7	LYTGOBI (20 MG DAILY DOSE)	20
<i>lorazepam</i>	33	<i>lyza</i>	55
<i>lorazepam intensol</i>	33	M	
LORBRENA	19, 20	<i>magnesium sulfate</i>	73
<i>loryna</i>	55	MAGNESIUM SULFATE	73
<i>losartan potassium</i>	27	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	73
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	26	<i>malathion</i>	84
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	26	<i>maraviroc</i>	6
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	26	<i>marlissa</i>	55
LOTEMAX	75	MARPLAN	34
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	74	MATULANE	15
<i>lovastatin</i>	28	MAVYRET PAK 50-20MG	8
<i>low-ogestrel</i>	55	MAVYRET TAB 100-40MG	8
<i>loxapine succinate</i>	37	<i>meclizine hcl</i>	61
<i>lubiprostone</i>	63	<i>medroxyprogesterone acetate</i>	60
<i>luizza 1.5/30</i>	55	<i>medroxyprogesterone acetate (contraceptive)</i>	55
<i>luizza 1/20</i>	55	<i>mefloquine hcl</i>	5
LUMAKRAS	20	<i>megestrol acetate</i>	13, 60
LUMIGAN	76	<i>megestrol acetate (appetite)</i>	60
LUMIZYME	59	MEKINIST	20
		MEKTOVI	20
		<i>meleya</i>	55
		<i>meloxicam</i>	1
		<i>memantine hcl</i>	33
		<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	33

INDEX

<i>memantine hcl-donepezil hcl cap er</i> 24hr 14-10 mg	33	<i>microgestin fe 1/20</i>	55
<i>memantine hcl-donepezil hcl cap er</i> 24hr 21-10 mg	33	<i>midodrine hcl</i>	31
<i>memantine hcl-donepezil hcl cap er</i> 24hr 28-10 mg	33	MIEBO	76
MENQUADFI.....	71	<i>mifepristone (hyperglycemia)</i>	60
MENVEO INJ	71	<i>mili</i>	55
MENVEO SOL	71	<i>mimvey</i>	58
<i>mercaptopurine</i>	13	<i>minocycline hcl</i>	11
<i>meropenem</i>	4	<i>minoxidil</i>	31
<i>mesalamine</i>	62	<i>mirtazapine</i>	34
<i>mesalamine w/ cleanser</i>	62	<i>misoprostol</i>	63
<i>mesna</i>	15	M-M-R II INJ.....	71
<i>metformin hcl</i>	49, 50	M-NATAL PLUS TAB	73
<i>methadone hcl</i>	1, 2	<i>modafinil</i>	48
<i>methadone hydrochloride i</i>	2	MODEYSO	15
<i>methazolamide</i>	30	<i>moexipril hcl</i>	25
<i>methenamine hippurate</i>	4	<i>molindone hcl</i>	38
<i>methimazole</i>	61	<i>mometasone furoate</i>	83
<i>methocarbamol</i>	47	MONJUVI	20
<i>methotrexate sodium</i>	13, 69	<i>mono-lynyah</i>	56
<i>methsuximide</i>	41	<i>montelukast sodium</i>	78
<i>methylphenidate hcl</i>	44	<i>morphine sulfate</i>	2
<i>methylprednisolone</i>	58	MOUNJARO.....	50
<i>methylprednisolone acetate</i>	58	MOVANTIK	63
<i>methylprednisolone sod succ</i>	58	<i>moxifloxacin hcl</i>	10
<i>metoclopramide hcl</i>	61	<i>moxifloxacin hcl (ophth)</i>	75
<i>metolazone</i>	30	<i>moxifloxacin hcl 400 mg/250ml in</i> <i>sodium chloride 0.8% inj</i>	10
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg.....	29	MRESVIA.....	71
<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg.....	29	MULTAQ.....	27
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	29	<i>multiple electrolytes ph 5.5</i>	73
<i>metoprolol succinate</i>	29	<i>mupirocin</i>	81
<i>metoprolol tartrate</i>	29	<i>mycophenolate mofetil</i>	70
<i>metronidazole</i>	4	<i>mycophenolate sodium</i>	70
<i>metronidazole (topical)</i>	84	MYRBETRIQ.....	64
<i>metronidazole vaginal</i>	65	N	
<i>metyrosine</i>	31	<i>nabumetone</i>	1
<i>mibelas 24 fe</i>	55	<i>nadolol</i>	29
<i>micafungin sodium</i>	5	<i>nafcillin sodium</i>	11
<i>microgestin 1.5/30</i>	55	NAGLAZYME	60
<i>microgestin 1/20</i>	55	<i>naloxone hcl</i>	48
<i>microgestin fe 1.5/30</i>	55	<i>naltrexone hcl</i>	48
		NAMZARIC CAP 7-10MG	33
		<i>naproxen</i>	1
		<i>naproxen sodium</i>	1
		<i>naratriptan hcl</i>	45
		NATACYN	75

<i>nateglinide</i>	50	<i>norethindrone ace & ethinyl estradiol</i>	
NAYZILAM	41	<i>tab 1 mg-20 mcg</i>	56
<i>nebivolol hcl</i>	29	<i>norethindrone ace & ethinyl estradiol</i>	
<i>necon 0.5/35-28</i>	56	<i>tab 1.5 mg-30 mcg</i>	56
<i>nefazodone hcl</i>	34	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>neomycin sulfate</i>	4	<i>tab 1 mg-20 mcg</i>	56
<i>neomycin-bacitrac zn-polymyx</i>		<i>norethindrone ace-eth estradiol-fe</i>	
5(3.5)mg-400unt-10000unt op oin	75	<i>chew tab 1 mg-20 mcg (24)</i>	56
<i>neomycin-polymy-gramicid op sol</i>		<i>norethindrone acetate</i>	60
1.75-10000-0.025mg-unt-mg/ml ..	75	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>neomycin-polymyxin-dexamethasone</i>		<i>tab 0.5 mg-2.5 mcg</i>	58
<i>ophth oint 0.1%</i>	74	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>neomycin-polymyxin-dexamethasone</i>		<i>tab 1 mg-5 mcg</i>	58
<i>ophth susp 0.1%</i>	74	<i>norethindrone ac-ethinyl estrad-fe tab</i>	
<i>neomycin-polymyxin-hc ophth susp</i> .	75	1-20/1-30/1-35 mg-mcg	56
<i>neomycin-polymyxin-hc otic soln 1%</i>	76	<i>norgestimate & ethinyl estradiol tab</i>	
<i>neomycin-polymyxin-hc otic susp 3.5</i>		0.25 mg-35 mcg	56
mg/ml-10000 unit/ml-1%	76	<i>norgestimate-eth estrad tab 0.18-</i>	
NERLYNX	20	25/0.215-25/0.25-25 mg-mcg	56
<i>neuac</i>	81	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nevirapine</i>	6	35/0.215-35/0.25-35 mg-mcg	56
NEXLETOL	28	<i>norlyroc</i>	56
NEXLIZET TAB 180/10MG	28	<i>nortrel 0.5/35 (28)</i>	56
NEXPLANON	56	<i>nortrel 1/35 (21)</i>	56
<i>niacin (antihyperlipidemic)</i>	28	<i>nortrel 1/35 (28)</i>	56
<i>nicardipine hcl</i>	30	<i>nortrel 7/7/7</i>	56
NICOTROL NS	48	<i>nortriptyline hcl</i>	34
<i>nifedipine</i>	30	NORVIR	6
<i>nikki</i>	56	NOVOLIN INJ 70/30.....	51
<i>nilotinib hcl</i>	20	NOVOLIN INJ 70/30 FP	51
<i>nilutamide</i>	13	NOVOLIN N	51
<i>nimodipine</i>	30	NOVOLIN N FLEXPEN	51
NINLARO	20	NOVOLIN R	51
<i>nintedanib esylate</i>	79	NOVOLIN R FLEXPEN	51
<i>nitazoxanide</i>	4	NOVOLOG	51
<i>nitisinone</i>	60	NOVOLOG FLEXPEN	51
<i>nitro-bid</i>	32	NOVOLOG FLEXPEN RELION.....	51
<i>nitrofurantoin macrocrystal</i>	4	NOVOLOG MIX INJ 70/30	51
<i>nitrofurantoin monohyd macro</i>	4	NOVOLOG MIX INJ FLEXPEN	51
<i>nitroglycerin</i>	32	NOVOLOG PENFILL	51
<i>nitroglycerin (intra-anal)</i>	84	NOVOLOG RELION.....	51
<i>nizatidine</i>	62	NUBEQA.....	14
<i>nora-be</i>	56	NUEDEXTA CAP 20-10MG	46
<i>norelgestromin-ethinyl estradiol td</i>		NULOJIX	70
<i>ptwk 150-35 mcg/24hr</i>	56	NUPLAZID	38
<i>norethindrone (contraceptive)</i>	56	NURTEC	45

INDEX

NUTRILIPID	74	<i>omega-3-acid ethyl esters cap 1 gm</i>	28
NUZYRA	11	<i>omeprazole</i>	64
<i>nyamyc</i>	82	OMNIPOD 5 DX KIT INT G7G6.....	51
<i>nylia 1/35</i>	56	OMNIPOD 5 DX MIS POD G7G6	51
<i>nylia 7/7/7</i>	56	OMNIPOD 5 L2 KIT INTRO G6	51
<i>nystatin</i>	5	OMNIPOD 5 L2 MIS PODS G6.....	51
<i>nystatin (mouth-throat)</i>	85	OMNIPOD DASH KIT INTRO	51
<i>nystatin (topical)</i>	82	OMNIPOD DASH MIS PODS.....	52
<i>nystop</i>	82	<i>ondansetron</i>	61
O		<i>ondansetron hcl</i>	62
OCTAGAM.....	70	ONTRUZANT	20
<i>octreotide acetate</i>	60	ONUREG	13
ODEFSEY TAB	7	OPIPZA	38
ODOMZO	20	OPSUMIT	32
OFEV	79	ORGOVYX	14
<i>ofloxacin (ophth)</i>	75	ORKAMBI GRA 100-125	79
<i>ofloxacin (otic)</i>	77	ORKAMBI GRA 150-188	79
OGIVRI	20	ORKAMBI GRA 75-94MG.....	79
OGSIVEO.....	20	ORKAMBI TAB 100-125	79
OJEMDA	20	ORKAMBI TAB 200-125	79
OJJAARA.....	20	<i>orquidea</i>	56
<i>olanzapine</i>	38	ORSERDU.....	14
<i>olmesartan medoxomil</i>	27	<i>oseltamivir phosphate</i>	8
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	26	OSPOMYV.....	52
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	26	<i>oxacillin sodium</i>	11
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .	26	<i>oxaliplatin</i>	12
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	26	<i>oxcarbazepine</i>	41
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i>	26	<i>oxybutynin chloride</i>	64, 65
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	26	<i>oxycodone hcl</i>	2
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	26	<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i>	2
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	26	<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	2
		<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i>	2
		<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	2
		OZEMPIC (0.25 OR 0.5MG/DOSE)....	50
		OZEMPIC (1MG/DOSE).....	50
		OZEMPIC (2MG/DOSE).....	50
		P	
		<i>pacerone</i>	27
		<i>paclitaxel</i>	15
		<i>paclitaxel inj 100mg</i>	15
		<i>paliperidone</i>	38
		<i>pamidronate disodium</i>	52

PAMIDRONATE DISODIUM	52	<i>pilocarpine hcl (oral)</i>	85
PANRETIN.....	84	<i>pimecrolimus</i>	84
<i>pantoprazole sodium</i>	64	<i>pimozide</i>	38
PANZYGA.....	70	<i>pimtrea</i>	56
<i>paricalcitol</i>	61	<i>pindolol</i>	29
<i>paroxetine hcl</i>	34	<i>pioglitazone hcl</i>	50
PAXLOVID PAK	8	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	50
PAXLOVID TAB 150-100	8	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	50
PAXLOVID TAB 300-100	8	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	11
<i>pazopanib hcl</i>	21	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	11
PEDIARIX INJ 0.5ML.....	71	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	11
PEDVAX HIB.....	71	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	11
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	63	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	11
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	63	PIQRAY 200MG DAILY DOSE	21
PEGASYS.....	8	PIQRAY 250MG TAB DOSE	21
PEMAZYRE	21	PIQRAY 300MG DAILY DOSE	21
<i>pemetrexed disodium</i>	13	<i>pirfenidone</i>	79
PENBRAYA INJ.....	71	<i>piroxicam</i>	1
<i>penicillamine</i>	52	<i>pitavastatin calcium</i>	28
<i>penicillin g potassium</i>	11	<i>plenamine</i>	74
<i>penicillin g sodium</i>	11	PLENVU SOL.....	63
<i>penicillin v potassium</i>	11	<i>podofilox</i>	84
PENMENVY INJ	71	<i>polymyxin b sulfate</i>	4
PENTACEL INJ	71	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	75
<i>pentamidine isethionate inh</i>	4	<i>pomalidomide</i>	14
<i>pentamidine isethionate inj</i>	4	POMALYST	14
<i>pentoxifylline</i>	66	<i>portia-28</i>	56
<i>perampanel</i>	41	<i>posaconazole</i>	5
<i>perindopril erbumine</i>	25	POT CHL 20MEQ/L IN NAACL 0.45% INJ	73
<i>periogard</i>	85	POT CHL 20MEQ/L IN NAACL 0.9% INJ	73
<i>permethrin</i>	84	POT CHL 40MEQ/L IN NAACL 0.9% INJ	73
<i>perphenazine</i>	38	<i>potassium chloride</i>	73, 74
<i>pfizerpen</i>	11	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	73
<i>phenelzine sulfate</i>	34		
<i>phenobarbital</i>	42		
<i>phenobarbital sodium</i>	42		
<i>phenytek</i>	42		
<i>phenytoin</i>	42		
<i>phenytoin sodium</i>	42		
<i>phenytoin sodium extended</i>	42		
PHESGO SOL.....	21		
<i>philith</i>	56		
PIFELTRO	6		
<i>pilocarpine hcl</i>	76		

INDEX

<i>potassium chloride microencapsulated crystals er</i>	74	<i>propylthiouracil</i>	61
<i>potassium citrate (alkalinizer)</i>	64	PROQUAD INJ.....	71
<i>pramipexole dihydrochloride</i>	36	PROSOL INJ 20%	74
<i>prasugrel hcl</i>	66	<i>protriptyline hcl</i>	34
<i>pravastatin sodium</i>	28	PULMOZYME	79
<i>praziquantel</i>	4	<i>pyrazinamide</i>	8
<i>prazosin hcl</i>	25	<i>pyridostigmine bromide</i>	46
<i>prednisolone</i>	58	<i>pyrimethamine</i>	4
<i>prednisolone acetate (ophth)</i>	75	PYZCHIVA	68
PREDNISOLONE SODIUM PHOSP.....	75	Q	
<i>prednisolone sodium phosphate</i>	58	QINLOCK	21
<i>prednisone</i>	58	QUADRACEL INJ 0.5ML	71
PREDNISONE INTENSOL	58	<i>quetiapine fumarate</i>	38
<i>pregabalin</i>	42	<i>quinapril hcl</i>	25
PREMASOL SOL 10%.....	74	<i>quinidine sulfate</i>	27
PRENATAL TAB 27-1MG	74	<i>quinine sulfate</i>	6
PRENATAL TAB PLUS	74	QULIPTA	46
<i>prevalite</i>	28	R	
PREVYMIS.....	8	RABAVERT INJ	71
PREZCOBIX TAB 675/150	7	<i>rabeprazole sodium</i>	64
PREZCOBIX TAB 800-150	7	RALDESY.....	34
PREZISTA	6	<i>raloxifene hcl</i>	60
PRIFTIN.....	8	<i>ramelteon</i>	45
<i>primaquine phosphate</i>	5	<i>ramipril</i>	25
PRIMAQUINE PHOSPHATE	5	<i>ranolazine</i>	31
<i>primidone</i>	42	<i>rasagiline mesylate</i>	36
PRIORIX INJ.....	71	<i>reclipsen</i>	56
PRIVIGEN	70	RECOMBIVAX HB.....	72
<i>probenecid</i>	1	RELENZA DISKHALER	8
<i>prochlorperazine</i>	62	RELISTOR	63
<i>prochlorperazine edisylate</i>	62	REMICADE	68
<i>prochlorperazine maleate</i>	62	RENFLEXIS	68
PROCRIT	66	<i>repaglinide</i>	50
<i>proctocort</i>	84	REPATHA	28
<i>procto-med hc</i>	84	REPATHA SURECLICK.....	28
<i>proctosol hc</i>	84	RESTASIS	76
<i>proctozone-hc</i>	84	RESTASIS MULTIDOSE.....	76
<i>progesterone</i>	60	RETEVMO	21
PROGRAF.....	71	REVCovi.....	60
PROLASTIN-C.....	79	REVUFORJ.....	21
PROLIA	52	REXULTI	38
<i>promethazine hcl</i>	62	REYATAZ.....	6
<i>propafenone hcl</i>	27	REZDIFFRA.....	60
<i>proparacaine hcl</i>	76	REZLIDHIA	21
<i>propranolol hcl</i>	29	REZUROCK.....	71
		RHOPRESSA	76

<i>ribavirin (hepatitis c)</i>	8	<i>sertraline hcl</i>	34
<i>rifabutin</i>	8	<i>setlakin</i>	56
<i>rifampin</i>	8	<i>sharobel</i>	56
<i>rilpivirine hcl</i>	6	SHINGRIX	72
<i>riluzole</i>	46	SIGNIFOR	60
<i>rimantadine hydrochloride</i>	8	SIKLOS.....	66
RINVOQ	68	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	32
RINVOQ LQ.....	68	<i>silver sulfadiazine</i>	81
<i>risedronate sodium</i>	52	SIMBRINZA SUS 1-0.2%	76
<i>risperidone</i>	38	<i>simliya</i>	56
<i>risperidone microspheres</i>	39	<i>simpesse</i>	56
<i>ritonavir</i>	6	<i>simvastatin</i>	28
<i>rivaroxaban</i>	65	<i>sirolimus</i>	71
<i>rivastigmine</i>	33	SIRTURO.....	8
<i>rivastigmine tartrate</i>	33	SKYRIZI.....	68
<i>rivelsa</i>	56	SKYRIZI PEN	68
<i>rizatriptan benzoate</i>	46	<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	63
ROCKLATAN DRO.....	76	<i>sodium chloride</i>	73
<i>roflumilast</i>	79	<i>sodium chloride (gu irrigant)</i>	84
ROMVIMZA	21	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	74
<i>ropinirole hydrochloride</i>	36	<i>sodium oxybate</i>	48
<i>rosuvastatin calcium</i>	28	<i>sodium phenylbutyrate</i>	60
<i>rosyrah</i>	56	<i>sodium polystyrene sulfonate</i>	53
ROTARIX SUS	72	<i>sodium polystyrene sulfonate powder</i>	53
ROTATEQ SOL.....	72	<i>solifenacin succinate</i>	65
<i>roweepra</i>	42	SOLQUA INJ 100/33	52
ROZLYTREK	21	SOLTAMOX.....	14
RUBRACA	21	SOLU-CORTEF	59
<i>rufinamide</i>	42	SOMATULINE DEPOT.....	60
RUKOBIA.....	6	SOMAVERT.....	60
RYBELSUS	50	<i>sorafenib tosylate</i>	22
RYDAPT	21	<i>sotalol hcl</i>	27
S		<i>sotalol hcl (afib/afl)</i>	27
<i>sacubitril-valsartan tab 24-26 mg</i>	26	SOTYKTU	68
<i>sacubitril-valsartan tab 49-51 mg</i>	26	SPIRIVA RESPIMAT.....	77
<i>sacubitril-valsartan tab 97-103 mg</i> ..	26	<i>spironolactone</i>	25
<i>sajazir</i>	66	<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	30
SANTYL	84	<i>sprintec 28</i>	56
<i>sapropterin dihydrochloride</i>	60	SPRITAM.....	42
SCSEMBLIX	21	<i>sps</i>	53
<i>scopolamine</i>	62	<i>sps rectal</i>	53
SECUADO	39		
<i>selegiline hcl</i>	36		
<i>selenium sulfide</i>	82		
SELZENTRY.....	6		
SEREVENT DISKUS	78		

INDEX

<i>sronyx</i>	56	<i>tamoxifen citrate</i>	14
<i>ssd</i>	82	<i>tamsulosin hcl</i>	64
STELARA	68	<i>tarina 24 fe</i>	57
STIVARGA	22	<i>tarina fe 1/20 eq</i>	57
<i>streptomycin sulfate</i>	4	<i>tasimelton</i>	45
STRIBILD TAB	7	TAVNEOS	66
<i>subvenite</i>	42	<i>tazarotene</i>	82
SUBVENITE.....	42	<i>tazicef</i>	9
<i>sucralfate</i>	63	TECENTRIQ	22
<i>sulfacetamide sodium (acne)</i>	81	TECENTRIQ INJ HYBREZA.....	22
<i>sulfacetamide sodium (ophth)</i>	75	TEFLARO.....	9
<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	75	<i>telmisartan</i>	27
<i>sulfadiazine</i>	4	<i>telmisartan-amlodipine tab 40-10 mg</i>	26
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	4	<i>telmisartan-amlodipine tab 40-5 mg</i>	26
<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	4	<i>telmisartan-amlodipine tab 80-10 mg</i>	26
<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	4	<i>telmisartan-amlodipine tab 80-5 mg</i>	26
<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	4	<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i>	27
SULFAMYLON	82	<i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i>	27
<i>sulfasalazine</i>	62	<i>telmisartan-hydrochlorothiazide tab 80- 25 mg</i>	27
<i>sulindac</i>	1	<i>temazepam</i>	45
<i>sumatriptan</i>	46	TENIVAC INJ 5-2LF.....	72
<i>sumatriptan succinate</i>	46	<i>tenofovir disoproxil fumarate</i>	6
<i>sunitinib malate</i>	22	TEPMETKO	22
SUNLENCA.....	6	<i>terazosin hcl</i>	25
<i>syeda</i>	57	<i>terbinafine hcl</i>	5
SYMDEKO TAB 100-150.....	79	<i>terbutaline sulfate</i>	78
SYMDEKO TAB 50-75MG.....	79	<i>terconazole vaginal</i>	65
SYMPAZAN.....	42	<i>teriparatide</i>	52
SYMTUZA TAB	7	TERIPARATIDE.....	52
SYNAREL	60	<i>testosterone</i>	48
SYNTHROID	61	<i>testosterone cypionate</i>	49
T		<i>testosterone enanthate</i>	49
TABLOID	13	<i>testosterone pump</i>	49
TABRECTA	22	<i>tetrabenazine</i>	46
<i>tacrolimus</i>	71	<i>tetracycline hcl</i>	11
<i>tacrolimus (topical)</i>	84	THALOMID	14
<i>tadalafil</i>	64	<i>theophylline</i>	79
<i>tadalafil (pulmonary hypertension)</i> ...	32	<i>thioridazine hcl</i>	39
TAFINLAR	22	<i>thiothixene</i>	39
TAGRISSO	22	<i>tiadyt er</i>	30
TALZENNA	22	<i>tiagabine hcl</i>	42

TIBSOVO	22	TRELEGY AER ELLIPTA 100-62.5-25	
<i>ticagrelor</i>	66	MCG	77
TICOVAC	72	TRELEGY AER ELLIPTA 200-62.5-25	
<i>tigecycline</i>	12	MCG	77
<i>tilia fe</i>	57	TREMFYA	68
<i>timolol maleate</i>	29	TREMFYA INDUCTION PACK FO	68
<i>timolol maleate (ophth)</i>	76	TREMFYA PEN	69
<i>tinidazole</i>	4	<i>treprostinil</i>	32
TIVICAY	6	<i>tretinoin</i>	81
TIVICAY PD.....	6	<i>tretinoin (chemotherapy)</i>	15
<i>tizanidine hcl</i>	47	<i>triamcinolone acetonide (mouth)</i>	85
TOBI PODHALER.....	4	<i>triamcinolone acetonide (topical)</i>	83
TOBRADEX OIN 0.3-0.1%	75	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tobramycin</i>	4	37.5-25 mg	30
<i>tobramycin (ophth)</i>	75	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tobramycin sulfate</i>	4	37.5-25 mg	30
<i>tobramycin-dexamethasone ophth susp</i>		<i>triamterene & hydrochlorothiazide tab</i>	
0.3-0.1%	75	75-50 mg	30
<i>tolterodine tartrate</i>	65	<i>tridacaine ii</i>	84
<i>tolvaptan</i>	60	<i>triderm</i>	83
<i>tolvaptan tab therapy pack 30 & 15 mg</i>		<i>trientine hcl</i>	53
.....	60	<i>tri-estarylla</i>	57
<i>tolvaptan tab therapy pack 45 & 15 mg</i>		<i>trifluoperazine hcl</i>	39
.....	60	<i>trifluridine</i>	75
<i>tolvaptan tab therapy pack 60 & 30 mg</i>		<i>trihexyphenidyl hcl</i>	36
.....	60	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tolvaptan tab therapy pack 90 & 30 mg</i>		1000MG	50
.....	60	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>topiramate</i>	42, 43	1000MG	50
<i>toremifene citrate</i>	14	TRIJARDY XR TAB ER 24HR 25-5-	
<i>torpenz</i>	22	1000MG	50
<i>torse mide</i>	30	TRIJARDY XR TAB ER 24HR 5-2.5-	
TOUJEO MAX SOLOSTAR.....	52	1000MG	50
TOUJEO SOLOSTAR.....	52	TRIKAFTA PAK 59.5MG.....	79
TPN ELECTROL INJ.....	73	TRIKAFTA PAK 75MG	79
TRADJENTA.....	50	TRIKAFTA TAB 100-50-75MG & 150MG	
<i>tramadol hcl</i>	3	79
<i>tramadol-acetaminophen tab 37.5-325</i>		TRIKAFTA TAB 50-25-37.5MG & 75MG	
<i>mg</i>	3	79
<i>trandolapril</i>	25	<i>tri-legest fe</i>	57
<i>tranexamic acid</i>	66	<i>tri-linyah</i>	57
<i>tranylcypromine sulfate</i>	35	<i>tri-lo-estarylla</i>	57
TRAVASOL INJ 10%	74	<i>tri-lo-marzia</i>	57
TRAZIMERA	22	<i>tri-lo-mili</i>	57
<i>trazodone hcl</i>	35	<i>tri-lo-sprintec</i>	57
		<i>trimethoprim</i>	4

INDEX

<i>tri-mili</i>	57	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	27
<i>trimipramine maleate</i>	35	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	27
TRINTELLIX	35	VALTOCO 10 MG DOSE	43
<i>tri-sprintec</i>	57	VALTOCO 15 MG DOSE	43
TRIUMEQ PD TAB.....	8	VALTOCO 20 MG DOSE	43
TRIUMEQ TAB	8	VALTOCO 5 MG DOSE	43
<i>tri-vylibra</i>	57	<i>valtya 1/35</i>	57
<i>tri-vylibra lo</i>	57	<i>valtya 1/50</i>	57
TROGARZO	7	<i>vancomycin hcl</i>	4, 5
TROPHAMINE INJ 10%	74	VANCOMYCIN INJ 1 GM.....	5
<i>tropium chloride</i>	65	VANCOMYCIN INJ 500MG	5
TRULICITY	50	VANCOMYCIN INJ 750MG	5
TRUMENBA	72	VANFLYTA	22
TRUQAP	22	VAQTA.....	72
TRUXIMA	22	<i>varenicline tartrate</i>	48
TUKYSA.....	22	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	48
TURALIO	22	VARIVAX.....	72
<i>turqoz</i>	57	VASCEPA	28
<i>twice-daily clindamycin phosphate (topical)</i>	81	VAXCHORA SUS	72
TWINRIX INJ.....	72	<i>velivet</i>	57
TYBOST.....	7	VELSIPITY.....	69
<i>tydemy</i>	57	VENCLEXTA	22
TYENNE.....	69	VENCLEXTA TAB START PK.....	23
TYPHIM VI	72	<i>venlafaxine hcl</i>	35
U		VENTOLIN HFA.....	78
UBRELVY	46	VENTOLIN HFA (INSTITUTIONAL PACK)	78
<i>unithroid</i>	61	<i>verapamil hcl</i>	30
UPTRAVI.....	32	VERQUVO.....	31
UPTRAVI PACK TAB 200/800	32	VERSACLOZ	39
<i>ursodiol</i>	63	VERZENIO.....	23
USTEKINUMAB	69	<i>vestura</i>	57
V		<i>vienva</i>	57
<i>valacyclovir hcl</i>	9	<i>vigabatrin</i>	43
VALCHLOR.....	84	<i>vigadrone</i>	43
<i>valganciclovir hcl</i>	9	VIGAFYDE	43
<i>valproate sodium</i>	43	<i>vilazodone hcl</i>	35
<i>valproic acid</i>	43	VIMKUNYA	72
<i>valsartan</i>	27	<i>vincristine sulfate</i>	15
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	27	<i>vinorelbine tartrate</i>	15
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	27	<i>viorele</i>	57
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	27	VIRACEPT	7
		VIREAD.....	7

VITRAKVI	23	<i>xelria fe</i>	57
VIVIMUSTA	12	XERMELO	64
VIVITROL	48	XHANCE	80
VIVOTIF CAP EC	72	XIFAXAN	64
VIZIMPRO	23	XIGDUO XR TAB 10-1000	50
VONJO	23	XIGDUO XR TAB 10-500MG	50
VOQUEZNA PAK DUAL PAK	63	XIGDUO XR TAB 2.5-1000	50
VOQUEZNA PAK TRIP PK	63	XIGDUO XR TAB 5-1000MG	50
VORANIGO	23	XIGDUO XR TAB 5-500MG	50
<i>voriconazole</i>	5	XIIDRA	76
VOSEVI TAB	9	XOFLUZA	9
VOWST CAP	64	XOLAIR	80
VRAYLAR	39	XOSPATA	23
<i>vyfemla</i>	57	XPOVIO PAK (100 MG ONCE WEEKLY)	23
<i>vylibra</i>	57	XPOVIO PAK (40 MG ONCE WEEKLY)	23
VYZULTA	76	XPOVIO PAK (40 MG TWICE WEEKLY)	23
W		XPOVIO PAK (60 MG ONCE WEEKLY)	23
<i>warfarin sodium</i>	65	XPOVIO PAK (60 MG TWICE WEEKLY)	23
<i>water for irrigation, sterile irrigation soln</i>	84	XPOVIO PAK (80 MG ONCE WEEKLY)	23
WELIREG	15	XPOVIO PAK (80 MG TWICE WEEKLY)	23
<i>wera</i>	57	XTANDI	14
WESTAB PLUS TAB 27-1MG	74	XTRENBO	52
WINREVAIR	32	<i>xulane</i>	57
WINREVAIR INJ 45MG	32	XULTOPHY INJ 100/3.6	52
WINREVAIR INJ 60MG	32	Y	
<i>wixela inhub</i>	81	YESINTEK	69
<i>wymzya fe</i>	57	YF-VAX INJ	72
WYOST	52	YONSA	14
X		YUTREPIA	32
XALKORI	23	<i>yuvafem</i>	58
<i>xarah fe</i>	57	Z	
XARELTO	65	<i>zafemy</i>	57
XARELTO STAR TAB 15/20MG	65	<i>zafirlukast</i>	78
XATMEP	69	<i>zaleplon</i>	45
XCOPRI	43	ZARXIO	66
XCOPRI PAK 100-150	43	ZEGALOGUE	59
XCOPRI PAK 12.5-25	43	ZEJULA	23
XCOPRI PAK 150-200MG (MAINTENANCE)	43	ZELBORAF	23
XCOPRI PAK 150-200MG (TITRATION)	43	<i>zelvysia</i>	60
XCOPRI PAK 50-100MG	43	ZEMAIRA	80
XDEMVY	75	<i>zenatane</i>	81
XELJANZ	69	ZENPEP CAP 10000UNT	64
XELJANZ XR	69		

2026 VIVA MEDICARE FORMULARY

INDEX

ZENPEP CAP 15000UNT	64	<i>zoledronic acid</i>	52
ZENPEP CAP 20000UNT	64	ZOLINZA	24
ZENPEP CAP 25000UNT	64	<i>zolpidem tartrate</i>	45
ZENPEP CAP 3000UNIT	64	ZONISADE	43
ZENPEP CAP 40000UNT	64	<i>zonisamide</i>	43
ZENPEP CAP 5000UNIT	64	<i>zovia 1/35</i>	57
ZENPEP CAP 60000UNT	64	ZTALMY	43
ZERVIATE	76	<i>zumandimine</i>	57
<i>zidovudine</i>	7	ZURZUVAE	35
<i>ziprasidone hcl</i>	39	ZYDELIG	24
<i>ziprasidone mesylate</i>	39	ZYKADIA	24
ZIRABEV	23	ZYLET SUS 0.5-0.3%	75
ZIRGAN	75	ZYPREXA RELPREVV	39

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ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-633-1542 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

ລາວ (Lao)

ເລື່ອງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາ ລາວ (Lao), ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-633-1542 (TTY: 711) ຫຼື ວິມັກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

РУССКИЙ (Russian)

ВНИМАНИЕ: Если вы говорите на русский (Russian), вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-633-1542 (TTY: 711) или обратитесь к своему поставщику услуг.

Português (Portuguese)

ATENÇÃO: Se você fala português (Portuguese), serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-633-1542 (TTY: 711) ou fale com seu provedor.

Türkçe (Turkish)

DİKKAT: Türkçe (Turkish) konuşuyorsanız, ücretsiz dil yardım hizmetleri sizin için mevcuttur. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak mevcuttur. 1-800-633-1542 (TTY: 711) numarasını arayın veya sağlayıcınızla görüşün.

日本語 (Japanese)

注：日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-633-1542（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。



2026 Formulary

List of Covered Drugs or "Drug List"

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

This formulary was updated on 5/20/2026.
For more recent information or other questions, please contact VIVA MEDICARE Member Services at 1-800-633-1542 (TTY users should call 711), Monday – Friday, from 8 a.m. – 8 p.m. (From October 1 – March 31, seven days a week, 8 a.m. – 8 p.m.), or visit www.VivaHealth.com/Medicare.



IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR VACCINES: Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan.